

Executive Summary

The South Carolina Department on Aging (SCDOA) was created as the state agency for receiving and disbursing federal funds made available under the OAA, and to serve as the lead agency on programs for the aging population.

The Department on Aging's mission and vision addresses the needs of seniors and vulnerable adults in South Carolina through the federal Older Americans Act (OAA). It improves seniors' quality of life by advocating for their needs and developing resources in partnership with governments, nonprofits, and others. SCDOA strives to help seniors live better lives, allowing them to contribute to their communities, achieve economic security, and receive support to age independently with dignity.

As the number of seniors, individuals with disabilities, and vulnerable adults in South Carolina increases, the Department on Aging plays a crucial role in advocating for and meeting their needs. According to the 2023 5-year American Community Survey, of South Carolina's population of 5,212,774, there are 1,321,095 older adults aged 60 or older. Ultimately, the Department on Aging fulfills its OAA mandate by providing critical support through advocacy, facilitation, education, grant distribution, and regulation of services, ensuring that the most vulnerable members of society receive the assistance they need.

Beyond its service roles, the department serves as a central source for aging-related data and information, functioning as a think tank to create innovative solutions for older adults and people with disabilities. With a growing number of individuals aging in place or retiring, it is vital for South Carolina to enhance service delivery, raise public awareness, identify specific needs, tailor services, and remove barriers that hinder access for older adults and their caregivers.

The SUA anticipates a significant increase in the number of older adults living in South Carolina over the next ten years. South Carolina ranked 10th with 18.7% of the population 65 or older in the 2020 Census Bureau's 2020 population estimates. By 2030, the older adult population in SC is projected to double in size. South Carolina is a retirement destination with 10% of those moving into the state being 65 or older (AARP).

A crucial step to addressing the rapid population growth and gaps in services is to build on external partnerships. We know that funding from the OAA was never the intent to meet every need, but it was established to provide "seed money" to encourage states to build external partnerships. This is essential

for meeting the needs of those on waiting lists. Implementing effective outreach methods can significantly enhance service delivery. By collaborating, communicating, and cooperating with community partners and government entities, along with the advocacy and networking efforts of community leaders, we can bridge gaps in fragmented services and improve access to Long-Term Services and Supports.

In an effort to address the items discussed above, the SCDOA has decided to focus efforts during this state plan period on the following aspects:

- **Accessibility**
Improve access to essential services for older adults, adults living with disabilities, and family caregivers, especially those facing additional barriers, by enhancing service delivery, raising awareness, aligning services with state needs, expanding options, offering services with various cultural and social considerations, providing assistive technologies, and ensuring physical locations are fully accessible.
- **Workforce**
Enhance the support and resources available to the robust workforce surrounding aging individuals, including direct care workers, family caregivers, older workers and job seekers, volunteers, and the staff within the South Carolina Aging Network by creating a comprehensive framework that fosters collaboration, training, and recognition to ensure access to necessary tools, education, and support to thrive in each workforce role.
- **Quality of Life**
Enhance the quality of life for older adults, adults with disabilities, and family caregivers by developing and implementing responsive programs that prioritize client preferences. Develop healthy aging Initiatives that support and promote comprehensive healthy aging initiatives that encourage independence and empower individuals to make choices that suit their unique needs.
- **Safety & Security**
Enhance the safety and security of older adults, adults with disabilities, and their family caregivers by fostering improvements in home and community environments by developing and advocating for community infrastructure, along with programs and services, prioritizing accessibility and safety in public spaces and at home.

South Carolina has been fortunate to receive state support that enhances core services under the Older Americans Act (OAA), helping us achieve our

established goals. Recently, the SCDOA received additional state funding, which has allowed us to expand our Home Stabilization Program. This program now assists with minor home modifications to help older adults age in place. Additionally, we have launched our Dementia Care Specialist Program, which is supported by this funding, enabling us to hire ten Dementia Care Specialists.

Context

Older adults, family caregivers, and individuals living with disabilities represent a significant segment of South Carolina's population, each group possessing distinct needs and required services. As a relatively small state characterized by numerous rural areas and limited resources, South Carolina faces challenges in addressing the evolving needs of its older adult population. Furthermore, the state's appeal as a desirable retirement destination adds to these complexities.

The South Carolina Department on Aging employs various methods to gather data and understand the intricate needs, preferences, and desires of older adults in the state. This analysis incorporates findings from essential assessments, planning initiatives, and evaluations conducted by the state office, regional Area Agencies on Aging (AAAs), and other esteemed partners and organizations. Such efforts include, but are not limited to, the SC4A Needs Assessment, Regional Area Plans and presentations, federal reports such as OAAPS, Statewide Presenting and Unmet Needs data, the annual Senior Day celebration event, and the Live Healthy South Carolina's State Health Assessment Companion Report. The goals, objectives, and strategies outlined in the State Plan on Aging are aligned with insights gleaned from these reports, ongoing monitoring processes, the SCDOA's annual Aging Summit, and regular training sessions with AAA Directors. Below, you can learn about some specific findings.

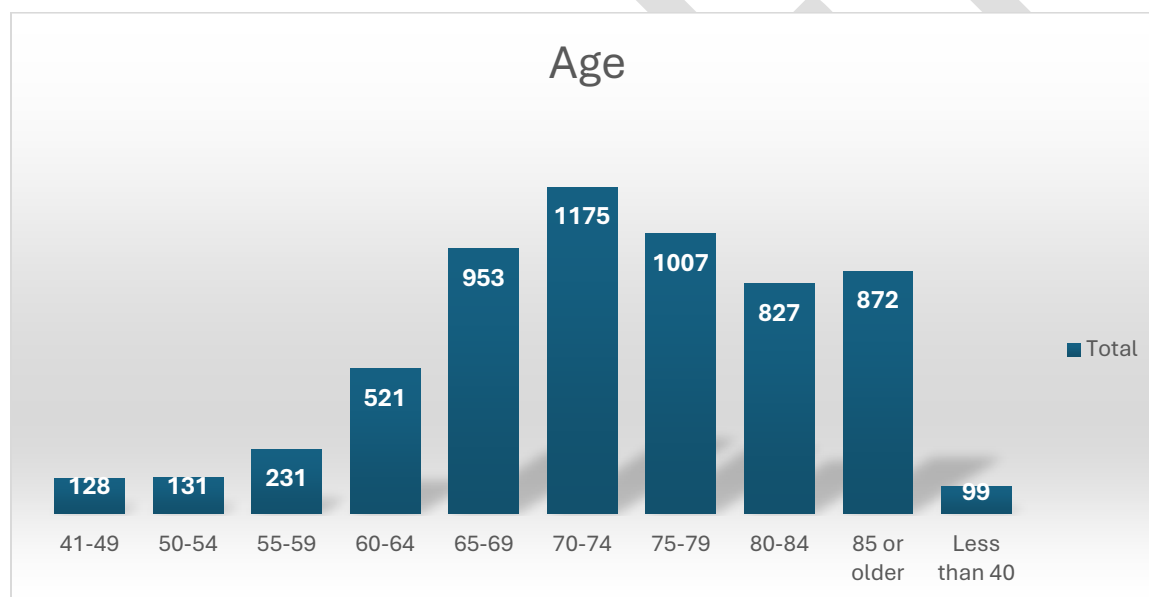
Summary of SC4A 2022 Needs Assessment

The ten regional planning and service areas conducted a comprehensive statewide needs assessment as part of their area plan process. During this assessment, each region employed a uniform survey to collect data, ensuring consistency in understanding the needs of older adults across the state and identifying regional differences. This approach also helps highlight

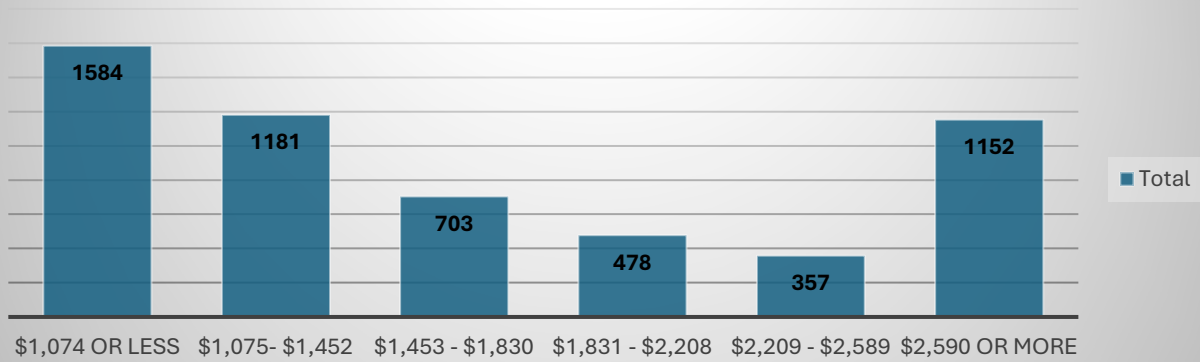
best practices from regions with particularly strong programs, partnerships, or resources that could be replicated in other areas.

For the 2022 Needs Assessment, a total of 5,944 individuals responded. The respondents varied in age from under 40 to over 85, with the largest group being those aged 70-74, accounting for 1,175 responses. The majority of participants reported living alone, with a monthly income of \$1,074 or less, and indicated that they were not currently receiving services from the Area Agency on Aging.

