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December 13, 2021

Ms. Carolyn Fortner, Executive Director
M4A
P. O. Drawer 618
Saginaw, AL 35137

Dear Ms. Fortner:

This letter is to inform you that your Fiscal Years 2022–2025 Area Plan is approved. The Alabama Department of Senior Services' (ADSS) staff would like to thank you and your Area Agency on Aging (AAA) staff for the time and effort put into this plan and M4A's vision for the future. We ask that you keep a record of your goals and objectives, outcomes and progress every year, and the AAA's top three accomplishments. These should include the top three accomplishments for Elder Rights, Ombudsman, or a system of Advocacy and Rights for the Annual Operating Plans that are due each year. We also ask that the Area Plan be posted on M4A's website for public access.

If you have any questions and/or comments about the Area Plan approval, please contact Programs and Planning Division Chief Nick Nyberg.

Best regards,

Jean W. Brown
Commissioner

Middle Alabama Area Agency on Aging

Regional Plan on Aging Fiscal Years 2022-2025

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Executive Summary

In 1989, the County Commissions of Blount, Chilton, Shelby, St. Clair and Walker entered into an agreement to form the Middle Alabama Area Agency on Aging (M4A) for the purpose of receiving and using Older Americans Act and other funds from the Alabama Department of Senior Services (ADSS) to serve the 60+ population in these counties. M4A is governed by a Board of Directors made up of County Commissioners, community stakeholders, and aging advocates. M4A is monitored by ADSS.

M4A's mission is not only to empower older individuals, people with disabilities and caregivers to self-advocate but also to provide services so that they may age at home with dignity, independence and security. The Older Americans Act services M4A provides include in-home services, legal services, case management, adult day health, recreation, outreach, nutrition, wellness programs, caregiver services, elder abuse education and intervention, and ombudsman advocacy. M4A also provides transportation, no-wrong-door options and benefits counseling, home repair/modifications, telephone reassurance, medication assistance, Medicare counseling, Medicare fraud education, senior employment and job training opportunities, and Medicaid Waiver Services.

Nationally, there are over 600 Area Agencies on Aging in the United States which provide the same or similar services as M4A. In Alabama, there are 13 Area Agencies on Aging which cover all 67 Alabama counties and serve older adults, people with disabilities and caregivers.

Unlike most Area Agencies on Aging in Alabama, M4A is an independent organization which simply means that M4A is not a department or agency within a council of governments. Instead, M4A is a standalone organization solely focused on planning for the needs of older individuals in the M4A region.

M4A's primary source of funding is public funds from the Alabama Department of Senior Services and Medicaid Waiver funding via contract with Alabama Select Network. M4A also receives funding from its County Commissions, health foundations, and from additional grants from the Administration on Community Living and the Center for Workforce Inclusion.

Every four years, M4A and the other Area Agencies on Aging develop a strategic plan with goals and objectives which mirror those of our federal and state partners. To develop this Four-Year Area Plan on Aging, M4A conducts surveys and holds public hearings in order not only to gauge the needs of older adults but also to gauge the resources to meet those needs. M4A also surveys and obtains feedback from its staff, other Area Agencies on Aging, and the Alabama Department of Senior Services. Additionally, M4A researches population, health, poverty, disability and other statistics available from the US Census Bureau and other sources.

M4A's current strategic plan on aging goes through FY2021 with the new strategic plan on aging covering FY2022-FY2025. Development of the FY2022-FY2025 plan was different because of the pandemic which affected the number of surveys M4A was able to get back plus M4A's ability to hold in-person town halls. In addition, M4A's Public Hearing, which was held on

September 2, 2021, was conducted virtually due to concerns over the COVID19 positivity rates in Alabama.

Fortunately, M4A was able to utilize the results of the community needs survey of the Alabama Department of Senior Services to complement the results of M4A's own community needs survey. However, this Four-Year Area Plan on Aging is greatly affected by the pandemic—both the needs that the pandemic exacerbated and the solutions that were developed to meet those needs.

Most of the M4A region is rural with only certain regions of Shelby County being classified as urban by the Alabama Rural Health Association. Because of the growth primarily in Shelby County, the M4A older adult population is projected to be 117,298 by 2040, a 121% growth over 30 years. On average, about 23.8% of the M4A population is 60+ and the life expectancy is 75.26 years. The percentage of minority older individuals in the M4A region is 8.7% with 560 older individuals reporting limited English proficiency. About 8,520 older adults in the M4A region report income below the poverty level; 8,530 adults age 60+ report at least one self-care or independent living difficulty and 6,045 report both a self-care and independent living difficulty. Please see Appendix IX for data and sources.

ADPH County Health Profiles 2018
https://www.alabamapublichealth.gov/healthstats/assets/chp2018.pdf

	Total Population	Life Expentancy	65-85 Population	85+ Population	Total 65+ Population
Blount	57,840	75.10	9,516	1,032	10,548
Chilton	44,153	74.60	6,642	769	7,411
Shelby	215,707	80.90	29,671	3,416	33,087
St. Clair	88,690	75.20	13,437	1,301	14,738
Walker	63,711	70.50	11,244	1,067	12,311
M4A Region			70,510	7,585	78,095
	470,101	75.26	15%	1.6%	16.6%

According to the results of M4A's survey, the following continue to be critical needs for older individuals and people with disabilities in the M4A region: in-home services such as homemaker services, chore services, and personal care; support and relief for caregivers; transportation; home modifications; and food. These needs, other needs, and comments are addressed in M4A's Four-Year Area Plan on Aging. To organize and focus M4A's Area Plan, M4A has the following goals and objectives which are consistent with the goals and objectives of our State Unit on Aging (ADSS) and the Administration for Community Living (ACL):

GOAL 1
Help older individuals and persons with disabilities live with dignity and independence
OBJECTIVE 1: Promote and support service provision and sustainability of OAA programs

GOAL 2
Ensure that older individuals and persons with disabilities have access to services to assist with daily living
OBJECTIVE 2: Promote, advocate, and support service provision, sustainability, and expansion of ACL discretionary grant programs and other funding source programs

GOAL 3
Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives
OBJECTIVE 3: Continue to integrate and support a person-centered approach in all aspects of the existing service delivery system

GOAL 4
Consistently advocate for and promote the rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation
OBJECTIVE 4: Continue to address the issues of elder abuse, neglect, and exploitation by supporting systems change and promoting innovative practices in the field of elder justice

GOAL 5
Ensure that M4A is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs
OBJECTIVE 5: Work with partners to improve the health and well-being of those we serve.

GOAL 6
Support and provide proactive planning and management of programs for strict accountability
OBJECTIVE 6: Provide high-quality, efficient services

Context

Introduction

When M4A was in the process of developing the FY2018-FY2021 area plan on aging, M4A faced the uncertainty of Medicaid Managed Care. This uncertainty has been resolved with M4A and the other Alabama Area Agencies on Aging modifying their waiver services model to successfully partner with Alabama Select Network to provide effective case management that reduces unplanned transitions and allows older individuals and people with disabilities to age in place. As M4A team members have developed the current area plan on aging (FY2022-FY2025), M4A faces other uncertainties and changes resulting from the COVID19 pandemic.

In mid-March of 2020, M4A closed its physical office and began to implement changes so that staff members could perform their responsibilities off-site. Doing this was a tremendous undertaking as it required not only an upgrade of equipment and purchase of electronics but it also required developing policies and procedures to address staff safety, accountability, and client safety, HIPAA and confidentially.

A year later, M4A team members continue to successfully serve hundreds of clients daily with increases in the number of consumers who receive assistance through the ADRC, nutrition program, caregiver program, and much more. Services that are best administered face-to-face or which require extensive outreach and consumer education, such as SHIP, SenioRx, Part D, and the ombudsman program, were the most impacted by the pandemic. However, with the senior centers in Alabama reopening, there is every hope that these programs will resume and reach pre-pandemic levels and that our community ombudsmen representatives will be able to meet and advocate for long-term care residents in person.

There are, unfortunately, problems that the pandemic has brought to light. For example, caregivers who normally receive respite services did not receive respite services during the pandemic. Caregivers were isolated and often without significant relief. In addition, older individuals who live alone were further isolated by pandemic restrictions. So, loneliness, isolation and caregiver stress were and are high.

Fortunately, the Alabama Department of Senior Services (ADSS) provided funding to the Area Agencies on Aging to purchase and provide robotic pets to older individuals experiencing loneliness and isolation. These robotic pets have proved to be highly effective at providing companionship to older individuals experiencing loneliness, thus reducing their feelings of social isolation. This program will continue in Alabama.

In addition to this, the federal government has provided relief funding through the CARES Act (Coronavirus Aid, Relief, and Economic Security Act) and through ARPA (the American Rescue Plan Act). Funding from both of these federal acts has allowed M4A to meet the needs of older individuals during the pandemic. For example, M4A was able to meet all requests for meals, thus eliminating the nutrition waiting list. In addition, M4A was able to purchase and distribute

pandemic information and supplies to over 2,500 people in our region. These pandemic care packages included wipes, hand sanitizer plus information about COVID19, handwashing, social distancing, and how to contact M4A. M4A was able to provide temporary housing for older individuals who lost their jobs and then their homes during the pandemic. Fortunately, we were also able to provide housing to a couple of older individuals who became homeless after fleeing abusive homes during the pandemic. For these individuals in such extreme and vulnerable situations, the additional federal funds were a godsend that allowed us to purchase clothing, food, and toiletries until permanent housing and case management were secured. For many older individuals, M4A purchased hand sanitizer, masks, sanitizing spray, and even toilet paper because these were the supplies that consumers needed and could not find at the beginning of the pandemic.

On this side of the pandemic—over 1 year after the physical office closed—M4A is a more robust, creative and nimble organization. We learned that we can quickly change to meet the needs of the people we serve and that to change to better serve our consumers is essential to the M4A mission. So, for M4A, things will never "get back to normal." The changes brought about by the pandemic have made us a stronger team.

During the next 4 years, M4A will continue to respond to the problems brought to light by the pandemic plus build on the successful projects and partnerships that served and continue to serve our target consumers.

Demographics, Overview and Targeted Populations

The Middle Alabama Area Agency on Aging region includes five counties which surround Jefferson County and comprise 5 of the 6 counties of the Regional Planning Commission of Greater Birmingham: Blount, Chilton, Shelby, St. Clair, and Walker. According to the Alabama Rural Health Association, 4 of M4A's counties are rural: Blount, Chilton, St. Clair, and Walker. Blount County is further characterized as highly rural and Chilton, St. Clair, and Walker counties are moderately rural. Shelby County is urban. The criteria for classification as a rural county indicate that the M4A region is still heavily agricultural especially Blount County.

According to the *AGID Custom Tables, County Level Population Estimates (2018)*, the M4A region has a total of 470,101 people. Of these, 108,190 people, or 23.8%, are 60 years of age or older. The percentage of minority individuals aged 60 and older is approximately 8.7% or 10,094 people. In addition, according to *AGID Custom Tables Census (County Results)*, approximately 69% of all people age 60+ living in the M4A region live in a rural area; 8,520 elders live below the poverty level; 21,420 elders live alone; and 1,475 minority elders live below the poverty level. There are approximately 560 individuals age 60+ living in the M4A region who speak English not well or not at all.

Table 1: M4A Demographic Information

M4A DATA

Year	Geography	County	Total Population - All Ages	Age 60 and Older	Age 60 and Older	Population Age 60 and Older Minority	Percent of Population Age 60 and Older Minority	Rural Count	Rural Percent	Income in the past 12 months below poverty level	Living Alone	All Minority Below Poverty
2018	Alabama	PSA 3	470,101	108,190	23.8%	10,094	8.7%	49,181	69%	8,520	21,420	1,475
Data Source Citation			AGID - Custom Tables - County-Level Population Estimates Data: Results (acl.gov)					https://agid.acl.gov/CustomTables/Census_County/Results/		https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21055&stateabbr=AL	https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21010A&stateabbr=AL	https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21039&stateabbr=AL

Table 2: M4A Limited English-Speaking Population

Alabama 2011-2015
Table S21014B - Ability to Speak English for the Population 60 Years and Over
Universe: Population 60 years and over
[Based on a sample. Rounded data. Data are suppressed for geographic areas if they do not meet the specified population threshold.]

	Total, Population 60 years and over					
	Speak language other than English:					
	Speak English "not well"		Speak English "not at all"			
Geography	Estimate	Standard Error	Estimate	Standard Error		
Geographic ID						
01000US	2032455	8612	1403180	9774	United	United
04000US01	3480	297	1920	217	Alabama	Alabama
00000US0100003	410	96	150	50	PSA 3	PSA 3
05000US01009	50	27	145	50	Blount	Blount
05000US01021	55	41	0	15	Chilton	Chilton
05000US01115	35	24	4	4	St. Clair	St. Clair
05000US01117	205	73	0	16	Shelby	Shelby
05000US01127	65	26	0	16	Walker	Walker

In addition, 8,530 people 60 years of age or older living in the M4A region report one or the other self-care or independent living difficulty, whereas 6,045 report both a self-care and independent living difficulty.

Table 3: M4A Elderly Population with Disability

Alabama 2011-2015
Table S210DIS12 - Sex by Age by Self-Care/Independent Living Difficulties
Universe: Civilian noninstitutionalized population 18 years and over
[Based on a sample. Rounded data. Data are suppressed for geographic areas if they do not meet the specified population threshold.]

Geography		Total, Civilian noninstitutionalized population 18 years and over							
		Male:				Female:			
		60 years and over:				60 years and over:			
		Has both self-care and independent living difficulties		Has one or the other self-care or independent living difficulties		Has both self-care and independent living difficulties		Has one or the other self-care or independent living difficulties	
		Estimate	Standard Error	Estimate	Standard Error	Estimate	Standard Error	Estimate	Standard Error
Geographic ID	Geographic Name								
01000US	United States	1307975	4770	1765040	5157	2376695	8517	3146240	7103
04000US01	Alabama	26165	627	38000	560	47915	758	61515	821
00000US0100003	PSA 3	2390	193	3170	207	3655	283	5360	324
05000US01009	Blount County	290	64	425	78	370	65	795	107
05000US01021	Chilton County	360	72	445	91	445	90	515	98
05000US01115	St. Clair County	545	110	565	113	495	111	1060	148
05000US01117	Shelby County	670	97	700	96	1435	180	1800	143
05000US01127	Walker County	525	77	1030	113	910	102	1190	140
								9015	

The US Census Bureau (2018) predicts that the M4A population will increase by 17.21% from 2020 to 2025 and 121.2% from 2010 to 2040. So, the projected population growth rate for the M4A region is significant.

Table 4: Projected Population Growth

2018 series

	Census 2000	Census 2010	2020	2025	2030	2035	2040	Change 2010-2040 Number	Change 2010-2040 Percent	Change 2020 -2025 Number	Change 2020 -2025 Percent
Alabama	579,798	657,792	851,293	970,297	1,067,787	1,114,140	1,144,172	486,380	73.9	119,004	13.98%
Blount	6,558	8,439	10,800	11,922	13,003	13,766	14,275	5,836	69.2	1,122	10.39%
Chilton	5,097	5,921	7,159	8,016	8,602	8,903	9,231	3,310	55.9	857	11.97%
St. Clair	7,578	10,909	15,078	17,612	20,438	22,577	24,651	13,742	126	2,534	16.81%
Shelby	12,179	20,627	34,714	43,182	51,263	57,471	63,447	42,820	207.6	8,468	24.39%
Walker	10,453	10,894	13,418	14,409	14,821	14,581	14,006	3,112	28.6	991	7.39%
M4A TOTAL	41,865	56,790	81,169	95,141	108,127	117,298	125,610	68,820	121.2%	13,972	17.21%

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

Finally, according to the Alabama Department of Public Health (*County Health Profiles, 2018, www.alabamapublichealth.gov/healthstats*), the M4A 65+ population is approximately 44.6% male and 55.4% female. The median age of all people in the M4A region is 40.3 years of age and life expectancy is 75.26 years with Shelby County having the longest life expectancy at 80.9 years and Walker County having the shortest life expectancy at 70.5 years.

Evaluation of Needs Assessments and Challenges and Advantages

Community Needs Assessment: M4A Results and ADSS Results

To prepare for the area plan, M4A developed a community needs survey and distributed it through coordinators, case managers, and through M4A's e-newsletter. The total number of people responding to the survey was 113. Approximately half of the respondents were caregivers

and there was an equal percentage of men and women responding to the survey. A little less than half of the respondents were from Shelby County and most had at least a high school diploma or GED with some college. The income of most of the respondents was under $1,095 per month.

In addition to using these survey results, M4A also used the survey results from the Alabama Department of Senior Services (ADSS). The results of the ADSS survey were statewide and statistically significant due to the scope of the survey and number of respondents.

According to the M4A survey, transportation, in-home assistance, home repair and home modification, assistance to caregivers, household and medical supplies, and food were the top senior needs. Other senior needs reported in the survey include activities to combat social isolation, fall prevention and other wellness programs, medication assistance, financial assistance to pay utility and other bills, legal assistance, and adult day care.

According to the survey results of the Alabama Department of Senior Services, the top needs that were identified are safety and crime prevention, emergency preparedness information, prescription drug assistance, in-home care, legal assistance, affordable housing, employment, caregiver support, home repairs, and transportation assistance.

In addition, the responses from the caregivers surveyed by ADSS indicate that most caregivers seek respite services to relieve stress and that most respite services last less than one day for caregivers. Although less than one day seems inadequate considering the percentage of Alabamians who are caregivers, almost 47% of the 199 caregivers surveyed said that the length of caregiver respite services was enough or sufficient. Over half of the caregiver respondents, however, responded that the length of time for respite services was not enough or they did not know whether it was enough or not. A majority of the caregivers that were surveyed, more than 53%, said they were extremely stressed and another almost 27% said they were moderately stressed. At least 55% of 223 caregiver respondents said their care recipient needed continuous assistance and 26.46% of respondents said that their care recipient needed frequent assistance.

M4A Town Hall Meeting
M4A held a virtual Town Hall Meeting on August 19, 2021. There were 43 people who participated in the Town Hall Meeting.

After providing an overview of the Aging Network in Alabama and the purpose, goals and objectives of the Area Plan, the Executive Director of M4A opened up the meeting to public comment. Below are the suggestions and comments plus M4A's responses:

Town Hall Comment/Suggestion	M4A Response
Utilize funding to purchase a handicap accessible bus to provide transportation for individuals to grocery stores or doctor's visits.	M4A does not have funds to purchase a bus or van. However, M4A understands that transportation is a top priority for older individuals. M4A will follow up on the need for transportation by maximizing its existing

	funding for transportation, working with other groups to provide additional or alternate forms of transportation, and by better understanding the transportation need.
Provide home modification services to people in Walker County.	M4A has received funds to provide home modifications in all 5 of its counties. What M4A needs are volunteers in the community who are willing to undertake home modification projects. M4A has its own AIM Home Repair Program that will continue to garner funding plus develop community relationships to increase the number of people who receive home modification services.
Advocate for increase in SCSEP participant wages and increase in time (durational limit) on the SCSEP program.	M4A has and will continue to advocate for changes that will benefit SCSEP participants and the SCSEP program.
Use technology to decrease social isolation.	From the Town Hall, M4A learned of many other resources to decrease social isolation. These online and telephonic resources will be shared through M4A's ADRC.

M4A SWOT Analysis

In preparation for the area plan, M4A also did a SWOT analysis. In this analysis, M4A team members identified the following strengths of the organization: the agency culture which is described as teamwork, flexibility, work-life balance, and an open-door policy. The other strength is the quality of services provided to clients with words such as integrity, dedication, cross training, and excellent care being used to describe the services to clients or the way in which services are provided. There was also a recognition that M4A strives to put clients first and is willing to take risks and be innovative in order to solve clients' problems or to meet needs. The last strength that was identified was M4A's reputation in the community and that M4A is highly respected, respected in the community, and engaged with community entities.

The weaknesses identified in the SWOT analysis include high staff turnover, lack of training, and salaries. Related weaknesses include employee burnout and employees having too many responsibilities for low pay, too much information provided to new employees, and too much paperwork. Another weakness cited by M4A team members is lack of office space.

The opportunities identified by staff members include outreach and pandemic outreach as there seemed to be a concern that consumers would not or did not know that M4A was continuously operating and available to help people during the pandemic. Examples of "opportunities" included more online and virtual training, more social media, TV commercials, and newspaper outreach. Other opportunities identified by M4A employees:

1. Helping senior citizens and people with disabilities access COVID vaccinations,
2. Developing training programs for the staff,
3. Developing additional partnerships,
4. Reviewing job descriptions and organizational structure,
5. Considering a new office building,
6. Creating an M4A nonprofit organization,
7. Expanding all M4A programs to increase the number of clients we serve (doing more and providing more to more people),
8. Developing additional business lines, and
9. Expanding Medicaid Waiver programs.

The threats identified by the M4A Team focused on the growth in the overall older adult population, the lack of direct service providers in M4A's predominantly rural region, consistent funding to meet the needs of our target population, being unprepared to meet the diverse needs of the older adult population (including people with disabilities), inability to raise employee salaries to compete with the Birmingham and private sector markets, addressing burnout, and combating the sense of isolation due to the pandemic.

M4A Internal Challenges: A Strong Team Dedicated to Clients and Each Other
At M4A, we strongly believe that one of the main priorities of the executive administrative team is to serve the staff of M4A so that staff team members have what they need to best serve the people in our region. So, the admin team takes the concerns of our fellow team members seriously and have already begun to address some of the internal concerns and criticisms of the organization.

Around October 2020, M4A's Executive Director, with authorization from the M4A Board and support of the other members of the executive admin team, engaged the services of Tate & Associates, a human resource consulting and coaching organization. Tate & Associates interviewed and surveyed all M4A employees and Board members in order to evaluate the organization. They then updated job descriptions, competencies, interview questions, performance evaluations, and also made recommendations for organizational changes, human resources software, salary structure, and board engagement. The recommendations and changes suggested by Tate & Associates will be submitted to the M4A Board for review and approval. However, the process of evaluating the organization by a third party has already had positive effects on Team M4A.

For example, the Board has already approved organizational changes to M4A which will create upper-level management positions to relieve some burden from coordinators and case managers so that they have the time to focus on consumer or client services. As a result of the human resources review, M4A has also divided a few job descriptions to un-layer certain employees who just had too many responsibilities. For example, the Special Projects Coordinator was previously a standalone position at M4A that was incorporated into the Alabama Cares Program to help with grandparent caregivers. Now, the Special Programs Coordinator is a standalone position under Community Services, again, and there is an additional dedicated Coordinator in

Alabama Cares dedicated to grandparents and other caregivers whose needs and burden have increased during the pandemic.

In addition, M4A has heard loud and clear that our new staff members need better onboarding and training. For the Medicaid Waiver Team, for whom training and burnout impacts the most, M4A has a new Medicaid Waiver Trainer who will be dedicated to providing onboarding and continuous training to Medicaid Waiver Case Managers. The Medicaid Waiver Trainer will also be responsible for providing required ASN training and developing additional training to comply with NCQA accreditation.

M4A has also moved operations from our Director of Human Resources to our Administrative Director who now oversees Operations and Strategy. The Administrative Director no longer supervises any programs at M4A so that the Administrative Director (now the Director of Operations and Strategy) can focus on operations, especially IT, which has been critical to successful operation during the pandemic. Our Director of Human Resources, who has been inundated with the need to hire more Case Managers, can focus on human resources, onboarding, and managing M4A's social work interns.

To further combat the sense of "employee disconnect" and employee burnout, M4A has begun to have teambuilding activities and trainings where Team members can get to know each other. M4A has also received Board approval to look at potential properties or buildings for a permanent M4A home office.

Although M4A will probably never be able to compete with private sector salaries, M4A has begun to show its employees the benefits that accompany employment with M4A, such as retirement benefits, paid holidays, accumulation of paid sick and personal leave, and individual health and dental benefits. M4A also communicates with other Area Agencies on Aging as they undergo salary review to make sure that M4A's compensation and benefits are aligned.

M4A's Administrative Team is committed to continuous improvement and will make additional changes as the M4A Board authorizes. The remaining survey results (needs), opportunities and threats will be addressed in the Goals and Objectives section of this Area Plan as follows:

M4A Survey	ADSS Survey
Transportation: Goal 1 Supportive Services	Safety and crime prevention
In-home assistance: Goal 1 Supportive Services	Emergency preparedness information: Goal 2 (Disaster Preparedness also related to safety)
Home repair and modifications: Goal 1 Supportive Services	Prescription drug assistance: Goal 2
Assistance to Caregivers: Goals 1 and 5	In-home care: Goal 1 Supportive Services
Activities to combat social isolation: Goal 1 Supportive Services (Friend-in-Me)	Legal assistance: Goal 1 Supportive Services
Fall prevention and other wellness programs: Goal 1	Affordable housing
Medication assistance: Goal 2	Employment: Goal 1
Financial assistance to pay utility and other bills: Goal 5	Caregiver support: Goals 1 and 5
Legal assistance: Goal 1 Supportive Services	Home repairs: Goal 1 Supportive Services
Adult day care: Goal 1 Supportive Services	Transportation Assistance: Goal 1 Supportive Services

M4A's Area Plan Goals and Objectives align with those of its State Unit on Aging, the Alabama Department of Senior Services.

Goals and Objectives

<u>Focus Area A: Older Americans Act Programs</u>

Title III-B: Supportive Services

Title III-B Supportive services is a variety of services funded and authorized under the Older Americans Act and designed to support independence, facilitate access, and provide information and assistance. Title III-B Supportive Services include the following: Information and Assistance (provided by M4A's ADRC as an access service or gateway to other M4A and community services); Personal Care, Homemaker, and Chore services (M4A provides homemaker services and chore services through contract. Homemaker services are mainly for the provision of light housekeeping. Chore services include lawn maintenance although M4A uses Chore funds mainly for home maintenance); Adult Day Care (M4A sponsors 3 adult day care slots with Title III-B funds and uses other funding sources to support the work of a faith-based organization expanding adult day respite); Case Management; Transportation (M4A has public transportation agreements; transportation is offered in each county in the M4A region); Legal Assistance (M4A provides legal assistance through contract); Telephone Reassurance (M4A provides Telephone Reassurance through its Friend-in-Me Program which helps combat loneliness and social isolation); Outreach (M4A conducts many outreach events); Recreation (recreation is provided largely through the senior centers); Public Education (M4A provides many public education opportunities and event); and Marketing or Public Information (M4A publishes a weekly newsletter and maintains a presence on social media).

Title III-C: Nutrition Services

The Elderly Nutrition Program provides people who are 60 years of age or older meals, either in the congregate or homebound setting, which meet the one-third recommended dietary allowance. Title III-C also provides other services such as nutrition education and nutrition counseling.

