

**State Advisory Council on Aging
2015 Adjunct Report to the
Michigan Commission on Services to the Aging**

**Positive Aging: Education, Veterans,
Volunteerism and Media**

Commissioner Michael J. Sheehan, Chairperson

Vice-Chairperson John Murphy

Office of Services to the Aging Lead, Lauren Swanson-Aprill

April 17, 2015



STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

RICK SNYDER
GOVERNOR

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DIRECTOR

April 17, 2015

Dear Chairperson Mast and Fellow Commissioners:

I am very pleased to present the 2015 Adjunct Report of the State Advisory Council on Aging. The State Advisory Council on Aging (SAC) received a charge from the Commission on Services to the Aging (CSA) in October 2014 to prepare an adjunct report to the SAC's 2014 *Baby Boomers — Now and in the Future* report focusing on the positives of aging in four key topic areas:

- Education
- Veterans
- Volunteerism
- Media

During the November 2014 SAC meeting in Lansing, four workgroups were convened to begin discussing the four key topic areas. Over the 2015 winter months, each workgroup teleconferenced two to three times. SAC members heard from experts and assisted in researching these key topic areas, and helped prepare reports. The workgroup's draft reports were reviewed by the SAC during their March 2015 meeting in Lansing. It was agreed that the SAC's findings would be combined to make recommendations for a positive aging media campaign.

On behalf of the SAC, I am pleased to share the attached report with you. We look forward to receiving your feedback about the report and our recommendations. I also wish to express our thanks to the Michigan Office of Services to the Aging (OSA) Director Kari Sederburg, Lauren Swanson-Aprill, OSA SAC Lead, Becky Payne, OSA Communications Team, and other OSA staff for their assistance and support during the year. We also appreciate Commissioners Sibyl Ellis and Joan Ilardo for attending SAC meetings. Finally, thanks to the CSA for allowing me the opportunity to work with the SAC. The SAC deeply appreciates your interest and support.

Sincerely,

A handwritten signature in black ink that reads "Michael J. Sheehan".

Commissioner Michael J. Sheehan
Chairperson, State Advisory Council on Aging

**STATE ADVISORY COUNCIL ON AGING
2015 ADJUNCT REPORT**

**Positive Aging: Education, Veterans,
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Introduction

The State Advisory Council on Aging (SAC) was charged by the Commission on Aging (CSA) in November 2014 with preparing an adjunct report to the approved 2014 Baby Boomer Report focusing on four key areas:

- Education – Mindful Perception of Positive Aging
- Media
- Volunteerism
- Veterans

SAC members researched resources and information on these topics and received presentations from experts. They discussed their findings at the March 2015 SAC face-to-face meeting, and agreed to compile their findings into an adjunct report for presentation to CSA during the Joint CSA and SAC April 17, 2015, meeting.

Workgroup Findings and Recommendations

Education Workgroup—Mindful Perception of Positive Aging

Background: The SAC Education Workgroup-Mindful Perception of Positive Aging overall focused on researching the question: What is necessary to have a positive *attitude* about aging? The purpose of the research was to inform the SAC Workgroups about positive aging concepts and ideas that could be used to promote positive aging in a media campaign. Workgroup members completed research and/or attended conferences that focused on “optimizing later life,” and retirement. They considered the following:

- **What things are important for positive aging for individuals?** Economic security, ability to drive or get to places/appointments via public transportation, take care of their own activities of daily living (ADLs), live a healthy lifestyle, maintain mental health, be self-aware of abilities and limitations, and be socially connected.
- **Stages of aging** include retirement, travel, projects, starting a new business, and volunteering; concerns about having enough money to live out their lives in their own homes and taking care of their health; leaving a legacy; focusing on religion or rethinking religion. The stages of aging are vastly different for the affluent and the poor.
- **What are the differences between the people who retired 15-20 years ago vs. the baby boomers who are now retiring?** Baby boomers have different (higher) expectations about healthy lifestyles, ability or need to continue working, living longer, etc.

Recommendations:

1. Develop a road map of ideas to consider when developing a life aging plan.
2. Promote retirement planning for all.
3. Share aging and retirement resources via the Michigan Office of Services to the Aging (OSA) Communications Team and the aging network.
4. Use the already existing vast amount of information available to promote positive aging by targeting key issues and sending out the links or information monthly.
5. Support the long-term promotion and education of positive aging throughout the year and during key events like Older Michigianians' Day.

Veterans Workgroup

Background: Michigan Veterans--The veteran population in Michigan is the 11th largest in the country with 660,000 veterans, representing 8.8 percent of the state's total adult population. While large in size, the state's share of veterans' benefits is relatively small. Currently, Michigan attracts the least amount of per capita federal spending on veterans out of 53 states and territories. Michigan veterans are a relatively old population. Forty-five percent of veterans are age 65 or older. Veterans between ages 50 and 70 comprise over half the total of Michigan's veterans population.

