Kerr-Tar Area Agency on Aging

Four-Year Area Plan on Aging
2024 - 2028

I.   NARRATIVE 2024-28 Area Plan

Kerr-Tar Regional Council of Governments Executive Summary

Kerr-Tar Regional Council of Governments (KTRCOG) is a regional planning organization that serves 21 local governments in a five county region north of the Research Triangle area. Members include Franklin, Granville, Person, Vance and Warren counties and 16 cities and towns within them. The regional council strategically coordinates efforts to enhance economic development, infrastructure, and community well-being. KTRCOG includes three divisions: Regional Planning, Workforce Development, and the Area Agency on Aging. KTRCOG serves as a vital hub for collaboration and resource allocation across North Carolina's Kerr-Tar region.

As a division of KTRCOG, Kerr-Tar Area Agency on Aging (KTAAA) collaborates with community partners, service providers, and local governments to deliver a range of programs to adults age 60 and over. The mission of KTAAA is to lead, develop and enhance community based services, opportunities and protections for older adults, persons living with disabilities and family caregivers to enable them to live independent, healthy lives with improved quality of life in their community of choice for as long as possible. Services include at-home assistance, nutrition services, transportation, caregiver support, advocacy, and social engagement opportunities. By tailoring services to meet the diverse needs of older adults and their caregivers, KTAAA promotes independence, dignity, and well-being among the aging population in the region. With a commitment to fostering a supportive and age-friendly environment, the agency advocates for policies that enhance accessibility, equity, and inclusivity for older adults, contributing to a more vibrant and thriving community for all ages within the Kerr-Tar area. Our vision is to be the source for leadership, advocacy, planning and information to ensure the provision of services to support livable and senior friendly communities that are prepared to meet the challenges and opportunities of a growing aging population.

KTAAA is part of the national network of Area Agencies on Aging set in place by the Older Americans Act of 1965. All Area Agencies on Aging work within federal mandate to inform, advocate and plan for community based services on behalf of older adults. KTAAA staff works with senior centers, advisory committees, and other community based organizations in each county to serve the needs of older adults. KTAAA supports our region's Senior Centers by providing program funding and serving as an interface with federal, state and local resources. KTAAA is required by federal and state law to submit a Regional Area Plan every four years. The plan provides important information for stakeholders and citizens and sets goals to benefit older adults and their caregivers in our region. This plan serves as a guide and work plan for KTAAA for the next four years.

The Kerr-Tar region includes over 46,000 adults over age 65 (NC Aging Profile 2022). KTAAA, through five county Senior Centers, two of which have smaller satellite sites, and two county Departments of Social Services, serves 4,247 of these individuals in various activities and programs (Department of Health and Human Services, Division of Aging and Adult Services, FY 22-23 Senior Center Operations Annual

Report, dated September 28, 2023). According to these numbers, KTAAA, through its regional partners, reaches under 10% of the aging population. Our Senior Centers provide services and activities that support health, social interaction, education and transportation needs as well as serving as the meeting site for many deep friendships that have been shared for years. KTAAA partners with local organizations, such as faith-based communities, to reach even more older adults.

We have an ongoing opportunity to reach more seniors and invite them to join in the many activities and programs available in the senior centers. Several of the survey respondents (see below), for example, commented that they would like "more health and wellness programs," or "more opportunities to socialize," or even stated, "need information on resources for older adults," all of which are readily available through the senior centers. Through our outreach efforts in the coming four years, KTAAA hopes to increase our regional senior center involvement to 15% or more of our population.

Context: Regional statistics and demographics
A basic understanding of the regional statistics and demographics is useful for contextualizing the needs of our counties. As of 2023, North Carolina ranks 9th in the U.S. in overall population (at 10.8 million), (https://www.statsamerica.org/sip/rank_list.aspx?rank_label=pop30&ct=S370) and also ranks 9th in the U.S. for percentage of population over age 65 (1.86 million). (https://www.statsamerica.org/sip/population.aspx?page=all&ct=S37)

Our five counties are all considered rural (https://www.ncruralcenter.org/advocacy-and-research/county-data/), as are 80 of North Carolina's 100 counties. Characteristics of rural counties include: 250 or fewer people per square mile (https://uniteus.com/blog/rural-nc/), with sparse population and low housing density. https://www.census.gov/library/stories/2017/08/rural-america.html#:~:text=In%20general%2C%20rural%20areas%20are,80%20percent%20of%20the%20population.

Kerr Tar Regional Population by County (2022) and 2042 projections					
County	Square miles	Population per square mile 2022	2022 population	2042 projections	% change 2022 -2042
Franklin	491.8	151.9	74,709	119,684	60%
Granville	538	114.7	61,686	74,680	21%
Person	404	97	39,184	39,651	1%
Vance	268.7	153.7	41,298	39,878	-3%
Warren	444	42	18,680	19,087	2%
Totals	**2146.5**	**109.7**	**235,557**	**292,980**	**24%**

https://www.ncdhhs.gov/documents/2022-north-carolina-aging-profiles/open

In the coming years, KTAAA will continue to see growth in its aging population, especially at advanced age. The number of residents over age 65 is projected to increase by 47% by 2042, and estimates are that the over-85 demographic will almost double, from 5,122 to 10,091 people.

Kerr Tar Regional Population age 65+ by County (2022)			
County	2022	2042	% change 2022-2042
Franklin	13,927	27,861	100%
Granville	11,507	18,225	58%
Person	8,272	9,353	13%
Vance	8,020	7,552	-6%
Warren	4,652	5,114	10%
Totals	46,378	68,105	47%

https://www.ncdhhs.gov/documents/2022-north-carolina-aging-profiles/open

Kerr Tar Regional Population age 85+ by County (2022)			
County	2022	2042	% change 2022-2042
Franklin	1,356	3,866	185%
Granville	1,108	2,506	126%
Person	853	1,574	85%
Vance	990	1,227	24%
Warren	815	918	13%
Totals	5,122	10,091	97%

https://www.ncdhhs.gov/documents/2022-north-carolina-aging-profiles/open

As the aging population in the region increases significantly in the next 20 years, especially the over age 85 demographic, there will be increased needs for in-home services and community supports such as nutrition and transportation services.

The five counties in the Kerr-Tar region have vastly different resources, economies, populations and demographics. In the next twenty years these differences may continue to grow. Below are some current characteristics of the region's over age 65 population:

Population Characteristics for ages 65+ (2022)	Franklin	Granville	Person	Vance	Warren	Kerr Tar region
Living alone	23%	23%	31%	28%	28%	26.6%
Veterans	16%	13%	15%	15%	16%	15%
Have at least one type of disability	40%	41%	40%	40%	41%	40.4%
Have less than a high school diploma	17%	15%	16%	16%	16%	16%
Have a high school education, GED or alternative	32%	41%	38%	37%	36%	36.8%
Median household income	$42,765	$44,863	$40,164	$42,592	$41,080	$42,293
Income below the poverty level	8%	13%	11%	11%	12%	11%
In labor force	19%	14%	19%	17%	14%	16.6%

NC Aging Profile 2022

Because of the divergent county needs and resources, it is challenging to generalize about the region's present and future needs. Franklin County, for example, is contiguous with Wake County, one of NC's largest and wealthiest urban counties. Franklin County is rapidly growing and will likely continue to do so in the coming years. The above data already shows that the "Income below the poverty level" is much lower in Franklin County compared to the four others. Another significant difference is population density: Warren County has only 42 people per square mile, while Vance and Franklin Counties have more than three times that number. Resources such as grocery stores and medical practices are almost non-existent in parts of our region, while some areas have more choice.

