



PHILADELPHIA CORPORATION FOR AGING

Enriching lives, preserving dignity.™

2024-2028 Local Area Plan

Philadelphia Corporation for Aging

PSA 31

Philadelphia County

October 1, 2024 through September 30, 2028



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Executive Summary

Introduction

Philadelphia Corporation for Aging (PCA) is a non-profit organization serving older adults, individuals with disabilities, and caregivers in Philadelphia County. As an Area Agency on Aging (AAA), PCA is mandated by the federal Older Americans Act (OAA) to “facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers.” PCA fulfills this mandate through four functions:

- Protection and advocacy
- Help in the home
- Creating community and connection
- Responsible stewardship of public and private funds

PCA produced its Area Plan for the years 2024-2028 based on the five focus areas set by the Administration for Community Living (ACL) and Pennsylvania Department of Aging (PDA). Throughout the planning process, PCA consulted with a wide range of stakeholders, including PCA employees, service recipients, aging professionals, and community stakeholders to ensure the Plan reflects strengths, needs, and concerns of older adults, those with disabilities, and caregivers in Philadelphia County. Through Aging Our Way, PA master plan listening sessions, stakeholder meetings, and demographic data, the following priority themes emerged:

- Safe, accessible, and equitable community
- Caregiver support
- Civic and social engagement
- Access to healthcare and supportive resources

Community Outreach & Needs Assessment

August through October 2023, PCA coordinated 17 listening sessions in 14 different zip codes in Philadelphia. Six of the listening sessions had interpreters present to conduct the session in Spanish, Mandarin, or Korean. We also offered sessions for LGBTQ+ older adults and professionals in the aging field. Over 450 participants, mostly older adults, attended the sessions and shared their thoughts. Conversations were framed around the eight domains of livable communities from the World Health Organization, allowing participants to share many thoughts regarding impacts on their social determinants of health and their need to be able to remain in the communities of their choosing for as long as possible.

5 Goals

Goal 1: Continue to target the Older Americans Act (OAA) core programs to those in greatest economic and social need to support aging in place and decrease the risk of institutionalization.

Throughout the conversations with older adults in the community as well as key stakeholders, the importance of the Older Americans Act core programs in supporting older Philadelphians was evident. As a county with great poverty and social diversity, it is critical to continue to focus these services on those with the greatest needs.

Goal 2: Maintain relationships and improve services based on lessons learned during the COVID-19 pandemic.

COVID-19 brought great challenges through which PCA, and AAAs across the nation, showed extreme flexibility and creativity in developing innovative practices to serve the community. PCA aims to reflect on these lessons and continue to advance innovative strategies.

Goal 3: Continue to address issues impacting consumer's social determinants of health (SDoH), with special attention to those experiencing the greatest social and economic needs.

PCA consistently strives to address inequities in our service area through understanding the diverse needs and communities across the city. PCA utilizes this information to shape programming, build relationships, and address the factors that impact older Philadelphians' ability to age safely and with the maximum level of health and independence in the homes of their choosing.

Goal 4: Explore innovative techniques to expand access to home and community-based services (HCBS).

Understanding the changing landscape of home and community-based services is critical to PCA continuing to provide the best possible services to older Philadelphians. To do this, PCA must create relationships with new and existing providers and continue to develop innovative practices.

Goal 5: Strengthen caregiver services.

Informal caregiving is the backbone of the modern healthcare system. Caregivers face increasing challenges in supporting their loved ones and themselves. PCA aims to continue providing support to Philadelphia's caregivers while advocating on their behalf.

Agency Overview

Mission Statement, Vision, and Values

PCA's Mission:

The primary purpose and mission of PCA is to improve the quality of life for older Philadelphians and people with disabilities and to assist them in achieving their maximum level of health, independence and productivity. PCA advocates for all older Philadelphians while giving special consideration to assuring that services are provided to those with the greatest social, economic, and health needs.

Vision:

Be a caring organization that values and supports people as they age.

Values:

PCA stands for excellence, compassion, and dignity as realized through our responsive and nurturing culture.

Description of the AAA

PCA is a non-profit organization established in 1973 to serve as the Area Agency on Aging for Philadelphia. Founded on the principle that older persons have the ability and the right to plan and manage their own lives, PCA seeks ongoing input from older adults. PCA recognizes the dignity of all older people and respects their racial, religious, gender, sexual, and cultural differences.

PCA carries out its mission through 4 major functions: protection and advocacy, care at home, creating community and connection, and responsible stewardship of public and private funds. PCA receives funding from the Older Americans Act, the Pennsylvania Lottery, foundation and grant supports, and additional state and federal sources and is overseen by the Pennsylvania Department of Aging. Guided by its Board of Directors and an Advisory Council, PCA employs more than 400 people and contracts with over 200 community organizations and service providers to deliver over 30 programs and services which touch the lives of more than 140,000 older Philadelphians and people with disabilities each year. These services include advocacy, care management for long-term care programs, protective services, home-delivered meals, and administration of senior centers.

By helping to create positive social and physical environments, PCA's programs and services help promote good health and quality of life for older adults and people with disabilities. The PCA Helpline is the primary gateway to aging services in Philadelphia. In fiscal year 2023 Helpline staff responded to 99,845 calls by providing information and connecting callers with programs and services. Also, in fiscal year 2023, 13,721 older adults participated in programs and received services provided by Philadelphia senior centers. PCA served 310,921 meals to older adults at 18 senior community centers and 10 satellite meal sites. Additionally, almost 6,000 older Philadelphians received 1,183,997 home-delivered meals from PCA.

PCA staff also play an important role in helping consumers connect to a multitude of services in the long-term service and support continuum of care. In fiscal year 2023, Long Term Care Assessment conducted 24,912 functional eligibility determination assessments of people referred to PCA for long-term care services. In addition, Long Term Care Assessment staff completed 32,779 reviews of annual reassessments for Community HealthChoices participants. Additionally, in fiscal year 2023, PCA's Older Adult Protective Services staff was called upon to address 10,590 reports of need. In the coming years, PCA will continue to advocate for the needs of victims and work to increase awareness on risk factors for abuse, neglect, and exploitation.

PCA is governed by a board of directors and guided by an Advisory Council (AC) charged with furthering the agency's mission of developing and coordinating a community-based system of services for all older persons and individuals with disabilities in Philadelphia. The AC shall assist in fulfilling PCA's mission, including fund-raising outreach, acting as an ambassador to PCA's communities, advocacy, and program development.

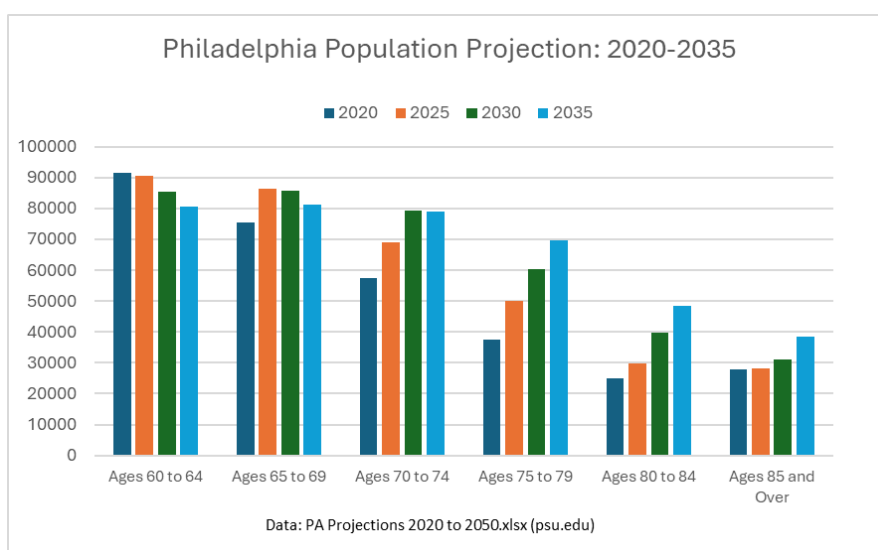
The AC consists of a maximum of fifteen and a minimum of nine voting members, serving two-year terms. The composition of the AC includes at least two-thirds over the age of 60, one meeting the definition of greatest economic or social need and one from each of the other Advisory Councils, at least one consumer or participant in a PCA program, a representative from the central public, and one representative from a PCA provider.

PCA's Organizational Chart can be found in Appendix 2.

PSA Demographics

Philadelphia Population Overview

According to the American Community Survey (ACS) 2022 5-year estimates, there were over 316,000 older Philadelphians aged 60 years and over, accounting for about 20 percent of the city's total population.¹ Philadelphia's older population (60+) is projected to increase by about 26 percent from 2020 through 2035.² In particular, the population of the "middle-old" (75-84) and the "oldest old" (85+) are expected to continue to grow over the next decade.

