
**Report and Recommendations of the
Blueprint for Aging Services Partnership,
Washtenaw County**

November 2003

Table of Contents

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	<u>Page</u>
I. Executive Summary	
A. Background	1
B. Vision for the Future	4
C. Findings and Recommendations	5
II. Background	
A. Study Background and Objectives	27
B. Key Demographic Trends	29
III. Vision for the Future	
A. Approach to Creating a Vision for the Future	32
B. Overview	33
C. Early Years of Older Adulthood - Age 55-69	33
D. Middle Years of Older Adulthood - Age 70-84	34
E. Final Years of Older Adulthood - Age 85 and Over	35
F. Caregivers	36
IV. Findings and Recommendations	
A. Strategic Framework	38
B. Health	41
C. Housing	57
D. Social Services	62
E. Transportation	72
F. Recommendations Central to Multiple Areas:	
1. Public Awareness	77
2. Access	78
3. Volunteering	79
4. Funding/ Affordability	79
5. Advocacy	80
6. Labor Force Quality/ Staffing Shortages	82
7. Prevention	83
V. Appendices	

I.

Executive Summary

This is a summary of the "Report and Recommendations of the Blueprint for Aging Services Partnership, Washtenaw County" dated November 2003.

A. Background

1. Study Impetus, Purpose and Organization

- a. **Impetus for the Study.** Reflecting the national trend, the population of Washtenaw County is aging. Consequently, the number of older adults in the County is increasing. Meanwhile, seniors and their families are encountering barriers to needed services.

Against this backdrop, a core group of agencies serving older adults in Washtenaw County recognized that problems facing the County's older adults require fundamental solutions that include all community stakeholders. A current community-wide plan addressing specific needs of the elderly would be necessary.

To create such a community-wide plan, the collaborative group of agencies submitted a proposal to the Ann Arbor Area Community Foundation. Catholic Social Services of Washtenaw County agreed to serve as fiduciary agency for the project. In April 2002, this proposal resulted in the funding of a one-year planning project, which became known as the Blueprint for Aging Services Partnership ("BASP").

- b. **Project Purpose.** The overall goal of the project was to first identify and characterize the needs of aging adults in Washtenaw County adults and then define an appropriate community response. Toward this end, the following objectives were established:

- (1) Involve stakeholders: identify and enlist participation of interested stakeholders.
- (2) Create plan: develop a Strategic Plan that would outline findings regarding the efficacy of existing programs and services for older adults in Washtenaw County, and then present recommendations for addressing identified deficiencies.

- c. **Project Organization.** The structure and membership of the Project are described below:

(1) Structure: The BASP Project was organized to include three key structural elements:

- BASP "Members": Through public notice and direct solicitation, leaders and private citizens with interest and/or involvement in aging services in Washtenaw County volunteered to participate in the project. This Membership group was convened on July 23, 2002 for the purpose of orientation, endorsement of the proposed committee structure for the Project, and appointment of members for the Steering Committee.
- Steering Committee: An eleven member Steering Committee was appointed to establish guidelines, to monitor the Project schedule, and to oversee and coordinate Workgroup activities.
- Workgroups: The Project was organized into the following five Workgroups: 1) Health; 2) Housing; 3) Quality of Life; 4) Social Services, and; 5) Transportation. These Workgroups met regularly throughout the course of the Project to develop findings and recommendations in their assigned areas.

(2) Participants: Appendix A lists the BASP Project's 56 active participants and 8 ad hoc contributors. A full spectrum of 33 non-profit, governmental and private organizations and agencies serving older adults in Washtenaw County, as well as private citizens, was represented. Given this strength and diversity of membership, each Workgroup was considered to be an authoritative and credible source of findings and recommendations on their assigned topic.

2. Key Demographic Trends

- a. **Changes During the Decade of the '90s.** A review of demographic trends over the 1990-2000 period led to the following observations:

- (1) The total population in Washtenaw County grew more than twice as fast as Michigan's as a whole.
- (2) The County's age 60-plus population grew more than three times as fast as did Michigan's comparable segment.
- (3) The age 85-plus population in the County recorded a growth rate that was 80 percent higher than for the 60-plus population as a whole,

indicating a trend toward a higher average age of older adults in the County.

- (4) The minority population aged 60 and over grew by an above-average 50 percent during the period, constituting 13 percent of the 60-plus population by 2000.
- (5) Washtenaw County saw its total foreign-born population increase by more than two-thirds during the 1990-2000 period, to over 10 percent of the total population.

b. Projected Growth in the Senior Population. A review of demographic projections for the 2000-2030 period led to the following observations:

- (1) Between 2000 and 2030 the 65-plus population in the County is projected to grow nearly three-fold, from about 26,000 to nearly 73,000.
- (2) Meanwhile the County's total population is projected to increase only 39 percent, from about 323,000 in 2000 to over 448,000 in 2030.
- (3) As a result of significantly above-average rate of growth, the proportion of the population aged 65 and over is projected to double, from 8 percent of total in 2000 to 16 percent of total in 2030.
- (4) The actual number of additional seniors added each successive decade between 2000 and 2030 is projected to grow to significant levels (e.g. Washtenaw County will add 7,400 seniors between 2000 and 2010, and will grow by 17,900 seniors in the decade ending 2030).
- (5) An exceptionally high *rate* of growth in the senior population of Washtenaw County is expected to be sustained between 2010 and 2020 (i.e. a projected 53 percent growth rate for the decade).
- (6) The exceedingly high rate of growth projected for the County's senior population after 2010 should not be allowed to obscure the fact that this segment of the population is currently growing at a rapid rate (i.e. an estimated 28 percent growth rate for the current decade).

c. Conclusion. The rapidly increasing numbers and diversity of older adults in Washtenaw County will continue to add potentially overwhelming demands on the support services and programs for seniors in the County.

B. Vision for the Future

This section provides a vision of the future for older adults in Washtenaw County as developed by the BASP Project. It describes a desired future state in which all segments of the older adult population and their caregivers experience a consistently high quality of life. The future vision is described from the perspective of older adults in several stages as they age, and also addresses the perspective of caregivers.

1. Overview. In the future, as envisioned, the following general conditions would exist for older adults in all age segments:

- Society truly values older adults
- Older adults themselves view aging in a positive light
- Older adults have a strong sense of security
- Community and social support systems are strong
- Needed programs and services are readily accessible
- Basic needs are met
- Benefits of technology are embraced

2. Early Years of Older Adulthood—Age 55-69. In the desired future, the following general conditions would exist for a typical older adult in the early stage of aging:

- A full range of employment options are available
- Mental preparation for aging is well underway
- Transition to retirement is well planned
- An active and independent lifestyle is maintained
- Good health is actively sustained
- Targeted programs and services are available

3. Middle Years of Older Adulthood—Age 70-84. While going through this stage, older adults can expect to experience (in varying degrees) diminishing health and associated reductions in independence. In the desired future, the following general conditions would exist for a typical older adult in the middle years of aging:

- An active lifestyle is maintained, despite losses of independence
- Independent home ownership/ occupancy is supported
- Affordable housing options are available, once independent home ownership/ occupancy is no longer appropriate
- The increased need for ongoing health services is fully met
- Family caregivers are fully supported

4. Later Years of Older Adulthood—Age 85 and Over. In this stage, older adults are certain to experience seriously diminishing health, associated loss of independence and, finally, death. In the desired future, the following general conditions would exist for a typical older adult in the final stage of aging:

- Independent home ownership/ occupancy continues to be supported for the diminishing number of seniors who remain capable
- For those requiring long-term care, choices are available from a full range of institutional options
- Mental health services are available to meet the growing needs of older adults and their families
- Care management insures that all appropriate services are orchestrated
- Older adults maintain personal dignity and peace of mind as end of life approaches

5. Family Caregivers. Family caregivers often play an essential role in the care of an older adult. In the desired future, the following general circumstances would support caregivers and the family/ social network:

- Family and friends are fully engaged in caregiving
- Needed programs and services are readily accessible to the caregiver(s)
- A designated care manager works with the caregiver(s)
- Dependable respite care is available to the caregiver(s)

C. Findings and Recommendations

This section begins with the overall strategic framework for the BASP Project. It then presents summary findings and recommendations organized under the individual Workgroups' areas of focus. Finally, a summary of general findings/ recommendations is presented for certain key issues that cut across the focus areas of Workgroups.

1. Strategic Framework

In the course of the Project, certain top-priority issues affecting seniors in Washtenaw County emerged from the findings and recommendations of the Workgroups. Accordingly, the following top-priority agendas were identified as an overall strategic framework for the Project.

- a. **Awareness and Education Concerning Aging Issues.** A recurring theme in Workgroup deliberations was the problem of low public awareness and understanding of major issues affecting the quality of life of older adults in Washtenaw County. The Workgroup findings strongly suggest that improved public awareness and education are an essential foundation for the success of virtually any concerted initiative to fundamentally address major aging issues in the County.
- b. **Support for Family Caregivers.** The findings indicate that informal family caregivers are an essential underpinning of home-based services for a large portion of the 28,000-plus older adults in Washtenaw County. Unfortunately,

assistance and support for these voluntary caregivers was found to be insufficient.

- c. **Access to Programs and Services.** In every Workgroup, serious questions were raised regarding how individual older adults, or family members, gain information about, and access to, needed programs and services. It was apparent that a high degree of informal cooperation currently takes place, among Washtenaw County's agencies, in referring and advising those seeking help. Nonetheless, it was equally apparent that the situation could be significantly improved.
- d. **Funding/ Affordability.** In deliberations at the various Workgroups, problems of funding and affordability arose frequently. Providers of senior support services typically require subsidies from a combination of sources. However, funding from various sources has not kept pace with increasing costs and greater demand from a growing older adult population. Meanwhile, organizations providing senior services have generally not secured stable sources of income.
- e. **Advocacy.** It became apparent in Workgroup deliberations that solutions to many of the problems facing Washtenaw County seniors require actions by decision makers who hold elective office, particularly legislative and policy makers at the state and federal levels. Consequently, there is a need for a concerted and proactive "advocacy" effort to inform and educate elected officials and decision-makers about the needs, concerns, and preferences of older adults in Washtenaw County. Furthermore, a mechanism is needed to encourage and empower provider and older adult advocacy on aging issues.

Within this strategic framework, the following sections summarize the findings and recommendations of the various Workgroups.

2. Health

a. Prescription Drug Assistance

- (1) Goal Statement: *All Washtenaw County residents shall have access to affordable prescription medications.*
- (2) Finding:
 - Affordable medications remain a primary concern for older adults, particularly those with limited resources.
- (3) Recommendations:
 - Advocate to reopen the full (year round) Elder Prescription Insurance Coverage (EPIC) program, a state program designated to provide prescription drug assistance to low income older adults.

- Support maximum enrollment in Washtenaw County Prescription Plan, a discount program co-sponsored by Washtenaw County and the Washtenaw Health Plan, aimed at uninsured and underinsured residents of the County.
- Advocate for legislative action at the state and federal levels to make prescription drugs affordable and accessible for older persons (e.g. a meaningful drug benefit provided to older adults under Medicare).
- Establish a fund to help older persons acquire prescription medications.
- Educate physicians' offices as to medication sources available to older persons.

b. Long-Term Care Services--Community-Based Setting

(1) Goal Statement: *All Washtenaw County Medicaid long-term care consumers will have the option of receiving services in the setting of their choice. Access to community-based long-term care services will be integrated, with a single point of access.*

(2) Findings:

- Many older Washtenaw County residents are in need of in-home assistance.
- While the majority of older adults who require long-term care prefer to receive it in their home, many are unable to qualify for these services.
- Additional, affordable assisted living options should be available to older persons in the County.
- Community-based long-term options are fragmented and difficult to access.

(3) Recommendations:

- Advocate to significantly expand services of the Michigan's Home and Community Based Waiver program.
- Establish a single-point of access for community based long-term care services in Washtenaw County.
- Educate physicians' offices on community-based alternatives to nursing home care.

c. Long-Term Care Services--Institutional Setting

(1) Goal Statement: *All Washtenaw County residents will have access to quality institutional long-term care options.*

(2) Findings:

- There is a lack of high-quality options available to institutional long-term care consumers who are reliant upon Medicaid.
- The need for specialized care in a long-term care setting exceeds options that are available.

- Innovative improvements to long-term care are available and attainable.

(3) Recommendations:

- Advocate for re-evaluation of Michigan’s Certificate of Need to determine whether the needs of low-income elderly population are accurately reflected.
- Expand number and/or capacity of specialized nursing home units capable of meeting the specialized needs of disabled individuals and Alzheimer's patients.
- Encourage all Washtenaw County nursing homes to adopt components of the Eden Alternative.

d. Mental Health Services

(1) Goal Statement: *All Washtenaw County older adults with mental health needs shall have access to mental health services.*

(2) Finding:

- Many older Washtenaw county residents with mental health needs are not able to receive mental health services.

(3) Recommendations:

- Educate physicians on available and appropriate referrals for mental health services for older adults.
- Advocate that the Medicaid Waiver be expanded to include older adults whose primary health diagnosis is mental illness.
- Advocate for existing mental health services, and educate older adults regarding accessing these services, using public forums, senior events, congregate senior sites.
- Support and advocate for existing geriatric social work programs and fellowships (e.g. Hartford) to increase the awareness of need for specialists who work with older adults with mental illnesses.
- Advocate for gatekeeper program that provides outreach to older Washtenaw County residents who are in need of mental health services.

e. Substance Abuse

(1) Goal Statement: *All Washtenaw County older adults with substance abuse needs shall have access to affordable substance abuse services.*

(2) Findings:

- Many older Washtenaw County residents who have a substance abuse or dependence problem are unable to receive services they need.
- Professionals are often unprepared to identify/ treat older adults with substance abuse problems.

(3) Recommendations:

- Develop funding, effective screening and delivery strategies for patients in long-term care settings who need assessment and/or treatment.
- Continue to develop funding strategies for older adults living in the community who need senior-specific assessment and/or treatment available at Chelsea Arbor.
- Expand and improve current training and supervision to professionals and paraprofessionals by offering continuing education credit and other incentives to area organizations.

f. Dementia Care Services

(1) Goal Statement: *All Washtenaw County older adults with Alzheimer's and related disorders and their families will have access to high-quality and affordable care and support.*

(2) Findings:

- Alzheimer's is the most common irreversible, progressive dementing illness, and it has devastating effects upon its victims and their families.
- Because of the chronic nature of Alzheimer's, and the impairments it causes, the cost and accessibility of appropriate care represents a substantial challenge.
- There is need for improvement in quality, accessibility and affordability of care, support and services for older adults in Washtenaw County with Alzheimer's and related disorders, and their families.

(3) Recommendations:

- Develop intensive dementia-specific training modules and in-service programs for in-home, direct-care providers and those working in the variety of long-term care settings.
- Provide physician training in the special challenges faced by informal caregivers, and how appropriate referrals can be made.
- Develop specially targeted grief support groups.
- Implement caregiver training program to provide in-home, hands-on assistance to develop workable solutions for handling challenging behaviors and changes in communication.
- Increase adult day programs, especially those that can handle extremely challenging behaviors, in selected areas of Washtenaw County.

g. Dental Services

(1) Goal Statement: *All Washtenaw County older adults shall have access to affordable dental services.*

(2) Findings:

- Public knowledge about the importance of oral health care for older adults is limited.
- Some older adults in Washtenaw County are not getting the dental care they need.
- Funding support for dental care for older adults is very limited, and few dental service providers in Washtenaw County accept low-income elderly patients.