As an example, internet connectivity is an area where our counties have very different resources. Four of our counties show that approximately 75% of households have a desktop, laptop, or tablet computer, and that they have approximately 75% "Broadband Serviceable Locations fully served by broadband internet." In contrast, Warren County results show that only about 60% of households have a desktop, laptop or tablet computer, with only about 40% "Broadband Serviceable Locations fully served by broadband internet."* KTRCOG is currently involved in a statewide digital inclusion project that seeks to equalize internet resources among our counties and age groups.

*https://www.ncacc.org/research-and-publications/research/county-data-and-information/

The counties also have different health and well-being statistics. Granville County, for example, shows 25% of residents are covered by Medicaid, but Vance has 53% residents on Medicaid. Vance County had 508 residents served in 2021 by opioid use treatment programs (uninsured

and Medicaid only), but Warren County had 79 residents treated. Warren County ranks 100th of NC's 100 counties for per capita income at $38,740, while Person County ranks 57th with per capita income of $46,879. Across our region, per capita income is in the lower 50% of the state. (https://www.ncacc.org/research-and-publications/research/county-data-and-information/)

KTAAA's primary funding is the annual Home and Community Care Block Grant (HCCBG). The HCCBG is calculated for each county based on the Intrastate Funding Formula (IFF). The IFF calculation includes a base amount and then rates factors such as the population of adults age 60 and older, then those age 60 and over who live at or below the federally defined poverty level, the percentage of minority population age 60 and over, and the proportion of the state's rural population in the region. Based on these factors, our five counties receive a percentage of the state's HCCBG grant. For fiscal year 2024, for example, county allocations ranged from approximately $262,000 (Warren) to approximately $519,000 (Franklin). Our wealthier counties receive more HCCBG resources, while poorer counties, whose needs are greater, receive less. To put this in perspective with the sixteen regions in the state, our region ranks 12th in terms of allocations out of the 16 regions.

During the COVID pandemic, KTAAA received several federal and state grants in addition to the HCCBG. The COVID grants allowed provision of additional supports and services to our community partners and allowed KTAAA to provide direct client services for the Housing and Home Improvement program and nutrition programs. KTAAA provided accessibility ramps, bathroom accessibility conversions and several other important home improvements, including doors and windows, and an HVAC system to regional residents who did not have other resources. In addition to direct services through local contractors, KTAAA also partnered with Habitat for Humanity Roxboro in Person County and Helpful Hearts and Hands in Warren County to provide accessibility ramps for approximately 20 homeowners to improve their health, safety and mobility. During the COVID grants, KTAAA also provided direct services in nutrition. Through several community partners, we provided frozen meals and fresh produce to hundreds of older adults for several years. The last of these grants expires at the end of September 2024. Thereafter, annual funding will revert to the annual HCCBG, and KTAAA direct services funded by the COVID grants will cease.

KTAAA Regional Aging Needs Assessment

As a service and advocacy organization, the duty of KTAAA is to be responsive to regional needs and aspirations with regard to aging and older adults. To assess these needs and aspirations for the new Area Plan, KTAAA developed a six-question survey regarding perceived regional needs for older adults. Over 430 individuals from the region submitted survey responses during a 6-week period of January and February 2024. A wide range of ages responded, from under age 60 to age 90. The general public was included in the survey solicitation because aging issues affect more than just the older adults themselves. Family and friends, co-workers, community members and local businesses have valuable input into aging issues based on their personal and business relationships and experiences with older adults. Responses were tabulated using the online survey tool and manual review by AAA staff.

Responses to the Regional Aging Needs Assessment survey demonstrate the differences in respondents' knowledge of existing resources as well as the divergent perceived needs in the five counties. Some of the survey's 438 respondents, for example, offered astute observations and ideas for moving forward. Comments from other respondents were unfortunately based on misinformation or lack of information about existing resources: a responder recommended "more gatherings for socialization" which are already plentiful at all our senior centers. Another asked for "classes for seniors in health and wellness" which are already offered throughout the region through senior centers and other community centers such as the YMCA or faith based groups. These comments are very instructive, however, in directing us to market activities more aggressively so more people are aware of them.

As with any survey, results must be taken in context. Our survey respondents represent a population of self-selecting residents who:
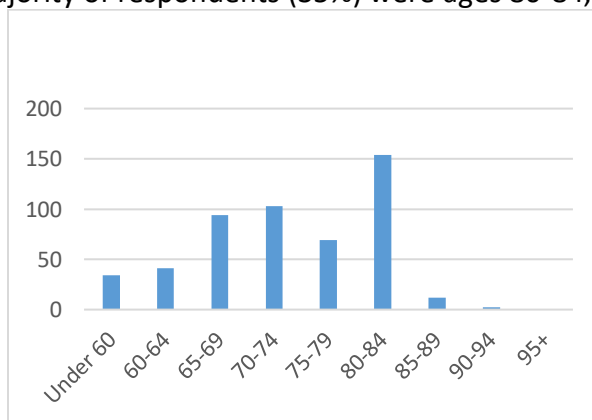1. Answer surveys
2. Have some interest in aging issues
3. Feel they have something to contribute via their responses

