



Community Plan

FOR FISCAL YEARS 2014-2016



OCO
**OTSEGO COUNTY
COMMISSION ON AGING**

120 Grandview Boulevard
Gaylord, Michigan 49735
989.732.1122
989.731.2739 fax
donawishart@occoaonline.org
www.OtesgoCountyCOA.org

Introduction to Document

The creation of this Community Plan was requested by the Area Agency on Aging Region 9 by formal correspondence dated January 28, 2013. (See Appendix.)

The information requested and contained in this Community Plan is not intended to encompass everything that would ordinarily be presented in a strategic planning document or business plan, but is specific to the items outlined by the Area Agency on Aging.

As requested, the Community Plan is to be presented to the Otsego County Board of Commissioners. This is scheduled for Tuesday, April 9, 2013.

The Appendix provides additional information and supporting documentation.

Introduction

The Otsego County Commission on Aging (OCCOA) is a 501(c)(3) agency providing services to the older adults and family caregivers of Otsego County. Following its establishment in 1979 by the Otsego County Board of Commissioners, the agency developed a rich history of growth to meet ever-increasing needs. (See Appendix – County Resolution)

The agency's purpose and intent is to provide services to persons in Otsego County who are 60 years of age or older regardless of race, color, religion, gender, natural origin or income. Most recently, as particular needs of family caregivers were identified as being un-met and projected to increase as our population ages, the agency has been focusing on the older adult's need to have their caregivers well educated about caregiving, trained in the provision of assistance with activities of daily living, and aware of benefits that may meet the needs of the older adult. Through programs and services, the agency will work to support excellence in caregiving. (See Appendix – OCCOA Needs Assessment)

Service emphasis has been, and will continue to be, placed on serving older adults with the greatest social and economic need, and others(as capacity allows) utilizing a sliding scale and fee-for-service offerings. OCCOA clients are defined as having a social need if they are physically or mentally challenged, do not speak English, or live alone, or are geographically isolated. Economic need will be determined as appropriate and required per operating standards from the Michigan Office of Services to the Aging. This will be accomplished through a process of assessing needs for the provision of person-centered care. (See Appendix - Clients Rights and Responsibilities)

Core services provided by the OCCOA include, but are not limited to: Congregate and Home-Delivered Meals, In-Home Services, Adult Day Services, Advocacy Services, Evidence Based Programs, Special Events, and opportunities for volunteerism. The In-Home Services include assistance with home making, and the provision of personal and respite care. The Evidence-Based Programs include Matter of Balance (a fall prevention program), Creating Confident Caregivers, and a number of choices for PATH – programs that promote persons taking “personal action toward health.” (See Appendix – Prime Times articles describing programs)

Working together with older adults, staff, and agency partners, the agency will continue to expand and enhance current services, while actively working to identify unmet needs in the community. Program innovation will continue to be a goal in meeting unmet needs. A primary goal will be to align our services with the goals and objectives of the Administration on Aging, the Michigan Office of services to the Aging, and the Area Agency on Aging Region9. (Appendix – Service Network; Administration on Aging; Michigan Office of Services to the Aging; Area Agency on Aging Region 9)

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- Office of Services to the Aging 2012 Annual Report
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I. Mission Statement

a) Role, Objective and Function

The purpose of the Otsego County Commission on Aging (OCCOA) is reflected in its mission and mission statement, and speaks to the very reason the organization exists. The mission statement answers the question: Why does the agency exist? The statement includes the nature of the agency's products and services and the various groups of customers that use and benefit from those products and services. It also provides direction and focus on agency plans and operations.

The mission of the Otsego County Commission on Aging (OCCOA) is promoting the independence and well-being of older adults of Otsego County and supporting family caregivers.

This is accomplished by providing a diverse range of services that target nutritional, wellness, educational and social needs. Therefore, the agency employs both a professional and caring staff, enlists the help of a volunteer corps, and diligently develops public and private funds to support the work of the agency. The agency functions in a proactive, progressive and cost efficient manner.

b) Agency History

The Otsego County Commission on Aging was established in 1979 through official action by the Otsego County Board of Commissioners. Resolution OCR-79-35 reads as follows:

OCR-79-35

Commission on Aging

WHEREAS, the Otsego County Board of Commissioners has established an Otsego County Commission on Aging to serve as an advisory board to be primarily concerned with the county's service and responsibilities to the older residents of Otsego County and;

WHEREAS, this commission is a county board that coordinates and/or provides programs, public and private, which promote and safeguard the independence and well-being of senior citizens of Otsego County,

THEREFORE, BE IT RESOLVED, that the Otsego County Board of Commissioners adopt the proposed by-laws of the County Commission on Aging as prepared and presented by the Ad Hoc Committee appointed to prepare the said by-laws. 07-09-79

II. Needs Assessment

The Otsego County Commission on Aging management team and board or directors commissioned a research study from the agency's research department in the summer of 2009 to determine the current and anticipated needs of two different segments of the Otsego County adult population. The first segment consisted of adults who are age 60 years or older (older group). The second group consisted of adults who were between the ages of 40 and 60 (younger group).

(Appendix – 2009 Otsego County Adult Population Needs Survey Analysis)

The agency is also commissioning a research study from the agency's research department in the summer of 2013.

a) **Identification of senior needs – Describe needs that were identified locally.**

From the Needs Survey Analysis:

“In considering the findings, it is important to remember that some of the agency's programs reach hundreds of people (i.e., congregate meals), while many reach much smaller groups whose needs are more narrow and focused (i.e., Otsego Haus Adult Day Services Program, and the Caregivers and Parkinson Support Groups). Assessment of the value of these programs to older adults was not addressed in the survey, so it will be important to remember that even though smaller in clientele, some of the smaller programs may offer greater/similar value, compared to programs that serve large numbers.”

“In looking at what the older group shared they most needed in the way of Health and Social Services, two opportunities emerged: snow removal and minor home repairs.”

“When asked to select the programs and activities the older group most needed, those containing some type of exercise component came out on top.”

“With computers being used with even greater frequency these days, including by older adults, the need for computer classes was among the top four most-needed programs and activities by the older group.”

“The survey revealed that respondents in the younger group are concerned about being able to pay many of their bills when they reach retirement. With there being a sizable number of respondents from this group interested in educational classes on older adult issues (third highest need for the younger group for this type of offering among Health and Social Service programs), this topic and other retirement issues

might be addressed by the agency through ongoing seminars, perhaps in partnership with other community agencies and organizations.”

- b) **Seniors, Partner Agencies and Organizations – Description of the means of identifying the needs of seniors, how individual seniors, senior groups, other agencies and organizations and the general public were involved in determining these needs.**

From the Needs Survey Analysis:

“The research study consisted of two six-page surveys (tailored to each group) that were mailed in mid-September 2009 and returned between the 14th and October 12th. In total, 487 (39%) of the 1,244 surveys were returned by the older group and 218 (27%) of the 805 surveys were returned by the younger group.”

Other means of identifying the needs of seniors in our community included information gathered and shared through the Administration on Aging, the Michigan Office of Services to the Aging, the Area Agency on Aging Region 9, and the Otsego County Quality of Life Assessment. The Otsego County Commission on Aging board of directors and management team considered all this information in recent strategic planning work. Additionally, the Senior Super Board, and active group of local service providers continue to examine and share information about current local services being provided by each agency, and the identification of unmet needs.

- c) **What is the COA's priority for unmet identified needs?**

The priority given to unmet needs will be addressed by the on-going work of the board of directors and management team through the strategic planning process. Attention will be given to how those unmet needs line up with goals and objectives of the Administration on Aging, the Michigan Office of Services to the Aging, and the Area Agency on Aging Region 9, and the strategic planning of the Otsego County Commission on Aging.

Priority will be given to Evidence Based Programs, Technology and Aging, and the continuation of work necessary for the development of an Aging and Disability Resource Center (ADRC). The ADRC concept will require collaborative efforts and funding.

Addressing unmet needs will also be dependent upon availability of funds to support services necessary to address unmet needs. Chore service is an unmet need of importance. Funding is needed!

d) Actions or solutions to address seniors identified needs.

Every effort will be made to gather information from clients during assessments conducted by the In-Home Service and Adult Day Services staff, in order to identify needs specific to individuals and create person-centered care plans. When those needs are beyond the capacity of the Otsego County Commission on Aging, effective referrals will be made to other service providers in the community.

Public Policy efforts to influence federal and state funding will be continued, along with grant writing efforts to secure additional funding for services.

e) Identify service needs or gaps that cannot be addressed.

Currently, the need for Chore Service cannot adequately be addressed.
Currently, there is limited funding for Technology and Aging programs.

f) Include discussion or areas for which there is currently no funding or other resources available.

Chore Service, while not currently funded, is being addressed on a very limited basis through volunteer help, limited agency funds, and the development of cooperative arrangements with local business (i.e. snowplowing).

The Otsego County Commission on Aging is poised and ready to collaborate on federal and state efforts toward the development of ADRCs, however, funding is not available.

g) Each area of need for which there are resources should include goals and objectives.

Goals and objectives for areas of needs for which there are resources available are presented in the next section of this document.

III. Plan

a. Each plan must include the following:

- The number of seniors to be served by service.
- The geographical coverage area. Note any restriction within your county.
- The services and/or frequency of services to be provided.
- What will the benefit, outcome or improvement be for the older person or community?

The OCCOA plans to continue traditional services as funding allows in 2014 - 2016.

Additionally, with attention to quality initiatives, the agency will work to enhance current core services, embrace new initiatives suggested through the network of services, and be innovative in developing services and programs around local unmet needs.

Services portrayed in this plan are those funded (in part) and monitored by the Area Agency on Aging Region 9. These include the following:

- Congregate Meals
 - Goal: Work to improve the health and nutrition of older adults.
 - Objectives: To provide nutritious meals and nutrition education, per operating standards established by the Michigan Office of Services to the Aging.
- Home Delivered Meals
 - Goal: Work to improve the health and nutrition of older adults.
 - Objectives: To provide nutritious meals and nutrition education to the home bound, per operating standards established by the Michigan Office of Services to the Aging.
- In-Home Services
 - Goal: Helping people to remain in their homes and communities as they age.
 - Objectives: To provide quality homemaking, personal care and respite services.
- Adult Day Services
 - Goal: Helping people to remain in their homes and communities as they age.
 - Objective: To provide quality adult day service that includes dementia specific care.
- Advocacy Services
 - Goal: Preventing abuse, neglect and exploitation and responding to those issues.
 - Objective: To make available trained counselors to assist older adults and family caregivers with information and support, and assist in accessing benefits, while being strong advocates for them.
- Caregiver Support Services

- Goal: Providing programs that help caregivers strike that essential balance between their own person needs and the needs of those for whom they care for.
- Objective: To provide meaningful programs to provide information to caregivers, training in the provision of activities of daily living, and support excellence in caregiving.
- Evidence Based Programs
 - Goal: Work to improve the health and nutrition of older adults.
 - Objective: To provide Evidence-Based Disease Prevention programs that teach participants to take control of their health by learning to maintain a healthy lifestyle through increased self-efficacy and self-management behaviors.

Other services funded or yet to be funded, and monitored by other agencies include:

- Volunteer Program
 - Goal: Support Volunteer services that are vital to our community.
 - Objective: Work collaboratively with the Retired and Senior Volunteer Program, and offer support through funding.
- Social Engagement – Special Events – Technology and Aging
 - Goal: Bring the wonder and power of technology to older adults.
 - Objective: Provide training in technology through a peer support model.

Additionally, some portrayal is made of a new federal, state, regional and local goal of developing and collaborating on Aging and Disability Resource Centers. This effort is not yet funded at the local level.

- Aging and Disability Resource Center
 - Goal: Become an effective collaborative partner in local ADRC.
 - Objective: To be ready to leverage services by expanding our Advocacy Department efforts providing a best place to access information about long-term supports and services.

Community Plan spreadsheets indicating federal, state and regional goals, and local plan for services (specific to the requested information from the Area Agency on Aging Region 9) follow.



Community Plan

OCCOA service to promote independence and well-being: CM - Congregate Meals

AoA Goal:

Goal # 3 - Empower older people to stay active and healthy through Older American Act services and the new prevention benefits under Medicare

MI Office of Services to the Aging Goal & Objective:

Goal #1 - Work to improve the health and nutrition of older adults.

Area Agency on Aging Region 9 Goal & Objective:

State Goal #1; AAA Objective: The Area Agency on Aging Region 9 will continue its commitment to providing congregate and home delivered meals.

Local Plan for Services:

Number of older adults/caregivers to be served	2014-608; 2015 - 602; 2016 -596
Geographical coverage area	Units 2014/15/16: 16,450/14,276/12,102 Otsego County
Services or frequency of services to be provided	One daily lunch meal, every day in Otsego County with the exception of Saturday.
Benefit, Outcome or Improvement for older adult, caregiver or community	Demonstrate that home-delivered meal and congregate meal recipients have better dietary intake than the general 60+ population.
Funding Sources:	Leverage federal, state and local funding, including donations from participants.

* Plan dependent upon continuation of federal, state and local funding.



Community Plan

OCCOA service to promote independence and well-being: HDM - Home Delivered Meals

AoA Goal & Objective:

Goal #3 - Empower older people to stay active and healthy through Older American Act services and the new prevention based benefits under Medicare.

MI Office of Services to the Aging Goal & Objective:

Goal #1 - Work to improve the health and nutrition of older adults.

Area Agency on Aging Region 9 Goal & Objective:

State Goal #1; AAA Objective: The Area Agency on Aging Region 9 will continue its commitment to providing congregate and home delivered meals.

Local Plan for Services:

Number of older adults/caregivers to be served	2014 - 192; 2015 - 196; 2016 - 200
Geographical coverage area	Units 2014/15/16: 44,900/47,450/50,000
Services or frequency of services to be provided	Hot, frozen and/or brown bag meals, delivered three days a week, providing nutrition according to personalized care plan of need, up to seven days of meals.
Benefit, Outcome or Improvement for older adult, caregiver or community	Demonstrate that home-delivered meal recipients have better dietary intake than the general 60+ population. Nutrition assistance and education; safety check.
Funding Sources:	Leverage federal, state and local funding, including donations from participants.

* Plan dependent upon continuation of federal, state and local funding.



Community Plan

OCCOA service to promote independence and well-being: IHS - In Home Services

AoA Goal

Goal #2 - Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.

MI Office of Services to the Aging Goal & Objective:

Goal #2 - Ensure that older adults have a choice in where they live through increased access to information and services.

Area Agency on Aging Region 9 Goal & Objective:

Objective 1: Provide a person-centered approach to all persons seeking services and supports.

Local Plan for Services:

Number of older adults/caregivers to be served	2014/15/16 270/275/280
Geographical coverage area	Units 2014/15/16 - 10,000/10,000/10,000 Otsego County
Services or frequency of services to be provided	Homemaking, personal care and respite. Dependent upon need, person centered planning, and development of care plan.
Benefit, Outcome or Improvement for older adult, caregiver or community	Enabling older adults to remain in their homes through flexible service models and consumer directed approaches.
Funding Sources:	Federal, state, local, and donations received for services.

*Dependent upon continuation of federal, state, and local funding.



Community Plan

OCCOA service to promote independence and well-being: ADS - Adult Day Services (Otsego Haus)

AoA Goal & Objective:

Goal #2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including support to family caregivers.

MI Office of Services to the Aging Goal & Objective:

Goal #2: Ensure that older adults have a choice in where they live through increased access to information and services.

Area Agency on Aging Region 9 Goal & Objective:

Objective: Provide a person-entered approach to all persons seeking services and supports. (Provide Merit Funding to support Adult Day Services.

Local Plan for Services:

Number of older adults/caregivers to be served	<u>2014 - 35; 2015 - 40; 2016 - 45</u>
Geographical coverage area	<u>Units 2014/15/16: 17,000/17,000, 17,000</u>
Services or frequency of services to be provided	<u>Service capacity Monday through Friday from 8:00am to 4:00 pm and by special arrangement. Service provided through person centered planning.</u>
Benefit, Outcome or Improvement for older adult, caregiver or community	<u>Help consumers remain in their own homes and communities as long as possible; provide support to caregivers.</u>
Funding Sources:	<u>Leverage federal, state, local, and grant funding, and fee for service.</u>

* Plan dependent upon federal, state and local funding.



Community Plan

OCCOA service to promote independence and well-being: Advocacy Services

AoA Goal:

Goal #1 - Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options. Goal #4 - Ensure the rights of older people and prevent their abuse, neglect and exploitation.

MI Office of Services to the Aging Goal:

Goal #III - Promote elder rights, quality of life, and economic security, and protect older adults from abuse, neglect and exploitation.

Area Agency on Aging Region 9 Objective:

Objective: The AAA will coordinate with partners to provide educational events that increase awareness of signs of abuse, neglect and financial exploitation.

Local Plan for Services:

Number of older adults/caregivers to be served	2014/15/16 - 2,000/2,500/3,000
Geographical coverage area	Units 2014/15/16 - 6,000/8,000/10,000 Otsego County/Region 9
Services or frequency of services to be provided	Service available Monday through Friday, and by appointment according to need.
Benefit, Outcome or Improvement for older adult, caregiver or community	Information and access to benefits, empowered individuals planning for long term care needs, advocates to "stand by" older adults and family caregivers.
Funding Sources:	Federal, state, local support, and donations from consumers and families.

*Dependent upon continued funding by federal, state, and local government.



Community Plan

OCCOA service to promote independence and well-being: Caregiver Support

AoA Goal & Objective:

Goal #2 - Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.

MI Office of Services to the Aging Goal & Objective:

Goal #2 - Choice and Access: Ensure that older adults have a choice in where they live through increased access to information and services. (Studies show that when caregivers are supported in their roles, they are better able to provide care for longer periods of time, feel less stress, and derive more personal satisfaction from this work.

Area Agency on Aging Region 9 Goal & Objective:

Objective: The Area Agency on Aging will provide supportive services to caregivers through the Creating Confident Caregivers Program.

Local Plan for Services:

Number of older adults/caregivers to be served	<u>2014/15/16 - 60/60/60</u>
Geographical coverage area	<u>Units 2014/15/16 - 1014/1014/1014</u> <u>Otsego County and adjacent counties by con</u>
Services or frequency of services to be provided	<u>Caregiver Support Group - Once a month, 1.5 hour program; Parkinsons Support Group - Once a month, 2 hour program; CCC - 4 six-week sessions, 2 hour classes.</u>
Benefit, Outcome or Improvement for older adult, caregiver or community	<u>Family caregiving is the mainstay of home and community-based long term supports and services. Providing assistance to family members and loved ones.</u>
Funding Sources:	<u>Federal, state, local, and special grants.</u>



Community Plan

OCCOA service to promote independence and well-being: Evidence-Based Disease Prevention

AoA Goal & Objective:

Goal #3 - Empower older people to stay active and healthy through Older American Act services and the new prevention benefits under Medicare. Objective: Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level.

MI Office of Services to the Aging Goal & Objective:

Goal #1 - Health and Nutrition: Work to improve the health and nutrition of older adults.

Area Agency on Aging Region 9 Goal & Objective:

Objective: Continue implementation of Evidence-Based Programs.

Local Plan for Services:

Number of older adults/caregivers to be served	<u>2014/15/16 - 124/136/148</u>
Geographical coverage area	<u>Units 2014/15/16 - 600/800/900 (est.) Otsego County and adjacent counties by con</u>
Services or frequency of services to be provided	<u>Matter of Balance - 4 sessions annually. Creating Confident Caregivers - 6 sessions annually. PATH - 4 sessions annually. Healthy Moves - person centered.</u>
Benefit, Outcome or Improvement for older adult, caregiver or community	<u>Participants take control of their health by learning to maintain a healthy lifestyle through increased self-efficacy and self-management behaviors.</u>
Funding Sources:	<u>Federal, state, local, donations, fee for service.</u>

*Dependent upon the continuation of federal, state, and local funding.



Community Plan

OCCOA service to promote independence and well-being: Volunteer Program

AoA Goal & Objective:

Goal # 2 - Empower seniors to remain in their homes with high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers.

MI Office of Services to the Aging Goal & Objective:

Goal #1 - Work to Improve the health and nutrition of older adults.

Area Agency on Aging Region 9 Goal & Objective:

Objective: Continue to support and recruit volunteers for programs.

Local Plan for Services:

Number of older adults/caregivers to be served	2014/15/16 - 350/400/450
Geographical coverage area	Units 2014/15/16 - 10,000/10,000/10,000 Otsego County - with support to RSVP
Services or frequency of services to be provided	According to service needs and volunteer capacity.
Benefit, Outcome or Improvement for older adult, caregiver or community	Added sense of quality of life for volunteers, added capacity for providing services, stretching and saving of dollars for agencies.
Funding Sources:	The Otsego County Commission on Aging is one of the primary funders of the local

*Dependent upon continuation of funding from the National Corporation through United Way, and the cont

IV. County Board of Commissioners

- a) **Endorsement of your County Board of Commissioners. Include the date(s) the plan was presented and any comments/concerns.**

This Community Plan was presented in written form to the Otsego County Board of Commissioners in March of 2013. The plan will be presented formally at the Otsego County Board of Commissioners meeting on April 9, 2013.

Any comments or concerns raised at the April 9, 2013 meeting by members of the Otsego County Board of Commissioners will be addressed, and those comments or concerns will be reviewed by the Otsego County Commission on Aging board members and OCCOA management team on April 10th. A summary of any items raised specific to this plan will be provided to the Area Agency on Aging 9.

- b) **Attach any service agreements with the County (funding and services to be provided).**

Services agreements with the County and other agencies within it include the voter-approved millage supported by the approval of the Otsego County Board of Commissioners, and contractual agreements with:

- Gaylord Community Schools for home-delivered meal production
- Otsego County Bus System for congregate and home delivered meal deliveries, medical transportation and adult day service transportation
- United Way/Retired Senior Volunteer Program for volunteer administration and expenses that support the volunteer work of the agency

(See Appendix; Service Agreements)

V. Evaluation/Consumer Satisfaction

- a) **How will you modify your program services if an objective is not met?**

Key to evaluation of program services is the frequent use of Customer Satisfaction Surveys.

If objectives are not met, the management team is responsible for sharing that information with the OCCOA board of directors, and working with staff to make necessary modifications. A systematic planning process is in place, and would be revisited if objectives are not met.

b) What solution do you have for dissatisfied consumers?

The Otsego County Commission on Aging relies on the standard process and procedure in place, as required by the Michigan Office of Services to the Aging and the Area Agency on Aging Region 9 for the handling of dissatisfied consumers. Additionally, the management team has an “open door” policy for meeting with consumers to discuss ideas, suggestions and concerns.

(See Appendix – Complaint Procedure)

VI. Millage

a) Do you receive a millage for purposes of senior services?

