

2006 Annual Report

Promoting independence and enhancing the dignity of Michigan's older adults and their families.

**State of Michigan
Jennifer M. Granholm, Governor**

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STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

SHARON L. GIRE
DIRECTOR

January 2007

Dear Governor Granholm, Members of the Michigan Legislature, and Friends:

2006 was a year filled with historical significance for our older adult population. This past year, the first Baby Boomers – the generation born between 1946 and 1964 – turned sixty years old. In the coming years, more and more people will be joining the ranks of older adults and Michigan's aging network is working to address these challenges.

In staying true to our mission, the Office of Services to the Aging (OSA) worked throughout the year to promote the independence and enhance the dignity of Michigan's older adults and their families. In 2006, we focused on a critical component to achieving our mission – protection of the vulnerable.

A major highlight was the culmination of the Governor's Task Force on Elder Abuse. As the lead state agency for the Task Force, OSA worked to coordinate the process and pull together the final report. As a result, Michigan's elders both present and future will be better informed about elder abuse and will receive a more coordinated response and enhanced protections.

In addition, I was honored to be a delegate to the 2005 White House Conference on Aging. This conference brings together people with a shared interest - the future of our nation's aging network. It was a pleasure to be part of Michigan's strong delegation, which was second to none.

Throughout 2006 we worked to enhance services for today's seniors while keeping in mind the future concerns of older adults. I would like to personally thank you for your shared commitment and for your steadfast support of OSA. By working together we can make sure that no elder goes without the information and services they need to live life to its fullest.

Sincerely,

Sharon L. Gire, MSW
Director



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SPECIAL RECOGNITION

Senior Citizens of the Year

The Senior Citizen of the Year Award Program is a long-standing partnership between the Commission on Services to the Aging, the Office of Services to the Aging (OSA), and the Michigan State Fair. Two older adults are honored each year, one for their leadership in their community and one for their service to others. For 2006, Kenneth Lautzenheiser of Jerome and Bob Oliver of Adrian were presented with the honor. Both men attended the award ceremony on August 28, 2006 at the Michigan State Fair in Detroit.

Kenneth Lautzenheiser, 82, has shown a constant concern for older adults in his community and has led the charge for their voices to be heard. As the winner in the Leadership category, he has exhibited his commitment by serving on numerous boards throughout the community. These include: the local Community Mental Health Agency, the Area Agency on Aging Advisory Committee, the Tri-County Health Board, the Hillsdale County Planning Commission, and the Michigan Substance Abuse Coalition. He is also a proud fifty-plus year member of the Lions Club International.

Bob Oliver, 73, is a man who has devoted his time to giving back to others. He is a vibrant and dedicated volunteer for numerous organizations in Adrian, and was the recipient of the award in the Service category. Whether he is helping at the Adrian Senior Center, delivering meals to homebound older adults, transporting older adults to medical appointments, serving in his church, or facilitating a men's cancer support group, Mr. Oliver is making a profound difference in the lives of countless people.

Gatekeeper of the Year

The Office of Services to the Aging (OSA) has the distinct honor of partnering with Consumers Energy to honor their employees who look out for vulnerable older adults in the community through the Gatekeeper Program. The Gatekeeper Program began in 1987 as a way to identify elderly community members who need assistance. Gatekeepers serve as an extra set of eyes and ears in the community and help to maintain the health and safety of older adults. OSA selects one employee each month and recognizes them for their outstanding efforts on behalf of older adults and one employee is honored as Gatekeeper of the Year.

This year, Dale Forsyth, a Customer Accounts Specialist in the Credit Department of Consumers Energy in Adrian, received the Gatekeeper of the Year award. On a daily basis Mr. Forsyth exhibits concern for elderly customers and refers them to the aging network for assistance. For example, in one instance, he went to an elderly customer's home to disconnect the heat due to nonpayment. Upon arrival, he found an elderly customer that lived alone, with no car and no phone service. Mr. Forsyth kept the heat on and referred the customer to the local area agency on aging. On another occasion, his concern for a recently widowed elderly customer resulted in a referral through which the customer agreed to participate in the senior nutrition program, Veterans services, and debt counseling.

MICHIGAN'S AGING NETWORK

A History of Michigan's Aging Network

One of the first steps in formalizing advocacy for older adults was taken in 1949 when Governor G. Mennen Williams appointed an Interdepartmental Committee to study the problems of older persons and to recommend needed action. In the spring of 1950 this committee recommended that a citizens' Commission on Aging be established. The Governor appointed a study Commission which sponsored the first state conference on aging in 1952.

Again, a statutory Commission on Aging was recommended to focus on the state's aging issues and in 1956 the Legislature passed an alternate bill, which created a legislative Advisory Council on Problems of the Aging. In the Spring of 1960 the Legislature passed Public Act #11, which enabled the first Commission on Aging to begin operation in its own office on July 14, 1960.

During the height of the nation's Great Society programs, in 1965 Congress enacted the Older Americans Act (OAA) to coordinate community-based programs for older citizens. This was a landmark act that brought aging issues to the forefront in our country. Its objectives were to assist senior citizens in finding adequate housing, health services, dignified long-term institutional and in-home care and to act as an advocate for job opportunities.

The Commission on Aging functioned as such until 1973, when Public Act No. 106 was passed. This new statute abolished the Commission and established a new Commission and Office of Services to the Aging for a two-year period during which the two entities were given the broad task of documenting the problems and needs of Michigan's elderly and making specific recommendations to address those problems. The results of these findings were found in the Michigan Comprehensive Plan on Aging published in 1975. This document provided the basis for OSA's planning and direction during the formative years.

