

Southern Maine Agency on Aging

2025-2028 Strategic Plan

Executive Summary

The Southern Maine Agency on Aging (SMAA) is the leading provider of aging-related social care benefits and navigation in Southern Maine. For over 50 years, SMAA has promoted greater independence in the community among older adults, adults with disabilities, and their caregivers by ensuring food, transportation, housing, and financial security; reducing social isolation; relieving exhausted caregivers; and resolving other challenges facing older adults who seek to live independently.

SMAA has a strong culture of strategic planning and execution, and successfully operationalized its 2020-2024 strategic plan alongside the oversight of its Strategic Planning Committee. Since that plan was created, major policy shifts have taken place in response to the COVID-19 pandemic; increased preference to reside at home as we age; the rapid growth in diagnosis of cognitive decline and dementia; and the realization of our federal and state leaders that our nation's aging population lacks critical supports that if unaddressed will create a demographic, healthcare, and financial crisis.

SMAA, in particular, covers a rapidly evolving geographic service area with the highest concentration of older adults in Maine as well as an increasingly diverse population that – in addition to the other challenges common to Maine AAAs such as the state's rural nature and harsh weather – requires SMAA to develop inclusive programming. As a result, SMAA seeks to make adjustments to its strategy that aligns it well for:

- Updated federal and state policies that seek to integrate SMAA's core competence of social care coordination and navigation into the healthcare ecosystem.
- The changing nature of Maine's older adult population and its caregivers...especially in SMAA's primary service area of Cumberland and York counties.

To connect its four year strategic plans and develop a longer term guide for SMAA's strategic direction, it has created a ten year "North Star" theme focused on increasing social connection through the programs it delivers and the community partnerships it fosters. Social isolation significantly hampers health outcomes in older adults, so SMAA is not constraining its North Star to Cumberland and York counties, but has stated that "in ten years, all older adults in Maine will have a source of social connection". This is the centering theme of its 2025-2028 strategic plan.

The 2025-2028 strategic plan builds upon SMAA's operationalized 2020-2024 plan and existing capabilities; expands its "One SMAA" value proposition of unified service offerings, cornerstoned by community hubs; envisions the greater integration of social care into the healthcare ecosystem and calls out the need to strengthen its organizational infrastructure to

respond efficiently to collaboration opportunities; and expands SMAA's stakeholder relationships via volunteer activation, statewide influence, partnerships, and fundraising.

The 2025-2028 strategic plan has three core pillars:

1. Expand community hubs as a focal point for SMAA's AAA mission
2. Emphasize social care coordination
3. Innovate with – and for – volunteers

Complementing these pillars are three cross-cutting focus capabilities:

1. Strengthen fundraising
2. Partner at the local level
3. Build statewide influence

Embedded in all of these elements of the plan is SMAAs' focus on delivering programming for an increasingly diverse population, and continuing to be guided by its "North Star" of providing Maine's older adults and their caregivers with sources of social connection.

Our Vision, Mission, and Values

SMAA's **vision** is that older adults live to their fullest potential.

To fulfill this vision, our **mission** is to be the focal point in York and Cumberland Counties for resources, services and information to empower older adults, adults with disabilities, and their care partners to reach their fullest potential.

Our **values** are the guiding principles of our work:

- **Community-Centered.** We are committed to community, which means we engage our partners, act with fiscal responsibility and are transparent in what we do.
- **Innovation.** We learn and adapt to ensure that we are meeting our clients' changing needs and the changing community landscape.
- **Belonging.** We foster an environment of belonging and inclusion, interrupt ageism, and empower other voices.
- **Client-Centered.** We are client-centered, working with our clients to empower them and their communities.
- **Impact-Driven.** We are committed to excellence, and measuring the impact of our results.
- **Team-oriented.** As a team, we take time to help each other, communicate on a regular basis, and have fun in a safe and respectful atmosphere.

Our 2035 North Star

Our 2025-2028 strategy is guided by a ten year North Star focused on reducing social isolation among older adults, and increasing social connection.

Social isolation, or loneliness, affects many older adults. About 28 percent of older adults in the United States – or 13.8 million people – live alone, though many of them are not lonely or socially isolated.¹ More than one-third of adults aged 45 and older – approximately 38 million people² – feel lonely, and nearly one-fourth of adults aged 65 and older – approximately 7.7 million people – are considered to be socially isolated.³ Social isolation has a strong correlation with poverty: Nearly half of midlife and older adults with annual incomes of less than \$25,000 report being lonely.⁴ In addition, midlife and older adults who identify as LGBTQ are more likely to be lonely (49%) compared to those who do not (35%).⁵

Maine has even greater social isolation. Extrapolating national figures implies that approximately 78,000 of Maine’s 312,893 people who are 65 and over are socially isolated⁶. However, the Census Bureau’s 2024 Household Pulse Survey estimates that 41.8% of Mainer’s report feeling lonely sometimes, usually, or always⁷. Using this figure implies approximately 131,000 older Mainers struggle with social isolation.

