



2026-2027 Area Plan

AIHS is requesting input on our Area Plan, which outlines the provision of services in our area, based on local needs. To view the draft plan, please continue to the next page of this attachment.

Formal feedback may be submitted via mail to: AIHS ATTN: Area Plan 8101 West Jefferson Blvd., Fort Wayne, IN 46804 or via e-mail to info@agingihs.org.



Indiana Division of Aging FFY 2026-2027 Area Plan on Aging Templates and Attachments

Effective October 1, 2025 to September 30, 2027

You must use this format and template as your final submission to the Division of Aging in the order of the documents provided. Please reference the Guidelines document and instructions contained within as you complete your Plan. The Area Plan Required Components Checklist is included to assist in ensuring a complete submission.

Executive Summary

Since 1973, AIHS has been designated as the Area Agency on Aging (AAA) for the nine counties of northeast Indiana functioning as the premier resource for older adults, people with disabilities and their caregivers across a continuum of care. AIHS operates a robust Nutrition Program, Aging & Disability Resource Center (ADRC), Case Management Program, Family Caregiver Center, Population Health Department, and PACE Center. The Nutrition Program offers Home-Delivered Meals, Congregate Dining and Restaurant Vouchers – each service meeting a specific need of our older adult clients. The ADRC receives nearly 3,500 calls monthly, which are typically the first touch point for individuals seeking information and assistance. The Case Management Program is a comprehensive program which keeps individuals safe at home for as long as possible. AIHS's Family Caregiver Center assists the caregiver through care coaching, respite, support groups and evidence-based programs. AIHS prides itself as an anchor of community-integrated healthcare in northeast Indiana. We are the first AAA and first community-based organization (CBO) to achieve NCQA – LTTS accreditation. In 2012, AIHS partnered with Parkview Health for a care transitions pilot to reduce hospital readmissions and that pilot became the basis of selection by CMS for Community-based Care Transitions Program (CCTP) funding. AIHS achieved net Medicare savings of \$5.5 Million. AIHS has contracted with MCOs and insurers to provide care transitions programs to members across various payors, all of which continue in our Population Health Department. AIHS is proud to be the first AAA to be a sponsoring organization of PACE – Programs of All-Inclusive Care for the Elderly. PACE of Northeast Indiana is a joint venture with Parkview Health, which provides all-inclusive care for the most at-risk, complex seniors. Solidified by implementation, AIHS continually uses innovation to improve client outcomes, enhance service offerings and diversify revenue streams across all service lines. In the 2024 CASOA Survey, it was found that overall northeast Indiana is a highly rated place to live and retire. However findings showed that respondents are in need of regular, easy to attain, information and resources. Additionally, respondents reported a desire for the community to offer health and wellness programming, specifically for seniors. This year, AIHS will remain focused on four goals: ensure consistent, quality and timely information and access to long-term services and supports; strengthen and expand Older Americans Act Core Programming; protect and enhance the rights and prevent the abuse, neglect and exploitation of older Hoosiers; and increase wellness and support people living with dementia and their caregivers.

Section 1 - Narrative

Section 1: Context: *limit to no more than 8 pages*

Aging & In-Home Services of Northeast Indiana, Inc. (AIHS) is the Area III Agency on Aging (AAA) as designated by the U.S. Administration on Community Living and the State of Indiana serving the nine counties that make up northeast Indiana: Allen, Adams, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells, and Whitley. The mission of AIHS is to promote dignity, independence, and advocacy for all older adults and people with disabilities. AIHS is the premier resource for older adults, persons with disabilities, and their caregivers, and a funder of services including support for the Councils on Aging (CoA) in our region.

AIHS received its designation as the Area 3 Area Agency on Aging in December 1974 and launched its first service – congregate and home-delivered meals – in January 1975. The landmark legislation, known as the Older Americans Act, created the aging network which to this day continues to be the major vehicle for organizing and funding of services for older adults. Since creation, AIHS has provided an array of services under the Older Americans Act throughout its designated nine-county service area in northeast Indiana.