Given these factors, it is possible that the 438 respondents do not completely represent the region's aging interests and needs. With these considerations, we offer the following.
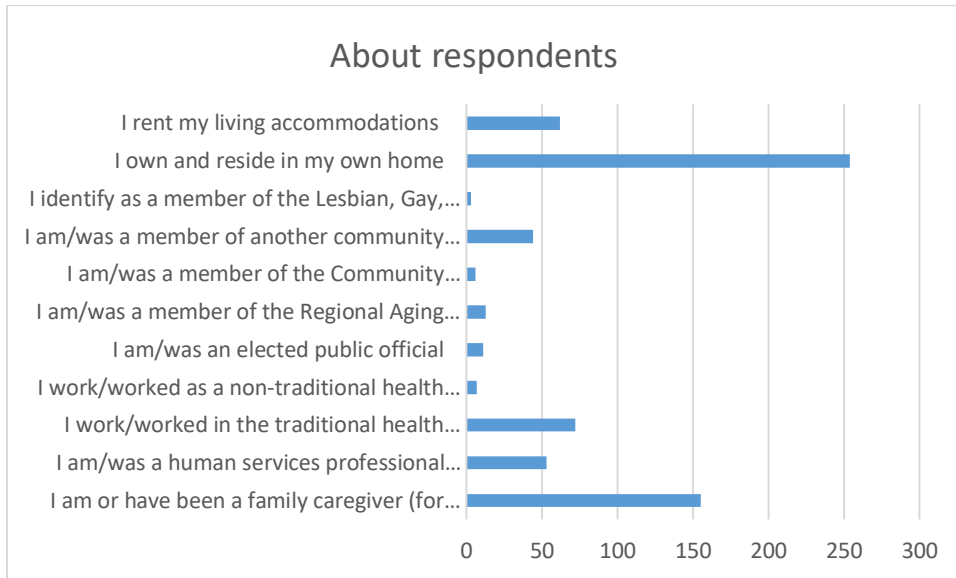
Person and Vance Counties had the most survey respondents (31% and 25% respectively), followed by Franklin (18%) and Granville Counties, (17%) and finally Warren County at 9%. The overall results are therefore perhaps more representative of Person and Vance Counties, and least representative of Warren County, based on the number of responses. While the top two were shared priorities across the five counties, the 3rd, 4th and 5th priorities differed for each county.

See analysis below.

The majority of respondents (35%) were ages 80-84, followed by ages 70-74 (24%)

Most of the respondents (58%) are homeowners, and many (35%) have been family caregivers. Many have worked in the health professions and many have served in various aging advisory roles.

The top aging priorities for the region, according to survey results, are:

Top Regional Priorities as Defined by Survey Respondents	
1. Housing (affordable, rental, owner-occupied, repairs, etc.)	54%
2. Making our communities **age-friendly** by increasing age inclusion and accessibility for older adults in community planning and all services, activities, and physical structures. For example, increasing walkability in our downtowns, or considering the needs of older adults when planning community parks.	38%
3. Transportation: (availability, accessibility)	22%
4. Access to long-term care (affordability and availability of nursing homes, adult care homes, family care homes)	20%
5. More community-based services for community-dwelling older adults (adult day care, home-delivered meals, in-home aide, etc.)	19%

All of our counties agreed that "Housing" and "Making our communities age-friendly" are the top two regional priorities. All respondents who commented about housing issues stated that

rents are too high and some apartment complexes are not well maintained. One commenter stated that requesting repairs from a landlord can lead to eviction, so the fear keeps renters quiet. There were multiple comments that the region needs more affordable apartments for older adults.

For homeowners, there is a great need for home repair and accessibility modifications such as ramps or bathtub-to-shower conversions. Our region includes many older rural homes that have fallen into disrepair. Our office regularly receives inquiries for major home repair including replacing fallen floors, leaking roofs, non-functioning heat, major plumbing and septic work, lack of running water, and lack of unbroken windows. Due to funding limitations and the high cost of construction materials, we are only able to serve a small number of requests. When we cannot help, we refer inquiries to other community providers.

The priority "Making our communities age-friendly" relates to community awareness and local business and government initiatives to consider the needs and preferences of older adults in community activities and planning. This may involve older adults taking initiative to advocate for these considerations in community meetings. One way KTAAA plans to support this is to arrange advocacy training for older adults and training on how to speak effectively at public meetings. Many older adults want to be included in community life as much as possible.

The county priorities diverge after the shared first two priorities, as shown below in county results tables. For four of our five counties, "Transportation" was another shared priority. Regarding the Transportation priority, KTAAA and KTRCOG provide transportation services through the 5310 Purchase of Service grant and HCCBG funding to providers. KTAAA can work to increase awareness of transportation services by supporting advertising for local public transportation services. Expanded transportation services is another topic that may benefit from older adults' advocacy in public meetings.

Survey results were analyzed by county, as shown in the five lists below. After the first two shared priorities, the five counties' priorities differ:

Franklin

1.	Housing (affordable, rental, owner-occupied, repairs, etc.)
2.	Making our communities **age-friendly** by increasing age inclusion and accessibility for older adults in community planning and all services, activities and physical structures. For example, increasing walkability in our downtowns, or considering the needs of older adults when planning community parks.
3.	Transportation: (availability, accessibility)
4.	Access to healthy food (for example, fresh fruits and vegetables)
5.	Access to medical care and treatment

Franklin County priorities are transportation, access to healthy food and access to medical care and treatment. Opportunities that would target these priorities include advocating on a county

basis through public forums to explore ideas residents have regarding transportation services, for example. Advocacy training could be offered at the Senior Centers if desired, which may provide new skills and confidence for public speaking at community meetings where older adults could advocate for their interests and needs. The priority of access to healthy food has been targeted in the past by the Franklin County Senior Center when they sponsored a pop-up farmers' market near the Senior Center, which was very popular. They could also consider publicizing information on local farmers' markets and organizing Senior Center trips to farmers' markets.

Regarding Access to medical care and treatment, it may be constructive to explore what this means to Franklin County residents. Do people need transportation to doctors' appointments? Do they need information or classes to maintain their health? Would a presentation on Medicaid options be useful? KTAAA can provide resources to Franklin County Senior Center if desired.

Granville

1.	Housing (affordable, rental, owner-occupied, repairs, etc.)
2.	Making our communities **age-friendly** by increasing age inclusion and accessibility for older adults in community planning and all services, activities and physical structures. For example, increasing walkability in our downtowns, or considering the needs of older adults when planning community parks.
3.	Access to long-term care (affordability and availability of nursing homes, adult care homes, family care homes)
4.	Community opportunities for social or community engagement, leisure activities, volunteering opportunities, adult education (life-long learning opportunities)
5.	Access to health and wellness programs

After Housing and Making our communities age-friendly, Granville respondents prioritized Access to long-term care. There may be resources that could provide information or presentations about this complex topic. Respondents are likely interested in their own access to care and what options may be available to them should the need arise. It would be important to rely on unbiased resources that have no financial incentive or "sale" to make to participants. KTAAA is available to support Granville County Senior Services in such an effort, if desired.

Granville County's 4th and 5th priorities were Community opportunities for social or community engagement, leisure activities, volunteering opportunities, adult education (life-long learning opportunities) and Access to health and wellness programs. Granville County Senior Services is already offering many social engagement activities, life-long learning and health and wellness programs. That so many Granville respondents chose these priorities may indicate an opportunity for the Senior Center to publicize programs in new ways, or schedule some open-house type of experiences to bring more people to their programs. KTAAA defers to the Senior Centers in marketing matters and will provide support as desired.

