

**CITY OF BOSTON
AREA AGENCY ON AGING
COMMISSION ON AFFAIRS OF THE ELDERLY**

AREA PLAN

2014-2017

OCTOBER 1, 2013 – SEPTEMBER 30, 2017



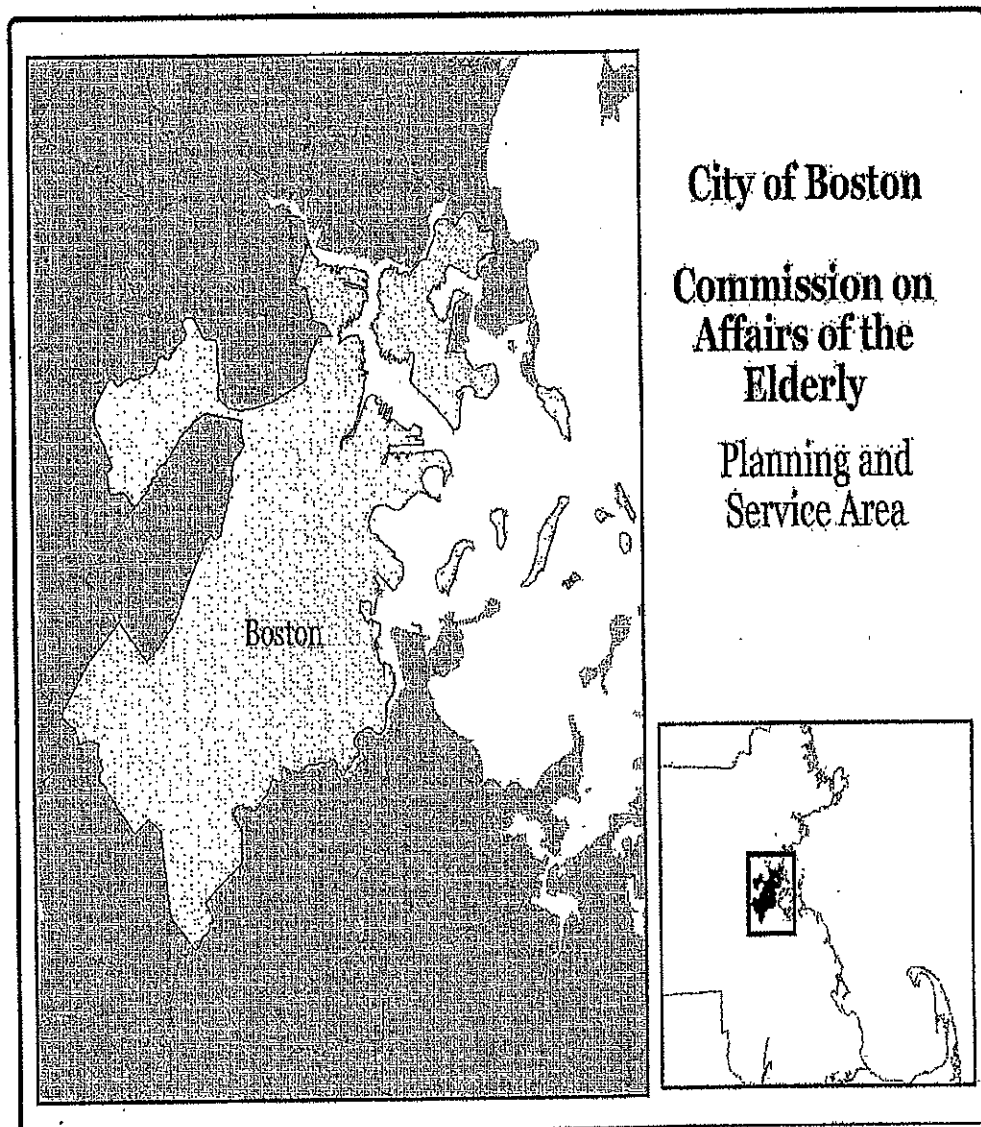
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Executive Summary

Boston is a diverse city with great history. Our seniors helped build and improve the city as they continue to age in the community. As the Area Agency on Aging, the Commission on Affairs of the Elderly along with its many partners in the academic, private and public sectors will work to support this dynamic population. Between 2000 and 2010 Boston's senior population grew by 11%, outpacing the all-age population of Boston which increased by 5%. In 2010 the Census reported that approximately 88,000 seniors lived in Boston. Projections suggest there will be up to 130,000 seniors in the city by 2030. The aging network in Boston will work together to meet this growing cohort by providing quality services, new programming and information that focuses on keeping this valuable population in the community of their choice for as long as possible.

During the next four years the Commission, as Boston's AAA, will continue to bring the Older Americans Act core programming to seniors by supporting and funding a strong network of senior service agencies. The AAA will help agencies with programming, networking, training and other developmental opportunities. The AAA will continue to assist our community partners as they grow the Family Caregiver Programs to support the many individuals and their families taking care of our elders and grandparents raising grandchildren. The Commission is committed to the continued development of a strong nutrition program in the city, often introducing services to seniors in their homes. These core services of senior programming will play a significant but limited role in keeping seniors actively engaged in the community.

To fill that gap, the aging network will use an array of programming, funding and partners to keep seniors healthy and active in the community. Partner's through-out the city will engage seniors to participate and lead a variety of programs focusing on chronic disease management, medication management, balance, and memory. Physical and mental health is only one part of the solution to keeping seniors in their homes; seniors also need knowledge and support to remain independent. The Commission will work with partners to educate seniors about benefits they are eligible for while also utilizing social, print and visual media. The local Aging and Disability Resource Center will provide information and assistance through options counseling and use a "No Wrong Door" approach to all who seek assistance. Another source of valuable engagement for seniors is being able to share their wealth of knowledge and skills with others through volunteerism. The Commission and its partners will continue to connect seniors to these opportunities and foster new ones.

The Commission will be leading two new ventures: to raise awareness, knowledge and understanding of Alzheimer's disease and other forms of dementias while also working to make Boston an Age Friendly City over the next five years. Seniors are a valuable resource to our community and are at the center of what we do. All partners in the aging field work to keep seniors in their community of choice by creating programs which cater to senior's needs and interests. Agencies also work with seniors to create individual service plans that are focused on the senior's choice.

The Commission in partnership with community and government agencies works to protect seniors against threats to their independence. The long term care ombudsman program provides

a voice to seniors in long term care facilities. The AAA funds a legal assistance program to help seniors with housing, social security, community and long term care benefits, as well as nursing and consumer issues. The aging network is also very active in advocating state and federal legislature on behalf of senior rights. We also work with Police, the Attorney General's Office and others to educate seniors and to address issues around scams, safety and consumer protection.

In the field of aging, information is constantly changing and new technologies are being created that can benefit seniors. Agencies and staff must be continuously working to improve services and staying up to date on information and best practices. The Commission will continue to make advances in quality services by creating quality controls and standards for staff, while providing technical assistance to any senior service agency needing support with quality management.

Over the next four years the Commission will work with community partners to achieve these goals for our seniors and to improve the quality of services. The Mayor of Boston and the Commission on Affairs of the Elderly believe seniors are a strong legacy to Boston as they continue to contribute in important ways to our community. We all strive to uphold and enhance the values seniors have graciously passed on to us.

Boston Area Plan

The city of Boston Commission on Affairs of the Elderly is the local Area Agency on Aging (AAA). The Commission works with all local senior service agencies to provide a dynamic and essential set of services to Boston seniors. Our mission is to enhance the quality of life for Boston's senior citizens through planning, coordinating, and monitoring the delivery of services to the elderly in an efficient and effective manner. We support the Executive Office of Elder Affairs mission to promote the independence and well-being of elders and people needing medical and social supportive services by providing advocacy, leadership, and management expertise to maintain a continuum of services responsive to the needs of our constituents, their families, and caregivers. Through planning and development, allocation of Title III funds and advocacy we are able to provide quality services to seniors in Boston. By working with our community partners we are able to meet the Administration for Community Living (ACL) mission of developing a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities. To better understand Boston seniors, the AAA partnered with UMass Gerontology Institute to review census data while conducting the citywide needs assessment.

Needs Assessment

The AAA worked with University of Massachusetts Gerontology Institute to review and analyze demographic, social, and economic information about Boston seniors, drawn primarily from the Census Bureau sources (the decennial 2010 Census as well as the American Community Survey). The summary report is attached as Attachment I.

As of 2010, Boston had approximately 88,000 seniors from age 60 and older. Half of these individuals were age 60-69, with the remaining half aged 70 or older. Projections suggest that the number of residents in Boston age 60 and older will increase substantially; by 2030 the senior population will be between 120,000 and 130,000 according to the Metropolitan Area Planning Council. The growth in the senior population, particularly the increasing numbers of individuals ages 60-69, encourages us to think about and strive to provide services to a large age range of seniors.

The data also demonstrates a significant difference in personal and total household income across groups of seniors by age. Among Boston residents age 45 to 59, median personal income is over \$32,000 per year, and the median household income is over \$68,000. For residents age 60 to 79, median personal and household incomes drop substantially to \$10,000 and \$43,768, respectively. Incomes are even lower among those ages 80 and over, with median personal incomes of \$13,100 and median household incomes of \$23,136. This change in income demonstrates a decline in financial independence as people age in Boston and may affect when people reach out for assistance.

The senior population in Boston is racially diverse. In 2010, 59% of Boston's seniors were White, with 25% being Black or African American, 9% Asian or Native Hawaiian/Pacific Islander, and nearly 7% reporting some other race. The percentage of senior who are Hispanic or

Latino will also expand in coming years. Growth in the non-white demographics accounts for virtually all of the increase in the senior population between 2000 and 2010. The growth within race and ethnicity of Boston seniors calls for the AAA to provide services appealing to multiple ethnicities while continuing to work with and fund multi-lingual and diverse agencies to meet seniors' needs.

While conducting the needs assessment the AAA decided to focus conversations on housing, transportation and social service issues. In Boston, nearly one quarter (23%) of all occupied housing units are headed by someone age 60 or older and nearly one-third of owner-occupied units are headed by seniors, as are 19% of renter-occupied units. Likewise with transportation, only 50% of residents age 80 and over have at least one vehicle available to household members, creating the possibility for transportation issues to medical appointments, grocery shopping and attending social activities. A detailed review and analysis of our needs assessment can be found as Attachment J.

The AAA aims to provide services for all seniors in Boston. The AAA works with an extensive network of senior service agencies to make sure we are focusing on seniors that may live alone, self-isolate, be low income, be a minority, or be socially isolated for whatever reason. We support people in their home through services such as meals on wheels, companion services, home repair or transportation. We also make sure there are group activity opportunities throughout the community for seniors that are mobile and want to socialize. We work with several agencies that focus on providing quality programming, information and assistance, translation, and support to seniors who may not speak or write English. All programming is provided to seniors before asking for a voluntary donation so no senior is turned away because of low income. When looking at the diverse and growing senior population of Boston we recognize that in order to successfully meet senior needs we must work closely with our partner agencies both now and in the future.

Boston Focus Area

Over the next four years the Commission as the Boston AAA will work with our community partners in addressing the ACL's four focus areas to optimize long term services and support systems. We hope to achieve the following goals and objectives.

1. Older American Act Core Programs

Goal 1: Create and fund a strong network of senior services agencies throughout Boston to provide Title III Programming

1. Objective: Provide Title III funded social service programs to increase the quality of life for seniors.

Strategy: Have a yearly competitive grant process to award our Older American Act Title III funds to community partners servicing seniors in support services, nutrition services, disease prevention/health promotion and caregiver services.

Strategy: Fund a variety of senior programs to provide opportunities for recreation, health education, translation/interpretation, information and assistance and/or other services equitably across neighborhoods for seniors to access them more conveniently.

Measurable: Throughout the fiscal year the AAA will provide technical assistance, six month review of programming and a year end evaluation to ensure quality of services and that at least 5% of Boston seniors are accessing services.