For **York and Cumberland Counties**, using the above boundary statistics of 25% to 41.8%, approximately 12-20,000 of York County’s 48,505 adults 65+⁸, and approximately 16-27,000 of Cumberland County’s 63,504 adults 65+ are socially isolated.

Social isolation is strongly correlated with adverse health effects⁹:

- **Premature death:** increased risk from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- **Dementia:** 50% increased risk.
- **Heart disease:** 29% increased risk of heart disease and a 32% increased risk of stroke.
- **Mental health:** higher rates of depression, anxiety, and suicide.

¹ <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

²

https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf

³ <https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html>

⁴ <https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html>

⁵ <https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html>

⁶ <https://data.census.gov/table/ACSDP1Y2022.DP05?g=040XX00US23>

⁷ <https://data.census.gov/table/HHPULSESETIMESERIES.HPS01?q=Maine&g=040XX00US23>

⁸ <https://data.census.gov/table/ACSDP1Y2022.DP05?g=050XX00US23031>

⁹ <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>; National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>

- **Heart failure:** nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Given the significant negative impact of social isolation on the health outcomes of older adults, SMAA believes that combating social isolation, and providing sources of social connection, are critical to fulfilling its mission for Maine’s older adults and improving their health outcomes. As a result, our North Star is:

“In ten years, all older adults in Maine will have a source of social connection.”

Situation Analysis

Introduction



SMAA is a private, non-profit organization that was established in 1973 under the authority of the federal Older Americans Act. SMAA delivers social services to adults aged 60 and over, adults with disabilities, and their caregivers, including:

- Nutritious medically tailored meals via home delivery or in congregate settings.
- Fall prevention, balance and wellness programs such as Tai Chi.
- Programs that foster social connection like lunchtime virtual Conversation Cafes and Phone Pals telephone outreach.
- Adult day programs providing supervised support for older adults with memory impairments.
- Resources, planning and support and respite for family caregivers.
- Administrative and financial guidance like health insurance counseling and household financial management.
- A vibrant 400 person volunteer community that provides older adults with ways to remain engaged in their community.

In FY2023, SMAA delivered 230,104 Meals on Wheels; 91,376 congregate meals; 16,846 hours of adult day center care; 15766 caregiver respite hours; 1,033 PhonePals conversations; and more.

Maine's AAA Landscape

SMAA is one of five Area Agencies on Aging serving Maine and serves Maine's two most populous counties: York (home to SMAA's headquarters in Biddeford) and Cumberland (the location of Maine's biggest city, Portland).

SMAA's Service Area Population								
	Population	60+	% 60+	65+	% 65+	Veterans	% Non-White	Foreign Born
Maine	1,395,722	423,421	30%	312,893	22%	9%	6%	4%
Portland-South Portland Metro Area	561,576	165,106	29%	120,994	22%	8%	11%	6%
Cumberland County	310,230	87,554	28%	63,504	20%	7%	9%	8%
Portland	69,104	16,513	24%	11,399	16%	5%	18%	13%
South Portland	26,840	7,062	26%	5,300	20%	6%	15%	10%
York County	218,586	65,252	30%	48,505	22%	9%	5%	4%
Biddeford	22,367	5,070	23%	3,833	17%	7%	8%	3%
Saco	20,960	5,287	25%	3,520	17%	6%	9%	7%
Sanford	22,251	5,377	24%	3,961	18%	10%	8%	3%

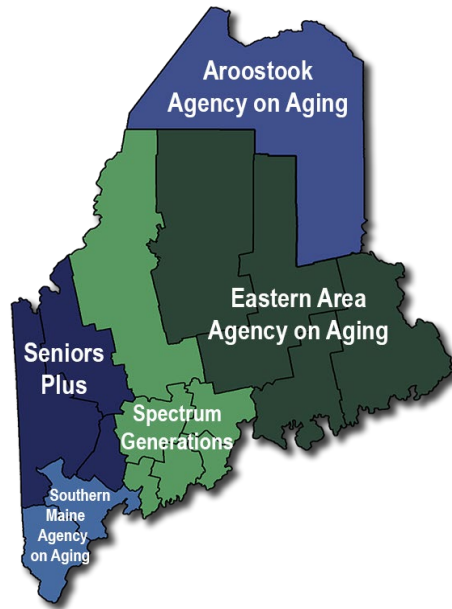
Sources: 2020 U.S. Census Data and 2023 estimates, U.S. Census Bureau and U.S. Census Reporter; DataUSA.io; MACPAC Dually Eligible Data Book
Updated: 06/11/24

Two towns in Cumberland County are served by Spectrum Generations: Brunswick (population 17,033, 23.4% 65+)¹⁰ and Harpswell (population 5,031, 37.8% 65+)¹¹.

