

# **OLD COLONY PLANNING COUNCIL AREA AGENCY ON AGING**



## **2026-2029 OCPC Area Plan on Aging**

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## Old Colony Planning Council

### Area Agency on Aging

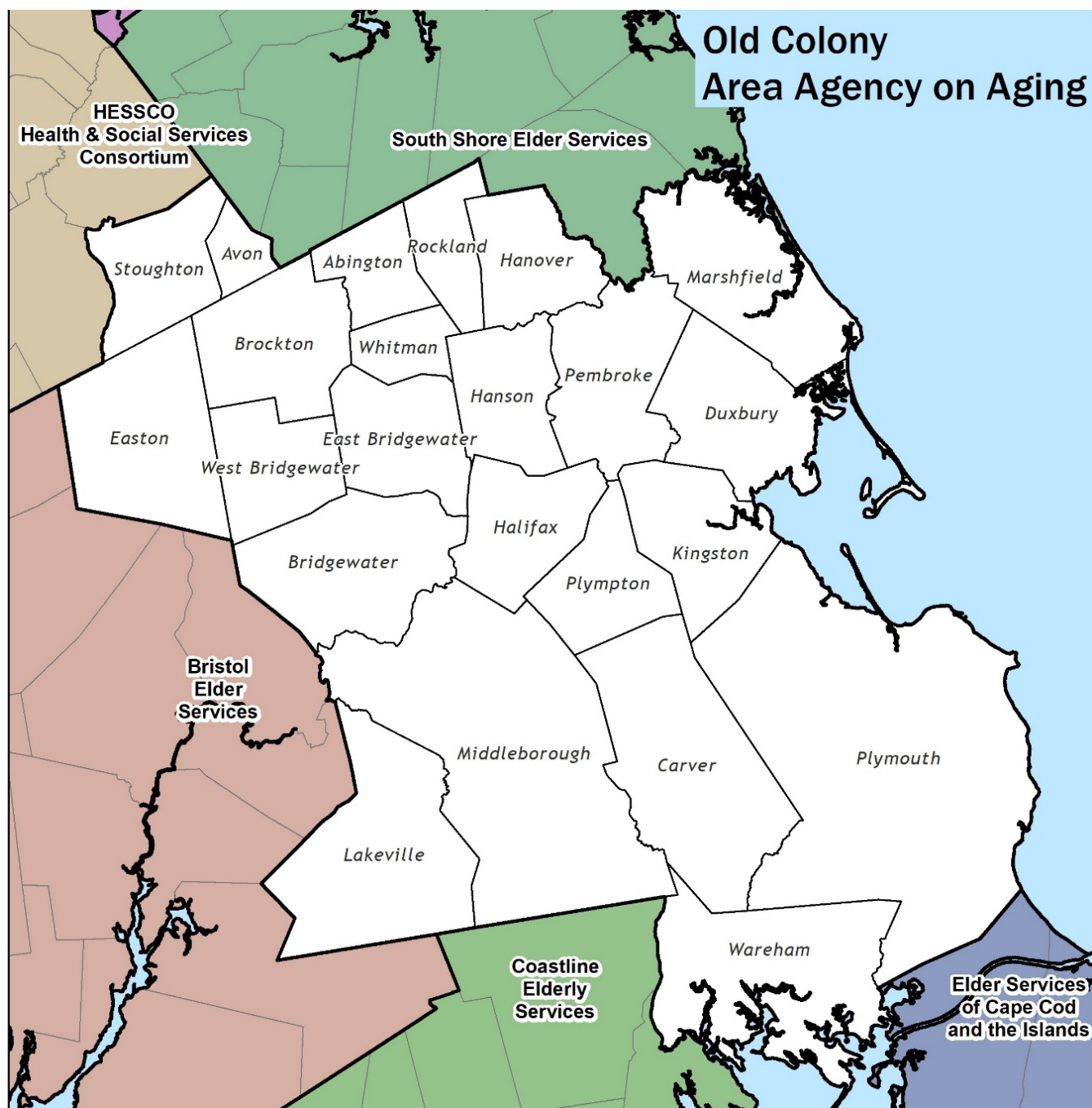
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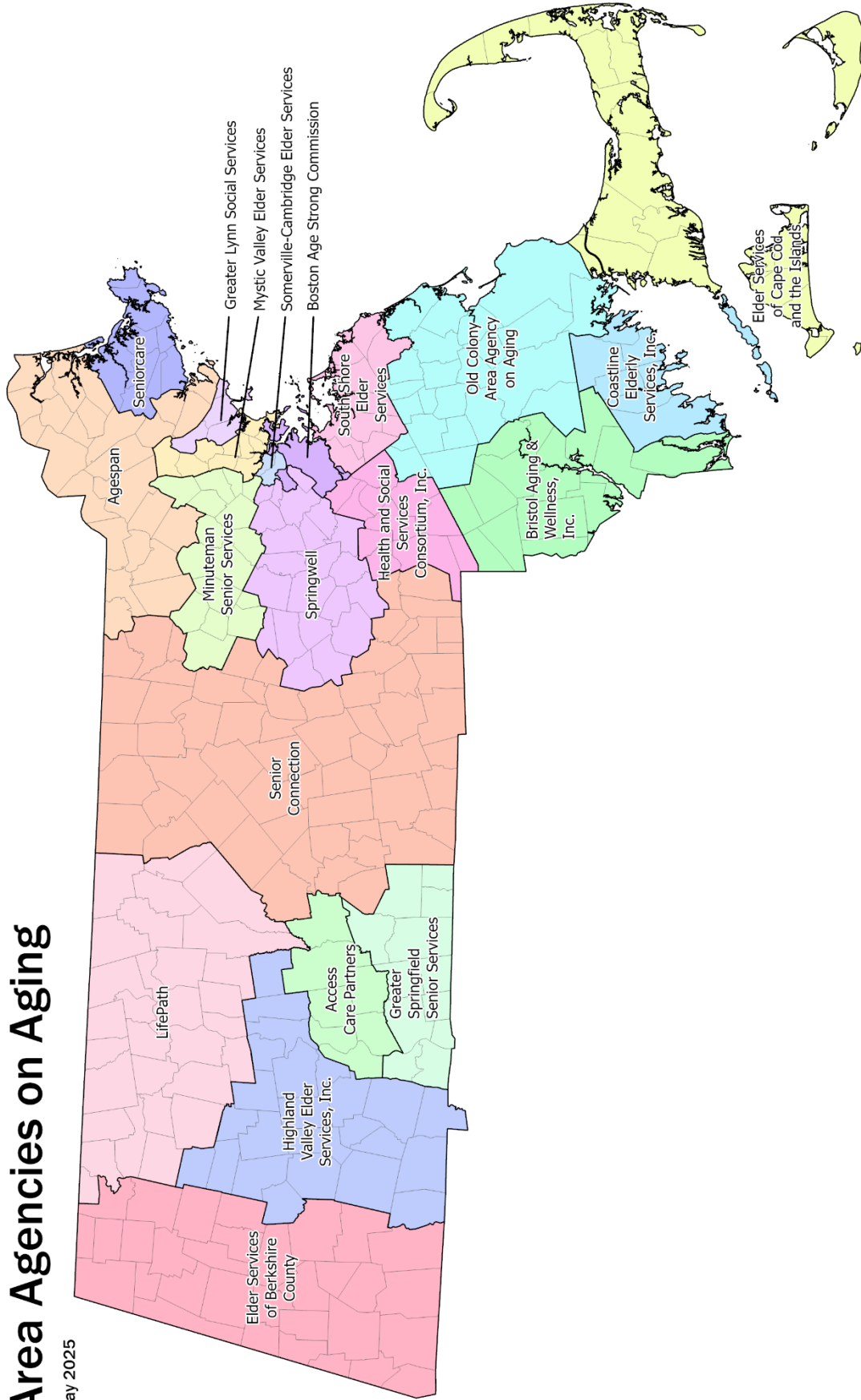
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# Massachusetts Area Agencies on Aging

May 2025



# Old Colony Area Plan on Aging - Executive Summary

The Old Colony Planning Council Area Agency on Aging (OCPC-AAA) serves as the designated regional entity responsible for administering Older Americans Act (OAA) funding across 23 communities in Southeastern Massachusetts. In partnership with the Massachusetts Executive Office of Aging and Independence (AGE) and the federal Administration for Community Living (ACL), OCPC-AAA leads efforts to build a coordinated, cost-effective system of home and community-based services that promote independence, dignity, and well-being for older adults and caregivers.

This 2026–2029 Area Plan on Aging reflects the voices of thousands of older residents and caregivers, incorporates findings from state and regional needs assessments, and outlines strategic goals to meet the evolving needs of our aging population. It is both a roadmap and a reaffirmation of our commitment to equity, inclusion, and elder empowerment.

**The vision of AGE and ACL drives our mission and purpose: “To develop a comprehensive, coordinated, and cost-effective system of home and community-based services that help elderly individuals maintain their health and independence in their homes and communities...and to ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity.”**

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## Strategic Focus Areas

OCPC-AAA’s service priorities align with ACL’s national focus areas and AGE’s statewide goals. These include:

### 1. Older Americans Act Core Programs

Supporting families and caregivers through strengthening of Title III services, including nutrition, protections for older adults, Age and dementia friendly efforts, and in-home support.

### 2. Greatest Economic Need and Greatest Social Need

Prioritizing those with Greatest Economic and Social Need, in program & service delivery.

### 3. Expanding Access to Home and Community-Based Services (HCBS)

Strengthening assistance, programs, and services that assist older adults to age in place

### 4. Caregiving

Enhancing services and support for family and other Caregivers

OCPC-AAA emphasizes targeted funding for underserved populations, including:

- \$125,000 annually for legal services, with 62% of clients classified as low-income.
- Emergency assistance for basic survival needs (e.g., heating, food, medication).
- Support for minority older adults and agencies with culturally responsive programming.

## *Regional Demographics and Trends*

The OCPC region is home to over 131,000 residents aged 60 and older, with significant concentrations in Brockton and Plymouth. The population is aging steadily, with projections indicating continued growth through 2040 before a modest decline by 2050. While the region remains predominantly White (92.78% of the 65+ population), communities like Brockton, Stoughton, and Wareham reflect increasing racial and ethnic diversity.

### *Key demographic insights include:*

- The largest senior cohort is aged 60–64, with numbers declining in older age brackets.
  - Brockton and Plymouth account for nearly 20% of the region’s older adult population.
  - Income disparities and housing tenure (rent vs. own) significantly impact older adults’ reported needs.
  - Averages mask the region’s diversity; targeted outreach is essential in more diverse municipalities.
- 

## *Needs Assessment and Community Priorities*

OCPC-AAA conducted comprehensive needs assessments in collaboration with both AGE and Polco, gathering input from over 1,000 older adults and caregivers. The surveys identified 17 core areas of need, with the most pressing challenges reported in:

- Physical health (48%)
- Information access (44%)
- Housing (39%)
- Health care (36%)
- Mental health (30%)

Sociodemographic analysis revealed that low-income, minority, and socially isolated elders face disproportionate challenges. For example, Hispanic respondents reported significantly higher needs across nearly all categories, including housing (93%) and information access (98%).

### *Top regional priorities for 2026–2029 include:*

- In-home support for maintaining independence
  - Access to affordable healthcare and housing
  - Transportation availability
  - Legal services and elder justice
  - Wellness promotion and social engagement
-

## *Program Highlights and Innovations*

OCPC-AAA collaborates closely with Old Colony Elder Services (OCES), the regional Aging Services Access Point (ASAP), to deliver innovative and responsive programming:

- **Information & Referral/Assistance:** Toll free phone & online I&R request system.
- **Nutrition Expansion:** Opening more community dining site for culturally tailored meals (e.g., Caribbean HDMS), and Grab & Go options to combat isolation and malnutrition.
- **Healthy Living:** Evidence-based programs like Music & Memory, Honoring Choices, and fall prevention workshops.
- **Caregiver Support:** Virtual and in-person support groups, rebranded Building Better Caregivers classes, and dementia-friendly initiatives.
- **Protective Services:** Partnerships with Public Guardianship Services, suicide prevention coalitions, and hoarding task forces.

OCES also leads efforts in person-centered transitions, leveraging tools like Patient Ping and Money Follows the Person to ensure safe discharges and continuity of care.

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## *Emergency Planning and Quality Management*

In response to updated OAA regulations and AGE directives, OCPC-AAA has developed a robust Emergency Plan and Continuity of Operations Plan (COOP) to be finalized by September 30, 2025. Key components include:

- Fire and life safety assessments
- Emergency communication protocols
- Client wellness checks and transportation coordination
- Staff training and interagency drills

All Title III-funded programs are subject to rigorous quality management, including monthly performance reviews, annual site visits, and continuous improvement based on client feedback.

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## *Looking Forward*

The 2026–2029 Area Plan on Aging positions OCPC-AAA to meet the challenges of a growing and diversifying older adult population. By centering equity, expanding culturally responsive services, and strengthening emergency preparedness, OCPC-AAA reaffirms its role as a trusted advocate and convener in the aging network.

We remain committed to honoring the lived experiences of older adults, uplifting caregivers, and ensuring that every elder in our region has the opportunity to age with dignity, safety, and purpose.

## *Agency Overview*

The Old Colony Planning Council (OCPC) is the designated Area Agency on Aging (AAA) for twenty-three communities in southeastern Massachusetts. The AAA service region includes the seventeen member communities of the Old Colony planning district and six additional communities that together make up the Old Colony AAA service region: ***Abington, Avon, Bridgewater, Brockton, Carver, Duxbury, E. Bridgewater, Easton, Halifax, Hanson, Kingston, Hanover, Lakeville, Marshfield, Middleborough, Pembroke, Plymouth, Plympton, Rockland, Stoughton, Wareham, W. Bridgewater, Whitman.***

As the designated Area Agency on Aging for this region, we are responsible for the establishment of a comprehensive, coordinated system of community-based supportive services for the elderly in our region. To achieve this goal, the Agency administers grant funding authorized under the Older Americans Act (OAA) of 1965 as amended, “to help partner agencies supply services and information for older adults and those with disabilities.” Our region’s Information & Referral line through **Old Colony Elder Services is: (508) 584-1561.**

### **Long-Term Care and Assisted Living Ombudsman Program**

An Ombudsman is an advocate. The Ombudsman program gives voice to older adults and their family members to have concerns addressed so they can live comfortably and respectfully.

In addition to our other AAA responsibilities, we also administer the Long-Term Care and Assisted Living Ombudsman program for our region. The Long-Term Care and Assisted Living Ombudsman Programs are responsible for identifying, investigating, and resolving issues related to the health, safety, welfare, and rights of individuals who live in long-term care facilities. Our staff acts on behalf of residents of nursing homes, rest homes, and transitional care facilities in our region.

The Program seeks to protect the rights of residents of LTC and Assisted Living facilities, advocates positive changes to the long-term care system in the state, and provides general information about LTC issues. The Program staff and volunteers are trained and certified by the Massachusetts Executive Office of Elder Affairs. They conduct regular visits to approximately 27LTC homes and 65 Assisted Living residences in our region. The program includes regular in-service training for facility staff.

### **Senior Transportation Program**

The Old Colony Planning Council Area Agency on Aging is proud to work on behalf of the Councils on Aging in our region as an applicant for *Community Transit Grant Program* (CTGP) funding and administrator of a Volunteer Transportation Program (VTP) to assist and coordinate with ‘Enhanced Mobility of Seniors & Individuals with Disabilities.’

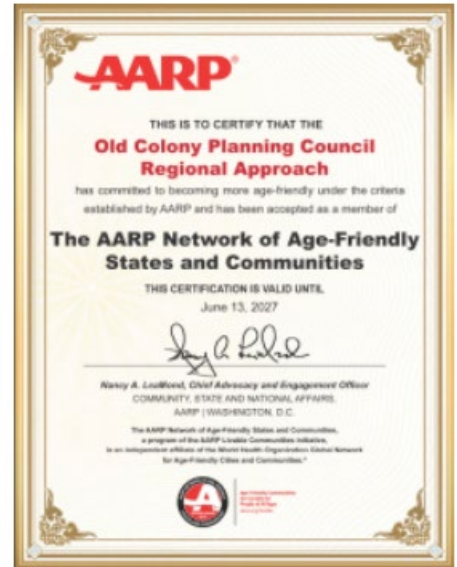
Volunteer Transportation is arranged through the individual Council on Aging (COA) agencies, Participating COAs recruit and assign volunteer drivers to assist with transporting older adults to medical appointments and other essential destinations, including Socialization opportunities to help prevent loneliness. In return, the volunteer drivers are eligible for reimbursement of their volunteer trip mileage, based on the federal mileage reimbursement rate.



## Age and Dementia-Friendly Designation

By 2034, adults over the age of 65 are expected to outnumber children under the age of 18 for the first time in U.S. history. There are now more residents in Massachusetts over 60 than under 20. Because of these changing demographics, municipalities are reviewing their built and social environments to ensure communities are livable for people of all ages and abilities.

OCPC has been collaborating with municipalities to develop Livable Community Action Plans, also known as **Age- and Dementia-Friendly Action Plans**. These three-year plans outline steps a community can take to improve livability in one or more of eight important areas. Outdoor spaces and buildings, transportation, civic participation and employment, communication and information, respect and social inclusion, social participation, health services and community supports, and housing.



Old Colony Planning Council has officially enrolled in the AARP Network of Age-Friendly States and Communities as a regional entity. OCPC communities of Easton, Duxbury, Brockton, Plymouth, and Marshfield are also in the planning or implementation phases of their age-friendly efforts.

## OCPC-AAA Focus Area Coordination

In keeping with Older Americans Act (OAA) target populations and core programs, Administration for Community Living (ACL) directed intra-State focus areas, Massachusetts Executive Office of Aging and Independence (AGE) goals and as well as both recent State and Regional Needs Assessment results the Old Colony Planning Council Area Agency on Aging (OCPC-AAA) has established the following:

**Focus Areas** - To meet the needs of OAA target populations, and integrate with Administration for Community Living and State Focus Areas:

1. **Coordinate Title III programs to address needs**
2. **Serve those of Greatest Economic & Social Need** – *Connecting people to supportive and culturally sensitive resources.*
3. **Expanding Access to Home & Community-Based Services** – to help age in place.
4. **Caregiving** – Strengthen services for Caregivers and for the direct care workforce.

## Service Priorities for the 2026 – 2029 Area Plan on Aging:

1. In-Home Support for Maintaining Independence
2. Access to Services: including
  - Affordable Healthcare services
  - Affordable Housing & maintenance services

- Legal Services
- 3. Transportation Access and Availability
- 4. Active/Wellness Promotion – Physical & Behavioral Health\****new to top grouping*
- 5. Long Term Services & Supports – such as Nutrition and other assistance
- 6. Leisure, Recreation, and Socialization to prevent loneliness and isolation

While focus areas of service are often ongoing and similar-to those identified in the past, they also reflect the nature of ever-evolving needs, such as the *need for socialization*, which became even more apparent, when it was severely limited during the COVID pandemic or *Staying Active for Physical and Behavioral Health*, which recently rose to be a top priority.

