State Plan on Aging
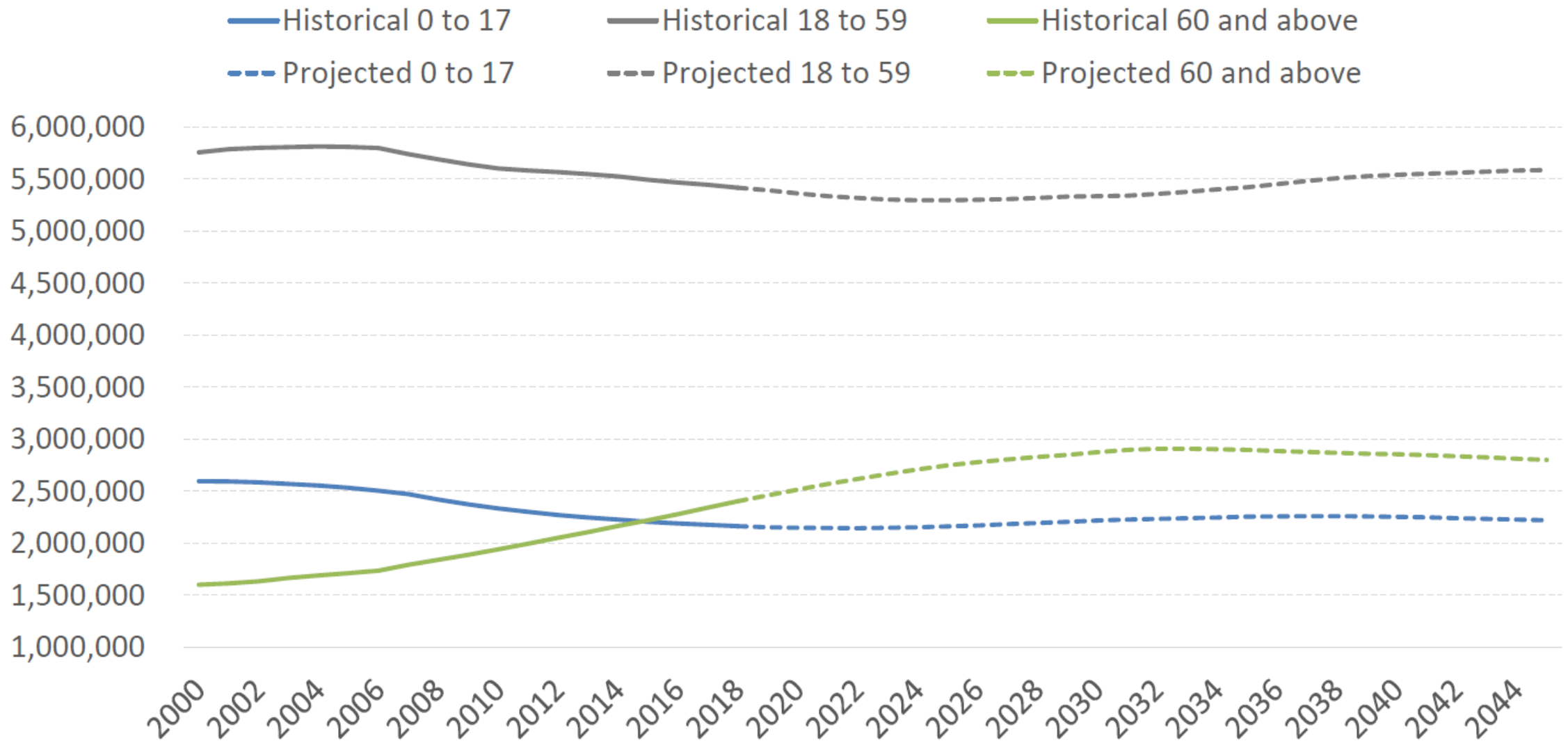## Aging & Adult Services Agency
Dr. Alexis Travis, Senior Deputy Director
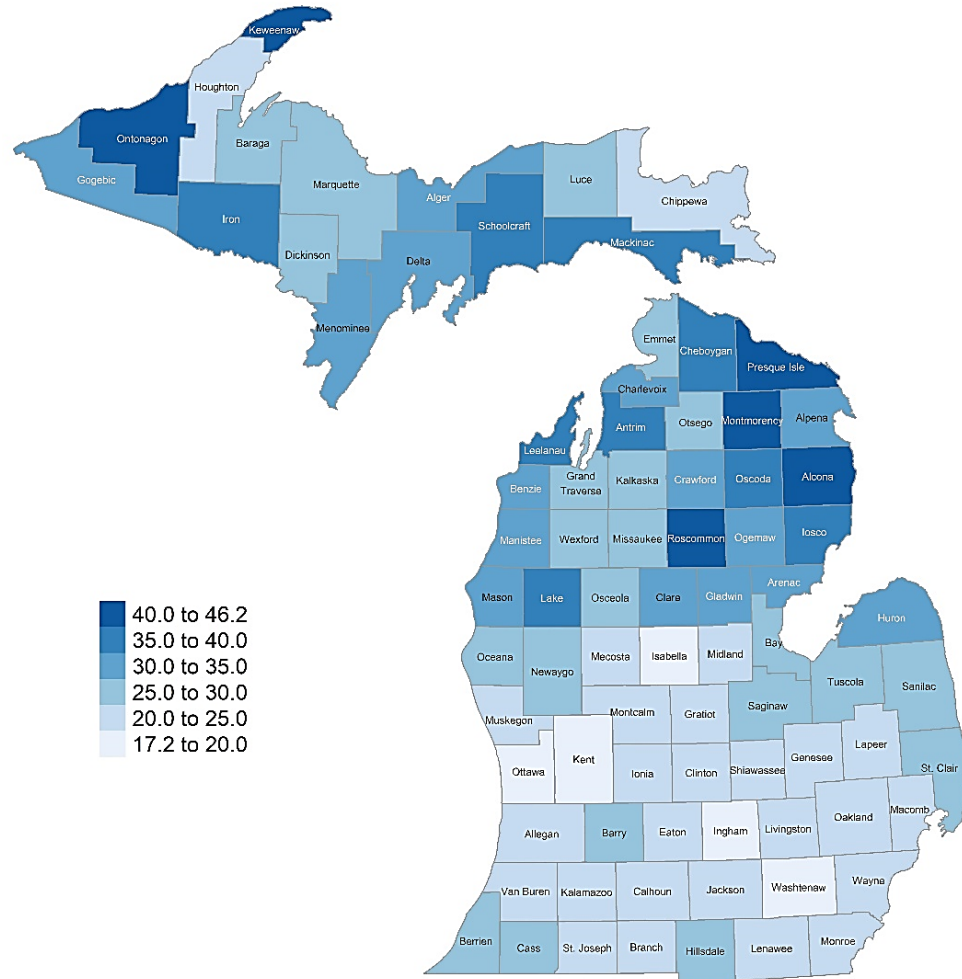
Michigan population by age grouping

