NOTICE OF MEETING TOWN OF HEATH Council on Aging 18 Jacobs Road, Rm 135 October 17, 2024 1:30-3:00 p.m.

AGENDA

Call meeting to order Review agenda Review and approve minutes 9/20/24 Senior Program Coordinator Report Follow up notes, including any updates on finances, lunches, job description Review Action Team Age and Dementia Survey (attached) and how to disseminate (possible vote) Suggested fundraising letter to be sent to public Christmas Bazaar Other Business That Could Not Be Anticipated 48 Hours in Advance Next meeting Adjourn

NOTE: Any of the items of business listed above or other business that could not be anticipated at the time of posting may involve decisive action on the part of the Council on Aging.

The listing of matters is those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may in fact be discussed and other items not listed may also be brought up for discussion to the extent permitted by law.

Posted on Tuesday October 15, 2024 at 11:00 a.m. by Margaret H. Freeman

Attachments

Report from Chair, Sue Lively, for COA meeting October 17, 2024

At our last meeting the question was raised regarding the role of COA. I've done a little research. I believe our mission statement is: to meet the needs of the aging by creating an active, intergenerational, healthy, social, and cultural community for Heath.

At the last meeting the question was raised regarding the COAs role. I did a little research. We are the governing board that oversees the direction, finances and overall operation. Some organizations have a friends group which does the fund raising, advocacy, volunteerism. The COA has a formal governing role while the friends are more of a support group. I would say we are filling both roles.

The Coordinator is responsible for implementing what the COA sets as policy. I don't know anything about what's required to formally form a friends group. I expect there would be some legal forms and annual reports to be filed. I also don't know if the COA can officially represent both groups.

COA Accounts List as of October 17, 2024

So, Hilma, Lyra and I met last week and reviewed the various COA accounts. It looks like most of it is ok and we have a better understanding of what the accounts are for. Here is a brief explanation. There will be a couple questions for Dave but not as involved as we first feared. The following accounts are funds approved at annual town meeting. They are for the year and should be spent within the FY they are voted for.

- Foot Care Clinic
- Senior Center Coordinator stipend
- Senior Center Operating Account-for supplies, note: basic office supplies can be used from the main office
- COA Expense-this could be combined with above operating account but has to wait until town meeting
- COA chair stipend-no longer active but needs to be kept on the accounting roaster for historical purposes

The following are donation accounts and currently set up to each have two separate accounts, one that shows incoming funds and one that shows expenses. At the end of the fiscal year any left over funds are carried over to the following year. Wo we need to watch to make sure we drain accounts above before we tap into these.

- Foot Care Clinic Donation-two accounts
- SC/CoA donations-two accounts, these funds are for general use
- COA Senior Center Revolving-two accounts
- COA meals revolving-two accounts

Other Accounts which are now getting more confused in my head

- COA grant-this is our big one, we get once a year, unused amount carries over to the following year, we have chosen to put this towards salary but will use the town account above first to protect as much of this as we can\
- Foot care grant
- Wells grant which is dedicated to the foot clinic

Lyra submits the bills to Dave and notes the account number on the invoice so he knows which account it should come from.

Heath Town-wide Survey draft, October 17, 2024

Heath Town-wide Age- and Dementia- Friendly Community Survey THANK YOU FOR TAKING TIME TO SHARE YOUR OPINIONS!

Please complete this survey to assist the Council on Aging in establishing an AARP Age- and Dementia Friendly Community. We will keep your name, identifying information and opinions confidential. Where there are multiple choice answers, please feel free to check as many answers as apply to you.

1. How long have you lived in Heath?



2. If you were to move out of Heath, what would be the primary reason(s)?

☐Your personal safety

Moving to an area for better health care facilities

To be closer to family

Needing more access to public transportation

Wanting to live in a warmer climate

Wanting to live in an area with a lower cost of living

Wanting to be somewhere with more chances for social interaction

Other - Please describe:

3. If you were to move out of <u>your home</u>, what would be the primary reason(s)?

Wanting a smaller/larger home

The cost of maintaining your current home

Wanting a home that will help you live independently

(for example: a home without stairs)

Other - Please describe:

4. How important is it for you to remain in Heath as long as possible?

Extremely important

Uvery important

Somewhat important

Not very important

Not at all important

5. How would you rate Heath for having each of the following? (Please circle)

Well-maintained homes/properties	good	poor	
Affordable housing, assisted living	good	poor	
Disability accessible homes	good	poor	
Well-maintained low-income housing	good	poor	
Well-maintained/safe parks	good	poor	
Public restrooms for people with varying abilities			
	good	poor	
Benches to rest in public areas	good	poor	
Conveniently located handicapped parking	good	poor	

6. How would you rate Heath for having each of the following? (Please circle)

Conveniently located entertainment venues	good	poor
Activities geared toward older adults	good	poor
Activities that offer senior discounts	good	poor
Activities that are affordable to all residents	good	poor
Activities involving younger/older people	good	poor
Cultural activities for diverse populations	good	poor

Continuing Ed classes/social clubs to pursue new interests, hobbies or

passions

good poor

7. How would you rate Heath for having each of the following? (Please circle)

A range of volunteer activities to choose from	good	poor
Training programs for volunteers	good	poor
Opportunities for seniors to join decision-making c	ouncils	
or committees	good	poor
Information about volunteer opportunities	good	poor
Transportation for volunteer activities	good	poor
A range of public and in-person events	good	poor

8. What is the best way <u>for you</u> to learn about Town events, meetings, calls for volunteers, resources, and other offerings?