Over 10% of Indiana’s 65+ population lives in our service area. Our service area features both rural and urban areas with Allen County being the most densely populated county with 385,410 people and Wells County being the least populated at 28,180 people. Allen County makes up 657.31 square miles of northeast Indiana, while Wells County makes up 368.09 square miles. Wells County is more than half the size of Allen County, but its population is under 10% of that which makes up Allen County. In Allen County, over 16% of its residents are 65 years of age and older, in Wells 19% of its residents are 65 years of age or older. Northeast Indiana does not have a geographic landscape that interferes with infrastructure, (i.e.: mountains, valleys, bodies of water) rather; our landscape allows for farmland which results in seclusion in rural areas and isolation amongst those we serve.

Nationally, rural individuals make up one fifth of the elderly population and are at the highest risk for requiring long-term care services and support. In Indiana, rural individuals make up one third of the elderly population. One of AIHS’ challenges is to address this population’s desire to continue aging-in-place with limited access to community-based services, and a dwindling pool of family caregivers.

In the 2024 CASOA Survey, it was found that overall northeast Indiana is a highly rated place to live and retire. However findings showed that respondents are in need of regular, easy to attain, information and resources. Additionally, respondents reported a desire for the community to offer health and wellness programming, specifically for seniors.

58% of our clients live below the poverty level, with an income of less than \$12,760 annually. These individuals are at times aging-in-place due to economic limitations. AIHS’ SHIP counselors have identified this population as in need of additional support and typically utilize a SHIP counseling session as an opportunity to enroll clients in additional federal or state-funded benefit programs.

Approximately 33% of individuals receiving services in the Area 3 PSA are minorities. Unique to Fort Wayne, over 12,000 Burmese individuals have sought refuge with the assistance of the local presence of Catholic Charities. AIHS works with Catholic Charities and with a variety of translation services to address the LTSS needs of these minority populations. One of the service

providers in our area has aligned their service provision to meet the needs of persons in the Burmese population.

AIHS continues to serve as the leader in our nine-county region in providing streamlined access to information, care options, case management and benefits enrollment across a spectrum of long-term care services and supports. Our Aging & Disability Resource Center (ADRC) is a key component in this process. AIHS works to continually enhance and expand the functionality of the ADRC through efforts such as adoption of statewide software platforms, increased staff and availability and enhanced ADRC call center capabilities.

In Indiana, there are an estimated 121,300 age 65+ with Alzheimer's Disease. These individuals receive support from 216,000 caregivers providing 322,000,000 unpaid hours of care annually. Indiana experienced a 14% increase in Alzheimer's deaths in 2020, compared to the last five years. Alzheimer's Disease is the sixth leading cause of death in Indiana, and we have seen a 17.1% increase in Alzheimer's related deaths from 2020 to 2025. In 2020, there was a \$1.504 billion spend in Medicaid costs of caring for Hoosiers with Alzheimer's. AIHS was selected by the Indiana University School of Medicine to take part in its \$1.3 million grant from the U.S. Administration for Community Living to spend the next 36 months working to enhance, strengthen and expand supports for people with Alzheimer's Disease and Related Dementias (ADRD). This Alzheimer's Disease Programs Initiative (ADPI), managed by the IU Center for Health Innovation and Implementation Science, is to build upon existing home and community-based social supports to maximize the ability of people with ADRD to remain independent in their communities. This ADPI work aligns with the new HB1177 legislation that was passed this year by Indiana Governor Eric Holcomb for the state's Family and Social Services Administration Division of Aging to develop a strategic plan for dementia.

Supporting agencies well established as the focal points in rural communities such as the County Councils on Aging while partnering with those systems equipped for meeting the needs of greater numbers of residents such as county-based regional health systems will prove to be cornerstones of meeting needs in all settings throughout the AIHS region. To provide leadership in developing Long-Term Services & Supports (LTSS) in rural areas, AIHS annually recruits community volunteers and County CoA key staff to actively participate in a Senior Advisory Council (SAC).