Legend:
- Historical 0 to 17
- Historical 18 to 59
- Historical 60 and above
- Projected 0 to 17
- Projected 18 to 59
- Projected 60 and above

Source: U.S. Census Bureau, Population Estimates Program; MI DTMB, Labor Market Information & Strategic Initiatives, 2045 Population Projections

Percentage of Michigan's age population 60+

Source: U.S. Census Bureau, 2018 ACS 5-year estimates, Table S0101

Legend:
- 40.0 to 46.2
- 35.0 to 40.0
- 30.0 to 35.0
- 25.0 to 30.0
- 20.0 to 25.0
- 17.2 to 20.0

- 2.4 million adults age 60 or older reside in Michigan (24.4% of population).

- 41% of adults age 60 or older are live alone, 31.4 % of adults age 60 or older have a disability.

- Michigan's population of adults age 60 or over is expected to peak in 2034 at 2.9 million.

- The 85 and older population in Michigan is expected to grow by 94.5% from 2015

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Major themes

- Access to Quality Care & Services
- Awareness of Services & Resources
- Social Isolation
- Aging in Place
- Transportation Barriers
- Workforce Challenges
- Elder Abuse & Exploitation
- *Diversity, Equity, & Inclusion*

Michigan's State Plan on Aging Goals

GOAL #1
Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate information and have awareness of quality services where and when they need them.

GOAL #2
Prioritize resources to promote social interaction and connectedness, including expanding access to technology and transportation.

GOAL #3
Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.

GOAL #4
Leverage programs, services, and resources to ensure older adults have the opportunity to make their own decisions and enable them to age in place.

