

State Advisory Council on Aging
2010 Annual Report
to the
Michigan Commission on Services to the Aging

Caregivers of Persons with Dementia

Sea Change: The Aging Network's Role in Dementia Caregiving Services

Commissioner Anthony Pawelski, Chairperson

May 2010



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

SHARON L. GIRE
DIRECTOR

May 17, 2010

Dear Chairperson Kennedy and fellow Commissioners:

I am very pleased to transmit the 2010 Annual Report of the State Advisory Council on Aging. In the spring of 2009, the Commission established the charge for the State Advisory Council on Aging (SAC). The charge was to look at dementia caregiving.

Since January 2007, when the Governor issued executive directives restricting meetings and travel, the Council has been limited in its ability to hold face-to-face meetings. Fortunately, the Council continued its practice of meeting by teleconference. We have made the best of a difficult situation and hope this report is useful to you.

In addition to our charge, the Council has designated a member to serve on two mental health committees, provided a SAC member to the "Communities for a Lifetime" recognition review panel, and advocated with legislators on the state elder abuse legislation.

On behalf of the Council, I wish to express our thanks to Director Sharon Gire and the staff of the Office of Services to the Aging for their assistance and support during the year. I also wish to thank Commissioners Kennedy and Johnston-Calati for attending Council meetings. Finally, thanks to the Commission for allowing me the opportunity to work with State Advisory Council on Aging. The Council deeply appreciates your interest and support.

Sincerely,

Commissioner Anthony Pawelski
Chairperson, State Advisory Council

**2010 ANNUAL REPORT
STATE ADVISORY COUNCIL ON AGING**

Sea Change: The Aging Network's Role in Dementia Caregiving Services

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EXECUTIVE SUMMARY and RECOMMENDATION

Of all the illnesses that occur in later life, it is neurological diseases that rob the brain of memory and judgment that are most feared. As so many advertisements, movies, and interviews have stated, the loss of any cognitive abilities is distressing and the progressive loss associated with Alzheimer's disease and related dementia is devastating.

The Michigan Dementia Coalition estimates about 253,000 persons in Michigan have a dementia. Of that number, about 180,000 have Alzheimer's disease, while the remaining 73,000 persons have another form of a progressive neurological disease, e.g., vascular, Lewy Body disease, Parkinson's or other related disease.

A year ago, at the start of the Council's exploration of dementia care for caregivers, the service landscape appeared almost lush with programs, projects, and services for people with dementia and their family members. Funds from both the mental health and public health administrations of the Department of Community Health went to support caregiver education, the Alzheimer's Association information and referral network, and providing respite and resources to caregivers through the Community Mental Health wraparound project. OSA had received its first Administration on Aging (AoA) Alzheimer's grant and the aging network was adding new caregiver supports for persons caring for family members with dementia.

Now, the service landscape is nearly barren. A long list of programs, projects, entities, and individuals no longer exists. It began with the budget cuts taken in late summer 2009; over the next few months funding for Alzheimer's chapters, Alzheimer's caregiver education, Alzheimer's information referral network, and state-funded caregiver support programs was eliminated. By October 2009, we were faced with the possible demise of the Michigan Dementia Coalition, which had recently enjoyed publication in the American Society on Aging journal, *Generations*. The Michigan Dementia Coalition had released the updated state dementia plan in early 2009, citing the progress made in the first state plan and setting new goals for the coming few years. Based on the success of Michigan's dementia state plan and the publication in *Generations* citing its accomplishments, other states have initiated the process to develop their state dementia plans.

There are a few programs standing: the dementia wraparound program continues in the Department of Community Health under federal mental health dollars, and the Michigan Dementia Coalition is now supported for a short time by federal public health funds, pending more secure funding. The Administration on Aging Alzheimer's Disease Supportive Services Program now funds two projects for caregivers of persons with dementia in Michigan; one, an evidence-based program and the other, an innovations project. Staff at Alzheimer's chapters has been reduced, and many programs were reduced or eliminated. Years of experience, knowledge and dedication to dementia care have evaporated from Michigan's human services systems.