### *Needs Assessment Surveys for Older Adults & Caregivers*

The Old Colony Area Plan on Aging Service Priorities for 2026 – 2029 were identified as priorities for the region, based on the building blocks of State and Regional Older Adult and Caregiver Needs Assessment Survey data.

To view the Results of the Old Colony region’s **Two Needs Assessment Surveys for Older Adults**, please go to: <https://oldcolonyplanning.org/AAA-surveys/>

It is important to note that further input was received based on feedback from a variety of sources, including:

- Old Colony Planning Council (OCPC) Board/Council Members,
- OCPC-Area Agency on Aging (AAA) Advisory Council Members,
- Agency Partners and Service Providers from our communities (*see page 9*),
- And from Public Comment

*Further Old Colony Area Plan on Aging information, data, and explanatory details can be found in the body of this Area Plan document, as well as in Attachments A-J of the Area Plan Appendix.*



## 2026-2029 Old Colony Area Plan on Aging – Introduction

The Old Colony Planning Council is the designated Area Agency on Aging (OCPC-AAA) for the 23-community region in Southeast Massachusetts known as Region IV-A. The OCPC-AAA is a working partner with the Massachusetts Executive Office of Aging and Independence (AGE...also known as AGE), and the federal Administration on Community Living (ACL). Through our role in this partnership, we seek to promote and advance the mission and vision of the ACL and AGE:

***“To develop 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” (ACL)***

***“To ensure that elders in Massachusetts have the supports necessary to maintain their wellbeing and dignity” (AGE).***

These two brief statements describe the purpose, role, and focus of the OCPC-AAA. The OCPC-AAA is one small part of an extensive network of government and private agencies, organizations, and individuals that comprise the elder service network. This is a complex network of different programs and services, administered under different rules, guidelines, and eligibility criteria. Despite the complexity of the network, the above-stated mission and vision provide a simple, straightforward path for the efforts and focus of the network.

With this Old Colony 2026-2029 Area Plan on Aging, we seek to outline our role and function in the Massachusetts elder service network and provide a framework for achieving the goals of the mission and vision statement. This Plan presents examples from our most recent older adult needs assessment process, the goals, and partnerships for addressing the focus areas of the ACL, the OCPC-AAA Area Plan goals, and objectives for the next four years, and a summary of the quality management measures used to monitor program and agency performance.

### *Older Americans Act Target Populations*

Integrating the AAA and Statewide goals with ACL Focus Areas provides that the Older Americans Act core programs target the following populations to assist older individuals with the most significant economic and social needs:

1. Living Alone (*Isolated*) Elders
2. Low-Income Elders
3. Minority Elder Populations
4. Native American Populations (*where germane*)
5. Rural Elder Populations (*where germane*)
6. Socially Isolated Populations (*i.e., geographic in nature; LGBTQ+; limited English proficient elders; separations from friends and family/COVID-19 related; and other socially isolated populations*).

## OCPC-AAA Focus Area Coordination –Priorities

In keeping with the Older Americans Act (OAA) target populations and core programs, the Administration for Community Living (ACL) directed intra-state focus areas. The Massachusetts Executive Office of Elder Affairs (Elder Affairs) goals, as well as both recent State and Regional Needs Assessment results, the Old Colony Planning Council Area Agency on Aging (OCPC-AAA) has established the following:

### *Service Priorities for the 2026 – 2029 Area Plan on Aging:*

1. In-Home Support for Maintaining Independence
2. Access to Services: including
  - Affordable Healthcare services
  - Affordable Housing & maintenance services
  - Legal Services
3. Transportation Access and Availability
4. **Staying Active/Wellness Promotion – physical and mental\***
5. Long Term Services & Supports – wherever one’s home happens to be.
6. Leisure, Recreation, and Socialization to prevent loneliness and isolation.

\* (New to the top group)

While focus areas of service are often similar-to those identified in the past, they also reflect the nature of ongoing but also ever-evolving needs, such as the need for socialization, which became even more apparent, when it was severely limited during the Covid pandemic and Staying Active/Wellness, which rose to be a top priority for the first time.

These service areas are identified as priorities for the region, based on the building blocks of feedback and input from provider agencies, and both State and Regional Older Adult and Caregiver Needs Assessment data, as well as a public comment process.

### *Older Americans Act Focus Area:*

The majority of Title III funding that the OCPC-AAA administers goes to programs designed or intended to address the needs of “target population” groups and those with Greatest Economic and/or Greatest Social Need. For example, 65% of standard Title III-B funding (\$234,000) is applied to the categories of In-home Health and Supportive Services, Legal Services, and Supportive Services to Target Populations. Programs funded under these categories have specific target population goals (low-income, minority, economically and socially isolated), and specific unit of service provision requirements. The majority of service provision from these service categories is to elders in the identified target groups. The OCPC-AAA currently provides limited funding (\$15,000) to one minority-owned and operated agency (Cape Verdiana De Brockton) for assistance to minority elders in Brockton and surrounding communities. Also, the OCPC-AAA provides approximately \$7,000 in Title III-B funding for the purpose of subsidizing the cost of Social Day Program attendance for low-income, isolated elders. Additionally, the OCPC-AAA provides funding to support the Dorn-Davies Senior Center. This program serves the target population of low-income, minority, socially and economically isolated elders from Brockton and surrounding communities.

Additionally, the OCPC-AAA provides funding for emergency assistance and services to disabled elders. In FFY 2024, the OCPC-AAA provided approximately \$131,000 in standard Title III-B funding for these two service categories. It is noted that in the category of emergency assistance, most of the funding (90%) was used for critical financial assistance to ensure basic survival (heating oil, food, medication). The emergency assistance program is for elders who are in an emergency situation that cannot be addressed through any other sources. One of the newer services covered by the OCPC-funded emergency assistance program includes finding alternative transportation, such as rides through Lyft, via our regional partner Old Colony Elder Services (OCES). Almost all older adults served through this program fall into one of the “target population” categories.

### *ACL Focus Areas:*

In addition to the Title III-funded service goals, the OCPC-AAA also works as a partner with various non-profit local organizations seeking to address the focus areas established by the ACL. Specifically, the OCPC-AAA aims to address the needs of target elders in relation to:

1. **OAA Core programs,**
2. **Greatest Economic Need and Greatest Social Need**
3. **Expanding Access to Home and Community-Based Services (HCBS)**
4. **Caregiving**

We do so by requiring responding agencies to specify their plans for providing identified services to target group elders in the region using a participant-centered approach. This Area Plan provides a detailed explanation of our efforts to address the established focus areas, either directly with Title III-funded programs and services, /or indirectly with administrative support to other agencies and programs working on these focus areas.

### **Area Plan Goals and Objectives:**

Top Ten Old Colony Area Needs Ranked by Older Adults, via the Massachusetts State 2024-2025 Old Adult & Caregiver Needs Assessment:

1. In-Home Support for Maintaining Independence:
2. Affordable Housing:
3. Affordable Health Care & Access to Health Care
4. Transportation Access & Availability
5. Staying Active / Wellness Promotion
6. Long Term Services & Supports
7. Housing Accessibility and Maintenance
8. Nutrition Support
9. Legal Services
10. Mental & Behavioral Health Support

## Statewide Goals Crosswalk

To demonstrate alignment with AGE's strategic goals, OCPC AAA presents the following crosswalk:

STATEWIDE GOALS CROSSWALK		
OCPC Area Plan Goal	AGE Strategic Goal	ACL Focus Area
In-home support for independence	Aging in community	OAA Core Programs
Access to affordable healthcare	Strengthen access to HCBS	Participant-Directed Planning
Legal services and elder justice	Promote elder rights	Elder Justice
Nutrition and wellness	Reduce disparities	Health Promotion
Transportation access	Expand mobility options	Supportive Services

## Intrastate Funding Formula Summary

OCPC AAA receives its allocation of Title III funding through the Intrastate Funding Formula (IFF) developed by the Massachusetts Executive Office of Aging & Independence. The formula considers:

- Population aged 60+ in each Planning and Service Area (PSA).
- Proportion of older adults with the greatest economic and social need.
- Geographic distribution and rurality.
- Minority elder populations.

OCPC AAA's funding reflects its large and diverse older adult population, with particular emphasis on Brockton, Plymouth, and Wareham, where needs are highest. The formula ensures equitable distribution of resources across all 23 communities in the region.

## Greatest Economic Needs and Greatest Social Needs:

The following reported needs are refined by income, representing both similarities and divergences for those with the ‘Greatest Economic and Social Needs.’

### *Top 10 Massachusetts Reported Needs by Income (from the Massachusetts Executive Office of Aging and Independence, 2025 Older Adult Needs Assessment)*

TOP 10 REPORTED NEEDS BY INCOME		
Economic & Social Needs	Income Under \$20,000	Income equal to or over \$20,000
1. Access to Services	65.1%	40.1%
2. Affordable Health Care	58.6%	46.7%
3. Access to Health Care	55.6%	44.5%
4. Affordable Housing	48.3%	29.2%
5. Housing Accessibility & Maintenance	40.4%	36.6%
6. In-Home Support for Independence	62.3%	60.6%
7. Long-Term Services & Supports	42.3%	38.7%
8. Assistance Managing Other Expenses	37.5%	25.4%
9. Legal Services	37.8%	29.8%
10. Mental & Behavioral Health Support	37.2%	29.8%

The OCPC-AAA emphasizes meeting the needs of the “Target Group” older adults in the region, defining target groups as older adults who are low-income, minority, have limited English-speaking ability, disabled elders, and older people suffering from different forms of dementia, and their caregivers.

## Area Plan on Aging - Needs Assessment Process

Our most essential method for gathering information for the **2026-2029 Old Colony Area Plan on Aging** was to directly survey Older Adults and Caregivers through needs assessment surveys conducted in the region during the fall and early winter of 2024-2025, with a response of over 1,000 participants between the two needs assessment efforts:

1. **The Massachusetts State 2024-2025 Older Adult & Caregiver Needs Assessment survey:** The Massachusetts Executive Office of Aging & Independence (AGE) Needs Assessment Survey was intended to identify the needs of older adults aged 60+ and Caregivers in our communities, especially those with the most significant social and economic needs. Versions of this survey included:
  - a. The State-OCPC Regional Results (Older Adults, aged 60+ and Caregivers)
  - b. The Statewide, AGE, Older Adult and Caregiver Needs Assessment Survey

2. **And The Old Colony - Community Assessment Survey for Older Adults (CASOA)**  
This survey was conducted in partnership with Polco, a trusted research firm and civic engagement platform. The Community Assessment Survey covers many different factors impacting quality of life for older adults, aged 50+, including housing, employment, accessibility, mobility, physical and mental health, and more.  
<https://oldcolonyplanning.org/aaa-surveys/>

A special thank you to the Executive Office of Aging and Independence staff and all our community partners who helped facilitate participation.

The Executive Office of Aging and Independence provides a format for each AAA to conduct a needs assessment within its PSA. OCPC AAA incorporates these findings into this Area Plan to ensure that the OCPC Area Plan on Aging targets the needs of these older adults and their caregivers living within the PSA. The target population for this survey was residents aged 50 years or older in households within the Old Colony Planning Council boundaries.

OCPC AAA completed the formal needs assessment from September 9, 2024, through December 9, 2024. Each randomly selected household received two mailings, about one week apart, beginning on September 9, 2024. Completed surveys were collected over the following 13 weeks and remained open until December 9, 2024.

About 34 (1%) of the 3,000 surveys mailed were returned because the housing unit was vacant or the postal service was unable to deliver the survey as addressed. Of the remaining 2,966 households that received the survey, 149 completed the survey, providing an overall response rate of 5%. Of the total surveys received, 135 were completed using hard copy surveys, while 14 were submitted online.

### *Open Participation Survey*

In addition to the random sample “probability” survey described above, an open participation survey was conducted, in which all older adults aged 50 years or older were invited to participate. This survey became available to all residents on September 20, 2024, and remained open until

December 9, 2024. Open participation survey respondents completed a total of 461 surveys. The 461 open participation survey responses were combined with the 149 responses from the probability sample survey, for a total of 610 completed surveys.

***Survey participants rated the overall quality of life in their community. They also evaluated their communities as livable communities for older adults within six domains:***

- Community Design
- Employment and Finances
- Equity and Inclusivity
- Health and Wellness
- Information and Assistance
- Productive Activities

## Area Plan on Aging - Needs Assessment Results

ESTIMATED NUMBER OF OLDER ADULTS WITH A NEED		
	Percent with Need	Number affected (N = 59,735)
Housing	39%	23,072
Mobility	25%	14,881
Employment	17%	14,881
Finances	34%	20,349
Equity	2%	921
Community Inclusivity	22%	12,884
Safety	15%	9,144
Physical Health	48%	28,524
Mental Health	30%	17,667
Health Care	36%	21,274
Independent Living	9%	5,425
Information on Available Older Adult Services	44%	26,561
Civic Engagement	16%	9,477
Social Engagement	19%	11,228
Caregiving	14%	8,491

The individual survey questions about specific problems faced by older community members were summarized into 17 larger categories to provide a broad picture of the needs of older residents in the Old Colony Planning Council. The table below shows the percentage of respondents who reported that one or more items within each of these 17 areas were a major or moderate problem.

### *Public Input Documentation*

OCPC AAA conducted a robust public engagement process to inform the Area Plan:

- Over 600 survey responses collected via CASOA and AGE Needs Assessment
- Public comment period held from May 1 to June 15, 2025
- Input solicited from:
  - OCPC Board and Advisory Council
  - Councils on Aging
  - Service providers and community organizations
  - Older adults and caregivers via open forums and online submissions



***Key themes from public input included:***

- Urgent need for affordable housing and transportation
- Desire for culturally responsive nutrition and social programs
- Concerns about isolation, especially post-COVID
- Strong support for legal assistance and elder justice initiatives

This feedback directly shaped the service priorities and goals outlined in the Area Plan.

***Percent Needs of Older Population by Sociodemographic Characteristics***

The following tables describe the sociodemographic characteristics examined, including Gender, Age, Race, Ethnicity, Annual Household Income, Housing Tenure (rent or own), and Household Composition (lives alone or lives with others).

<b>PERCENT NEEDS OF OLDER POPULATION BY SOCIODEMOGRAPHIC CHARACTERISTICS (N=59,735)</b>					
	<b>Housing</b>	<b>Mobility</b>	<b>Employment</b>	<b>Finances</b>	<b>Equity</b>
Female	42%	22%	17%	41%	1%
Male	34%	28%	18%	26%	2%
50-64 Years	47%	20%	21%	34%	2%
65 to 74 Years	25%	29%	15%	53%	2%
75 or over	33%	34%	7%	5%	2%
White	37%	21%	23%	33%	2%
Not White	34%	46%	2%	49%	2%
Hispanic	93%	5%	5%	5%	5%
Not Hispanic	34%	23%	15%	37%	1%
Less than \$25,000	40%	36%	19%	34%	1%
\$25,000 to \$74,000	37%	17%	21%	35%	3%
\$75,000 or more	25%	21%	5%	22%	0%
Rent	48%	32%	37%	43%	2%
Own	35%	33%	18%	32%	1%
Lives alone	33%	33%	18%	32%	1%
Lives with Others	41%	22%	17%	35%	2%
Overall	39%	25%	17%	34%	2%

PERCENT NEEDS OF OLDER POPULATION BY SOCIODEMOGRAPHIC CHARACTERISTICS (N=59,735)						
	Community Inclusivity	Safety	Physical Health	Mental Health	Health Care	Independent Living
Female	19%	20%	61%	26%	33%	8%
Male	25%	9%	31%	33%	38%	10%
50-64 Years	25%	12%	52%	29%	36%	13%
65 to 74 Years	26%	26%	26%	21%	29%	2%
75 or over	4%	8%	68%	43%	46%	8%
White	25%	8%	49%	40%	36%	12%
Not White	19%	31%	46%	4%	48%	1%
Hispanic	5%	88%	98%	0%	5%	0%
Not Hispanic	23%	13%	44%	29%	35%	10%
Less than \$25,000	28%	18%	60%	42%	39%	4%
\$25,000 to \$74,000	16%	18%	30%	25%	24%	6%
\$75,000 or more	25%	2%	57%	2%	58%	52%
Rent	37%	17%	60%	66%	39%	6%
Own	15%	15%	43%	15%	34%	10%
Lives alone	25%	26%	47%	26%	45%	6%
Lives with Others	20%	11%	48%	31%	32%	10%
Overall	22%	15%	48%	30%	36%	9%

PERCENT NEEDS OF OLDER POPULATION BY SOCIODEMOGRAPHIC CHARACTERISTICS (N=59,735)				
	Information on Available Older Adult Services	Civic Engagement	Social Engagement	Caregiving
Female	52%	17%	12%	20%
Male	35%	14%	26%	7%
50-64 Years	55%	20%	20%	18%
65 to 74 Years	36%	14%	14%	13%
75 or over	23%	5%	22%	2%
White	42%	21%	25%	10%
Not White	47%	3%	3%	18%
Hispanic	98%	5%	0%	93%
Not Hispanic	41%	14%	20%	12%
Less than \$25,000	38%	16%	16%	13%
\$25,000 to \$74,000	48%	8%	24%	13%
\$75,000 or more	55%	54%	23%	1%
Rent	45%	15%	27%	10%
Own	45%	16%	16%	16%
Lives alone	29%	10%	15%	16%
Lives with Others	51%	18%	21%	14%
Overall	44%	16%	19%	14%

## *Key Findings*

### **Overall Community Quality**

Measuring community livability for older adults starts with assessing the quality of life of those who live there, and ensuring that the community is attractive, accessible, and welcoming to all. Exploring how older residents view their community overall and how likely they are to recommend and remain in their communities can provide a high-level overview of the quality and livability of the community.

- About 80% of older residents living in the region rated their overall quality of life as excellent or good. Most of the older adult respondents scored their communities positively as a place to live and would recommend their communities to others. About 73% of residents planned to stay in their community throughout their retirement.
- Positive scores were given to their communities as places to retire by 54% of older residents.

### **Overall Scores of Community Livability**

The Community Assessment Survey of Older Adults (CASOA) is designed to examine the status of older adults and the community around many (17) topics of livability within six domains: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. Summary scores of community livability were created through the aggregation of a series of resident ratings within each of these different livability aspects and domains. Of the 17 aspects of livability examined, the aspects found to be strongest in the region related to areas of Safety (average positive score of 86%), Equity (69%), and Social Engagement (69%). The areas showing the greatest need for improvement are Employment (23%), Housing (29%), and Independent Living (41%). More detailed information about each livability domain follows.

### **Community Design**

Livable communities (which include those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces, and more human-scale design) will become a necessity for communities to age successfully. Communities that have been planned and designed for older adults tend to emphasize access, helping to facilitate movement and participation.