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Goal 1: Improve Information & Awareness

Expand the reach of information and awareness of aging network services, ensuring all older adults and caregivers can access culturally and linguistically appropriate information and have awareness of quality services where and when they need them.

Goal 1: Improve Information & Awareness

OBJECTIVE 1.1

By September 2021, AASA will establish a Michigan aging resources number accessible to Michiganders who speak English, Spanish, and Arabic.

STRATEGIES

- Secure funding to establish and sustain a toll-free Michigan aging resources number with built-in continuity and quality control measures, as well as multiple language options.
- Support AAAs in building strong relationships across their referral networks to ensure accuracy of referrals.
- Develop a follow up system for referrals to ensure individual needs were met.

OUTCOME MEASURES

- % of individuals who use the toll-free number who report that their needs were met.

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Goal 1: Improve Information & Awareness

OBJECTIVE 1.2

By September 2023, AASA and the aging network will increase the number of older adults and caregivers enrolled in registered services by 5%, with older adults and caregivers who identify as BIPOC making up 50% of the increase.

STRATEGIES

- Implement an aging network marketing campaign.
- Support the aging network in including Black, Indigenous, & People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+), and other underrepresented populations as board members, employees, and service providers.
- Develop strategic partnerships with non-traditional partners to expand the scope and reach of the aging network.
- Review and evaluate AASA programs, policies and practices to eliminate systemic impediments to DEI.
- Provide training, outreach, and education to AAA staff on health disparities.

OUTCOME MEASURES

- % of older adults and caregivers in Michigan who identify as BIPOC who access aging network services.
- % of older adults and caregivers enrolled in registered services who report that services are inclusive and equitable.

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Goal 2: Improve Social Connectedness

Prioritize resources to promote social interaction and connectedness, including expanding access to technology and transportation.

Goal 2: Improve Social Connectedness

OBJECTIVE 2.1

By September 2022, AASA and aging network partners will increase participation in programs to promote social interaction and connectedness by 5%, with older adults and caregivers who identify as BIPOC making up 50% of the increase.

STRATEGIES

- Determine baseline statistics, implement systems for ongoing data collection, and develop strategies for continuous quality improvement to promote community/family connectiveness.
- Collaborate with internal/external aging network partners, stakeholders, and volunteers to design strategies to increase participation in programs that promote social interaction.
- Engage diverse staff and volunteers who represent the community to design and deliver programs that promote social interaction.
- Increase availability of culturally and linguistically appropriate resources, service options and promotional materials that meet the needs of older adults who are BIPOC, LGBTQ+, and representative of other underrepresented populations.
- Disseminate information about programs to promote social interaction via Older Michiganian's Day, 4AM meetings, AAA Director meetings, and the AIP process.

OUTCOME MEASURES

- % of Friendly Reassurance participants who report feeling less isolated due to program participation by race and ethnicity.

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Goal 2: Improve Social Connectedness

OBJECTIVE 2.2
By September 2023, increase the number of aging network services that can be offered virtually, like Personal Action Toward Health (PATH) and support groups.

STRATEGIES
- Expand and enhance electronic/virtual connectivity with peers, family, friends, and community programs.
- Provide technology trainings utilizing volunteers.
- Expand the opportunity for telehealth and care transitions across the state utilizing the Coleman method of improvement.
- Work with faith-based organizations to promote virtual social connectedness.
- Implement AAA care transition projects.

OUTCOME MEASURES
- % of older adults who have participated in technology trainings who report that they are comfortable using technology to make social connections.
- % of older adults who are satisfied with aging network services to promote social connections that are offered virtually.

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Goal 2: Improve Social Connectedness

OBJECTIVE 2.3

By September 2022, AASA and aging network partners will complete a transportation domain action plan and evaluation plan under the Age Friendly Michigan initiative.

STRATEGIES

- Conduct a transportation survey and listening sessions using AARP's guidance as part of the Age-Friendly Michigan initiative.
- Develop an action plan and evaluation plan based on the transportation survey and listening sessions and submit to AARP for review.
- Collaborate with the aging network and other partners in public health and transportation to promote age-friendly transportation systems.
- Collaborate with Medicaid to promote access to non-emergency medical transportation services.
- Collaborate with commercial transportation companies and volunteer organizations to serve older adults with non-medical transportation needs.

OUTCOME MEASURES

- % of older adults and caregivers who report that they use their community's sidewalks, parks, natural features and green space to socialize.
- % of older adults and caregivers who report that the transportation options in their community meet their needs.