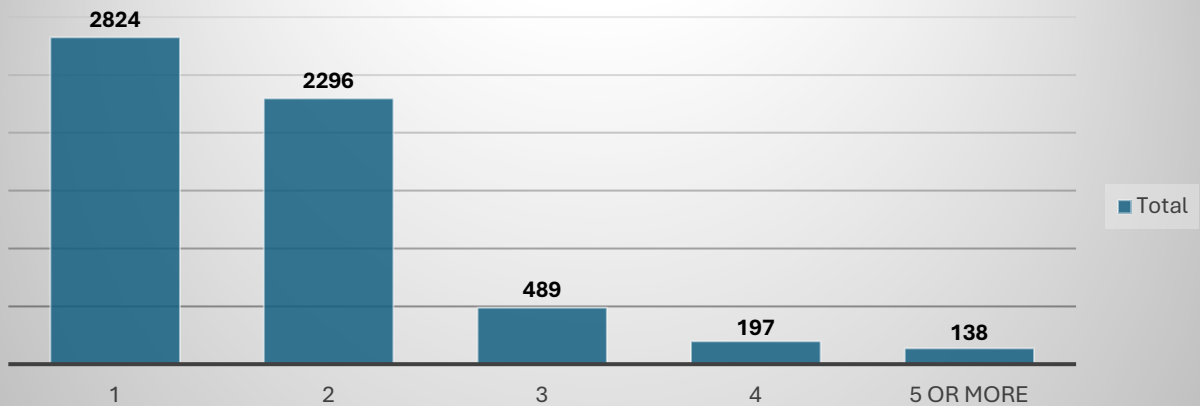
The primary focus of this assessment was to identify factors affecting an individual's ability to live independently at home. The top ten concerns highlighted included worries about falls or accidents, serious pest problems in the home, feelings of loneliness or isolation, anxiety about affording nursing or long-term care if needed, maintaining a clean and safe home or yard, access to exercise, dental care, and necessary home repairs.



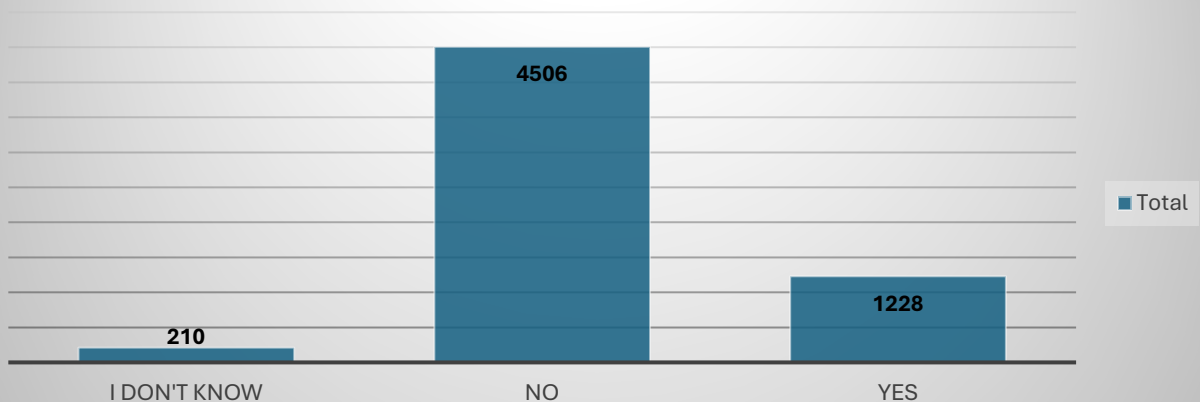
Income



Household Size



Currently Receiving Services from AAA



Reasons that affect your ability to live independently in the home

Reason	Statewide Total
6) I am concerned about falls or other accidents.	2039
25) I have a serious problem with pests in my house (ex: Bed bugs, roaches, fleas, lice, rodents etc.)	1837
2) Sometimes I feel lonely or sad, even isolated.	1499
15) I do not know how I could pay for nursing home care when/if I needed it.	1498
3) I have trouble keeping my home clean.	1409
1) I need to exercise more, but don't know where to start.	1393
16) I cannot afford to pay for dental care.	1327
32) I have no needs or concerns.	1321
23) I am unable to make necessary repairs to my home due to costs.	1264
24) I cannot do my yard work due to physical or medical reasons.	1264
7) It is difficult for me to get to the grocery store, pharmacy and/or medical appointments.	1142
8) I cannot grocery shop or cook much, so home delivered meals would be helpful.	1115
4) It is difficult for me to do my laundry due to lifting, folding, and putting clothes away.	1110
17) I cannot afford to pay for hearing aids.	1038
18) I cannot afford to pay for eyeglasses.	1015
11) I have problems keeping my paperwork in order and sometimes lose things.	916
5) I need assistance with bathing, dressing and toileting.	702
19) I need access to assistive technology (ex: wheelchair, cane, walker etc.)	690
29) I don't have friends, neighbors or others that have a positive influence on my life.	671
12) I have trouble keeping up with paying my bills.	670
13) I have difficulty paying for prescription medicines.	606
22) I struggle keeping warm and cool due to poor insulation, leaky windows, or structural damage.	596
20) I need legal advice but cannot afford it.	558
10) I am unable to read and understand my mail.	535
14) My insurance premium is a struggle to pay monthly.	516
9) Sometimes I do not have enough food to eat.	458
26) I have a mental health issue that sometimes makes it difficult for me to live on my own.	381
21) I need safe and affordable housing.	378
27) I (or someone close to me) have a drug or alcohol problem.	347
30) I am responsible for taking care of a child or children under the age of 18.	305
31) I am taking care of one or more adults over the age of 60.	267
33) Other Needs or Concerns	248
28) I have to deal with challenging family issues that are stressful.	210

Summary of Area Plans and Presentation Themes

Regional area agencies on aging are mandated to develop and submit an area plan for their respective planning and service areas. The South Carolina Department on Aging (SCDOA) has provided an instructional manual aimed at fostering consistency in the requisite information included within these plans. The guidelines emphasize that the intent of the area plan should be to serve as a comprehensive reflection of future initiatives rather than a mere status report documenting achievements from the previous planning period.

Following the submission of these area plans, each region was tasked with conducting a 30-minute presentation to illustrate their findings, outline accomplishments, and delineate future efforts. These presentations were supplemented by a question-and-answer session, which allowed for clarification and constructive dialogue.

Several recurring themes emerged from these presentations, highlighting critical issues faced by the aging network:

1. **Funding:** There are significant concerns regarding the adequacy of funding to meet the multifaceted needs of the aging population, along with the flexibility necessary to adapt to these evolving needs.
2. **Population Growth:** The increasing senior demographic has generated a demand for a broader array of innovative service options.
3. **Sustainability:** There is a pressing need to sustain both the quality of services and the funding required, particularly in light of the rapidly expanding senior population.
4. **Collaboration:** Effective collaboration across the aging network, as well as with public entities, is essential for developing creative solutions to the various challenges encountered by older adults and their caregivers.
5. **Training:** There exists a substantial need for training targeted at both professionals and family caregivers pertaining to aging services and caregiving practices.
6. **Volunteers:** A noted decrease in volunteer participation within the aging network has adversely affected programs and services that are reliant upon volunteer contributions.

7. **Inflation:** Rising costs associated with delivering quality services juxtaposed with fixed funding levels and population growth presents a significant challenge.

8. **Consumer Choice:** The importance of consumer choice and person-centered counseling is emphasized, allowing older adults to select and receive services that align with their personal needs and preferences.

9. **Outreach:** Effective outreach strategies are required to engage hard-to-reach populations, thereby enhancing awareness of available programs and services.

10. **Rural Challenges:** Delivering high-quality services in rural areas is fraught with challenges, primarily due to limited staffing and resource availability.

These themes underscore the complexities faced by the aging network and highlight the need for strategic planning and innovative approaches to enhance service delivery for older adults.

Summary of Presenting Needs and Unmet Needs in South Carolina

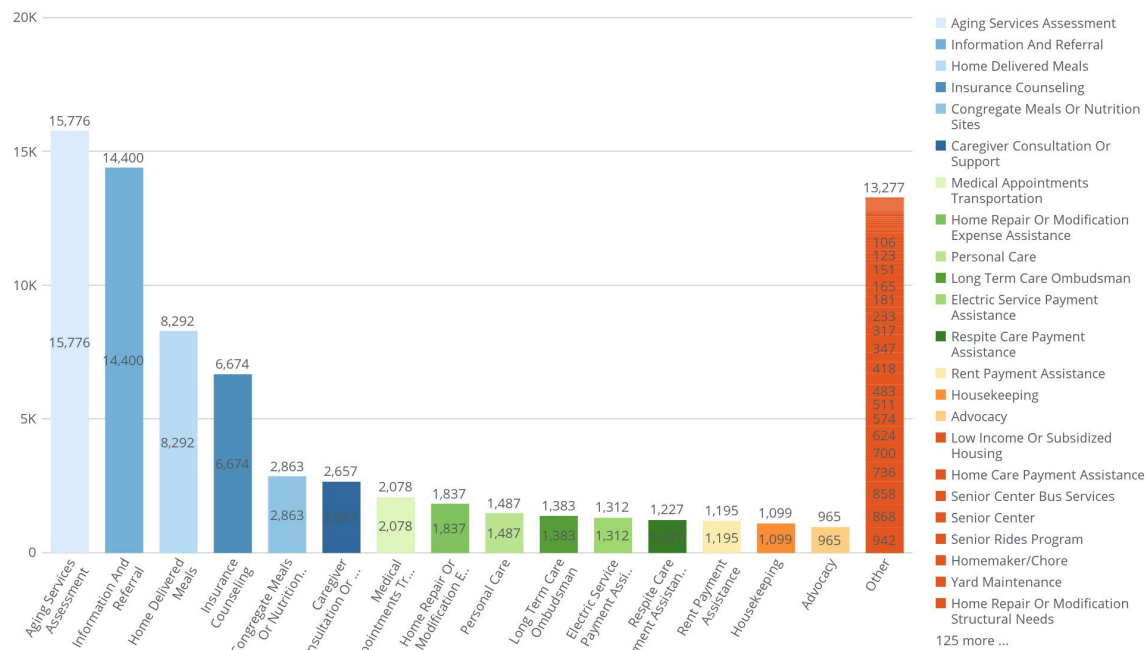
The Area Agencies on Aging (AAAs) systematically document information arising from client interactions, including phone calls and assessments. This process is overseen through the Information and Referral/Assistance program, alongside assessors who conduct evaluations for service eligibility and screening. Requests for services, as well as articulated needs, are categorized using the state's information and referral taxonomy. This taxonomy serves to accurately represent each client's expressed requirements, irrespective of the availability of corresponding referrals or resources. In instances where needs remain unmet, these cases can be reported to identify existing service gaps and direct advocacy efforts towards acquiring additional resources.

For the state fiscal year concluding on June 30, 2024, the predominant presenting needs were aligned with core Older Americans Act (OAA) services, alongside requests for utility and rental assistance. This data underscores public awareness regarding the AAA as a point of contact for essential services such as Insurance Counseling and various programs

including home-delivered meals, congregate meals, medical transportation, as well as personal care or homemaker services.