- About 59% of respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their community as excellent or good. In many communities, ease of travel by walking or bicycling is given lower ratings than travel by car. Here, ease of travel by car was considered excellent or good by 83% of respondents. In comparison, ease of travel by walking and bicycling was considered excellent or good by 56% and 56% of respondents, respectively.
- When considering aspects of housing (affordability and variety) and community features of new urbanism (where people can live close to places where they can eat, shop, work, and receive services), relatively lower scores were given by older adults compared to many other items on the survey. Only 24% of respondents gave a positive score to the availability

of affordable quality housing in their communities, and only about 50% older adults gave excellent or good ratings to the availability of mixed-use neighborhoods.

- About 39% of older residents in the region reported experiencing housing needs, and 25% reported mobility needs.

## **Employment and Finances**

The life expectancy for those born between 1940 and 1960 has increased dramatically due to advances in health care and lifestyle changes. While this is a very positive trend overall, it also highlights both the importance of communities providing employment opportunities for older adults and the need for older adults to plan well for their retirement years.

- About 66% of older residents rated the overall economic health of their communities positively, although the cost of living was rated as excellent or good by only 18%.
- Employment opportunities for older adults (quality and variety) received low ratings (19% and 15% positive, respectively), and the chance to build work skills also was found to be lacking (15% excellent or good).
- About 34% of older adults reported financial challenges, and 17% reported employment needs.

## **Equity and Inclusion**

A community is often greater than the sum of its parts. Having a sense of community entails not only a sense of membership and belonging, but also feelings of equity and trust in the other members of the community.

- About 59% of older residents rated the sense of community in their towns as excellent or good, and neighborliness was rated positively by 44% of residents.
- About 73% of the respondents positively rated their community's openness and acceptance toward older residents of diverse backgrounds, and 64% indicated that their community valued older residents.
- Inclusion challenges were reported by about 22% of older residents and equity challenges by 2%.

## **Health and Wellness**

Of all the attributes of aging, health poses the most significant risk and the biggest opportunity for communities to ensure the independence and contributions of their aging populations. Health and wellness, for this study, included not only physical and mental health, but issues of safety, independent living, and health care.

- About 80% of older residents in the region rated their overall physical health as excellent or good, and 85% rated their mental health as excellent or good.
- In most places, opportunities for health and wellness receive higher ratings from older adults than do health care ratings. Here, community opportunities for health and wellness were scored positively by 74% residents, while the percentage giving ratings of excellent or good to the availability of physical health care was 54%, to mental health care 51%, and to long-term care options 43%.

- Health-related problems were some of the most common challenges noted by older adults in the survey. Even those who report their overall physical or mental health as excellent or good may sometimes face these challenges; 48% reported physical health challenges, and 30% reported mental health challenges.
- Health care was also a challenge for about 36% of older residents.

### **Information and Assistance**

The older adult service network, while strong, is under-resourced and unable to single-handedly meet the needs of the continuously growing population of older adults. Providing valuable and well-designed programs, as well as informing residents about other assistance resources, is an essential way that government agencies can help residents age in place.

- The overall services provided to older adults in the region were rated as excellent or good by 62% of survey respondents.
- About 60% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. The availability of information about resources for older adults was rated positively by 57% of older residents, and the availability of financial or legal planning services was rated positively by 47% of older residents.
- About 44% of older adults were found to have information access challenges in the region.

### **Productive Activities**

Productive activities outside of work (such as volunteerism and social activity) promote quality of life and contribute to active aging. This domain examines the extent of older adults' participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering, or providing help to others.

- About 73% of older adults surveyed felt they had excellent or good opportunities to volunteer, and 47% participated in some volunteer work.
- The caregiving contribution of older adults was substantial in the region. About 51% of older residents reported providing care to individuals 55 and older, 22% to individuals 18-54, and 29% to individuals under 18.
- Older adults in the region reported challenges with being civically engaged 16%, being socially engaged 19% and caregiving 14%.

### **The Economic Contribution of Older Adults**

The contribution older adults make through employment, volunteerism, and caregiving was calculated for all older adults living in the region. It is estimated that older residents contribute \$2,241,968,919 annually to their community through paid and unpaid work.

### *Community Needs*

The individual survey questions about specific problems faced by older community members were summarized into 17 larger categories to provide a broad picture of the needs of older residents in the Old Colony Planning Council. The table below shows the percentage of respondents who reported that one or more items within each of these 17 areas were a major or moderate problem.

PERCENT AND ESTIMATED NUMBER OF OLDER ADULTS WITH A NEED		
	Percent With Need	Number affected (N=59,735)
Housing	39%	23,072
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The provision of services to consumers is becoming more complex as their needs are more complicated, and many require services for longer than in the past. This has led us to redesign our planning to ensure the allocation of Title III funding from the Older Americans Act is utilized in the most effective manner possible and can address the most pressing needs of older adults and caregivers residing in the 22 cities and towns that compose our Planning and Service Area (PSA).

### Populations at Higher Risk

As people age, many learn to take better care of themselves, to plan for retirement, and, generally, to move more deliberately. Aging builds wisdom but can sap resources — physical, emotional, and financial. Even those blessed by good luck or prescience enough to plan comprehensively for the best future may find themselves with unanticipated needs or with physical, emotional, or financial strengths that could endure only with help. Some people age better than others and aging well requires both inherent strengths and support from the private sector and government.

The tables below show the reported needs within each category of livability of Old Colony Planning Council's older adult population, by demographic subgroup. This information can help identify which groups are at higher risk in the community and account for sociodemographic disparities when addressing these needs.

### Older Resident Needs

Through the survey, more than 40 challenges commonly facing older adults were assessed by respondents. These challenges were grouped into 15 larger categories of needs. In the region, the most significant challenges were in the areas of physical health, information about older adult services, and housing. At least 48% of older residents reported that at least one item in these categories was a major or moderate problem in the 12 months before taking the survey.

## *Comparison to National Benchmarks*

### **Community Characteristics Benchmarks**

To better provide context to the survey data, resident responses for the region were compared to Polco's national benchmark database and older adult opinion. Of the 52 assessments of community livability that were compared to the benchmark database, 41 were similar, 11 above, and zero below the benchmark comparisons.

*The areas in which the region's rating was higher than benchmark comparisons were:*

- How would you rate the overall services provided to older adults in your Community?
- Opportunities to build work skills.
- Availability of accessible housing (e.g., homes with no-step entry, single-floor living, wide hallways, and doorways).
- Availability of mixed-use neighborhoods where people live close to places where they can eat, shop, work, and receive services.
- Availability of information about resources for older adults.
- Availability of financial or legal planning services.
- Availability of long-term care options.
- Availability of daytime care options for older adults.
- Availability of affordable, quality mental health care.
- Opportunities to enroll in skill-building or personal enrichment classes.
- Valuing older residents in your community.

### **Older Adult Challenges Benchmarks**

Comparisons to the benchmark database can also be made for the proportion of residents experiencing a variety of challenges. In the region, there was a lower proportion of older adults experiencing challenges for 4 item(s), a greater proportion of older adults experiencing challenges for 5 item(s), and a similar proportion experiencing challenges for 33 item(s).

*The challenges for which a greater proportion of residents reported a problem compared to benchmarks were:*

- Having enough money to pay your property taxes.
- Having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid.
- Your physical health.
- Maintaining a healthy diet.
- Dealing with the loss of a close family member or friend.

***The challenges for which a lower proportion of residents reported a problem compared to benchmarks were:***

- Finding work in retirement.
- Affording the medications you need.
- Finding meaningful volunteer work.
- Having interesting social events or activities to attend.



## Area Agency on Aging Demographic Profile

OCPC AAA has completed an in-depth review of available US Census Bureau data and population projections from the University of Massachusetts (UMASS) Donahue Institute Population Estimates Program. This provides OCPC AAA with a better understanding of the aging population within its PSA.

In 2020, the Federal Decennial Census estimated that the OCPC AAA PSA had a population of 507,593, with 131,245 residents over the age of 60 years. The number of residents decreases with each successive age group over 60, with the 60 to 64 age group representing the largest segment of the senior population.

**Significant population centers:** With a total population of 105,643, Brockton is the largest municipality and has the highest total number of residents over 60, totaling 21,961 individuals over the age of 60. Plymouth, with a population of 61,217, is the second largest senior population at 19,305. It is also the only community where the 60–64 and 65–69 age groups are of equal size, with 4,812 people in each category.

**Smallest communities:** Plympton has the smallest population in both total residents (2,930) and those over 60 (842).

**Regional concentration of seniors:** Plymouth and Brockton together account for a substantial portion of the PSA's total 60+ population. The combined population of over 60 in these two cities is 24,001, or about 19% of the region's seniors.

**Prominent subregion:** The Wareham subregion has a notable concentration of older residents, with 2,141 people in the 60-64 age group and over 5,000 residents 60 or older. The data shows a clear pattern of declining population numbers as age increases. This trend is consistent across the entire region and within most individual communities, indicating a typical aging demographic structure. The largest cohort of seniors is the youngest (60–64), and the numbers steadily decrease through the oldest groups.

### Age-Based Population

Based on the table of population aged 60 and over in the OCPC AAA PSA communities, the overall senior population declines with age. Brockton has the highest total number of seniors, while Plympton has the lowest.

### Overall population trends

- Across the entire region, the total senior population declines steadily as age increases, a typical demographic pattern. The number of people in the 60 to 64-year age bracket is significantly larger than in the 85+ age group (36,387 vs. 9,483).
- The OCPC AAA PSA region has a total of 507,593 residents across the communities listed.

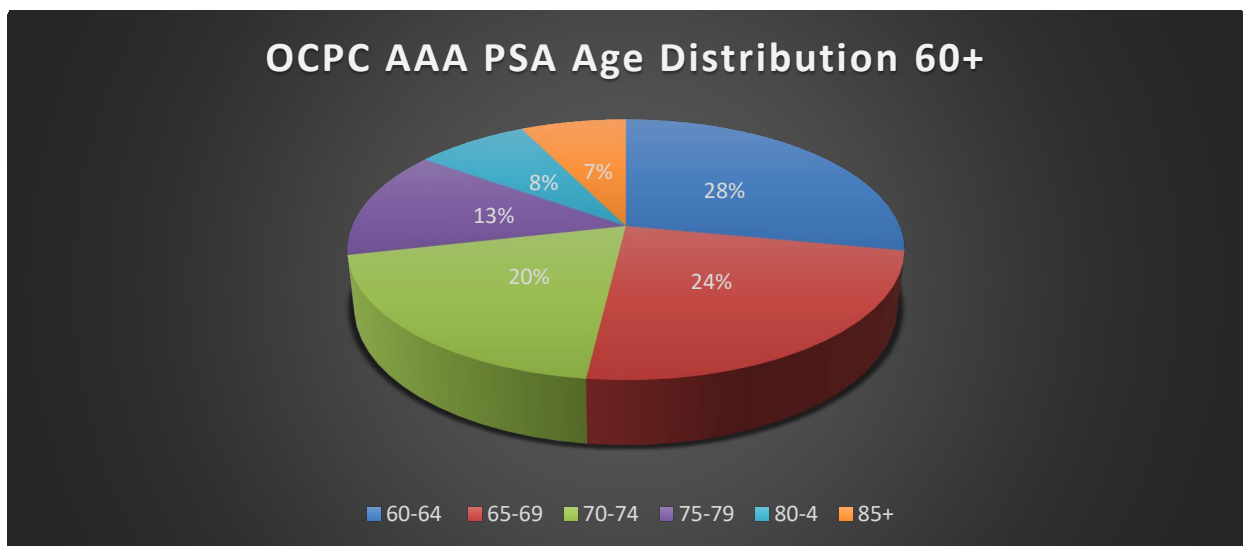
## Community variations

The distribution of the senior population varies significantly among the communities:

- Largest senior population: With over 23,000 residents aged 60 or over, Brockton has the largest senior population in the region. This is expected, as it is also the largest overall community listed in the table (105,643 residents).
- Smallest senior population: Plympton has the smallest population aged 60+ (742 residents), matching its smaller overall population.
- Elderly concentration in smaller communities: In communities like Plympton, the decline in population from the 60–64 age group to the 85+ age group is quite steep, from 244 to 38. Conversely, in some larger towns like Plymouth and Brockton, while the numbers drop, the sheer volume of their population means they still have a significant number of residents in the oldest age brackets.

## Age distribution comparison

- Largest age group: For almost every community listed, the largest age bracket within the senior population is the 60 to 64-year-old group.
- Steepest decline: Smaller communities like Plympton show a very steep decline in numbers as the population ages.
- Large elderly population: large population centers like Brockton, Plymouth, and Marshfield still contain a sizable group of residents aged 85 and over, even though the age bracket shows a significant decline in raw numbers. For example, Brockton has nearly 2,000 people aged 85+, while smaller communities have only a few hundred.



OCPC AAA PSA AGE-BASED POPULATION 60+							
	Total Population	60 - 64 Years	65 - 69 Years	70 - 74 Years	75 - 79 Years	80 - 84 Years	85+ Years
OCPC AAA PSA REGION							
Abington	17,062	1,242	981	750	575	295	256
Avon	4,777	354	293	231	130	110	101
Bridgewater	28,633	1,708	1,432	1,206	821	445	446
Brockton	105,643	6,507	5,191	3,939	2,716	1,737	1,871
Duxbury	16,090	1,097	1,084	967	741	383	429
East Bridgewater	14,440	1,013	854	738	511	247	267
Easton	25,058	1,694	1,467	1,115	826	471	464
Halifax	7,749	617	520	416	281	156	125
Hanover	14,833	905	836	746	536	314	271
Hanson	10,639	821	672	560	400	195	175
Kingston	13,708	976	788	689	484	280	360
Pembroke	18,361	1,406	1,130	834	574	319	257
Plymouth	61,217	4,812	4,812	4,339	2,697	1,389	1,256
Plympton	2,930	244	209	164	125	62	38
Stoughton	29,281	2,245	1,808	1,488	1,049	649	659
West Bridgewater	7,707	516	481	389	299	186	213
Whitman	15,121	1,087	804	473	374	217	181
OCPC AAA PSA SUBREGION							
Carver	11,645	936	884	765	460	257	228
Lakeville	11,523	963	753	597	378	203	145
Marshfield	25,825	2,155	1,861	1,545	1,041	606	486
Middleboro	24,245	1,773	1,461	1,442	1,055	596	540
Rockland	17,803	1,175	691	493	368	440	188
Wareham	23,303	2,141	2,013	1,515	1,026	565	527
<b>TOTAL</b>	<b>507,593</b>	<b>36,387</b>	<b>31,025</b>	<b>25,401</b>	<b>17,467</b>	<b>10,122</b>	<b>9,483</b>

## Population Projections

The population projections for the Old Colony Planning Council (OCPC) Area Agency on Aging (AAA) Planning Service Area (PSA) predict a gradual increase from 2000 to a peak around 2040, followed by a slight decline by 2050. The region's total population is projected to grow from 452,181 in 2000 to a maximum of 522,585 in 2040 before decreasing to 516,334 by 2050. However, projections for individual cities and towns vary significantly, with some expected to see consistent growth, others to peak and decline, and a few to experience a steady decrease.

- **Decelerating regional growth:** After robust growth between 2000 and 2020, the overall population is projected to increase more slowly in the decades leading up to 2050. The total population is projected to peak around 2040 before slightly declining.

- **Major city expansion:** Brockton is projected to experience strong, consistent growth throughout the entire period, adding over 17,000 residents between 2010 and 2050. This trend aligns with regional patterns of larger cities driving growth.
- **Coastal area variations:** Plymouth is projected to grow significantly, especially between 2010 and 2030, though with slower growth thereafter. In contrast, Marshfield is expected to experience a steady decline in population after 2020.
- **Suburban fluctuations:** Several communities, such as Abington, Kingston, and West Bridgewater, are projected to have steady population increases throughout the period. Others, like Duxbury and Pembroke, are projected to see their populations peak around 2020 or 2030 before declining by 2050.

OCPC AAA PSA 2010-2050 POPULATION PROJECTIONS						
	CENSUS 2000	CENSUS 2010	CENSUS 2020	POP 2030	POP 2040	POP 2050
Abington	14,605	15,985	17,062	18,756	20,110	21,411
Avon	4,443	4,356	4,777	4,584	4,306	3,995
Bridgewater	25,185	26,563	28,633	28,677	29,046	28,951
Brockton	94,304	93,810	105,643	108,092	109,512	111,657
Duxbury	14,248	15,059	16,090	15,713	15,860	15,210
East Bridgewater	12,974	13,794	14,440	14,832	14,835	14,466
Easton	22,299	23,112	25,058	23,815	22,928	21,543
Halifax	7,500	7,518	7,749	7,728	7,441	6,970
Hanover	13,164	13,879	14,833	14,849	15,001	14,588
Hanson	9,495	10,209	10,639	10,772	10,738	10,322
Kingston	11,780	12,629	13,708	14,829	15,752	15,880
Pembroke	16,927	17,837	18,361	18,377	18,028	17,208
Plymouth	51,701	56,468	61,217	64,973	65,873	64,849
Plympton	2,637	2,820	2,930	2,982	2,941	2,825
Stoughton	27,149	26,962	29,281	28,599	27,423	25,950
West Bridgewater	6,634	6,916	7,707	7,938	8,231	8,418
Whitman	13,882	14,489	15,121	15,146	14,890	14,452
Carver	11,163	11,509	11,645	11,881	11,494	10,813
Lakeville	9,821	10,602	11,523	11,995	12,211	11,930
Marshfield	24,324	25,132	25,825	24,948	23,511	21,316
Middleboro	19,941	23,116	24,245	27,585	29,966	31,285
Rockland	17,670	17,489	17,803	17,946	17,925	18,015
Wareham	20,335	21,822	23,303	24,432	24,563	24,280
TOTAL	452,181	472,076	507,593	519,449	522,585	516,334

SUMMARY OF INDIVIDUAL MUNICIPALITY POPULATION TRENDS				
	Population 2010	Population 2050	Change 2010 – 2050	Trend
Abington	15,985	21,411	+5,426	Steady increase
Avon	4,356	3,995	-361	Steady decrease
Bridgewater	26,563	28,951	+2,388	Steady increase, then flattens
Brockton	93,810	111,657	+17,847	Strong, consistent increase
Duxbury	15,059	15,210	+151	Stable after a peak around 2020
East Bridgewater	13,794	14,466	+672	Steady increase, then flattens
Easton	23,112	21,543	-1,569	Peaks around 2020, then declines
Halifax	7,518	6,970	-548	Slight fluctuations, overall decrease
Hanover	13,879	14,588	+709	Steady increase, then flattens
Hanson	10,209	10,322	+113	Slight increase, then slight decline
Kingston	12,629	15,880	+3,251	Steady increase
Pembroke	17,837	17,208	-629	Peaks around 2020, then declines
Plymouth	56,468	64,849	+8,381	Strong early growth, then flattens/a slight decline
Plympton	2,820	2,825	+5	Essentially stable
Stoughton	26,962	25,950	-1,012	Peaks around 2020, then declines
West Bridgewater	6,916	8,418	+1,502	Steady increase
Whitman	14,489	14,452	-37	Stable after a slight peak around 2020
Carver	11,509	10,813	-696	Slight increase, then decline
Lakeville	10,602	11,930	+1,328	Steady increase
Marshfield	25,132	21,316	-3,816	Peaks around 2020, then declines
Middleboro	23,116	31,285	+8,169	Strong, consistent increase
Rockland	17,489	18,015	+526	Steady, moderate increase
Wareham	21,822	24,280	+2,458	Steady increase, then flattens/slight decline
TOTAL	472,076	516,334	+44,258	Increase, but slower after 2020

Many communities are projected to have their highest population in a future decade before seeing a downturn by 2050.