Otsego County has a voter-approved millage for Senior Services that goes to the OCCOA for the programs it provides.

b) What is the rate and amount of millage funds received by your organization?

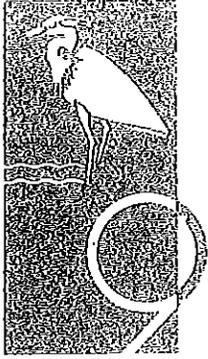
The voter-approved millage is for 1 mil. The amount that is generated varies annually, as it is dependent on property values in the county, which have been declining in recent years. For fiscal year 2012 – 2013 the agency expects to receive about \$1.1M in millage revenue.

c) When does your millage expire?

The current voter-approved millage will expire with the collection of taxes for 2014.

d) What services are supported with the funding?

The OCCOA offers over 30 services and programs, most of which are supported to some degree by the millage revenue. The largest programs using millage revenues are the Meal Programs, both Congregate and Home Delivered, as well as In-Home Services. The Advocacy Program (Medicare, Medicaid, & Social Security Counseling), Adult Day Service Program, and Volunteer Program also rely on millage revenue. To a smaller extent, the educational, caregiver support, and activities programs are supported by millage revenue.



REGION 9 AREA
AGENCY ON
AGING

2375 Gordon Road
Alpena, MI 49707
PHONE: 989-356-3474
FAX: 989-358-6604

Serving the Counties of:

Alcona
Alpena
Arenac
Cheboygan
Crawford
Iosco
Montmorency
Ogemaw
Oscoda
Osseo
Presque Isle
Roscommon

Date: January 28, 2013

To: All COA Directors

From: Connie McQuarrie, Admin. Assistant

Subject: Community Plan for Fiscal Years 2014-2016

Community Plans are due this year. The format for your Community Plan has not changed. We don't anticipate OSA making significant changes to the Multi-Year Plan format. Please reference the state and local goals from last year. Due date for Community Plans is Friday, March 15, 2013. You have until April 30, 2013 to return the endorsement of your Community Plan by your County Board of Commissioners.

Each Community Plan, at a minimum, must contain the following elements:

1. Mission Statement Describe the mission, role, objective and function of your agency.
 - a) Agency History (when incorporated and to serve what population)
2. Needs Assessment
 - a) Identification of senior needs – Describe needs that were identified locally.
 - b) Seniors, Partner Agencies and Organizations – Description of the means of identifying the needs of seniors, how individual seniors, senior groups, other agencies and organizations and the general public were involved in determining these needs.
 - c) What is the COAs priority for unmet identified needs?
 - d) Actions or solutions to address seniors identified needs.
 - e) Identify service needs or gaps that cannot be addressed.
 - f) Include discussion or areas for which there is currently no funding or other resources available.
 - g) Each area of need for which there are resources should include goals and objectives



A Division of
Northeast Michigan
Community Services
Agency

OCR-79-35

COMMISSION ON AGING

WHEREAS, the Otsego County Board of Commissioners has established an Otsego County Commission on Aging to serve as an advisory board to be primarily concerned with the county's service and responsibilities to the older residents of the County and;

WHEREAS, this commission is a county board that coordinates and/or provides programs, public and private, which promote and safeguard the independence and well-being of senior citizens of Otsego County

THEREFORE BE IT RESOLVED, that the Otsego County Board of Commissioners adopt the proposed by-laws of the County Commission on Aging as prepared and presented by the Ad Hoc Committee appointed to prepare said by-laws.

7-9-79



MICROSOFT

2009 Otsego County Adult Population Needs Survey Analysis

Eileen Godek, OCCOA Research Coordinator

11/12/2009

Statement of Confidentiality: This is a confidential document that was created for the sole use of the Otsego County Commission on Aging (OCCOA) management team.

Executive Summary

The Otsego County Commission on Aging management team and board of directors commissioned a research study from the agency's research department in the summer of 2009 to determine the current and anticipated needs of two different segments of the Otsego County adult population. The first segment consisted of adults who are age 60 years or older (older group). The second group consisted of adults who were between the ages of 40 and 60 (younger group).

The purpose of the study was to allow the county's older adults and future older adults to have a "voice" in determining the kinds of health and social services, and social programs and activities that will be offered by the agency, or the community, to the current older adult population, as well as to the aging Baby Boomer population, in the coming years. The study will also help guide the agency's management team and board of directors in its strategic planning efforts.

The study consisted of two six-page surveys (tailored to each group) that were mailed in mid-September and returned between the 14th and October 12th. In total, 487 of the 1,244 surveys were returned by the older group and 218 of the 805 surveys were returned by the younger group. Completed surveys were edited for errors and the data entered into a computer via a survey software program by the OCCOA Research Department. Data tabulations were generated from this data to provide the basis for this report.

A review of the results showed that the Otsego County Commission on Aging (OCCOA) has an extremely high level of awareness among the Otsego County population, age 40 and over. Awareness comes from a wide variety of sources, including ads and articles published in the Gaylord Herald Times and Weekly Choice, Otsego County Bus signs, and word-of-mouth advertising that comes from knowing someone who receives services. Dollars spent to cultivate these advertising avenues will continue to maintain the awareness the agency currently enjoys. In the coming years, increasing local radio advertising funds may play a greater role in reaching out to baby boomers who will be retiring over the next several years.

When promoting programs and activities of a social nature, the agency would do well to target advertising toward members of groups and organizations such as churches, volunteer agencies, social and service organizations. Members of these groups enjoy the social nature of these organizations and would similarly be attracted to agency programs and activities that offer similar social opportunities.

Despite the wide variety of programs, activities, and services offered by OCCOA, a relatively small fraction (23%) of the Otsego County older adult population who responded to the survey counted themselves as a client of the agency. Whether this is due to current needs versus lack of awareness of what is available to them, is unknown. With so many programs, services, and activities available to older adults by the agency, and due to a limit on advertising funds, helping older adults and their caregivers to be aware of everything available will be a continuing challenge.

In considering the findings, it is important to remember that some of the agency's programs reach hundreds of people (i.e., congregate meals), while many reach much smaller groups whose needs are more narrow and focused (i.e., Otsego Haus Adult Day Program, and the Caregivers and Parkinson Support Groups). Assessment of the value of these programs to older adults was not addressed in the survey, so it will be important to remember that even though smaller in clientele, some of the smaller programs may offer greater/similar value, compared to programs that serve large numbers.

In looking at what the older group shared they most needed in the way of Health and Social Services, two opportunities emerged: snow removal and minor home repairs. The agency management team and board of directors may wish to explore adding programs that would meet these two needs. Providing such programs would also address the agency's mission of promoting the independence and well-being of older adults and supporting family caregivers. Otsego County is also working at becoming "liveable" community under the guidance of a local task force with support and guidance by the agency's management team. Addressing these two needs would also achieve the goals of the task force.

When asked to select the programs and activities the older group most needed, those containing some type of exercise component came out on top. Exercise seems to be on everyone's mind these days, including those of older adults. The agency would do well to continue to offer exercise programs, especially those geared toward older adult health issues. The older group shared that they were most in need of an arthritis exercise class.

With computers being used with even greater frequency these days, including by older adults, the need for computer classes was among the top four most-needed programs and activities by the older group. Expansion of the agency's TAP program so that it is inclusive of more participants would be probably be well received by the County's older adult population. Also, because many older adults do not have a computer and are unable to purchase one due to their living on fixed incomes, expanding agency computer resource centers would allow computer students to utilize their newly-developed skills, allow them to communicate with family members and friends more easily, and improve their overall sense of well-being.

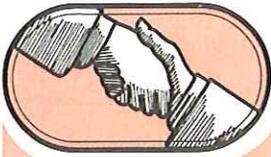
The survey showed that, overall, men participate in less programs and activities than women. One program that is currently not being offered in the community that they said they needed was a woodworking class. Perhaps the agency might explore a partnership with the M-Tec at Kirtland-Gaylord to bring such a class to older adult men in the County.

The agency is in the process of revamping its trip program. In considering strategies, it may want to stick with day trips and target those that are of higher caliber than those taken in the past. In order to offer such trips, it may want to consider partnering with businesses that offer such trips. Interest in OCCOA-sponsored trips is high (three of every four respondents were interested). Success would hinge on selecting trips that would appeal to a large amount of older adults, securing pricing that would be viewed as appropriate, advertising to those with the

highest level of interest, and providing a high quality of delivery of services to meet expectations.

Trips that were of highest interest among the older group in this survey included color tour trips, dinner train trips, theater/musical trips, lighthouse tour trips, museum trips and Christmas light tour trips. (For similar trips done in the past, it would be important to offer them in different venues so as to keep interest high.) Major League Baseball trips and nature/garden trips were also of interest.

The survey revealed that respondents in the younger group are concerned about being able to pay many of their bills when they reach retirement. With there being a sizeable number of respondents from this group interested in educational classes on older adult issues (third highest need for the younger group for this type of offering among Health and Social Service Programs), this topic and other retirement issues might be addressed by the agency through ongoing seminars, perhaps in partnership with other community agencies or organizations. Such educational opportunities would help prepare the incoming group of older adults to deal with the issues they will face in retirement and give the agency an additional opportunity to make these future clients aware of agency programs, activities, and services.



OTSEGO COUNTY COMMISSION ON AGING

120 Grandview Blvd. ♦ Gaylord, Michigan 49735

989-732-1122 ♦ Fax: 989-731-2739 ♦ occoa@occoaonline.org ♦ www.OtsegoCountyCOA.org

*We Help.
We Care.*

Client Rights and Responsibilities

Dear Client,

All Otsego County Commission on Aging (OCCOA) clients who receive services shall be informed of their Rights and Responsibilities upon initial assessment and annually thereafter. Clients shall agree to abide by these Rights and Responsibilities as a minimum requirement before services are initiated, and must continue to meet these Responsibilities in order to maintain services.

Client Rights

1. The client and his/her family will not be denied services on the basis of race, creed, color, national origin, religion, sex, handicap, marital status, or sexual preference.
2. The client/caregiver is entitled to confidential treatment of personal information and access to any records of service. Information will only be released to other providers upon consent of the client/caregiver. (A signed consent form to be current and in client's file, updated annually). The client can receive a copy of their records for a fee determined by OCCOA.
3. The client/caregiver is entitled to privacy to the extent that is feasible in providing services.
4. The client/caregiver is due the consideration, respect, and full recognition of his/her dignity and individuality.
5. The client/caregiver is entitled to refuse or terminate any service or segment of service and to be informed of the consequence of the action. The OCCOA must document any such refusal. The client/representative have the right to present grievances/recommend changes in policy and services without fear of reprisal and free from restraint, interference, coercion or discrimination.
6. The client/caregiver is entitled to exercise all his/her rights as a citizen and as a client of the OCCOA. Civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed.
7. The client/caregiver is entitled to evaluate services being provided by the OCCOA.
8. The client/caregiver is entitled to participate in, review, and approve the plan of care/services.

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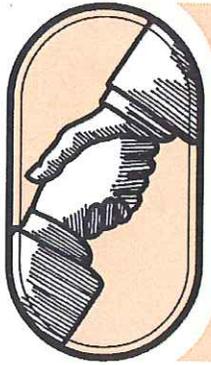
9. The client/caregiver is entitled to be free from any physical, mental, financial or emotional abuse by anyone providing care, family members, or OCCOA employees.
10. The client/caregiver is entitled to be free from any form of solicitation; religious, financial, or philosophical, ethical or political beliefs imposed upon them by any caregivers or employees of the OCCOA.

Client Responsibilities

1. The client/caregiver is responsible for contacting the COA office at least 24 hours in advance if client/caregiver must cancel an appointment or visit. Our In-Home Services phone number is 989-705-2574, and we are typically open 8:30-3:30pm Monday through Friday, excepting weekends and major holidays. Clients/caregivers may leave a message after hours. Failure to properly cancel an appointment may be cause for termination of services. (Exceptions made for emergency situations).
2. The client/caregiver is responsible for contacting the OCCOA office as soon as possible after missing an appointment due to an emergency situation. In the event that OCCOA cannot reach you, the OCCOA staff will contact your designated emergency contact persons to verify your well-being. If we know that you are safe, we will not take further action. In an emergency situation, if we cannot confirm your well-being, the OCCOA will contact emergency services to check your safety. The OCCOA will not be responsible for any bill incurred by activating 911 assistance.
3. The client/caregiver is responsible for contacting the OCCOA office if your service provider does not arrive for a scheduled visit.
4. If you need to contact your service provider, the client/caregiver must call the OCCOA office. The office will forward messages to the service provider. Do not call the service provider at his/her home. The OCCOA has instructed service providers not to give out their home phone numbers.
5. The client/caregiver is responsible for confining all pets during visits by employees performing any services. The client/caregiver must keep the home free from pet excrement, fleas, rodents and pests. For the safety of our employees, the OCCOA will not provide services in homes with unsanitary or hazardous conditions.
6. The client/caregiver is responsible for keeping the home free from excessive clutter (hoarding). Excessive clutter that makes typical household maintenance activities difficult or impossible may cause service to be suspended until conditions improve.
7. An initial assessment is required to qualify for any services; reassessment occurs every 6 months. At the time of assessment, a care plan will be developed or revised. Service providers are only able to perform tasks indicated by the care plan. Please do not ask them to perform other tasks.
8. If other services are needed, or if you find that you no longer need services, please contact the OCCOA.
9. It is the client/caregiver responsibility to be at home at the appropriate time for scheduled services. Except in emergency situations, services will not be rescheduled.
10. For the safety of our staff, workers are not permitted to work on ladders or lift heavy objects.
11. Service providers are also not allowed to scrub floors on hands and knees. Client lifting is allowed by a service provider if the client is able to assist with transfers or a mechanical lift is available.
12. The client/caregivers are responsible for making sure that the entrance to the home is safe, free from ice/snow and steps are in good repair. Also, the client/caregivers are responsible for keeping the driveway cleared to allow service providers to drive to the home and park safely.

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Home

- Board of Directors
- Agency Representatives
- FAQ
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- Aging Resources
- Complaint Resolution Procedure

Activities Calendar

Advocacy Department

- Transitions in Life

Caregiver Support Group

Creating Confident Caregivers Workshop

Donations and Planned Gifts

- Make a Donation
- Make a Planned Gift
- Testimonials
- Donor Wall

Educational Breakfast Series

Employment Opportunities

Fall Reduction Programs

- A Matter of Balance
- Young at Heart

Grandparents

OCCOA

OTSEGO COUNTY COMMISSION ON AGING

120 Grandview Blvd., Gaylord, Michigan 49735



Submitted by
Eileen Goddek
RESEARCH &
VOLUNTEER
COORDINATOR



**OCCOA SPECIAL EVENTS COORDINATOR
MICHELLE DUNKELBERG**

“Food” for the heart!

I come from a big family that has always delighted in gathering for good food, drinks, and lots of time to reconnect, as well as reminisce about the “good ol’ days.” Every time the holidays roll by, I can’t help but think back on all the special meals with my family that have punctuated my life throughout the years. I recall the aroma of our most-recent Thanksgiving turkey that permeated the air and the sound of laughter that filled the rooms of my mother’s home as my family all visited with each other, sharing many a joke and story. It can get pretty loud, and it is sometimes crazy. But we love it. We are together, and that’s what matters most!

Now I know that sometimes these meals are not always like a fairytale story. Sometime there has been sadness over the loss of a recently-departed family member, such as was the case for the first year of holidays we shared after my father passed away. Sometimes the atmosphere has been strained because “so and so” was upset with “you know who.” Despite some of these losses and upsets, those of us who could, would still gather, bringing our bumps and bruises, to be nursed by those who had “been there” once themselves. After all, these family meals served the purpose of doing more than filling our stomachs – they were food for our hearts! These meals were and still are about being together and reconnecting. They are about providing understanding and encouragement, and even giving “life” to each other.

Since I joined the Otsego County Commission on Aging (OCCOA) over nine years ago, some of my favorite activities are the special meals that the agency offers to the County’s older adults throughout the year. Perhaps these meals are so special to me because they call to mind and heart the “holiday” feel of the many special meals I have shared with my own family. Like those countless cherished family meals I have enjoyed, they similarly provide “food for the hearts” to those who attend.

Meals, in general, are an important OCCOA program offering. The agency is responsible for coordinating the preparation and delivery of home-delivered meals to 110 homebound older adults in Otsego County. In addition, the agency offers several other meal options, including congregate meals in Gaylord, Johannesburg, and Vanderbilt on various days of the week, as well as “a la carte” Red Hen Soup and Sandwich lunches on Tuesdays at the Gaylord Meal Site. It is the special “themed” meals, though, that are my favorites. Judging by the large turnouts, many smiles, laughter, and excitement that fill the OCCOA Meal Site in Gaylord during these special meals, they are a lot of other people’s favorites!

In past years, the OCCOA staff focused on making a couple of its congregate meals extra special, such as at Thanksgiving and Christmas time, by providing traditional holiday meals, themed decorations, special entertainment and 50/50 raffles and prize drawings. Seeing what a big hit these luncheons were and knowing how hard the colder weather months were on older adults in Otsego County, a couple of years ago, the agency added quarterly, themed luncheons. This year’s series of themed luncheons is known as “Days Gone by Luncheons.”

Just as my parents and grandparents were the backbone behind my family’s special meals, the OCCOA relies on several key staff to be its backbone in the planning of its special luncheons. OCCOA Special Events Coordinator Michelle Dunkelberg is one of them. She notes that planning for



Raising Grandkids

In-Home Service

"Living Well" Workshop

Meal Program

-Menus

-Meal Reservations

Medical Resources Department

Medicare / Medicaid Assistance Program (MMAP)

Otsego Haus - Adult Day Services

Parkinson Support Group

Prime Times

Senior Project FRESH

Special Events

-See What's New!

Technology & Aging

-Computer Club

-TAP

Volunteer Program

-Volunteer Opportunities

-Volunteer Registration

the meals begins months beforehand. There are many details to attend to, but she has a lot of help. "The planning process for our luncheons involves several different agency departments, community sponsors, and volunteers," Dunkelberg explains. Once the themes for the luncheons have been finalized, she works with the agency's meal program coordinator, Suzanne Bannister, to design menus to fit them. Dunkelberg also puts in a lot of time scouting out inexpensive and/or donated decorations to help bring the themes to life.

A lot of assistance is needed to serve the increasing numbers of people attending the luncheons. Luckily, Dunkelberg can turn to the agency's Volunteer Department. Not surprisingly, there is a sizeable pool of volunteers who also enjoy being a part of the special lunches. There are some who enjoy greeting the participants, or helping out at the registration and raffle tables, and serving the meals, as well as cleaning up afterward. No party would be complete without entertainment, and the agency is blessed with many musicians who are willing to volunteer their time to share the gift of music.

To help advertise the luncheons, Dunkelberg assists in the design and development of the marketing materials, and enlists the help of community sponsors for donations to the prize raffle table. She emphasizes, "The goal of these luncheons is to make sure that everyone who comes has fun!"

In recently chatting with luncheon-regular Barbara Samkowiak, she remarked to me, "I really enjoy the special luncheons! I have been attending all of them for the past five years, and don't believe I've missed one!" She attends them, she explains, because the food and entertainment are good. She laughed, adding, "I also love the 50/50 raffle and the prize drawing - they always have good gifts!"

Samkowiak, who was born in Johannesburg and who has lived in Otsego County most of her life, noted that she knows a lot of people from both Vanderbilt and Johannesburg. "When the OCCOA offers these special luncheons, people come from all over the county. This gives me the chance to see friends and acquaintances that I don't normally get to see!" She also noted that the cold weather months in Northern Michigan seem especially long and boring. "Having these special luncheons to go to really gives me something to look forward to. I always leave feeling good - I have had a good meal, listened to good music, and visited with my friends!" As we concluded our conversation, I smiled to myself. I know that not only has Samkowiak had fun, but that her heart has been "fed" as well!



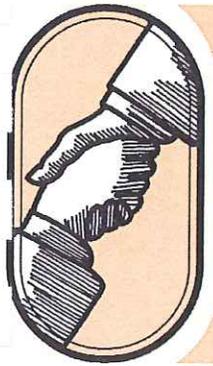
BARBARA SAMKOWIAK LOOKS FORWARD TO THE OCCOA SPECIAL LUNCHEONS



SPECIAL EVENTS COORDINATOR MICHELLE DUNKELBERG WITH VOLUNTEERS CHRIS CZAJKOWSKI AND CHERYL MARTINEZ AT THE HARVEST LUNCHEON

TO LEARN MORE ABOUT THE UPCOMING DECEMBER 11th HOLIDAY PARTY OR THE JANUARY 15th DAYS GONE BY LUNCHEON AND OTHER OCCOA SPECIAL EVENTS, PROGRAMS, AND ACTIVITIES, PLEASE VISIT OUR SEE WHAT'S NEW/PAGE ON OUR WEBSITE. WWW.OTSEGOCOUNTYCOA.ORG. OR CALL MICHELLE DUNKELBERG AT 748-4068.

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- A Matter of Balance
- Young at Heart

Submitted by
Dale Gehman
DIRECTOR



120 Grandview Blvd., Gaylord, Michigan 49735

Person-Centered Care Leads OCCOA to Added Services!

We all like to be in control of our lives; it's a fundamental human need. On a large scale, we call it Democracy, and it's what built our country. On a small scale, when it's regarding choices for our care as we age, that ability to make our own choices is called "Person-Centered Care," and it's a concept that drives much of what we do at the OCCOA. Now especially, with our 60+ population in the county at nearly 24%, we are challenged to not only meet those needs, but meet them in the way that our older adults, and their caregivers, are looking for. In response, the OCCOA is making some fundamental changes to broaden our services and their delivery.

In the past, the OCCOA has chosen to provide the services that were authorized and subsidized under the federal government's Older Americans Act, include Personal Care (help with bathing, toileting, dressing, etc), light Homemaking, and Respite care, but only up to the point that the services could be paid for with the government and millage dollars. Therefore, the services any one client received were based both on need, as well as available funding. Clients with greater needs had no other options with the agency, even if they were willing to pay for additional care. And, typically, our staff worked in the traditional time frame between 8:00am and 5:00pm, Monday through Friday.

With the shift in demographics, though, an increasing number of OCCOA clients are asking us for additional services, and are offering to pay for them. And, it's not just clients asking for the services; in many cases the client's family is requesting them, and offering to pay as well. After all, it makes a lot of sense. If a client is used to getting Personal Care from our staff during the week, why not get those same services on the weekend from the same staff? Or, if we visit a client twice a week for Personal Care or Homemaking services, while the client's family handles the care the rest of the time, why not have us pick up the extra duty when the family is gone for a vacation, or attending to other responsibilities? And what about clients that need more-intensive, daily care? We didn't have a good answer for those clients.

Offering supplemental services!