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Goal 3: Increase the Direct Care Workforce

Increase the number of well-trained, qualified, and supportive multicultural direct care workers through collaboration by elevating the workforce, improving retention, promoting its collective value, and supporting opportunities to increase wages.

Goal 3: Increase the number of direct care workers

OBJECTIVE 3.1

By September 30, 2022, 30% of Michigan's home and community-based services and long-term care agencies and providers across the state who hire direct care workers (DCW) to provide supports and services to older adults and caregivers will have adopted the state's direct care workforce competency requirements/guidelines.

STRATEGIES

- Develop statewide competencies for all DCWs, inclusive of Certified Nursing Aides (CNAs), Direct Service Providers (DSPs), Home Health Aides (HHAs), Home Health Providers (HHPs), and Independent Caregivers.
- Design an implementation and measurement strategy to disseminate and evaluate the DCW competencies.
- Partner with the DCW Advisory Committee and IMPART Alliance to implement and evaluate the DCW competencies.
- Adopt the DCW competencies and share the competencies statewide.
- Collaborate with home care agencies that serve low-income older adults, persons with disabilities, and persons of color to ensure representation and inclusivity in the competencies.

OUTCOME MEASURES

- % of agencies that have adopted the DCW competencies who believe that the competencies will elevate the workforce.
- % of agencies that have adopted the DCW competencies who believe that the competencies support diversity and inclusion.

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Goal 3: Increase the number of direct care workers

OBJECTIVE 3.2

By September 30, 2022, 30% of Michigan's home care agencies and long-term care providers will be using educational curricula mapped to statewide competencies for direct care workers.

STRATEGIES

- Work with the DCW Advisory Committee and Competencies/Education Workgroup to review DCW education/curricula guidelines that map to the competencies.
- Develop education/curricula guidelines that map to the competencies for all DCW training phases with state partners, including basic, intermediate, and advanced pathways.
- Adopt and share the training and education/curricula guidelines statewide.

OUTCOME MEASURES

- % of agencies that have adopted the educational curricula/guidelines who report the curricula is well aligned with the competencies.
- % of agencies that have adopted the educational curricula/guidelines who report that the curricula is useful, accessible, and inclusive.
- % of DCWs working in settings that have adopted the training and curriculum guidelines who report receiving additional training and professional development opportunities.

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Goal 3: Increase the number of direct care workers

OBJECTIVE 3.3

By September 30, 2023, implement a media campaign promoting DCWs and DCW training in all 16 AAA regions.

STRATEGIES

- Collaborate with the DCW Advisory Committee and the Communications and Mental Health Workgroup to develop a media campaign plan to promote DCWs and DCW training.
- Seek funding partners to assist with implementing the plan.
- Implement the plan regionally and statewide.

OUTCOME MEASURES

- # of trained DCWs working in Michigan
- # of DCWs employed in Michigan.

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Goal 4: Ensure Choices for Aging in Place

Leverage programs, services, and resources to ensure older adults can make their own decisions and enable them to age in place.

Goal 4: Ensure Choices for Aging in Place

OBJECTIVE 4.1

By September 30, 2022, implement an evidence-based and comprehensive elder abuse, neglect, and exploitation education and awareness program that is adaptable to multiple audiences in Michigan.

STRATEGIES

- Conduct an environmental scan of five or more educational and awareness programs utilized in Michigan that have been provided to 250 or more individuals in the past year.
- Contact with the developers/users of identified programs to determine the numbers of individuals served by the programs, the populations served by the programs, the geographic regions served by the programs.
- Review program documents, trainings, and other materials to identify common themes/information, inaccurate information, formats and platforms utilized.
- Identify agencies/organizations/programs, including Adult Protective Services, the Long-Term Care Ombudsman Program, legal assistance programs, law enforcement, health care professionals, and financial institutions, willing to partner on development of comprehensive program willing to partner on development of comprehensive program.
- Review/utilize the FrameWorks Institute's toolkit on "Talking Elder Abuse" to ensure Michigan's message is provided in language that is evidence-based and will build public understanding and support.
- Ensure any program designed meets the Department's standards of diversity, equity, and inclusion.
- Pilot test the program with five groups from differing geographical regions that include older adults, family members, and professionals.

OUTCOME MEASURES

- % of pilot test participants who agreed that the program met its stated objectives.

