

Saginaw County Commission on Aging

Senior Services

Strategic Planning and Informational Document

Fiscal Years 2022-2026

DRAFT

Report Completed by: Jessica Sargent, SCCOA Director

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ATTACHMENTS

A Older Adult Survey 60+

Older Adult Survey 60+ Summary and Results

B Senior Center Wellness and Activity Survey

Senior Center Wellness and Activity Survey Summary and Results

C Senior Center Public Hearing Input Summary- TBD

D Goals & Objectives ACTION ITEMS- TBD

SCCOA Mission & Vision

The mission of the Saginaw County Commission on Aging (SCCOA) is to develop, coordinate and provide a comprehensive array of services and programs for older adults.



Five Basic Principles

- Equity of distribution of centers by geographical area;
- Universality of services to meet the special needs of all segments of the senior population, from the independent, mobile older adult, to frail, homebound seniors at risk of institutionalization;
- Enhanced awareness of availability of services and resources through communication;
- Expansion of services through volunteerism and community support; and
- Cost effectiveness.

Core Values

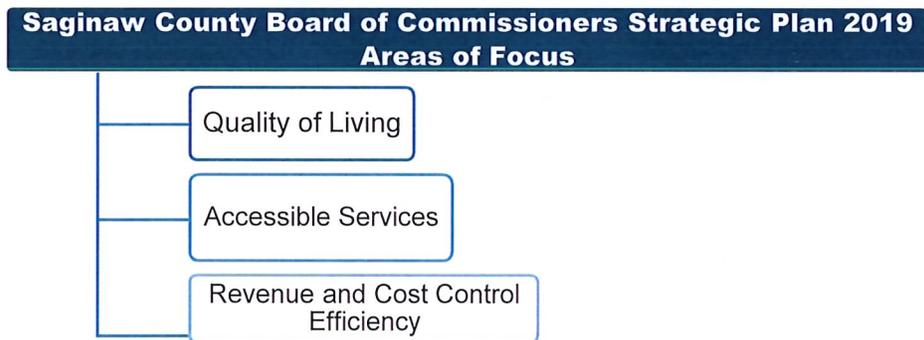
- High quality services provided by professional and compassionate employees
- A workplace that is enjoyable, safe, and friendly
- The continuous growth and development of all employees
- The need to achieve our goals and objectives as a team
- High integrity and honesty in all actions and encounters
- The continuous improvement of all services and processes
- Engaging in community and collaborative partnership

Introduction

Why a Strategic Plan?

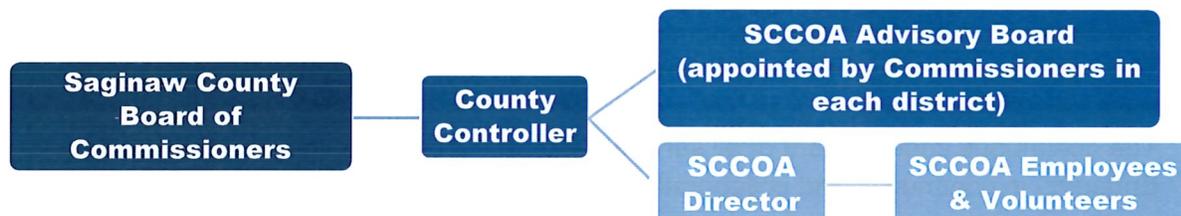
The purpose of a strategic plan is to help chart a course of direction that the Director and Advisory Board will follow in their tasks of providing leadership and governance for the Saginaw County Commission on Aging (SCCOA) in the next five years. The strategic plan identifies goals and action items that will need to be taken to achieve the goals. Goals are based on understanding an organizations strengths, weaknesses, opportunities, and threats as well as, and more importantly, the needs of older adults who utilize the services at SCCOA. Action items are based upon a true understanding of the authority of the Commission on Aging decision makers, staffing capacity and capabilities as well as budgetary constraints. Nothing is unachievable but a realistic outlook is important. By identifying goals, the organization can work diligently to seek resources, such as funding, to make the goals a reality.

The SCCOA is pleased to present the Senior Services Five-Year Strategic Plan for adults 60 and older in Saginaw County, Michigan. The SCCOA directs programs and services to improve the quality of life for seniors. The strategic plan will also help align and communicate the SCCOA's goals with other community organizations and governing entities, such as the Saginaw County Board of Commissioners' strategic plan. This collaboration, communication, and understanding will create an atmosphere of partnership thereby fostering a climate where things will get done. Collaboration is essential to make many of the goals established achievable.



Governance

The Saginaw County Commission on Aging (SCCOA) is a Department of the County of Saginaw. The agency is comprised of an Advisory Board with 11 members, appointed by the Saginaw County Board of Commissioners for each of the eleven districts representing constituents of Saginaw County.



The agency has a total of 72 employees (21 full time, 30 part time, and 21 on-call/temporary) with 250+ volunteers in any given year. The agency does not receive any general fund appropriations and is entirely supported by the SCCOA property tax millage, State/Federal Grants, donations, in-kind and interest. SCCOA's millage levied at .5900 mills generates approximately \$2,952,472 in revenue annually and levied for six years through fiscal year 2025. The agency operates on a \$5.5 million annual budget and is currently operating in a deficit position, with expenses exceeding revenue.

Background

The Older Americans Act (OAA) of 1965 created the framework for providing programs and services specifically designed to help older adults remain as independent as possible. The majority of OAA programs are "core services" authorized by grants for State and Community Programs on Aging. These core services vary depending on local needs but often include nutrition, caregiver support, in-home assistance and more. States receive grants according to a formula based on their share of the nation's population of individuals age 60 and older. States then pass these funds to Area Agencies on Aging (AAA), which coordinate programs and services for senior citizens through local providers. Counties are key recipients of funding and frequent administrators of these programs, and often supporting the same programs with local tax revenue dollars (millage), which is the case in Saginaw County. Services provided through Michigan's aging network can help older adults live at home longer. For many, these services can provide a community-based alternative to a nursing home as they complement the care provided by informal caregivers, like family or friends. Saginaw County's immediate network which includes Region VII Area Agency on Aging and the neighboring Counties of Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Sanilac, and Tuscola. As the nation's population rapidly ages, counties face increasing demand and challenges in providing services to their older residents. Federal funding for OAA programs has not kept pace with these demographic changes. Without additional resources, counties will face new challenges in providing the aging population with access to critical services.

