



# Aging Mastery Program

## Summary Report on FY 2015 SIG Funded Projects

### **Project Goal**

The Aging Mastery Program® is an educational program designed with 4 components -- educational training sessions, self-determined plans designed by participants, follow-up tracking of activities, and rewards bestowed based upon behavior change -- that seeks to spur older adults towards making and maintaining small but impactful changes in their health behaviors. The program was originally designed in 2013 with leaders from 5 accredited senior centers in the USA -- including the Duxbury, MA center -- with the National Council on Aging (NCOA) in the lead.

### **Purpose**

The Aging Mastery Program® is an ideal example of how MCOA works with its members: finding resources to develop new programs that are effective in engaging older adults in lifelong learning on issues relevant to their health and well-being.

The Aging Mastery Program delivers a strong positive experience for participants when they are able to join in a sustained educational effort with peers. They build new friendships and a stronger affinity group with new friends and staff at the COA that significantly improves their sense of belonging, social inclusion and well-being, in addition to learning about and adopting new healthy behaviors.

In 2015, funding to establish the use of the AMP program came from the Executive Office of Elder Affairs and the Tufts Health Plan Foundation. With the FY2015 grants awarded to COAs in Massachusetts, the Massachusetts Association of Councils on Aging and Senior Center Directors (MCOA) has awarded grants to 35 Centers to offer the Aging Mastery Program pilot to residents of 46 communities (25 Centers funded with SIG Grant funds and 10 funded by THPF funds).

### **AMP Curriculum and Adopting Healthy Behaviors**

Up through 2014, the eight modules/dimensions of the program addressed: Physical Activity, Healthy Eating and Hydration, Healthy Sleep Habits, Planning for your Future, Communicating with Your Doctors, Use of Medicare's Prevention Benefits, Medication Management, and Falls Prevention.

In 2015, the lineup of topics was modified to include financial and life enrichment classes as well as healthy aging. The new 10 core classes cover: navigating longer lives, physical activity, sleep, healthy eating and hydration, financial fitness, medication management, advanced planning, healthy relationships, falls prevention, and community engagement.

As part of the program, older adult participants earned incentives (recognitions and token rewards) based on the extent to which they became more actively involved in healthy behaviors. For each of these modules, NCOA provides basic educational materials developed from highly trusted sources (such as the National Institute on Aging and the Centers for Disease Control and Prevention) as well as a tool for tracking behaviors, giving points for positive action, and presenting rewards.

A sampling of healthy behaviors which earn points includes the following:

- Attending the AMP class
- Setting a personal plan for improving one's eating habits, daily exercise, and improved sleep habits
- Asking important questions of one's pharmacist and doctor regarding medications.
- Storing medicines safely
- Preparing a medication record
- Getting help with Medicare Part D prescription coverage
- Completing a self-assessment for falls risks
- Checking one's eyesight
- Doing a walk-through safety assessment of home for falls risks
- Taking an evidence-based wellness program
- Having a successful doctor's visit , e.g. being prepared for the visit with written questions, taking information with you, and taking notes while there)
- Getting a preventive service (under Medicare)
- Visiting one's doctor for an annual wellness visit
- Completing advanced care forms
- Sharing one's last wishes with friends
- Sharing one's last wishes with doctor

### **Project Activities during the Period**

1. Each Program Leader (and Center Director optional) participated in a Kick off Meeting with the other selected program leaders. The goals of this meeting were clarifying program implementation, training on the incentives/rewards program, evaluation system, participant outcomes, and problem solving any challenges.
2. The Centers recruited participants (the group size was about 30 participants).
3. Each week, sites organized a structured 90-minute education/goal setting/peer support session focused on a different aspect of health.

4. On a weekly basis, site leaders helped participants record data about healthy behaviors achieved and related points earned for each positive action step.
5. Site leaders administered the program's initial questionnaire and final satisfaction survey.
6. On a periodic basis, site leaders participated in a group call with MCOA and all the other group leaders; the call was designed for giving feedback to NCOA and MCOA, learning how others are approaching their sessions, and helping each other in problem-solving.

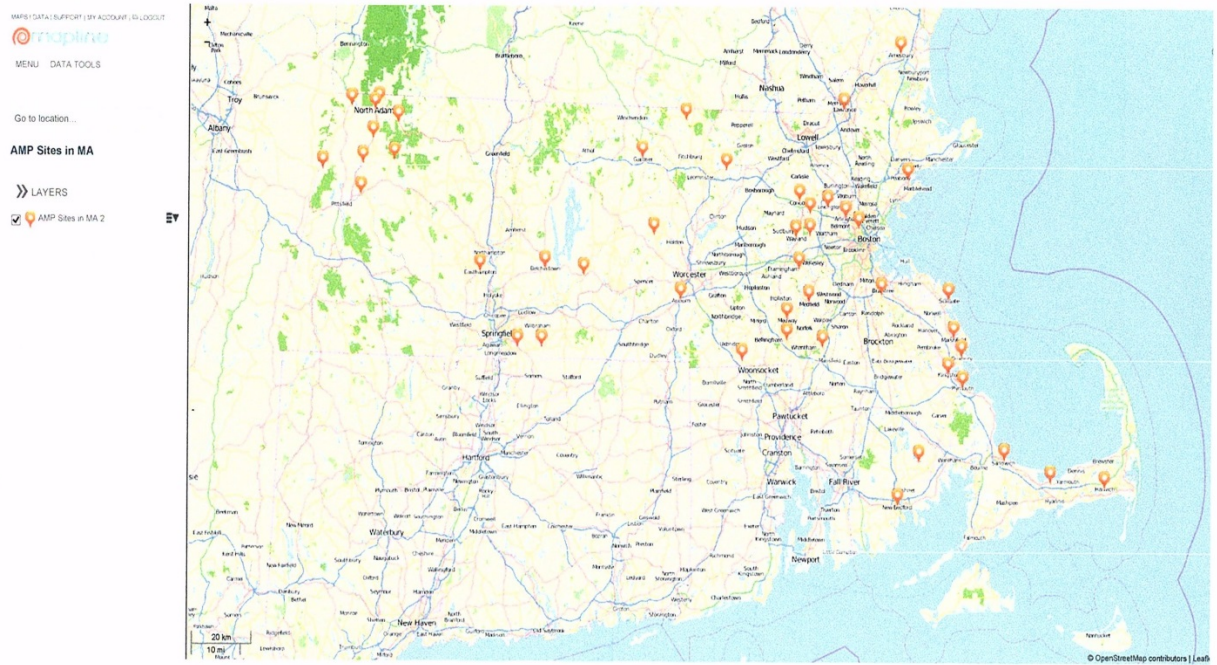
## **Funding Summary**

The following towns received SIG funding to run the Aging Mastery Program in FY2015: Arlington, Barnstable, Braintree, Concord, Easthampton, Gardner, Hampden, Lawrence, Marshfield, Medfield, Millville, New Bedford, Plymouth, Salem, Sandwich, Weston (with Wayland and Lincoln), and Williamstown (with Adams, Cheshire, Clarksburg, Florida, Hancock, North Adams and Savoy)

In total, 17 COAs contracted with MCOA to offer AMP class to residents of 26 towns, to attend either at their local center or at a regional site, in the case of Weston and Williamstown.

The Executive Office of Elder Affairs granted \$80,000 to the MCOA to develop new AMP sites. Funding was used by (some) sites to hire staff to facilitate the classes and arrange speakers, provide participant rewards, travel to MCOA training session, and offer modest refreshments; in addition, MCOA purchased program Curriculum Kits for all sites, and arranged for translation of the AMP Curriculum into Spanish.

Please see the map of AMP sites in MA, on the next page.



<https://app.mapline.com/map.aspx?mapId=133788>

7/23/2015

## Participant Outcomes

So far, NCOA has produced participant data for its first 2 pilots (the national pilot of 5 sites during the spring of 2013 and the 1<sup>st</sup> MA pilot in spring 2014); the evaluation results demonstrated statistically significant improvement from pre- to post-tests on healthy eating habits, self-reported medication adherence, advanced care planning, communication with health care providers, and enrollment into evidence-based programs. Also, AMP participants demonstrated excellent attendance, with 80% graduating by attending the minimum number of courses to be eligible (was 9 out of 12 classes; now will be 7 out of 10 classes).

Some of the post-program testimonials of Massachusetts' participants in the program were:

- *"I sleep better, exercise regularly, socialize regularly and eat healthier."*
- *"I have more thoughtful plans on eating and physical exercise and I am working on a (final wishes end of life) plan for the future to share with my family."*
- *"My sleep habits have improved greatly and my physical activity by par*
- *Participating in Tai Chi, Strength Training and other exercise program and walking on my own has increased."*
- *"I have started to change some aspects of my life, but recognize I must do a lot more of this!"*
- *"No matter how tired I am, I've been motivated to keep with doing daily exercise."*
- *"I have re-examined my will and health care proxy."*

## Lessons Learned

**What worked well?** MCOA Director of Special Projects wrote an Implementation Manual for the MA AMP sites, to provide operational guidance and tools to site leaders. It was organized to answer the FAQs program managers typically have, as well as to provide instant access to the survey tools, attendance forms, tent cards with logos, etc., that simplify the facilitator's role.

NCOA made several improvements to the curriculum:

- They add 2 topics – financial issues in retirement and healthy relationships. And they opened the program in Round 3 with a clear philosophical message that its important to adopt a practice of gratitude in order to sustain happiness and its equally important to examine how one spends one's time and to make adjustments if current allocation doesn't delivery enough of a sense of purpose, belonging, and attention to healthy practices.
- NCOA had incorporated a "Facilitator's Outline" into the manuals, to lend greater time management suggestions to the site leaders.
- NCOA inserted more links to in-class video resources, as well as bibliographical references, for participants to continue with self-study.