Amendments to the OAA in 1972 increased its range to include a nutrition program for the elderly and in 1973 required states to establish area agencies on aging to coordinate federal and state programs with local efforts. This change led to the formation of the aging network as we know it today.

On July 1, 1975 Public Act No. 146 created a permanent Commission and Office of Services to the Aging. In 1981 Public Act 180, the Older Michiganians Act (OMA), created OSA as an autonomous entity within the Department of Management and Budget and established the duties of the Commission, the Office, and the area agencies on aging.

Michigan's Present Day Aging Network

OSA is Michigan's designated state unit on aging. State units on aging are federally required under the OAA, as amended. The OAA is administered by the Administration on Aging (AoA), part of the federal Department of Health and Human Services. AoA is responsible for national programs and concerns within the federal government for problems and services to senior citizens.

The Governor, with the advice and consent of the Senate, appoints the OSA director. The director also serves as special assistant to the Governor in those areas that relate to the well-being of older persons.

OSA administers OAA and state-funded programs, and monitors and evaluates state policies and programs affecting older adults. OSA is also responsible for program development activities and federal and state advocacy efforts. The Office also currently houses the State Long-Term Care Ombudsman Program. The Office of Services to the Aging is an autonomous, Type I state agency within the Department of Community Health (DCH). DCH provides the Office with budget, procurement, accounting and personnel services.

Mission:

To promote independence and enhance the dignity of Michigan's older adults and their families.

Vision:

The Michigan Office of Services to the Aging (OSA) is the focal point of our statewide aging network providing leadership, innovation, advocacy, and supportive services on behalf of Michigan's older adults and caregivers.

Goals:

Work to improve the health and nutrition of older adults.

Improve access to information and services to older adults and their caregivers.

Promote financial independence and safeguard the economic security of older adults.

Protect older adults from abuse and exploitation.

Ensure that older adults have a choice in where they live.

Improve the effectiveness, efficiency and quality of services provided through the Michigan Aging Network and its partners.

Commission on Services to the Aging (CSA)

The CSA advises the Governor, Legislature, and OSA on matters relating to policies and programs for older adults in Michigan. The 15-member bipartisan group is appointed by the Governor with the advice and consent of the Senate. No more than half the commission members may be of one political party and at least half must be at least 60 years old. The CSA approves funds for services administered under the OAA and OMA. During 2006 the CSA continued its desire to be accessible to citizens around the state and held meetings and public hearings in Mount Pleasant, Dearborn, and St. Ignace. Additional hearings were held in Detroit, Kalamazoo, Lansing and Flint. Several Commissioners also visited local groups and participated in OSA-sponsored meetings such as the cultural competency workgroup. The Commission engages in the following activities:

- Serves as an effective and visible advocate for aging and older persons in all government decisions.
- Advises the Governor and the Legislature of the nature, magnitude and priorities concerning services to older persons.
- Reviews and advises the Governor and the Legislature on the state's policies concerning services to older persons.
- Makes recommendations to the Governor and the Legislature regarding changes in federal and state programs, statutes and policies.
- Advises the Governor, the Legislature and OSA concerning the coordination and administration of state programs serving older persons.
- Reviews and approves the annual State Plan and budget required by the OAA prior to submission to the federal AoA.
- Establishes policies pertaining to the implementation of federal and state statutes involving funds administered by the OSA.
- Reviews and approves all grants administered by the OSA.
- Reviews and approves the annual report required in Section 6(n) of the OMA.
- Establishes an advisory council and other specialized advisory committees as needed.
- Designates planning and service areas in conformance with the requirements of the OAA.
- Designates one agency in each planning and service area as the recognized AAA.
- Undertake other activities required in Section 4 of the OMA, as amended.

State Advisory Council on Aging (SAC)

The 40 member SAC, appointed by the CSA, studies aging issues and recommends policy to the Commission. The SAC advises OSA and the Commission on OAA programs and other areas of concern for elderly people in their areas and it is a communication link between local communities, the CSA and OSA. SAC members represent a diverse cross section of older adults, advocates and professionals in the field of aging. Applications for membership are accepted by OSA on an annual basis. In 2006, the SAC focused on the issue of mental health for older persons with the following recommendation: *The CSA and OSA develop a statewide older adult mental health initiative encompassing strategies of advocacy, education, programs and training.*

Area Agencies on Aging (AAAs)

The 16 AAAs are regional planning, advocacy and administrative agencies designated by the CSA. A board of directors made up of local community members governs each AAA. OSA contracts with AAAs to plan, coordinate, and contract for services to older adults in specified geographic regions of the state. AAAs offer programs that make a difference in the lives of all older adults, from the frail older person who can remain at home if they receive the right services to those who are healthy and can benefit from the activities and socialization provided by community-based programs such as senior centers. AAAs arrange for the delivery of services through local community agencies. Available services may range from community-based services, in-home services, housing, and elder rights. Area Agencies on Aging also provide some direct services, including information and assistance and care management.

Commissions and Councils on Aging (CoAs)

CoAs are agencies that provide services to older adults residing within a geographic region. They generally are created through a governmental authority such as a county commission. Seventy-one out of eighty three counties in Michigan have at least one council or commission on aging. CoAs provide a centralized local perspective on aging issues and OSA stays connected to CoAs through our field representatives and also through visits by the OSA director. The majority of CoAs are local service providers.

