

## Purpose

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- I. The Washtenaw Health Initiative (WHI) Stakeholder Group identified services for the aging population as a potential interest area to address during planning focus groups in 2014. In subsequent discussions, WHI Steering Committee members also expressed concern that consumers may be unable to easily access information about senior services and resources in Washtenaw County.
- II. In response, an assessment of information resources and services for seniors was conducted by CHRT in order to: 1) understand the current state of available resources and interaction of local senior service organizations with each other, 2) identify service and resource needs among seniors and potential gaps in the community, and 3) determine if, and where the WHI can help bridge unmet needs.

## Methods

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- I. This assessment is based on research and analysis of demographic and survey data, existing information resource guides, and interviews of key stakeholders in the senior services community including the following organizations: Area Agency on Aging 1-B (AAA 1-B), Blueprint for Aging, Huron Valley Program of All-Inclusive Care for the Elderly (PACE), Saint Joseph Mercy Health System, the VA Ann Arbor Healthcare System's Geriatric Research Education and Clinical Centers, University of Michigan Health System's Turner Senior Wellness Program (housed at Turner Senior Resource Center), the Coordinated Funders<sup>1</sup> (The Office of Community and Economic Development representing the city and the county, Ann Arbor Community Foundation, United Way of Washtenaw County, and the RNR Foundation), United Way of Washtenaw County 2-1-1, Catholic Social Services of Washtenaw County (CSSW), Jewish Family Services, and Washtenaw County Department of Health and Human Services (DHHS). (See *Appendix A* for a list of interviewees)
- II. CHRT asked interviewees to provide:
  - a. An overview of the services/resources their respective organization provides seniors.
  - b. Background on the organization, including funding information.
  - c. How the organization is connected to other senior-related organizations in terms of communication and collaboration
  - d. Input on strengths and gaps in senior services as well as challenges the organization faces.

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<sup>1</sup> For more information, see [www.coordinatedfunders.org](http://www.coordinatedfunders.org)

## Key Findings

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- I. Overall, Washtenaw County is rich in resources for seniors. The county includes: several area senior centers, two major health systems with trained geriatric care providers, and multiple senior-focused organizations and programs such as the Area Agency on Aging 1-B (AAA 1-B), Huron Valley PACE, Turner Senior Resource Center, and several others that offer a variety of senior services, such as home health care, delivered meals, and housing assistance. At least three organizations—Turner Senior Wellness Program, AAA 1-B, and 2-1-1—refer the general public to services for the aging. One organization, Blueprint for Aging, aims to assess the needs of seniors and collaborate with local organizations servicing seniors. The Blueprint for Aging is the designated Planning and Coordinating entity for the Coordinated Funders, and is funded to convene all social service agencies in the coordination of senior assistance efforts for the county.
- II. Of the 11 organizations interviewed, at least two organizations, the Washtenaw County DHHS, and Huron Valley PACE have a strong focus on providing services to low-income seniors. Other organizations, such as AAA 1-B, Turner Senior Wellness Program, Jewish Family Services, and St. Joseph Mercy Health System, provide services to seniors at any income level, and AAA 1-B places a special emphasis on assistance to frail, low-income, disadvantaged, and minority elders and adults with disabilities.
- III. While there is plethora of senior services in the county, there are some opportunities to strengthen services. Interviewees noted that consumers and organizations alike have varying levels of awareness of the full extent of the services and information resources available in Washtenaw County. Many of the organizations interviewed have challenges raising awareness of their publicly-available resources. For example, the Turner Senior Resource Center updates and maintains a comprehensive guide of senior resources, published by the U-M Geriatrics Center, which is not easily accessible. As a result, many community members are not aware of the guide. The AAA 1-B has positive brand perception, but only 21 percent of adults 60 years old and over are familiar with the agency.
- IV. In addition to these challenges, interviewees and data sources identified several gaps in services, including dental care, hearing aids, and social isolation, among others. The Blueprint for Aging 60+ Survey reported that 23 percent of respondents did not see a dentist in the past year for a routine check, and the 2010 Health Improvement Plan (HIP) Survey reported that only 62 percent of respondents age 75 and older in Washtenaw County have dental coverage (*See Appendix B*).
- V. According to interviewees and substantiated through data sources, many older adults in Washtenaw County want to age in place or age in their communities. Of all 60+ Survey respondents, 90 percent want to live in the same place next year. Coordination of services, programs, and resources is crucial to ensure that older adults can age in their communities for as long as possible.