¹⁰ https://data.census.gov/profile/Brunswick_CDP,_Maine?g=160XX00US2308395

¹¹

https://data.census.gov/profile/Harpswell_town,_Cumberland_County,_Maine?g=060XX00US2300531390



Source: <http://www.maine4a.org/service.html>

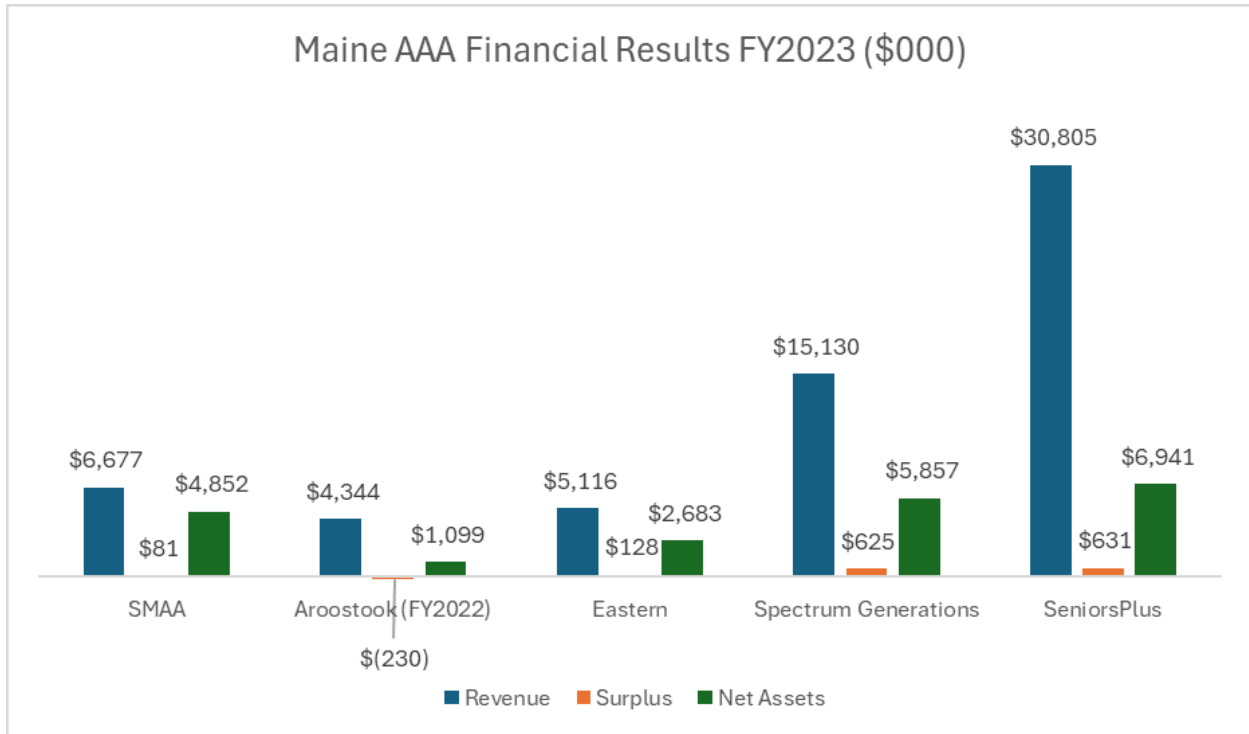
In keeping with local needs, Maine's AAAs have developed services in different directions. All deliver common services cornerstoned by nutrition programs and resource navigation. Some have added pet food delivery (e.g. SMAA, Eastern, Spectrum Generations, SeniorsPlus), personal care agency services (Spectrum Generations), case management for intellectually and developmentally disabled (IDD) people (Spectrum Generations), fiscal intermediary services for consumer-directed personal care (SeniorsPlus), and Veterans programs (SMAA, SeniorsPlus).

Due to the increasingly diverse population of the counties it serves, SMAA also focuses on delivering culturally inclusive programming. In particular, Portland and South Portland are respectively 18% and 15% non-white and 13% and 10% foreign born. By comparison, the State of Maine's overall non-white population is 6% and foreign born population is 4%. As a result, culturally inclusive programming appears to be less of a focus to date for Maine's other AAAs.

Maine's AAAs face a challenge that is common to AAAs across the United States: heavy reliance on federal and state grant funding. This grant funding changes according to administration policy priorities and available resources. Grant transfer timing can also impact operations.

As a result, AAAs often seek more reliable sources of fee-for-service funding. In Maine:

- SeniorsPlus has contracted with MaineCare via a separate legal entity, SPLLC, to deliver fiscal intermediary services for consumer directed personal care attendants.
- Spectrum Generations provides personal care aides through its Bridges Home Services division, adult day services, and IDD case management services.
- SMAA continues to expand its adult day services, and soon will add a second center.



Source: Latest available FY2022 and FY2023 annual reports and forms 990, as of June 11, 2024.