Person

1.	Housing (affordable, rental, owner-occupied, repairs, etc.)
2.	Making our communities **age-friendly** by increasing age inclusion and accessibility for older adults in community planning and all services, activities and physical structures. For example, increasing walkability in our downtowns, or considering the needs of older adults when planning community parks.
3.	Transportation: (availability, accessibility)
4.	Family caregiving resources
5.	Access to long-term care (affordability and availability of nursing homes, adult care homes, family care homes)

Person County's priorities are Transportation, Family Caregiver resources and Access to long-term care (affordability and availability of nursing homes, adult care homes, and family care homes). The transportation service efforts discussed above also apply to Person Area Transit System (PATS). If Person County Senior Center deems it appropriate, it may want to schedule a meeting with PATS and older adults to identify perceived transportation needs, and identify feasible remedies. Family Caregiving Resources could be addressed through KTAAA information sessions at the Senior Center, or via private appointments with Senior Center or KTAAA staff. KTAAA is planning several Family Caregiving community events during the 4-year Area Plan period which will be open to Person County participants as well. Person County survey respondents chose as their 5th priority the topic of Access to long-term care. As described under Granville County, there may be resources that KTAAA could provide to address this complex topic. KTAAA is available to support Person County Senior Center in such an effort.

Vance

1.	Housing (affordable, rental, owner-occupied, repairs, etc.)
2.	Making our communities **age-friendly** by increasing age inclusion and accessibility for older adults in community planning and all services, activities and physical structures. For example, increasing walkability in our downtowns, or considering the needs of older adults when planning community parks.
3.	"Making our communities **dementia-friendly"** by training local businesses and organizations to accommodate people living with dementia. Dementia –friendly hospital waiting rooms, for example, provide a known benefit.
4.	Transportation: (availability, accessibility)
5.	Safety or security

Vance County shares the Transportation priority with most of the region, so KARTS initiatives discussed above apply. Unique to Vance County are the priorities of "Making our communities

dementia-friendly" and **"**Safety or security". KTAAA is committed to statewide Age-Friendly and Dementia-Friendly initiatives, which involve specific state-led activities and community involvement. Safety and security topics are addressed via KTAAA fraud prevention and personal safety events, which can also be conducted in partnership with the Senior Center. KTAAA staff has interfaced with local law enforcement to promote its services and resources, and will follow up with Vance County Police Department in Henderson. Based on Vance County results, KTAAA will begin Dementia Friendly initiatives in Vance, and will plan for fraud prevention and personal safety events for Vance County as well. KTAAA is available to the Senior Center as a resource for any informational material and event support.

Warren: NOTE Warren respondents had a three-way tie for 3rd place priority

1.	Housing (affordable, rental, owner-occupied, repairs, etc.)
2.	Making our communities **age-friendly** by increasing age inclusion and accessibility for older adults in community planning and all services, activities and physical structures. For example, increasing walkability in our downtowns, or considering the needs of older adults when planning community parks.
3.	Transportation: (availability, accessibility)
3.	Family Caregiver resources
3.	Access to healthy food (for example, fresh fruits and vegetables)

Warren County's other priorities were all tied for 3rd place: Transportation, Family Caregiver resources and Access to healthy food. Warren County shares the priority of Transportation with four of the other regions, so may benefit from discussions to explore access or make other recommendations to better serve the needs of older adults. Family Caregiver resources are available through the Senior Center and from KTAAA under the Family Caregiver grant. KTAAA offers several forms of caregiver support and can also work with the Senior Center to provide information sessions so participants know about resources. Access to healthy food is an achievable goal, if funding can be found, since a Warren County food resource is well acquainted with the Senior Center and the local older adults from the COVID funding projects.

Quality Management

KTAAA assures quality management in programs delivered by our funded community partners through annual monitoring and transparent communication practices. Please see Exhibit 14 for our Area Plan period monitoring schedule. Complying with other state-required reporting also facilitates quality control. As a local lead agency, KTAAA strives to maintain mutually supportive relationships with all providers of aging services in the region. The agency actively engages in joint projects with many community partners by providing IIID classes, consumer and professional trainings, and regional conferences. KTAAA maintains good community relations by interfacing with emergency responders, Chambers of Commerce, regional medical providers and other service organizations. Community trust is generated by providing quality resources,

from our staff to our community event give-away items. Reliability, dependability and accountability are our goals. KTAAA endeavors to be the aging "go-to" resource for all aging-related needs. Other community providers trust the agency, and it is an ongoing aspiration to be worthy of that trust.

GOALS, OBJECTIVES STRATEGIES AND EXPECTED OUTCOMES

The goals set in our 2024-2028 Area Plan are the required state goals, integrated with the county priorities as revealed by each county's survey results.

Safety and Protection

Goal 1: Protect the rights of Older North Carolinians by preventing abuse, neglect, and exploitation using a multi-disciplinary approach. (**Safety or security is the 8th highest regional priority** on the survey.)

Protecting the rights of older North Carolinians demands a comprehensive, multi-disciplinary strategy to prevent instances of abuse, neglect, and exploitation. This approach necessitates the collaboration of various sectors, including healthcare professionals, social workers, law enforcement, legal experts, and community organizations. By integrating resources, expertise, and communication channels across these disciplines, a robust framework can be established to identify, address, and mitigate the risks faced by older individuals. Empowering seniors with knowledge about their rights, creating supportive networks, implementing stringent safeguards, and enforcing laws are crucial elements in ensuring their safety, dignity, and well-being. Through a concerted effort, North Carolina can build a resilient system that prioritizes the protection of its elderly population, fostering a society where they are respected, valued, and shielded from harm.

KTAAA staff includes an experienced Regional Ombudsman whose role is to advocate to protect the rights of older adults and to champion the prevention of elder abuse. Our staff Aging Specialist conducts fraud prevention events throughout the region in cooperation with law enforcement, emergency management personnel, state officials and business professionals.

Objective 1   Provide <u>consumer programs</u> in all five counties that will educate and encourage the prevention of all forms of abuse, neglect and exploitation. Programs include Scam Jams and Elder Abuse Awareness.

Strategy 1.1   Provide at least one program each year in each county.
<u>Measure</u>: All five counties will receive a program for each Plan year. Multiple counties may be included in a single program presentation, fulfilling this commitment.

Strategy 1.2   Topics related to scams and exploitation will be included in presentations, including money management, making complaints about potential fraud, how to reach legal authorities in cases of fraud and scams, how to improve self-awareness and self-protection. Presentations will include services and programs such as Senior Medicare Patrol and Adult Protective Services.
<u>Measure</u>: Program agendas will be reviewed to ensure topic coverage.

Strategy 1.3   AAA staff will attend community outreach events that educate the public about Preventing Abuse, Neglect and Exploitation, to distribute materials and provide staff support.
Measure: AAA will track community outreach events and distributed materials.

Strategy 1.4   Risk factors that increase personal vulnerability, such as social isolation and chronic health conditions, and how to reduce one's risk, will be addressed in trainings and events.
Measure: AAA staff will distribute consumer materials with practical tips for reducing personal risk.

Strategy 1.5   AAA staff will develop brochures on individuals' rights and how to report abuse, neglect or exploitation.
Measure: Brochures will be printed and distributed.