Goal 2: Organize a series of training and/or development opportunities for senior services workers and others to learn more about how to work together in addressing current topics related to seniors and programming.

1. Objective: Increase Commission and community partners staff knowledge on the senior service network and programmatic topics. The AAA will be working with community partners and seniors to establish topics of interest and arrange venues.

Strategy: In the first year, host at least three informational and networking opportunities for the staff of senior service agencies to increase their knowledge on current topics related to seniors.

Strategy: Provide two programmatic trainings per year to senior service agencies to enhance the delivery of their programs to seniors. Topics may include but are not limited to- programmatic evaluation, mandated reporting and benefits review.

Strategy: Partner with Boston University CADER to have 25% of Commission office staff take and receive the Core Training in Aging and Disability Certificate program.

Measurable: Will provide evaluation forms at the end of each training or informational session to review material presented. Also, staff will work with agencies during the year end assessments to see if sessions are increasing staff knowledge to better serve seniors.

Target Population: Senior Service staff, direct care workers and informal caregivers.

Goal 3: Continue to grow and develop the Family Caregiver Support Program.

1. Objective: Work with grantees to ensure administrative expectations and data entry into Senior Information Management System for accurate National Aging Program Information System reporting.

Strategy: Collaborate with EOEA to clarify any questions regarding administrative expectations.

2. Objective: Partners in the Family Caregiver Program will engage in a multimedia and multilingual outreach approach to deliver Information Services.

Strategy: Efforts will include distribution of information packets, visibility at events throughout all neighborhoods of the City such as health and resource fairs, utilization of local papers and cable TV, websites and electronic newsletters and list services.

3. Objective: Increase the program coverage across the city of Boston to ensure that the program provides counseling, support and guidance to 450 caregivers and 60 grandparents raising grandchildren within the first year.

Strategy: The Commission and community partners will work together to educate staff and potential consumers about the valuable services available through out the city to better support caregivers and grandparents raising grandchildren.

Measurable: The AAA staff will assist and review the outreach plan to caregivers in Boston. By increasing administrative efficiencies staff will have more time to help caregivers experiencing stress and frustration. The AAA staff will work with grantees to

review twice a year the number of caregivers and grandparents raising grandchildren per neighborhood being served to ensure equity across the city of Boston and that goals are being met.

Goal 4: Provide nutritious meals to seniors in Boston and grow the number of seniors receiving Title III meals by 10% per year over the next 4 years.

1. **Objective:** Work with Title III nutrition providers to review menus, routes, programming, and other items to ensure the state nutrition standards are being met.

Strategy: Review all material provided for the nutrition program monthly

2. **Objective:** Work with nutrition programs and other interested parties to review the Title III city wide nutrition program including the distribution of funds and strategies for increasing efficiency and growth of seniors participating in the program.

Strategy: Within the first year organize a task force to review the meals on wheels and congregate lunch site service gaps, usage and efficiencies for Boston Seniors.

Measurable: The Commission will require monthly menus, monthly reports and other materials from nutrition providers to ensure nutritious meals are being provided to Boston Seniors. Within the first year, staff will work with interested parties to find ways to increase the number of Title III seniors receiving quality meals.

2. ACL Discretionary Grants

Goal 1: Assist seniors to safely remain in their homes and active in the community.

1. **Objective:** Provide funding for the top tier of evidence based programs as established by the ACL.

Strategy: Work with community partners to provide a variety of evidence based programs to Boston seniors. Programming may include MedOptz, Matter of Balance, Tai Chi: Moving for Better Balance, Chronic Pain Self Management, PEARLS and Chronic Disease Self-Management programs.

Measurable: Work with agencies on recruitment of seniors to participate in evidence based programs throughout Boston. Every six months review the number of completers per evidence based program and other programming issues or successes.

2. **Objective:** Provide a variety of events through-out the city for Boston Seniors to attend.

Strategy: Work with seniors on the type of events they want to attend and assist with organizing.

Strategy: Create outreach activities to engage new seniors to participate in the events organized by the Commission.

Measurable: Work with various community groups to recruit ~5,000 unduplicated seniors to attend the events.

3. **Objective:** Continue the Memoir Project, where a group of seniors from every neighborhood in Boston are taught to write their memoirs by our partner Grub Street, Inc.

Strategy: Recruit seniors for the remaining neighborhoods and assist with the writing classes and publishing of the final volumes.

Measureable: Have at least 10 seniors per neighborhood participate towards the completion of the memoir writing.

Goal 2: Empower and assist seniors with gaining knowledge to remain in their homes and support community living.

1. Objective: Provide 1-2 units of Information and Referral to seniors and families contacting community partners and the Commissions Community Service Advocates.

Strategy: The Community Service Advocates will outreach to seniors and groups to educate them about the valuable services we offer.

Measurable: The Commission will review and evaluate the number of information and referral units being provided to seniors and conduct quarterly telephone surveys to obtain feedback from seniors that received information and referral services.

2. Objective: Continue to work with community partners to provide benefits review and application assistance

Strategy: Our Community Service Advocates will utilize Benefits Check-Up to learn about eligibility for various programs and follow-up with any application assistance that is needed. The AAA staff will assist in sharing information to community partners about Benefits Check-Up.

Measurable: Every 6 months review and evaluate the number of questionnaires and applications completed to assist Boston seniors.

3. Objective: Expand participation and volunteer sites in the Property Tax Work off Program to fully utilize all available slots.

Strategy: Work with the Assessing Department to market the program to property tax payers. Work with the Gerontology Institute of UMass Boston to analyze the number of eligible households within Boston.

Measurable: Every 6 months review participant recruitment, challenges, success and recruitment for new locations for the Property Tax Work off Program.

4. Objective: Continue to provide educational, entertaining and relevant information to seniors and caregivers via our various media platforms.

Strategy: Work with the Boston Neighborhood Network television and Zumix to provide weekly airings that entertain and inform seniors.

Strategy: Continue providing 10 issues per year of Seniority magazine, a community resource seniors use to gain knowledge on important topics, enjoy familiar faces and reminisce.

Strategy: Provide weekly updates and information to seniors and caregivers through our Facebook page.

Measurable: Commission staff will record 45-50 interviews via *Seniors Count* and Zumix per year. The Commission will also print 15,000 copies of *Seniority* per issue. The Commission will continue to increase the number of likes on our Facebook page indicating we are reaching more individuals.

Goal 3: Play an active role in the Suffolk County Aging Disability Resource Center (ADRC) as it continues to grow.

1. Objective: Continue to provide options counseling to Boston seniors and continue to grow and enhance the program.

Strategy: The three Boston ASAPs and the Independent Living Center (ILC) will continue to employ options counseling trained staff.

Strategy: The Boston ILC as the lead ADRC agency will coordinate options counselors and collect and report data used to improve the program.

Strategy: The Commission will continue to review options counseling data, provide support as needed and promote the program.

2. Objective: Strengthen and grow the larger ADRC Partnership Network.

Strategy: ADRC Leadership Group members, including the Commission will continue to identify potential new network members, educate them about the ADRC “No Wrong Door” approach, and encourage them to attend the quarterly network meetings and to partner with the ADRC.

Strategy: ADRC Leadership Group members, including the Commission, will assist in organizing and recruiting speakers for quarterly networking meetings where participants learn about and question speakers on aging and disability topics.

Measurable: Commission staff will actively participate in all ADRC activities including monthly leadership team meetings and quarterly networking meetings.

Goal 4: Create diverse range of volunteer activities that serve communities to create measurable impact, benefit volunteers through the service experience, and create community capacity.

1. Objective: Through the Retired Senior Volunteer Program (RSVP) which the Commission runs we will ensure that volunteer assignments are made consistent with the interests and abilities of the volunteers and the needs of the community served.

Strategy: RSVP volunteers will assist with meeting health needs within communities including access to care and aging in place.

Strategy: RSVP volunteers will provide ESL services to improve the economic well-being of economically disadvantaged individuals

Strategy: RSVP volunteers will positively impact the quality of life of veterans and improve military family strength.

2. Objective: Through the Senior Companion Program that the Commission runs, we will enable low-income persons aged 55 and over to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community services.

Strategy: Provide supportive services to adults with physical, emotional, or mental health limitations, especially older persons in an effort to achieve and maintain their highest level of independent living

Measurable: The Commission will enlist approximately 350 volunteers for RSVP. The Commission will work with approximately 50 Senior Companions to support approximately 400 clients.

Goal 5: Provide and refer seniors to valuable and reliable transportation options to keep them active in the community.

1. Objective: The Senior Shuttle, run by the Commission, will provide medical rides for seniors in Boston.

Strategy: The Commission will have approximately 20 vans on the road Monday thru Friday transporting seniors. Medical appointments will be prioritized and when opportunities are available the Senior Shuttle will assist with social and/or recreational transportation and grocery shopping rides.

Measurable: Provide 40,000 one way rides to seniors in Boston per year.

2. Objective: The Commission in collaboration with the Police Hackney Division will make available to seniors taxi coupons to help ease the burden of transportation in the City of Boston.

Strategy: The Commission, upon availability, will provide seniors the opportunity to purchase taxi coupons at City Hall and throughout the community.

Measurable: Upon availability, the Commission will provide 40,000 taxi coupons per year.

Goal 6: Work to help raise awareness, knowledge and understanding of Alzheimer's disease and other forms of dementia.

1. Objective: Increase the awareness and visibility of Alzheimer's disease and other forms of dementia in the city of Boston.

Strategy: The City will encourage other businesses or community partners to join the Alzheimer's Workplace Alliance, a program designed to provide employers with the tools needed to educate employees about Alzheimer's disease and link them to information and resources. .

Strategy: The City will raise public awareness about Alzheimer's disease by participating in the Alzheimer's Walk and coloring the city purple during Alzheimer Awareness month.

2. Objective: Convene Boston area partners to enhance collaboration and coordination for dedicated individuals working on Alzheimer issues.

Strategy: We will strengthen linkages and build stronger partnerships between city information and referral services and Alzheimer information and supports such as the Family Caregiver Program and the Alzheimer's Association.

Strategy: We will reduce the risk of people living with Alzheimer's by finding linkages and building coordination between the city's North Star Program, the state's Silver Alert Program and the Alzheimer's Association Safe Return Program.

Strategy: The Commission will recruit, train and support a pool of respite volunteers to provide care for families needing assistance.

3. Objective: Work in collaboration with the Alzheimer's Association and other city departments to train city staff to recognize, approach, and work with people with dementia.

Strategy: We will train Boston Housing Authority housing managers, resident service coordinators and other staff so that they are dementia capable, starting in the 38 elderly and disabled buildings.

Strategy: We will work with the Alzheimer's Association to train Boston's first responders including police, fire, and EMS to be dementia capable.

Measureable: By the end of the first two years, the majority of first responders and staff working in public housing buildings will have training on working with people with Alzheimer's Disease and related dementias.

Goal 7: Work to make Boston an Age Friendly City looking at 8 areas of city life: outdoor spaces and buildings, transportation, housing, social participation, respect and social

inclusion, civic participation and employment, communications and information, and community support and health services.

1. Objective: Implement the Age Friendly Cities program

Strategy: In year one, complete a needs assessment of people over 50 looking at all 8 areas of city life.

Strategy: In year two, complete an action plan that is informed by the needs assessment.

Strategy: In years 3-5, implement the action plan.

Measurable: An Advisory Committee will be convened to oversee and guide this program. We will follow program guidance on assessment areas and maintain adherence to the World Health Organization/AARP timeline.

3. Participant-Directed/Person-Centered Planning

Goal 1: The local Aging Service Access Points and the Commission will continue to work with individuals around keeping them in or getting them back into the community, for as long as possible.

1. Objective: To use person centered planning when working with individuals to achieve their defined goals in the community.

Strategy: Staff will meet with individuals to learn about their wishes for environment, medical, health, social and financial needs in the community

Strategy: The staff and individual will create an Individual Service Plan where goals are set for successful living within the community.

Strategy: The staff will continue to work with individuals as the Individual Service Plan is carried out, ensuring the goals are meeting the individual needs and assisting with any other items as they arise.