National Themes Impacting AAAs

1. Increased awareness of the challenges of an aging population with insufficient supports¹²

- Sheer numbers:
 - From 2022 to 2050, the number of Americans 65+ is projected to increase 47% from 58 million to 82 million.
 - From 1980 to 2022, the median population age has increased from 30 to 38.9, with one-third of states having a median age above 40. Maine's median age of 44.8 is highest in the nation.
- Social isolation:
 - More older adults are divorced compared with previous generations. From 1980 to 2023, the share of divorced women 65+ increased from 3% to 15%, and men increased from 4% to 12%.
 - More older women are living alone. The percentage of women living alone in 2023 was 27% for ages 65-74, 39% for ages 75-84, and 50% for ages 85+.

¹² <https://www.prb.org/resources/fact-sheet-aging-in-the-united-states/>

- Caregiving gap:
 - Older Americans, especially those with lower incomes and dementia, lack sufficient care.
 - Demand for elder care is expected to rise sharply as the number of Americans living with Alzheimer’s disease is projected to more than double from 6 million in 2023 to 13 million by 2050.

- Obesity prevalence:
 - In a single generation, the share of adults 65+ with obesity nearly doubled between 1988-94 and 2015-18, from 22% to 40%.

- Economic disparities across population groups:
 - More than twice as many Latino (17%) and African American (18%) adults 65+ lived in poverty in 2022, compared with non-Hispanic whites (8%).

- Diversity gap:
 - The older population is becoming more racially and ethnically diverse. Between 2022 and 2050, the share of non-Hispanic white population is projected to drop from 75% to 60%.
 - The population under age 18 is changing even more rapidly. In 2022, 49% of children identified as non-Hispanic white.

2. Government and Payer Policy reactions

In addition to providing for acute and long term supports and services, the Centers for Medicare and Medicaid Services (CMS) has focused more recently on addressing health inequities – especially Social Determinants of Health (SDOH), also known as Health Related Social Needs (HRSN) – that frequently plague older adults. SDOH can drive as much as 80% of health outcomes.¹³

- Since FY2016, CMS has encouraged providers to report SDOH barriers using ICD-10 codes Z55-65. Adoption has been slow, with only 1.6% of Medicare FFS beneficiaries having claims that included the SDOH Z-codes.¹⁴

- Beginning in 2024, CMS requires hospitals to screen inpatients aged 18+ for SDOH as part of the Hospital Inpatient Quality Reporting program.¹⁵

- Beginning in 2024, CMS added several new billing codes and reimbursement rates in the Medicare Physician Fee Schedule for health equity services.

¹³ <https://www.rwjf.org/en/insights/our-research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>

¹⁴ <https://www.cms.gov/files/document/z-codes-data-highlight.pdf>

¹⁵ <https://blog.medisol.com/articles/intro-cms-sdoh-measures>

- In December 2022, Medicaid announced a Section 1115 demonstration waiver opportunity to expand the tools available to states to address enrollee HRSN, and released a detailed Medicaid and CHIP HRSN framework in November 2023. This has encouraged states to apply for waivers to incorporate more HRSN elements into their Medicaid plans, and as of March 2024 eight state waivers have been approved under the HRSN framework, eleven others were approved with HRSN elements prior to the framework, and six states have applications pending.¹⁶
 - Federally matched funding for HRSN services and infrastructure cannot exceed 3% of a state's total annual Medicaid spending.¹⁷
 - Maine has a Section 1115 waiver with HRSN elements pending, focused on its Substance Use Disorder Care Initiative.¹⁸

Aligned with CMS' SDOH / HRSN initiatives, the health care accrediting organization Joint Commission introduced new requirements to reduce health care disparities, effective January 1, 2023. These were elevated to a National Patient Safety Goal effective July 1, 2023, and apply to hospitals, primary care facilities, ambulatory health care organizations, and behavioral health organizations.¹⁹

3. Business reactions

In response to the aging population and health equity policy initiatives, new technology-focused solutions have been developed to scale aging and SDOH supports. In addition, several venture capital and investment firms focused exclusively on aging services have emerged. Aging services has also become a popular investment thesis for private equity, which in particular has invested in home health, hospice, and personal care services. Examples of technology-enabled health equity solutions include:

- *UniteUs* and *FindHelp* provide scaled social care navigation with national directories of SDOH resources.
- *Get Well* and *TrueLite* provide digital outreach and SDOH screening to health systems.

¹⁶ <https://www.kff.org/medicaid/issue-brief/section-1115-medicaid-waiver-watch-a-closer-look-at-recent-approvals-to-address-health-related-social-needs-hrsn/>

¹⁷ <https://www.kff.org/medicaid/issue-brief/section-1115-medicaid-waiver-watch-a-closer-look-at-recent-approvals-to-address-health-related-social-needs-hrsn/>

¹⁸ <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/#Table5>

¹⁹ https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3-report_npsg_16.pdf

4. Near-term loss of COVID-19 pandemic-related funding

The American Rescue Plan of 2021 enabled the Administration for Community Living (ACL) to issue grants totaling \$1.4 billion to help older adults recover from the COVID-19 pandemic.²⁰

- The grants were intended to provide meals and other nutrition services, support family caregivers, help older adults connect and engage with others to reduce social isolation, re-open senior centers, and help residents of nursing homes resolve complaints.
- The grants also were to help accelerate vaccination in older adults via outreach, education, vaccination service navigation and support.
- Maine received funding of \$7.0 million under this program.