Title III-D: Evidence Based Disease Prevention and Health Promotion

Title III-D programs promote healthy living through evidence-based programs in group settings. Part D programs offered by M4A include the Arthritis Foundation Exercise Program, the Arthritis Foundation Walk with Ease Program, Tai Chi, A Matter of Balance, Bingocize, Stress Busters, and Chronic Disease Self-Management Education.

Title III-E: Alabama Cares

The Alabama Cares program provides support to family caregivers through respite, supplemental services, interventions, support groups, and much more. The help provided by Alabama Cares is designed to provide caregivers with temporary relief of their caregiving responsibilities. The Alabama Cares program also seeks to develop resources for caregivers so that caregivers can better care for themselves.

Title V: Senior Community Service Employment Program (SCSEP)
SCSEP provides job training at host agencies to people 55 years of age or older who meet certain income guidelines. SCSEP participants are placed at non-profit or public organizations where they gain new skills while looking for regular employment. While the SCSEP participant gains job experience, he or she is also paid an hourly wage while contributing to the host agency.

Title VII: Ombudsman
Long-term care ombudsmen are representatives of the State Long-Term Care Ombudsman. They advocate for residents in long-term care facilities and also investigate complaints. Long-term care ombudsmen provide education on residents' rights and attend family and resident council meetings by invitation to provide education on systemic issue which impact long-term care.

GOAL 1
Help older individuals and persons with disabilities live with dignity and independence

OBJECTIVE 1
Promote and support service provision and sustainability of OAA programs

Title III-B (Supportive Services)	
Strategies	Projected Outcomes
• Partner with local faith-based organizations and other volunteer groups on home repair/modification projects • Hire a Community Services Manager to plan and implement outreach events in the M4A region • Partner and provide funds to faith-based organizations/nonprofit organizations to start or expand adult day respite • Increase the number of service providers for homemaker services • Expand M4A's Friend-in-Me or Telephone Reassurance Program • Hold listening sessions on transportation needs in the M4A region • Work with existing transportation providers to promote transportation services • Increase legal services outreach to generate additional referrals	• More people in the M4A region will have access to in-home services and receive in-home services such as chore/home repairs and homemaker services • More people in the M4A region will have access to adult day care to relieve caregiver stress/burden and to provide meaningful activities to people with dementia • More people will know about the services provided by M4A through outreach events and also be able to access services through outreach events • More people will know about other community-based organizations and their services through M4A's outreach events and partnerships • M4A will have a better understanding of the transportation needs and resources in its region • More older individuals in the M4A region will use public transportation

	• More older individuals will be aware of OAA legal services
Title III-C (Nutrition)	
Strategies	Projected Outcomes
• Increase outreach through M4A's Community Services Department to make people aware of the senior centers and the activities/services senior centers provide • Work with a Registered Dietician to develop an outreach plan for the senior centers • Recruit Meals on Wheels volunteers	• More people will participate at the senior centers in the M4A, hopefully as many people as before the pandemic • More people in the M4A region will be aware of nutrition counseling services through outreach by the Registered Dietician (measured by number of referrals for nutrition counseling) • There will be more Meals on Wheels volunteers to provide hot meals and friendly visits to the homebound nutrition clients in the M4A region
Title III-D (Evidence-Based Disease Prevention and Health Promotion)	
Strategies	Projected Outcomes
• Conduct outreach at senior centers, now that they have reopened, to revitalize interest in Part D programs • Advertise Part D programs through M4A's e-newsletters • Recruit lay leaders/volunteers to provide Part D programs in the M4A region	• More people will participate in the Part D programs offered in the M4A region • More people will attend the senior centers in the M4A region as a result of the Part D programs • M4A will have at least one 1 Lay Leader volunteer in each county
Title III-E (Alabama CARES)	
Strategies	Projected Outcomes
• Provide administrative support to the Alabama Cares Team members • Have 1FTE focused on Grandparent Caregivers	• More people will receive grandparent services • More people will receive an evidence-based caregiver intervention
Title V (SCSEP)	
Strategies	Projected Outcomes
• Participate in more outreach events • Develop more partnerships in the public sector or better leverage existing partnerships • Develop partnerships with companies or individuals in the private sector	• There will be more host agencies that provide opportunities to SCSEP participants to improve their resume and gain new job skills • There will be more organizations and people who are aware of SCSEP in order to increase the number of host agencies and potential unsubsidized employers

Title VII (Ombudsman)	
Strategies	Projected Outcomes
• Hire an additional 1FTE long-term care ombudsman • Rework the job description of the long-term care ombudsman so that responsibilities are adequately and reasonably divided between 2FTE long-term care ombudsmen	• Greater compliance with State Ombudsman requirements for quarterly meetings of the ombudsman Advisory Council • M4A will have one CNA Appreciation event • M4A will develop materials, training programs and/or workshops to focus on a systemic issue in long-term care

Focus Area B: Administration for Community Living Discretionary Grants and Other Programs

The Aging and Disability Resource Center (ADRC)
The ADRC provides information, referrals, resources, and options/benefits counseling to individuals in need of help. The ADRC serves as a single-point-of-entry and the "no-wrong-door" for people calling M4A. Trained ADRC Specialists complete a written assessment and provide appropriate information, referrals, and resources to meet the caller's needs. Individuals can also schedule appointments for one-on-one, face-to-face assistance. All ADRC staff members received person-centered training.

Medicare Improvement for Patients and Providers Act (MIPPA)
MIPPA provides grant funds for M4A to provide outreach to Medicare beneficiaries who may qualify for programs that lower Medicare deductibles and cover premiums. These programs include the low-income subsidy or LIS and Medicare Savings Programs.

Senior Medicare Patrol (SMP)
The SMP Program provides Medicare fraud education to Medicare beneficiaries and others that will help them to prevent, detect and report Medicare fraud.

State Health Insurance Assistance Program (SHIP)
SHIP provides unbiased counseling to Medicare beneficiaries and Medicare eligible individuals. This counseling is often provided on a one-on-one basis. SHIP Counselors also assist Medicare beneficiaries with plan comparisons and help to explain Medicare benefits and options.

Disaster Preparedness
Disaster preparedness means being prepared in the case of an emergency. In the M4A region, we provide information to consumers on how to prepare for flooding, tornadoes, heat, and ice storms. As an organization, M4A must also prepare for many different types of disasters in order to protect our employees and protect the data and information of our clients. M4A not only has a disaster preparedness plan but also a continuity of operations plan.

SenioRx
SenioRx is the state-funded medication assistance program for people 55 years of age or older, or people on Social Security Disability of any age, who are paying out of pocket for their medicines. For example, the SenioRx Program helps consumers in the Medicare prescription "gap" and people in the Social Security Disability 24-month waiting period to get Medicare. When a consumer does not qualify for cost-free or discounted medications available through the pharmaceutical companies, the SenioRx Program assists consumers to access other types of medication help, such as drug rebates and drug discount cards, through short-term case management.

Medicaid Waiver Services (Elderly & Disabled Waiver, Transitional Assistance Waiver, and Alabama Community Transition Waiver)
Medicaid Waivers provide in-home assistance for people who meet certain financial eligibility requirements and have chronic conditions which put them at risk for nursing home placement. M4A administers the Elderly & Disabled Waiver Program and the ACT Waiver for its region. The TA Waiver in the M4A region is administered by the Regional Planning Commission of Greater Birmingham. The ACT Waiver provides supports and services to enable nursing home residents to transition from a long-term care facility back to the community.

GOAL 2
Ensure that older individuals and persons with disabilities have access to services to assist with daily living

OBJECTIVE 2
Promote, advocate, and support service provision, sustainability, and expansion of ACL discretionary grant programs and other funding source programs

ADRC	
Strategies	Projected Outcomes
• Continue to promote the ADRC through Dementia Friendly training • Promote the ADRC as the "No Wrong Door" at M4A outreach events • Crosstrain M4A personnel on ADRC resources during in-services and staff meetings	• More people will contact M4A's ADRC • More people will visit the M4A website • M4A will have an aging professional workforce to promote the ADRC person-centered concept throughout the M4A region
MIPPA	
Strategies	Projected Outcomes
• Screen participants at outreach events for Medicare low-income benefits such as LIS and QMB/SLMB • Continue to Medicare train all M4A personnel to screen their clients for Medicare preventative services and low-income benefits • Target outreach in rural areas and other focal points where low-income beneficiaries live	• More Medicare beneficiaries will enroll in Medicare low-income benefits such as LIS and QMB/SLMB • More M4A personnel will be trained to screen their clients for low-income benefits • There will be more MIPPA outreach through partnerships

• Partner with other M4A programs, such as AESAP/SNAP and SenioRx, for outreach	
SMP	
Strategies	Projected Outcomes
• Publish Medicare fraud information in the M4A e-newsletter • Distribute Medicare fraud information at outreach events and through presentations	• More people will receive Medicare fraud information • There will be more SMP referrals
SHIP	
Strategies	Projected Outcomes
• Partner with other M4A programs to conduct outreach and enrollment events • Present SHIP information at workshops and conferences • Distribute SHIP information at focal points throughout the M4A region	• The SHIP Coordinator will participate in more outreach events by working with M4A's Community Services Manager • There will be more Medicare beneficiaries and their caregivers or loved ones who know about SHIP • There will be more Medicare beneficiaries who receive SHIP help
Disaster Preparedness	
Strategies	Projected Outcomes
• Review and update M4A's disaster preparedness plan as needed • Review M4A's disaster supplies • Offer CPR training to M4A personnel • Provide disaster preparedness information through M4A's e-newsletter to cover a variety of topics to help consumers prepare for an emergency	• M4A will be better prepared for and supplied in case of an emergency • More M4A staff members will have CPR training in case of an emergency • M4A will help consumers to better prepare themselves for an emergency
SenioRx	
Strategies	Projected Outcomes
• Partner with other M4A programs to conduct outreach and enrollment events • Present SenioRx information at workshops and conferences • Distribute SenioRx information at focal points throughout the M4A region	• The SenioRx Coordinator will have more opportunities for outreach through events coordinated in partnership with M4A's Community Services Manager • More consumers will receive help through the SenioRx Program

Medicaid Waiver (E&D, ACT, TA)	
Strategies	Projected Outcomes
• Participate in health action partnerships in the M4A region • Continue to develop relationships with medical providers to increase awareness of waiver services and to expedite the completion of medical forms by physicians • Develop and implement outreach to increase referrals to the E&D and ACT Waiver Programs	• There will be more medical partners, especially discharge planners, who are aware of Medicaid Waiver Services • There will be more referrals to the EDW and ACT Waiver Programs • More Alabamians in the M4A region will live at home, safely and independently, through the Medicaid Waiver Programs

Focus Area C: Participant-Directed/Person-Centered Planning

Participant-Directed Services and Person-Centered Care Planning
Participant directed services allow a consumer or client to choose their provider which also gives the consumer greater control and responsibility for how, when and who provides the consumer's care. Person-centered planning is designed to place the consumer or individual at the center of his/her care plan by educating, engaging and empowering the individual to set his/her own goals and strategies in order to achieve those goals.

GOAL 3
Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives

OBJECTIVE 3
Continue to integrate and support a person-centered approach in all aspects of the existing service delivery system

Strategies	Projected Outcomes
• Offer person-centered care planning learning opportunities at the local level for M4A partners and staff • Participate in person-centered training offered by the Alabama Medicaid Agency, ADSS, and other state departments • Continue to partner and contract with organizations that promote participant-directed care (like Lifespan Respite) • Look for additional partners and providers in order to offer choice and opportunities for consumers to self-direct	• There will be more M4A Team members who utilize person-centered planning and encourage participant-directed services • More consumers will be engaged in directing their own care and services

Focus Area D: Elder Justice

Elder Justice
Elder justice means that elders can age with dignity without fear of abuse, neglect, exploitation or violence. Elder justice also means that those who harm elders are prosecuted under the appropriate statutes.

GOAL 4
Consistently advocate for and promote the rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation

OBJECTIVE 4
Continue to address the issues of elder abuse, neglect, and exploitation by supporting systems change and promoting innovative practices in the field of elder justice

Strategies	Projected Outcomes
• Continue to develop the Elder Justice Alliance in Shelby County • Expand M4A's Elder Justice Center and Alliance throughout the M4A region • Distribute elder justice materials • Engage disability advocates in the Elder Justice Alliance	• M4A will raise community awareness of the need for elder justice and dignity • M4A will increase the number of partnerships with Adult Protective Services, law enforcement, District Attorneys' Offices, disability advocates and other advocates to develop elder justice resources

Focus Area E: Special Challenges

Dementia (Alzheimer's Disease and Related Dementias) and Caregiving
According to the Alzheimer's Association, Alabama has the second highest mortality rate (54.2%) per 100,000 people in the United States for Alzheimer's Disease and Related Dementias. Mississippi has the highest mortality rate at 55.8%. For its population, Alabama also has a significantly high number of unpaid caregivers (206,000) who provided 225,000,000 hours of caregiving services in 2020. Almost 60% of Alabama caregivers report one chronic condition and almost 30% report depression. Alzheimer's Disease and Related Dementias is a significant health crisis in Alabama which affects caregivers and has a significant impact on health and healthcare. (https://www.alz.org/)

Direct Service Providers' Workforce
The Aging Network in Alabama unfortunately suffers from a lack of DSP workers. Most DSP workers are not paid mileage for travel; so, it is important that workers have clients close to their home base and that clients be in a concentrated geographic area. Because many Medicaid Waiver clients live in rural areas in Alabama, it is difficult to have clusters of clients convenient for workers to maximize their mileage and time. In addition, in the current economy, DSPs may have problems hiring and retaining qualified workers who can make more money with benefits in another industry.

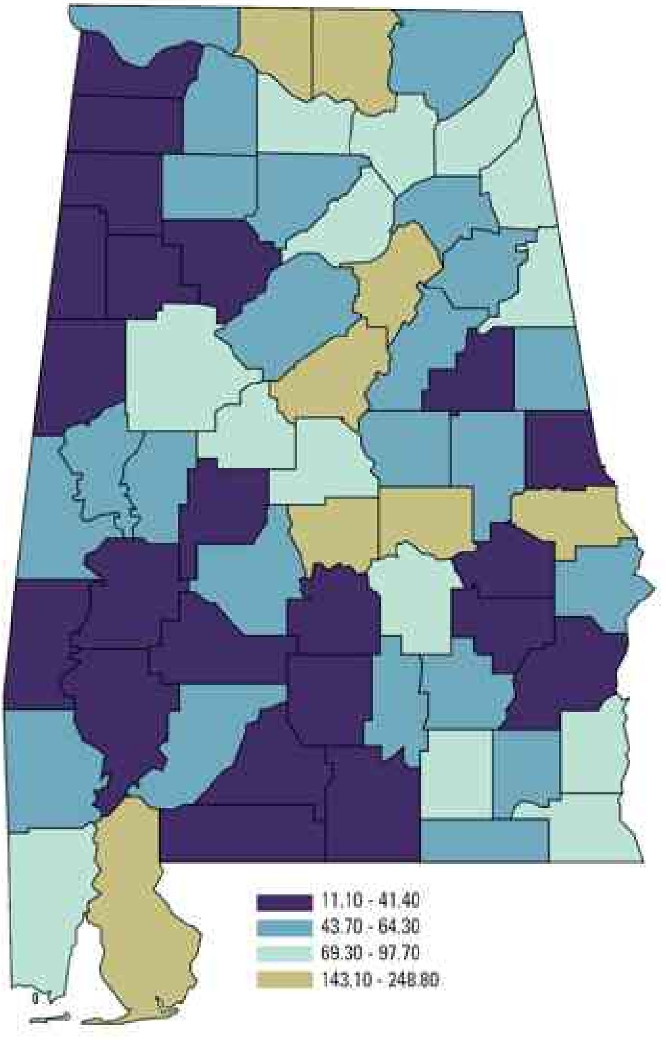
Opioid Use
According to the CDC, Alabama has the highest opioid prescribing rate in the United States at 107.2. Alabama's death rate due to opioids was 16.3 per 100,000 people.
(https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf)

Population Growth
According to the Alabama Department of Public Health, the older adult population in Alabama will increase by over 540,000 from 2010 to 2040, an 82% increase. During the same time frame, the M4A population is projected to increase 121% or by about 68,820 people. The growth rate for M4A exceeds the projected growth rate of older adults for both Alabama and the United States which is projected to increase 98%. So, the boom in the older adult population is being felt by M4A, especially in our Older Americans Act programs such as nutrition, Alabama Cares, and the Aging & Disability Resource Center. To meet the demand to serve older adults, M4A has undergone structural change, received Board approval to hire additional team members, and adjusted job responsibilities. In addition, M4A has formed a nonprofit organization which, in addition to other things, will raise funds and apply for nonprofit grants to increase M4A's capacity to meet the unmet needs of its target population.

Projected Increase in the Elderly Population (2010-2040)	
State Comparison	**Percent**
Alabama	82.4
United States	98.0
Historic Trend	N.A.
Public Health Area	
1	41.6
2	105.5
3	76.0
4	45.2
5	135.4
6	53.4
7	37.6
8	109.2
9	99.2
10	70.8
11	69.3
Rurality	
Rural counties	67.7
Urban counties	93.6
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Projected Increase in the Elderly Population[42]

- Alabama's elderly population is expected to increase by 82.4 percent between 2010 and 2040.
- Alabama will add 542,061 elderly to the population during these years.
- The rate of increase of the elderly population is even more rapid in the United States (98.0 percent increase).
- The highest rate during this period was in Shelby County (248.8) and the lowest was in Perry County (11.1).
- Alabama's projected increase in the elderly population is:
    - Greater for females than males since females have a longer life expectancy.
    - Adding an average of 18,000 elderly per year to the population.
    - Higher in urban counties (93.6 percent) than rural (67.7 percent).



Financial Assistance

During the pandemic, M4A team members became increasingly aware of the need for funds to help older adults with emergency needs such as shelter, home modifications, utilities, food, and medications. With the increase in the price of food and gasoline, these unmet needs anecdotally seem to have grown. So, M4A formed a nonprofit organization in 2021 not only to fundraise to meet unmet needs but also to apply for additional grants which will help meet the critical needs of the people in our region.

GOAL 5

Ensure that M4A is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs

OBJECTIVE 5

Work with partners to improve the health and well-being of those we serve

Dementia (Alzheimer's)	
Strategies	Projected Outcomes
• Continue to provide Dementia Friendly Law Enforcement training • Develop additional dementia partnerships and provide additional resources to caregivers of people with dementia through the ACL funded PANDA Project • Conduct dementia sensitivity trainings	• More community members will recognize M4A as the trusted community partner to contact regarding Alzheimer's disease and related dementias, dementia education, and caregiver resources • There will be more referrals to the ADRC of caregivers and people diagnosed with dementia • There will be more resources for people with dementia and their caregivers such as caregiver interventions, webinars/support groups, and adult day programs
Direct Service Provider Workforce	
Strategies	Projected Outcomes
• Invite DSP representatives and workers to trainings and outreach events held by M4A and other partners • Encourage DSP participation in coalitions and advisory groups	• M4A will strengthen partnerships with DSPs who have and know of additional resources that can support older adults and their caregivers • M4A will increase the number of DSP workers and other partners who are dementia friendly and/or person-centered trained

	• M4A will strengthen its understanding of and ability to advocate for DSPs who serve our shared clients
Caregiving	
Strategies	Projected Outcomes
• Continue to provide respite and supplemental services through M4A's Alabama Cares Program • Continue to provide resources and support to grandparent caregivers • Continue to provide caregiver interventions • Continue to provide educational opportunities to caregivers through the M4A Alabama Cares Program • Work with partners to develop additional resources for caregivers through other grants and the PANDA Project	• More caregivers will receive respite, supplemental, educational, and evidence-based interventions in the M4A region • There will be more adult day respite or adult day care available in the M4A region because of PANDA and other partnerships to provide respite and/or training tools to caregivers
Opioid Abuse	
Strategies	Projected Outcomes
• Designate a staff person to research opioid abuse in each of the M4A counties • Learn of organizations or coalitions involved in addressing opioid abuse in elders	• M4A will have greater knowledge of the opioid abuse problem in each of its counties, the extent of the problem, causes, and results of opioid abuse • M4A will determine how to advocate for older individuals • M4A will develop additional resources and/or partnerships for opioid abuse
Population Increase	
Strategies	Projected Outcomes
• Review the 2020 Census data for the M4A region as data applies to M4A's target populations • Review M4A's organizational structure and division of responsibilities in relation to the needs of our population • Make changes in the M4A structure and division of responsibilities based upon future projections	• M4A will understand where our population will grow • M4A will make changes to its structure and job responsibilities based upon client needs • M4A will be better structured to meet the population increase

Financial Assistance	
Strategies	Projected Outcomes
• Develop a campaign to raise awareness of senior needs during the pandemic • Raise funds through M4A's nonprofit organization • Apply for grants available to nonprofit organizations	• M4A will have additional funds that will be used to help more people with critical or emergency needs • More people in the M4A region will receive help with their critical or emergency needs.

Focus Area F: Quality Management

Quality Management
M4A is dedicated to operating all of its programs and services with transparency, making the most of funding and partnerships to strengthen its service delivery system, fulfill the mission of M4A and to comply with Older Americans Act assurances. To operate transparently and effectively, M4A takes measures to empower employees with knowledge about their particular program, both operationally and fiscally. Additionally, M4A directors and managers monitor programmatic achievement and fiscal expenditures at least monthly to ensure that team members are on course to fulfill M4A's agreements with its State Unit on Aging, the Alabama Department of Senior Services. M4A is also dedicated to the professional development of staff members and encourages staff members to attend conferences and workshops. Additionally, M4A offers in-house training on a variety of topics to ensure M4A consumers experience both professional and compassionate interactions with M4A team members. Finally, M4A routinely reviews its policies and procedures and organizational structure to increase efficiencies.

GOAL 6
Support and provide proactive planning and management of programs for strict accountability

OBJECTIVE 6
Provide high-quality, efficient services

Data Reporting/Information Technology	
Strategies	Projected Outcomes
• Restructure IT and reporting responsibilities at M4A • Hire an administrative assistant to support IT and data reporting • Participate in Wellsky trainings and provide feedback to ADSS as needed or requested	• M4A will have a designated Wellsky Administrator to oversee all data going into this reporting system • M4A will have a designated person to oversee IT and who will work with the Wellsky Administrator and M4A's IT contractor • M4A will have key leads to ensure that staff members have adequate training to enter data promptly and accurately
Program Monitoring	
Strategies	Projected Outcomes
• Continue to meet with program coordinators on a monthly basis to gauge program and fiscal performance against grant agreements and budgets • Hire upper-level managers to work directly with Directors and	• Program Coordinators will have the support they need in order to achieve the goals of their programs • Program Coordinators will be empowered with knowledge of their

Coordinators at M4A to ensure the program administration is more effective, service definitions are understood, and that reporting is timely and accurate	program goals/objectives as well as the budget for their programs • M4A Executive Team members will be able to monitor budgets and programs/services in order to work with Coordinators and other Team members to ensure that programmatic and fiscal goals are being met
Training	
Strategies	Projected Outcomes
• Continue to require Coordinators' participation in all ADSS training • Continue to provide training opportunities to M4A staff including annual HIPAA training, confidential/conflict of interest training, mandatory reporting training, person-centered training, cultural sensitivity training and much more • Provide adequate onboarding to all new M4A staff members • Provide adequate Wellsky and service definition training to M4A Older Americans Act Team members • Provide other training to M4A Team members in different formats (hands-on, face-to-face, visual, online, etc.,)	• M4A will have a professional Team that is supported by training, their managers, and Directors • M4A Team members will understand and comply with HIPAA and confidentiality • M4A Team members will be offered opportunities for continuous improvement and professional development

Attachments

I. Verification of Intent
II. Area Plan Assurances
III. Advisory Board
IV. Board of Directors
V. Agency Organizational Chart
VI. M4A Grievance Policy
VII. M4A Conflict of Interest Policy
VIII. Planning and Service Area(s) Map
IX. Current/Future Aging and Disability Demographics
X. Emergency/Disaster/Pandemic Plan(s)
XI. Documentation of Virtual Town Hall Meetings and Needs Surveys
XII. Documentation of Public Hearing
XIII. Request for Waivers

Attachment I: Verification of Intent

Verification of Intent

Middle Alabama Area Agency on Aging hereby submits the area plan on aging for the period of October 1, 2021 through September 30, 2025 to the Alabama Department of Senior Services. The operating agency named above was given the authority to develop and administer the area plan on aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordinator of all regional activities related to the purpose of the Act as the designated Area Agency on Aging. This includes, but is not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for seniors in the region.

This plan is hereby approved by the Advisory Board and Operating Agency Board of Directors and constituents authorized to proceed with activities under the plan upon approval of the State Unit on Aging.

The area plan hereby submitted was developed in accordance with all state and federal statutory and regulatory requirements.

This plan is based upon projected receipts of federal, state, and other funds and thus is subject to change depending upon actual receipts and/or changes in circumstances. Substantive changes to this plan will be incorporated through amendments to the plan.

September 7, 2021	[signature]
Date	(signed) Chairman, M4A Board of Directors
September 7, 2021	[signature]
Date	(signed) Executive Director

Attachment II: Assurances

AREA PLANS

SEC. 306. (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 subclause (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 subclauses
(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

(I) 7 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 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; 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) provide assurances that—
(A) 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; and
(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; and
(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.
(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
(2) Such assessment may include—
(A) the projected change in the number of older individuals in the planning and service area;
(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
(A) health and human services;
(B) land use;
(C) housing;
(D) transportation;
(E) public safety;
(F) workforce and economic development;
(G) recreation;
(H) education;
(I) civic engagement;
(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.
(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose

of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
(2) In accordance with an agreement entered into under paragraph
(1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
(B) At a minimum, such procedures shall include procedures for—
(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and
(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home- and community based services and supports.

I have read the above Area Plan information ADSS extracted directly from the Older Americans Act (OAA) regarding submission of Area Plans.

______________________	July 23, 2021
Signature of AAA Director	Date

PRINT NAME
Carolyn G. Fortner, Executive Director

Attachment III: M4A Advisory Board

The Area Agency on Aging will 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, representatives of older individuals, 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.