Despite these losses, the members of the State Advisory Council on Aging (SAC) continued their exploration of dementia caregivers. The Commission selected the issue of supporting caregivers of persons with dementia because it is likely to grow in importance

and need. The Alzheimer's Association estimates that one in eight people age 65 and above has Alzheimer's disease (13%), a number expected to reach 7.7 million people nationally by 2030, due to the increase in the 65+ population. Michigan is expected to have a 12% increase in people with Alzheimer's disease from year 2000 to 2025.

As discussed in the previous State Advisory Council Report on Caregivers (2003), the role of caregivers in providing long term supports and services is crucial. Families step in, often slowly at first, to provide assistance to a failing or ill relative. Over time, the need for assistance increases, the scope of support expands, and family members often find themselves devoting many hours each day or week to the care of their relative.

In 2011, the first wave of baby boomers will turn 65 years old. By 2029, the baby boom generation will be age 65 and better. The impact of this cohort on health care and family systems will be significant and likely to be complicated by dementia. It is important that the aging network of services be ready to respond to the needs of persons with dementia and to their family caregivers.

Therefore,

**Given the prevalence of Alzheimer's disease and related disorders for persons 65 and older, and
Given the appropriate supports and services help keep persons with dementia in the community longer and enhance quality of life for both persons with dementia and their caregivers, and
Given that trained staff provide enhanced care,
The State Advisory Council on Aging recommends that staff of all AAA-supported services become dementia-competent.**

The following actions represent the first steps to increase the level of dementia care in Michigan's aging network:

1. Include projects funded by Alzheimer's Disease Supportive Services Program (ADSSP) in the Office of Services to the Aging State Plan for the Administration on Aging, beginning with the 2011-2013 State Plan.
2. Require area agencies on aging participating in all ADSSP projects to include project activities in their annual implementation plan (AIP) as a program development activity.
3. Expand and sustain the dementia caregiver projects to reach more caregivers of persons with dementia through additional ADSSP grants.

State Advisory Council Meetings: 2009-2010

Meeting Summary

June 2009: At the SAC's initial meeting, an overview of the service landscape for dementia caregivers was presented along with the historical program developments in the past several years. The Michigan Dementia Coalition staff provided an overview of its activities and goals, citing the extent of people with dementia in Michigan and the impact on caregivers. A secondary theme was identified: what, if anything, can people do to prevent or delay dementia? Members expressed interest in knowing more about emerging topics, such as "brain fitness" and neuroplasticity. These topics were often addressed by providing members with resources and references to scientific studies throughout the year.

August 2009 (Teleconference): Department of Community Health (DCH) staff presented on the activities of the Mental Health and Substance Abuse administration in dementia and dementia caregiving. A Dementia Coalition member and chair of the Caregiver Support Workgroup (CSW) described the activities and accomplishments of the workgroup. The CSW was formed as part of the 2003 Dementia Plan to increase support for family caregivers.

October 2009 (Teleconference): The Council received two presentations on the Alzheimer's disease project, "Creating Confident Caregivers," the AoA funded evidence-based program based on the Savvy Caregiver Program. Staff from Tri-County Office on Aging in Lansing and Cass County Council on Aging discussed the project and its implementation in their respective areas. Council members also received a budget update from the OSA director.

November 2009 (Teleconference): A Council member gave a report on the recently held Nutrition Summit, including the impact of changes on the Michigan Food Code on older adult nutrition sites. DCH staff gave an update on status of some of the dementia programs. The funding for the Michigan Dementia Coalition in the Healthy Michigan Fund was eliminated during the summer. OSA gave an update on the AoA "Creating Confident Caregivers" project, now finishing its first year of operation and described the newly-funded innovation project to assist caregivers of military veterans with dementia.

March 2010 (Teleconference): Council members received a budget report from the OSA Director. DCH staff informed the Council that DCH had provided the Michigan Dementia Coalition with limited funding to assess goals and future activities. OSA staff provided a project update on the two AoA-funded dementia caregiver projects.

April 2010: The Council met to discuss the topic, suggest recommendations and prepare for the report. Council members also received information about the elder-abuse bills pending in the Michigan legislature.

Sea Change: the Aging Network's Role in Dementia Caregiving Services

Recommendation:

Given the prevalence of Alzheimer's disease and related disorders for persons 65 and older, and

Given the appropriate supports and services help keep persons with dementia in the community longer and enhance quality of life for both persons with dementia and their caregivers, and

Given that trained staff provide enhanced care,

The State Advisory Council on Aging recommends that staff of all AAA-supported services become dementia-competent.