The CARES Act of 2021 provided \$955 million for ACL programs, including Older Americans Act programs.

- Maine received funding of \$5.1 million under the CARES Act.

Several other funding programs related to the COVID-19 pandemic are coming to an end and likely will no longer exist following 2024.

²⁰ <https://acl.gov/about-acl/older-americans-act-oaa>

SMAA’s context in the current landscape

SMAA's 50 years of existence has endowed it with many strengths and some weaknesses. It also faces evolving opportunities and threats.

Internal	Strengths <ul style="list-style-type: none"> • Team, Board / governance, volunteers • Strong sense of mission • Trusted brand (external & internal) • Client centered approach • Strength in core service area • Excellent dashboards and KPI measurement • Financially secure • Strong & steady organizational management • Community partnerships 	Weaknesses <ul style="list-style-type: none"> • Heavy reliance on grants • Grants are a stagnant & regimented funding stream • Services are duplicative of other organizations • Too many focus areas • Insufficient ADHC census • No physical presence in Portland market • Unreliable transportation network • Weak brand awareness • Viewed as government agency? • Most valuable services (e.g. Medicare counseling) are underfunded
	Opportunities <ul style="list-style-type: none"> • Community “hubs” (senior centers) • Engage caregivers • Engage growing cultural communities • Work opportunities for older adults • FFS case management / social care coordination with MaineCare & MA plans • Opportunity to lead / convene more tightly coordinated elder care services (e.g. PACE) 	Threats <ul style="list-style-type: none"> • Grant funding is likely to decline • “Adjacent” rather than “core” to healthcare infrastructure (payers, providers) • Potential competition with other Maine AAAs for grant & FFS funding • Potential competition from providers & others with similar services
External	Positive	Negative

Based on this SWOT analysis, SMAA faces several structural and policy-based challenges:

Funding and scale. As a leader in social care navigation and resources, SMAA is positioned to solve many of the challenges faced by Maine’s older adults. However, SMAA historically has been reliant on grants and funding via federal and state programs targeted at older Americans, some of which come and go. In addition, the fragmented patchwork of AAAs designed to encourage local service delivery — there are five AAAs in Maine alone — makes it challenging for AAAs to reach the critical mass of population and capital required to deliver comprehensive services in the complex healthcare and government ecosystem.

Small service area. Maine has a relatively small population of fewer than 1.4 million people and – even though it has the highest proportion of older adults in the nation with currently over 31% of Maine’s population being 60+ years old – generating critical mass of clients to deliver services is challenging in SMAA’s relatively small service area of just two counties.

Social care is still not core to the healthcare system. Historically, social care has not been reimbursed by healthcare payers but instead has been funded by government grants and philanthropic donations. As a result, healthcare providers have not prioritized social care. Even now, as policy motions increase the priority of social care assessments and navigation, reimbursement is low and complying with flexible requirements makes it easy for providers to “do just enough” to keep social care in-house when there is reimbursement, and outsource it to community based organizations like SMAA when there is cost. Despite working on multiple pilots with healthcare organizations, these have not built sustainable momentum and SMAA has resorted to “going it alone” to develop a successful reimbursable program: adult day health, which serves a mix of Medicaid and private pay adults.

SMAA has low brand awareness. Even among older adults in York and Cumberland Counties, SMAA is not well known. Its fragmented services under multiple brands are a barrier for consumers to identify SMAA as a key aging services resource. Even its highest profile service, Meals on Wheels, carries a unified national brand instead of SMAA’s brand. In addition, consumers are unaware of the breadth of services that SMAA can deliver to older adults and their caregivers, resulting in relatively few cross-referrals across multiple services.