The SAC meets quarterly to receive information on the State-of-the-Agency and hears presentations on aging and disability-specific topics. Each meeting offers an opportunity for council members to engage in discussion and feedback on pertinent topics, adding valuable perspective from the area they represent. Along with the Board of Directors and AIHS executive staff, the SAC is also instrumental in the Area Plan planning and final form. The Area Plan components, including goals and objectives, are reviewed and discussed for feedback with the Board and also at each SAC meeting. To further engage the public in planning efforts AIHS hosts a variety of forums and avenues for input, including public hearings, LTSS provider meetings and consumer surveys for needs and satisfaction of service delivery.

A key issue in our LTSS planning and development, both with SAC and our Board of Directors, has been our research and application for the GUIDE (Guiding an Improved Dementia Experience) Model and our ability to serve dementia patients and their caregivers. In 2024 AIHS applied and received access to begin the GUIDE Model in northeast Indiana. AIHS begins the GUIDE Model services in July 2025. GUIDE offers dementia patients and their caregivers access to streamlined care plans with an on-site geriatrician and care coaches to assist with the patients ability to remain in the home for as long as safely possible.

Maintaining focus on long standing principals while paying attention to the changing landscape of LTSS will assure AIHS continues meeting the needs of older adults and persons with disabilities in our region. AIHS continues its mission today by serving over 48,000 individuals annually.

Section 2: Plan Development and Public Input: *limit to no more than two pages*

The Senior Advisory Council (SAC) meets quarterly to receive information on the State-of-the-Agency and hears presentations on aging and disability-specific topics. Each meeting offers an opportunity for council members to engage in discussion and feedback on pertinent topics, adding valuable perspective from the area they represent. Along with the Board of Directors and AIHS executive staff, the SAC is also instrumental in the Area Plan planning and final form. The Area Plan components, including goals and objectives, are reviewed and discussed for feedback with the Board and also at each SAC meeting. To further engage the public in planning efforts AIHS hosts a variety of forums and avenues for input, including public hearings, LTSS provider meetings and consumer surveys for needs and satisfaction of service delivery.

Section 3: Quality Management: *limit to no more than two pages*

Continuous planning and quality improvement greatly assist AIHS in assuring services to those individuals with the greatest economic and social need. AIHS is the first AAA and CBO in the Nation to be approved for accreditation of case management using the newly developed LTSS standards from the National Committee for Quality Assurance (NCQA). Accreditation of LTSS adds value to AIHS's current quality improvement activities, focusing on a person-centered delivery of LTSS. The NQCA LTSS standards highlight a level of commitment to quality improvements focused on meeting the needs of consumers and family caregivers. AIHS was approved for an additional 3 years accreditation in August 2023, and has assisted Indiana AAAs in achieving accreditation. Accreditation has allowed for increased opportunities to improve outcomes of consumers by addressing the impact of care transitions among vulnerable populations such as seniors.

When an individual needs LTSS, the Case Manager and the individual work together to create a comprehensive care plan. Staff orientation for all case managers and options counselors includes initial and ongoing formal training in person-centered care. The person-centered care plan includes a formal summary of client needs, goals and preferences and details the service needs of the individual to remain safe and independent in a community setting. Information gathered at the initial assessment, and during every quarterly assessment, provides the information necessary to develop a person-centered care plan. Care planning must be a mutual endeavor between the case manager and the individual and may include participation from informal caregivers designated by the individual. Development of the care plan will meet the timelines established by any associated funding source, including CHOICE and Medicaid Waivers.

Section 2 - 2026-2027 Goals and Strategies

GOAL 1: Ensure consistent, quality, and timely information and access to long-term services and supports.