- The City of Lawrence hosted an Aging Mastery Program for Spanish speaking elders in the spring. MCOA now has the full curriculum in Spanish for use in other communities.
- NCOA began to serve as the Clearinghouse, a function MCOA performed during rounds 1 and 2 in CY2014. That saved a significant amount of effort for MCOA and COA staffs.
- MCOA arranged with NCOA to become the direct recipient of requests for new AMP kits by established sites who intend to re-run the Core Aging Mastery Program for a new group.
- The Plymouth COA arranged for their course to be videotaped by the Plymouth Community Access Television; tapes can be viewed via internet by any AMP participant who has to miss a class.

### **Adjustments to Project for the Future & Next Steps**

Very little modification is needed at this time to the content or survey tools. NCOA has tested and refined the module materials and survey tools in over 60 locations over the past 24 months. The 10 core modules are finished. In the next year, additional modules will be developed for use by sites who want to continue offering ongoing classes to its AMP graduates.

NCOA did not deliver timely participant data reports to MCOA and the pilot sites for the FY'15 pilots. To produce timelier participant metrics, they have developed an online data system to capture data from the sites, which they will introduce to MA sites this fall.

Now that program modules and a timely system for participant data and evaluation have been development, MCOA and NCOA will negotiate an annual license fee on behalf of the MCOA member sites who wish to annually offer the basic AMP Course.

The Plymouth COA videotaped the AMP series in spring 2015. Now, new sites can access these films to aid new facilitators as they prepare to lead classes, and/or provide a means for accessing expert speakers for those who may miss a class. Also, perhaps most important, these AMP films now give rural COAs access to speakers and specialists via videotape who otherwise would not drive to their remote center locations.

Based upon the universally positive experience of the COAs who've run the program to date, MCOA plans to convene a group of established AMP site leaders at the upcoming MCOA Conference to discuss key components of program maintenance.

- What additional module/topics should NCOA produce?
- Since you've first offered the program, what is your plan for offering it annually?
- How have you secured funding from 3<sup>rd</sup> parties?
- Could you envision a statewide AMP Club being formed across Massachusetts, of graduates who might attend regional classes and other events?
- After the Core AMP Series concludes, do any of your AMP graduates demonstrate an interest in aging policy issues generally or efforts to make their communities age-friendly?





## **Training Professionals about Elder Economic Insecurity and How to Use BenefitsCheckUp.org/MCOA to Boost Practice of Comprehensive Benefits Eligibility Screening**

### **Summary Report on FY 2015 SIG Funded Projects**

#### **Project Goal**

To train professionals who serve older adults about the economic insecurity they face and how to use a comprehensive benefits screening tool (BenefitsCheckUp.org/MCOA) to facilitate decisions about what benefits they may be eligible for and expedite the application process. BenefitsCheckUp.org/MCOA is an internet-based benefits screening tool that identifies up to 200 state and federal financial benefits assistance programs for older adults living in Massachusetts. It was developed by the National Council on Aging.

#### **Purpose**

There is an urgent need to increase benefits screening for older adults in Massachusetts

- 63% of older adults in Massachusetts are economically insecure, meaning their income does not cover their basic and necessary household expenses?
- 23% of married couples and 50% of single older adults (predominantly women) only have Social Security income?! With the average Social Security monthly retiree benefit at \$1,300 and monthly expenses averaging over \$2,100, older adults in Massachusetts need extra sources of income to make ends meet.
- In Massachusetts, the average gap between an older adult's monthly income and the cost of basic and necessary expenses is \$9,800 per year.

#### **Project Activities during the Period**

During SFY 2015, twenty-five sites across Massachusetts hosted a 90-minute training session run by MCOA for between 10 to 200 trainees (average about 18) on elder economic insecurity and the [www.BenefitsCheckUp.org/MCOA](http://www.BenefitsCheckUp.org/MCOA) screening tool. Trainees included COA directors and outreach workers; ASAP Case Managers, Options Counselor, and I&R Specialist; Veterans Service Officers; Housing Service Coordinators; Adult Day Care providers; Legislative Aides; and others.

BenefitsCheckUp is useful to professional caregivers who help older adults find ways to manage their tight household budgets. It may also be used by elders and caregivers. Trainees were encouraged to both use this tool and to encourage consumers to use it on their own, for themselves or someone they care about, and then seek help from outreach staff as needed. To spur outreach by 3<sup>rd</sup> parties to consumers, MCOA developed articles and distributed posters for over 1,500 information intermediaries to use to publicize the screening tool directly to all the consumers they may have contact with or serve.

## Funding Summary

The annual license fee for FY2015 for the private label edition of the screening tool, with up to date access to multiple state applications, real time eligibility criteria, and robust reporting tools, was \$35,000.

## Outcomes

### Screening Activity on the MCOA Private Label URL from 7/1/13 through 6/30/15

Statistics for MCOA Private Label from 7/1/13 to 6/30/15				
	2013	2014	2015	Total
<b>Totals</b>				
Total Screenings	4	520	308	832
Total LIS Applications	0	10	3	13
<b>Screening Type</b>				
Key Public Benefits	4	354	220	578
Comprehensive	0	108	49	157
Extra Help (LIS) Quick Screen	0	35	25	60
Nutrition and Food Supplemental Programs	0	15	11	26
Shadow Screening (via LIS App.)	0	8	3	11
<b>Value of Benefits</b>				
Total Value of Benefits (VOB)	\$24,867	\$1,186,631	\$484,449	\$1,695,948
# that screened eligible for one or more programs which are part of the VOB set	4	255	114	373
<b>Value of Benefits per Screening Type</b>				
Comprehensive	\$0	\$579,368	\$109,908	\$689,276
Extra Help (LIS) Quick Screen	\$0	\$52,810	\$19,673	\$72,483
Key Public Benefits	\$24,867	\$537,636	\$351,138	\$913,641
Nutrition and Food Supplemental Programs	\$0	\$6,180	\$1,236	\$7,416
Shadow Screening (via LIS App.)	\$0	\$10,637	\$2,495	\$13,132
<b>Screenings by MA Counties</b>				
MIDDLESEX	0	72	44	116
SUFFOLK	0	55	40	95
PLYMOUTH	1	57	20	78
HAMPDEN	0	46	28	74
WORCESTER	1	52	20	73
NORFOLK	2	37	12	51
ESSEX	0	39	8	47
BARNSTABLE	0	15	10	25
BRISTOL	0	19	3	22



HAMPSHIRE	0	11	4	15
BERKSHIRE	0	11	3	14
DUKES	0	2	5	7
FRANKLIN	0	3	3	6
NANTUCKET	0	1	0	1
Who was screening completed for	2013	2014	2015	Total
Self	2	304	191	497
Client	2	135	48	185
Mother	0	26	27	53
Spouse	0	19	20	39
Father	0	13	8	21
Brother	0	0	2	2
Sister	0	0	1	1
Other	0	11	8	19
No Answer	0	12	3	15
Age				
65 to 74	1	187	112	300
75 to 84	1	122	67	190
60 to 64	1	100	41	142
85 and over	0	48	34	82
55 to 59	0	23	21	44
49 and under	1	23	17	41
50 to 54	0	8	10	18
No Answer	0	9	6	15
Annual Income				
\$15,000 to \$24,999	0	155	70	225
\$25,000 to \$34,999	1	74	44	119
\$10,000 to \$14,999	1	69	38	108
More than \$50,000	0	57	46	103
\$35,000 to \$49,999	0	49	35	84
Less than \$5,000	1	43	28	72
\$5,000 to \$9,999	1	28	13	42
No Answer	0	45	34	79
Poverty Level				
Greater than 200% of poverty level	0	155	106	261
Below the poverty level	2	100	65	167
Between 100% and 150% of poverty level	1	102	60	163
Between 150% and 200% of poverty level	1	106	40	147
No Answer	0	57	37	94
Marital Status				
Married	1	124	102	227
Divorced	0	118	62	180
Widowed	0	114	60	174
Single	2	113	43	158
Married Living Separately	0	16	24	40
No Answer	1	35	17	53
Gender				
Female	3	345	198	546
Male	1	173	107	281

No Answer	0	2	3	5
Disability	2013	2014	2015	Total
No	2	309	166	477
Yes	2	179	120	301
No Answer	0	32	22	54
Number of programs within key program groups that were included in the results set				
State Pharmacy Assistance Programs (SPAPS)	3	252	136	391
Supplemental Nutrition Assistance Program (SNAP)	4	138	98	240
Medicare Low Income Subsidy (LIS)	0	102	51	153
Medicare Savings Programs (MSP)	0	92	55	147
Medicaid Programs	2	53	36	91
Supplemental Security Income (SSI)	2	39	30	71
Most common programs that were included in the results set				
Senior Farmers' Market Nutrition Program	3	227	112	342
Prescription Advantage Program	3	228	101	332
The Emergency Food Assistance Program (TEFAP)	4	223	94	321
Assurance Wireless®	4	218	88	310
SafeLink Wireless®	3	184	85	272
Low Income Home Energy Assistance Program (LIHEAP)	3	169	87	259
Health Centers for Primary Health Care and Dental Services	3	136	79	218
Donated Dental Services (DDS)	3	135	78	216
Generic Drugs: Saves You Money at the Pharmacy	0	136	73	209
Circuit Breaker Credit	1	129	46	176
Supplemental Nutrition Assistance Program (SNAP)	4	106	62	172
Medicare Prescription Drug Coverage for People with Limited Incomes and Resources	0	102	51	153
EyeCare America's Online Referral Center	1	89	43	133
Elderly Nutrition Program - Congregate or Group Meals	0	90	36	126
Elderly Nutrition Program - Home Delivered Meals	0	90	36	126
Weatherization Assistance Program	0	79	32	111
Homestead Protection	0	78	23	101
Health Safety Net	0	77	23	100
Massachusetts Home Care Program	0	76	23	99
AUDIANT (An Alliance for Accessible Hearing Care)	0	57	40	97
MassHealth CommonHealth	0	72	16	88
Medicare Savings Program - Qualified Medicare Beneficiary (QMB)	0	57	31	88
Lifeline	0	62	25	87
America the Beautiful - Senior Pass	0	50	24	74
PensionHelp America	0	39	21	60
Supplemental Security Income	2	33	25	60
Massachusetts Supplemental Income Program	2	33	22	57
USDA Housing Repair Program	0	29	27	56
America the Beautiful - Access Pass	0	40	15	55
Medicare Prescription Drug Coverage	0	36	19	55