(3) Recommendations:

- Improve the quality of referral services addressing the dental needs of older adults in Washtenaw County, including the ability to locate dentists that accept Medicaid.
- Encourage university outreach programs to serve the dental needs of nursing home residents.
- Increase the awareness of health professionals and dental students on the dental needs of older persons.
- Advocate for the addition of basic dental coverage to the Medicare program, in order to promote general health and well-being among older adults.

h. Hearing/ Speech Services

(1) Goal Statement: *All Washtenaw County older adults shall have access to programs that increase awareness and knowledge of hearing impairment issues, and assistance in funding hearing tests, hearing aids and assistive devices.*

(2) Findings:

- Many older adults experience hearing loss significant enough to affect daily activities, resulting in a host of negative physical and social outcomes.
- Health providers have a generally low awareness of hearing loss, and their skills in communicating with the hearing impaired could be improved.
- There are opportunities to educate and assist seniors on various methods to maximize hearing/ speech capabilities that will positively impact their health and social well-being.
- Low-income seniors need assistance in funding hearing tests, hearing aids and assistive devices, etc.
- The deaf face a lack of available interpreters to assist in health care encounters.

(3) Recommendations:

- Assist low-income seniors with funding to purchase assistive devices and hearing aids.
- Provide innovative and culturally sensitive outreach presentations to seniors and their families on the potential benefits available through

appropriate communication strategies, assistive devices and hearing aids.

- Provide training programs for primary care physicians, home care providers, caregivers, family members and other persons in the community to maximize communication skills with persons with hearing loss.
- Advocate for increased training of and reimbursement for interpreters.
- Increase recruitment of and support for volunteer interpreters.

i. Vision Services

(1) Goal Statement: *All Washtenaw County older adults shall have access to knowledge about vision impairment issues, diagnostic and rehabilitation services, and assistive devices that enhance sight.*

(2) Findings:

- Vision impairment often accompanies advancing age.
- Insurance does not cover many of the services and/or devices needed by visually impaired older adults.
- Visually impaired older adults face unique access issues.

(3) Recommendations:

- Assist low-income seniors with funding to purchase or rent assistive visual devices that will improve their ability to function and remain independent.
- Increase education to primary care physicians about the need for regular eye care check-ups for persons over 50 years of age.
- Increase education of primary care physicians, optometrists and ophthalmologists about availability and appropriate use of rehabilitative services, home equipment, and home assessments by physical/ occupational therapists.
- Develop/ support volunteer programs that are attuned to the needs of persons with visual impairments.
- Increase advocacy for public planning that considers the needs of low vision seniors.
- Establish an equipment donation program aimed at the visually impaired.

j. End of Life Care

(1) Goal Statement: *All Washtenaw County older adults shall have access to quality end of life care, including hospice services (palliative care).*

(2) Findings:

- Hospice is a supportive yet cost-effective option for end of life care.
- Hospice care is not always available/ accessible to all who might prefer this option.

(3) Recommendations:

- Provide more education regarding hospice/ palliative care to the general population so they may better understand family members' options and more appropriately utilize hospice services.
- Encourage and support greater numbers of primary doctors who specialize in palliative care, full-time nurses to become certified in palliative care, and in-home trained caregivers.
- Increase education/ training regarding end of life issues and palliative care for family practitioners, primary care physicians, medical social workers in hospitals, and spiritual leaders.
- Encourage the local medical community to continue/ increase the integration of palliative care and pain management into ordinary treatment regimes.
- Advocate for insurers to minimize co-pays and deductibles for end of life care.
- Advocate for relaxing the present Medicare requirement of a six-month or less life expectancy prognosis for hospice eligibility.

k. **Health Care Financing/ Affordable Health Insurance**

(1) Goal Statement: *All Washtenaw County older adults shall have access to affordable health care, including education and assistance on health insurance issues and options.*

(2) Findings:

- Older adults face significant gaps in health insurance coverage that can impede access to health care due to high out-of-pocket costs.
- Widespread lack of knowledge about Medicaid options, together with a cumbersome application process, results in significant under-enrollment of eligible low-income Medicare beneficiaries.

(3) Recommendations:

- Increase education about insurance options to older adults, providers, professionals in aging services, and adult children.
- Encourage providers to accept Medicare assignment and assist their patients unable to pay for care by referring to appropriate programs.
- Work with local, state and federal advocacy groups to develop services and sources of reimbursement for uncovered areas of care, such as prescriptions, dental, vision, hearing, and long-term care.
- Increase the number in the aging network who can assist with the Medicaid application process, including physician offices, nursing homes, and hospitals.
- Improve the partnership with the Family Independence Agency to resolve problems and reduce barriers to accessing Medicaid programs.
- Develop effective partnerships between the aging network and groups in the County who can help access medical care for lower-income older adults (e.g., Washtenaw Health Plan, McAuley

Support, clinics with sliding fee scales), and support the expansion of those programs.

l. Sensitivity to Cultural Factors

(1) Goal Statement: *All staff at organizations serving Washtenaw County's minority older adult population shall utilize approaches and interventions that respect cultural values and beliefs, and are appropriate to address minority population needs.*

(2) Findings:

- There has been a substantial increase in Washtenaw County's minority older adult population.
- Understanding cultural factors is critical to insuring older persons receive necessary social and health care services.

(3) Recommendations:

- All Washtenaw County organizations that provide services to older adults should provide cultural sensitivity training to all staff.
- Washtenaw County aging service providers should design services that address and eliminate structural and cultural barriers that can impede culturally competent service delivery.

m. Technology/ Equipment

(1) Goal Statement: *All Washtenaw County older adults shall have access to adaptive equipment necessary to allow maximum independence.*

(2) Finding:

- Older adults have difficulty accessing standard equipment that could improve their quality of life.

(3) Recommendations:

- Educate physicians about equipment available to meet the needs of at-home seniors and their caregivers.
- Encourage physicians of seniors to order a therapist (physical and/or occupational) to do a home assessment for equipment recommendations.
- Encourage the establishment of an equipment donation program in Washtenaw County.

3. Housing

a. Goal Statement

All Washtenaw County older adults shall have access to housing that is functional, safe and conducive to a sense of community. This access shall include education and assistance on housing issues and options.

b. Findings

(1) Overview:

- Appropriate housing is critical to the well-being of older adults.

(2) Financing:

- Government, charitable and/or private funding support for older adult housing and related services is generally inconsistent and often insufficient.
- Because consumers underestimate the cost of housing and related services for their later years, there is insufficient preparation for these costs.

(3) Types of Housing; Availability and Access:

- Currently there are imbalances in the supply and demand/ need for various types of housing for older adults.
- Some housing categories, such as low-cost assisted living, appear to be in short supply.
- While quality is difficult to judge objectively, it appears that the general quality of housing for older adults in various categories ranges from excellent to poor.
- Demographic trends indicate that the demand/ need for all types of older adult housing will increase in the next decade.

(4) Lack of Public Awareness:

- Older adults who may need to relocate to more affordable or supportive housing have insufficient knowledge about what kinds of housing are available.

(5) Public Policy and Regulation:

- Recent trends in public policy regarding special populations (those with mental illness, substance abuse issues, etc.) may have had a negative impact on the general supply of housing for seniors.
- Certain regulations have the effect of restricting the type and availability of housing choices, while regulations to insure quality of housing have not always been effective.

(6) Services:

- Support services (e.g. transportation, in-home health and social services, etc.) are critical to the ability of adults to age in place.

- Availability of mental health services is essential for many to maintain independence in the least restrictive environment.

(7) Technology:

- Technology is expected to improve the ability of older adults to age in place.

c. Recommendations

(1) Financing and Availability:

- Make County, state and federal administrators and elected officials aware that there is a great need for additional funding for low to moderate-income senior housing and associated support services.
- Encourage state and federal elected officials to adjust Medicaid laws in order to free-up more dollars for low-income seniors, by closing loopholes that benefit middle and upper-income seniors and their families.
- Encourage state and federal elected officials to make Medicaid available for the full continuum of facilities, not just nursing homes.
- Create incentives for local for-profit and non-profit providers to offer a percentage of their housing at rates affordable to low and moderate-income individuals, particularly seniors.
- Increase the awareness and use of federal housing funds, particularly for seniors.
- Involve County and city elected officials in exploring options for increasing low and moderate-income housing for seniors.

(2) Public Awareness:

- Consider developing a web site educating the public on all senior housing and care services, possibly supported by (and with web links to) all local for-profit and non-profit providers.
- Encourage County officials to develop an 800 number educating the public on all senior housing and related care services, supported by PR and advertising (possibly linked to the developing state-wide 211 line).
- Encourage County and local communities to develop an information "senior service mobile" which would travel throughout the County, but especially to lower income areas, educating the public on services available for seniors.
- Promote cost-sharing and coordination among various agencies in developing a primary clearinghouse (e.g. Housing Bureau for Seniors) for information on all housing options, including referrals to appropriate facilities for more detailed information.
- Approach the local news media for coverage of relevant topics and issues related to housing for seniors in Washtenaw County.

(3) Policy and Regulation:

- Encourage state and federal elected officials to create a more flexible reimbursement and regulatory environment that eliminates the restrictive categorical labels of "assisted living" and "nursing home", thereby supporting a full "continuum of care" for senior medical/residential services.

4. Social Services

a. Goal Statement

Senior adults are able to utilize important social services that support their desired level of independence, safety and quality of life.

b. Support for Caregivers

(1) Findings:

- Informal family caregivers are the essential underpinning of in-home services for older adults, and older adults are often themselves caregivers for spouses and other family members, including grandchildren.
- Informal family caregivers can greatly benefit from "respite" care that provides periodic relief from the stressful daily routine of caregiving.
- Respite services (including in-home, overnight and adult day) that are available and accessible to Washtenaw County family caregivers fall short of needs.
- Beneficial education and support group programs for caretakers reach only a fraction of the many caretakers in the County.

(2) Recommendations:

- Educate the general public and target caregivers about services available.
- Educate area physicians, particularly internists and family practitioners.
- Reach out and train a variety of community persons about caregiving to encourage their formal and informal participation.
- Inform and train County churches about available services in caregiving.
- Increase the financial support for respite programs available for caregivers (including grandparents as parents).
- Increase the numbers of respite beds available for the frail senior.
- Increase the number of adult day service programs for all older adults in the County.

c. Case Management

(1) Findings:

- Older adults often need case management assistance in identifying and obtaining needed services required to maintain their quality of life.
- Case management services that are available and accessible to older adults in Washtenaw County are insufficient to address significant needs.

(2) Recommendations:

- Increase public awareness of both the problem, and of the value of case management, targeting caregivers, clients, human service agencies, local governmental leaders, foundations and other potential funding sources.
- Improve the process of identifying client populations requiring case management services.
- Increase the number of case managers serving older adults in Washtenaw County, thereby improving access to in-home services essential to maintaining independence.
- Develop a formalized collaborative partnership in Washtenaw County among agencies, to maximize case management resources for clients.
- Advocate for increased funding for comprehensive case management services via political activism with federal and state legislators.
- Increase advocacy efforts with state legislators and the Executive branch to expand the MI-CHOICE program.
- Identify alternate funding streams to support additional staffing and increase dollars for services.

d. Services Supporting Independence

(1) Findings:

- Older adults often need help in managing their affairs and thereby maintaining independence, but such help is frequently fragmented or unavailable.
- Older adults face a confusing array of major health, financial and social issues with legal ramifications, but available legal assistance falls far short of needs.
- There is a general lack of availability/ affordability of basic ongoing housekeeping and chore services that allow frail seniors to adequately and safely maintain their independent households.
- Seniors' access to needed health care through Medicare and Medicaid is seriously compromised by coverage limitations as well as the confusing procedures for eligibility and reimbursement.
- Seniors and their families need assistance in dealing with financial management and tax issues.

(2) Recommendations:

- Lobby lawmakers to increase funding for preventive legal and consumer education and services.
- Provide education/ training programs that increase awareness and foster independence by averting crises.
- Expand community legal services to include credit counseling and money management services.
- Increase the number of social workers, thereby lowering case-loads, which will allow social workers time to address root causes.
- Identify additional funding sources to increase staffing in existing successful cost-effective programs.
- Raise income and asset limits for Medicaid eligibility.

e. Nutrition

(1) Findings:

- Washtenaw County seniors rely upon a number of formal nutrition programs, consisting of both congregate and home-delivered meals.
- Nutrition programs for seniors are now under-funded, and further funding reductions are expected that will reduce/ eliminate many needed programs/ services.

(2) Recommendations:

- Develop community awareness by educating the community on the increasing need for and critical role of meal programs in sustaining older adults.
- Develop broad community commitment to engage and mobilize needed volunteers.
- Develop best practices to maximize the ability of programs to meet the increasing nutritional needs of our aging population.
- Obtain additional financial support needed to properly meet the nutrition needs of the growing frail elderly population (e.g. County millage).
- Create additional food distribution systems for getting supplemental food in homes.

f. Employment Support

(1) Finding:

- Job-finding assistance is needed for those older adults who require income from continued employment.

(2) Recommendations:

- Educate the senior population regarding available services.
- Advocate with congress for Title V funds under the Workforce Investment Act.

- Identify funding to set-up a senior job bank, and training in job-seeking skills.
- Develop a volunteer organization for employed older adults to mentor senior job seekers.

g. Diversity

(1) Findings:

- There is inadequate information on diversity in Washtenaw County.
- Lack of diversity sensitivity adversely affects how well agencies assist minority older adults.

(2) Recommendations:

- Develop periodic training sessions on the subject of diversity for all Washtenaw County older adult programs.
- Include diversity as a factor in any program planning by agencies serving seniors to ensure that programs appropriately identify and address the needs of various target groups.
- Develop a directory and profile of religious, cultural and ethnic minority elders for older adult programs to use when working with minority families.

h. Protection from Abuse

(1) Findings:

- National research indicates that older adults are subject to various types of elder abuse.
- National experience suggests that a substantial number of older adults in Washtenaw County are victims of abuse and neglect.

(2) Recommendations:

- *Advocacy/funding:*
 - (a) Develop a coalition of agencies and consumers to advocate for passage of favorable legislation, and to influence the development of new legislation, that has an impact on the availability and accessibility of services to the victims of elder abuse.
 - (b) Advocate for increased funding for elder abuse services via political activism with federal and state legislatures and other funding sources both public and private.
 - (c) Identify alternate funding sources to support additional staffing and increase dollars for services.
 - (d) Collaborate with existing domestic violence shelters to develop a specialty area for victims of elder abuse.
 - (e) Develop more neighborhood programs such as “Gatekeepers”.

- *Education:*
 - (a) Increase public awareness of this vulnerable population through the use of the multi-media outlets.
 - (b) Educate the public to the problem of abuse and neglect, teach them how to recognize it, and encourage them to report it.
 - (c) Educate physicians and other health care workers to recognize and report abuse and neglect.
 - (d) Organize a speakers bureau, letter writing campaign and lobbying effort to facilitate education and change.

i. Senior Centers

(1) Finding:

- Senior centers in Washtenaw County play a vital role in providing older adults with access to needed programs and services, but funding support is generally insufficient.

(2) Recommendations:

- Senior centers should have a dedicated source of funding that meets basic operational costs for full-time operation of diverse programming and professional staffing.
- Opportunities for effective collaboration between senior centers and other institutions and agencies should be maximized.
- The majority of Washtenaw County senior centers should meet recognized quality standards.

5. Transportation

a. Goal Statement

Public transportation services in Washtenaw County, in collaboration with private services, volunteers and/or social services agencies, is sufficiently available and accessible to ensure that all older adults in the County have access to transportation services needed to sustain quality of life.

b. Findings

(1) Public Transportation:

- The current level of public transportation services available to older adults throughout the County is generally good for a majority of the population, but these services are virtually non-existent in certain rural Townships.
- While some coordination exists among public transportation service providers in the County, there are inherent restrictions on the ability to extend and/or connect services between and among municipalities.
- Since the economics of public transportation are largely driven by population density, regular service to/from certain remote low-density areas of the County cannot be cost-justified.

- When public transportation is available, it is often unsuitable for older adults with special needs.