Ten thousand to 20,000 veterans are expected to return home to Michigan each year through 2016. These returning veterans and our state's existing population of aging veterans have multifaceted needs, generally met by a number of independently administered services, including health care, vocational rehabilitation, employment and training, education, caregiving, social services, housing, family support, and independent living assistance.

Goals and Objectives: The workgroup decided it needed to focus on a variety of areas to best serve the veteran population. Those areas are:

1. Determine how to efficiently, accurately and timely access the right benefit for each veteran in need of assistance and service via one-stop veterans' services shopping;
2. Promote comprehensive veterans' services reliability – ensure asking for help is met professionally, courteously and without shame or guilt;
3. Survey Area Agencies on Aging (AAA) for veterans' support and coordination of services - encourage local service organizations to have a VA accredited specialist with complete veteran's benefits program knowledge and experience;
4. Review information resources and share with veterans' support network;
5. Research agency collaborative veterans' outreach strategies;
6. Invite Michigan Veterans Affairs Agency (MVAA) to a SAC and/or CSA meeting.

Research: Any veteran can apply for a determination of eligibility to Veterans Administration (VA) benefits, but veterans need to be educated about filing claims. Veterans and their families need access to knowledgeable VA accredited county and state Veterans Service Officer (VSO) support when filing initial benefit applications, and they need to have access to representation when their claims for benefits are initially

denied. Often veterans' wives, widows and surviving children do not realize they are eligible for benefits based on their spouses' or parents' service.

Because veterans, agencies and veterans' service organizations often have incomplete information, a flow chart with easy-to-read information about aging, disability, and veterans' services would help. Collaboration with the Department of Human Services, AAAs, MVAA, County and State VSOs, as well as other community supports is in need of development and coordination. Because of "unrecognized and unstated" competitive duplication of veterans' service effort; any improved agency coordination and collaboration would result in greater efficacy.

Stories persist of veterans not receiving appropriate and timely services. Veterans may not have a telephone, a computer, transportation or social contacts for assistance; a veteran may be homebound, reluctant, embarrassed, or may not even know they are a **veteran** or eligible for benefits. However, veterans do have a responsibility to present themselves to the medical or human service agency offering assistance. We need to make sure that veterans' benefit program information is received by veterans so they can have a positive experience in keeping their pensions, health care benefits, their homes, and their families together.

Michigan 2-1-1 is partnering with the recently created MVAA Crisis Hotline to provide a seamless 24-hour "No Wrong Door" connection for veterans. Veterans who call 2-1-1 can receive a live transfer to MVAA for further assistance, day or night. For example, if a veteran needs help dealing with a utility shut-off notice, a live transfer to a MVAA agent can determine which veteran-specific program can bridge any gaps in assistance. Similarly, an MVAA agent can bring a 2-1-1 agent onto the call to address any needs for food or emergency shelter.

For active military members and their families who are dealing with sensitive issues like Post Traumatic Stress Disorder (PTSD), substance abuse or domestic violence, using VA or Department of Defense (DOD) services could have a negative impact on their service record. Michigan 2-1-1 offers a civilian alternative, making it more likely that the military member or their family will reach out. While 2-1-1 is not fully implemented in Michigan; some counties have their own operational networks. In other rural counties the 2-1-1- operation is shared across multiple county lines, and may have to be accessed by a 1-800 number. This cooperation has many advantages and should be strongly supported.

No Wrong Door - The State of Michigan, through MVAA, is committed to providing veterans with the services, benefits, care, and support that they have earned, whether they have specific needs or are just simply transitioning back to civilian life. MVAA has engaged the Altarum Institute to implement the Veterans Community Action Team (VCAT) Model. This model has four primary tasks:

1. Community Assessment – to assess strengths, weaknesses, opportunities, threats and insights for improving services for veterans and their families;
2. Coalition Building – to include activities to initiate and operationalize the community coalition;

3. Provider Network Building – to focus on activities that populate and validate the provider network; and
4. Coalition Sustainment – to develop and provide ongoing support for continued veteran’s benefit services receipt.