- **Bridgewater:** Peaks around 2040 at 29,046.
- **Duxbury:** Peaks around 2020 at 16,090.
- **Hanover:** Peaks around 2040 at 15,001.
- **Plymouth:** Peaks around 2040 at 65,873.
- **Abington:** Expected to see consistent growth, increasing its population by over 5,000 from 2000 to 2050.
- **West Bridgewater:** Shows a consistent upward trend, growing from 6,634 in 2000 to a projected 8,418 in 2050.
- **Middleborough:** Stands out with substantial projected growth, increasing from around 20,000 in 2000 to over 31,000 by 2050.

*Population declines in some towns: Several communities are expected to have fewer residents in 2050 than they did in 2010. These include Avon, Easton, Halifax, Marshfield, and Stoughton.*

This summary highlights diverse population trends across the OCPC region, suggesting that local needs related to housing, transportation, and public services will vary significantly. The overall slower growth expected after 2040, combined with an aging population, will shape future planning efforts.

## *Racial Profile of the Population 65 Years and Over*

The OCPC AAA PSA racial demographics table for the 65+ population in 2020 shows a predominantly White region that is less diverse than the state of Massachusetts as a whole. However, there is significant demographic variation within the area, with the city of Brockton being a significant outlier due to its high concentration of African American and "Other Race" residents.

The OCPC AAA region has a significantly higher percentage of White residents among its 65+ population compared to the state average.

- **OCPC AAA Average:** 92.78% White
- **Massachusetts Average:** 69.6% White

The OCPC AAA region has lower proportions of African American, Asian, and Hispanic residents compared to Massachusetts.

- **OCPC AAA Average African American:** 2.66% vs. 7.00% for Massachusetts.
- **OCPC AAA Average Asian:** 1.06% vs. 7.20% for Massachusetts.
- **OCPC AAA Average Hispanic:** 0.81% vs. 12.60% for Massachusetts

OCPC AAA REGION RACIAL PROFILE OF THE POPULATION 65+						
<i>Source: Decennial Census 2020, Mass Healthy Aging Collaborative</i>	Total Population 2020 Census	% White	% African American	% Asian	% Other Race	% Hispanic
<b>OCPC AAA REGION</b>						
Abington	17,062	94.7%	0.8%	3.3%	1.2%	0.7%
Avon	4,777	88.7%	4.6%	3.6%	3.1%	1.3%
Bridgewater	28,633	92.0%	1.9%	0.3%	5.8%	0.4%
Brockton	105,643	53.6%	28.0%	1.7%	16.7%	7.4%
Duxbury	16,090	97.5%	0.0%	0.4%	2.1%	1.0%
East Bridgewater	14,440	98.1%	0.4%	0.0%	1.5%	0.3%
Easton	25,058	91.0%	2.2%	2.0%	4.9%	1.0%
Halifax	7,749	99.5%	0.0%	0.0%	0.5%	0.0%
Hanover	14,833	98.1%	0.0%	1.9%	0.0%	0.0%
Hanson	10,639	96.5%	0.7%	0.0%	2.8%	0.2%
Kingston	13,708	98.3%	0.2%	0.0%	1.5%	0.4%
Pembroke	18,361	99.4%	0.0%	0.0%	0.6%	0.5%
Plymouth	61,217	96.6%	0.5%	1.3%	1.7%	0.1%
Plympton	2,930	96.9%	2.1%	0.0%	0.9%	0.0%
Stoughton	29,281	78.8%	9.4%	2.5%	9.4%	1.2%
West Bridgewater	7,707	97.6%	1.9%	0.0%	0.6%	0.0%
Whitman	15,121	98.2%	0.9%	0.0%	1.0%	0.2%
<b>OCPC AAA SUBREGION</b>						
Carver	11,645	98.1%	0.0%	0.6%	1.3%	0.0%
Lakeville	11,523	96.9%	0.7%	1.6%	0.8%	0.4%
Marshfield	25,825	98.7%	0.2%	0.6%	0.5%	0.3%
Middleboro	24,245	96.8%	0.9%	0.0%	2.3%	2.1%
Rockland	17,803	87.8%	7.8%	0.0%	4.3%	0.8%
Wareham	23,303	81.9%	1.8%	0.5%	15.7%	0.4%
<b>OCPC AAA Average</b>	22,069	<b>92.78%</b>	<b>2.66%</b>	<b>1.06%</b>	<b>3.61%</b>	<b>0.81%</b>
Massachusetts	7,029,917	69.6%	7.00%	7.20%	7.10%	12.60%

## Key Demographic Trends by Community

### Mostly White Communities

The vast majority of the towns within the OCPC AAA region are overwhelmingly White in their 65+ demographic. Several towns, including Halifax, Pembroke, and Hanover, report White populations of 98% or more, with most other racial categories at or near 0%.

## More Diverse Communities

**Brockton:** This city is the most diverse and the largest community by population in the region. The demographics of individuals aged 65+ differ dramatically from the regional average.

- **White:** 53.6%
- **African American:** 28.0%
- **Other Race:** 16.7%
- **Hispanic:** 7.4%

**Stoughton:** Compared to the regional average, Stoughton has a larger non-White population, with a notable percentage of African American residents.

- **White:** 78.8%
- **African American:** 9.4%
- **Other Race:** 9.4%

**Avon:** This town has a significantly higher percentage of African American and Asian residents than most other towns in the region.

- **African American:** 4.6%
- **Asian:** 3.6%

**Wareham:** While its White population is higher than Brockton's, Wareham is notable for its high percentage of residents identifying as "Other Race."

- **White:** 81.9%
- **Other Race:** 15.7%

## Least Diverse Communities (Nearly All White)

- **Halifax** is 99.5% White.
- **Pembroke** is 99.4% White.
- **East Bridgewater and Hanover** are both 98.1% White.

**Hispanic population distribution:** The Hispanic population is very low across most of the region. Brockton has the highest percentage at 7.4%, while several towns, including Halifax, Hanover, Plympton, Carver, and West Bridgewater, have a negligible or 0.0% Hispanic population.

**African American population distribution:** Similar to the Hispanic population, African American residents are concentrated in a few towns, most notably Brockton (28.0%) and Stoughton (9.4%). Many towns have a low percentage of 0.0%.



## Important Context

**Hispanic identity:** The table separates Hispanic identity from racial categories, meaning individuals can be counted as both Hispanic and another race. The low overall Hispanic percentage in the region is particularly stark compared to the state of Massachusetts.

**Regional disparity:** The OCPC AAA region, primarily composed of smaller, less-diverse towns, is heavily influenced by the demographics of its larger, more diverse communities, particularly Brockton. The regional average paints a picture of a less diverse area compared to the state, but this masks the significant demographic differences between individual communities.

## Marital Status of the Population 65+

Based on the table of marital statuses for the population aged 65 and older, most seniors are married, though there is significant variation among the communities listed. The data covers communities in the OCPC AAA PSA (Old Colony Planning Council Area Agency on Aging, Public Service Area) and a specific subregion within it.

### Average marital status across the region

The aggregated averages for the region provide a useful benchmark for comparison:

- **Married:** 57.4%
- **Widowed:** 21.53%
- **Divorced or separated:** 15.46%
- **Never married:** 5.60%

### Comparison to Massachusetts and overall trends

Compared to the average for Massachusetts, the OCPC AAA PSA subregions show some notable differences:

- **Married:** The regional average (57.4%) is higher than the state average (54.0%).
- **Widowed:** The regional rate (21.53%) is similar to the state rate (21.1%).
- **Divorced or separated:** The regional average (15.46%) is slightly lower than the state average (15.8%).
- **Never married:** The regional average (5.60%) is significantly lower than the state average (9.0%).

### Community variations

Marital status varies widely between individual communities, reflecting distinct local demographics:

- **Highest percentage married:** Plympton has the highest proportion of married seniors (75.8%).
- **Lowest percentage married:** Avon has the lowest percentage of married seniors (38.7%), significantly below the regional average.
- **Highest percentage divorced or separated:** Avon also has the highest rate of divorced or separated seniors (33.4%).

- **Highest percentage widowed:** Kingston has the highest rate of widowed seniors (28.9%).
- **Highest percentage never married:** Brockton has the highest proportion of never-married seniors (15.0%), well above the regional and state averages.
- **Extremes:** Plympton is an outlier with 0% of its senior population listed as never married.

MARITAL STATUS OF THE POPULATION 65+				
	% Married	% Divorced or separated	% Widowed	% Never Married
<b>OCPC AAA PSA</b>				
Abington	53.3%	11.4%	27.4%	7.9%
Avon	38.7%	33.4%	22.5%	5.4%
Bridgewater	65.4%	11.9%	17.5%	5.3%
Brockton	42.9%	22.0%	20.0%	15.0%
Duxbury	64.9%	9.1%	23.0%	2.9%
East Bridgewater	54.6%	15.7%	25.3%	4.3%
Easton	61.3%	10.7%	19.8%	8.2%
Halifax	52.8%	22.9%	21.9%	2.3%
Hanover	58.4%	12.8%	26.4%	2.3%
Hanson	54.6%	20.9%	21.8%	2.7%
Kingston	52.9%	12.4%	28.9%	5.8%
Pembroke	67.4%	12.0%	13.1%	7.4%
Plymouth	67.7%	8.6%	17.7%	6.1%
Plympton	75.8%	12.2%	11.9%	0.0%
Stoughton	56.0%	14.3%	19.3%	10.4%
West Bridgewater	57.3%	19.1%	18.2%	5.5%
Whitman	53.5%	14.9%	25.9%	5.6%
<b>OCPC AAA PSA SUBREGION</b>				
Carver	60.3%	11.4%	22.6%	5.6%
Lakeville	62.1%	13.8%	21.2%	2.9%
Marshfield	53.6%	19.2%	22.7%	4.6%
Middleboro	56.0%	15.5%	21.7%	6.9%
Rockland	55.4%	18.3%	22.3%	3.9%
Wareham	55.3%	13.0%	24.0%	7.8%
Average	57.4%	15.46%	21.53%	5.60%
Massachusetts	54.0%	15.8%	21.1%	9.0%

### Key takeaways

- **Marriage is most common:** For most of the communities and the region as a whole, being married is the most prevalent marital status for people aged 65 and over.
- **Wide local variance:** Regional averages mask considerable differences between communities. For example, Avon's senior population is nearly as likely to be divorced or separated (33.4%) as married (38.7%).
- **Regional distinctiveness:** The OCPC AAA PSA has a higher marriage rate and a lower never-married rate among its senior population compared to the rest of Massachusetts.

## Looking Forward

In recognition of a history of strong commitment to Elder Justice in the Old Colony region, the OCPC-AAA was honored to begin serving as one of three Regional State sites to oversee the expansion of the State Assisted Living Facility (ALF) Ombudsman program. There will be 1 FTE with the plan to recruit and train volunteers. Utilizing approximately \$96,000 in budgeted funding, the program, similar to LTC/Ombudsman, will provide advocacy, support, and empowerment to all Assisted Living residents and their families and ensure their rights as valued members of our communities. The program will encompass 64 assisted living facilities in the areas served by four other ASAPs, including Cape Cod Elder Services, Coastline, Bristol Elders, and HESSCO.

The OCPC-AAA currently provides \$125,000 in Title III-B for Legal Services in our region. This amount represents 30% of all non-COVID-19 related Title III-B funding available to the region. This high percentage of funding for legal assistance is, in part, driven by State requirements, but is also a reflection of the importance of this type of assistance for a region like ours that has a large concentration of low-income and minority elders. The Legal Services program provided legal assistance to over 200 unduplicated older adults each year. Of those older adults served, 22% were minorities, 19% were low-income minorities, and 62% of all clients served were low-income. The main categories for legal assistance were in the areas of housing (46% of all cases), public benefits (14% of all cases), and health and consumer issues, including Bankruptcy (5% of all cases). We anticipate similar, if not higher, service provision levels for the upcoming fiscal year (2026). Legal issues addressed and resolved by the legal assistance program would not have been resolved favorably for the respective older adults without the assistance provided by the program. It is also clear that the formal avenue to justice for older adults provided through the program is an absolute necessity for our region. We continue to view the Legal Assistance program as one of our most important and impactful Title III-funded programs in the area.

As part of the regional response to the ACL-established focus areas, the OCPC-AAA asked our older adult service network partner, Old Colony Elder Services (the regional Aging Services Access Point), to provide a summary of their activities and efforts related to the issues identified, including the influences of COVID-19 and other newer factors. Their responses are provided in the next section.

## Old Colony Elder Services-Feedback on the Old Colony Area Plan on Aging, 2026-2029

### *Title III/Greatest Economic & Greatest Social Need - Person-Centered Care Planning Focus Area:*

#### **The Family Caregiver Support Program (FCSP):**

- ***Music & Memory (M&M)*** – This will continue to be offered as this programming creatively reaches caregivers. OCES has one staff member from Healthy Living (HL) completing caregiver assessments as part of the M&M protocol. M&M is non-threatening, and it increases referrals to FCSP. M&M is an intervention that can be used universally – there are no cultural or language barriers.
- ***NEW/Rebranded Building Better Caregivers*** – This rebranded evidence-based class will continue to be offered as it reaches additional caregivers and provides significant support to caregivers of loved ones with dementia, helping to keep older adults in the community.
- ***Note:*** When COVID-19 hit, OCES converted in-person FCSP Programming into a virtual program. OCES currently has one caregiver support group that is offered via Zoom.

#### **The Nutrition Program:**

- ***Kennedy meal site- Update:*** The Kennedy Drive community Room/kitchen was closed, first during COVID and then for a remodel. It is now open, and Community Dining meals/boxed lunches and coffee hour will be offered 3 days a week starting April 2025; the future plan is for 5 days a week. After COVID, the site was reopened for Grab & Go meals to support older adults living alone, low-income older adults, minority older adults, and socially isolated populations. Ideally, OCES will continue to offer the Grab & Go meals now that the Community Dining site is reopened, and as an additional option to reach additional older adults. Providing more opportunities to get meals into the community helps fight malnutrition.
- ***Expanding Meal Sites*** are being rolled out at housing units.
- ***Updates on Culturally-focused initiatives*** – The Haitian meal site was on hold due to COVID-19, but Community Dining Caribbean meals are now being served at Belair Housing two days a week. Caribbean HDMs are also offered in Brockton from all HDM sites
- ***Nutrition Education*** – Virtual Nutrition education presentations are scheduled throughout our catchment area, regardless of whether they are OCES meal sites. Printed Nutritional education material is distributed with Home Delivered Meals. Individual in-home consultations are conducted when needed. Nutrition Education at meal sites and other Agencies/Businesses is in-person.
- ***Community Dining*** sites were offering Grab & Go meals in place of in-person dining. However, Community Dining will now use both hot meals and boxed lunches/grab-and-go.

- ***Adjusting to new requirements:*** AGE is now requiring all ASAPs to provide the basic four types of medically tailored meals, so we will need to supplement the self-catered sites with these types of meals to meet that requirement. We have been/currently offering the four basic medically tailored meals at all other OCES meal sites.

### **The Healthy Living Programs:**

- ***Honoring Choices (HC)*** (*Title IIID supports several Healthy Living expenses*) - With two certified Honoring Choices facilitators, we will continue to offer group presentations. In FFY 21, OCES expanded internally to training Home Care CMs. HL is funded in part by Title III, and HC supports Person-Centered Planning. Most trainings are currently taking place in-person, and all evidence-based trainings are now required to be in-person, but other trainings can be offered virtually.
- Going forward, a new Memory Training presentation is being offered called ***Bringing Health to You***, and more fall prevention trainings are being offered. This will continue with our goal to support older adults in the community, enabling them to live safely in their communities for longer.

### **The Home Care Program:**

- Home Care (HC) staff/I&R staff participated in BU CADER courses.
- I&R/Options Counselor's (OC) and Transition staff completed ACL No Wrong Door/ PCCTP courses.
- OCs provide short-term assistance with consumer-directed decision support. We aim to expand this program to collaborate with additional hospitals, supporting safer discharges home.
- OCES is a member of ADRC SE SM and supports No Wrong Door and Person-Centered Counseling (PCC). ADRC supports all ages: older adults, individuals living with disabilities, and their caregivers.
- OCES has SHINE-certified benefits advisors.
- HC also has experience administering/delivering person-centered planning through the Consumer Directed Care (CDC) delivery option and the Veterans' Independence Plus (VIP) programs that offer individualized, flexible care planning.
- Experience collecting consumer satisfaction data and incorporating feedback into practice.
- Transitions staff have successfully participated in Money Follows the Person (MFP) to promote safe transitions from skilled nursing facility care to community living with LTSS, incorporating consumers' needs and preferences.
- HC/Transitions staff have partnered with Patient Ping to receive real-time admission and discharge notifications to ensure services are reinstated promptly upon discharge home.

## ***Old Colony Elder Services -Ways to Expand Title III/Person-Centered Care Planning Programming***

***The Home Care Program:*** If we had additional funding, we would expand the program to offer:

- Additional financial support for individuals with disabilities under age 60
- We would expand our abilities to meet the unmet needs of housing and funding to preserve housing.
- Additional assistance with the extreme costs associated with hoarding situations and preservation of housing.
- Reduce the cost of transportation and expand transportation resources.
- Expand resources to address socially isolated older adults, including limited English proficient older adults.
- Support aging in place resources/services with an increase in access to LTSS services or social supports identified by the consumer that are not funded through ASAP contracts.
- Increase dementia friendly communities.
- Access to affordable health care and medications
- Additional assistance with the extreme costs associated with the preparation and fumigation of Bedbug treatment, and help with replacement furniture and household items.
- Additional funding for in-home mental health and substance abuse professionals.

***The Nutrition Funding:*** If adequate funding were to be available, we would like to target more of the cultures we serve to offer culturally sensitive/appropriate meals.

- We have done this very successfully with a 2x/week Caribbean Community Dining meal and Caribbean HDM in Brockton. Still, we would like to expand and increase the types of cultures served and offered at more housing locations to ensure accessibility to these meals. We would need access to additional funding to do this sustainably for other Brockton Community Dining sites.
- Increasing access to nutritionally fresh foods.
- Creating a grocery program to include providing one week of shelf-stable food to prepare meals; addressing social isolation created by COVID-19 and food insecurity.
- Improve the Nutrition program through technology by purchasing a program to electronically provide route sheets for meal delivery drivers, notification of when a meal was delivered, status on when a consumer can expect their meal, and provide immediate notification of consumers not at home. An example of this is ServTracker.
- Expand employment opportunities by adding staff to the growing Nutrition program. We would need additional funds to sustain the new positions.