Measurable: To work with all seniors expressing interest to remain or transition into the community, for as long as possible.

4. Elder Justice

Goal 1: Assist with protecting the rights, benefits and entitlements of long term care residents.

1. Objective: Work with Ethos, our community partner, to protect the health, safety, welfare and rights of long term care residents by identifying, investigating and resolving resident complaints over a broad range of issues.

Measurable: The Long Term Care Ombudsman Program will have a trained ombudsman visit every long term care facility twice a month to identify and resolve either individual or facility wide issues.

Goal 2: Help to make legal assistance programs available to Boston seniors in need of assistance with housing, social security, community and long term care benefits, nursing and consumer issues.

1. Objective: Work with local legal assistance agencies to provide legal services and education to seniors.

Strategy: Fund local legal assistance agencies at least 22% of Title III B funds per year.

Measurable: Work with contracted agencies to provide legal assistance, advocacy, educate on consumer issues, information and advice to seniors.

Goal 3: Work with Police, Consumer Affairs and Attorney Generals Office to educate seniors and address issues around scams, safety, and consumer protection.

1. **Objective:** Work with Boston Police Department to educate and inform the larger elderly population on crime prevention techniques and how to protect themselves from victimization.

Strategy: Collaborate to create educational videos, present at special events or distribute information to home-bound elders.

2. **Objective:** Collaborate with the Boston Police Department's Community Service Officers when safety of socially isolated seniors is in question.

Strategy: Have the Community Service and Housing Advocates request and participate in wellness checks on seniors with the Boston Police Department.

Strategy: Have the Community Service and/or Housing Advocates assist with organizing and participating in crime watch meetings when seniors need assistance.

3. **Objective:** Partner with the Consumer Affairs and Licensing Department to educate seniors on how to protect themselves.

Strategy: Share information as it becomes available on scams.

Measurable: Have the Commission, community partners, police, consumer affairs, and the Attorney Generals Office meet quarterly as the Elder Protection Roundtable to review any safety issues affecting seniors and educational materials for seniors.

Quality Management

Providing quality services to seniors is the goal of all senior service agencies in Boston. We assist and guide seniors throughout the process of inquiring about, researching, setting up and receiving quality services. The network collaborates together to learn from each other and build on each other's knowledge and strengths. The Commission's quality management practices are performed with the support of Boston's Human Resources Department. The AAA also works with all ASAPs, senior services agencies and Title III grantees to provide consistent and quality services to seniors.

The Commission's quality management practices are developed at several different levels. The Commission is constantly working on quality improvements by supporting staff to attend trainings, like the AIRS conference in order to improve information and referral standards and other national performance standards. The Commission has also committed to working with staff and the Boston University's School of Social Work Center for Aging and Disability Education and Research (CADER) to have ~25% of staff receive a certificate in the Core Training in Aging & Disability Program. Supervisors are trained by the city's Human Resources Department on state and federal laws, ethics and city policies. The Commission also conducts annual performance reviews, for all employees. These procedures help set our agency goals and expectations to guide how we work with seniors. In addition, supervisors will review staff notes

in SIMS, observe interactions and meetings with seniors and have bi-weekly one on one meetings with staff. We believe a combination of all these practices will ensure consistent quality services to seniors. Along with these actions, the AAA works with grantees to enrich their own standards for providing quality services to seniors.

The Commission works with the Aging Service Access Points (ASAP) in Boston and Title III grantees to ensure quality and appropriate services are being provided to seniors. The AAA staff will perform three site visits per year to see the programs and/or services being delivered. During the site visit, AAA staff sits down with grantee staff to learn about the program evaluation, client interaction, provide technical assistance and a year-end review. The AAA staff will ask about any training the grantees have attended or would like to attend. The AAA will be conducting three to four networking meetings per year to enhance each agency's quality performance and create opportunities for the aging network to learn from one another in order to better service seniors. In addition, each ASAP and senior service agency sets standards, creates processes and reviews expectations with staff to ensure quality services are being developed and provided to seniors.

Conclusion

In conclusion, the area plan for Boston has demonstrated how the Commission, its partners and Boston seniors will work together to expand and enhance our aging network. The Commission will continue to work with our amazing partners in the senior service field to provide quality social services, nutrition and caregiving program opportunities to all seniors in Boston. The AAA is committed to growing and enhancing the Evidence-Based Disease and Disability Prevention programs being offered in Boston to support community living. The Commission will also be leading several new projects, the first one focusing on raising awareness and knowledge about Alzheimer's disease and other forms of dementia and the second focusing on creating an Age Friendly Community throughout Boston. The Commission also plans to support elder justice through collaborations with senior service agencies, Police, Consumer Affairs and other entities to protect seniors from threats to their independence. All of these efforts and more will be achieved by keeping the wellness, safety, engagements and interests at the core of our service to seniors.

Boston AAA

Attachment A

Area Plan Assurances and Affirmations

Attachment A: Area Agency on Aging Assurances and Affirmation

For Federal Fiscal Year 2014, the Area Agency on Aging makes the following assurances as required by the Older Americans Act of 1965 as amended, and all relevant regulations:

1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services:

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) 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; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. ((a)(2))

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))

(3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(A)(ii))

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))

(6) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. ((a)(4)(C))

(7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. ((a)(5))

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and

expended by the agency in fiscal year 2000 in carrying out such a program under this title. ((a)(9))

(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. ((a)(11))

(10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))

(11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency:

(A) 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

(B) the nature of such contract or such relationship. ((a)(13)(B))

(12) Each area agency on aging shall provide assurances that the area agency 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 non-governmental contracts or such commercial relationships. ((a)(13)(C))

(13) Each area agency on aging shall provide assurances that the area agency 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 non-governmental contracts or commercial relationships. ((a)(13)(D))

(14) Each area agency on aging shall provide 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. ((a)(13)(E))

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2014 and affirm their Area Agency on Aging's adherence to them.

(Area Agency on Aging)

(Date) (Signed) _____
(Chairperson of Board of Directors)

(Date) (Signed) _____
(Chairperson of Area Advisory Council)

(Date) (Signed) _____
(Area Agency on Aging Executive Director)

Boston AAA

Attachment B

AAA Information Requirements

--DRAFT--

Attachment B: Area Agency on Aging Information Requirements

Area Agencies on Aging must provide responses, for the Area Plan on Aging period (2014-2017), in support of each Older Americans Act citation as listed below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.

Section 306 (a)(4)(A)(i)

Describe the mechanism(s) for assuring that the AAA will:

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

The Commission on Affairs of the Elderly for the City of Boston provides culturally competent services by awarding grants to service providers in the city of Boston who target culturally diverse populations and by providing translated written materials and interpreters as needed. The Commission's grantees conduct outreach to isolated elders, including LGBT elders and elders with limited English proficiency. The Commission monitors these outreach efforts closely to ensure that the populations with the greatest social need continue to be targeted and served. In addition to the Commission's focus on allocating funds to those grantees which prove to reach older individuals with the greatest economic and social needs, the Commission supports the efforts of the Community Advocate Unit. The Community Advocate Unit, made up of eight individual advocates each responsible for a designated area in the city, functions as a mechanism for assuring that the Commission's outreach efforts are distributed evenly and appropriately across the city. Throughout the year, advocates spend much of their time in the Boston neighborhoods conversing with elder residents as well as offering information and referral resources. The advocates are able to keep a close eye on the needs of low-income minority elders and to offer keen insight about how to reach isolated elders, especially those at risk for institutional placement. Another way the Commission aims to service low-income minority older individuals, individuals with limited English proficiency, and individuals who are more isolated is through the sponsorship of socialization events which seniors are invited to attend at no cost. Socialization events which the Commission has sponsored in the past include summer concerts in city hall plaza, Italian Heritage day in the North End, Halloween parties in various neighborhoods, and an arts and crafts day inside the city hall building. In most instances, transportation options are offered to and from these events to ensure that individuals are not restricted from attending based on issues of cost or mobility concerns.

Section 306 (a)(5)

Include information detailing how the AAA will:

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

The Commission will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities by continuing to award grant funding to DEAF Inc. to provide services for older adults with hearing impairments and to Mass. Association for the Blind to provide services to older adults who are visually impaired throughout all Boston neighborhoods. Additionally, the Commission will provide funding to Friendship Works and Boston Senior Home Care to assist with the delivery of home based services targeting individuals who are living at home with a high risk for institutional placement. The Commission also collaborates with Aging Services Access Points (ASAPs) and the Aging Disability Resource Center (ADRC). Through attendance at ADRC's networking meetings, the Commission learns about the changing needs of the elder population in Boston and is able to participate in conversations relating to the provision of services. By networking with the three home care agencies in Boston as well as the Boston Independent Living Center, the Commission is able to take in new perspectives about ways in which the elder population is changing and/or developing. The Commission is also afforded the opportunity to offer insight and guidance to the other organizations who participate in these aging networks.

Section 306 (a)(6)

Describe the mechanism(s) for assuring that the AAA will:

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

In conducting the Area Plan, the Commission employed the technique of holding focus groups which provided valuable data for the needs assessment. The Commission will continue to hold focus groups throughout Boston using the discussion format specially formulated with Gerontology PhD candidates from the University of Massachusetts Boston. This discussion format gives the recipients of services creative prompts to invite candid and constructive responses to their experience as older adults in the city of Boston.

The Commission also facilitates the Mayor's Advisory Council, which is a membership council composed of seniors from across the city that advise the Commission on happenings and concerns from senior residents in all neighborhoods. A crucial component of these meetings is receiving feedback from members and attendees on services provided by the Commission.

The AAA, being part of the Elderly Commission for the City of Boston, is in the unique position of being in close contact with the Elderly Commission's Community Advocates. The Elderly Commission Advocate Unit is a group of eight advocates and one Advocate Unit Director. Each advocate is assigned to a specific area of the city, within which they attend community meetings, help seniors connect with benefits, and general function as an information and referral resource to the local senior population. . The advocates have a great working knowledge of the overall experience of seniors in their respective areas. The free flow of communication between the AAA and the Advocate Unit provides the AAA with important insight into the views of those who are recipients of services.

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

Through Title-III funding the Commission supports many senior programs in the City of Boston. As part of the monitoring process for the Title-III funded programs, the Commission aids grantee organizations in the formulation and attainment of their goals for senior services while monitoring and evaluating their progress. As a condition for funding, the Commission requires that grantees utilize a client survey to gauge client satisfaction of Title III funded services. These client satisfaction surveys are meant to assess the client's experience with services and act as an avenue for constructive criticisms and suggestions in an anonymous fashion. Client surveys are created and administered by the organizations to best capture this satisfaction information, taking into account the specific population surveyed and the services provided.

To expand on advocacy efforts, the Commission funds the Massachusetts Association of Older Americans' Advocacy Works Program, which facilitates collaborative advocacy for Boston's elders with other organizations, consortiums and collaborations. This program includes educational seminars for seniors which are used as an advocacy tool, such as seminars on aging and mental health in partnership with the Massachusetts Department of Mental Health, as well as advocacy action for issues of interest in the state legislature.

The AAA, as part of the City of Boston Elderly Commission, benefits from its position as part of the local city government through visibility in the community and the resources of the City of Boston. The Commission is a focal point for information and referral for other city government entities on questions about aging resources, often fielding requests from Neighborhood Service Liaisons and the City Council concerning services for older constituents. The Mayor's Advisory Council also serves as focal point and forum for older individuals in the various communities in Boston to share their experiences with services and convey suggestions to the AAA about issues of policy and programming.

Section 306 (a)(7)

Include information describing how the AAA will:

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care.

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals;

Through Title III funding, the Commission works in collaboration with a multitude of senior service organizations in Boston offering programming to the elderly in all neighborhoods. Nearly all Title III-B funded programs have the main goal of keeping seniors in their own homes for as long is safe and desired for the senior. Services offered by these programs include information and referral for benefits, opportunities for socialization, translation services, and home repairs/modification for existing or new physical impairments. Several programs offer in-home friendly visits for seniors which reduces the risk of isolation for home bound seniors. The Elderly Commission also runs the Senior Companion Program, which matches older Bostonians with the frail elderly and other homebound persons who have difficulty completing everyday tasks.