	2013	2014	2015	Total
Tax Credit for the Elderly and Disabled	0	38	17	55
Medicaid/MassHealth Standard	2	32	20	54
Medicare Savings Program - Specified Low-Income Medicare Beneficiary (SLMB)	0	26	20	46
HUD Public Housing Program	0	28	15	43
Independent Living Programs for Deaf and Hard of Hearing People (DHILS)	0	30	13	43
Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH): Department of Interpreter Service	0	30	13	43
Medicare Savings Program - Qualifying Individual (QI)	0	28	15	43
State Veterans Benefits	0	30	13	43
Housing Choice Vouchers (Section 8) Program	0	27	15	42
Property Tax Abatement	0	24	16	40
Residential Exemption for Property Taxes	0	24	16	40
Hardship Exemption for Property Taxes	0	23	16	39
Medicaid Spend-down/Medically Needy Program	2	22	15	39
NAUPA: Unclaimed Property	0	9	28	37
Rx Outreach	0	23	11	34
Social Security - Old Age, Survivors, Disability, and Health Insurance Programs (OASDHI)	0	21	13	34

## Lessons Learned

**What worked well?** Attendees gained a new awareness of the problem of elder economic insecurity, especially the average gap in elder households between average costs of housing, food, transportation, medical care and other essentials and average household income. Attendees were universally surprised at the size of the gap between income and typical household needs. After that, regarding solutions, the discussion invariably focused upon how complicated program eligibility criteria, admission of lack of understanding about the circuit breaker tax credit as well as local property tax relief programs, and how hard it is to give elder households clear information so they may effectively understand their options and decide upon whether to apply to available programs. The Benefits Check Up fact sheets were admired, and access to downloading and saving applications for key programs was greatly valued.

**What needs further development?** The financial literacy of aging services staff, regarding the typical household budget for essentials and the gap between retiree income and household budget, needs to be significantly strengthened. In particular, attendees did not appear to have an established knowledge of the typical housing related expenses of elders, in aggregate or as a percentage of gross annual income. Worse, there was no evidence of a concerted effort to inform elders about relief programs and assistance with enrollment, as is provided for Medicare

beneficiaries by the SHINE Program. Without this basic knowledge, staff cannot effectively counsel an elder about the ROI of applying for key housing, food, and energy assistance programs in their area.

Household Budget work sheets, with contact information to related relief programs, should be developed for local staff to adjust and use in outreach and counseling about economic insecurity with elders. The Benefits Check Up Screening Tool should be promoted as an opening exercise to perform with elder clients in order to determine who needs help to achieve a more balanced and sustainable household budget.

### **Adjustments to Project for the Future & Next Steps**

Based upon these findings, MCOA recommends continuation of the BenefitsCheckUp screening initiative, while also undertaking the following strategies, for FY2016:

**Regional in-person plus on-line conference call training events** about the economic insecurity of elders, the Benefits Check Up screening tool, and the new (to be developed) household budget worksheets will be scheduled and developed throughout the year. The household **budget worksheets as well as new fact sheets** about ways to cut costs in the key budget areas – food, energy, and housing costs -- **will be developed for local adaptation, publication, case work and posting.** Fact sheets will be written and formatted so as to serve as articles for consumer publications.

**Two workshops for economic case workers will be offered at the MCOA Fall Conference** – one on Housing Issues and Ways to Reduce Household Costs and a second one on Elder Economic Insecurity and Financial Assistance Programs. All workshop slides and handouts - for professionals and consumers -- will be posted to the MCOA web site for anyone to access and use at their organization for staff training and consumer outreach.

Finally, **a series of day long regional Housing Forums**, provided via a 2016 SIG grant from the MA Executive Office of Elder Affairs, will be convened between February and June, 2016 by MCOA with Greater Boston Legal Services and other specialists to offer in depth training on acute housing issues (energy costs, property tax relief, ongoing maintenance) and risks (tax title foreclosure, tenancy preservation, personal safety, repairs or renovations) faced by older adults.



## Developing a Network of Counselors to Provide Comprehensive Benefits Counseling and Application Assistance

### Summary Report on FY 2015 SIG Funded Projects

#### Project Goal

MCOA's goal is to build a network of Benefits Counseling and Application Assistance (BCAA) counselors who can help individuals who live on fixed and limited incomes to successfully enroll into (non-health care related) programs that help pay for basic expenses such as food, energy, property tax relief, housing and home maintenance and repairs. (Health care options counseling and assistance is provided by Elder Affairs' statewide network of SHINE Program Counselors). This program model will replicate and then build upon the program started in 2011 by the Franklin County Home Care Corporation (FCHCC). In January 2015, MCOA executed a 30-month contract with Northampton Senior Services and Elder Services of Berkshire County, Inc., to serve as regional lead agencies. In addition, MCOA contracted with FCHCC to both augment its BCAA program's capacity and secure their role as program development consultants.

#### Purpose

FCHCC developed the service to meet what they observed then as the increasing need and requests for "help with the basics" (especially with housing costs) and their understanding that economic security of elders would more likely be realized through use of a comprehensive application assistance service. An increasing number of older adults—across various demographic groups—face economic insecurity as they age. In MA, the Elder Index Standard<sup>1</sup> reported that 63% of elder-only households in MA are economically insecure as of 2013. Older adults are defined as economically insecure when they do not have sufficient income to meet their basic and necessary household expenses.

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<sup>1</sup> *Living Below the Line: Economic Insecurity Among Massachusetts' Elders*, Wider Opportunities for Women, Spring 2014.

### **Project Activities during the Period**

- During October – December, FCHCC staff wrote a Counselor Training Manual and Program Operations Guideline Manual for guiding the new regional managers in program operations.
- During November -December, MCOA developed the RFR and then conducted a competitive procurement to select 2 regional lead agencies. The proposed service areas had to be congruent with the regional Area Agency on Aging service area.
- In January 2015, Northampton Senior Services and Elder Services of Berkshire County were selected to serve as regional lead agencies. Each agency demonstrated they had staff with a strong understanding of the non-health care related costs elders incur and the related programs available to help pay those costs, experience in successfully running a large volunteer staff program, and a demonstrated interest in providing public benefits education, counseling and/or application assistance to elders.
- Each agency hired a talented program leader who has jumped in quickly to:
  - Network with the COAs, ASAP staff, VSOs and other social service agencies in their regions,
  - Design and print publicity and outreach tools,
  - Purchase equipment counselors may use to efficiently copy consumer verification documents required for applications.
  - Recruit volunteers to work as Counselors,
  - Establish partnership with key benefits agencies whose staff will serve as technical advisors as well as case specific troubleshooters/ ombudsmen to the BCAA program.
  - Research distinct resources and benefits that are available only at a municipal or regional level in the service area, such as local home repair funds and property tax relief programs.
  - Begin to provide Benefits Counseling
- During April - June, the MCOA and BCAA managers developed program outcome and service metrics, along with related intake tools and data reporting system. BCAA Program metrics will profile who needs help, what primary issue triggered their active search for help, the types of programs they applied to, what enrollments ensued, and what needs could not be met. These data tools went into use as of July 1, to capture data for the full service year (FY2016).
- Training for the first large groups of BCAA volunteer counselors by Northampton Senior Services and Elder Services of Berkshire County will begin in August 2015. In September, joint home visits and close case mentoring by regional managers with BCAA counselors will be a core aspect of counselor development and oversight.



## Funding Summary

For the first 6 months of the program, the Executive Office of Elder Affairs granted \$90,000 to the MCOA to develop the new Benefits Counseling and Application Assistance Program. After the competitive RFP, three (3) contracts totaling \$76,000 were awarded for the period of January 10 2015 to June 30, 2015 to Franklin County Home Care Corporation, Northampton Senior Services and Elder Services of Berkshire County, Inc.

Allowable expenses included staffing, implementation of their outreach strategy to both referral resources and consumers; equipment for counselors to use to expedite applications (e.g. copy verification documents while in the field; and access applications on line); and conduct counselor recruitment activities.

Contracts have been extended, at a total of \$82,500, for the period of July 1, 2015 through June 30, 2016.

## Outcomes

### Cases:

Primary Issues (34 Cases – NSS):

- 11 Home Repairs/Modification and Weatherization
- 4 Property Tax Relief
- 3 SNAP / Food and Nutrition
- 3 Veterans Benefits Services
- 4 Energy Savings: fuel assistance and utility discounts
- Other: 9 Long Term Services / ASAP

Primary Issues (10 Cases – ESBCI):

- 6 SNAP / Food and Nutrition
- 4 Home Repairs/Modification and Weatherization
- 2 Energy Savings: fuel assistance and utility discounts

Primary Issues (392 Cases – FCHCC's 12 months activities, July 1, 2014 to June 30, 2015.)