(2) Private Transportation:

- Loss of ability to drive a private automobile has profound consequences on the independence of older adults.
- Many older adults rely on private transportation services, particularly seniors who have special needs that are not met by public transportation.
- Older adults' access to needed private transportation services may be limited by service availability and/or affordability issues.

(3) Volunteerism:

- One reason community organizations often shy away from assisting seniors with transportation needs is concern about liability.
- Family and social support systems are often unavailable or insufficient to personally transport seniors in private automobiles.

(4) Education, Information and Referral:

- There appears to be a lack of widespread knowledge and understanding of the availability of various transportation services and how they are accessed.
- The County already has a key transportation broker that can serve as a foundation for further development of the information and referral network.

1. Recommendations

(1) Awareness:

- Increase resource information/ material to spread awareness of available services.

(2) Coordination and collaboration:

- Establish County-wide Transportation Authority, with sufficient authority and resources to comprehensively address the needs of entire County.
- Increase networking, coordination and communications between transportation entities and social service agencies.
- Increase coordination of services among senior service agencies.

(3) New/ Expanded services:

- Identify and, as appropriate, replicate successful transportation models that effectively address under-served areas in other communities.
- Expand senior driver awareness programs.
- Extend senior cab concept to under-served areas/ populations.

(4) Volunteerism:

- Take a County-wide approach to addressing and mitigating volunteer liability issue.
- Encourage churches to help address gaps in under-served areas in their communities.
- Expand/ replicate the Neighborhood Senior Services accompanied transportation model.
- Encourage and support families and the community in taking charge of senior transportation issues.
- Enlist the cooperation of the business community and the community-at-large to address senior transportation issues from a community perspective.

(5) Funding:

- Encourage funders and transportation entities to show flexibility in meeting needs of under-served/ special needs populations.
- Encourage funders and social service agencies to apply consistent priorities in supporting transportation service needs.

6. Findings/ Recommendations Central to Multiple Areas

In the course of the project, certain themes emerged repeatedly in the fact-finding and deliberations of the various Workgroups. A Project-wide perspective on seven of these recurring themes is presented below.

a. Public Awareness

- (1) Multifaceted approach. Employ a multifaceted approach that recognizes how different categories of older adults and their caregivers prefer to access information and/or services:
 - Recognize that various intermediaries and media channels are used.
 - Maintain sensitivity to certain key population characteristics that affect communication (e.g. ethnic/ cultural characteristics; visual and/or hearing impairment; etc.).
- (2) Education. Actively educate providers on the full range and choices of services/ programs available to older adults in Washtenaw County, and how to access them (e.g. clearinghouses).
- (3) Collaboration. Encourage the various organizations serving older adults in Washtenaw County to band together in developing and implementing a coordinated public relations and advertising strategy to raise general awareness and understanding of key issues.

b. Access

- (1) Costs. Minimize duplication of investment of limited community resources for new information/ referral program(s) that would require substantial capital investment and additional annual operating costs.
- (2) Community resources. Coordinate and build upon the various special focus information/ referral resources serving the needs of older adults in Washtenaw County:
 - As possible, maintain Washtenaw County focus to take advantage of the deep knowledge of locally-based organizations.
 - Bring existing special-focus clearinghouses, such as Housing Bureau for Seniors and RideSource, into a broader community-wide effort that encompasses the full spectrum of needs.
 - Establish common protocols for communication and cross-referral between and among special focus information and referral programs to insure that the "no wrong door" philosophy is effectively implemented.
 - As practical, integrate broader initiatives, such as the "211" information call-line under development by the state of Michigan.
- (3) Collaboration. Encourage coordination among existing agencies in the development, production and/or distribution of resource guides and directories, such as:
 - Turner Geriatric Clinic's "Where to Turn: Guide to Washtenaw County Programs and Services for People over 60".
 - The "Access" directory of resources published by the Ann Arbor Center for Independent Living.
 - A resource directory poster, developed by Catholic Social Services, that catalogues resources in the community serving older adults.

c. Volunteering

- (1) Programming. Establish volunteer programming as key element of social service provision through professional leadership, supervision and funding:
 - Train churches and non-profit agencies to provide appropriate coordination, monitoring and risk management.
 - Present volunteer programming as cost-effective but not cost-free in terms of resources and financial support.
- (2) Education and promotion. Educate community on the benefits of volunteering, and make volunteering more accessible and appealing:
 - Educate the community on the monetary value, programming achievements and health benefits of volunteering in community-wide forums.
 - Design programs that will appeal to modern volunteers (i.e. rewarding, meaningful opportunities, etc.).

- Establish and fund clearinghouse for volunteers, for those younger than 55 years of age.

(3) Funding:

- Expand volunteer support by obtaining federal Senior Companion funding for Washtenaw County.
- Develop corporate funding for volunteer programs.
- Advocate with the state legislature for additional funding support.

d. Funding/ Affordability

(1) Findings:

- The majority of senior service provider organizations in the County are solely dependent on one or more of the following sources of revenue: federal, state, County, local municipality, grants, and/or client contributions.
- In general, funding from the above sources has been stagnant and has not kept pace with increasing costs and the greater demand from a growing older adult population.
- Meanwhile, senior services provider organizations have generally not developed financial security through mechanisms such as permanent endowments or other dedicated sources of revenue.
- Washtenaw County lags other counties in southeast Michigan with regard to fiscal and programmatic support for aging services; specifically, Washtenaw and Livingston are the only Counties in southeast Michigan without a formal entity (commission, agency, or individual) or millage to address older adult issues at the County level.
- A stronger fiscal and organizational infrastructure is needed in Washtenaw County to support, sustain and enhance the aging services delivery system.

(2) Recommendations:

- Establish a dedicated senior millage in Washtenaw County that regularly generates revenue for a wide range of older adult services and programs.
- Establish/ sustain a County-level entity that is responsible for providing leadership on aging issues, and for coordinating County services that respond to older adult needs.
- Develop additional ongoing revenue sources, such as endowment funds, that can support and strengthen organizations that provide services to older persons in the County.

e. Advocacy

(1) Findings:

- A common theme among many of the BASP Workgroup recommendations is that advocacy is needed in order to

fundamentally address problems facing older adults in Washtenaw County.

- Enacting broader, long-term public policy solutions at the state or federal level is often more effective, in the long run, than administering a County-specific response to address the identified needs.
- Change of this nature will only be achieved by informing and educating elected officials and decision-makers about the needs, concerns, and preferences of older persons through advocacy.
- Although Washtenaw County has many older adults, and other interested parties, who are very articulate and active in promoting policy change, there is no visible, structured mechanism that supports or encourages advocacy efforts on behalf of older adults.
- The absence of an organized advocacy network fragments and suppresses the voice of older persons who want to raise the visibility of their needs and preferences.
- Elected officials are said to be receptive to a carefully targeted message requesting a specific action on a specific issue, as opposed to a broad message voicing general concerns on multiple problems.

(2) Recommendations:

- There should be a concerted, ongoing effort to provide senior advocates (persons of any age who wish to advocate on older adult issues) with a mechanism to become educated on public policy issues affecting older adults, and direction on how and when to deliver their messages in the most effective manner:
 - (a) Offering advocates an opportunity to establish relationships and network with each other to exchange ideas about policy issues and strategies.
 - (b) Educating advocates on aging issues so those messages will be well reasoned and articulate.
 - (c) Training advocates on effective advocacy strategies, techniques, and skills.
 - (d) Facilitating opportunities for advocates to encourage policy change through direct interaction with decision makers.
 - (e) Linking advocates with other advocacy organizations at the local, state, and federal levels that are sources of information and support.
 - (f) Requesting advocates to take action, when necessary, in order to influence key decisions.
- Organized central efforts should not preclude other local or issue-specific advocacy efforts:
 - (a) For example, individuals strongly interested in emergent issues that have been addressed by the Workgroups should be encouraged to come together in support of their specific advocacy agenda.
 - (b) Such efforts should be encouraged whether or not an advocacy network is yet in place.

f. Labor Force Quality/ Staffing Shortages

(1) Findings:

- The increasing shortage of direct-care workers is a long-term structural problem that will continue to intensify without intervention.
- Factors, such as low wages, lack of health care coverage, inadequate training, and physically and emotionally demanding work conditions, present significant challenges for direct care workers, which contribute to excessive turnover rates and high rates of staff vacancies.

(2) Recommendations:

- The following initiatives should be undertaken to increase the size and capacity (and quality) of the future direct care workforce:
 - (a) Collaborative efforts should occur at all levels to undertake a recruitment campaign aimed at creating a future pool of direct care workers.
 - (b) A public image campaign should be initiated to promote working in long-term care.
- Washtenaw County employers of direct care workers should close the gap between the average wage to Michigan workers and the average wage for a Michigan direct care worker.

g. Prevention

(1) Findings.

- The incorporation of preventive measures into the lifestyle of older adults has been demonstrated to be very effective at preventing the major causes of chronic conditions and disease.
- Effective approaches can include regular health care, avoiding tobacco products, scheduling periodic health screenings and examinations, maintaining a prudent diet (with adequate calcium, fiber, and proteins), and taking medications as prescribed by physician.
- Moreover, regular physical activity has been shown to be helpful for older adults with chronic disease risk factors such as hypertension, high cholesterol, diabetes and overweight.
- As previously noted, preventive measures are important in maintaining dental health and hearing ability.

(2) Recommendations:

- Provide older adults and their family caregivers with information and education on the positive effects of preventative approaches.
- Encourage providers of aging services in Washtenaw County to increase education/ training regarding preventive measures.
- Advocate for insurers to cover appropriate preventive services for seniors.

II.

Background

This chapter provides background regarding the impetus for the Blueprint for Aging Services Partnership, how this Project was organized, and the purpose of the Project. It also provides an overview of the major demographic trends that are resulting in significantly increasing numbers of older adults in Washtenaw County.

A. Study Impetus, Purpose and Organization

- 1. Impetus for the Study.** Reflecting the national trend, the population of Washtenaw County is aging. Consequently, the number of older adults in the County is increasing. Meanwhile, problems related to aging are becoming more complex and difficult, both for seniors and their families. In particular, access and affordability are critical service issues.

Against this backdrop, an ad hoc group of local agencies serving older adults in Washtenaw County met regularly over the past few years to identify and address priority issues affecting the elderly. This group recognized the problems facing the County's older adults require fundamental solutions that include all community stakeholders. However, the County then lacked a current community-wide plan addressing the specific needs of the elderly.

To create such a community-wide plan, the ad hoc group of local agencies collaborated in submitting a proposal to the Ann Arbor Area Community Foundation. Catholic Social Services of Washtenaw County agreed to serve as the fiduciary agency for the Project. In April 2002, this proposal resulted in the funding of a one-year planning project, with the potential for a multi-year process. This Project became known as the Blueprint for Aging Services Partnership ("BASP").

- 2. Project Purpose.** The overall goal of the Project was to first identify and characterize the needs of aging adults in Washtenaw County adults, and then define an appropriate community response. Toward this end, the following objectives were established:
 - a.** Identification and participation of interested stakeholders.
 - b.** Development of the Strategic Plan that:
 - (1) Outlines findings regarding the current adequacy of existing programs and services for older adults in Washtenaw County.

(2) Presents recommendations for addressing identified deficiencies.

3. Project Organization. Appendix A lists the name and affiliation of members of the ad hoc group that organized the Project, the Steering Committee, and each of the Workgroups. The organizational structure and the participants of the BASP Project are discussed in turn below.

a. Structure: The BASP Project was organized to include three key structural elements:

(1) BASP "Members": Through public notice and direct solicitation, leaders and private citizens with interest and/or involvement in aging services in Washtenaw County volunteered to participate in the Project. Those invited included representatives of the Area Agency on Aging, local government, senior centers, health care providers, universities, transportation and nutrition programs, and housing facilities. A number of private citizens with a strong interest in improving programs for older adults also responded. This Membership group was convened on July 23, 2002 for the purpose of orientation, endorsing the proposed committee structure for the Project, and to elect members of the Steering Committee.

(2) Steering Committee: An eleven member Steering Committee was appointed to establish guidelines, to monitor the Project schedule, and to oversee and coordinate Workgroup activities. In this effort, the Steering Committee was assisted by a Project Coordinator/ Consultant. Ten of the members of the Steering Committee also served as Co-Chairperson of one of the Workgroups described below.

(3) Workgroups: The Project was organized into the following five Workgroups:

- Health
- Housing
- Quality of Life
- Social Services
- Transportation

These Workgroups met regularly throughout the course of the Project. They were responsible for investigating the assigned area, to include developing findings on the state of affairs in Washtenaw County and proposing recommendations for improvement. In some cases, outside experts were invited to Workgroup meetings to address specific issues. In addition, individual members were occasionally assigned to a working a sub-group that was given specific responsibilities on behalf of a Workgroup.

- b. Participants:** Previously referenced Appendix A lists the 56 active participants and 8 ad hoc contributors to each of the Workgroups, along with their affiliation. It can be readily seen that the membership of Workgroups encompasses a full spectrum of 33 non-profit, governmental and private organizations and agencies serving older adults in Washtenaw County. The Workgroups also included private citizens with experience and interest in issues related to seniors. Because the Workgroups included seasoned practitioners, often with decades of relevant experience, each Workgroup was considered to be an authoritative and credible source of findings and recommendations on their assigned topic.

B. Key Demographic Trends

1. **Changes During the Decade of the '90s.** The table below presents statistics on the historical growth of the senior population in Washtenaw County over the 1990-2000 time period. As a frame of reference, comparable figures for the state of Michigan are included, as available.

Trends for Selected Population Segments, Washtenaw County and Michigan. 1990 to 2000			
Segment/ Geographic Area	Year		Percent Change 1990 - 2000
	1990	2000	
Total			
- Washtenaw	282,937	322,895	14.1%
- Michigan	9,295,297	9,938,444	6.9%
Population 60-plus			
- Washtenaw	29,522	35,478	20.2%
- Michigan	1,510,397	1,596,162	5.7%
Population 85-plus			
- Washtenaw	2,344	3,199	36.5%
- Michigan	106,907	142,460	33.3%
Minority Pop. 60-plus			
- Washtenaw	2,992	4,566	52.6%
- Michigan	171,602	195,459	13.9%
Foreign-Born (total)			
- Washtenaw*	19,415	33,164	70.8%
<small>Source: Area Agency on Aging 1-B, using U.S. Census Bureau data. * Estimates from www.fairus.org; preponderance came from China, India and the "Soviet Union" (Source: Center for Immigration Studies).</small>			

The following general trends over the 1990-2000 period are apparent from the above data:

- a. The total population in Washtenaw County grew nearly twice as fast as Michigan as a whole.
- b. The County's 60-plus population grew more than three times as fast as did Michigan's comparable segment.
- c. The 85-plus population in the County recorded a growth rate that was 80 percent higher than that for the 60-plus population as a whole, indicating a rising trend in the average age of older adults in the County (by 2000, nearly 9 percent of the 60-plus population was 85 or older).
- d. The minority population aged 60 and over grew by an above-average 50 percent during the period, constituting 13 percent of the 60-plus population by 2000.
- e. Washtenaw County saw its total foreign-born population increase by more than two-thirds during the 1990-2000 period, to over 10 percent of the total population. It should be safe to assume that the 60-plus age category shared in this increase in foreign-born.

2. Projected Growth in the Senior Population. A recent report (See Appendix B) from the Southeast Michigan Council of Governments, or SEMCOG, projects that Washtenaw County is at the beginning stage of sustained rapid growth in the number of older adults. The following table summarizes Washtenaw County's projected growth in the 65-plus population in the current and upcoming decades.