In order to support the transportation needs of older adults in Boston, the Commission runs an extensive Senior Shuttle program, which provides free transportation for seniors to and from medical appointments. The Commission also supplies Boston's older adults with Taxi Coupon Vouchers that give senior's a discounted price on taxi fares.

Title III-E funding is directed towards seniors who are caregivers, offering them support and counseling within the context of the caregiver role. Title III-E funded programs are operated by Boston Senior Home Care (BSHC) and the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC). The BSHC program includes individual caregiver advising, respite care for the primary caregiver, and information and referral services, while the program run by MSPCC is specifically geared at supporting grandparents raising grandchildren.

The position as a major funding source for senior programs throughout Boston allows the Commission a role in program development, evaluation, and collaboration of senior services to meet the requirements for Title III funding. In this way, the Commission has the ability to foster and support programming in

Boston geared toward long term care in home and community based settings for older adults. Going forward the Commission plans to hold workshops and seminars for Title III grantees as forum to coordinate and share best practices.

The Commission currently awards Title III-D funding to four agencies within the city of Boston. Title III-D funding must be awarded to agencies which are actively delivering evidenced-based programming focused on senior health promotion and/or disease prevention. The Commission is currently supporting eleven different evidenced-based programs. These programs can be grouped as falls prevention programs, chronic disease self-management programs (CDSM), depression and mental health programs, and nutrition counseling programs. Evidenced-based falls prevention education programs include Thai Chi and Matter of Balance. These programs engage each participant in techniques which aim to improve his/her balance. Chronic disease self-management programs include the Positive Self-Management Program for HIV, Diabetes Self-Management, Chronic Pain Self-Management, and Chronic Disease Self-Management. These self-management programs assist older adults in learning how to manage chronic conditions such as heart disease, high blood pressure, diabetes, and pain. Depression and mental health programs include PEARLS and Healthy Ideas. These programs involve screening and assessing older adults for symptoms of depression and provide links to primary care and mental health providers while also offering tools to help manage symptoms of depression and other mental health issues. The Nutrition counseling program is called Healthy Eating for Successful Living in Older Adults. This program promotes positive changes in nutrition and lifestyles among older adults as a way to improve short-term and long-term health outcomes. The organizations which receive Title III-D funds are expected to encourage the target population to participate in as many of the evidenced-based programs as they are willing and able to join. By supporting these eleven evidenced-based programs, the Commission seeks to reduce the risk of injury, disease, and disability among older adults in the city of Boston.

One of the Commission's Title III-D grantees, Southwest Boston Senior Services d/b/a Ethos, has a regional planning committee where providers of certain evidenced-based programs discuss the overall administration of these services. Specifically, Ethos is the regional lead for Chronic Disease Self-Management programming and organizes quarterly meetings to address issues associated with the delivery of CDSM programs in the Boston region of Massachusetts. The Commission participates in these meetings and assists the service providers in brainstorming ways to recruit new clients and expand service areas.

Section 306 (a)(10)

Describe the procedures for assuring that the AAA will:

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

Each organization receiving Title-III funding from the Commission is required to provide a written grievance procedure to the Commission. Grantee organizations formulate their own grievance procedure based on the structure of their organization and the services provided by the program. Grantee grievance procedures involve who receives the grievance from a client initially and how that grievance is documented, as well as actions taken if the grievance is not resolved after the initial interaction provided in the grievance procedure. If the grievance is not resolved after the initial interaction, the grievance procedure provides for further follow up of the grievance, usually with the supervisor or director of the given program.

Section 306 (a)(17)

Describe the mechanism(s) for assuring that the AAA will:

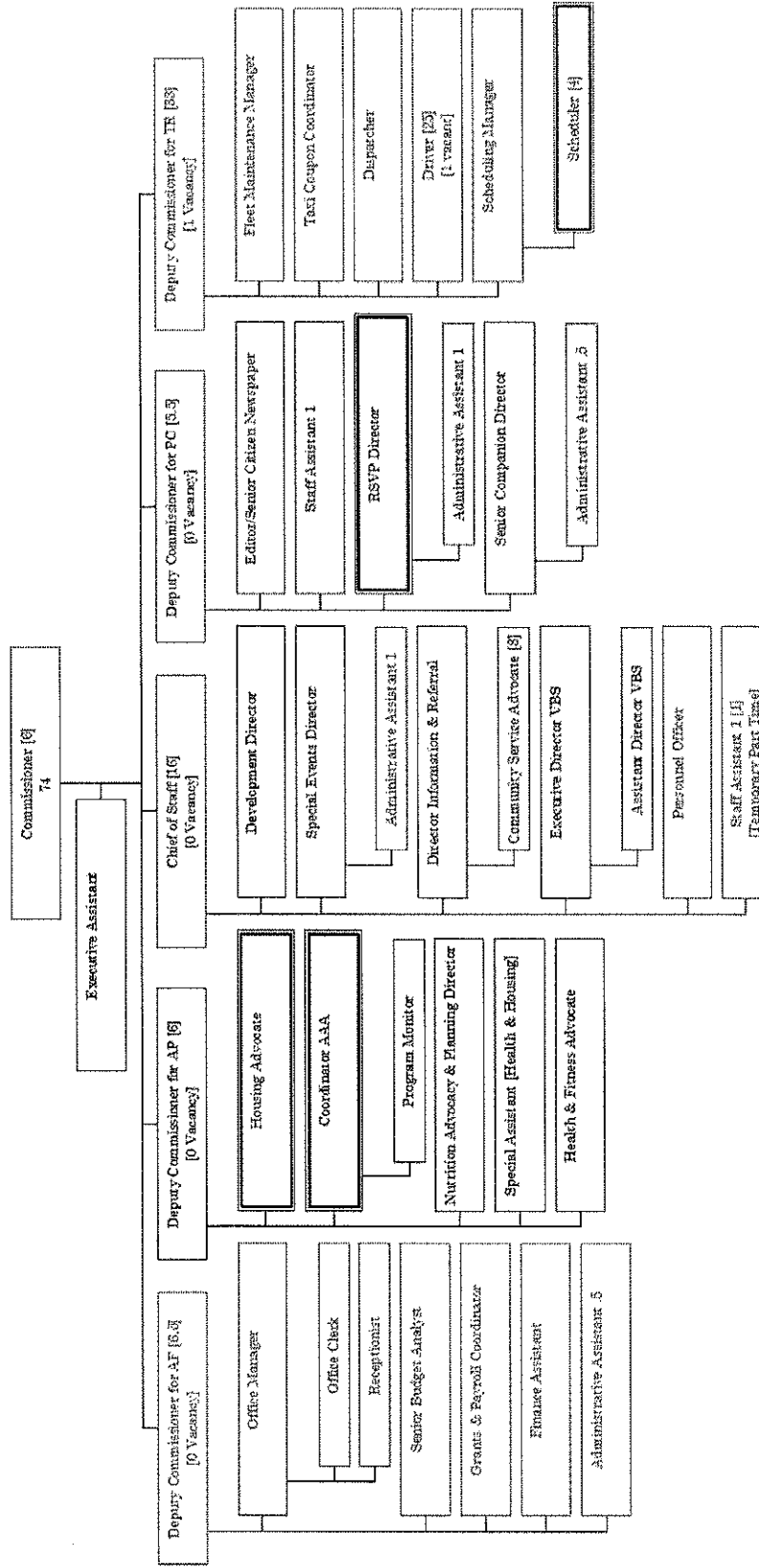
(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

The Commission is a member of the Aging Disability Resource Center (ADRC) which facilitates dialogue and partnership between key service providers looking to contribute to local emergency preparedness plans. As a member of ADRC, the Commission is able to coordinate with city hospitals, community health centers, long-term care facilities, and other important stakeholders to ensure that disaster relief service delivery is operating effectively and that service providers are receiving adequate training in emergency preparedness. ADRC provides access to information and resources from many different networks, including: Boston Healthcare Preparedness Coalition, Boston Health Resilience Network (BHRN), and Boston Medical Reserve Corps. Recently, the Commission actually became an active decision member of BHRN which is described as a partnership between the Office of Public Health Preparedness (OPHP) and Boston leaders as well as organizations dedicated to comprehensive emergency communication, response, and recovery. Membership in these networks has kept the Commission informed of major developments in the local and state emergency preparedness plans.

Boston AAA

Attachment C

Organizational Chart



Boston AAA

Attachment D

**Advisory Council Members
Form 2**

AREA PLAN ON AGING 2013 - 2017
Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2014

Area Agency on Aging: Boston Elderly Commission

Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Allen, Arcenia		Dorchester	
Aucoin, Louise		Brighton	
Beacon, Martha		Mattapan	
Bridgemohan, Theresa		Mattapan	
Brown, Wilma		Boston	
Burns, Thelma	President	Dorchester	
Capone, Joan	Clerk	East Boston	
Carbone, Connie		East Boston	
Chaisson, Joseph	Past President	Dorchester	
Chen, Zitian		Boston	
Chichester, Joycline		Mattapan	
Ciano, Anna			
Cioffi, Josephine		East Boston	
Comfrey, Janet		East Boston	
Cotton, Marine		Boston	
Crichlow, Barbara		Mattapan	
Cuna, Paul		Roslindale	
Dainels, Theresa		Dorchester	
Deagle, Florence		Dorchester	
DeAngelis, Mary		East Boston	
Deneumoustier, Jerry & Marie		East Boston	
Desimone, Theresa		East Boston	
DiCiccio, Marie		East Boston	
Donovan, Jillian		Mattapan	
Doran, Beatrix		East Boston	
Drumgold, Juanda		Dorchester	
Dummott, Olga		Roxbury	
Durst, Joyce		Mattapan	
Edwards, Millie		Boston	
Elad, Efon		Dorchester	
Emmett, Carol & Francis		East Boston	
Epps, Lois		Dorchester	
Eubanks, Ann		Roxbury	
Fagan, Marguerite		Brighton	
Ferola, Phyllis		East Boston	
Frasca, Mary & Robert		Boston	

Gaeta, Martha		East Boston	
Hall, Edna		Mattapan	
Hancock, Faye		East Boston	
Hopwood, Barbara		Hyde Park	
Huggins, Myrtle		Mattapan	
Humphrey, Verdine		Mattapan	
Iacomino, Phyllis		East Boston	
Johnson, Leatrice		Roxbury	
Kinkead, Annie		Mattapan	
Kirkbride, Eileen		East Boston	
LaMonica, Elena		East Boston	
LaSala, Marie		East Boston	
Lewis, Carrie		Boston	
Lydon, Robert		South Boston	
Manganelli, Bridget		East Boston	
Manning, Miriam		Dorchester	
Markarian, Warren		Boston	
McCarthy, Elaine		Charlestown	
Miller, Angeline		Roslindale	
Neville, Marsha		Mattapan	
O'Brien, Lu		South Boston	
Pagnani, Mary		East Boston	
Papapietro, Ann		East Boston	
Phillips, Gloria		Jamaica Plain	
Pola, Carmen		Mission Hill	
Porter, Joan		Roxbury	
Preston, Nina		East Boston	
Prince, Joanne		Roslindale	
Reynolds, Ann		Dorchester	
Richardson, George		Mattapan	
Roman, Irene		Dorchester	
Saliem, Ann		East Boston	
Shivers, Joan		Roxbury	
Sims, Frances		Roxbury	
Spence, Janet		Dorchester	
Stamper, Carol		Roxbury	
Sullivan, Connie		East Boston	
Taylor, Andrea		Mattapan	
Tierno, Gina		East Boston	
Urcivoli, Dolores		East Boston	
Villard, Ruth	Vice President	Dorchester	
Webb, Flossie		Mattapan	
Weld, Ann		Rockport	
Whitly, Martha		Dorchester	

Yannetty, Rosemarie		East Boston	
Zhang, Youzhao		Boston	
Zhu, Xin Neng		Jamaica Plain	

99%	Percentage of the Advisory Council that are 60+ years of age.
37%	Percentage of the Advisory Council that are minority persons.
37%	Percentage of the Advisory Council that are 60+ and minority persons.