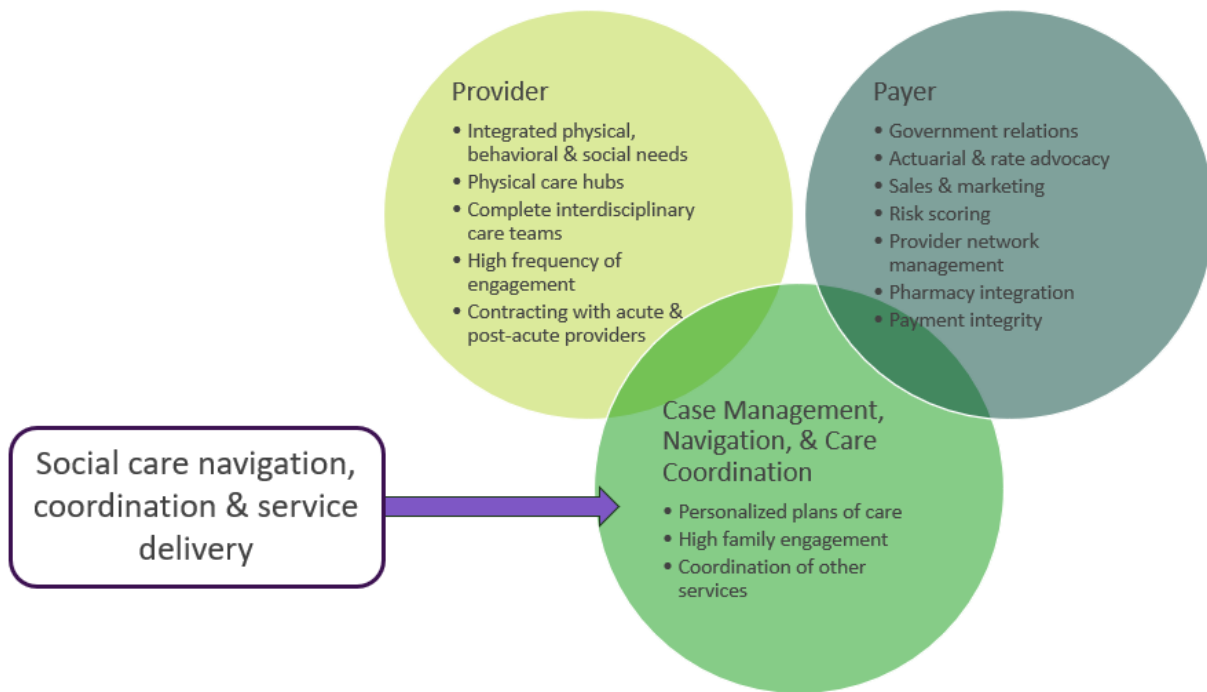
Nevertheless, the opportunities before SMAA are significant.

Adult day health and community hubs. Through its adult day program, SMAA has demonstrated that adults and their caregivers value and utilize its community hub. Soon, SMAA will open a second adult community hub in Sanford, and furthermore is exploring opening a hub in Portland.

Terrific volunteer engagement. SMAA has a population of approximately 400 volunteers, many with long tenure. Many of these volunteers are also older adults and have professional and life experiences that are valuable to society in multiple ways.

Social care assessment and navigation. A core strength of SMAA is its social care assessment and navigation capabilities. With increased federal and state policy focus on population health, SDOH and health related social needs, SMAA has the potential to help healthcare organizations implement their policies to deliver better social care that feeds into improved health outcomes for all the adults.

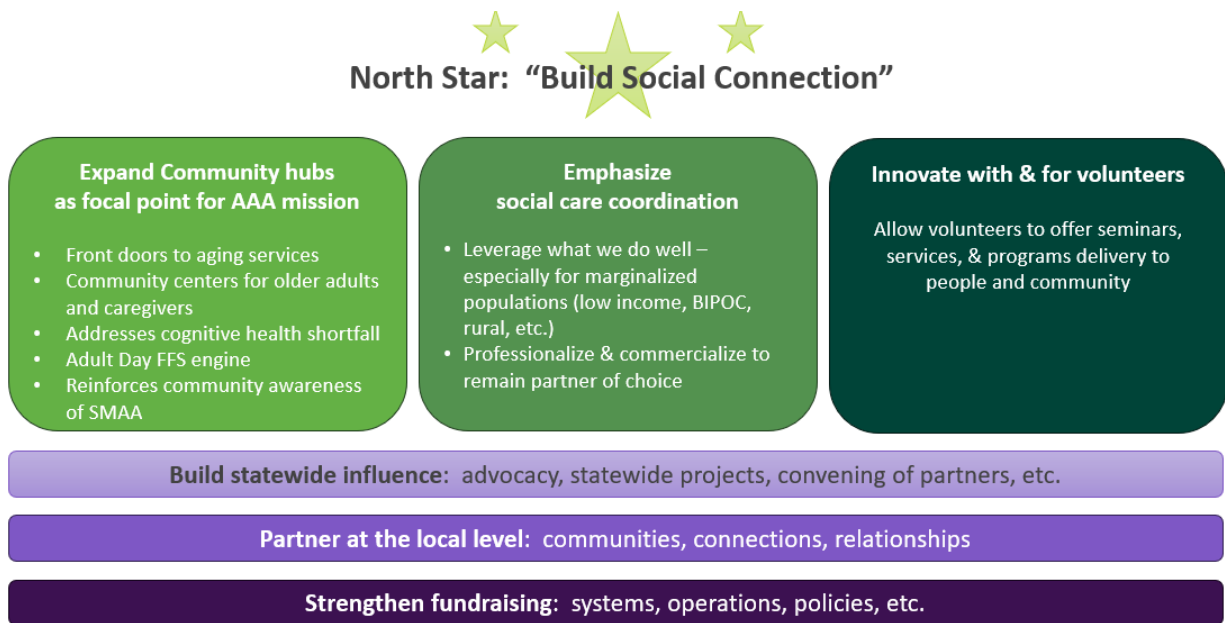
SMAA is a leading expert in social care navigation, coordination, and service delivery



Source: [InnovAge 2024 Investor Day presentation](#)

In this context, SMAA seeks to align its strategy – alongside its North Star (building social connection) – with the evolving aging services and healthcare landscape to continue to fulfill its vision of building a community in which older adults can live to their fullest potential.