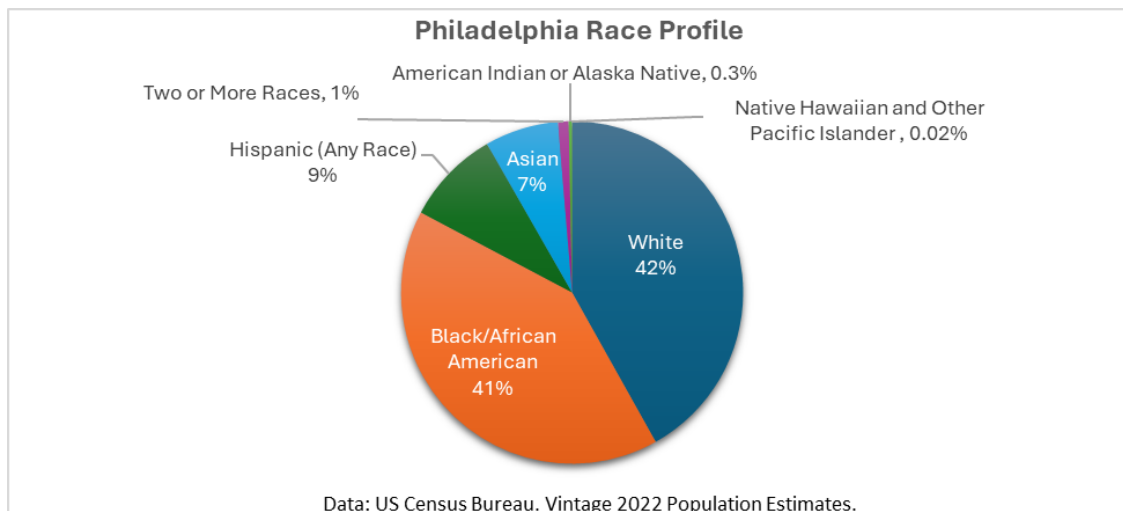


Racial and Ethnic Diversity

Philadelphia is Pennsylvania's most racially, ethnically, and culturally diverse city. While it is home to nearly 10 percent of the state's older residents, it houses 67 percent of the state's racial and ethnic minority older adults.¹

¹ U.S. Census Bureau. (2022). Population 60 Years and Over in the United States. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102*. Retrieved March 19, 2024, from <https://data.census.gov/table/ACSST1Y2022.S0102?q=s0102>.

² PA Projections 2020 to 2050.xlsx (psu.edu)



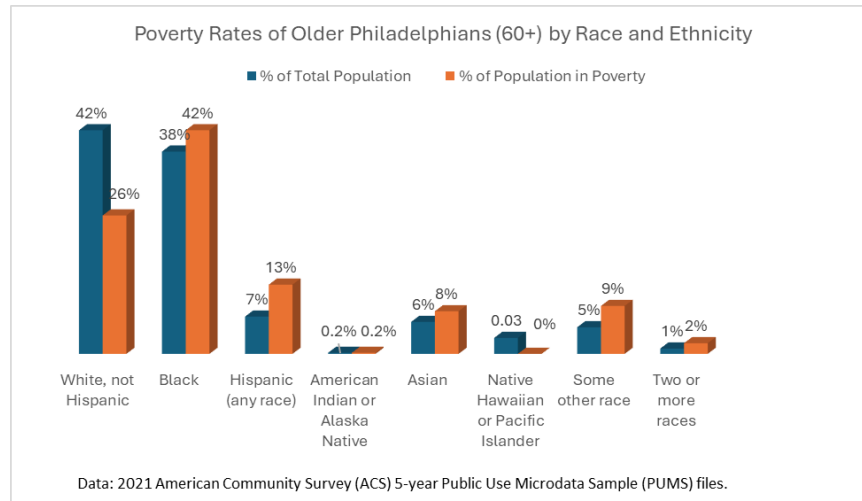
The city's older foreign-born population (60+) has continued to increase over the five-year period (2018-2022).³ These individuals currently account for approximately 16 percent of all older Philadelphians (60+). Approximately one out of five (20 percent) older Philadelphians (60+) speak a language other than English. Of those who speak English as their second language, 14 percent reported that they speak English less than "very well." The five most spoken languages other than English by older Philadelphians in the home are Spanish (8.5 percent), Russian (1.6 percent), Chinese (including Mandarin and Cantonese; 1.5 percent), Vietnamese (1 percent), and Italian (1 percent).⁴ An additional 126 languages are spoken Philadelphia.

Income and Poverty

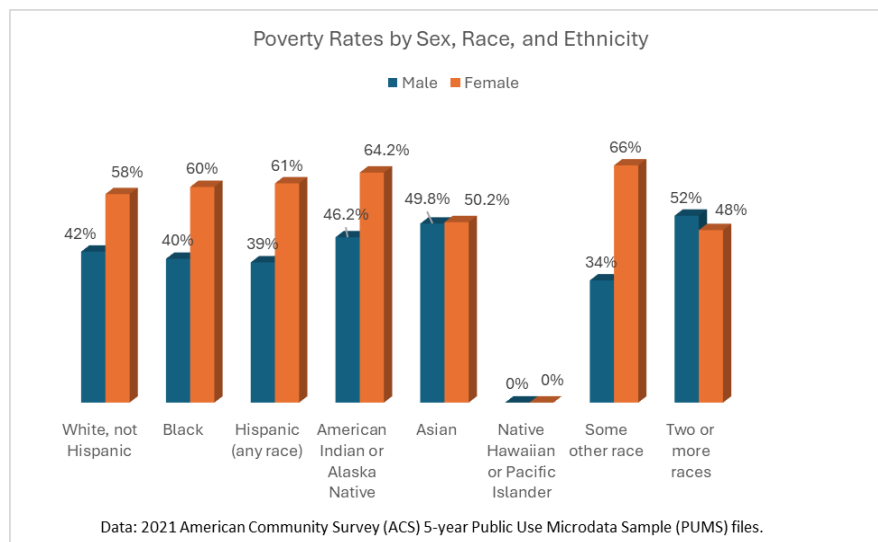
In 2022, approximately 21 percent of Philadelphia's older population were experiencing poverty (incomes at or below 100 percent of the Federal Poverty Level), representing a 2 percent increase over five-year period (2018-2022).^{1,3} When comparing poverty rates by race and ethnicity using 2021 ACS 5-year Public Use Microdata Sample (PUMS) files, the most current Public Use Microdata Areas (PUMA) data available for Philadelphia, racial and ethnic minority older Philadelphians (60+) disproportionately experienced poverty as compared to white counterparts.

³ U.S. Census Bureau. (2018 - 2022). Population 60 Years and Over in the United States. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102*. Retrieved March 19, 2024, from <https://data.census.gov/table/ACSST1Y2022.S0102?q=s0102>.

⁴ U.S. Census Bureau; 2017-2021 American Community Survey (ACS) 5-Year Public Use Microdata Sample (PUMS) files.

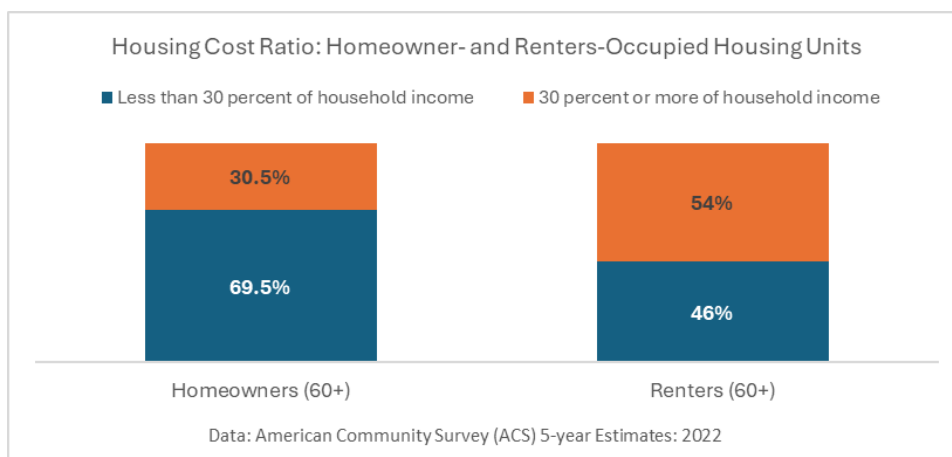


While poverty rates vary by racial and ethnic groups, they also vary within these groups. For nearly all racial and ethnic groups, the poverty rate of women (60+) was higher than that of their male counterparts. Among older Philadelphians experiencing poverty, women who identified as Black (60 percent), Hispanic (61 percent), or some other race (66 percent) were disproportionately represented.⁴



Housing

In 2022, nearly one in three (32 percent) occupied housing units were the place of residence of older adults (60+).¹ Of 210,484 housing units occupied by older adults (60+), 68 percent were owner-occupied, and 32 percent were renter-occupied. In addition, one percent of these housing units were considered overcrowded. Looking at the housing cost ratio, the proportion of renters (60+) spending more than 30 percent of their household income on housing costs is higher than that of homeowners (60+).



LGBTQ+

US Census data shows 2 percent of the city’s older couple households (60+) were same-sex couple households in 2021.⁴ The most current estimates of LGBTQ older adults in Philadelphia, other than of older couple households, were not readily available or easily accessible. The 2022 PA LGBTQ Health Needs Assessment, in which 4,228 LGBTQ+ Pennsylvanians participated, 18 percent of whom were aged 55 and older, stated that almost one out of three respondents reported that they had experienced a negative reaction from a healthcare provider when they learned they were LGBTQ (32.1 percent). Due to the past or potential negative reactions from health care providers, nearly half of all respondents fear seeking health care services (45.9 percent). The age group with the highest likelihood of reporting a lack of social and emotional support was respondents 50 to 64 years of age.⁵

With the Department of Aging (PDA)’s concerted efforts, progress has been made in integrating sexual orientation and gender identity (SOGI) into assessment tools and other data collection efforts; however, the lack of local-level (SOGI) data on older adults speaks to the continued need for expanding the SOGI data collection, as it is crucial in identifying, understanding, and addressing the unique needs of LGBTQ older Philadelphians.