Local Service Providers

Michigan's aging network is comprised of over 1,200 service providers who serve older adults and caregiver clients. These providers are well-informed about the unique needs of older adults in their specific geographic areas and provide a critical link at the local level. Service providers adhere to OSA's Operating Standards for Service Programs, which ensure consistency and quality of services statewide.

Aging Organizations

OSA works closely with numerous local and statewide organizations that represent a wide variety of services and service providers. These organizations provide a venue for OSA to communicate policies and important issues, and to hear their members' concerns. Some of these organizations include: Michigan Association of Senior Centers, Michigan Adult Day Services Association, Michigan Directors of Services to the Aging, Michigan Association of RSVP Directors, Michigan Association of Foster Grandparent and Senior Companion Directors, Michigan Association of Nutrition and Aging Service Providers, and the Area Agencies on Aging Association of Michigan.

HIGHLIGHTS

White House Conference on Aging

Michigan's premiere experts in the field of aging headed to Washington, D.C. for the White House Conference on Aging (WHCoA) held December 11-14, 2005. The Conference, which occurs once every ten years, was entitled *The Booming Dynamics of Aging, From Awareness to Action*. The Older Americans Act, the backbone of our nation's aging network, was a result of the 1961 WHCoA. Other notable programs which resulted from past WHCoA include the home delivered and congregate meals programs, Medicare and Medicaid, Supplemental Security Income Program, Social Security reforms, and the National Family Caregiver Support Program.

Michigan's delegates, appointed by Governor Jennifer M. Granholm and members of Michigan's Congressional delegation, outlined recommendations for the President and Congress on issues, policy and research in the field of aging.

OSA took a leadership role at the state level and convened meetings of Michigan's delegation. They were presented with information that was gathered at our prior year public policy forums and were given the opportunity to develop a coordinated agenda for their trip to Washington. The delegates were presented with a tremendous opportunity to represent their senior friends, neighbors, and community members. While at the WHCoA, they attended sessions, voiced concerns, and voted on topics such as promoting dignity, health, independence and economic security of current and future generations of older persons.

Michigan's Delegates:

Mr. Norman Abeles, East Lansing
Mr. Paul Bridgewater, Detroit
Dr. Charles Chambers, Southfield
Mr. Nick Ciaramitaro, Roseville
Ms. Kathy Crawford, Novi
Ms. Georgia Durga, Traverse City
Mr. Larry Erlandson, Holland
Dr. Mohamed F. Farrag, Dearborn
Mr. Willie W. Felder, Detroit
Ms. Beth Fitzimmons, Ann Arbor
Mr. Michael Flory, Okemos
Ms. Sharon L. Gire, Lansing
Ms. Alison Hirschel, Ann Arbor

Ms. Lynn Kellogg, St. Joseph
Ms. Jerutha Kennedy, Detroit
Ms. Kathryn Lawter, Columbiaville
Mr. Jonathan S. Mead, Escanaba
Ms. Marye Miller, Rochester
Ms. Lori Offenbecher, Caro
Dr. Susan Ogland-Hand, Grand Rapids
Ms. Tene Ramsey, Detroit
Mr. Ed Scribner, St. Clair Shores
Mr. Aaron Simonton, Monroe
Mr. Roscoe Stuber, Brighton
Ms. Ginny Wood-Bailey, Onsted
Ms. Renee Wood, Caro

Protection of Vulnerable Older Adults

On May 25, 2005 Governor Granholm announced the creation of the Michigan Task Force on Elder Abuse. Both older adults and those who work every day to combat this terrible social problem applauded creation of the Task Force. OSA was charged as the lead state agency to implement the Task Force and its success was a driving force of the office's work throughout the year.

What is Elder Abuse?

Elder abuse is an issue that is faced by older adults across the globe. In Michigan, it is estimated that at least 80,000 older adults are victims. Whether it is physical abuse, financial exploitation, emotional abuse, neglect, or self-neglect, the symptoms and treatment of elder abuse are complex. It is often characterized by life-threatening actions inflicted upon vulnerable adults. It is also about the theft of resources that leads to the financial and emotional devastation of persons who have no ability to recoup their losses.

Elder abuse is largely an unrecognized and unreported social problem. A comprehensive system to collect data about elder abuse cases is lacking. A centralized and coordinated depository of elder abuse educational resources does not exist, nor does the general public have a central place to report suspected abuse. And, justice for victims is difficult, if not impossible to achieve, given current laws. As we see increases in the population of people age 60 and over, and more people reaching age 85 and beyond, the problem of elder abuse will only continue to spread.

The Task Force

To specifically address the problem of elder abuse, Governor Granholm charged the Task Force with assisting the state in identifying new resources, best practices, and necessary changes in law, policies, and practices to assist in preventing elder abuse. Over the past year, members reviewed national, state, and local efforts to prevent elder abuse and prosecute abusers. They sought the expertise of leaders in the field who are combating elder abuse and we heard heart-wrenching testimony about real cases, sometimes from the victims themselves. In order to gain statewide input, public hearings were held throughout the state and public input was widely sought throughout the process.

While there are a number of successful local elder abuse efforts underway in Michigan, change needs to occur on a grander scale. The recommendations developed by the Task Force build on programs already in place and rely on the expertise of local experts in the field. The recommendations have one thing in common: a goal of creating a cohesive, coordinated and proactive response to abuse, by giving agencies, organizations and individuals the tools they need to better protect vulnerable older adults and prosecute abusers. These recommendations are a first step in achieving this goal for Michigan's elders, both present and future.

Michigan's Vulnerable Adult Helpline is available twenty-four hours a day, seven days a week by calling 1-800-99-NO-ABUSE.

Long-Term Care (LTC) Ombudsman Program

In 1978 Congress amended the OAA to include a requirement that each state develop a Long-Term Care Ombudsman Program to address complaints and advocate for improvements in the long-term care system. In 1987, Public Act 35 created a statewide patient advocate system for nursing home residents and their families to be administered by OSA. The LTC Ombudsman Program was created to help address the quality of care and quality of life experienced by residents who reside in licensed long-term care facilities such as nursing homes, homes for the aged, and adult foster care facilities.

Today, the LTC Ombudsman Program is housed within OSA. Local ombudsman services are available statewide through providers contracted by AAAs; three AAAs operate the program directly. The ombudsmen provide a community presence in long-term care facilities by routinely visiting residents of long-term care facilities. The program is available to residents and concerned relatives to investigate complaints, suggest remedies and assist with resident rights, payment issues, guardianship, and nursing home placement. In 2006, the LTC Ombudsman Program resolved 1,745 individual complaint cases, provided consultation and information to 4,062 individuals, and assisted 585 facilities with information. In addition, 278 community education sessions were presented by state and local LTC Ombudsman staff.

The State LTC Ombudsman also reviews and comments on policy and legislative changes. By doing so, the State LTC Ombudsman voices the needs and wishes of LTC consumers to policymakers to work toward systemic changes helpful to our friends and family members living in LTC facilities

The program also expands its reach through the use of volunteer ombudsmen. Volunteer ombudsmen receive intensive and ongoing training and gain an understanding of the complex system of long-term care. They are trained to educate, empower and advocate for older adults and their families and thereby assist in getting answers to their questions and resolving their concerns. The volunteer ombudsmen visit residents of long-term care facilities and educate them on their rights. The volunteers also report individual complaints about care to Ombudsman staff for resolution.

Legal Assistance

Legal Assistance is a priority service under the OAA. Through the legal assistance program, Michigan's older adults are able to receive information and referral, advice and counsel, legal education, and direct legal representation. The most common cases involve consumer issues, housing and advance planning. In 2006, the legal services program provided over 45,000 hours of service to over 12,000 older adults and conducted over 300 community presentations.

Background Checks and Adult Abuse and Neglect Prevention Training (AANP)

OSA continued to work with DCH on a collaborative three-year project to participate in the federal background check pilot program in order to reduce abuse and neglect in long-term care facilities. The pilot will operate through September 2007 with the goals of expanding and improving the criminal background checks for those employees working in or having direct client access in Michigan's long-term care settings. Michigan's participation in this project will

help to determine best practices in conducting efficient, effective, and economical state and national background checks in order to provide optimum services and support for our most frail and vulnerable citizens.

The project includes free training available to 11,000 direct access staff caring for vulnerable adults across all long-term care healthcare settings. OSA staff provide a leadership role in this project and work closely to ensure high quality trainings. The AANP completed 126 trainings with 2,030 long-term care direct access staff trained in FY 2006. During the interactive one-day trainings, trainees are offered valuable information on identifying forms of abuse, how to report suspected abuse and how to prevent abuse of vulnerable adults.

Long-Term Care

Long-term care is a broad term which covers a wide array of services and supports that can include everything from minor home modifications to help someone live independently, in-home health care, adult day care centers, assisted living facilities, continuing care retirement communities, or nursing homes. Long-term care is the kind of help you might need with daily activities such as bathing, dressing, feeding yourself, or getting around.

OSA has been involved in a number of activities to promote aging in place. Factors influencing successful aging in place include: fall prevention and home injury control, healthy lifestyle and good medical and medication monitoring, home modification and home retention, visitability, livable and elder-friendly communities and naturally occurring retirement communities.

Data indicates that about 60% of us will need some type of long-term care at some point in our lives. Information and services available through Michigan's aging network can help people prepare for their long-term care needs.

Single Points of Entry (SPE)

In June 2006 four demonstration sites were selected as SPE pilot projects. The establishment of long-term care SPEs was a key recommendation presented to the Governor and the Legislature in the final report of the Medicaid Long-Term Care Task Force, issued in June 2005. OSA staff participated in activities at all levels of the Single Point of Entry selection process and serve on workgroups related to implementation. And, OSA has a close working relationship with the Office of Long-term Care Supports and Services.

The SPEs will be highly visible and trusted sources of information and assistance about long-term care, aiding Michigan residents with planning and access to needed services and supports, in accordance with their preferences. The selected demonstration awards were made to the independently-governed bodies in Detroit (submitted by Detroit Area Agency on the Aging), Southwest Michigan (submitted by Region IV AAA), the Upper Peninsula (submitted by U.P. Commission for Area Progress), and in Western Michigan (submitted by HHS Health Options and AAA of Western Michigan).

Long-Term Care Supports and Services Advisory Commission

The Long-Term Care Supports and Services Advisory Commission was created as an advisory body within the Michigan Department of Community Health to serve as a forum for the discussion of issues related to the provision of long-term care supports and services in Michigan. The Commission was created pursuant to Executive Order 2005-14, as amended by Executive Order 2006-4.

The seventeen-member body is comprised of individuals representing primary and secondary consumers, providers of Medicaid-funded services, direct service providers and the general public. One half of the members are required to represent consumer interests. The OSA Director serves as an ex-officio member of the Commission.

Long-Term Care Awareness

OSA partnered with the Office of Long-Term Care Supports and Services on a statewide long-term care awareness campaign called Own Your Future. This initiative involves a public awareness effort to educate people age 45-65 on the importance of pre-planning for their long-term care needs. Planning in advance for how to pay for long-term care is important and offers many advantages, such as control over the financial impact it has and peace of mind because individuals control their own care choices.

Aging in Place

In the later part of 2005, the Michigan State Housing Development Authority (MSHDA) convened eleven different Issues Work Groups of state department and external stakeholders to develop recommendations as part of the Michigan Affordable Housing Community Five Year Action Plan. OSA staff participated on the Aging in Place Workgroup and led one of the subcommittees.

The Four Aging in Place subcommittees focused on:

1. Developing opportunities to more effectively link services to single-family homes, apartments and other independent elderly developments;
2. Developing a plan to establish up to six Pilot Continuing Care Retirement Communities with an affordable assisted living component;
3. Evaluating the feasibility of expanding the MI Choice Waiver into additional settings with increased deployment of Housing Choice Vouchers; and
4. Developing a program to preserve the affordability and availability of subsidized senior housing.

Final recommendations of the Aging in Place Workgroup were developed and approved by the MSHDA Board in April, 2006. The recommendations are on the MSHDA Website at: http://www.michigan.gov/documents/mshda_plan5_aging_136178_7.html.

OSA staff continue to work with MSHDA and public and private partners in developing requests for concept paper specifications for the affordable assisted living demonstration projects for older adults and in follow-up implementation strategies for Aging in Place Work Group recommendations.

Elder-Friendly/Livable Communities

OSA staff provided leadership and technical assistance in the development of the Elder-Friendly Community Certification Assessment and in the implementation of the AARP model Livable Communities Assessment completed in Traverse City.

Green House Project

On August 21, 2006 OSA was proud to be a part of the ribbon cutting for Michigan's first Green House. Presbyterian Villages of Michigan (PVM) broke ground on this radically new approach to residential long-term care in 2005 and OSA was a supporter throughout the process. OSA

worked closely with other state departments to remove barriers, which would have otherwise inhibited the development of Green Houses in Michigan. The Green House is a concept designed by Dr. William H. Thomas, the creator of the Eden Alternative™ model of culture change in long-term care communities.

A fundamental change from traditional long-term care, Green House focuses on the growth and continued life of those needing long-term care services. Green Houses are small, thereby reducing the number of people living together, which changes staffing patterns and how staff and residents interact. Activities in a Green House revolve around the regular daily activities we all enjoy, but residents still receive skilled level of care services. Autonomy, dignity, and choice are the backbone of the Green House — a place where elders can receive assistance and support with long-term care needs, without that assistance and care becoming the focus of their existence.

Healthy Aging

Throughout 2006 OSA continued its emphasis on the importance of leading healthy lifestyles. Disease prevention and health promotion are keys to successful aging. We want to make information available about good health, nutrition and exercise. Older adults need to know that they can make changes now that will improve the way they feel and ensure quality of life. In order to assist older adults with reaching their health goals, we worked with the aging network to provide information on the importance of physical activity, as well as opportunities to take part in these activities.

Senior Health and Fitness Day

On May 31, 2006, OSA celebrated Michigan's first Senior Health and Fitness Day. Senior Health and Fitness Day is the nation's largest older adult health and fitness event designed to introduce elders to the many choices they have for physical activity, and to promote regular physical activity among this age group. Here in Michigan, OSA coordinated with agencies across the state to host a wide variety of events for older adults such as group walks, exercise classes, chair exercise, pool exercise, workout machine demos, and lectures and food demos on healthy eating.

Michigan's Coordinated Access to Food for the Elderly (MiCAFE)

Research indicates that many older adults are intimidated by the application process for food assistance (food stamps) and feel uncomfortable asking for help. By making the application process more easily accessible to older adults and completing it in familiar surroundings, the number of applicants to the program increases. To address this issue, OSA collaborated with Elder Law of Michigan (ELM) and the Department of Human Services on the MiCAFE program. MiCAFE is one-on-one assistance provided in senior and community centers to assist elders in applying for the food assistance program.

The key to MiCAFE is hands-on application assistance provided by volunteers in senior centers and other comfortable locations. Feedback suggests that most older adults who have enrolled through this program would not have applied for these federal benefits had it not been for MiCAFE. Data indicates that 69% of applicants submitting through MiCAFE were determined eligible with an average monthly benefit of over \$57.00.

Senior Volunteer Programs

For over 30 years OSA has supported the concept of healthy aging through volunteer service. Volunteering is a win-win for all involved. Extensive research has shown that through volunteer service, older adults are contributing to the well-being of others while at the same time improving their own health and sense of well-being.

Michigan is served by 55 senior volunteer projects – 22 local RSVP programs, 19 local Foster Grandparent Programs (FGP), and 14 local Senior Companion Programs (SCP).

Statewide surveys of Michigan's volunteer stations and senior volunteers in 2005 show that over 50% of RSVP stations would not be able to function (achieve their mission) without the RSVP

volunteer support they receive. Over 79% of the stations served by foster grandparent volunteers state that the foster grandparents have a positive impact on the children in their programs and over 77% of stations served by senior companions state these volunteers have a positive impact on the adults in their programs. Over 92% of foster grandparents and senior companions state that volunteering helps them stay active.

In 2006, OSA provided all programs with full access to a newly developed on-line program management tool called the Volunteer Information System (VIS). OSA invested extensive time in developing this comprehensive tool for use by the projects for their daily administrative tasks and to meet their reporting needs. Data from 2006 shows that there were 11,501 RSVP volunteers, 1,583 FGP volunteers, and 783 SCP volunteers. Statewide, 2,563 agencies and/or organizations received the services of senior volunteers.

Senior Project Fresh

OSA coordinates the USDA Senior Farmers Market Nutrition Program, known as Senior Project FRESH (Farm Resources Expanding and Supporting Health) in Michigan. The project has two target audiences: Michigan farmers, and Michigan's low-income older adults.

As Michigan's population ages, the incidence of chronic disease is increasing at an alarming rate. Evaluation of Senior Project FRESH 2005 showed that most of the older adults who received coupons had at least one chronic disease, and many indicated they were taking medication for chronic disease. A diet rich in fresh fruits and vegetables available through programs like Project FRESH has been shown to reduce the risk of developing chronic disease, along with helping to manage existing conditions.

In partnership with MSU Extension Offices, Commissions on Aging, and area agencies on aging, approximately 7500 households were provided coupons to purchase Michigan-grown produce in 2006. This is an increase of 4,033 households from 2005. The program's reach expanded from 19 counties in 2005, to 33 counties and two neighborhoods in an additional county in 2006. Houghton, Keweenaw and Wayne counties, which have some of the highest levels of older adults in poverty in Michigan, began participating in 2006.

Personal Action Toward Health (PATH) Project

Building on the foundation laid in prior years, substantial progress was achieved during 2006 in making the PATH project a reality in Michigan. The PATH is Michigan's name for the evidence-based disease prevention program known as the Stanford Chronic Disease Self-Management Program. Evidence-based disease prevention programs have been shown to reduce the risk of chronic disease, improve outcomes of existing disease, and in general, empower persons with chronic disease to take more control of the progress of the disease, and work more cooperatively with their medical care providers. The Stanford program is one of many evidence-based disease prevention programs.

OSA and DCH share the responsibility for the Michigan Partners on the PATH. The Michigan Partners on the PATH are a collaboration of public and private groups that are working toward improving the quality of life for all Michiganders through prevention and increased self-management of chronic disease. Partners include universities, health plans, hospitals, senior

centers, area agencies on aging, local health departments, diabetes outreach networks, the Arthritis Foundation, and others. Partners conduct and help facilitate programs being offered at convenient times and locations. The goal of the statewide infrastructure is to educate and provide support to aging network service providers who want to offer classes; to create community coalitions to encourage public/private partnerships to share resources and expertise; to educate medical providers, single points of entry, and information and referral staff about the classes; and to provide a clearinghouse of information and referral to both interested agencies and clients through www.mipath.org.

As a result of this work, Michigan was selected to participate in the Agency for HealthCare Research and Quality Elder Learning Network. This provides an opportunity for OSA and DCH staff to participate in conference calls and attend conferences to learn about what other states are doing, as well as learn more about evidence-based disease prevention programs, and how to embed them into the aging network.

Cultural Competency

In 2005 OSA held public forums around the state to gain input on the concerns of Michigan's older adults and their caregivers. One theme that arose from the forums was the importance of and recognition of diversity in serving Michigan's older citizens and their families. In addition, OSA is mandated by the Older Americans Act of 1965, as amended, to target services to those in greatest social and economic need. As a result, over the past year OSA worked to develop a cultural competence strategic plan aimed at accounting for and appreciating the diversity among people working in and served by the aging network. This plan offers positive steps toward developing competent ways of responding to the diversity in our public service work. OSA is taking the lead in addressing cultural competence in our own work environment, and in promoting and providing leadership to those agencies in the aging network in pursuing their own diversity practices.

To develop a strategic plan, a number of activities took place. First, a survey of AAA staff was conducted. This survey gathered information about the current cultural competency efforts of AAAs. Second, OSA brought together a wide spectrum of experts including staff from the Michigan Departments of Civil Rights and Community Health, the Developmental Disabilities Council, the CSA and SAC, the Commission on Disability Concerns, the Women's Commission, and the aging network. The meeting of experts accomplished four main tasks: 1) identified a variety of issues/needs and gaps related to creating a culturally competent operational environment, 2) brainstormed key elements to be included in a cultural competence plan, 3) reviewed a variety of cultural competence models, and, 4) developed the six following goals which encompass the strategic plan.

1. Values – Institute guiding principles that strive for the OSA Office, staff, and the aging network to be culturally competent.
2. Education – Address and provide cultural competence education and awareness to OSA staff and external aging network partners.
3. Communication and Marketing – Communicate and market activities to address the diverse characteristics of Michigan's older adult citizens.
4. Recruitment and Retention – Recruit and retain a diverse workforce.
5. Information – Provide information to OSA staff, aging network partners, the Legislature, community organizations, etc. on the diverse characteristics of Michigan's older adult citizens to raise awareness and conduct strategic planning.
6. Outreach – Outreach to promote and provide services in a culturally appropriate and timely manner.

These six goals provide the framework for OSA's future work in diversity and cultural competence. It is the hope that these activities will help us take several steps closer to realizing our mission.

Infrastructure

Operating Standards

To align policies and procedures with current laws, during 2006 the CSA approved updates to the Operating Standards for Area Agencies on Aging and the Operating Standards for Service Programs. These standards lay the framework for activities of the aging network with regard to AAA operations and the services through which they are funded. The new standards offer improved efficiency, while maintaining strong oversight by OSA and compliance within the aging network. In addition, the nutrition standards are reflective of the revised United States Department of Agriculture (USDA) food pyramid.

Fiscal Oversight

In order to provide for strong fiscal oversight of AAAs and service providers, OSA engaged in a comprehensive effort to bring together fiscal staff from the AAAs to develop a new assessment tool for use by OSA. In addition, the assessment tools used by AAAs to monitor service providers have also been reviewed and revised. OSA plans to continue with regularly scheduled meetings with the fiscal staff to increase communication regarding reporting and oversight responsibilities.

National Aging Program Information System (NAPIS)

OSA developed its Internet-based (NAPIS) software on the state's AIS in the fall of 2001. NAPIS allows for comprehensive reporting on clients and services supported by the OAA and state funds at the state, AAA, service provider, and client-level. Throughout 2006 enhancements were made to NAPIS to ensure the accurate reporting to AoA. In addition it is possible to gain a clear profile of the clients being served and the services that they need to support their well-being.

The development of the NAPIS dataset is crucial to OSA's effort to create information systems that support informed decision making. A comprehensive profile of clients and services helps program planners at the state and local level ensure that services reflect need and provide maximum benefit to clients and caregivers. This supports OSA's focus on keeping older adults and caregivers healthier longer and maintaining a comprehensive network of community-based services.

Caregiver Services

The 2000 amendments to the OAA provided for services for caregivers through the National Family Caregivers Support Program. Caregivers provide support to someone who needs help. Family caregivers provide support daily or episodically, and assist with services such as bathing, banking, shopping, food preparation and medical care. As a result, caregiving has the potential to impact the health, work, family, personal relationships, and finances of the caregiver. Caregivers may live with the person they are caring for, providing assistance with daily needs, or may visit the person weekly or call regularly. Being a caregiver involves an investment in time, energy and support.

It is estimated that more than 60 percent of today’s adult population either is or expects to be a family caregiver. Caregivers such as spouses and adult children provide the overwhelming majority of homecare services in this country. Approximately one million of Michigan’s citizens provide one billion hours of unpaid care annually to ill and disabled adults in the state with an approximate economic value of more than nine billion dollars each year.

Michigan Data¹

Data from Michigan’s National Aging Program Information System (NAPIS) shows that in 2006 there were 8,364 unduplicated caregivers in registered services and 20,902 caregivers in non-registered services. The profile of caregivers in registered services for 2006 suggests the following:

- 72% were female
- 43% were younger than 65 years of age
- 41% resided in rural areas
- 24% were low-income
- 36% of caregivers were daughters or daughters-in-law
- 30% of caregivers were spouses
- 20% were minority by race and/or ethnicity

Profile of Caregiving	
71%	provide hands-on care
68%	have been caregiving for more than one year; 42% for three or more years
58%	live with the individual(s) that they care for; 33% travel up to one hour to provide care
77%	provide daily care
37%	were employed full or part-time
29%	describe their health as fair or poor
6%	were caregiving for grandchildren

Services provided through the aging network allow caregivers the opportunity to work, take a break, and take time for themselves and relief from the duties of caregiving. Studies show that when caregivers receive these services, they are more satisfied with their caregiving duties and the length of time they can be effective caregivers is increased.

¹ Statistics were taken from the National Aging Program Information System (NAPIS) State Program Report. The figures are unofficial until AoA grants certification on June 30, 2007.

Caregiving Services	Client Count	Unit Count
Counseling Services	222	1,381
Support Groups	1,513	7,645
Caregiver Training	1,476	9,206
Adult Day Care	1,518	434,588
HDM Respite Care	397	71,616
Homemaker/Personal Care Respite	64	2,377
In Home Respite Care	2,408	243,680
Kinship Respite Care	206	4,604
Out of Home/Overnight Respite Care	117	3,560
Volunteer Respite Care	390	29,980
Supplemental Services	291	855
Caregiver Health Education	178	50
Caregiver Information and Assistance	20,586	31,696
Caregiver Transportation	47	747
Specialized/Other Respite Care	237	15,192

PROGRAM DATA

In today's 'Information Age', the ability to collect, report, and utilize data about clients and services is a necessity. For over five years, OSA has worked to design and develop systems that collect information necessary for mandated federal reporting as well as for continuous quality improvement initiatives. Through feedback gathered by users, the information systems are continuously updated to enhance usability and quality.

The following data illustrates the breadth of information that is available regarding clients served and services provided by Michigan's aging network.

Services Provided in 2006²:

- Offered more than 60 different services for older adults and caregivers in community-based and in-home settings.
- Served nearly 11.3 million congregate and home delivered meals.
- Provided 775,000 units of care management, case coordination and support, chore, homemaker, personal care, and other in-home services.
- Delivered 580,000 units of counseling, disease prevention, elder abuse prevention, health screening, home repair, home injury control, information and assistance, legal services, medication management, outreach, transportation, and other community services.
- Supported caregivers with nearly 900,000 units of respite care, adult day care, counseling, training, support groups, transportation, outreach, and information and assistance services.

Clients Served in 2006:

- 144,838 older adults registered for service (266,356 in non-registered services)³
- 122,080 nutrition services participants
- 58,840 older adults in community services
- 65,692 homebound older adults
- 8,364 caregivers in registered services (20,902 caregivers in non-registered services).

Difficulties with Common Daily Activities:

- 61% reported difficulty shopping and/or cooking meals
- 50% had difficulty doing laundry, cleaning, climbing stairs, walking, and/or using transportation
- 33% reported difficulty bathing, keeping appointments, and/or handling finances
- 75% had difficulty with two or more daily activities; and 70% had difficulty with three or more.

² Statistics were taken from the National Aging Program Information System (NAPIS) State Program Report. The figures are unofficial until AoA grants certification on June 30, 2007.

³ Registered client counts are unduplicated. Clients in non-registered services are reported in the aggregate and may include duplication.

Profile of Registered In-Home Service Clients

- 78% were 75 years of age or older; and 40% were 85 years of age or older
- 76% were female
- 65% lived alone
- 56% resided in rural areas
- 30% were low-income
- 12% were minority by race and/or ethnicity

Nutrition Services

Adequate nutrition is critical to one's health, functioning, the prevention, delay, or treatment of chronic disease, and overall quality of life. Nutrition services offered through the aging network provide nutritious meals in community settings and to homebound older adults. These services are an important component of home and community-based services for older people and they also combat social isolation and provide nutrition education. In addition to providing a nutritious meal, the nutrition programs offer an important link to other needed supportive in-home and community-based services such as homemaker, transportation, or home repair and modification.

Nutrition Service	Client Count	Unit Count
Home Delivered Meals	52,805	8,124,393
Congregate Meals	69,379	3,142,454

Home Delivered Meal Clients	Congregate Meal Clients
71% were age 75 or older; 35% were 85 or older	61% were age 75 or older; 23% were 85 or older
67% were female	66% were female
55% lived alone	42% lived alone
35% resided in rural areas	52% resided in rural areas
30% were low income	26% were low income
16% were minority by race and/or ethnicity	12% were minority by race and/or ethnicity
62% were at high nutritional risk	

Community Services

The Michigan aging network offers a wide variety of services designed to assist older adults in their local communities. Community services include assistance to the hearing impaired, counseling, disease prevention, elder abuse prevention, health screening, home repair, legal assistance, long-term care ombudsman, personal emergency response, senior center staffing, and vision services.

APPENDIX

OSA administers state and federal funds for aging programs. The following charts depict state and federal funding allocations as authorized by the Michigan Legislature.

Fiscal Year 2006 OSA Budget Appropriation	
LINE ITEMS	APPROPRIATION
Commission (Per Diem)	10,500
OSA Administration	5,181,700
Community Services	35,204,200
Nutrition Services	37,290,500
Senior Volunteer Services	5,624,900
Employment Assistance	2,818,300
Respite Care	7,600,000
<u>APPROPRIATION</u>	<u>\$93,730,100</u>
Total Federal Revenues:	52,162,700
Title III – Older Americans Act	39,201,300
Title VII – Older Americans Act	646,800
Nutrition Services Incentive Prog – DHHS	7,400,000
Title V – DoL	2,958,300
Title XIX- Medicaid	1,156,300
MI Medicare/Medicaid Program - CMS	800,000
Total State Restricted Revenues:	7,767,000
Healthy MI Fund (Home Delivered Meals)	167,000
Abandoned Property Funds (Respite)	2,600,000
Merit Award Funds	5,000,000
Miscellaneous Private Revenues	105,000
General Fund/General Purpose	33,695,400
REVENUES	\$93,730,100
Source: FY2006 Appropriation Bill (P.A. 154, HB 4831)	

Senior Volunteer Services 2006				
Agency	TOTAL	FGP	SCP	RSVP
Northeast MI Community Services Agency	125,438	20,229	82,323	22,886
Bedford Public Schools	31,186			31,186
Community Action Agency of South Central MI	102,498	102,498		
Catholic Human Development Outreach	197,254	147,401	49,853	
Catholic Human Services	440,132	215,702	224,430	
Catholic Charities of Jackson County	14,665			14,665
Catholic Social Services of Lansing	273,455	16,564	256,891	
Catholic Services of Macomb	117,643		97,010	20,633
Catholic Social Services of Oakland County	104,173	67,247	15,599	21,327
Catholic Social Services of Washtenaw County	31,125			31,125
Catholic Social Services of Wayne County	634,816	417,657	125,680	91,479
Eight CAP, Inc.	310,603	210,093	100,510	
Flint Community Schools	25,806			25,806
Friendship Centers of Emmet County	58,244			58,244
Family Services Agency	513,490	294,086	219,404	
Gaylord Community Schools	21,998			21,998
Gerontology Network	364,787	93,592	271,195	
United Way of Northwest MI	21,151			21,151
Human Development Commission	212,470	178,862		33,608
Human Resources Authority	486,170	235,704	221,826	28,640
Isabella County Commission on Aging	330,645	233,635	97,010	
Lenawee County Dept of Aging	252,652	252,652		
Marquette County Commission on Aging	67,768			67,768
Mecosta County Council on Aging	17,011			17,011
Region IV Area Agency on Aging	269,490	237,925	31,565	
Senior Neighbors, Inc.	31,563			31,563
Senior Services, Inc.	242,849		213,422	29,427
The Council on Aging, Inc. (Serves St. Clair County)	92,446	92,446		
Washtenaw County Community Services Agency	11,742	11,742		
United Way of Bay County	58,244			58,244
Dickinson Iron Community Services Agency	58,244			58,244
Western Upper Peninsula District Health Dept.	58,244			58,244
Volunteer Muskegon	7,208			7,208
RSVP Ingham, Eaton & Clinton Co.	39,690			39,690
TOTAL	\$5,624,900	\$2,828,035	\$2,006,718	\$790,147

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