



# Michigan Age-Friendly Action Plan 2021-2023



## EXECUTIVE SUMMARY

The Health and Aging Services Administration (HASA) is pleased to present Michigan's Age-Friendly Action Plan. This plan reflects how Michigan will move forward with advocacy, policy, and program priorities that build on past successes, challenges, and experiences.

For more than 40 years, Michigan's State Unit on Aging, within the Michigan Department of Health and Human Services, has provided statewide leadership, direction, and resources to help older adults live their lives with dignity and purpose in their community. Over this time, HASA's vision for Michigan residents to live well and thrive as they age has been unwavering and remains as relevant today as in the 1960s.

In October 2019 Governor Gretchen Whitmer declared Michigan the first age-friendly state in the Midwest and fifth in the nation. This plan reflects the age-friendly priorities for 2021-2023 and will serve as the foundation for future iterations of age-friendly plans. It is important to note this plan was developed as the COVID-19 pandemic reached Michigan. While the data used to develop this plan were collected prior to the pandemic, ongoing assessment activities are underway and will inform future revisions.

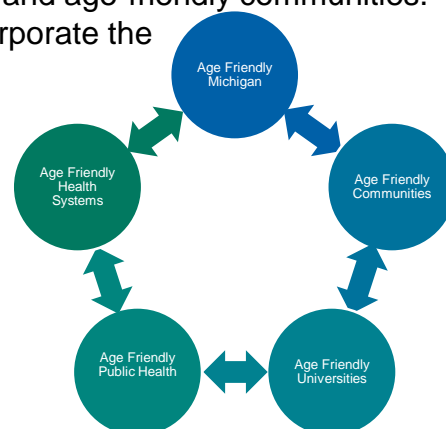
Michigan's total index score for livability is 50, ranking our state as average. Michigan falls firmly in the middle tier in terms of rank within all categories: opportunity, environment, housing, engagement, transportation, neighborhood, and health. Priorities in the 2021-2023 plan address areas with the biggest room for improvement, including addressing the direct care worker shortage, care transition programming to reduce hospital readmission, expanding access to evidence-based programming to reduce obesity, and strategies to increase social participation. As a result, the domains of livability addressed in this plan are:

- Communication and information
- Respect and social inclusion
- Health services and community supports
- Social participation
- Transportation

Additionally, based on input from stakeholders, including older adults, elder abuse emerged as a priority area of focus.

Concurrent to the goals identified in this plan, work is happening within the state on age-friendly public health, age-friendly health systems, age-friendly universities, and age-friendly communities. Michigan's Age-Friendly Action Plan will continue to evolve to incorporate the progress on all age-friendly initiatives.

Michigan's Age-Friendly Action Plan affords the Michigan aging network the opportunity to strengthen existing relationships and collaborate with new partners to make our state a place where all individuals have the opportunity to age with dignity and have choices available to select the most appropriate supports and setting.



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# COMMUNITY PROFILE

## MICHIGAN'S OLDER ADULT POPULATION

Older adults play an essential role in creating a thriving Michigan. Their contribution to Michigan's economy is essential. They earn money, pay taxes, and purchase goods and services. They also contribute to their families and communities through unpaid work, such as caring for grandchildren and volunteer activities. Older adults are also civically engaged, they preserve and transmit cultural beliefs and practices, and they are socially connected across many dimensions of community life. Older adults are also a population that faces specific, unique vulnerabilities that can prevent them from living well as they age. This vulnerability has become particularly clear in the context of the COVID-19 pandemic, which has had a devastating impact on Michigan's older adults. As of August 28, 2020, 29,046 adults age 60 and older tested positive for COVID-19 in Michigan, and 5,622 lost their lives to the illness, which accounts for 87.2% of deaths. Additionally, as of August 26, 2020 there were 8,152 confirmed cases and 2,103 deaths among residents in long term care facilities. This plan and the work of the aging network is intended to protect and promote the health and wellbeing of older adults through prevention and promotion efforts, while also providing targeted assistance to those most in need, during and beyond this pandemic.

The state's growing older adult population is, in part, driving the need for policies, programs, funding, and advocacy that improve quality of life for those in their later life years of adulthood. In 2010, for example, Michigan's population age 60 and older stood at 1.8 million. Today, that number has grown to more than 2.4 million people, or 24.4% of the state's population (United States Census Bureau, 2018). Further, the U.S Census projects that Michigan will have 2.7 million residents who are age 60 and older by 2030. Those age 85 and older continue to be the fastest growing population segment in our state. The growth of this population has implications for Michigan's community-based long-term supports and services, some of which continually have waiting lists of people whose critical needs simply cannot be met with existing resources.

Older adults are not only a large segment of Michigan's population, they are also diverse. Based on the 2018 U.S. Census, American Community Survey, the majority of adults over 60 are female (56%). Additionally, 86% of adults over 60 identify as White, 11% identify as African American, 2% identify as Asian, 0.04% identify as American Indian or Alaska Native, and 1% identify as being two or more races. Approximately 2% of adults age 60 or older identify as Hispanic. Michigan has more than 300,000 persons who identify as being from Arab American descent (Arab America, 2020). Among older adults, 90% graduated from high school, 31% have had some college, and 25% have a Bachelor's degree or higher. Roughly 16% of Michigan residents – including one in four (23%) of its children and 17% of its older adults– live in poverty (Michigan Community Action, 2016). While data are not available at the population level, it is important to note that older adults are diverse in terms of their sexual orientation and gender identity as well.

A long-standing priority in Michigan is supporting older adults in aging in place (*AARP Definition: Aging in place has a broader connotation than simply living in one's home as he/she ages. Many older residents distinguished between their physical homes and their neighborhoods. In other words, aging in place is also about "aging in a familiar area." Familiarity becomes important as one grows older.*) A person age 60 or older resides in 38% of all Michigan households based on 2018 U.S. Census data. Additionally, 45% live with a spouse, 41% live alone, 10% live with relatives, and 3% live with non-relatives. Additional data related to aging in place will be presented in this Plan.

Geography plays an important role in considering how best to serve Michigan's older adult population. The cultures of urban, suburban, and rural settings are different, and each presents a very different profile of people with its own unique characteristics and available resources. Detroit, Saginaw, and Flint, for example, are very different from Escanaba in the Upper Peninsula and Lake County in rural northern Michigan, which are considerably different from suburban Oakland County.

A flexible and multi-faceted approach to aging policies and programs is necessary to meet the complex needs, wants, and preferences of older adults in Michigan. While Older Americans Act (OAA) programs are available to all older Michigan residents age 60 and over, this State Plan speaks to increasing outreach and service to the many diverse populations that continue to add to Michigan's richness and vibrancy. For HASA, "diversity and inclusion" are broadly defined to include people of various races and ethnicities, veterans, lesbian/gay/bi-sexual/transgender individuals, adults with disabilities, American Indian elders, refugees, and those with limited English proficiency.

**STATE UNIT ON AGING** – The Michigan Department of Health and Human Services (MDHHS) Health and Aging Services Administration (HASA), formerly Aging and Adult Services Agency, has served more than four decades as the State of Michigan's designated unit on aging, formed under the Older Michiganians Act of 1981. Operating under the authority of the federal Older Americans Act (OAA), which was signed into law in 1965 to meet the diverse needs of the growing numbers of older adults nationwide. The OAA set out specific objectives for maintaining the dignity and welfare of older adults and established the National Aging Network.

Among its primary duties, HASA manages a statewide infrastructure that helps older adults aged 60 and over remain in the community setting they call home. This is done through programs, partnerships, and advocacy. In recent years responsibility for state policies governing adult protective services has also come under HASA's purview. The statewide infrastructure managed by HASA, known as the aging network, includes HASA, the Commission on Services to the Aging, and State Advisory Council on Aging at the state level; 16 regional planning and service areas with each supported by an area agency on aging; and over 1,300 local service providers that offer essential community-based supports and services. The collective vision of the aging network is to help older and vulnerable Michigan residents thrive in the home setting of their choice, so they may live dignified, independent, and purposeful lives.

**COMMISSION ON SERVICES TO THE AGING** – The Commission on Services to the Aging (CSA) is a 15-member, bipartisan body, appointed by the governor. The CSA advises the governor, the Michigan legislature, and HASA on aging policies and programs. Commission members are appointed for three-year terms, and membership reflects the distribution and composition of the state's older population. Working in close collaboration with HASA, the CSA:

- Approves funds for statewide services;
- Participates in preparing a multi-year state plan required for federal funding;
- Determines aging policy;
- Advocates for older adults in government decisions, including legislative advocacy;
- Holds public hearings across the state; and,
- Appoints a 40-member State Advisory Council to advise state-level decision-making.

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**STATE ADVISORY COUNCIL ON AGING –** The 40-member State Advisory Council on Aging (SAC), appointed by the Commission on Services to the Aging to represent the interests of local communities, provides advice and advocacy on vital state issues and policies impacting Michigan's older and vulnerable adults.