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Goal 4: Ensure Choices for Aging in Place

OBJECTIVE 4.2

By September 30, 2022, expand the number and reach of programs designed to support older adults who wish to remain in their homes as they age.

STRATEGIES
- Identify successful, innovative programs for home modifications and/or repairs that could be utilized and duplicated in other areas of the state.
- Identify programs that provide or connect older adults with durable medical equipment or assistive devices that help them remain in their homes.
- Identify areas where affordable services are available and help keep older adults in their homes such as home delivered meals, grocery shopping, and prescription delivery.
- Identify legal and other services that will assist older adults who are facing foreclosure, eviction, or are seeking affordable housing.
- Disseminate information to the AAAs regarding available services and monitor Information & Assistance (I/A) contacts related to these services.

OUTCOME MESAURES
- # individuals referred to the identified programs through the AAAs.
- % of individuals referred to the identified programs through the AAAs who are successfully served by the identified programs.
- % of older adults who report that they have access to services that allow them to remain in their home and avoid moving to more restrictive settings or to a setting they do not choose.

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Initial impact of COVID-19

» **SOCIAL ISOLATION:** Older adults and caregivers reported experiencing social isolation prior to the COVID-19 pandemic but this issue has been greatly exacerbated by social distancing guidelines and the closure of many business and organization.

» **DIRECT CARE WORKFORCE LIMITATIONS:** As a result of the pandemic, employers are seeing a reduction in the number of available DCWs.

» **TRANSPORTATION ACCESS:** The pandemic has led to a struggle to access healthy food, attend medical appointments, and pick of medications safely. Concerns of viral spread have led to some to avoid the use of public transit. Ride share options are not readily available or affordable for all.

» **SERVICE AND RESOURCE AWARENESS:** Caregivers and older adults report the need for increased integration, greater outreach, improved referrals. Michiganian older adults would benefit greater communication and collaboration of the existing resources withing the aging network.