- Energy Savings: fuel assistance and utility discounts - 146
- SNAP / Food and Nutrition - 96
- Home Repairs/Modification and Weatherization - 66
- Housing and General Expense Assistance - 57
- Property Tax Relief - 12
- Veteran's Benefits - 8
- Legal Aide Referral - 4
- Other: Social Security or SSI - 3

### **Gaps in Service: What needs were identified that could not be addressed at all?**

Home Repair needs often go unmet and unresolved.

*Highland Valley Area: Certain towns have expended or did not have home repair funds through CDBG. Most of the communities in the Highland Valley service area do not have access to USDA funds. Key types of home repair requests are not covered by any funds were the following: Roofs, duplex repairs, and repair to rental units owned by seniors.*

*Franklin County: Many seniors call about leaking roofs. Some are helped. Most are not. Sometimes they cannot be helped by rehabilitation programs because they no longer carry homeowner's insurance. Other people with insurance call because they have been told by their [insurance] agency that they will lose their homeowner's insurance unless they fix the siding or some other cosmetic item. The MA Division of Insurers readily admits that after the severe storms of the most recent years, they have become stricter about their home owner policies.*

*Berkshire County: CDGB home repair grants are not offered county-wide.*

### **Gaps in Quality: Were their issues in service delivery that could be improved in some way?**

The SNAP issues for this period are well documented elsewhere (dropped cases, incorrectly closed cases, etc.) and have resulted in gaps in food access. The DTA Ombudsman Unit has been very helpful in expediting SNAP case processing; however it adds an additional time-consuming step in resolving a case. Also, these dropped cases and poor consumer access and other problems cause seniors to have greater distrust and anxiety with the SNAP application process.

### **Case Examples:**

*Case 1: A widowed 79 year old woman who has hearing loss was in need of help with a fuel assistance application and was visited at her home on May 6<sup>th</sup> by the Benefits Counseling Coordinator. Client's only income is Social Security in the amount of \$1,146. She lives in subsidized, HUD housing, alone and her monthly rent is \$221. Her electric bill totaled \$1,124. She has no transportation. She pays for her electric bill which includes heat and doesn't use an air conditioner.*

*Coordinator completed the application, took photos of her documents, including her Social Security award letter, her license and electric bill using an iPad. Documents were downloaded onto pc at ESBCI offices. Completed application was brought in person to BCAC offices in Pittsfield. On May 12<sup>th</sup>, a call into Berkshire Community Action Council revealed client was found eligible and would receive \$475 for fuel assistance to offset her bill. In order to receive potential, ongoing 25% utility discount, request form was faxed to Eversource.*

*Suggestion given to client to consider applying for SNAP benefits and Coordinator made home visit to complete application and photograph documents including her landline bill, her medical insurance premium and pharmacy bill. Process was completed at ESBCI offices and faxed to Department of Transitional Services on June 30<sup>th</sup>. On July 24<sup>th</sup>, a follow up call to DTA revealed client was eligible for maximum amount of SNAP benefits - \$194/month.*

*When EBT card is received in the mail by the client, Coordinator will visit client to assist with set up of pin, etc. Client is frail and receives transportation to medical appointments from the Volunteer program at ESBCI. She requested assistance with food shopping and a volunteer will drive her to the market where she will use a mobile cart, and shop with assistance from the Volunteer.*

###

*Case #2: An elder needs a ramp as she has become essentially house bound as her ability to ambulate deteriorates. Her home has a very steep 3-step drop that makes it very challenging to use even with her daughter on one side. Her FCHCC Case Manager describes the situation as a fall waiting to happen. I explored the resources in Athol and Worcester County in general without much luck. Stavros got involved to provide the materials and labor at reduced cost. As the elder was 87 years old, I chose to approach the Sarah Deven's Trust Fund for help. I cobbled together a request where two different family members, Stavros, and FCHCC took on half the cost (\$700) and we were asking for an additional \$700 from the fund. The Fund not only approved E's application request, they insisted on paying the full amount, \$1,400; an excellent BCAA outcome for all.*

###

*Case #3: E is on MassHealth, Food Stamps, and Fuel Assistance and has been for years. In obtaining a discount on her electric bill, she relied on fuel assistance (FA) to prove her low income status. This year, because of the switch to Eversource in February, the R2 data FA sends to Eversource was not processed in a timely manner. E has always stayed current on her electric bill, and it averages about \$75/month. She is on oxygen 24/7.*

*E received a multi-page Eversource bill on May 12 that was labelled R1 and a total amount due of over \$400. When she called Customer Service about it, they explained that they had no proof that she was on fuel assistance and had added R1 charges to her current bill going back to January 1, 2015. We contacted FA and they agreed to resend the email that would "prove" that E's recertification application had been received by FA on August 12, 2014 and found eligible with a maximum benefit level of \$930 on October 23, 2014. The first notice to the electric company of E's R2 status was made on October 29, 2014. Since October, the eligibility data has been sent by FA to the electric company 5 more times, and a sixth time just today (5/28/15). I called Eversource customer service today and had E's discount status changed to R2 on demand. From the client, I have obtained and faxed the supporting documents for a utility discount including a release form, a financial hardship statement, copies of her EBT and MassHealth card, and FA award letter. E's doctor has submitted a shut-off protection notice.*

*The customer service agent was quick to advise me that the E would still be responsible for the existing bills, i.e., the newly applied R2 rating would not be retroactive. I didn't think this was right and so alerted Janice Garrett, Ann Lynch, and Kate Agin by email. It is clear from the paperwork that E did everything right and should not have had any interruption in her R2 status. I don't know which email was effective, but Kate Agin called me to say the record had been set right and the R1 rates had been erased.*

*E's story continues as it also provides an example of what's happening with the whole 'electric supplier' issue. E has been contacted by phone repeatedly by different suppliers. The first bill she showed me is labelled Viridian Energy and the second one Clearview Electric. She says she has repeatedly stated on the phone that she doesn't want to pay anything extra. As of May 28, she also now has a bill for \$50.00 that is an "early termination fee" from Veridian. My conversation with E suggests all of this takes place on the phone. She's aware that she is doing something wrong. In her own words, "They have ways of tricking you" and "They get your mind so full of mumble jumble." This woman is perfectly competent and yet she does appear to me to be trying to please whomever it is that is on the phone pressuring her to make the right decision. Clients like E do not have any real recourse except for one defense that Ann Lynch suggested. She advised us to advise all of our clients to make sure they are on the "Do Not Call" list. If a supplier or any other aggressive marketer talks someone into a contract on the phone when they are on the Don't Call List, the contract will be considered null and void. The AGO, will call the company on the elder's behalf and explain this to them if they do not back off.*

## Lessons Learned

- A. **What worked well?** The preceding example (Case #3) helps to illustrate how the BCAA Program Manager can become involved and keep advocating for a client over a long period of time, until the problem is finally resolved. It took several emails back and forth to FA, Consumer Protection, AGO, and Eversource's Outreach Coordinator, phone calls to the client PCP, and a home visit to make copies and obtain the clients signature on key documents.
- B. **What in the project plan needed adjustment?** While most key development milestones were reached in a timely way – meeting with technical assistance partners and referral resources and conducting outreach to the public and recruiting volunteers -- we did have to delay starting new counselor training by about 3 months. We underestimated the amount of time it would take to complete the hiring of BCAA managers as well as replacing a key program supervisor, come up to speed on benefits program criteria, and arrange for lines of communication with all the myriad benefits program contacts.

We also learned we will need additional consumer materials to help us manage consumer expectations (e.g. for the pace of agency application processing or when enrolleemntn results may be learned as well as what the next steps in the process will be, and what additional information they be asked to collect.)

We also anticipate that, as the number of people served by BCAA grows, the central office manager's role in consumer service will need to be shared more with the counselors. Counselors will have to take up the role of managing the case as well as being the technical task completer. The central manager have not have the time /capacity to both initiate and stay involved as the lead case manager in all cases. As consumer demand and number of cases increase, BCAA counselors will need these tools to address consumer information needs.

## **Adjustments to Project & Next Steps**

Based upon these findings and lessons learned, in the next 6 months, we will undertake the following:

1. We will work on providing in writing a fact sheet to help the client understand the application process, e.g. steps already taken and what the next steps will be along with an explanation of the expected timetable.
2. Continue developing the information libraries for BCAA counselors about all the benefits programs available in their respective regions.
3. Research potential solutions to the Catch 22 scenario of homeowners without insurance who need home repairs before they can become insured, but cannot afford it on their own. And, cannot qualify for a home improvement loan program because the loan program requires a homeowner to have insurance before they will extend a home repair loan.

In addition, and working with food stamp enrollment specialists, MCOA plans to:

4. Contact regional and state food bank and SNAP outreach organizations for outreach materials, posters, and whatever else is available for use by local COAs across state and arrange for its distribution.
5. Encourage the COA network to increase its focuses upon increasing SNAP outreach and enrollment with the goal of restoring benefits 1) to those who may have lost them this year due to administrative issues within DTA and to 2) those who may be able to increase their total monthly SNAP benefits by applying for a senior medical deduction.



## Developing New Keep Moving Walking Clubs

### Summary Report on FY 2015 SIG Funded Projects

#### Project Goal

The mission of the Keep Moving Program is to improve the lives of people over age 50 by promoting physical activity to help prevent and postpone chronic disease, build healthy bodies and minds and keep individuals socially connected. The Massachusetts Association of Councils on Aging (MCOA) awarded 24 grants of \$600 each to municipal Councils on Aging to support their launch of a new Keep Moving Walking Club. The new clubs were required to engage in strategies that would meaningfully engage older adults in a weekly walking routine (at least 2-3 days/week throughout the year) that will improve and sustain their maximal health and independence.