## Conclusion

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Overall, Washtenaw County excels in several areas for senior services and resources. However, there are opportunities to strengthen services and resources.

- I. Based on interviews and available information resource guides, a few organizations cater more specifically to low-income seniors, while others serve seniors at any income level.
- II. The UMHS Geriatrics Center and Catholic Social Services of Washtenaw County provide information on senior services in the county through information resource guides, with different levels of detail. Maintaining updated information is a challenge.
- III. Community-wide challenges include: 1) Many consumers and several organizations are unaware of the extent of services and information resources available in Washtenaw County, and 2) Several of the organizations interviewed struggle with on-going marketing and promotion of their resources to the public.
- IV. Commonly cited gaps in services include: dental care/education, hearing aids, fall prevention, mental health assessments, social isolation, caregiver support, affordable housing, and utility assistance.
- V. The WHI may have a role in convening key stakeholders to discuss the identified gaps and assist in areas such as:
  - a. Address methods on how to best share and update information resource guides, such as the University of Michigan Geriatric Center Resource Guide, the Washtenaw County Senior Resource Directory (Catholic Social Services), and AAA 1-B resources.
  - b. Support the Blueprint for Aging and others in their coordination efforts between organizations.
  - c. Address key issues such as social isolation, dental care access, and caregiver support through a potential project to be defined if a senior services group is developed.

## Appendix A: List of Individuals Included in the Assessment

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Individual(s) Interviewed	Title/Organization
<b>Bob Laverty</b>	Retired President and CEO, Saint Joseph Mercy Health System
<b>Joanne Grosh</b>	Member of Executive Operating Committee of the Blueprint for Aging; Regional Director of Senior Services at Saint Joseph Mercy Health System
<b>Virginia Boyce</b>	Project Manager, Blueprint for Aging
<b>Marsha Davison</b>	Program Specialist (at the time of interview), Blueprint for Aging
<b>Pam Smith</b>	CEO of United Way (interviewed for Coordinated Funders and 2-1-1)
<b>Mary Jo Callan</b>	Former Director of the joint Ann Arbor – Washtenaw County Office of Community & Economic Development (interviewed for Coordinated Funders)
<b>Neel Hajra</b>	President & CEO, Ann Arbor Community Foundation (interviewed for Coordinated Funders)
<b>Rick Bluhm</b>	Executive Director, Huron Valley PACE
<b>Rachel Dewees</b>	Director, Turner Senior Wellness Program, housed at the University of Michigan's Turner Senior Resource Center
<b>Tina Abbate Marzolf</b>	CEO AAA 1-B and member of Executive Operating Committee of the Blueprint for Aging as well as a member of the Board at Huron Valley PACE
<b>Ann Langford</b>	Director of Community and Business Advancement, AAA 1-B
<b>Jerry Prenkert</b>	Adult Services Supervisor, Adult Services Division, Washtenaw County DHHS
<b>Christine Cigolle</b>	VA Ann Arbor Healthcare System, Geriatric Research Education and Clinical Centers
<b>JoLeen Wagner-Felkey</b>	VA Ann Arbor Healthcare System, Geriatric Research Education and Clinical Centers
<b>Cindy Horning</b>	VA Ann Arbor Healthcare System, Geriatric Research Education and Clinical Centers
<b>Sheree Askew</b>	Director of Clinical and Community Services, Jewish Family Services
<b>Kate Papachristou</b>	Manager of Clinical and Community Services, Jewish Family Services
<b>Dorothy Keskitalo</b>	Director of Senior Services Department, Catholic Social Services of Washtenaw County

## Appendix B: Key Data Points on Older Adults in Washtenaw County

The following data points highlight key demographic statistics from the U.S. Census Bureau's American Community Survey and local survey statistics from the 2010 Health Improvement Plan (HIP) Survey and Blueprint for Aging's 2014 60+ Survey. The HIP survey is conducted every five years and compiles interview data from over 2,000 adults in Washtenaw County about their health status and health behavior. The 60+ Survey was fielded in 2014 to provide baseline data on nearly 600 Washtenaw County adults aged 60 and older.

### I. Census Indicators:

- Washtenaw County has a slightly younger population than the state of Michigan, as 12.1 percent of the population is aged 65 and older, compared to 15.4 percent in Michigan. The Southeast Michigan Council of Governments estimates that by 2040, Washtenaw County will have nearly 16 percent more seniors aged 65 and older than youth under age 18.
- Almost one-third of seniors (ages 65 and older) in Washtenaw County (29.0 percent) and statewide (36.1 percent) have at least one disability, such as hearing, vision, or cognitive difficulty. This is similar to the percentage of seniors nationally (36.0 percent) with a disability. In comparison, the adult population ages 18 to 64 have much lower proportions with a disability: 6.8 percent in Washtenaw County, 12.6 percent in Michigan, and 10.5 percent in the United States (See *Figure 1*). Among Medicare beneficiaries nationwide, more than two-thirds had two or more chronic conditions in 2012.

**Figure 1: Census Indicators of the Older Adult Population**

Indicator	Washtenaw County	Michigan	U.S.
Total Population, Ages 65+	43,044	1,531,067	46,214,893
% of Population, Ages 65+	12.1%	15.4%	14.5%
% of 65+ Population with Disability	29.0%	36.1%	36.0%
% of adults 18-64 with Disability	6.8%	12.6%	10.5%

**Source:** U.S. Census Bureau, American Community Survey 1-year estimates, 2014.

### II. 2010 HIP Survey Indicators:

- Both the Blueprint for Aging 60+ Survey and the 2010 HIP Survey show gaps in dental care among older adults. 77 percent of 60+ survey respondents saw a dentist in the past year for a routine check. Among 2010 HIP Survey respondents, only 62 percent of those age 75 and older have dental coverage. (See *Figure 2*)

**Figure 2: Have Insurance that Covers Some or All Routine Dental Care**

Age Group	Have Dental Insurance
18-24	84%
25-34	61%
35-49	69%
50-64	76%
65-74	87%
75+	62%

Source: HIP Survey, 2010.

- Both the 2010 Health Improvement Plan (HIP) Survey and the 2014 Blueprint for Aging 60+ Survey noted several areas—such as disability, mental health, falls, and financial difficulty—as key issues among older adults. Among respondents in the 2010 HIP Survey, both older adult age groups had higher proportions that did not participate in any physical activities in the last month, as compared to all adults in the county. In other areas, older adult age groups had lower proportions than all adults in the county, but many are still affected by physical and mental health issues. (See *Figure 3*)

**Figure 3: Top Issues among Older Adults, Identified Through the 2010 HIP Survey**

Key Issue	Age Group	% Of Respondents, by Age Group	Washtenaw County Total, All Adult Age Groups
<b>Did not participate in any physical activity in the past month</b>	60-74	27.8%	24.7%
	75+	42.0%	
<b>Limited in activities due to physical or mental health</b>	60-74	18.1%	20.8%
	75+	30.9%	
<b>With falls causing 1 or more injuries in the past 3 months</b>	60-74	12.5%	32.8%
	75+	21.5%	
<b>Ever told by a healthcare provider that he/she had depressive disorder</b>	60-74	21.5%	22.3%
	75+	11.2%	

Source: Washtenaw HIP Survey, 2010.

**III. 2014 60+ Survey Indicators:**

- The Blueprint for Aging’s 2014 baseline 60+ Survey focuses only on older adults and does not compare to younger age groups, but provides useful baseline data on key issues among older adults. Among the top issues faced by older adults, nearly 50 percent or more of respondents reported financial, physical, and social challenges. (See *Figure 4*)

**Figure 4: Top Issues among Older Adults, Identified through the Blueprint for Aging’s 2014 60+ Survey**

Key Issue Among Older Adults Ages 60+	% of Respondents
Who live alone	52%
Who reported not having someone they could borrow \$100 from in an emergency	47%
Told they have a chronic condition by a physician	66%
Who reported that caregiving responsibilities limited their social interactions	50%

Source: Blueprint for Aging 60+ Survey, 2014.

- Additionally, 26 percent of respondents from the Blueprint for Aging’s 60+ Survey reported that they feel isolated from others either some of the time or often. Another 34 percent reported that they lack companionship either some of the time or often. This finding, along with our interviewee responses, supports the claim that social isolation is a major issue among Washtenaw County seniors.

**IV. Additional Key Statistics:**

- The WHI Community Coordination and Dental Services Workgroup’s 2015 Dental Assessment also reports challenges among dental care for older adults. A 2010 oral health screening among residents aged 65 and older living in Alternative Long Term Care Facilities. Among this population, 30 percent had untreated tooth decay, and of these, 82 percent had restorative dental care needs, with another 18 percent who had major or urgent dental care needs.
- The American Geriatrics Society (AGS) reports that nationally, there should be one geriatrician for every 300 older adults. By 2030, AGS projects that there will be only one geriatrician for every 3,798 older adults.<sup>2</sup> In Washtenaw County, there are over 80 physicians, practicing at either the University Of Michigan Geriatrics Center or geriatric-specific practices. However, this number may be underestimated because it does not account for certified physicians who practice outside geriatric-only centers.