The following table shows the implementation schedule and coverage for the VCATs in the Governor’s Ten Prosperity Regions:

Prosperity Region/Name	Initial Year	*Veteran Population	Counties
1 Upper Peninsula	2016	30,198	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft
2 Northwest	2016	26,778	Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford
3 Northeast	2016	23,319	Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon
4 West Michigan	2014	98,833	Allegan, Barry, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa
5 East Central	2015	43,273	Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland, Saginaw
6 East Michigan	2015	65,977	Genesee, Huron, Lapeer, Sanilac, Shiawassee, St Clair, Tuscola
7 South Central	2015	28,214	Clinton, Eaton, Ingham
8 Southwest	2016	57,687	Berrien, Branch, Calhoun, Cass, Kalamazoo, St Joseph, Van Buren
9 Southeast	2015	64,188	Hillsdale, Jackson, Lenawee, Livingston, Monroe, Washtenaw
10 Detroit Metro	2014	221,305	Macomb, Oakland, Wayne

* Source: FY 2013 Geographic Distribution of VA Expenditures (GDX)

Over the past five years, Altarum Institute has conducted numerous veterans’ focus groups that have helped to better understand why there continues to be insufficient knowledge of available services. Here are some of their findings:

1) Veterans:

- Pay insufficient attention during demobilization, because they are singularly focused on going home.
- Have difficulty understanding the benefit application process.
- Often believe they will not require benefits.
- Would have been more receptive to learning about benefits after they had been home for a while.
- Family members are not eligible for benefits for veterans’ services and are unaware of benefits available to their veterans.

2) Service providers:

- Are unaware of veterans in their communities.

- Are unaware of which other service providers are in their communities and what these service providers do.
- May not have the capacity to adequately serve veterans.

Recommendations:

1. Work with MVAA and other State and County Offices offering benefits to the aging, disabled, and veteran populations. Ensure one-stop veterans' services shopping - determine how to efficiently, accurately and timely access the right benefit for each veteran in need of assistance and service.
2. Encourage the AAAs and the waiver agents to use and expand the Home and Community-Based Services (HCBS) program to ensure adults over 60 years old, including veterans, receive these supports and services.
3. Survey AAAs for veterans' support and VSO coordination - encourage local service organizations to have a VA accredited specialist with complete veteran's benefits program knowledge and experience.
4. Promote continuous veterans' service availability and benefits – ensure asking for help is met professionally, courteously and without shame or guilt
5. Ensure all state benefit program assistance forms ask, **“Have You Ever Served in the U.S. Military?”** versus “Are You a Veteran?”
6. Research agency veterans' outreach strategies; **recommend a long-term publicity campaign promoting veterans' benefit programs and services to the community at large** that includes information about accessing the aging and disability networks and their resources.
7. Support the MVAA VCAT Model for agency coordination, collaboration and one-stop veterans' services shopping - determining how to efficiently, accurately and timely access the right benefit for each veteran in need of assistance and service.
8. Support MVAA 1-800 Numbers (1-800-Michvet or 1-800 642-4838) for veterans' assistance 24/7/365.
9. Support the Michigan 2-1-1 Call Center Human Services Communication Model implementation to all counties within the State
10. Recommend statewide message disseminated through all communication channels.
11. Frame all publicity messages to encourage alternative choices permitting individuals to be able to do what they need to do.

Volunteerism Workgroup

Background: **Volunteerism** was recommended as a critical topic to review since Baby Boomers are needed to offer their wisdom and to fill a variety of volunteer opportunities in their local communities, at the state level, as well as nationally. The Volunteerism Workgroup members all had first-hand experience with volunteerism and were able to share their experience and knowledge and also complete some research. Additionally, two experts were called upon regarding the Retired Senior Volunteer Program (RSVP), and the Senior Companion and Foster Grandparent Programs.

Goals and Objectives: The workgroup decided it needed to focus on six key questions:

1. Which Michigan organizations need volunteers the most?

- AAA Boards/Commissions on Aging/Meals on Wheels/ volunteer doctor/medical appointment drivers, etc.
- Faith-based organizations
- Head Start, pre-schools, and elementary, middle, and high schools, after school programs, colleges, trade schools
- Humane societies
- Hospitals, nursing homes, homes for the aged, adult foster care, etc.
- Local and county government and non-profit agency boards
- Non-profit organizations such as community food banks, Goodwill, Habitat for Humanity, Mai Family Services, etc.
- Veterans organizations

2. What does volunteering do for the volunteer?

- Contributes to older adults' quality of life as they believe they are needed and are making worthwhile contributions to strengthening their communities.
- Gives older adults satisfaction about their efforts, builds self-worth, with better health outcomes, socialization, and improved quality of life.
- Serves as a basis to expand experience and skills.
- Provides a rewarding experience of helping and giving back to the community, receiving more from the experience than the time given.
- Offers opportunities to socialize and be part of the community, including making items from home for others when they no longer drive.
- Provides emotional, spiritual, physical, and overall well-being benefits to those who give of themselves to serve others.

3. What are the best practices for recruiting, training, and retaining volunteers? How do organizations recruit, train, and retain volunteers? Are orientation/trainings provided?