So, in order to best meet client's needs, we have expanded our ability to offer supplemental services. The new capability gives us new tools, new parameters, and new ways of helping our clients. For instance, in the past, budgetary restrictions limited how much assistance we could give to any particular client. Although there will still be a limit to how much help we can offer through the subsidized programs, we can now provide more services if the client is able to afford them. Furthermore, we can offer services that we have been unable to in the past because they did not fit the description of the subsidized services authorized under the Older Americans Act. Because of that, we are now offering Companionship, an "Up-and-Tuck" service, limited Foot Care service, as well as Medication Set Up to our standard services.



At the OCCOA we are very excited about the new services. Foot care is a very sensitive issue.

Grandparents Raising Grandkids

In-Home Service

Meal Program

-Menus

-Meal Reservations

Medical Resources Department

Medical Transportation Program

Medicare / Medicaid Assistance Program (MMAP)

Otsego Haus - Adult Day Services

Parkinson Support Group

Prime Times

Special Events

-See What's New!

Technology & Aging

~ TAP

Volunteer Program

-Volunteer Opportunities

-Volunteer Registration



schedule. Therefore, we are expanding the hours that we offer to services to evenings, nights, and weekends. This allow us to have the flexibility and availability to really deliver that Person-Centered Care.

Familiar care... familiar faces!

The result of these new service offerings and hours will be a more complete package of client care offered to the Otsego County's older adults and their caregivers, because we now have fewer limitations on what we can do, and when we can do it. For example, if a family cares for an aging parent, with some assistance during the week with Personal Care and Respite services from the OCCOA, they might request that we provide Up-and-Tuck services for a long weekend while they go out of town for a wedding or vacation. The client gets familiar care from familiar faces, and the caregivers are reassured that their loved one is in good hands.

Other circumstances might have an out-of-town son or daughter, who is worried about his or her parent's living alone, requesting that the OCCOA provide Companionship, Foot Care, and Medication set up services, on top of the regular Personal Care and Homemaking that the client already receives. By having our staff in the home on a more frequent basis, and by covering the foot-care and medication concerns, we can increase the family's peace of mind while we do more to insure that the client is safe and as independent as possible.

for many older adults, particularly those with diabetes and poor circulation. Proper foot-health maintenance can be a daily need, and inadequate care can lead to serious, life threatening situations. The Companionship offering adds to our Respite Care service, giving the agency an option to help those whose needs are more social than physical. Up-and-Tuck is basically our Personal Care service, but packaged in a way that gives oversight to the client's start-of-day and end-of-day activities, making it a much more complete service. Finally, with Medication Set Up our staff supervises and assists the clients in planning their medication schedule, insuring the right pills are taken in the right doses at the correct time.

We also understand that needs like these are not limited to an 8:00am to 5:00pm weekday schedule. We offer to services to evenings, nights, and weekends. This allow us to have the flexibility

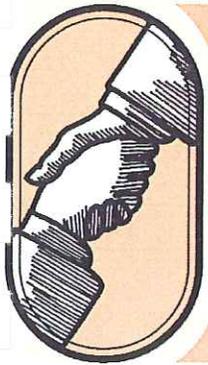


THERE ARE DOZENS OF POSSIBILITIES AND WAYS IN WHICH THE OCCOA MIGHT HELP OUR CLIENTS, THEIR CAREGIVERS, AND THEIR FAMILIES IN A COMPLETE PERSON-CENTERED CARE APPROACH. WE ARE EXCITED ABOUT THE OPTIONS IT GIVES THE AGENCY, AND WE WILL BE HAPPY TO DISCUSS THEM WITH YOU. TOGETHER, WE CAN WORK OUT A PLAN THAT GIVES OUR CLIENTS AN APPROPRIATE PACKAGE OF CARE. PLEASE CALL US AT 989-732-1122 AND LET US SEE HOW WE CAN HELP YOU.

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Adult Day Services - Otsego Haus

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Submitted by
Eileen Godek
RESEARCH &
VOLUNTEER
COORDINATOR



**OTSEGO HAUS
COORDINATOR
CHRISTINE HOLEWINSKI, LPN**

Caring for someone with memory loss? Have you checked out all care options?

Are you an unpaid caregiver of a family member living with memory loss? If so, you are not alone – according to the 2012 Alzheimer’s Disease Facts and Figures Report, you are one of 15 million unpaid Americans caring for someone living with Alzheimer’s or other dementia. In rural communities like ours, caregivers are often left with few options for caregiving assistance. Basic choices include caring for a family member at home (with or without the help of family and friends, or paid assistance), or placing him or her in a limited selection of foster care homes or nursing homes.

Luckily, for area residents the Otsego County Commission on Aging (OCCOA) sponsors the Otsego Haus, an adult day services center that specializes in dementia care – something unheard of in most small rural communities. Established in 2000, it has provided safe, secure daytime care for nearly 200 older adults over the past twelve years.

The Otsego Haus nurses and service providers are trained in dementia care!

Following a social/medical model, the Otsego Haus’ caring, dedicated staff includes three nurses and several service providers, many of whom are CENAs (Competency Evaluated Nursing Assistants). Together, they bring their medical expertise to each client who walks through the door each day, along with healthy doses of smiles, compassion, and respect.

Coordinator Chris Holewinski recently shared with me that “person-centered” care is a hallmark of the Otsego Haus. She explained, “Our staff strives to give individualized and personalized care to each client who attends the Otsego Haus. We sit down with the caregivers beforehand, and work out a care plan that will work best, with flexible options in mind.” She added, “The beauty of the program is that caregivers can bring their family members as little or as often as they need to.” She noted, “This is especially inviting for caregivers with busy or unpredictable schedules.”

Caregivers know that when they leave their family members in the capable hands of the Otsego Haus staff, they will be safe and secure in this home-like protected environment, as well as socially engaged and encouraged to function at the highest levels of their abilities.

The Otsego Haus is open Monday through Friday between 8 a.m. and 4 p.m. Respite care is available during the evenings and on the weekends, as needed. A nurse is on duty at all times, and health monitoring is ongoing. Holewinski noted, “In spending time with our clients, we are constantly observing and monitoring their health. We are often the first ones to pick up on physical changes in them during the course of each stay, and can alert their caregivers. We can also provide daily assistance with medications and monitor blood sugar levels. Blood pressure checks are available on a monthly and as-needed basis.”

Personal Care Service is also available!

“Caregivers also use their family members’ time at the Otsego Haus to take advantage of other services that we offer, such as showers, hair care and foot care,” Holewinski highlighted. For a person with dementia, showers can be a fearful thing and something he or she resists. For a caregiver, coaxing their loved one to take a shower, let alone helping him or her with one, can be a

Please join us!

**OTSEGO HAUS OPEN HOUSE
WEDNESDAY, FEBRUARY 27th**

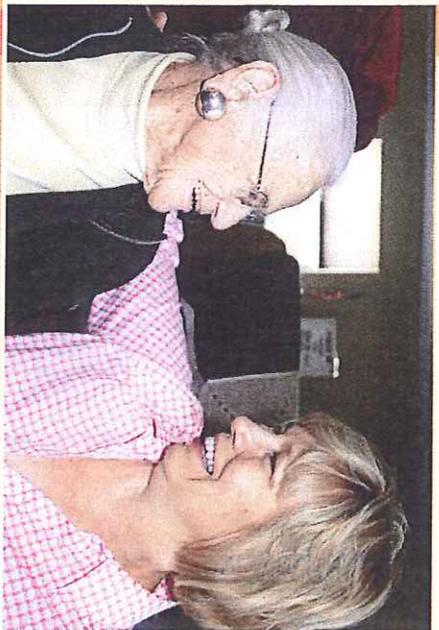
- Young at Heart
- Grandparents Raising Grandkids**
- In-Home Service**
- "Living Well" Workshop**
- Meal Program**
 - Menus
 - Meal Reservations
- Medical Resources Department**
- Medical Transportation Program**
- Medicare / Medicaid Assistance Program (MMAP)**
- Parkinson Support Group**
- Prime Times**
- Special Events**
 - See What's New!
- Tax Assistance Program**
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 - Computer Club
 - TAP
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long, exhausting process. She shared, "We are trained to provide this kind of service, and the large walk-in shower in our facility makes this kind of care much easier and safer. Our assistance to caregivers with personal care services for their family members often makes a difference on how long more expensive options can be avoided."

Holewinski also noted that caregivers can expect dignified assistance and support for each client with personal-care needs, as well as assistance with activities of daily living, like eating. She shared, "We provide nutritious and delicious meals and snacks. We eat our meals with them and encourage and prompt them to eat. As people are in the program over longer periods of time, I often see them eating better."

The Otsego Haus is a place of fun, where friendships are made and nurtured!

Not only does the Otsego Haus offer a safe environment, but fun and friendship are bountiful. Daily exercise is provided, according to client needs. "This helps build their muscle tone, which helps them to avoid falls," Holewinski shared. Music by local musicians is provided weekly, and clients enjoy such hobbies as container gardening, art, and stamping. Playing games, such as cards, dominoes and BINGO, and working jigsaw puzzles are also encouraged to improve memory skills. Holewinski noted that story telling is a favorite part of the day and usually followed by lots of reminiscing. Throughout the day, these activities are punctuated with lots of conversation, smiles and laughter. At the Otsego Haus, loneliness is unknown.



OTSEGO HAUS CLIENT, MILLIE, AND OTSEGO HAUS COORDINATOR CHRISTINE HOLEWINSKI SHARE A LAUGH

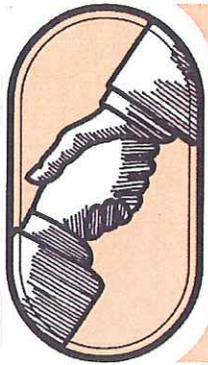
It takes a great leap of faith, sometimes, for family caregivers to let strangers care for their loved ones. Holewinski shared, "At the Otsego Haus, their family members become like family to us. We hear their stories, we know their fears. We worry over them, laugh with them, and cry with them. And when they leave us for good, we cry over them, remember them, and are thankful for our time together."

Millie, who has been a long-time client, says it best, perhaps! "The Otsego Haus is such a nice place to come to! The girls are friendly and keep us busy with interesting activities." She concluded, "I am a very fortunate person! Here, they treat you right! They treat you good!"

The Otsego Haus will be holding an open house on Wednesday, February 27, 2013, between 10 a.m. and noon. If you are a caregiver in need of a new care option, please plan to stop in for a tour of the facility and to visit with our staff. We'd like to make your family a part of our Otsego Haus family! You can also learn more by visiting the *Adult Day Services - Otsego Haus* page on our website, www.OtsegoCountyCOA.org or by contacting the Otsego Haus at (989) 732-4121.

10:00am to NOON
 95 Livingston Blvd. • Gaylord
Tour our facility! Meet our staff!

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- Fall Reduction Programs**
- A Matter of Balance
- Young at Heart

Submitted by
Dafe Gehman
DIRECTOR



OTSEGO COUNTY COMMISSION ON AGING

120 Grandview Blvd., Gaylord, Michigan 49735



**THE OCCOA ADVOCACY TEAM
CENTER - LORETTA MILLER, L TO R - JOHN PANCI,
VOLUNTEER SANDY ALLISON, SARAH SKOWRONSKI,
CHERYL BOROWIAK, AND ANNIE RIVERS**

How the Advocacy Department Helps You Along Life's Journey

As you passed certain milestones in your life's journey, people helped you figure out your next step. When you turned 16, with some help you learned to drive and got a license. When you graduated from school, someone probably guided you toward a job or career. And, now that you are entering your senior years, you might be wondering who will help you with the next set of challenges? After all, how much do you know about Medicare, Medicaid, and Social Security? And who has the right information?

The OCCOA Advocacy Department was created just for that reason. As we reach 60 and older, the programs and services available to us change significantly, and our decisions can dramatically affect our lifestyles. The Advocacy Department staff specializes in the health, governmental, and legal issues facing seniors, and they can help you navigate through the choices you will have.

Because the Advocacy Department has been so helpful to many of our area residents, I wanted to introduce them to you, discuss what they do, and talk about how their work impacts people like you. Then, you will have what you need to decide when and what help you need.

The cornerstone of the Advocacy Department is Loretta Miller, who is also the OCCOA's longest-tenured employee at 22 years. In 1995, Miller took on the responsibility of counselor after working as an In-Home Service Provider for the agency. Without a template to follow, Miller has built a team and capability that is the model in Northern Michigan for helping seniors negotiate the programs and services available. "We give the clients a sense that someone cares and will help them through the process," she says about her team's approach.

Success, though, brought the challenge of capacity, and eventually Miller added Assistant Advocacy Coordinator John Panci to help with the workload. Panci's retail and Hospice experiences give him a well-rounded skill set for working with and helping clients, which he says is his favorite part of the job. "When I get to know clients individually, that's when I can help them the most" says Panci. Then, to provide even more capacity, Services Coordinator Sarah Skowronski joined the counseling staff in April. She, too, came with a strong background in management and the medical field, which has rounded out the team's expertise.

The three primary counselors do not go it alone, though. Assistants Anne Rivers and Cheryl Borowiak help with scheduling, research, and filing to keep the office working smoothly. And, finally, MAPP Volunteer Sandy Allison helps with Medicare Part D prescription drug plan counseling.



**ADVOCACY COORDINATOR
LORETTA MILLER ASSISTS
CLIENT DOTTIE POIRIER
WITH QUESTIONS**

- Ftu Shot Clinic**
- Grandparents Raising Grandkids**
- In-Home Service**
- Meal Program**
- Menus
- Meal Reservations
- Medical Resources Department**
- Medical Transportation Program**
- Medicare / Medicaid Assistance Program (MMAP)**
- Otsego Haus - Adult Day Services**
- Parkinson Support Group**
- Prime Times**
- Senior Project FRESH**
- Special Events**
- See What's New!
- Technology & Aging**
- Computer Club
- TAP
- Volunteer Program**
- Volunteer Opportunities
- Volunteer Registration

As a team, the Advocacy staff has an impressive impact on area seniors. In 2011, they logged over 4,700 hours meeting with clients, but that just tells part of the story. They also help seniors with:

- Conservatorships
- Guardianships
- Low Income Subsidies
- Medicare/Medicaid Enrollment
- Prescription Drug Plans



Presents...

Transitions In Life

Medicare Part D Updates

Monday, October 8, 2012

6:00 to 8:00pm

Gaylord Meal Site

120 Grandview Blvd. • Gaylord

~ Suggested donation of \$5 at the door ~

Speakers

Loretta Miller

Advocacy Coordinator / MMAP Counselor ~ OCCOA

John Panci

Advocacy Assistant Coordinator / MMAP Specialist ~ OCCOA

Make your reservations by calling
the OCCOA Advocacy Department at

989.732.9977

- Food Assistance Program Enrollment
- Housing Assistance
- Legal Issues (Power of Attorney, Medical Directives)
- Nursing Home Placement
- Social Security Enrollment

Some of these topics are legal issues, and while the Advocacy staff are not attorneys, they can give you direction for later consultation with an attorney.

So, you might be asking how does this all apply to you? Let's say that you are approaching your 65th birthday. Are you eligible for Medicare? What insurance do you currently have, and how will that work with Medicare? Do you need a Medicare Part D plan to cover your prescription coverage?

In another scenario, an elderly parent is unable to remain at home alone. What options does that person and his /her family have? Is assisted living a good alternative? Is a nursing home the right place? How will that person's assets affect what help he/she qualifies for? And, what, if anything, can be done to protect that person's estate?

A common situation that goes along with the last example is the planning that takes place to ensure that a parent or spouse's responsibilities and wishes are fulfilled. A number of tools exist to allow others to share the load, and in some cases, have the final say regarding decisions that are made late in our lives. Do you need a power of attorney, a medical directive, guardianship, or conservatorship? What considerations do you need to be aware of?

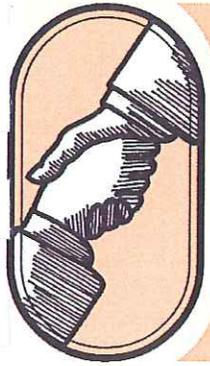
As you can see, there are many opportunities to help area seniors, and their families, with important issues. And, we are very pleased that the agency has a great team with the right training and tools to offer to the community. The major event in the Advocacy Department's calendar is the upcoming open enrollment for Medicare Part D prescription drug plans. Between October 15th and December 7th, the staff will help several hundred clients decide on the best insurance for them, possibly saving them thousands of dollars annually. To make an appointment to discuss the Medicare Part D prescription drug plan options, call the Advocacy Department at 989-732-9977. Milestones like this are a good thing, and with some sound advice, we can make the journey even better.

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Educational Breakfast Series

Employment Opportunities

Fall Reduction Programs

- A Matter of Balance
- Young at Heart

Grandparents

OCCOA

OTSEGO COUNTY COMMISSION ON AGING

120 Grandview Blvd., Gaylord, Michigan 49735



Submitted by
Eileen Godek
RESEARCH &
VOLUNTEER
COORDINATOR

Are you living well with your chronic condition?

If you're like me, every day you are constantly bombarded with all kinds of good "advice" on a wide variety of health topics. We get it from the television - shows like *The Doctors* and *Dr. Oz* continue their daily crusade to provide the latest on healthcare so we can live healthier, happier lives. We get it in our mailboxes and our e-mail inboxes with newsletters that proclaim such things as, "The Fountain of Youth Breakthrough!" or "10 Powerful Pain Relievers You'll Never Hear about from your Doctor!" (Both recently showed up in my e-mail inbox!) Unfortunately, signing up for or responding to one newsletter usually leads to countless others!

All of this health information seems wonderful... at first. Some of what we are bombarded with is well-intended, some of it can be helpful, and perhaps some of it might even help us lead healthier lives. But too much can be overwhelming, or even downright dangerous - either to our health or our bank accounts, if what we're receiving is really a scam! We are hit with so much information that we don't even have time to read it all, let alone absorb it or even use it! So what do we believe? What really works? Whom can we turn to?

Evidence-based Programs have Proven Results!

Your family care physician should, of course, be the first person you should turn to. We hope the Otsego County Commission on Aging (OCCOA) will be the second! Here, we take the health of older adults seriously; the staff is always on the lookout for the latest in reputable, affordable programming. Over the past several years, the OCCOA has worked hard to incorporate in its offerings several new programs that bear the distinction of being "evidence-based." They are different from many other types of programs in that they have been tested on "real people," and found to have proven, positive outcomes for those who have attended them.



**TRACY BURLEY (ABOVE)
AND VICKI RAMSEY
COACH THE MATTER
OF BALANCE CLASSES**

One evidence-based program that the OCCOA launched three years ago is A Matter of Balance. Designed to lessen the likelihood of falls, scores of older adults throughout the country, including Otsego County, have completed this program.

Charlotte Porath, who just finished up the last of a six-week session shares, "This is a program worth taking! When I first enrolled in the program, I was having trouble feeling my feet and legs and couldn't walk around my house without my cane. During the classes, we learned a series of exercises that have really helped to strengthen my muscles and improve my circulation." She continues, "I do them every day and thanks to them, my legs and feet feel a lot better, and I hardly need my cane anymore." She marvels, "I can't get over it!"

Another evidence-based program that the OCCOA offers is Creating Confident Caregivers (CCC). The six-week program of two-hour classes is designed to help caregivers learn strategies and gain confidence in caring for loved ones living with dementia or other types of memory loss. It has been a big hit with area caregivers.

Robin Petruska has been a master trainer for the class for the last three years. She shares, "During the workshop, participants learn to understand memory loss and how it can affect the person, they are caring for."



Raising Grandkids

In-Home Service

Living Well with a Chronic Condition

Meal Program

-Menus

-Meal Reservations

Medical Resources Department

Medical Transportation Program

Medicare / Medicaid Assistance Program (MMAP)

Otsego Haus - Adult Day Services

Parkinson Support Group

Prime Times

Senior Project FRESH

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-TAP

Volunteer Program

-Volunteer Opportunities

-Volunteer Registration

They also learn how to manage challenging behaviors that accompany memory loss and how to keep their family member active and engaged." She adds that some of the most notable outcomes of the program are the improved relationships that occur between the caregivers and the persons they are caring for. She notes, "Because caregivers learn to understand what someone with memory loss is going through, they are better able to communicate with their loved ones and just enjoy and appreciate them more." She recalls, "Several participants have told me how participating in this program has given them back their loved ones!"

Living Well with a Chronic Condition Workshop will start October 4th!

The OCCOA is preparing to launch yet another evidence-based program called Living Well with a Chronic Condition. Tish Jankowski, who has led several of these workshops through the Area Agency on Aging since 2009, will team up with Petruska in leading the upcoming programs. Both women have gone through extensive training in order to lead the workshops.

Jankowski notes, "This workshop is designed to help people, 18 or older, better manage the chronic conditions they are living with." Such conditions include, but are not limited to arthritis, C.O.P.D, high blood pressure, back pain, allergies, and hearing impairment.

"The program was developed by the Stanford University Patient Education Research Center as a collaborative research project between Stanford and the Northern California Kaiser Permanente Medical Care Program." Jankowski notes. She highlights, "In a five-year research project, that included 1,000 people, researchers found that people that took the workshop, compared to those who did not, improved their healthful behaviors and actually spent less time in the hospital."

Jankowski observes, "Unfortunately, chronic conditions don't care who we are, and they can enter our lives at any time." She knows this, firsthand, as she has lived with a chronic condition for several years. She notes that during the workshop, attendees will learn how to better manage their symptoms and medications. They will also learn how to communicate more effectively with their doctor, family members and friends. The goal is to reduce pain, and to increase energy.

"Because of the program I have a better outlook on life." Jankowski notes, "because I have learned how to manage my condition and not let it run away with me." She observes, "Over the course of past workshops I have led, I have seen participants getting stronger as they become self-managers, using new or better strategies to cope with or manage their symptoms." She concludes, "I am looking forward to co-leading with Robin Petruska and helping more people in similar situations benefit from what we have learned about chronic conditions!"



LIVING WELL WITH A CHRONIC CONDITION WORKSHOP INSTRUCTOR TISH JANKOWSKI

TO REGISTER FOR ANY OF THE OCCOA'S EVIDENCE-BASED PROGRAMS OR TO LEARN MORE, PLEASE CALL THE OCCOA AT 732-1122 OR VISIT OUR WEBSITE AT WWW.OTSEGOCOUNTYCOA.ORG.



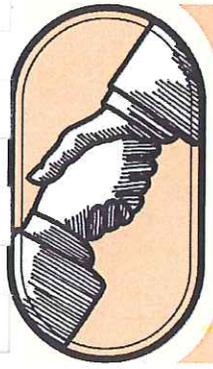
CCC MAGTER TRAINER ROBIN PETRUSKA WILL TEAM UP WITH TISH JANKOWSKI FOR LIVING WELL WITH A CHRONIC CONDITION

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Submitted by
Eileen Godek
RESEARCH &
VOLUNTEER
COORDINATOR



OTSEGO COUNTY COMMISSION ON AGING

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The "Spirit of Volunteerism" is alive and well in Otsego County!