#### Purpose

Walking is a low-cost, high-return activity that almost everyone can engage in to improve their health and maintain their ability to live independently. It's been proven to help treat or prevent diabetes, depression, breast and colon cancer, high blood pressure, cardiovascular disease, obesity, anxiety and osteoporosis. If walking were a drug, the "recommended dosage" would be 30 minutes a day, five days a week, and the "side effects" would include weight loss, improved mood, improved sleep and bowel habits, stronger muscles and bones, better balance, fewer falls as well as looking and feeling

#### Project Activities during the Period

The Keep Moving Walking Club Grants were utilized in one of 4 ways:

- i. Fifteen clubs designated and offered a stipend to a **Walk Champion**, a leader who organized and led the walks by selecting varied weekly walking routes, recruiting and welcoming walkers who join in, and promoting the walk routes and times through varied media.
- ii. Four clubs used the funds to produce and distribute a **printed walking map** detailing several good walking routes with amenities (such as benches, bathrooms, flat terrain, vistas, historic sites, stores, libraries, bus stops, senior housing, etc.) along the routes. The maps had to be widely distributed for everyone's use in town, including but not limited to the walking club members.



- iii. Five clubs contracted with a fitness instructor to lead a ***supervised fitness class*** aimed specifically at helping currently sedentary adults to safely, confidently start and sustain a walking routine.
- iv. Several clubs had walk champions who declined the stipend. So, the COAs use the grant to subsidize bus transportation for club members to get to the walk route.

In addition, Keep Moving Walking Clubs across the state, plus all Councils on Aging, were invited to participate in the 1<sup>st</sup> Annual Go the Distance 1-Mile Walk Challenge in June 2015. Half of the new Keep Moving Clubs incorporated this event as a capstone event and as a motivational goal for their clubs, especially their walkers who were not routinely walking 1-mile distances as yet. A “GTD Implementation Kit” was developed for local sites and posted online at [www.mcoaonline.com](http://www.mcoaonline.com) – with sample week to week work plan, press releases, and a certificate of completion.

### Club Development to Date

With these grant awards, the Keep Moving Program has 85 active walking clubs. The Keep Moving Walking Clubs are generously funded by both Blue Cross Blue Shield of Massachusetts and the Massachusetts Executive Office of Elder Affairs.

### Funding Summary

During FY2015, MCOA issued grants of \$600 to 22 Councils on Aging, for a total of \$13,200. Funding came from both the Affairs grant of \$10,000 to MCOA for Keep Moving Club development as well as from the Blue Cross Blue Shield Foundation.

### Outcomes

The following 22 towns established new walking clubs: Braintree, Brimfield, Cheshire, Egremont, Essex, Halifax, Hamilton, Holliston, Hopkinton, Kingston, Merrimac, Millbury, Natick, North Attleboro, Palmer, Peabody, Plymouth, Sandisfield, Sheffield, Stoneham, Upton and Yarmouth.

The number of weekly walkers varied by club, with a low of 15 up to a high of 30. Sites followed through with weekly indoor and outdoor walking spaces that ensured the club members walked, regardless of inclement weather.

Naturally, people who joined the clubs had positive experiences. Some of the comments made by walkers about their Keep Moving Walking Club were:

- *I like walking as a group, so I don't have to walk alone.*
- *I feel safer walking as a group.*
- *I have enjoyed meeting new people and have made some new friends because of the walking group.*
- *I have enjoyed going out with the walking group to different restaurants in the community.*

- *I enjoyed the bus trips to places I no longer would drive to.*
- *We enjoyed the bus trips to different places, it was lots of fun.*

## Lessons Learned

**What worked well?** Clubs experimented with different things to engage and retain walking club members.

- One club offered a weekly raffle of a \$5 gift certificate to their in-house café;
- One club organized meeting at a local luncheonette prior to their walks, to “meet, eat and use their feet” to guarantee club members the opportunity to socialize and get to know new people and/or talk with old friends during the meal and walk.
- One club had 2 walk champions who organized walks at multiple locations, including bus rides for walks in special scenic areas.

*“Our goal was to reach out to attract younger seniors, as well as motivate those already involved in activities at the center. Two COA Board members volunteered to be Walk Champions for the club and elected to use the allotted stipend to fund buses instead, for participation in the Keep Moving Large Group Walk at Cape Cod Canal and for a Newport Cliff Walk, and to purchase baseball caps with the walking club logo so our group would be recognizable and protected from the sun.*

*All were encouraged to bring a friend for our biweekly walks whose routes initially offered the options of completing shorter distances for some beginners, as the participants built up their stamina. Our diverse group numbers varied weekly from 10-30 depending on location, weather, and busy spring schedules.”*

*“This program has become one of our most successful to date and has certainly attracted people to the Senior Center who had not yet visited us. Not only are our seniors out walking twice weekly but they are forging relationships that never would have been if it were not for this program. Making friends along the way helps make you accountable for your fitness – you not only let yourself down but you are also letting down a friend who wants to walk with you.” (North Attleboro)*

- One club hired a PT and supplied Nordic walking sticks for new walkers unfamiliar with walking through the woods. In their own words, this is how they encourage more people to take up walking.

*“Participants in the program were screened by trained physical therapists to ensure that they are healthy enough to participate, and to establish baseline heart-rate, balance, blood pressure and oxygen saturation for all walkers. All walkers were also lent a pair of Nordic walking sticks for the duration of the 12-week program to improve confidence and safety while still gaining the balance advantages of walking on dynamic trail surfaces rather than exclusively level pavement. The walks were supervised by a Licensed Physical Therapist who is able to identify and mitigate potential hazards from decreased balance, flexibility or mobility. Lastly, each senior was given a detailed map of the Walk of the Week, providing each with the type of walk, distance walked and*

*directions for a return visit. The Keep Moving Program in Hamilton built up from walking approximately one mile to just over two miles per session; the incremental increase in distance allowed amateur walkers to comfortably join the group and put them on the path to walking over an hour. Participants were also given pedometers and walking logs and encourage them to track their own walking during the week to maximize their benefit from the program. Finally, use of the COA shuttle bus (provided by town) decreased barriers to seniors who otherwise might be uncomfortable heading out to the woods for a walk and was instrumental bringing in walkers who were unaware of the wealth of walking trail opportunities in their own community.”(Hamilton)*

- One club is walking to the Rio Grande National Forest in Colorado, virtually.

*“The Halifax COA has enrolled a group of seniors who will walk and step on their own time and use a system to track their mileage (by either time walked or number of steps) on a large map of the United States. Grant monies were used to purchase 27 pedometers and a special map with pins. The pedometers were provided to seniors who desired and would use one to record their steps in that manner; about half the group decided to track distance walked by time walked. The conversion of time or steps into mileage was explained to all who attended a kick off meeting, as well as prior to the meeting in newsletters and announcements [2000 steps = 1 hour of walk = 1 mile; 1000 steps = ½ hour of walk = ½ mile; 500 steps = ¼ hour walk = ¼ mile. The pedometers record steps and calories.]*

*“Starting July 1, <sup>2015</sup>, walkers in Halifax will record their miles walked on a large laminated map of the United States housed at the Council on Aging. Everyone will be “walking” to the Rio Grande National Forest in Colorado. . Mileage will be tracked across the special map, scaled to 10 mile segments where seniors will use their special pin to mark their progress across the map. They will first walk to New Orleans and then on to Colorado. The COA will have a special luncheon of Jambalaya and the fixings to mark their arrival to New Orleans. This project is a fun and creative way to incentivize a group of people to move more and again; they can record their mileage while shopping, walking around their home, walking to and from the car, etc.”*

## What needs further development?

- **It takes a lot of time and outreach to entice people to try a new program.**

*“We used local newspaper ads, announcements in the bimonthly senior newsletter, and were featured on the local cable to advertise our club.” (30 club members)*

*“I think in order to make this program more successful, we need to do a better job advertising the program.” (6 club walkers)*

- **Even those who conducted a lot of outreach did not draw great numbers of walkers if they only hosted 1 group walk per week.** The most successful clubs held walking events 2 or 3 days per week over varied routes, as was required by the grant terms. Those sites that hosted only 1 day/week for the group along with self-guided walking on other days had low membership.

- **It takes time to build up a walker's confidence, stamina, and then distance.**

*"Our goal was to collect people in two senior housing projects to walk to the Senior Center. We had bad weather to begin and had to reschedule much of the walking to June. We also had to modify our walk for beginners quite a bit as we discovered that two miles was too overwhelming. Our group was able to walk from Simpkins Housing to Windmill Beach, rest on benches and walk back. This one mile walk seemed to work.*

*The biggest takeaway for other communities is the need for mini victories and longer programs to eventually achieve a two-mile walk. We wanted to engage people that aren't walkers already and adapting walk to those with walkers is our ultimate goal. We want to make this program work for the weakest of our elders that does not typically get involved or leave their homes. We want to engage the low income seniors living in senior housing to take charge of their health in a proactive manner. It takes a while to build trust and a dependable leader being there for our newcomers to get involved is essential. Six people is a success as we did attract non-walkers!" (Yarmouth)*

- **The group needs to anticipate how it will welcome and support walkers of varying speeds and fitness levels:**

*"One of the challenges faced by our program was the duration of the walk. Our walk champion is extremely active and that is something that appeared to be intimidating to other seniors. I heard some concerns about not being able to keep up."*

*"Our group had many fitness levels – some of our people were regular walkers before and immediately were able to step up and walk 2- 3 ½ miles. Our walks were planned by our Walk Champion to accommodate all levels; he planned each route by ¼ mile increments so that participants with various physical abilities would be able to map their progress and start slowly."*

*"We noticed early on that the walkers were divided usually into 3 groups – the super-walkers; the mid-level walkers and then the newbie walkers. We had one staff member go along on each walk and the 2 Co-Champions split up so that each group had a walk leader. We feel that our "No one walks alone" philosophy was the key to the success of our program. We are actually planning on introducing a beginner walk on an alternate day to get our new walkers up to speed and allow them to get stronger without feeling the pressure of keeping up with our super-walkers." (North Attleboro)*

## Adjustments to Project for the Future & Next Steps

Based upon these findings, MCOA has invited the recipients of the 2014 KM Program Grants to consider applying for a second year of Keep Moving Grant Funding of \$600. The purpose for these continuation grants is to help communities solidify the gains they've made so far in establishing new walking programs and to implement/adopt some best practices from other sites in terms of multiple route selection, group leadership and motivation, and group bonding techniques. The period for the Phase 2 Grants will run from September 1, 2015 to June 30, 2016.