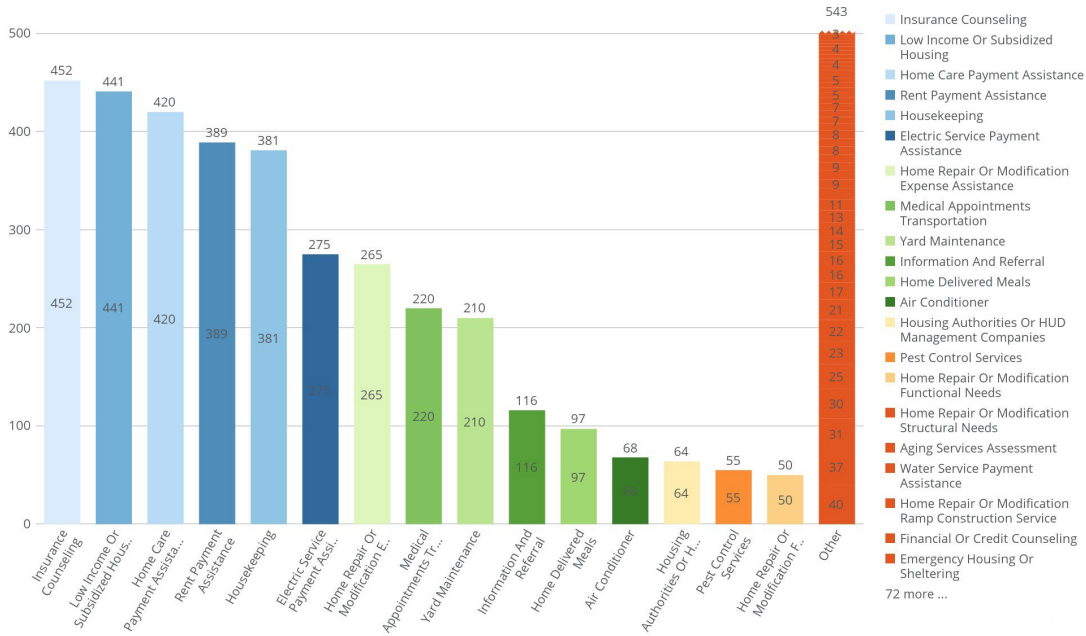
SC ACT SFY24 Top 15 Presenting Needs - Statewide - FY to Date

76,522 Count of Presenting Needs

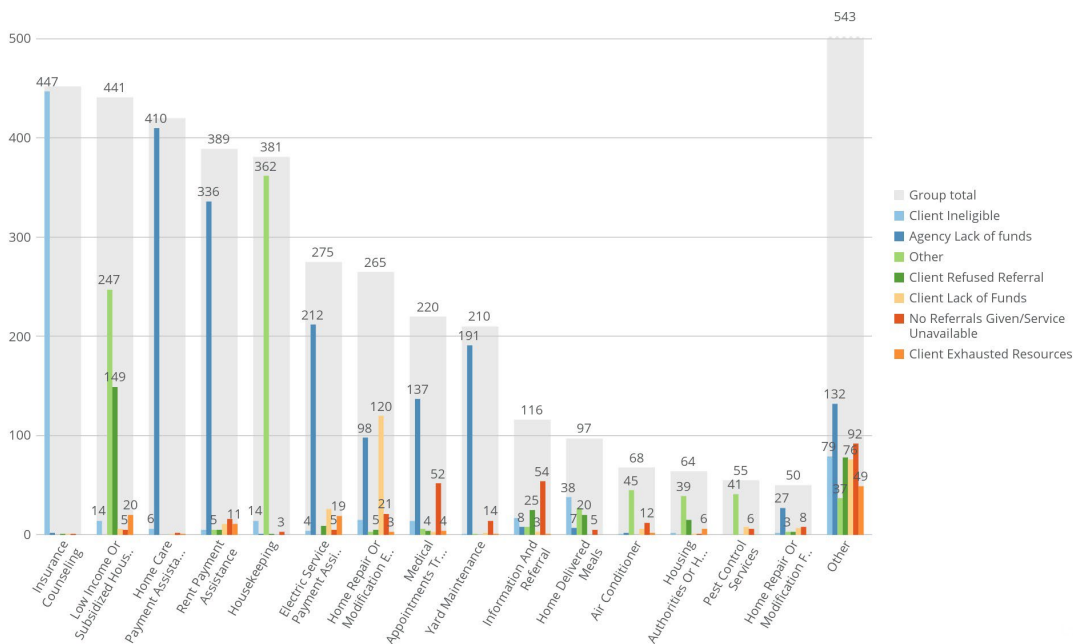


Conversely, the primary unmet needs for the same fiscal year predominantly encompass various housing-related services and transportation. Illustrative data, presented in accompanying charts, delineates the top 15 unmet needs and provides rationale as to why each need is classified as such. For instance, a significant volume of calls received in South Carolina for insurance counseling was noted, with this service emerging as the highest unmet need during the fiscal year. A considerable proportion of these callers were found to be ineligible for Medicare. This insight guides strategic communication to more effectively delineate the target demographic for insurance counseling services and to explore additional resources for insurance counseling not tied to Medicare.

SC ACT SFY24 Top 15 Unmet Needs - Statewide - FY to Date
4,046 Count of Interaction_Id



SC ACT SFY24 Top 15 Unmet Needs with Reasons - Statewide - FY to Date
4,046 Count of Interaction_Id



The findings presented herein, along with supplementary data from referenced resources, serve to inform the South Carolina Department on Aging about the needs and availability of resources for older adults, individuals with disabilities, and family caregivers within the state. During the evaluation of data and the strategic planning process, careful consideration was dedicated to ensuring the alignment of the plan with the needs of older adults in South Carolina, particularly focusing on those experiencing significant economic and social challenges. This demographic includes older adults with income levels at or below the poverty threshold, as well as those facing non-economic barriers, such as physical and mental disabilities, language challenges, and instances of social or geographical isolation. Such isolation may arise from racial or ethnic status, hindering individuals' ability to perform daily tasks or threatening their capacity for independent living. Additional consideration is afforded to older individuals characterized by low income, low-income minority status, limited English proficiency, residency in rural locales, and those at risk for institutional placement.

Summary of Workforce data

Workforce challenges continue to affect the Aging Network across South Carolina. Nationally, the lack of direct care workers is recognized due largely to Medicaid home and community-based programs, nursing homes, and residential care facilities. In South Carolina, the need for home health and personal care aides using Standard Occupational Classifications (SOC Title) is the 14th highest-in-demand occupation from September 2022 to August 2023 (SC Department of Employment and Workforce, Workforce Innovation and Opportunity Act Combined State Plan State Plan Year 2024-2027). In South Carolina, the challenges we face across our traditional aging network is finding workers in the direct care workforce for our home care programs, drivers for transportation, and workers for the congregate and home-delivered meal programs.

Stewardship and Oversight

The South Carolina Department on Aging (SCDOA) implements a comprehensive monitoring and programmatic evaluation framework designed to ensure the efficacy and compliance of its initiatives. This framework encompasses various activities, including Area Agencies on Aging (AAA) monitoring, targeted training sessions, technical assistance, advocacy endeavors, data analysis, and client

prioritization. The insights garnered from these processes, along with updates from the Administration on Community Living (ACL) and recommendations derived from state legislative reviews, serve to inform the agency's policy revisions, procedural updates, and long-term strategic planning.

The SCDOA conducts annual on-site programmatic and fiscal monitoring of each AAA, during which the fiscal manager and program managers engage in direct oversight. These visits are aimed at assessing compliance with established policies, identifying exemplary programmatic successes, and diagnosing challenges that may necessitate technical assistance. Monthly, both fiscal and program teams meticulously review expenditure reports accompanied by payment request forms prior to the disbursement of funds to the AAAs. It is mandated that these payment requests are substantiated by documented service unit entries. Additionally, AAAs are responsible for the oversight of their contracted service providers, ensuring that service unit data is validated before submission of payment requests to the state.

Regularly scheduled training sessions, conducted either monthly or bi-monthly, facilitate collaboration between the State Unit on Aging (SUA) staff and AAA program personnel. These training opportunities are designed to review program access, procedural adherence, and developmental strategies, while also providing a platform for discussion regarding potential modifications to service delivery. Furthermore, programmatic training initiatives encourage regional staff members to exchange success stories and challenges encountered within their respective areas, promoting a collaborative environment for brainstorming and the identification of best practices.

The South Carolina Department on Aging systematically analyzes findings from monitoring visits, desk-top reviews, client prioritization reports, and various data sources to ensure adherence to the stipulations outlined in the Older Americans Act, as well as to state-supported aging programs. The outcomes of these evaluations have significantly informed the SUA program staff's efforts to align with the four strategic pillars of the State Plan, which encompass accessibility, workforce development, quality of life, and safety and security.