- Recruited through word-of-mouth referrals and senior center posters flyers.
- No two volunteers are the same in what they may want to do. Organizations should understand volunteers by knowing what they want and need, as well as what the organization wants and needs, and using

their skills accordingly. For example, younger senior volunteers want short episodic activities like ushering, stuffing envelopes, or serving at special events. Retired teachers usually do not want to volunteer in school systems. Some seniors want to volunteer on high level opportunities like working on local, state or federal issues.

- Provide orientations, a handbook, training (including specialized training for drivers), and introduction of volunteers to the volunteer locations, such as the Red Cross, senior centers, schools, libraries, etc., like the RSVP does. Foster Grandparents and Senior Companions receive 40-hours of pre-service training to begin, and four hours a month of in-service training.
- Offer new opportunities. The Lansing RSVP is training volunteers to be ambassadors for disaster preparedness; they train the volunteers about preparing for disaster, which asks residents to do one thing a month to be prepared for a disaster and remain self-sufficient for three days.
- Use technology to recruit volunteers. RSVPs can recruit on a short-term basis for 501(c) (3) agencies and proprietary health care facilities such as nursing homes or hospitals, but not private businesses or for-profit day care. The Lansing RSVP pays \$5,000 (\$5.00 per volunteer up to 1,000 volunteers) a year for an automated telephone system that calls their volunteers via cell or landline when there is a short-term request. This takes the place of one paid staff person. The Lansing RSVP is the only RSVP program in the state to use this type of technology.
- Place volunteers in safe locations. The RSVP project evaluates volunteer stations for safety. Offer liability/life insurance for volunteers in Senior Corp programs. If a volunteer is injured or dies while volunteering then the benefits would apply. (There have not been many claims.)
- Complete regular background checks, and if driving, check driving records; Foster Grandparent and Senior Companion Programs require background checks. The Lansing Area RSVP pays \$60 per volunteer for a fingerprinted background check, which includes checking various registries such as the sex offender list.
- Review volunteer database annually to ensure they plan to continue.
- Hold recognition events, offer online applications, and Cardiopulmonary Resuscitation (CPR) training.
- Present volunteer opportunities to local service groups including American Association of Retired People (AARP).

4. What resources are available to support older adult volunteers?

- The Senior Corp and Foster Grandparent programs work with low-income older adults. They are provided a stipend of \$2.65 an hour as well as transportation reimbursement and a daily meal, usually lunch.
- The Mason Community Foundation supplements funding received from OSA for the Lansing area RSVP program to be able to drive older adults in this rural area to appointments and shopping, etc.
- Senior Corp programs have sustained funding cuts from both the state and federal government since the 2008 credit crisis. For RSVP, this has ultimately meant not being able to provide mileage reimbursement for most

projects. Some volunteers travel 1,000 miles per month to take people to veterans' hospitals. They stay with the person being driven the entire time, which is better than dropping people off and then returning later for the person, which sometimes falls through. Not returning on time or not returning at all, causes considerable stress for older adults or people with disabilities.

- The Lansing RSVP places volunteers close to where they live, which works well in other areas of the state too.
- The lowest funded RSVP programs receive \$54,400 per year to administer the program; most staff members have not had raises in years. RSVP programs can accept in-kind donations, but RSVP staff members do not have time to seek sponsorships. Fundraising rules/match requirements must be followed.
- Usually Senior Corp projects have an advisory council and most RSVP/Foster Grandparent and Senior Companion Programs are sponsored by a 501(c) (3) organization. Some sponsors around the state have relinquished sponsorship and no other 501(c) (3) organizations have applied. United Way is currently focusing their volunteer programs on young people.
- AAAs offer training programs on relevant issues.
- Community newspapers and local media networks advertise opportunities.

5. Where do older adults volunteer to support other older adults?

- Senior independent living communities
- AAAs, Departments on Aging and Commissions on Aging
- Veterans Affairs and local Veterans Service Organizations
- United Way
- Hospitals, nursing homes, homes for the aged, adult foster care, etc.
- Meals on Wheels
- Elder transportation
- Foster Grand Parent, RSVP, and Senior Companion Programs
- Senior centers, meal sites, clothing distribution centers, etc.
- In their homes—friendly visiting, chore services, Tuesday Toolmen

6. How can older adult volunteers be supported to reduce burn out?

- Rotate volunteer time
- Stay focused on only a few volunteer opportunities at one time to avoid being committed to too many volunteer opportunities. Let them know it is okay to say no.
- Enjoy life by doing things they like to do, such as traveling, being with family and friends, and joining activities that keeps their minds and bodies healthy.
- Keep in contact with volunteers so that you can determine their current status.
- Recognize their contributions via dinners, media, meetings, written communications, etc.

- Team older adult volunteers with younger volunteers or youth volunteers. It is a win-win situation when the youth and an older volunteer are teamed up.
- Encourage older adults to take time off following retirement to research opportunities. Consider life-long learning presentation opportunities on hobbies like hiking, cooking, traveling, etc.