Learning from the sites experiences, sites will be required to:

- host at least 2 group walks per week, on indoor and varied outdoor routes to sustain interest;
- to include distance tracking techniques of either personal journals and/or group maps;
- to link some group walks with social activities such as simple picnics, lunch or coffee breaks, from time to time to build the group's social cohesion; and,
- to organize their town's participation in the June 2016 Go the Distance 1-Walk Challenge.

Sites may hire a fitness instructor to lead sedentary adults into new walk routines and/or engage a Walk Champion to organize the club walks, and/or subsidize transport for the walking group to their indoor or outdoor walk routes.

In addition, MCOA will work with WalkBoston and regional planning specialists to train Keep Moving Walk Champions in what walkability means for a community, how to conduct walk audits and share results with city planners, and how to learn from older adult pedestrians what pedestrian safety issues they face in their neighborhoods.



## Hosting Older Adult Job Fairs at Councils on Aging

### Summary Report on FY 2015 SIG Funded Projects

#### Project Goal

The purpose of a job fair is to bring job seekers and employers together for a short, expedited screening process. Job seekers can ask the employer questions about the type of job openings it has and/or the employee skills the employer needs. Meanwhile, employers get to meet and assess a large number of prospective candidates from whom they may arrange follow up interviews. The post-fair interviews are an essential metric for measuring job fair success.

MCOA contracted with 3 entities, for \$500 per contract, to support their efforts in hosting a Job Fair for Older Adults (age 50+). The 3 entities were the Town of Adams Council on Aging, the Auburn Senior Center, and The Senior Center of Shelburne Falls. Contracts were issued on May 1; Job Fairs occurred in June. In addition, this project encouraged project sites to host resume workshops and other job fair preparation workshops with job seekers prior to the job fair.

The COAs were required to partner with their local Career Center to organize the job fair. The Career Centers can recruit both employers and job seekers, track the number of attendees, and follow up with employers after the job fair to learn how many interviewed job candidates met at the job fair



#### Purpose

According to the US Census, as the Massachusetts population ages, older workers will comprise a larger share of the labor force. In fact, between 2010 and 2030, 100 percent of the growth in the Massachusetts labor force will come from workers who are 55 years of age or older.<sup>1</sup>

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<sup>1</sup> U.S. Census Bureau, Population Division, Interim Population Projections, 2005



Due to social, economic and demographic factors, there is a developing trend toward delayed retirement. The decline in defined benefit pensions and the rise of defined contribution plans has shifted the primary responsibility for ensuring financial security in retirement from the employer to the individual<sup>2</sup>. Participation in defined contribution plans is low, and savings are generally inadequate, leaving retirees vulnerable to the financial risks of longevity (i.e. outliving their resources) and inflation<sup>3</sup>. Improvements in health and longevity are requiring older people to finance a greater number of years in retirement<sup>4</sup>. The shift to a knowledge economy has reduced the physical demands of many jobs, allowing many people to continue working to older ages<sup>5</sup>. Finally, the decline in employer-provided retiree health coverage has been a primary factor in the decision of when to retire, as individuals must work until age 65 and become eligible for Medicare before they can consider leaving their jobs<sup>6</sup>.

For a long time, the members of the Councils on Aging in Massachusetts have recognized that seniors need to work longer, retire later and require more financial resources to fund additional retirement years due to increases in longevity. Councils on Aging perform various duties for their members. A key service that will become increasingly relevant -- job seeker support groups, job fairs, resume workshops, and job search techniques training -- will help older adults to rejoin the workforce and earn both the financial security they need with the psychological benefits they derive from employment.

### Project Activities during the Period

- **Prior to posting the RFR, MCOA pulled together a Job Fair Toolkit to support local project teams, with the following:**
  - contact information for all of the One Stop Career Centers,
  - job fair basics,
  - details on the roles for each partner in organizing a job fair,
  - a sample letter to solicit employers and gift card donations to award as raffle prizes,
  - A sample outreach flyer and other outreach tools.

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<sup>2</sup> Mosisa, A. & Hipple, S. (2006). Trends in labor force participation in the United States. *Monthly Labor Review*, October, 2006, 35-57.

<sup>3</sup> Mermin, G.B.T.; Johnson, R.W. & Murphy, D.P. (2007). Why do Boomers plan to work longer? *The Journals of Gerontology*, 62B(5), S286-294

<sup>4</sup> Munnell, A., Muldoon, D. & Sass, S. (2009). Recessions and older workers. *Center for Retirement Research Briefs*, No 9, January, 2009, Boston: Boston College

<sup>5</sup> Johnson, R. & Mermin, G. (2008). Will changing job demands boost older workers' prospects? *Older Americans' Economic Security*, 17, September, 2008, Washington DC: Urban Institute.

<sup>6</sup> Mosisa, A. & Hipple, S. (2006). Trends in labor force participation in the United States. *Monthly Labor Review*, October, 2006, 35-57.

The Toolkit items were developed with guidance from Linda Cernik and Erica Girgenti of the Adams Council on Aging and by Laurie Cassidy of the West Springfield Council on Aging.

- **All the COA host sites conducted extensive outreach to older adults, age 50+, as did their Career Center partners.** MCOA asked the project sites, *“What advertising methods you used and of those, which seemed to pull in the most people?”*

Shelburne Falls staff ran a multimedia outreach effort for the 5 towns in its region: *The Career Center and The Senior Center produced flyers that were distributed in the Career Centers and in libraries, local stores, and at Senior Centers in the area. The Career Center put the event on their website. By the day of the forum 104 people had accessed the website information. The Senior Center had "house for sale" type signs made - one was placed at the intersection of Rte. 2 and the road to The Senior Center; one was placed in front of The Senior Center. On the day of the event, a large banner was placed on the lawn in front of The Senior Center. Ads were placed in the two local newspapers and news releases were sent out. Information was also included on the front page of The Senior Center newsletter. One person saw the banner out front, went home and changed, and came to the presentation. Others read about it in the newspapers, newsletter, or saw flyers and signs. It's difficult to know which type of advertising pulled in the most people, as many of the attendees were exposed to the information from many sources. But I would venture that the ad in The Recorder reached the most people and that the flyers reached the least.*

For the Auburn Senior Center Job Fair, the Workforce Central Career Center sent a targeted e-mail blast that seemed to be very successful: *“Workforce Central targeted an email to Job Seekers 50 years of age and older who had visited the Career Center in the prior 4 months and found it to be very effective. They also developed and placed flyers within the Career Center.*



*In addition, the Auburn Senior Center sent out 100 of the postcard above to those in Auburn over the age of 50. Flyers were also distributed around the town and article put in the local papers, print and online as well as in the newsletter.”*

The Town of Adams and Berkshire Works Career Center directed their outreach efforts throughout northern Berkshire County. *“Berkshire Works posted it on their webpage and heavily promoted it through their own office. Offsite, representatives were able to share the event through the distribution of flyers, which we also hung within the northern part of the county. Through the use of radio we were able to get some advertising, as well through our COA newsletter and local press. Of all the methods, the use of word of mouth seems to be the most productive.”*

- Pre Job Fair Training and Assistance for Job Seekers  
*“Along with Berkshire Works, the Town of Adams Council on Aging had Goodwill Industries of the Berkshires at a workshop prior to the Job Fair; they represent their Suit Yourself Program. This program will “suit interviewees” in interview appropriate attire for free and also provide resume writing assistance.*

*In addition, the Town of Adams partnered with BerkshireRides, who provides transportation options to low income individuals within Northern Berkshire for employment. They fill in the gaps that their regional transit authority cannot provide.*

*Also, prior to the job fair, Adams hosted a resume writing workshop with the Berkshire Works’ Career Center staff. They gave the attendees a snap shot at which employers would be at the fair. They also helped to create and/or improve resumes and do some mock interviews.”*

- **In all the sites, many employers participated from a diverse set of industries.**

In Auburn, a traditional job fair was held, in which 18 employers participated. The industries represented included Security, Retail, Manufacturing, Call Center Customer Service, Higher Education, Financial Services, Transportation, and Sales.

In Adams, 32 employers attended the event and offered a wide variety of job opportunities. Some positions required professional degrees and licenses and others that did not. Jobs such as line cooks, home health aides, human resource officers, van drivers, nurses, physical therapists, and technicians are just a few of the opportunities. Professional managerial positions were available as were positions that required high school degrees or equivalent.