Health

Nutrition

Feeding America’s *Map the Meal Gap* study showed Philadelphia’s food insecurity rate was 13.6 percent in 2021, down from 20.1 percent in 2017; however, it is 4.2 percent higher than the food insecurity rate of Pennsylvania (9.4 percent).⁶ Those with food insecurity, limited or uncertain access to adequate nutritious food are more likely to experience poor health outcomes, including malnutrition, diabetes,

⁵ Research & Evaluation Group at Public Health Management Corporation and Bradbury-Sullivan LGBT Community Center. (2022). 2022 Pennsylvania LGBTQ Health Needs Assessment

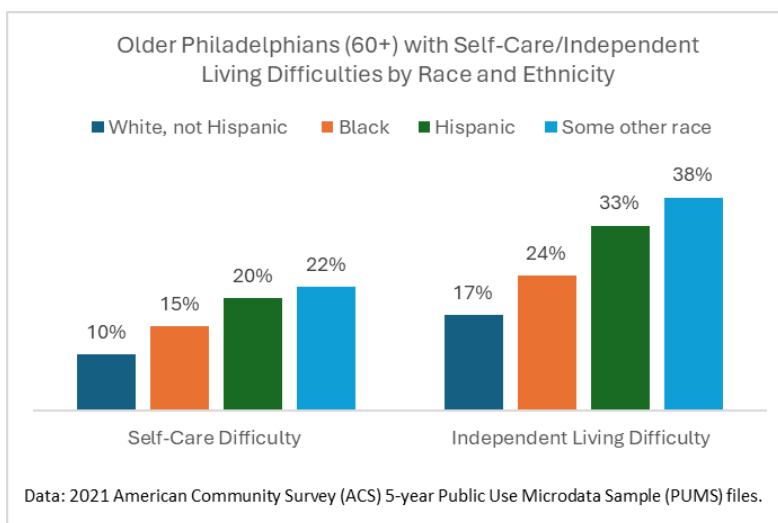
⁶ Map the Meal Gap 2023: Food Insecurity among Overall (all ages) Population in Philadelphia County. Feeding America.

hypertension, pulmonary disease, and depression.⁷ Food insecurity has been shown to lead to social isolation in older adults.⁸

The number of older adults living in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits has continued to increase over the five-year period (2018-2022).³ This trend may indicate greater poverty, better access to programs, or both.

Functional Capacity

Most older Philadelphians continue to live in the community (97.7 percent) rather than in an institutional setting (2.3 percent).¹ Among older Philadelphians (60+) who live in the community, 40 percent reported some form of disability.⁴ The most commonly reported type of disability was ambulatory difficulty (29 percent), followed by difficulty in independent living (21 percent). When looking at disability by demographic characteristics, its prevalence varied by race/ethnicity and poverty status. Among older Philadelphians (60+) who reported having a disability, those who identified as Black (44 percent), Hispanic (53 percent), or some other race (58 percent) had higher rates of disability compared to their White counterparts (35 percent).



In addition, looking at the income of older Philadelphians with a disability, those who live at or below 100 percent of the federal poverty level (53 percent) had higher rates of disability compared to those with income over 100 percent of the FPL (35 percent).⁴

⁷ National Institute on Minority Health and Health Disparities. (2023). *Food Accessibility, Insecurity and Health Outcomes*. NIMHD. <https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html>

⁸ Park, S., & Berkowitz, S. A. (2024). Social Isolation, Loneliness, and Quality of Life Among Food-Insecure Adults. *American journal of preventive medicine*, S0749-3797(24)00039-4. Advance online publication. <https://doi.org/10.1016/j.amepre.2024.02.001>

Neurocognitive Disorder

According to the Alzheimer's Association, in 2020, Philadelphia had the highest estimated prevalence of Alzheimer's dementia among older adults aged 65 and older (15 percent) in the state, followed by Delaware County (12.3 percent).⁹

HIV/AIDS

In 2022, 18,658 people were living with HIV in Philadelphia.¹⁰ About 40 percent of Philadelphians living with HIV and 70 percent of those living with AIDS were age 50 and older. Looking at the demographic characteristics of Philadelphians diagnosed with HIV and AIDS, those aged 50 and older accounted for one of the largest age groups (56.2 percent) as well as a significant proportion of new AIDS diagnoses (32.7 percent).

Connection and Engagement

Social Isolation and Loneliness

According to the Centers for Disease Control and Prevention (CDC), risk factors for social isolation and loneliness include living alone, long-term disability, low-income status (less than \$50,000/year), limited English proficiency, etc.¹¹ In 2022, almost half of households with an older adult (49.2 percent) consisted of the householder living alone.¹² Among those who reported living alone, 43 percent had some level of disability, 31 percent lived at or below 100 percent of the FPL, and 8 percent spoke English less than "very well."⁴

Technology

The use of the internet and computer (desktop/laptop, smartphone, and tablet) in households headed by older Philadelphians (60+) has increased both numerically and proportionately over the five-year period (2017-2021).⁴

"The digital divide is a big barrier. We need more trainings. Most of the technology is geared towards young folks and we are pushed aside... What you put into it you get out of it."

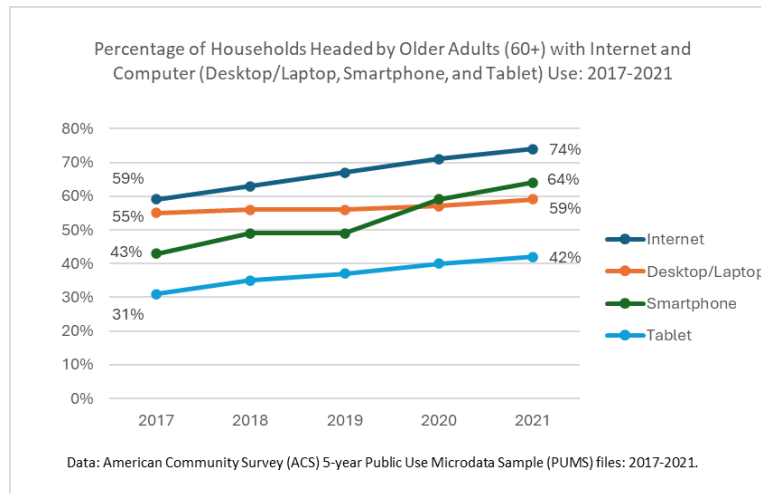
-Aging Our Way, PA respondent in Philadelphia

⁹ Dhana et al., Alzheimer's & Dementia, 2023. https://www.alz.org/media/Documents/PA_Prevalence-Map-and-Spreadsheet.pdf

¹⁰ Philadelphia Department of Public Health Division of HIV Health, Surveillance Report, 2022. Philadelphia, PA: City of Philadelphia; December 2023

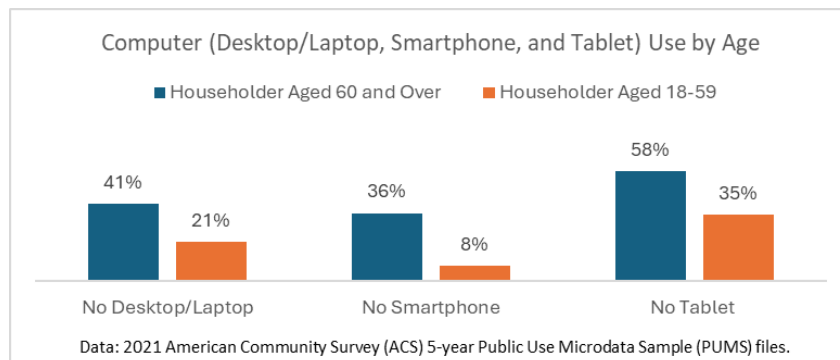
¹¹ Centers for Disease Control and Prevention (CDC). Health Risks of Social Isolation and Loneliness. March 19, 2024. <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>. March 19, 2024.

¹² U.S. Census Bureau. (2021). Population 60 Years and Over in the United States. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102*. Retrieved March 20, 2024, from <https://data.census.gov/table/ACSST5Y2021.S0102?q=s0102&g=050XX00US42101>.



However, despite this positive trend, disparities continue to exist in the use of the internet and computer (desktop/laptop, smartphone, and tablet) by age, race/ethnicity, and income.⁴

- Of the total households in the city, the households headed by older Philadelphians aged 60 and over (23 percent) were significantly less likely to have internet access when compared to those headed by adults aged between 18 and 59 (7 percent).
- Among the households headed by older Philadelphians (60+) without internet access, the older householders who identified as Black (30 percent), Hispanic (35 percent), or some other race (34 percent) were less likely than their White counterparts (22 percent) to have internet access. Also, those who live below the poverty level (44 percent) were less likely than those living above the poverty level (20 percent) to have internet access.