Recommendations

1. Promote the importance of older adults' volunteerism in supporting the community via the positive aging campaign.
2. Request that the Corporation for National and Community Services allow RSVPs to continue counting the service hours of volunteers who serve as docents, theater ushers, or who are home-bound and crochet, knit and sew items community members need.
3. Suggest that the Corporation for National and Community Service's website include older adults and young people together volunteering rather than only showing the younger population.
4. Meet with non-profit leaders to find new sponsors to host the volunteer programs.
5. Publicize the state's 50 RSVP, Foster Grandparent and Senior Home Companion programs.
6. Provide information to corporations and local businesses to gain allowed financial or in-kind support of the RSVP program.

Media Workgroup

Background: *The Media Workgroup* focused on considering the components for a *Positive Aging Media Campaign*. Key concepts include:

1. There should be a statewide, multi-pronged promotional campaign to increase the understanding of the aging process and the many positive social and economic contributions of an experienced and important segment of the Michigan population. Assets of older adults and people with disabilities are substantial, underused and underappreciated for enriching the quality of life for the larger community. Opportunities to participate more actively in paid employment, volunteer work, etc. to engage in personal growth and continued personal development should be increased. Retirement should be redefined to embrace a continued, meaningful engagement in the larger community.
2. Combat age-related stereotypes.
3. Stress the positives of aging--the ability to slow down and connect at a deeper level, and the ability to bring broader perspectives to problems that face Michiganders of all ages.

OSA's Communications Team worked with the workgroup to develop ideas that can be implemented. Since there is so much information already written, it will be important to direct our focus and tap resources that are already available to share. Targeting people

of all ages, baby boomers, older adults, community and business leaders and politicians will be important.

Goals and Objectives:

1. Determine the target audience(s).
2. Decide how to best inform people about services.
3. Collaborate with local AAAs, Commissions on Aging, Southeast Michigan Senior Regional Collaborative (SEMISRC) Steering Committee, etc. and OSA Communications Team to link messages that they can forward to their media.
4. Send messages that address the following:
 - Give information to politicians for increased funding support
 - Make community improvements to keep people from leaving the area
 - Share positive aging tips
 - Link Baby Boomers to aging supports and retirement information
 - Get more people interested in volunteering
 - Increase awareness of aging veterans' and LGBT older adult issues
 - Influence medical professionals to look at aging in a different light

Target Audiences:

- All Ages
- Students
- Baby Boomers
- Older Adults 60+ and Adults with Disabilities
- Schools, community colleges, four-year and private colleges
- Banks, credit unions and financial institutions
- Health care facilities and their staffs
- Private health care practitioners at all levels – certified, licensed, or non-licensed
- Social service organizations – public, private, state, and federal
- Veterans, including women veterans and veterans' families and survivors
- Veterans' Service Organizations at local, county, state, and federal levels
- Volunteers

Messaging Recommendations from All Workgroups

Education

- Promote life-long, healthy aging with an aging plan, using the slogan *Aging is a Plus*
- Assure that access to Aging Network Information is available for all older adults regardless of income
- Assure that the statewide message is disseminated through all communication channels.

Veterans

- Support the linkages to the Michigan 2-1-1 Call Centers, using the Human Services Communication Model implementation to all counties within the state.

- Promote, support and evaluate the collaborative MVAA Veterans Community Action Teams' "**No Wrong Door**" one-stop Veterans' Benefits Model as they progress in their development and implementation within the Governor's Prosperity Regions.

Volunteerism

- The greatest benefit to older adults working with older adults is they can honestly say, "I get it." They have many of the same problems and issues and can offer hope to one another.
- Make it known that volunteering benefits the entire community.
- Promote older adult and youth volunteer teams in a statewide message using various communication channels.
- Frame the message about volunteering to ensure that potential volunteers know they can choose which activities they want to pursue.

Media: Agree upon a **short, non-specific slogan** that links to more information and would be a catchy way to interest people. Ideas for short slogans include:

- **Aging is a PLUS**
- **Aging is Booming**
- **Aging Adds Value**

Once a slogan is chosen, it can be placed onto brochures, information sheets, websites, etc. with links to some quick facts about positive aging. Different messages for different groups can be developed. Here are some examples of what that might look like with website links, using one of the suggested slogans from above. These could also be the titles of brochures or fact sheets, with information and tips written out for the different audiences.