Year	Washtenaw County Actual/ Projected Population			Projected Growth in 65+, Over Prior 10-Years	
	Age 65+	Total	Percent 65+	Number	Percent
2000	26,271	322,895	8.1%	-	-
2010	33,634	371,401	9.1%	7,363	28.0%
2020	51,529	410,748	12.5%	17, 895	53.2%
2030	72,631	448,020	16.2%	21,102	41.0%

Source: Southeast Michigan Council of Governments, September 2002.

The following general observations are offered regarding the projected rapid growth in the over-65 population in Washtenaw County between 2000 and 2030:

- a. By way of overall perspective, between 2000 and 2030 the 65-plus population in the County is projected to grow nearly three-fold, from about 26,000 to nearly 73,000.
 - b. Meanwhile the County's total population is projected to increase only 39 percent, from about 323,000 in 2000 to over 448,000 in 2030.
 - c. As a result of significantly above-average growth, the proportion of the population aged 65 and over is projected to double, from 8 percent of total in 2000 to 16 percent of total in 2030.
 - d. The actual number of additional seniors added each successive decade between 2000 and 2030 is projected to grow to very significant levels:
 - For example, about 7,400 persons aged 65-plus are expected to be added in the current 2000-2010 decade.
 - Between 2010 and 2020, an additional 17,900 older adults are projected.
 - The 2020-2030 decade is forecasted to witness the addition 21,100 older adults.
 - e. An exceptionally high *rate* of growth in the senior population of Washtenaw County is expected to be sustained between 2010 and 2020:
 - National news media have long been touting the fact that the so-called baby boom will hit retirement age in 2010 (65 years after the end of WW II, which is often cited as the beginning of the baby boom generation).
 - This national trend will be felt in Washtenaw County, where the rate of growth in the over-65 population is expected to peak between the years 2010 and 2020 (i.e. over 50 percent growth).
 - Between 2020 and 2030, the County's rate of growth is projected to decelerate somewhat, but will still remain high (i.e. over 40%)
 - f. The exceedingly high rate of growth projected for the County's senior population after 2010 should not be allowed to obscure the fact that this segment of the population is currently growing at a rapid rate:
 - For example, between 2000 and 2010, the 65-plus population of the County is projected to grow by a substantial 28 percent.
 - This rate of growth would be considered quite rapid by historical standards.
- 3. Conclusion.** The rapidly increasing numbers and diversity of older adults in Washtenaw County will continue to add potentially overwhelming demands on the support services and programs for seniors in the County.

III.

Vision for the Future

This chapter provides a vision of the future for older adults Washtenaw County, as developed by the BASP Project. It describes a desired future state in which all segments of the older adult population and their caregivers experience a consistently high quality of life. The future vision is described from the perspective of older adults in several stages as they age, and also addresses the perspective of caregivers.

A. Approach to Creating a Vision for the Future

BASP Workgroups were asked to individually conduct brainstorming sessions aimed at eliciting a vision for the future. In these sessions, the hypothetical assumption was made that the collective resources (including programs, services and social support systems) addressing the needs of the elderly in Washtenaw County are:

1. Sufficient to meet identified needs;
2. Function in a highly effective, efficient and coordinated manner; and
3. Actually meet the identified needs of the target population in an appropriate manner.

Based on these hypothetical circumstances, the Workgroups were then asked to define key attributes of the desired future, from the client perspective (i.e. what would the experience be like?). The Quality of Life Workgroup was charged with assimilating the input of all Workgroups into a single vision for the BASP Project. In doing so, the Workgroup recognized that the needs and expectations of an older adult change significantly as one ages. Accordingly, they elected to develop a vision that recognizes the perspectives of the following discrete segments:

- 55 to 69 years of age
- 70 to 84 years of age
- 85 years if age and over
- Caregivers/ Families (e.g. adult children in support role)

The results of this visioning exercise are summarized in the following sections of this chapter. An overview is presented, followed by perspectives of the future as viewed by each of the above-listed segments.

B. Overview

This section envisions a desired future in terms of the general conditions that would exist for older adults in all age segments.

- 1. Society truly values older adults.** Older adults are viewed with respect, as valued members of society. This positive view is reinforced by the media, which projects a positive image of aging and older adults.
- 2. Older adults themselves view aging in a positive light.** The positive view held by society translates into older adults seeing themselves in a positive light. Aging is accepted as a natural and, in many ways, a positive experience. Seniors remain active as possible, and continue to learn and grow.
- 3. Older adults have a strong sense of security.** Each older adult has confidence that society's safety net will provide for essential programs and services that may be required, in the eventuality that their personal financial resources are somehow exhausted before they die.
- 4. Community and social support systems are strong.** Each older adult experiences a sense of true "community". Family members remain connected and supportive. Friends and neighbors actively provide a social support network. If a care manager is involved, he/she reinforces and integrates with the family/ social support network.
- 5. Needed programs and services are readily accessible.** Information can be readily found on County-wide programs and services for older adults. Some type of comprehensive information and referral service is available and accessible to:
 - Identify the numerous programs and services available.
 - Provide immediate answers to frequently asked questions.
 - Actively serve a "navigator" on behalf of users.
- 6. Basic needs are met.** Each older adult in the County has housing that is functional, safe and conducive to a sense of community. Basic nutritional needs are met. Health care is accessed as needed, and is coordinated.
- 7. Benefits of technology are embraced.** Advances in technology are accepted without fear. For example, in-home monitoring devices are used to maximize independence. Moreover, internet technology is used (with assistance/ access provided to user, as needed) for self-learning, and for maintaining ongoing intergenerational communication through e-mail.

C. Early Years of Older Adulthood--Age 55-69

This section envisions a desired future in terms of the general conditions that would exist for a typical older adult in the early stage of aging. The conditions noted above in "Overview"

are generally assumed to continue, and thus they aren't necessarily repeated in this and later sections of this chapter.

- 1. A full range of employment options are available.** Positive societal views on aging, noted in the prior section, result in elimination of the formerly pervasive age discrimination in employment. As a result, seniors in this category, who are able and willing, are currently employed at their highest skill level, and typically receive health benefits. Furthermore, they are afforded a full range of options over the winding-down of employment to retirement (e.g. second career, part-time, flexible hours, etc.).
- 2. Mental preparation for aging is well underway.** Seniors in their mid-50's begin to establish a sense of perspective, and look forward to aging in a constructive light. Thus, fear of the future is minimized.
- 3. Transition to retirement is well planned.** Financial needs are identified, and appropriate savings and retirement benefits are accumulated. Affordable housing options are identified. Legal documents, such as advance directives and wills, are completed. As appropriate, long-term care planning/ insurance is in place.
- 4. An active and independent lifestyle is maintained.** To the maximum extent possible, seniors in this category lead active lives, taking full advantage of opportunities for learning, recreation, intergenerational activities, volunteering, etc. For many, this is facilitated by continued ability to own and operate an automobile. For others, accessible and available transportation services fill the need.
- 5. Good health is actively sustained.** Seniors in this category generally enjoy good health, supported by accessible and affordable (e.g. insured) drugs, health care services and programs. Moreover, accessible preventive health information and programs are fully utilized.
- 6. Targeted programs and services are available.** Unique needs of seniors in this category are met by targeted programs. For example, full support is available for "sandwich generation" caregiver roles, such as supporting parents who are 85+ years old, grandparents raising grandchildren, etc.

D. Middle Years of Older Adulthood--Age 70-84

This section envisions a desired future in terms of the general conditions that would exist for a typical older adult in the middle years of aging. While going through this stage, older adults can expect to experience (in varying degrees) diminishing health and associated reductions in independence.

- 1. An active lifestyle is maintained, despite losses of independence.** Seniors in the 70-84 age category continue to lead active lifestyles. A full range of age-appropriate recreation, entertainment and learning activities is available. As seniors become less

able/ willing to drive, they can access convenient transportation services that fill their transportation needs.

- 2. Independent home ownership/ occupancy is supported.** In-home health and social support services allow older adults to continue to live independently as long as practical and desirable. For example, as their capacities gradually diminish, seniors are able to be relieved from "life chores" such as cooking, paying the bills, shopping and household chores. Convenient transportation allows them to reach needed services that can't be delivered at home (e.g. certain health care services).
- 3. Affordable housing options are available, once independent home ownership/ occupancy is no longer appropriate.** At the appropriate time (which often is precipitated by an unexpected event, such as death of a spouse or a health setback), a smooth transition is made from independence to a more supportive living environment. Based on prior planning, this contingency has been fully anticipated and explored. The final decision is facilitated by the availability of a full range of high-quality affordable choices (e.g. assisted living), as well as assistance in making a fully-informed decision.
- 4. The increased need for ongoing health services is fully met.** Adults in this age category can expect to have one or more chronic health problems (e.g. high blood pressure, diabetes, arthritis, hearing/vision loss, etc.). Available and accessible health services for these conditions, including drug therapies, will be actively monitored and effectively managed (e.g. through care management). Furthermore, Medicare and Medicaid will provide adequate coverage and funding.
- 5. Family caregivers are fully supported.** Seniors in this group can expect to be increasingly dependent upon family caregivers. These essential caregivers are fully supported by family/social support networks and community-based programs. (See final section of this chapter for further discussion of the caregiver role).

E. Later Years of Older Adulthood--Age 85 and Over

This section envisions a desired future in terms of the general conditions that would exist for a typical older adult in the final stage of aging (sometimes referred to as the "old-old", which is the fastest growing segment of older adults). In this stage, older adults are certain to experience seriously diminishing health, associated loss of independence and, finally, death.

- 1. Independent home ownership/occupancy continues to be supported for the diminishing number of seniors who remain capable.** In-home health and social support services continue to be provided as long as appropriate. Meanwhile, transportation services capable of handling frail elderly are widely available. Technology is fully utilized to support independence (e.g. remote monitoring of vital signs; e-mail links to family to avoid isolation).
- 2. For those requiring long-term care, choices are available from a full range of institutional options.** High quality long-term care services are widely available in

the home, in assisted living facilities and in nursing homes. Reimbursement (e.g. Medicaid funding) allows wide choice of type and location of services, based on medical need and personal preference. The Medicaid eligibility process is efficient, and is respectful of patients and families.

- 3. Mental health services are available to meet the growing needs of older adults and their families.** The incidence of depression and Alzheimer's is increasingly high for older adults in this final stage of life. Accordingly, accessible and affordable mental health services provide evaluation/treatment for these and other mental health conditions. In the case of Alzheimer's, extensive specialized support programs for patients and their family caregivers are available and accessible to help deal with the devastating effects of this disease.
- 4. Care management insures that all appropriate services are orchestrated.** Whether living at home or in an institution, the typical senior in this age category has multiple chronic ailments. Consequently, these complex medical conditions are under the purview of a care manager who understands the total circumstances and needs of the client, insures that required care and support services are coordinated, and acts as advocate.
- 5. Older adults maintain personal dignity and peace of mind as end of life approaches.** At the appropriate time, education and support is readily available to help seniors gain acceptance of approaching death, and to decide their final course of care. For example, hospice services are available and accessible for seniors who choose to die at home, as well as for those in institutional settings.

F. Caregivers

Family caregivers often play an essential role in the care of an older adult. This section envisions a desired future in terms of the general circumstances that would surround caregivers and the family/social network that support an older adult.

- 1. Family and friends are fully engaged in caregiving.** Family members, friends and neighbors remain connected within an active social support network. This network provides emotional support and other assistance to the actual caregiver(s), as well as to the older adult in question. Clear communication between and among members of the support network is ongoing. Geographically dispersed children, grandchildren and surviving siblings of the older adult remain "in the loop", possibly with the assistance of technology (e.g. e-mail, dedicated interactive web site, etc.). All member of the support network are well informed on aging issues in general, and on the condition and needs of the subject in particular.
- 2. Needed programs and services are readily accessible to the caregiver(s).** A comprehensive information and referral service provides caregivers with access to the numerous programs and services available in the County for older adults and caregivers.

- 3. A designated care manager works with the caregiver(s).** The care manager is actively involved in monitoring the condition of the older adult and in coordinating medical care and support services. Moreover, the care manager plays a coaching role for the caregiver(s), and helps frame key decisions that must be made.

- 4. Dependable respite* care is available to the caregiver(s).** Caregivers have comfort in knowing that they will be able to take periodic breaks from the stressful demands of caregiving. In some cases, members of the family/social support network will fill-in for the caregiver. In other cases, a community-based program will be used to temporarily relieve the caregiver of responsibility.

* Respite" refers to short-term temporary assistance provided to persons with chronic conditions in order that caregivers can take an occasional break from the demanding responsibilities of caregiving.

IV.

Findings and Recommendations

This section begins with the overall strategic framework for the BASP Project as a whole. It then presents findings and recommendations organized under the individual Workgroups' areas of focus, including a high-level summary of supporting detail. Finally, general findings/ recommendations are presented for certain key issues that cut across the areas of focus of Workgroups. Additional supporting detail for the findings and recommendations appears in Appendices C through G.

A. Strategic Framework

In the course of the Project, the Steering Committee periodically revisited the following strategic questions:

- What are the most important high-level issues/ problems affecting seniors in Washtenaw County that should be addressed as a top priority? Why?
- What is the most effective overall approach that should be taken to make a positive difference for seniors in Washtenaw County?
- What is the rationale for this approach?

Rather than answering these questions early-on, the Steering Committee agreed that the individual Workgroups would first complete their work, with the expectation that answers to the above questions would emerge from the findings of the Workgroups. As a result, the following top-priority agendas emerged from the Workgroups.

1. Awareness and Education Concerning Aging Issues.

A recurring theme in Workgroup deliberations was the problem of low public awareness and understanding of major issues affecting the quality of life of older adults in Washtenaw County. This low awareness extends to both:

- a. The nature and extent of problems facing seniors; and
- b. The lack of available resources and/or funding support for needed services.

Thus, the findings strongly suggest that improved public awareness and education is an essential foundation for the success of virtually any concerted initiative to fundamentally address major aging issues in the County. (Specific recommendations to address this problem appear in section F.1 of this chapter).

2. Support for Family Caregivers

The findings indicate that informal family caregivers are an essential underpinning of home-based services for a large portion of the 28,000+ older adults in Washtenaw County. The presence of a family caregiver allows older individuals to receive cost-effective home-based health and social services. Otherwise, many of these older adults could be inappropriately placed in institutional settings, at potentially great cost to families and/or taxpayers.

Unfortunately, assistance and support for these voluntary caregivers is insufficient to relieve the stress associated with caregiving. For example, "respite" care (i.e. short-term temporary care-taking or supervision for persons with disabling conditions in order that their family caregivers can take an occasional break from the demanding responsibilities of caregiving) is inaccessible to many caregivers in the County. Family caregivers that are not afforded the benefits of respite care can be expected to experience higher rates of "burnout". (Specific findings and recommendations to address problems facing caregivers appear in section D.1 of this chapter).

3. Access to Programs and Services.

In every Workgroup, serious questions were raised regarding how individual older adults, or family members, gain information about, and access to, needed programs and services:

- a. How do I find out what particular programs/ services are available to help older adults in Washtenaw County?
- b. How do I figure out where to call among the various organizations serving older adults?
- c. What do I do if I can't afford what I need?

A key goal in answering these questions would be to maximize the use of already existing resources. It is apparent that a high degree of informal cooperation currently takes place, among Washtenaw County's agencies, in referring and advising those seeking help. Nonetheless, it is obvious that the situation could be significantly improved. (Specific recommendations on a decentralized approach to addressing this problem appears in section F.2 of this chapter).

4. Funding/ Affordability

In deliberations at the various Workgroups, the issues of funding and affordability arose frequently. Providers of senior services typically require subsidies from a combination of sources including government, foundations, participant contributions and/or direct fundraising.

A critical dimension of funding is the concept of sustainability. It was acknowledged that "seed" funding for new ideas and experimental projects is valuable. However, Workgroup participants often voiced the pressing need to address the pervasive shortage of basic funding to sustain, if not expand, existing programs serving older adults in Washtenaw County.