Other SCCOA sources of funding, in addition to OAA programs, include a local property tax millage, federal/state funding for Transportation, federal funding for the Foster Grandparent Program (AmeriCorps), and local grants/donations. Most programs and services offered are partially supported by revenue in the form of state/federal grants, in addition to local resources. The agency does not receive any general fund dollars from the County of Saginaw. The agency budget includes 60% from local millage, 26% federal grants, 8% state grants, 4% donations, and 2% interest/other.

Key External Factors

- State and Federal legislation can impact programs administered by the Saginaw County Commission on Aging (SCCOA).
- Additions or reductions in federal appropriations or program mandates are unpredictable and directly affect activities and expenditure plans.
- Indirect costs from the County due to Compensation Study, Mainframe Modernization Project, and unfunded liabilities.

- Expansion of the aging population increases the demand for aging services, which affects the quantity and diversity of these services.
- Local property tax evaluations impact annual millage.

Executive Summary

The Saginaw County Commission on Aging (SCCOA) was established in 1973 and for 48 years provided many programs and services to meet the needs of older adults and defines an “older adult” as someone 60 years of age or older. The agency was officially established as its own Department of the County in 1994 and found its home at the current location at 2355 Schust in August of the same year. SCCOA will mark its 50th Anniversary as an organization in the year 2023. It is recognized that SCCOA staff and volunteers are dedicated to clients and this strength is a driving force within the organization that influences the effectiveness of the agency and its ability to provide and manage services.

SCCOA specializes in not only serving older adults, but also helps families, caregivers, and provides opportunities for volunteers. Services provided through Michigan’s aging network can help older adults live at home longer. The political climate and support for programs addressing the needs of older adults has been very positive at both the state and federal level in the recent years, however funding has remained stagnant. The impact of the COVID-19 pandemic has shed light on our older adult populations, whom have been considered the highest risk and most vulnerable. Emphasis has been placed on support systems to reduce social isolation and support mental health, especially for a population which many were already socially isolated prior to the pandemic. The momentum gained for this support must continue to be promoted through funding and policy changes to ensure local service providers can continue to meet the demand for services that will only increase as the population ages. Trends and changes in the older adult population, and their needs must continue to be evaluated to stay relevant and based on the needs of the target populations served. Consideration of the unknown potential impact of the COVID-19 pandemic on operations, staffing challenges, and increased cost of goods/food will remain on the radar in future years. Additional revenue from Older American Act funding affiliated with the American Rescue Plan Act (ARPA) and other proposed legislation will also impact the agency’s ability to provide services.

There is a high value on having services accessible throughout the geographic areas of Saginaw County, however our services must remain financially sustainable, and this is often difficult to do with a slow tax base increase, coupled with increasing costs. Continuously engaging with agency stakeholders and assessing potential future partners, will be an important component throughout the planning process. While organizational strengths are evident in the many served older adults, there are always weaknesses and challenges that are faced. Historically, residents and stakeholders have proven to support older adults in Saginaw County through millage renewal and increases. While the organization has a dedicated team of staff and volunteers that accompany quality programs, issues such as a need to expand services and financial limitations are weaknesses that need to be addressed. Evaluating programs and services will be necessary to ensure SCCOA facilities are better equipped to provide/deliver service in a more cost-effective manner and continue to meet the needs of residents in the community. Offering fewer service facilities that are better equipped to provide/deliver service

may be necessary. Transportation continues to be a high need, especially outside of the city limits.

Much of what the agency has been able to accomplish can be attributed to older adults in our community, through taxes paid, volunteerism, and civic activities. *We owe them much gratitude.* We must also acknowledge the dedication of many County officials and staff, along with nonprofit organizations, business and community partners who have helped make our successes to date and with whose help we will continue to improve and expand on those successes.

Ongoing analysis will need to be done on the Baby Boomer generation to project their utilization of senior centers and other community-based services within the department, as the large and diverse “Boomer” cohort will continue to shape the demands on services as they age. Changes on the Federal, State and local levels will likely influence the climate for department’s financial growth. As our population ages, *accessibility to programs and services* should be placed at a high priority as a County, as this affects overall *quality of life*.

General Demographics

Saginaw County, according to the 2020 Census has a population of 190,124, with 49,146 adults over the age of 60 (or 26% of the population). While the overall population in Saginaw County has shown a decline in the recent decades, the estimated number of older adults in the County is growing. In 2010, approximately 20% of the total population was 60 years of age or older, by 2019 grew to 26%. Individual’s age 85 and over are the fastest growing segment in our state. This is aligned with the Baby Boomer generation (born between 1946 and 1964), which was the largest generation in history occupying the age range of 57 to 75 years old. Census Bureau reports show older adults are more educated, have higher incomes, better health, and are more likely to live alone and have fewer children whom they can rely on. They are also living longer, creating a cohort of seniors who have very different and diverse needs.