Connections:

Key Topic Area: *Expanding Access to HCBS*

23-26 State Plan Goal: *1. Assure access to high-quality home and community-based services and resources for older adults and their caregivers to support increased independence and quality of life.*

MPA: *Reducing Barriers*

Dementia Strategic Plan: *Identify strategies to increase access to home and community-based services for individuals with dementia.*

Agency programs and services that address Goal 1:

AIHS receives an average of nearly 2,500 calls and contacts to our ADRC every month. Older Hoosiers and their caregivers make up over 65% of these calls. Options Counselors are ready to provide resources and explore program eligibility and offerings to these callers. Staff are also certified to provide SHIP counseling for Medicare beneficiaries. Regional surveys report that over 60% of older persons in NE Indiana are not informed of available services or report a major problem in knowing about available services in the community. All caregivers contacting AIHS have an opportunity to complete a caregiver assessment. These assessments assist in identifying service gaps and supports needed to continue the role of caregiver. Currently AIHS staff provide group information on AIHS programs and services, and training sessions on topics such as Dementia throughout the Area 3 region. These sessions will continue as a strategy to fill the unmet needs of persons not feeling informed about services, including dementia services and supports.

Strategies:

AIHS is researching options and process changes that will increase the number of calls to the ADRC that are live-answered. This will increase the efficiency of the ADRC process, and result in a more seamless connection for callers seeking resources and services. Increasing the number of caregiver assessments, service plans and community referrals will further enhance care and support, reducing caregiver burden. AIHS has established partnerships with local agencies in each of the 9 NE counties. These partnerships strengthen our efforts to inform residents in the region of available services. Increasing AIHS staff presence, and opportunities for residents to meet individually with staff, is a primary goal for this Area Plan period. Data regarding the warm handoffs from the new LCAR vendor is pending. Further details are TBD once additional data is available.

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
<p>Percentage of ADRC callers indicating they received the information they were seeking.</p>	<p>To assess and provide information appropriate to the caller's need (from consumer's perspective).</p>	<p>80% satisfaction rate from ADRC callers receiving the information they were seeking</p>	<p>Annually</p>
<p>Number of warm handoffs from LCAR completed in real time</p>	<p>To provide a seamless, No Wrong Door experience for individuals seeking services</p>	<p>TBD - need additional process details</p>	<p>Annually</p>
<p>Number of caregivers who receive a caregiver assessment including but not limited to the Caregiver Assessment in the State's case management system and/or HCBS Monitoring Tool for ABC Community, and subsequent number of assessed caregivers who receive service plans, and subsequent number of caregivers who receive referrals to community resources or are placed on a waiting list for services.</p>	<p>To provide support for caregivers and provide timely data that support efforts to identify utilized and needed services for caregivers and individuals with dementia</p>	<p>400 caregivers will receive a caregiver assessment; 100 of these assessed will have a SP developed; 300 caregivers will receive referrals</p>	<p>Annually</p>

		to communit y resources	
Percentage of incoming ADRC calls that are live-answered	To provide access to resources and services in an efficient and timely manner	Number of live-answered calls will increase	Annually
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GOAL 2: Strengthen and expand Older Americans Act Core Programs, ensuring high quality, efficient and effective home and community-based programs and services are available throughout the PSA to older adults and their family caregivers.

Connections:

Key Topic Areas: *Older Americans Act Core Programs; Greatest Economic Need and Greatest Social Need; Caregiving*

23-26 State Plan Goals:

- *2. Improve health, well-being, and equity in all aspects of service access and delivery.*
- *3. Optimize the physical, emotional, and financial well-being of caregivers to strengthen their ability to provide ongoing supports and delay or prevent care recipient institutionalization.*

MPA: *Age-Friendly Communities; Each Journey Supported; Reframe Aging*

Dementia Strategic Plan: *Identify strategies to increase access to home and community-based services for individuals with dementia.*

Agency programs and services that address Goal 2:

AIHS has provided nutrition and wellness services in NE Indiana for 50 years. Nutrition services include Home Delivered Meals, Congregate Dining and Restaurant Vouchers to persons age 60 years and older and their caregivers.

All nutrition participants are screened for nutrition risk, and referred to a certified nutrition counselor to address any gaps or additional needs. The risk screening also addresses social isolation. Since most of the NE region includes rural areas, there is an increased risk of isolation. Programs for older persons in NE Indiana living with a chronic disease are offered to help with managing the disease. The program empowers participants to take charge of their health and lead more productive and satisfying lives.

AIHS has a dedicated team for Family Caregiver programming, allowing an increased focus on caregivers and their particular needs. Including programs such as ABC Community offer support to caregivers.