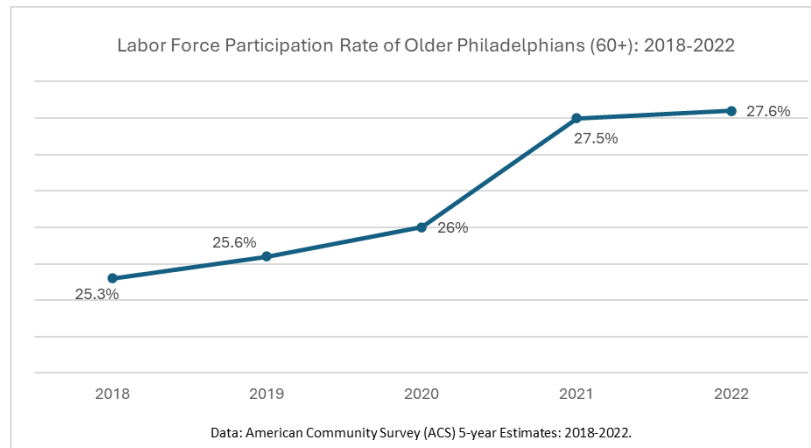
Transportation

According to the City of Philadelphia's Pedestrian Safety Action Plan, Philadelphia has a higher pedestrian fatality rate per capita as compared with peer cities like Minneapolis, New York City, and

Boston.¹³ Of all pedestrian fatality crashes that occurred between 2014-2018 in Philadelphia, people over 50 years old represented 50 percent of pedestrians killed.

Employment

The county has seen an increase in the labor force participation rate for older Philadelphians (60+) between 2018 and 2022.³ Of the total older Philadelphians, more than one out of every four (27.6 percent) older adults were in the labor force in 2022.¹ Among those who were in the labor force, about 26 percent were employed, and 2 percent were unemployed.



Caregiving

AARP's 2023 Report Valuing the Invaluable: Strengthening Supports for Family Caregivers stated that in 2021, there were about 1.5 million caregivers in Pennsylvania, or 11 percent of the state's population. The report estimated the economic value of their unpaid contributions at 22 billion in 2021.¹⁴ While there are no local-level data on those who provide unpaid care to older adults, as of 2022, 5,064, or 1.6 percent of older Philadelphians (60+), were responsible for the care of grandchildren under 18.¹ More attention and data collection can be done for unpaid caregiving in America.

"A lot of caregivers, whether it be children, siblings, family members or friends, face extraordinary challenges, particularly when an older adult does not believe they require assistance or change in living arrangements. A lot of the caregivers simply don't know how to proceed in cases like that, and it would be nice to have resources/support/assistance for these types of situations."
-Aging Our Way, PA respondent in Philadelphia

¹³ City of Philadelphia. (2021). *The Vision Zero Pedestrian Safety Action Plan*. Retrieved from <https://www.phila.gov/media/20211008084341/OTIS-Pedestrian-safety-action-plan-May-2021.pdf>

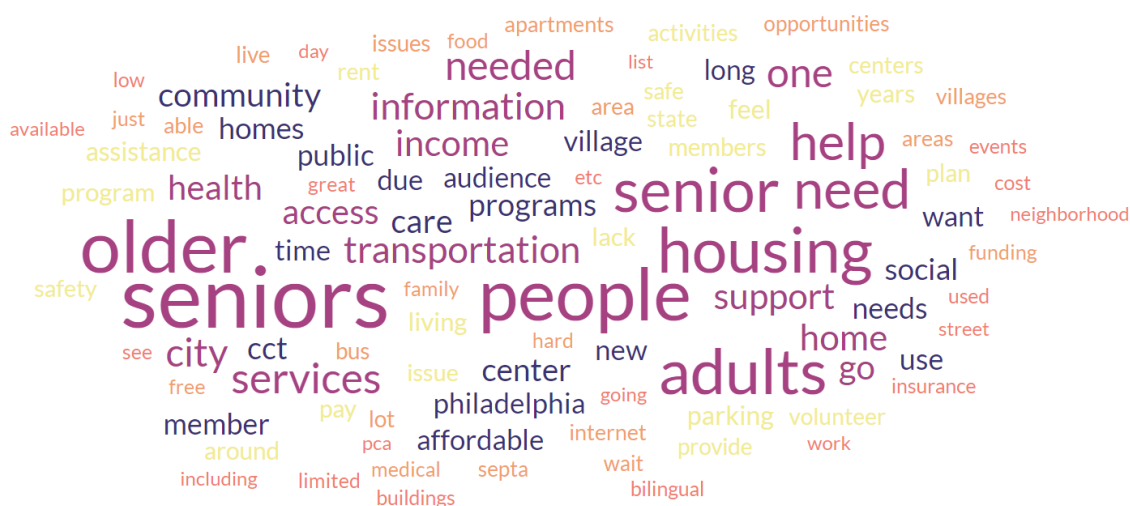
¹⁴ Reinhard et al. (2023). *Valuing the Invaluable: 2023 Update - Strengthening Supports for Family Caregivers*, AARP Public Policy Institute. Retrieved From <https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf>

Community Outreach & Needs Assessment

In 2023, PCA coordinated 17 listening sessions across Philadelphia to inform the PDA Aging Our Way, PA Plan. Information gleaned from the listening sessions was compared to the ACL focus areas to inform PCA's 5 primary goals, and connections were made to strengthen different strategies and methods within the goals.

The Eight Domains of Livability developed by the World Health Organization (WHO), and adapted by AARP for the United States, frame and support the advancement of livable communities. These domains measure characteristics and qualities of a community and determine its accessibility for residents over the age of sixty, while benefiting community members of all ages. These livable communities make up an international network of cities around the world. Using these 8 domains, PDA framed the materials used for listening sessions held across the state of Pennsylvania in the summer and fall of 2023. Through the leadership of the 52 Pennsylvania AAAs, many listening sessions were hosted to gather stakeholder feedback that would later form the Aging Our Way, PA plan.

When the almost 800 comments from Philadelphia are processed through a word cloud generator, the most popular words are enlarged below:



Wordcloud created on freewordcloudgenerator.com

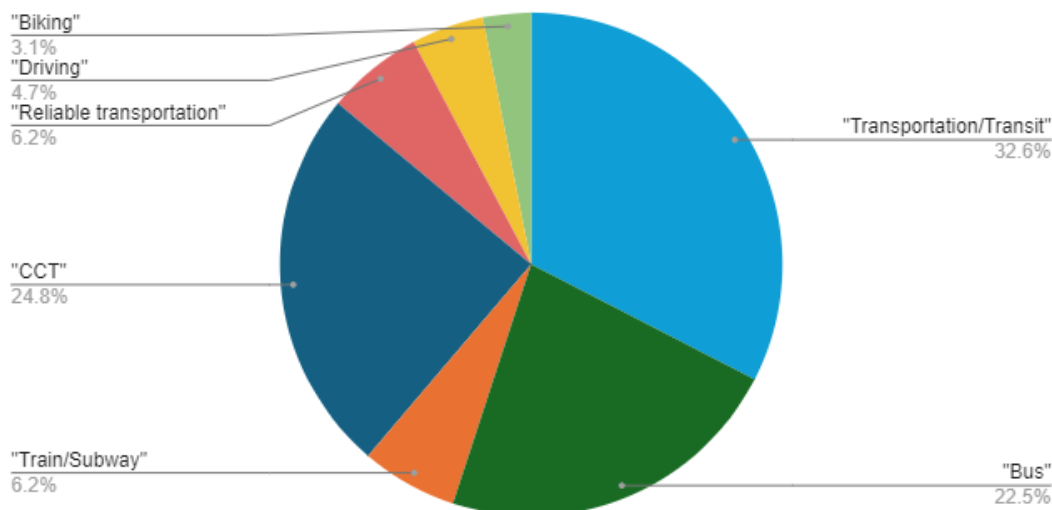
Throughout the process of listening to diverse community members, general themes emerged and were utilized in the development of PCA's 2024-2028 Area Plan.

OAA core programs and access to services and community

Transportation challenges were frequently mentioned throughout all listening sessions. Many expressed frustrations regarding untimely service, especially with CCT (SEPTA's ADA, Americans with Disabilities Act, accessible paratransit option). Issues shared include difficulty scheduling rides, unreliable pickup and drop-off times, circuitous routes, and many cited having trouble getting out of the door for ambulatory reasons preventing utilization of the service. Listening session facilitators heard from many people about the benefits of door-through-door services, however there is limited availability for these

services. Additionally, the need for safe and navigable sidewalks and transit pick-up locations, especially when relying on a mobility device of any kind, was mentioned frequently. Out of 783 comments, 129 mentioned something related to this topic, specifically:

Participant Comments on Transportation



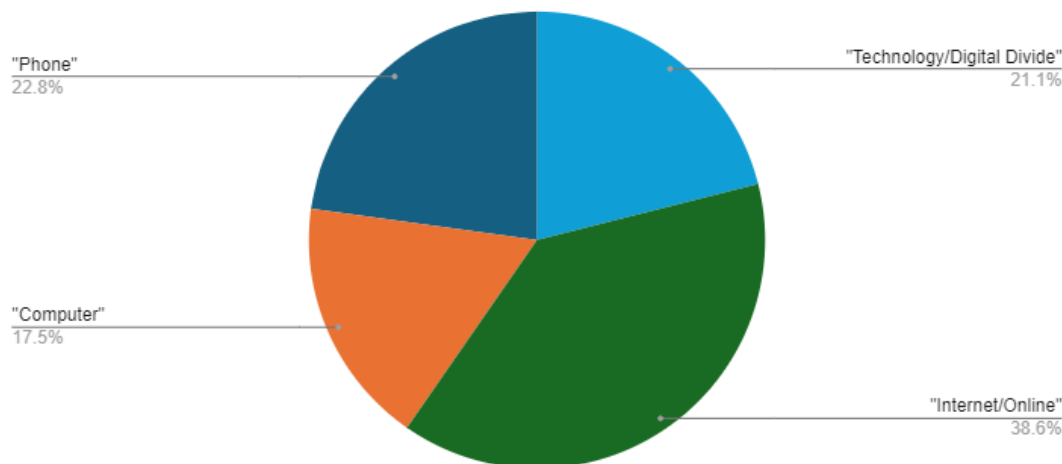
Access to healthy and affordable foods was mentioned several times. Food insecurity, due to fixed incomes, income limits, and the purchasing power of the Supplemental Nutrition Assistance Program (SNAP), was mentioned several times in the sessions. Many struggled with rising costs of food and income that does not rise with it.