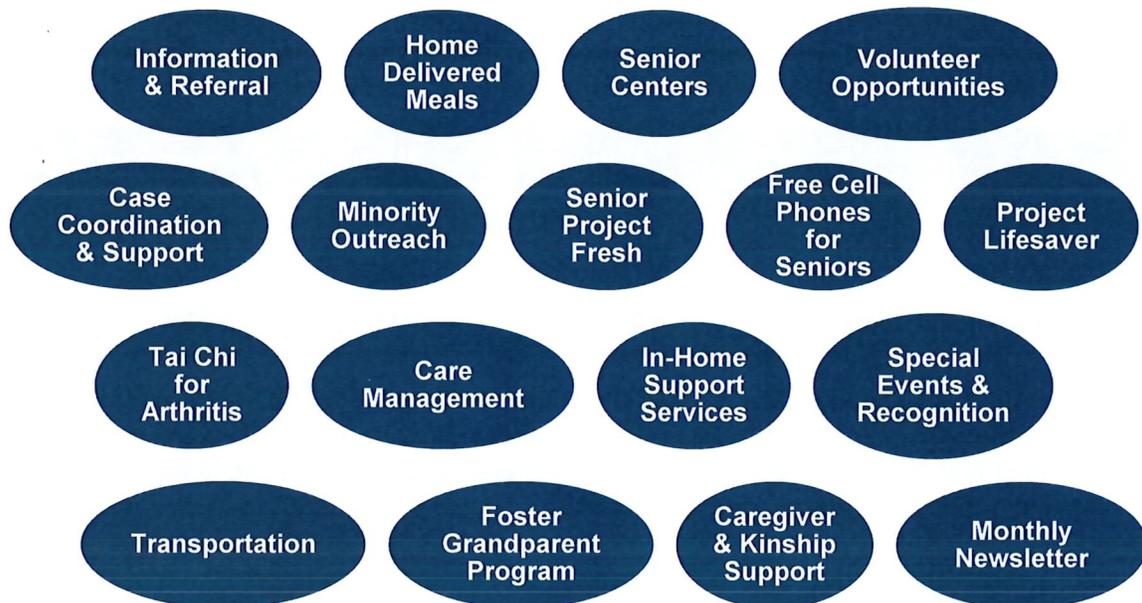
	Nation	Michigan	Saginaw County
Total Population	328,239,523	10,077,331	190,124
Age 60 and older	75,058,081	2,464,173	49,146
Percentage age 60 and older	23%	24%	26%

Saginaw County residents age 60 and older are a diverse population. Of those populations identifying as one race, 72% identify as white, 15% Black/African American, 0.2% American Indian or Alaska Native, 0.7% Asian, 0% Native Hawaiian and Other Pacific Islander and 1.2% some other race. For populations identifying as two or more races, 0.8% identifies with two or more races, 4.9% Hispanic or Latino origin (of any race) and 79% identified as White alone, not Hispanic or Latino. The median age in Saginaw County for individuals age 60 and over is 70 with 44% Male and 56% identifying as Female. A high percentage, 82% own their own home, 18% rent and 42% live alone. Older adults that live below poverty is 17% (or less than \$10,830 for a single person household) with another 83% at or above the 150% poverty threshold (or less than 19,329 for a single person household).

Income, poverty level, and education of residents are considered indicators of the economic wellbeing of a community. The U.S. Census Bureau estimates that 40% of Saginaw County residents age 60 and older have attained a High School Diploma or GED, 32% completed some college or an Associate's Degree and 16% a Bachelor Degree or higher. Only 13% were considered to have achieved less than a high school diploma/GED. Approximately 21% of older adults are still in the workforce, 16% identify as a Veteran, 11% receive SNAP benefits, and 34% indicate they have a disability.

The year 2030 marks a demographic turning point for the United States. Beginning that year, all baby boomers will be older than 65. This means that 1 in every 5 Americans is projected to be at retirement age. In 2034, it is projected that older adults will outnumber children for the first time in U.S. history, according to the U.S. Census Bureau. The nation's 65 and older population is projected to nearly double in size in the coming decades, from 49 million in 2016 to 85 million in 2060. Aging boomers and rising life expectancy will increase the older population as well. The State of Michigan indicates that the 60+ population is expected to peak in 2034 at 2.9 million and as of August 2021 there are more residents over the age of 60 than under the age of 18. In Saginaw County, another 13% of the total population (or 26,000 residents) will be eligible for services through the aging network. The trend for the Nation, State and County is an ever-increasing senior population. How will we, as a community, respond to the growing needs and preferences of this expanding older adult population? How will needs change and how will our organization evolve to continue to meet those needs in the future.

Programs and Community Supportive Services



Climate: A Reflection on the Pandemic

Census Bureau statistics indicate that there will be an increase of older adults living in Saginaw County who will be eligible for services. Individuals are living longer which will affect their physical ability to access community supports and activities which provide for quality of life. In March 2020, the COVID-19 pandemic significantly impacted the health and wellbeing of Michigan's older adults and many businesses and organizations were forced to close their doors for the safety of all Michiganders. Four areas of concern of the effects of the COVID-19 pandemic from a statewide perspective include:

- Social Isolation
- Direct Care Workforce Limitations
- Transportation Access
- Service and Resource Awareness

The SCCOA was deemed an essential service provider and offered transportation to medical appointments, grocery shopping, home delivered meals, wellness checks, virtual programming, and a new curb-side meal pick up program (to replace the traditional congregate model). The agency also started to transition programs that would normally be offered in the senior center, to a virtual model. During this transition, it was evident that many older adults that are served by SCCOA either could not access or did not want to participate virtually. The pandemic shed a lot of light on the value of person to person contact and virtual is a great alternative when in-person contact is not possible, however not the solution. As we rationalize the importance and relevance of senior center programming in the future, several indicators throughout the pandemic suggest they are an important facet in the community. Even though some centers see less participation than others do, the sense of community is present, and this strength is critical for all of our programming endeavors.