Strategy 1.6   AAA Regional Ombudsman will attend training programs on preventing abuse, neglect and exploitation, and incorporate new knowledge into our consumer and professional level presentations.
Measure: Attendance and agendas for training programs.

Objective 2   Provide programs to community providers, community partners and local businesses in all five counties that will educate professionals on the recognition and prevention of all forms of abuse, neglect and exploitation.

Strategy 2.1   KTAAA Regional Ombudsman will conduct professional level programs for community providers, community partners and local businesses in each county, including law enforcement personnel and educational institutions, to increase practical client-related skills. Multiple counties may be included in a single program presentation, fulfilling this commitment.
Measure: Count of professional level programs.

Strategy 2.2   Provide one program each year in each county.
Measure: Count of professional level programs.

Strategy 2.3   Provide information and recommendations to professional participants to improve safety and security at their location, including sensors, security cameras, extra lighting, and more.
Measure: Program agendas will be reviewed to ensure topic coverage.

Strategy 2.4   Professional level programs will include information and recommendations regarding emergency kits and disaster preparedness to help protect vulnerable populations.
Measure: Program materials and agendas will reflect this strategy.

Expected outcomes for Safety and Protection:
Short-term outcomes:
1) Consumer programs (Scam Jams): Participants will be offered information to reduce their risk of various types of fraud and who to contact for assistance. KTAAA will develop printed materials to distribute at community events.

2) Professional programs: attendees will be offered information and tools for increasing awareness of the risks and signs of elder abuse, and for reducing the risk.

Intermediate outcomes:
1) The increase in information and knowledge of resources will reduce the risk of individual fraud and elder abuse.
2) Attendance at the fraud prevention and elder abuse awareness events will increase each year.

Long-term outcomes:
1) Regional residents will reduce their risk of fraud and abuse, as demonstrated by reduction in fraud and abuse crime statistics.
2) Regional professionals will know the risks and signs of elder abuse and will work in their professional capacity to inform older adults and their families and be a resource for assistance.

Healthy Aging and Quality of Life

Goal 2: Support programs and partnerships that improve the health and well-being of older North Carolinians. (A **component of most priorities** cited by regional survey.)

Enhancing the health and well-being of older North Carolinians relies on fostering robust support programs and cultivating partnerships across various sectors. These initiatives should encompass a spectrum of services catering to physical health, mental wellness, social engagement, and access to essential resources. By forging collaborations between healthcare providers, community organizations, governmental agencies, and volunteer groups, tailored programs can be designed to meet the diverse needs of seniors. Providing educational resources, promoting healthy lifestyles, facilitating access to healthcare services, and creating opportunities for social interaction are integral facets of these initiatives. Building strong partnerships and investing in programs that prioritize the holistic health of older adults not only enriches their lives but also strengthens the fabric of the entire community, ensuring that seniors in North Carolina lead fulfilling and dignified lives as valued members of society.

Objective 1	Business Acumen project: A formal state-wide initiative to work towards establishing viable partnerships between service providers such as AAAs and health care (HC) providers who could prescribe our services and supports to eligible clients, creating a new funding stream for KTAAA.
Strategy 1.1	Continue involvement with Business Acumen project with NC4A and COG Association. Measure: Attendance at meetings.
Strategy 1.2	Determine which KTAAA programs would be appropriate for HC partnerships. Measure: List of KTAAA programs to offer through HC providers.
Strategy 1.3	Identify HC partner candidates who are interested and available for the project; determine KTAAA's criteria for viability per candidate. Measure: List of potential HC partners
Strategy 1.4	Contact HC providers to discuss project: Explore potential relationships with Health Care providers to offer and pay for KTAAA services and supports for eligible clients. Measure: List of Health Care providers who have been contacted and expressed interest.
Strategy 1.5	Launch at least one HC partnership program Measure: List launched HC partnerships.
Objective 2	Expand IIID Programs to 10 or more classes per year (minimum two per county). IIID refers to a section of the Older Americans Act regarding evidence-based health and wellness programs.
Strategy 2.1	Marketing campaign targeting the faith communities and health care providers. Measure: Count contacts with faith communities and health care providers.
Strategy 2.2	Recruitment of three true lay leaders to teach IIID classes. Note that all IIID lay leader instructors are volunteers.

	Measure: Count new true lay leaders
Strategy 2.3	Implement virtual programming as possible through regional providers. Consider connectivity and skill base issues of potential users when setting expectations. Measure: Count of virtual programs.
Objective 3	For all regional Senior Centers and other community venues for IIID programs: publicize the availability of health and wellness programs to the general public.
Strategy 3.1	KTAAA will consider newspaper advertising and radio spots promoting health and wellness programs available through the region's providers. Measure: Count of KTAAA efforts to publicize health and wellness programs throughout the region.
Strategy 3.2	Use social media boosts to highlight IIID programs throughout the region. Measure: Count of social media boosts.
Objective 4	Establish a Regional network of Falls Prevention Partners. KTAAA staff includes a professionally certified Falls Prevention expert and Master Trainer.
Strategy 4.1	Partner with Triangle Falls Prevention Coalition to develop a blueprint for a Kerr-Tar Falls Prevention Coalition that meets quarterly. Measure: Confirmation of partnership and count quarterly meetings.
Strategy 4.2	Establish annual Falls Prevention Fair with attendance of 100+ seniors annually. Measure: Execution of annual Falls Prevention Fair.
Objective 5	To support access to essential services for the region's older adults, explore local transportation status and plans, and communicate relevant information to appropriate advisory groups.
Strategy 5.1	Invite a KARTS/PATS representative to present their 2024-2028 service plans at a meeting of the Regional Aging Advisory Council. Invite interested Senior Center participants, and/or Aging Advisory Committee members to attend. Measure: Confirm invitation and presentation with names, agenda and dates.
Strategy 5.2	Have RAAC members follow up with their respective County Boards of Commissioners to advocate for potential expansion of transportation for older adults. Measure: Count of RAAC members' contact with County Boards of Commissioners with names and dates.
Objective 6	Support Senior Centers' initiatives for increased access to healthy food, starting with Franklin and Warren Counties who each prioritized this need
Strategy 6.1	Provide information and support for Senior Centers' efforts to partner with local farmers and food resources. Measure: Track Senior Center initiatives related to access to healthy food.
Strategy 6.2	Connect the Regional Food Council with the Senior Centers to garner older adult involvement for planning and resident feedback. Measure: Count of connections between Regional Food Council and Senior Centers.

Objective 7   Continue to support regional Senior Games.
Strategy 7.1   KTAAA staff will continue to organize and oversee regional Senior Games with Senior Center support.
Measure: Annual participation in NC Senior Games.
Strategy 7.2   Increase number of participants each year.
Measure: documentation of annual growth of regional Senior Games.
Strategy 7.3   Increase local business sponsorship of regional Senior Games.
Measure: documentation of annual growth of sponsorships.