The following actions represent the first steps to increase the level of dementia care in Michigan's aging network:

4. Include projects funded by Alzheimer's Disease Supportive Services Program (ADSSP) in the Office of Services to the Aging State Plan for the Administration on Aging, beginning with the 2011-2013 State Plan.
5. Require area agencies on aging participating in all ADSSP projects to include project activities in their annual implementation plan (AIP) as a program development activity.
6. Expand and sustain the dementia caregiver projects to reach more caregivers of persons with dementia through additional ADSSP grants.

For the purpose of this discussion, caregivers of persons with dementia are defined as family members and in some cases, friends, who provide an array of support, assistance, and services to a person with a dementia living in the community. The aging network provides services and supports to people living in the community, e.g., private residences. Persons with dementia and their caregivers who maintain them at home are a priority population in the Older Americans Act.

In cases where a person has dementia, such as Alzheimer's disease, there are many years before professional caregivers are needed or used and family members are often the sole source of support and services. In many families, it's the spouse who provides the assistance. In other situations, adult children, often daughters and daughters-in-law, provide assistance to the person with dementia.

All caregivers share some characteristics. Typically they are related to the person they are assisting and initially, they don't think of themselves as "caregivers." They are the spouse providing some additional help with cooking or driving, they are the son helping with home repairs, or they are the daughter-in-law taking her mother-in-law to the grocery store and medical appointments. For many older adults, this may be all the help needed to stay at home. For those with a dementia, cognitive impairment is progressive and will continue to take its toll, requiring a greater amount of assistance

and eventually nearly constant supervision by a caregiver. There is a moment or episode that is highly individual, but when it occurs, the family member makes a mental shift from being the helpful spouse or dutiful child to being a “caregiver.”

As discussed in the previous State Advisory Council Report on Caregivers (2003), the role of caregivers in providing long term support and services is crucial. Families step in, often slowly at first, to provide assistance to a failing or ill relative. Over time, the need for assistance increases, the scope of support expands, and family members often find themselves devoting many hours to the care of their relative. Dementia caregivers are more likely to experience emotional distress and isolation from friends than other caregivers. The needs, health and well-being of caregivers for someone with dementia often determine how long a person can remain at home, depending on informal care.

Providing care and support for persons with dementia becomes unique as the loss of cognitive abilities increases. The loss of judgment, memory and recognition places additional demands on caregivers. Caregivers of persons with dementia often exhaust themselves, meeting needs during the day and feeling anxious about wandering at night. Unlike someone with a physical limitation or mobility difficulties, the person with dementia is often very keen on walking and will leave the house with no idea of destination or ability to return. Helping to feed someone with paralyzed arms is one task; helping someone who no longer understands “food” or fears eating is another task.

Michigan’s Caregivers:

In last year’s SAC report on senior centers, two factors had significant impact: increased longevity and the aging of the “baby boomers.” This year, the Council looked at caregivers of persons with dementia and found those two facts carry weight again. The fact that people are living longer and the “baby boomers” are aging contributes to the estimates of a substantial increase of persons with dementia, many of whom will need support and supervision from a family member.

The Michigan Dementia Coalition estimates about 253,000 persons in Michigan have a dementia. Of that number, about 180,000 have Alzheimer’s disease, while the remaining 73,000 persons have another form of a progressive neurological disease, e.g., vascular, Lewy Body disease, Parkinson’s, frontotemporal, or other related disease.

The Alzheimer’s Association estimates that, nationally, one in eight people age 65 and above have Alzheimer’s disease (13%), a number expected to reach 7.7 million people by 2030, due to the increase in the 65+ population.

Michigan is expected to have a 12% increase in people with Alzheimer’s disease, growing from 170,000 in 2000 to 190,000 in 2025. This does not include dementia caused by non-Alzheimer’s diseases, such as frontotemporal dementia, vascular dementia, Parkinson’s disease, Lewy body disease and others. This number does not include dementia that can result from traumatic brain injuries, closed head trauma and

other accident or combat related injuries. These types of dementia are harder to predict yet require similar care and supervision.

The Family Caregiver Alliance estimates that one in four households is providing assistance to someone over the age of 50 who needs support. In Michigan, that translates to 78,446 households of caregivers. It is also estimated that one in five caregivers is caring for someone with a dementia. It is also estimated that family caregivers provide 80% of the care and support.

In 2011, the first wave of baby boomers will turn 65 years old. By 2029, the baby boom generation will be age 65 and better. The impact of this cohort on health care and family systems will be significant and likely to be complicated by dementia.

2009-2010:

Michigan enjoyed many initiatives aimed at helping caregivers of persons with dementia. For nearly 18 years, the, Mental Health and Substance Abuse Administration, now in the Department of Community Health, received funding from the U. S. Administration on Aging under the Alzheimer's Disease Demonstration Grants to the States (ADDGS). Funding developed the dementia capacity in a variety of programs, tested new interventions, and developed respite care and adult day services in rural areas. Since the early 1990's, state funds were designated for a community caregiver education program. The Healthy Michigan Fund provided funds for the Alzheimer's Association chapters, which provided "information and referral," support groups for caregivers and a variety of community education and outreach activities.

Perhaps the oldest and most prestigious group in dementia in Michigan is the Michigan Dementia Coalition, which can trace its lineage to the 1987 Governor's Task Force on Alzheimer Disease and Related Disorders, led by the Department of Public Health, now part of the Department of Community Health. One of its notable achievements is the creation of a state dementia plan which focuses attention on the needs of caregivers of persons with dementia. The Coalition, composed of academia, Alzheimer's and other advocates, state government, dementia experts, and consumers, acted as an umbrella for various statewide activities. In addition to services, the Coalition developed "academic detailing" aimed at increasing physician knowledge about dementia and community services and convened the Physician Dementia Network.

A year ago, at the start of the Council's exploration of caregivers of persons with dementia, the service landscape appeared almost lush with programs, projects, and services for people with dementia and their family members, such as those described above. Funds from both the mental health and public health administrations of the Department of Community Health supported caregiver education, the Alzheimer's Association information and referral network, respite programs, and resources to caregivers. OSA was one year into its first Administration on Aging Alzheimer's caregiving grant and the aging network was adding new caregiver supports for persons caring for family members with dementia.

Now, the service landscape is nearly barren. Academic programs on dementia care have been reduced or eliminated. The Healthy Michigan Funds for the Alzheimer's chapters and their information referral network have been eliminated. Funding for dementia programs, caregiver education, and support services have been eliminated or severely reduced to operating under short-term federal dollars.

By October 2009, we were faced with the possible demise of the Michigan Dementia Coalition. The coalition had recently enjoyed publication in the American Society on Aging journal, *Generations*, for its groundbreaking work in developing a state dementia plan. Based on the success of Michigan's dementia state plan and the publication in *Generations* citing its accomplishments, other states have since initiated the process to develop a state dementia plan.

There are programs standing. The Department of Community Health has continued the dementia wraparound program under federal mental health dollars. The Michigan Dementia Coalition is now supported for a short time by federal public health funds, pending more secure funding. The Administration on Aging Alzheimer's Disease Supportive Services Program now funds two projects for caregivers of persons with dementia in Michigan: one, an evidence-based program and the other, an innovations project.

These programs now represent the service array for caregivers of persons with dementia and the possible foundation for future dementia services. A year ago, they were merely another program in Michigan's varied dementia care system. Now, they are all that remains of the system and their importance is heightened by that fact.

Dementia Caregiving Programs: During the 1980's the Alzheimer's Association worked to increase awareness about Alzheimer's disease and advocated for caregivers. Their impact on education, research, and caregiver support made them a national leader, a role they continue to hold.

In the 1990's, the first federal funding for projects supporting dementia caregivers started. Over nearly seventeen years, demonstration programs were developed, tested and evaluated around the country, adding to the body of knowledge. In 2008, the Administration on Aging asked state units on aging to translate evidence-based programs into communities. An evidence-based program is one that has been developed and tested with a random controlled trial and proven to be effective on the target population. Rather than funding only demonstration grants, the Administration on Aging now funds "translation" projects for evidence-based practices and innovation projects. The goal of the evidence-based projects is to provide a tested program through the community services network while maintaining the program's fidelity. The goal of the innovations project is to develop a new practice/approach and determine if it holds promise. If it appears promising, it may be studied more carefully. OSA has one evidence-based based project and one innovation project.

Dementia Wraparound: The dementia wraparound program was developed under an Administration on Aging demonstration grant (ADDGS) during 2005-2008 by the Mental Health and Substance Abuse Services Administration of the Department of Community Health. The initiative piloted the development of a wraparound program for adults with dementia who exhibit acute behavioral symptoms of distress and for their families. The model for this program is a wraparound program currently used successfully for children at risk for institutionalization and their families. With modifications, the program provides a strategy to help this new target group to remain in the community with enhanced functioning and quality of life. Copper Country Mental Health Services and Ionia County Community Mental Health (CMH) were funded by the ADDGS three-year grant. Allegan County CMH and Alzheimer's Association-Greater Michigan Chapter, Marquette Office, followed a year later with funding from federal Mental Health Older Adult Block Grants.

The organizations each developed a community team composed of local agencies, including aging network organizations, and interested community persons. Meeting monthly, they review enrolled family cases and issues, decide on allotment of funds, and brainstorm ways to assist families meet their goals. All of the pilots report tremendous commitment by members of the community teams, and also benefits of increased communication among the agencies outside the wraparound project. Family teams are formed for each enrolled family to build on the strengths of the individuals with dementia, their caregivers, other family members and friends, and the community, and to use a balance of formal services and informal supports. Using a team approach, wraparound is most effective when there are complex issues revolving around care, limited sources of support, or a need for structure for persons to provide support.

Some general findings:

- The number one need/service requested by families is for respite for the family caregiver.
- It is a challenge to get spousal caregivers to accept help from others and accept others coming into the home.
- Compared to the model for children, there are not as many agencies involved (i.e., courts, schools) which results in more time and effort required of facilitators.
- Education on Alzheimer's disease, behaviors, and helpful interventions is needed for facilitators, respite care workers and family members.
- Data collected finds reduced stress and burden for Wraparound family caregivers.

Current wraparound projects include Copper County MH, Ionia CCMH, and Alzheimer's Association-Greater Michigan Chapter (GMC) in Marquette (funded by MDCH's Mental Health Block Grant 3-yr funding), Alzheimer's Association-GMC project in southeast Michigan (funded by Southeast Michigan United Way), and Allegan County CMH (funded by local senior mileage and CMH budget).

Creating Confident Caregivers: In 2008, the Office of Services to the Aging received an Alzheimer's Disease Supportive Services Program (ADSSP) grant from the

Administration on Aging (AoA) for three years to provide the Savvy Caregiver Program to caregivers of persons with dementia. The Savvy Caregiver Program is an evidence-based program of six two-hour classes, provided weekly to caregivers. The project also provides respite care, either in-home or at an adult day program, for the person with dementia while the caregiver attends the class. The program, developed at the University of Minnesota, has been proven to improve caregivers' skills and attitudes about caregiving. The AoA funded three states to provide the Savvy Caregiver program, Maine, Michigan and California, and is interested in knowing how an evidence-based program can be provided in community settings with fidelity and produce the same effectiveness as the trial study.

The target population is rural caregivers; there is no age limit for participation and the goal is to reach caregivers who are not familiar with or use any formal support services. OSA is partnering with area agencies on aging (AAA) and five AAAs are participating: Region 4, in southwest Michigan; Region 6, mid-Michigan; Regions 9 and 10, northern Michigan; and Region 11, the Upper Peninsula. Each AAA has staff persons who have been trained in the evidence-based program; some are certified as a master trainer. The AAAs and their community partners are responsible for recruiting caregivers and holding the programs and the AAA report their regional activities to OSA. The project selected rural regions since caregivers often have greater distances and few services than more populated areas. The first year's focus was on recruitment, publicity and convening the classes. Initial recruitment for a new program is time-consuming and staff intensive. AAAs did outreach presentations, news paper articles, flyers and brochures to attract early participants. Eventually, caregivers became the best source for participants, referring other caregivers.

In the second year, the focus is on reaching more areas of the regions. It is challenging to offer a class in Gwinn or East Jordan, as there may be only a few caregivers of persons with dementia, but the program is especially valuable to these caregivers, since it provides tools that adapt to the changing situation.

In sixteen months, more than 51 six-week programs have been held and more than 350 caregivers have participated. They have joined a class, received a manual, learned new approaches and perhaps, used a formal respite program.

There is a growing roster of trainers, including nearly a dozen master trainers, who are able to train and mentor new group leaders. The trainers come from area agencies on aging, Alzheimer's Association chapter offices, Councils/Commissions on Aging, community mental health programs and other community services agencies.

While the project is still ongoing, a preliminary review of participants indicate that

- 80% are female,
- the majority under age 75, and
- the majority are white

The women divide almost equally between wife and daughter/daughter-in-law. A quarter of the caregivers have been providing care for six or more years, but nearly half have been caregivers for two years or less. Responses to the program have been very positive as indicated on evaluation forms. All aspects have been highly rated by participants. Nearly 60% of the caregivers used some form of respite while they attended class and many used it for the first time.

The program allows people of all skill levels to learn new information and approaches in dementia caregiving, as evident in the written comments on forms, citing the increased understanding of the disease and new ability to support their family member. Participants range from health care professionals to those with little education. Evaluations indicate that all are able to expand their caregiving knowledge and improve the lives of themselves and their loved one. A six month follow up questionnaire is sent to caregivers to see whether the effects of the class have lasted.

In addition to the “boost” reported by caregivers, many trainers have expressed their satisfaction with the program. Over the six weeks, caregivers seem to transform, appear less stressed, more alert and confident. Trainers enjoy seeing caregivers increase their skills and confidence.

Creating Confident Caregivers - Veterans Administration: In September 2009, OSA received an 18 month innovations grant under the ADSSP program of AoA. Innovation grants are intended to develop and test new approaches for supporting caregivers of persons with dementia. As the starting framework for the innovation, OSA used a recently funded project that developed a veterans directed community care program between the Veterans Administration Medical Centers (VAMC) and several of Michigan’s area agencies on aging. Since very little dementia services and few caregiver programs exist in the Veterans Administration, OSA developed a customized version of the Savvy Caregiver program for caregivers of veterans with dementia and veterans who are caregivers of persons with dementia. Participating in this innovation project are seven area agencies on aging: 1-C, 3-A, 3-B, 3-C, 4, 8 and 11, and three VA medical centers (Dingell, Battle Creek and Johnson), one VA community clinic (Grand Rapids), the Alzheimer’s Association-Greater Michigan Chapter, and a health education collaborative. The trainings for the caregivers of veterans with dementia started in spring 2010; six programs have been held, reaching more than 36 caregivers.

While the class content remains the same, using the Savvy Caregiver program, the program is compressed into four three-hour sessions and the trainers include social workers from the Veterans Administration. While the VA social workers refer veterans and their caregivers to the classes, which may be held at the VA medical center, clinic, or at a community site, recruitment of caregivers has been the biggest task.

The Future:

Two factors contribute significantly to this and most aging issues: increasing longevity and the aging “boomer” population. As people live longer, the greater the likelihood of

developing some type of dementia. In some studies, it is estimated that nearly half of the persons age 85 and better have some signs of cognitive impairment, while other studies report that those who have no cognitive loss at 85 are not likely to develop Alzheimer's. The "boomer" population is not only large and aging, but many have taken advantage of health and medical advances, allowing them to extend their activity and engagement into late life. Cognitive losses are deeply feared.

Michigan once enjoyed a rich array of services for people with dementia and their families; in hindsight, we recognize the richness of resources we took for granted. Now we look to the future, starting programs that can support caregivers across the state and to increase the capacity of the aging network in providing dementia-care services.

The issues of caregivers are similar and unique at the same time. Every family is different and every person with dementia has distinctive needs and strengths. Living and caring for someone who no longer recognizes family members is especially painful. Yet, there are many opportunities for warmth, sharing and simply connecting.

For many years, the aging network has served people with dementia and their families through the array of services. It is clear now that the growing numbers of people with dementia makes dementia-care services more important than before. Over the years, many area agencies on aging have addressed dementiaare needs on a regional basis. Administration on Aging funding has changed from only demonstration projects and the expectation that the aging network will not only test evidence-based based programs, but incorporate them into the aging service array is clear.

For many years, other organizations in Michigan have provided the caregiver education, the respite care and other dementia services. It is important the aging network recognizes that it is now in a leadership role by virtue of their role in administering dementia caregiver projects, and it must respond.

Council Discussion: Brain Fitness

During the discussion about dementia, the Council gathered and discussed information, resources and references about brain fitness and neuroplasticity. Alzheimer's disease may not be preventable, but some types of dementia are linked to health risks, such as high blood pressure and diabetes. The Council expressed interest in early research in "brain fitness," that is, exercises that may increase the brain's functioning. There is a growing body of scientific study that looks at increasing brain functioning in adults. It is now a recognized fact that old brains can learn new things.

One of the factors cited by researchers in "exercising" the brain is that the brain needs to be challenged by the task. A person skilled in word puzzles will not be exercising the brain by doing more crossword puzzles. Like physical exercise, the brain and muscles must be challenged to develop. Doing a task that is unfamiliar or difficult is more effective in creating new neurons than doing the same tasks repeatedly.

Another factor often cited is the importance of physical exercise in maintaining brain health. The brain depends on the cardio-vascular system to provide sufficient blood flow. Sedentary lifestyles can reduce the cardio-vascular system's ability to distribute blood throughout the body, thereby diminishing brain health. Maintaining an active lifestyle and exercising regularly contributes to many health factors, including the brain. Walking for 30 minutes may be as useful as doing a puzzle or reading a book.

Several suggestions were drawn from the "Nun Study," a longitudinal study of aging nuns, their daily lives, and their brains. From this research, it became evident that pathological changes did not always correlate with observable behavioral changes, that linguistic ability seems to protect against Alzheimer's, that prevention of stroke and heart diseases can help avoid dementia, and that heredity, diet, and exercise also play a part.

The American Society on Aging, with funding from the MetLife Foundation, has sponsored the Mind Alert program, a series of lectures and information on brain fitness. MetLife also funds projects that involve persons with dementia in art.

While the National Institutes of Health recently warned people that exercising, staying mentally active and watching their diets were not proven to prevent Alzheimer's disease or other forms of mental decline, the Council, like some researchers, felt optimistic that these activities were likely to contribute to health and well-being.

BRAIN FITNESS

Resources reviewed/discussed include:

Can Alzheimer's Be Prevented?

Alzheimer's Disease Education and Referral (ADEAR) Center

www.nia.nih.gov/Alzheimers

800-438-4380

National Institutes of Health, National Institute on Aging

P.O. Box 8250

Silver Spring, MD 20907-8250

Mind Alert: Sparking the Brain with Exercise, How Physical Fitness Affects Mental Fitness 2009 Special Lecture by John J. Ratey, M.D.

American Society on Aging (ASA) supported with funding from MetLife Foundation

Available at: <http://www.asaging.org/asav2/mindalert/>

Posit Science Brain Fitness Program

<http://www.positscience.com/our-products/brain-fitness-program>

Brain Fitness Program, Brain Fitness Frontiers

DVDs shown on PBS stations and available from shopPBS.org

Doidge, Norman. *The Brain that Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science*, New York, Viking, 2007

Begley, Sharon *Train Your Mind, Change Your Brain: How a New Science Reveals Our Extraordinary Potential to Transform Ourselves*. New York: Ballantine Books, 2007.

Snowdon, David, *Aging with Grace: What the Nun Study Teaches Us about Leading Longer, Healthier and More Meaningful Lives*, Bantam, 2002

ELDER FRIENDLY COMMUNITIES: UPDATE

In the Council's 2004 Annual Report, the Council reported on the importance of creating elder friendly communities. The concept had already been implemented in various parts of the United States and Canada in recognition of the global trend of aging.

The required assets fall into the following categories:

- Walkability/bikability,
- Supportive community systems,
- Access to health care,
- Safety and security,
- Housing,
- Public transportation,
- Commerce,
- Enrichment, and
- Inclusion.

In 2006, OSA developed a tool kit of community assessments and resources which are available on the OSA web site. Applications, assessment forms, and information about the recognized communities can be found at <http://www.michigan.gov/miseniors> in the 'Communities for a Lifetime' section, on the right hand side of the page.

Beginning in 2007, the Commission on Services to the Aging issues certificates of recognition to communities who had either conducted an elder friendly community assessment or had implemented a community change based on the previous assessment.

2007 Communities: Otsego County Elder Friendly Leadership Team, on behalf of Otsego County; Creating a Community for a Lifetime on behalf of Kent County; Blueprint for Aging on behalf of Washtenaw County; North West Ottawa County Elder Friendly Community Task Force on behalf of North West Ottawa County; Community for a Lifetime Leadership Team on behalf of Alpena; Aging in Place on behalf of Battle Creek

2008 Communities: Bay County Senior Task Force of the Human Services Collaborative Council for Bay County; Cities of Farmington and Farmington Hills Community for a Lifetime Leadership Team for the Cities of Farmington and Farmington Hills; and Blueprint for Aging for Washtenaw County.

2009 Communities: This year, Holland and Inkster were recognized for conducting community assessments. In Holland, the Blue Print for Action: Preparing for Aging did a community assessment and the Wayne County Elder Friendly Livable Community Leadership Team conducted the Inkster review. The City of Farmington/Farmington Hills did a community improvement and was recognized.

Mr. Vicente Castellanos represented the State Advisory Council on Aging on the Community for a Lifetime review panel.

<p>2009-2010</p> <p>STATE ADVISORY COUNCIL ON AGING</p>

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Kenneth McGuire - 10
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Cheryl Waites, Ph.D. - 1-A
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Michael Bartus - 1-B
Bloomfield Hills, MI

Pamela McKenna - 11
Gwinn, MI

Nancy Waters - 14
Muskegon Heights, MI

Kelli Boyd - 1-C
Brownstown, MI

Denise Mitchell - 5
Flushing, MI

Roger Williams - 8
Grand Rapids, MI

Marci Cameron - 1-B
Saline, MI

Charles Ortiz - 2
Jackson, MI

Kathleen Williams-Newell 1-A
Detroit, MI

Vicente Castellanos - 7
Freeland, MI

Cynthia Paul - 6
Lansing, MI

Ginny Wood Bailey - 1-B
Chelsea, MI

Lawrence Chadzynski - 6
Okemos, MI

John Pedit - 1-C
Redford MI

Ex-Officio Members

David Ellens - 14
Holland, MI

Gene Pisha - 1-C
Dearborn, MI

Julie McCarthy
*Social Security
Administration*
Lansing, MI

Hope Figgis - 10
Traverse City, MI

Gail Ringelberg - 14
Grand Haven, MI

Judy Karandjeff
Director
*Michigan Women's
Commission*
Lansing, MI

Nadine Fish - 4
Saint Joseph, MI

Michael J. Sheehan- 10
Cedar, MI

Eleanore Flowers - 4
Jones, MI

Clyde Sheltrown - 9
West Branch MI

OSA Staff

Lynn Grim - 7
Farwell, MI

Alice Snyder - 9
Grayling, MI

Sally Steiner
Coordinator

Carrie Harnish - 1-C
Canton, MI

Dean Sullivan - 3-C
Quincy, MI

Carol Stangel
Administrative Support

Lois M. Hitchcock - 1-B
Southfield, MI

Louise Thomas - 8
Kentwood, MI

Viola Johnson - 3-B
Battle Creek, MI

Terry Vear - 2
Hillsdale, MI

Fred Leuck - 5
Lapeer, MI

Tomasa Velasquez - 6
Charlotte, MI

STATE ADVISORY COUNCIL ON AGING

Presenters and Guests

Presenters:

Marci Cameron, Dementia Consultant, MI Department of Community Health

Jennifer Edsall, Coordinator, Michigan Dementia Coalition

Heddie Sumner, Chair, Caregiver Support Workgroup, Michigan Dementia Coalition,
Midland County Council on Aging

Marcia Bondarenko, Master Trainer, Creating Confident Caregivers, Tri-County Office
on Aging, Lansing

Dona Billey-Wiler, Master Trainer, Creating Confident Caregivers, Cass County Council
on Aging

Guest Commissioners:

Jerutha Kennedy, Chair, Commission

Kathleen Johnston-Calati

Office of Services to the Aging:

Sharon L. Gire, Director