Congregate/Curb-side Pick Up Meal Program: The curbside pick-up meal program saw a diverse "different" group of older adults participating. For the more rural centers, many of the regular participants continued to visit through the drive through where offerings of birthday celebrations, anniversaries, holidays, etc. were still celebrated all while social distancing. "Mini routes" were established by more active older adults, who would pick up meals and deliver to those without transportation. A food need was being met, but also in this community participants continued to stay connected with program staff, even without the socialization of the senior center activities. The Marie Davis Center normally operates with limited activities (activities are driven by participants) although has seen an increase in participation over the past several years. The curbside meal program saw an increase in demand and had many folks participating in the program, that may have been too frail to drive themselves and/or participate in programming in the past. They were connected with our agency and offered additional support services after curbside discontinued and the centers re-opened. Participants picking up meals had a few "regulars" but also a large number of individuals that have not participated before. The Eleanor Frank Center served mostly new participants, which is an indicator that folks participate at the center for the socialization, not necessarily the food, and had many other options in the area to meet those needs. The centers serve as a community focal point, to disseminate information and connect residents in each community with services. Is the grab and

go model something our boomers are looking for versus the traditional senior center model? The congregate dining setting emphasizes healthy nutrition options, socialization, and connections with other community resources. These changes could be seen as policy changes in the future, as meals are still permitted to be picked up "to-go".

Virtual Programming: Classes were successful, but only where additional time and effort could be placed on assisting individuals who wanted to participate. For example: the Caregiver/Kinship Caseworker dedicated a lot of time assisting participants setting up zoom and teaching them how to use it on their phone/computer. SCCOA found that when just a virtual program was offered, it was more likely to get participation if we told participants to call-in, vs use a virtual platform, which very much limited the many benefits of using a virtual platform as opposed to talking on the phone. Facilities are not set up with Wi-Fi or ability to offer programs virtually. A staff person must be present to get everything set up and troubleshoot throughout a program or activity for it to be successful. Enhanced technology improvements at each senior center, training to staff (many who are older adults themselves), could offer individuals new opportunities that do not cost much to facilitate such as exercise classes, educational material, etc. The YMCA also offered a free general membership to all of our senior center locations to offer virtual programming at their site and access to thousands of online wellness activities. The challenge, most senior centers do not have internet or the technology necessary to carry out these programs.

Transportation: Transportation continues to be a barrier in our community. To privately pay for transportation, it could cost a resident upward of \$50-70 each one-way trip depending on the destination. This is a high demand service provided by our agency which is limited to medical appointments and grocery trip shopping. Recently, a wait list was established for dialysis transportation (as often dialysis required regular weekly trips of 2-3 visits per week). To maintain equitable services offerings, the total number of individuals we can provide this service to is limited, so other trips can be offered to residents. With no other public transportation options available for those residents living outside city limits, this is a high need service, that will require further analysis to determine ability to expand and offer more services. A volunteer model is presently being explored, although ability to recruit and retain volunteers has been a challenge for other programs within the agency. Liability and insurance coverage is also a concern in regards to a volunteer program.

Meals on Wheels: This program serves older adults who represent an extremely frail and vulnerable population, often with significant health and social support needs and continues to see an increase in demand for services. Since the beginning of the pandemic, this program has been operating on a modified delivery schedule to address the shortage of drivers and kitchen staff and inability to fill critical positions. Typically, a meal is delivered five days/week (or 3 days/week), along with a daily wellness check, from the senior center closest to the individuals residence. A combination of HOT and FROZEN meals are currently being delivered 2/x per week, which does not provide for a daily wellness check and frozen meals are often difficult for some consumers to handle/prepare. While this model is working temporarily, every effort should be made to resume normal operations and deliver HOT meals five days per week. The Meals on Wheels Association of America, recently conducted research that a daily HOT meal delivery lessened feelings of isolation and loneliness and reduced the rate of falls by using this traditional service delivery model. Individuals participating in this program also have an

assigned caseworker, who has maintained regular contact (mostly by phone) during the pandemic.

Foster Grandparent Program: This federal grant allowed for much flexibility on what it meant to serve in the height of the pandemic. Program staff worked diligently to offer “new ways” of serving and connecting with students in a virtual world. Funding was appropriated to purchase and upgrade some technology, which will be utilized for program training and possibly virtual learning in future years.

In-home Support Services: In 2018, a wait list started for In-Home Support Services due to financial limitations (i.e. more people in need of the program vs. funding available to support). Throughout the pandemic, many individuals cancelled care due to the reasoning they did not want anyone inside their home that could get them sick. As a result, many folks did not receive care for months at the height of the pandemic. As vaccines became readily available, the agency saw an increase in demand for in-home services again. In addition to an already established waitlist, the program now had the funding to provide services, but the network of services providers the SCCOA is authorized to contract with were experiencing a shortage of **Direct Care Workforce**. This has only gotten worse, as “help wanted” signs and more lucrative opportunities have shaped way in the past year. Now SCCOA’s established wait list is because services cannot be staffed. This is a problem identified across the State of Michigan.

Analysis of Stakeholders

Stakeholders are those who have an interest in and/or influence in decisions made about senior services. The stakeholders in senior services in Saginaw County include:

- Older adults
- Taxpayers
- Adult children of aging parents, caregivers
- Various agencies and organizations that network and collaborate with SCCOA in service delivery
- SCCOA Advisory Board and Staff
- Saginaw County Board of Commissioners
- Other elected officials
- Home health care agencies
- Whole community and/or adults who may become eligible for services

Takeaway notes to consider regarding stakeholders:

- What do stakeholders think about SCCOA services?
- Many in the community are unaware and uninformed of what SCCOA provides.
- In general, people do not want to deal with issues relating to aging, illness, or frailty until it affects them personally.
- Participants who receive SCCOA services are generally satisfied.