AAA: Middle Alabama Area Agency on Aging, Area Plan FY: 2021

NAME	OLDER INDIVIDUAL			REP. OF OLDER INDIVIDUAL	LOCAL ELECTED OFFICIAL	PROVIDER OF VETERANS' HEALTH CARE (if appropriate)	GENERAL PUBLIC MINORITY
	MINORITY	RURAL	CLIENT/ PARTICIPANT?				
Bekah Wood							
Chris Green					X (Blount County Commission)		
Jane Childers				X (Snead Senior Center)			
Kathleen Monaghan				X (Red Cross)			
Melissa Thomas		X		X (Stewarts Chapel UMC Food Panty)			
Patricia Seames				X (Red Cross)			
Sandra Smith		X		X (ASHL)			
Suzanne "Suzy" Shelton				X (Golden Living)			

Jon Head					X Fire Chief		
Kendal Head							
Alexus O'Neal							
Carolyn Thomas				X (Clanton Senior Center)			
Carolyn Fortner		X		X (M4A)			
Jessie Carter		X		X (Chilton Co. Transit)			
Lagora Lykes							
Marilyn Colson				X (DHR)			
Pam Boykin				X (Southern Care Inc.)			
Patty Drake				X (DHR)			
Ryan Leonard				X (M4A)			
Tammy Noah				X (SunCrest Home Health)			
Terry Collier				X (Chilton Emergency Assistance)			
Tim Bryant		X		X (DHR)			
Tim Thompson				X (Lighthouse Church/Senior			

				Center Meal Delivery Driver)				
Barbara Roberts				X (Pelham Library/Senior Center)				
Beverly Baker								
Billy Jones		X						
Carolyn Neiswender								
Carolyn Williams				X (DHR)				
Corine Matt				X (DHR)				
Ester Graham								
Jameka Brooks				X (Shelby Emergency Assistance))				
Kayla Briggs				X				
Kirby Henderson				X (ARC of Shelby Co.)				
Penny Kakoliris				X (Positive Maturity)				
Mary Piazza								
Susan Tedford								
Mary Neff								

Tiffany Chess				X (Children's Rehab Service)			
Addie Duke				X (Moody Senior Center)			
Aisha Martin				X (St. Clair Co. Extension Office)			
Ellen Allen		X		X (Community Action Agency)			
Elsie Allen				X (Lakeside Hospice)			
Hiliary Hardwick				X (VA)			
Janet Smith		X		X (St. Clair Public Transportation)			
Jenny Baldone							
June Ford		X					
Nina Barnes				X (Community Action Agency)			
Sandi Nicholson				X (DHR)			
Sharon Smith		X		X (Lakeside Hospice)			
Thelma Richardson				X (DHR)			
Valerie Harp				X (ADPH)			
Melanie Carroll							

Brian Maloney		X		X (Walker Baptist Hospital)			
Ira Farris				X (Hospice)			
Jami Fike				X (Hope Clinic)			
Joanna Brand		X		X (ARC of Walker Co.)			
Johnnah Baker							
Lona Courington		X					
Matthew Mitchell				X (DHR)			
Virginia Rediker				X (Department Rehabilitation)			
Mimi Hudson				X (Walker Co. Community Foundation)			
Saderia Morman				X (Salvation Army)			
Louis Vick		X		X (ARC of Walker Co.)			
Rebecca Nelson		X					
Sandy Sudduth					X (Jasper City Council)		
Vicky Stovall				X (DRR)			

Attachment IV: M4A Board of Directors

Richard Lovelady, Chairman (Walker County)
- Address: P.O. Box 635 Dora, AL 35062

Judge Chris Green, Vice Chairman (Blount County)
- Address: 220 2nd Avenue East Room Oneonta, AL 35121
- Email: cgreen@blountcountyal.gov

Senta Goldman, Secretary (Shelby County)
- Address: 200 West College Street Columbiana, AL 35051
- Email: sgoldman@shelbyal.com

Commissioner Dean Calvert (Blount County)
- Address: 220 2nd Avenue East Room 106 Oneonta, AL 35121
- Email: dcalvert@blountcountyal.gov

Jacki Goode (Blount County)
- Address: 220 2nd Avenue East Oneonta, AL 35121
- Email: jgoode@blountcountyal.gov

Don Green (Shelby County)
- Address: P.O. Box 463 Vincent, AL 35178
- Email: jgree2341@yahoo.com

Emma Barclay (Shelby County)
- Address: 118 Willow Lake Lane Wilsonville, AL 35186
- Email: eford1919@gmail.com

Vicki Letlow (Shelby County)
- Address: P.O. Box 326 Columbiana, AL 35051
- Email: vicki.letlow@dhr.alabama.gov

Gay West (Chilton County)
- Address: P.O. Box 30 Clanton, AL 35046
- Email: westgay@aces.edu

Pam Boykin (Chilton County)
- Address: 34 County Road 706 Verbena, AL 36091
- Email: pam.boykin@southerncarein.com

Chairman Joseph Parnell (Chilton County)
- Address: P.O. Box 612 Maplesville, AL 36750
- Email: joparnell@bellsouth.net

Chairman Paul Manning (St. Clair County)
- Address: 165 5th Avenue Suite 100 Ashville, AL 35953
- Email: pmanning@stclairco.com

Commissioner Tommy Bowers (St. Clair County)
- Address: 70 Mockingbird Circle Pell City, AL 35128
- Email: tbowers@stclairco.com

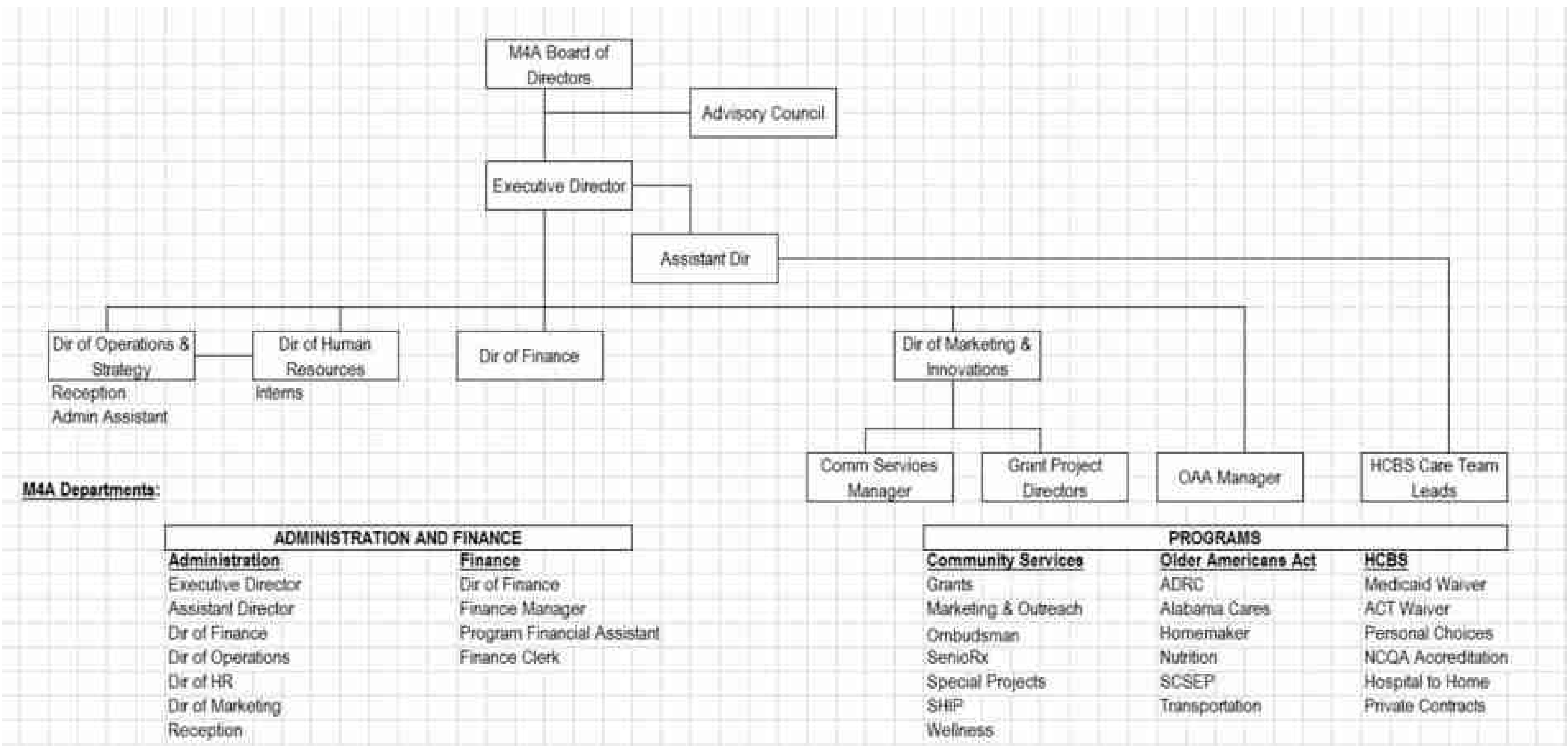
Ms. Lee Ann Clark (St. Clair County)
- Address: 1815 Cogswell Avenue Suite 103 Pell City, AL 35125
- Email: clarkla@aces.edu

Sherry Reaves (St. Clair County)
- Address: 140 Trellis Circle Springville, AL 35146
- Email: 2006madison@windstream.net

Chairman Steve Miller (Walker County)

- Address: 1801 3rd Avenue S – Suite 113 Jasper, AL 35501
- Email: s.miller@walkercountyal.us

Attachment V: M4A Organizational Chart



Attachment VI: M4A Grievance Policy

The following procedure is to be followed by AAA staff, Service Contractors and Applicants for Services under the Older American's Act of 1965, as amended or for any other AAA funded services or programs:

The aggrieved party must first notify the Older Americans Act (OAA) Manager or Community Services (CS) Manager of any questions, grievance, or denial of service within 15 days, in writing and try to resolve situation before requesting an informal hearing with the AAA Assistant Director. The OAA or CS Manager shall respond within 10 days to complainant with a written response or a date, time and place for a scheduled meeting to resolve situation.

The appellant if unsatisfied with response shall, in writing, within 15 working days request an informal meeting with the AAA Assistant Director. Such request shall include:

Identify the action being challenged;
Identify the parties to the action being challenged;
Identify the role of each party to the action being challenged;
Identify the cause for the challenge; and
Identify the outcome desired from the informal hearing.

The AAA Assistant Director will respond within 15 days establishing a date, time and place for an informal hearing. The AAA Assistant Director will investigate all information in the grievance and submit a written compromise or final decision within 30 days of the informal grievance hearing. If the appellant continues to be unsatisfied with the response shall, in writing, within 15 working days request an informal meeting with the AAA Executive Director. Such requests shall include:

Identify the action being challenged;
Identify the parties to the action being challenged;
Identify the role of each party to the action being challenged;
Identify the cause for the challenge; and
Identify the outcome desired from the informal hearing.

The AAA Executive Director will respond within 15 days establishing a date, time and place for an informal hearing. The AAA Executive Director will investigate all information in the grievance and submit a written compromise or final decision within 30 days of the informal grievance hearing.

Any appeals to this decision should be made in writing to the Chairman of the AAA Board of Directors for determination as to whether a formal hearing with the Board will be granted. This appeal should be made in writing within 15 days, identifying all of the previously required information and reason for request. The Board of Directors will have 30 days to respond in writing or to schedule, in writing the date, time and place of a formal hearing to resolve grievance.

After the Board's decision, the aggrieved party may, within 15 days from the date of the Board decision, appeal in writing to the Alabama Department of Senior Services. In the written appeal, the aggrieved party must specify the reason for the appeal and submit all previously required information: Alabama Department of Senior Services / 201 Monroe Street, Suite 350, Montgomery, AL 36104.

Attachment VII: M4A Conflict of Interest Policy

Conflict of Interest Policy
September 25, 2020

This Conflict of Interest Policy is designed to help directors, officers and employees of the Middle Alabama Area Agency on Aging identify situations that present potential conflicts of interest and to provide Middle Alabama Area Agency on Aging with a procedure which, if observed, will allow a transaction to be treated as valid and binding even though a director, officer or employee has or may have a conflict of interest with respect to the transaction. The policy is intended to comply with the procedure prescribed in Section 36-15-1, et seq. of the Code of Alabama (1976), which governs conflicts of interest for public officials and employees. All capitalized terms are defined in Part 2 of this policy.

1. Conflict of Interest Defined. For purposes of this policy, the following circumstances shall be deemed to create Conflicts of Interest:
    a. Outside Interests.
        i. A Contract or Transaction between Middle Alabama Area Agency on Aging and a Responsible Person or Family Member.
        ii. A Contract or Transaction between Middle Alabama Area Agency on Aging and an entity in which a Responsible Person or Family Member has a Material Financial Interest or of which such person is a director, officer, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator or other legal representative.
    b. Outside Activities.
        i. A Responsible Person competing with Middle Alabama Area Agency on Aging in the rendering of services or in any other Contract or Transaction with a third party.
        ii. A Responsible Person's having a Material Financial Interest in; or serving as a director, officer, employee, agent, partner, associate, trustee, personal representative, receiver, guardian, custodian, conservator or other legal representative of, or consultant to; an entity or individual that competes with Middle Alabama Area Agency on Aging in the provision of services or in any other Contract or Transaction with a third party.
    c. Gifts, Gratuities and Entertainment. A Responsible Person accepting gifts, entertainment or other favors from any individual or entity that:
        i. Does or is seeking to do business with, or is a competitor of Middle Alabama Area Agency on Aging; or

Middle Alabama Area Agency on Aging

209 Cloverdale Circle,
Alabaster AL 35007

P.O. Drawer 618,
Saginaw AL 35137

www.M4A.org

205 670 5770

ii. Has received, is receiving or is seeking to receive a loan or grant, or to secure other financial commitments from Middle Alabama Area Agency on Aging;
iii. Is a charitable organization operating in Alabama; under circumstances where it might be inferred that such action was intended to influence or possibly would influence the Responsible Person in the performance of his or her duties. This does not preclude the acceptance of items of nominal or insignificant value or entertainment of nominal or insignificant value which are not related to any particular transaction or activity of Middle Alabama Area Agency on Aging.

2. Definitions.
   a. A "Conflict of Interest" is any circumstance described in Part 1 of this Policy.
   b. A "Responsible Person" is any person serving as an officer, employee or member of the Board of Directors of Middle Alabama Area Agency on Aging.
   c. A "Family Member" is a spouse, domestic partner, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister, of a Responsible Person.
   d. A "Material Financial Interest" in an entity is a financial interest of any kind, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect a Responsible Person's or Family Member's judgment with respect to transactions to which the entity is a party. This includes all forms of compensation.
   e. A "Contract or Transaction" is any agreement or relationship involving the sale or purchase of goods, services, or rights of any kind, the providing or receipt of a loan or grant, the establishment of any other type of pecuniary relationship, or review of a charitable organization by Middle Alabama Area Agency on Aging. The making of a gift to Middle Alabama Area Agency on Aging is not a Contract or Transaction.
3. Procedures.
   a. Prior to board or committee action on a Contract or Transaction involving a Conflict of Interest, a director or committee member having a Conflict of Interest and who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting.
   b. A director or committee member who plans not to attend a meeting at which he or she has reason to believe that the board or committee will act on a matter in which the person has a Conflict of Interest shall disclose to the chair of the meeting all facts material to the Conflict of Interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.

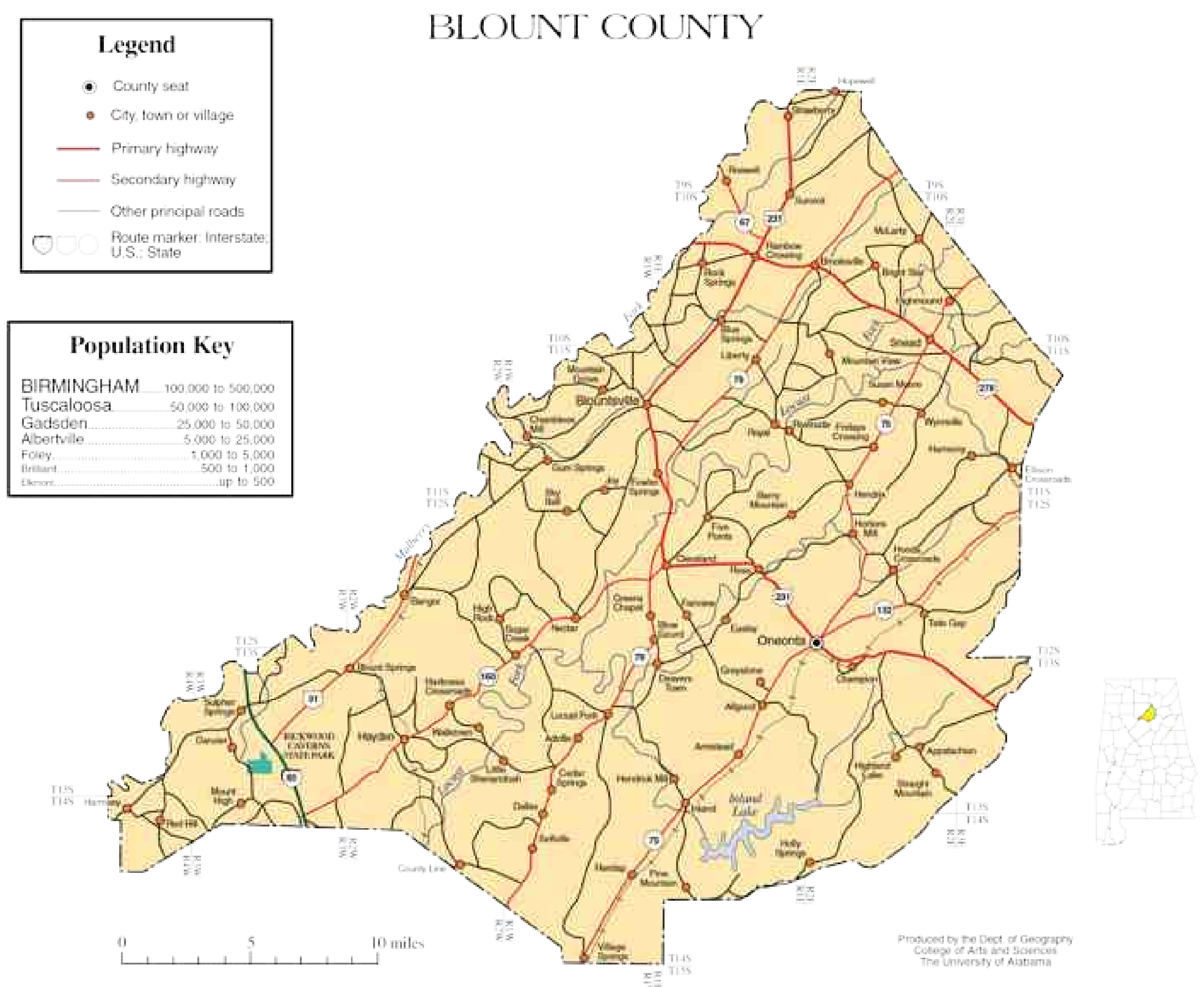
c. A person who has a Conflict of Interest shall not participate in or be permitted to hear the board's or committee's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.
d. The person having a conflict of interest may not vote on the Contract or Transaction and shall not be present in the meeting room when the vote is taken, unless the vote is by secret ballot. Such person's ineligibility to vote shall be reflected in the minutes of the meeting. For purposes of this paragraph, a member of the Board of Directors of Middle Alabama Area Agency on Aging has a Conflict of Interest when he or she stands for election as an officer or for re-election as a member of the Board of Directors.
e. Responsible Persons who are not members of the Board of Directors of Middle Alabama Area Agency on Aging, or who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of Board or committee action, shall disclose to the Chair or the Chair's designee any Conflict of Interest that such Responsible Person has with respect to a Contract or Transaction. Such disclosure shall be made as soon as the Conflict of Interest is known to the Responsible Person. The Responsible Person shall refrain from any action that may affect Middle Alabama Area Agency on Aging's participation in such Contract or Transaction. In the event it is not entirely clear that a Conflict of Interest exists, the individual with the potential conflict shall disclose the circumstances to the Chair or the Chair's designee, who shall determine whether there exists a Conflict of Interest that is subject to this policy.

4. Confidentiality. Each Responsible Person shall exercise care not to disclose confidential information acquired in connection with such status or information the disclosure of which might be adverse to the interests of Middle Alabama Area Agency on Aging. Furthermore, a Responsible Person shall not disclose or use information relating to the business of Middle Alabama Area Agency on Aging for the personal profit or advantage of the Responsible Person or a Family Member.
5. Review of policy.
   a. Each new Responsible Person shall be required to review a copy of this policy and to acknowledge in writing that he or she has done so.
   b. Each Responsible Person shall annually complete a disclosure form identifying any relationships, positions or circumstances in which the Responsible Person is involved that he or she believes could contribute to a Conflict of Interest arising. Such relationships, positions or circumstances might include service as a director of or consultant to a nonprofit organization, or ownership of a business that might

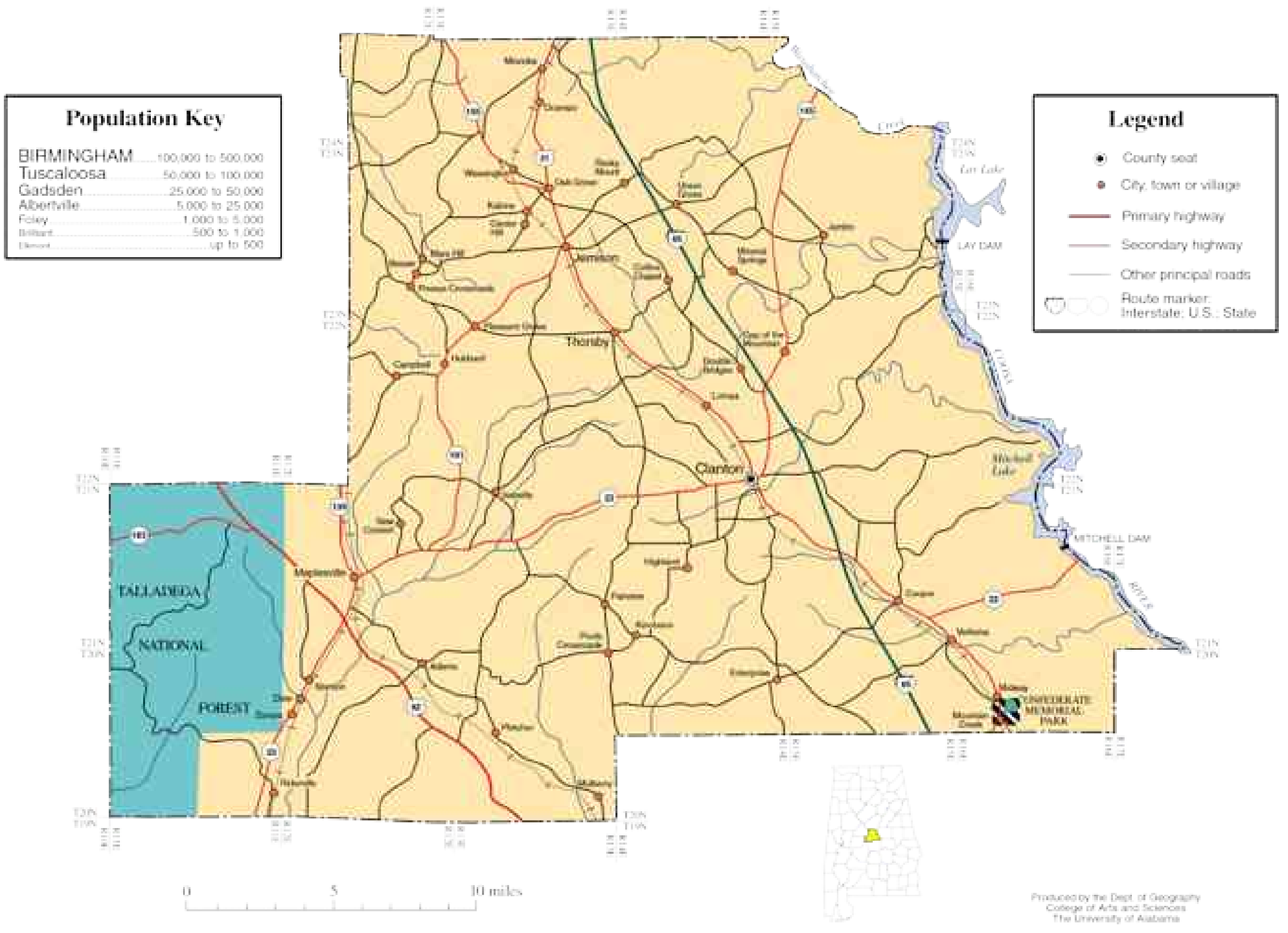
provide goods or services to Middle Alabama Area Agency on Aging. Any such information regarding business interests of a Responsible Person or a Family Member shall be treated as confidential and shall generally be made available only to the Chair, the Executive Director, and any committee appointed to address Conflicts of Interest, except to the extent additional disclosure is necessary in connection with the implementation of this Policy.

c. This policy shall be reviewed annually by each member of the Board of Directors. Any changes to the policy shall be communicated immediately to all Responsible Persons.