(Please check all that apply)

Bulletin boards in Sawyer Hall

Bulletin boards at 18 Jacobs Road Muncipal Center

Town Center sign

Town Newsletter

Email list

Other? Please describe here:

9. How would you rate Heath for having each of the following? (Please circle)

Access to community information in one central source

good	poor	I don't know
Clearly displayed, p	rinted co	mmunity information with large printing
good	poor	I don't know
Free access to comp	outers & t	he internet in public places like the

library, senior center or government building

good poor I don't know

Community information that is delivered in person to people who

might have difficulty Accessing other sources or may not be able to

leave

their home	good	poor	I don't know
	0	1	

Community information that is available in a variety of languages

good poor I don't know

10. What health services and resources would you like to have offered by the Town? (Please check all that apply)

Foot Clinic

Diabetes education

Heart disease education

Healthy eating on a budget

Exercise classes

Health library

Balance classes

Physical screenings (what type)

Health topic talks (what topics?)

Others?

11. How do you rate Heath for having each of the following? (Please circle)

Well trained/certified home healthcare providers	good	poor
Affordable home healthcare providers	good	poor
A variety of healthcare providers/specialists	good	poor

12. How would you rate Heath for having each of the following? (Please circle)

Affordable health and wellness programs	good	poor
Affordable fitness activities for seniors	good	poor
Conveniently located health/social services	good	poor
Help to access health/supportive services	good	poor
Affordable personal care & housekeeping services	good	poor
Easily understandable/helpful local hospital/clinic a	inswerii	ng services
	good	poor
Access to telehealth care services	good	poor

13. How do you usually to medical or other appointments, **shopping, social activities, errands?** (Please check all that apply)

Walk/Drive yourself

Have others drive you

Use a ride source company like: Uber or Lyft

Use senior special transportation service

Use public transportation

Ride a bike

Some other way

I do not get out of the house

14.If you were in trouble, do you have family/friends who can help you
day & night? (Please circle)YesNo

15. How often do you have contact with family, friends, and/or neighbors who do not live with you? (Please circle)

Daily

Several times a week

Once a week

Once every 2-3 weeks

Once a month

Less than monthly

Never

16. How often do you feel the following? (Please circle)

I lack companionship	often	rarely
I feel left out	often	rarely
I feel isolated from others	often	rarely

17. Would you be interested in a home visit or a phone call to check on

your wellbeing or needs?	' (Please circle)	Yes No	Maybe
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18. Which of the following <u>providers</u> would you turn to if you, or someone you know, needed services such as adult caregiving, home delivered meals, home repair, medical transport or social activities? (Please check all that apply)

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	A	local	senior	center

An office of healthy aging

Family or friends

Local nonprofit organizations

AARP

Faith-based organizations including churches or synagogues

Internet

Your doctor or other health care professional

Local government office such as the health department

Library

Some other source- please describe:

- **19.** Are <u>you</u> currently providing unpaid care to an adult loved one? (Please circle) Yes No
- 20. How likely is it that <u>you</u> will need to provide unpaid care to an adult loved one in the future? (Please check)

Extremely likely

Uvery likely

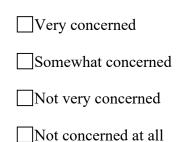
Somewhat likely

Not very likely

Not at all likely

21. How concerned are you that cost-of-living increases, over which you have no control, may reduce your standard of living during your

retirement years? (Please check)



Not sure

22. What is your gender? (Please circle)

Male

Female

Non-binary

Another gender identity

23. What is your marital status? (Please circle)

Married

Not married but living with a partner

Separated

Divorced

Widowed

Single/Never married

24. Besides yourself, do any of the following people live in your household? (Please check)

Child/children under 18

Child/children 18 or older

Child/children away at college

Parents

Other adult friend/relative 18 or older

25. Which of the following best describes your current employment status? (Please Check)

Self-employed, part-time

Self-employed, full-time

Employed, part-time

Employed, full-time

Unemployed, looking for work

Retired, not working at all

Retired, working part-time

Not in the labor force for another reason

26. In general, how would you rate your health? (Please check)



27. Does any disability, handicap or chronic disease keep you or your spouse/partner from fully participating in work, school, housework,

or other activities? (Please check only one)

Yes, myself

Yes, my spouse/partner

Yes, both me and my spouse/partner

No

28. Please describe any unmet needs due to language, disability, culture or for any other reason?

29. Do you currently participate in any <u>Council on Aging programs?</u> If yes, please list here:

<u>If no</u>, please briefly explain why or what is needed to motivate you to participate: