



Michigan Department of Health & Human Services  
AGING & ADULT SERVICES AGENCY



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND ADULT SERVICES AGENCY

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# Meals on Wheels

Prepared by the Michigan Aging & Adult Services Agency

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## Overview

Adequate nutrition is critical to maintaining a healthy and active lifestyle and achieving a high quality of life. That is why nutrition services, like Meals on Wheels, have always been an essential service for older adults.

In addition to providing nutritious meals, Meals on Wheels significantly reduce social isolation. During each visit a trained volunteer delivers a meal and provides important social interaction. This interaction serves as a link to the community and, when needed, helps older adults receive important referral information if additional services are needed.

## Requirements

Meals are delivered to homebound persons 60 years or older, or adults with disabilities, who are unable to shop or prepare meals for themselves. This can include persons who are ill, recently hospitalized or disabled.

One well-balanced meal is delivered daily, Monday through Friday, at midday and service can begin only a few days after the application is submitted. The minimum service is one week (five days). Monthly letters are sent to each participant detailing the cost of the meal. Although contributions toward this amount are encouraged, no one will be turned away for inability to pay.

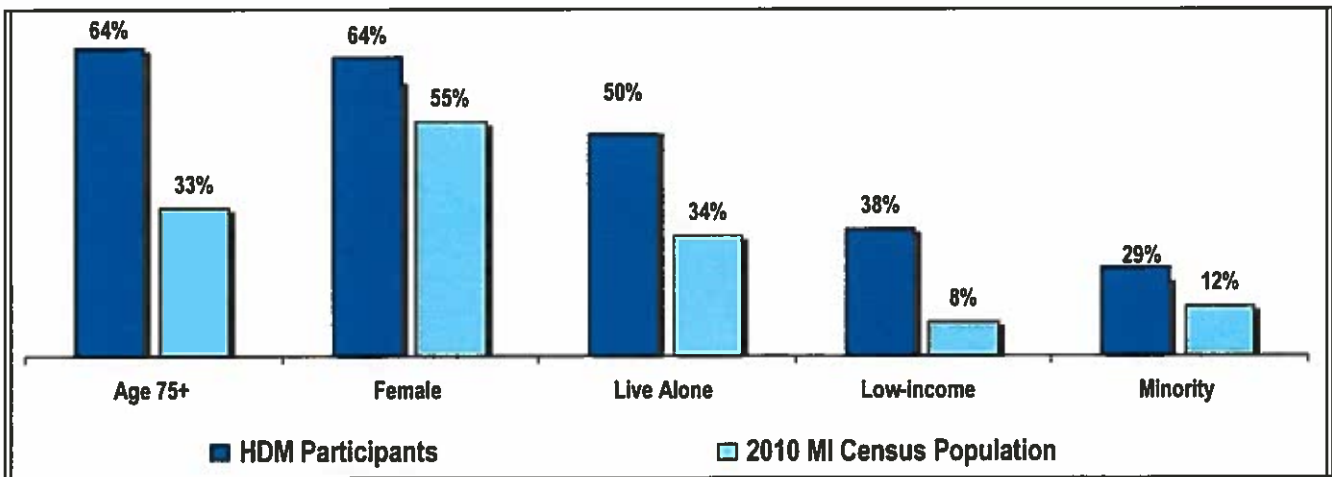
## Fiscal Year 2015

A total of 52,825 home-delivered meal participants received 8,295,084 meals in fiscal year 2015.

## Home-delivered meal participant profile:

- 64% were aged 75 or older
- 64% were female
- 50% lived alone
- 39% resided in rural areas
- 38% were low-income
- 29% were minority by race and/or ethnicity

Home-Delivered Meal Participants and Michigan's 2010 Census 60+ Population by Selected Characteristics



**DEFINING SUCCESS**  
**AASA SERVICE METRICS & MEASURES**

AASA tracks a variety of program metrics and measures to ensure the effectiveness of the home-delivered meals and in-home services programs, including metrics intended to quantify the impact of increased funding for home delivered meals (HDM) and in-home services in FY 2015. Statewide data and service-related metrics are tracked by AASA on a quarterly and annual basis.

**Waiting Lists:** AASA monitors HDMs and in home services waiting lists on a quarterly basis. Other related measures (ex: Michigan’s older adult population) are also analyzed to better plan for expanded service delivery.

Example of waiting list data for FY 15

FY 2015	HDM Waiting List Count	In-Home Waiting List Count
1st	780	3,586
2nd	1,315	4,524
3rd	570	3,897
4th	1,551	5,492

**Service Expenditures:** AASA monitors service expenditures on a quarterly basis. Expenditure data is analyzed for cost per service and cost per client trends to support service planning.

Example of service expenditure data

Service Expenditures - FYs 2013 - 2015	FY 2013	FY 2014	FY 2015	FY 15 vs. FY14
Home-Delivered Meals	\$33,935,872	\$34,843,154	\$36,226,044	4.0%
In-Home Services	\$17,861,012	\$18,909,245	\$20,924,897	10.7%

**Service Levels:** AASA monitors service levels on a quarterly basis across the state. Service levels are used in trend analysis and service planning purposes.