Boston AAA

Attachment E

**AAA Funded Services Documents
Form 3**

AREA PLAN ON AGING, 2014 - 2017
Form 3 - Funded Services - Federal Fiscal Year 2013/2014
Programs Funded in Whole or in Part by Title III

Area Agency on Aging: Commission on Affiars of the Elderly

FUNDED SERVICES	Title III Funding Category	Goal Number	NAPIS Code #	Priority Svc	Evidence-Based Program In Use	FFY2013		FFY2014 FUNDING - PLANNED	
						Title III Award		Title III Award	Non-Title III
SUBGRANTEE/PROVIDER									
ABCD-Mattapan	B	1.1	22	A		5,499		2000	345
ABCD-Mattapan	B	1.1	14	A		100		2000	345
ABCD- Mattapan	B	1.1	32	A		3,300		2000	345
ABCD- Mattapan	B	1.1	47	A		100		2000	345
ABCD- Mattapan	B	1.1	62	A		1,001		2000	345
ABCD NE/WE	B	1.1	10	A		2,500		2500	437.5
ABCD NE/WE	B	1.1	14	A		500		497	87.5
ABCD NE/WE	B	1.1	24	A		2,500		2500	437.5
ABCD NE/WE	B	1.1	33	A		2,000		4000	350
ABCD NE/WE	B	1.1	62	A		2,500		2500	437.5
Boston Medical	B	1.1	14	I				0	100
Boston Medical	B	1.1	43	I		14,000			
Boston Medical	B	1.1	6	I		-		14000	400
DEAF, INC- Senior Independent Living	B	1.1	13	I		5,666		5666.67	667.82

AREA PLAN ON AGING, 2014 - 2017
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Programs Funded in Whole or in Part by Title III

DEAF, INC- Senior Independent Living	B	1.1	14	I		5,668	5666.67	667.82
DEAF, INC- Senior Independent Living	B	1.1	49	I		5,666	5666.67	667.82
East Boston Social Center	B	1.1	14	A		90	1267.2	1267.2
East Boston Social Center	B	1.1	22	A		3,150	2028.6	2028.6
East Boston Social Center	B	1.1	32	A		5,310	5070.42	15211.82338
East Boston Social Center	B	1.1	35	A		450	633.807	1901.491423
ESAC	B	1.1	14	A			0	2500
ESAC	B	1.1	17	A			20000	22500
Ethos- Protective services	B	1.1	26	A		50,000	0	0
Ethos volunteer	B	1.1	13	A		1,400	0	0
Ethos volunteer	B	1.1	14	A		700	3092.6	0
Ethos volunteer	B	1.1	19	A		3,500	0	0
Ethos volunteer	B	1.1	34	A		8,400	7651	37551
Ethos volunteer	B	1.1	17	A		-	3116.4	0
Fenway CDC- Peterborough Center	B	1.1	13	A		7,084		
Fenway CDC- Peterborough Center	B	1.1	14	A		1,063		
Fenway CDC- Peterborough Center	B	1.1	19	A		3,188		
Fenway CDC- Peterborough Center	B	1.1	23	A		5,666		

AREA PLAN ON AGING, 2014 - 2017
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Programs Funded in Whole or in Part by Title III

Fenway CDC- Peterborough Center	B	1.1	32	A		-		
Friendshipworks	B	1.1	9	A		9,000	12000	94462.74
Friendshipworks	B	1.1	14	A		-	0	0
Friendshipworks	B	1.1	33	A		12,000	12000	260781.44
Friendshipworks	B	1.1	34	A		3,000	0	0
Greater Boston Chinese Golden Age Center	B	1.1	13	A		5,929	8583.6	8678.89
Greater Boston Chinese Golden Age Center	B	1.1	14	A		143	206.4	208.69
Greater Boston Chinese Golden Age Center	B	1.1	36	A		2,371	0	0
Greater Boston Chinese Golden Age Center	B	1.1	38	A		3,557	0	0
Greater Boston Chinese Golden Age Center	B	1.1	24	A		-	206.4	208.69
Greater Boston Chinese Golden Age Center	B	1.1	22	A		-	3004.8	3038.16
Greater Boston Legal Services- Greater Boston Elder Legal Services	B	4	11	L		212,750	202751.5	37060.98
Greater Boston Legal Services- Greater Boston Elder Legal Services	B	4	13	L		25,000	25000.1	2712.9
Greater Boston Legal Services- Greater Boston Elder Legal Services	B	4	14	L		8,250	8249.44	873.65
Greater Boston Legal Services- Greater Boston Elder Legal Services	B	4	19	L		4,000	0	0
Greater Boston Legal Services- Greater Boston Elder Legal Services	B	4	14	L		-	249.1	137.94

AREA PLAN ON AGING, 2014 - 2017
Form 3 - Funded Services - Federal Fiscal Year 2013/2014
Programs Funded in Whole or in Part by Title III

Greater Boston Legal Services- Greater Boston Elder Legal Services	B	4	19	L		-	3749.75	551.77
Greater Boston Legal Services- Greater Boston Elder Legal Services	B	4	31	L		-	25000.1	4644.12
HEARTH	B	1.1	14	I			0	250.47
HEARTH	B	1.1	32	I		19,000	19,000	11908.42
Inquilinos Boricuas en Accion	B	1.1	6	A		2,057	4000	22918.45
Inquilinos Boricuas en Accion	B	1.1	14	A		1,271	1000	7604.55
Inquilinos Boricuas en Accion	B	1.1	31	A		4,079	2000	13827.05
Inquilinos Boricuas en Accion	B	1.1	32	A		2,592	3000	21149.95
J.F. Kennedy Center	B	1.1	10	A		5,690	5689.9	199.39
J.F. Kennedy Center	B	1.1	14	A		-	0	147.7
J.F. Kennedy Center	B	1.1	22	A		-	0	2537.44
J.F. Kennedy Center	B	1.1	32	A		11,310	11310.1	7059.95
J.F. Kennedy Center	B	1.1	38	A		-	0	0
J.F. Kennedy Center	B	1.1	37	A		-	0	4825.28
Kit Clark Minority Outreach	B	1.1	14	A		19,350	19350	4485.99

AREA PLAN ON AGING, 2014 - 2017
Form 3 - Funded Services - Federal Fiscal Year 2013/2014
Programs Funded in Whole or in Part by Title III

Kit Clark Minority Outreach	B	1.1	37	A		51,600	51600	20186.97
Kit Clark Minority Outreach	B	1.1	41	A		45,150	45150	15700.98
Kit Clark Minority Outreach	B	1.1	52	A		12,900	12900	4485.99
La Alianza Hispana-Aliancianos Unidos Seniors	B	1.1	13	A		6,000	6000	51199.56
La Alianza Hispana-Aliancianos Unidos Seniors	B	1.1	14	A		4,000	3000	25599.78
La Alianza Hispana-Aliancianos Unidos Seniors	B	1.1	19	A		4,000	0	0
La Alianza Hispana-Aliancianos Unidos Seniors	B	1.1	37	A		6,000	8000	68266.08
La Alianza Hispana-Aliancianos Unidos Seniors	B	1.1	32	A		-	3000	25599.78
MAB Community Services- Boston Visually Impaired	B	1.1	14	I		1,590	1590	4206.81
MAB Community Services- Boston Visually Impaired	B	1.1	33	I		-	0	11425.44
MAB Community Services- Boston Visually Impaired	B	1.1	41	I		4,205	4205	8568.06
MAB Community Services- Boston Visually Impaired	B	1.1	52	I		4,205	0	8372.96
MAB Community Services- Boston Visually Impaired	B	1.1	43	I		-	4205	8072.19
MAOA	B	1.1	39	A		1,408	958	2249.63

AREA PLAN ON AGING, 2014 - 2017
Form 3 - Funded Services - Federal Fiscal Year 2013/2014
Programs Funded in Whole or in Part by Title III

MAOA	B	1.1	13	A		1,470	858	1843.15
MAOA	B	1.1	14	A		5,750	2086	4942.31
MAOA	B	1.1	31	A		1,372	6098	12407.39
Nuestra	B	1.1	45	A		-	0	2503.59
Nuestra	B	1.1	13	A		-	0	2220.1
Nuestra	B	1.1	14	A		9,000	9,000	1860.7
Nuestra	B	1.1	31	A		6,000	6,000	1860.7
Ombudsman Program	B	1.1	45			173,026	170326	78960
Operation P.E.A.C.E Northeast, Inc.	B	1.1	23				4999.5	39846.35
Operation P.E.A.C.E Northeast, Inc.	B	1.1	32				6250.5	49816.9
Operation P.E.A.C.E Northeast, Inc.	B	1.1	19				2812.5	22415.81
Operation P.E.A.C.E Northeast, Inc.	B	1.1	14				937.5	7471.94
Professional Profiles	B	1.1		I		50,000	20000	
South Boston Neighborhood House	B	1.1	22	A		4,800	2400	10542.3
South Boston Neighborhood House	B	1.1	13	A		2,400	4800	21084.6

AREA PLAN ON AGING, 2014 - 2017
Form 3 - Funded Services - Federal Fiscal Year 2013/2014
Programs Funded in Whole or in Part by Title III

South Boston Neighborhood House	B	1.1	14	A		4,800	2400	10542.3
South Boston Neighborhood House	B	1.1	24	A		9,600	4800	21084.6
South Boston Neighborhood House	B	1.1	32	A		-	9600	42169.2
United South End Settlements	B	1.1	22	A		3,500	4500	31977.05
United South End Settlements	B	1.1	13	A		500	3500	41113.35
United South End Settlements	B	1.1	14	A		4,500	500	4568.15
United South End Settlements	B	1.1	32	A		1,500	1500	18272.6
Ethos	C	1.4		I		372,584		
Ethos	C	1.4	4	A		252,599	327227.6	1396978.81
Ethos	C	1.4	7	A		6,315	227890.65	235634.98
Ethos	C	1.4	14	A			5843.35	16831.07
Ethos	C	1.4	8	A			11686.7	16831.07
Ethos	C	1.4	12	A			11686.7	16831.07
Greater Boston Chinese Golden Age Center	C	1.4	14	I		49,492	5589.138	35614.208

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Programs Funded in Whole or in Part by Title III

Greater Boston Chinese Golden Age Center	C	1.4	4	A		95,911	100118.472	120197.952
Greater Boston Chinese Golden Age Center	C	1.4	7	A		4,267	130737.228	151042.4
Greater Boston Chinese Golden Age Center	C	1.4	12	A		8,874	4131.102	0
Greater Boston Chinese Golden Age Center	C	1.4	8	A		11,946	2430.06	4133.792
Kit Clark Senior Service	C	1.4	14	I		626,857	20990.5782	12899.718
Kit Clark Senior Service	C	1.4	4	A		658,005	646838.1528	381616.6575
Kit Clark Senior Service	C	1.4	7	A		12,978	503422.0794	321274.6433
Kit Clark Senior Service	C	1.4	8	A			469.0632	286.6604
Kit Clark Senior Service	C	1.4	12	A			938.1264	573.3208
Chinese Golden Age Center	D	2.1	14	A		243		
Chinese Golden Age Center	D	2.1	14	A		4,702	537.6	162.24
Chinese Golden Age Center	D	2.1	22	A		5,309		
Chinese Golden Age Center	D	2.1	23	A		243		
Chinese Golden Age Center	D	2.1	111	A	Tai Chi		8596.8	2596.8
Chinese Golden Age Center	D	2.1	68	A	Matter of Balance		2865.6	2040.96
Ethos Nutrition Risk Assessment	D	2.1	24	I		8,121		

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Programs Funded in Whole or in Part by Title III