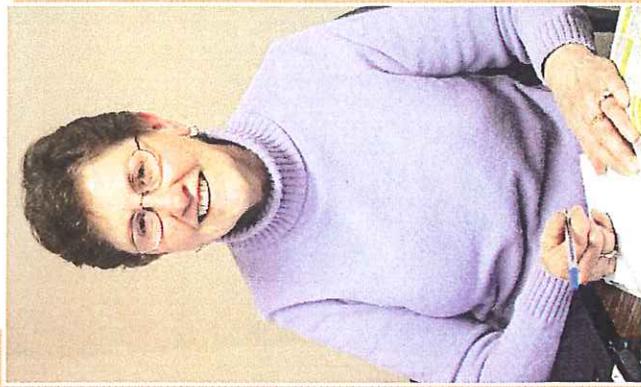
Mark your calendars this month for **NATIONAL VOLUNTEER APPRECIATION WEEK!** Running from **APRIL 15-21, 2012**, this a time when non-profit organizations from all over the nation will be formally honoring and recognizing the volunteers who assist them throughout the year. The Otsego County Commission on Aging (OCCOA) would like to extend a warm, heartfelt "thank-you" to the many individuals, service organizations and clubs, who provided assistance to the agency's clients and their caregivers this past year.

Although the OCCOA currently has a large volunteer base upon which to call for assistance, its reliance upon volunteer assistance is only expected to grow in the coming years. In these poor economic times, the OCCOA faces the challenge of providing programs and services to the older adults and family caregivers it serves despite declining donations and reduced federal, state, and local funding.

Unfortunately, these economic declines come at a time when the needs of the older adult population are growing. People are living longer and there are greater numbers of them! According to the www.getinvolved.gov website that is maintained by the Corporation for National and Community Service, 28% of all Americans are considered Baby Boomers (that part of the population that was born after World War II between 1946 and 1964). On the surface, it might seem that this would translate into a larger group of people with the time to volunteer. However, it is important to remember that although many people are living longer, many of them are remaining in the workforce, due to economic need, and many others are unable to volunteer, due to poor health. Aging industry experts estimate that the increased demand for services will far outpace the numbers of paid and unpaid workers who can provide them.

Luckily, for the residents of Otsego County and the organizations that serve them, volunteering has been an important activity for many folks in our community. The OCCOA's own roots lie deeply entrenched in volunteerism; the agency first began as a volunteer organization in the mid-1970s, before the Otsego County Board of Commissioners officially established it as a nonprofit agency in 1979.

In the very beginning, volunteers put together meals and offered them to older



MARY TOMASZEWSKI ENJOYS VOLUNTEERING FOR THE OCCOA TAX ASSISTANCE PROGRAM, COMPUTER CLUB, AND MEMORY WALKS!

unable to volunteer, due to poor health. Aging industry experts estimate that the increased demand for services will far outpace the numbers of paid and unpaid workers who can provide them.



Grandparents Raising Grandkids

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-Menus

-Meal Reservations

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Technology & Aging ~ TAP

Volunteer Program

-Volunteer Opportunities

-Volunteer Registration

adults in the building that currently houses the Community Center. Since then, the OCCOA has come a long way; it now offers over 35 programs, activities, and services to older adults living in Otsego County! All are targeted at helping the agency achieve its mission of promoting the independence and well-being of the older adults of Otsego County and supporting family caregivers. Without the assistance of volunteers, many of the agency's program offerings would not be possible.

DANITA DREFFG AND AMANDA BURLEY OFTEN VOLUNTEER FOR OCCOA SPECIAL EVENTS!



VOLUNTEERS JAN MOREY AND JUDI BURNS PREPARE TO TEACH A COMPUTER CLASS!

Today, the agency's volunteers are preparing tax returns, providing prescription drug plan assistance and helping older adults improve their computer skills. They drive older adults to medical appointments, help out at social activities, and escort others on trips. They are helping at registration desks and sign-in tables at congregate meals, flu shot clinics, and such fund-raising events as the annual Walk to End Alzheimer's. They visit with adult day participants at the Otsego Haus and brighten the days of others by sharing the gift of music. Some make handmade greeting cards for homebound older adults, while others help with meeting reminder calls and agency mailings. Because of their help, the agency can channel its financial resources to areas where utilizing volunteers is not possible or suitable.

Currently, the OCCOA counts on the assistance of over 263 individuals: 179 from RSVP (Retired Senior Volunteer Program), and 13 others from the Volunteer Center. The remaining volunteers are people from all walks of life, varying in age from 4 to 91! Additionally, there are members from 21 groups volunteering for the agency, bringing the total number of volunteers to well over 400! In total, the OCCOA's volunteers contributed 10,427 hours in 2011 at a conservative, estimated value of \$124,000!

In addition to the volunteers assisting the OCCOA, there are countless "undocumented" volunteers, not affiliated with any agency or organization, who are busy helping their disabled or older adult neighbors and family members with such things as yard work, housework, and errands. Thankfully, the "spirit of volunteerism" is alive and strong in Otsego County!

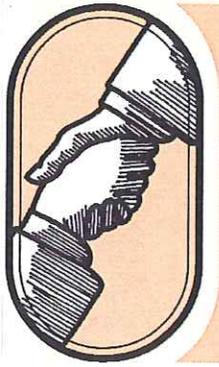
During National Volunteer Appreciation Week, the OCCOA invites you to extend a word of "thanks" to those in your life who volunteer their time! If you are currently a volunteer, please accept our "thanks" to you!

THERE ARE COUNTLESS OPPORTUNITIES TO VOLUNTEER IN OTSEGO COUNTY. IF YOU WOULD LIKE TO VOLUNTEER YOUR TIME TO HELP THE OCCOA "HELP" AND "CARE" FOR THE OLDER ADULTS IN OTSEGO COUNTY, PLEASE CONTACT THE OCCOA VOLUNTEER DEPARTMENT AT 732-1122 OR VISIT OUR WEBSITE, WWW.OTSEGOCCOUNTYCOA.ORG.

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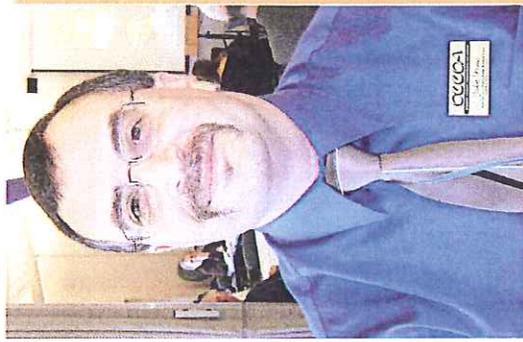
OTSEGO COUNTY COMMISSION ON AGING

120 Grandview Blvd., Gaylord, Michigan 49735



Submitted by
Eileen Godek
RESEARCH &
VOLUNTEER
COORDINATOR

New Computer Club Targeted for Older Adults!



**OCCOA TAP COORDINATOR
JOHN PANCI**

The Otsego County Commission on Aging (OCCOA) is pleased to announce that it will be introducing a computer club for area older adults. The kickoff date is scheduled for Monday, May 19th, 2011.

The OCCOA Computer Club is an offshoot of a recently completed research project with the Michigan State University School of Social Work that began in June 2008. Known as TAP (Technology and Aging Project), the study provided computer training for randomly-selected older adults (age 60 and older) in the community. To participate, interested participants had the opportunity to submit a survey that assessed their technology skills. They were then randomly assigned to either an experimental group or a control group. The two groups were further broken down into two sub groups: beginning and intermediate computer users.

Free computer training was provided for the experimental group and included once-a-week-classes over a six-month period, beginning in the fall of 2008. Topics included computer basics, Internet safety, web surfing, Internet searches, emailing, and instant messaging. A paid program coordinator, as well as experts from area businesses, taught the classes. A grant provided funding for the program.

Participants in the experimental and control groups were periodically surveyed and the results between the two groups were compared to determine whether or not the training was having a beneficial effect on the health of the experimental group. This phase of the study was known as TAP1.

Upon the conclusion of TAP1, the control group was also given an opportunity for computer training. This phase of the study was known as TAP2. Like TAP1, a program coordinator provided leadership. Unlike the first phase of the study, TAP2 enlisted the help of volunteer tutors to teach most of the classes, as well as to provide assistance during class time. These volunteers were recruited from the TAP1 class of learners and followed a teaching model known as the Peer Tutor Model. The TAP2 participants found that learning through the Peer Tutor Model was beneficial because they were receiving assistance from other older adults who had already been through the program and who were aware of the various challenges faced by their age group.

Similar to TAP1, the TAP2 program also offered once-a-week classes over a six-month period, running from November 2009 through April 2010. Because



Grandparents Raising Grandkids

In-Home Service

Meal Program

-Menus

-Meal Reservations

Medical Resources Department

Medicare / Medicaid Assistance Program (MMAP)

Memory Walk

Michigan Communities for a Lifetime

Otsego Haus

Parkinson Support Group

Prime Times

Senior Project FRESH

Special Events

Tax Assistance Program

Technology & Aging ~ TAP

Volunteer Program

a Peer Tutor Model was used for TAP2, the savings realized by utilizing volunteers, allowed the participants to take the training at no charge.

The results of the study indeed showed that providing computer training for older adults had a positive impact on their health. Because TAP1 and 2 participants have shared the positive impact of their computer training on their lives with friends and acquaintances, the OCCOA has received many requests from older adults in the community for similar types of computer classes.

Computer classes are currently being offered in the County through the Otsego County Library, as well as the University Center, but the OCCOA Computer Club will offer the community yet a different choice, as it will be geared toward teaching older adults through the volunteer Peer Tutor Model. Those in need of slower-paced instruction and more personalized assistance may find the new computer club the perfect way to learn more about computers. Unlike TAP1 and TAP2, the club will allow participants to pick and choose the topics that hold the greatest interest to them.

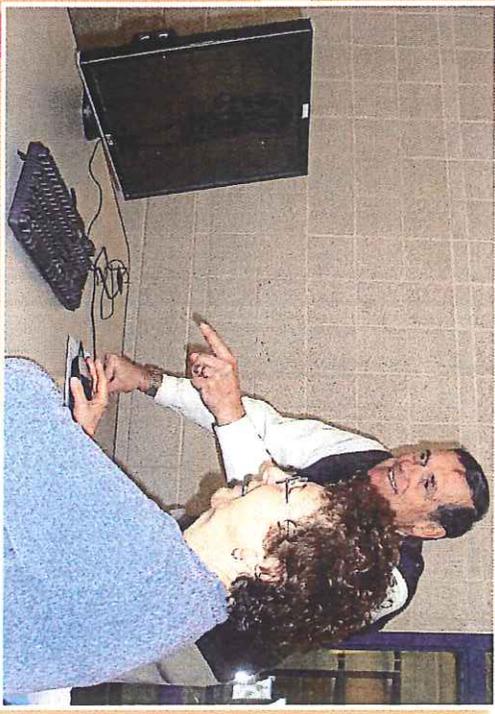
The Computer Club will operate under the joint leadership of TAP2 Coordinator John Panci and one of the TAP2 volunteer tutors, Jack Udebrock. Udebrock was also involved with TAP1 as a participant. Additional talented and gifted volunteer tutors from TAP2 will be on hand to assist with teaching various topics of their choice and providing individual assistance.

Udebrock's passion for volunteering for the club was clear in a recent conversation we shared, "I wanted to continue helping with this program in a leadership role because it is a way for me to give back to my community for all the leadership training I received at the Naval Academy in Annapolis."

He added, "Continuing to volunteer, this time for the OCCOA Computer Club, is all about the people and friendships I made during the TAP study and providing help for those in need of it."

Udebrock stressed that the classes offered by the computer club will operate at a slower pace than classes offered to the general public and will be less structured. "We are going to tune in more to the interests of our members and cover areas that weren't offered during the TAP study." He concluded, "Of course, the bottom line is to make sure that the participants and tutors who are involved have fun!"

IF YOU ARE INTERESTED IN JOINING THE OCCOA COMPUTER CLUB, PLEASE CONTACT THE AGENCY AT (989) 732-1122 OR CONTACT US THROUGH OUR WEBSITE AT WWW.OTSEGOCOUNTYCOA.ORG.



JACK UDEBROCK OFFERS ASSISTANCE TO A TAP2 STUDENT

TAP2 PARTICIPANTS LEARNED HOW TO DO INTERNET SEARCHES



89.732.1122 • WWW.OTSEGOCOUNTYCOA.ORG • ADVOCACY 989.732.9977

Fax: 989-731-2739 • occoa@occoaonline.org • Weekdays 8:00 am to Noon and 12:30 to 4:00 pm

120 GRANDVIEW BLVD. ✦ GAYLORD, MICHIGAN 49735

OCCOA

Otsego County Commission on Aging

Policy and Procedure – OFFICE

#15 – Complaint Resolution Policy

Goal: To describe a process by which anyone who has a complaint with the OCCOA can get his/her issues addressed.

Objectives:

- Provide detailed step-by-step instructions for the complaint process
- Note responsibilities of staff and the Board of Directors in the process
- Note other agencies and departments that might become involved in the process

Procedure: See attached document.

- Comment about service provision
- Formally post a complaint against the agency
- Appeal a decision of service ineligibility and/or service termination

The process for pursuing complaints is outlined below:

- Complaints must be made in writing to the appropriate OCCOA Department Head stating the nature of the issue and providing the name, address, and signature of the individual making the complaint. The appropriate staff member will contact you personally and attempt to resolve the issue within 10 business days.
- If you are not satisfied with the problem resolution offered by the OCCOA staff member, please forward your complaint/appeal to the Executive Director of the OCCOA for review and consideration. The Executive Director will attempt to resolve the issue with the appealing party within 10 business days.
- If you are not satisfied with the resolution offered by the OCCOA Executive Director, you may appeal to the OCCOA Board of Directors by informing the Executive Director of your wish to do so. The appeal will be put on the Board's next regularly scheduled meeting agenda for its consideration.
- The OCCOA Chairperson, upon notification of the appeal, will appoint a committee of three board members to review the circumstances of the appeal. The committee will make an appropriate recommendation to the board at its next regular meeting. The OCCOA Board of Directors will then make a final determination regarding the appeal. Notification of this determination will be sent to all of the involved parties.
- Appeals of the OCCOA Board of Directors' determinations may be made to the Region 9 Area Agency on Aging, 2375 Gordon Rd., Alpena, MI 49707 (989-356-3474). The Area Agency on Aging will investigate the concern and attempt resolution. If the resolution is unsatisfactory, the complainant may forward the complaint to the Michigan Department of Civil Rights and/or the Departments of Health and Human Services within 180 days from the date of the alleged action. They can be contacted at Offices of Services to the Aging, PO Box 30026, Lansing, MI 48909.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



Completed
11-2-10

225 West Main Street • Gaylord, Michigan 49735

Memorandum

October 26, 2010

To: Dona Wishart
OCCOA

From: Susan Premo
Otsego County Administration

Re: Services Agreement

Dona,

Enclosed please find two original agreements for providing services to the older adults in Otsego County. Please have both signed and return one back to us.

Thanks!

Susan

Agreement for Providing Services to the Older Adults in Otsego County

This Agreement, effective as of this 26th day of October, 2010, is between the County of Otsego, Michigan (hereafter County), organized and existing under the constitution and laws of the State of Michigan, and the Otsego County Commission on Aging (hereafter OCCOA), a Michigan non-profit corporation.

Whereas, there exists a need for services to the County's older adult population to help those residents maintain their dignity and independence by employing both a professional, caring staff and volunteer corps to combine public and private funds to offer programs that target nutritional, wellness, educational, and social needs in a progressive, proactive, and cost effective manner, and

Whereas, the County has shown its long-standing commitment to the older adults of Otsego County by creating the OCCOA in 1979, and

Whereas, the OCCOA has a long and exemplary history of providing services, such as home-delivered meals, congregate meals, in-home services, adult day services, and advocacy counseling, and

Whereas, the OCCOA has been incorporated pursuant to the provisions in Public Act 162 of 1982 of the State of Michigan, and

Whereas, the OCCOA is prepared to continue providing services to the County's older adults, and

Whereas, on August 4th, 2009, the voters of Otsego County authorized the County Commissioners (hereafter Commissioners) to levy a tax of up to 1.0 mills for a period of up to five (5) years, 2010 through 2014 inclusive to provide operating funds for the OCCOA, and

Whereas, the County and OCCOA desire to affirm the understanding and Agreement regarding the basis upon which OCCOA will provide such service, and to clarify the respective roles, responsibilities and obligations of the parties in conducting and providing such services, and

Whereas, as of the 1st day of October, 2010, the Otsego County Commission on Aging shall establish a non-profit corporation to provide services to the older adult population of Otsego County.

Now, therefore, it is agreed by and between the County and OCCOA, as follows:

1. Terms and Amendment

a. Terms

This Agreement contains the entire understanding and Agreement of the parties regarding the subject matter contained herein.

b. Duration

The terms of this Agreement shall be for 20 years. Upon completion of the first term, the Agreement shall automatically renew for a five (5) year term, with the second term following the first with no break in the Agreement unless both parties agree to amend or renegotiate the agreement. Thereafter, the Agreement will continue to automatically renew for five (5) year terms with the mutual agreement of both parties.

c. Amendment

Further, the terms and conditions of this Agreement may be amended at any time during the above stated period with the express mutual written consent of the parties.

2. Revenues

a. Annual Budget

- i. The OCCOA will present an annual budget to the County prior to October 1st of each year as required by the County Finance Committee for the following year beginning October 1, 2010.
- ii. The budget shall estimate the maximum amount of revenue which the OCCOA may obtain from:
 1. Private and government grants
 2. Donations
 3. Fees for services
 4. The OCCOA Operating Millage
 5. Fund equity

3. Operating Year

In order to maintain its grant funding relationships, the OCCOA will have a fiscal and operating year that begins annually October 1st and ends September 30th.

4. Funds

a. Restricted and Unrestricted Funds

- i. Funds raised through the millage for the OCCOA will be considered restricted funds and applied toward operations and capital improvements.
- ii. Fund raised through grants, donations, fees for service, contracts, and all other sources will be considered unrestricted funds and are the exclusive property of OCCOA. Monies from this fund may only be obligated,

transferred, or disbursed with the approval of the OCCOA Board of Directors.

- iii. Restricted funds shall be deposited by the County Treasurer in a fund dedicated to the OCCOA.
- iv. Unrestricted funds may, at the discretion of the OCCOA, be deposited with the County in a separate account dedicated to the OCCOA.
- v. The OCCOA will notify the County Treasurer of the amount and general purpose of each transfer.

5. Accountability

a. Monthly Statements

The OCCOA's accountant shall work with the County Treasurer each month to reconcile the OCCOA's bank statements.

b. Corporate Records

All corporate records of the OCCOA shall be available to the County or its auditors upon reasonable request.

c. Financial Records

The financial records for the restricted funds of the OCCOA shall be maintained in accordance with the Uniform Budget Accounting Act, being Public Act 621 of 1978, as amended.

d. Audits

The OCCOA shall conduct an annual audit of its financial records in accordance with applicable law (Section 501(c)(3) of the Internal Revenue Regulations) and generally accepted accounting principles at annual intervals. The OCCOA shall complete such audit and shall provide a copy of the audit report to the County.

6. Liability Insurance

a. Cost of Insurance

The OCCOA, at its expense, shall provide comprehensive/commercial general liability insurance protecting the OCCOA, the County, and the County Commissioners, the OCCOA Board of Directors, and their respective agents, officers, and employees. The County will allow the OCCOA to be covered under the County's insurance if that is the most feasible and economical coverage available to the OCCOA, and the OCCOA will pay the cost of its coverage.

b. Policy Type

- i. Such insurance shall provide coverage for the defense of actions brought against the OCCOA, its Board of Directors, Officers, and Employees for, including but not limited to, negligence, malfeasance, misfeasance, errors,

omissions, neglect, damages, intentional acts, or other actions arising out of the operation, maintenance and activities of the OCCOA.

- ii. Such insurance shall be in limits of not less than \$1,000,000 per occurrence for injury or death to any one person, not less than \$3,000,000 per occurrence for injury or death to more than one person, and not less than \$500,000 per occurrence for property damage.

c. Named Insureds

- i. The OCCOA and the County shall be named insureds on all insurance policies required hereunder and all insurance proceeds shall be payable to the OCCOA and the County according to their respective interests.
- ii. Upon request, the OCCOA shall furnish County with certificates or other evidence acceptable to County indicating that the insurance is in effect and providing that County shall be notified in writing at least 30 days before cancellation of, any material change in, or renewal of the policy.
- iii. All insurance maintained pursuant to this Agreement shall contain a clause or endorsement under which the insurer waives all rights of subrogation against any and all of the parties to this Agreement and their respective officers, commissioners, agents, and employees, with respect to losses payable under the policy.

7. Operational Integrity

a. Operations

The County covenants and agrees with the OCCOA, subject to the performance by the OCCOA of all of the terms, covenants, and conditions of this Agreement, to contract with the OCCOA to be the sole provider of County services to the County's older adults. The OCCOA may employ such persons in such capacities as it deems advisable and will make such rules and regulations as it deems advisable and necessary to assure the efficient management and operations of the OCCOA. Further, the OCCOA, with the approval of the OCCOA Board of Directors, shall have the authority, power, and ability to obtain, lease, purchase, acquire or transfer, sell, or dispose of such equipment as is necessary to carry out its obligation to the citizens of Otsego County.

b. OCCOA Oversight

The OCCOA, as an incorporated non-profit organization, will have an independent Board of Directors to oversee all operations of the agency. The Board will function according to its bylaws, which are part of the Articles of Incorporation filed with the State of Michigan.

The Chairperson of the County Commissioners will annually appoint a Commissioner to be a Liaison to the OCCOA for a 12-month term. The appointment of a County Commissioner by the County Board of Commissioners

shall be final. The Liaison Commissioner will be expected to attend the 6 annual OCCOA Board meetings, and that Liaison will be eligible for Committee assignment as well.

c. Management

All management and administrative matters relating to the operation and maintenance of the OCCOA shall be under the sole authority and control of the OCCOA Board of Directors, subject to the laws, and terms of this Agreement.

d. Charges for Services

The establishment of all charges for services provided to older adults shall be under the complete and exclusive control of the OCCOA and the OCCOA Board of Directors. All bill processing for these services shall be the sole responsibility of the OCCOA.

e. Contracting

The OCCOA, with the approval of the OCCOA Board of Directors, shall have the exclusive authority to enter into contracts or other agreements or contracts for services as deemed necessary to carry out its obligations to the citizens of Otsego County.

f. Access to County Service Contracts

The County agrees that it will make available opportunities to the OCCOA to participate in contracts and agreements for County-wide services wherein such participation would be financially beneficial to both parties.