Expected outcomes for Healthy Aging and Quality of Life:

Short-term outcomes:
1) KTAAA will participate in the statewide Business Acumen project to establish relationships with health care providers.
2) Establish Regional Falls Prevention Coalition.
3) Follow through on exploring transportation needs for each senior center.

Intermediate outcomes:
1) Business Acumen project: KTAAA will develop procedures and eligibility requirements as needed for providing referred services.
2) Take appropriate steps to advocate for regional transportation needs for older adults.

Long-term outcomes:
1) Business Acumen project: KTAAA will implement the referral and payment model into its provision of services throughout the region.
2) Have data to show increased IIID programming and regional Senior Games participation and sponsorships6010.
3) Regional transportation options will meet the needs of older adults.

Housing and Homelessness

Goal 3: Adopt an equity-centered housing lens approach to enable older adults to age in their place of choice with the appropriate services, supports, and housing opportunities. (**Housing is the #1 priority** per survey respondents.)

An equity-centered housing lens is crucial for enabling older adults in North Carolina to age safely and comfortably in their preferred environment, supported by necessary services and suitable housing options. This approach prioritizes fair and inclusive housing policies, aiming to dismantle barriers and disparities faced by seniors, especially those from marginalized communities. By advocating for affordable, accessible, and age-friendly housing options, coupled with tailored services and support systems, older adults can maintain their independence and dignity while aging in their chosen setting. This lens not only recognizes the diverse needs of seniors but also acknowledges the importance of inclusive and supportive communities that allow individuals to thrive as they age. Implementing an equity-centered housing approach ensures that older North Carolinians have the opportunity to live fulfilling lives in homes that meet their needs and preferences, fostering a more equitable and compassionate society for all.

According to our regional survey, "Housing (affordable, rental, owner-occupied, repairs, etc.)" is respondents' highest priority. There is a great need for housing and home repair in the Kerr-Tar region. This rural region has a high level of poverty and homes in disrepair. We can assist limited numbers of clients with limited types of support. With COVID allocations, for example, KTAAA funded several dozen home repairs, including bathroom conversions, HVAC replacement, ramps, and window replacement. Our Council of Governments served a limited number of qualifying clients through the URP (Urgent Repair Program) and ESFR (Essential Single Family Rehabilitation) programs. Dozens more requests were waitlisted for all housing programs. Only one of our county Senior Centers provides any Housing and Home Improvement (HHI) services, limited to ramps and portable heaters.

COVID funding ends as of September 30, 2024. We have the opportunity to apply for other housing related grant funding so we can continue to provide housing and home improvement direct services within grant guidelines. In April 2024, for example, we were awarded a grant allocation of approximately $145,000 for direct services for the state's "Choosing Home" program, which will enable KTAAA to provide specified home improvements to enable older adults to remain in their own homes. In the absence of grant funding, our function will be to refer housing and home improvement inquiries to other providers, including NCBAM (NC Baptist Aging Ministries), local ramp church ministries, other local service organizations, and USDA.

KTAAA does not currently provide services related to homelessness, although it is an important and ongoing concern in the region. KTAAA maintains resource lists and relationships with community providers in the homelessness arena.

KTAAA provides other services and supports for older adults to age in their place of choice. KTAAA direct services include Family Caregiver services and Evidence-Based Health Promotion programs. Family Caregiver services include respite vouchers, which enable family caregivers to take a short break from their caregiving responsibilities. Family Caregiver services also include support groups and various home health and safety resources. KTAAA provides Evidence-Based Health promotion programs throughout the region, which are classes on falls prevention, nutrition and exercise, all of which contribute to being able to age in place. All other support services are provided by regional Senior Centers (nutrition, transportation, and in-home aides).

Objective 1	As the Business Acumen project develops (See Goal 2), explore whether housing and home improvement could be eligible as covered healthcare expenses, as described in Medicaid Healthy Opportunities Pilots.
Strategy 1.1	Follow developments in statewide Business Acumen work and participate in initiatives on housing and home improvement services. Measure: membership on committees or appropriate interest group for this topic.
Strategy 1.2	Under the Business Acumen project, determine what level of HHI KTAAA can support, and what the eligibility criteria will be. Measure: establishment of regional eligibility guidelines.

Objective 2	Seek solutions to local housing and homelessness issues as appropriate according to our mission.
Strategy 2.1	Remain active in regional networks and referral platforms for housing and homelessness issues. Measure: Participation in regional networks and referral platforms.
Strategy 2.2	Compile and continually update a list of regional housing and homelessness resources for any inquiries. Measure: Existence of shared resource list for department.
Strategy 2.3	Seek grant opportunities for Housing and Home Improvement so KTAAA can provide home repair and accessibility renovations for eligible regional residents.* Measure: Number of submitted grant applications. *Note: the availability of grants for which we qualify is not in our control.

Expected outcomes for Housing and Homelessness:
Short-term outcomes:
1) Determine whether the Business Acumen project would enable KTAAA to provide housing and home improvement services for eligible older adults.
2) Develop community resources.
3) Look into grant opportunities for housing and home improvement.

Intermediate outcomes:

1) Develop application/evaluation process for new Business Acumen housing services.
2) Publicize the availability of housing resources via KTAAA.
3) Receive a grant.

Long-term outcomes:
1) Document the homeowners who are able to stay in their homes based on KTAAA provision of housing and home improvement services via Business Acumen project.
2) Document the individuals who are able to locate resources enabling them to remain in their homes.
3) Expand housing and home improvement services using grant funds.

Caregiving and Workforce Development:

Goal 4: Advance equity, accessibility, and inclusion through informal and formal caregiving support. (This goal pertains to survey respondents' **7th highest priority**, "family caregiver resources".) This priority was priority #4 in Person County, and tied for priority #3 in Warren County. These two counties might consider having a public information session about Family Caregiver Resources, or publicizing their particular resources within the Senior Center.

Advancing equity, accessibility, and inclusion within informal and formal caregiving support is essential for ensuring that all individuals, regardless of background or circumstance, receive the necessary care and assistance to care for loved ones at home. KTAAA provides limited Family Caregiver direct services under annual HCCBG funding. Through our Family Caregiver Respite Voucher program, we provide vouchers to eligible clients so they can hire the person of their choice to care for their loved one while the caregiver takes a break. The respite voucher program serves approximately ten clients a year. Each of the Senior Centers also receives a small allocation through KTAAA with which they typically provide respite care for a handful of clients.

During COVID funding, KTAAA received supplemental funding for Family Caregiver that enabled us to provide additional respite vouchers to over 25 clients. Also as a result of the COVID funding, KTAAA conducted a Caregiver workshop featuring a local dementia expert who provided practical guidance for caring for people living with dementia.

Family Caregiver services apply to older adults without dementia and their caregivers as well. KTAAA provides a variety of home resources such as smoke alarms, in-home cameras, and incontinence supplies. KTAAA caregiver support includes community events such as training and connection with community resources.