<sup>2</sup> Marcy Cottrell Houle. “An Aging Population, Without the Doctors to Match.” *The New York Times*. September 22, 2015. [http://www.nytimes.com/2015/09/23/opinion/an-aging-population-without-the-doctors-to-match.html?\\_r=0](http://www.nytimes.com/2015/09/23/opinion/an-aging-population-without-the-doctors-to-match.html?_r=0) (Accessed September 29, 2015).



## Appendix C: Detail on the Interviewed Organizations, Coalitions, and Agencies

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### Coordination of Senior Services: Blueprint for Aging

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The main coordinating body interviewed for this assessment is the Blueprint for Aging. See below for description of the project and main goals:

- I. **Overview:** Funded primarily by the Coordinated Funders group (with some planning and coordination funding from United Way of Washtenaw County and the Ann Arbor Community Foundation), Blueprint for Aging is a project of CSSW with a mission to increase quality of life and independence for Washtenaw County's older adults (ages 60 and older) and their allies through a community collaborative process. Coordination takes place through building coalitions with over 40 public, private, and nonprofit organizations, including several senior centers, Housing Bureau for Seniors, Jewish Family Services, University of Michigan Geriatrics Clinics, St. Joseph Mercy Health System Senior Services, among others. Blueprint for Aging builds these coalitions to increase awareness of issues faced by older adults. They also serve as a repository for aging-related resources and provide baseline data on older adult independence through the Washtenaw County 60+ Survey. The Blueprint has two 0.80 FTE paid staff working on implementing the Blueprint's goals and strategies.
- II. **Goals and Strategies:** The Blueprint for Aging sets goals and objectives through the Blueprint Strategic Plan, which is annually reviewed by members of the Blueprint's Operating Committee and Community Leadership Council. Additional goals may be set according to grant funding requirements and evaluation of contracted activities correspond to funder requirements. Current strategic priorities based on the 2014-2016 Strategic Plan include goals to: be a conduit between national and local key stakeholder groups and individuals, convene stakeholders, and establish strategic partnerships to identify, promote and evaluate best practice approaches in addressing senior needs.
  - The 60+ Survey, conducted in 2014 by the Blueprint for Aging in partnership with the University of Michigan School of Social Work and the Washtenaw County Health Department, provides baseline data of older adults in Washtenaw. This data helps substantiate observations in interviews that key issues among older adults include dental care, social isolation, financial challenges, and fall prevention.
  - The Blueprint for Aging has conceptualized, implemented, and facilitated the Senior Crisis Intervention Program (SCIP). This program consists of a semi-monthly meeting of case workers from five agencies to address complex senior crisis cases.
  - The Blueprint for Aging's website serves as a repository for aging-related resources gathered by Catholic Social Services of Washtenaw County (CSSW) in their Washtenaw County Senior Resource Directory and other agencies. The Blueprint also shares the Senior Resource Directory with organizations in the community.



- Several interviewees indicated varying levels of awareness regarding the Blueprint for Aging and its role in the community. The Blueprint for Aging’s strategic plan notes that effectively marketing who they are, what they do, and aging issues as a current challenge.

## Funders of Senior Services

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Two main funders of senior services were interviewed: the Coordinated Funders and AAA 1-B. The Washtenaw County Consortium on Aging also provides small grants to organizations in Washtenaw County. See below for brief description of each organization and their key targeted goals:

- I. **Coordinated Funders:** Group of six funding partners—Washtenaw County, Washtenaw Urban County, Ann Arbor Area Community Foundation, City of Ann Arbor, United Way, and RNR Foundation—that provide funding for planning and coordination, capacity building, and program operations for six priority areas, one of which is aging. A key community-level outcome for aging programs funded by the Coordinated Funders is to increase or maintain independent living factors for vulnerable, low-income adults who are ages 60 and up (measured through the Older Adult Survey administered by Blueprint for Aging). Aging program strategies carried out by the Blueprint for Aging include senior crisis intervention, senior system navigation, and senior social integration. The goals for each strategy are targeted toward low income (at or below 200 percent of Federal Poverty Level) older adults. Coordinated Funders have funded The Blueprint for Aging since 2010. Over 4,000 seniors were served as a result of funding to services such as adult day services, information and assistance, medical advocacy and navigation, and senior support services. United Way of Washtenaw has awarded a separate grant to the Blueprint for emergency services for seniors in the Senior Crisis Intervention Program. In addition, the Coordinated Funders provide funding for two senior centers, Chelsea Senior Activities Center and Milan Seniors for Healthy Living.
- II. **AAA 1-B:** Under the Older American’s Act and the Older Michiganian’s Act, the AAA 1-B allocates and monitors federal, state, and private funding to organizations with local serving capabilities and capacity. For each service that is funded, AAA 1-B works with the providers to ensure adequate geographic coverage that minimizes gaps in services and avoids duplication. Each provider is thoroughly vetted, monitored, and offered technical assistance, as needed. In Washtenaw County, AAA 1-B provides funding for services such as adult day services, legal services, disease prevention, and home delivered meals. AAA 1-B works with approximately 15 Washtenaw County-based senior service providers using partnership agreements, either on a contractual or purchased service basis. In Fiscal Year 2015, AAA 1-B allocated over \$4.5 million to services for Washtenaw County residents.