2023 5-year ACS - S0101		
1,321,095	60 + Population	
	SC FFY24 OAAPS	
Service	Unique Peopl	% of total pop
Chore	491	0.04%
Congregate Meals	7,232	0.55%
Home Delivered Meal	15,133	1.15%
Homemaker	2,117	0.16%
Legal Assistance	2,828	0.21%
Personal Care	1,042	0.08%
Total Unique Clients	21,796	1.65%

2023 5-year ACS - S0101		
90,837	85 + Population	
	SC FFY24 OAAPS	
Service	Unique People	% of total population
Chore	103	0.11%
Congregate Meals	1,304	1.44%
Home Delivered Meal	3,842	4.23%
Homemaker	672	0.74%
Legal Assistance	126	0.14%
Personal Care	357	0.39%

2023 5-year ACS - S0101		Percent of Populatio	
148,462	60 + Population Below FPL	Below FPL	
	SC FFY24 OAAPS	11.24%	
Service	Unique People Served	People below	% of total populatio
Chore	491	178	36.25%
Congregate Meals	7,232	3,090	42.73%
Home Delivered Meal	15,133	6,729	44.47%
Homemaker	2,117	787	37.18%
Legal Assistance	2,828	877	31.01%
Personal Care	1,042	424	40.69%
Total Unique Clients	21,796	10,157	46.60%

2023 5-year ACS - S0101		Percent of Populatio	
	60 + Population Minority	Minority	
	SC FFY24 OAAPS	36.10%	
Service	Unique People Served	People Minority	% of total populatio
Chore	491	256	52.14%
Congregate Meals	7,232	4,292	59.35%
Home Delivered Meal	15,133	7,109	46.98%
Homemaker	2,117	926	43.74%
Legal Assistance	2,828	1,196	42.29%
Personal Care	1,042	544	52.21%
Total Unique Clients	21,796	11,896	54.58%

		Percent of client who have 3+ ADLs	
	SC FFY24 OAAPS		
Service	Unique People Served	3+ ADLs	% of total populatio
Chore	491	69	14.05%
Congregate Meals	7,232	165	2.28%
Home Delivered Meal	15,133	2,907	19.21%
Homemaker	2,117	545	25.74%
Legal Assistance	2,828	26	0.92%
Personal Care	1,042	579	55.57%
Total Unique Clients	21,796	3,457	15.86%

Supportive Services

Information & Referral/Assistance and Outreach

The dissemination of information regarding available services within the community and across the state is of paramount importance in addressing the needs of varied populations. The Information and Referral/Assistance (I&R/A) Specialist, trained in various resource navigation strategies, provides invaluable support by articulating options that enable individuals to make informed decisions.

A critical facet of mitigating service gaps not encompassed by South Carolina Department on Aging (SCDOA) funding and aging services is the establishment of external partnerships aimed at addressing the needs of individuals on waiting lists across a myriad of services and programs. Implementing effective outreach methodologies can significantly enhance service delivery and accessibility.

Over the past five years, SCDOA has documented trends in the realm of unmet needs, consistently identifying utility assistance and affordable housing among the top ten critical concerns within the state.

Through collaborative efforts with external partners, Area Agencies on Aging (AAAs) can function as vital intermediaries for utility companies, ensuring that at-risk communities retain resilience, safety, and equitable access to essential services, particularly during power outages. Utility companies offer programs designed to assist low-income individuals and those in need of emergency crisis prevention support. Data indicates that the demand for utility assistance persists as one of the largest unmet needs in our communities. By cultivating strategic partnerships, we can systematically address this pervasive issue. For three consecutive years, utility assistance has been highlighted among the top ten unmet needs, underscoring the necessity for enhanced collaboration with utility providers statewide.

As South Carolina increasingly establishes itself as a desirable retirement destination, the existing housing options for seniors have not kept pace with the burgeoning influx of retirees. As housing concerns are noted in presenting and unmet needs reports, the I&R/A program has been able to bolster efforts with data in SCDOA's request for additional state support and grant opportunities for a home stabilization program, enhancing the current minor home repair program. SCDOA will continue to track housing-related trends to advocate for affordable housing and safe accommodations within an older adult's home.

Collaboration among community partners and governmental agencies, coupled with advocacy and networking efforts from community leaders, is critical for addressing the fragmentation of services and enhancing access to Long-Term Services and Supports (LTSS). The transformation of community centers and the training of adult day center providers to function as resource hubs play a pivotal role in amplifying the effectiveness of Information and Referral Assistance (IR&A). This approach facilitates direct, in-person connections and encourages the development of collaborative partnerships within the community.

Furthermore, the systematic collection of demographic data is essential for gaining insights into the needs of distinct groups, the services they receive, and the efficacy of our support systems tailored to various populations within the state.

Investing in and expanding outreach programs for Area Agencies on Aging (AAA) is vital to improving service delivery, increasing utilization, and raising awareness across the state. It is imperative to employ clear language and culturally competent messaging to ensure that all resources adhere to the standards established by the Americans with Disabilities Act. Additionally, public communications should be devoid of abbreviations and acronyms to preserve clarity and accessibility for all audiences.

With 46 counties in the state, of which 25 are classified as rural (accounting for 54% of the total), the primary objective is to ensure consistent engagement with each county on a quarterly basis. This strategy aims to promote educational initiatives, enhance organizational visibility, and foster trust and collaboration within communities across the state. By adopting this regular outreach approach, we seek to strengthen local partnerships and facilitate sustainable development.

Person-Centered Approach

Person-centered planning fundamentally recognizes the individual goals, preferences, and needs of each person when facilitating access to home and community-based services. It is imperative that older adults, family caregivers, and individuals with disabilities have a voice in the determination of when, where, and how these services are delivered. In July 2022, the South Carolina Department on Aging (SCDOA) received a Long-Term Supports and Services (LTSS) grant aimed at establishing the state's inaugural No Wrong Door (NWD) System. This initiative seeks to dismantle existing barriers among state agencies in South Carolina, thereby enhancing the experience for older adults, family caregivers, and those living with disabilities as they navigate LTSS.

To address the substantial increase in the older adult population, South Carolina will implement several strategic actions, including:

- Promote and expand Older Americans Act (OAA) and state home and community-based services. This expansion aims to align service delivery with the needs and preferences articulated by older adults, family caregivers, and individuals with disabilities, as identified in the Area Agencies on Aging (AAAs) needs assessment.

- Provide ongoing person-centered training for staff within the AAA and State Unit on Aging (SUA) over the next three years to enhance their competencies in delivering tailored services.
- Engage the Long-Term Care Council (LTCC) to provide guidance and assistance for South Carolina's No Wrong Door System.

Through these initiatives, South Carolina aims to foster a more integrated and accessible support system for its aging population and those who assist them.

Transportation

In November 2024, the South Carolina Department on Aging (SCDOA) convened its second annual Aging Summit, "Aging Reimagined", which brought together Area Agencies on Aging (AAAs) and their associated service providers. A central component of this summit involved gathering insights from participants regarding the needs of older adults within South Carolina. The predominant need identified was transportation, which has emerged as a critical issue for older adults seeking to maintain their independence and ability to reside in their own homes.

Over the past five years, South Carolina's AAAs have responded to this need by enhancing transportation services. Historically, many AAAs primarily funded transportation for congregate meal services. However, through comprehensive Needs Assessments conducted by the AAAs, transportation emerged as a top priority for facilitating older adults' ability to live independently. In response, many AAAs have expanded their transportation offerings, now including medical transportation, essential transportation, and assisted transportation, in addition to continuing to provide congregate meal transportation.

Notably, two AAAs leveraged American Rescue Plan (ARP) funds to expand transportation options within their respective regions.

The Waccamaw Area Agency on Aging, which serves Georgetown, Horry, and Williamsburg counties, developed an innovative ride-share program. By employing mobility managers, the AAA assists older adults in securing transportation for essential medical appointments. The program includes collaborations with various ride-share services, Title XIX Medicaid providers, and traditional transportation service providers. By eliminating fixed contracts and mileage rates, the Agency instituted a consumer choice program that allocates a per-month spending limit for each client and fosters new partnerships to effectively address transportation needs.

Simultaneously, the Trident Area Agency on Aging, servicing Charleston, Berkeley, and Dorchester counties, utilized ARP funding to enhance stretcher transportation services. This initiative was driven by significant demand identified by the AAA, highlighting the necessity for specialized transportation solutions within the aging community.

Minor Home Repair and Home Stabilization

The aging population in South Carolina is experiencing significant growth, with projections from the U.S. Census Bureau indicating that the demographic of older adults, including the "Baby Boomer" generation, is expected to increase from 19.7% in 2012 to 37% by 2030. As older adults advance in age, they encounter a myriad of physical, mental, environmental, and financial challenges that can adversely impact their safety and independence. These challenges often manifest as changes in health status, income, and, critically, an elevated risk of falls.

According to data from the South Carolina Department of Public Health (DPH), falls constituted the leading cause of unintentional injury deaths among individuals aged 65 and older from 2012 to 2017. This alarming trend underscores the urgency of addressing the factors contributing to falls among this population. Consequently, many older adults may find it untenable to maintain their households following health-related changes. For those who are on a fixed income and lack the financial resources necessary for home repairs, the risk is compounded, often forcing them to relocate to nursing homes, live with family members, or remain in unsafe living environments.

The Centers for Disease Control and Prevention (CDC) emphasizes that both fatal and non-fatal falls incur substantial economic costs for the state of South Carolina, estimating expenditures of approximately \$671 million that encompass Medicare, Medicaid, and private or out-of-pocket expenses.

In response to these challenges, the Older Americans Act (OAA) Title III-B Supportive Services program provides crucial funding for home modification and repair services. Specifically, the Minor Home Repair Program is designed to assist older adults aged 60 and older in making necessary modifications to their owner-occupied homes. In collaboration with ten Area Agencies on Aging (AAA) throughout the state, the program aims to facilitate minor home repairs that enable older adults to continue living in their communities safely and independently, often referred to as "aging in place."

Minor home repairs can encompass a variety of modifications aimed at enhancing safety and accessibility, including the installation of grab bars in

showers and near toilets, improving lighting in dimly lit areas, adding stair railings, and constructing exterior ramps, among other interventions. These measures are pivotal in mitigating fall risks and supporting the sustained independence of South Carolina's older adult population.

In 2021, the South Carolina Department on Aging (SCDOA) was awarded the Older Adult Home Modification Program (OAHMP) grant through the Department of Housing and Urban Development (HUD). This funding initiative aimed to provide accessible and cost-effective home modifications for low-income older adults residing in 29 of South Carolina's 46 rural counties. The expansion of minor home repair programs to at least six Area Agencies on Aging throughout the state reflects a significant commitment to enhancing the living conditions of this demographic.

The spectrum of repairs facilitated by the program encompassed both functional and structural modifications critical for increasing the accessibility and safety of the home environment. Functional modifications could include the installation of grab bars, raised toilet seats, and ramps designed to aid clients with restricted mobility. Structural repairs address essential elements of the home's integrity, encompassing necessary floor and roof repairs.

The overarching vision of the program prioritizes individuals facing challenges in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), which include bathing, dressing, transferring, and meal preparation, thus facilitating greater independence. Occupational therapists collaborating within the minor home repair framework employ a person-centered approach, equipping older adults with strategies aimed at mitigating environmental hazards and providing education on fall prevention.