Screening for home safety and accessibility is completed prior to the start of in-home services. Available services and community resources are offered for home safety and accessibility, increasing the success of aging in place.

Strategies:

Offering additional education and information on nutrition counseling will be added for nutrition clients scoring as high nutrition risk.

Additional audits and staff training for missing data points of poverty status, household status and

nutrition risk score will be in place to decrease the number of missing data points for congregate meal participants.

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition counseling.	To determine whether consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	50% or more or high-risk CONG meal clients receive nutrition counseling	Quarterly
Number of older adults receiving home accessibility and safety interventions (i.e. home modifications, CAPABLE, handy chore, etc.).	To create safe, accessible environments for aging in place.	25 older adults will receive a safety intervention	Annually
Increased participation in health promotion programming in communities with Greatest Social Need and Greatest Economic Need measured by reported unit and client data.	To increase health awareness, knowledge, and prevention efforts among older Hoosiers.	Participants in health promotion programming will increase each quarter as fundin	Quarterly

		g allows	
<p>Of home delivered meal participants served who may be socially isolated, the percentage receiving meal deliveries at least 8 times per month, at a minimum.</p> <p>Of congregate meal participants served who may be socially isolated, percentage eating 15 meals at meal site in a month.</p>	To enhance social interaction and connectedness for older Hoosiers to mitigate the negative health effects associated with social isolation.	Those identified as socially isolated will be offered increased meal opportunities (baseline needs to be set)	Quarterly
Percentage of missing data points: poverty status, household status, and nutrition risk score for congregate participants below 10%.	To increase compliance and availability of data that helps to determine participants that may be at risk for poor nutrition, including food insecurity and malnutrition, social isolation, and economic needs.	91% or more of listed data points will be documented	Quarterly
Number of outreach opportunities in each of the 9 Area 3 counties.	To increase access to Options Counseling and other programs and services, especially in more rural areas.	Monthly outreach and in-person presence (OC) to each of the 9 counties	Click here to enter text.

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GOAL 3: Protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Hoosiers.

Connections:

Key Topic Areas: *Older Americans Act Core Programs*

23-26 State Plan Goal: 5: *Promote statewide partnerships for advocacy and protection of older adults.*

MPA: *Age-Friendly Communities; Reframe Aging*

Agency programs and services that address Goal 3:

AIHS has long standing relationships with Indiana Legal Services and the NE IN Long Term Care Ombudsman, both offering services and supports to protect older Hoosiers.

Additionally, AIHS continues working with Adult Protective services as they work to protect rights and prevent ANE for older persons in NE Indiana.

The NE IN LTCO is known state-wide for their successful volunteer program. AIHS continues to collaborate with the ombudsman as they work to inform residents of their rights.

AIHS partners with IN Legal services, and area elder law attorneys to provide legal services and education to older persons in the region.

Senior Medicare Patrol (SMP) program provides an opportunity for AIHS staff to empower and assist Medicare beneficiaries, along with their families and caregivers to prevent, detect and report health care fraud, errors and abuse.

AIHS can assist callers to enroll in safety programs through TRIAD. TRIAD is a national effort headed by local law enforcement in partnership with local social service agencies. Seniors can enroll in the SAFENET program to assist caregivers of those who may wander without warning, or in the Safe at Home emergency registration system for residents needing special assistance at time of an emergency.

Strategies:

Develop a survey to measure awareness among older persons in NE Indiana of available legal assistance. And provide outreach through educational opportunities with community and professional partners, such as the county councils on aging, to increase awareness of legal services. Schedule meetings for once per quarter for AIHS and ILS to coordinate on available services. This may include collaboration with local Veterans services, currently partnering with ILS for legal services for veterans.