Example of service level data over time

Service Levels - FYs 2013-2015	FY2013	FY2014	FY2015	FY15 vs. FY14
In-Home Clients	19,707	19,933	21,711	8.9%
In-Home Service Hours	750,143	683,050	823,925	20.6%
Home-Delivered Meal Clients	51,185	47,618	52,825	10.9%
Home-Delivered Meals Served	7,886,265	7,702,633	8,295,084	7.7%

*Note: In FY 14 you can see a slight reduction in service reduction. This is in part due to federal sequestration.*

**Service Population Targeting & Characteristics:** Service population analysis allows for the development of a comprehensive profile of participants and services over time to ensure that services are participant-driven and provide maximum flexibility, effectiveness and coordinated service options.

**Example of HDM Service Population Characteristics – Trend Data**

<b>Home Delivered Meals</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
85+	37%	37%	36%	41%	39%
Live Alone	49%	51%	49%	50%	50%
3+ ADLs	81%	80%	81%	82%	80%
Poverty	36%	35%	36%	37%	38%
High Nutritional Risk	64%	69%	66%	71%	70%
Avg. Meals Per Client	163	157	154	162	156

**Customer Satisfaction:** AASA works with a network of 16 area agencies on aging (AAA's) to gauge the success of the services provided at the local level. Each AAA oversees a customer satisfaction survey process at the local level to ensure programs and services are being delivered in a way that older adults both want and need them.

Surveys may vary slightly from region to region, but they contain many of the same elements:

- Overall, how satisfied are you with the care/services you are receiving?
- How satisfied are you with your in-home caregiver/meals/volunteer/etc.?
- Has your overall health or well-being improved?
- Would you recommend the services to your friends or family?
- Do you feel respected when receiving support?

**Complaint Resolution and Appeals**

Per AASA service standards and requirements, each program must have a written procedure in place to address complaints, from individual recipients of services under the contract, which provides for protection from retaliation against the complainant.

In fiscal year 2015 less than 10 formal service complaints were logged and all came to a resolution.

**National Aging Program Information Systems (NAPIS):** Each area agency on aging (AAA) collects data on local service delivery and enters it into a national reporting system. Three principal types of data are included in the NAPIS design:

1. Performance data on programs and services funded by the Older Americans Act (OAA);
2. Demographic/descriptive data on the elderly population; and
3. Descriptive data on the infrastructure of home- and community-based services in place to assist older persons.

Visit [www.michigan.gov/aasa](http://www.michigan.gov/aasa) to read the full NAPIS report.



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# Percent of population age 60 or older (1970 - 1990 - 2012)



Source: 1970: 1980 Census, General Population Characteristics, Table 46. Persons by Age for Counties  
1990 Census, General Population Characteristics, Table 54. Age and Sex by Race and Hispanic Origin  
2010 Census, Census Summary File 1, Table PCT-12. Single Year of Age by Sex by County

# Annual Report

MICHIGAN AGING & ADULT SERVICES AGENCY | FISCAL YEAR 2015

Health Services SC

3-3-16

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The Aging & Adult Services Agency is an equal opportunity employer and program provider. This report, required by state law, is developed with federal funds by authority of the Older Americans Act of 1965, as amended. Service data is preliminary and subject to change.





## **2015 ANNUAL REPORT**

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Nick Lyon, Director

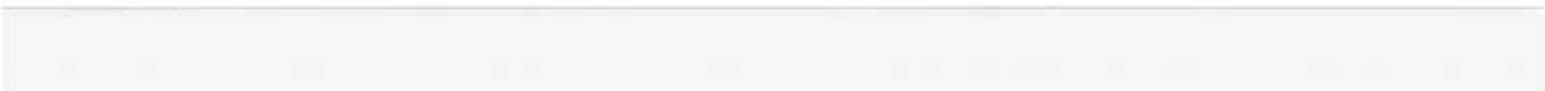

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## ABOUT THE AGING & ADULT SERVICES AGENCY

### **Mission**

*The Aging & Adult Services Agency provides statewide leadership, direction, and resources to support Michigan's aging, adult services, and disability networks, with the aim of helping residents live with dignity and purpose.*

### **Vision**

*For Michigan residents to live well as they age.*

The Aging & Adult Services Agency (AASA), formerly the Michigan Office of Services to the Aging, is Michigan's state unit on aging and is granted the authority to develop and administer a multi-year state plan on aging to meet the goals of the Older Americans Act, as amended, and the Older Michiganians Act.

This past year, through executive order, Gov. Rick Snyder merged the Michigan Department of Community Health and the Department of Human Services into one department, the Michigan Department of Health and Human Services. This change expanded AASA's authority as Michigan's state unit on aging – with its primary focus on older adults and their caregivers – to include policy development for the Adult Protective Services and Home Help Services programs, which are available to adults of all ages.

As such, the original name of Michigan's state unit on aging for more than 40 years changed from the Michigan Office of Services to the Aging to AASA.

AASA continues to operate under the authority of the Older Americans Act, signed into law in 1965, which sets out specific objectives for maintaining the dignity and welfare of older adults. The act meets its objectives through the national aging network – a partnership between the Administration for Community Living at the federal level, AASA at the state level, 16 regional area agencies on aging, and more than 1,100 local, community-based agencies.

The Social Welfare Act of 1939, PA 280, and Title XIX of the Social Security Act, govern the Adult Protective Services and Home Help programs, now under the management of AASA.