- **Aging is a PLUS... for volunteering.** *Did you know that aging people add value to a community? Look ~~-here-~~ for more information and ways to support aging people in your community.*
- **Aging is a PLUS... don't believe the myths that aging is negative.** *Look ~~-here-~~ to see aging myths and reality. Supporting aging people supports your community... and your families.*
- **Aging is a PLUS... Veterans and veterans' organizations are a plus for your community.** *Look ~~-here-~~ for veterans' groups and information on how veterans are helping each other and helping their communities.*

Research: The Upper Peninsula has several newspapers and magazines that accept articles. **Mrs. McGregor's Fiftyplus** magazine circulates to 62,000 people in the UP, northern Wisconsin, and around the country every month. The magazine uses advertisers relevant to those over age 50. Here are seven marketing tips from publisher of *Mrs. McGregor's Fiftyplus* listed in the February 2015 issue:

1. Never refer to the market as old and do not use the word "senior."
2. Do not use scare tactics; be honest and straightforward.
3. Do not talk "down" to the market.

4. Be mindful of the four markets: Young Active 50 plus, Semi-retirees, Retirees, and seniors (Elders).
5. Don't use small backgrounds and small type.
6. Skip coupons.
7. Include pictures with young people.

In the Kalamazoo area, the monthly ***Southwest Michigan Spark*** magazine publishes 10,000 copies that are distributed to 659 sites. It is a 24-page four-color magazine targeted to boomers in Kalamazoo and Allegan counties.

Newsletters to target include: AAAs, Councils on Aging (COAs), disability rights newsletters, school newsletters/papers, businesses such as Dow Chemical, car manufacturers like GM and Ford, chambers of commerce, and professional, building/skilled trades, and union magazines/newsletters including .

Collaboration: The Southeast Michigan Senior Regional Collaborative (SEMISRC) Steering Committee has a strategic plan to try to put a “face” on aging and take back the narrative for people rather than rely on current media-focus on aging that is not always positive. They are starting with the theme: “Senior Strong,” and they would like to test this theme with possible focus groups including diverse groups like Lesbian, Gay, Bisexual and Transgender (LGBT) to be sure the messages are appropriate for the intended audiences.

The SEMISRC approach to put a “positive face on aging” using current social media approaches such as Hashtag, YouTube, and Twitter to promote positive aging and showcase extraordinary things such as accomplishments of older adults and stories from the local level. SEMISRC has not defined the time line to implement a campaign—but the goal would probably be in 2016. We would like to collaborate with this group in supporting their media effort. There is an opportunity to release a media campaign during Older Michiganian’s Day and the Celebration of the 50th Anniversary of the Older Americans’ Act being held at the Capitol on Tuesday, June 2, 2015. The SEMISRC Steering Committee wants to take proposals to possible grantors.

Famous Michiganians for Possible Aging Media Representative

The Media Workgroup suggested the use of Michigan celebrities to narrate the public service portion of the media campaign. Some names suggested were Tim Allen, Madonna, Aretha Franklin, Jeff Daniels, and others.

Recommendations

1. Test pilot positive aging slogans like the Southeast Michigan Senior Regional Collaborative (SEMISRC) Steering Committee is planning to do with their “Senior Strong” proposed campaign. Try *Aging is a Plus*.
2. Continue collaborations with the SAC, the CSA and the OSA Communications Team to develop the *Aging is a Plus* campaign (or other slogan).

3. Choose current topics like planning for aging, volunteerism, retirement planning, veterans, LGBT, etc. to promote. Publicize the volunteer programs that are in the network.
4. Re-convene workgroups in one to two years to discuss how much progress has been made.

Conclusion:

This SAC adjunct report provides the CSA with concrete steps for promoting the positives of aging via a marketing/media campaign with specific focus on education, veterans and volunteerism. The CSA's continued support for implementing these suggestions over the next few years is vital to its success. Continuing to leverage our combined expertise (CSA, SAC, OSA, AAAs, COAs, etc.) will be essential to reach our goal of promoting the positives of aging to all ages. The SAC continues its willingness to assist implementing this worthy goal.

Appendix A: Resources

Education

Access to information about Medicare and Social Security and planning resources like Michigan's Reinventing MI Retirement Financial Toolkit www.michigan.gov/difs

– This is essential to retirement planning for all. Several companies and businesses were contacted to find out what resources are shared with employees about retirement. Retirement resources sharing in these businesses ranged from little to none to giving out information about the company's retirement program, and/or referring employees to the Social Security Administration or Medicare/Medicaid websites.

GVSU 2-13-2015/10th Annual ART & SCIENCE of AGING Conference Resources:

Ashton Applewhite: This Chair Rocks <http://thischairrocks.com/?q=blog>

Changing Aging <http://changingaging.org>

2/13/15 Weekly Newsletter/Blog (Example Free Sign-up if interested)

<http://us6.campaign-archive1.com/?u=463a7f6cd83c44cd037deef72&id=1daf526b26&e=dc1c908c49>

Choose Wisely Campaign <http://consumerhealthchoices.org/campaigns/choosing-wisely/>

Consumer Health Choices (Free Subscription Newsletter)

Dr. Bill Thomas's Blog "Exploring Life Beyond Adulthood" – He is author of the books *What Are Old People For* and *Second Wind*.