The 2025-2028 Strategic Plan



In the context of SMAA’s situation, our strategic plan is designed to align with our vision and mission, and be guided by our North Star of increasing social connection.

For our 2021-2024 strategic plan, our strategic themes were:

1. Advance SMAA’s work with diverse communities
2. Expand SMAA’s role as a catalyst and convener for social connection for older adults in the community
3. One SMAA Goal – put the client at the center of all we do
4. Build community awareness and support for our services
5. Grow SMAA’s organizational capacity so that it can meet its goals
6. Develop ideas and plans to generate revenue from non-governmental sources, and for a robust volunteer network to sustain SMAA

SMAA’s team executed and operationalized this strategic plan, and the Strategic Planning Committee has ensured that progress is tracked and accountable.

The 2025-2028 strategic plan intends to remain aligned with these prior strategic themes, while adjusting focus to build upon new internal and external priorities and capabilities that have developed during the last strategic plan’s cycle. This strategic plan is designed to expand on SMAA’s success over the past four years, and grow its core strengths and competencies.

This phase of SMAA’s development is focused on further capability development that will position SMAA for a broader role in Maine’s aging services, particularly as:

1. A “home base” and “front door” for older adults and caregivers to access services.

2. A coordinator of aging services across Maine via social care management and navigation.
3. A closer alignment with and readiness to be the partner of choice to strengthen social determinants of health (SDOH) alongside Maine's health plans and providers.
4. A vibrant "home base" for volunteers – frequently older adults themselves – to innovate and develop programs that benefit SMAA's mission and its volunteers' knowledge of community needs.

Importantly, SMAA's work with diverse communities is integrated as a core component throughout the 2025-2028 plan: coordinating social care solutions to break SDOH barriers for marginalized populations (low income, racial and ethnic minorities, rural, cognitive decline, etc.); expanding community hubs within diverse community centers; creating vibrant local partnerships, and more.

The strategic plan consists of three themed "pillars" built upon three cross-cutting foundational capabilities that will enhance the success of these pillars.

The strategic plan's pillars are:

1. Expand community hubs as the focal point for our AAA mission

- By establishing more physical locations, SMAA can open more "front doors" for older adults, their caregivers, and volunteers to deliver and receive aging services curated to the communities where these hubs are located.
- The community hubs are intended to provide multiple services provided by SMAA, and each one will have an adult day program to address the shortage of caregiving solutions for those struggling with cognitive health, and their caregivers.
- The adult day program is important to SMAA as a way to diversify away from grant-funded services, and potentially develop a broader suite of reimbursable dementia-related services for its adult day program clients.
- Community hub physical locations also will reinforce community awareness of SMAA, and provide exciting opportunities for philanthropy partners.
- SMAA already has strong community hub planning and execution capabilities and currently is in the process of launching its second hub. As a result, it likely does not need to develop many new capabilities or resources to successfully operationalize this pillar.

2. Emphasize social care coordination

- SMAA has a core competence in social care assessment, navigation and service delivery.
- Its social care capabilities are primed to deliver high impact for marginalized populations who lack supports due to low income, racial inequity, or access challenges that are common in Maine's rural geography.

- As financial impact and policy tailwinds continue to bring social care closer to the healthcare ecosystem, by emphasizing social care coordination SMAA has opportunities to be a partner of choice to healthcare payers and providers.
- In addition to its current social care assessment and navigation strengths, SMAA should develop a “recipe” for effective implementation of new social care programs alongside partners that enables SMAA to conduct rapid partner and financial evaluation followed by quick, resource-efficient experimentation and execution.

In response to our aging population, policy changes encourage social care coordination to become more integrated with the healthcare ecosystem. SMAA’s social care leadership is well positioned to partner with healthcare organizations.

Respond & implement efficiently to deliver innovative population health solutions alongside our community partners



Provider

Reducing rehospitalizations
Hospital to Home:
care transitions, clinically curated
nutrition delivery, & increased
touchpoints

Joint Commission compliance
SDOH screening, navigation, &
fulfillment services



Payer

Enrollment assistance
Medicare, MA, Medicaid &
supplemental plans

**Keeping beneficiaries safely in the
community**
Adult day health centers, home safety
assessments, care coordination &
case management, including social
care navigation



Government

**Local service delivery and
coordination**
SMAA is a core part of aging services
infrastructure

Resource navigation
Client navigation to government &
NGO resources

3. Innovate with, and for, our volunteers

- SMAA has a vibrant community of approximately 400 volunteers, many of whom are older adults themselves.
- SMAA seeks to provide a platform for its volunteers to create and deliver innovative programs that can enable SMAA to deliver on its mission and “north star” of increasing social connection.
- By encouraging its volunteers to partner with SMAA and innovate new programs of learning and services, SMAA can deliver more value to its volunteer corps and execute more rapidly and effectively.
- SMAA’s volunteer corps provides opportunities to formulate and deliver inclusive programming by engaging multiple stakeholder communities including caregivers, veterans, ethnic groups, and historically marginalized populations.
- This volunteer platform can be an effective source of rapid experimentation and feedback to fuel SMAA’s innovation and development.