This annual report details AASA's progress in fiscal year 2015 in implementing Michigan's state plan on aging, a requirement for federal funding through the Older Americans Act of 1965.



*Michigan Commission on Services to the Aging members pose for a photo during the October meeting.*

### **Michigan Commission on Services to the Aging**

The Michigan Commission on Services to the Aging (CSA) is a 15-member, bi-partisan body that advises the governor, Legislature, and AASA on matters relating to aging policies and programs. It approves funds for services, participates in preparation of the state plan, determines aging policy as needed, and appoints a 40-member State Advisory Council on Aging to advise state-level decision making.

In its work as an effective and visible advocate for older adults in government decisions, the CSA convenes public hearings to learn, first-hand, what is important to older adults, service providers, and others throughout the state. In fiscal year 2015, public hearings were held in Ann Arbor, Big Rapids, Gaylord, Lansing, and Escanaba.

The CSA meets monthly to conduct its work. All meetings are open to the public.



*State Advisory Council members posing with Gov. Rick Snyder during the April meeting.*

### **State Advisory Council on Aging**

The State Advisory Council (SAC) brings an important local perspective in researching critical aging issues for the CSA, and advises the CSA on state policies that impact Michigan's older adults, whom they represent.

In fiscal year 2015, the SAC presented a report to the commission entitled Positive Aging: Education, Veterans, Volunteerism, and Media. One key report recommendation called for establishing a marketing/media campaign focused on positive aging, leveraging the combined expertise of the CSA, SAC, AASA, area agencies on aging, and commissions/councils on aging.



## MICHIGAN'S OLDER ADULT POPULATION

- Michigan has 2,173,764 people aged 60 years or older, who comprise 21.9% of the state's total population.
- The majority of the state's older adult population is female – 1,185,679 or 54.5%.
- A person aged 60 years or older resides in 38.6% of all Michigan households.
- There are 382,582 Michigan veterans aged 60 years or older.
- For those aged 60 years or older, 13.6% identify as something other than of white European ancestry. African Americans represent the largest of such groups at 10.5%; Asians represent 1.5%; American Indians and Alaska Natives comprise 0.4%; 0.4% identify as some other race; and 0.8% identify as being two or more races. Additionally, 1.7% of those aged 60 years or older identifies as Hispanic.
- For those aged 60 years or older, 86.9% graduated from high school; 28.5% have had some college; and 23.6% have a Bachelor's degree or higher.
- For those aged 60 years or older, 45.2% live with a spouse; 39.6% live alone; 10% live with other relatives; 2.5% live with non-relatives, and; 2.6% live in group quarters.
- For those aged 60 years or older, 22.6% volunteer in their community, averaging 121 hours per person each year.
- There are 23.8% of people aged 60 years or older in the state's labor force and 22.8% are employed.
- There are 130,619 Michigan residents aged 65 years or older who identify as having a cognitive disability.
- More than 83,000 grandparents aged 60 years or older live in households with their own grandchildren under the age of 18. Of those, 24,521 grandparents aged 60 years or older live with grandchildren under age 18 without the child's parent present.

### Sources:

U.S. Census Bureau, 2014 American Community Survey, 1-Year Estimates  
U.S. Census Bureau, 2014 Current Population Survey, September Supplement



## FISCAL YEAR 2015 BUDGET APPROPRIATION

Line Item	Appropriation
AASA Administration	7,600,700
Community Services	39,013,900
Nutrition Services	39,044,000
Retired and Senior Volunteer Program	627,300
Foster Grandparent Program	2,233,600
Senior Companion Program	1,604,400
Employment Assistance	3,500,000
Respite Care	7,118,700
<b>Appropriation Total</b>	<b>\$100,842,600</b>
<b>Total Federal Revenues</b>	<b>57,534,600</b>
Title III – Older Americans Act	40,568,400
Title VII – Older Americans Act	814,100
Nutrition Services Incentive Program – MDHHS	7,260,500
Bridging the Gap - ACL/DHHS	425,000
Elder Rights Charter – Admin. for Community Living/ MDHHS	178,500
NWD/ADRC Sustainability Project	484,000
Medicare Improvement for Patients and Providers Act – Admin. For Community Living/DHHS	333,300
USDA – Dept. of Agriculture	332,000
Calhoun EAP – DOJ	200,000
Title V – DoL	3,663,500
Title XIX – Medicaid	3,275,300
<b>Total State Restricted Revenues:</b>	<b>6,718,700</b>
Abandoned Property Funds (Respite)	2,650,000
Merit Award Funds	4,068,700
Miscellaneous Private Revenues	677,500
General Fund/General Purpose	35,911,800
<b>Revenue Total</b>	<b>\$100,842,600</b>

## KEEPING ADULTS SAFE, SECURE, AND INFORMED OF THEIR RIGHTS

### **Elder Abuse Prevention**

State funding awarded in fiscal year 2015 made possible AASA's Prevent Elder and Vulnerable Adult Abuse, Exploitation, Neglect Today (PREVNT) initiative. Recognizing that as many as 90,000 adults in Michigan are victims of abuse, neglect or exploitation every year, the goal of PREVNT is to help strengthen and expand current abuse prevention efforts. In addition, PREVNT is working toward developing a state system to address this growing problem.