8. OCCOA Representations and Warranties

The OCCOA Represents and Warrants that:

- a. The OCCOA is a Michigan nonprofit corporation, which is exempt from federal income taxation under section 501 (c) (3) of the Internal Revenue Code, duly organized, validly existing, and in good standing under the laws of the State of Michigan. A copy of the authorizing letter is attached.
- b. The execution, delivery, and performance by the OCCOA of this Agreement is within its corporate powers, has been duly authorized by all necessary action of its Board, and does not contravene or constitute a default under any provision of applicable law, regulations, the Articles of Incorporation, the Bylaws of the OCCOA, or of any Agreement, judgment, injunction, order, decree, or other instrument binding upon it.
- c. The officers of the OCCOA who will execute this Agreement, and all other documents, instruments, and agreements required to be delivered or contemplated under this Agreement, are or will be duly authorized by the OCCOA Board of Directors.
- d. This Agreement constitutes a valid, binding Agreement of the OCCOA, except as may be limited by bankruptcy, insolvency, reorganizing, moratorium, or other

similar laws affecting the enforcement of creditor's rights and general principles of equity.

- e. To the knowledge of the OCCOA, there is no action, suit, or proceeding pending or threatened against the OCCOA before any court or arbitrator or any governmental body, agency, or official, in which an adverse decision would materially and adversely affect the ability of the OCCOA to keep any of its obligations under this Agreement or which in any manner questions the validity of this Agreement.
- f. Upon the dissolution of the OCCOA, the Board of Directors shall, after paying or making provision for the payment of all liabilities of OCCOA, dispose of all of the assets of the OCCOA exclusively for the purposes of the Corporation to Otsego County. The OCCOA shall amend its Articles of Incorporation accordingly to designate Otsego County as the recipient of its assets upon dissolution.

9. OCCOA Covenants

The OCCOA covenants and agrees that so long as this Agreement shall remain in effect, unless the County waives compliance in writing:

- a. The OCCOA will promptly inform the County of any occurrence which constitutes an event of default as defined in this Agreement or which, with the giving of notice or lapse of time, or both, would constitute such an event of default and of any other occurrence which materially affects its financial condition adversely or its ability to comply with its obligations under this agreement.
- b. The OCCOA shall maintain its existence as a Michigan nonprofit corporation in good standing with the State of Michigan. The OCCOA shall comply with all governmental laws, regulations, and orders applicable to it, the failure to comply with which would have a materially adverse effect on the financial condition, business, or operations of the OCCOA or would affect the validity or enforceability of this Agreement.
- c. The OCCOA shall maintain its tax-exempt status under federal income tax laws and regulations, and none of its revenues, income or profits, either realized or unrealized, and none of its assets or property will be distributed to any of its employees, or inure to the benefit of any private person, association, or corporation, other than for the lawful corporate purposes of the OCCOA.

10. Events and Remedies of Default

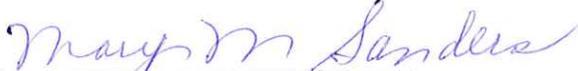
Each of the following shall constitute an event of default:

- a. Any representation of warranty made by the OCCOA in this Agreement, or which is contained in any certificate or other document delivered at any time pursuant to

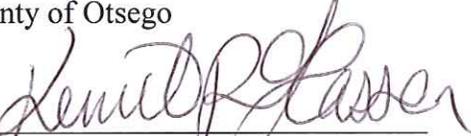
AGREED:

Otsego County Commission on Aging

By: 
Jack Thompson, Chair

By: 
Mary Sanders, Vice Chair

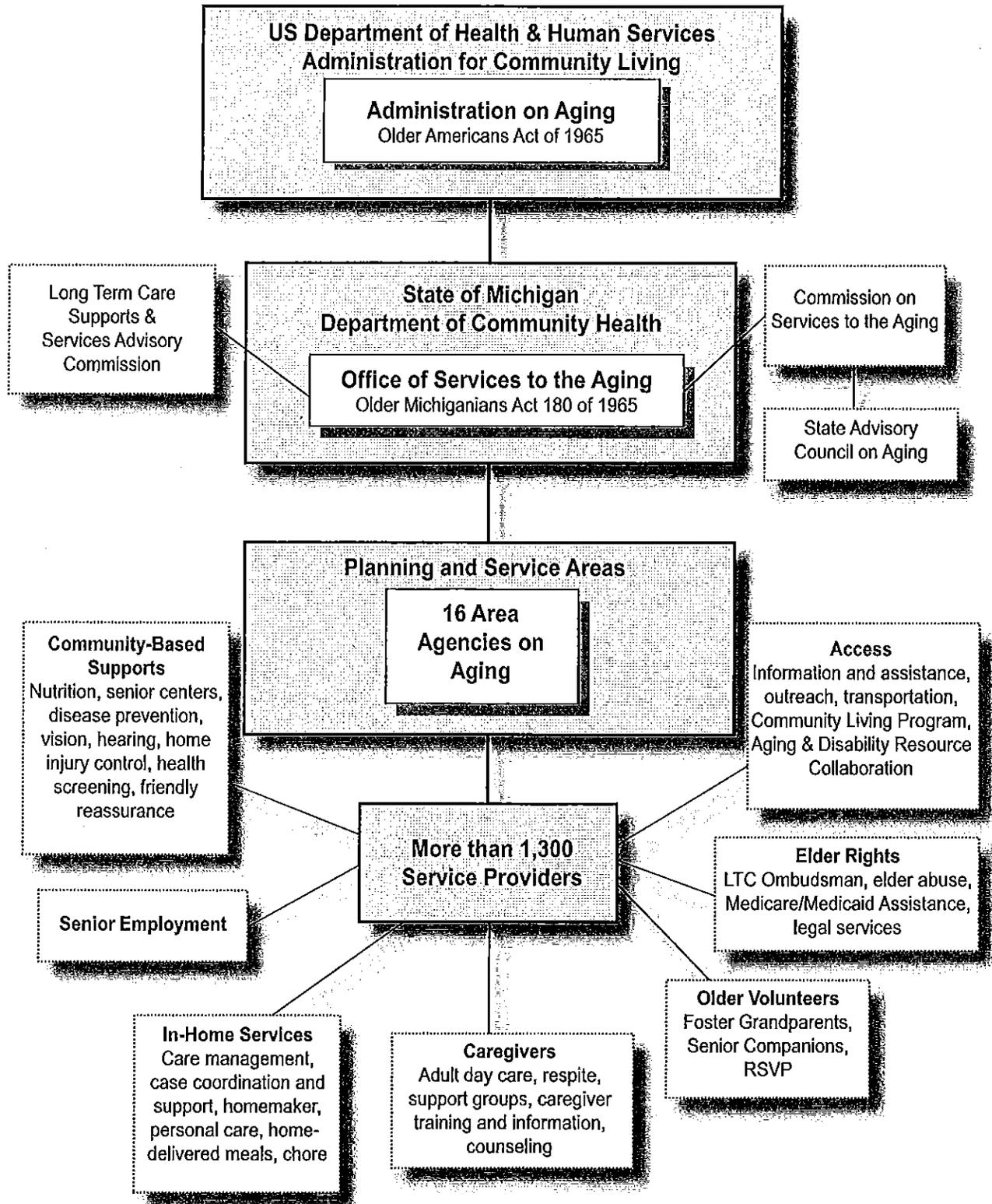
County of Otsego

By: 
Ken Glasser, Chairman, County Board of Commissioners

By: 
John Burt, County Administrator

The Aging Network

A Federal-State-Local Partnership





U.S. ADMINISTRATION ON AGING



AOA STRATEGIC GOALS & OBJECTIVES 2007-2012

Goal 1

Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options

- Provide streamlined access to health and long-term care through Aging and Disability Resource Center programs
- Empower individuals, including middle-aged individuals, to plan for future long-term care needs

Goal 2

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

- Enable seniors to remain in their homes and communities through flexible service models and consumer-directed approaches
- Continue to use Older Americans Act programs and services to advance long-term care systems change
- Continue to improve the planning and assessment efforts of the National Aging Service Network

Goal 3

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

- Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level
- Promote the use of the prevention benefits available under Medicare

Goal 4

Ensure the rights of older people and prevent their abuse, neglect and exploitation

- Facilitate the integration of Older Americans Act elder rights programs into Aging Services Network systems change efforts
- Improve the identification and utilization of measurable consumer outcomes for elder rights programs
- Foster quality implementation of new Older Americans Act provisions supporting elder rights

Goal 5

Maintain effective and responsive management

- Promote state-of-the-art management practices, including the use of performance-based standards and outcomes, within AoA and the National Aging Services Network
- Implement the President's Management Agenda
- Support the Department of Health and Human Services and the National Aging Services Network in administering emergency preparedness and response for older people

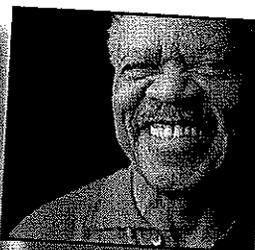


osa

Office of Services to the Aging

2012 Annual Report

January 2013





Program data presented in this report is preliminary, compiled through December 2012. Final data will be submitted to the federal Administration on Aging by February 2013, and federal certification is expected in March 2013.

The Michigan Office of Services to the Aging is an equal opportunity employer and program provider. This report, required by state law, is printed with federal funds by authority of the Older Americans Act of 1965, as amended.

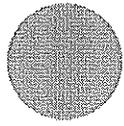
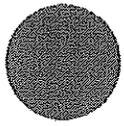
400 copies printed at a total cost of \$609.96 or \$1.53 per copy.

2012 Annual Report

State of Michigan
Rick Snyder, Governor

Michigan Office of Services to the Aging
Kari Sederburg, Director
300 E. Michigan Ave., 3rd Floor
Lansing, MI 48933

January 2013





STATE OF MICHIGAN

OFFICE OF SERVICES TO THE AGING
LANSING

RICK SNYDER
GOVERNOR

KARI SEDERBURG
DIRECTOR

January 2013

Dear Governor Snyder, members of the Michigan Legislature, and friends:

As the state's leader on aging issues for more than 40 years, the Michigan Office of Services to the Aging provides leadership, resources and support for older adults throughout Michigan.

The "2012 Annual Report" highlights the progress made by Michigan's aging network as it works to serve and promote the independence of Michigan's older adults and their families. This past fiscal year was an exciting time for advocacy, public policy, and information gathering. Here are a few of the highlights:

- Newly available 2010 census data documented that Michigan is now home to 1.9 million older adults. An unprecedented one-in-five state residents are now age 60 years and older. Moreover, at more than 180,000 strong, those age 85 and older now represent the fastest growing segment of the state's population.
- A needs assessment of older adults was conducted for the first time in 25 years, providing new benchmarks for serving Michigan's older adult population.
- Landmark elder abuse prevention legislation was passed. These new laws encourage the reporting of elder abuse, and strengthen penalties for those convicted of crimes.
- The Aging and Disability Resource Collaboration was expanded to cover 53 counties. This program will streamline access to long-term supports and services and provide information on all aspects of life related to aging or living with a disability. It will be launched statewide in 2014.
- Core programs that help older people remain independent in their homes and communities remained strong, reliable, and cost effective. Congregate and home-delivered meals, in-home services, older worker programs, senior volunteer programs, evidence-based disease prevention initiatives, care management, and caregiver programs – to name a few – all produced impressive results.

Moving forward, 2013 is sure to be another productive year, in part because of the increased funding for aging programs proposed by Governor Snyder and approved by the Michigan legislature – the first increase since 2005. On behalf of Michigan's aging network, I wholeheartedly thank our state leaders for their continued support.

I remain extremely proud of what the aging network accomplished in 2012 and look forward to working in collaboration with our partners to help older adults maintain their quality of life and independence in our great state.

Sincerely,

Kari Sederburg, Director

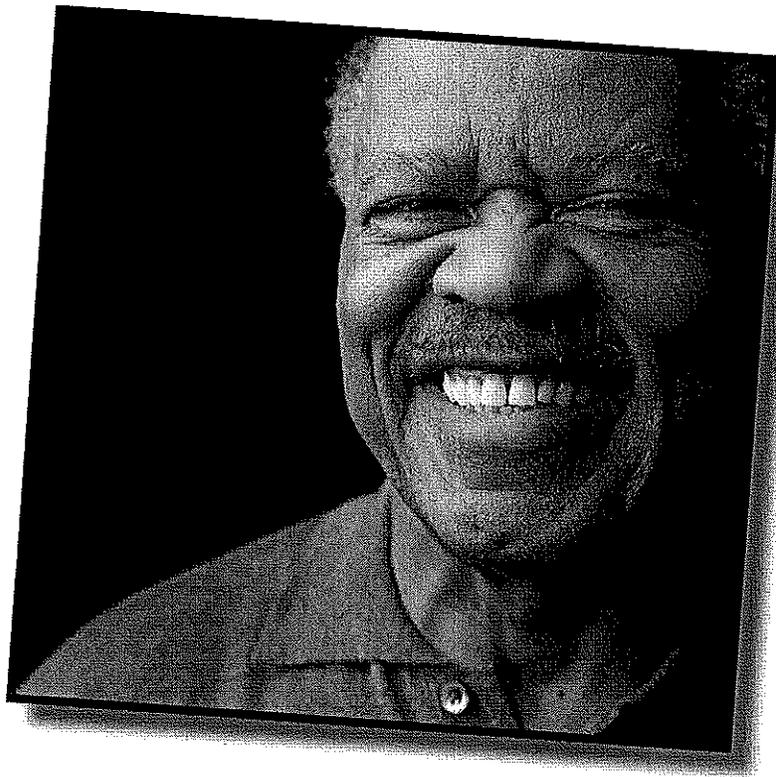
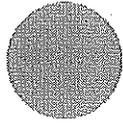
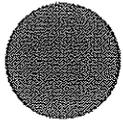
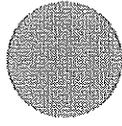


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2012 Annual Report

Preface

The Office of Services to the Aging (OSA) is the state office dedicated to older adults. In its unique role within state government, OSA serves as:

- An informed leader, advocate, and expert on aging;
- An information source for older adults and their families, partners, friends, neighbors, and the general public;
- An effective steward of federal and state taxpayer dollars; and
- A leader in promoting effective, efficient, quality services and supports through Michigan's aging network and its partners.

While OSA provides leadership on aging at the state level, serving Michigan's older adult population is a collaborative process. Working in partnership with Michigan's 16 area agencies on aging and more than 1,300 local service providers, a wide-variety of programs are available for older adults, especially those facing the challenge of maintaining their independence as they age. This partnership, known as the aging network, is built on the premise that older adults are valued members of society who should have opportunities to continue to grow, thrive, and contribute to their communities throughout their lives.

OSA manages \$92.8 million in federal and state (non-Medicaid) funding for community-based programs that are relied on by older adults in every corner of the state. Among the programs available are meals and nutrition education, evidence-based disease prevention, legal services, care management, in-home services, elder rights and safety initiatives, and volunteer programs, just to name a few.

The 2012 annual report presents activities and accomplishments based on the four goals outlined below. Each goal is contained in OSA's state plan, a document required as a condition of federal funding.

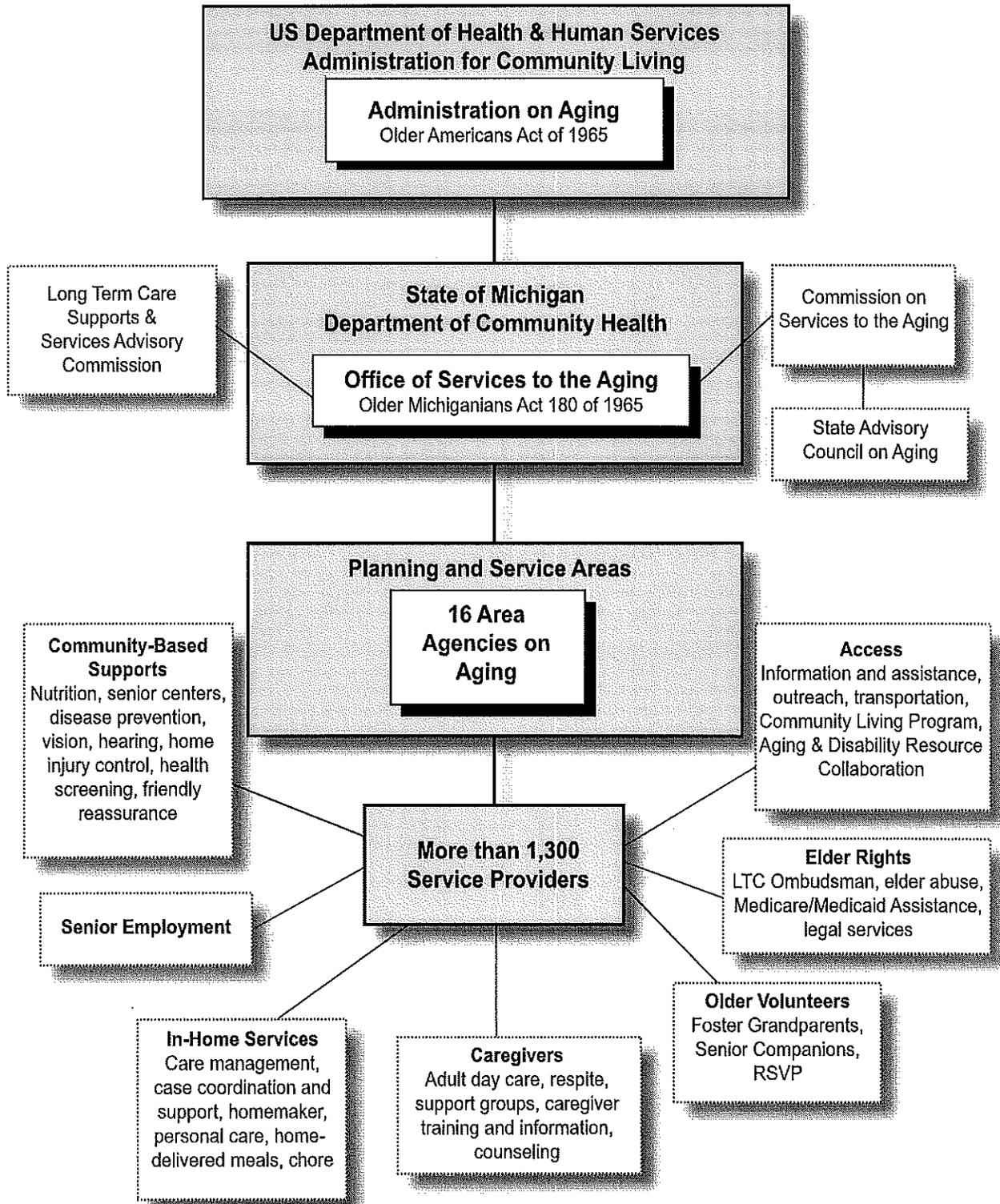
State Plan Goals – Fiscal Years 2011-2013

A strategic direction for community-based services for older Michigan citizens

- Goal I.** Work to improve the health and nutrition of older adults
- Goal II.** Ensure that older adults have a choice in where they live through increased access to information and services
- Goal III.** Promote elder rights, quality of life, and economic security, and protect older adults from abuse, neglect and exploitation
- Goal IV.** Improve the effectiveness, efficiency, and quality of services provided through the Michigan aging network and its partners

The Aging Network

A Federal-State-Local Partnership



Michigan's Older Adults

Profile

This profile describes characteristics of Michigan's older adult population based on the most current information available as of January 2013. Most data is presented for the age 60 and older age group from the 2010 census. Note that more recent 2011 (estimated) data was used when available, and some census data was only available for those age 65 and older at this time.

POPULATION AND GROWTH

Between 2000 and 2010, demographic factors between the baby boom generation and increased longevity were apparent.

- The population of individuals age 60 and older consists of 1,930,341 people, or 19.5 percent of the total state population. There are 334,179 more residents age 60 and older today than in 2000, an increase of 20 percent.
- There are 182,322 persons between age 85 and 95, and 1,729 who are age 100 and older. The age 85 and older age bracket has grown by 35 percent in the past 10 years and now represents nearly 10 percent of individuals age 60 and older.
- The number of self-identified veterans age 65 and older decreased by 4.9 percent from 332,493 in 2000 to 306,607 in 2010.

Statewide Population	2000	2010	Change 2000 to 2010	
			Number	Percent
60 years and older	1,596,162	1,930,341	334,179	20.9%
65 years and older	1,219,018	1,361,530	142,512	11.7%
75 years and older	576,138	636,821	60,683	10.5%
85 years and older	141,492	191,881	50,389	35.6%
100 years and older	1,535	1,729	194	12.6%

2000 Data: American Fact Finder, 2000 Census Summary File 1, Table PCT012
 2010 Data: American Fact Finder, 2010 Census Summary File 1, Table PCT12

GENDER

Between 2000 and 2010, there were some changes in the ratio of age 60 and older men to women.

- The majority of Michigan's age 60 and older population is female – 1,067,897 or 55.3 percent and 862,444 or 44.7 percent are males. In 2000, there were 2.4 percent more females and 2 percent fewer males.

ETHNICITY AND RACE

The racial and ethnic makeup of the age 60 and older population has remained relatively steady.

- More than 13 percent of the state's population age 60 and older identify as something other than of white European ancestry.
- African Americans represent the largest of such groups at 10 percent of the state's population age 60 and older.
- The second largest group is comprised of Hispanics, which represent 1.2 percent of the age 60 and older population.
- American Indians and Alaska Natives comprise 0.3 percent of the age 60 and older population, while 0.8 percent identifies as being two or more races.

Ethnicity or Race for Population Age 60 and Older	Change 2000 to 2010					
	2000	% of Population	2010	% of Population	Number	Percent
White alone	1,400,703	87.8%	1,675,109	86.8%	274,406	19.6%
Hispanic or Latino	18,653	1.2%	30,319	1.6%	11,666	62.5%
American Indian and Alaska Native	4,658	0.3%	7,627	0.4%	2,969	63.7%
Asian	12,103	0.8%	25,280	1.3%	13,177	108.9%
Black/African American	160,741	10.1%	199,887	10.4%	39,146	24.4%
Native Hawaiian/Other Pacific Islander	195	0.0%	279	0.0%	84	43.1%
Some other race	5,260	0.3%	7,870	0.4%	2,610	49.6%
Two or more races	12,502	0.8%	14,289	0.7%	1,787	14.3%
Minority population	195,459		255,232		59,773	30.6%
Age 60 and older population	1,596,162		1,930,341		334,179	20.9%
Percent of population	12.2%		13.2%			

2000 Data: American Fact Finder, 2000 Census Summary File 1, Table P012
 2010 Data: American Fact Finder, 2010 Census Summary File 1, Table PCT12

DISABILITY

In 2011, the overall percentage (prevalence rate) of people with a disability age 65 and older is estimated to be 37 percent.