## Providers of Services to Older Adults

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Washtenaw County is rich in resources for seniors, with several area senior centers, two major health systems dedicated to geriatric care, and various organizations that provide various senior services, such as home health care, delivered meals, and housing assistance. The following table provides an example of the wide range of senior resources and detail on the organizations interviewed for this assessment (see *Figure 5*). However, there are additional senior service agencies, including 13 senior centers<sup>3</sup> in communities in Washtenaw County that were not included in this assessment. Of the organizations included in this assessment, the U-M Geriatrics Center, AAA 1-B, United Way 2-1-1, CSSW, and Blueprint for Aging provide information and referral to resources in Washtenaw County. In addition, AAA 1-B, Saint Joseph Mercy Health System, U-M Geriatrics Center, Turner Senior Resource Center, CSSW, and Jewish Family Services are part of the Blueprint for Aging's operating committee or community leadership committee.

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<sup>3</sup> Senior centers include: Ann Arbor Senior Center, Bryant Community Center, Ann Arbor Community Center, Chelsea Senior Activities Center, Dexter Senior Center, Lincoln Golden Ages, Manchester Area Senior Citizens Council, Inc., Milan Seniors for Healthy Living, Northfield Township Senior Center, Pittsfield Township Senior Center, Saline Area Senior Center, Ypsilanti Senior/Community Center, and Ypsilanti Township 50 & Beyond Recreation Center. These senior centers are part of the Blueprint. Other suggested organizations by interviewees include: American Indian Services, Salvation Army, and nursing homes such as Glacier Hills. While these organizations were not included in this assessment, they could potentially be part of future assessments, if appropriate.

**Figure 5: Providers of Services to the Aging in Washtenaw County**

Organization Name	Key Services/Resources Offered by Organization	Funding Source(s)	Population Served	Other Key Points
AAA 1-B	<ul style="list-style-type: none"> <li>a) Home-based (i.e., supports home delivered meals programs)</li> <li>b) Community-based (i.e., adult day services, legal assistance)</li> <li>c) Information and assistance</li> <li>d) Medicare/Medicaid Assistance</li> <li>e) MIChoice Waiver Program</li> </ul>	Federal funds through Older Americans Act; State funds	<p>Any income; ages 60 and older. 140 are currently in the MI Choice Medicaid Waiver program, with 71 on the wait list in Washtenaw County, though the wait list has fallen in recent years. Eligibility criteria for MI Choice program include: adults age 65+ or 18+ with disability, and medically eligible for nursing home admission and approximately 224% or less of FPL for individuals.</p>	<ul style="list-style-type: none"> <li>a) Has a call center and directory with access to over 6,000 services for the 6-county area.</li> <li>b) FY2014: 6,110 Washtenaw County residents received information and assistance. Among the 6-region area, top requests include: housing placement assistance, in-home services, and financial assistance.</li> <li>c) Over 15,000 individuals were served as a result of AAA 1-B funding to services such as: adult day services, information and assistance, and Medicare/Medicaid Assistance. 57% of funding to Washtenaw goes to the MI Choice Medicaid Waiver program.</li> </ul>