Several grants were awarded to a variety of organizations in Michigan to develop strategies for addressing five key issues of the PREVNT initiative:

#### Issue #1

*Determine cost and feasibility of developing an elder abuse reporting system.*

- An elder abuse reporting system report was developed with recommendations that included adopting standards for elder abuse, neglect and exploitation case data and definitions, along with other recommendations to improve state programs that combat abuse, neglect and exploitation.

#### Issue #2

*Expand Michigan's Adult Abuse and Neglect Prevention training and awareness program to reduce abuse in long-term care and home care settings.*

- More than 30 trainers were recruited and they held 72 educational sessions, reaching more than 800 home and community-based services staff and volunteers.

#### Issue #3

*Develop and implement an ongoing state-level oversight stakeholder body for elder abuse, neglect, and exploitation efforts, following a proven format used in domestic violence.*

- The Michigan Elder Justice Coordinating Council was created and will begin its work in 2016.

#### Issue #4

*Increase elder abuse identification and reporting by medical professionals by deploying interactive elder abuse web-based screening and/or applications for tablets and smartphones.*

- Michigan State University's School of Nursing designed a two-part educational intervention, combining an introductory webinar and a virtual reality-based advanced assessment training program. A total of 75 staff participated in these trainings.
- An integrated screening and referral tool was created to connect consumers to all needed services. Forty-one programs/agencies agreed to accept referrals, and 386 potential services were identified.

#### Issue #5

*Develop a community-based interdisciplinary team to address elder abuse prevention locally.*

- Local investigative teams were established and 11 cases of potential elder and vulnerable adult financial abuse/fraud were reviewed. Of those, five cases were submitted for criminal charges; assistance was provided to the remaining six cases.

### **Legal Services**

Legal Services is a priority service under the federal Older Americans Act. In Michigan, nine legal assistance providers and the Legal Hotline for Michigan Seniors are designated to ensure that older adults have access to needed services, and the ability to address barriers to living in the least restrictive setting of choice.

Legal assistance includes information referral, advice and counsel, education, and direct representation. Services are targeted to older individuals in economic or social need, including those with limited English proficiency, low-income minority individuals, those who live in rural areas, and frail individuals. Housing, consumer finance, and assistance with wills and advance directives were the top three areas of legal assistance provided.

#### **Fiscal Year 2015 Program Details**

- 12,809 individuals were served
- There were 24,595 unduplicated cases
- 260 community education presentations were held
- Staff clocked 39,181 case work hours

### **Medicare Improvements for Patients and Providers Act**

In fiscal year 2015, Michigan received federal funding under the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 to help Medicare beneficiaries apply for the Medicare Part D Extra Help/Low-Income Subsidy, and the Medicare Savings Programs. Funding also helped provide Part D counseling to Michigan residents living in rural areas. Funding was distributed among area agencies on aging (AAA), the Michigan Medicare and Medicaid Assistance Program (MMAAP), and four local aging and disability partnerships.

#### **Fiscal Year 2015 Program Details**

- AAA partners assisted beneficiaries with 1,649 enrollment applications
- MMAAP partners assisted beneficiaries with 2,526 enrollment applications
- Aging and disability partners assisted beneficiaries with 631 enrollment applications

### **Michigan Medicare & Medicaid Assistance Program**

The Michigan Medicare & Medicaid Assistance Program (MMAAP) works through Michigan's area agencies on aging to provide high quality and accessible health benefit information and counseling. It is supported by a statewide network of unpaid and paid skilled professionals who provide free, objective, and confidential health benefits counseling and information to assist Medicare and Medicaid beneficiaries.

#### **Fiscal Year 2015 Program Details**

- 96,405 Medicare beneficiaries were served
- MMAAP counselors achieved client savings of approximately \$63,329,000
- 122,579 client contacts were made, 60,344 of them with individuals having an annual household income of \$23,895 or less
- 28,047 contacts were made with beneficiaries enrolled in Medicare due to a disability
- 1,234 presentations reached 47,578 individuals; topics included Medicare eligibility and benefits, Medicare Part D plans and plan comparison, Medicaid eligibility, Medicare Savings Program, and Part D Low-Income Subsidy eligibility
- 4,073 beneficiaries received enrollment assistance in a Medicare Prescription Drug Plan, Medicare Savings Program, or the Part D Low-Income Subsidy at 195 enrollment events





### **State Long-Term Care Ombudsman Program**

The State Long-Term Care Ombudsman program provides advocacy and information to individuals in need of long-term care, particularly those living in nursing homes, homes for the aged, and adult foster care homes. The ombudsman program also provides training, oversight, and management of local ombudsman programs statewide.