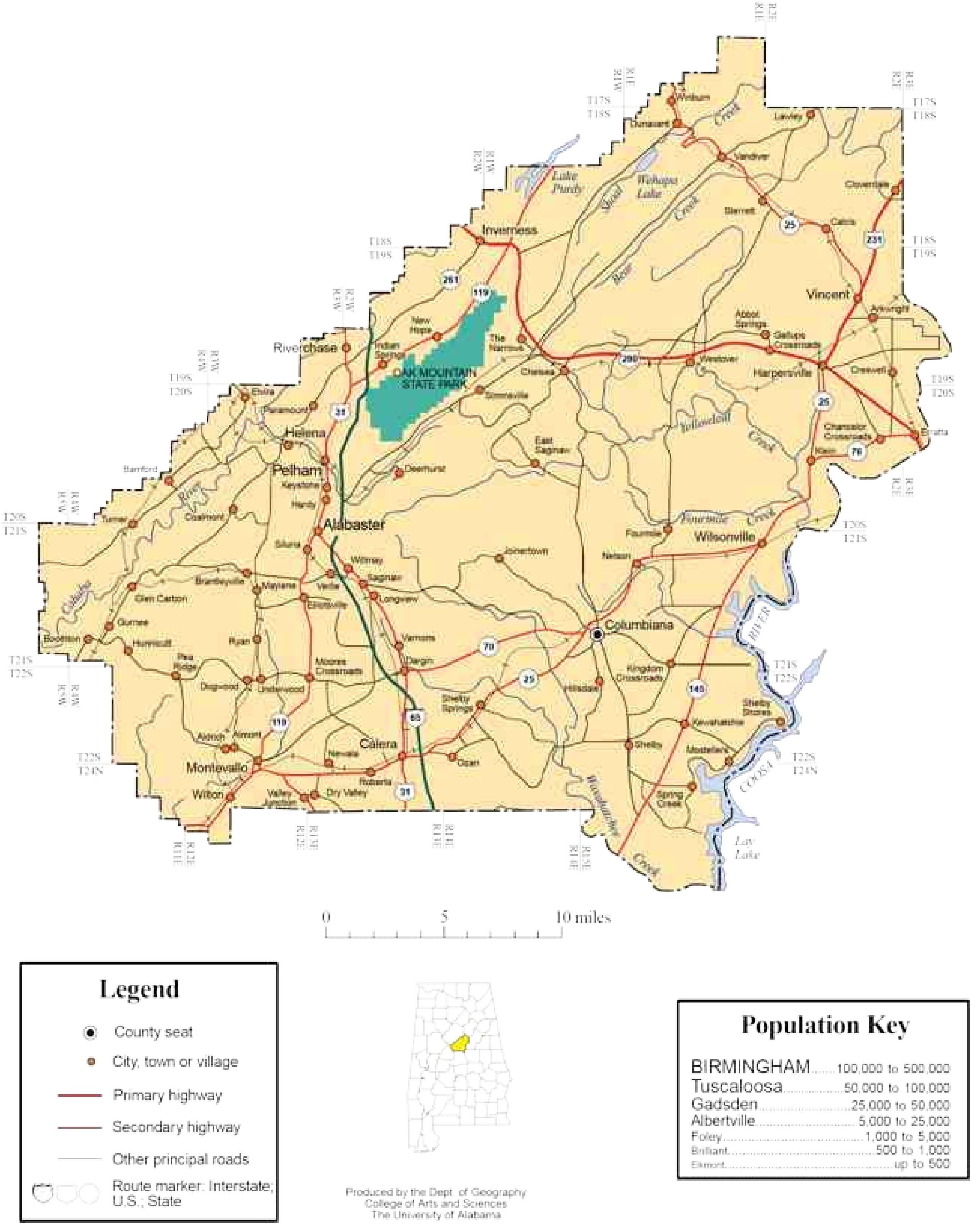
Attachment VIII: Planning and Service Area Maps


BLOUNT COUNTY
Legend
County seat
City, town or village
Primary highway
Secondary highway
Other principal roads
Route marker: Interstate; U.S.; State
Population Key
BIRMINGHAM.....100,000 to 500,000
Tuscaloosa.....50,000 to 100,000
Gadsden.....25,000 to 50,000
Albertville.....5,000 to 25,000
Foley.....1,000 to 5,000
Brilliant.....500 to 1,000
Elkmont.....up to 500
Blountsville
Oneonta
Hayden
Cleveland
Inland Lake
RICKWOOD CAVERNS STATE PARK
0
5
10 miles
Produced by the Dept. of Geography
College of Arts and Sciences
The University of Alabama

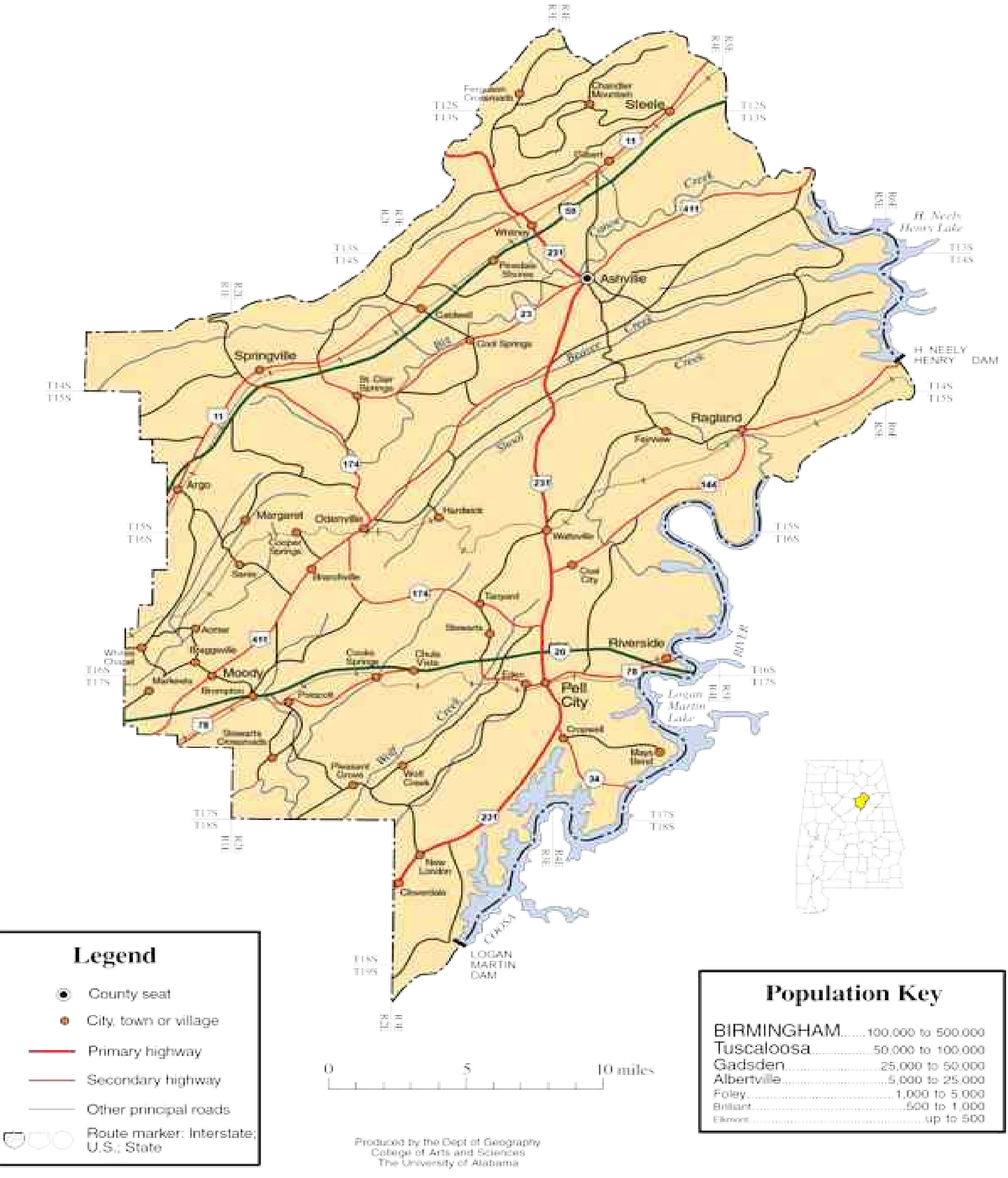
CHILTON COUNTY



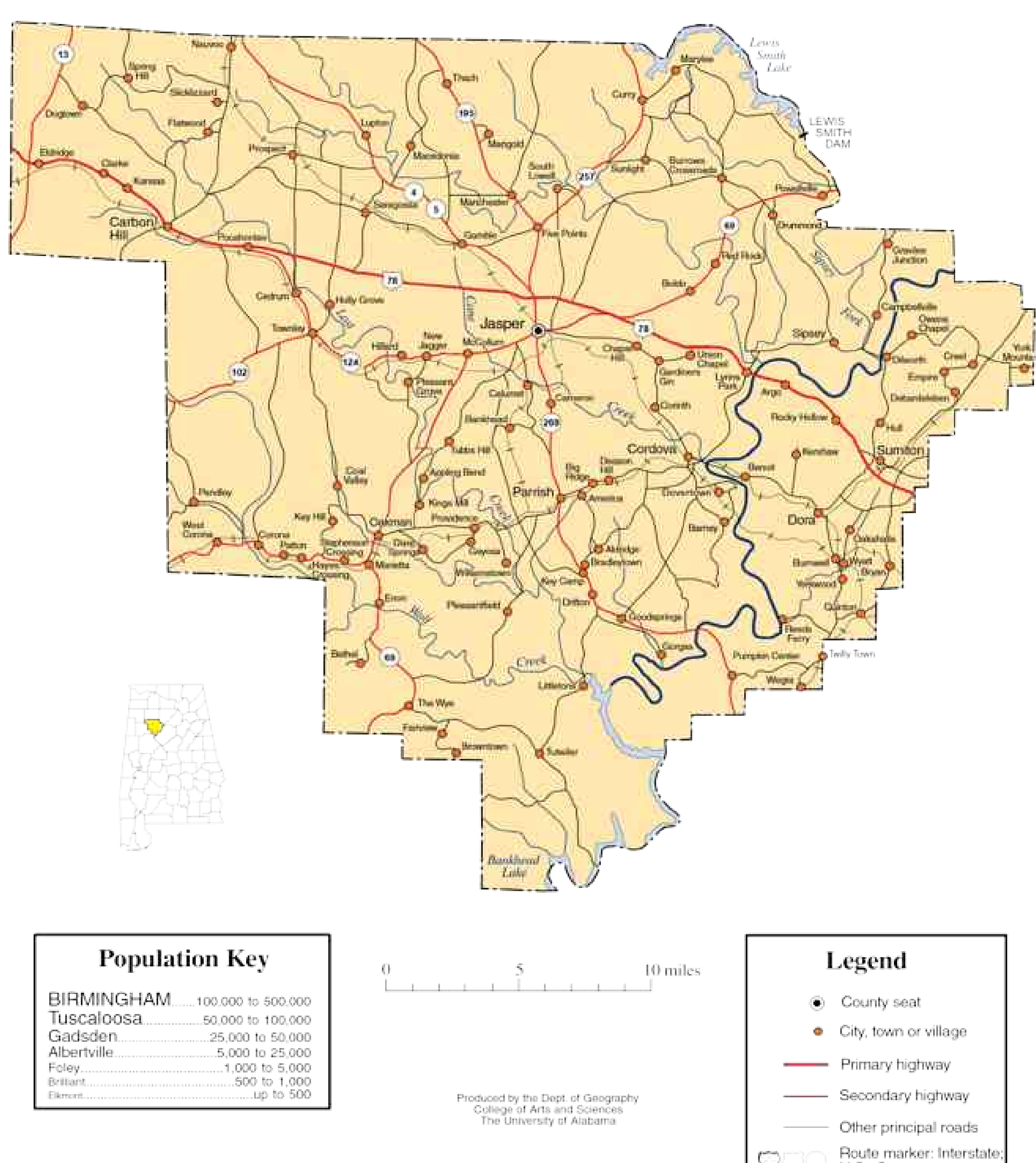
SHELBY COUNTY



ST. CLAIR COUNTY



WALKER COUNTY



Appendix IX: Current / Future Aging and Disability Demographics of PSA

Low-Income Older Individuals

https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21055&stateabbr=AL							
Alabama 2012-2016							
Table S21055 - Poverty Status in the Past 12 Months for Individuals 60 Years and Over							
Universe: Population 60 years and over for whom poverty status is determined							
[Based on a sample. Rounded data. Data are suppressed for geographic areas if they do not meet the specified population threshold.]							
				Total, Population 60 years and over for whom poverty status is determined			
		Total:		*Income in the past 12 months below poverty level*		*Income in the past 12 months at or above poverty level*	
Geography		*Estimate*	*Standard Error*	*Estimate*	*Standard Error*	*Estimate*	*Standard Error*
00000U	*PSA 3*	95,105	548	8,520	330	86,580	605

Minority Older Individuals

Year	Geography	County	Total Population - All Ages	Age 60 and Older	Age 60 and Older	Population Age 60 and Older Minority	Percent of Population Age 60 and Older Minority	Rural Count	Rural Percent	Income in the past 12 months below poverty level	Living Alone	All Minority Below Poverty
2018	Alabama	PSA 3	470,101	108,190	23.8%	10,094	8.7%	49,181	69%	8,520	21,420	1,475
Data Source Citation			*AGID - Custom Tables - County-Level Population Estimates Data: Results (acl.gov)*					*https://agid.acl.gov/CustomTables/Census_County/Results/*		*https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21055&stateabbr=AL*	*https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21010.4&stateabbr=AL*	*https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21039&stateabbr=AL*

Low-Income Minority Older Individuals

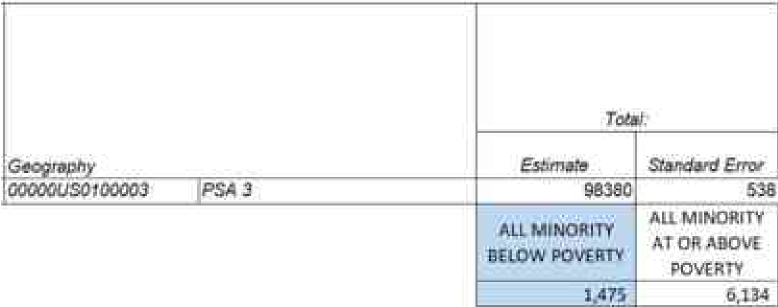
https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21039&stateabbr=AL

Alabama 2013-2017

Table S21039 - Age by Hispanic or Latino and Race by Poverty Status in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined

Universe: Population 60 years and over for whom poverty status is determined

[Based on a sample. Rounded data. Data are suppressed for geographic areas if they do not meet the specified population threshold.]



Geography		Total:	
		Estimate	Standard Error
00000US0100003	PSA 3	98380	538
		ALL MINORITY BELOW POVERTY	ALL MINORITY AT OR ABOVE POVERTY
		1,475	6,134

Older Individuals with Disabilities

Alabama 2011-2015

Table S210DIS12 - Sex by Age by Self-Care/Independent Living Difficulties

Universe: Civilian noninstitutionalized population 18 years and over

[Based on a sample. Rounded data. Data are suppressed for geographic areas if they do not meet the specified population threshold.]

Geography		Total, Civilian noninstitutionalized population 18 years and over							
		Male:				Female:			
		60 years and over:				60 years and over:			
		Has both self-care and independent living difficulties		Has one or the other self-care or independent living difficulties		Has both self-care and independent living difficulties		Has one or the other self-care or independent living difficulties	
Geographic ID	Geographic Name	Estimate	Standard Error	Estimate	Standard Error	Estimate	Standard Error	Estimate	Standard Error
01000US	United States	1307975	4770	1765040	5157	2376695	8517	3146240	7103
04000US01	Alabama	26165	627	36000	580	47915	758	61515	821
00000US0100003	PSA 3	2390	193	3170	207	3655	283	5360	324
05000US01009	Blount County	290	64	425	78	370	65	795	107
05000US01021	Chilton County	360	72	445	91	445	90	515	98
05000US01115	St. Clair County	545	110	565	113	495	111	1060	148
05000US01117	Shelby County	670	97	700	96	1435	180	1800	143
05000US01127	Walker County	525	77	1030	113	910	102	1190	140
								9015	

Older Individuals Residing in Rural Areas

https://agid.acl.gov/CustomTables/Census_County/Results				
Year	**Geography**	**County**	**Rural Count**	**Rural Percent**
2010	Alabama	Blount County	10,685	88.90%
2010	Alabama	Chilton County	7,133	84.80%
2010	Alabama	St. Clair County	11,386	71.70%
2010	Alabama	Shelby County	8,749	28.00%
2010	Alabama	Walker County	11,228	73.10%
		PSA 3	49,181	69.30%

Limited English-Speaking Older Individuals

Alabama 2011-2015
Table S21014B - Ability to Speak English for the Population 60 Years and Over
Universe: Population 60 years and over
[Based on a sample. Rounded data. Data are suppressed for geographic areas if they do not meet the specified population threshold.]

Geography	Total, Population 60 years and over					
	Speak language other than English					
	Speak English "not well"		Speak English "not at all"			
	Estimate	Standard Error	Estimate	Standard Error		
Geographic ID						
01000US	2032455	8612	1403180	9774	United	United
04000US01	3480	297	1920	217	Alabama	Alabama
00000US0100003	410	96	150	50	PSA 3	PSA 3
05000US01009	50	27	145	50	Blount	Blount
05000US01021	55	41	0	15	Chilton	Chilton
05000US01115	35	24	4	4	St. Clair	St. Clair
05000US01117	205	73	0	16	Shelby	Shelby
05000US01127	65	26	0	16	Walker	Walker

ALABAMA 2018 HEALTH PROFILE

PREGNANCY/NATALITY	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	77,424	81.6	5,549	18.0
Births	57,754	11.8	3,961	12.9
Induced Terminations of Pregnancy	7,381	7.8	723	2.3
Estimated Total Fetal Losses	12,289	—	865	—

Birth rates are per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

SUMMARY		
Total Population		4,887,871
Births		57,754
Deaths		54,357
Median Age		39.2
Life Expectancy at Birth		75.5
Total Fertility Rate per 1,000 Females Aged 10-49		1,786.5
Marriages Issued	Number	33,057
	Rate*	6.8
Divorces Granted	Number	18,200
	Rate*	3.7

*Rates are per 1,000 population.

BIRTHS BY AGE GROUP OF MOTHER	Total	10-14	15-17	18-19	20+
All Births	57,754	38	979	2,944	53,793
Rate	11.8	0.2	10.5	47.3	56.4
White	38,149	17	502	1,769	35,861
Rate	11.3	0.2	8.4	44.4	57.5
Black and Other	19,605	21	477	1,175	17,932
Rate	13.0	0.4	14.2	52.3	54.3

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	26,991	46.8	3,512	88.7
Low Weight Births	6,192	10.7	488	12.3
Multiple Births	2,106	3.6	78	2.0
Medicaid Births	28,431	49.3	3,187	80.5

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	402	195	207	29	10	19
Rate per 1,000 Births	7.0	5.1	10.6	7.3	4.4	11.4
Postneonatal Deaths	151	70	81	8	3	5
Rate per 1,000 Births	2.6	1.8	4.1	2.0	1.3	3.0
Neonatal Deaths	251	125	126	21	7	14
Rate per 1,000 Births	4.3	3.3	6.4	5.3	3.1	8.4

*Infant deaths are by race of child; births are by race of mother.

2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	4,887,871	2,364,115	2,523,756	3,379,955	1,658,530	1,721,425	1,507,916	705,585	802,331
0-4	293,203	149,264	143,939	185,662	94,898	90,764	107,541	54,366	53,175
5-9	297,900	152,067	145,833	191,458	98,084	93,374	106,442	53,983	52,459
10-14	310,495	158,277	152,218	201,478	103,236	98,242	109,017	55,041	53,976
15-44	1,876,742	927,974	948,768	1,234,473	622,035	612,438	642,269	305,939	336,330
45-64	1,282,637	615,910	666,727	919,632	452,949	466,683	363,005	162,961	200,044
65-84	737,029	330,490	406,539	575,192	262,359	312,833	161,837	68,131	93,706
85+	89,865	30,133	59,732	72,060	24,969	47,091	17,805	5,164	12,641

ALABAMA 2018 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	54,357	28,078	26,279	41,485	21,280	20,205	12,872	6,798	6,074
Rate per 1,000 Population	11.1	11.9	10.4	12.3	12.8	11.7	8.5	9.6	7.6

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	13,473	275.6	7,290	308.4	6,183	245.0	10,251	303.8	3,222	213.7
Cancer	10,630	217.5	5,759	243.6	4,871	193.0	8,173	242.2	2,457	162.9
Stroke	3,088	63.2	1,365	57.7	1,723	68.3	2,215	65.6	873	57.9
Accidents	2,682	54.9	1,740	73.6	942	37.3	2,026	60.0	656	43.5
CLRD*	3,595	73.5	1,774	75.0	1,821	72.2	3,171	94.0	424	28.1
Diabetes	1,176	24.1	644	27.2	532	21.1	741	22.0	435	28.8
Influenza and Pneumonia	1,269	26.0	621	26.3	648	25.7	1,014	30.1	255	16.9
Alzheimer's Disease	2,616	53.5	735	31.1	1,881	74.5	2,187	64.8	429	28.4
Suicide	823	16.8	642	27.2	181	7.2	721	21.4	102	6.8
Homicide	567	11.6	458	19.4	109	4.3	185	5.5	382	25.3
HIV Disease	93	1.9	69	2.9	24	1.0	35	1.0	58	3.8

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	2,682	54.9	174	14.3
Motor Vehicle	1,062	21.7	109	9.0
Suffocation	105	2.1	15	1.2
Poisoning	741	15.2	8	0.7
Smoke, Fire and Flames	82	1.7	8	0.7
Falls	264	5.4	0	0.0
Drowning	67	1.4	22	1.8
Firearms	25	0.5	9	0.7
Other Accidents	336	---	3	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	54,357	11.1
0 - 14	601	0.7
15 - 44	3,641	1.9
45 - 64	11,693	9.1
65 - 84	25,151	34.1
85 +	13,271	147.7

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	10,630	217.5	5,759	243.6	4,871	193.0
Trachea, Bronchus, Lung, Pleura	2,939	60.1	1,702	72.0	1,237	49.0
Colorectal	953	19.5	520	22.0	433	17.2
Breast*	739	15.1	8	0.3	731	29.0
Prostate (male)	525	10.7	525	22.2	----	----
Pancreas	774	15.8	405	17.1	369	14.6
Leukemias	391	8.0	218	9.2	173	6.9
Non-Hodgkin's Lymphomas	291	6.0	175	7.4	116	4.6
Ovary (female)	237	4.8	----	----	237	9.4
Brain and Other Nervous System	298	6.1	158	6.7	140	5.5
Stomach	176	3.6	100	4.2	76	3.0
Uterus and Cervix (female)	228	4.7	----	----	228	9.0
Esophagus	235	4.8	182	7.7	53	2.1
Melanoma of Skin	126	2.6	81	3.4	45	1.8
Other	2,718	---	1,685	---	1,033	---

Rates are per 100,000 population in specified categories.
* Due to extreme low number of male breast cancer deaths, they are only included in State health profile and are excluded from county health profiles.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

BLOUNT 2018 HEALTH PROFILE

SUMMARY	
Total Population	57,840
Births	674
Deaths	689
Median Age	40.9
Life Expectancy at Birth	75.1
Total Fertility Rate per 1,000 Females Aged 10-49	2,030.0
Marriages Issued	405
Divorces Granted	229

PREGNANCY/NATALITY	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	846	82.2	61	16.2
Births	674	11.7	49	13.0
Induced Terminations of Pregnancy	34	3.3	2	0.5
Estimated Total Fetal Losses	138	—	10	—

Birth rates are per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER	Total	10-14	15-17	18-19	20+
All Births	674	0	10	39	625
Rate	11.7	0.0	9.3	54.6	59.8
White	658	0	10	38	610
Rate	11.9	0.0	9.9	56.7	60.5
Black and Other	16	0	0	1	15
Rate	6.7	0.0	0.0	22.7	39.3

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	210	31.2	30	61.2
Low Weight Births	41	6.1	5	10.2
Multiple Births	18	2.7	0	0.0
Medicaid Births	281	41.7	36	73.5

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	6	6	0	0	0	0
Rate per 1,000 Births	8.9	9.1	0.0	0.0	0.0	0.0
Postneonatal Deaths	3	3	0	0	0	0
Rate per 1,000 Births	4.5	4.6	0.0	0.0	0.0	0.0
Neonatal Deaths	3	3	0	0	0	0
Rate per 1,000 Births	4.5	4.6	0.0	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	57,840	28,500	29,340	55,456	27,307	28,149	2,384	1,193	1,191
0-4	3,460	1,723	1,737	3,229	1,608	1,621	231	115	116
5-9	3,635	1,838	1,797	3,417	1,733	1,684	218	105	113
10-14	3,902	1,923	1,979	3,686	1,820	1,866	216	103	113
15-44	20,847	10,554	10,293	19,971	10,105	9,866	876	449	427
45-64	15,448	7,711	7,737	14,924	7,459	7,465	524	252	272
65-84	9,516	4,380	5,136	9,232	4,230	5,002	284	150	134
85+	1,032	371	661	997	352	645	35	19	16

BLOUNT 2018 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	689	334	355	679	330	349	10	4	6
Rate per 1,000 Population	11.9	11.7	12.1	12.2	12.1	12.4	4.2	3.4	5.0

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	179	309.5	93	326.3	86	293.1	179	321.8	0	0.0
Cancer	137	236.9	67	235.1	70	238.6	134	240.9	3	125.8
Stroke	19	32.8	8	28.1	11	37.5	19	34.2	0	0.0
Accidents	43	74.3	26	91.2	17	57.9	43	77.3	0	0.0
CLRD*	64	110.7	27	94.7	37	126.1	62	111.5	2	83.9
Diabetes	9	15.6	4	14.0	5	17.0	8	14.4	1	41.9
Influenza and Pneumonia	27	46.7	14	49.1	13	44.3	27	48.5	0	0.0
Alzheimer's Disease	30	51.9	8	28.1	22	75.0	29	52.1	1	41.9
Suicide	10	17.3	8	28.1	2	6.8	10	18.0	0	0.0
Homicide	3	5.2	3	10.5	0	0.0	2	3.6	1	41.9
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	43	74.3	3	20.5
Motor Vehicle	24	41.5	3	20.5
Suffocation	1	1.7	0	0.0
Poisoning	11	19.0	0	0.0
Smoke, Fire and Flames	1	1.7	0	0.0
Falls	2	3.5	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	4	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	689	11.9
0 - 14	9	0.8
15 - 44	41	2.0
45 - 64	139	9.0
65 - 84	340	35.7
85 +	160	155.0

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	137	236.9	67	235.1	70	238.6
Trachea, Bronchus, Lung, Pleura	39	67.4	20	70.2	19	64.8
Colorectal	8	13.8	4	14.0	4	13.6
Breast (female)	10	17.3	...	...	10	34.1
Prostate (male)	8	13.8	8	28.1	...	...
Pancreas	12	20.7	7	24.6	5	17.0
Leukemias	3	5.2	2	7.0	1	3.4
Non-Hodgkin's Lymphomas	4	6.9	3	10.5	1	3.4
Ovary (female)	3	5.2	...	...	3	10.2
Brain and Other Nervous System	5	8.6	1	3.5	4	13.6
Stomach	1	1.7	0	0.0	1	3.4
Uterus and Cervix (female)	3	5.2	...	...	3	10.2
Esophagus	8	13.8	7	24.6	1	3.4
Melanoma of Skin	3	5.2	1	3.5	2	6.8
Other	30	---	14	---	16	---

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

CHILTON 2018 HEALTH PROFILE

SUMMARY	
Total Population	44,153
Births	545
Deaths	510
Median Age	39.8
Life Expectancy at Birth	74.6
Total Fertility Rate per 1,000 Females Aged 10-49	2,034.0
Marriages Issued	347
Divorces Granted	285

PREGNANCY/NATALITY	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	695	84.7	70	24.3
Births	545	12.3	55	19.0
Induced Terminations of Pregnancy	37	4.5	4	1.4
Estimated Total Fetal Losses	113	---	11	---