Organization Name	Key Services/Resources Offered by Organization	Funding Source(s)	Population Served	Other Key Points
<b>University of Michigan Health Systems: Geriatrics Center</b>	<ul style="list-style-type: none"> <li>a) Inpatient services: Inpatient Geriatric Consultation Team, Hospital Elder Life Program</li> <li>b) Outpatient services: University of Michigan Geriatrics Center Clinics (primary care and specialty care)</li> <li>c) Sub-Acute Rehabilitation Program</li> <li>d) Collaboration with the VA Ann Arbor Healthcare System's Geriatric Research, Education and Clinical Center</li> </ul>	University of Michigan Health System; NIH center grant funding; NIA funding	Any income level; Goal is to help adults over the age of 70 lead healthier and more satisfying lives	<ul style="list-style-type: none"> <li>a) Elder Life Program uses volunteers to provide stimulating activities, early mobilization, and relaxation interventions for older patients at risk for developing delirium</li> <li>b) The U-M Geriatrics Center and U-M Healthcare System partner with several rehab facilities to streamline transition from hospital to rehabilitation. The goal is to minimize readmissions and lengthy hospital stays.</li> </ul>
<b>Turner Senior Resource Center (part of University of Michigan's Geriatrics Center)</b>	<ul style="list-style-type: none"> <li>a) Turner Senior Wellness Program</li> <li>b) Silver Club program</li> <li>c) Osher Lifelong Learning Institute</li> <li>d) Housing Bureau for Seniors (falls under the University of Michigan Health System's Community Program Department, but housed at the Turner Senior Resource Center)</li> </ul>	University of Michigan Health System; donations, grants	Any income; All seniors (of any age) welcome, though some programs such as Senior Nutrition program is ages 60 and older.	<ul style="list-style-type: none"> <li>a) The University of Michigan Geriatrics Center Resource Guide (maintained by the Turner Senior Resource Center) is a guide, including agency phone numbers and detailed information such as hours, fees, website, and available services provided by agencies.</li> <li>b) Wellness programs include healthy living presentations, Senior Nutrition Program, and blood pressure screening.</li> <li>c) Additional services include Medicare counseling, social and cultural activities, and support groups for</li> </ul>

Organization Name	Key Services/Resources Offered by Organization	Funding Source(s)	Population Served	Other Key Points
				caregiving, diabetes, and low-vision.
<b>United Way 2-1-1</b>	24 hour, toll free information assistance and referrals to human services	United Way	Any income; all ages	<ul style="list-style-type: none"> <li>a) Information referrals available to the general public as a whole.</li> <li>b) Q1 2015: 18 referrals were made to AAA 1-B, representing 1.8% of total (1,343) referrals in that quarter, and many other referrals to senior related services.</li> <li>c) Call center and directory with access to 20,000 programs and services in the United Way Southeast Michigan service area, where more than 1,500 of these listings are specific to Washtenaw County.</li> <li>d) Over the last 4 quarters, 2,500 residents received information and assistance.</li> </ul>
<b>County DHHS,</b>	a) Adult Protective Services		Low income adults	DHHS helps low-income adults

Organization Name	Key Services/Resources Offered by Organization	Funding Source(s)	Population Served	Other Key Points
<b>Adult Services Division</b>	<ul style="list-style-type: none"> <li>b) Independent Living Services (Home Help Program)</li> <li>c) Adult Community Placement</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid</li> </ul>	age 18+ with disability/challenges with activities of daily living.	by providing food assistance, Medicaid health insurance, help with utility shut off notices, and cash assistance.
<b>Huron Valley PACE</b>	<ul style="list-style-type: none"> <li>a) Primary care</li> <li>b) All medications (Part D sponsor)</li> <li>c) Day Center activities (recreational therapy, social activities, meals)</li> <li>d) Medical and Day Center transportation</li> <li>e) Rehabilitation (physical therapy, occupational therapy, speech therapy)</li> <li>f) Home care</li> <li>g) Dental services</li> <li>h) Social Work department (caregiver support including Saturday groups, medical social work that help patients navigate medical system, and counseling for mental health.</li> </ul>	United Methodist owns 80%; AAA 1-B the other 20%. Reimbursed through Medicare/Medicaid	Clients must meet need of nursing home level care. Mostly dual eligible; may be Medicare only; ages 55 and older; enrolls about 6 to 7 participants a month (82 current participants).	<ul style="list-style-type: none"> <li>a) Huron Valley PACE is new to Washtenaw County and opened its doors to participants in 2014.</li> <li>b) PACE provides coordinated medical and social services, primary care, and transportation services designed to keep clients at home instead of nursing home or hospital. It is also a CMS managed care health plan.</li> <li>c) One key goal is to expand PACE in the community.</li> <li>d) Provides all medical care that fall under Medicare covered services, and long term care services (in home and support services) covered by Medicaid.</li> </ul>
<b>Saint Joseph Mercy Health System (SJMHS)</b>	<ul style="list-style-type: none"> <li>a) Acute Care for Elders (ACE): joint program with UMHS Geriatrics Center</li> <li>b) Senior ER</li> <li>c) Wellness and Prevention Programs</li> <li>d) Extended Care Collaborative</li> <li>e) Case Management</li> </ul>		ACE program is mostly ages 70 and older with certain diagnoses and many transfers from UMHS; Senior ER is seniors 65 and older; both are any income level	<ul style="list-style-type: none"> <li>a) All staff on both the ACE unit and Senior ER receives specialized geriatric training. The ACE program was the latest initiative to come from a 2012 agreement between UMHS and SJMHS. The ACE unit and Senior ER provide older adults with</li> </ul>