## *Elder Justice:*

### *The Protective Services (PS) Program:*

- **Protective Services (PS) staff** have recently partnered with Public Guardianship Services (PGS) and can utilize them in some instances where the consumer needs a guardian or conservator. PS staff will continue with this partnership moving forward to ensure consumers who are at elevated risk have the appropriate representative to maintain their care and wellbeing.
- All PS staff have completed training provided by EOEA in the following areas: Alzheimer's Disease and Related Dementias (ADRD); Introduction to Massachusetts Elder Protective Services; Massachusetts Elder Protective Services Investigation Training; Massachusetts Elder Protective Services Legal Issues; and Massachusetts Elder Protective Services Risk Assessment. PS Staff will continue to complete these required trainings as they become available from EOEA.
- PS staff will continue to work with PCSPC, Plymouth County Suicide Prevention Coalition, to provide training on suicide prevention.
- OCES's Protective Services training has been recorded on video and disseminated by agency providers and within OCES. This has helped to get more individuals trained, as can be shared via email, unlike before when staff had to attend live in-person training. In addition, this training has been translated into many other languages to meet our service areas' linguistic needs.
- OCES is a founding member of The Brockton Area Hoarding Task Force (GBAH), which meets regularly to share community resources and educational events. This collaboration assists PS staff with practical strategies to engage with consumers with hoarding concerns from a Person-centered planning perspective while using a harm reduction model. The GBAH also utilizes the interdisciplinary model to have other agencies' representatives brainstorm solutions and offer referrals and guidance. The Buried in Treasures (BIT) support group has been successfully held virtually via Zoom due to COVID-19. Our Consumer Advocate Program supports task force membership and collaborates closely with PS and HC to address challenging hoarding cases. We will continue with professional outreach for the GBAH on the topic of hoarding.
- OCES PS promotes elder justice issues by sponsoring two events in the greater Brockton and Plymouth areas to recognize World Elder Abuse Awareness Day and bring awareness to the communities. This has also helped enhance OCES and PS's relationship with local law enforcement for collaboration, training on Protective Services and Elder Abuse, mandated reporting, and consultation. We have done a mass email campaign for our consumers who receive HDMs to assist with educating them on the signs and symptoms of elder abuse.
- Participants used an online forum to post pictures of themselves wearing purple and holding signs that displayed what they do to assist older adults or bring awareness to the issue of elder abuse. OCES will continue to recognize WEAAD – World Elder Abuse Awareness Day in the community.



### ***The Nutrition Program:***

- MAMOW Driver Training video– This is a Nutrition Program initiative that relates to “Elder Justice” and has been rolled out to all volunteers and employee drivers, and is part of ongoing Nutrition Program Driver Training. It addresses all procedures, including the safety check and reporting issues/problems to Meal Site Managers (MSM).
- Meals on Wheels – Continuing and expanding MOW contributes to the focus on elder safety by providing for regular contact with older adults.

### ***Old Colony Elder Services - Ways to expand Elder Justice programming:***

#### ***The Protective Services Program:***

If we had additional funding, we have identified ongoing needs in the following areas that we would like to develop:

- Emergency shelters for older adults.
- Additional funding/financial assistance associated with the high costs it takes to resolve housing issues as a result of hoarding and/or bed bug/pest infestation.
- Develop a partnership with patient advocates or geriatric care managers to assist consumers who need an advocate to help them navigate the complexities of multiple medical diagnoses and the varying information that their different specialist doctors provide.
- Develop & distribute domestic violence resources/supports specifically for older adults.
- Develop and partner with others on substance abuse centers that are specific to meet older adults’ needs.
- Expand resources to address loneliness/socially isolated older adults, including limited English proficient older adults.
- Expand and partner with others on mental health trainings for staff and community.



## Acknowledgement of Other Old Colony Initiatives or Resources

### *Quality Management:*

All Title III-funded programs are required to maintain a level of performance and service that is monitored on an ongoing basis by the OCPC-AAA. Monitoring is accomplished by regular contact with grantee agencies, review and analysis of monthly program performance reports and funding requisition requests, and annual site visits. With this system, we monitor and track program performance in relation to the agency proposal and OCPC-AAA's expectations for performance.

### Performance Measures and Outcomes

OCPC AAA will track progress using the following performance indicators:

PERFORMANCE MEASURES AND OUTCOMES			
Goal	Outcome Measure	Data Source	Frequency
<b>Increase access to legal services.</b>	Number of clients served: low-income	Semi-Annual grantee reports	Semi-Annual
<b>Reduce food insecurity</b>	Number of meals delivered; % culturally tailored	OCES Nutrition Program	Monthly
<b>Expand caregiver support</b>	Number of caregivers served; satisfaction scores	FCSP surveys	Semi-annual
<b>Improve emergency readiness</b>	Completion of COOP; number of drills conducted	Internal logs	Annual
<b>Enhance equity in service delivery</b>	% of services to minority elders	Title III-B reports	Quarterly

### *Participant-Directed/Person-Centered Planning:*

As an organization dedicated to advocating for the needs and rights of older people, the OCPC-AAA wholeheartedly supports the concept of participant-directed/person-centered planning and service/care decision making (PDPC). We believe that all decisions regarding community-based care and support, to the extent possible, should be made by the older person. We expect that all Title III-funded programs in the OCPC-AAA region will continue to give elder participants final decision-making authority in terms of whether or not to receive service, the type and amount of service, the specific details of the service plan, etc. That said, not all community-based programs and services lend themselves well to PDPC. For example, limited funding often limits the amount of service available. Also, eligibility criteria for different programs and services will often limit who can receive service, and the extent of service that can be provided. Nevertheless, the OCPC-AAA supports the concept of allowing older people the latitude to choose what is best for them.

## *Elder Justice:*

As an Area Agency on Aging, the OCPC-AAA views elder justice issues as paramount to the work of the aging network. Too often, the frailest, most vulnerable older people in our society are harmed and/or exploited by others. The OCPC-AAA supports the efforts of all the different components of the network of elder justice providers (Adult Protective Services, law enforcement, LTC Ombudsman, legal assistance, etc.) to address such issues. While the OCPC-AAA does not provide Title III funding for all these different components, we wholeheartedly support their efforts. We are always willing to work in partnership to eliminate abuse, neglect, and exploitation.

## *The Ombudsman Program*

The OCPC-AAA currently administers the Long-Term Care Ombudsman (LTCO) program for our region as well as the Assisted Living Ombudsman program for an extended region that includes six AAAs. Funding for the Ombudsman program changed during FFY 2024 as well, when the OCPC-AAA supplemented its allocation for Ombudsman services with ARPA Act funding provided during post-COVID-19 recovery. The OCPC LTCO strongly believes in its purpose and mission, with a particular emphasis on the impact its work has on the lives of residents. The program empowers residents by providing advocacy, support, guidance, and problem resolution. More importantly, the program helps to give the residents peace of mind and a sense that they remain essential and valued members of the community.

## *Protective Services:*

As previously noted, the OCPC-AAA does not provide funding for the Adult Protective Services (APS) program in our region, which is handled directly by our Local Service Access Point partner, Old Colony Elder Services. However, OCPC's Long-Term Care Ombudsman Program maintains ongoing referral relationships with Adult Protective Services, local law enforcement, the Attorney General's office, and others.

## *Additional Resources:*

- **The Massachusetts Healthy Aging Data Report:**

The report was just updated this month and can be explored in full here: [Explore the Report – Massachusetts Healthy Aging Collaborative](#).

This is a phenomenal resource, which offers additional insight into health, demographics, and aging-related indicators within our region's Program and Service Area (PSA), as well as across the state. **You can select each municipality and view a detailed community profile**, including the total number of adults age 65 and older at: [Community Profiles – Massachusetts Healthy Aging Collaborative](#).

- **The UMass Boston – School of Gerontology’s ‘Elder Index:**

Another interesting and insightful resource, which offers a nationwide study of a common set of older adult expenses by county.

The UMass ‘Elder Index’ can be used dynamically to find both local and national comparative data for regional older adult costs-of-living, to be considered Economically Secure, for example:

- A Plymouth County, MA couple who own their home and happen to be in good health would need to earn \$54,480 per year,
- This \$54,480 is 24% higher than the national average of \$43,776, to meet the Elder Index threshold for being “Economically Secure,” which is an example of the higher cost of living in Massachusetts compared with many other States.

The Elder Index can be explored at: <https://elderindex.org/explore>

***“Older Adults Burdened by High Costs of Housing and Care:***

A recent blog post by the Joint Center for Housing Studies of Harvard University details the increasing burdens on older adults in the form of rising costs of housing as well as increased need for Long-Term Care (LTC) as they age. [The Dual Burden of Housing and Care for Older Adults](#) illustrates that only a little more than one-half of older adults can afford their cost of living (including housing) and one LTC visit per week, with that amount going down as the number of weekly visits required goes up. Demographics, as well as home ownership or renter status, also affect the proportion of older adults who can financially meet all of their needs. – *Courtesy of USAgings – May 2025*

## Attachment A: Assurances & Affirmation

### *Assurances and Affirmation 2026*

OCPC AAA affirms compliance with all federal and state assurances required under the Older Americans Act, including but not limited to:

- Targeting services to older adults with the greatest economic and social need, especially low-income minority individuals.
- Ensuring coordination with other federal and state programs serving older adults.
- Supporting evidence-based health promotion and disease prevention programs.
- Providing access to legal assistance, elder justice services, and person-centered planning.
- Maintaining program integrity through monitoring, evaluation, and continuous improvement.
- Ensuring nondiscrimination and equal access to services regardless of race, ethnicity, gender, sexual orientation, disability, or language.

Supporting the rights of older adults to make decisions about their care and services.



**Attachment A: Area Agency on Aging Assurances and Affirmation**

***For the Federal Fiscal Year 2026, October 1, 2025, to September 30, 2026, the named Area Agency on Aging hereby commits to performing the following assurances and activities as stipulated in the Older Americans of 1965, as amended in 2020:***

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OAA Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- (2) 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, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the area agency on aging 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; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) 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—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by

the provider;

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically



including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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.

(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;

(6) provide that the area agency on aging 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;

(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;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that



meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder



abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(l) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide 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;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(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; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and

State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

(11) 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;



(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) 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

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) 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;

(14) 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;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(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;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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***The undersigned acknowledge the Area Plan Assurances for Federal Fiscal Year 2026 and affirm their Area Agency on Aging's adherence to them.***

**Area Agency on Aging:**

6/25/25  
Date

Rebecca Coletta  
Signature - Chairperson of Board of Directors

6/25/25  
Date

Nancy L. Lile  
Signature - Chairperson of Area Advisory Council

6/25/25  
Date

May Walden  
Signature - Area Agency on Aging Executive Director

***OLD COLONY PLANNING COUNCIL***

## *Verification of Intent*



Rebecca Colletta, *President* | Mary Waldron, *Executive Director*

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### *Verification of Intent*

As the designated Area Agency on Aging (AAA) for the Old Colony Planning Council region, we hereby affirm that the 2026–2029 Area Plan on Aging has been reviewed and approved by the OCPC Board of Directors and the OCPC AAA Advisory Council. We commit to implementing the plan in accordance with all applicable federal and state regulations under the Older Americans Act of 1965, as amended.

This verification confirms that:

- The Area Plan reflects input from older adults, caregivers, service providers, and community stakeholders.
- The Plan addresses the needs of target populations, including those with the greatest economic and social need.
- The AAA will carry out the activities and services described in the Plan, in compliance with all assurances and requirements.



## Attachment B: Information Requirements

*Area Agencies on Aging must provide responses, for the Area Plan on Aging (2026-2029) in support of each Older Americans Act (OAA), as amended 2020, citation as presented below. Responses can take the form of written explanations, detailed examples, charts, graphs, etc.*

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### 1. OAA Section 306 (a)(4)(A)(i)(I)

**Describe the activities and methods that demonstrate 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;

**AAA Response:** The Older Americans Act (OAA) identifies the following target groups: Older Individuals with the greatest economic need and social need, with particular attention to low-income minority elders and rural elders, older individuals with limited English-speaking ability, older individuals with severe disabilities, and older individuals with Alzheimer's Disease and related disorders. In keeping with the language and intent of the Older Americans Act, The OCPC-AAA seeks to provide Title III funding for services and programs that address the needs of older persons in the all the target groups noted above. Our activities and methods include identifying and engaging agencies and individuals in the region who have unique access to and/or involvement with older adults in the target groups.

*Perplexity and Other AI sources:* To access the 2020 US Census, American Community Surveys, and the MAPC- OCPC Data Common 2024 Annual Report (*see Appendix G for further Demographic Data Insights*)

**The OCPC-AAA region is comprised of 23 communities, with a total population of an estimated:**

- 507,593 individuals.

The most recent U. S. Census, American Community Survey, and OCPC regional reports **indicates that there are an estimated:**

- 129,885 people aged 60 and over in the region (25.6%), and
- 9,483 people aged 85 and over in the region (2%).

**Continuation: Description of the activities and methods that demonstrate 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;

**The age 60+ data estimates indicate the approximate ethnic composition of the Old Colony region to be as follows:**

<b>White (non-Hispanic)</b>	85%
<b>Black or African American</b>	6%
<b>Hispanic or Latino</b>	5%
<b>Asian</b>	2%
<b>Other/multi-racial</b>	2%
<b>Total</b>	100%

The most diverse community in the OCPC AAA planning and service area is the City of Brockton. Brockton also has the largest number of low-income and minority individuals and thus the greatest concentration of target populations for the region, not to mention the most-older adults in general. With that in mind, the OCPC AAA seeks to provide Title III and related funding to agencies and programs that can most effectively address the needs of the area's identified target groups of those with the greatest social and economic needs.

**Examples of agencies and programs that receive funding for specific target population services that are based in Brockton, but also serve other communities in the catchment area, include:**

- **BAMSI** (Brockton Area Multi-Services, Inc) – Dorn-Davies Senior Center coordination of services for lower income older adults, most of whom are in subsidized housing.
- **The Brockton Council on Aging** – Subsidizes the cost of older adult exercise and fitness programs, for attendees of their Senior Center.
- **Cape Verdean Association** – Serves the immigrant populations and others who do not speak English as their primary language.
- **Catholic Charities of Boston South** – Coordinates a substantial volunteer base to help older adults who are homebound or in need of economic assistance.
- **LIFE** (Living Independently for Equality) Center – for older adults who have disabilities, primarily those who are wheelchair-bound.
- **OCES (Old Colony Elder Services)** the region's *Aging Services Access Point (ASAP)*, which coordinates regional nutrition, caregiving, disease prevention, and forms of Emergency Assistance, as well as Protective Services and Information & Assistance.
- **The Justice Center, an arm of SCCLS (South Coastal Counties Legal Services Legal Services)** which provides legal services advice, counsel, and even some representation for older adult client-consumers and individuals with disabilities.

All these agencies have been in the Brockton area for 20 years or more and have a history of providing services to the target groups. Predictions on the determination of estimated low-income status and minority status are based on the past experience of the agencies and programs identified plus any more recent demographic data and trends.



- A. The OCPC-AAA does not imply that the Title III funded programs identified above are able to address and remedy all needs of the identified target populations. However, the AAA believes that these organizations are best situated to serve those from the target groups with the greatest social and economic needs.
  - B. Please note that because the OAA prohibits means testing for Title III services, it is simply not possible to guarantee that the most economically needy older individuals are served. Title III resources are limited, service is provided on a first-come-first-served basis, and to the extent possible, with given funding, no one over the age of 60 can be denied service. As such, limited resources will only go so far, and they may not go far enough to address all the needs of the target groups of older adults.
  - C. No portion of the OCPC-AAA region (Region IV-A) is currently considered rural.
- 

## **2. OAA Section 306 (a)(4)(A)(ii)**

### **Describe the activities and methods that demonstrate that the AAA will:**

(ii) 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—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas [as germane] within the planning and service area;

**AAA Response:** The mechanisms and methods for assuring that the AAA will: Satisfy the service needs, Provide services to, and Meet the objectives of:

- Low-income minority individuals,
- Older individuals with limited English proficiency, and
- Older individuals residing in rural areas [as germane] within the planning and service area, are being provided through:

- A. The reviewing, and, if necessary, updating of our ‘Provider/Agency Service Agreements,’ which call for periodic (most commonly monthly) reporting of the numbers of services provided to older adult individuals overall, and among those the other three categories of individuals listed above.
  - B. The AAA will also use our State and OAA informed monitoring process to evaluate progress on these goals and offer follow-up guidance, as needed.
-

### **3. OAA Section 306 (a)(4)(B)**

#### **Describe how the AAA will use outreach efforts that will:**

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (GEN), with particular attention to low-income minority individuals and older individuals residing in rural areas;
- (III) older individuals with greatest social need (GSN) with particular attention to low-income minority individuals and older individuals residing in rural areas;
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust;

#### **AAA Response:**

**The OCPC-AAA uses both internal and external tools for outreach to all of the categories of individuals listed above, including:**

- Our [www.oldcolonyplanning.org/aaa](http://www.oldcolonyplanning.org/aaa) Website landing page for the AAA, which helps identify older individuals in or with these seven areas of special emphasis for assistance: Rural, GEN, GSN, Disabilities, Limited English, Alzheimer's, and related disorders with neurological organic brain dysfunction (and the caretakers of such individuals), as well as those at risk for institutional placement, specifically including survivors of the Holocaust and other tragedies.
  - Use of Social Media, examples: Facebook, Instagram, and X (formally Twitter).
  - Electronic Newsletter articles for OCPC's 1,000-plus subscribers
  - Leveraging the rapport, we have with our AAA sub-grantee agencies to educate them through Outreach as to those with the greatest of needs, who are meant to be targeted through the Older Americans Act (OAA) in the various phases of the grant process itself, including:
    - The OCPC-AAA Title III Grant - Application Instructions
    - Guidance Examples of services, eligible for coverage through Title III
    - A listing of allowable service codes for program category identification
    - Meetings of our AAA Advisory Council/Committee members and guests to review and discuss these areas of special emphasis.
  - Additionally, as an Area Agency on Aging (AAA) within the umbrella of a Regional Planning Agency (RPA), OCPC has both Board and Municipal level relationships to communicate through to the cities and towns in our 17 community - RPA catchment area, who we assist with related services such as transportation resources, economic development, municipal resiliency, and with Age & Dementia Friendly Assessments and Planning.
-

#### **4. OAA 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;

(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;

##### **AAA Response:**

The OCPC-AAA is one component of a very large, diverse elder service network, including the Executive Office of Aging & Independence, regional - Aging Service Access Points (ASAPS), such as Old Colony Elder Services, local Councils on Aging (COA's), hospitals, physicians, residents and their families from nursing homes, rest homes, assisted living residences, home health agencies (VNA's), social day programs, and others in the region. The most important component in this mix will always remain the views and opinions of older adults themselves. The OCPC-AAA hopes to bring and integrate the views and perspectives of older adults and caregivers who receive services directly into the Old Colony region's Area Plan on Aging.

Our organization, as a Regional Planning Agency in addition to being an Area Agency on Aging, monitors and evaluates decisions affecting older adult and caregiver views through public hearing attendance, Agency Board and Advisory Council participation, staff work on the advancement of Age and Dementia Friendly Communities, and through periodic, direct regional and community needs assessment surveys.