COVID-19's influences and lessons learned

Facilitators heard from many who participated in listening sessions about issues related to the digital divide. A range of challenges were shared; from lacking hardware, to having access to the hardware but lacking education, and some who shared that without knowledge and confidence using the internet, many have become even more isolated. There were many requests for more support in this area for people who were interested in increasing their computer confidence.

Out of 783 comments, 57 mentioned something related to this topic, specifically:

Participant Comments on Technology



Facilitators often heard about the importance of the local senior centers to the older adult community. The availability of opportunities and resources through the senior centers made it very important place for older adults.

Social connections

Interest in increased opportunities for volunteering or part time work was often expressed. Participants desired to be able to continue sharing their skills and interests, remain engaged with their community in a social sense, and many felt that their expertise was being overlooked due the lack of opportunities to work or volunteer, or sometimes because a lack of English proficiency prevented them from volunteering, as mentioned above. Some feared losing their benefits if they were to pick up a part time job, or they would struggle to get to the location with their current transportation options.

Equity

The topic of respect and social inclusion brought up a variety of experiences and thoughts. Some shared feeling disrespected because of their age and would like to see more intergenerational experiences for their community where younger individuals can build relationships with older adults to mitigate ageist beliefs. Language barriers impacted access to health services, transportation, and information seeking. Facilitators heard many older adults express feeling a lack of respect due to low English proficiency. Participants, both English proficient and not, shared the desire for interesting, intergenerational activities and opportunities to socialize for free, as well as more printed written materials in expanded languages, beyond what is available digitally.

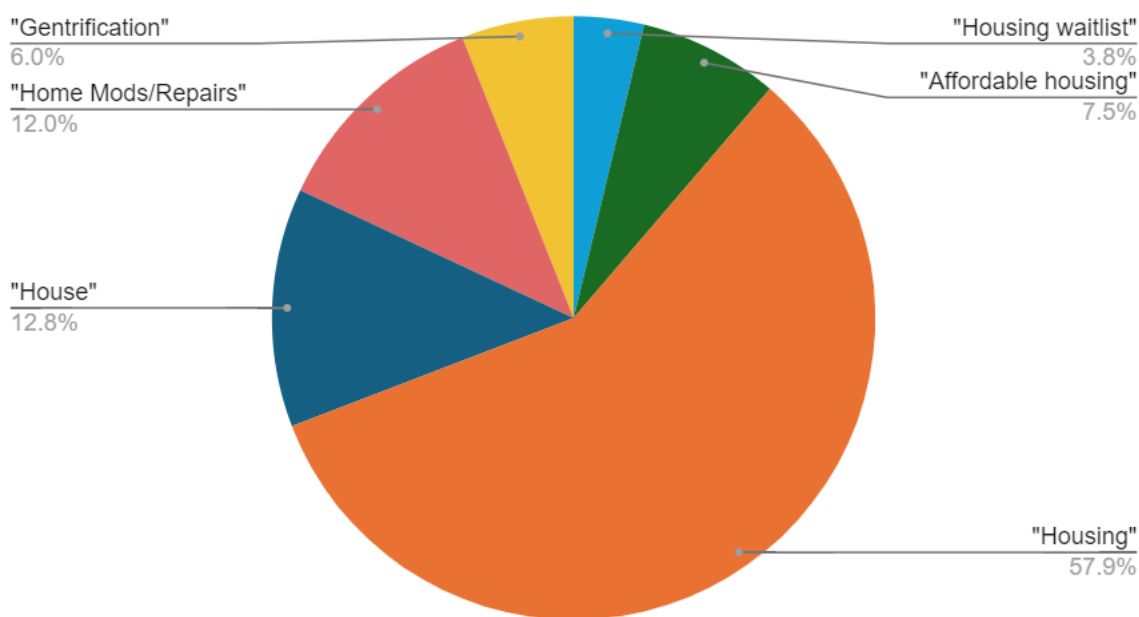
Social Determinants of Health (SDoH):

Challenges in finding and securing affordable and appropriate housing often lead to frustrations. Long waitlists (three to five years, on average) for subsidized senior housing were mentioned many times. Several individuals also shared their frustration about wanting to stay in their homes, but physically not being able to age in place, and not being able to afford necessary home modifications. Facilitators also

heard about gentrification’s effect on longtime neighborhood residents in many different areas of the city causing increasing costs for remaining in their homes. And above all, the overwhelming cost of housing was mentioned in most of the listening sessions. Some participants asked for more and earlier education on the availability of senior housing, while allowing people to apply earlier.

Out of 783 comments, 133 (17 percent) mentioned something related to this topic, specifically:

Participant Comments on Housing



Facilitators heard older adults’ safety concerns around the city. Many said that they feel afraid to walk around in their community, because of crime, unsafe roads, or because of a lack of street lighting. The gun violence crisis in Philadelphia is undeniable: as of December 16, there had been 1,261 nonfatal and 364 fatal shooting victims in 2023.¹⁵ A reflection of this alarming trend was seen in PCA’s Advocacy Committee survey from 2022, where safe neighborhoods overwhelmingly rose to the top of the priority area list created by committee members.

Access to care:

Participants expressed feeling ignored by doctors and staff, or that services were rushed or insufficient. The desire for assistance in accessing and navigating the complex health system was mentioned as well.

Caregiving:

During the listening sessions, some participants shared their thoughts on the state of caregiving. Their comments pointed to the challenges caregivers face, especially when they are new to the role in their life. Many gave examples of solutions to the challenges they face or see others face: homes that have suites for friends or family to stay with elders and care for them in their own spaces; support groups;

¹⁵“Interactive: Mapping Philadelphia’s Gun Violence Crisis.” *Office of the Controller* (2023) controller. phila.gov/Philadelphia audits/mapping-gun-violence/.

supporting immigrants who are interested in working as a caregiver, and financial and mental support for caregivers when the care receiver is not on Medicaid or eligible for other home health care assistance, among others.

Quality Management

Data collection will continue to occur and develop for all PCA programs informing development of Key Performance Indicators (KPIs) to improve performance during the next four years. The data collected will be compliance data, qualitative data associated with case note documentation, and qualitative data related to consumer feedback. PCA has always managed quality within the agency, and in 2023 a Quality Improvement (QI) unit was created to focus on supporting regular state monitoring and day to day improvement plans exclusively. The QI team will monitor data and performance through tracking sheets, audit, reporting in information systems, and feedback surveys on service delivery. Additionally, QI will meet with program staff at all levels to discuss performance and facilitate discussions on adjusting processes, tools, and recommending resources to leadership if performance indicates stagnation or a decline.

By monitoring the performance of all PCA programs, QI will be reviewing services designed for individuals over 60 and those with disabilities in Philadelphia. Demographic details will be reported, indicating those served by age, race, ethnicity, gender, sexuality service need, geographic location in the city, and comparison of needs to communities near and far whether rural or urban.

Gaps in services will be addressed during the KPI management process. When there is a performance concern identified or reflected in data and/or consumer survey, QI will share with program leadership and facilitate discussions to determine the root causes of the gaps in service and execute a continuous plan of improvement.

Ongoing quality management activities will focus on compliant KPIs and other indicators that improve the quality-of-service delivery to older Philadelphians. A standardized reporting process will occur that provides weekly, monthly, quarterly, and annual reports to audiences at multiple levels. Programs such as Protective Services will include case reviews to ensure compliance. QI will assist in ensuring PCA gathers consumer feedback to assess and improve performance. QI will also participate and partner with other AAAs to learn about best practices related to quality management in the industry. Additionally, the QI department will conduct risk management practices to reduce risks to all those served by PCA regarding health, safety, and privacy.

Emergency Preparedness

Philadelphia Corporation for Aging (PCA) developed a comprehensive emergency management plan using the all-hazards approach to help ensure the life, safety, and health of PCA employees and consumers, including older Philadelphians, adults with disabilities, and caregivers. It has three priorities:

1. Protect lives and property.
2. Raise awareness of the importance of emergency preparedness for PCA consumers.

3. Ensure the unique needs of PCA consumers are considered and reflected in the planning and response activities.

The plan describes how PCA will ensure the life safety of PCA employees and consumers and continue its mission-critical functions and involvement in city- or state-wide emergency planning and response efforts. PCA is working to achieve the above priorities in partnership with local and state emergency response agencies, relief organizations, local and state governments, and other institutions responsible for disaster relief service delivery. PCA has made major upgrades to PCA-operated senior centers' security systems and is implementing emergency communication and safety monitoring software to strengthen capacity for emergency response. In addition, to help minimize the impact of emergencies on PCA consumers and quicken the recovery process, PCA will use the agency's communication channels to inform and educate PCA consumers about preparing for emergencies and the resources available for emergency planning.