Ethos Nutrition Risk Assessment	D	2.1	8	I		3,124		
Ethos Nutrition Risk Assessment	D	2.1	12	I		6,247		
Ethos Nutrition Risk Assessment	D	2.1	14	I		3,748		
Ethos Healthy Aging	D	2.1	22	A	Thai Chi		5400	33310.8
Ethos Healthy Aging	D	2.1	68	A	Matter of Balance		5400	33310.8
Ethos Healthy Aging	D	2.1	65	A	EDUCDSMP		3000	18506
Ethos Healthy Aging	D	2.1	108	A	EDUSCDSMP		2100	12954.2
Ethos Healthy Aging	D	2.1	66	A	EDUDSMP		2100	12954.2
Ethos Healthy Aging	D	2.1	103	A	EDUCPSMP		1800	11103.6
Ethos Healthy Aging	D	2.1	106	A	EDUPSMP		2100	12954.2
Ethos Healthy Aging	D	2.1	105	A	EDUP		3000	18506
Ethos Healthy Aging	D	2.1	104	A	EDUHI		3000	18506
Ethos Healthy Aging	D	2.1	67	A	EDUHE		2100	12954.2

AREA PLAN ON AGING, 2014 - 2017

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Programs Funded in Whole or in Part by Title III

Kit Clark Senior Services- Dementia Speciali	D		24	A		1,874		
Kit Clark Senior Services- Dementia Speciali	D		14	A		562		
Kit Clark Senior Services- Dementia Speciali	D		19	A		14,430		
Kit Clark Senior Services- Dementia Speciali	D		41	A		1,874		
Upham's Corner Health Care	D			I		11,434		
Upham's Corner Health Care	D		13	I		1,133		
Upham's Corner Health Care	D		14	I		3,836		
Upham's Corner Health Care	D		41	I		1,642		
Massachusetts College of Pharmacy and Health Sciences	DM	2.1	56	O		1,804		
Massachusetts College of Pharmacy and Health Sciences	DM	2.1	13	O		7,218		
Massachusetts College of Pharmacy and Health Sciences	DM	2.1	63	O	MEDOPTZ	5,413	6750	5977.78
Massachusetts College of Pharmacy and Health Sciences	DM	2.1	64	O	MEDMTEDU	3,609	6750	6284.34
Massachusetts College of Pharmacy and Health Sciences	DM	2.1	14	O			1500	3065.53
Boston Senior Home Care	E	1.3	14	A		186,160	25729	13899.33804
Boston Senior Home Care	E	1.3	101	A		96,280	89413.4208	54367.71088

AREA PLAN ON AGING, 2014 - 2017

Form 3 - Funded Services - Federal Fiscal Year 2013/2014

Programs Funded in Whole or in Part by Title III

Boston Senior Home Care	E	1.3	102	A		14,880	88590.0928	51161.8604
Boston Senior Home Care	E	1.3	103	A		63,480	87807.9312	50920.32372
Boston Senior Home Care	E	1.3	104	A		39,200	77886.8288	24768.48864
Boston Senior Home Care	E	1.3	105	A			42236.7264	24483.0362
Massachusetts Society for the Prevention of Cruelty to Children-KINnections	E	1.3	105	A		8,404	13722	6686.415
Massachusetts Society for the Prevention of Cruelty to Children-KINnections	E	1.3	101	A		12,789	13722	6686.415
Massachusetts Society for the Prevention of Cruelty to Children-KINnections	E	1.3	102	A		-	9148	4457.61
Massachusetts Society for the Prevention of Cruelty to Children-KINnections	E	1.3	103	A		-		
Massachusetts Society for the Prevention of Cruelty to Children-KINnections	E	1.3	14	A			4574	2228.805
Massachusetts Society for the Prevention of Cruelty to Children-KINnections	E	1.3	104	A		15,347	4574	2228.805

Boston AAA

Attachment F

**AAA Focal Points Document
Form 4**

AREA PLAN ON AGING 2014-2017
Form 4 - Focal Points - Federal Fiscal Year 2014
Area Agency on Aging:

Focal Point Name	Address	Town	Focal Point Designations (Mark with "X")				
			Senior Center/ Council on Aging	Community Center	Nutrition Meal Site	SHINE Site	Adjacent Housing
ABCD Mattapan Center	535 River Street	Mattapan		X			
East Boston Social Center-KCSS	68 Central Square	East Boston		X	X		
Inquinous Boricuas enAccion	405 Shawmut Ave	South End		X			
SBNH_KCSS	136 H Street	South Boston		X	X		
USES-KCSS	566 Columbus Ave	South End		X	X		
Verinoca B. Smith-Ethos	20 Chestnut Hill Ave	Brighton	X		X		
Peterborough Center	42 Peterborough Street	Boston	X				
Area Agency on Aging	1 City Hall Plaza, Room 271	Boston	X			X	
Beacon House-KCSS	19 Myrtle Street	Beacon Hill			X		X
Arch-KCSS	100 Arch Street	Boston			X		
Morville-KCSS	100 Norway Street	Back Bay			X		X

Emmanuel Church-Ethos	15 Newbury Street	Back Bay				X	
Ferrin-KCSS	100 Ferrin Street	Charlestown	X			X	
Main-KCSS	382 Main Street	Charlestown	X			X	
Olmsted Green-KCSS	2 Kingbird Street	Dorchester				X	X
Codman-KCSS	784 Washington Street	Dorchester				X	X
Kit Clark (1500)	1500 Dorchester Ave	Dorchester				X	
Lower Mills-KCSS	2262 Dorcheseter Ave	Dorchester				X	X
Yawkey Center-KCSS	185 Columbia Road	Dorchester			X	X	
Keystone	151 Hallet Street	Dorchester				X	X
Heritage-KCSS	209 Sumner Street	East Boston				X	
Orient Heights-KCSS	86 Boardman Street	East Boston			X	X	
La Alianza Hispana-KCSS	63 Parker Hill	Roxbury	X			X	
Ruggles-KCSS	25 Ruggles Street	Roxbury				X	X
Walnut House-KCSS	237 Walnut Street	Roxbury				X	X
St. Patrick's-KCSS	400 Dudley Street	Roxbury				X	
Amory-Ethos	125 Amory Street	Roxbury				X	X
Church of the Holy Spirit- Ethos	525 River Street	Mattapan				X	
Condon-KCSS	200 D Street	South Boston				X	
Curley-KCSS	1663 Columbia Road	South Boston				X	
Cardinal Medeiros Ctr-KCSS	140 Shawmut Ave	South End				X	

People's Baptist-KCSS	134 Camden Street	South End				X		
Anna Bissonnette House-KCSS	1640 Washington Street	South End				X		X
Unity Towers-KCSS	80 West Dedham Street	South End				X		X
Farnsworth-Ethos	90 South Street	Jamaica Plain				X		X
Back of the Hill Apts-Ethos	100 S Huntington Street	Jamaica Plain				X		X
Julie Martin House-Ethos	90 Bickford Street	Jamaica Plain				X		X
Out4Supper-Ethos	301 South Huntington Ave	Jamaica Plain				X		
Crossroad Café	633 Centre Street	Jamaica Plain				X		
Nate Smith House-Ethos	155 Lamartine Street	Jamaica Plain				X		X
Convenant House	30 Washington Street	Brighton				X		
Victorian House-CGAC	677Cambridge Street	Brighton			X	X		
Blake Estates-Ethos	1344 Hyde Park Ave	Hyde Park				X		X
Joseph Malone-Ethos	11 Gordan Ave	Hyde Park				X		X
Roslindale House-Ethos	120 Poplar Street	Roslindale				X		X
Out of Brunch-Ethos	120 Poplar Street	Roslindale				X		X
Woodbourne Apts-Ethos	9 Southbourne Road	Roslindale				X		X
Hong Lok-CGAC	25-31 Essex Street	Chinatown				X		X
Quincy Towers-CGAC	5 Oak Street	Chinatown				X		X
Age Well Café-Ethos	23 Spring Street	West Roxbury				X		X
Roche Center-Ethos	1716 Centre Street	West Roxbury			X	X		
Cheriton Grove-Ethos	20 Cheriton Road	West Roxbury				X		X
St. George's-Ethos	55 Emmonsedale Road	West Roxbury				X		

Boston AAA

Attachment G

Projected Budget Plan FFY 2014

AREA PLAN ON AGING, FFY2014 - 2017
PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2014

Area Agency on Aging: Boston Elderly Commission
 OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

Area Plan	Title III-B	Title III-C	Title III-D	Title III-D	Title III-E	Ombudsman
Admin	Supp Svs	Nutr Svs	Prev Hlth EBP	Prev Hlth non-EBP	Caregiver Svs	Services
	99,283	176,103			28,546	
408,742	816,029	2,000,000	68,354	2,238	430,002	170,190
\$ 408,742	\$ 915,312	\$ 2,176,103	\$ 68,354	\$ 2,238	\$ 458,548	\$ 170,190

Federal Planning Award:

FFY 2013 Title III Estimated Continuation
 FFY 2014 Title III Income
 FFY 2014 Total Title III Income

Other Income:

NSIP		567,003				
NSIP Commodity Credit		107,486				
Other Federal (non-Title III or NSIP)						
Program Income (Client Contributions)		191,099	100			
State Home Care		3,544,900				
State Elder Lunch		1,133,702				
State - Other		280,169				
Non-Federal Inkind	252,372		3,000		14,733	14,665
Local	1,216,659	297,417	216,417	3,850	263,276	86,440
Other		102,396				
Total Other Income:	\$ 1,723,212	\$ 6,224,171	\$ 219,517	\$ 3,850	\$ 278,009	\$ 101,105
Total Available Income:	\$ 544,992	\$ 2,638,523	\$ 8,400,274	\$ 287,871	\$ 736,556	\$ 271,295

Budgeted Expenditures:

Wages and Salaries	277,507	117,388	953,903				150,078
Payroll Taxes/Fringe Benefits	70,072	33,649	365,698				29,844
Mileage/Travel	12,250	1,900	6,667				6,728
Occupancy Costs	136,250						9,363
Equipment Purchase/Rental/Maintenance	6,600		8,049				843


Area Plan on Aging 2014 - 2017**PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2014**

Area Agency on Aging: Boston Elderly Commission

OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

Area Plan	Title III-B Supp Svs	Title III-C Nutr Svs	Title III-D Prev Hlth EBP	Title III-D Prev Hlth non-EBP	Title III-E Caregiver Svs	Ombudsman Services
Admin		6,155,002				
Meal Prep and Related Costs						
Other Program Support	17,789	563				5,668
Agency Admin Support Allocation	24,525	509,526				45,033
Subgrants - Access			26,900			
Subgrants - In-Home			257,379	6,087		
Subgrants - Legal						
Subgrants - Other					735,413	
Subgrants - Inkind						
Total Budgeted Expenditures:	\$ 544,992	\$ 2,576,712	\$ 8,107,584	\$ 284,279	\$ 735,413	\$ 247,556
\$	-	\$ 61,812	\$ 292,690	\$ 3,592	\$ 1,144	\$ 23,739

Signature of Area Agency on Aging Planner:



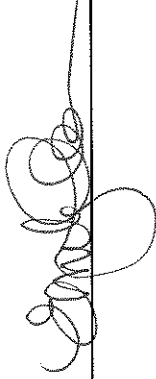
Date: 10/23/14

Signature of Area Agency on Aging Fiscal Manager:



Date: 10/23/14

Signature of Area Agency on Aging Executive Director:



Date: 10/24/14

Boston AAA

Attachment H

Focus Group Report

A total of 282 Boston seniors participated in neighborhood focus groups to share their insights about the needs of seniors to age successfully in Boston. Twenty-four focus groups were conducted in 14 neighborhoods around the City (see **Table 1** for details). The primary goal of these focus groups was to engage in discussions with Boston residents on topics relating to the challenges, positive aspects and existing needs of seniors in their efforts to age successfully.

Method

Focus groups were held at a number of locations between in December, 2012 and September, 2013. Each group was approximately 30 minutes to 1 hour in duration. Two members of the Elderly Commission staff were present at each focus group. One staff member facilitated the conversation using a discussion guide (see **Appendix A**) and the other staff member took detailed notes of both the information that was discussed as well as the context of the group setting and participants.