For the Shelburne Falls event, they hosted a *“Meet the Employers”* employer forum, in which employers formed a panel to answer questions asked by a Career Center Representative, and then questions posed by the audience. Five area employers formed the panel, including: Harmon Personnel/Community Action; Catholic Charities; Interim HealthCare; New England Natural Bakers; and Franklin County Home Care. The employers shared their hiring practices and procedures; explained their expectations; offered helpful recommendations regarding the application and interview processes, and detailed what kinds of positions might be available.

### Funding Summary

This was the first time Older Adult Job Fairs had been offered as a project to the COA network. MCOA had allocated up to \$5,000, as part of the Elder Affairs' SIG'15 Contract with MCOA, to underwrite Job Fair costs. When the RFR was released, MCOA sought 6-8 project sites; 3 project sites applied and 3 received project funding. In total, \$1,590 was expended.

Grants of around \$500 were made to each site. The allowable costs for the grants included up to 15 hours for an event coordinator, table rental (if necessary) and linen rentals, promotional flyers, event signage, resume paper if hosting a pre-job fair resume workshop, costs affiliated with drinks for employers at the job fair, a raffle door prize (capped at \$25) and other project planning expenses.

We have proposed reissuing the Older Adult Job Fair RFR in FY'16, to fund up to 10 project sites. We will share the project reports of the 3 FY2015 sites as part of the RFR.

### Outcomes

#### **How many job seekers attended; and of those, how many had interviews, and then got a job?**

It is the role of the Career Center to track how many "in house" interviews occurred as a result of the job seeker and employer meeting at a job fair. (This requires them to follow up with employers. As of July 28, the following results are known:

**In Auburn,** according to the Workforce Central Career Center, 227 job seekers attended the Auburn Senior Services Job Fair. Of those, 73 people who were invited back to the participating employers for interviews. As of July 28, 2015, thirteen (13) people have been hired.<sup>i</sup>

**In Adams,** 41 job seekers attended the Job Fair. Several interview appointments were set up. To date, 1 person was hired, after an "in house" interview occurred, pending reference checks, physical and CORI check.

**In Shelburne Falls,** 17 people attended the *Talk with the Employers* employer forum. Attendees came from 7 different towns. 5 men and 12 women ranged in age from early 50s

Auburn Senior Center Job Fair (June 12, 2015)



to early 70s, with a majority were in their 60s. Of the 17 attendees, 2 attendees registered at Harmon Personnel and at least one registered at the Career Center.

**Observations from the Shelburne Falls staff:**

- The people who attended the Employer Forum were, for the most part, unfamiliar with the job hiring process and the jobs that were available.
- They were relieved to hear that employers do indeed hire people over 50.
- Comments from participants to the Shelburne Falls *Talk with the Employers* employer forum:
  - *"This was a very good way to find out what's out there without feeling insecure."*
  - *"Thank you, this has been so helpful." (heard many times)*
  - *"I didn't know what employers were expecting me to say."*
  - *"I had no idea there were so many health care related jobs out there."*
  - *"I liked that the employers told us what not to do and what made them immediately decide not to hire a person."*
  - *"I feel better now."*

**Lessons Learned**

Generally, the employers and job seekers were very satisfied with the events. However, MCOA asked the site leaders, "If you were to host another one next year, what would you change?"

**Per Auburn,** *"We would try to have an even greater variety of job types and ask for a stronger commitment from businesses to attend on the day of the event. [Feedback from attendees indicated a lot of the employers were seeking sales staff. Also, a few of the employers did not attend who had committed to being there. ]*

*Some of the feedback we received was that the job seekers were looking for full time, but that a great deal of the employers were only looking for part time workers. [This is a market place feature that is difficult for us to change – however, we could stress this as a factor, perhaps in how we set up the room to show which employers were seeking full time employees.]*

*And, we would most likely offer in May for Older American's Month."*

**Per Shelburne Falls,** *"If we were to host another job fair forum next year, we would spend more time planning and fine tuning the details, as well as begin advertising earlier. The Career Center was a great partner, adding their expertise and experiences and we wouldn't change a thing about that.*

*In response to attendee requests, The Senior Center is going to conduct a "Basic Word for Computer" class in the fall. This training and skill was mentioned as very important by all the*

*employers and identified as a need by the attendees. The Senior Center is planning on following up on this by hosting an interview skills workshop in the fall.*

**Per Adams,** *“It is not a question of if but rather a question of when we host another job fair next year. We would change little. The set up worked well and the frenzy of activity proved to be successful. However, I would change our role a tad more -- I would use a survey that we kept in house which asked satisfaction questions of both the job seekers and the employers. And, I would further formalize the follow up with attendees, to learn which had in house interviews and how many secured job offers/jobs. “*

### Adjustments to Project for the Future & Next Steps

Based upon these findings, if funding is renewed under the SIG grant from Elder Affairs to MCOA, the MCOA would again seek bids from COAs to replicate these Older Adult Job Fair projects in up to 10 sites FY2016.

Adjustments to the project will include:

- A longer lead time between grant award and job fairs, to ensure greater outreach and attendance to job fairs.
- Project Teams will be encouraged to use email marketing and direct mail post cards, in addition to the newspaper ads and signs on lawn.
- The MCOA Job Fair Tool Kit is available on line for all sites to access as potential bidders. Based upon recent lessons learned, MCOA will add to the Tool Kit additional tools for redressing some of the things this year’s hosts would change, such as:
  - a confirmation letter for use with employers to secure a stronger commitment to attend,
  - a survey tool for the COA to give to both job seekers and employers, and
  - a requirement to convene a “job fair preparation” workshop with the Career Center specialists and others, before the Job Fair, with one section spent on updating resumes and one section with tips on how to make the most out of the job fair, including attire and 30-second elevator pitches.

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*Photos courtesy of the Auburn Senior Center Job Fair, taken during their June 12, 2015 Job Fair*





# Summary Report on FY 2015 SIG Funded Projects

## Capacity Building and Skills Development

### Project Goal

To provide training opportunities for Council on Aging Directors, staff and volunteer leaders to develop/refine skills so that may successfully manage local Councils on Aging and provide programming at the local level to serve older adults in their communities.

### Purpose for Project

There has been a 50% turnover of Council on Aging leadership since 2008. It is assumed that there has been a similar change in COA staffing since that time. As Councils on Aging provide services in an environment that is increasingly complex, it is essential that managers, board members and staff be prepared with the skills and knowledge to work with older adults effectively, providing high quality, innovative programs and services in adherence to applicable laws and regulations. As stewards of public dollars, it is also essential that these services be delivered in a cost effective manner. There is a need to learn about changing state regulatory requirements (i.e., Ethics, Mandated Reporting for Protective Services) as well as emerging trends in aging services. As communities differ widely in terms of composition, needs as well as capacity, it is important to offer a range of training opportunities including individual consultation. These trainings are located throughout the state to encourage participation.

### Outcomes

In Fiscal Year 2015, 97.5% of the communities in Massachusetts had staff or volunteers with involvement in MCOA activities. Ranging from training to technical assistance and including grant opportunities, MCOA has supported nearly every community in Massachusetts. The specific program initiatives are as follows:

#### ***The Center for Aging and Disability Education and Research Training***

In order to address the lack of workforce training in the area of aging and mental health, the

Center for Aging and Disability Education and Research (CADER) partnered with the Massachusetts Councils on Aging and the Executive Office of Elder Affairs and developed a training program targeting Councils on Aging (COA's).

This year 50 staff members from Councils on Aging across Massachusetts were selected to participate in this training program. The program, provided competency based training that addresses the core skills, knowledge, and values needed to effectively identify and respond to older adults with mental health and substance use concerns, increase resilience, and further the prevention of suicide. It consisted of a "blended model" of online learning and face-to-face training. CADER offered four online courses for 15 hours of training and two face-to-face sessions at the beginning and end of the program. All participants who completed the program earned a total of 19 hours of training and a *Certificate in Mental Health and Aging* from CADER at Boston University.

The online courses included:

- **Mental Health and Aging Issues**
- **Mental Wellness and Resilience among Older Immigrants and Refugees**
- **Suicide Prevention Among Older Adults**
- **Substance Abuse Among Older Adults**

CEUs for social workers, nurses, and Council on Aging Directors were offered.

This project was funded by the Massachusetts Department of Public Health (DPH) Suicide Prevention Program through the cooperation of the Executive Office of Elder Affairs (EOEA).

### ***Bridges Together***

We live in a society in which many people are not friends with nor have the opportunity to interact frequently with people from other generations. This is caused by many factors – young parents living far apart from their own parents is one reason – and ageist assumptions and age segregated social activities is another primary reason.

MCOA members want to build far greater social inclusiveness for older adults within community life by significantly increasing intergenerational events, activities and programming for older adults and youth of all ages. COAs affiliate with myriad local partners – preschools through colleges, parks and recreation programs, community music and theater programs, Boys and Girls clubs, Scout Troops, and many others to achieve this goal.

In FY2015, MCOA engaged with Bridges Together Inc., an intergenerational programming leader, to offer a series of Intergenerational (IG) professional development opportunities. These included:

- Hosting "IG Lunch, Learn & Network" meetings across the state for professionals to exchange information about what is going on in the IG field, how others may replicate it and to develop skills they could use in their own work. Fifty representatives from 40 communities attended the Luncheons.
- Leading 1-day "IG Boot Camps" where local program staff, after training on why we need IG programs and how to create effective ones, developed detailed plans for launching a program in their own communities. Over 60 representatives from 40 communities participated in the 1-Day Boot Camps.

- Training educators from 5 communities to implement the award-winning Bridges Intergenerational© Program Curricula.
- Establishing a database of IG programs in the state.
- Mentoring staff who decide to implement new IG programs and activities in their community.