Further, OCPC-AAA priorities are shaped and guided by a variety of other leading sources including the: past experience, future research, provider feedback, and the mandates and focus areas of network partners:

- The federal Administration for Community Living (ACL) and
- The Executive Office of Aging and Independence (AGE) in Massachusetts.
- Mass Aging Access, the ASAP/AAA older adult advocacy and legislation organization
- MCOA, the Massachusetts Councils on Aging, and Senior Centers, and
- USAging, our national/federal AAA advocacy organization.

Ultimately, the Older Adult services network is working towards the same goal: keeping older adults safe, healthy, and independent in their homes and communities for as long as they wish or are able.

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## **5. OAA Section 306 (a)(6)(I)**

**Describe the mechanism(s) for assuring that the Area Plan will include information detailing how the AAA will:**

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

### **AAA Response:**

To the extent feasible, the Old Colony AAA will coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals; by participating in both general and targeted State and regional efforts, to raise awareness of both the existence of the State assistive technology entity and the opportunity to access assistive technology options that serve older adults.

Examples of these coordination efforts about the State's assistive technology program and services could include, at any given time, one or more of the following:

- Using information from the State Assistive Technology entity to promote assistive technology access in the OCPC-AAA Area Plan or updates.
- Efforts by AAA staff to stay up to date on the State Assistive Technology entity's educational material, published material, and webinars, as they may be available.
- Efforts to promote the State Assistive Technology entity and its educational material, and/or upcoming educational events for the benefit of network partners, older individuals, or caregivers themselves, who have need or interest in learning more about what's available and accessible to them through:
  - OCPC electronic Newsletters to individuals and network partner agencies
  - Website and Social Media promotion, when possible
  - Apprising Advisory Council and Board Members of these assistive technologies
  - Sharing State Assistive Technology Entity information to the MCOA and local Councils on Aging through AAA Advisory Council/Committee Meetings.

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## **6. OAA Section 306 (a)(7)**

**Describe how the AAA will address the following assurances:**

(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;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

- (i) respond to the needs and preferences of older individuals and family caregivers;

- (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
  - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- (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;

**AAA Response:**

As noted, the OCPC-AAA is one component of a much larger, diverse network of providers and agencies that serve older adults in the region. To the extent possible, the OCPC-AAA will always seek to support and encourage the further development and refinement of the existing community-based elder care system in Massachusetts. However, in most cases, it is our network partner, Old Colony Elder Services (OCES) who provides the assurances and implements 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.

The consensus amongst the older adult services network, as is confirmed by numerous academic studies and needs assessment surveys, is that people wish to remain independent, in their own homes for as long as possible. The State of Massachusetts has taken a proactive approach to this matter, with most of the service network working to ensure that community-based care and support exists in the manner and volume that can sustain the community-first philosophy.

of the We will lend our voice of support and encouragement, primarily through our affiliation with Mass Aging Access and AGE, on matters related to community-based care, as well as committing full support to our elder services partner, Old Colony Elder Services (OCES), for their ‘Family Caregiver Support Program’ efforts, with a solid understanding that it is the preference and desire of most citizens to remain in their own homes for as long as possible.

The network that exists operates under different rules, regulations, and guidelines, depending on the agency and service. The OCPC-AAA does not necessarily have decision making authority over the myriad agencies and programs that comprise the elder service network, only Title III related matters relevant to the OCPC-AAA. That said, the OCPC-AAA still has an advocacy role for all older people in the region. To the extent possible, the OCPC-AAA will always seek to support and encourage the further development and refinement of the existing community-based elder care system in Massachusetts. We will lend our voice of support and encouragement, primarily through our affiliation with Mass Home Care and EOEA, on matters related to community-based care, as well as committing full support to our elder services partner, Old Colony Elder Services (OCES), for their ‘Family Caregiver Support Program’ efforts, with a solid understanding that it is the preference and desire of most citizens to remain in their own homes for as long as possible.

The OCPC-AAA will also continue to support the efforts of agencies and individuals that seek to deliver Disease Prevention/Health Promotion services and programs to the older people in the region. As noted in the body of the Area Plan, our most significant partner in the elder service

network, OCES, continues to make strides in providing such services. When and where appropriate, the OCPC-AAA will also consider funding requests for such activities.\_

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#### **7. OAA Section 306 (a)(10)**

##### **Provide the policy statement and 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;

##### **AAA Response:**

The OCPC-AAA maintains a grievance procedure for older individuals dissatisfied with or denied services funded by Title III that is similar-to our appeal procedure for agencies claiming to be aggrieved in the OCPC-AAA Request for Proposal and funding process. Our procedure for older individuals dissatisfied with or denied service funded by Title III is as follows:

- Any individual who is dissatisfied with or denied service funded under Title III has the right to bring a formal complaint to the attention of the OCPC-AAA. The complaint can be filed formally with the Administrator of the OCPC-AAA, either by written copy or digital copy. The OCPC-AAA Administrator will investigate the matter, seeking input and details from both the individual with the complaint and the agency or program that is in question. After a review of all materials related to the complaint, the OCPC-AAA Administrator will meet with the individual to seek resolution. If, in the eyes of the OCPC-AAA Administrator, a Title III grantee agency has made a mistake or has intentionally mistreated an older individual, the OCPC-AAA Administrator will prepare formal notification informing the Grantee agency of a finding that constitutes an unacceptable action by a Title III funded program, and the action must cease if the agency wishes to continue as a Title III agency. The OCPC-AAA will request a formal plan of action from the grantee agency explaining their efforts and/or steps to be taken to ensure that the same of similar problems will not arise in the future.

This policy is in place with the explicit understanding that Title III funded agencies and programs are not unlimited in their ability and resources to provide service. This policy is also in place with the explicit understanding that all information and relevant opinions, from all parties, are considered when making an administrative decision regarding dissatisfaction with or denial of service.

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#### **8. OAA Section 306 (a)(11)**

##### **Describe the procedures for assuring the AAA will:**

(11) 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;

**AAA Response:**

The OCPC-AAA region (Region IV-A) does not contain a significant population of older Native Americans in our planning and service area, which primarily intersects with Plymouth County, Massachusetts.

While our agency does not technically fall in a geographic area which would put title VI funding and services into play, the Old Colony Area Agency on Aging will extend all services available to older individuals to individual older Native Americans within the planning and service area.

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**9. OAA 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;

**AAA Response:**

The Old Colony Planning Council Area Agency on Aging (OCPC-AAA) recognizes that emergency preparedness is essential to safeguarding the health, safety, and dignity of older adults across our 23-community Planning and Service Area (PSA). In alignment with the updated 2024 Older Americans Act regulations and directives from the Massachusetts Executive Office of Aging and Independence (AGE), OCPC-AAA has developed a comprehensive Emergency Plan that prioritizes continuity of care, rapid response, and inclusive communication.

**Plan Overview and Compliance**

OCPC-AAA's Emergency Plan is designed to meet all AGE requirements, including:

- Submission of a site-specific Disaster and Emergency Preparedness Plan by September 30, 2025.
- Completion of the Fire Safety Self-Assessment Survey for all relevant facilities.
- The COOP and all hazards emergency response plans will be based on a completed risk assessment.
- Posting of evacuation instructions in all common areas and residential units (where applicable).
- Coordination with local service partners, emergency management agencies and municipal responders.
- Annual review and board approval of the Emergency Plan and Continuity of Operations Plan (COOP), including initial planned board/council approval on September 24, 2025.

*The OCPC-AAA has developed an Emergency Preparedness policy that offers detailed procedures for staff to follow to ensure the continuance of essential agency functions in circumstances that lead to serious staff reduction, reduce direct care workforce capacity, leave consumers at risk, pose cyber/security threats, disrupt communications and/or business operations (e.g. extreme weather, public health emergencies, circumstances that impact business operations and other disasters). The policy also identifies current local and national emergency preparedness resources (e.g. FEMA, MEMA, & municipal emergency preparedness planners in our PSA).*

*The OCPC-AAA has also developed two agency documents relating to emergency preparedness that relate to this policy statement:*

- *OCPC-AAA Emergency Action Plan (EAP)*
- *Continuity of Operations Plan (COOP)*

*These documents provide guidance on disaster/emergency preparation, agency leadership succession and specific responsibilities of staff in the event of an emergency. OCPC-AAA department protocols are reviewed regularly to ensure that staff contact is maintained with our highest risk consumers and the plans are reviewed annually during a staff training overseen by the Director of LTSS and Compliance. The EAP will include alternative communication strategies in the event that the OCPC-AAA office building cannot not be occupied.*

*Additionally, the OCPC-AAA maintains active and ongoing partnerships in order to coordinate in emergency and disaster preparedness planning, response, and recovery with:*

1. *Old Colony Elder Services (OCES) our local Aging Services Access Point (ASAP) and local ADRC.*
2. *Local Councils on Aging in each town in our planning and service area*
3. *Municipal emergency management departments*
4. *AGE and the Administration for Community Living (ACL)*

*All Massachusetts Area Agencies on Aging, including the OCPC-AAA annually receive a letter from AGE instructing AAA staff on how to contact and coordinate emergency response efforts with AGE in the event of emergencies affecting services to consumers.*

*Finally, as part of the Title III Program Monitoring process, entities receiving OAA funding must delineate their organization's emergency preparedness plan and staff training efforts for fire, flood and other emergencies.*

*In response to the FFY2024 Older Americans Act Final Rule, by October 1, 2025, the OCPC-AAA will strengthen its emergency planning documents and tools to comply with § 1321.97 and § 1321.103 of the 2024 OAA Final Rule, including:*

- *OCPC-AAA's Continuity of Operations Plan will be expanded to outline the agency's All Hazards Emergency Response Plan (including fire, flood, snow, hurricane, and cyber incidents).*



- *The COOP will identify critical functions (operations and services), key staff for those functions, and 2 levels of succession for key staff (Successor 1, Successor 2) in the event of any emergency. Additionally, the plan will address a training plan so that all Successor staff will be trained on their assigned critical functions.*
- *OCPC-AAA's emergency planning documents (COOP, EAP, risk assessment, building evacuation procedures) will each contain provisions that the plans will be updated and exercised annually, giving staff an opportunity to practice the plan and ensuring that building evacuation procedures are up to date. These building evacuation procedures will:*
  - o *Be placed in a prominent location*
  - o *Contain emergency numbers/contacts*
  - o *Outline emergency evacuation procedures including:*
    - § *Rally point*
    - § *Evacuation routes*
    - § *Provisions for evacuation procedures for people with disabilities*
    - § *Provisions to ensure that all staff have left the building/are accounted for*
- *OCPC-AAA's COOP & EAP will be based on a completed risk assessment and updated annually.*
- *Finally, the OCPC-AAA will review and as warranted, strengthen its long-range emergency and disaster preparedness protocols by the October 1, 2025 Final Rule deadline, reviewing and updating our commitment to coordinated emergency response with AGE, other AAAs, MEMA, our PSA Councils on Aging, service providers, Title VI programs (if there are any in the PSA), etc.*

**Note:** Please refer to Attachment H (pages 84-87) of this Area Plan document for a fuller overview of the Disaster and Emergency Preparedness Plan, including Continuity of Operations, and coordination of activities with local emergency response agencies, relief organizations, and other partner agencies including *Old Colony Elder Services*, our local Aging Services Access Point (ASAP) organization, which has their own Disaster and Emergency Plan to assure continuity of operations for vital functions such as: Information and Assistance communications, Transportation, Nutrition and Caregiving services.

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**10. OAA Section 307 (a)(11)**

**In alignment with State Plan assurances, the AAA assures that case priorities for legal assistance will concentrate on the following:**

(E) ...contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

**AAA Response:**

The OCPC-AAA will give priority to legal assistance in the areas related to: income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Our agency will continue to work with our Legal Assistance partner agency, the Justice Center, based in Brockton, which is part of South Coastal Counties Legal Services, to make sure that its attorneys prioritize these aforementioned areas of needed assistance, especially those older adults with the Greatest Economic Need and Greatest Social Need, which includes low-income older adults and low-income older minority adults in our region.

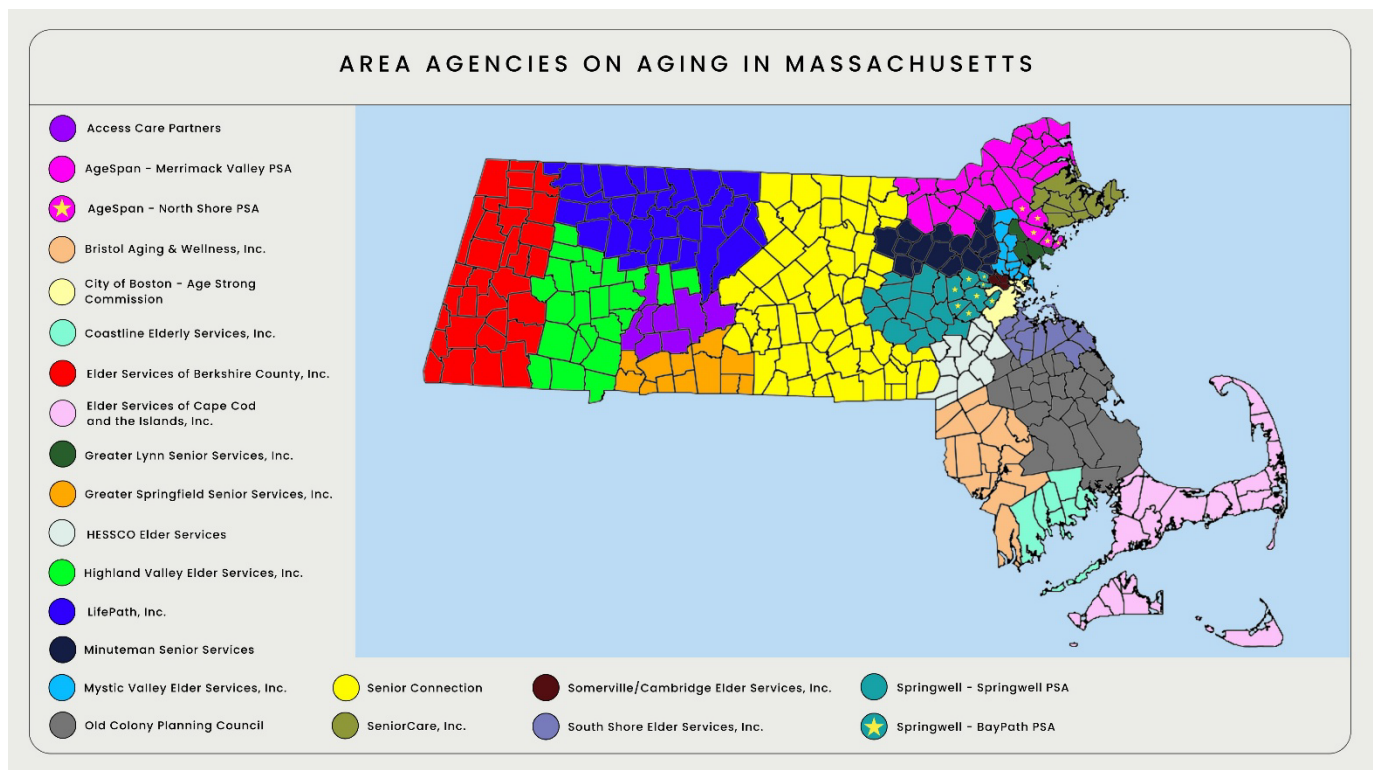
## Attachment C: OCPC AAA Service Area

### Old Colony Planning Council Area Agency on Aging

[www.oldcolonyplanning.org](http://www.oldcolonyplanning.org)

70 School Street  
Brockton, MA 02301

TEL: 508-583-1833  
FAX: 508-559-8768  
TTY: 508-583-1833



**Service Communities:** Abington, Avon, Bridgewater, Brockton, Carver, Duxbury, East Bridgewater, Easton, Halifax, Hanover, Hanson, Kingston, Lakeville, Marshfield, Middleborough, Pembroke, Plymouth, Plympton, Rockland, Stoughton, Wareham, West Bridgewater, Whitman

All details regarding Regional Area Agencies on Aging in Massachusetts can be found at [www.mass.gov/info-details/find-your-regional-aging-services-access-point-asap](http://www.mass.gov/info-details/find-your-regional-aging-services-access-point-asap)

## Attachment D: 2025 Needs Assessment Project & Public Input Summary

**[1. AGE: Present a summary of the 2025 Needs Assessment Project as conducted by the AAA. Include process, data collection methods, findings, and lessons learned toward targeting OAA identified populations and in development of the Area Plan on Aging.]**

**Response:** Our most essential method for gathering information for the **2026-2029 Old Colony Area Plan on Aging** was to directly survey Older Adults and Caregivers through needs assessment surveys conducted in the region during the fall and early winter of 2024-2025, with a response of over 1,000 participants between the two needs assessment efforts.

**Please refer to charts and information on pages 15 – 32 for a summary of results, or go to the following link to access full results from both of the OCPC Needs Assessment surveys:**

<https://oldcolonyplanning.org/aaa-surveys/>

- **The Massachusetts State 2024-2025 Older Adult & Caregiver Needs Assessment survey:** The Executive Office of Aging and Independence provided a format for each AAA to conduct a needs assessment within its PSA. OCPC AAA incorporates these findings into this Area Plan to ensure that the OCPC Area Plan on Aging targets the needs of these older adults and their caregivers living within the PSA. The Needs Assessment Survey was intended to identify the needs of older adults aged 60+ and Caregivers in our communities, especially those with the most significant social and economic needs. Versions of this survey included:
  - The State-OCPC Regional Results (Older Adults, aged 60+ and Caregivers)
  - The Statewide, AGE, Older Adult and Caregiver Needs Assessment Survey
- **And The *Old Colony - Community Assessment Survey for Older Adults (CASOA)***
  - This survey was conducted in partnership with Polco, a trusted research firm and civic engagement platform. The Community Assessment Survey covers many different factors impacting quality of life for older adults, aged 50+, including housing, employment, accessibility, mobility, physical and mental health, and more.

### ***Open Participation Survey***

In addition to the random sample “probability” survey described above, an open participation survey was conducted as part of the CASOA, in which all older adults aged 50 years or older were invited to participate. This survey became available to all residents on September 20, 2024, and remained open until December 9, 2024. Open participation survey respondents completed a total of 461 surveys. The 461 open participation survey responses were combined with the 149 responses from the probability sample survey, for a total of 610 completed surveys.

*Below is an example of one of the charts – taken from the AGE 2025 Needs Assessment Survey (also shown on page 37 of the Area Plan)*

**Greatest Economic Needs and Greatest Social Needs:**

The following reported needs are refined by income, representing both similarities and divergences for those with the ‘Greatest Economic and Social Needs.’