A critical aspect of the program is the assessment of fall risk among older adults. The Centers for Disease Control and Prevention (CDC) initiative, "Stopping Elderly Accidents, Deaths, & Injuries" (STEADI), offers valuable resources for fall prevention, including a structured questionnaire to identify individual fall risk. During the Area Agency on Aging (AAA) assessment process, older adults are encouraged to self-report any falls experienced within the past year, the frequency of such incidents, and any existing fear of falling. By integrating information related to ADLs, IADLs, and fall risk, aging services personnel are better equipped to assess the needs of older adults, thereby enhancing safety and well-being within their home environments.

The American Association of Retired Persons (AARP) reports that 77% of individuals over the age of 50 express a preference for aging in place within

their own homes. As the demographic of older adults continues to increase in South Carolina, the demand for accessible home repair programs has become increasingly urgent. Research indicates that such programs not only mitigate the risk of falls among this population but also contribute to a reduction in state expenditures. Most critically, they serve to enhance both the safety and overall quality of life for older adults.

Healthy Living and Active Aging

Participation in activities that promote physical, mental, and cognitive health, along with ensuring access to affordable and nutritious food, is essential for the overall health and well-being of older adults in South Carolina and their caregivers.

The aging process significantly elevates the risk of developing chronic diseases, including heart disease, cancer, stroke, hypertension, and diabetes. Specifically, arthritis is a prevalent condition that can severely restrict daily activities and independence, and it may also adversely affect mental health. In South Carolina, arthritis has emerged as a primary health concern, with over half of adults aged 65 and older reporting a diagnosis of this condition.

Furthermore, there exists a substantial correlation between social isolation and loneliness with an increased likelihood of chronic diseases, obesity, depression, diminished cognitive function, and dementia among individuals lacking social connections.

To effectively address these issues, the development of assorted programming through partnership building and collaborative initiatives is imperative. Such efforts can enhance opportunities for older adults to adopt healthier behaviors and foster robust social connections, ultimately contributing to longer and more fulfilling lives.

Nutrition

Nutrition serves as a fundamental pillar of dignity and is a basic human right. Access to affordable, healthy, and nutrient-dense food is crucial for enhancing food security among older adults, effectively preventing or managing chronic conditions, and fostering mobility that supports healthy aging. Research indicates that older adults experiencing food insecurity tend to have lower nutrient intake, exhibit poorer overall health, and face a heightened risk of malnutrition and falls.

In South Carolina, the rate of senior food insecurity stands at 10.4%, placing it among the top ten states with the highest prevalence, compared to the national average of 7.1% (Feeding America: The State of Senior Hunger in 2021). Disproportionately affected are Black and Latino populations, as well as individuals residing in rural counties, who are more prone to experiencing food insecurity.

Moreover, it is estimated that one in two older adults is at risk for malnutrition. This condition has emerged as a significant health concern, correlated with increased morbidity, mortality, and physical decline. Such deterioration has acute implications for activities of daily living and fundamentally disrupts the quality of life for older adults.

Title III-C Overview

The Senior Nutrition Program is designed to mitigate hunger, food insecurity, and malnutrition among older adults, while concurrently promoting social engagement, overall health, and the delay of adverse health outcomes.

A systematic and statewide standardized methodology for identifying and addressing food insecurity and malnutrition in older adults is essential. This approach necessitates the collaboration and active participation of the Aging Network, state agencies, collaborative partners, and stakeholders, which together serve as foundational elements in the establishment of effective intervention pathways.

Screen: In October 2021, the South Carolina Department of Aging (SCDOA) integrated screening instruments into its client assessment protocols to identify risks associated with food insecurity and malnutrition. These instruments operate in conjunction with the DETERMINE questionnaire, which investigates the underlying factors contributing to nutritional risk.

The Malnutrition Screening Tool, a validated assessment instrument, specifically targets unintentional weight loss and diminished appetite as indicators of malnutrition risk. The overarching goal of this approach is to adopt a holistic, person-centered methodology aimed at enhancing nutritional status. This framework prioritizes the identification of individual client needs, in contrast to a traditional assessment process that focuses solely on eligibility for specific services.

Resources/Referrals: The factors contributing to food insecurity and malnutrition are often multifaceted, necessitating a thorough

examination of referral processes by the South Carolina Department of Aging (SCDOA) nutrition team. This review should encompass educational and counseling programs, federal nutrition assistance initiatives such as the Supplemental Nutrition Assistance Program (SNAP), and USDA food distribution initiatives like the Commodity Supplemental Food Program. A critical component of addressing nutritional needs involves connecting clients with prepared meal options through the Older Americans Act Senior Nutrition Program, which offers both congregate and home-delivered meal services.

The Senior Nutrition Program serves as an entry point to a broader spectrum of services offered under the Older Americans Act, supplying essential economic and social supports aimed at enhancing stability for older adults. Numerous Area Agencies on Aging and their local service providers collaborate or directly furnish additional resources, including food pantries and organizations such as FoodShareSC, the Pick 42 Foundation, and Lowcountry Street Grocery. These partnerships enhance nutritional support systems, extending beyond mere meal provision to foster comprehensive food security solutions.

Education/Awareness: Annually, the South Carolina Department on Aging (SCDOA) distributes a Nutrition Education Guide to the Aging Network. This guide outlines a portfolio of reputable resources and state entities designed to assist in providing nutrition education for participants in senior nutrition programs. Key partnerships include the statewide SNAP-Ed, Clemson Extension, and the Iowa Department of Health's SNAP-Ed Fresh Conversations Newsletter.

In September 2024, SCDOA launched "Nourish to Flourish SC," a social media toolkit intended for use by the Aging Network and its partners to raise awareness about senior malnutrition. While this launch was coordinated with Malnutrition Awareness Week, this initiative will continue as a strategic priority through SCDOA's collaborative partnership with Healthy Palmetto, a coalition of organizations focused on promoting healthy and active living as part of the Live Healthy SC State Health Improvement Plan.

Nutrition Consultation: Additionally, the SCDOA recognizes the importance of Nutrition Consultation. Medical Nutrition Therapy (MNT) involves evidence-based, individualized nutrition counseling conducted by a Registered Dietitian. Over the next three years, SCDOA will explore potential pathways to enhance nutritional counseling services.

Food is Medicine

The South Carolina Department on Aging serves on the Healthy Palmetto Leadership Council, the state coalition of organizations that collectively addresses healthy eating, active living, and healthy weight for the Live Healthy SC State Health Improvement Plan. As a lead partner, the SCDOA is prioritizing focus on increasing the reach of nutrition supports for seniors and exploring how Food is Medicine interventions may complement the Older Americans Act Senior Nutrition Program.

Meal Preferences and Cultural Considerations

In April 2020, the SCDOA conducted an open-ended survey within the Aging Network to gather insights regarding the immediate and future needs of the Senior Nutrition Program. The COVID-19 pandemic underscored the importance of broadening meal options to reflect individual preferences, increasing variety, exploring innovative service delivery models, forging restaurant partnerships, and establishing salad bar programs, all while integrating technology. Based on the findings from the survey responses, a three-step pathway to innovation was developed.



1. Developed a meal pattern approach to ensure compliance with the 1/3 Dietary Reference Intake (DRI) and Dietary Guidelines for Americans (DGAs) in menu planning, thereby enhancing menu options and promoting greater choice and flexibility.

2. Exploration through pilot projects includes:
 - a. Central Midlands Area Agency on Aging/Richland County/Senior Resources, Inc: The Lunch Bunch "pop-up" congregate dining site, allowing group dining participants to gather in a private restaurant setting and select their meals from an approved menu.
 - b. Waccamaw Area Agency on Aging/Horry County: The "Energizers and Table Talkers" restaurant voucher program, which employs technology and pre-filled swipe cards for participants to choose from hot and cold bar selections available on an approved menu.
3. Additionally, development of guides and toolkits for the Aging Network for replication includes the SCDOA Restaurant Partnership Guide, Restaurant Partnership Proposal, and the SCDOA Salad Bar Program Guide.

Senior Centers

Senior centers serve as the community's "village square," acting as resource hubs that offer a wide array of activities, volunteer opportunities, and programs designed to enhance the health and wellness of older adults while fostering social connections. Many senior centers in South Carolina cater to multiple generations, and their programs are continually evolving to meet the distinct needs of the communities they serve. The South Carolina Department of Aging (SCDOA) provides Senior Center Permanent Improvement Project grants, funded by state Bingo tax revenues, to support renovation and expansion initiatives, as well as to facilitate site innovation and modernization.

Evidenced-Based Programs

Evidence-based health promotion and disease prevention programs are available throughout the state, offering older adults opportunities to enhance chronic disease management, improve functional abilities, manage symptoms, and elevate their quality of life. These programs are primarily delivered at senior centers, group dining sites, and recreation centers, fostering community social connections.

Some of the popular offerings include the National Diabetes Prevention Program, Bingocize (focused on falls prevention), Geri-Fit (strength building for those with arthritis), and EnhanceFitness (also aimed at falls prevention). The Aging Network collaborates with external organizations, such as Clemson Extension for the Hypertension Management Program and the SC Department of Public Health SNAP-Ed, alongside the Clemson Youth Learning

Institute SNAP-Ed, to facilitate the Walk with Ease program (designed for arthritis).

The South Carolina Department on Aging (SCDOA) oversees the Evidence-Based Health Promotion and Disease Prevention website, providing technical assistance to the Aging Network.

Social Connection

Addressing social isolation and loneliness among older adults is a key focus for the state. South Carolina currently ranks 23rd in terms of risk for social isolation among older adults. This index assesses vulnerability based on several risk factors, including living in poverty, residing alone, being divorced, separated, or widowed, never having been married, experiencing a disability, and facing challenges with independent living, for individuals aged 65 and older (America's Health Rankings: Risk of Social Isolation – Age 65+ by state).

In collaboration with the Institute of Medicine and Public Health, the South Carolina Department on Aging (SCDOA) brought together state experts and individuals with lived experiences to develop targeted recommendations for reducing social isolation in older adults. The Social Isolation in Older Adults Taskforce was launched in October 2022 and concluded with the final report in June 2023, titled "Addressing Social Isolation in Older Adults as a Determinant of Health." Among the initiatives championed by SCDOA are: 1) a modification to Proviso 40.5 to include "programs to promote social connection" as permissible expenditures for Home and Community Based Services (HCBS) state funds, and 2) the establishment of a social connection page and accompanying resources on the GetCareSC website.