In general, funding from various sources has been relatively stagnant and has not kept pace with increasing costs and the greater demand from a growing older adult population. Meanwhile, organizations providing senior services have generally not diversified their financial support through mechanisms such as permanent endowments or other dedicated sources of revenue. (Specific findings and recommendations to address this problem appear in section F.4 of this chapter).

5. Advocacy

It became apparent in Workgroup deliberations that solutions to many of the problems facing Washtenaw County older adults cannot be achieved by local action alone. Rather, fundamental solutions to many problems require actions by decision makers who hold elective office, particularly legislative and policy makers at the state and federal levels. Examples would be federal housing programs and regulations, Medicare benefits, Medicaid eligibility, etc.

These circumstances suggest the need for a concerted and proactive "advocacy" effort to inform and educate elected officials and decision makers about the needs, concerns, and preferences of older adults in Washtenaw County. Furthermore, a mechanism is needed to encourage and empower providers and older adults to advocate on aging issues. (Specific findings and recommendations to address this problem appear in section F.5 of this chapter).

* * *

Again, the above-noted top-priority agendas appear repeatedly in the following sections of this chapter, which present findings and recommendations developed by the individual Workgroups.

B. Health

In tackling this complex area, the Health Workgroup organized its extensive efforts into thirteen major topics as presented below. The first ten topics relate to the actual delivery system for the continuum of health care. The final three topics address enabling issues such as financing, education and support. Given the wide diversity topics, the Workgroup elected to establish individual goal statements for each topic.

1. Prescription Drug Assistance

a. Goal Statement

All Washtenaw County residents shall have access to affordable prescription medications.

b. Finding

(1) Affordable medications remain a primary concern for older adult without insurance coverage, particularly those with limited resources.

- Historically, many older Washtenaw County residents have not had access to any type of prescription drug assistance plan.
- According to a 2002 report by the Kaiser Family Foundation, older adults with chronic medical conditions lacking drug coverage are two to three times more likely to forgo medications than their counterparts with drug coverage.
- Between January 2001 and January 2002, the prices of the 50 most commonly prescribed drugs for older individuals rose an average of 7.8 percent, or nearly three times the rate of inflation.
- The Elder Prescription Insurance Coverage Program (EPIC), which is a state program designated to provide prescription drug assistance to low income older adults, remains unavailable to new enrollees except on an emergency basis. Those at 150 percent of poverty are eligible for assistance for a period of 45 days twice a year, except on an emergency basis.
- Recently, Washtenaw County and the Washtenaw Health Plan initiated a broadly available discount program known as the Washtenaw County Prescription Plan (which provides a discount varying from 5-20 percent for each medication).

c. Recommendations

- (1) Advocate to reopen the full (year round) Elder Prescription Insurance Coverage (EPIC) program.
- (2) Support maximum enrollment in Washtenaw County Prescription Plan.

- (3) Advocate for legislative action at the state and federal levels to make prescription drugs affordable and accessible for older persons (e.g. a meaningful drug benefit provided to older adults under Medicare).
- (4) Establish a fund to help older persons acquire prescription medications.
- (5) Educate physicians' offices as to medication sources available to older persons (discount cards, websites such as needymeds.com).

2. Long-Term Care Services--Community-Based Setting

a. Goal Statement

All Washtenaw County Medicaid long-term care consumers will have the option of receiving services in the setting of their choice. Access to community-based long-term care services will be integrated, with a single point of access.

b. Findings

(1) Many older Washtenaw County residents are in need of in-home assistance.

- Projections based on findings of a 1999 National Long Term Care Survey suggest that there are approximately 4,400 Washtenaw County residents age 60 plus with at least one limitation in their ability to perform necessary activities of daily living.

(2) While the majority of older adults who require long-term care prefer to receive it in their home, many are unable to qualify for these services.

- Access to home based long-term care services is severely limited, with the exception of services for individuals who can afford to pay for them privately.
- State and federal funding is insufficient to meet the need for community based services.
- The "MI Choice" program (Michigan's home and community based waiver program that was designed to offer a low-cost care alternative to nursing home eligible individuals) is a cost-effective community based program that has not been funded sufficiently to meet community needs.

(3) Additional, affordable assisted living options should be available to older persons in the County.

- Affordable assisted living options are an important component of the long-term care continuum, and need to be available to community based long-term care recipients.

- Available assisted living options in Washtenaw County are often unaffordable and, consequently, are unobtainable by many.
- The limited use of assisted living facilities by the MI Choice program in Michigan has thus far demonstrated success.
- Many other states have developed assisted living options as key components of their long-term care strategies, and have thereby achieved greater service.

(4) Community-based long-term options are fragmented and difficult to access.

- Medicaid services for older individuals residing in the Washtenaw County who would qualify for long-term care services are fragmented, with varying levels of administrative and eligibility criteria.

c. Recommendations

- (1) Advocate to significantly expand services of the Michigan's Home and Community Based Waiver program.
- (2) Establish a single-point of access for community based long-term care services in Washtenaw County.
- (3) Educate physicians' offices on community-based alternatives to nursing home care.

3. Long-Term Care Services--Institutional Setting

a. Goal Statement

All Washtenaw County residents will have access to quality institutional long-term care options.

b. Findings

(1) There is a lack of high-quality options available to institutional long-term care consumers who are reliant upon Medicaid.

- Michigan is one of a few states with Certificate of Need that does not use the process to allocate specific skilled nursing home beds for exclusive use by Medicaid recipients.
- The resulting uncertainty causes difficulty in locating quality long-term care for Washtenaw County residents.

(2) The need for specialized care in a long-term care setting exceeds options that are available.

- Very few nursing homes will accept individuals with mental illness and/or physical impairment diagnoses.
- Demand for specialized care for people with Alzheimer's Disease in skilled nursing facilities exceeds the available placement options, especially for Medicaid recipients.

(3) Innovative improvements to long-term care are available and attainable.

- For example, nursing homes that subscribe to the philosophy of the "Eden Alternative" provide a supportive atmosphere and culture.
- In Washtenaw County there is not an Eden registered nursing home, although 3 of the 11 nursing homes in the County have implemented components of Eden (30 nursing homes in Michigan as a whole are Eden registered).

c. Recommendations

- (1) Advocate for re-evaluation of Michigan's Certificate of Need to determine whether the needs of low-income elderly population are accurately reflected.
- (2) Expand number and/or capacity specialized nursing home units capable of meeting the specialized needs of disabled individuals and Alzheimer's patients.
- (3) Encourage all Washtenaw County nursing homes to adopt components of the Eden Alternative.

4. Mental Health Services

a. Goal Statement

All Washtenaw County older adults with mental health needs shall have access to mental health services.

b. Finding

(1) Many older Washtenaw County residents with mental health needs are not able to receive mental health services.

- It is estimated that as many as 50 percent of older adults will suffer from a depressive disorder (based on data on suicide, traditional disorder incidence, dementia with depression, etc.).
- Many older adults develop a persistent mental illness in adult life and this continues into old age.

- Local mental health agencies serving seniors report that older Washtenaw County residents do not access needed mental health services because of various barriers.
- There remains a negative stigma associated with receiving mental health services.

c. Recommendations

- (1) Educate physicians on available and appropriate referrals for mental health services for older adults.
- (2) Advocate that Medicaid Waiver be expanded to include older adults whose primary health diagnosis is mental illness.
- (3) Advocate for existing mental health services, and educate older adults regarding accessing these services, using public forums, senior events, congregate senior sites (e.g. senior centers, senior housing complexes, adult day care, churches).
- (4) Support and advocate for existing geriatric social work programs and fellowships (e.g. Hartford) to increase the awareness of need for specialists who work with older adults with mental illness.
- (5) Advocate for gatekeeper programs that provide outreach to older Washtenaw County residents who are in need of mental health services.

5. Substance Abuse

a. Goal Statement

All Washtenaw County older adult with substance abuse needs shall have access to affordable substance abuse services.

b. Findings

(1) Many older Washtenaw County residents who have a substance abuse or dependence problem are unable to receive the services they need.

- Substance abuse and dependence among older adults in Washtenaw County is a major problem, since an estimated 10 percent of all older persons living in the community have a substance abuse problem, and 40 percent of those in institutional long-term care settings have a history of substance abuse.
- Insurance coverage is typically not sufficient to cover the costs of substance abuse services, since older residents normally are charged for 50 percent of substance abuse service costs.
- Research has demonstrated that substance abuse recovery programs and groups that are elder-specific are more conducive to a successful

recovery, but older adults with substance abuse and dependence problems are often not identified.

(2) Professionals are often unprepared to identify/ treat older adults with substance abuse problems.

- Professional and informal care providers at all levels have minimal, if any, training in identifying and/or treating older adult substance abuse and dependence problems.

c. Recommendations

- (1) Develop funding, effective screening and delivery strategies for patients in long-term care settings who need assessment and/or treatment.
- (2) Continue to develop funding strategies for older adults living in the community who need senior-specific assessment and/or treatment available at Chelsea Arbor.
- (3) Expand and improve current training and supervision to professionals and paraprofessionals (now funded by Livingston/ Washtenaw Substance Abuse Coordinating Agency) by offering continuing education credit and other incentives to area organizations (e.g. consider web-based training and supervision enhancements).

6. Dementia Care Services

a. Goal Statement

All Washtenaw County older adults with Alzheimer's and related disorders, and their families, will have access to high-quality and affordable care and support.

b. Findings

(1) Alzheimer's is the most common irreversible, progressive dementing illness, and it has devastating effects upon its victims and their families

- Although there are other forms of irreversible, progressive dementing illnesses, Alzheimer's is by far the most common.
- Currently, approximately 4 to 4.5 million Americans have this disease and it is estimated by the year 2050, there will be at least 14 million cases.
- Importantly, for every person with Alzheimer's, there are at least three others impacted by its devastating effects.

(2) Because of the chronic nature of Alzheimer's, and the impairments it causes, the cost and accessibility of appropriate care represents a substantial challenge.

- Alzheimer's is a chronic disease that lasts from two to 20 years, with the average being eight to 10 years.
- Alzheimer's causes profound impairments in virtually all areas of functioning.
- Consequently, the cost and accessibility of appropriate care represents a substantial challenge (e.g. the average lifetime cost of caring for someone with this disease is \$174,000).

(3) There is need for improvement in the quality, accessibility and affordability of care, support and services for older adults in Washtenaw County with Alzheimer's and related disorders, and their families.

- Because many challenging situations arise in caring for a family member with dementia, there is a need for additional methods of getting information to informal caregivers on the diagnosis, treatment, and effective interventions, as well as hands-on skills training of informal caregivers.
- There is a need for additional adult day programs in selected areas of Washtenaw County, particularly those with staff trained to handle more acute behavioral challenges.
- There is a need for grief support specific to the special circumstances related to caring for someone with Alzheimer's disease, and related disorders.
- In general, because dementia-specific long-term residential care costs between \$3,700 and \$5,000 per month, there is a need for affordable out-of-home special dementia care options.
- Paid direct-care providers should receive intensive training in all aspects of caring for the special needs of individuals with irreversible dementias, and physicians need additional education on the day-to-day challenges encountered by informal caregivers.

c. Recommendations

- (1) Develop intensive dementia-specific training modules and in-service programs for in-home direct-care providers and those working in the variety of long-term care settings.
- (2) Provide physician training in the special challenges faced by informal caregivers, and how appropriate referrals can be made.
- (3) Develop specially targeted grief support groups.

- (4) Implement caregiver training program to provide in-home, hands-on assistance to develop workable solutions for handling challenging behaviors and changes in communication.
- (5) Increase adult day programs, especially those that can handle extremely challenging behaviors, in selected areas of Washtenaw County.

7. Dental Services

a. Goal Statement

All Washtenaw County older adults shall have access to affordable dental services.

b. Findings

(1) Public knowledge about the importance of oral health care for older adults is limited.

- Generally, programs on education and prevention on oral health care issues are aimed at those under the age of 21.
- Similarly, most dental programs funded by Medicaid are aimed at those under the age of 21.
- The training of dentists includes only limited exposure to older adults.

(2) Some older adults in Washtenaw County are not getting the dental care they need.

- There is a lack of appropriate oral health care training and prevention activities for in-home care and nursing home staff who work with older adults.
- Local social service agencies confirm that this national problem is also prevalent in the County.
- Typically, nursing homes arrange for only a single dentist to visit once a month to care for dozens of residents on a given day.

(3) Funding support for dental care for older adults is very limited, and few dental service providers in Washtenaw County accept low-income elderly patients.

- Reportedly, many older adults are not utilizing oral health services in Washtenaw because of their inability to locate affordable services or because they lack dental insurance.
- Because Medicare offers virtually no dental benefits, the majority of dental care is paid for out of pocket.
- Typically Medicaid will not cover complex dental procedures.

c. Recommendations

- (1) Improve the quality of referral services addressing the dental needs of older adults in Washtenaw County, including the ability to locate dentists that accept Medicaid.
- (2) Encourage university outreach programs to serve the dental needs of nursing home residents.
- (3) Increase the awareness of health professionals and dental students on the dental needs of older persons.
- (4) Advocate for the addition of basic dental coverage to the Medicare program, in order to promote general health and well-being among older adults.

8. Hearing/ Speech Services

a. Goal Statement

All Washtenaw County older adults shall have access to programs that increase awareness and knowledge of hearing impairment issues, and assistance in funding hearing tests, hearing aids and assistive devices.

b. Findings

- (1) Many older adults experience hearing loss significant enough to affect daily activities, resulting in a host of negative physical and social outcomes.**
 - Published research indicates that by age 65 one in three people has a hearing loss, and that 75 percent of those who could benefit from hearing aids are not using them.
 - Hearing loss is reported to be the third-most prevalent major chronic disability in persons age 65 and older.
 - Because hearing loss affects a person’s ability to communicate with others, it is associated with a variety of negative outcomes including physical disability, depression, loneliness, decreased self-esteem, and diminished functional status.
- (2) Health providers have a generally low awareness of hearing loss and their skills in communicating with the hearing impaired could be improved.**
 - Social service agencies in the County report that providers are often uninformed on issues related to hearing loss, and have difficulty communicating with deaf patients.

- Sometimes lack of communication results in deaf patients being prematurely placed in nursing homes.

(3) There are opportunities to educate and assist seniors on various methods to maximize hearing/ speech capabilities that will positively impact their health and social well-being.

- Research suggests that appropriate interventions mitigate detrimental outcomes related to hearing loss.
- For example, behavioral approaches that enhance coping strategies, and the use of assistive devices and hearing aids, have been shown to improve quality of life and social functioning in persons with hearing impairment.
- Among the main reasons cited for why the elderly do not use hearing aides are lack of knowledge, stigma of wearing hearing aids, and cost.

(4) Low-income seniors need assistance in funding hearing tests, hearing aids and assistive devices, etc.

- Oftentimes insurance does not adequately cover the costs of diagnosis of hearing loss.
- Insurance often does not cover hearing aids and/or assistive devices.
- Medicare does not reimburse for interpreters.

(5) The deaf face a lack of available interpreters to assist in health care encounters.

- Local agencies report that there is a lack of available interpreters.
- Medicare doesn't reimburse for interpreters, and there is virtually no funding to support volunteers.
- Tactile "signing" for the blind is a particular problem.
- Few home health workers can "sign".

c. Recommendations

- (1) Assist low-income seniors with funding to purchase assistive devices and hearing aids.
- (2) Provide innovative and culturally sensitive outreach presentations to seniors and their families on the potential benefits available through appropriate communication strategies, assistive devices and hearing aids.
- (3) Provide training programs for primary care physicians, home care providers, caregivers, family members and other persons in the community to maximize communication skills with persons with hearing loss.
- (4) Advocate for increased training of and reimbursement for interpreters.