Organization Name	Key Services/Resources Offered by Organization	Funding Source(s)	Population Served	Other Key Points
				<p>hearing amplifiers, non-skid floors, thicker mattress pads, and in addition, senior-specific screenings that assess for depression, delirium, memory issues and other concerns.</p> <p>b) Both St. Joe's Ann Arbor and St. Joe's Chelsea are NICHE designated hospitals (Nurses Improving Care for Health system Elders) – an international organization focused on the acute care of older adults.</p>
<b>VA Ann Arbor Healthcare System</b>	<ul style="list-style-type: none"> <li>a) Clinical demonstration projects</li> <li>b) Geriatrics Clinic (consultation/co-management)</li> <li>c) Home-based primary care</li> <li>d) Geriatric Patient Aligned Care Team (GeriPACT)</li> <li>e) Palliative Care</li> <li>f) Referrals and follow up</li> </ul>	Federal Funds	There are about 15,000 veterans in Washtenaw – about 1/3 come to the VA; many low income; clinical demonstration projects targeted to older veterans with comorbidities living in rural communities.	<ul style="list-style-type: none"> <li>a) Uses CSSW resource guide to connect older veterans to services</li> <li>b) Main clinical demo project is home-based primary care program that has a goal to use tablets for tele-health and keep patients out of hospitals.</li> <li>c) The AAA 1-B coordinates and manages a stipend for the Veteran Directed Care Fund.</li> <li>d) Previous initiative on volunteer respite care (friendly visitors)</li> </ul>
<b>Catholic Social Services of Washtenaw</b>	<ul style="list-style-type: none"> <li>a) Volunteer respite services</li> <li>b) Medicare/Medicaid Assistance</li> <li>c) Resource</li> </ul>	Most programs funded through: AAA 1-B;	A large proportion of the clients served are low income;	<ul style="list-style-type: none"> <li>a) Overall goal is to help older adults stay independent and their homes as long as they</li> </ul>



Organization Name	Key Services/Resources Offered by Organization	Funding Source(s)	Population Served	Other Key Points
<b>County (CSSW)</b>	Advocacy/Information referrals d) Neighborhood Senior Services	Additional funders: Coordinated Funders, federal funding, grants	Most programs serve seniors ages 60+	can. b) Senior Resource Guide is updated annually and distributed in the community to agencies listed in the guide. Includes only non-profit organizations. 12,000 guides distributed so far this year. c) Volunteers provide respite services in a senior's home about once a week to give non-medical support. d) Most referrals are made to Jewish Family Services for medical transportation and case management.
<b>Jewish Family Services (JFS)</b>	a) Case management b) CareVan Transportation Services c) Partners in Care Concierge (PiCC) program d) Friendly Visitors program e) Therapy	Coordinated Funders, AAA 1-B (limited), Foundation funding	Focus on older adults 60+, especially for case management, but can also see people in their late 50's.	a) The PiCC program pairs up older adults with trained volunteers to accompany them to medical appointments and provide assistance with communication between patient and physician. Almost 600 older adults received services through the PiCC program in 2014. b) Transportation program provides door to door services to anyone disabled or age 60+ needing transportation to

Organization Name	Key Services/Resources Offered by Organization	Funding Source(s)	Population Served	Other Key Points
				<p>cultural/social activities, and medical appointments.</p> <p>c) JFS provides home based mental health counseling, but cannot bill for case/care management. Case management was noted as a big need in the community because older adults need help navigating the system.</p>

## **Appendix D: Potential Gaps in Services and Community-Wide Challenges**

The interviews included in this assessment highlighted many of the strengths in Washtenaw County for addressing the needs of the senior population. Interviewees across the board were in agreement that Washtenaw County has a plethora of resources and services available to seniors. However, some interviewees had varying levels of understanding of all the services provided by other organizations and resource information available. Several interviewees also pointed out the need for consumers to be aware of the available services and how/where to easily access the appropriate services when they are needed.