	Age 65 to 74		Age 75 and Older		Total		Total
	Male	Female	Male	Female	Male	Female	
Hearing	14%	6%	27%	20%	19%	13%	16%
Vision	3%	4%	7%	11%	5%	7%	6%
Ambulatory difficulty	13%	18%	27%	36%	19%	27%	23%
Cognitive difficulty	6%	5%	13%	16%	9%	10%	9%
Self-Care difficulty	4%	5%	10%	15%	7%	10%	8%
Independent living difficulty	7%	9%	18%	30%	12%	20%	16%
With a disability	27%	25%	48%	52%	35%	38%	37%

2011 Data: American Fact Finder, 2009-2011 American Community Survey 3-Year Estimates, Table S1810

EDUCATION

- In 2000, the number of those age 65 and older with less than a 9th grade education was 169,153 or 14 percent. In 2010, this number had fallen to 114,764 or 9 percent.
- In 2000, the number of those age 65 and older with a high school diploma was 430,062 or 35 percent. In 2010, this number had risen to 508,490 or 39 percent.
- In 2000, the number of those age 65 and older with a bachelor's degree was 85,529 or 7 percent. In 2010, this number had risen to 118,811 or 9 percent.

Educational Attainment for Age 65 and Older				
	2000		2010	
		%		%
Less than 9th grade	169,153	14%	114,764	9%
9th to 12th grade, no diploma	259,138	21%	186,691	14%
High school graduate (includes equivalency)	430,062	35%	508,490	39%
Some college, no degree	180,450	15%	231,463	18%
Associate degree	26,558	2%	51,398	4%
Bachelor's degree	85,529	7%	118,811	9%
Graduate or professional degree	68,342	6%	105,375	8%
Total Population	1,219,232		1,316,992	

2000 Data: American Fact Finder, 2000 Census Summary File 3, Table QT-P20
2010a: American Fact Finder, 2006-2010 American Community Survey Selected Population Tables, Table S1501



EMPLOYMENT

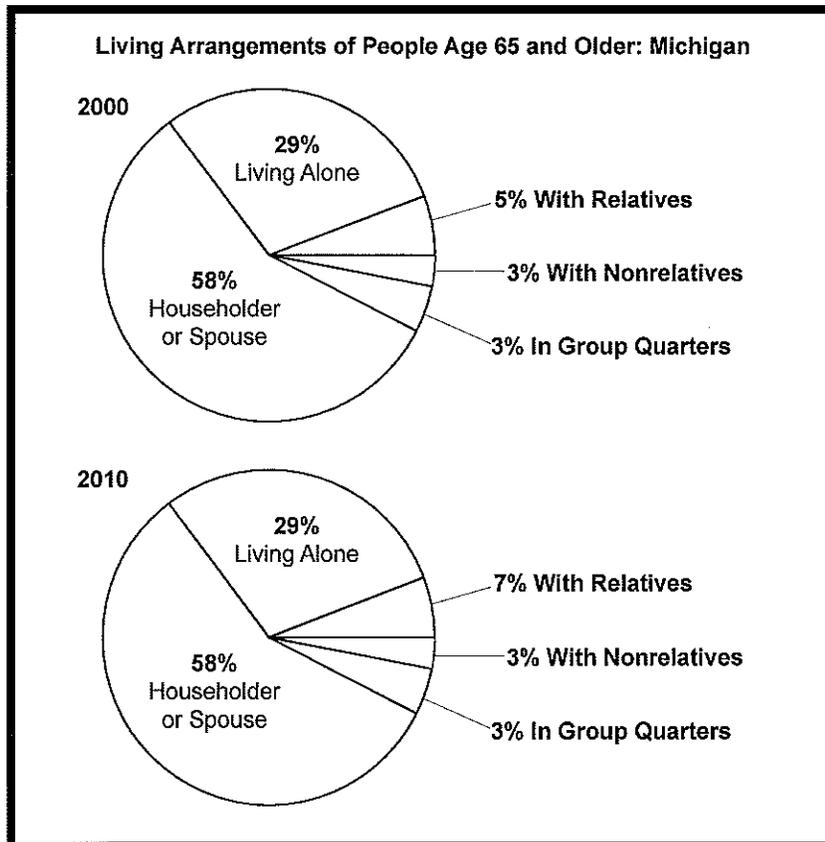
The percent of the age 60 and older population that is employed has risen in all categories, except for those age 75 and older.

Employment Status of Age 60 and Older		
	Percentage of population employed	
	2000	2011
60 to 61 years	48.1%	49.7%
62 to 64 years	34.2%	36.2%
65 to 69 years	20.0%	22.4%
70 to 74 years	11.6%	12.2%
75 and older	4.7%	4.2%
Total	17.6%	20.4%

2000 Data: American Fact Finder, 2000 Census Summary File 3, Table PCT035
 2011 Data: American Fact Finder, 2007-2011 American Community Survey Selected Population Tables, Table B23001

LIVING ARRANGEMENTS

The percentages of those living alone, with their partners, or with non-relatives have remained constant between 2000 and 2010.



State Plan Goal #1 – Health and Nutrition

Work to Improve the Health and Nutrition of Older Adults

EVIDENCE-BASED DISEASE PREVENTION (EBDP) PROGRAMS

The EBDP programs are available to older adults who are affected by chronic diseases and conditions such as arthritis, diabetes, heart disease, and other disabilities. EBDP workshops teach participants to take control of their health by learning to maintain a healthy lifestyle through increased self-efficacy and self-management behaviors.

Workshops are available in many different settings, such as community centers, residential housing, senior centers, physician's offices and hospitals. Some are conducted by peer groups which provide support, socialization and reinforcement of positive health behavior changes.

In fiscal year 2012, federal grants (in part) supported completion of 267 EBDP workshops attended by 3,066 people. Of those attendees, 2,130 completed 4 of 6 sessions (70 percent completion rate).

Workshop offerings:

- 2 Chronic Pain Self-Management
- 53 Diabetes Self-Management (Diabetes PATH)
- 211 Chronic Disease Self-Management (PATH)
- 1 Spanish Version (Tomando)

Twenty-five people were trained and certified as master trainers on chronic pain self-management as well.

NUTRITION

Elderly Nutrition Program – Adequate nutrition is critical to health, functioning, and quality of life, and is an important component of home and community-based services for older adults.

The Elderly Nutrition Program provides for congregate and home-delivered meals. Meals and other nutrition services are provided in a variety of group settings, such as senior centers, faith-based settings, and schools, as well as in the homes of homebound older adults.

In addition to nutritious meals, the program offers other benefits, including opportunities for social interaction which helps to decrease feelings of isolation. The program also provides a vital link to other supportive services available in local communities. While there is no means test for program participation, services are targeted to older adults with the greatest economic and social need.

A total of 10,261,176 meals were served to 108,663 participants in fiscal year 2012.

Home-delivered Meals 48,285 people received 7,704,324 meals		Congregate Meals 60,378 people received 2,556,852 meals	
Participant Profile		Participant Profile	
69%	Age 75 and older	52%	Age 75 and older
65%	Female	65%	Female
51%	Lived alone	36%	Lived alone
38%	Resided in rural areas	57%	Resided in rural areas
35%	Low-income	27%	Low-income
26%	Minority by race and/or ethnicity	11%	Minority by race and/or ethnicity

Senior Project FRESH/Market FRESH – This innovative, seasonal nutrition program was made available again to older adults in the summer of 2012. The program provides qualified older people with coupons to be used as cash to purchase fresh, locally-grown produce from authorized Michigan farmers’ markets and roadside stands.

People age 60 and older with a total household income of \$20,147 or less for an individual, or \$27,214 for a couple, are eligible to apply. In addition, those receiving Supplemental Nutrition Assistance Program benefits, commodities, or other federal food assistance are eligible.

- 21,365 older adults participated in the program
- 380 markets representing more than 2,008 farmers participated in 82 Michigan counties
- 275,686 coupons were distributed (worth \$2 each), a 10 percent increase from 2011

OLDER ADULT VOLUNTEERS

Whether they serve every day or a few times a year, older adult volunteers make an impact on issues they care about. Volunteers often work to help other older adults live independently in their homes, tutor and mentor at-risk youth, and help local organizations with day-to-day tasks. At this time of growing social need, volunteer service is vital to many communities and organizations, which have come to rely on them to fill the gaps.

While communities greatly benefit from volunteers’ skills and experience, older adult volunteers gain something important in return – improved health. More than two decades of health research points to significant mental and health benefits of volunteering. This includes lower mortality rates, increased strength and energy, lower rates of depression, and greater functional ability.

Three valuable volunteer programs continue as a priority for older adults in Michigan who desire this kind of civic engagement – Foster Grandparent, Senior Companion, and Retired and Senior Volunteer Programs (RSVP).

A total of 11,749 older adults participated in the following in fiscal year 2012:

- 1,092 Foster Grandparents served 1,651 different settings within 369 public and private non-profit organizations. An estimated 5,460 children and youth with special needs benefitted from the service provided by these volunteers.
- 623 Senior Companions served 1,455 different settings within 204 public and private non-profit organizations. An estimated 3,115 adults with special needs benefitted from the service provided by these volunteers.
- 10,034 RSVP volunteers provided service to 1,887 public and private non-profit organizations. This contribution equals 1,166,709 hours of service to local communities.

Senior Citizens of the Year 2012 – Marie Taylor of Jackson and Johann Friedrick Ingold of Sault Ste. Marie were honored as 2012 Senior Citizens of the Year at a special ceremony during Older Michiganians Day held at the State Capitol.

At age 97, Ms. Taylor was recognized for her work as a patient advocate in Vista Gran Villa Health Center's "No One Dies Alone" program, providing comfort to those in their final days who are without family or friends.

Mr. Ingold, age 85, was recognized for a lifetime of volunteer leadership on a wide-range of community projects benefitting Michigan's Eastern Upper Peninsula residents.

Each year OSA, the Commission on Services to the Aging, and Consumers Energy honor two outstanding older adults for their exemplary volunteer work in the areas of service and leadership.



State Plan Goal #2 – Choice and Access

Ensure that older adults have a choice in where they live through increased access to information and services

MICHIGAN AGING & DISABILITY RESOURCE COLLABORATION

The Michigan Aging & Disability Resource Collaboration (ADRC) program will streamline access to long-term supports and services in the state and provide information on all aspects of life related to aging or living with a disability. In fiscal year 2012, ADRCs expanded to 10 local collaborations covering 53 counties.

Work at the state level is centering on helping local partnerships build their capacity to become “fully-functioning” ADRCs by 2014. Significant progress has been made in the following areas:

- Program standards and definitions
- Resource databases and reporting
- Communications strategies, including the ADRC website
- Training on culture change and person-centered planning
- Quality indicators to measure benefits to program participants

When the program is fully-functioning statewide in 2014, the ADRC will be the best place for older adults, people with a disability, their families, friends, caregivers, and providers to get information about long-term supports and services.

CAREGIVER SUPPORT SERVICES

Family caregivers are a mainstay of home and community-based long-term supports and services, providing 80 percent of assistance to family members and loved ones.

Research has found that while caregivers are helping others with such tasks as bathing, banking, shopping, food preparation and medical care, they often neglect their own needs. Studies also show that when caregivers are supported in their roles, they are better able to provide care for longer periods of time, feel less stress, and derive more personal satisfaction from this work.

Programs are available through the aging network to help caregivers strike that essential balance between their own personal needs and the needs of those for whom they care for. Some programs, like adult day services and respite, also promote meaningful activities for the care receiver.

Caregiver Support Services	
6,407 caregivers were supported by 694,401 hours of service in adult day services, respite care, counseling services, and supplemental care	
Caregiver Profile	
70%	Female
47%	Younger than age 65
32%	Daughters or daughters-in-law
30%	Spouses
28%	Low-income
24%	Minority by race and/or ethnicity

Family Caregivers of Persons with Dementia – Creating Confident Caregivers™ is an evidence-based program providing support to families caring for a person with dementia who is living at home. The person-centered framework of the program, along with its ability to help caregivers manage their situation, has made this initiative extremely valuable to all levels of Michigan’s aging network.

Area agencies on aging and their community partners provided more than 300 six-week programs to 2,315 caregivers of persons with dementia.

- 2,134 participants (92 percent) attended 4 or more sessions
- 1,841 (80 percent) were female
- 871 (38 percent) were spouse caregivers
- 1,384 (60 percent) were age 60 and older
- 1,855 (80 percent) lived in rural areas
- 1,139 (49 percent) were adult children

The program benefited 2,315 persons with dementia.

- 1,227 (53 percent) were female
- 2,166 (93 percent) were age 60 and older

Under a federal grant, a new format of the Savvy Caregiver Program was developed and targeted specifically to veterans and their family members. Interestingly, it was found that veterans were less likely to attend the program designed for their needs, opting instead to attend the original evidence-based Savvy Caregiver Program.

Tailored Caregiver Assessment and Referral (TCARE®) – To help reduce caregivers’ burdens, which may lead to stress and depression, OSA continued its engagement in the TCARE® program. TCARE® an evidence-based program that assesses caregivers and links them to optimal service choices they may most consistently use.

Twelve new people completed the TCARE® Intensive Assessor program in fiscal year 2012, and many organizations throughout the state continue to use TCARE® to benefit caregivers who are identified as being at high risk.

COMMUNITIES FOR A LIFETIME

These local initiatives help people “age in place” at home or in the setting of their choice. Best practices are promoted in livable communities, naturally occurring communities, neighborhoods, and villages to help Michigan communities prepare for, attract, and retain older residents and their families.

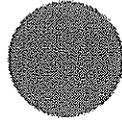
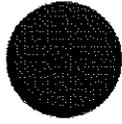
Manistique and Traverse City were added to the growing list of Michigan communities receiving “Community for a Lifetime” recognition by the state.

COMMUNITY-BASED SERVICES

These services constitute the core of aging network programs, helping people remain in their homes and communities as they age. These services complement existing medical and health care systems, help to prevent hospital readmissions, provide transportation to doctor’s appointments, and support some of life’s most basic functions. These include providing assistance with bathing or food preparation, among other things.

In fiscal year 2012, 55,296 older adults received 508,461 hours/units of community services.

Service Type	Clients	Units
Assistance to the Hearing Impaired	610	3,259
Counseling	256	2,083
Crisis Service Energy Assistance	385	345
Disease Prevention/Health Promotion	8,795	48,809
Elder Abuse Prevention	11,171	8,374
Friendly Reassurance	216	30,656
Health Screening	1,048	1,106
Home Injury Control	935	3,231
Home Repair	32	65
Information & Assistance	NA	146,434
Legal Assistance	7,217	27,272
Medicare/Medicaid Assistance Program (MMAP)	1,956	4,295
Medication Management	1,354	7,920
Nutrition Education	426	426
Outreach	NA	76,851
Personal Emergency Response	951	3,094
Senior Center Staffing	11,817	25,883
Transportation	4,511	110,424
Vision Services	1,834	2,485
Wellness Center Support	1,782	5,449
Total	55,296	508,461



HOUSING

As an information resource for older adults, caregivers, and others on housing-related issues, OSA continually stays abreast of state and national housing initiatives and best practices.

Information and assistance, technical assistance, and training were provided on home repair, home safety, universal design, senior villages, livable communities, foreclosure prevention, and locating senior housing options. OSA also served on a collaborative task force with the Michigan State Housing Development Authority to support the development of a more affordable model of assisted living projects with accessible services for older adults.

IN-HOME SERVICES

These services assist individuals who have functional, physical, or mental characteristics that limit their ability to care for themselves. Often informal supports, such as family or friends, are insufficient or unavailable to care for these individuals.

Targeting criteria for in-home services is based on social, functional, and economic characteristics.

In-home Services	
19,322 older adults received 678,072 units/hours of care including care management, case coordination and support, chore, homemaker, home health aide, personal care programs	
Participant Profile	
69%	Age 75 and older
71%	Female
55%	Lived alone
59%	Resided in rural areas
29%	Low-income
12%	Minority by race and/or ethnicity

State Plan Goal #3 – Elder Rights and Economic Security

Promote elder rights, quality of life, and economic security, and protect older adults from abuse, neglect, and exploitation

ELDER ABUSE, NEGLECT, AND EXPLOITATION

Elder abuse continues to impact older and vulnerable Michigan adults. OSA estimates that at least 90,000 older adults are victimized each year, with many unable or unwilling to report their abuse to authorities.

Preventing abuse, neglect and exploitation remains a primary goal of OSA. Significant progress was made this year on state policy and awareness of this issue:

- 11 new elder abuse laws passed in 2012, increasing Michigan's ability to combat abuse in all forms
- OSA participated in efforts to develop an elder abuse model investigative protocol
- OSA provided leadership for the Department of Justice Office on a Violence Against Women grant (Calhoun County), and provided expertise in similar grant projects secured by other communities in Michigan

LEGAL ASSISTANCE

This assistance is a priority service in the Older Americans Act, designed to ensure that older adults have access to needed services and the ability to address barriers to living in the least restrictive setting of their choosing.

Legal assistance includes advice and counsel, direct representation, and legal education services.

- The legal network provided more than 45,000 hours of service to 10,100 individuals
- More than 10,000 individuals participated in the legal network's 213 community presentations on topics such as understanding legal rights, advance planning, consumer issues, and housing
- 5,017 individuals were served through the Legal Hotline for Michigan Seniors, Michigan's free legal advice and referral program for older adults and their caregivers
- The Legal Hotline connected 1,574 individuals with the Michigan Benefits Enrollment and Outreach Center, and 506 individuals with the Pension Rights Project

MEDICARE/MEDICAID ASSISTANCE PROGRAM (MMAP)

MMAP is Michigan's State Health Insurance and Assistance Program, offering free, confidential health benefits counseling and assistance to people with Medicare and Medicaid.

- More than 3,500 individuals were enrolled in the Medicare Part D low-income subsidy program for a total consumer savings of \$14 million
- Medicare Savings Program enrollments saved 4,000 individuals nearly \$6 million
- 51,550 individuals received direct MMAP counseling services
- MMAP team members provided 61,758 counseling hours
- 14,225 younger Medicare beneficiaries (under age 65) received services
- 71 new volunteers joined the MMAP team, bringing the total number of volunteers to 297

MMAP received national recognition for:

- The availability of in-person counseling locations throughout the state
- The program's high percentage of substantial, personal direct client counseling
- The ethnic diversity of its team members, which mirrors the diversity of Michigan's beneficiaries

September marked the end to the four-year Medicare Improvement for Patients and Providers Act (MIPPA) grants. Over this time, MMAP team members and partners enrolled 14,443 individuals in the Low Income Subsidy and Medicare Savings Programs. This resulted in savings of \$40 million in health care expenses. While MIPPA ended, MMAP will continue to assist beneficiaries with enrollment in these two valuable programs.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

This program provides part-time employment opportunities for low-income older persons age 55 and older who wish to retain, learn, or upgrade job skills.

Training assignments are made to non-profit community agencies, with the eventual goal of transitioning older workers to unsubsidized employment. Ten community-based organizations were funded to administer the program. These grantees had a 36.9 percent unsubsidized employment placement rate, exceeding the US Department of Labor's performance target for Michigan of 24.9 percent.

Senior Community Service Employment Profile of 491 Participants	
77%	Female
55%	Age 60 and older
42%	Provided community service to the older adult community
37%	Obtained unsubsidized employment

STATE LONG TERM CARE OMBUDSMAN

The State Long Term Care Ombudsman provides advocacy and information to individuals in need of long-term supports and services, particularly those living in nursing homes, homes for the aged, and adult foster care homes.

The ombudsman also provides training, oversight, and management of the local ombudsman programs statewide.

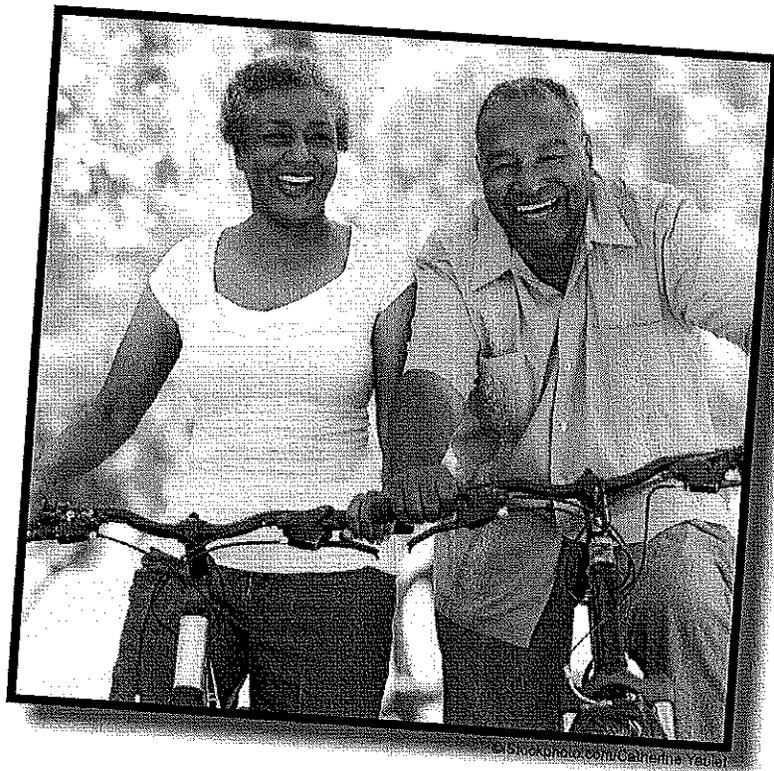
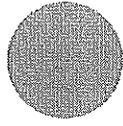
- Long-term care consultations were held with 2,755 individuals and 803 facility staff
- 252 community education sessions were held
- 95 percent of complaints were made against nursing facilities and 5 percent were made against adult foster care homes or homes for the aged
- 1,761 complaint cases involving 3,175 complaint issues were completed and closed

Top 5 complainants (of 1,761 complaints made):

- 619 (35 percent) self-reported by residents
- 475 (27 percent) initiated by ombudsman
- 391 (22 percent) reported by friends or relatives
- 99 (6 percent) anonymously reported
- 98 (5 percent) reported by facility staff

Top 10 complaint issues:

- Involuntary discharge/eviction from a facility (283 complaints)
- Failure to respond to requests for help (269)
- Lack of dignity/staff treatment of residents (245)
- Requests for less restrictive settings (191)
- Medication administration/mistakes (127)
- Inadequate care plans (98)
- Guardianship, conservatorship, powers of attorney, wills (98)
- Symptoms, including pain, not managed (78)
- Assistive devices (55)
- Decertification/closures (53)



State Plan Goal #4 – Efficiency and Quality

Improve the effectiveness, efficiency, and quality of services provided through the Michigan aging network and its partners

AREA AGENCY ON AGING OVERSIGHT

OSA provided financial and program oversight of all 16 area agencies on aging in these ways:

- Area plans were thoroughly reviewed, and then submitted to the Commission on Services to the Aging for approval
- Formal performance assessments were conducted
- Financial, program and audit reports were reviewed
- On-site monitoring of area agency on aging governance was conducted
- Technical assistance was provided as needed

NEEDS ASSESSMENT

A needs assessment was conducted in fiscal year 2012, representing a year-long data collection effort between OSA, volunteers across the state, and more than 5,000 Michigan residents. This assessment – the first in more than 25 years – surveyed the needs of people age 60 and over, and those 60 and under with disabilities. Lesbian, gay, bisexual and transgendered residents over the age of 50, and those under 50 with disabilities were also surveyed.