Goals, Objectives, Strategies, and Outcome Measures

Goals

Goal 1: Continue to target the Older Americans Act (OAA) core programs to those in greatest economic and social need to support aging in place and decrease the risk of institutionalization.

Goal 2: Maintain relationships and improve services based on lessons learned during the COVID-19 pandemic.

Goal 3: Continue to address issues impacting consumer's social determinants of health (SDoH), with special attention to those experiencing the greatest social and economic needs.

Goal 4: Explore innovative techniques to expand access to home and community-based services (HCBS).

Goal 5: Strengthen caregiver services.

Objectives & Strategies

Goal 1: Continue to target the Older Americans Act (OAA) core programs to those in greatest economic and social need to support aging in place and decrease the risk of institutionalization.

- Objective 1.1: Enhance the efficiency and quality of service provision through evaluation.
 - Evaluate the current service delivery processes.
 - Identify new tools, techniques, or methods for efficiency and quality improvement.
 - Explore best practices to develop more efficient, effective, and intentional means of providing services.
- Objective 1.2: Strengthen efforts to prevent, identify, and address elder abuse, neglect, and financial exploitation.
 - Promote public awareness of potential signs and symptoms of elder abuse, neglect, and financial exploitation.
 - Provide safety tools and strategies for employee comfort in the field.
 - Develop expertise for specialized teams with cross training to focus on needs of specific types of cases.
- Objective 1.3: Explore partnerships to support older Philadelphians in the greatest economic and social need to age in place.
 - Explore new partnerships to increase access to benefits programs.
 - Explore new partnerships to increase referral opportunities for underused programs.
- Objective 1.4: Explore innovations in nutrition programs to meet the diverse needs and interests of older Philadelphians.
 - Explore novel models for developing culturally responsive nutrition programs.
 - Strengthen the existing nutrition programs by increasing participation in the PCA Choice Meals Program.
 - Measure consumer satisfaction with congregate and home-delivered meals.
- Objective 1.5: Use data to identify and prioritize those with the greatest economic and social needs.
 - Evaluate and enhance the agency's data utilization methods and tools to ensure an accurate understanding of the demographics of consumers.
 - Perform targeted outreach campaigns to reach individuals and communities with the greatest economic and social needs.

Goal 2: Maintain relationships and improve services based on lessons learned during the COVID-19 pandemic.

- Objective 2.1: Leverage technology to improve access to programs promoting social engagement.
 - Promote awareness about technology use to combat isolation.
 - Explore opportunities to provide technology training for older adults, people with disabilities, caregivers, and community partners.
 - Strengthen connections with local technology education organizations.
- Objective 2.2: Increase social engagement opportunities targeting at-risk populations.
 - Promote programs and resources aimed at preventing or reducing social isolation and loneliness.
 - Expand public education around the importance of social engagement.
 - Expand use of social isolation screening tools to identify at-risk individuals.
 - Explore innovative senior center models to increase participation.
- Objective 2.3: Forge trusting relationships with communities at greater risk for poor health outcomes.
 - Advocate to the state and local governments for the commitment of more resources to at-risk populations.
 - Utilize Advisory Councils to identify at-risk communities.
 - Develop community partnerships to strengthen advocacy.

Goal 3: Continue to address equity issues impacting older Philadelphians' social determinants of health (SDoH) and access to resources, with special attention to those experiencing the greatest social and economic needs.

- Objective 3.1: Work to increase access to resources designed to support older Philadelphians' social determinants of health (SDoH), with special attention to those experiencing the greatest social and economic needs.
 - Advocate for the streamlining of the process for accessing transportation services for older adults and people with disabilities.
 - Strengthen collaborative partnerships with local community organizations and government agencies providing home repair and modification services.
 - Explore new opportunities to support older adults living with HIV and other chronic diseases.
- Objective 3.2: Identify opportunities to provide enhanced cultural programming at the senior community centers.
 - Explore new cultural activities appropriate for senior community center participants and relevant neighbors.
- Objective 3.3: Enhance accessibility to PCA programs and services that advocate for healthy aging for individuals with limited proficiency in English.
 - Increase public awareness of the availability of free language access services.
 - Continue to evaluate and update the agency's language assistance services.
- Objective 3.4: Advocate for greatest social and economic need at local, state, and federal level to ensure the unique and growing needs are appropriately met.
 - Advocate, during the reauthorization of the Older Americans Act, for funding to support older Philadelphians with the greatest social and economic needs.

<ul style="list-style-type: none"> ○ Continue to advocate to the state and federal government to clarify definitions of greatest social and greatest economic need to ensure appropriate communities are supported through funding of resources. ● Objective 3.5: Utilize population data to continue to identify new and emerging populations who may be at risk for health disparities. <ul style="list-style-type: none"> ○ Utilize PCA’s Advisory Councils to reach communities at risk and build trusting relationships. ○ Examine available data sources to identify new and emerging populations.
<p>Goal 4: Explore innovative techniques to expand access to home and community-based services (HCBS).</p> <ul style="list-style-type: none"> ● Objective 4.1: Leverage community partnerships to expand access to HCBS. <ul style="list-style-type: none"> ○ Educate community partners about HCBS. ○ Build collaborative relationships with community partners (e.g., health care; social services) to develop a streamlined interagency referral process. ○ Build relationships with Medicare Advantage programs to market PCA programs and services. ● Objective 4.2: Increase public awareness of HCBS with particular attention to those who are underserved or underrepresented. <ul style="list-style-type: none"> ○ Promote HCBS through community outreach and marketing. ● Objective 4.3: Explore quality improvement strategies for HCBS. <ul style="list-style-type: none"> ○ Evaluate the effectiveness of existing quality measurements. ○ Identify new approaches and best practices to improve quality as needed. ○ Ensure each HCBS programs’ current effectiveness and consumer satisfaction. ● Objective 4.4: Support HCBS providers in their ability to meet the needs of the community. <ul style="list-style-type: none"> ○ Support providers in advocacy and other efforts to provide livable wages for direct care staff. ○ Support providers training and education for direct care staff
<p>Goal 5: Strengthen caregiver services.</p> <ul style="list-style-type: none"> ● Objective 5.1: Promote Caregiver Support Program (CSP) through outreach and awareness tactics. <ul style="list-style-type: none"> ○ Enhance CSP’s online presence. ○ Create informational video about CSP. ○ Engage in targeted outreach to forge new partnerships and collaborations. ○ Create targeted outreach for eligible older Relatives raising child/ren caregivers. ● Objective 5.2: Improve the ability of CSP staff to work with diverse populations. <ul style="list-style-type: none"> ○ Provide education and training around culturally responsive practices. ○ Partner with community-based organizations to reach underserved and underrepresented populations. ○ Train CSP staff on evidence-based or informed care coordination practices. ● Objective 5.3: Provide training and resources to empower caregivers. <ul style="list-style-type: none"> ○ Provide training and workshops on dementia care and chronic care-focused best practices. ○ Host regional caregiver workshops annually. ● Objective 5.4: Explore opportunities to advocate for caregivers.

- Explore opportunities to engage in coalition building activities in further support of caregivers regionally and across the state.

Outcome Measures

Definition and description of outcome measures and target dates identified under each goal, objective, and strategy.

Goal 1: Continue to target the Older Americans Act (OAA) core programs to those in greatest economic and social need to support aging in place and decrease the risk of institutionalization.		
<ul style="list-style-type: none"> • Objective 1.1: Enhance the efficiency and quality of service provision through evaluation. 		
Strategies	Performance Measure	Target Date
Evaluate the current service delivery processes.	Develop key performance indicators (KPIs) for 10 programs.	3/30/25
Identify new tools, techniques, or methods for efficiency and quality improvement.	Implement a new efficiency/quality improvement tool, technique or method.	9/30/25
Explore best practices to develop more efficient, effective, and intentional means of providing services.	Work with USAging, Pennsylvania Association of Area Agencies on Aging (P4A) and other AAAs to identify best practices.	9/30/26
Objective 1.2: Strengthen efforts to prevent, identify, and address elder abuse, neglect, and financial exploitation.		
Strategies	Performance Measure	Target Date
Promote public awareness of potential signs and symptoms of elder abuse, neglect, and financial exploitation.	New public awareness and outreach activity conducted annually.	9/30/25 9/30/26 9/30/27 9/30/28
Provide safety tools and strategies for employee comfort in the field.	Number of tools and trainings provided.	9/30/28
	Streamline a process for supporting staff members involved in incidents.	9/30/25
Develop expertise for specialized teams with cross-training to focus on needs of specific types of cases.	Specialized teams developed.	9/30/25