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
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Revise/Devise outreach about availability of legal assistance	To increase the percentage of older Hoosiers that are aware of the availability of legal assistance	Increase % of Older Hoosiers that say they are aware of services by 5% from last survey	Annually
Increase coordination with LSP – e.g. meet once per quarter	To increase coordination of services that address the specific needs of your particular PSA	4 meetings	Quarterly
Total number of nursing facilities visited by an Ombudsman not in response to a complaint, in all four quarters of the reporting period.	To be a regular presence in nursing facilities in order to build relationships and establish trust with residents to encourage them to voice their concerns/complaints	N/A	Quarterly
Recruit and train new certified volunteer Ombudsmen by the end of the federal fiscal year	To enhance Ombudsman program reach and advocacy efforts	N/A	Quarterly
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GOAL 4 (AAA GOAL):

Increase wellness and support to people living with dementia and their caregivers.

Connections: Key Topic Areas: Dementia; Caregivers

23-26 state plan goal: Caregiving: GOAL 3: Optimize the physical, emotional, and financial well-being of caregivers to strengthen their ability of provide ongoing supports and delay or prevent care recipient institutionalization.

Dementia: GOAL 4: Support efforts to create a dementia-capable Indiana in alignment with Indiana

Code 12-9.1-5.

Agency programs and services that address Goal 4:

AIHS offers a wide array of caregiver services, with many programs focusing on people living with Alzheimer's or other dementia and their caregivers. Caregivers are provided with individual assistance and information specific to their caregiver role.

Support groups are offered twice monthly, offering caregivers an opportunity to connect with peers and learn strategies for successful caregiving.

BRI Care Consultation offers an evidence-based telephonic information and caregiver program, allowing expanded services to persons in more rural areas.

The evidence informed Hospital to Home program provides support to individuals with Alzheimer's disease and their caregivers; providing assistance to bridge gaps in care, reduce caregiver burden and provide resources to keep the person with dementia at home and out of hospital settings.

Dementia Friends Indiana is an initiative seeking to make a positive difference in the lives of people living with dementia through increased awareness and support.

AIHS has formed a regional group for dementia outreach with community partners throughout the 9-county area. The Northeast Indiana Dementia Alliance is a group of community-based organizations from the 9 counties AIHS serves. The purpose of the group is to come together and discuss dementia specific supports in the community, any gaps in support, and work together to create a community that supports people living with dementia and their caregivers.

The SAFENET program is available to assist caregivers of those who may wander without warning. Individuals with memory impairment can be registered to assist local law enforcement should the person wander without warning.

AIHS provides programs for people with a dementia diagnosis and their caregivers, such as GUIDE and ABC Community, creating streamlined care plans and personalized brain care plans to assist with the ability to remain in the home for as long as safely possible. These programs evaluate caregiver burden and provide additional support.

Strategies:

Identification of individuals with a dementia diagnosis who are living alone has increased throughout the available dementia programming in Area 3. Existing dementia programs and services can offer increased social engagement and other supports to these individuals, strengthening their ability to live alone.

Increase community partner engagement in the Northeast Indiana Dementia Alliance. Increased

participation in the Alliance meetings will strengthen collaboration and increase the available resources in NE Indiana for persons with dementia and their caregivers.
 Evaluate caregiver burden and work to decrease the burden through programs and services that provide streamlined and personalized supports.
 Survey caregivers to understand any reduced financial burden resulting from services and supports received.

Performance Measures and Fiscal Year Target:

Measure	Purpose	FFY 26 Target	Review Frequency
<p>Increase identification of and support to persons living alone with diagnosis of dementia (Live-Alones)</p>	<p>Provide increased services to support individuals living alone with a demnitia diagnosis</p>	<p>Increase number of connections with and provide dementia supports/ services to individuals living alone (need to establish baseline)</p>	<p>Annually</p>
<p>Increase engagemnet from commnity partners in the NE Ind. Dementia Alliance</p>	<p>Strengthen collaboration and increase the available resources in NE Indiana for persons with dementia and their caregivers</p>	<p>Increase partners and engagement by 5 agencies</p>	<p>Annually</p>
<p>Measure caregiver burden using tools such as the Zarit Burden Interview</p>	<p>Work to decrease caregiver burden</p>	<p>Show a decrease in caregiver burden after receiving services and supports</p>	<p>Annually</p>

Survey caregivers to measure the financial burden of caregiving.	Reduce the financial burden of caregiving to those providing care	40% of surveyed caregivers report a reduction in financial burden of caregiving	Annually

Section 5 -Target Population Specifications

Instructions: The left column contains the populations that the OAA and CFR require specific targeted outreach. The middle column contains information of any required subpopulations to consider when conducting outreach. In the right column, please describe the populations and subpopulations in your PSA who have been identified as having the greatest social and economic need. Then below for each population, describe how your agency currently conducts outreach and how your agency plans on conducting outreach to these populations and subpopulations.