This needs assessment will benefit the state by helping the aging network better understand and predict more accurately the services that will be required in the coming years. It will also be valuable in evaluating trends over time.

In the coming months, OSA will work alongside Michigan's aging and disability communities to examine the assessment findings, develop recommendations, and make adjustments to current policies and programs.

TECHNOLOGY

OSA developed its internet-based Aging Information System (AIS) to create secure information systems that support informed decision-making and effective service delivery. The AIS allows for comprehensive reporting on participants and services at the state, area agency on aging, and local levels.

A comprehensive profile of participants and services helps program planners ensure that services are participant-driven and provide maximum flexibility. This supports OSA's focus on keeping older adults and caregivers healthier longer, and maintaining a coordinated network of service options that support independence and allow individuals to receive services in the setting of their choice.

- In fiscal year 2012, the 17 AIS software applications and associated websites supported the data collection and reporting needs of more than 1,300 users at 280 agencies across Michigan.

Michigan Office of Services to the Aging 2012 Budget Appropriation

Line Item	Appropriation
OSA Administration	6,683,100
Community Services	35,314,400
Nutrition Services	36,687,000
Retired and Senior Volunteer Program	627,300
Foster Grandparent Program	2,233,600
Senior Companion Program	1,604,400
Employment Assistance	3,792,500
Respite Care	5,868,700
Appropriation Total	\$92,811,000
Total Federal Revenues	58,584,100
Title III – Older Americans Act	43,552,900
Title VII – Older Americans Act	709,400
Nutrition Services Incentive Program – DHHS	7,260,400
Title V – DoL	3,952,800
Title XIX – Medicaid	3,108,600
Total State Restricted Revenues:	5,868,700
Abandoned Property Funds (Respite)	1,400,000
Merit Award Funds	4,468,700
Miscellaneous Private Revenues	677,500
General Fund/General Purpose	27,680,700
Revenue Total	\$92,811,000

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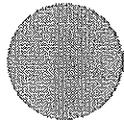
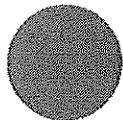
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Michigan Long Term Care Supports And Services Advisory Commission

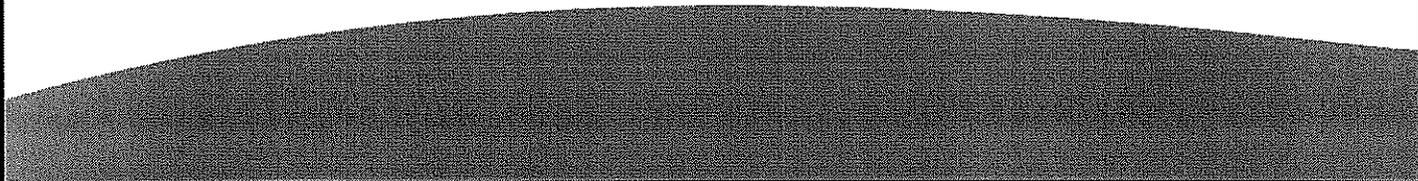
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Catherine Ramaker
Thomas Rau
Tiffany Reo
Cynthia Viars

Ex-Officio: Cynthia Farrell, Department of Human Services; Kari Sederburg, Office of Services to the Aging; Sarah Slocum, State Long Term Care Ombudsman



Michigan Office of Services to the Aging
300 E. Michigan Ave., 3rd Floor
Lansing, MI 48933



The Changing Face



The Changing Face

of Northeast Michigan

A Report to the Board of Directors
of Northeast Michigan Community Service Agency, Inc.
on the Population of Northeast Michigan
from the 2010 Census

August 5, 2011

Population and Percentage of Change (1970 - 2010)

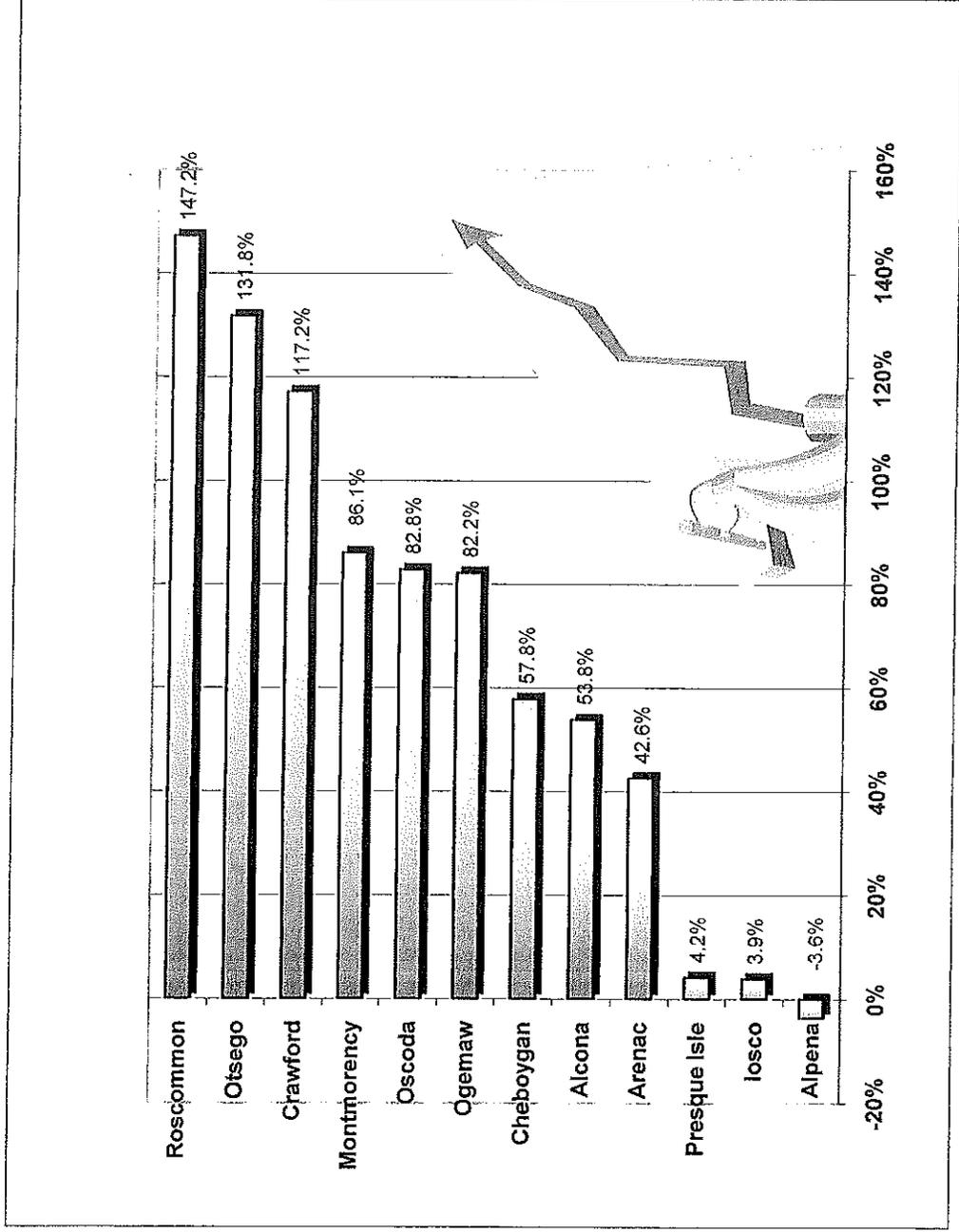
Northeast Michigan

County	1970	1980	1990	2000	2010	# Change 1970-2010	% Change 1970-2010
Alcona	7,113	9,740	10,145	11,719	10,942	3,829	53.8%
Alpena	30,708	32,315	30,605	31,314	29,598	-1,110	-3.6%
Arenac	11,149	14,706	14,931	17,269	15,899	4,750	42.6%
Cheboygan	16,573	20,649	21,398	26,448	26,152	9,579	57.8%
Crawford	6,482	9,465	12,260	14,273	14,074	7,592	117.2%
Iosco	24,905	28,349	30,209	27,339	25,887	982	3.9%
Montmorency	5,247	7,492	8,936	10,315	9,765	4,518	86.1%
Ogemaw	11,903	16,436	18,681	21,645	21,699	9,796	82.2%
Oscoda	4,726	6,858	7,842	9,418	8,640	3,914	82.8%
Otsego	10,422	14,993	17,957	23,301	24,164	13,742	131.8%
Presque Isle	12,836	14,267	13,743	14,411	13,376	540	4.2%
Total	142,064	175,270	186,707	207,452	200,196	58,132	40.9%
Michigan	8,881,826	9,262,078	9,295,297	9,938,444	9,883,640	1,001,814	11.3%
Roscommon	9,892	16,374	19,776	25,469	24,449	14,557	147.2%

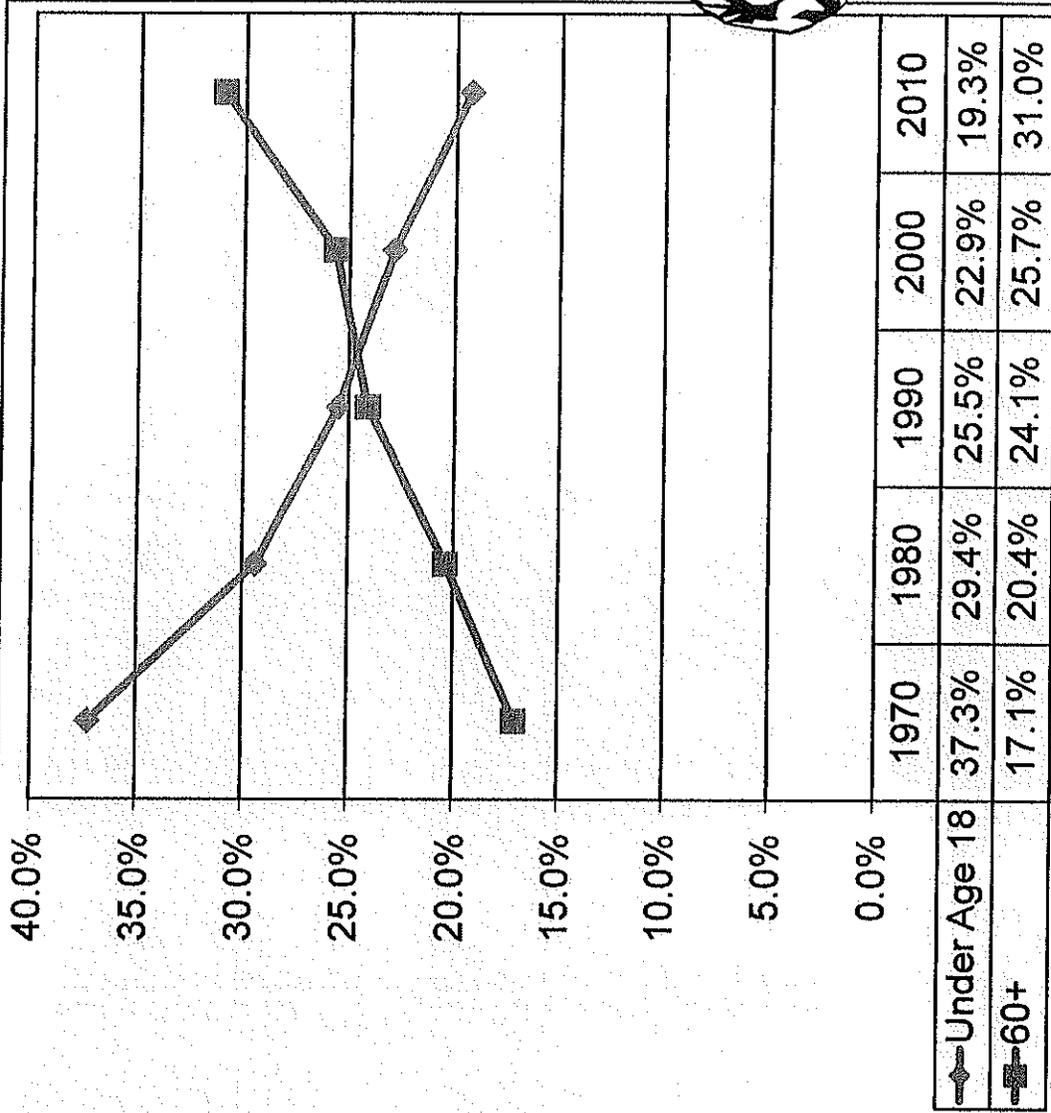
2010 Population



Change Over Four Decades (1970-2010)



Percent of Population Under Age 18 Compared to 60+ Northeast Michigan 1970-2010



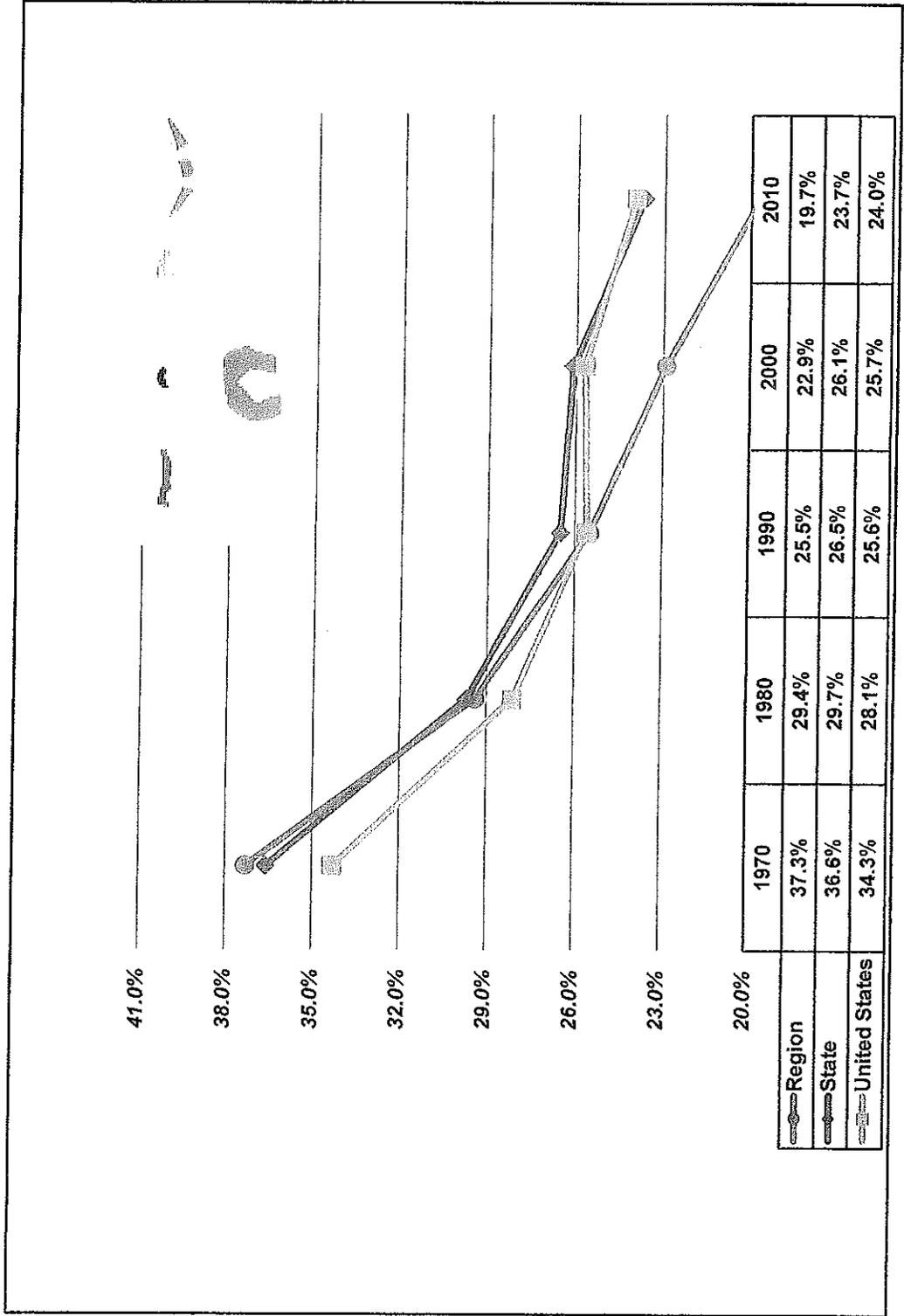
Median Age (1970 - 2010) Northeast Michigan

County	1970	1980	1990	2000	2010	Change in Years of Age 1970 - 2010
Alcona	36.9	40.3	44.8	49.0	55.2	18
Alpena	24.9	29.4	35.3	40.4	45.6	21
Arenac	28.9	31.3	35.7	40.1	46.7	18
Cheboygan	27.3	31.4	37.1	41.3	47.1	20
Crawford	27.5	30.6	34.7	40.6	47.7	20
Iosco	25.0	29.2	32.6	44.2	51.0	26
Montmorency	36.0	36.4	41.6	47.0	52.3	16
Ogemaw	32.6	33.3	37.0	42.3	47.6	15
Oscoda	37.2	36.6	40.0	43.7	49.7	13
Otsego	26.3	29.1	33.7	37.7	43.2	17
Presque Isle	28.5	32.2	38.5	45.1	51.7	23
Michigan	26.3	28.8	32.6	35.5	38.9	13
United States	28.3	30.0	32.9	35.3	37.2	9
Roscommon	40.9	40.5	44.9	47.2	53.3	12

Oldest

Greatest Change

Decline in Population Under Age 18



**Population Under Age 18 and Percentage of the General Population (1970 - 2010)
Number and Percentage of Change (40 Year Period)**

Northeast Michigan

County	1970	% of 1970	1980	% of 1980	1990	% of 1990	2000	% of 2000	2010	% of 2010
Alcona	2,325	32.7%	2,541	26.1%	2,142	21.1%	2,227	19.0%	1,593	14.6%
Alpena	12,488	40.7%	9,950	30.8%	8,066	26.4%	7,418	23.7%	6,189	20.9%
Arenac	4,169	37.4%	4,510	30.7%	3,990	26.7%	4,026	23.3%	3,195	20.1%
Cheboygan	6,352	38.3%	6,297	30.5%	5,605	26.2%	6,263	23.7%	5,346	20.4%
Crawford	2,491	38.4%	2,913	30.8%	3,201	26.1%	3,497	24.5%	2,795	19.9%
Iosco	9,150	36.7%	8,120	28.6%	7,964	26.4%	6,124	22.4%	4,554	17.6%
Montmorency	1,789	34.1%	2,074	27.7%	2,100	23.5%	2,093	20.3%	1,642	16.8%
Ogemaw	4,224	35.5%	4,782	29.1%	4,925	26.4%	5,088	23.5%	4,419	20.4%
Oscoda	1,574	33.3%	1,924	28.1%	1,886	24.1%	2,197	23.3%	1,743	20.2%
Ossego	4,150	39.8%	4,907	32.7%	5,118	28.5%	6,237	26.8%	5,535	22.9%
Presque Isle	4,961	38.6%	4,248	29.8%	3,503	25.5%	3,019	20.9%	2,337	17.5%
Total	53,673	37.8%	52,266	29.8%	48,500	25.9%	48,189	23.2%	39,348	19.6%
Michigan	-	36.6%	-	29.7%	-	26.5%	-	26.1%	-	23.7%
United States	-	34.3%	-	28.1%	-	25.6%	-	25.7%	-	24.0%
Roscommon	2,983	30.2%	3,996	24.4%	4,173	21.1%	5,090	20.0%	3,926	16.1

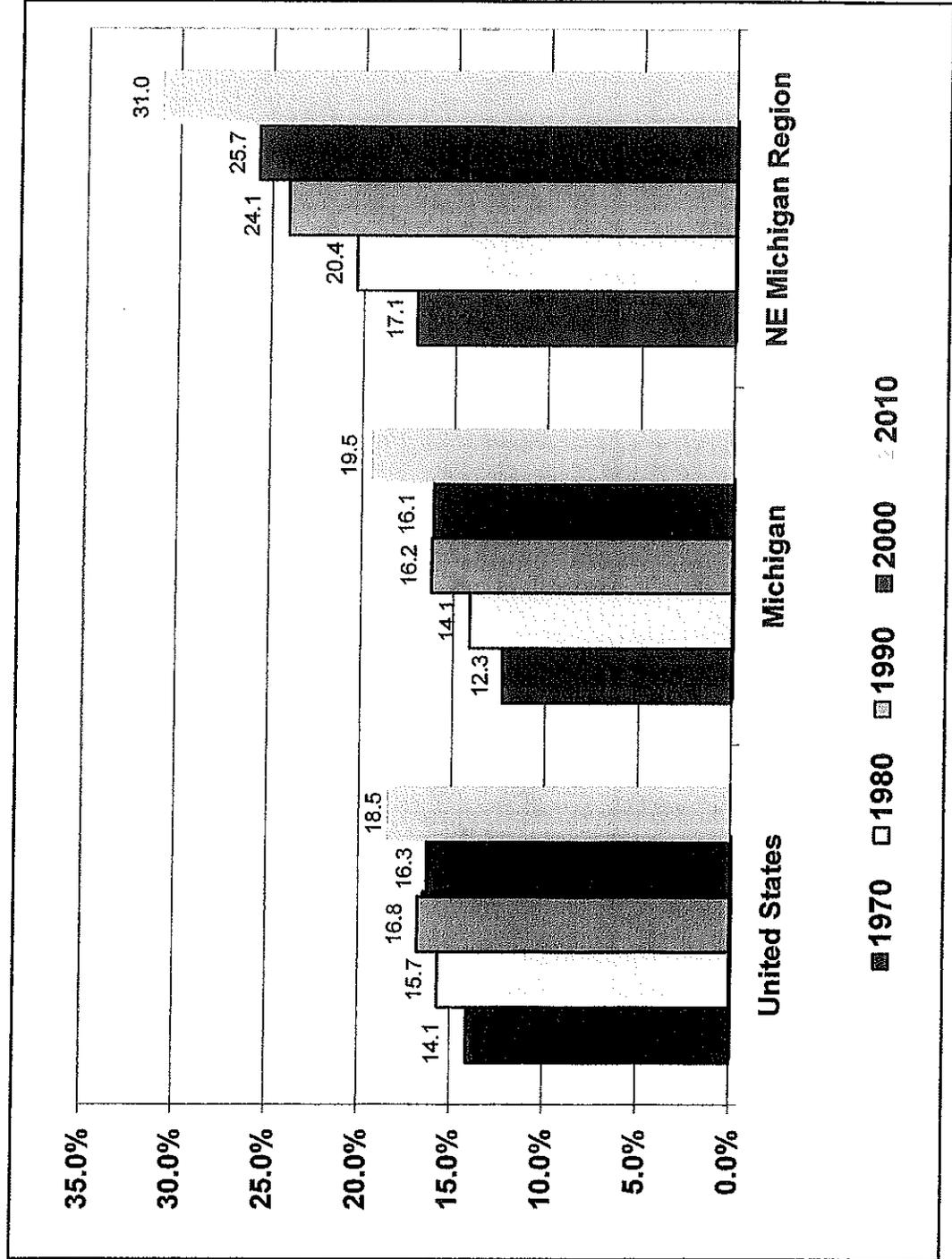
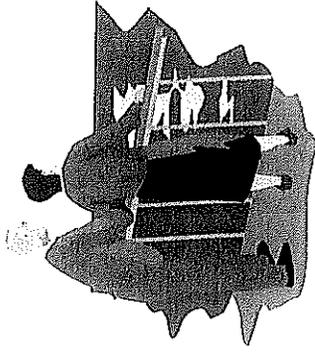