	Develop cross-training plan to ensure appropriate coverage.	9/30/25
Objective 1.3: Explore partnerships to support older Philadelphians in the greatest economic and social need to age in place.		
Strategies	Performance Measure	Target Date
Explore new partnerships to increase access to benefits programs.	10% increase in referrals to benefit programs.	9/30/28
Explore new partnerships to increase referral opportunities for underused programs.	1-2 new partnerships established providing increase in referrals.	9/30/28
Objective 1.4: Explore innovations in nutrition programs to meet the diverse needs and interests of older Philadelphians.		
Strategies	Performance Measure	Target Date
Explore novel models for developing culturally responsive nutrition programs.	Explore opportunities to pilot a culturally diverse and inclusive nutrition program.	9/30/25
Strengthen the existing nutrition programs by increasing participation in the PCA Choice Meals Program.	Increase participation in PCA Choice Meals program by 5 percent annually.	9/30/25 9/30/26 9/30/27 9/30/28
Measure consumer satisfaction with congregate and home-delivered meals.	Conduct consumer satisfaction survey annually.	9/30/25 9/30/26 9/30/27 9/30/28
Objective 1.5: Use data to identify and prioritize those with the greatest economic and social needs.		
Strategies	Performance Measure	Target Date
Evaluate and enhance the agency's data utilization methods and tools to ensure an accurate understanding of the demographics of consumers.	Annual training, workshop, or webinar participation to enrich data understanding, utilization, and presentation.	9/30/25 9/30/26 9/30/27 9/30/28
	Annual comparison of consumer demographics to demographics of older adults in Philadelphia.	9/30/25 9/30/26 9/30/27 9/30/28
	Annual outreach to identified communities.	9/30/25 9/30/26 9/30/27

Perform targeted outreach campaigns to reach individuals and communities with the greatest economic and social needs.		9/30/28
	Train Advisory Councils and other community members to share information about PCA.	9/30/28

Goal 2: Maintain relationships and improve services based on lessons learned during the COVID-19 pandemic.

Objective 2.1: Leverage technology to improve access to programs promoting social engagement.

Strategies	Performance Measure	Target Date
Promote awareness about technology use to combat isolation.	Two articles or posts on PCA communication channels annually.	9/30/25 9/30/26 9/30/27 9/30/28
	Number of programs boosted.	9/30/28
	Perform ongoing review of best practices and ADA compliance for PCA website.	9/30/26 9/30/28
Explore opportunities to provide technology training for older adults, people with disabilities, caregivers, and community partners.	Number of people trained.	9/30/28
	Number of providers engaged.	9/30/28
Strengthen connections with local technology education organizations.	Number of engagements with partners.	9/30/28

Objective 2.2: Increase social engagement opportunities targeting at-risk populations.

Strategies	Performance Measure	Target Date
Promote programs and resources aimed at preventing or reducing social isolation and loneliness.	Two targeted outreach efforts are completed annually.	9/30/25 9/30/26 9/30/27 9/30/28
Expand public education around the importance of social engagement.	Conduct Senior Companion Program marketing campaign.	9/30/26

	Conduct senior center marketing campaign.	9/30/26
Expand use of social isolation screening tools to identify at-risk individuals.	Increase number of individuals screened by 10%.	9/28/28
Explore innovative senior center models to increase participation.	Conduct annual quality and interest surveys.	9/30/25 9/30/26 9/30/27 9/30/28
	Pilot new model.	9/30/28
	Increase flexible modalities for varying needs of engagement.	9/30/28
Objective 2.3: Forge trusting relationships with communities at greater risk for poor health outcomes.		
Strategies	Performance Measure	Target Date
Advocate to the state and local governments for the commitment of more resources to at-risk populations.	One advocacy letter or public comment annually.	9/30/25 9/30/26 9/30/27 9/30/28
Utilize Advisory Councils to identify at-risk communities.	Train advocacy committees with data and risk-identification.	9/30/26
Develop community partnerships to strengthen advocacy.	Number of meetings or outreach with health care organizations.	9/30/28

Goal 3: Continue to address equity issues impacting older Philadelphian's social determinants of health (SDoH) and access to resources, with special attention to those experiencing the greatest social and economic needs.		
Objective 3.1: Work to increase access to resources designed to support older Philadelphian's social determinants of health (SDoH), with special attention to those experiencing the greatest social and economic needs.		
Strategies	Performance Measure	Target Date
Advocate for the streamlining of the process for accessing transportation services for older adults and people with disabilities.	Attend one transportation related meeting annually.	9/30/25 9/30/26 9/30/27 9/30/28

Strengthen collaborative partnerships with local community organizations and government agencies providing home repair and modification services.	Number of collaborative partnerships or collaborative projects explored.	9/30/28
Explore new opportunities to support older adults living with HIV and other chronic diseases.	HIV Health and Wellness Program run annually, averaging 10 participants per year.	9/30/25 9/30/26 9/30/27 9/30/28
	500 participants attended Community Engagement's Health and Wellness Programs annually, with 10 percent being new participants.	9/30/25 9/30/26 9/30/27 9/30/28
	Participate in PhillyFIGHT conference annually.	9/30/25 9/30/26 9/30/27 9/30/28
Objective 3.2: Identify opportunities to provide enhanced cultural programming at the senior community centers.		
Strategies	Performance Measure	Target Date
Explore new cultural activities appropriate for senior community center participants and relevant neighbors.	Utilize data to identify new communities in proximity to senior centers.	9/30/28
	Number of new cultural activities explored.	9/30/28
Objective 3.3: Enhance accessibility to PCA programs and services that advocate for healthy aging for individuals with limited proficiency in English.		
Strategies	Performance Measure	Target Date
Increase public awareness of the availability of free language access services.	Annual marketing of interpretation opportunities.	9/30/25 9/30/26 9/30/27 9/30/28
	Show increase in number of individuals who use language access services through website translation and Helpline or other service interpretation.	9/30/28
Continue to evaluate and update the agency's language assistance services.	Solicit feedback from the Advisory Councils to identify gaps in service.	9/30/26 9/30/28

Objective 3.4: Advocate for greatest social and economic need at state and federal level to ensure the unique and growing needs are appropriately met.		
Strategies	Performance Measure	Target Date
Advocate, during the reauthorization of the Older Americans Act, for funding to support older Philadelphians with the greatest social and economic needs.	Educate legislative authorities on the needs of older Philadelphians by providing data driven evidence.	3/30/25
Continue to advocate to the state and federal government to clarify definitions of greatest social and greatest economic need to ensure appropriate communities are supported through funding of resources.	Educate state and local legislators on the needs of older Philadelphians by providing data driven evidence.	9/30/28
Objective 3.5: Utilize population data to continue to identify new and emerging populations who may be at risk for health disparities.		
Strategies	Performance Measures	Target Date
Utilize PCA's Advisory Councils to reach communities at risk and build trusting relationships.	Annual outreach attempts.	9/30/25 9/30/26 9/30/27 9/30/28
Examine available data sources to identify new and emerging populations.	Number of data sources.	9/30/28
	Number of data analysis reports.	9/30/28

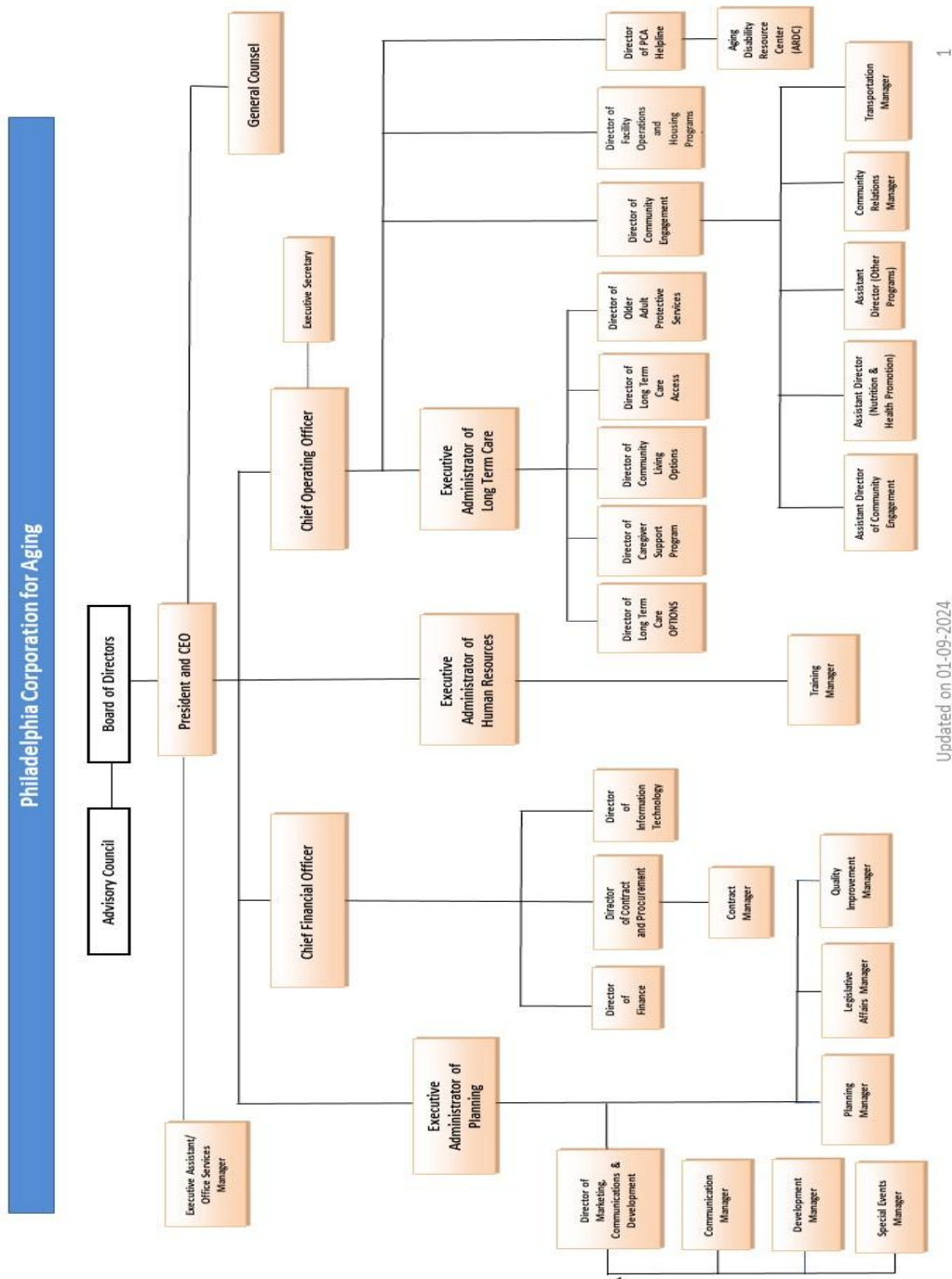
Goal 4: Explore innovative techniques to expand access to home and community-based services (HCBS).		
Objective 4.1: Leverage community partnerships to expand access to HCBS		
Strategies	Performance Measure	Target Date
Educate community partners about HCBS.	Number of partners trained.	9/30/28
	Create an educational tool for partners that can withstand turnover within referral roles.	9/30/28
Build collaborative relationships with community partners (e.g., health care; social services) to develop a streamlined interagency referral process.	Streamlined referral process developed or statewide referral process adopted.	9/30/28