Caregiving and Dementia Resources

Family Caregiver

The demographic landscape of South Carolina is experiencing a notable increase in the population of older adults, a trend resulting from both the aging of individuals in place and the influx of those selecting South Carolina as their retirement destination. In response to this demographic shift, it is essential for the state to enhance service delivery systems, elevate public awareness, assess specific state needs, align services with those identified needs, and dismantle barriers to access for older adults, individuals with disabilities, and family caregivers.

Current estimates suggest that approximately one in four adults in South Carolina serves as a family caregiver. The responsibilities undertaken by

these caregivers are multifaceted and often reflect the unique circumstances of the individuals they assist. Despite shouldering considerable responsibilities, family caregivers frequently encounter challenges stemming from a lack of resources and support. These caregivers constitute a critical support network, yet many remain uninformed regarding the tools, guidance, and resources necessary for effective caregiving. Given the increasing demand for essential services, it is imperative to enhance access to vital resources, improve service delivery frameworks, and cultivate more inclusive programs that prioritize the varied needs of both care recipients and their caregivers.

The implementation of a "No Wrong Door" approach is essential to improving the coordination and collaboration of services within South Carolina. By fostering collaborative efforts, exemplified by the "No Wrong Door" model, the state can enhance the support infrastructure for family caregivers. Such initiatives will ensure that older adults, individuals with disabilities, and their family caregivers are granted access to essential services. The state has the opportunity to take a leadership role by aligning existing services with community needs, raising awareness concerning the critical role of family caregivers, and expanding educational initiatives regarding available resources. Augmenting communication between agencies, caregivers, and service providers will contribute to the timely and effective delivery of assistance.

Furthermore, supporting the varied workforce that engages with aging populations represents another crucial aspect of this initiative. This workforce encompasses direct care workers, volunteers, older workers, and job seekers, alongside the invaluable contributions of family caregivers. It is vital that these individuals receive access to appropriate training, educational resources, and equitable compensation reflective of their essential roles in the caregiving ecosystem.

In addition, one of the most effective ways to enhance the quality of life for both caregivers and their loved ones is by adopting a person-centered approach that prioritizes individual preferences. Each individual is unique, and a one-size-fits-all strategy in caregiving will never adequately address the mixed needs of the aging population. By ensuring that programs are flexible and tailored to the specific requirements of individuals, family caregivers can feel empowered to provide the best possible care while also safeguarding their own well-being.

Enhancing the safety and security of older adults and their caregivers is equally crucial. Many caregivers are responsible for managing their loved

ones' daily health and safety, making access to well-maintained homes, community support, and emergency services essential. By promoting improvements in home and community environments, South Carolina can help create safer, more supportive spaces for individuals to live in and for family caregivers to thrive in their roles.

Through these combined efforts, we can enhance the lives of older adults and individuals with disabilities while strengthening the support network for their caregivers. By prioritizing better access to services, enhancing workforce support, developing responsive programs, and fostering safe, secure environments, South Carolina can build a future where every individual—whether a caregiver, direct care worker, or older adult—has the resources and support necessary to live with dignity, comfort, and independence.

Dementia Care Specialists

According to the USC Office for the Study of Aging's South Carolina Alzheimer's Disease Registry, there are currently 125,538 residents in South Carolina living with a dementia diagnosis. Furthermore, the Alzheimer's Association Facts & Figures report indicates that at least 219,000 residents in the state are caregivers for those affected.

Receiving a suspicion or diagnosis of dementia can be incredibly overwhelming for families. In 2022, the South Carolina Department on Aging recognized the urgent need for additional support for families navigating the complexities of this condition. As a response, the state hired its first Dementia Care Specialist (DCS) using funds from a two-year federal grant. Through research, collaboration, and grassroots initiatives, a formal Dementia Care Specialist Program was established. Subsequently, the South Carolina State Legislature allocated ongoing funding to expand the program by adding nine more Dementia Care Specialists, thereby ensuring one in each of the South Carolina Department on Aging's ten planning and service areas. This initiative allows for tailored support to residents who suspect or have received a dementia diagnosis, as well as their family caregivers, relatives, and communities.

In South Carolina ([USC SC Alzheimer's Disease Registry](#)):

- 11% of residents ages 65+ are living with a dementia diagnosis.
- 56% of residents ages 85+ are living with a dementia diagnosis.
- 70% of SC residents diagnosed with dementia live in a community setting.

Over the upcoming three years, the South Carolina Department on Aging plans to complete the recruitment of the remaining Dementia Care Specialists for each designated planning and service area. This initiative aims to augment local resources and further develop training opportunities for individuals impacted by dementia-related diagnoses. Through the establishment of this specialized team, the department seeks to enhance the overall quality of care and support available to affected individuals and their families.

Long Term Care Ombudsman

The Long-Term Care Ombudsman Program (LTCOP) functions as an essential advocate for individuals residing in long-term care environments, including nursing homes, assisted living facilities, and facilities operated by the South Carolina Department of Behavioral Health and Developmental Disabilities. This program operates under the auspices of the Older Americans Act and in alignment with the South Carolina State Code of Laws, specifically Title 43, Chapters 35 and 38. The LTCOP is authorized to investigate complaints and advocate for enhancements within long-term care facilities, reflecting its commitment to promoting dignity, respect, and protection for some of the state's most vulnerable populations.

The vision of the LTCOP is to cultivate an environment in which individuals in long-term care facilities experience a profound sense of dignity and respect, as well as the comprehensive protection of their rights. Its mission emphasizes a steadfast dedication to empowering residents, addressing issues, and advocating for high-quality care, particularly in the context of mitigating elder abuse, neglect, and exploitation through effective partnerships and educational initiatives.

Core components of the strategic plan of the Long-Term Care Ombudsman Program include an unwavering focus on quality of care, resident rights, and the prevention of elder abuse, neglect, and exploitation. Representatives of the program engage rigorously in educational endeavors aimed at empowering residents and their families, while concurrently investigating and resolving complaints. Employing person-centered strategies, program representatives address the distinctive needs, preferences, and circumstances of each resident.

To bolster its efficacy, the Ombudsman Program collaborates with a range of state agencies, encompassing the Department of Health and Human Services (DHHS), the Department of Social Services (DSS), the Department of Public Health (DPH), the South Carolina Attorney General's Office

(particularly the Vulnerable Adults and Medicaid Provider Fraud Unit), healthcare providers, law enforcement, and community organizations. These collaborative partnerships enhance the program's ability to respond to and prevent instances of abuse, while simultaneously supporting and advocating for the provision of quality care. Additionally, the expansion of Title III and Title VII services is deemed crucial, as it guarantees that residents receive education, advocacy, and person-centered service delivery.

The management of funding allocations is conducted with strategic oversight to ensure transparency and efficacy. The state agency collaborates with the State Long-Term Care Ombudsman to appropriately direct Title III and VII funds towards both administrative operations and services designed to advocate for and protect residents, while also educating the broader community.

To enhance the visibility and accessibility of the program, the Ombudsman office conducts quarterly visits to long-term care facilities. A primary objective remains the facilitation of confidential avenues through which residents can report concerns and access resources to safeguard their rights. Furthermore, the program's impact is amplified through community outreach and education initiatives, fostering a robust framework for advocacy and support within the long-term care context.

Workforce development stands as a fundamental pillar of the strategic plan. Comprehensive training for staff and volunteers equips the Ombudsman team with the essential knowledge and skills to effectively address residents' concerns. Our recruitment efforts are focused on building a varied network of volunteers, thereby extending the program's reach.

The program's advocacy initiatives aim to enhance residents' quality of life by ensuring their voices are represented in policy discussions and supporting the establishment of resident and family councils. Through these efforts, we strive to advocate for improvements in care and cultivate stronger, more supportive communities within long-term care environments.

Safety and security initiatives prioritize the prevention of elder abuse, neglect, and exploitation. We provide educational programs to residents, families, and caregivers, increasing awareness of these critical issues. Collaborations with local agencies further strengthen support systems and intervention networks.

The Long-Term Care Ombudsman Program is steadfast in its mission to protect individuals residing in long-term care settings.

Title III/VI Coordination

In 1978, the Older Americans Act was amended to incorporate Title VI, thereby establishing programs dedicated to the provision of nutrition and supportive services specifically for Native Americans, which encompasses American Indians, Alaska Natives, and Native Hawaiians. A significant expansion of these services occurred in 2000, which included the introduction of caregiver support services.

In the context of South Carolina, there exists one federally recognized tribe situated within a Planning Service Area (PSA), specifically Region 3, that receives Title VI funding. The Catawba Indian Nation is recognized as the only federally acknowledged Indian tribe within the state. Collaboration is underway between the South Carolina Department on Aging (SCDOA) and the Catawba Area Agency on Aging—the designated PSA for this tribe—to forge and sustain a relationship with the Catawba Indian Nation. This partnership focuses on outreach initiatives, information dissemination, and the identification of unmet needs among tribal elders, with the aim of ensuring access to comprehensive services, including nutrition, supportive services, and family caregiver support.

The Older Americans Act (OAA) stipulates that Title III and Title VI programs must synchronize their services, particularly in geographic areas where both programs are operational. Recent updates to the final rules have introduced revisions that delineate explicit expectations for the coordination of services between Title III and Title VI initiatives.

According to estimates from the U.S. Census Bureau, as of July 1, 2024, South Carolina's population is projected to reach 5,478,831, with American Indians and Alaska Natives comprising approximately 0.6 percent of this population. Furthermore, it is anticipated that the older adult demographic, which includes the “Baby Boomer” generation, will experience a significant growth from 19.7 percent in 2012 to an estimated 37 percent by 2030. This demographic shift suggests that the population of American Indians and Alaska Natives in South Carolina will consequently increase, necessitating a responsive approach to their service needs.

Among the 573 federally recognized tribes in the United States, the Catawba Indian Nation holds the distinction of being the sole tribe located within the state of South Carolina. The contemporary tribal lands of the Catawba Indian Nation are situated in York County, South Carolina, with an enrollment exceeding 3,300 members.