- To successfully operationalize this strategy, SMAA will need to provide its volunteer advisory board with a clear mission and objectives, enable them to coordinate closely with SMAA staff, and likely provide a budget to create and deliver seminars and services.

These three pillars can be executed most effectively if we continue to build foundational capabilities by:

1. Strengthening fundraising

- Develop the systems, operations, talent, policies, value proposition, and targeting to grow fundraising and increase the predictability of funds from existing and new sources.
- Expand capabilities in identifying, attracting and closing individual and institutional philanthropy, including via systematic grant writing.
- Leverage strategic “pillars” (such as expanding community hubs and/or focusing on health equity via social care coordination for specific marginalized populations) to match with funding sources seeking to solve the same challenges.

2. Partnering at the local level

- Continue building partnerships with local community and governmental organizations to identify community health inequities, deliver inclusive programming, and increase the safety of older adults and their caregivers.
- Local partners can be powerful voices to amplify SMAA and increase community awareness of SMAA services.
- Partnerships with local healthcare providers and payers expands SMAA’s community hub and social care coordination strategic pillars.
- Local partners can deliver SMAA’s next generation of staff, volunteers, and clients.

3. Building statewide influence

- Continue to influence policy formation by advocating for aging services both individually and alongside Maine’s other four AAAs. Be a leader in convening partners across different aspects of aging services.
- Deepen relationships and explore partnerships to deliver better health outcomes for older adults with statewide payers (e.g. MaineCare Medicaid and Martin’s Point Medicare) and providers (e.g. Northern Light and MaineHealth).
- Be ready to develop statewide service coordination and/or delivery (e.g. case management).

Once executed, each of the strategic plan’s three pillars reinforce our longer-term “north star” of building social connection (and reducing social isolation) by creating social care plans and navigating to services that reduce isolation; providing community hubs where older adults and their caregivers can find sources of connection; creating a dynamic, innovative volunteer

community where people may find rewarding connection through service to others; and opening our doors to inclusive services for Maine’s increasingly diverse population.

Considerations for successful execution

To execute the strategic plan, SMAA will need to survey its talent and financial resources, and map the plan to its annual budgets and talent availability. Continuing to engage with partners at the local and state level is critical to ensuring that partners are aware of SMAA and we are ready to step up to collaboration opportunities when they arise. Examples of capability development include:

- Develop a “recipe” for rapid partnering: how is the program aligned with our mission, north star, and strategic plan; does the partner match the characteristics we seek; what are likely indicators of success; what outcomes can we track for social connection and improved health; how will we fund this work; what is the path to making this partnership sustainable in the long-term?
- Create and execute capital campaigns aligned with strategic initiatives (e.g. adding community hubs, delivering services curated for particular marginalized populations).
- Build an inventory of vendors that can help to execute strategic initiatives (e.g. contractors, software platforms, staffing agencies, grant writers, etc.).
- Consider SMAA’s governance composition and focus of its board and committees to ensure that the right oversight and knowledge is available to SMAA’s leadership team as it executes the strategic plan.
- Expand the responsibility and independence of SMAA’s volunteer leadership to provide a platform for fruitful innovation.

Performance Evaluation and Monitoring

SMAA has an active Strategic Planning Committee that meets quarterly. This committee is well positioned to evaluate the qualitative and quantitative performance of SMAA’s team in operationalizing the strategic plan. Because the 2025-2028 strategic plan builds upon and extends many of the core themes of the 2020-2024 strategic plan, the committee can continue to use the same tracking metrics. It may wish to identify and incorporate metrics focused on SMAA’s “north star”, likely via survey responses to identify best sources of social connection and continued perceived social isolation.

Conclusion

SMAA has successfully operationalized its 2020-2024 strategic plan. Its 2025-2028 strategic plan is centered on a “North Star” of increasing social connection; builds upon capabilities

developed to execute the prior plan; and proactively embraces evolving federal, state and local needs by:

- Growing its number of community hubs to provide more access to the “front doors” of aging services, including adult day programs that support the rapidly increasing diagnosis of cognitive decline among older adults.
- Emphasizing its core competence of social care coordination, navigation, case management, and service delivery to more closely align with the healthcare ecosystem and evolving policy priorities.
- Innovating alongside its volunteers to create programming and aging solutions that match the increasingly diverse population it serves.
- Strengthening fundraising as a strategic asset that aligns relevant stakeholders with SMAA’s initiatives.
- Partnering at the local level to enhance programming for its increasingly diverse population and lead solutions for the healthcare, governmental, and commercial organizations in its service area.
- Building statewide influence to advocate on behalf of older adults and their caregivers, convene parties to deliver statewide solutions, and implement statewide projects.