The KTAAA survey respondents indicated they would like to see increased Family Caregiver services for 2024-2028. As long as KTAAA continues to receive Family Caregiver funding, we plan to continue our Family Caregiver direct services. We will pursue grant opportunities to further expand Family Caregiver support. There are other programs and resources available to which our Family Caregiver will refer clients as appropriate.

Objective 1   Offer and promote Caregiver Support services to Family Caregivers in the community.
Strategy 1.1   Conduct caregiver support service programs, including evidence-based programs, in the senior centers, the community and regional organizations, for older adults and their caregivers, and grandparents raising grandchildren.
Measure: Count programs and outreach opportunities.
Strategy 1.2   Conduct outreach in rural locations including churches and schools.
Measure: Count outreach opportunities.
Strategy 1.3   Use Kerr-Tar social media, website, and newsletter to inform the public of services.

Measure: Count of social media posts and newsletter mentions.

Strategy 1.4   Collaborate with aging service providers to host an Aging and Caregiver expo every two to three years to inform caregivers about local and state resources.
Measure: Execution of regional expo, attendance records.

Objective 2   Provide Caregiver support and training to organizations, community groups and instructors supporting caregivers and older adults.

Strategy 2.1   Provide quarterly training and assistance to our regions senior center caregiver support programs.
Measure: Count quarterly training and assistance sessions.

Strategy 2.2   Ombudsman provide training for working with older adult patients for the healthcare curriculums at Vance Granville Community College and Piedmont Community College.
Measure: Count trainings provided.

Strategy 2.3   Ombudsman provide training to staff at regional Long Term Care facilities on topics not otherwise covered under Abuse, neglect and exploitation.
Measure: Count trainings provided.

Strategy 2.4   Train and support at least two regional organizations to become Dementia Friendly
Measure: Count Dementia Friendly Certifications.

Strategy 2.5   Certify and support at least three new instructors for Powerful Tools for Caregivers. All instructors are volunteer or agency staff.
Measure: Count new instructors.

Strategy 2.6   Provide a grandparents raising grandchildren program annually in the region.
Measure: Count of grandparents' programs, attendance records.

Strategy 2.7   Include professional caregivers in the proposed Aging and Caregiver Expo.
Measure: Count of professional attendees.

Objective 3   Seek Family Caregiver grant opportunities that may allow KTAAA to expand regional support.*

Strategy 3.1   Explore grant opportunities and apply for grants as available.
Measure: Number of submitted grant applications.
*Note: the availability of grants for which we qualify is not in our control.

Strategy 3.2   Family Caregiver Specialist will provide education and support pertaining to grant funding.
Measure: Number of trainings provided.

Expected outcomes for Caregiving and Workforce Development:
Short-term outcomes:
1) Participate in outreach opportunities for Family Caregiver services.
2) Provide community provider trainings.
3) Investigate grant opportunities for Family Caregiver services.

Intermediate outcomes:
1) Increase of participation in Family Caregiver services.
2) Develop more relationships with community providers.
3) Apply for Family Caregiver grants.

Long-term outcomes:
1) Family Caregiver resources will be available to allow older adults to remain in their homes as long as possible.
2) Community providers will support Family Caregivers with resources and information.
3) With additional grant funding KTAAA will expand service offerings.

Long-term Preparedness Planning

Goal 5: Incorporate innovative practices and create reliable systems and infrastructures that prepare us for the future of NC, all while recognizing the need for communication equity to help foster involvement from all stakeholders.

This goal is pertinent to survey respondents **2nd highest priority**, "Making our communities age-friendly by increasing age inclusion and accessibility;" the **4th highest priority**, "Access to long term care;" and **the 5th highest priority,** "More community based services for community dwelling older adults."

Preparing for the future of North Carolina demands the incorporation of innovative practices and the establishment of reliable systems and infrastructures that anticipate and adapt to evolving challenges. Embracing technological advancements, fostering research and development, and implementing forward-thinking strategies are pivotal in creating a resilient framework for tomorrow. Alongside these advancements, however, ensuring communication equity is imperative. This involves providing accessible and inclusive channels for all stakeholders to engage, contribute, and voice their perspectives. By recognizing the diversity of voices and perspectives within the community and prioritizing inclusive communication, we can cultivate broader involvement from all segments of society. This approach not only promotes transparency and accountability but also harnesses the collective wisdom and expertise of a diverse range of stakeholders, effectively shaping a future for our region that is responsive, inclusive, and prosperous for all.

Long term preparedness planning includes many of the priorities supported by our regional survey respondents. Age-friendly and dementia-friendly community efforts, for example, help businesses and communities serve a wide range of ages and cognitive abilities as we see the percentage of older adults increase across the state. Infrastructure that serves all ages and abilities will help us prepare for the future, so supporting digital inclusion programs also falls under this goal.

Pertinent to Long term Preparedness Planning, survey respondents indicated an interest in "Access to Long-Term Care, (affordability and availability of nursing homes, adult care homes, and family care homes)". The trend in aging is for older adults to remain in their own homes with in-home services and supports rather than going to a long-term care facility, when possible. Our Home and Community Care Block Grant supports the provision of these services through the allocations to the region's Senior Centers, within the limits of our government grants.

Due to the limited allocations the region receives, just a handful of clients across the region get in-home services via the region's Senior Centers and Departments of Social Services. KTAAA does not provide these direct services. Providers' In-Home Aide services have waitlists that can be years long. Medicare pays for in-home care depending on the plan and circumstances, but

there are limits to what is covered and the duration of that benefit. Long-term care insurance is available for those who can pay for it, and depending on the plan, may cover in-home care. Private pay services, when available, may be beyond the means of many of our regions' residents. For example, in-home aides cost approximately $22 per hour (regionally, in 2024), so even at 10 hours a week of care, that comes to $880 a month out of pocket, or over $10,000 per year.

While neither KTAAA nor the COG has funding to build a long-term care facility, we can offer information and advocacy for funding and new facilities. Our Ombudsman regularly receives calls from developers and owner-operators who ask questions about local facilities and opportunities for expansion or development related to current offerings. At present, our region includes 47 nursing homes, assisted living and family care homes. Three facilities in Franklin County are private pay, and one planned facility in Vance County will be private pay. The other facilities in our five counties are paid mainly through Medicaid. STHL representatives can also advocate for more long-term care options.

In addition to the ongoing provision of meals, transportation and in-home aide services through the region's Senior Centers, KTAAA endeavors to improve the age-friendliness of our region through inclusion initiatives with local businesses and awareness at the level of elected county officials. Our Family Caregiver Specialist is involved in statewide efforts to certify local businesses as "age-friendly" and/or "dementia friendly" through training. Many county officials are part of our COG Board and receive regular mailings about all COG activities. We may attend County Commissioner meetings to present information about our existing initiatives, outstanding needs and future plans.