As such, the key community-wide challenges identified are: 1) many consumers are not aware of available services when they are needed, and 2) coordination challenges exist among organizations, agencies, and coalitions that provide senior resources and services. The Blueprint for Aging is charged with bringing all senior-related organizations to the table, but several interviewees identified challenges with coordination. In addition, case management was also noted among a few interviewees as a major need for consumers in order to effectively navigate senior services.

Based on the interviewees' feedback and data, there are also several gaps in senior services. Several organizations in Washtenaw have programs and services designed to address needs among seniors, but there may be opportunities to strengthen efforts. One example is dental care. Medicare does not currently cover dental care or hearing aids, two important needs in the senior population. There are a few low or no-cost dental clinics in the County, to help address this need. However, many interviewees still noted dental care as a major gap. Social isolation was also identified as a major issue for Washtenaw County seniors, as many respondents in the 60+ survey reported some feelings of social isolation, and most interviewees noted this as an area with a gap in services.

Several interviewees noted fall prevention as a top need among seniors as falls can cause injury leading to ED visits and inpatients admissions (fall-related injuries are one of the top reasons older adults are seen at the ER. However, it should be noted that the National Institutes of Health (NIH) and the Patient-Centered Outcomes Research Institute (PCORI) have partnered to support a clinical trial which tests interventions to prevent fall-related injuries. The University of Michigan was chosen as one of 10 trial sites in the country, and will participate in this large study. Additionally, a few of the organizations interviewed focus on efforts to reduce fall-related injuries. For example, Huron Valley PACE establishes interventions and protocols to educate participants, physical therapists discuss home environment with physicians, and staff monitor diet and nutrition.

Other gaps mentioned by interviewees but not identified as top gaps include: podiatry care, especially for community centers and nursing home residents, financial exploitation from family caregivers providing services to seniors, and diabetes management. The following table highlights the top health, social, and financial needs, as identified through interviews, and substantiated with data:

**Figure 6: Top Gaps in Services and Community-Wide Challenges Identified by Interviewees and Surveys**

<b>Gap/Challenge</b>	<b>Population Affected</b>	<b>Category</b>	<b>Key Points</b>
<b>Community-Wide Challenges</b>			
<b>Promotion and marketing available resources to community</b>	Organizations	Community level	Each organization, coalition, and agency offers a variety of services and resource information to seniors, but many seniors and their caregivers are not aware of available services, particularly when needed. Case management was also noted by interviewees as a key need in the community to help seniors navigate resources and services.
<b>Sharing information between agencies about resources</b>	Organizations	Community level	Several interviewees had varying levels of awareness of all the services provided by other organizations, and information resources available, such as the U-M Geriatrics Center Senior Resource Guide. The Blueprint for Aging is well poised to lead organization coordination.
<b>Gaps in Services</b>			
<b>Dental care/education</b>	Seniors at any income level	Health-related	Medicare does not cover dental care. Financial access to dental was noted as a gap in services by several interviewees.
<b>Hearing aids</b>	Seniors at any income level	Health-related	Medicare does not cover hearing aids. Financial access to hearing aids was noted as a gap in services by a few interviewees.
<b>Fall prevention</b>	Seniors at any income level	Health-related	17% of respondents in the 60+ survey reported having a fall that resulted in injury in the last year; Of seniors who come through the Senior ER at SJMHS, 17% report having a fall that resulted in injury in the last year.
<b>Mental health assessments/substance abuse</b>	Primarily low-income seniors	Health-related	DHHS gets many calls from older adults needing mental health assessment, but staffs are not trained to provide the assessments. 14% of 60+ survey respondents saw a mental health professional in the last year.
<b>Services to address social isolation</b>	Seniors at any income level	Social	Most interviewees noted social isolation as an issue for seniors. 26% of 60+ survey respondents reported feeling isolated from others.
<b>Caregiver support</b>	Seniors at any income level	Social	Most interviewees noted caregiver support as a major need among older adults and an area where there is a gap. 50% of 60+ survey respondents reported that caregiving responsibilities limited their social interactions.
<b>Affordable housing</b>	Primarily low-income seniors	Financial	8% of 60+ survey respondents reported that they were worried about losing their housing over the last year.
<b>Utility assistance</b>	Primarily low-income seniors	Financial	7 percent of 60+ survey respondents reported trouble paying utilities over the last 3 months. Top referrals made by 2-1-1 are for utility assistance.