#### **Fiscal Year 2015 Program Details**

- Long-term care consultations were held with 3,180 individuals and 1,515 facility staff
- 165 community education sessions were held
- 93% of complaints were made against nursing facilities; 7.5% were made against adult foster care homes or homes for the aged
- 1,587 complaint cases on 3,099 complaint issues were closed

#### **Top Five (5) Complaint Sources**

- 585 (37%) self-reported by residents
- 391 (25%) initiated by friends/relatives
- 270 (17%) reported by ombudsman
- 164 (10%) anonymously reported
- 96 (6%) reported by facility staff

#### **Top Ten (10) Complaint Issues**

- Lack of dignity/staff treatment of residents (277)
- Involuntary discharge/eviction from a facility (256)
- Failure to respond to requests for help (218)
- Requests for less restrictive settings (133)
- Medication administration/mistakes (116)
- Guardianship, conservatorship, powers of attorney, wills (105)
- Inadequate care plans (101)
- Food quality, quantity, choices (98)
- Civil rights, choice, preference, including right to smoke (72)
- Personal hygiene, grooming (71)

## LIVING WITH DIGNITY AND INDEPENDENCE AT HOME AND IN THE COMMUNITY

### Access Services

Access services help older adults and their families find local services and programs to meet their needs. The chart below lists all access services offered by the aging network, along with the number of clients served and units of service provided for each access service in fiscal year 2015.

Service Type	Clients	Hours/Units
Care Management	3,824	25,573
Case Coordination	9,745	49,254
Information & Assistance	N/A	110,229
Outreach	N/A	112,022
Transportation	17,291	125,317

### In-Home Services

In-home services provided by the aging network help residents who have functional, physical, or mental characteristics that limit their ability to care for themselves, and who have insufficient or unavailable informal supports, such as family or friends. Targeting for in-home services is based on social, functional, and economic characteristics.

In fiscal year 2015, 21,711 older adults were supported by 823,925 units (hours) of care management, case coordination and support, chore, homemaker, home health aide, personal care, and other in-home services.

#### Profile of registered participants

- 67% were aged 75 or older
- 71% were female
- 55% lived alone
- 56% resided in rural areas
- 28% were low income
- 15% were minority by race and/or ethnicity



### Community Services

Community services help older adults maintain their independence at home and in their community. These services complement those provided through existing medical and health care systems to, among other things, help prevent hospital readmissions by supporting activities of daily living. The chart below lists all community services offered through the aging network, along with the number of clients served and hours of each service provided in fiscal year 2015.

Service Type	Clients	Hours/Units
Assistance to the Hearing Impaired	2,862	6,441
Assistive Devices & Technologies (e.g., PERS)	1,878	4,487
Community Support Navigator	4,603	10,224
Counseling	133	670
Crisis Service Energy Assistance	602	602
Disease Prevention/Health Promotion	9,493	54,724
Elder Abuse Prevention	10,979	6,412
Friendly Reassurance	140	19,184
Health Screening	303	299
Home Injury Control	1,588	4,747
Home Repair	136	2,232
Medication Management	3,695	7,925
Nutrition Education	423	423
Senior Center Operations/Staffing	32,254	58,882
Transportation	17,291	125,317
Vision Services	1,499	1,247
Wellness Center Support	4,340	14,873
<b>Total</b>	<b>92,219</b>	<b>318,687</b>

### **Communities for a Lifetime**

The Communities for a Lifetime (CFL) program provides guidance to local communities interested in reshaping their vision, public policies, and practices to create a more desirable and welcoming living environment for people of all ages, including older adults.

The program is part of a broader national movement called Creating Aging-Friendly Communities, and was developed in Michigan by the Commission on Services to the Aging in 2007.

#### **Fiscal Year 2015 Program Details**

- The City of Escanaba was the 24th community to be designated by AASA and the CSA.
- Presentations were provided to the City of Escanaba's CFL Leadership Team, as well as Oakland County's Aging-Friendly Business Community Roundtable – Quality of Life Committee.
- Technical assistance was provided to Community Connections in the City of Westland, the City of Sterling Heights, and the Harbor Country CFL Leadership Team in southwest Michigan.
- An educational resource was developed for communities considering applying for CFL recognition, helping local leaders gain community support for completing a self-assessment, adopting aging-friendly features, and initiating planning improvements.

### **Senior Community Service Employment Program**

The Senior Community Service Employment program, known as SCSEP, is a community service work-based training program for older workers who are unemployed and have limited financial resources and poor employment prospects. The program serves as a bridge to unsubsidized employment opportunities, with the ultimate goal of increasing participants' earnings. Last year on average, participants had \$7,112 in earnings after transitioning to unsubsidized employment.

#### **Fiscal Year 2015 Program Details**

- 447 older workers participated in the program
- 63% were aged 60 years or older
- 71% of participants were female
- 11% were veterans
- 50% were Caucasian, 46% African American, 2% Hispanic, and 1% American Indian
- 16% had a disability
- 79% had family income at or below the poverty level; 67% were receiving public assistance; 27% had low literacy skills; and 78% had low employment prospects
- 43.6% successfully obtained unsubsidized employment

## HEALTH AND WELLNESS

### Evidence-Based Disease Prevention

Based on the premise that it's never too late to adopt a healthy lifestyle, evidence-based programs are available to help older adults learn how to reduce their risk of developing chronic conditions, and how to better manage conditions that already exist.

Evidence-based programs refer to those that have been scientifically researched and tested with proven results, offering the benefits of self-efficacy and decreased health service utilization. They enable participants to adopt healthy self-management behaviors. The programs work best when participants are informed, motivated, and involved as partners in their own care.

Programs offered through Michigan's aging network include: EnhanceFitness, Matter of Balance, Chronic Disease Self-Management (known as "PATH"), and Diabetes Self-Management (known as "Diabetes PATH").