Analysis

Each set of focus group notes was transcribed into an electronic format and reviewed by one of two research specialists on staff at the Elderly Commission. Using the Areas of Concerns list provided by the Executive Office of Elder Affairs, notes were coded by 'Main Areas'. When each set of notes had been coded once, the research specialists convened to discuss a second round of coding which included agreement on specific sub-areas of concern within each higher-level area. In some cases, main areas were mentioned so infrequently that creating sub-areas of concern was not informative. The sub-codes were generated using a Constant Comparative approach in which themes that emerged from the notes and were connected to the 'Main Areas' (Strauss & Corbin, 1990). Results from this analysis were used in the process of designing the planning goals of this report.

Results

As displayed in **Table 1**, focus group participants came from a wide range of neighborhoods within the City of Boston. It is important to note that as the largest of Boston's neighborhoods, Dorchester hosted the highest number of focus groups ($n=6$), followed by the Jamaica Plain neighborhood ($n=3$). While a majority of neighborhoods are represented in this analysis, Roslindale, Beacon Hill, and the North End/West End were not included. This is, in part, due to challenges faced in recruiting and scheduling focus groups in these neighborhoods. Information presented in *italics* comes directly from the notes which were taken during the focus groups and is meant to provide examples and support for results.

Main Areas.

Main areas were analyzed not just by their occurrence at each focus group but also by the frequency with which each area was mentioned (see **Table 2** and **Table 3** for details). Based on whether or not the main area was mentioned at all in each group, the 10 Main Areas which occurred in the most focus groups at least one time are as follows: (1) Transportation (2) Housing (3) Safety and Security (4) Access to Services (5) Leisure and Recreation (6) Maintain

Independence (7) Economic Security (8) Long-Term Services and Supports (9) Health Care (10) Nutrition.

Based on how many times the area was mentioned within each focus groups, the 10 most frequently mentioned Main Areas were (1) Transportation (2) Housing (3) Safety and Security (4) Access to Services (5) Leisure and Recreation (6) Maintain Independence (7) Long-Term Services and Supports (8) Economic Security (9) Other – Ageism and Public Bathrooms (10) Health Care.

The areas of Spirituality and Legal Services were not mentioned by any focus groups during this study. Additionally, six Main Areas were mentioned so infrequently that breaking down by sub-codes was not justifiable. These areas include Caregiver Support, Civic Engagement, Learning and Development, Mental and Behavioral Health, Staying Active and Wellness Promotion, and Workforce Development. These results suggest these are particularly personalized needs or areas of concern, and are not relevant to the population of Boston's seniors as a whole.

The AAA in Boston is unique because they do not provide services themselves, but distribute funds to other agencies. The nature of this relationship means the AAA feels transportation and housing are the areas where they can have the most impact, and therefore specifically asked in each focus group whether their transportation and housing needs were met and whether they were satisfied. Therefore, as expected, transportation and housing were identified as the two most frequently discussed areas of concern. All focus groups, except one, brought up specific concerns about transportation and all focus groups, except two, brought up issues related to housing.

The top five unprompted areas of concern that were mentioned by focus groups include Safety and Security (20 of 24 groups), Access to Social Assistance and Support Services (19 of 24 groups), Leisure and Recreation (13 of 24 groups), Economic Security (10 of 24 groups) and Maintain Independence (10 of 24 groups). Any other main areas were mentioned in 8 or fewer focus groups. Interestingly, both areas of Leisure and Recreation and Economic Security, though mentioned frequently, were spoken of in general terms such as, "We'd like to see more activities". In addition, Economic Security, in all instances was identified with another Main Area or mentioned generally such as, "Seniors live on fixed incomes and living expenses are increasing". This suggests the Economic Security concern is contextual and understandably affects all aspects of their lives.

Sub Areas

Transportation

When asked about transportation needs, seniors first identified the type of transportation their comment was referring to. The three types of transportation that were identified and critiqued by seniors included Public (MBTA, Senior Shuttle, and The RIDE), Taxi Services, and Private. Public transportation was most often mentioned as an area of concern and by and large, issues around public transportation were the increased cost of The RIDE. An example of what was heard at numerous focus groups regarding the cost of The RIDE is below:

A majority of one focus group in Jamaica Plain uses The RIDE but they are concerned about its cost and how, if you NEED a ride somewhere than that money gets taken away from food and

other necessities. One woman told a story about her friend on dialysis who has to take The RIDE 4 times a week which is over \$100 a month from her budget which is based on a fixed income.

Issues with The RIDE included not only cost but accessibility. An example of this concern is below:

A woman living in Savin Hill in Dorchester mentions that she has issues with The RIDE. She gets picked up at 7:30AM for a 9:30AM appointment. She said by the time she actually got to the doctor she was exhausted and she only had a 20 minute appointment and then it took another 90 minutes to get back home on The RIDE.

Accessibility was not only an issue with The RIDE but the main concern whenever the group discussed the Senior Shuttle. Scheduling issues as well as the behavior of the drivers were mentioned most often.

One Roxbury resident voiced concerns with the Senior Shuttle and said that booking a month in advance is a lot to ask for. There were also comments about how the drivers do not come to the door to help seniors out. This sentiment was echoed by other seniors in the focus group. One senior said she doesn't use the Senior Shuttle because they are always booked when she calls a month in advance. She also does not like that the vans are not handicap accessible and that drivers will not help people into the van.

A final accessibility concern was related to Taxis. A number of focus groups expressed concern about being able to access the Taxi coupons available to Boston's seniors.

One participant brings up Taxi Coupons and says they want to have them delivered on site to ABCD Mattapan instead of having to pick them up at City Hall. The majority of the group agrees and says it is hard to get to City Hall for their Taxi Coupons.

The most common concern related to private transportation was parking.

One woman in a South Boston focus group discussed the difficulty her brother has coming to visit her in Boston. He is 80 years old and has to park 4-blocks away because of city parking requirements on her street. The senior inquired about visitor parking passes and whether this will help family and friends who want to visit.

Housing

Among housing concerns, the major types of housing that people discussed were subsidized housing, alternative senior housing, and homeownership. Renter concerns were brought up but these were mentioned much less frequently or within the context of one of the aforementioned types of housing. The largest issues around all types of housing included neighborhood maintenance and home repairs. Neighborhood maintenance of the purposes of this report is defined as concerns related to trash, yard waste and maintenance, upkeep of curbs and sidewalks, and tree removal. The majority of focus groups had some type of neighborhood maintenance concerns.

One woman in the South Boston focus group sparked a conversation about garbage. First she said people break into her trash to take bottles and cans, leaving the torn garbage bags for pick-up. The city has charged her for the ripped bags, though she was not the cause of the mess. Her second garbage comment, which others confirmed, involved people from other areas of Boston or from the South Shore drop off their garbage in the streets of South Boston, leaving mattresses, TVs, fridges, etc.

At a South End focus group eight seniors stated that the city sidewalks made of bricks are unsafe for seniors and people with disabilities. The roots of trees can come up through and disrupt the bricks making it particularly hazardous. While they feel they can get around on foot easily in the city because of the location of stores and services, the sidewalks need to be maintained.

Housing repairs and the difficulty seniors have maintaining their homes or contacting building staff to help them was a very common concern. Those seniors living in their home felt they had trouble accessing trustworthy services to help them fix their repairs. Moreover, when repairs became too difficult or costly, seniors throughout the city said they wished to enter into senior housing but there was often a wait list.

A woman at the City Hall focus group stated she has owned her home since 1960. Repairs are needed over time, yet she found the people who perform repairs think they can take advantage of older people. She was tired of dealing with maintenance, having been widowed now for 10 years, and wants to move but asked the room, "Where would I go?"

Finally, the focus groups shed light on the issue of varying housing situations by race and ethnicity. A particular Haitian group of seniors all stated their primary concern was housing. None of these seniors had stable housing at the time of the focus group and were asking the Commission for stable, affordable, and more permanent housing options.

Safety and Security

Concerns surrounding Safety and Security were divided into two areas: Public Safety and Personal Safety. Public Safety included snow removal and emergency preparedness, while Personal Safety included scams and issues with other residents. Snow removal was heard over and over again, primarily with regard to accessing transportation and safety walking the streets.

At the Kemore/Fenway focus group one senior stated that bus stops are not cleared at winter time focusing the bus to pull up far away from the sidewalk. Getting to the bus becomes extremely difficult for seniors with disabilities. Many people agreed.

Emergency preparedness primarily came up with relation to fire safety. Seniors at a few locations were very concerned about the protocol for people with disabilities and felt there could be a better way of handling such an emergency.

In the Savin Hill focus group, fire safety was a concern because they were told elevators would be shut down in the event of a fire. Some older adults and persons with disabilities are unable to walk down 4 or 5 flights of stairs and are told to remain in their rooms and wait for a fireman.

In terms of Personal Safety, over and over again the different groups spoke about concerns with other residents in their building. Many seniors feel unsafe in their own homes due to the neighbors that are often put into HUD buildings and other subsidized housing.

Then a couple of people discussed how many HUD buildings are for both seniors and persons with disabilities, which became problematic when the younger people are difficult neighbors. Seniors were clearly concerned for their safety, and at times felt scared living in their own homes because of drug activity, criminal activity, theft, and other delinquent behavior.

Finally, Personal Safety was related to concerns about scams and this was most often related to phone scams.

One gentleman at one of the Jamaica Plain focus groups talks about a recent phone scam where people pretending to be from Medicare called him and asked for his personal information. There was a large discussion of how to identify scams among this group after he brought it up.

Access to Social Assistance and Support Services

The main code of Access to Social Assistance and Support Services was divided into two areas, Benefits/Eligibility/Options and Outreach and Information. Overall the Benefits/Eligibility/Options sub-area addressed gaps in services, such as examples where seniors do not qualify for a particular service due to eligibility requirements yet they still have this need.

At a South Boston focus group people expressed frustration about the availability of programs for those in poverty, but those who are not destitute still struggle and are given less in assistance. "You are better off being totally poor than have worked all your life and so don't qualify for services."

The other issue people talked about in terms of benefits was that they don't know about the eligibility requirements or in many cases, they are not aware of the services they have available to them at all. People suggested mass mailings, flyers and information at their local senior center, and even knocking on doors to inform people about the services available.

A senior at the focus group conducted at Boston City Hall talked about insufficient information about services that are available and how to access these services. She herself is knowledgeable and has guided other seniors through the process. However, she feels that more public education needed.

Seniors want to be able to learn about what is available to them but the focus groups suggest that mobility issues and impairments were the major reasons they had trouble gathering this information.

A man in Dorchester who is low-vision said he asks his wife to give him the information in big letters, and he then goes to his computer and tries to look it up on his own. He wants to be able to do this on his own, but he can't always location he information he needs and when he does people don't call him back.

Leisure and Recreation

No sub-codes were identified for Leisure and Recreation because the comments given by seniors were very general. Essentially they wanted more activities and programs, and that more seniors need to be involved. It was identified that activities and trips would be more cost effective if many seniors could attend, and that most of the time the same seniors show up to activities in their neighborhood. People either wanted more activities in their housing development, or spoke of leisure and recreation in terms of transportation difficulties and stated they would like to get to more activities put on by the City of Boston but that they do not have the transportation to get there.

Maintain Independence

The Main Area of Maintain Independence was an abstract concept that was most often mentioned by seniors in the context of fear of losing their independence.

At the focus group at Boston City Hall a story was told about a lady in a wheelchair. She had her nails clipped for health reasons and the person who did it, left her feet bleeding. The senior kept quiet about it and others in the room were surprised at this story. The woman was apparently afraid of 'backlash' so did not speak up. A discussion followed related to how seniors fear retaliation if they speak up and specifically mentioned a fear of losing their independence or having someone think you aren't capable of being independent.