Challenges and Opportunities

SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Promotion of Activities- Monthly Newsletter • All are welcome attitude • Friendliness expressed at activities • Strong leadership/workforce present • Great Volunteers • Meet many needs through programs and services • New leadership brings fresh perspective and changes. • Consistent and positive working relationships with funding sources. • Strong support for SCCOA programs and services. • Support from Advisory Board and Saginaw County Board of Commissioners 	<ul style="list-style-type: none"> • Service expansion to meet increase in demand for meals on wheels (especially within the City limits where it is historically more difficult to find volunteers to deliver) • Limited transportation outside of City limits • “Poverty” stigma • Lack of participation in some activities *especially baby boomer generation”. Different interests of different age groups • Aging population needs have become more complex, requires more staff time and difficulty meeting grant requirements • High percentage of older adults need assistance with technology • Donations have declined. • Wage increases due to Compensation Study Implementation and fringe increases due to unfunded liability • Strategic planning during an uncertain time
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Form new collaborative partnerships • Reinvent the image of what a “senior” is in Saginaw County • Explore additional grant opportunities • Technology use to streamline processes (mainframe modernization) • Public presentations to Villages/Townships • Recognition from federal/state level importance of Older American Act Programs highlighted during the pandemic • Healthcare partnerships • New ways to incorporate volunteers into programs • Re-establish advisory councils at senior center locations. • ARPA and other legislation that could bring additional revenue to programs and services. • Re-brand senior centers 	<ul style="list-style-type: none"> • Increase in population age 60+ • Longer term impact of COVID-19 on volunteers and programs • Programming limitations due to budget constraints and minimal grant increases in funding • Millage renewal not up until 2024. Must rely on present resources/fund balance for operation/capital improvements • Finding/recruiting new volunteers • Increase cost of materials and supplies • Difficulty filling critical positions • Minimal growth in tax revenue • Services restricted by funding availability

Goals & Objectives

Establish Special Committee

- Appoint SCCOA Board members to Special Committee
 - Identify stakeholders, community members, SCCOA staff and/or others to participate
 - Establish Special Committee Meeting Dates/Timeline
 - Review DRAFT Strategic Plan at Special Committee Meetings
 - Mission, Vision, Values, Principles
 - Identify Strengths, Weaknesses, Opportunities, Threats
 - Identify five (5) goals and action items
 - Schedule public hearing sessions at senior centers
 - Schedule opportunities for staff and volunteer input

Goal 1:
Maintain a fiscally responsible budget

- Reduce use of unrestricted fund balance for FY22 (current FY22 projected use \$346,204)
- Evaluate programming to determine appropriate areas to reduce expenditures without affecting grant funding

Goal 2:
Ensure facilities are age-friendly, welcoming and safe

- Conduct Capital Needs Assessment
- Outside resources such as ARPA, special grants
- Determine need for bond
- Develop Capital Plan

Goal 3:
Older Adults and their families have access to and are aware of agency programs and services

- Develop new agency logo and brochure
- Enhance presence at health fair's and local events
- Explore presentation opportunities
- Return Annual Picnic to FY 2022

Goal 4:
Diversify and enhance educational and wellness opportunities

- Add technology at centers to carry out programs
- Partner with healthcare, aging network, and other organizations
- Explore adding evening educational events and volunteer opportunities

Goal 5:
Older Adults are able to access transportation options for their daily needs

- Research feasibility of adding volunteers to compliment transit program or other potential partnerships
- Identify geographic areas of need, types of service expansion and cost to implement

2021 Advisory Board, Board of Commissioners and SCCOA Employees

Advisory Board, Board of Commissioners, & SCCOA Employee

Larry Packard	Chairperson	District #10	Carl Ruth
Martin Warnick	Vice-chairperson	District #8	Dennis Krafft
Terry Crevia		District #5	James Theisen
Cheri Stack		District #2	Jack Tany
Robert Hanley		District #11	Michael Webster
Mary Speaker		District #1	Cynthia Winiecke
Dennis Morrison		District #4	Sheldon Matthews
Julia Rohde		District #6	Kyle Harris
Tom McIntyre		District #3	Christopher Boyd
Reno Shores		District #7	Carol Ewing
Exie Robinson		District #9	Gerald Little

General/Administrative

Jessica Sargent	Director
Vera Haller	Administrative/Program Supervisor (Office/Transportation)
Gene Schmidt	Accountant II
Angela Vasquez	Office Assistant
Rasheda Corley	Program Assistant
Deborah Grasley	Account Clerk

Transportation Program

Darrell Beemon	Program Specialist I/Dispatcher
Subrina Bland-Carter	Driver II
Williams Jones	Driver II
Albert Garcia	Driver II
Leetreanna Brooks	Driver II
Mike Lozano	Driver II
Mark Foster	Driver II
Tom Calligaro	Driver II
Lloyd Riley	Driver II
James Jasper	Driver II
Mike Hart	Driver II
Fred Taylor	Driver II

Case, Coordination & Support/Caregiver Support Program/In-Home Support Services

Susan Wyman	Caseworker
Tanya Monville	Caseworker
Amy Smithhart	Caseworker
Deborah Gibson	Caseworker
Dorothy Omar-Antwine	Caseworker
Joyce Rivers	Caseworker
Darlene Byrd-Young	Caseworker

Care Management

Nicole Wiesenauer	Care Management Coordinator
Elizabeth Davis	Care Management Registered Nurse
Deborah Lynn-Trier	Care Management Registered Nurse

Foster Grandparent Program

Tara Stinson	Foster Grandparent Program Coordinator
(vacant)	Program Assistant
(vacant)	Program Assistant