Birth rates are per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER	Total	10-14	15-17	18-19	20+
All Births	545	0	13	42	490
Rate	12.3	0.0	15.6	75.7	59.8
White	470	0	12	41	417
Rate	12.2	0.0	16.9	86.7	59.0
Black and Other	75	0	1	1	73
Rate	13.2	0.0	8.1	12.2	64.5

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	261	48.0	47	85.5
Low Weight Births	62	11.4	5	9.1
Multiple Births	26	4.8	2	3.6
Medicaid Births	285	52.3	39	70.9

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	3	2	1	0	0	0
Rate per 1,000 Births	5.5	4.3	13.3	0.0	0.0	0.0
Postneonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	1.8	2.1	0.0	0.0	0.0	0.0
Neonatal Deaths	2	1	1	0	0	0
Rate per 1,000 Births	3.7	2.1	13.3	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	44,153	21,668	22,485	38,459	18,888	19,571	5,694	2,780	2,914
0-4	2,730	1,373	1,357	2,280	1,153	1,127	450	220	230
5-9	2,922	1,455	1,467	2,436	1,206	1,230	486	249	237
10-14	2,971	1,463	1,508	2,535	1,239	1,296	436	224	212
15-44	16,422	8,217	8,205	14,102	7,044	7,058	2,320	1,173	1,147
45-64	11,697	5,790	5,907	10,344	5,163	5,181	1,353	627	726
65-84	6,642	3,073	3,569	6,052	2,808	3,244	590	265	325
85+	769	297	472	710	275	435	59	22	37

CHILTON 2018 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	510	267	243	474	245	229	36	22	14
Rate per 1,000 Population	11.6	12.3	10.8	12.4	13.0	11.7	6.3	7.9	4.8

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	122	276.3	64	295.4	58	257.9	113	294.8	9	158.1
Cancer	79	178.9	42	193.8	37	164.6	75	195.6	4	70.2
Stroke	30	67.9	19	87.7	11	48.9	26	67.8	4	70.2
Accidents	37	83.8	22	101.5	15	66.7	35	91.3	2	35.1
CLRD*	32	72.5	18	83.1	14	62.3	32	83.5	0	0.0
Diabetes	9	20.4	5	23.1	4	17.8	7	18.3	2	35.1
Influenza and Pneumonia	15	34.0	8	36.9	7	31.1	14	36.5	1	17.6
Alzheimer's Disease	19	43.0	7	32.3	12	53.4	18	47.0	1	17.6
Suicide	8	18.1	4	18.5	4	17.8	8	20.9	0	0.0
Homicide	3	6.8	3	13.8	0	0.0	2	5.2	1	17.6
HIV Disease	2	4.5	2	9.2	0	0.0	2	5.2	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	37	83.8	2	17.4
Motor Vehicle	15	34.0	1	8.7
Suffocation	3	6.8	0	0.0
Poisoning	9	20.4	0	0.0
Smoke, Fire and Flames	1	2.3	0	0.0
Falls	5	11.3	0	0.0
Drowning	1	2.3	1	8.7
Firearms	0	0.0	0	0.0
Other Accidents	3	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

Age Group	Number	Rate
Total	510	11.6
0 - 14	4	0.5
15 - 44	42	2.6
45 - 64	109	9.3
65 - 84	241	36.3
85 +	114	148.2

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	79	178.9	42	193.8	37	164.6
Trachea, Bronchus, Lung, Pleura	25	56.6	11	50.8	14	62.3
Colorectal	10	22.6	6	27.7	4	17.8
Breast (female)	5	11.3	...	...	5	22.2
Prostate (male)	1	2.3	1	4.6	...	...
Pancreas	4	9.1	3	13.8	1	4.4
Leukemias	2	4.5	2	9.2	0	0.0
Non-Hodgkin's Lymphomas	0	0.0	0	0.0	0	0.0
Ovary (female)	2	4.5	...	...	2	8.9
Brain and Other Nervous System	2	4.5	1	4.6	1	4.4
Stomach	3	6.8	2	9.2	1	4.4
Uterus and Cervix (female)	1	2.3	...	...	1	4.4
Esophagus	1	2.3	0	0.0	1	4.4
Melanoma of Skin	1	2.3	0	0.0	1	4.4
Other	22	—	16	—	6	—

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

SHELBY 2018 HEALTH PROFILE

SUMMARY	
Total Population	215,707
Births	2,250
Deaths	1,551
Median Age	39.5
Life Expectancy at Birth	80.9
Total Fertility Rate per 1,000 Females Aged 10-49	1,643.0
Marriages Issued	1,162
Divorces Granted	661

PREGNANCY/NATALITY	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	2,961	70.1	98	6.7
Births	2,250	10.4	63	4.3
Induced Terminations of Pregnancy	237	5.6	20	1.4
Estimated Total Fetal Losses	474	—	15	—

Birth rates are per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER	Total	10-14	15-17	18-19	20+
All Births	2,250	1	15	47	2,187
Rate	10.4	0.1	3.5	16.3	50.6
White	1,831	0	15	33	1,783
Rate	10.2	0.0	4.4	14.5	52.2
Black and Other	419	1	0	14	404
Rate	11.3	0.7	0.0	23.5	44.3

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	589	26.2	58	92.1
Low Weight Births	198	8.8	6	9.5
Multiple Births	68	3.0	0	0.0
Medicaid Births	637	28.3	39	61.9

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	15	9	6	1	0	1
Rate per 1,000 Births	6.7	4.9	14.3	15.9	0.0	66.7
Postneonatal Deaths	4	1	3	0	0	0
Rate per 1,000 Births	1.8	0.5	7.2	0.0	0.0	0.0
Neonatal Deaths	11	8	3	1	0	1
Rate per 1,000 Births	4.9	4.4	7.2	15.9	0.0	66.7

*Infant deaths are by race of child; births are by race of mother.

2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	215,707	104,270	111,437	178,681	87,012	91,669	37,026	17,258	19,768
0-4	12,461	6,158	6,303	9,814	4,894	4,920	2,647	1,264	1,383
5-9	13,708	6,989	6,719	10,991	5,605	5,386	2,717	1,384	1,333
10-14	15,182	7,698	7,484	12,217	6,231	5,986	2,965	1,467	1,498
15-44	82,692	40,460	42,232	65,745	32,587	33,158	16,947	7,873	9,074
45-64	58,577	28,235	30,342	49,707	24,165	25,542	8,870	4,070	4,800
65-84	29,671	13,502	16,169	27,030	12,372	14,658	2,641	1,130	1,511
85+	3,416	1,228	2,188	3,177	1,158	2,019	239	70	169

SHELBY 2018 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,551	798	753	1,403	724	679	148	74	74
Rate per 1,000 Population	7.2	7.7	6.8	7.9	8.3	7.4	4.0	4.3	3.7

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	346	160.4	190	182.2	156	140.0	320	179.9	26	70.2
Cancer	336	155.8	190	182.2	146	131.0	309	173.7	27	72.9
Stroke	126	58.4	55	52.7	71	63.7	110	61.8	16	43.2
Accidents	86	39.9	59	56.6	27	24.2	80	45.0	6	16.2
CLRD*	83	38.5	40	38.4	43	38.6	78	43.8	5	13.5
Diabetes	19	8.8	9	8.6	10	9.0	13	7.3	6	16.2
Influenza and Pneumonia	36	16.7	21	20.1	15	13.5	34	19.1	2	5.4
Alzheimer's Disease	80	37.1	25	24.0	55	49.4	76	42.7	4	10.8
Suicide	32	14.8	24	23.0	8	7.2	31	17.4	1	2.7
Homicide	10	4.6	8	7.7	2	1.8	7	3.9	3	8.1
HIV Disease	1	0.5	1	1.0	0	0.0	1	0.6	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	86	39.9	3	5.4
Motor Vehicle	24	11.1	2	3.6
Suffocation	4	1.9	0	0.0
Poisoning	35	16.2	1	1.8
Smoke, Fire and Flames	3	1.4	0	0.0
Falls	11	5.1	0	0.0
Drowning	1	0.5	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	8	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	1,551	7.2
0 - 14	16	0.4
15 - 44	108	1.3
45 - 64	286	4.9
65 - 84	761	25.6
85 +	380	111.2

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	336	155.8	190	182.2	146	131.0
Trachea, Bronchus, Lung, Pleura	93	43.1	48	46.0	45	40.4
Colorectal	26	12.1	15	14.4	11	9.9
Breast (female)	28	13.0	...	...	28	25.1
Prostate (male)	23	10.7	23	22.1	...	...
Pancreas	23	10.7	15	14.4	8	7.2
Leukemias	12	5.6	6	5.8	6	5.4
Non-Hodgkin's Lymphomas	11	5.1	7	6.7	4	3.6
Ovary (female)	11	5.1	...	...	11	9.9
Brain and Other Nervous System	9	4.2	6	5.8	3	2.7
Stomach	2	0.9	1	1.0	1	0.9
Uterus and Cervix (female)	1	0.5	...	...	1	0.9
Esophagus	3	1.4	3	2.9	0	0.0
Melanoma of Skin	8	3.7	8	7.7	0	0.0
Other	86	—	58	—	28	—

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

ST. CLAIR 2018 HEALTH PROFILE

SUMMARY	
Total Population	88,690
Births	960
Deaths	983
Median Age	40.3
Life Expectancy at Birth	75.2
Total Fertility Rate per 1,000 Females Aged 10-49	1,808.0
Marriages Issued	700
Divorces Granted	410

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	1,244	77.4	90	17.2
Births	960	10.8	62	11.9
Induced Terminations of Pregnancy	84	5.2	14	2.7
Estimated Total Fetal Losses	200	—	14	—

Birth rates are per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	10-14	15-17	18-19	20+
All Births	960	0	12	50	898
Rate	10.8	0.0	8.3	52.0	53.4
White	860	0	11	46	803
Rate	11.0	0.0	8.8	55.2	55.0
Black and Other	100	0	1	4	95
Rate	9.2	0.0	5.2	31.1	42.9

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	340	35.4	58	93.5
Low Weight Births	88	9.2	9	14.5
Multiple Births	36	3.8	2	3.2
Medicaid Births	358	37.3	39	62.9

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	2	2	0	0	0	0
Rate per 1,000 Births	2.1	2.3	0.0	0.0	0.0	0.0
Postneonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	1.0	1.2	0.0	0.0	0.0	0.0
Neonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	1.0	1.2	0.0	0.0	0.0	0.0

*Infant deaths are by race of child; births are by race of mother.

2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	88,690	44,027	44,663	77,839	38,434	39,405	10,851	5,593	5,258
0-4	5,289	2,684	2,605	4,533	2,318	2,215	756	366	390
5-9	5,596	2,949	2,647	4,849	2,575	2,274	747	374	373
10-14	5,889	3,076	2,813	5,068	2,661	2,407	821	415	406
15-44	32,754	16,683	16,071	28,071	14,105	13,966	4,683	2,578	2,105
45-64	24,424	12,049	12,375	21,633	10,645	10,988	2,791	1,404	1,387
65-84	13,437	6,122	7,315	12,443	5,682	6,761	994	440	554
85+	1,301	464	837	1,242	448	794	59	16	43

ST. CLAIR 2018 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	983	552	431	925	523	402	58	29	29
Rate per 1,000 Population	11.1	12.5	9.7	11.9	13.6	10.2	5.3	5.2	5.5

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	232	261.6	142	322.5	90	201.5	219	282.2	13	119.8
Cancer	182	205.2	107	243.0	75	167.9	172	221.7	10	92.2
Stroke	37	41.7	20	45.4	17	38.1	31	39.9	6	55.3
Accidents	61	68.8	35	79.5	26	58.2	59	76.0	2	18.4
CLRD*	66	74.4	33	75.0	33	73.9	65	83.8	1	9.2
Diabetes	19	21.4	10	22.7	9	20.2	17	21.9	2	18.4
Influenza and Pneumonia	38	42.8	24	54.5	14	31.3	34	43.8	4	36.9
Alzheimer's Disease	34	38.3	17	38.6	17	38.1	34	43.8	0	0.0
Suicide	21	23.7	17	38.6	4	9.0	20	25.8	1	9.2
Homicide	7	7.9	3	6.8	4	9.0	7	9.0	0	0.0
HIV Disease	2	2.3	1	2.3	1	2.2	2	2.6	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	61	68.8	3	13.7
Motor Vehicle	20	22.6	1	4.6
Suffocation	0	0.0	0	0.0
Poisoning	26	29.3	0	0.0
Smoke, Fire and Flames	1	1.1	0	0.0
Falls	5	5.6	0	0.0
Drowning	2	2.3	2	9.1
Firearms	0	0.0	0	0.0
Other Accidents	7	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	983	11.1
0 - 14	6	0.4
15 - 44	69	2.1
45 - 64	239	9.8
65 - 84	442	32.9
85 +	227	174.5

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	182	205.2	107	243.0	75	167.9
Trachea, Bronchus, Lung, Pleura	57	64.3	35	79.5	22	49.3
Colorectal	13	14.7	10	22.7	3	6.7
Breast (female)	7	7.9	...	...	7	15.7
Prostate (male)	5	5.6	5	11.4	...	...
Pancreas	10	11.3	7	15.9	3	6.7
Leukemias	7	7.9	5	11.4	2	4.5
Non-Hodgkin's Lymphomas	2	2.3	0	0.0	2	4.5
Ovary (female)	5	5.6	...	...	5	11.2
Brain and Other Nervous System	4	4.5	2	4.5	2	4.5
Stomach	2	2.3	0	0.0	2	4.5
Uterus and Cervix (female)	5	5.6	...	...	5	11.2
Esophagus	3	3.4	2	4.5	1	2.2
Melanoma of Skin	4	4.5	4	9.1	0	0.0
Other	58	—	37	—	21	—

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

WALKER 2018 HEALTH PROFILE

SUMMARY	
Total Population	63,711
Births	771
Deaths	1,029
Median Age	42.2
Life Expectancy at Birth	70.5
Total Fertility Rate per 1,000 Females Aged 10-49	2,078.5
Marriages Issued	408
Divorces Granted	339

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	963	86.6	86	23.4
Births	771	12.1	65	17.8
Induced Terminations of Pregnancy	34	3.1	7	1.9
Estimated Total Fetal Losses	158	—	14	—

Birth rates are per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	10-14	15-17	18-19	20+
All Births	771	0	14	51	706
Rate	12.1	0.0	13.0	71.3	62.0
White	729	0	11	47	671
Rate	12.6	0.0	11.7	74.9	65.0
Black and Other	42	0	3	4	35
Rate	7.3	0.0	22.6	45.2	32.9

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	307	39.8	47	72.3
Low Weight Births	73	9.5	9	13.8
Multiple Births	16	2.1	0	0.0
Medicaid Births	432	56.1	58	90.6

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	11	11	0	1	1	0
Rate per 1,000 Births	14.3	15.1	0.0	15.4	17.2	0.0
Postneonatal Deaths	5	5	0	0	0	0
Rate per 1,000 Births	6.5	6.9	0.0	0.0	0.0	0.0
Neonatal Deaths	6	6	0	1	1	0
Rate per 1,000 Births	7.8	8.2	0.0	15.4	17.2	0.0

*Infant deaths are by race of child; births are by race of mother.

2018 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	63,711	31,040	32,671	57,950	28,252	29,698	5,761	2,788	2,973
0-4	3,832	1,931	1,901	3,310	1,680	1,630	522	251	271
5-9	3,945	1,975	1,970	3,418	1,731	1,687	527	244	283
10-14	3,913	2,044	1,869	3,432	1,778	1,654	481	266	215
15-44	22,234	11,116	11,118	19,970	9,984	9,986	2,264	1,132	1,132
45-64	17,476	8,571	8,905	16,191	7,984	8,207	1,285	587	698
65-84	11,244	5,034	6,210	10,618	4,747	5,871	626	287	339
85+	1,067	369	698	1,011	348	663	56	21	35

WALKER 2018 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,029	532	497	974	506	468	55	26	29
Rate per 1,000 Population	16.2	17.1	15.2	16.7	17.9	15.8	9.5	9.3	9.8

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	326	511.7	165	531.6	161	492.8	303	519.7	23	399.2
Cancer	187	293.5	109	351.2	78	238.7	172	295.0	15	260.4
Stroke	47	73.8	21	67.7	26	79.6	47	80.6	0	0.0
Accidents	43	67.5	29	93.4	14	42.9	43	73.7	0	0.0
CLRD*	86	135.0	38	122.4	48	146.9	84	144.1	2	34.7
Diabetes	15	23.5	8	25.8	7	21.4	15	25.7	0	0.0
Influenza and Pneumonia	28	43.9	11	35.4	17	52.0	28	48.0	0	0.0
Alzheimer's Disease	50	78.5	19	61.2	31	94.9	49	84.0	1	17.4
Suicide	11	17.3	9	29.0	2	6.1	10	17.2	1	17.4
Homicide	7	11.0	5	16.1	2	6.1	7	12.0	0	0.0
HIV Disease	1	1.6	1	3.2	0	0.0	1	1.7	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	43	67.5	3	19.4
Motor Vehicle	20	31.4	3	19.4
Suffocation	2	3.1	0	0.0
Poisoning	11	17.3	0	0.0
Smoke, Fire and Flames	1	1.6	0	0.0
Falls	2	3.1	0	0.0
Drowning	1	1.6	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	6	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	1,029	16.2
0 - 14	14	1.2
15 - 44	67	3.0
45 - 64	245	14.0
65 - 84	486	43.2
85 +	217	203.4

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	187	293.5	109	351.2	78	238.7
Trachea, Bronchus, Lung, Pleura	63	98.9	39	125.6	24	73.5
Colorectal	14	22.0	5	16.1	9	27.5
Breast (female)	10	15.7	...	...	10	30.6
Prostate (male)	5	7.8	5	16.1	...	...
Pancreas	9	14.1	5	16.1	4	12.2
Leukemias	8	12.6	5	16.1	3	9.2
Non-Hodgkin's Lymphomas	3	4.7	3	9.7	0	0.0
Ovary (female)	2	3.1	...	...	2	6.1
Brain and Other Nervous System	6	9.4	4	12.9	2	6.1
Stomach	5	7.8	4	12.9	1	3.1
Uterus and Cervix (female)	7	11.0	...	...	7	21.4
Esophagus	4	6.3	4	12.9	0	0.0
Melanoma of Skin	5	7.8	4	12.9	1	3.1
Other	46	—	31	—	15	—

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

Attachment X: Emergency/Disaster/Pandemic Plan

Office Safety Plan

Middle Alabama Area Agency on Aging

Internal Emergency Action Plan

Precaution and Prevention

(last updated: 1/2017)

Precaution and Prevention

1. No M4A employee or visitor should carry guns or other weapons into the building.
2. The front door is to remain locked at all times outside of business hours.
3. The lobby door and back door are both accessible by key fob. Only full-time and part-time employees should have a key fob.
4. All visitors and volunteers must be signed-in and signed-out of the building.
5. All visitors and volunteers must have badges.
6. Visitors should be retrieved from the lobby and escorted through the building by the employee they are visiting.
7. A code system will be used for alerting employees to intruders/unwelcome visitors in or outside of the building.
8. If an intruder has entered the building, staff not in the office should be alerted.
9. Employees should not let strangers/visitors "piggy back" with them through the door.
10. Employees are required to let their supervisors know where they are going to be when out in the field and to carry pepper spray with them (if needed). If an employee ever feels in danger when in the field, he/she should immediately leave the location and alert M4A management and/or emergency responders if necessary.

Exiting the Building after Office Hours

Precaution and Prevention

1. If there is/are an unfamiliar person(s) in the parking lot, the employee should not exit the building.
2. The employee should see if there are any coworkers still in the building.
3. If there are still coworkers in the building, the employee should check with them to see if they are expecting anyone.
4. If another coworker is expecting someone, the coworker should check from a window to make sure the unfamiliar person is the expected visitor.
5. If no coworker is expecting someone or if there are no other coworkers in the building, then the employee should immediately call the police and any other emergency responder necessary and remain in the building.
6. The employee should never exit the building until it is deemed completely safe.

For all Emergencies, CALL 9-1-1 first!

Alabaster Police Department: 9-1-1
205-663-7401

Alabaster Fire Department: 9-1-1
205-664-6818 Station 1 @ 1st Ave W
205-664-6816 Station 2 @ Butler Road
205-664-6827 Station 3 @ 1st St S

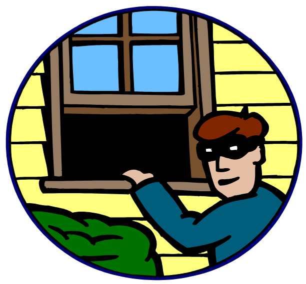
Shelby County Sheriff: 9-1-1
205-669-4181

Visitor Procedures

Precaution and Prevention

1. If someone comes to see an M4A employee, the employee should be called to the front by the (acting) receptionist to let the visitor in and escort visitor through the building.
2. The visitor should be signed-in and given a visitor badge by the employee being visited.
3. If the employee being visited deems the visitor a dangerous or unwelcome visitor, the employee should let the receptionist know not to let the visitor in.
4. If the employee tells the receptionist not to let the visitor in due to danger, the receptionist should calmly tell the visitor that the employee will be right with them. The receptionist should then go to the highest-level administration staff member available to tell him/her of the situation.
5. The administration staff member should immediately call the police to remove the unwelcome visitor.
6. An office page should be made indicating the potential danger (see "Intruder" on Quick Chart).
7. When the page is heard by other employees, they should remain in their office with the door locked, lights off, and get under their desk/table. Flashlights may be used for light. If there is a window in the office, the blinds should be closed or shut.
8. If an employee is in another employee's office when the page is heard, the "visiting employee" should remain in that employee's office and lock-down with him/her.
9. If an employee is not in an office or other lockable room, he/she should attempt to make it to the closest lockable room and lock-down.
10. If safe to do so, the receptionist should retrieve the sign-in book and contact staff members who are out of the office to alert them not to return to the office.
11. If an employee knows that another employee is out of the office and might be returning, he/she should contact the employee (if safe to do so) to alert employee not to return to the office.
12. All employees should remain in their offices under lock-down until the police have arrived, the premises are deemed safe, and an M4A administrative staff member knock on their door to let them know it is safe to end lock-down (see *Who Decides?*).

In Case an Intruder or Unwelcome Visitor Enters the Building: Lock-Down System



If an intruder or unwelcome visitor has entered the building, the following codes will be used to alert employees to the danger and where the intruder is.

- "Mr. Red Walker, please call extension 300"-Intruder in the lobby, inside, or outside the building.

When employees hear the page, they should remain in the office/room they are in with the door locked, lights off, and under a desk or table if possible. Their flashlight may be used for light. If an employee is not in a lockable room when the page is heard, he/she should quickly and quietly move to their designated lockable room. Once there, he/she should lock the door, turn the lights off, and get under a desk or table if possible. The receptionist should go into the nearby office if safe to do so. The highest-level member of the administration staff who is available should contact the police. Employees that know of a coworker who is out of the building and might return to the office should call the employee (if it is safe to do so) to alert the employee not to return to the office. Employees should remain in lock-down until the police have arrived, the premises are deemed safe, and an M4A administrative staff member knock on their door to let them know it is safe to end lock-down.

LOCATION FOR LOCK-DOWN: UNDER YOUR OFFICE DESK

LOCK YOUR OFFICE and TURN OFF LIGHTS IF POSSIBLE

STAY IN LOCK-DOWN UNTIL POLICE ARRIVE

Fire Safety

Precaution and Prevention

1. Coffee pots and other electronic appliances are tuned off and unplugged nightly.
2. Each long hallway has two smoke alarms, one emergency light, and a fire extinguisher.
3. The entire staff will be trained at an in-service on how to use the fire extinguishers.
4. The smoke alarms will be tested monthly and the batteries will be changed twice a year (at the time change). Smoke alarms will be replaced every ten years. A sticker will be placed on each smoke alarm to indicate date replaced.
5. The Administrative Assistant will be responsible for the maintenance and testing of the smoke alarms, as well as the fire extinguishers and emergency lighting.
6. A staff fire drill will be performed annually. An intercom announcement will be made to announce the beginning of a fire drill.
7. First aid kits will be kept on the bottom of the bookcase in the front hallway by the AED.
8. The staff is required to use the IN/OUT BOARD when they enter/leave the office.
9. Volunteers/visitors will be required to sign-in when entering the building and sign-out when exiting. They will also be asked to wear a badge/nametag. It will be the responsibility of the receptionist to sign them in and give them a badge/name tag. It will be the responsibility of the staff member whom the volunteer/visitor is visiting to make sure the volunteer/visitor signs-out and returns the badge/nametag.

In Case of an Actual Fire!

In the case of an actual fire, please listen for the phrase "FIRE IN THE BUILDING – PLEASE EVACUATE" over the intercom. Currently (as of 1/20/2017), the M4A office does not have a pull-down fire alarm or other fire alarm that can be heard throughout the building. Intercom/page can also be used in case of an actual fire or fire drill. Staff will be instructed that if they hear a smoke alarm going off or see a fire, they should immediately yell "FIRE!" and use the Intercom/page if it is safe to do so.

The evacuation route (or emergency exit route) will be out the closest exit and to the front parking lot. Be aware of fire trucks and other emergency vehicles that may be in or pulling into the parking lot. Do not stand in the parking lot or stand close to the curbs, as this may put you in danger or hinder rescue vehicles.

Once in our evacuation area, staff will begin roll call.

Once in our evacuation area, first aid will be administered to those who are in need.

The highest-level administrative staff member is designated to call the fire department, police, and other necessary emergency responders once in the gathering place.

Emergency responders will be alerted to anyone who is unaccounted for.

EVACUATE TO: FRONT PARKING LOT

EVACUATION SIGNAL: ANNOUNCEMENT OF "FIRE – PLEASE EVACUATE. "

BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

In Case of an Actual Weather Emergency!

1. The Executive Director will make the decision to shelter-in-place or evacuate.
2. The staff contact list will be used to locate staff outside of the building and alert them to the situation and procedure.
3. If the decision to shelter-in-place is made, the staff shall shelter-in-place in the Board Room.
4. When sheltering-in-place, staff members will bring their flashlight, marker, and whistle with them.
5. The receptionist will be responsible for bringing the first aid kit.
6. The HR/Operations Manager will be responsible for bringing the EAP binder. The receptionist will be responsible for getting it in the HR/Operations Manager's absence.
7. The disaster kit is located in the cabinet located in the kitchen.
8. Once in the designated shelter-in-place area, staff roll call will be used to account for all staff and visitors/volunteers.
9. The Nutrition Team will check that all Center manager(s) have accounted for all center participants and homebound clients.
10. Receptionist will place the phones on "inclement weather" setting.
11. Once in the designated shelter-in-place area, employees will use their markers to write their names on their arms, as well as any pertinent medical information if needed.
12. Once in the shelter-in-place area, first aid will be administered to those in need.
13. Emergency responders will be called if needed.