Home Site "Explore and use our free resources for more sensible healthcare decisions:" <http://consumerhealthchoices.org>

Life Reimagined: Discovering Your New Life Possibilities (The Book)

<http://lifereimagined.aarp.org/discover-your-new-life-possibilities>

Life Reimagined Interactive Website <http://lifereimagined.aarp.org>

Katie Maslow – Person-Centered Care for People with Dementia: Opportunities and Challenges <http://www.asaging.org/blog/person-centered-care-people-dementia-opportunities-and-challenges>

"Our Complete Catalog" http://consumerhealthchoices.org/campaign-series/choosing-wisely/?affiliation&medical_category&article_type&format&language

Barbara A Pickut, et.al. Mindfulness-based intervention in Parkinson's disease leads to structural brain changes on MRI:

<http://www.researchgate.net/publication/258252171>

Patients and Consumers <http://consumerhealthchoices.org/#patients-and-consumers>

Sources of good information on retirement challenges and planning:

http://www.ml.com/publish/content/application/pdf/GWMOL/2013_Merrill_Lynch_Retirement_Study.pdf: America's Perspective on New Retirement Realities. This is one of several reports on aging and retirement.

Reinventing Mi Retirement: Tools and Resources to Achieve Financial Security
at: www.michigan.gov/difs

Shows women in a positive way:

<http://fashionrework.com/2012/02/08/learning-from-your-elders-and-aging-stylishly-with-the-ladies-of-advanced-style/>

[Learning from Your Elders and Aging Stylishly with the Ladies of Advanced Style](#)
February 8, 2012 § 1 Comment

New York Times article:

<http://www.nytimes.com/2015/02/21/your-money/financial-advice-customized-by-sex-ethnicity-or-demographics.html?smid=nytcore-ipad-share&smprod=nytcore-ipad>

Websites that focus on aging include:

www.agewave.com. Age Wave, a consulting company, is the nation's foremost thought leader on issues relating to an aging population, with great expertise in the profound business, social, healthcare, financial, workforce and cultural implications. Under the leadership of Founder/CEO Dr. Ken Dychtwald, Age Wave has a unique understanding of the body, mind, hopes and demands of new generations of maturing consumers and workers and their expectations, attitudes, hopes, and fears regarding retirement.

www.nextavenue.org *Next Avenue is a major new PBS system website designed to reach America's booming 50+ populations as they plan for and literally define a new life stage.*

Veterans

The Grand Rapids Business Journal - Veterans' organization works to overcome job barriers (January 3, 2014)

<http://www.grbj.com/articles/78694-veterans-organization-works-to-overcome-job-barriers>

Michigan Veterans Affairs Agency

<http://www.michiganveterans.com>

Michigan Veterans: A Workforce Study, September 2013

http://milmi.org/admin/uploadedPublications/2063_Veteran_Study.pdf

MVAA VCAT West Michigan Veterans Coalition (2013)

<http://www.westmichiganveterans.com/about-wmvc/>

MVAA VCAT Region 9 Greater Ann Arbor Area (March 16, 2015)

<http://www.michigan.gov/dmva/0,4569,7-126--349934--,00.html>

MVAA VCAT Region 5 Greater Ann Arbor Area (April 16, 2015)

No Wrong Door for Our Nation's Vets (Altarum Institute – MVAA VCAT Partner)

<http://altarum.org/our-work/no-wrong-door-for-our-nation's-vets>

Rural and Frontier Health (Altarum Institute – MVAA VCAT Partner)

<http://altarum.org/service-offerings/rural-and-frontier-health>

State of Michigan – The Department of Military and Veterans Affairs
Veterans Service Delivery Initiative

<http://cmfmna2012.org/wp-content/uploads/2012/07/Welcome-Home-HO3.pdf>

West Michigan Veterans Coalition Directory (Grand Rapids Area; 1/6/14; 21 Pages - Lists Members)

http://www.westmichiganveterans.com/wpcontent/uploads/2014/11/wmvc_directory.pdf

Working Together to Improve Resources and Services for Veterans (Altarum Institute Historical Overview– MVAA VCAT Partner)

<http://altarum.org/health-policy-blog/working-together-to-improve-resources-and-services-for-veterans>

Volunteerism

www.allforgood.org, www.nationalservice.gov, and www.volunteermatch.org

MEDIA

<http://www.aarp.org/>

<http://www.pewsocialtrends.org/2009/06/29/growing-old-in-america-expectations-vs-reality/>

<http://www.realsimple.com/work-life/life-strategies/inspiration-motivation/growing-old>

<http://www.smithsonianmag.com/science-nature/what-is-so-good-about-growing-old-130839848/?no-ist>

The SAC Media Workgroup brainstormed on famous Michiganians:

http://www.outdoormichigan.com/Famous_People.htm

What is a good media campaign?