- (5) Increase recruitment of and support for volunteer interpreters.

9. Vision Services

a. Goal Statement

All Washtenaw County older adults shall have access to knowledge about vision impairment issues, diagnostic and rehabilitation services, and assistive devices that enhance sight.

b. Findings

(1) Vision impairment often accompanies advancing age.

- National studies indicate that adult macular degeneration (AMD) is the leading cause of central vision loss among older people, afflicting one-quarter of persons between the ages of 64-74 and one-third for those over the age of 75.
- In addition, persons with vision problems are at increased risk for falls.

(2) Insurance does not cover many of the services and/or devices needed by visually impaired older adults.

- Medicare and other health insurance do not normally pay for any visual adaptive technology (e.g. magnifiers, sunglasses, special lighting, closed circuit television, computer adaptive technology etc.).
- Older adults with vision impairments sometimes require more personal services that are not covered by insurance, such as assistance writing checks, housekeeping, etc.

(3) Visually impaired older adults face unique access issues.

- Local agencies report that seniors and their care-taking family members are often unaware of adaptive equipment that will increase independence and reduce injury.
- Primary care physicians are not routinely referring their patients to vision specialists.
- Optometrists and ophthalmologists are not well informed about vision rehabilitation services and do not refer to these routinely.
- Many inconveniences in public places hinder access for the visually impaired (e.g. poor signage).
- Persons with vision impairment have a greater reliance on public transportation and may have greater difficulty using such services.

c. Recommendations

- (1) Assist low-income seniors with funding to purchase or rent assistive visual devices that will improve their ability to function and remain independent.

- (2) Increase education to primary care physicians about the need for regular eye care check-ups for persons over 50 years of age.
- (3) Increase education to primary care physicians, optometrists and ophthalmologists about: rehabilitative services that are available to their clients; home equipment available to meet the needs of seniors and their caregivers, and; the appropriate use of home assessments by physical/ occupational therapists.
- (4) Develop/ support volunteer programs that are attuned to the needs of persons with visual impairments (e.g. assistance in reading, writing checks, transportation, housekeeping, etc.).
- (5) Increase advocacy for public planning that considers the needs of low vision seniors (e.g. larger signage in public buildings).
- (6) Establish an equipment donation program aimed at the visually impaired.

10. End of Life Care

a. Goal Statement

All Washtenaw County older adults shall have access to quality end of life care, including hospice services (palliative care).

(1) Hospice is a supportive yet cost-effective option for end of life care.

- Hospice is a palliative care option for end of life care that looks at dying as something natural and personal.
- Under Medicare rules, to qualify for the hospice benefit one must have a terminal diagnosis, with a probable prognosis of six months or less to live.
- Compared to traditional care for the terminally ill, hospice care is less costly (it is estimated that hospice saves up to 10 percent of the cost of care in a patient's last year of life, 10-17 percent in the last six months, and 25-40 percent in the final month).

(2) Hospice care is not always available/ accessible to all who might prefer this option.

- Only one-quarter of Americans die at home, although more than 70 percent say that is their wish.
- The hospice option is not utilized by many eligible nursing home patients; in fact, some nursing homes do not have a hospice option for their patients.
- Primary care physicians are often not well versed in end of life issues.
- As a consequence, attempts at "curing" the illness may be unnecessarily prolonged and the opportunity for the comfort of palliative care lost.

b. Recommendations

- (1) Provide more education regarding hospice/ palliative care to the general population so they may better understand family members' options and more appropriately utilize hospice services.
- (2) Encourage and support greater numbers of primary doctors who specialize in palliative care, full-time nurses to become certified in palliative care, and in-home trained caregivers.
- (3) Increase education/ training regarding end of life issues and palliative care for family practitioners, primary care physicians, medical social workers in hospitals, and spiritual leaders.
- (4) Encourage the local medical community to continue/ increase the integration of palliative care and pain management into ordinary treatment regimes.
- (5) Advocate for insurers to minimize co-pays and deductibles for end of life care.
- (6) Advocate for relaxing the present Medicare requirement of a six-month or less life expectancy prognosis for hospice eligibility.

11. Health Care Financing/ Affordable Health Insurance

a. Goal Statement

All Washtenaw County older adults shall have access to affordable health care, including education and assistance on health insurance issues and options.

a. Findings

(1) Older adults face significant gaps in health insurance coverage that can impede access to health care due to high out-of-pocket costs.

- Medicare covers only half of the total health care expenses of enrollees, with the most serious gaps in coverage for long-term care, prescription drugs, dental, vision, and hearing aids.
- Even with supplemental insurance coverage (e.g. "Medigap", long-term care, etc.), significant gaps in coverage lead to high out-of-pocket costs.
- To compound these problems, Medicare reimbursements to physicians are dropping and more doctors may refuse to accept new Medicare patients.
- Furthermore, anticipated state cuts to Medicaid will only exacerbate an already serious problem of restricted access to healthcare for lower-income older adults.

(2) Widespread lack of knowledge about Medicaid options, together with a cumbersome application process, results in significant under-enrollment of eligible low-income Medicare beneficiaries.

- In 1999, AARP reported that about 50 percent of low-income Medicare beneficiaries were not enrolled in Medicaid programs for which they are eligible.
- Medicaid for long-term nursing home care is complicated and requires extensive paperwork and advance planning.

c. Recommendations

- (1) Increase education about insurance options to older adults, providers, aging professionals, and adult children.
- (2) Encourage providers to accept Medicare assignment and assist their patients unable to pay for care by referring to appropriate programs (e.g., pharmaceutical assistance programs, EPIC, Medicaid).
- (3) Work with local, state and federal advocacy groups to develop services and sources of reimbursement for uncovered areas of care, such as prescriptions, dental, vision, hearing, and long-term care.
- (4) Increase the number in the aging network who can assist with the Medicaid application process, including physician offices, nursing homes, and hospitals.
- (5) Improve the partnership with the Family Independence Agency to resolve problems and reduce barriers to accessing Medicaid programs (e.g. train specialized staff to deal with older adults; create training relationships between that staff and the aging network; develop written materials more easily understood by an older population).
- (6) Develop effective partnerships between the aging network and groups in the County who can help access medical care for lower-income older adults (e.g., Washtenaw Health Plan, McAuley Support, clinics with sliding fee scales), and support the expansion of those programs.

12. Sensitivity to Cultural Factors

b. Goal Statement

All staff at organizations serving Washtenaw County's minority older adult population shall utilize approaches and interventions that respect cultural values and beliefs, and are appropriate to address minority population needs.

c. Findings

(1) There has been a substantial increase in Washtenaw County's minority older adult population.

- According to the U.S. Census, Washtenaw County's minority older adult population increased over 53 percent from 1990 to 2000.
- Nationally, it is projected by the Administration on Aging that the minority older population will triple by 2030, and that one-quarter of the elderly population will belong to a some racial or ethnic minority group.

(2) Understanding cultural factors is critical to insuring older persons receive necessary health care services.

- Culture can affect how older persons understand their illness and/or disability, and how they access and utilize health and human services.
- Research has demonstrated that when professionals are culturally competent, they establish positive, helping relationships that engage the client and improve the quality of services provided.
- Barriers to accessing services may include language, religious affiliation, sexual orientation, lack of materials in native language, distrust of the mainstream delivery system, low income, and low education levels.

d. Recommendations

- (1) All Washtenaw County organizations that provide services to older adults should provide cultural sensitivity training to all staff.
- (2) Washtenaw County aging service providers should design services that address and eliminate structural and cultural barriers that can impede culturally competent service delivery.

13. Technology/ Equipment

a. Goal Statement

All Washtenaw County older adults shall have access to adaptive equipment necessary to allow maximum independence.

b. Finding

(1) Older adults have difficulty accessing standard equipment that could improve their quality of life.

- While much has been said about new "high-tech" equipment, seniors already encounter major difficulties in identifying and/or obtaining helpful adaptive equipment (e.g. so-called "durable medical equipment", or DME) that is based on standard technology.

- Seniors and their care-taking family members are often unaware of adaptive equipment that will increase independence and reduce injury.
- Lack of financial assistance is a significant barrier for many older adults, as Medicare/ Medicaid will not cover any equipment which is disposable, or for hygienic purposes.

c. Recommendations

- (1) Educate physicians about equipment available to meet the needs of at home seniors and their caregivers .
- (2) Encourage physicians of seniors to order a therapist (physical and.or occupational) to do a home assessment for equipment recommendations.
- (3) Encourage the establishment of an equipment donation program in Washtenaw County.

C. Housing

1. Goal Statement

All Washtenaw County older adults shall have access to housing that is functional, safe and conducive to a sense of community. This access shall include education and assistance on housing issues and options.

2. Findings

a. Overview

(1) Appropriate housing is critical to the well-being of older adults.

- For those in the middle income and higher categories, access to appropriate housing is generally not a problem.
- However, for older adults with limited incomes in Washtenaw County, a crisis is foreseen if the increasing demand continues to be met by a limited supply and reduced overall funding support.

b. Financing

(1) Government, charitable and/or private funding support for older adult housing and related services is generally inconsistent and often insufficient.

- The affordable housing problem is exacerbated by the federal government's retreat from subsidized housing in recent years, as documented in the June 2002 "Report to Congress by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century".
- This report indicates that nationally there are six times as many seniors with unmet housing needs as are currently served by rent-assisted housing.
- Local agencies serving older adults observe that this general trend is apparent in Washtenaw County, and that charitable funding is generally not sufficient to offset diminishing government support.

(2) Because consumers underestimate the cost of housing and related services for their later years, there is insufficient preparation for these costs.

- Caseworkers for local agencies serving older adults report that general knowledge of the availability and/or benefits of retirement planning, long-term care insurance, etc. is low.
- The vast majority of the caseworkers' clients did not plan ahead and set aside sufficient savings for housing needs in their later years.
- Senior may lack basic money management skills in budgeting and managing personal finances.

c. **Types of Housing; Availability and Access**

(1) Currently there are imbalances in the supply and demand/ need for various types of housing for older adults.

- Local agencies serving older adults observe that more and varied housing is now available (e.g. assisted living), particularly for those with the ability to pay market rates.
- Although there may appear to be overall vacancies in affordable housing, affordable housing offering specialized services generally appears to be in very short supply (e.g. adult foster care; group homes, etc.)
- Furthermore, a recent study by the Housing Bureau for Seniors estimated that Washtenaw County's 26,000+ over-65 population is served by a total of 18 subsidized senior housing complexes in the County, with a combined total of only 2,089 units, well below obvious need.

(2) Some low-cost housing categories, such as assisted living, appear to be in short supply.

- Low-cost subsidized assisted living is not available in Washtenaw County.
- Recent research on subsidized housing conducted by the Housing Bureau for Seniors revealed that Washtenaw County seniors who are looking for low cost housing options are typically going to be placed on a wait list.
- Reportedly, certain geographic areas within Washtenaw County suffer relatively severe housing problems (e.g. Ypsilanti) because residents have limited ability to self-fund housing due to lower incomes, and there are fewer housing options available in the area.
- A recent survey by the Housing Bureau for Seniors indicates that Washtenaw County has only three Adult Foster Care homes (with a total of 14 beds) that offer Medicare rates, which is well below apparent need.

(3) While quality is difficult to judge objectively, it appears that the general quality of housing for older adults in various categories ranges from excellent to poor.

- Community leaders report that some existing subsidized housing in the County is compromised by imbalances in the mix of eligible residents.
- For example, units with disproportionately high percentages of mentally impaired and substance abusing residents are said to be viewed as very undesirable.
- Complicating this, some residents describe feelings of intolerance of the increasing numbers of émigrés and associated customs and lifestyles.

(4) Demographic trends indicate that the demand/ need for all types of older adult housing will increase in the next decade.

- Washtenaw County will experience a substantial increase older adults by 2010 and beyond.

- According to SEMCOG, the 65 and over segment will increase from 26,300 in 2000 to 33,600 in 2010, or 28 percent.
- By 2015, the County's over-65 population is projected to be 41,300, or an additional 23 percent growth from the 2010 level.

d. Lack of Public Awareness

(1) Older adults who may need to relocate to more affordable or supportive housing have insufficient knowledge about what kinds of housing are available.

- Local agencies serving older adults report that generally most seniors are not proactive in planning ahead for housing needs; rather, they tend to wait until the need is immediate.
- At the point of decision, they require a great deal of support in examining options and realizing the financial and social implications of relocating or going to more supportive housing.

e. Public Policy and Regulation

(1) Recent trends in public policy regarding special populations may have had a negative impact on the general supply of housing for seniors.

- For example, it has been observed that in recent years Michigan has diverted substantial resources in creating new housing facilities for a rapidly expanding prison population.
- Arguably, these resources could have been better applied to needed senior housing.

(2) Certain regulations have the effect of restricting the type and availability of housing choices, while regulations to insure quality of housing have not always been effective.

- Consumers and agencies serving older adults in Washtenaw County report that regulations create barriers to matching needs with appropriate housing.
- For example, licensing rules restrict certain types of new housing resources from entering the market, thereby limiting availability and choices, with the result that seniors may end-up in inappropriate housing.
- Rules and regulations regarding Section 8 Housing result in seniors being mixed-in with younger adults with mental health and/or substance abuse problems, with limited supervision.

f. Services

(1) Support services (e.g. transportation, in-home health and social services, etc.) are critical to the ability of adults to age in place.

- Supporting detail for this finding is included in the sections of this chapter on Health, Social Services and Transportation.

(2) Availability of mental health services is essential for many to maintain independence in the least restrictive environment.

- Supporting detail for this finding is included in the section of this chapter on Mental Health Services.

g. Technology

(1) Technology is expected to improve the ability of older adults to age in place.

- Recent rapid advancements in telemedicine (e.g. cost-effective remote monitoring devices) increase the ability of older adults to remain independent.
- The internet provides an economical mechanism for maintaining social connections with family and friends.

3. Recommendations

a. Financing and availability:

- (1) Make County, state and federal administrators and elected officials aware that there is a great need for additional funding for low to moderate-income senior housing and associated support services.
- (2) Encourage state and federal elected officials to adjust Medicaid laws in order to free-up more dollars for low-income seniors, by closing loopholes that benefit middle and upper-income seniors and their families.
- (3) Encourage state and federal elected officials to make Medicaid available for the full continuum of facilities (e.g. assisted living facilities, both licensed and unlicensed), not just nursing homes.
- (4) Create incentives for local for-profit and non-profit providers to offer a percentage of their housing at rates affordable to low and moderate-income individuals, particularly seniors.
- (5) Increase the awareness and use of federal housing funds, particularly for seniors.
- (6) Involve County and city elected officials in exploring options for increasing low and moderate-income housing for seniors.

b. Public awareness:

- (1) Consider developing a web site educating the public on all senior housing and care services, possibly supported by (and with web links to) all the local for-profit and non-profit providers.
- (2) Encourage County officials to develop an 800 number educating the public on all senior housing and related care services, supported by PR and advertising (possibly linked to the developing state-wide 211 line).
- (3) Encourage County and local communities to develop an information "senior service mobile" which would travel throughout the County, but especially to lower income areas, educating the public on services available for seniors.
- (4) Promote cost-sharing and coordination among various agencies in developing a primary clearinghouse (e.g. Housing Bureau for Seniors) for information on all housing options, including referrals to appropriate facilities for more detailed information.
- (5) Approach the local news media for coverage of relevant topics and issues related to housing for seniors in Washtenaw County.

c. Policy and regulation:

- (1) Encourage state and federal elected officials to create a more flexible reimbursement and regulatory environment that eliminates the restrictive categorical labels of "assisted living" and "nursing home", thereby supporting a full "continuum of care" for senior medical/ residential services.

D. Social Services

1. Goal Statement

Senior adults are able to utilize important social services that support their desired level of independence, safety and quality of life.

2. Support for Caregivers

a. Findings

(1) Informal family caregivers are the essential underpinning of in-home services for older adults, and older adults are often themselves caregivers for spouses and other family members, including grandchildren.

- Using national figures, it is estimated that 80 percent of the approximately 35,000 older adults in Washtenaw County, or 28,000 individuals, are dependent upon family caregivers to continue living at home.
- The true economic value of the actual services provided by these voluntary family caregivers is estimated nationally at \$257 billion per year
- Moreover, the presence of a family caregiver allows individuals to receive the more economical home-based health and social services.
- In increasing numbers, older adults are stepping forward to parent grandchildren or other relatives when their parents cannot or will not.

(2) Informal family caregivers can greatly benefit from "respite" care that provides periodic relief from the stressful daily routine of caregiving.

- "Respite" refers to short-term temporary assistance provided to persons with chronic conditions in order that caregivers can take an occasional break from the demanding responsibilities of caregiving.
- Numerous studies have documented the fact that family caregivers suffer extremely high incidence of depression and other stress-related conditions, and that caregivers consider respite to be very helpful.
- Family caregivers that are not afforded the benefits of respite care can be expected to experience higher rates of "burnout". These caregivers include grandparents raising grandchildren, who may face enormous financial and emotional stress.
- The inability of a family caregiver to continue in that role oftentimes results in seriously negative social and financial consequences (e.g. the individual prematurely requires a costly institutionalized living arrangement).

(3) Respite services (including in-home, overnight and adult day) that are available and accessible to Washtenaw County family caregivers fall short of needs.

- It has been reported that only about 10-20 percent of informal caregivers actually use formal respite services through public or private agencies.
- This lack of utilization can be largely explained by the fact that the cost of respite care is prohibitively expensive for low to average income families.
- There is an excellent local program for overnight respite that is subsidized, but its capacity is limited to one bed in the County.
- Additionally, adult day services are not always available/ accessible to County residents.

(4) Beneficial education and support group programs for caretakers reach only a fraction of the many caretakers in the County.

- Excellent education and support group programs for caretakers are provided by County-based organizations such as Catholic Social Services, Saint Joseph Mercy Health System, University of Michigan Health System, and Alzheimer's Association.
- However, it is estimated that such programs reach only a fraction of the approximately 28,000 caretakers of older adults in the County.
- Agencies involved in these education and support programs report that caretakers' attendance is often contingent upon the availability of respite services to care for their family members while they attend sessions.
- It should be noted that there are excellent support and education programs in the County that target caretakers facing specific challenges (e.g. Alzheimer's, grandparents raising minor children), but they too fall short of reaching all who could benefit from them.

b. Recommendations

- (1) Educate the general public and target caregivers about services available.
- (2) Educate area physicians, particularly internists and family practitioners.
- (3) Reach out and train a variety of community persons about caregiving, to encourage their formal and informal participation.
- (4) Inform and train County churches about available services in caregiving:
 - Use train-the-trainer model.
 - Trainees would in-turn train or inform their church members.
- (5) Increase the financial support for respite programs available for caregivers (including grandparents as parents).
- (6) Increase the numbers of respite beds available for the frail senior.

- (7) Increase the number of adult day service programs for all older adults in the County.

3. Case Management

a. Findings

(1) Older adults often need case management assistance in identifying and obtaining needed services required to maintain their quality of life.

- For older adults—who are medically, emotionally, cognitively, or financially compromised, the task of finding, arranging and coordinating needed support services is beyond their capability.
- Many such seniors need an identified individual (i.e. a "case manager") to procure resources for services and to then provide ongoing support/monitoring.
- By definition, "Case Management" is a system that focuses on the coordination of accountability for client care across a continuum of care.

(2) Case management services that are available and accessible to older adults in Washtenaw County are insufficient to address significant needs.

- Because case managers handle many clients, in instances hundreds, individual clients receive limited overall case coordination, monitoring, follow-up, and prevention
- Case managers often are unable to refer clients to needed no- or low-cost services (e.g., daily home care, mental health care, home repair, etc.) because providers have insufficient resources.
- Meanwhile, agencies have experienced major cuts in funding, which has forced them to cut back on staffing and services, and to tighten eligibility guidelines.

b. Recommendations

- (1) Increase public awareness of both the problem and of the value of case management, targeting caregivers, clients, human service agencies, local governmental leaders, foundations and other potential funding sources.
- (2) Improve the process of identifying client populations requiring case management services.
- (3) Increase the number of case managers serving older adults in Washtenaw County, thereby improving access to in-home services essential to maintaining independence.
- (4) Develop a formalized collaborative partnership in Washtenaw County among agencies, to maximize case management resources for clients.

- (5) Advocate for increased funding for comprehensive case management services via political activism with federal and state legislators.
- (6) Increase advocacy efforts with state legislators and the Executive branch to expand the MI-CHOICE program:
 - This program provides for case management services as well as providing funding for most needed services.
 - This is an outstanding program for those clients who are eligible.
- (7) Identify alternate funding streams to support additional staffing and increase dollars for services.

4. Services Supporting Independence

a. Findings

- (1) Older adults often need help in managing their affairs and thereby maintaining independence, but such help is frequently fragmented or unavailable.**
 - Social service agencies in the County that serve older adults report that the management of personal and financial affairs is a widespread problem.
 - Successful management of personal and financial affairs requires numerous services working together to resolve issues in a comprehensive way.
 - Reportedly, coordination among social service agencies in the County works well on an informal basis.
 - However, a severe shortage of resources for such programs is a major limitation that is getting worse.
- (2) Older adults face a confusing array of major health, financial and social issues with legal ramifications, but available legal assistance falls far short of needs.**
 - In particular, Medicare/ Medicaid issues often require skills and knowledge not possessed by seniors or their family members.
 - Older adults often face complicated legal issues related to consumer issues and housing (e.g. predatory lending, eviction).
 - Older adults have strong feelings about medical procedures and actions but often have not documented their wishes in the legally-binding form of advance directives.
 - Again, the County faces a severe shortage of resources for legal support for older adults, and the problem is getting worse.
- (3) There is a general lack of availability/ affordability of basic ongoing housekeeping and chore services that allow frail seniors to adequately and safely maintain their independent households.**

- Basic housekeeping assistance and chore services (e.g. plumbing, minor electrical, carpentry, etc.) are essential for frail seniors to continue to live independently, because frail seniors often no longer have the physical capacity to perform such necessary activities.
- Seniors with disabilities, as well as those waiting for discharge from hospitals and nursing homes, often require that their houses be outfitted with ramps that allow them to get in and out of their homes.
- Agencies serving seniors in the County report significant unmet demand for housekeeping and chore services, particularly such services that can be afforded by low to moderate incomes.
- The limited availability of affordable housekeeping, chore and ramp installation services appears to be largely a result of constrained funding from State, County and private foundations.

(4) Seniors' access to needed health care through Medicare and Medicaid is seriously compromised by coverage limitations as well as the confusing procedures for eligibility and reimbursement.

- Public debate in the U.S. has recently focused on the fact that prescription medications (which are not currently covered by Medicare) are unaffordable for a large portion of senior consumers.
- Anticipated cuts in the Medicaid reimbursement/ eligibility, driven by the recent state budget shortfall, are expected to further reduce coverage for low-income seniors.
- Agencies in the County report that they find health care financing issues to be virtually impossible for consumers and professionals to understand without extensive training in benefits and access issues.
- Seniors seeking assistance in navigating the eligibility/ reimbursement system have few options.
- These Medicare/ Medicaid issues affect virtually every senior in the County, since only those with vast financial resources are in a position to ignore these problems.

(5) Seniors and their families need assistance in dealing with financial management and tax issues.

- Social service agencies report that seniors often need help in managing personal finances, but resources are not adequate to address this need.
- Similarly, social service agencies report that seniors often are unable to understand and process tax forms, but support programs are limited by lack of financial support.

b. Recommendations

- (1) Lobby lawmakers to increase funding for preventive legal and consumer education and services.
- (2) Provide education/ training programs that increase awareness and foster independence by averting crises.

- (3) Expand community legal services to include credit counseling and money management services
- (4) Increase the number of social workers, thereby lowering case-loads, which will allow social workers time to address root causes.
- (5) Identify additional funding sources to increase additional staffing in existing successful cost-effective programs.
- (6) Raise income and asset limits for Medicaid eligibility.

5. Nutrition

a. Findings

(1) Washtenaw County seniors rely upon a number of formal nutrition programs, consisting of both congregate and home-delivered meals.

- Many older adults in Washtenaw County rely on congregate and home-delivered meals programs to meet their daily nutritional needs.
- 16 home delivered meal programs in Washtenaw County serve those who are homebound, those who have no one to assist them and those who are unable to shop or cook for themselves.
- These home delivered meal programs provide the food which is required daily to sustain life, outside contact and a daily check on a client's well-being.
- Congregate meal programs typically provide a nutritious meal at lunchtime, in an atmosphere of respect and dignity that also provides the benefits of socialization, companionship and education related to nutrition and exercise

(2) Nutrition programs for seniors are now under-funded, and further funding reductions are expected that will reduce/ eliminate many needed programs/ services.

- These nutrition programs are generally funded by state and federal funds, along with community grants, fundraising and donation programs.
- Nutrition programs report that they are experiencing waiting lists because of insufficient financial resources
- Meanwhile, demographic trends are expected to increase demand further.
- In the face of this increasing need, State funding for home delivered meals was recently reduced.
- Thus, state, federal and local program cuts are forcing agencies to reduce programs and services.

b. Recommendations

- (1) Develop community awareness by educating the community on the increasing need for and critical role of meal programs in sustaining older adults.
- (2) Develop broad community commitment to engage and mobilize needed volunteers.
- (3) Develop best practices to maximize the ability of programs to meet the increasing nutritional needs of our aging population.
- (4) Obtain additional financial support needed to properly meet the nutrition needs of the growing frail elderly population (e.g. County millage).
- (5) Create additional food distribution systems for getting supplemental food in homes.

6. Employment Support

a. Findings

(1) Job-finding assistance is needed for those older adults who require income from continued employment.

- Social service agencies report that a substantial proportion of seniors does not have adequate savings, pensions, Social Security benefits, etc. to cover living expenses, and must continue working to survive.
- These seniors often need help in job training and job-seeking skills.
- Programs and funding to support employment of seniors are limited, and are not sufficient to meet needs.

b. Recommendations

- (1) Educate the senior population regarding available services.
- (2) Advocate with congress for Title V funds under the Workforce Investment Act.
- (3) Identify funding to set-up a senior job bank and training in job-seeking skills.
- (4) Develop a volunteer organization for employed older adults to mentor senior job seekers.

7. Diversity

a. Findings

(1) There is inadequate information on diversity in Washtenaw County.

- 2000 census data confirms that minorities represent a growing proportion of the County's population.
- The vagueness of the census categories for minorities, together with self-reporting bias, makes the census data on minorities of questionable utility for detailed planning.

(2) Lack of diversity sensitivity adversely affects how well agencies assist minority older adults.

- The apparent lack of readily available information on various cultural and ethnic groups in Washtenaw County is emblematic of an historical inattentiveness to this issue.
- Representatives of social service agencies reported that they lack sufficient knowledge and information to appropriately address diversity issues.

b. Recommendations

- (1) Develop a periodic training session on the subject of diversity for all Washtenaw County older adult programs.
- (2) Include diversity as a factor in any program planning by agencies serving seniors, to ensure that programs appropriately identify and address the needs of various target groups.
- (3) Develop a directory and profile of religious, cultural and ethnic minority elders for older adult programs to use when working with minority families:
 - AAA1-B did such a report for Macomb, Oakland and Wayne Counties.
 - This report included age, education, gender, sexual orientation and income.

8. Protection from Abuse

a. Findings

(1) National research indicates that older adults are subject to various types of elder abuse.

- Domestic elder abuse generally refers to any of several forms of maltreatment of an older person by someone who has a special

relationship with the elder (e.g. a spouse, a sibling, a child, a friend, or a caregiver in the older person's home or in the home of a caregiver).

- There are several different categories of elder abuse: physical, sexual, emotional or psychological abuse; neglect; abandonment; financial or material exploitation, and; self-neglect.
- Elder abuse is even more difficult to detect than child abuse, since the social isolation of some elderly persons may increase both the risk of maltreatment itself and the difficulty of identifying that maltreatment

(2) National experience suggests that a substantial number of older adults in Washtenaw County are victims of abuse and neglect.

- In the absence of detailed data on elder abuse in Washtenaw County, reliance was placed on a national study of this phenomenon (i.e. The U.S. Administration on Aging "National Elder Abuse Incident Study" that submitted its final report in September 1998), because there is no reason to suspect that Washtenaw County is somehow insulated from national experience cited in the report.
- Extrapolating national experience to the local senior population (in 2000 there were over 35,000 residents in Washtenaw County over the age of 60), it is estimated that, on an annual basis, about 360 persons age 60+ in Washtenaw County experience abuse/ neglect in a domestic setting alone.

b. Recommendations

(1) Advocacy/ Funding:

- (a) Develop a coalition of agencies and consumers to advocate for passage of favorable legislation, and to influence the development of new legislation, that has an impact on the availability and accessibility of services to the victims of elder abuse.
- (b) Advocate for increased funding for elder abuse services via political activism with federal and state legislatures and other funding sources both public and private.
- (c) Identify alternate funding sources to support additional staffing and increase dollars for services.
- (d) Collaborate with existing domestic violence shelters to develop a specialty area for victims of elder abuse.
- (e) Develop more neighborhood programs such as "Gatekeepers".

(2) Education:

- (a) Increase public awareness of this vulnerable population through the use of the multi-media outlets.
- (b) Educate the public to the problem of abuse and neglect, teach them how to recognize it, and encourage them to report it.
- (c) Educate physicians and other health care workers to recognize and report abuse and neglect.
- (d) Organize a speakers bureau, letter writing campaign and lobbying effort to facilitate education and change.

9. Senior Centers

a. Finding

(1) Senior centers in Washtenaw County play a vital role in providing older adults with access to needed programs and services, but funding support is generally insufficient.

- Many older persons are at risk of social isolation due to factors such as physical decline, loss of mobility, physical distance from family members and loss of individuals in their social circle.
- In response to this need, Washtenaw County senior centers strive to promote independence, enhance dignity and advocate for Washtenaw County's older persons and their families through innovative programming.
- Although the federal Older Americans Act directs senior centers to serve as a focal point for access to services for older adults, local senior centers actually receive little state or federal support.
- Because of funding limitations, Washtenaw County senior centers are very heterogeneous, some vital with full-time programming; others struggling simply to maintain a location and staffing.

b. Recommendations

- (1) Senior centers should have a dedicated source of funding that meets basic operational costs for full-time operation of diverse programming and professional staffing.
- (2) Opportunities for effective collaboration between and among senior centers and other institutions and agencies should be maximized.
- (3) The majority of Washtenaw County senior centers should meet recognized quality standards.

E. Transportation

1. Goal Statement

Public transportation services in Washtenaw County, in collaboration with private services, volunteers and/or social services agencies, is sufficiently available and accessible to ensure that all older adults in the County have access to transportation services needed to sustain quality of life.

2. Findings

a. Public Transportation

(1) The current level of public transportation services available to older adults throughout the County is generally good for a majority of the population, but these services are virtually non-existent in certain rural Townships.

- The Ann Arbor Transportation Authority (AATA), which serves the urbanized portion of the County, reports that more than 60 percent of the County's population, or about 200,000 people, live within one-half mile of an existing AATA "fixed-route" service.
- Meanwhile, "demand-responsive" public transit service services are available to more than 80 percent of the County's population; however, outside of Ann Arbor, these services are generally limited in terms of days and hours of operation as well as connections.
- About 20 percent of older adults in the County, primarily those living in rural Townships, have virtually no public transportation services available to them.