Fiscal year 2015 was the final year of a three-year grant from the Administration for Community Living called "Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education." The purpose of this grant was to help ensure that evidence-based self-management education programs are embedded into the state's health and long-term care systems.

This past year a new program was added to the available programs called "Cancer: Thriving and Surviving." It was created by Stanford University as part of the chronic illness series of workshops.

### Fiscal Year 2015 Program Details

- 253 workshops on chronic disease self-management were held
- A total of 2,948 people participated in workshops, and of those 2,144 people completed at least four of six sessions – a 73% completion rate





### **Nutrition Services**

Adequate nutrition is critical to maintaining a healthy and active lifestyle, and achieving a high quality of life. In addition to providing nutritious meals, nutrition services significantly reduce social isolation and give older adults knowledge to eat healthier through nutrition education. While there is no “means test” for program participation, services are targeted to older adults with the greatest needs.

#### **Fiscal Year 2015 Program Details**

- A total of 10,451,215 meals were served to 109,948 participants

#### **Home-Delivered Meals**

- 52,825 home-delivered meal participants received 8,295,084 meals
- 64% were aged 75 or older
- 64% were female
- 50% lived alone
- 39% lived in rural areas
- 38% were low-income
- 29% were minority by race and/or ethnicity

#### **Congregate Meals**

- 57,123 congregate meal participants received 2,156,131 meals
- 52% were aged 75 or older
- 63% were female
- 34% lived alone
- 60% lived in rural areas
- 30% were low-income
- 12% were minority by race and/or ethnicity



### **Senior Project FRESH/Market FRESH**

The Senior Farmers Market Nutrition Program, known as Senior Project FRESH/Market FRESH in Michigan, provides unprocessed, Michigan-grown foods to those who qualify.

Eligible participants are older adults aged 60 years or older, and younger women enrolled in the Wisewoman Program available through MDHHS. Participants must have a total household income of 185% of poverty or less, and live in the county where they are eligible, in order to receive a minimum of ten \$2 coupons to purchase Michigan-grown fruits and vegetables at registered roadside stands and farmers markets.

The program is free for both participants and farmers. Senior Project FRESH/Market FRESH originates from U.S. Department of Agriculture, with funding through the federal Farm Bill.

#### **Fiscal Year 2015 Program Details**

- The program served 23,762 people
- Nearly 300 markets and roadside stands participated, representing 3,109 farmers
- The program put \$500,000 into Michigan's agricultural economy

### **Senior Volunteer Programs**

In partnership with the Corporation for National and Community Service, AASA oversees three volunteer programs – the Foster Grandparent Program, the Senior Companion Program, and the Retired and Senior Volunteer Program (RSVP) – that connect older adults to people, community projects, and organizations in need.

#### **Fiscal Year 2015 Program Details**

A total of 9,320 older adults participated in Michigan's three older adult volunteer programs last year.

Participants in the Foster Grandparent Program help children who have "exceptional" or "special" needs.

- 1,115 Foster Grandparents served 5,267 children and youth with exceptional and special needs in 1,192 different settings within 347 non-profit organizations.

Senior Companion Program volunteers help other older adults maintain their independence by providing help with activities of daily living like simple chores and transportation to medical appointments.

- 502 Senior Companions served 2,690 adults in 997 different settings within 185 organizations.

RSVP matches the skills, interests, and availability of older adults with community volunteer opportunities that will most benefit from them.

- 7,703 RSVP volunteers provided service to 1,369 non-profit organizations, equating to 721,788 hours of service to local communities.



## CARING FOR OLDER ADULTS

### Caregiver Services

Family caregivers are relatives, friends or neighbors who provide support to individuals needing help with activities of daily living because of a physical or mental disability or another health issue. Family caregivers are the foundation of Michigan's long-term care system, providing up to 80 percent of care for Michigan's older adults and residents who have a disability.

Caregiving presents many physical, emotional, and economic challenges. Research has demonstrated that caregivers often neglect their own personal needs while caring for others and, when given the proper support, they can provide better care for longer.

### Fiscal Year 2015 Program Details

This past year, 6,958 caregivers were supported by 867,872 hours of adult day care, respite care, counseling services, training, and supplemental care through the aging network. Additionally, 38,563 home-delivered meals were served as a part of respite care.

### Caregiver Profile

- 70% were female
- 46% were younger than 65 years of age
- 43% lived in rural areas
- 29% were daughters/daughters-in-law; 29% were spouses
- 33% were low-income
- 24% were minority by race and/or ethnicity

### Caregiving Profile

- 71% provided daily care
- 71% have been caregiving for more than one year; 50% for three or more years
- 53% lived with the individual(s) they care for; 38% travel up to one hour to provide care
- 44% indicated there were no other family members willing/able to help
- 36% were employed full or part-time
- 27% described their health as fair or poor
- 15% were kinship caregivers (e.g., caregiving for grandchildren)

### **Creating Confident Caregivers®**

AASA was fortunate to have received federal funding since 2008 for the Creating Confident Caregivers® (CCC) program, aimed at providing caregiving tools to family members of persons with dementia living at home. To facilitate program sustainability beyond fiscal year 2015 when grant funding concluded, the CSA approved a new CCC service definition, allowing area agencies to continue to provide this much-needed, evidence-based program. At least 10 area agencies on aging included the program in fiscal year 2016 planning.