After the weather emergency is over and it is safe, a damage/injury/and plan assessment will be completed. The building will be checked for damage and injured people will be tended to. The evacuation plan will be evaluated to see how well it worked in a real emergency.

SHELTER-IN-PLACE: BOARD ROOM

SHELTER-IN-PLACE SIGNAL: ANNOUNCEMENT OF "PLEASE SHELTER IN PLACE"

BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

Hazardous Condition: Outside Building

Precaution and Prevention

Hazardous materials are substances that pose a potential risk to life, health or property when released due to their chemical nature. It can range from an **accidental chemical spill** on a roadway to **an intentional act of terrorism**. The important thing to know is how to prepare for an incident. **Shelby County does not have any designated "bomb fallout" shelters**. The Exhibition building and a building behind the city hall in Columbiana are for temporary weather-related shelter only.

1. Have a warning signal (Announcement of "HAZARDOUS MATERIAL OUTSIDE – PLEASE SHELTER IN PLACE" over intercom)
2. News and instructions through radio, television or Internet
3. Know evacuation routes from your building
4. Know "in-shelter" area of the building
5. Have hazardous material emergency shelter kit ready and staff trained to use it
6. Teams 1 and 2 will begin sealing building if necessary (see Teams 1 and 2 on Quick Chart).

SHELTER-IN-PLACE: BOARD ROOM

SHELTER-IN-PLACE SIGNAL: ANNOUNCEMENT OF "HAZARDOUS MATERIAL OUTSIDE – PLEASE SHELTER IN PLACE" AND SEVERAL BLOWS OF THE WHISTLE

BRING YOUR FLASHLIGHT, MARKER, AND WHISTLE.

Precaution and Prevention

The hazardous material emergency shelter kit should have the following items:

(These items are in the EAP Cabinet located in the M4A Kitchen – UPSTAIRS.)

1. Plastic sheeting (2-4 mil.) for covering the exterior doors and in-shelter area
2. Duct tape for securing the plastic sheeting
3. Masks for each person (consider frequent visitors/volunteers)
4. Plastic bags for disposing of contaminated materials/clothes
5. Rags for spills and stuffing under doors
6. Sheets to wrap injured/exposed persons
7. Scissors to remove contaminated material from clothes and make bandages.

Hazardous Condition: Outside Building

Who Decides?

Depending on circumstances and the nature of the hazard (which could include an attack), the first important decision is whether to evacuate or shelter-in-place. After viewing available information from radio, television, Internet, emergency alerts, and after consultation with key staff, the **decision to shelter-in-place or evacuate will be made by the Executive Director**, who will notify staff.

If the Executive Director Is Not In the Office: Order of Succession

To be used in All Emergencies or Substantive Decision-Making Events

When the Executive Director is not in the Office

Order of Succession:

Executive Director

Assistant Director

Director of Operations and Strategy

Director of Finance

Director of Human Resources

Director of Marketing and Innovations

Hazardous Condition: Inside Building

What if We Evacuate?

If the decision is made to evacuate, the staff will be notified where the hazard/attack is located and where to evacuate, depending on the location of the hazardous event.

Staff should:

1. Keep vehicle **gas tank at least half-full at all times** in case of emergency evacuation.
2. Become familiar with **alternate routes home**, if home is a safe place to evacuate (away from the hazardous condition/attack).
3. If time permits, **notify a family member** as to your evacuation route/location.
4. From a safe place – The Emergency phone tree will be started.

The three ways to minimize exposure to hazardous materials are: Distance-Shielding-Time!

5. **Distance:** The more distance from you and the incident is the safest method.
6. **Shielding:** The more of a heavy, dense material between you and the incident the better.
7. **Time:** Most chemicals and radiation lose its strength with time so staying away from the exposed area for an extended time is the safest route to take.

EVACUATE TO: FRONT PARKING LOT

EVACUATION SIGNAL: ANNOUNCEMENT OF “HAZADORUS MATERIAL IN THE BUILDING – PLEASE EVACUATE”.

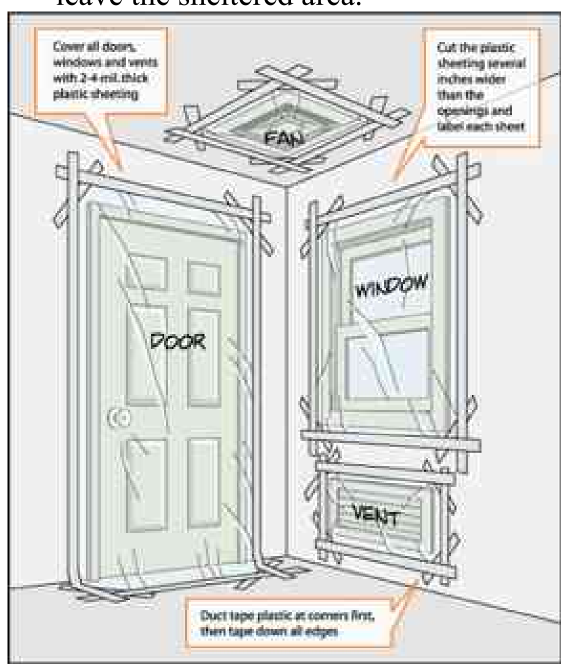
BRING YOUR FLASHLIGHT, MARKER AND WHISTLE

Hazardous Condition

What if We Shelter-in-Place?

The staff will be notified to shelter-in-place and the designated employees will ready the in-shelter area located in the **M4A BOARD ROOM**:

1. EAP emergency kit and the hazardous material kit are located in the EAP cabinet in the kitchen.
2. Normal air circulation should be turned off by Teams 1 and 2. If available, 100% recirculation is started as soon as possible (not available in the M4A Office Building).
3. Teams 1 and 2: Plastic sheeting is placed with duct tape over both doorways going into the kitchen and any air vents in the building, after the staff and visitors in the building are accounted for and have entered the in-shelter area. Shelter-in place area will be in the board room located on the first floor.
4. Check for any injuries or exposure to hazardous material. If anyone has been exposed to a hazardous material, removing exposed clothing and showering is recommended, if possible.
5. Monitor television or other communications method (cell phone) to know when it is safe to leave the sheltered area.



Source: http://www.ready.gov/america/makeaplan/shelter_in_place.html

What to do when it's Safe to Leave the Shelter Area

1. Staff members who are emergency-trained or certified should check fellow staff members and visitors/volunteers for any injuries or contamination.
2. The Executive Director will determine whether emergency responders should be contacted.
3. If there is damage to the building, then the building should be evacuated immediately. If the building is evacuated, no one should return to the office building until it has been examined and deemed safe. The phone tree will be used to notify staff about when it is safe to return to the office building.

Hazardous Condition

Additional Warnings for Hazardous Materials

Potential mail bombs**:** If a suspicious package is received, it should be left alone-do not shake or empty contents. Keep all persons away from the area and call local law enforcement immediately.

Suspicious packages**:** Suspicious packages may have one or more of the following recognition points: Misspelling of common words, excessive weight for size, protruding wires or foil, lopsided or uneven shape, excessive postage, or no return address.

Bomb threats by phone**:** Never ignore a threat of this nature. Remain calm and make notes of the following:

1. Phone number from caller ID
2. Male or female voice?
3. Young or mature voice?
4. Any foreign or regional sounding accent to voice?
5. Background noises?
6. Any specifics the caller gives about where the bomb is located and when it may detonate?

A bomb threat checklist will be used by employee answering the call (see "Bomb" Section).

Notify Executive Director, who will determine if evacuation and 9-1-1 should be called. If Executive Director is not in the office, then follow the order of succession and notify the next in command. If the building is to be evacuated, follow the fire evacuation procedures.

Responding to a Bomb Threat

General Guidelines

1. Try to get more than one person to listen to call using a covert signaling system.
2. Stay calm and try to get as much information as possible.
3. Record all information possible.
4. Inform caller that the office is occupied and detonation could result in serious injuries or death.
5. Pay close attention to background noises and the voice of the caller (accent, voice quality, mood, tone, speech impediments, and any other potentially identifying or important characteristics).
6. Check the caller ID and record phone number and name. Do not erase.
7. Utilize bomb threat checklist.

Responding to a Bomb Threat

Bomb Threat Checklist

Exact time of call_________________

Date of call______________________

Gender of caller______________________

Caller ID information (phone number/name) ______________________________________

Any identifying characteristics of voice (foreign accent or language, profanity, soft/deep/loud, stressed/calm/excited, laughing/crying, speed, speech impediment, etc…)
____
____
____
____
____

Background noise(s) ____
____

Any notable remarks or information from phone call ____
____
____
____
____

Any information about bomb (type, appearance, location, when will it explode, and what will detonate it) ____ (use back page)

Guidelines for Processing Suspicious Mail

Many people have questions about how mailrooms and offices should handle mail that may contain a written threat of chemical or biological materials inside or mail that may contain some form of powder.

What Constitutes a Suspicious Parcel?

Some typical characteristics Postal Inspectors have detected over the years which should trigger suspicion include parcels that:

1. Are unexpected or from someone unfamiliar to you.
2. Are addressed to someone no longer with your organization or are otherwise outdated.
3. Have no return address or have one that can't be verified as legitimate.
4. Are of unusual weight, given their size, or are lopsided or oddly shaped.
5. Are marked with restrictive endorsements such as "Personal" or "Confidential."
6. Have protruding wires, strange odors, or stains.
7. Show a city or state in the postmark that does not match the return address.

General Precautions for Those Who Handle Large Volumes of Mail:

1. Wash your hands with warm soap and water before and after handling the mail.
2. Do not eat, drink or smoke around the mail.
3. If you have open cuts or skin lesions on your hands, disposable latex gloves may be appropriate.
4. Surgical masks, eye protection or gowns are NOT necessary or recommended.

If a Letter is Received that Contains Powder or Contains a Written Threat:

1. **DO NOT** shake or empty the contents of any suspicious envelope or package.
2. **DO NOT** attempt to clean up any powders or liquids.
3. Place envelope or package in a plastic bag or some other type of container to prevent leakage of contents. If no container is available, then cover with anything (i.e., clothing, paper, trash can, etc.) and do not remove cover.
4. Isolate the specific area of the workplace so that no one disturbs the item.
5. Evacuation of the entire workplace in NOT necessary at this point.
6. Have someone call 9-1-1 and tell them what you received, and what you have done with it. Law enforcement should also place a call to the local office of the FBI and tell them the same information. Indicate whether the envelope contains any visible powder or if powder was released. Also notify building security official or an available supervisor.
7. If possible, LIST all people who were in the room or area when this suspicious letter or package was recognized. Give the list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
8. Wash your hands with warm water and soap for one minute.
9. Do not allow anyone to leave the office that might have touched the envelope.
10. Remove heavily contaminated clothing and place in a plastic bag that can be sealed; give bag to law enforcement personnel.
11. Shower using ONLY soap and water as soon as possible.
12. When emergency responders arrive, they will provide further instructions on what to do.

Important:

1. Do not panic.
2. Do not walk around with the letter or shake it.
3. Do not merely discard the letter.

NOTE: If you suspect the package to be an explosive device, DO NOT cover, touch, or move the item. Follow your bomb threat procedures and notify the local law enforcement (9-1-1). (*Source: Shelby County EMA Handout: Guidelines for Processing Mail*)

Office Emergency Quick Chart

Threat, Signal, Meeting Place and What to Do

Threat	Warning Sound	Where to Meet	Who to Call	What to Do
Fire in building Evacuate!	FIRE - INTERCOM	Front Parking Lot	9-1-1	Bring flashlight / Exit Building Quickly
Bomb in building Evacuate!	BOMB INTERCOM	Front Parking Lot	ED calls 9-1-1	Bring flashlight / Exit Building Quickly
Hazardous Material in the building: **Evacuate!**	INTERCOM	Front Parking Lot	ED calls 9-1-1 and/or EMA 669-3999	Bring flashlight, marker and whistle Always keep gas tank half-full Know alt routes home/alt safe place ED will tell where hazard is located Travel away from hazard Contact loved one re your route/destination
Hazardous Material outside of building: Shelter!	INTERCOM	Board Room	ED calls 9-1-1 and/or EMA 669-3999	Bring flashlight, marker and whistle HR and Director will turn off all air units **Teams 1 and 2 will close/seal doors and vents Render first aid
Inclement Weather	INTERCOM	Board Room	Phone Tree is Activated	In office: shelter Out of office: caution

Intruder	"MR. RED WALKER PLEASE CALL EXT 300"	Lock-down	ED calls 9-1-1	Go to nearest office and lock door Turn off lights, close shades Get under desk and remain quiet Wait for law enforcement

**Team 1: LISA ADAMS and CHRISTAL SMITH: Team 2: CRYSTAL CRIM and LAURA KING

County Emergency Quick Chart

Emergency Telephone Numbers

County	Sheriff	EMA	Red Cross	Salvation Army	Public Health	Courthouse	Transp.	Hospital	Other
Blount	625-4127 625-4913 (dispatch)	625-4121	274-2115	625-4852	274-2120	625-4160	625-6250	274-3000	625-4673 Hope House
Chilton	755-4698	755-0900	755-0707	none	755-1287	755-1555	755-5941	755-2500	755-3188 Baptist Assoc.
Shelby	669-4181	669-3999	987-2792 987-2793	663-7105	664-2470	669-3710	325-8787	620-8100	685-5757 Oak Mtn. Missions 669-7858 Baptist Assoc.
St. Clair	884-6840	884-6800	884-1221	none	338-3357	338-9449	506-8585	338-3301	328-5656 328-2420 Salvation Army (Birmingham)

Walker	384-7218	384-7233	387-1478	221-7737	221-9775	384-7281	325-8787	387-4169 387-4000	384-9231 Jasper Area Family Resource Center

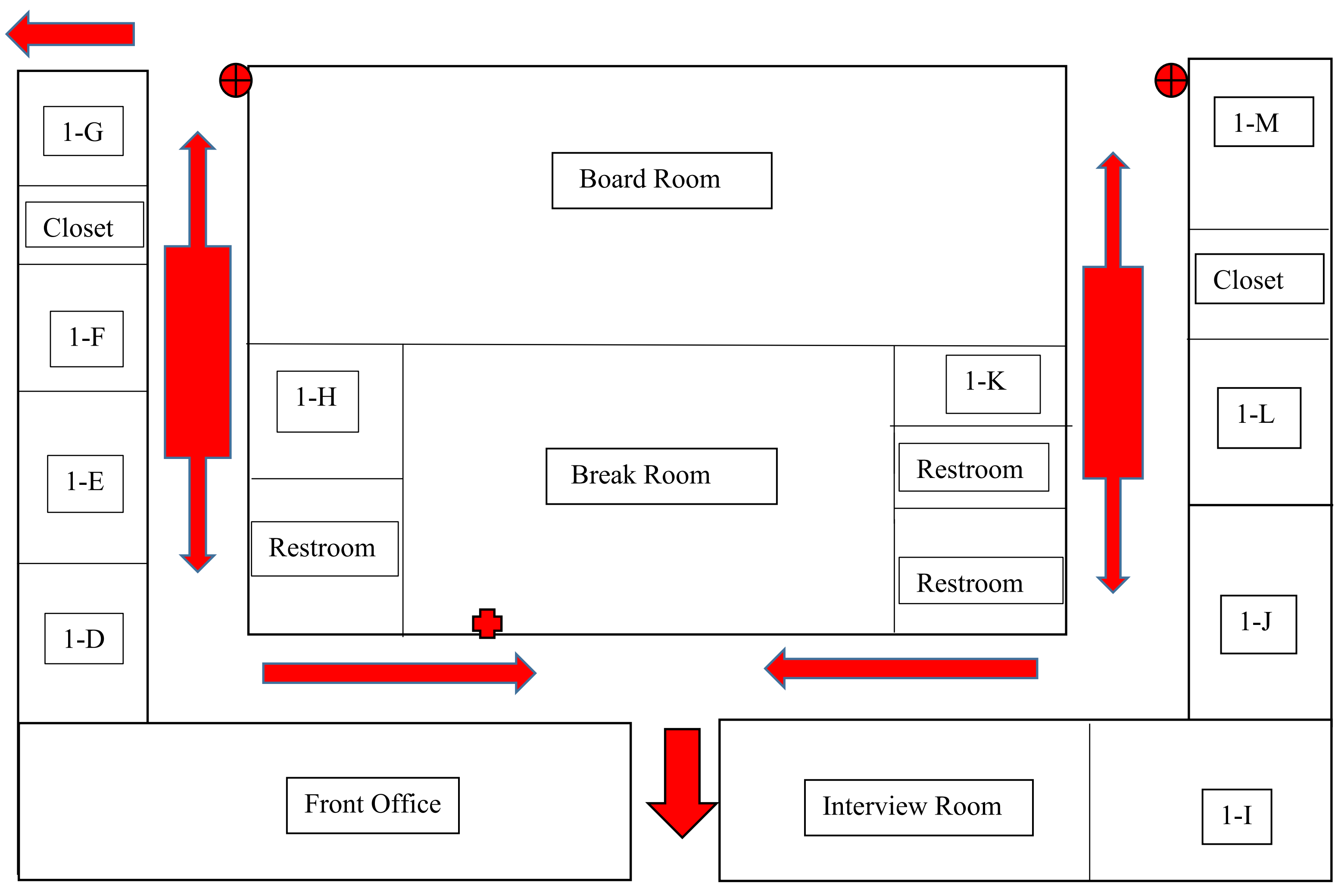
Police and Fire for all Counties: 9-1-1

United Way Information for all Counties except Chilton: 2-1-1

United Way of Chilton County: 755-5875

Emergency Exit Plan

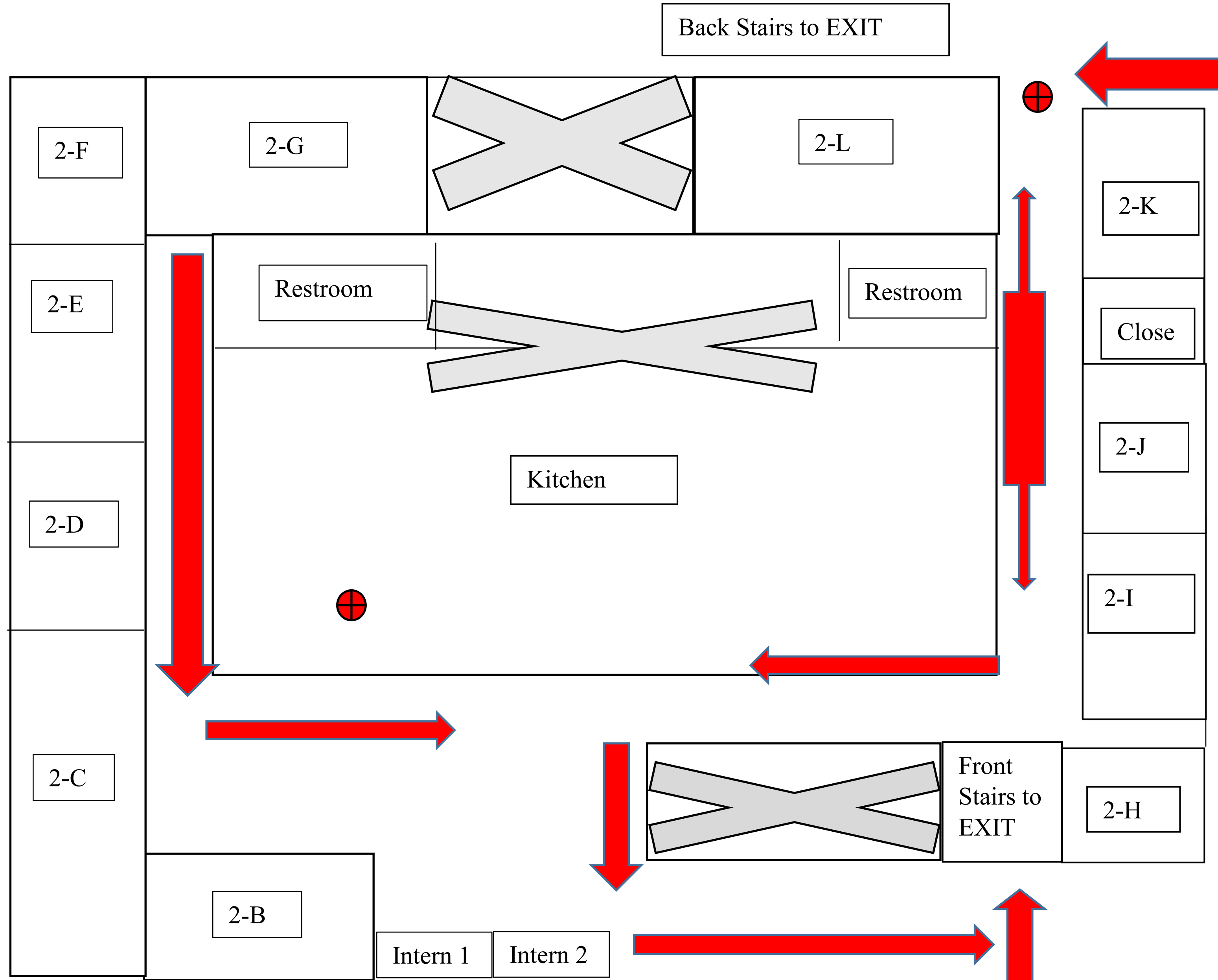
First Floor
EXITS ARE MARKED WITH RED ARROWS; FIRE EXTINGUISHERS WITH RED DOTS; AND THE AED WITH A RED CROSS. THE ROUTE YOU TAKE WILL DEPEND ON WHERE THE FIRE IS LOCATED AND WHERE YOU ARE WHEN YOU HEAR THE ALERT. IF THE CENTER IS OPEN, THE NEAREST EXIT MAY BE THE SENIOR CENTER. SUGGESTED EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!



Emergency Exit Plan

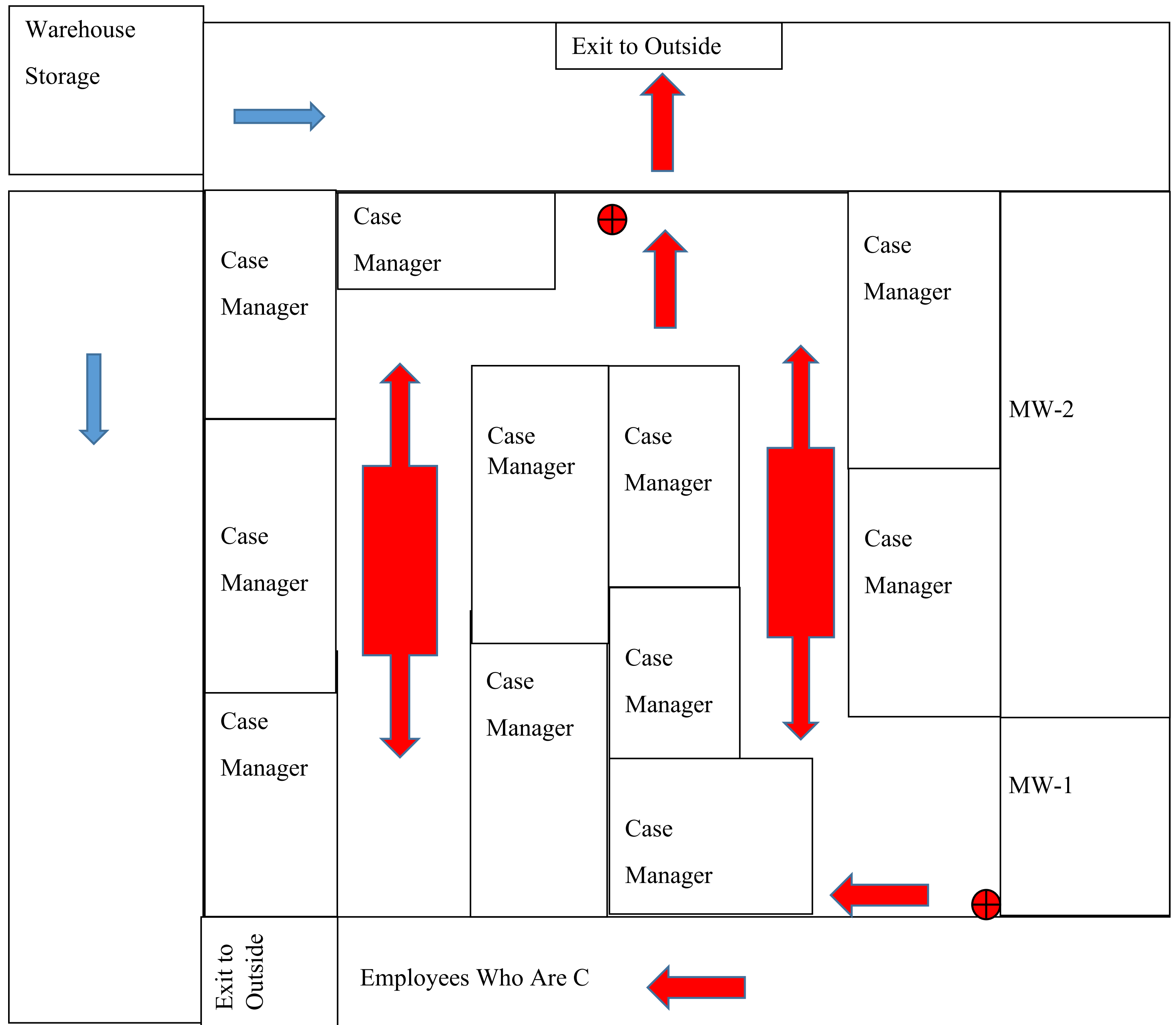
Second Floor

EXITS ARE MARKED WITH RED ARROWS; FIRE EXTINGUISHERS WITH RED DOTS; AND THE AED WITH A RED CROSS. THE ROUTE YOU TAKE WILL DEPEND ON WHERE THE FIRE IS LOCATED AND WHERE YOU ARE WHEN YOU HEAR THE ALERT. IF THE CENTER IS OPEN, THE NEAREST EXIT MAY BE THE SENIOR CENTER. SUGGESTED EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!



Emergency Exit Plan: Medicaid Waiver Suite

EXITS ARE MARKED WITH RED ARROWS; FIRE EXTINGUISHERS WITH RED DOTS; AND THE AED WITH A RED CROSS. THE ROUTE YOU TAKE WILL DEPEND ON WHERE THE FIRE IS LOCATED AND WHERE YOU ARE WHEN YOU HEAR THE ALERT. IF THE CENTER IS OPEN, THE NEAREST EXIT MAY BE THE SENIOR CENTER. SUGGESTED EXIT ROUTES ARE MARKED IN BLUE. MAP IS NOT TO SCALE!