Populations	Sub populations to consider at minimum	Who in this population category has been identified as having Greatest Social & Economic Need?
Age Older adults, age 60+ and their caregivers	N/A	Individuals living alone, individuals age 85 and older, and individuals with older caregivers
Describe in detail current and proposed outreach activities for this population: Continuing partnerships with Adult Day Service providers, and the PACE center in Area 3 can address respite and socialization needs for this population. Additional outreach is being planned in all counties, with an in-person presence at least monthly to inform and offer Options Counseling to connect with needed resources and services.		
Gender	N/A	Less than 1% of clients identify as 'other' gender
Describe in detail current and proposed outreach activities for this population: AIHS will seek out supports and resources as this reported number grows		
Race including minority older adults and their caregivers	<ul style="list-style-type: none"> • Black/African American • American Indian/Alaskan Native • Asian • Native Hawaiian/PI • White/Caucasian 	Low-income older minorities
Describe in detail current and proposed outreach activities for this population: AIHS is a long-standing member of the Health Disparity Coalition; partnering with over 80 organizations who collectively work to address the lack of adequate health care for minority citizens in our PSA. AIHS collaborates with a number of CBO's in the region who focus their efforts on minority individuals. We ensure that these CBO's have a good understanding of our programs and can share information about the programs with their clients.		
Ethnicity including older minority	<ul style="list-style-type: none"> • Hispanic/Latino • Non-Hispanic/Latino 	Low-income older minorities

adults and their caregivers		
<p>Describe in detail current and proposed outreach activities for this population: AIHS is a long-standing member of the Health Disparity Coalition; partnering with over 80 organizations who collectively work to address the lack of adequate health care for minority citizens in our PSA. AIHS collaborates with a number of CBO's in the region who focus their efforts on minority individuals. We ensure that these CBO's have a good understanding of our programs and can share information about the programs with their clients.</p>		
Religious Affiliation including survivors of the Holocaust and their caregivers	N/A	Religious minorities in the PSA
<p>Describe in detail current and proposed outreach activities for this population: AIHS has an available resource in the Fort Wayne Jewish Federation, to meet the needs of any known Holocaust survivors. We reach out to churches to offer presentations and connect with parish nurses and work with Associated Churches</p>		
Native American Identity and their caregivers	N/A	Less than 0.1% of the older adult population in Area 3 identify as Native American.
<p>Describe in detail current and proposed outreach activities for this population: Area 3 has a partnership with the local Miami Nation elders. Through this partnership, resources and information is shared.</p>		
Health Conditions	<ul style="list-style-type: none"> • Physical Disabilities including older adults with severe disabilities and their caregivers • Mental Disabilities • HIV Status • Chronic Conditions 	Individuals with mental disabilities due to lack of treatment options
Social Needs	<ul style="list-style-type: none"> • Housing instability • Food insecurity • Availability of reliable and clean water • Availability of transportation • Utility assistance needs 	Housing instability due to difficulty to securing resources to help with this need
<p>Describe in detail current and proposed outreach activities for this population: AIHS partners with agencies specializing in care for individuals with severe disabilities such as The League (our area CIL) and ARC. AIHS staff work closely with these partner agencies to provide</p>		

<p>resources and appropriate referrals. AIHS staff are on the FEMA Emergency Service board that provides funds for housing, utilities and food. AIHS is a member of the Northeast Indiana Disability Advocacy Coalition (NEIDAC). NEIDAC is a collective of disability organizations with the common mission to be a voice for equal opportunities on behalf of the disability community. Ongoing participation in the coalition insures AIHS access to a wide variety of community partners specializing in the care of individuals with all types of disabilities. TRIAD – Through TRIAD, AIHS helps plan senior safety programs on topics such as Medication Safety, Medication Disposal, and programs that allow law enforcement to more easily find seniors with dementia if they become disoriented or lost. The partnership between police, fire department, sheriff, EMS and senior professionals allows for enhanced communications and collaboration for issues of senior safety, elder abuse and exploitation. AIHS Nutrition program includes supplemental food support such as Produce for Better Health and Farmer's Market vouchers.</p>		
<p>Rural Location and their caregivers (for this section “rural” is defined using RUCAs codes)</p>	<ul style="list-style-type: none"> • Rural • Non-Rural 	<p>All counties in Area 3 have at least one rural area, with most counties having several rural areas and few to no urban areas.</p>
<p>Describe in detail current and proposed outreach activities for this population: AIHS works with the Benjamin Rose Institute on Aging to provide BRI Care Consultation™ - a telephone- and email-based care-coaching program designed to assist and support individuals living with chronic health conditions and their caregivers. The telephonic intervention allows for easy access to caregivers in rural areas. AIHS’ Family Caregiver staff provide community presentations and participates in support groups in our rural areas of the PSA. AIHS continues a long-standing collaborative relationship with the Councils on Aging in our rural counties; providing the Councils with information about potential services for older adults. We have developed very strong relationships with hospitals located in our rural counties and have built on these relationships to partner on new programming including CDSMP classes at rural locations to increase on our visibility in the rural areas.</p>		
<p>Language barriers including those with limited English proficiency and their caregivers</p>	<p>N/A</p>	<p>AIHS has a large Burmese population attributed to relocation work by Catholic Charities.</p>
<p>Describe in detail current and proposed outreach activities for this population: AIHS has partnered with other community organizations (i.e. Burmese organizations and United Hispanic Americans) who work specifically with these individuals to ensure that information about our programs is offered to older adults with limited English. We have a well-defined interpreter procedure which assists us in providing information and support to these individuals.</p>		
<p>Economic Needs</p>	<ul style="list-style-type: none"> • Household income including older adults who are considered low 	<p>Low-income seniors and caregivers</p>

	<p>income and their caregivers</p> <ul style="list-style-type: none"> • Individual income including older adults who are considered low income and their caregivers • Employment 	
<p>Describe in detail current and proposed outreach activities for this population: Outreach is targeted to these gorups by offering information at low income senior housing and nutrition sites.</p>		
<p>Older adults with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction and their caregivers</p>	<p>mild / mod / adv cognitive impairment</p>	<p>Individuals with a dementia diagnosis living alone (Live-Alones)</p>
<p>Describe in detail current and proposed outreach activities for this population: AIHS Family Caregiver staff provide a wide range of programs and opportunities for caregivers including specialized presentations, BRI Care Consultation program and support groups for all caregivers. FCAR staff have received specialized dementia training. AIHS, selected by the IU School of Medicine, is talking part in the Alzheimer's Disease Programs Initiative; working to maximize the ability of persons with ADRD to remain independent in their communities.</p>		
<p>Older relative caregivers (age 55+) of children under 18 or adults age 18-59 with a disability</p>	<p>N/A</p>	<p>N/A</p>
<p>Describe in detail current and proposed outreach activities for this population: AIHS Family Caregiver staff provide a wide range of programs and opportunities for caregivers including specialized presentations, BRI Care Consultation program and support groups for all caregivers. AIHS partners with agencies specializing in care for individuals with severe disabilities such as The League (our area CIL) and ARC. AIHS staff work closely with these partner agencies to provide resources and appropriate referrals. AIHS is a member of the NEIDAC (NE Ind. Disability Advocacy Coalition). NEIDAC is a collective of disability organizations with the common mission to be a voice for equal opportunities on behalf of the disability community. Ongoing participation in the coalition insures AIHS access to a wide variety of community partners specializing in the care of individuals with all types of disabilities.</p>		