Program evaluation findings demonstrate the CCC program to be a proven success. Positive outcomes have been reported in well-being, caregiving skills, and attitude in more than 800 participants (family caregivers).

Participants reported having increased life satisfaction and feeling less overwhelmed, factors important to caregiver well-being. Participants reported improved skills, such as improved direction and calm responses to disruptive behaviors. Caregivers also reported increased acceptance and reduced expectations of the person with dementia, demonstrating a shift in attitude.

Also in fiscal year 2015, in order to increase access and outreach to Hispanic family caregivers, AASA collaborated with Michigan State University to translate materials into Spanish for use by bilingual practitioners.

### **Tailored Caregiver Assessment and Referral®**

Tailored Caregiver Assessment and Referral (TCARE) has been funded since 2009 with the goal of reducing the burden and stress on people serving as caregivers to family or friends. Area agencies on aging and other community partner agencies use existing federal caregiving funding to implement TCARE.

TCARE is an evidence-based individualized assessment and referral process. For caregivers who are identified as medium-to-high risk through TCARE screening, certified assessors work with them to find sources of their stress and burden, and to identify community resources to help them.

There are currently 32 certified TCARE staff in Michigan, seven of whom were trained in fiscal year 2015.



## **SPECIAL PROGRAMS AND PROJECTS**

### **Emergency Preparedness**

As part of the state's emergency preparedness and disaster response system, AASA reports to the State Emergency Operations Center (SEOC) when it is activated in response to an emergency.

In fiscal year 2015, AASA regularly attended emergency preparedness trainings and practice drills provided by the Michigan State Police and the MDHHS. AASA also participated in emergency preparedness activities, including cyber-attack training, an Alternative Site State Emergency Operations Center drill, and exercises for nuclear power plant emergencies.

At the local level, AASA continues to support area agencies on aging with emergency preparedness activities when they develop area plans. Area agencies on aging may fund emergency preparedness under Title III-B of the Older Americans Act, or from federal and state administration funds, or program development funds.

### **Gatekeeper Program**

Launched in 1987, the Gatekeeper Program is made possible through a partnership between Consumers Energy, DTE Energy, and Michigan's aging network. In this program, older adults in need are identified through utility company employees who have direct contact with natural gas and electric customers.

Each year two Gatekeepers are recognized for going above and beyond their assignments to help an older adult in need. In fiscal year 2015, Linda Falkowski of Consumers Energy and Valerie Christian of DTE Energy were chosen for this honor.

Ms. Falkowski submitted a Gatekeeper referral on behalf of an Ottawa County resident scheduled for termination of services. Ms. Falkowski evaluated the resident, using the warning signs of an adult in need of additional assistance and possible services. Family members confirmed that the intervention provided by Ms. Falkowski was significant, setting in motion a potentially-lifesaving series of referrals that resulted in proper home placement.

DTE Energy employee Valerie Christian submitted a Gatekeeper referral on behalf of a Wayne County resident who had been victimized by his landlord. The landlord refused to maintain necessary living conditions at his rental property, forcing his older tenant to live in an environment without running water and appropriate appliances. Because of Ms. Christian's referral, the resident received services he otherwise was not aware of, including alternative housing.

### **Aging Website**

A new website, [www.michigan.gov/aging](http://www.michigan.gov/aging), was launched in fiscal year 2015 to give Michiganders faster and easier access to information on aging services and resources available in their local area.

The website was designed as part of Gov. Snyder's overall strategy to create a more citizen-centric government – one that quickly connects residents with services they need without having to navigate through multiple government agencies.

Statewide focus groups were held to ensure the website organized aging programs and services in a thoughtful manner, and that it was built with the user experience firmly in mind.





*2015 Senior Citizen of the Year Joe Evans receiving his award from AASA Executive Director Kari Sederburg (left photo). Friends and neighbors of award winner Julian Lauren accepting the award on his behalf (right photo).*

### **Senior Citizen of the Year Awards**

The 2015 Senior Citizens of the Year, Joe Evans of Jackson and Julian Lauren of Detroit, were honored for their outstanding volunteerism at the Michigan State Capitol during Older Michigianians Day in June.

Mr. Evans, age 76, was nominated by the Jackson County Advisory Council and was recognized for his exceptional work as a community leader. He has been a member of the Jackson County Advisory Council and the TRIAD of Jackson County for more than 10 years. He has also been a member of the Jackson County Traffic Safety Commission, has served as an AARP volunteer, and has volunteered at the Jackson Department on Aging.

Mr. Lauren, who was selected for his service to others, passed away on May 3 before the recognition event. He was honored during the ceremony for his tremendous volunteer work. Mr. Lauren volunteered at the senior housing community where he lived, at his church, and in his community for more than a decade. He was a passionate and effective mediator and advocate for older adults, and was well-known for never saying "no" to a person in need. Mr. Lauren was nominated by LeadingAge Michigan. He was 67 years old.

Award winners received a congratulatory letter from Gov. Rick Snyder, an engraved glass award, and \$1,000 from Consumers Energy. Representatives from Mr. Lauren's housing residence, 8330 on the River in Detroit, accepted the award on his behalf.



### **Person-Centered Planning/Thinking**

Professional development opportunities were made available to options counselors (also called person-centered counselors) working in Michigan's aging and disability networks in fiscal year 2015.