Nutrition Program

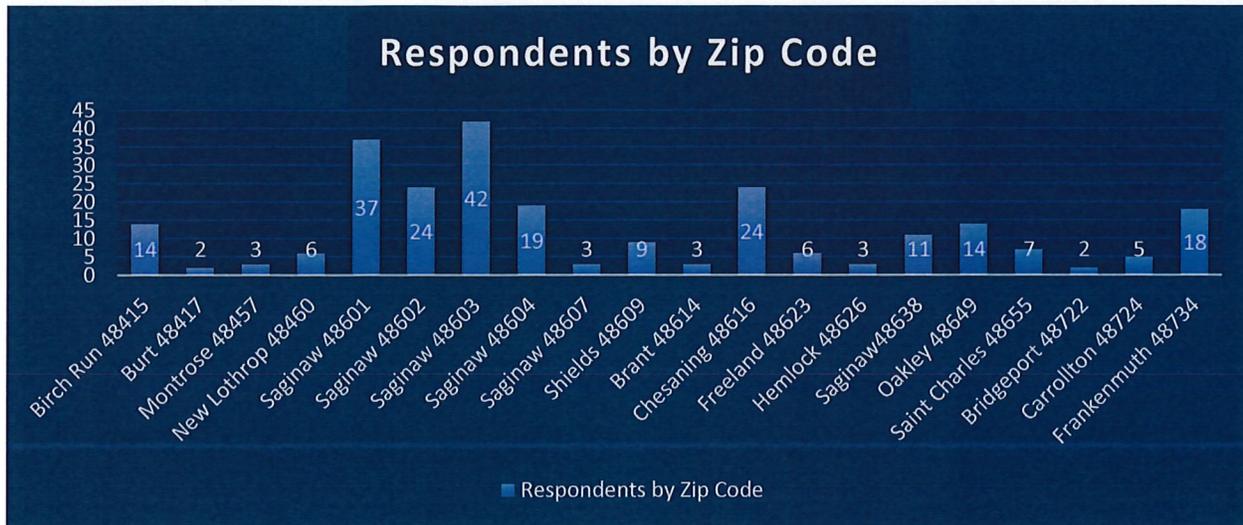
Susan Caister	Nutrition Program Manager
Adam Stephan	Food Service Supervisor
Riley Lutz	Food Service Coordinator
Beverly Yanca	Volunteer/Activities Coordinator
Augustine Martinez	Senior Center Specialist
Jamie Chapman-Jones	Program Specialist
Tracey Allen	Kitchen Assistant
Mary Ann Currier	Kitchen Assistant
Julie Seige	Kitchen Assistant
Tashanna Evans	Kitchen Assistant
(vacant)	Kitchen Assistant
Sue Quaderer	Senior Center Coordinator
James Benjamin	Senior Center Coordinator
Amy DeGeus	Senior Center Coordinator
Laura Nixon	Senior Center Coordinator
Maria Sanchez	Senior Center Coordinator
Carol Zarembo	Senior Center Coordinator
Joanie Patyk	Senior Center Coordinator
Helen Lutz	Senior Center Coordinator
Shirley Dunbar	Senior Center Coordinator
Candelaria Barsenas	Senior Center Coordinator
Esther Torres-Harris	Senior Center Coordinator
Bonnie Jackson	Senior Center Coord. /HDM Driver
Reed Bradshaw	Home Delivered Meals Driver
George Myles	Home Delivered Meals Driver
Dan Poag	Home Delivered Meals Driver
David Kelso	Home Delivered Meals Driver
Jacqueline Littlejohn	Home Delivered Meals Driver
Miguel Torres	Home Delivered Meals Driver
Glorie Harris-Jelks	Home Delivered Meals Driver
Bonnie Davenport	Home Delivered Meals Driver
Dawon Antwine	Home Delivered Meals Driver
Ruben Brooks	Home Delivered Meals Driver

References

- Administration for Community Living: 2020 Profile of Older Americans.
- U.S. Department of Commerce, U.S. Census Bureau: Population Projections for 2020 to 2060.
- Saginaw County Department of Public Health: Community Health Assessment
- Meals on Wheels Association of America (www.mealsonwheels.org)
- MDHHS: Michigan State Plan on Aging Fiscal Years 2021-2023

Older Adult Survey and Summary and Results

In October 2019, surveys were distributed at senior centers, to clients currently receiving other services through the agency, and made available online. The agency wanted to know more about the experience of aging in the local region so resources could be aligned and planned to meet the current and future needs of Saginaw County resident’s age 60 and better. It is important to note data driven from the survey results are perceptions of those age 60 and older.



Of the 277 surveys returned, **seventy-seven percent (77%) of respondents have utilized COA programs and services in the past year.** Survey completion was well represented throughout the geographic area of Saginaw County, with a higher percentage in the City of Saginaw and Saginaw Township. The data is reflective of the top three services utilized at the agency and include Home Delivered Meals (41%), Senior Centers (28%), and Transportation (15%). The goal of the survey was to obtain information from residents both utilizing services and *not utilizing* services. Of the respondents, only 23% have not utilized a program or service in the past year. It may prove beneficial to re-do the survey with support of additional marketing/advertisement to reach a different demographic. This information may also assist to guide goals and action items for future programming and service needs. While our programs and services are not income based, understanding the overall economic climate of older adults the agency serves, could offer certain assumptions regarding overall health and quality of life.

Of the 277 surveys returned, 10% were age 60-64, 33% age 65-74, 31% age 75-84, 26% age 85 or older and 57% of respondents were age 75 or older. In addition, 71% identified as Female, 25% as Male, and 4% did not disclose. Over 71% own their own home, 65% live alone, 25% live with a spouse and 13% Live with family or friends.

Additional information obtained concluded that 44% of older adults surveyed currently drive, 42% do not drive, and 14% *drive only when they have to.* Assumptions about perceived health include 88% ranking their health as GOOD or FAIR with only 12% self-reporting their health as POOR. In addition, 24% have an income at or below poverty for a single person household with 65% reporting income below \$2,000/month (if a 2-person household this is also at or below poverty). Over 29% have regular contact with family/friends/neighbors every day, 43% have

contact several times a week, 13% once a week or fewer, 15% once a month or fewer and 26% receive help or assistance from another person/program.

Individuals responded how Older Adults were asked how important they think it is for older adults to have access to the programs and services listed below. Responses reflected that over 75% of individuals felt it was ***Somewhat Important*** or ***Very Important*** for older adults to have access to ALL of the programs or services listed. Less than 10% of respondents were ***Neutral*** or responded ***Not Important***. We can assume most respondents are utilizing or have utilized a program or service within the last year, therefore their perception would be that particular program (s) are important to have access to.