Economic Security

In addition to Leisure and Recreation, no sub-codes were identified for Economic Security because comments were generally related to financial troubles. Seniors voiced concerns around the increasing costs of living in Boston and that they are on fixed incomes, with no way to increase their income. Choosing between purchasing food, medicines, paying for rent and heat, or utilizing transportation were mentioned over and over as a common situation. As one person mentioned, they are not sure what to do and so occasionally ignore the problem. "I don't like to think about it really, I am not able to get more money than I currently have and the cost of living keeps going up. I don't want to bother my mind with it."

Health Care

The two concerns related to healthcare include Medical/Sensory Concerns and Insurance/Access to Healthcare. Medical/Sensory came up with regard to concerns about personal health and sensory impairments.

One senior at a Jamaica Plain focus group was having trouble getting a social worker because her experience suggested you have to get one through your medical provider or hospital. She wants some help getting orthopedic shoes but found there were waitlists for social workers through Beth Israel.

In terms of Insurance/Access to Health, the main concern was understanding their existing health benefits as well as the changes in the health care system that are currently happening.

One participant at the Charlestown focus group thinks senior buildings need to be discussing Medicare and other policies that affect seniors. Most of the people in the room agree and would like presentations so they can understand health policy better.

Nutrition

The only sub-code that was emerged from discussions around nutrition was about having access to food. People vocalized concerns about going food shopping, accessing Meals on Wheels, eating nutritious meals, or having food in their home to offer to visitors.

A group living in Back Bay discussed Meals on Wheels, and then stressed that they would prefer to have some of their own food in the house though they don't cook as much. They are not happy with the quality of these other meals and feel a handicap bus would help them get the food they need.

Long-Term Services and Supports

The overarching theme that emerged from discussions of long-term services and supports involved the support people miss from not having friends or family to help them remain in their homes and living independently. An example below was reiterated throughout the neighborhood focus groups as seniors expressed concerns about being alone as they get older, or stated the don't have anyone to help and don't know where else to turn.

One man living in West Roxbury said he has a lot of trouble with transportation because of vision loss. He has a nephew who comes once a month from the Cape to visit, otherwise, he is alone. One of his friends at the same lunch table said that her son sometimes takes him to coffee because 'he needs someone to talk to'. He was very quiet and reserved, but said he would like some help and doesn't know how to find it.

Discussion

Six of the Main Areas were mentioned by 4 or fewer of the 24 focus groups: Caregiver Support, Civic Engagement/Volunteer Opportunities, Learning and Development, Mental and Behavioral Health, Staying Active and Wellness Promotion, and Workforce Development. While it is possible that these are issues of great importance to some seniors in Boston, they were not evident during this data collection process.

Interestingly, more seniors attended the one Mattapan neighborhood focus group than in three separate focus groups in the Jamaica Plain neighborhood. Not only is this striking because the focus group venue location required them to travel to the site to participate, but the neighborhood of Mattapan has been recognized as having fewer senior services and poor public transportation option. Further comparisons across neighborhood were difficult to do because of the small number of focus groups conducted in each neighborhood.

Finally, it is important to mention one major limitation of these results—self-selection bias. The large group of Boston seniors, who participated in one of our focus groups, did so on their own accord. Meaning, this group of seniors was well-connected enough to a) know that a focus group was being held b) mobile enough to get themselves to the group and c) motivated enough to speak up. This presents somewhat of a biased sample, although very valuable nonetheless.

References

Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage Publications.

Table 1. Focus Group Size, by Neighborhood

Site Name	N=	Neighborhood
St. Botolph	4	Back Bay
Boston AAA Group #2	10	Brighton
BCYF Golden Age	7	Charlestown
Chinese Golden Age Center	9	Chinatown
Kit Clark Senior Center	4	Dorchester
Dorchester House	16	Dorchester
MAB support group	10	Dorchester
ABCD Dorchester	8	Dorchester
Savin Hill Apartments	10	Dorchester
Olmstead Green	14	Dorchester
East Boston Social Center	15	East Boston
Blake Estates	12	Hyde Park
Boston AAA Group #1	7	Jamaica Plain
MSPCC	10	Jamaica Plain
Forbes	8	Jamaica Plain
Peterborough Senior Center	11	Kenmore/Fenway
ABCD Mattapan	28	Mattapan
Boston City Hall	8	Multiple
Boston AAA Group #3	12	Roxbury
S. Boston Neighborhood House	22	South Boston
Hearth	10	South End
The Geezers - Haley House	31	South End
Ethos	8	West Roxbury
23 Spring St. West Roxbury	8	West Roxbury
Total N=	282	14

Table 2. Tracking of Areas of Concerns Mentioned by Focus Group Site

Site Name	Access to Social Assistance Services	Caregiver Support	Civic Engagement	Economic Security	Health Care	Housing	Learning / Development	Maintain Independence	Legal Services	Leisure and Recreation	Long-term Services and Supports	Mental and Behavioral Health	Nutrition	Safety and Security	Spirituality	Staying Active / Wellness Promotion	Transportation	Workforce Development
23 Spring St. West Roxbury	1							1		1	1			1		1	1	
ABCD Dorchester	1	1				1		1		1	1			1			1	
ABCD Mattapan	1					1								1			1	1
BCYF Golden Age	1			1	1	1	1							1			1	
Blake Estates	1						1			1			1	1			1	
Boston AAA Group #1	1				1	1				1			1				1	
Boston AAA Group #2	1					1											1	
Boston AAA Group #3	1			1		1		1		1	1			1		1	1	
Boston City Hall	1			1	1	1		1		1	1	1	1	1		1	1	
Chinese Golden Age Center				1		1		1						1			1	
Dorchester House						1							1	1			1	
East Boston Social Center						1				1				1			1	
Ethos	1				1	1		1		1	1			1			1	
Forbes	1			1	1	1		1		1			1	1			1	
HEARTH				1		1												
Kit Clark Senior Center	1	1		1		1		1			1						1	1
MAB support group	1			1	1	1		1		1	1			1			1	
MSPCC	1	1		1		1								1			1	
Olmstead Green	1					1		1		1	1			1		1	1	
Peterborough Senior Center	1				1	1								1			1	
Savin Hill Apartments	1	1	1		1	1				1				1			1	
S. Boston Neighborhood House	1			1		1							1	1			1	
St. Botolph						1				1			1	1			1	
The Geezers - Haley House	1					1								1			1	
Totals	19	4	1	10	8	22	2	10	0	13	8	1	7	20	0	4	23	2

Table 3. Frequencies of Major Areas of Concerns by Focus Group Site

Site Name	Access to Social Assistance Services	Caregiver Support	Civic Engagement	Economic Security	Health Care	Housing	Learning / Development	Maintain Independence	Legal Services	Leisure and Recreation	Long-term Services and Supports	Mental and Behavioral Health	Nutrition	Safety and Security	Spirituality	Staying Active / Wellness Promotion	Transportation	Workforce Development	Other
23 Spring St. West Roxbury	4							2		1	1			3		2	5		
ABCD Dorchester	4	2				8		1		2	5			8			6		3
ABCD Mattapan	4					5								4			5	1	
BCYF Golden Age	2			2	1	2	1							1			2		
Blake Estates	1						1			1			1	2			4		2
Boston AAA Group #1 *																			
Boston AAA Group #2 *																			
Boston AAA Group #3	2			1		4		1		3	1			6		1	10		1
Boston City Hall	7			5	2	13		9		2	7	1	1	6		2	15		1
Chinese Golden Age Center	2			1		5		1						2			3		1
Dorchester House *																			
East Boston Social Center						6				1				1			1		
Ethos	1				2	2		1		3	2			4			9		
Forbes	1			3	2	4		3		2			4	3			9		1
HEARTH				1		2													
Kit Clark Senior Center	1	1		2	2	4					1	1					2		1
MAB support group	6			2	1	4		2		4	1			1			6	5	1
MSPCC	2	1		1		9								2			3		2
Olmstead Green	2					1		1		2	1			1		1	5		1
Peterborough Senior Center	4			1	1	3								3			5		1
Savin Hill Apartments	2	1	1		1	6				3	2			3			2		
S. Boston Neighborhood House	1			1	2	8				1			1	5			4		1
St. Botolph						1				1			1	2			5		
The Geezers - Haley House	6					4								3			3		1
Totals	52	5	1	20	14	91	2	21	0	26	21	2	8	60	0	6	104	6	17

* Detailed notes were not available for this focus group

Appendix A. Focus Group Protocol:

Thank you for taking the time to be here today to talk with us, I would like to start with some introductions and tell you a bit about the purpose of our discussion today. My name is _____, and I am currently a (title and affiliation with Elderly Commission). With me today is _____ who will be taking some notes about our conversation. The purpose of these notes is to help us remember what was said and capture it accurately and thoroughly.

The City of Boston's Commission for Elderly Affairs would like to learn more about the current needs of the older adult population whom they serve. You have been invited to participate in this discussion because we value your opinion and experiences. The information that we gather will be used to inform changes to the Commission's programs, including (insert name of FG location) and services in order to best serve you and your peers. The information we will gather today will be very important to the success and functioning of the Commission's programs. We would like to hear from each person who is here, so please participate freely and also allow time for others to speak. We are here to learn from you about the needs of older adults in Boston, so please keep that purpose in mind throughout the discussion.

Before we begin, I need to obtain your consent to participate. Participation in this research is completely voluntary. At any time you may remove yourself from the discussion without penalty and you are under no obligation to respond to any questions that you do not want to answer. Because the study only involves group discussions and questionnaires, there are no physical risks associated with participating in this study. However, there is a chance that you may feel uncomfortable answering some of the questions. As mentioned before, you may refuse to answer any question that makes you uncomfortable, and you may stop your participation at any time.

Our research study staff members are trained to create a supportive and safe environment for talking about sensitive issues. We follow strict procedures for protecting confidentiality. In addition, all participants in the group discussions will be asked to avoid discussing the content of the discussions once study participation is over.

The research records of this study will be stored electronically in a file that is only accessible to study staff. In any sort of report we make public, we will not include any information that will make it possible to identify you.

These details are explained in a document that I will give you now. Please take a minute to read it, sign it and ask any questions about it that you may have. _____ (note taker) will collect your signed forms from you, and if you'd like a copy of this form to keep, let us know and we'll have one made for you.

First, I would like for each person to introduce themselves to the group. Please tell us your first name and the general area of Boston where you live.

Discussion Guide:

1. Let's start by talking about the issues that are most important to you as a senior living in Boston. What are some good things about growing older in Boston? What are some things that make it difficult for seniors living in Boston?
2. We'd like to hear more from you about some of these issues. Let's talk first about housing.
 - a. How would you describe the type of housing in which you currently live? Does it meet all of your housing needs? Why or why not?
 - b. Thinking ahead a couple of years, do you expect that your current housing will meet your needs?
 - c. In your opinion, what are other housing concerns that are most important for older adults in your community?
3. In thinking about when you travel outside of your home, I'd like to ask some questions about how you get around. Let's move on to talking about transportation.
 - a. What types of transportation do you currently use to get groceries, see your doctor, run errands, see friends/family etc.?
 - b. Referring to the kind of transportation you are using now, are all of your transportation needs met?
 - c. Thinking ahead a couple of years, do you expect your transportation needs to be met?
4. Are there any other challenges that seniors experience living in Boston that you think the Boston Commission on Affairs of the Elderly should hear about?

Now let's talk about services that are available for seniors living in Boston.

5. Tell me about any problems you may have experienced when trying to use services that are set up to help seniors living in Boston.
6. In your opinion, what prevents people in your community/neighborhood from utilizing the services that are available in your community?
7. Generally, what other services or programs would help you or others in your community age successfully at home?
8. Does anyone have anything else that they would like to add?

Thank you for taking the time to talk with us today!

Boston AAA

Attachment I

Aging in Boston Report

Available online at

http://www.cityofboston.gov/images_documents/4-14%20UMASS%20Aging%20Report_tcm3-44127.pdf

Appendix available online at

http://www.cityofboston.gov/images_documents/UMASS%20Aging%20Report%202014_tcm3-44512.pdf