Build relationships with Medicare Advantage programs to market PCA programs and services.	Number of relationships established.	9/30/28
Objective 4.2: Increase public awareness of HCBS with particular attention to those who are underserved or underrepresented.		
Strategies	Performance Measure	Target Date
Promote HCBS through community outreach and marketing.	Number of marketing campaigns completed.	9/30/28
	Number of new communities reached.	9/30/28
Objective 4.3: Explore quality improvement strategies for HCBS.		
Strategies	Performance Measure	Target Date
Evaluate the effectiveness of existing quality measurements.	Evaluate process and develop report.	9/30/25
Identify new approaches and best practices to improve quality as needed.	Number of new approaches.	9/30/26
Ensure each HCBS programs' current effectiveness and consumer satisfaction.	Enhance utilization of consumer satisfaction tools to measure the effectiveness of HCBS programs.	9/30/28
Objective 4.4: Support HCBS providers in their ability to meet the needs of the community.		
Strategies	Performance Measure	Target Date
Support providers in advocacy and other efforts to provide increased wages for direct care staff.	Annual advocacy efforts for funds to increase provider reimbursement.	9/30/25
		9/30/26
		9/30/27
		9/30/28
Support providers training and education for direct care staff	Encourage provider participation in annual Regional Conference on Aging	9/30/25
		9/30/26
		9/30/27
		9/30/28
	Enhance training options for direct care staff in the annual PCA training calendar and sessions in the Regional Conference on Aging	9/30/25
		9/30/26
		9/30/27
		9/30/28

Goal 5: Strengthen caregiver services.		
Objective 5.1: Promote Caregiver Support Program (CSP) through outreach and awareness tactics		
Strategies	Performance Measure	Target Date
Enhance CSP's online presence.	100 hits in the first year and a 5% increase annually.	9/30/25 9/30/26 9/30/27 9/30/28
Create informational video about CSP.	Upload video to 4 platforms.	9/30/28
Engage in targeted outreach to forge new partnerships and collaborations.	Show annual increase in referral sources.	9/30/25 9/30/26 9/30/27 9/30/28
Create targeted outreach for eligible older Relatives raising child/ren caregivers.	Increase participation by older Relatives raising child/ren from 110 to 132 (20%).	9/30/28
Objective 5.2: Improve the ability of CSP staff to work with diverse populations.		
Strategies	Performance Measure	Target Date
Provide education and training around culturally responsive practices.	Annual staff training on culturally responsive practices.	9/30/25 9/30/26 9/30/27 9/30/28
Partner with community-based organizations to reach underserved and underrepresented populations.	Number of meetings conducted.	9/30/28
Train CSP staff on evidence-based or informed care coordination practices.	All active CSP staff trained.	9/30/28
Objective 5.3: Provide training and resources to empower caregivers.		
Strategies	Performance Measure	Target Date
Provide training and workshops on dementia care and chronic care-focused best practices.	Conduct 2 workshops for caregivers.	9/30/28
Host regional caregiver workshops annually.	Show increased conference participation annually.	9/30/25 9/30/26 9/30/27 9/30/28
Objective 5.4: Explore opportunities to advocate for caregivers.		
Strategies	Performance Measure	Target Date

Explore opportunities to engage in coalition building activities in further support of caregivers regionally and across the state.	Number of meetings held with the Caregiver Support Program in the other Area Agencies on Aging.	9/30/28
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Appendix 1: Organizational Chart



Appendix 2: Assurances



PENNSYLVANIA DEPARTMENT OF AGING

AREA PLAN PART B

Section 1. Signature Page/Standard Assurances Commonwealth of Pennsylvania Department of Aging

FY 2024-2028 Area Agency on Aging

Four-Year Area Plan on Aging

Signature Page

Area Agency on Aging Name and Address:

Philadelphia Corporation for Aging
642 N. Broad Street
Philadelphia, PA 19130

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 A, Section 307 of the Older Americans Act, and are on file for review and approval, as appropriate, by Department of Aging officials.

I/we assure that services and programs of the Area Agency on Aging 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):

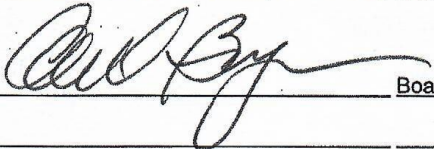
- 1) I/we do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, or handicap:
 - a) In providing services or employment, or in its relationship with other providers;
 - b) In providing access to services and employment for handicapped 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 Area Agency on Aging has participated in the development of this Plan and has reviewed the Plan as herewith submitted.

Signature(s) of Governing Authority
Official(s), e.g., Chairman of County
Commissioners or President, Board of Directors.

 Title
Board of Directors, Chair

Date
4/1/2024

 President & CEO
(Signature of the Area Agency on Aging Director) (Title)

4/4/24
(Date)

Name of Person to Contact Regarding the Contents of This Plan:

Katie Young
(Name)

215-765-9000
(Area Code and Telephone)

Part B. Section 2

DOCUMENTATION OF PARTICIPATION BY THE AREA
AGENCY ON AGING ADVISORY COUNCIL

PSA NO. 31

NAME OF AAA: Philadelphia Corporation for Aging

PLAN PERIOD FROM 10/1/24 TO 9/30/28

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 Area Agency on Aging Advisory Council has had the opportunity to assist in the development of this Plan. I further certify that the Area Agency on Aging Advisory Council has participated in at least one Public Hearing held on this Plan.

The Area Agency on Aging Advisory Council (does) does not ~~not~~ recommend approval of this Plan.

Sandra McNally
Signature of the Chief Officer of the Area
Agency on Aging Advisory Council

Sandra McNally, Assistant Director, Temple University
Typed Name and Title

4/3/24
Date

Part B. Section 3

Listing of Plan Assurances and Required Activities

Older Americans Act, As Amended in 2016

ASSURANCES

The Older Americans Act of 1965, as amended, requires each Area Agency on Aging (AAA) to provide assurances that it will develop a Plan and carry out a program in accordance with the Plan. Each AAA must comply with the following provisions of the Act. Written policies, procedures, or agreements, as appropriate, must be on file in the AAA office and available for review and approval by Department of Aging officials.

Area Plans

- Assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:
 - Services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services
 - In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction
 - Legal assistance
- Assurances that the AAA will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded
- Assurances that the AAA will:
 - Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement
 - Include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 - Include proposed methods to achieve the objectives
- Assurances that the AAA will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - Specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider
 - To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services
 - Meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area

- Each AAA shall identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area, describe the methods used to satisfy the service needs of such minority older individuals, and provide information on the extent to which the AAA met the objectives described in clause (a)(4)(A)(i).
- Assurances that the AAA will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:
 - Older individuals residing in rural areas
 - Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
 - Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas)
 - Older individuals with severe disabilities
 - Older individuals with limited English proficiency;
 - Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
 - Older individuals at risk for institutional placement
- Assurance that the AAA will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- Assurances that the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities
- Assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.
- Information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:
 - Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities
 - Outreach, to increase access of those older Native Americans to programs and benefits provided under this title
 - Assurance that the AAA will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI
 - Assurance that the AAA will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
- Assurances that the AAA will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
- Assurances that the AAA will disclose to the Assistant Secretary and the State agency the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.

- Assurances that the AAA will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship.
- Assurances that the AAA will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship.
- Assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
- Assurances that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.
- Assurances that funds received under this title will be used to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.