Home Delivered Meals (Meals on Wheels)	(93%)
Information on programs and services available	(92%)
Senior Centers	(89%)
Home Safety (smoke detectors, hand rails, etc)	(86%)
Health and Wellness Programs	(84%)
Transportation (Grocery Shopping, Recreational, Other)	(81%)
Home repairs/modification services	(81%)
Legal Services	(79%)
Caregiver Support Groups	(79%)
Elder abuse prevention education and supports	(79%)
Incontinence supplies	(78%)
Loan Closet (loan equipment wheelchair, walker, cane)	(78%)
Transportation (Medical)	(76%)
Volunteer Programs	(75%)
Emergency financial assistance for utilities	(75%)
Help with housekeeping, bathing & respite for caregiver	(75%)

Individuals were also asked about current needs and opportunities when utilizing programs and services. Technology appears twice for most responses that individuals always need help with. Technology was also a top response for activities and programs individuals would like to have access to at senior center locations.

Top five (5) responses that individuals ***sometimes*** need help with:

1. Knowing where to obtain information about services and benefits
2. Understanding health insurance/Medicare
3. Household chores
4. Loneliness, isolation, or depression
5. Technology needs such as using a phone/internet/computer

Top five (5) responses that individuals ***always*** need help with:

1. Tax Preparation Assistance
2. Transportation (Grocery shopping, recreational, other)
3. Home repairs or maintenance
4. Transportation (Medical)
5. Impaired Mobility *and*; Technology needs such as using a phone/internet/compute

Wellness & Activity Survey and Summary and Results:

Surveys were distributed in February of 2020 in preparation of the \$50,000 wellness grant from the State of Michigan. All senior centers were included in the survey; however, the South Colony Senior Center was not eligible for the carry out of the grant as individuals live inside of that facility. Over 500 surveys were distributed, 399 returned. Participants also asked about Virtual Programming and concluded 75% were not interested in virtual programming. The primary reasons listed included; do not have a computer, do not know how to use a computer, hearing problems, want to be around people, do not do anything online, not good with technology, hard to get to know other seniors, no internet and need help using phone/tablet.

MARIE DAVIS**Activities I enjoy or would like more of (organized classes/topics):**

- Top Five: Computer/Technology/Internet, Strength Training, Puzzles/Brain Teasers, Walking Club, Guest Speakers (mental health, covid-19, cooking)

Existing Activities meet needs: 35% Yes 65% No

Other Comments: Transportation to center, Wi-Fi, mental health training, help with housing and financial.

ELEANOR FRANK**Activities I enjoy or would like more of (organized classes/topics):**

- Top Five: Bingo, Computer/Technology/Internet, Dancing, Guest Speakers, Chair Aerobics

Existing Activities meet needs: 70% Yes 30% No

Other Comments: Evening programs, more active programs, mail out information

FRIENDSHIP**Activities I enjoy or would like more of (organized classes/topics):**

- Top Five: Walking Club, Computer/Technology/Internet, Dancing, Strength Training, Bingo

Existing Activities meet needs: 39% Yes 61% No

Other Comments: Handicap parking, singles to meet other singles, more active things to do, toiletries

BUENA VISTA**Activities I enjoy or would like more of (organized classes/topics):**

- Top Five: Cooking, Bingo, Walking Club, Water Aerobics, Computer/Technology/Internet.

Existing Activities meet needs: 80% Yes 20% No

Other Comments: Open swim & aerobics in the pool, personal hygiene products, more speakers (mental health), transportation.

HEMLOCK

Activities I enjoy or would like more of (organized classes/topics):

- Top Five: Bingo, Computer/Technology/Internet, Guest Speakers, Chair Aerobics, Yoga

Existing Activities meet needs: 58% Yes 42% No

Other Comments: Movies, only bingo needs other activities, more interaction with people, play games.

FREELAND

Activities I enjoy or would like more of (organized classes/topics):

- Top Five: Strength Training, Computer/Technology/Internet, Guest Speakers, Bingo, Line Dancing

Existing Activities meet needs: 65% Yes 35% No

Other Comments: Pickle ball, cardio drumming, line dancing, evening hours.

CHESANING

Activities I enjoy or would like more of (organized classes/topics):

- Top Five: Bingo, Guest Speakers, Sing-A-Longs, Strength Training, Tai-chi.

Existing Activities meet needs: 77% Yes 23% No

Other Comments: Need more than bingo and pool, open longer hours (not enough time after lunch), need special programs, more programs geared towards younger retired people.

BRADY

Activities I enjoy or would like more of (organized classes/topics):

- Top Five: Bingo, Nutrition Education, Guest Speakers, Strength Training, Dancing, Tai-chi.

Existing Activities meet needs: 90% Yes 10% No

Other Comments: Transportation, more people and varied activities.

MAPLE GROVE

Activities I enjoy or would like more of (organized classes/topics):

- Top Five: Bingo, Line Dancing, Strength Training, Walking Club, Guest Speakers

Existing Activities meet needs: 73% Yes 27% No

Other Comments: Need more activities, combine Maple Grove/Chesaning/Brady, more outings, coordinators are great, speakers, crafts.

SOUTH COLONY

Activities I enjoy or would like more of (organized classes/topics):

- Top Five: Dancing, Computer/Technology/Internet, Walking Club, Guest Speakers, Chair Aerobics

Existing Activities meet needs: 45% Yes 55% No

Other Comments: Outdoor trips, movies, activities for those less fluent in English, how to use a computer.