Significantly, on February 5, 2025, a Historic Alliance was formalized through the signing of an agreement with state-recognized tribes in South Carolina. This event marked a watershed moment in the history of the state, as it represented the first official collaboration among Native American tribes aimed at mutual support and advancement of their citizens, underscored by the endorsement of the state's Governor. This initiative illustrates a progressive step toward fostering intertribal solidarity and enhancing the welfare of Native American communities within South Carolina.

As a result of this signing, the new Tribal Alliance of South Carolina Nations Organization was formed. The Tribes of this alliance include:

- **Catawba Indian Nation**
- Edisto Natchez-Kusso
- Beaver Creek Indians
- Pee Dee Indian Tribe
- Santee Indian Organization
- Piedmont American Indian Association Lower Eastern Cherokee Nation
- Sumter Tribe of Cheraw Indians
- The Waccamaw Indian People
- The Wassamasaw Tribe of Varnertown

The South Carolina Department on Aging (SCDOA) is poised to engage in collaborative efforts not only with the Catawba Indian Nation but also with state-recognized tribes. To address the specific needs of Native American elders effectively, the SCDOA has proposed the appointment of a Title VI Coordinator. This role is essential for improving the synergy between Title III and Title VI programs. The Title VI Coordinator will be tasked with fostering relationships with all tribes located within South Carolina and providing technical assistance regarding the application process for available Title III funding. Furthermore, the updated final rule delineates that coordination responsibilities extend to all relevant entities, encompassing state agencies, Area Agencies on Aging (AAAs), service providers, and Title VI grantees, underscoring the necessity of a comprehensive, collaborative approach to support Native American elder services.

Senior Community Services Employment Program

The Senior Community Service Employment Program (SCSEP) constitutes a vital community service initiative and work-based vocational training scheme specifically designed for older Americans. This program operates under the authority of the Older Americans Act, targeting low-income, unemployed seniors who seek to enhance their employment prospects. Participants in SCSEP are afforded access to comprehensive employment assistance through American Job Centers, which further facilitates their reintegration into the workforce.

Within the SCSEP framework, participants acquire practical work experience through engagement in an array of community service activities at non-profit and public entities, such as educational institutions, healthcare facilities, childcare centers, and senior centers. The average commitment for participants is 20 hours per week, compensated at the highest prevailing federal, state, or local minimum wage. This training serves as a crucial conduit to unsubsidized employment opportunities, thereby fostering long-term employability.

Eligibility criteria stipulate that participants must be at least 55 years of age, unemployed, and possess a family income not exceeding 125% of the federal poverty threshold. Priority for enrollment is accorded to veterans and their qualified spouses, followed by individuals aged 65 and older, those with disabilities, individuals exhibiting low literacy or limited proficiency in English, residents of rural locales, individuals experiencing homelessness or at imminent risk thereof, and those with diminished employment prospects or those who have unsuccessfully sought employment through the SC Works system.

The South Carolina Department on Aging (SCDOA) oversees the SCSEP State Program across 16 counties within South Carolina, encompassing Anderson, Cherokee, Chesterfield, Darlington, Dillon, Florence, Georgetown, Greenville, Horry, Kershaw, Lexington, Marion, Pickens, Richland, Spartanburg, and Sumter. This state program accommodates 112 slots, while the overarching national grantee service area spans all 46 counties within the state and holds 436 slots. This totals to 548 slots for the older residents in South Carolina.

The primary objective of assisting low-income older adults in entering or re-entering the workforce is to promote self-sufficiency, thereby enabling these individuals to age in place with dignity. Collaborations with sub-recipients aim to facilitate connections between older adults enrolled in the SCSEP

program and job opportunities within the direct care, transportation, and meal program sectors. Such initiatives not only address existing workforce demands but also foster social connections, enriching the lives of older adults by integrating them into their communities alongside their peers.

Objective

1. To ensure the SCESP program effectively and successfully addresses the needs of older South Carolina workers aged 55 and older.
2. Evaluate setting a minimum percent standard for direct care workforce wages and/or benefits in OAA and state-funded services for home and community-based services.

In the summer of 2023, SCDOA worked with the South Carolina Department of Employment and Workforce on the WIOA Combined State Plan. This was a new initiative by the SCDOA due to new leadership and program oversight. A renewed partnership was developed that allows both agencies to share in promoting job fair information and access to data.

Over the next 3 years, the SCDOA will:

- Continue to work closely with the SC Department of Employment and Workforce (SCDEW) and the AAAs across South Carolina to help low-income older adults 55+ access training to obtain unsubsidized employment.
- Evaluate the needs of participants who have exited the SCESP program annually.
- Ensure older job seekers and SCESP participants are enrolled at their local SC Works and receiving services that will aid older job seekers in getting back into the workforce.
- Create opportunities to bring awareness to ensure effective communication with partners and make sure there is an awareness of SCESP-related program services.
- Ensure that participants are one year from their durational limit create a job marketing package that includes, but is not limited to, a resume, mock interview classes, professional interview attire if needed, and three professional references
- Improving coordination between the Senior Community Service Employment Program (SCESP) and other OAA programs.

Training Opportunities to Engage OAA Programs

Many Area Agencies on Aging (AAAs) have previously engaged in Title V programs, which provide essential services to older adults. Over the next three years, SCDOA plans to conduct a comprehensive review regarding the involvement of AAAs in volunteer programs. This effort should include a focused training refresh on strategies for integrating older adults into regional AAAs through the Senior Community Employment Services Program (SCSEP). Furthermore, the AAAs will be equipped with the necessary next steps to function effectively as host agencies for older job seekers or to facilitate referrals to the SCSEP.

Outreach and Recruitment

The Department of Employment and Workforce supplies the SCSEP with weekly flyers detailing hiring events. These materials are subsequently distributed to the State SCSEP Team. To enhance outreach efforts for the SCSEP, it is recommended that, over the next three years, partnerships be established with the AAAs and Informational, Referral and Assistance Specialists (IR&A). This collaboration will involve the dissemination of informational flyers about statewide hiring events, thereby encouraging job seekers to explore opportunities within the SCSEP.

Goals, Objectives, Strategies, and Outcomes

Accessibility

Goal: Improve access to essential services for older adults, adults living with disabilities, and family caregivers, especially those facing additional barriers, by enhancing service delivery, raising awareness, and aligning services with state needs.

Objective – Enhance access to OAA and HCBS services, along with other essential services, by broadening options, offering a range of services, providing assistive technologies, and ensuring that physical locations are fully accessible.

Strategies:

- *Expand options of federal and state-funded aging and family caregiving services*
- *Implement "No Wrong Door" practices for a single point of entry; continue engagement of NWD partners from sectors including healthcare providers, community organizations, government agencies, and local providers.*
- *Provide ongoing person-centered training to ensure all aging network staff are equipped with the tools necessary.*
- *Provide transportation assistance and services for individuals facing mobility challenges or living in areas with limited access to healthcare and social services.*
- *Promote training and support for family caregivers, offering resources on caregiving strategies, mental health support, and resources for respite.*
- *Utilize person-centered planning to ensure family caregivers have the tools and support needed to help older adults or individuals with disabilities maintain independence.*
- *Continue respite programs to provide family caregivers with relief, preventing burnout and supporting long-term caregiving sustainability.*
- *Conduct routine "quarterly" visits to long-term care facility residents*
- *Respond to resident complaints and concerns in a timely and confidential manner*

Objective – Implement robust outreach and education efforts to raise awareness about available services and how to access them, targeted communication campaigns, partnership with community organizations, and clear, user-friendly materials

Strategies:

- *Build community partnerships to supplement the waiting list needs in the region*
- *Enhance and promote GetCareSC as a source for information about available programs, services, and support for older adults, adults living with disabilities, and family caregivers.*

- *Utilize multiple communication channels (social media, local tv and radio, community centers, etc.) to maximize outreach, focusing on clear and accessible messaging.*
- *Launch public awareness campaigns to inform older adults, adults living with disabilities, and caregivers about available services and resources, ensuring outreach to underserved populations.*
- *Collaborate with community organizations to reach underserved populations.*
- *Educate and empower residents, along with the public, regarding resident rights*
- *Develop and implement campaigns to increase awareness of ombudsman services among residents, families, and care providers*

Objective – Assess the landscape of services and resources to ensure they adequately meet the unique needs by soliciting feedback, analyzing data, and adapting program offerings to address any gaps or shortcomings

Strategies:

- *Enhance home and community-based services to ensure services are accessible where older adults, adults living with disabilities, and family caregivers live.*
- *Research and plan for the implementation of a new statewide comprehensive needs assessment to identify service gaps and ensure that services are aligned with the specific demographics and challenges in each region or community.*
- *Evaluate in depth, new rules, guidance, and definitions in preparation for updating the Interstate Funding Formula in the next State Plan to ensure efficient allocation of resources.*
- *Advocate for policy reforms that promote funding for essential services and create incentives for innovative care models that improve accessibility and equity.*
- *Cultivate partnerships to address the gap in existing utility assistance programs and the need for more support*

Short-term Outcome: *An increase in the number of target populations contacting services and/or on the waitlist due to awareness of aging programs and services in South Carolina and how to reach out for engagement.*

Intermediate Outcome: Recognizing successful referrals

Long-term Outcome: Creation or documentation of additional resources to fill unmet needs and close service gaps

Workforce

Goal: Enhance the support and resources available to the robust workforce surrounding aging individuals, including direct care workers, family caregivers, older workers and job seekers, volunteers, and the staff within the South Carolina Aging Network.

Objective – Create a comprehensive framework that fosters collaboration, training, and recognition to ensure access to necessary tools, education, and support to thrive in each workforce role.

Strategies:

- *Survey SCSEP participants who exited the program in 2023 to evaluate their needs*
- *Ensure SCSEP participants who are one year from their durational limit create a job marketing package that includes, but is not limited to, a resume, mock interview classes, professional interview attire if needed, and three professional references*
- *Enhance comprehensive and unified ongoing training for staff and volunteers, focusing on training standards and emerging issues in long-term care*
- *Improve communication regarding training and professional development opportunities: conferences, workshops, and seminars*
- *Promote SC Respite Coalition's virtual Caregiver and Respite Provider Training Modules that cater to the schedules and needs of both professional and family caregivers*
- *Educate FCSP Advocates and empower family caregivers with information about the potential availability of Employee Assistance Programs to working caregivers and for counseling and other support services*
- *Educate employers on the needs of working family caregivers, including offering flexible work arrangements or telecommuting options to help them manage their caregiving responsibilities*

Objective – Establish innovative partnerships and targeted initiatives to develop sustainable solutions for the challenges faced by various workforce roles associated with older adults in South Carolina.