In addition to developing resources for businesses, Long Term Preparedness means keeping the public and our target audience connected and informed. Since most communication now is online and via social media, it is important to equip older adults to participate in these public forums. Older adults run the spectrum from being unfamiliar with technological tools to being highly proficient with the newest gadgets. Our goal is to make resources available so participants remain integral members of society and be able to access what they need and want for their health and well-being. KTCOG is participating in the state's Digital Inclusion Planning project which assesses local digital needs and provides solutions. KTCOG is also hiring a Digital Navigator specifically to support older adults and technology.

Objective 1   Through outreach and initiatives, improve integration of older adults and people living with dementia into the local community. Based on county survey results, start with Vance County.

Strategy 1.1   KTAAA's Family Caregiver Specialist will continue to train in Dementia Friendly Communities and Age-Friendly Communities initiatives and interface with local businesses to train them in inclusive practices.
Measure: Number of businesses that have been trained in inclusion practices.

Strategy 1.2   KTAAA's Family Caregiver Specialist will explore opportunities at local hospitals to create a dementia friendly hospital waiting room to benefit people living with dementia and their caregivers.
Measure: number of meetings with local hospital thought leaders and staff, steps taken towards this objective.

Objective 2   Digital Inclusion initiatives that serve all ages will support community involvement into the future.
Strategy 2.1   Continue KTCOG's involvement in the Digital Inclusion initiative and support of the Digital Navigator project.
Measure: Count of interdepartmental and community meetings to support initiatives.
Strategy 2.2   Connect community providers with Digital Navigator and other Digital Inclusion resources.
Measure: Documentation connecting community providers with Digital Navigator.

Objective 3   Regional Aging Advisory Council (RAAC) members will be requested to meet with local officials to discuss the importance of considering the needs of older adults when planning for public space, activities and structures.
Strategy 3.1   Offer AARP advocacy training at an FY25 RAAC meeting.
Measure: Records of AARP advocacy training: agenda, attendance.
Strategy 3.2   RAAC members to meet with a county official once per year (minimum), or more frequently, to discuss the needs of older adults in the community.
Measure: Annual count of RAAC advocacy training and actual meetings between county officials and RAAC member(s).

Objective 4   Ensure ARPA grant funds were expended appropriately and examine initiatives undertaken with ARPA funds to determine which service and program innovations to continue.
Strategy 4.1   Conduct DA monitoring to ensure that ARPA grant funds were expended appropriately.
Measure: Successful monitoring results and reports.
Strategy 4.2   Evaluate effective ARPA innovations to continue beyond ARPA funding.
Measure: Allocate or seek funding to continue innovative ARPA programs.

Objective 5   Support regional emergency management on an individual and facility level.
Strategy 5.1   Distribute File of Life home alert materials to older adults to facilitate emergency responders in the event of a home emergency.
Measure: Number of File of Life materials distributed.
Strategy 5.2   Participate in Division of Aging directives and/or initiatives for Emergency Management related to local or statewide natural or other disasters.
Measure: Respond to all Emergency Management directives by coordinating with local providers to support the safety of older adults.

Expected outcomes for Long-term Preparedness Planning:

Short-term outcomes:

1) KTAAA will implement the Dementia-Friendly, Age-Friendly, All Ages, All Stages and Digital Inclusion program steps and will support electronic skills training for older adults of all abilities at the senior centers and community partner sites.
2) Emergency resources will be in place at an individual and facility level, as appropriate.

Intermediate outcomes:

1) AARP advocacy training will be offered at each of the senior centers and at a RAAC meeting.
2) Digital Inclusion program will include measurable results.

Long-term outcomes: Through advocacy, the priorities and needs of regional older adults will be promoted at the county level.

Advancing Equity

Goal 6: Advance equity by supporting and encouraging older adults of all backgrounds and their support systems to access information that helps them make informed choices about support services at home or in the community.
(This goal relates to **all survey priorities**.)

Advancing equity for older adults necessitates facilitating access to comprehensive and tailored information that empowers individuals from diverse backgrounds to make informed choices about support services. By prioritizing accessibility and inclusivity in disseminating information, we can ensure that all older adults and their support systems have equitable opportunities to access resources relevant to their needs. This involves providing information in multiple languages, utilizing various communication channels, and considering cultural nuances to bridge potential gaps. By empowering older adults and their caregivers with knowledge about available support services, we promote autonomy, dignity, and the ability to make informed decisions that best suit their unique circumstances. This approach not only fosters equity by removing barriers to information but also strengthens communities by valuing the diverse perspectives and needs of older adults across our region.

Objective 1   Execute a comprehensive outreach program targeting older adults from diverse backgrounds, providing accessible information about available support services at home or in the community.

Strategy 1.1   Participate in a variety of community events for outreach with older adults from diverse backgrounds, providing accessible information about available support services at home or in the community.
Measure: Count community events in which KTAAA participated.

Strategy 1.2   Continue to develop partnerships with faith-based communities to provide support and services to their participants.
Measure: Count of faith-based communities with whom we partner.

Strategy 1.3   Create flyers and advertising in Spanish to reach a more diverse audience.
Measure: Count of Spanish language media materials.

Objective 2:   Evaluate community partnership to ensure all groups and interests are represented, and expand as necessary.

Strategy 2.1   Review AAA policies and outreach material to ensure the use of person-centered and inclusive language.
Measure: Consistent use of person-centered and inclusive language in all materials.

Strategy 2.2   Ensure all staff complete person-centered training at least once every three years.
Measure: Documentation that all staff complete person-centered training at least once every three years.

Expected outcomes for Advancing Equity:

Short-term outcomes: KTAAA and local providers will include all groups and individuals in programming and outreach.

Intermediate outcomes: KTAAA programming and community outreach events will reflect inclusive language and diverse participation.

Long-term outcomes: KTAAA programming and community events will advance equity by facilitating access and inclusion so all groups and participants are supported by our resources.

Conclusion

KTAAA considers local priorities through its ongoing work. KTAAA will share this report with each County Board of Commissioners so they have the information and can incorporate the priorities in their work if desired. The Plan will also be available on the Kerr-Tar Regional Council of Governments website.

KTAAA has integrated the regional priorities into the goals targeted by the State Aging Plan, insofar as KTAAA has the means to pursue the priorities. There are many priorities that KTAAA lacks the resources or authority to address, such as the need for more affordable housing or access to long-term care. Still, the information is valuable and may lead to county action, Senior Center programs, citizen initiatives or advocacy in the future.

KTAAA's Objectives and Strategies in the Goals section outline plans to integrate the state-mandated goals with survey respondents' regional priorities. Note that KTAAA staff, cited in the Objectives and Strategies sections, includes professionals who provide trainings and serve as subject matter experts in a variety of professional and community settings. KTAAA also relies on other recognized subject matter experts as necessary.

As more people live longer, there will be increased demand for health and wellness programs, as well as community infrastructure to support increased needs of the increased population in each age group. With adequate planning and funding, our counties can meet future needs. KTAAA's Area Plan incorporates the anticipated increased need for services and infrastructure in its approach to the six state goals.