CPR, AED, and/or First Aid Certified

Staff Member	CPR	AED	First Aid	Recertification
Anna Terpo	X			2022
Natoria Thomas	X			2023
Breana Mahaffey	X	X		2022
Audrey Bearss	X	X	X	2022
Linda Coogan	X	X	X	2023

EAP Cabinet Inventory (Located in the Kitchen)

TO BE REVIEWED: September 2022 **LAST REVIEWED**: September 2021

Quantity	Item	Expiration Date
3 cases	Water bottles	2023
52 cans	Tuna	2023
1	Can opener	
3	Trash bags	
1	Black markers	
1	Scissors	
2 packs	Leather cords	
12 pack	Whistles	
1	Air horn	
2 boxes	Surgical Masks	
8	Blankets	
17	Flashlights	
2 boxes	Alcohol swabs	
3 small bottles 5 large bottles	Hand sanitizer	
1	2 mil. Sheeting to cover doors	
7	2 mil. Sheeting to cover vents	
1 roll	Duct tape	
1 box	Latex-free exam gloves	
1	Instant Temple Thermometer	
1 pack	AA Batteries	
1 box	Handwarmers (80ct)	
1 box	Single use antibiotic ointments	5/2022
1 box	Sandwich bags	

4 bottles	Eye wash	3/2023
20	First aid kits	

Damage Assessment

Immediately following a disaster, it is important to assess any physical harm to the staff and damage to the M4A office building. This form should be used for such an assessment.

Initial Assessment Questions

1. Are staff members injured? Yes or No (circle one)
If yes, complete the Staff Injury Assessment Form.

2. Is there any damage or loss to the M4A Office Building? Yes or No (circle one)
If yes, complete the M4A Office Building Damage Assessment Form.

3. Date of disaster which caused injury or damage:

____

4. Type of disaster:

____

5. Name of person completing *Damage Assessment*:

____

____ ________________________

Signature Date

M4A Staff Injury Assessment Form

Please complete a *Staff Injury Assessment Form* on each staff member who was/is injured as a result of a disaster. (Your initials here: ____________________________ / Date: ________)

Name of injured employee: ____

How was employee injured and on what part of the body:

____
____
____
____

What treatment was provided during shelter-in-place and who provided the treatment:

____
____
____

What is the employee's current status? (Please check)

- ☐ Being attended by emergency personnel
- ☐ En route to hospital: ____________________________________ (Hospital Name)
- ☐ At the hospital: ____ (Hospital Name)
- ☐ Other (Please explain fully):

____
____
____

Has the employee's emergency contact been notified: Yes or No (circle one) If yes, who was contacted?

____
____

M4A Office Building Damage Assessment Form

As soon as possible after a disaster, please complete the *M4A Office Damage Assessment Form*. (Your initials here: ____________________________ / Date: ________)

1. What disaster has damaged the M4A Office Building (fire, flood, tornado, etc.): ____
____
2. What part of the office building was damaged (kitchen, reception, lobby, rear storage, etc.): ____
____
____
3. To the best of your ability, describe the damage in as much detail as possible: ____
____
____
____
____
____
____
____
4. Please list any office equipment damaged, including computers, supplies, furniture, appliances, etc.:
____
____
____
____
____

M4A Emergency Plan Assessment Form

After an actual emergency which requires lock-down, shelter-in-place or evacuation, the M4A HR/Operations Manager shall assess the strengths and weaknesses of the emergency plan that was utilized and issue a written report with recommendations to the Executive Director within 10 business days. The following assessment questions are guidelines for this evaluative process:

What emergency plan was used: ____

When was the plan used: ____

What problems occurred in the implementation of the plan:

____

____

____

____

What may have caused the problems identified in #3:

____

____

____

How will the problems be corrected and when:

____

____

____

What were strengths of the emergency plan:

____

____

____

Middle Alabama Area Agency on Aging

Disaster Response and Recovery Plan Addendum (SCSEP)

In the case of a disaster the following contingency plan will be operational.

1) Organizational Continuity Plan

During or after an emergency, agency management will evaluate the status of its assets, the condition of the community environment and the needs of its staff/participants. Upon the completion of the evaluation, steps are taken to restore services as soon as is practical and possible within the constraints of environmental realities, resource availability, and safety considerations."

- Staff capabilities include carrying out routine activities such as completion of forms, performing intakes, processing payroll and other administrative duties.
  Person responsible: Carolyn Fortner, Executive Director; Crystal Crim. Admin. Director; Tammy White, Fiscal Director.

- SCSEP Project Director and Assistant Director will have access to a laptop computer and hard copy of files containing the names, phone numbers and addresses of all active participants. If SCSEP director is unavailable, Crystal Crim, Admin. Director, will have such resources.

- SCSEP Participants will resume scheduled hours or make modifications in host agencies and schedules to accommodate their continued community service employment.
  Person responsible: Sheila Baker, Project Director and Andrea Carter, Assist Project Director.

2) Property Safeguarded

All fiscal records and other records: Participant fiscal files are kept in the Fiscal office in a locked file cabinet. Participant personnel files are kept in the Project Director's office in a locked file cabinet.

3) Back Up Host Agencies (HA)

Participants should contact Sheila Baker (cell) 205-531-0958 or (office) 205-670-5770 or Anna Terpo, 205-670-5770 if their host agency is not available, if both are unavailable, please contact Crystal Crim, Admin. Director, 205-670-5770.

M4A will work with participants to find temporary placement at: Red Cross, Salvation Army, Community Action, Senior Centers, etc.

Also, an assessment of the potential for additional placements at the following current host agencies has been done to accommodate participants whose HA is unavailable: Yes; M4A's SCSEP program has roughly 20 HA without participants. These HA are able to act as temporary placements for participants.

4) Back Up Plan (IT)

In the event that network communications are unavailable, hard copy of essential documents are being kept with Sheila Baker, Project Director, in a locked file cabinet.

5 Payroll Continuation

All fiscal records and other records: Participant's fiscal files are kept in the Fiscal office in a locked file cabinet. Participant personnel files are kept in the Project Directors office in a locked file cabinet.

Alternatively, M4A is able to manually write a check to pay a participant if needed.

National Terrorism Advisory System

The National Terrorism Advisory System, or NTAS, replaces the color-coded Homeland Security Advisory System (HSAS). This new system will more effectively communicate information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector.

It recognizes that Americans all share responsibility for the nation's security and should always be aware of the heightened risk of terrorist attack in the United States and what they should do.

Imminent Threat Alert

Warns of a credible, specific, and impending terrorist threat against the United States.

Elevated Threat Alert

Warns of a credible terrorist threat against the United States.

After reviewing the available information, the Secretary of Homeland Security will decide, in coordination with other Federal entities, whether an NTAS Alert should be issued.

NTAS Alerts will only be issued when credible information is available.

These alerts will include a clear statement that there is an imminent threat or elevated threat. Using available information, the alerts will provide a concise summary of the potential threat, information about actions being taken to ensure public safety, and recommended steps that individuals, communities, businesses and governments can take to help prevent, mitigate or respond to the threat.

The NTAS Alerts will be based on the nature of the threat: in some cases, alerts will be sent directly to law enforcement or affected areas of the private sector, while in others, alerts will be issued more broadly to the American people through both official and media channels.

Sunset Provision

An individual threat alert is issued for a specific time period and then automatically expires. It may be extended if new information becomes available or the threat evolves.

NTAS Alerts contain a sunset provision indicating a specific date when the alert expires-there will not be a constant NTAS Alert or blanket warning that there is an overarching threat. If threat information changes for an alert, the Secretary of Homeland Security may announce an updated NTAS Alert. All changes, including the announcement that cancels an NTAS Alert, will be distributed the same way as the original alert.

OSHA EAP Requirements

1. 29 CFR 1910.38 Emergency action plans

To prepare for any contingency, an emergency action plan establishes procedures that prevent fatalities, injuries, and property damage. An emergency action plan is a workplace requirement when another applicable standard requires it. The following standards reference or require compliance with 1910.38: 29 CFR 1910.119, 1910.120, 1910.157, 1910.160, 1910.164, 1910.272, 1910.1047, 1910.1050, and 1910.1051.

Procedural, Program, and/or Equipment Requirements	Identify possible emergency scenarios based on the nature of the workplace and its surroundings. Prepare a written emergency action plan. The plan does not need to be written and may be communicated orally if there are 10 or fewer employees. At a minimum, the plan must include: The fire and emergency reporting procedures; Procedures for emergency evacuation, including the type of evacuation and exit routes; Procedures for those who remain to operate critical operations prior to evacuation; Procedures to account for employees after evacuation; Procedures for employees performing rescue and medical duties; and Names of those to contact for further information or explanation about the plan.
Training Requirements	Review the emergency action plan with each employee when the plan is developed, responsibilities shift, or the emergency procedures change. Provide training to employees who are expected to assist in the evacuation.
Assistance Tools	Standard - 29 CFR 1910.38 Emergency Action Plan. Directive - CPL 02-01-037 Compliance Policy for Emergency Action Plans and Fire Prevention Plans. E-Tools - OSHA's Expert System - Emergency Action Plan. E-Tools - Evacuation Plans and Procedures - Emergency Action Plan Checklist.

	E-Tools - Evacuation Plans and Procedures - Evacuation Elements. Fact Sheet - Planning and Responding to Workplace Emergencies. Fact Sheet - Evacuating High-Rise Buildings. Other Agency Resources - EPA Local Emergency Planning Committee (LEPC) Database.

2. 29 CFR 1910.39 *Fire prevention plans*

This plan requires employers to identify flammable and combustible materials stored in the workplace and ways to control workplace fire hazards. Completing a fire prevention plan and reviewing it with employees reduces the probability that a workplace fire will ignite or spread.

A fire prevention plan is a workplace requirement when another applicable standard requires it. The following standards reference or require compliance with 1910.39: 29 CFR 1910.157, 1910.1047, 1910.1050, and 1910.1051.

Procedural, Program, and/or Equipment Requirements	Prepare a written fire prevention plan. The plan does not need to be written and may be communicated orally if there are 10 or fewer employees. Develop a plan that includes Major fire hazards, hazardous material handling and storage procedures, ignition sources and controls, and necessary fire protection equipment; How flammable and combustible waste material accumulations will be controlled; Maintenance of heat-producing equipment to reduce ignition sources; Names or job title of persons to maintain equipment to reduce ignition sources and fire potential; and Names or job title of persons to help control fuel source hazards.
Training Requirements	Inform employees about relevant fire hazards and self-protection procedures in the fire prevention plan when they are initially assigned to a job.
Assistance Tools	Standard - 29 CFR 1910.39 Fire Prevention Plans. Directive - CPL 02-01-037 Compliance Policy for Emergency Action Plans and Fire Prevention Plans.

	E-Tools - Evacuation Plans and Procedures - Fire Prevention Plan Requirements. Other Agency Resources - National Fire Protection Agency (NFPA) Code - Life Safety Code NFPA 101.

Attachment XI: Documentation of Virtual Town Hall Meetings and Needs Surveys

Town Hall Meeting Outreach

Crystal Crim emailed the M4A Board of Directors, Advisory Members, and Staff on July 23rd requesting their presence and feedback during the Town Hall. The meeting was also placed on M4As events Facebook page. The event was also promoted weekly in the M4A Newsletter. The Town Hall was held via Zoom on August 19th at 10.

Crystal Crim

From: Crystal Crim
Sent: Friday, July 23, 2021 11:28 AM
To: 2006madison@windstream.net; allelectri@gmail.com; cgreen@blountcountyal.gov; clarkla@aces.edu; dcalvert@blountcountyal.gov; Don Greene; Emma Barclay; Jacki Goode; jbullard@blountcountyal.gov; jospeh@parnellinc.net; Pam Boykin; pmanning@stclairco.com; Richard Lovelady; sgoldman@shelbyal.com; Sherry Reaves; tbowers@stclairco.com; Tina Morgan; Vicki Letlow; westgay@aces.edu
Cc: Carolyn Fortner
Subject: M4A Area Plan Update
Attachments: Community Town Hall.pdf; Public Hearing Flyer 9-2-21.pdf

Good Morning, Board Members,

I hope this email finds you all well. M4A is currently completing its Area Plan for FY 2022-2025. As you know, one of the components of this process is that we hold a Town Hall and Public Hearing. With this in mind, M4A invites you to join us for both events: Town Hall (August 19th) and Public Hearing (September 2nd). Both events will be virtual, and I have provided the flyers for you here. I also ask that you please share both flyers with your partners, constituents, and clients. Each flyer has a clickable link to register for that respective meeting.

I hope to "see" you all there!

Thank you,

Crystal T. Crim, M.Ed., CRS-A/D
Administrative Director
Security Officer
Middle Alabama Area Agency on Aging (M4A)
Physical Address: 209 Cloverdale Circle Alabaster, AL 35007
Mailing Address: P.O. Drawer 618 Saginaw, AL 35137
Direct Line: (205) 378-4141
Main Line: (205) 670-5770 ext. 201
Toll-Free: (866) 570-2998
Fax: (205) 378-4198

Connect with us on Social Media:

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VIRTUAL TOWN HALL MINUTES

AUGUST 19, 2021-10AM – 11AM

Carolyn Fortner, Executive Director of M4A, called the meeting to order.

She stated the purpose of the Town Hall Meeting.

Carolyn Fortner went over the M4A the power point.

FUNDING – how M4A is funded from the Federal – AOA – Administration on Aging: State – ADSS – Alabama Department of Senior Services; Local - M4A – Middle Alabama Area Agency on Aging.

AREA – Blount, Chilton, Shelby, St. Clair and Walker Counties.

PROGRAMS – MEALS; MEDICATION ASSISTANCE; MEDICARE/INSURANCE COUNSELING; LEGAL SERVICES; HOMEMANER SERVICES; CAREGIVER AND GRANDPARENT CAREGIVER SERVICES; COMMUNITY COMBUDSMAN; OPTIONS and BENEFITS COUNSELING; CASE MANAGEMENT; PANDA PROJECT; AIM COMMUNITY SERVICES PROGRAM; SENIOR EMPLOYMENT.

TOWN HALL and HOW YOU CAN HELP – Every 4 years M4A develops an Area Plan with our strategic goals and objectives to be achieved. You can help M4A with information and feedback to develop meaningful goals for a strong Area Plan.

GOALS – GUIDEANCE FROM THE GOALS OF THE AL DEPT. OF SENIOR SERVCES.

1. Help older individuals and persons with disabilities live with dignity and independence.
2. Ensure that older individuals and persons with disabilities have access to services to assist with daily living.
3. Ensure that people served through all programs will be able, to the fullest extent possible, to direct and maintain control and choice in their lives.
4. Consistently advocate for and promote rights of older and disabled Alabamians and work to prevent their abuse, neglect, and exploitation.
5. Ensure the state of Alabama is taking a proactive approach in detecting challenges and seeking opportunities to help people live where they choose with help from home and community-based programs.
6. Support and provide proactive planning and management of programs for strict accountability.

Carolyn asked the attendees – “WHAT SHOULD WE BE DOING?” Feedback included the following:

a. M4A should utilize funding to purchase a handicap accessible bus to provide transportation for individuals to grocery stores or doctor’s visits.

b. Clients in need of home modification in Walker County. Asked to share more about what home modification services M4A provides.
c. Increase in SCSEP participant wages and increase in time on the SCSEP program.
d. Provision of technology support resources to decrease social isolation.

Carolyn provided responses to each comment and question provided during the meeting, as well as resources to address the questions related to social isolation and technology support. M4A staff also shared various resources with attendees.

Carolyn Fortner closed the meeting by thanking everyone for their attendance.

Community Needs Assessment Outreach

Crystal Crim emailed the M4A Staff on April 15th requesting they assist their clients with providing feedback for the Community Needs Assessment. The assessment details and link were also shared weekly through M4A Newsletter and agency Facebook page.

Crystal Crim

From:	Crystal Crim
Sent:	Thursday, April 15, 2021 9:22 AM
To:	M4A Staff
Subject:	Community Needs Assessment
Attachments:	Community Needs Assessment-Final.docx; Community Needs Assessment-Final.pdf

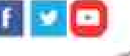
Good Morning,

Every 3 years, M4A completes its Area Plan for ADSS. This plan details the needs of our region and how we will address those needs. Part of our plan consists of gathering community data. Enclosed, please find a word and pdf for the Community Needs Assessment. I have also linked it here as well: https://form.jotform.com/210664350186049. If you will, please have each of your clients complete this form and return to me by the end of June 2021. I really appreciate your help!

Thank you,

Crystal T. Crim, M.Ed., CRS-A/D

Administrative Director
Middle Alabama Area Agency on Aging (M4A)
Physical Address: 209 Cloverdale Circle Alabaster, AL 35007
Mailing Address: P.O. Drawer 618 Saginaw, AL 35137
Main Line: (205) 670-5770 ext. 201
Toll-Free: (866) 570-2998
Fax: (205) 378-4198

Connect with us on Social Media: 

PRIVACY NOTICE: This information is intended only for the use of the individual(s) or entity identified above as the intended recipient. If you are neither the intended recipient nor the employee or agent of the intended recipient responsible for the receipt of this information, you are hereby notified that the disclosure, copying, use, or distribution of this information is strictly prohibited and may be a violation of the Health Insurance Portability and Accountability Act. If you have received this transmission in error, please notify the sender immediately by email or telephone to

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County	Total
Blount	12
Chilton	14
Shelby	53
St. Clair	13
Walker	16
Jefferson	5
Total	113

Gender	Total
Male	13
Female	13
Prefer not to share	12
Other	11
Total	49

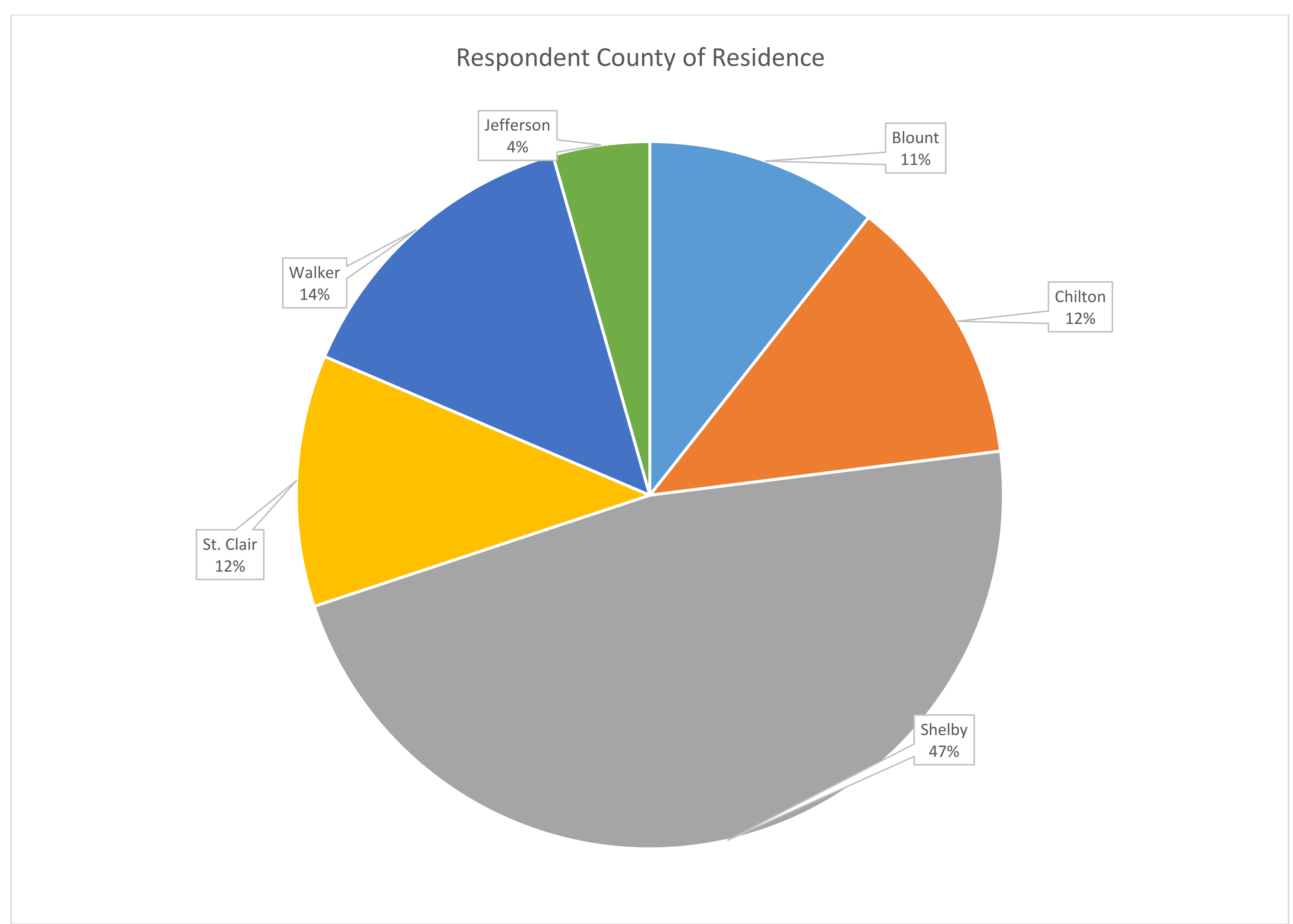
Marital Status	Total
Single	20
Married	20
Widowed	20
Separated	20
Divorced	20
Total	100

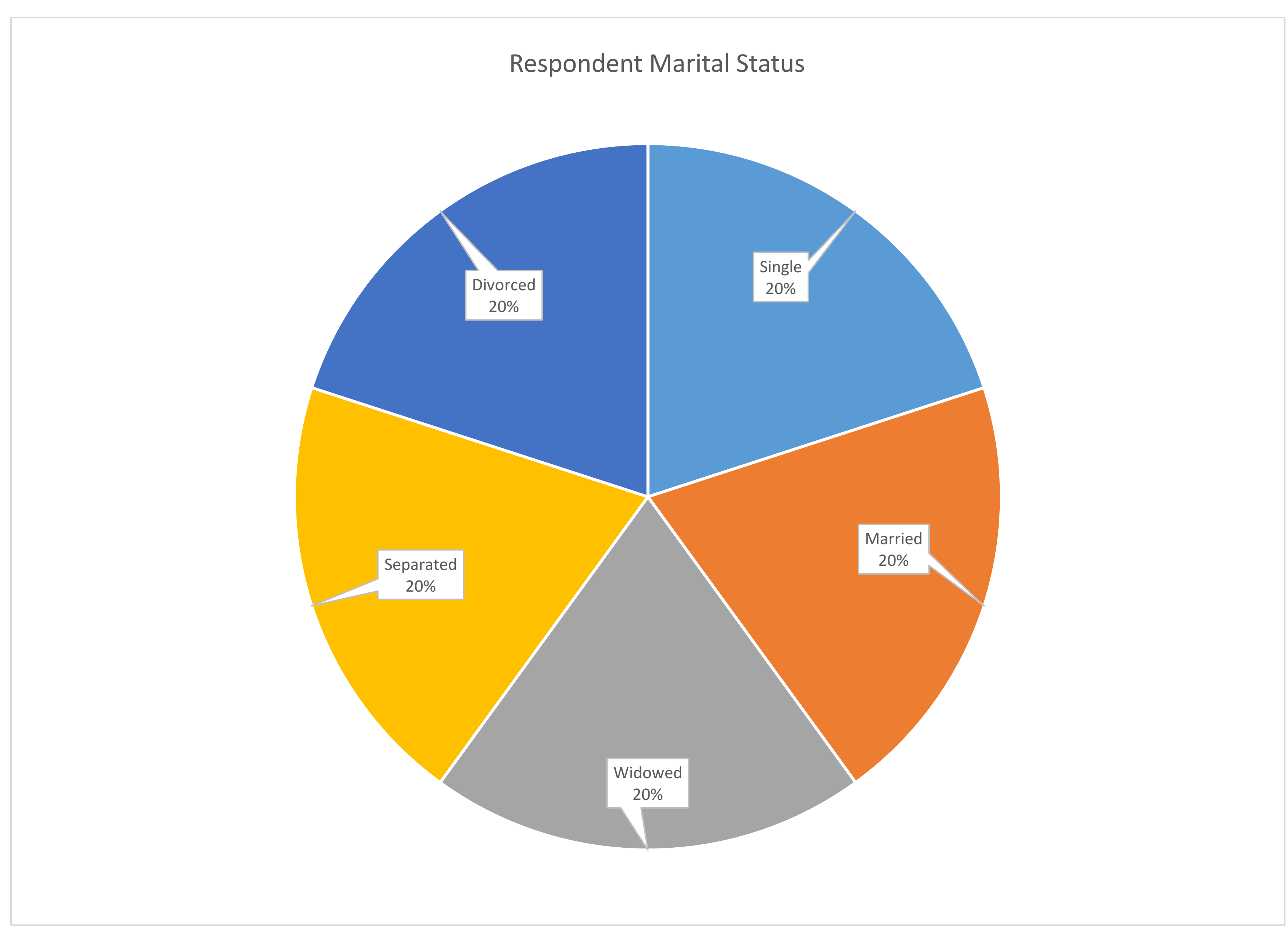
Monthly Income	Total
$0	3
$1-$1,094	35
$1,095-$1,308	13
$1,309-$1,469	11
Over $1,459	0
Total	62