*Top 10 Massachusetts Reported Needs by Income (from the Massachusetts Executive Office of Aging and Independence, 2025 Older Adult Needs Assessment)*

TOP 10 REPORTED NEEDS BY INCOME		
Economic & Social Needs	Income Under \$20,000	Income equal to or over \$20,000
11. Access to Services	65.1%	40.1%
12. Affordable Health Care	58.6%	46.7%
13. Access to Health Care	55.6%	44.5%
14. Affordable Housing	48.3%	29.2%
15. Housing Accessibility & Maintenance	40.4%	36.6%
16. In-Home Support for Independence	62.3%	60.6%
17. Long-Term Services & Supports	42.3%	38.7%
18. Assistance Managing Other Expenses	37.5%	25.4%
19. Legal Services	37.8%	29.8%
20. Mental & Behavioral Health Support	37.2%	29.8%

The OCPC-AAA emphasizes meeting the needs of the “Target Group” older adults in the region, defining target groups as older adults who are low-income, minority, have limited English-speaking ability, disabled elders, and older people suffering from different forms of dementia, and their caregivers.

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**[2. AGE: In alignment with Needs Assessment Project goals and summary data released to AAAs, Needs Assessment Project Review, AAAs that did not meet AGE recommendations per PSA populations for survey responses by population - >100K pop = 750 surveys; <100K pop = 250 surveys - are required to develop strategies and plans to address their outreach methods and are required to develop an action plan for implementation by the year end 9.30.2026.]**

**Response:** An Action plan is Not Applicable as OCPC received over 1,000 responses between the State Needs Assessment and the OCPC Community Assessment Survey of Older Adults (CASOA).

**[3. AGE: The Needs Assessment Project Review data release identifies circumstances where towns /municipalities realized zero survey responses. AAAs with such data points must develop strategies to foster older adults and family caregivers in the towns/municipalities as identified and incorporate such approaches and timeframes for implementation within their Title III operation. While items 2. and 3. can be addressed within Attachment D, AGE will require separate submission of follow-up reports for 2. and 3.]**

**Response:** Not Applicable as OCPC received survey responses from all 23 communities in our Planning and Service Area (PSA) from both needs assessment efforts.

**[4. AGE: Aligning with 45 CFR 1321.65 (b)(4), describe how the AAA considered the views of older adults, family caregivers, service providers and the public in developing the Area Plan on Aging, and how the AAA considers such views in administering the Area Plan. Include a description of the public review methodology, timeline of the public review and comment periods, summaries of public input (including Board and Advisory Council), and how the AAA responded to public input and comments in the development of the Area Plan.]**

**Response:** Public Input Documentation

***Key themes from public input included:***

- Urgent need for affordable housing and transportation
- Desire for culturally responsive nutrition and social programs
- Concerns about isolation, especially post-COVID
- Strong support for legal assistance and elder justice initiatives

OCPC AAA conducted a robust public engagement process to inform the Area Plan:  
*Over 1,000 survey responses collected via CASOA and AGE Needs Assessment*

- Public comment period held from May 1 to June 15, 2025, through website
- Input solicited from:
  - OCPC Board and Advisory Council
  - Councils on Aging
  - Service providers and community organizations
  - Older adults and caregivers feedback solicited via our website, social media, newsletters, and online submissions.
  - Zero public comments were received from individuals, however, extensive feedback was received and documented in the Area Plan (pages 39-43) from our local Aging Services Access Point (ASAP) Old Colony Elder Services. This feedback directly shaped the service priorities and goals outlined in the Area Plan.

## Old Colony Elder Services-Feedback on the Old Colony Area Plan on Aging, 2026-2029

### Title III/Greatest Economic & Greatest Social Need - Person-Centered Care Planning Focus Area:

#### 1. The Family Caregiver Support Program (FCSP):

- **Music & Memory (M&M)** – This will continue to be offered as this programming creatively reaches caregivers. OCES has one staff member from Healthy Living (HL) completing caregiver assessments as part of the M&M protocol. M&M is non-threatening, and it increases referrals to FCSP. M&M is an intervention that can be used universally – there are no cultural or language barriers.
- **NEW/Rebranded Building Better Caregivers** – This rebranded evidence-based class will continue to be offered as it reaches additional caregivers and provides significant support to caregivers of loved ones with dementia, helping to keep older adults in the community.
- **Note:** When COVID-19 hit, OCES converted in-person FCSP Programming into a virtual program. OCES currently has one caregiver support group that is offered via Zoom.

#### 2. The Nutrition Program:

- **Kennedy meal site- Update:** The Kennedy Drive community Room/kitchen was closed, first during COVID and then for a remodel. It is now open, and Community Dining meals/boxed lunches and coffee hour will be offered 3 days a week starting April 2025; the future plan is for 5 days a week. After COVID, the site was reopened for Grab & Go meals to support older adults living alone, low-income older adults, minority older adults, and socially isolated populations. Ideally, OCES will continue to offer the Grab & Go meals now that the Community Dining site is reopened, and as an additional option to reach additional older adults. Providing more opportunities to get meals into the community helps fight malnutrition.
- **Expanding Meal Sites** are being rolled out at housing units.
- **Updates on Culturally-focused initiatives** – The Haitian meal site was on hold due to COVID-19, but Community Dining Caribbean meals are now being served at Belair Housing two days a week. Caribbean HDMs are also offered in Brockton from all HDM sites
- **Nutrition Education** – Virtual Nutrition education presentations are scheduled throughout our catchment area, regardless of whether they are OCES meal sites. Printed Nutritional education material is distributed with Home Delivered Meals. Individual in-home consultations are conducted when needed. Nutrition Education at meal sites and other Agencies/Businesses is in-person.
- **Community Dining** sites were offering Grab & Go meals in place of in-person dining. However, Community Dining will now use both hot meals and boxed lunches/grab-and-go.

- **Adjusting to new requirements:** AGE is now requiring all ASAPs to provide the basic four types of medically tailored meals, so we will need to supplement the self-catered sites with these types of meals to meet that requirement. We have been/currently offering the four basic medically tailored meals at all other OCES meal sites.

### 3. The Healthy Living Programs:

- **Honoring Choices (HC)** (*Title IIID supports several Healthy Living expenses*) - With two certified Honoring Choices facilitators, we will continue to offer group presentations. In FFY 21, OCES expanded internally to training Home Care CMs. HL is funded in part by Title III, and HC supports Person-Centered Planning. Most trainings are currently taking place in-person, and all evidence-based trainings are now required to be in-person, but other trainings can be offered virtually.
- Going forward, a new Memory Training presentation is being offered called **Bringing Health to You**, and more fall prevention trainings are being offered. This will continue with our goal to support older adults in the community, enabling them to live safely in their communities for longer.

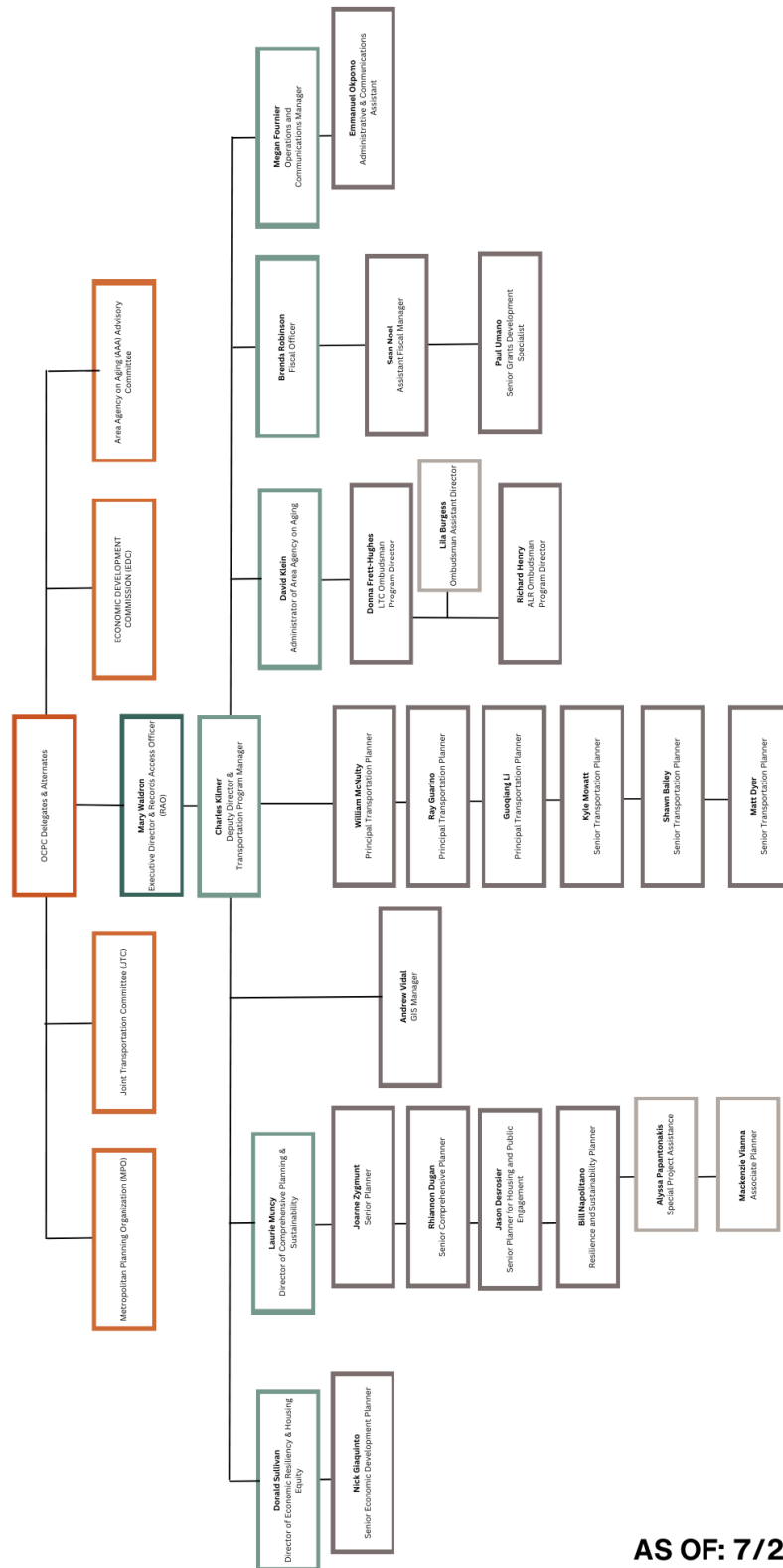
### 4. The Home Care Program:

- Home Care (HC) staff/I&R staff participated in BU CADER courses.
- I&R/Options Counselor's (OC) and Transition staff completed ACL No Wrong Door/PCCTP courses.
- OCs provide short-term assistance with consumer-directed decision support. We aim to expand this program to collaborate with additional hospitals, supporting safer discharges home.
- OCES is a member of ADRC SE SM and supports No Wrong Door and Person-Centered Counseling (PCC). ADRC supports all ages: older adults, individuals living with disabilities, and their caregivers.
- OCES has SHINE-certified benefits advisors.
- HC also has experience administering/delivering person-centered planning through the Consumer Directed Care (CDC) delivery option and the Veterans' Independence Plus (VIP) programs that offer individualized, flexible care planning.
- Experience collecting consumer satisfaction data and incorporating feedback into practice.



# Attachment E: OCPC Organization Chart

## OLD COLONY PLANNING COUNCIL ORGANIZATIONAL CHART



AS OF: 7/2/25

# Attachment F: Administration & Financial Information

## FFY2026 Form 1

AREA PLAN ON AGING, 2026 - 2029			
Form 1 - AAA Corporate Board of Directors - Federal Fiscal Year 2026			
Area Agency on Aging : Old Colony Planning Council			
Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Steven Santeusano		Abington	Delegate
Frank Staffier* (Now Derek Staffier)		Avon	Delegate - Passed Away*
Sandra Wright		Bridgewater	Delegate
Iolando Spinola		Brockton	Delegate
Matthew Harris		Duxbury	Delegate
Peter Spagone, Jr.		East Bridgewater	Delegate
Jeanmarie Joyce		Easton	Delegate
Bill Smith		Halifax	Delegate
Rhonda Nyman		Hanover	Delegate
Antonio M. Defrias		Hanson	Delegate
Valerie Massard		Kingston	Delegate
Robecca Coletta	President	Pembroke	Delegate
Lee Hartmann, AICP		Plymouth	Delegate
Nathaniel Sides		Plympton	Delegate
William Roth		Stoughton	Delegate
Eldon Moreira* (currently vacant)		West Bridgewater	Delegate - Passed Away*
Noreen O'Toole	Vice President	Whitman	Delegate
Christine Joy	Treasurer	Delegate at Large	Delegate
Alex Hagerty		Abington	Alternate
John Costa		Avon	Alternate
Robert Rulli		Bridgewater	Alternate
Preston Huckabee. P.E.		Brockton	Alternate
Allison Shane		Duxbury	Alternate
John Haines		East Bridgewater	Alternate
Jonathan Selig		Halifax	Alternate
Steve Louko		Hanover	Alternate
Joe Campbell		Hanson	Alternate
Alysha Sicilano-Perry		Pembroke	Alternate
Mark Tisdelle		Stoughton	Alternate
Michael Perez		West Bridgewater	Alternate
Dan Salvucci		Whitman	Alternate
	30%	Percentage of the Board that are 60+ years of age.	
	7%	Percentage of the Board that are minority persons.	
	0%	Percentage of the Board that are 60+ and minority persons.	

***FFY2026 Form 2***

<b>AREA PLAN ON AGING, 2026 - 2029</b> <b>Form 2 - AAA Advisory Council Members - Federal Fiscal Year 2026</b>			
<b>Area Agency on Aging: Old Colony Planning Council</b>			
Member Name	Identify Officers by Title	City/Town of Residence	Membership Affiliation
Amy Barrett		Abington	Town or COA Appointed
Jane Carthas		Avon	Town or COA Appointed
Emily Williams	Chairperson	Bridgewater	Town or COA Appointed
Courtney Riley		Bridgewater	Town or COA Appointed
Janice Fitzgerald		Brockton	Town or COA Appointed
Joanne Moore		Duxbury	Town or COA Appointed
Nancy Hill	Co-Chairperson	East Bridgewater	Town or COA Appointed
Kristin Kennedy		Easton	Town or COA Appointed
Darlene Regan		Halifax	Town or COA Appointed
Tammy Murray		Hanover	Town or COA Appointed
Mary Collins		Hanson	Town or COA Appointed
Holly Nighelli		Kingston	Town or COA Appointed
Carol Hamilton		Marshfield	Town or COA Appointed
Holly Begley		Middleborough	Town or COA Appointed
Diane Picot		Pembroke	Town or COA Appointed
Michelle Bratti		Plymouth	Town or COA Appointed
Colleen Thompson		Plympton	Town or COA Appointed
Andrew McCarthy		Rockland	Town or COA Appointed
Janiece Bruce		Stoughton	Town or COA Appointed
Marilyn Mather		West Bridgewater	Town or COA Appointed
Mary Holland		Whitman	Town or COA Appointed

52%	Percentage of the Advisory Council that are 60+ years of age. *
0%	Percentage of the Advisory Council that are minority persons.
0%	Percentage of the Advisory Council that are 60+ and minority persons.

\* Membership must be more than 50 percent older (60+) persons.

**FFY2026 Form 3**

AREA PLAN ON AGING, 2026 - 2029 Form 3 - Focal Points - Federal Fiscal Year 2026							
Area Agency on Aging: Old Colony Planning Council							
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
Abington COA	441 Summer Street	Abington	X		X	X	
Avon COA	65 East Main Street	Avon	X		X		
Belair Towers	105 Belair Street	Brockton			X		X
Bridgewater COA	10 Wally Kruger Way	Bridgewater	X		X		
Brockton COA	10 Father Kenney Way	Brockton	X		X	X	
Caffrey Towers	755 Crescent Street	Brockton			X		X
Campello Towers	1380 Main Street	Brockton			X		X
Carver COA	48 Lakeview Street	Carver	X		X	X	
Duxbury COA	10 Mayflower Street	Duxbury	X		X	X	
Dom-Davies Senior Center	1380 Main Street	Brockton	X		X	X	X
East Bridgewater COA	355 Plymouth Street	East Bridgewater	X		X	X	
Easton Housing Authority	1 Parker Terrace	Easton			X		
Halifax COA	506 Plymouth Street	Halifax	X		X	X	
Hanover COA	665 Center Street	Hanover	X		X	X	
Hanson COA	132 Maquan Street	Hanson	X		X	X	
Kingston COA	30 Evergreen Street	Kingston	X	X	X	X	
Lakeville COA	One Dear Crossing	Lakeville	X		X	X	
Marshfield COA	230 Webster Street	Marshfield	X		X	X	
Middleborough COA	558 Plymouth Street	Middleborough	X		X	X	
Pembroke COA	144 Center Street	Pembroke	X	X	X	X	
Plymouth COA	44 Nook Road	Plymouth	X	X	X	X	
Plymouth	84 Nicks Road	Plymouth			X		X
Plympton COA	5 Palmer Road	Plympton	X				
Rockland COA	317 Plain Street	Rockland	X		X	X	
Stoughton COA	110 Rockland Street	Stoughton	X		X	X	
Wareham Town Hall	48 Marion Road	Wareham			X		
West Bridgewater COA	97 West Center Street	West Bridgewater	X	X	X	X	
West Bridgewater COA**	7 Esther Road	West Bridgewater			X		X
Whitman**	100 Harvard Court	Whitman			X		X
Whitman**	Pine Circle	Whitman			X		X
Whitman**	Stetson Terrace	Whitman			X		X
Whitman COA	16 Hayden Avenue	Whitman	X		X	X	

\*\*New Nutrition/Adjacent Housing Sites Planned for 2025 inside housing complexes per Old Colony Elder Services