Senior Center Public Hearing Input Summary:

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STRATEGIC PLAN TIMELINE AND OTHER PRIORITIES

Presentation of DRAFT Strategic Plan	Director, Advisory Board, Leadership Team	October 2021 Board Session	Review Annually at January Board Session	
Brainstorming and identify goals for FY22	Director, Advisory Board	Special Committee	Schedule Special Committee meetings	
Public Input for Strategic Plan	Director, Leadership Team	January 2022 & February 2022	Host public input hearings at senior center locations. Invite Community Stakeholders.	Accessible Services
Approve FINAL Strategic Plan to present to Board of Commissions	Director, Advisory Board	March 2022	Submit to SCCOA Board in March 2022 and to BOC by April 2022	
Millage Renewal & Increase	Director, Advisory Board, Community Stakeholders and residents, Board of Commissioners	FY 2024, Ongoing	Does millage need to be requested early for increase? Advocate need for additional operational increase. Strategic plan is first step to educate challenges ahead.	Revenue & Cost Control Efficiency
50 th Agency Anniversary Celebration	Director, Advisory Board, SCCOA Staff, Board of Commissioners, County of Saginaw, all connected with agency	FY 2023	Engage in marketing campaign event to celebrate 50 th anniversary. Engage local community members and stakeholders.	
Staff Training	Director, Leadership Team	FY 2022, Ongoing	Review training opportunities for staff. Develop annual training plan.	

Goals & Objectives	Primary Responsibility	Target Date or Ongoing	Action Plan- Status	Board of Commissioners Strategic Plan (2019) Area of Focus	Funding Source
GOAL 1: MAINTAIN A FISCALLY RESPONSIBLE BUDGET					
Maintain a fiscally responsible budget	Director, Accountant, SCCOA Advisory Board	Ongoing, Annually	Reduce use of fund balance for FY22 (\$342,204). Re-align where feasible to not affect grant funding and minimal impact on services.	Revenue & Cost Control Efficiency	SCCOA Millage, State/Federal Grants, ARPA
Evaluate Senior Centers	Director, SCCOA Leadership Team, SCCOA Advisory Board	FY 2022	Review senior center geographic locations and hours of operation.	Revenue & Cost Control Efficiency Quality of life Accessible Services	
Staff Alignment	Director, Advisory Board, Leadership Team	FY 2022, Ongoing	Review staff complement/tasks. Impact of SIS on job duties/functions	Revenue & Cost Control Efficiency	
Leverage Additional Revenue Sources	Director, Leadership Team, Community Partners	Ongoing	Explore new grant opportunities	Quality of life Accessible Services	
GOAL 2: ENSURE FACILITIES ARE AGE-FRIENDLY, WELCOMING AND SAFE					
Capital Bond Assessment/Implementation	Director, Accountant, Maintenance Director, County Controller, Advisory Board	FY 2022, Ongoing	Use of \$21,500 from fund balance approved at December 2021 BOC meeting to enter into agreement with WTA Architects for Facility Assessment and Concept Design.	Accessible Services	ARPA, SCCOA Millage, State/Federal Grants
Develop Capital Plan					
Upgrade County Owned Facilities to meet ADA Code					

GOAL 3: OLDER ADULTS AND COMMUNITY MEMBERS HAVE ACCESS TO AND ARE AWARE OF AGENCY PROGRAMS AND SERVICES

Develop new agency logo and brochure	Director, Advisory Board, SCCOA Staff	FY 2022	Evaluate logo; develop new logo and new agency brochures. Explore possibility of mailing system.	
Website Enhancements	Director, SCCOA Staff, ITSC	FY 2023	Review website, incorporate helpful tools/links for seniors. Add online referral forms for partner agencies.	Accessible Services
Increase presence on social media, news informational sessions, radio sessions	Director, Leadership Team, Program Assistant	FY 2023	Continue monthly newsletter. Enhance Facebook page. Explore new media opportunities and marketing segments.	Accessible Services
Seek opportunities to expand and extend programs	Director, Nutrition Program Manager, Senior Center Coordinators, Senior Center Specialist	Ongoing	Add "special events" to target unmet needs/education. Explore partnerships.	Quality of Life Accessible Services
Annual Picnic	All COA Staff & Volunteers, COA Board, Board of Commissions, County of Saginaw	Annual, Ongoing	Bring back Annual Senior Picnic in FY22. Picnic cancelled due to pandemic in FY20 and FY21. This is an excellent outreach and community event.	Quality of Life Accessible Services
Explore Presentation Opportunities	Director, SCCOA Staff	Ongoing	Develop information on website for agencies to request special presentations. Offer via Zoom/In-person. Meet periodically with community groups. Maintain positive relationships between SCCOA and Community Organizations.	Accessible Services

GOAL 4: DIVERSIFY AND ENHANCE EDUCATIONAL, WELLNESS AND OTHER OPPORTUNITIES					
Explore ways to attract younger seniors (Baby Boomers)	Director, Nutrition Program Manager, Senior Center Coordinators, Senior Center Specialist	FY2023, Ongoing	Grow fitness, travel, technology programs, YMCA partnership, education/wellness etc. Evening programming. New partnerships.	Quality of Life Accessible Services	
Enhance Technology Opportunities	Director, SIS, Nutrition Program Manager, Senior Center Coordinators	FY 2022, Ongoing	Add technology access to all senior centers. Streamline paperwork and processes for staff via technology.	Quality of Life Accessible Services	ARPA
Volunteer Opportunities	Director, Nutrition Program Manager, Volunteer/Activities Coordinator, FGP Coordinator	FY 2022, Ongoing	Older adults have assets could bring additional programming. FGP Expansion to Midland/Bay Counties. Add "new" volunteer opportunities and descriptions. Research feasibility of adding volunteers to compliment transit program or other partnerships.	Quality of Life Accessible Services	
GOAL 5: OLDER ADULTS ARE ABLE TO ACCESS TRANSPORTATION OPTIONS FOR THEIR DAILY NEEDS					
Identify need, types of service, and cost to implement	Director, Administrative/Program Supervisor, Dispatcher	Ongoing	Continued increase in demand for service outside City limits. Explore any opportunities to expand/add additional services.	Quality of Life Accessible Services	