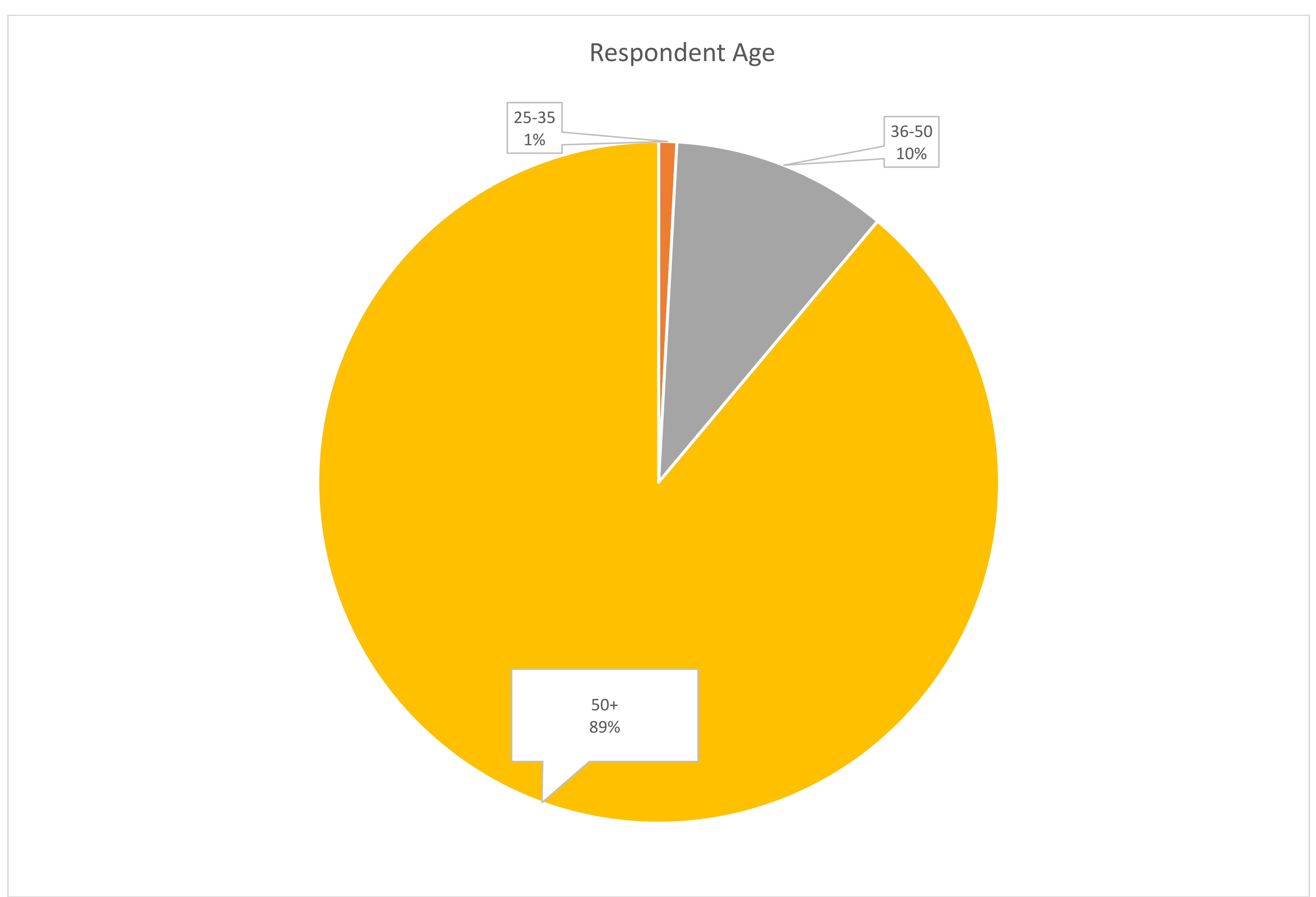
Age	Total
18-24	0
25-35	1
36-50	12
50+	104
Total	117

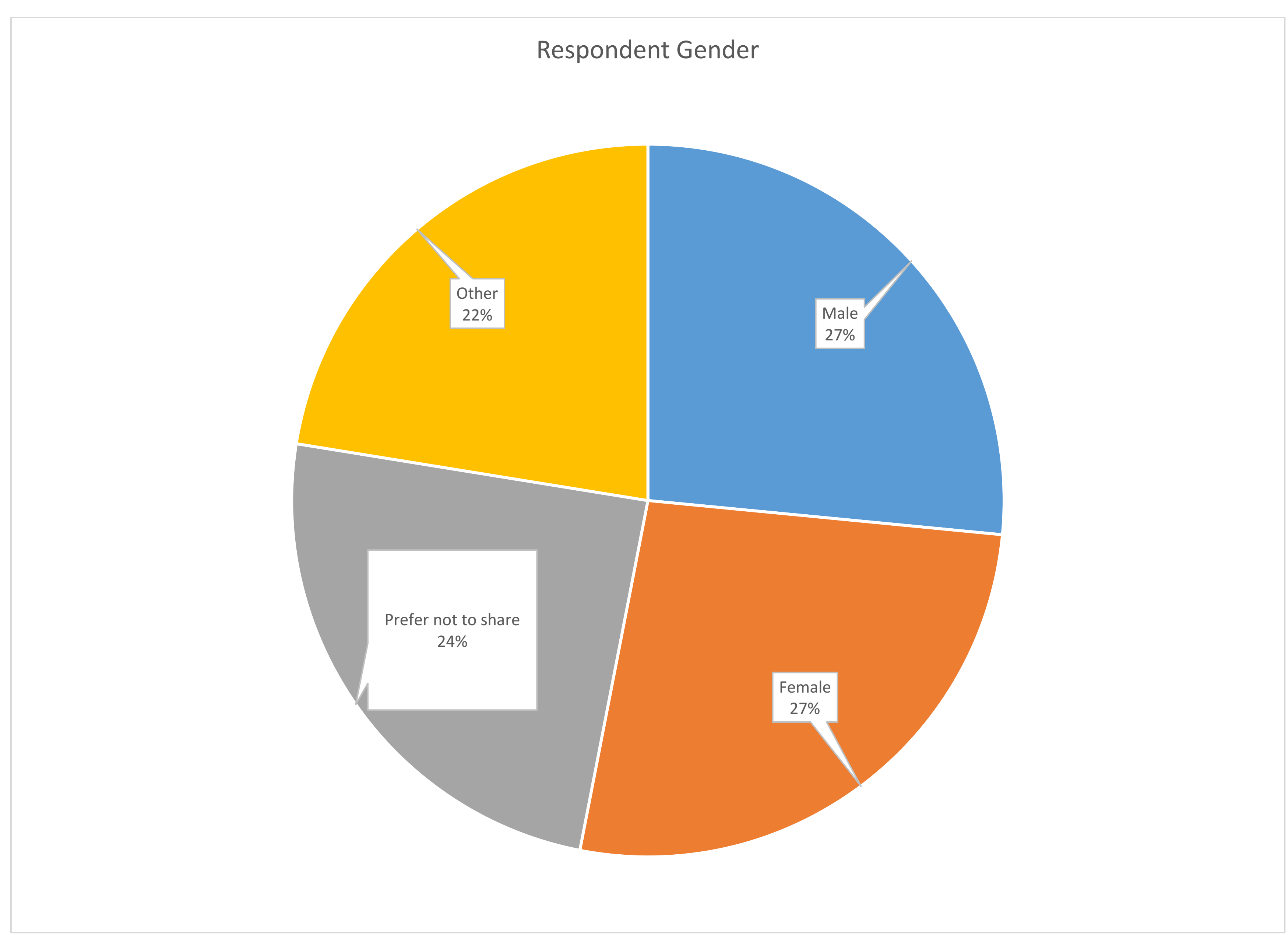
Education Level	Total
Less than HS	11
HS/GED	19
Some College/No Degree	30
Associates degree	14
Bachelor degree	18
Graduate degree	18
Other	4
Total	114

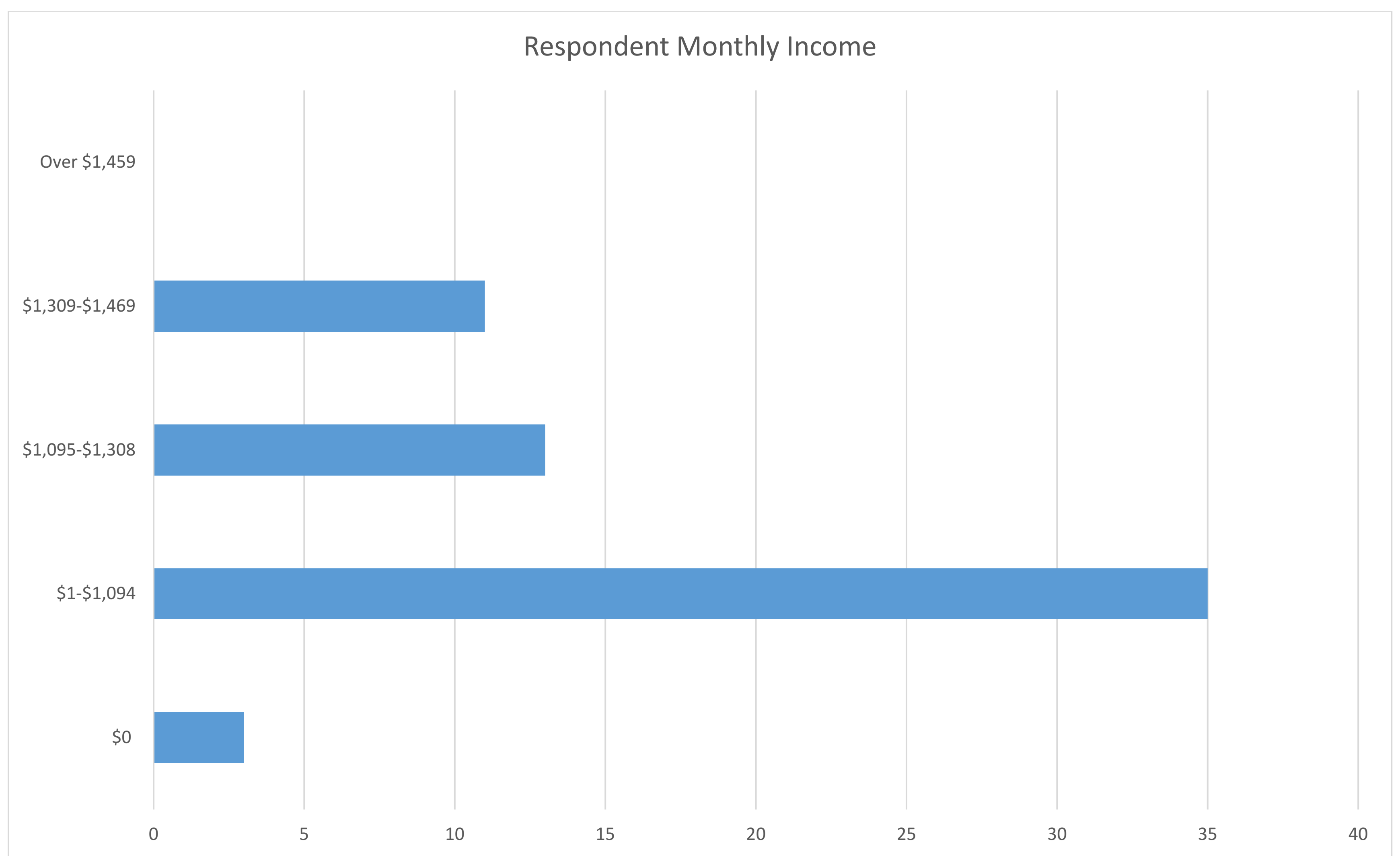
Caregiver Status	Total
Yes	54
No	60
Total	114


Respondent County of Residence
Jefferson
4%
Blount
11%
Walker
14%
Chilton
12%
St. Clair
12%
Shelby
47%

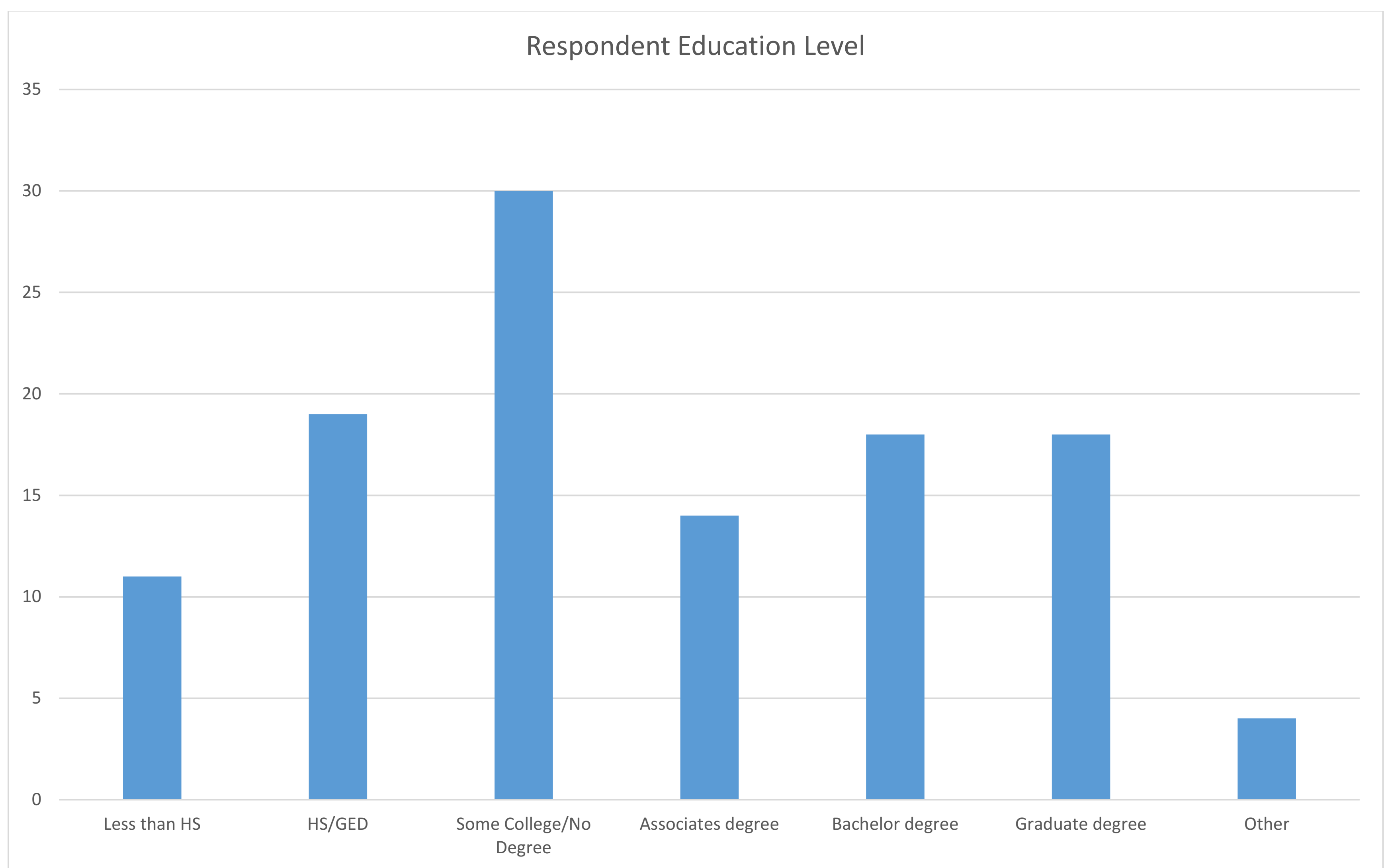

Respondent Marital Status
Single
20%
Married
20%
Widowed
20%
Separated
20%
Divorced
20%

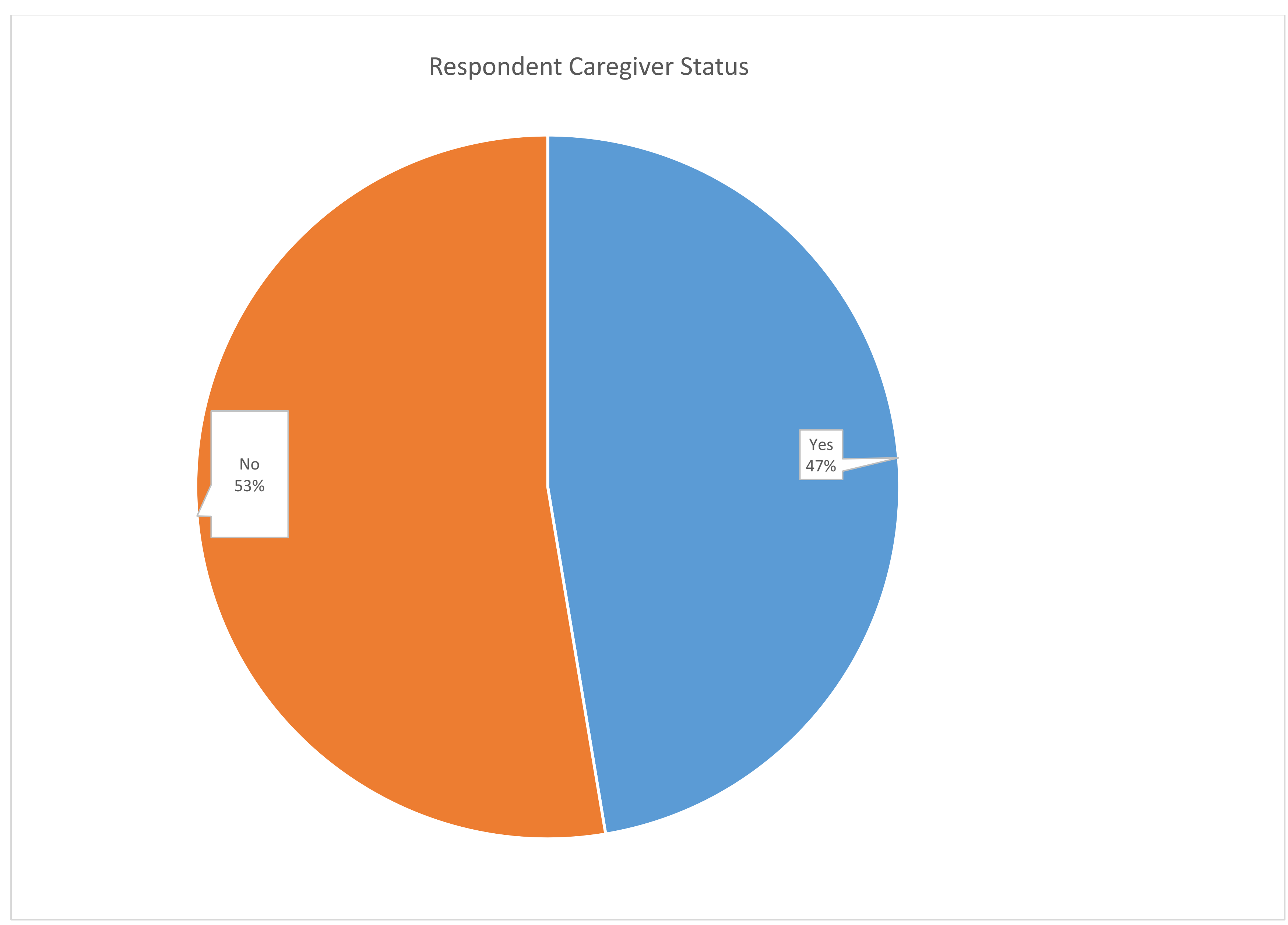

Respondent Age
25-35
1%
36-50
10%
50+
89%


Respondent Gender
Male
27%
Female
27%
Prefer not to share
24%
Other
22%



Respondent Monthly Income
Over $1,459
$1,309-$1,469
$1,095-$1,308
$1-$1,094
$0
0
5
10
15
20
25
30
35
40


Respondent Education Level
35
30
25
20
15
10
5
0
Less than HS
HS/GED
Some College/No Degree
Associates degree
Bachelor degree
Graduate degree
Other


Respondent Caregiver Status
No
53%
Yes
47%

ADSS Community Needs Survey Data

Public Input

In order for ADSS, AAA's, policy makers, service providers, and the general public to gain understanding of the challenges and unmet needs faced by older adults, persons with disabilities, and caregivers, a statewide needs assessment, virtual town hall, and caregiver surveys were conducted and used to inform Alabama's State Plan on Aging, which in turn informs the Area Plan on Aging. The State Plan on Aging draft (and subsequently the Area Plan on Aging draft) was then provided to the public, service providers, and partners throughout the state for feedback to ensure ADSS and the AAA is not only providing a Plan that is focused on continuing serving senior citizens, persons with disabilities, and caregivers over the next four years but also, through coordination and collaboration with partners, planning on ways to confront challenges in the state and work to create potential solutions to help those we serve live at home with dignity and independence.

Needs surveys were distributed to senior citizens in different communities throughout the state. The following are the top ten categories in order of importance:

1. Safety and Crime Prevention	2. Emergency Preparedness Information
3. Prescription Drug Assistance	4. In-Home Care Assistance
5. Legal Assistance	6. Affordable Housing
7. Employment for Senior Citizens	8. Caregiver Support
9. Home Repair Assistance	10. Transportation Assistance

Caregiver surveys were distributed throughout the state to enable ADSS (and the AAA) to learn more about informal and unpaid caregivers and needed respite services. The results are as follows:

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Relieve stress	67.74%	147
Improve relationship with my spouse or partner	25.35%	55
Improve relationship with other family member	13.36%	29
Care for myself	53.92%	117
Safety issues	14.29%	31
Prevent alcohol or drug problems	1.84%	4
Care for personal business	33.64%	73

Participate in family support groups/services	17.97%	39
Total Respondents		**217**

What event(s) led you to seek respite services most recently? (Select all that apply)
The most recent time I received caregiver respite services, it lasted: (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Less than 1 day	22.73%	45
1 day	10.61%	21
2 days	4.55%	9
3 or more days	27.78%	55
Total Respondents		**198**

Was the length of time you received caregiver respite services enough?

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Yes	46.73%	93
No	36.18%	72
Don't Know	17.09%	34
Total		**199**

How would you feel if caregiver respite services were not available?

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
Not at all stressed	3.83%	8
Somewhat stressed	15.31%	32
Moderately stressed	27.75%	58
Extremely stressed	53.11%	111
Total		**209**

How much assistance does the person with a disability or chronic illness require? (# of Respondents and Total Respondents does not total as opened ended responses were not included in results)

ANSWER CHOICES	RESPONSES	# OF RESPONDENTS
No assistance	1.79%	4
Occasional assistance	13.90%	31
Frequent assistance	26.46%	59
Continuous assistance	55.16%	123
Don’t know/unsure	0.90%	2
Total		**223**

A virtual town hall was recorded through which to present the purpose of the State Plan on Aging (which in turn helps present the purpose of the Area Plan on Aging) with a goal of seeking public input regarding the unmet needs in the state.

Financial assistance for home repairs	More chore and homemaker services
Affordable, accessible transportation (rural areas)	Senior companion and friendly visitor program
Affordable housing	Home repairs and modification assistance
Better access to voting	Energy assistance
Reliable contractors for home repairs	Increase in meals services
Better enforcement of ADA laws	Access to better healthcare
More independence	Information about resources and how to access
Access to high-speed internet (including free internet)	Mental health education and treatment
Technology training	Services for special needs/disabilities and caregivers
Affordable in-home services	Yard maintenance
More partnering with local churches	Adult day care programs
Better protection from fraud and abuse	Protection from age discrimination in the workplace
Increase in Social Security payments	Tax breaks on housing and groceries
More oversight of long-term care facilities	More senior living establishments
Better oversight of price gouging	Living wage for nursing home workers
Protection from scams (phone and internet)	Adequate training for home and nursing home workers
Legal assistance	Guidelines for quarantine patients
More walking and biking trails for physical activity	Access to PPE supplies
Financial assistance for wheelchair ramps	Better access to in-home services
Increase housing choice vouchers	Haven for elderly individuals living with alcoholism
Increase vegetable vendors	Increase home-delivered meals
Public entertainment venues for seniors	More affordable medication insurance
Better access to food pantries	More senior centers

Homeless shelters	Increase respite services for caregivers
More affordable Assisted Living Facilities	Better protection from fraud and abuse
Social isolation planning for seniors	Housing options in safe areas

Attachment XII: Documentation of Virtual Public Hearing

Middle Alabama Area Agency on Aging

Virtual Public Hearing

September 2, 2021

Area Agency on Aging FY 22 – FY 25 Plan

AGENDA

I.	Welcome and Introductions	Crystal Crim
II.	Brief Introduction to M4A	Carolyn Fortner
III.	Purpose of the Public Hearing a. Goals of the FY 22 – FY 25 Area Plan b. Summary of the FY 2021 Needs Assessment	Carolyn Fortner
IV.	Comments from Attendees	Crystal Crim
V.	Closing Remarks	Carolyn Fortner

PUBLIC HEARING

Virtual Public Hearing (Zoom)

Thursday, September 2, 2021

1:00PM-2:30PM

The purpose of the Public Hearing is for individuals in each of M4A's 5 counties to make comments about the Area Plan which guides M4A's work for the next three years.

Click Here to Register

For more information, please contact Crystal crimccrim@m4a.org

M4A Area Plan 2022-2025

Public Hearing

Zoom

September 2, 2021, from 1:00 pm to 2:00 pm

Carolyn Fortner called the meeting to order and explained the purpose of the Area Plan.

Those in attendance included: Senta Goldman; Shelli Davis; Vicki Letlow. M4A Staff also attended.

Carolyn Fortner went over the goals and purpose of the Area Plan. She asked the audience for feedback on M4A's goals/objectives and for their feedback on additional goals. Then the floor was opened for comments. There were none. Carolyn Fortner requested that participants feel free to email herself or Crystal Crim any comments.

Carolyn Fortner thanked everyone for coming and dismissed the meeting.

Appendix XIII: Request for Waivers

Reviewed:	[handwritten initials]
Approved: Commissioner	[signature]
Denied: Commissioner	
Date:	7-28-2021

Alabama Department of Senior Services
WAIVER REQUEST FORM

Area Agency on Aging: Middle Alabama Area Agency on Aging **FY:** 2022

Date Submitted: 07/23/2021

Service/Activity: C1 and C2 meals at the Moody Senior Center (only one service/activity per waiver request)

Part A: Reason for Request:

1. The Area Agency on Aging requests a waiver to deliver services directly for the following reason (please check at least one):

☐ a. The direct provision of such services is necessary to assure an adequate supply of such services.
☐ b. Services of comparable quality can be provided more economically by the area agency.

2. Request for reduction in Senior Center Operating Days. ☒

3. Request for non-participation in Cost Share. ☐

Part B: Description of reason for waiver request: (Include geographical area to be served and period of time waiver will be in effect.)

The City of Moody in St. Clair County operates Monday-Thursday only; request waiver to operate senior center 4 days per week (Monday-Thursday).

Part C (for Reason 1): Describe Lack of Adequate Supply of Service (Required if number 1 in Part A) 1 is checked. Documentation of the AAA's program development and procurement process is required.)

Part D: Cost-Benefit Analysis (Required if a in Part A) 1 is checked. Documentation that services of comparable quality can be provided more economically by the area agency is required.)

ADSS 7/31/2020

Part E: If request is for reduction in days served (less than 5 days a week), explain how high risk participants and C-2 clients will be served 5 days a week:

Explanation: **The Center Manager offers/will offer a meal on Thursdays for high-risk clients (congregate and homebound) so that they will have a noon meal on Fridays.**

Part F: If request is for cost share waiver, Part A) 3 answer, check box a or b, and explain.

☐ a. Is a significant portion of the persons receiving the services under the Act and subject to cost sharing under the state threshold of $1,063 per month income? Yes or No (provide documentation)

Explanation: ______

☐ b. Explain how and why cost sharing would be an unreasonable administrative or financial burden on the AAA.

Explanation: ______

Part G: Signature

______
Signature of Area Agency on Aging Director

______
Date

______
Signature of Executive Director

07/23/2021
Date

ADSS 7/31/2020