**Population 60 and Older and Percentage of the General Population (1970 - 2010)
Number and Percent (40 Year Period)**

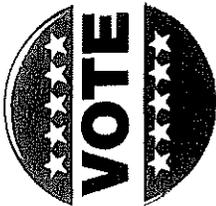
Northeast Michigan

County	1970	% of 1970	1980	% of 1980	1990	% of 1990	2000	% of 2000	2010	% of 2010
Alcona	1,708	24.0%	2,788	28.6%	3,247	32.0%	3,876	33.1%	4,533	41.4%
Alpena	3,802	12.4%	5,218	16.1%	6,184	20.2%	6,970	22.3%	7,747	26.2%
Arenac	1,934	17.3%	2,916	19.8%	3,305	22.1%	3,863	22.4%	4,422	27.8%
Cheboygan	2,784	16.8%	4,024	19.5%	4,961	23.2%	6,305	23.8%	7,664	29.3%
Crawford	1,034	16.0%	1,733	18.3%	2,506	20.4%	3,189	22.3%	4,021	28.6%
Iosco	3,499	14.0%	5,301	18.7%	6,216	20.6%	7,746	28.3%	9,004	34.8%
Montmorency	1,239	23.6%	1,916	25.6%	2,780	31.1%	3,233	31.3%	3,508	35.9%
Ogemaw	2,548	21.4%	3,588	21.8%	4,588	24.6%	5,488	25.4%	6,422	29.6%
Oscoda	1,166	24.7%	1,703	24.8%	2,208	28.2%	2,574	27.3%	2,775	32.1%
Otsego	1,467	14.1%	2,293	15.3%	3,365	18.7%	4,355	18.7%	5,730	23.7%
Presque Isle	2,188	17.0%	2,973	20.8%	3,665	26.7%	4,129	28.7%	4,617	34.5%
Total	23,369	16.4%	34,453	19.6%	43,025	23.1%	51,728	24.9%	60,443	30.2%
Michigan	-	12.3%	-	14.1%	-	16.2%	-	16.1%	-	19.5%
United States	-	14.1%	-	15.7%	-	16.8%	-	16.3%	-	18.5%
Roscommon	2,589	26.2%	4,649	28.4%	6,664	33.7%	8,025	31.5%	9,216	37.7%

Change in Percentage of Persons Aged 60 or Older 1970-2010



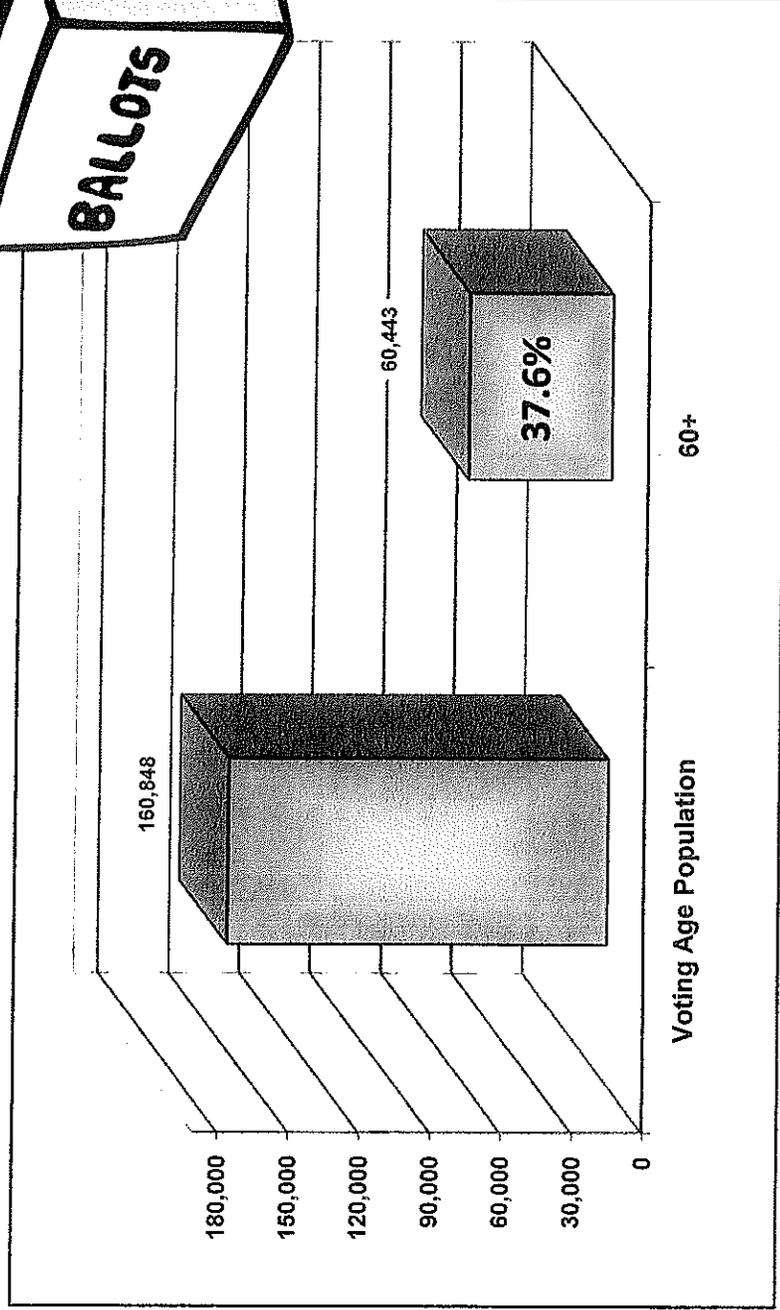
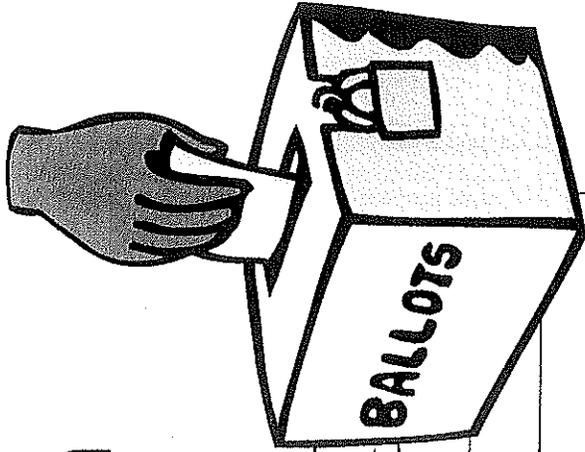
■ 1970 □ 1980 □ 1990 ■ 2000 □ 2010

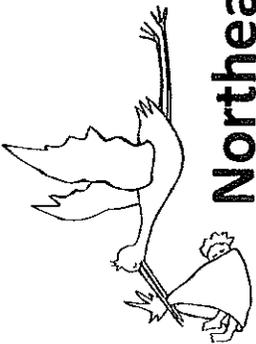


2010 Voting Age Population Northeast Michigan			
County	Voting Age Population	60+	% 60+ of Voting Age Population
Alcona	9,349	4,533	48.5%
Alpena	23,409	7,747	33.1%
Arenac	12,704	4,422	34.8%
Cheboygan	20,806	7,664	36.8%
Crawford	11,279	4,021	35.7%
Iosco	21,333	9,004	42.2%
Montmorency	8,123	3,508	43.2%
Ogemaw	17,280	6,422	37.2%
Oscoda	6,897	2,775	40.2%
Otsego	18,629	5,730	30.8%
Presque Isle	11,039	4,617	41.8%
Total	160,848	60,443	37.6%
Michigan	7,539,572	1,930,341	25.6%
Roscommon	20,523	9,216	44.9%



Voting Age Population Northeast Michigan



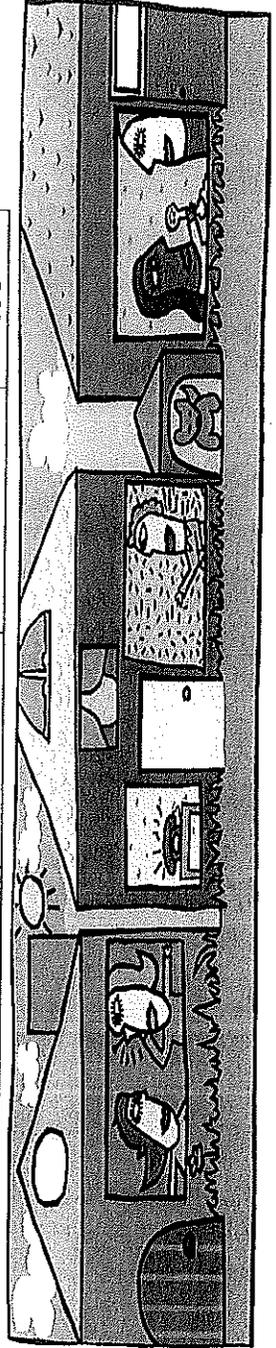


Components of Change Births, Deaths, Net Migration Northeast Michigan, by County April 1, 2000-July 1, 2009

County	Population 2000 Census	Population Estimate 2009	Total Change		Vital Events		Natural Change	Net Migration
			#	%	Births	Deaths		
Alcona	11,719	11,091	-628	-5.4%	654	1,565	-911	327
Alpena	31,314	29,289	-2,025	-6.5%	2,806	3,231	-425	-1,406
Arenac	17,269	16,092	-1,177	-6.8%	1,561	1,802	-241	-865
Cheboygan	26,448	26,106	-342	-1.3%	2,496	2,642	-146	-58
Crawford	14,273	14,203	-70	-0.5%	1,242	1,446	-204	197
Iosco	27,339	25,817	-1,522	-5.6%	2,182	3,603	-1,421	72
Montmorency	10,315	10,094	-221	-2.1%	789	1,396	-607	444
Ogemaw	21,645	21,234	-411	-1.9%	1,973	2,782	-809	515
Oscoda	9,418	8,707	-711	-7.6%	811	1,058	-247	-429
Otsego	23,301	23,412	+111	+0.5%	2,624	2,008	616	-416
Presque Isle	14,411	13,436	-975	-6.8%	1,136	1,663	-527	-356
Roscommon	25,469	24,682	-787	-3.1%	1,884	3,438	-1,554	853
Total	232,921	224,163	-8,758	-3.8%	20,158	26,634	-6,476	1,122
Michigan	9,938,444	9,969,727	+31,283	+0.3%	1,196,297	802,544	393,753	-372,082

Persons Per Household by County 1970 & 2010

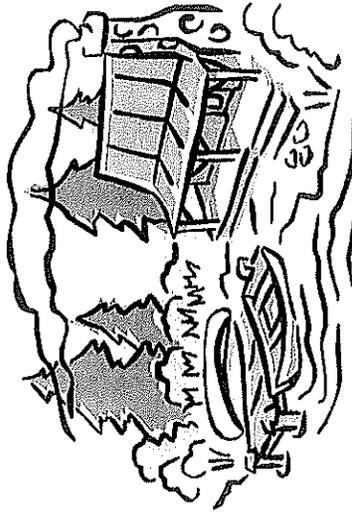
County	1970 Persons per Household	2010 Persons per Household	Difference
Alcona	2.95	2.11	.84
Alpena	3.47	2.34	1.13
Arenac	3.23	2.35	2.01
Cheboygan	3.32	2.32	1.0
Crawford	3.21	2.31	0.9
Iosco	3.22	2.15	1.07
Montmorency	2.94	2.18	.76
Ogemaw	3.08	2.32	.76
Oscoda	2.92	2.28	.64
Otsego	3.37	2.49	.88
Presque Isle	3.28	2.22	1.06
Roscommon	2.74	2.11	.63



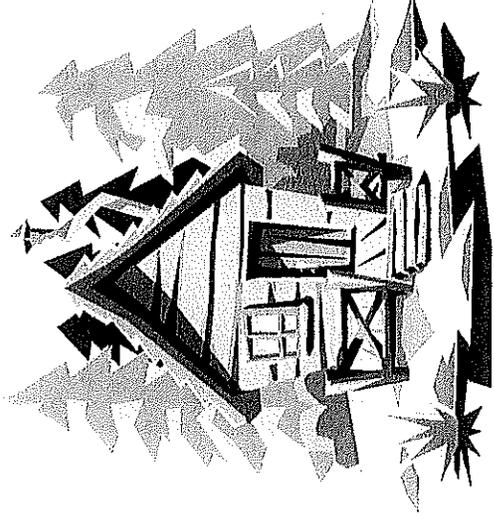
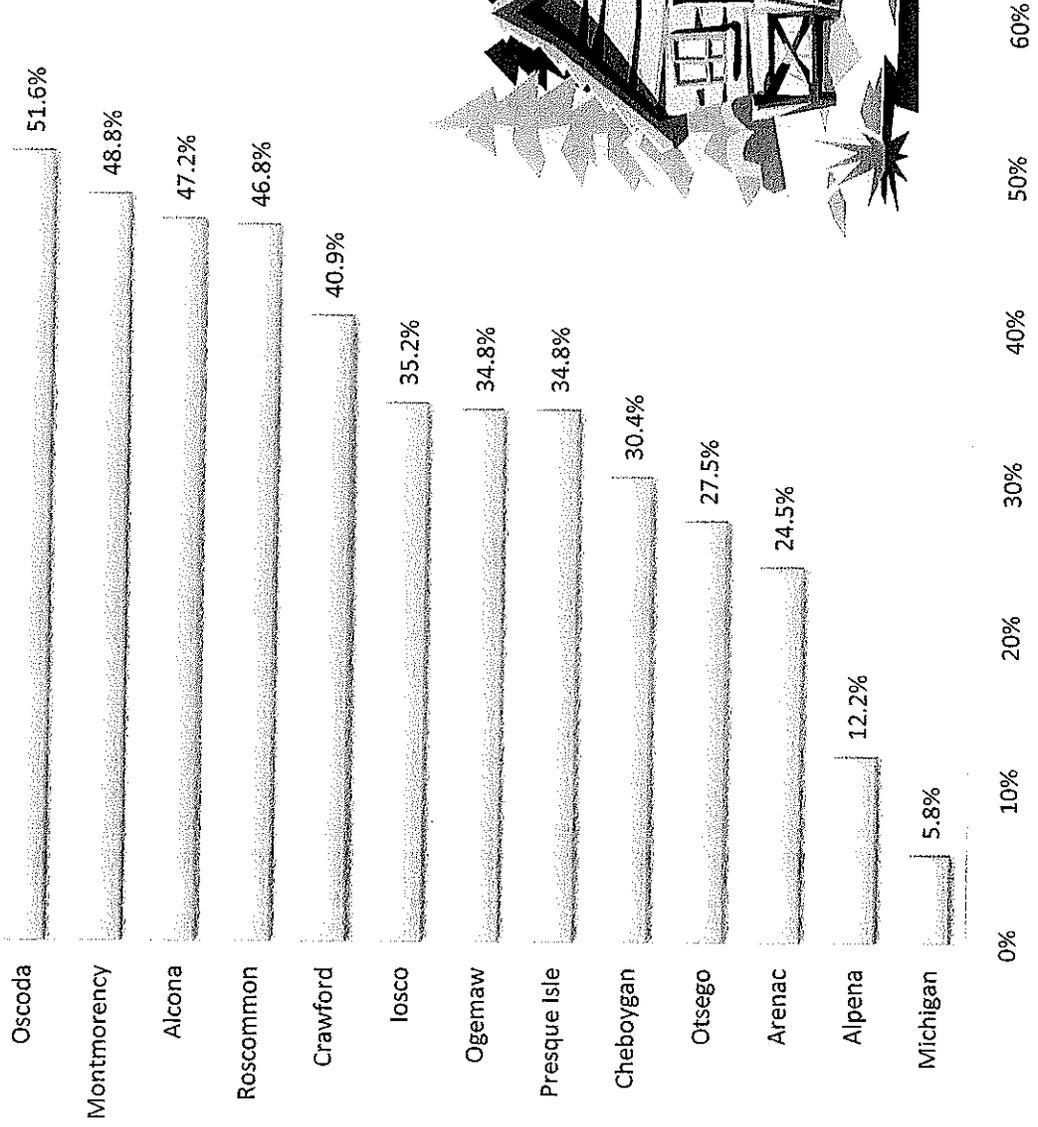
Occupancy/Vacancy Characteristics Northeast Michigan 2000

County	Total Units	Total Occupied Units	Owner Occupied	Renter Occupied	% Renter Occupied	Vacant Units	Held*	% Held of Total Housing Units	% of Vacant that is held
Alcona	11,073	5,089	4,559	530	11.6%	5,984	5,222	47.2%	87.3%
Alpena	16,053	12,791	10,076	2,715	26.9%	3,262	1,961	12.2%	60.1%
Arenac	9,803	6,701	5,605	1,096	16.4%	3,102	2,398	24.5%	77.3%
Cheboygan	18,298	11,133	9,083	2,050	18.4%	7,165	5,557	30.4%	77.6%
Crawford	11,092	6,016	4,937	1,079	17.9%	5,076	4,535	40.9%	89.3%
Iosco	20,443	11,757	9,609	2,148	18.3%	8,686	7,190	35.2%	82.8%
Montmorency	9,597	4,416	3,776	640	14.5%	5,181	4,679	48.8%	90.3%
Ogemaw	16,047	9,283	7,549	1,734	18.7%	6,764	5,589	34.8%	82.6%
Oscoda	9,118	3,772	3,121	651	17.2%	5,346	4,704	51.6%	88.0%
Otsego	14,731	9,756	7,776	1,980	20.3%	4,975	4,052	27.5%	81.4%
Presque Isle	10,428	5,982	5,176	806	13.5%	4,446	3,631	34.8%	81.7%
Roscommon	24,459	11,433	9,464	1,969	17.2%	13,026	11,447	46.8%	87.9%
Total	171,142	98,129	80,731	17,398	17.7%	73,013	60,965	35.6%	83.5%
Michigan								5.8%	39.9%

*Held for seasonal, recreational, or occasional use.



Percent of Total Housing Units Held for Seasonal, Recreational, or Occasional Use by County 2010



Race (Once Race plus Multiracial) Northeast Michigan 2010



County	# White	% White	# Black	% Black	# Amer. Indian	% Amer. Indian	# Asian	% Asian	Hispanic Origin	% Hispanic
Alcona	10,811	98.8%	13	0.1%	66	0.6%	25	0.2%	124	1.1%
Alpena	29,156	98.5%	79	0.3%	156	0.5%	152	0.5%	304	1.0%
Arenac	15,598	98.1%	29	0.2%	190	1.2%	29	0.2%	225	1.4%
Cheboygan	25,126	96.1%	133	0.5%	778	3.0%	74	0.3%	211	0.8%
Crawford	13,877	98.6%	51	0.4%	76	0.5%	52	0.4%	185	1.3%
Iosco	25,348	97.9%	122	0.5%	170	0.7%	126	0.5%	403	1.6%
Montmorency	9,678	99.1%	15	0.2%	43	0.4%	15	0.2%	96	1.0%
Ogemaw	21,377	98.5%	39	0.2%	157	0.7%	76	0.4%	309	1.4%
Oscoda	8,549	98.9%	14	0.2%	49	0.6%	7	0.1%	79	0.9%
Otsego	23,776	98.4%	80	0.3%	160	0.7%	93	0.4%	299	1.2%
Presque Isle	13,179	98.5%	56	0.4%	89	0.7%	41	0.3%	116	0.9%
Roscommon	24,092	98.5%	91	0.4%	147	0.6%	73	0.3%	275	1.1%
Total	220,567	98.1%	722	0.3%	2,081	0.9%	763	0.3%	2623	1.2%
Michigan	-	81.3%	-	14.2%	-	0.6%	-	2.4%	-	4.4%



U.S. ADMINISTRATION ON AGING



AOA STRATEGIC GOALS & OBJECTIVES 2007-2012

Goal 1

Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options

- Provide streamlined access to health and long-term care through Aging and Disability Resource Center programs
- Empower individuals, including middle-aged individuals, to plan for future long-term care needs

Goal 2

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

- Enable seniors to remain in their homes and communities through flexible service models and consumer-directed approaches
- Continue to use Older Americans Act programs and services to advance long-term care systems change
- Continue to improve the planning and assessment efforts of the National Aging Service Network

Goal 3

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare

- Increase the use of Evidence-Based Disease and Disability Prevention Programs for older people at the community level
- Promote the use of the prevention benefits available under Medicare

Goal 4

Ensure the rights of older people and prevent their abuse, neglect and exploitation

- Facilitate the integration of Older Americans Act elder rights programs into Aging Services Network systems change efforts
- Improve the identification and utilization of measurable consumer outcomes for elder rights programs
- Foster quality implementation of new Older Americans Act provisions supporting elder rights

Goal 5

Maintain effective and responsive management

- Promote state-of-the-art management practices, including the use of performance-based standards and outcomes, within AoA and the National Aging Services Network
- Implement the President's Management Agenda
- Support the Department of Health and Human Services and the National Aging Services Network in administering emergency preparedness and response for older people