# FFY2026 Form 4a

AREA PLAN ON AGING, 2026 - 2029												Title III-B Totals	Total Non-Title III-B
Form 4a - Title III-B Funded Services - Federal Fiscal Year 2026													
Programs Funded in Whole or in Part by Title III-B													
Area Agency on Aging: Old Colony Planning Council													
FUNDED SERVICES	FFY26 Uses Only	Title III Funding Category	Direct Service Status (Y/N)	Goal Number	Title III Center's (1 or 15)	Minimum Adequate Funding K, Y, T, L, O	Name of Evidence- Based Program in Use	FFY2026 FUNDING - PLANNED					
								Title III-B Funding (Planning and Estimated Carryover)	Non-Title III Funding				
AAA or PROVIDER													
Avon Council on Aging (COA)		B	N	1	19	O	Other Supportive Svcs	\$ 2,000.00	\$ 2,500.00				
Avon Council on Aging (COA)		B	N	1	94	O	Supportive Day Care	\$ 2,000.00	\$ 2,500.00	\$ 4,000.00	\$ 5,000.00		
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	10	O	Transportation	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	12	O	Nutrition Education	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	14	O	Outreach	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	22	O	Fitness - Exercise	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	32	O	Recreation	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	35	O	Telephone Reassurance	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	36	O	Letter Writing	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	41	O	Counseling	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	43	O	Geriatric Assessment	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	48	O	Financial Assistance	\$ 2,550.00	\$ 8,160.00				
Brookton Area Multi-Services, Inc. (BAMSI)		B	N	1	19	O	Other Supportive Svcs	\$ 5,100.00	\$ 81,600.00	\$ 30,600.00	\$ 163,200.00		
Brookton COA		B	N	1	22	O	Fitness - Exercise	\$ 15,000.00	\$ 10,000.00	\$ 15,000.00	\$ 20,000.00		
Bridgewater COA		B	N	1	94	O	Supportive Day Care - Memory Café	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00		
BB Speech Therapy (Social Day Prog Svcs)		B	N	1	19	O	Other Supportive Svcs - Cognitive Assistance	8,800.00	\$ 8,074.00	\$ 8,800.00	\$ 8,074.00		
Cape Verdean Association		B	N	1	14	O	Outreach	3,000.00	18,164.00	15,000.00	90,822.00		
Cape Verdean Association		B	N	1	31	O	Advocacy	3,000.00	18,164.00				
Cape Verdean Association		B	N	1	37	O	Translating/Interpreting	3,000.00	18,164.00				
Cape Verdean Association		B	N	1	19	O	Other Supportive Svcs	6,000.00	36,330.00				
Catholic Charities South		B	N	1	14	O	Outreach	6,111.00	6,532.00	55,000.00	58,788.00		
Catholic Charities South		B	N	1	33	O	Friendly Visiting	6,111.00	6,532.00				
Catholic Charities South		B	N	1	35	O	Telephone Reassurance	6,111.00	6,532.00				
Catholic Charities South		B	N	1	36	O	Letter Writing	6,111.00	6,532.00				
Catholic Charities South		B	N	1	37	O	Translating/Interpreting	6,111.00	6,532.00				
Catholic Charities South		B	N	1	41	O	Counseling	6,111.00	6,532.00				
Catholic Charities South		B	N	1	43	O	Geriatric Assessment	6,111.00	6,532.00				
Catholic Charities South		B	N	1	19	O	Other Supportive Svcs	12,223.00	13,064.00				
Duxbury COA - SSEHMC (Elder Mentl Hlth)		B	N	1	86	O	Mental Health Counseling	65,000.00	623,320.00	65,000.00	623,320.00		
East Bridgewater COA		B	N	1	94	O	Supportive Day Care - Memory Café - EB	2,500.00	6,710.00	2,500.00	6,710.00		
Living Independently for Equality		B	N	1	10	A	Transportation	2,000.00	17,602.00	10,000.00	88,010.00		
Living Independently for Equality		B	N	1	14	O	Outreach	2,000.00	17,602.00				
Living Independently for Equality		B	N	1	31	O	Advocacy	2,000.00	17,602.00				
Living Independently for Equality		B	N	1	32	O	Recreation	2,000.00	17,602.00				
Living Independently for Equality		B	N	1	19	O	Other Supportive Svcs	2,000.00	17,602.00				
Marshfield Council on Aging		B	N	1	94	O	Supportive Day Care	7,500.00	8,282.00	7,500.00	8,282.00		
Middleborough Council on Aging		B	N	1	10	A	Transportation	1,000.00		9,000.00	104,166.00		
Middleborough Council on Aging		B	N	1	94	O	Supportive Day Care	8,000.00	104,166.00				
Old Colony Elder Services		B	N	1	3	I	Chore - Heavy	2,520.00	614.00	126,000.00	30,687.00		
Old Colony Elder Services		B	N	1	10	A	Transportation	12,600.00	3,068.00				
Old Colony Elder Services		B	N	1	48	I	In-Home Services	100,800.00	24,550.00				
Old Colony Elder Services		B	N	1	19	I	Other Supportive Svcs	10,080.00	2,455.00				
OCPC-AAA Ombudsman Program		B	Y	1	31	I	In-Home Services	90,000.00		90,000.00	-		
Plymouth Center for Active Living		B	N	1	14	O	Outreach	2,000.00		20,000.00	283,058.00		
Plymouth Center for Active Living		B	N	1	19	O	Other Supportive Svcs	18,000.00	283,058.00				
Rockland Council on Aging		B	N	1	19	O	Other Supportive Svcs	5,000.00	1,552.00	5,000.00	1,552.00		
South Coastal Counties Legal Services		B	N	1	11	L	Legal Assistance	124,000.00	28,830.00	125,000.00	29,830.00		
South Coastal Counties Legal Services		B	N	1	14	L	Outreach	1,000.00	1,000.00				
Taking People Places (TPP)		B	N	1	10	A	Transportation	10,000.00	60,000.00	10,000.00	60,000.00		
Total								\$ 602,400.00	\$ 1,575,499.00	\$ 602,400.00	\$ 1,585,499.00		
								\$ 2,177,899.00					

**A** Access Services  
**I** In-Home Services  
**L** Legal Services  
**O** Other Services

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## FFY2026 Form 5

Form 5 - Title III-E Family Caregiver Services Breakout - FFY 2026	
<p align="center"><b>Area Agency on Aging:</b> <b>Old Colony Planning Council</b></p>	
<p>Based on the FFY2026 Title III-E Planning Budget Total (refer to Projected Budget Plan tab), provide percentage (%) estimates below for the Program Costs listed.</p>	<p>261,935</p>
<p><b>Program Cost</b></p> <p>All Wages/Personnel costs of AAA staff involved in Family Caregiver Support Program services (including counseling, support groups, training, access assistance and information outreach and other specific caregiver services). *</p> <p>Supervision cost. *</p> <p>All respite service costs.</p> <p>All supplemental service costs. *</p> <p>Contracted services that include: counseling, support groups, caregiver training, access assistance and information outreach.</p> <p>Administration costs. *</p> <p>Other (explain on separate attachment)</p> <p>Total estimated percentage must equal 100% of Title III-E planning budget.</p> <p><b>Projected total</b> * FTE count for Title III-E (breakdown under "Detail" below).</p>	<p>\$</p> <p>201,035</p> <p>60,900</p> <p>261,935</p>
<p><b>Percentage (%) of Total</b></p> <p>79%</p> <p>0%</p> <p>19%</p> <p>0%</p> <p>2%</p> <p>0%</p> <p>0%</p> <p>100%</p>	<p>Non-Title III</p> <p>Totals by OAA</p> <p>Title Section</p> <p>Funding</p>
<p><b>Detail - Family Caregiver Support Program</b></p>	
<p><b>Personnel Position Title</b></p> <p>OCES Healthy Living Coordinator</p> <p>OCES Outreach and Education Specialists</p> <p></p> <p></p> <p></p> <p></p> <p><b>Total FTE</b></p>	<p>FTE</p> <p>1.00</p> <p>2.00</p> <p></p> <p></p> <p></p> <p></p> <p>3.00</p>

## FFY2026 Projected Budget Plan

AREA PLAN ON AGING, FFY2026 - 2029 PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026							
Area Agency on Aging: Old Colony Planning Council OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026							
	Area Plan Admin	Title III-B Supp Svcs	Title III-C1 Cong. Nutr Svcs	Title III-C2 HDM Nutr Svcs	Title III-D Evl-Based Svcs	Title III-E Caregiver Svcs	Ombudsman Services
<b>Title III Planning Award:</b>							
Prior FFY Standard Estimated Carryover		259,809	32,472				5,164
FFY2026 Title VII LTCO Planning Award							
FFY2026 Standard Planning Award		497,959	152,019	608,077	31,226	201,035	118,479
FFY2026 Estimated Total Title III Income	\$174,852	\$757,768	\$184,491	\$608,077	\$31,226	\$201,035	\$123,643
<b>Other Income:</b>							
NSIP Cash			13,000	106,284			
NSIP Commodity Credit			19,320	77,279			
Other Federal (non-Title III or NSIP)							
Program Income (Client Contributions)		13,925	16,563	66,521	440		
State Home Care Program			595,629	2,382,515			
State Elder Lunch			219,471	877,885			
State - Other (attach detail)			4,000	16,000			
Non-Federal Inkind	87,276	1,148,582			34,057	60,900	
Local (attach detail)							
<b>Budgeted Expenditures:</b>							
<b>AAA Number of Supported FTEs</b>							
Wages and Salaries	169,806		153,582	614,326	22,052		126,202
Payroll Taxes/Fringe Benefits	65,168		47,440	189,764	6,016		29,357
Mileage/Travel	2,194		7,658	30,630	2,000		7,790
Occupancy Costs	6,960		13,320	53,280	5,989		6,838
Equipment Purchase/Rental/Maintenance	18,000						16,800
Area Plan on Aging 2026 - 2029 PROJECTED BUDGET PLAN - FEDERAL FISCAL YEAR 2026							
Area Agency on Aging: Old Colony Planning Council OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026							
	Area Plan Admin	Title III-B Supp Svcs	Title III-C1 Cong. Nutr Svcs	Title III-C2 HDM Nutr Svcs	Title III-D Evl-Based Svcs	Title III-E Caregiver Svcs	Ombudsman Services
Meal Prep and Related Costs			753,046	2,936,847			
Other Program Support			3,600	14,400	29,666	7,000	
Agency Admin Support Allocation			73,828	295,314			
Direct Services to Caregiver						1,550	
Subgrants - Access		25,600					
Subgrants - In-Home		173,400					
Subgrants - Legal		125,000					
Subgrants - Other (or Caregiver Svcs)		278,400				192,485	
Subgrants - Inkind		1,575,499				60,900	
<b>Total Budgeted Expenditures:</b>	\$262,128	\$2,177,899	\$1,052,474	\$4,134,561	\$65,723	\$261,935	\$186,986
						\$240,980	
						\$20,955	

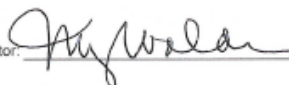
Signature of Area Agency on Aging Fiscal Manager:



Date:

8/26/25

Signature of Area Agency on Aging Executive Director:



Date:

8-26-25



## Attachment G: Board Resolution – Area Plan Approval



OLD COLONY  
PLANNING COUNCIL

Rebecca Colletta, *President* | Mary Waldron, *Executive Director*

Phone: (508) 583-1833  
Fax: (508) 559-8768

70 School Street  
Brockton, MA 02301

[mwaldron@ocpcrpa.org](mailto:mwaldron@ocpcrpa.org)  
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### **Old Colony Planning Council – Area Agency on Aging Board Resolution: Approval of the 2026–2029 Area Plan on Aging and Emergency Preparedness Documents**

WHEREAS, the Old Colony Planning Council Area Agency on Aging (OCPC AAA) is the designated entity responsible for administering Older Americans Act funding and coordinating services for older adults and caregivers across 23 communities in Southeastern Massachusetts;

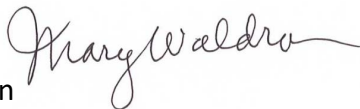
WHEREAS, the OCPC AAA has developed a comprehensive 2026–2029 Area Plan on Aging in alignment with the requirements of the Massachusetts Executive Office of Aging & Independence (AGE) and the federal Administration for Community Living (ACL);

WHEREAS, the Area Plan includes a fully developed Emergency Plan and Continuity of Operations Plan (COOP) to ensure the safety and well-being of older adults during emergencies;

NOW, THEREFORE, BE IT RESOLVED that the OCPC Board of Directors hereby approves the 2026–2029 Area Plan on Aging, including the Emergency Plan and COOP, and authorizes submission to the Executive Office of Aging & Independence.

Signed: 

Chair, OCPC Board of Directors  
Date: 09/24/25

  
Mary Waldron  
Executive Director, Old Colony Planning Council  
Date: 09/24/25

## Attachment H: Emergency Response Quick Guide – Staff & Partners

The Old Colony Planning Council Area Agency on Aging (OCPC-AAA) recognizes that emergency preparedness is essential to safeguarding the health, safety, and dignity of older adults across our 23-community Planning and Service Area (PSA). In alignment with the updated 2024 Older Americans Act regulations and directives from the Massachusetts Executive Office of Aging and Independence (AGE), OCPC-AAA has developed a comprehensive Emergency Plan that prioritizes continuity of care, rapid response, and inclusive communication.

### *Plan Overview and Compliance*

OCPC-AAA's Emergency Plan is designed to meet all AGE requirements, including:

- Submission of a site-specific Disaster and Emergency Preparedness Plan by September 30, 2025.
- Completion of the Fire Safety Self-Assessment Survey for all relevant facilities.
- The COOP and all hazards emergency response plans will be based on a completed risk assessment.
- Posting of evacuation instructions in all common areas and residential units (where applicable).
- Coordination with local emergency management agencies and municipal responders.
- Annual review and board approval of the Emergency Plan and Continuity of Operations Plan (COOP).

### **Continuity of Operations (COOP)**

OCPC-AAA's COOP ensures that essential services of the Area Agency on Aging (AAA) will remain operational during emergencies, including: the OCPC-AAA Long Term Care and Assisted Living Ombudsman programs, the OCPC-AAA Volunteer Transportation Program (VTP), and offer support to AAA grantee organizations and community partners.

**Please Note: *Emergency response for other essential services, including but not limited to: Information & Referral, Nutrition Access, Transportation Coordination, Caregiver Support, and Protective Services are not operated by the Old Colony AAA, but rather through the Emergency-Disaster Recovery and Continuity of Operations plan of our regional partner and Aging Services Access Point (ASAP), Old Colony Elder Services.***

OCES's Emergency Preparedness Plan is available from:

Old Colony Elder Services  
144 Main Street  
Brockton, MA 02301  
Phone: 508.584.1561  
TTY: 508.587.0280

Key components include:

- Remote work protocols for staff and volunteers.
- Backup communication systems (cellular, email, emergency notification platforms).
- Redundant data storage and access to critical client records.
- Agreements with partner agencies for food distribution, transportation, and caregiver services.

## **Older Adult Safety and Support**

Recognizing the vulnerabilities of our target populations—including low-income, minority, disabled, and socially isolated elders—OCPC-AAA has implemented the following safeguards:

- Coordination with Old Colony Elder Services (OCES) to ensure uninterrupted delivery of Home Delivered Meals and emergency nutrition.
- Coordination with OCES to ensure Emergency Transportation options, including Lyft rides and local COAs for volunteer driver mobilization.
- Coordination with OCES to ensure protocols for identifying and supporting elders with mobility, cognitive, or sensory impairments.

## **Communication and Outreach**

Effective communication is central to OCPC-AAA's emergency response. Our protocols include:

- Staff notification via phone tree, email, and SMS alerts.
- Public updates through the OCPC website, social media, and local media outlets.
- Direct outreach to Councils on Aging, housing authorities, and community partners.
- Multilingual materials and translation support for limited English proficient older adults.

## **Fire and Life Safety**

In response to AGE's Fire and Life Safety Initiative, OCPC-AAA has:

- Conducted fire safety assessments at all AAA-operated and partner facilities.
- Posted evacuation maps and instructions in all relevant locations.
- Trained staff and volunteers in fire response procedures and extinguisher use.
- Coordinated with local fire departments for annual safety reviews and drills.

## **Training and Evaluation**

OCPC-AAA conducts regular training and evaluation to ensure preparedness:

- Annual emergency preparedness training for all staff and volunteers.
- Tabletop exercises with municipal emergency services.
- Post-event debriefings and plan revisions based on lessons learned.
- Integration of emergency planning into Title III grantee monitoring and site visits.

## **Partnerships and Resource Coordination**

OCPC-AAA maintains active partnerships with:

- Old Colony Elder Services (OCES)

- Local Councils on Aging
- Municipal emergency management departments
- AGE and the Administration for Community Living (ACL)

These partnerships ensure a coordinated, compassionate response that reflects the values of equity, dignity, and resilience.

The OCPC Area Agency on Aging is required to have an emergency plan in place by September 30, 2025, to comply with the 2024 update of Older Americans Act regulations. However, we also need to document the various aspects of the emergency plan by the early July 2025 Area Plan submission deadline. We are working to flesh out the mandatory disaster components, including a *Continuity of Operations Plan*, or COOP as it's sometimes called, and a plan to submit it for board approval and submission to the Executive Office of Age and Independence.

### *Continuity of Operations Plan (COOP)*

The Continuity of Operations Plan (COOP) ensures that OCPC AAA can maintain essential services to older adults and caregivers during emergencies that disrupt normal operations. This includes natural disasters, public health crises, infrastructure failures, and other threats to safety or service delivery.

### **Essential Functions**

**OCPC AAA will prioritize the following services during emergencies:**

- The OCPC-AAA LTC and Assisted Living Ombudsman programs,
- Offering support to AAA grantee organizations and other community partners.
- Communication with AGE, ACL, and local emergency management

**And the following services through Old Colony Elder Services and our local COAs:**

- Information & Referral (I&R) and Options Counseling
- Nutrition access (Home Delivered Meals and emergency food)
- Transportation coordination for medical and essential needs
- Caregiver support and wellness checks

### **Leadership and Delegation**

In the event of an emergency:

- The Executive Director will activate the COOP and serve as Incident Lead.
- The Emergency Coordinator will manage logistics, supplies, and staff assignments.
- The Communications Lead will issue alerts and coordinate public messaging.
- AAA staff will communicate and assist with community partners

### **Alternate Work Arrangements**

- Staff will transition to remote work using secure laptops and cloud-based systems.
- All critical documents and client records are backed up and accessible remotely.

- Virtual platforms (Zoom, Teams) will be used for coordination and client support.

### **Emergency Communication**

- Internal alerts via phone tree, email, and SMS.
- Public updates via websites, social media, and local media outlets.
- Direct outreach to high-risk clients and caregivers.
- Multilingual messaging for limited English proficient populations.

### **Resource Coordination**

OCPC AAA maintains agreements with:

- Old Colony Elder Services (OCES) for emergency nutrition and transportation.
- Municipal emergency management departments for coordinated response.
- Title III sub-grantee organizations.

### **Recovery and Resumption**

- Post-event debriefing and evaluation will be conducted within 30 days.
- Services will resume in phases based on safety and resource availability.
- Lessons learned will be incorporated into future COOP revisions.



Rebecca Coletta, *President* | Mary Waldron, *Executive Director*

Phone: (508) 583-1833

70 School Street  
Brockton, MA 02301

[mwaldron@ocpcrpa.org](mailto:mwaldron@ocpcrpa.org)  
[www.oldcolonyplanning.org](http://www.oldcolonyplanning.org)

## OCPC AAA Emergency Response Quick Guide

For Staff, Volunteers, and Partner Agencies

### ◆ What to Do in an Emergency

- Follow instructions from the Executive Director or Emergency Coordinator
- Use the phone tree or SMS alert system to confirm your status
- Transition to remote work if instructed; laptops and cloud access are available

### ◆ Priority Services

- LTC Ombudsman Program
- Assisted Living Ombudsman Program
- Home and Community Based Services offered through our COAs and OCES

### ◆ Communication Channels

- Internal: Phone, email, SMS
- Public: Website, social media, local media
- Client Outreach: Direct calls, multilingual messaging

### ◆ Safety Protocols

- Evacuation maps posted in all facilities
- Fire safety drills are conducted annually
- Emergency kits available at all sites
- Coordination with local fire and emergency departments

### ◆ Key Contacts

- Executive Director: Mary Waldron
- Emergency Coordinator: [Insert Name]
- Communications Lead: [Insert Name]
- OCES Emergency Line: (508) 584-1561