### ***Trainings***

MCOA has developed training opportunities for local Councils on Aging staff to learn about state laws and regulations that are applicable to their organization. Some trainings were clustered into daylong programs, while others were held as individual trainings. Training content includes information about procurement, ethics, records retention, campaign finance and protective services. In addition, trainings have been organized at MCOA Membership meetings to explore needs assessments, emergency preparedness, the Securities and Exchange Commission, nutrition program models and development of age friendly communities. There were 342 duplicated attendees at trainings and workgroups organized throughout the year, exclusive of the Annual Conference.

### ***Workgroups***

MCOA has convened opportunities for outreach workers and staff interested in wellness activities to meet and identify resources they need to enhance their capacity for the provision of services at the local level. Topics included mental health law, program evaluation and the AARP “Life Reimagined” program. It is planned to convene staff from other disciplines including, but not limited to, volunteer coordinators and activities coordinators, to identify their particular needs for support of their efforts at the local level.

### ***Annual Conference 2014***

MCOA hosts a fall conference on an annual basis. This three-day event was held in Falmouth at the Seacrest Resort and the theme was “Where Do We *GROW* From Here?” Attracting 352 participants, the conference is one of the largest conferences in the state focused on the provision of services to older adults. 77 workshops were scheduled with a wide range of content areas of interest to Council on Aging leadership and staff. Plenary Sessions offered perspectives from the Elder Secretaries representing the New England states on Wednesday and Rev. Liz Walker offering her insights on “The Next Chapter” on Thursday. Social Security Commissioner, Carolyn W. Colvin and Jim Firman, President and CEO of the National Council on Aging also presented exciting new initiatives. Linda Fitzgerald, State President of AARP Massachusetts announced her retirement and will be missed and Ann Hartstein retiring Elder Affairs Secretary, received MCOA’s Lifetime Achievement Award for her service.

### ***Technical Assistance - New Directors***

Council on Aging Directors represent a broad cross section of skills and academic preparation. Hired by local officials, the Directors are reflective of the needs of individual communities. The role of the Director requires that the individual’s knowledge base encompass a range of disparate content areas: from elder abuse statutes as a mandated reporter to campaign finance regulations related to access to public facilities. MCOA has prepared a manual designed for new Directors to provide basic information about general responsibilities of the position. The newly hired MCOA Director of Technical Assistance, Training and Special Events has met with 23 new Directors to review the manual and provide technical assistance in the areas that they may lack specific expertise. She will continue to reach out to newly hired Directors to provide assistance.

### ***Technical Assistance – Materials, Modules and Specific Assistance***

In order to enhance the capacity of Councils on Aging statewide, MCOA has identified over 40 potential subjects for best practices manuals/modules. Some materials, such as the New Directors Manual are newly updated and are currently being utilized. Other materials, such as Friends/Board manual are in the development stage and other materials need to be reviewed and updated. All of these materials will be accessible to MCOA membership through the association website [www.mcoonline.com](http://www.mcoonline.com). In addition, a variety of forms, policies, job descriptions and reports are being compiled on an ongoing basis in

“Kathy’s File Cabinet” located on the association website. Additional topic area materials are being collected from membership on a weekly basis and posted on the website.

The Director of Technical Assistance, Training and Special Events has been contacted by 50 communities who are in need of assistance for specific issues related to their Council on Aging. Topics vary widely and include questions that range from how to build a Senior Center to how to establish a Tax Work off Program. Some inquiries can be answered simply by providing a needed document and others require a more lengthy involvement including on site meetings. In addition, she attended Formula Grant trainings held throughout the state scheduled by Emmett Schmarsow, EOE Program Manager for COAs, and had the opportunity to address some individual questions and concerns.

### ***Director and Program Manager Certification***

The intent of MCOA certification is to provide a statewide standard that can be used as a measure of professionalism by interested agencies and individuals. It is further intended that certification will encourage the continuing professional growth and development of certified Council on Aging personnel. The requirements of certification include the submission of a portfolio that reflects a significant body of work as an employee of a Council on Aging. This year, there were 2 individuals certified at the Director level and 5 individuals certified at the Program Manager level.

### ***NISC Accreditation***

To advance the quality of Senior Centers nationally, the National Institute of Senior Centers (NISC) has developed an accreditation process to develop standards in nine content areas. Accreditation is a multi-step process by which: a Senior Center undertakes a self-assessment of the nine areas engaging a wide variety of community members; the center measures their assessment against national standards; the center engages workgroups to develop materials to meet standards and the center is evaluated by reviewers to demonstrate excellence. The standards include:

- Purpose & Planning
- Evaluation
- Fiscal & Asset Responsibility
- Records & Reports
- Facility & Operations
- Community Connections
- Governance
- Administration & Human Resources
- Program Development & Implementation

### ***Program Participation Summary***

<b>Training Opportunity</b>	<b>Participation</b>
CADER Certificate Training	50 individuals
Bridges Together	50 – “Lunch and Learn” 60 – IG Boot Camp
Trainings / Workgroups	342 participant units
Annual Conference	352 - registrants
Technical Assistance – New Directors	23 New Directors
Technical Assistance – Materials, Modules and Specific Assistance	50 communities

MCOA Certification	2 Directors Certified 5 Program Managers Certified
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## Lessons Learned

It was clear by the level of participation that Council on Aging Directors and staff that individuals are seeking a variety of information to improve their base of knowledge and skills to improve their capacity to deliver services at the local level. I seek feedback from participants for additional program ideas. I have received feedback that some staff are unable to leave their senior centers to attend training. We will be identifying and exploring ways to support participation remotely.

Given that some individuals are unable to leave their sites, we will continue to compile and post a variety of materials to assist staff at the local level.

## Adjustments to Project for the Future & Next Steps

Based upon these findings, we will continue to offer training throughout the state and will continue to seek input from membership to identify future topics. We will establish a standard post evaluation process for all trainings. We will continue to develop and refine materials and modules to make available to membership and will explore opportunities to offer trainings in other formats for those who are unable to attend trainings.

Over the next year, we will be working with NCOA and NISC to develop a foundation of knowledge and a framework to go forward to encourage and support accreditation at the local level.



# Summary Report on FY 2015 SIG Funded Projects

## Creating a Welcoming Place for All

### Project Goal

Our world is becoming increasingly diverse. The composition of our communities is reflective of the demographic shifts. Over the last generation, Senior Centers are far more likely than ever to serve older adults of multiple generations, persons of color, persons with a variety of ethnic backgrounds, persons of a variety of gender and sexual orientations, persons of differing physical and cognitive abilities and socioeconomic backgrounds. These individual characteristics can play an enormous role as persons participate, or choose not to participate, at Senior Centers.

In December, 2014 MCOA convened a group of stakeholders to discuss strategies to build the capacity of Senior Centers to work effectively with the growing diversity of older adults. The consensus of the group was that the initial thrust should be to train communities around the concept of culturally competent care and to develop best practice materials in support of efforts to work with specific population groups.

MCOA launched a three-year project to work with local Councils on Aging to develop the skills, tools and strategies to broaden community participation and inclusion at Senior Centers. This multi-faceted approach includes trainings, development of resource materials and videos to support local efforts to reach out to underserved populations. The initial, day - long training “Communicating Across Cultural Boundaries” for local COA teams, was developed through a partnership between the Multicultural Coalition on Aging, UMass Boston, the VNA Care Network Foundation & Affiliates and MCOA. Funded by EOEA through the SIG grant, the initial training is composed of three elements:

- “Communicating Across Boundaries” training
- Review of local demographic data to identify underserved populations
- Development of action plan to reach out to the underserved population in your community

## Outcomes

We are in the process of working with 15 communities: **Milton, Kingston, Hingham, Norwell, Newton, Braintree, Brockton, Easthampton, Springfield, Templeton, Longmeadow, Williamsburg, Athol, West Springfield and Shirley**. They have developed leadership teams at the local level and participated in the day long training, to work together to identify an underserved population in their community and identify programmatic strategies to reach out to the targeted population. MCOA is planning to offer the trainings to additional communities in FY16.

In addition, MCOA worked with the LGBT Aging Project to develop a self directed study guide to work with the LGBT population. This will serve as a template for additional manuals to be developed over the next two years of the project to focus on other underserved populations. A video was produced of the reflections of Latino older adults and how they feel welcomed at a Senior Center in Western Mass.

## Lessons Learned

The communities who participated in the trainings represented a broad diversity of communities. Ranging from small to large in size and representing rural, suburban and urban communities, the communities reported that they found the training helpful. All participants thought that they had developed a better understanding of the concept of “cultural competency”. Participants thought the training was “interesting and informative” and “. . . was really impressed . . . have been to two of these trainings in the past year and this by far was the best”.

Participants, however, are seeking additional specific information to work with specific populations. MCOA has worked with the LGBY Aging Project to develop a study guide to work with the LGBT population and will be partnering with them at the Annual Conference and beyond to provide additional training to effectively work with the LGBT population. The video of Latino older adults also provides insights from their perspective of feeling welcomed and supported at a Senior Center.

It is the project plan to develop additional materials and videos to support communities in their efforts to reach out to traditionally underserved populations. A number of workshops at the Annual Conference will look at a number of traditionally underserved populations including persons with differing intellectual abilities, persons with hearing loss and persons with dementia.

## Adjustments to Project for the Future & Next Steps

Based upon these findings, and subject to funding, MCOA will continue to offer the “Communicating Across Boundaries” training in a variety of geographic regions statewide.

MCOA will poll participating communities to identify their “target populations” and develop materials (manuals and videos) to support their efforts.

MCOA will post manuals and videos on the website to give membership the ability to access materials and support their local efforts..