(2) While some coordination exists among public transportation service providers in the County, there are inherent restrictions on the ability to extend and/or connect services between and among municipalities.

- AATA fills an important role in coordinating transportation service in Washtenaw County (e.g. by channeling state funds to specialized and non-urban services; convening the Transportation Coordinating Committee, etc.).
- However, AATA, and other local public transportation service providers, are restricted from cross-subsidizing services between/ among municipalities.

(3) Since the economics of public transportation are largely driven by population density, regular services to/from certain remote low-density areas of the County cannot be cost-justified.

- To be economically justified, a fixed-route service requires: a density of four-to-seven households per acre; access to bus stops via sidewalks; and mixed use destinations.
- Demand-responsive service may be appropriate for certain low demand areas or time periods, and/or for people with physical limitations.
- Again, these economics dictate that about 60 percent of the County population is served by fixed-route service, and an additional 20 percent is served by various demand-responsive services (often with limited schedules).
- It is not realistic to expect that public transportation service can be cost-justifiably extended to the remaining 20 percent of the County's population.

(4) When public transportation is available, it is often unsuitable for older adults with special needs.

- Social service agencies report that older adults with special needs are often not able to independently navigate public transportation systems; this would include many of those who are developmentally disabled, mentally ill, cognitively impaired, visually impaired; and/or frail.
- There are initiatives (e.g. Milan Transit) to encourage family and friends to accompany those with special needs on public transit.

b. Private Transportation

(1) Loss of ability to drive a private automobile has profound consequences on the independence of older adults.

- Social service agencies report that many older adults without access to an automobile, and/or with diminished capacity to drive, confront serious issues associated with loss of independence (e.g. access to needed services, continued home ownership, etc).
- Not surprisingly, census data suggest that lack of access to vehicle is strongly associated with lowered ability/ willingness to continue living in an owner-occupied home.

(2) Many older adults rely on private transportation services, particularly seniors who have special needs that are not met by public transportation.

- See Point 2.a.(4) above.
- Private transportation providers serving Washtenaw County include: Northfield Human Services; Chelsea Area Transportation Service; Manchester Senior Citizens Council; senior residences; senior centers; churches and schools; private, for-profit providers (e.g. taxis; limousines, etc.).

(3) Older adults' access to needed private transportation services may be limited by service availability and/or affordability issues.

- The nonprofit transportation service providers typically subsidize rates based on ability to pay; reportedly, these providers do not cover all areas of the County, and they are not able to meet all requests.
- In the case of the frail elderly, transportation service providers report problems coordinating drop-offs/ pick-ups with the destination facilities.
- Older adults not served by the nonprofit providers are therefore reliant on private transportation services (e.g. taxis; private van services), but many cannot afford these services.

c. Volunteerism

(1) One reason community organizations often shy away from assisting seniors with transportation needs is concern about liability.

- Community organizations could do much to fill the void in needed transportation services for seniors (e.g. churches and/or senior housing centers with buses).
- Transportation service providers report that attempts at enlisting cooperation from such organizations are unsuccessful due to perceived liability issues.

(2) Family and social support systems are often unavailable or insufficient to personally transport seniors in private automobiles.

- Agencies doing assessments for seniors report that most clients lack strong local family and social support systems.

d. Education, Information and Referral

(1) There appears to be a lack of widespread knowledge and understanding of the availability of various transportation services and how they are accessed.

- This observation was substantiated by local agencies involved in referring seniors for transportation needs.
- In a recent survey of Washtenaw County senior centers, over four-fifths of the centers reported they knew of residents who were unable to participate in center programs within the past six months due to lack of transportation.

(2) The County already has a key transportation broker that can serve as a foundation for further development of the information and referral network.

- AATA operates RideSource, a transportation matching program that provides direct trip bookings and referral service involving a network of providers across Washtenaw County.

3. Recommendations

a. Awareness:

- (1) Increase resource information/ material to spread awareness of available services.
 - (a) Specifically, market/ advertise more aggressively the existence and function of RideSource to community and especially social service agencies.
 - (b) Increase community awareness regarding need for volunteers and recruitment efforts.

b. Coordination and collaboration:

- (1) Establish County-wide Transportation Authority, with sufficient authority and resources to comprehensively address the needs of entire County.
- (2) Increase networking, coordination and communications between transportation entities and social service agencies.
- (3) Increase coordination of services among senior service agencies.

c. New/ Expanded services. Enhance services that are needed to reach under-served/ special-needs individuals throughout Washtenaw County:

- (1) Identify and, as appropriate, replicate successful transportation models that effectively address under-served areas in other communities.
- (2) Expand senior driver awareness programs.
- (3) Extend senior cab concept to under-served areas/ populations.

d. Volunteerism:

- (1) Take a County-wide approach to addressing and mitigating volunteer liability issue.
- (2) Encourage churches to help address gaps in under-served areas in their communities.
- (3) Expand/ replicate the Neighborhood Senior Services accompanied transportation model.
- (4) Encourage and support families and the community in taking charge of senior transportation issues.

- (5) Enlist the cooperation of the business community and the community-at-large to address senior transportation issues from a community perspective.

e. **Funding:**

- (1) Encourage funders and transportation entities to show flexibility in meeting needs of under-served/ special needs populations.
- (2) Encourage funders and social service agencies to apply consistent priorities in supporting transportation service needs.

F. Findings/ Recommendations Central to Multiple Areas

In the course of the project, certain themes emerged repeatedly in the fact-finding and deliberations of the various Workgroups. The Steering Committee identified seven of these recurring themes as worthy of special emphasis. In each case, a specific Workgroup or Steering Committee member was assigned responsibility for pulling together summary findings and/or recommendations that take a Project-wide perspective on the particular theme. The results of this effort are summarized below.

1. Public Awareness

- a. **Multifaceted approach.** Employ a multifaceted approach that recognizes how different categories of older adults and their caregivers prefer to access information and/or services:
 - (1) Recognize that various channels are used, to include:
 - Intermediaries such as case managers, discharge planners, information clearinghouses, etc.
 - Print media, including organizational newsletters
 - Radio and TV
 - Public speaking/ forums
 - Internet
 - Phone
 - (2) Maintain sensitivity to certain population characteristics that affect communication to include:
 - Ethnic/ cultural characteristics
 - Language barriers
 - Internet access/ skills
 - Reading comprehension levels
 - Visual and/or hearing impairment
- b. **Education.** Actively educate providers on the full range and choices of services/ programs available to older adults in Washtenaw County and how to access them (e.g. clearinghouses).
- c. **Collaboration.** Encourage the various organizations serving older adults in Washtenaw County to band together in developing and implementing a coordinated public relations and advertising strategy to raise general awareness and understanding of key issues:
 - (1) Target the general public, as well as older adults.
 - (2) Target media such as the Ann Arbor News, the Ann Arbor Observer and other publications reaching various populations within the County.

- (3) Once publicity is maximized, consider judicious use of paid advertising to achieve communication and awareness goals.

2. Access

- a. **Costs.** Minimize duplication of investment of limited community resources on new information/ referral program(s) that would require substantial capital investment and additional annual operating costs.
- b. **Community resources.** Coordinate and build upon the various existing special focus resources serving the needs of older adults in Washtenaw County:
 - (1) As possible, maintain Washtenaw County focus to take advantage of the deep knowledge of locally-based organizations:
 - For example, ensure that appropriate Washtenaw County government agencies are fully integrated into the process.
 - Consider building upon AAA 1-B's Ann Arbor office as the lead for this regional agency's local involvement.
 - (2) Bring existing special-focus programs into a broader community-wide effort that encompasses the full spectrum of needs; for example, this would include agencies such as:
 - Housing Bureau for Seniors, a local resource and advocacy organization.
 - RideSource, a transportation matching program operated by the Ann Arbor Transportation Authority.
 - (3) Establish common protocols for communication and cross-referral between and among special focus information and referral programs, to insure that the "no wrong door" philosophy is effectively implemented.
 - (4) As practical, integrate broader initiatives, such as the "211" information call-line under development by the state of Michigan.
- c. **Collaboration.** Encourage coordination among existing agencies in the development, production and/or distribution of resource guides and directories, such as:
 - (1) Turner Geriatric Clinic's "Where to Turn: Guide to Washtenaw County Programs and Services for People over 60".
 - (2) The "Access" directory of resources published by the Ann Arbor Center for Independent Living.
 - (3) A resource directory poster, developed by Catholic Social Services, that catalogues resources in the community serving older adults.

3. Volunteering

- a. **Programming.** Establish volunteer programming as key element of social service provision through professional leadership, supervision and funding:
 - (1) Train churches and non-profit agencies to provide appropriate coordination, monitoring and risk management.
 - (2) Present volunteer programming as cost-effective but not cost-free in terms of resources and financial support.

- b. **Education and promotion.** Educate community on the benefits of volunteering, and make volunteering more accessible and appealing:
 - (1) Educate the community on the monetary value, programming achievements and health benefits of volunteering in community-wide forums.
 - (2) Design programs that will appeal to modern volunteers (i.e. rewarding, feeling of appreciation, etc.).
 - (3) Establish and fund clearinghouse for volunteers, for those younger than 55 years of age.

- c. **Funding.** Expand funding support:
 - (1) Obtain federal Senior Companion funding for Washtenaw County.
 - (2) Develop corporate funding for volunteer programs.
 - (3) Advocate with the state legislature for additional funding support.

4. Funding/ Affordability

Appendix G includes a discussion paper on the context and status of funding for programs serving older adults in Washtenaw County. The document was prepared by a member of the BASP Steering Committee. Key findings and recommendations abstracted from the document are presented below.

- a. **Findings.**
 - (1) The majority of senior service provider organizations in the County are solely dependent on one or more of the following sources of revenue:
 - Federal (e.g. Older Americans Act, action programs, community development block grant)
 - State (e.g. Office of Services to the Aging, Medicaid, tobacco settlement)

- County (e.g. general funds, often used as match to leverage other dollars)
- Local (i.e. city, township)
- Local grants (i.e. United Way, foundations, corporate grants)
- Solicitations (e.g. fundraising events, corporations)
- Client contributions

- (2) In general, funding from the above sources has been stagnant and has not kept pace with increasing costs and the greater demand from a growing older adult population.
- (3) Meanwhile, senior services provider organizations have generally not developed financial security through mechanisms such as permanent endowments or other dedicated sources of revenue.
- (4) Washtenaw County lags other counties in southeast Michigan with regard to fiscal and programmatic support for aging services; specifically, Washtenaw and Livingston are the only counties in southeast Michigan without a formal entity (commission, agency, or individual) or millage to address older adult issues at the County level.
- (5) A stronger fiscal and organizational infrastructure is needed in Washtenaw County to support, sustain and enhance the aging services delivery system.

b. Recommendations:

- (1) Establish a dedicated senior millage in Washtenaw County that regularly generates revenue for a wide range of older adult services and programs.
- (2) Establish/ sustain a County-level entity that is responsible for providing leadership on aging issues, and for coordinating County services that respond to older adult needs.
- (3) Develop additional ongoing revenue sources, such as endowment funds, that can support and strengthen organizations that provide services to older persons in the County.

5. Advocacy

Appendix G includes a discussion paper on the role of "advocacy" (i.e. taking steps to positively influence actions by decision makers who hold elective office, particularly legislative and policy makers at the state and federal levels), as it relates to services for older adults in Washtenaw County. The document was prepared by a member of the BASP Steering Committee. Key findings and recommendations abstracted from the document are presented below. These findings and recommendations include additional thoughts, on this subject, which were generated by the Housing Workgroup.

a. Findings.

- (1) A common theme among many of the BASP Workgroup recommendations is that advocacy is needed in order to fundamentally address problems facing older adults in Washtenaw County.
- (2) Enacting broader, long-term public policy solutions at the state or federal level (e.g. appropriate changes in federal Medicare drug benefits) is often more effective, in the long run, than administering a County-specific response to address the identified needs (recognizing that a County-level response may be needed as a short term expedient).
- (3) Change of this nature will only be achieved by informing and educating elected officials and decision makers about the needs, concerns, and preferences of older persons through advocacy.
- (4) Although Washtenaw County has many older adults and other interested parties who are very articulate and active in promoting policy change, there is no visible, structured mechanism that supports or encourages advocacy efforts on behalf of older adults.
- (5) The absence of an organized advocacy network serves to only fragment and suppress the voice of older persons who want to raise the visibility of their needs and preferences.
- (6) Elected officials are said to be receptive to a carefully targeted message requesting a specific action on a specific issue, as opposed to a broad message voicing general concerns on multiple problems.

b. Recommendations:

- (1) There should be a concerted, ongoing effort to provide senior advocates (persons of any age who wish to advocate on older adult issues) with a mechanism to become educated on public policy issues affecting older adults, and direction on how and when to deliver their messages in the most effective manner:
 - Offering advocates an opportunity to establish networking relationships with each other in order to exchange ideas about policy issues and strategies.
 - Educating advocates on aging issues so those messages will be well reasoned and articulate.
 - Training advocates on effective advocacy strategies, techniques, and skills.
 - Facilitating opportunities for advocates to encourage policy change through direct interaction with decision makers.

- Linking advocates with other advocacy organizations at the local, state, and federal levels that are sources of information and support.
 - Requesting advocates to take action, when necessary, in order to influence key decisions.
- (2) Organized central efforts should not preclude other local or issue-specific advocacy efforts:
- For example, individuals strongly interested in emergent issues that have been addressed by the Workgroups (e.g. policy changes needed to attack certain housing deficiencies) should be encouraged to come together in support of their specific advocacy agenda.
 - Such efforts should be encouraged whether or not an advocacy network is yet in place.

6. Labor Force Quality/ Staffing Shortages

a. Findings.

- (1) The increasing shortage of direct-care workers is a long-term structural problem that will continue to intensify, without intervention.
- (2) Factors, such as low wages, lack of health care coverage, inadequate training, and physically and emotionally demanding work conditions, present significant challenges for direct care workers, which contribute to excessive turnover rates and high rates of staff vacancies.

b. Recommendations:

- (1) The following initiatives should be undertaken to increase the size and capacity (and quality) of the future direct care workforce:
 - Collaborative efforts should occur at all levels to undertake a recruitment campaign aimed at creating a future pool of direct care workers.
 - A public image campaign should be initiated to promote working in long-term care.
- (2) Washtenaw County employers of direct care workers should close the gap between the average wage for Michigan workers and the average wage for a Michigan direct care worker.

7. Prevention

a. Findings.

- (1) The incorporation of preventive measures into the lifestyle of older adults has been demonstrated to be very effective at preventing the major causes of chronic conditions and disease.
- (2) Effective approaches can include regular health care, avoiding tobacco products, scheduling periodic health screenings and examinations, maintaining a prudent diet (with adequate calcium, fiber, and proteins), and taking medications as prescribed by physician.
- (3) Moreover, regular physical activity has been shown to be helpful for older adults with chronic disease risk factors such as hypertension, high cholesterol, diabetes and overweight.
- (4) As previously noted, preventive measures are important in maintaining dental health and hearing ability.

b. Recommendations:

- (1) Provide older adults and their family caregivers with information and education on the positive effects of preventative approaches (in doing so, use resources and methods noted in above sections entitled "Public Awareness" and "Access").
- (2) Encourage providers of aging services in Washtenaw County to increase education/ training regarding preventive measures.
- (3) Advocate for insurers to cover appropriate preventive services for seniors.



V.

Appendices

A. Active Participants in the BASP Project

B. Population Projections

C. Health Workgroup: Supporting Detail for Findings

D. Housing Workgroup: Supporting Detail for Findings

E. Social Services Workgroup: Supporting Detail for Findings

F. Transportation Workgroup: Supporting Detail for Findings

G. Issues Central to Multiple Areas: Supporting Detail for Findings

1. Discussion Paper on Funding

2. Discussion Paper on Advocacy