Strategies:

- *Ensure effective communication with partners to make sure there is an awareness of SCSEP-related program services*
- *Create and participate in outreach events in SCSEP under-enrolled counties*
- *Target partnerships with employers and host agencies based on SCSEP participants' IEPs and interests*
- *Promote the principles of aging in place, which include maintaining independence, enhancing quality of life, and ensuring safety within the home*
- *Elevate awareness of assistive technology, focusing on devices that can assist older adults in remaining independent (e.g., smart home devices, mobility aids, remote monitoring systems, etc.)*
- *Utilize SCRC's Respite Care Provider Registry (currently in development) as a tool for pairing/matching those needing care with those who can provide services*
- *Enhance and promote GetCareSC as a resource hub of centralized online information about available programs, services, and support for older adults, adults with disabilities, and family caregivers*
- *Ensure local or virtual support groups where family caregivers can connect, share experiences, and provide emotional support are readily available when the need is identified during family caregiver assessments*
- *Include community resources like health professionals, meal delivery services, and home modification providers as well as relationships between direct care workers, family caregivers in the No Wrong Door efforts of the state to foster relationships and build a stronger statewide network*
- *Ensure equitable access to respite care options for family caregivers to allow family caregivers to take a break and recharge, which is essential to prevent burnout*

- *Collaborate with workforce entities to educate employers on the role and challenges faced by family caregivers, helping to reduce stigma and increase support*

Objective – Increase awareness of the importance of volunteer opportunities across all facets of aging programs to expand volunteer networks.

Strategies:

- *Promote community involvement through volunteer opportunities and the development of resident councils and family councils in the long-term care ombudsman program*
- *Continue promoting efforts from the Social Isolation Taskforce and its recommendations to develop call questionnaires for organizations that host volunteers*
- *Use social media efforts to promote volunteer opportunities, not only within the SCDOA programs, but across the Aging Network to include senior centers and AAAs*
- *Include articles on GetCareSC regarding the value of volunteers and the positive impacts of volunteering*

Short-term Outcome: *Increase awareness of the resources, or lack of resources available to support the varied workforce for the provision of aging services*

Intermediate Outcome: *Improve skills and competencies of direct care workers, family caregivers, and volunteers*

Long-term Outcome: *Improve the overall quality of care and support provided to aging individuals in South Carolina, as well as retention rates for those in the industry*

Quality of Life

Goal: Enhance the quality of life for older adults, adults with disabilities, and family caregivers by developing and implementing responsive programs that prioritize client preferences.

Objective – Healthy Aging Initiatives - Develop, support, and promote comprehensive healthy aging initiatives that encourage independence and empower individuals to make choices that suit their unique needs.

Strategies:

- *Provide information to the public on long-term care facilities and the services they provide – CMS 5 Star Program and DPH Survey results*
- *Promote and encourage Evidence-based programs that focus on preventive care, nutrition, physical activity, mental health, fall prevention, and financial literacy tailored to older adults, individuals with disabilities, and caregivers*
- *Enhance referral networks that ensure individuals are connected to appropriate healthcare, social services, and community support systems based on their unique needs*
- *Enhance strong collaborative networks by engaging NWD partners from sectors including healthcare providers, community organizations, government agencies, family caregivers, older adults as consumers, individuals with disabilities, and local providers to create a shared vision for healthy aging programs and guide the development of healthy aging initiatives*
- *Launch awareness campaigns through local media, community events, and social media to educate the public about the benefits of healthy aging and the resources available*
- *Promote healthy aging initiatives such as "Take Brain Health to Heart" from the Department of Public Health*
- *Support independent living initiatives, including home modifications, technology solutions, and caregiving tools that enable older adults and individuals with disabilities to live safely and independently*
- *Elevate Dementia-Friendly initiatives in communities through Dementia Care Specialist and community partners*
- *Increasing awareness and access to senior-focused resources to reduce hunger, food insecurity, and malnutrition, and social connections by expanding the GetCareSC database to increase the number of federal, state, and local programs and services*
- *In partnership with the Area Agencies on Aging, expand state-approved evidence-based programming options*

Objective – Community Responsiveness - Ensure existing and new programs, resources, and education are responsive to the needs, interests, and preferences of target populations in each community.

Strategies:

- *Advocate for the interests of residents in long-term care facilities, as well as resolve complaints made by them or on their behalf*
- *Represent resident interests before governmental bodies and national policy makers*
- *Evaluate and adjust programs based on participant feedback, community needs assessments, and emerging trends to ensure ongoing relevance and effectiveness*
- *In collaboration with Healthy Palmetto and the Aging Network, the Nourish to Flourish SC social media toolkit will be distributed to stakeholders to raise awareness about the issues of senior malnutrition*
- *Explore opportunities to complement the Older Americans Act Senior Nutrition Program with South Carolina Food is Medicine initiatives; medically tailored meals and produce prescription programs.*
- *Continue collaboration with the SC Association of Farmers Markets, the SC Department of Agriculture, the SC Department of Social Services, and group dining sites to support "Lunch at the Market" events to increase opportunities for patrons to redeem Senior Farmers Market Nutrition Program Vouchers, SNAP, and Healthy Bucks tokens.*

Objective – Social Connection - Create and enhance opportunities for social connection to foster a supportive community that values engagement and relationships.

Strategies:

- *Increase access to transportation services to ensure older adults and individuals with disabilities can participate in aging programs and community activities*
- *Encourage social connection through volunteer programs, peer mentoring, and social engagement opportunities, helping to reduce isolation and foster a supportive network*
- *Promote the Permanent Improvement Project grant to support Senior Centers as community focal points*
- *Leverage the existing revenue streams, such as the revision to Proviso 40.5, allowing for programs to promote social connection within the aging network*

- *Promote community volunteer programs to enhance older adults' social connections and reduce social isolation*
- *Promote intergenerational programs that connect older adults with younger generations, such as mentorship, shared learning, or community projects, to reduce isolation and enrich the lives of all participants, and build community*

Short-term Outcome: *Increase understanding of client preferences and needs by providing more opportunities for client engagement*

Intermediate Outcome: *Increase participation in programs that are aligned with client preferences*

Long-term Outcome: *Improve quality of life relating to social engagements, mental health, and satisfaction with care services*

Safety and Security

Goal: Enhance the safety and security of older adults, adults living with disabilities, and their family caregivers by fostering improvements in home and community environments.

Objective – Develop and advocate for community infrastructure, along with programs and services, that prioritize accessibility and safety in public spaces and at home.

Strategies:

- *Strengthen partnerships with local agencies, law enforcement, healthcare providers, and advocacy groups to enhance service delivery and to create a robust network of support*
- *Provide training to healthcare providers, social workers, and law enforcement on how to recognize abuse, neglect, and exploitation*
- *Promote intergenerational programs that connect older adults with younger generations, such as mentorship, shared learning, or community projects, to reduce isolation and enrich the lives of all participants, and build community*
- *Advocate for the creation and implementation of dementia and age-friendly community practices*

- *Ensure access to reliable, affordable, and accessible transportation options for older adults who are no longer able to drive, enabling them to stay socially and medically connected*
- *Continue collaboration with local law enforcement to ensure that older adults feel secure in their homes and neighborhoods*
- *Expand access to telehealth services, such as telehealth carts in local senior centers, allowing older adults to consult with healthcare providers remotely and increasing access to rural communities*
- *Advocate for policies that support the development and sustainability of affordable, accessible, and adaptable housing for older adults*
- *Promote inclusivity for disaster and emergency planning for older adults and those with disabilities*

Objective – Implement initiatives that promote physical, mental, and emotional well-being, recognizing the importance of preventing abuse, neglect, and exploitation, as well as the need for social connections and effective support systems.

Strategies:

- *Create and share educational programs with older adults, caregivers, and the community about the signs of abuse, neglect, and exploitation, and how to report them*
- *Encourage the continuation or implementation of evidence-based disease management and prevention programs for managing chronic conditions like diabetes, hypertension, and arthritis*
- *Encourage the continuation or implementation of evidence-based exercise programs tailored to older adults, focusing on improving mobility, balance, flexibility, and overall physical health*
- *Promote access to preventive services, such as vaccinations, health screenings, and nutrition counseling, to identify health issues early, contributing to long-term health and independence*
- *Promote counseling for family caregivers as available through the National Family Caregiver Support Program, utilizing trained and licensed mental health professionals to address issues such as anxiety, depression, loneliness, or grief*
- *Promote "Take Brain Health to Heart" to support cognitive health, including memory enhancement exercises, brain fitness activities, and*

early detection of cognitive impairments like dementia or Alzheimer's disease

- *Utilize evidence-based caregiver interventions such as Powerful Tools for Caregivers and Savvy Caregiver aimed at stress-reduction to improve the emotional resilience of family caregivers*
- *Update GetCareSC with a Guide to Service, promoting existing programs to encourage social connection*
- *Promote technology training programs to help older adults use smartphones, computers, and the internet effectively and safely*

Objective – Advocate for the autonomy of older adults, empowering them to make informed choices about their lives while ensuring their voices are heard in the decision-making processes that affect their care and safety.

Strategies:

- *Offer workshops and resources to educate older adults and residents about their rights and self-advocacy skills*
- *Promote the development of the Elder Justice Task Force*
- *Foster the growth and expansion of caregiver educational programs and support groups for family caregivers, ensuring family caregivers can support the autonomy of older adults while also taking care of their own well-being*
- *Promote legal services available through the Older Americans Act that empowers older adults to protect their autonomy and rights*

Short-term Outcome: *Increase awareness among older adults, adults living with disabilities, and family caregivers regarding available safety resources and services*

Intermediate Outcome: *Implement programs and opportunities for modifications in homes and community environments that promote accessibility and safety*

Long-term Outcome: *Create an overall enhanced sense of security in both home and community settings with a reduction in safety incidents, including falls and accidents*