MDHHS

COVID-19 in 60+
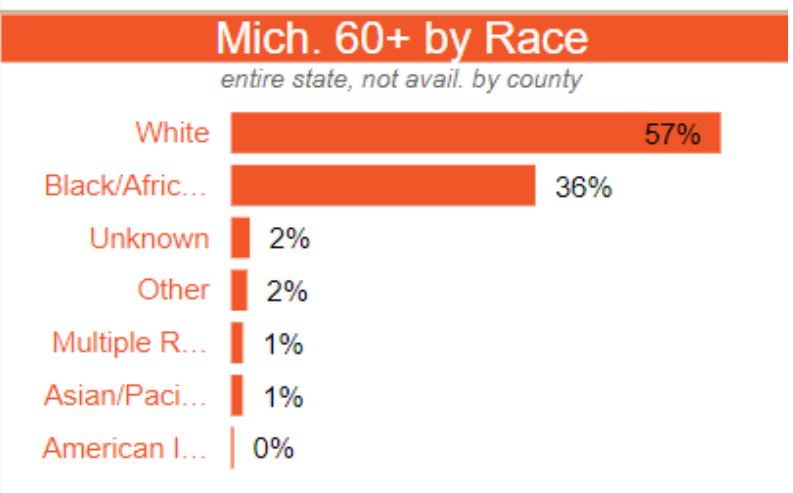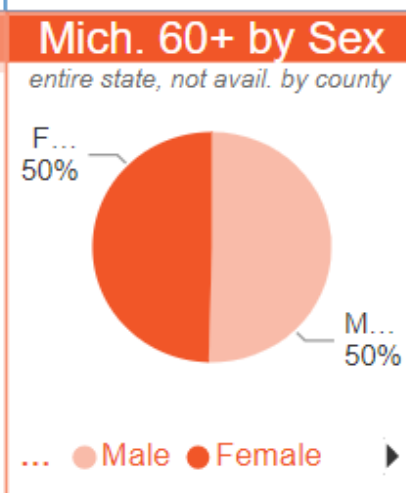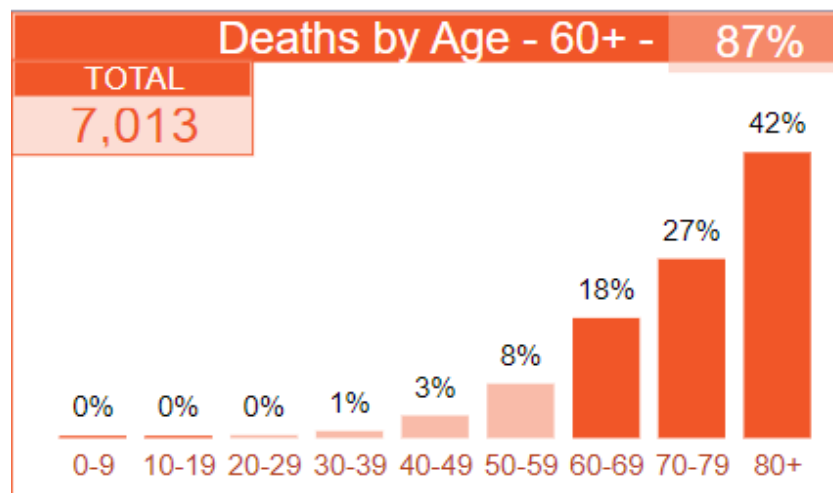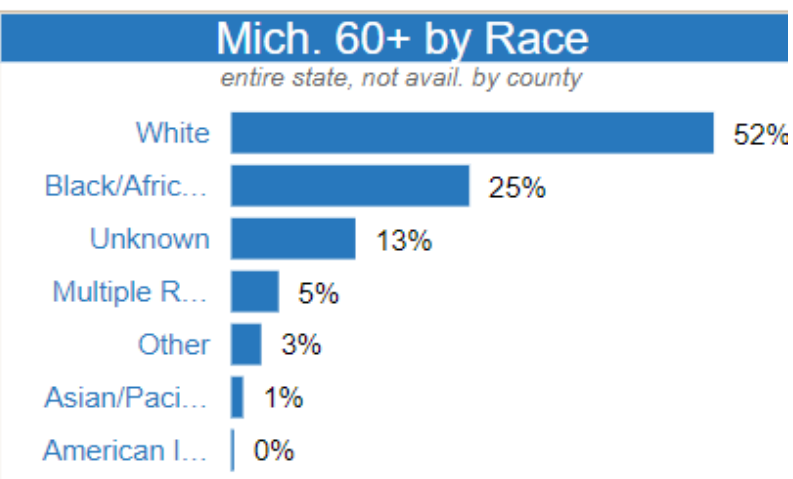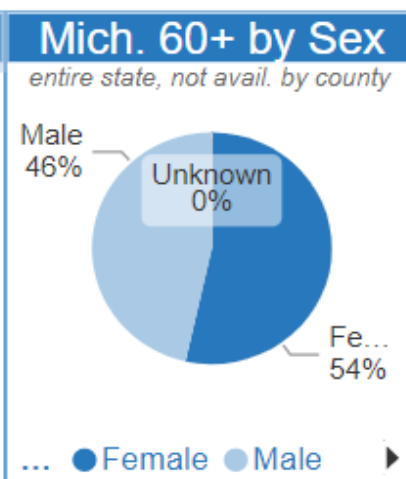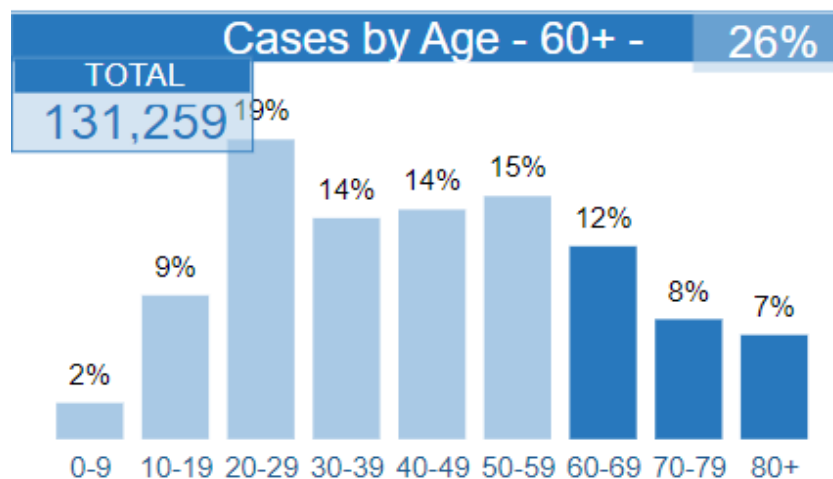
What's next? CV19 Checkup

Welcome to the CV19 CheckUp

The CV19 CheckUp is free, confidential, and easy to use. It is designed to help you be safer and healthier during the COVID-19 pandemic.