Bill Thomas Blog site Changing Aging: www.changingaging.org.

Commissioner Michael Sheehan's Blog: verbmall.blogspot.com and website: The Senior Corner: theseniorcorner.weebly.com.

From the Website <http://www.wisegeek.com/what-is-an-advertising-campaign.htm>

Mrs. McGregor's Fiftyplus magazine/newspaper:

<http://echomedia.com/medias/details/17410/mrs+mcgregors+fifty+plus>

- Modernizing Michigan Medicaid Long Term Care (toward an integrated system of services and supports- Final report the Michigan Medicaid Long-Term Care Task Force (May, 2005)
- Public Opinion Survey of Long-Term Healthcare Services prepared for AAA of MI –Feb.2003
- Michigan's Long Term Care Workgroup Preliminary report Sept.1999
- 2011 Study from Dartmouth Atlas Project on Medicare (article in July/August 2012 Aging Well magazine
- Achieving Better Chronic Care at Lower Costs Across the Health Care Continuum for Older Americans (Engelberg Center for Health Care Reform at Brookings/ Oct.2010
- Trends in Aging for Michigan and the US- Presentation to the Michigan OSA November, 2012 (presented by Kenneth Darga State Demographer- MI Department of Technology Management and Budget)
- Johns Hopkins- Listening Post Project Communique No.15 on the Hidden Dimension of Health Care Crisis.

2014-2015
STATE ADVISORY COUNCIL ON AGING

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Susan Avery, Director
Michigan Women's
Commission
Detroit, Michigan

Elizabeth Adie Thompson,
Alternate
Michigan Women's Commission
Detroit, MI

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SAC
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Workgroup Members**

Education—Mindful Perception of Positive Aging -- Workgroup Members:

Alan Bond – AAA Region 1A
Larry Brooks – AAA Region 3B
Charles Corwin – AAA Region 9
Kathy Earle – AAA Region 1B
Robyn Ford – Social Security Administration
Elizabeth Ireland-Curtis – AAA Region 5
Kathleen Johnston-Calati – AAA Region 6
Mary Jones – AAA Region 5
Linda Strohl – AAA Region 4
Wendy White – AAA Region 7
Michael Sheehan – SAC Chairperson, Commissioner, CSA, Ex Officio
John Murphy – SAC Vice-Chairperson - AAA Region 9, Ex Officio

Veterans Workgroup Members:

Nellie Blue – AAA Region 8
Vicente Castellanos – AAA Region 7
Nicolette McClure – AAA Region 8
John Murphy – AAA Region 9
John Pedit – AAA Region 1C (Posthumous)
Gene Pisha – AAA Region 1C
Donald Ryan – AAA Region 3A
Elizabeth Thompson – Michigan Women’s Commission
Kathleen Williams-Newell – AAA Region 1A
Ginny Wood-Broderick – AAA Region 2
Michael Sheehan – SAC Chairperson, Commissioner, CSA, Ex Officio

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Lois Hitchcock – AAA Region 1B
Victoria Laupp, Leader – AAA Region 3B
Roy Pentilla – AAA Region 10
Mary Lou Proefrock -- AAA Region 8
Mona Sashital – AAA Region 1B
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Michael Sheehan – SAC Chairperson, Commissioner, CSA, Ex Officio
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Georgia Durga -- AAA Region 8
Tom Hartwig -- AAA Region 8
Barbara Leo – AAA Region 7

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Pam McKenna, Leader – AAA Region 11
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**STATE ADVISORY COUNCIL ON AGING (SAC)
Presenters and Guests**

Presenters:

Phil Lewis, OSA Communications Director
Becky Payne, OSA Communications Team

Guest Commissioners:

Commissioner Sibyl Ellis
Commissioner Joan Ilardo

Office of Services to the Aging:

Kari Sederburg, Director
Leslie Shanlian, Deputy Director
Scott Wamsley, Division Director
Lauren Swanson-Aprill, OSA's Lead to the SAC
Phil Lewis, Communications Director
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Experts to the SAC Workgroups:

Janet Clark, CEO and RSVP Director of Clinton, Eaton, and Ingham Counties
Kristina Leonardi, Director, Strategy and Communications, Michigan Veteran's Affairs Agency
Julia Thomas, OSA Senior Volunteer Program Specialist

Chairperson, State Advisory Council on Aging:

Commissioner, Michael J. Sheehan

Vice Chairperson, State Advisory Council on Aging:

John Murphy