Each grantee was awarded funding for staff skill enhancement activities that included:

- Online training
- Out-of-state training opportunities
- Round table sessions and conference calls

Additional training opportunities included:

- A two-day summit hosted by AASA for aging and disability counselors, which included resource sharing and a session on motivational interviewing
- A webinar on alternatives to guardianship provided by Elder Law of Michigan
- E-learning courses covering the person-centered planning overview course and three course modules focusing on options counseling.
- Person-centered trainings available through e-learning and in-person training by master trainers.

### **Long-Term Care Process Improvement Project**

With the support of Gov. Rick Snyder, AASA was named the lead state agency of an initiative to examine how Michigan's long-term care system is managed at the state level and implemented at the local level, in an effort to identify opportunities to improve access for individuals seeking information and services.

In fiscal year 2015, with funding from a federal grant, AASA led the initiative by taking the following steps using a continual quality improvement framework:

- Long-term care programs were identified, along with their placement within state government.
- A strong coalition of state level partners, referred to as the BOLD Council, was formed to serve as change agents to transform Michigan's long-term care system.
- Eighteen different programs scattered throughout state government were value stream mapped; consumers, subject matter experts, and other stakeholders participated in this process.
- Of the 18 different programs examined, more than 700 potential improvements were found.

### **Workforce Background Checks – Pilot Program for Personal Care Workers**

AASA received funding from the Michigan Department of Licensing and Regulatory Affairs to expand fingerprint-based background checks on a trial basis to personal care workers who provide paid in-home supports and services. Working with Region 3B Area Agency on Aging and its MI Choice Waiver program service area, along with three area agency on aging regions that border Region 3B (southwest and central Michigan), 34 home care providers registered to participate.

Fiscal Year 2015 Program Details

- Of 34 registered providers, 13 submitted 701 worker applications using the Michigan Workforce Background Check system, with 512 approved for hire
- 23 workers recommended for hire were not hired due to withdrawal by the provider or applicant
- 12 workers had disqualifying convictions based on the background check
- Other applications were withdrawn either by the applicant or provider before fingerprints were run

## ROSTERS

### **Aging & Adult Services Agency**

*Kari Sederburg, Executive Director*

*Vacant, Deputy Director*

*Cindy Albrecht*

*Jane Alexander*

*Shirley Bentsen*

*Eric Berke*

*Steve Betterly*

*Emma Buycks*

*Priscilla Cheever*

*Amy Colletti*

*Dan Doezema*

*Carol Dye*

*Diana Evans*

*Cynthia Farrell*

*Annette Gamez*

*Dawn Jacobs*

*Sherri King*

*Gloria Lanum*

*Phil Lewis*

*Hema Malavia*

*Michelle McGuire*

*Laura McMurtry*

*Wendi Middleton*

*Tari Muniz*

*Rebecca Payne*

*Candace Pilarski*

*Rachel Richards*

*Terri Simon*

*Sarah Slocum*

*Sally Steiner*

*Lauren Swanson-Aprill*

*Rachel Telder*

*Julia Thomas*

*Scott Wamsley*

*Departures: Leslie Shanlian, Dawne Velianoff, Ed Dinkgrave*

### **Michigan Commission on Services to the Aging**

*Dona Wishart, Chair, Gaylord*

*Matthew Adeyanju, Big Rapids*

*Michael F. Burri, Grand Rapids*

*Douglas Chalgian, East Lansing*

*Sibyl Ellis, Mount Pleasant*

*Joan Ilardo, East Lansing*

*Gerald L. Irby, Marquette*

*Kathleen LaTosch, Ferndale*

*Harold Mast, Kentwood*

*Donna L. Murray-Brown, Detroit*

*Richard Ortega, Grand Rapids*

*Renee Reid-Smith, Niles*

*Jeffery R. Schade, Midland*

*Michael J. Sheehan, Cedar*

*Kristie E. Zamora, Flint*

**State Advisory Council on Aging**

*Michael Sheehan, Chairperson*

*John Murphy, Vice Chairperson*

*Regina Allen*

*Nellie Blue*

*Alan Bond*

*Kellie Boyd*

*Vicente Castellanos*

*Dave Caudle*

*Charles Corwin*

*Georgia Durga*

*Kathleen Earle*

*Sandra Falk-Michaels*

*Thomas Hartwig*

*Lois Hitchcock*

*Elizabeth Ireland-Curtis*

*Kathleen Johnston-Calati*

*Mary Jones*

*Victoria Laupp*

*Barbara Leo*

*Nicolette McClure*

*Gerald McCole*

*Pamela McKenna*

*Perry Ohren*

*Roy Pentilla*

*Angie Perone*

*Jean Peters*

*Gene Pisha*

*Mary Lou Proefrock*

*Patricia Rencher*

*Donald Ryan*

*Mona Sashital*

*Gary Scholten*

*Linda Strohl*

*Terry Vear*

*Susan Vick*

*Wendy White*

*Kathleen Williams-Newell*

*Ginny Wood-Broderick*

*John Zimmerman*

*Ex-Officio: Robyn Ford, Social Security Administration; Susy Avery, Michigan Women's Commission; Elizabeth Adie Thompson (Alternate), Michigan's Women's Commission*