You will spend 10 minutes answering some questions and then immediately receive a custom report based on your life and habits. Find out how likely you are to get or spread COVID-19, how severe it might be if you get sick, steps to reduce your risks, and ways to have your needs met during the pandemic.

Your report will provide guidance from leading experts and organizations based on research, science, and recommendations published by the U.S. Centers for Disease Control and Prevention and the World Health Organization.
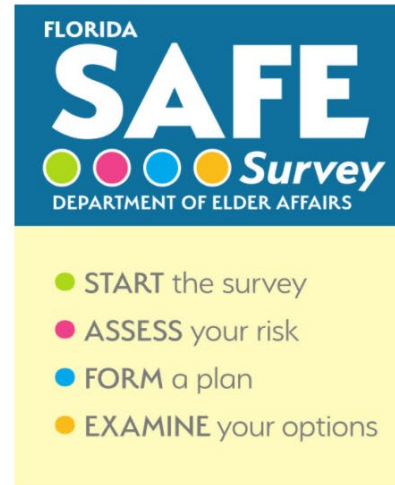
- Free, confidential survey.
- Designed for older adults.
- Launching in October.
- MI Health Endowment Fund supported.

What's next? GetSetup

https://www.getsetup.io/partner/michigan
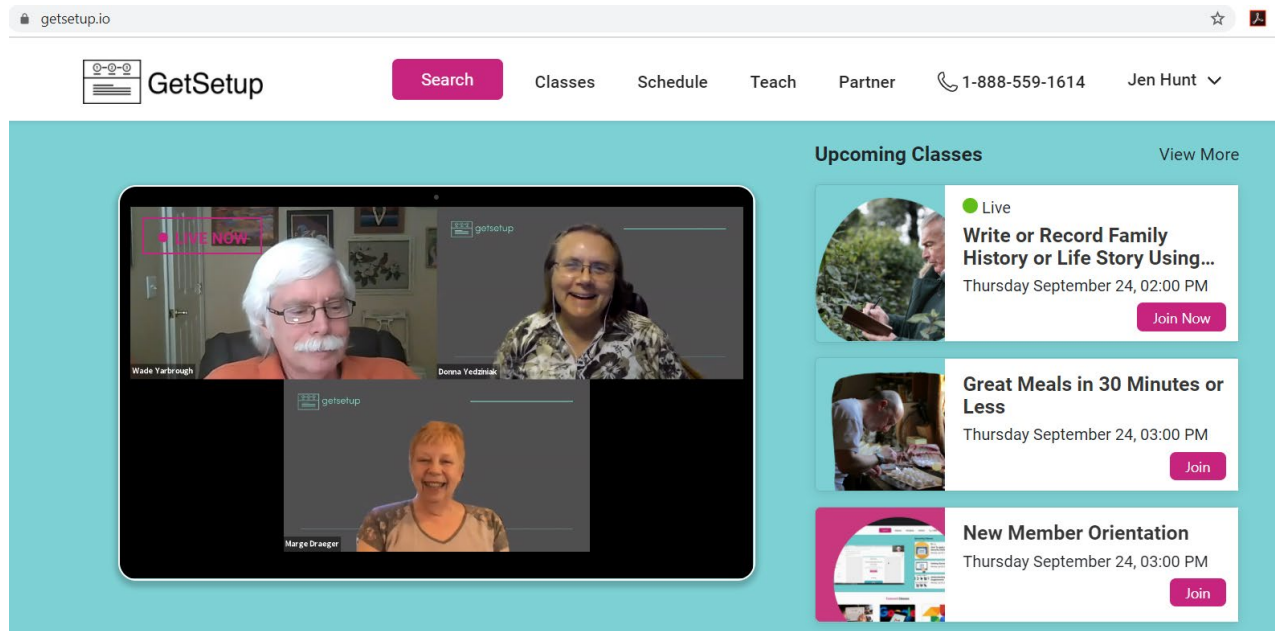
- Free online classes for Michiganders age 60+ taught by older adults.
- How to use a smartphone, how to use Zoom, healthy cooking, virtual social hours.
- Launching in October.
- MI Health Endowment Fund supported.

Thank you

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