**AREA AGENCIES ON AGING –** Michigan's 16 Area Agencies on Aging (AAA) – managed and funded by HASA and the CSA respectively – are regional, non-profit agencies created by federal and state legislation to respond to the needs of older adults in every local community. Each area agency on aging serves a designated planning and service area (PSA), which operates a service delivery system that offers a range of community-based supports and services. Area agencies on aging conduct their work under the governance of a policy board and with the guidance of an advisory council. In their important role within Michigan's aging network, area agencies on aging:

- Develop multi-year plans (MYPs) that outline how local needs will be addressed;
- Contract with a wide variety of local agencies that provide services directly;
- Advocate for older adults in government decisions, including legislative advocacy;
- Ensure that services are targeted to those in greatest social and economic need; and
- Ensure public funding is spent in accordance with state and federal policies.

## INTRODUCTION

### MISSION STATEMENT

*To create an age-friendly state where all people have the choices and support to pursue active, healthy lives in their communities.*

### OUR VALUES

We value human dignity and opportunity. Our vision is a state where all individuals are empowered to pursue the opportunities best for their quality of life with ease. Livable communities are a crucial component to improving quality of life.

People of all ages benefit from the adoption of policies and programs that make neighborhoods walkable, feature transportation options, enable access to key services, provide opportunities to participate in community activities, and support housing that's affordable and adaptable.

Well-designed, age-friendly communities foster economic growth and make for happier, healthier residents of all ages.

## The 8 Domains of Livability

**The availability and quality of these community features impact the well-being of older adults — and help make communities more livable for people of all ages.**



1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Work and Civic Engagement
7. Communication and Information
8. Community and Health Services

# OVERVIEW & PLAN DEVELOPMENT

## AGE-FRIENDLY PLAN DEVELOPMENT

The Michigan Age-Friendly Plan has been carefully assembled and is based on these important factors:

- Consultation with the Michigan Commission on Services to the Aging;
- Information gleaned from Michigan's State Advisory Council, comprised primarily of older adults who remain an ongoing source of information on local level issues;
- In coordination with the Administration for Community Living and the Michigan State Plan on Aging;
- Convenings to identify strengths and weaknesses of Michigan's aging agency; and
- Input received through the Advisory Committee for the State Plan on Aging.

## KEY PARTNERS

Michigan is fortunate to have a multi-sectoral aging network with collaboration and support from numerous partner organizations and agencies. Key partners who were included in the development of the Plan include but are not limited to:

### Advocacy Organizations

- Michigan Health & Hospital Association
- Leading Age
- Elder Law of Michigan
- Disability Network of Michigan
- Alzheimer's Association
- Michigan Assistive Living Association
- Michigan Association of Senior Centers
- Michigan Association of RSVP Directors
- Area Agencies on Aging Association of Michigan
- AARP
- Michigan Elder Justice Initiative
- Services & Advocacy for GLBT Elders (SAGE) Detroit

### Academic Partners

- Wayne State University
- University of Michigan
- Michigan State University IMPART Alliance

### State-Level Organizations

- Michigan Public Health Institute (MPHI)
- Michigan Department of Health and Human Services (MDHHS)
- Michigan Medicare & Medicaid Assistance Program

## STATE PLAN ON AGING STEERING COMMITTEE

Responsible for day-to-day decisions and strategic direction for the Age-Friendly Michigan Plan

Name	Organization
Alexis Travis	MDHHS AASA
Scott Wamsley	MDHHS AASA
Jennifer Hunt	MDHHS AASA
Dona Wishart	Commission on Services to the Aging, Chair
Julia Heany	Michigan Public Health Institute
Lauren LaPine	Michigan Public Health Institute

## STATE PLAN ON AGING ADVISORY COMMITTEE

Responsible for general oversight and recommendation into the development of the State Plan on Aging.

Name	Organization
Dona Wishart	Commission on Services to the Aging
Dave Herbel	Leading Age
Kathy Kimmel	Wexford County Council on Aging
Paula Cunningham	AARP
David LaLumia	Area Agencies on Aging Association of Michigan
Jennifer Lepard	Alzheimer's Association – Michigan Chapter
Kate Massey	MDHHS Medical Services Administration
Jean Ingersoll	MDHHS Public Health Administration
Clare Tanner	Michigan Public Health Institute
Bruce Berger	Michigan Association of Senior Centers
Ewa Panetta	Michigan Health & Hospital Association
Don Ryan	State Advisory Council on Aging
Scott Wamsley	MDHHS AASA
Alexis Travis	MDHHS AASA
Lauren LaPine	Michigan Public Health Institute
Julia Heany	Michigan Public Health Institute

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## ENVIRONMENTAL SCAN PROCESS

Data were collected through multiple methods in order to develop a well-rounded environmental scan of the needs of Michigan's older adults, the strengths and weaknesses of the aging network, and the opportunities and threats posed by the broader environment, especially as they relate to the 8 Domains of Livability. There were five data collection methods used to gather information to inform the state plan on aging. Those were: community conversations, key informant interviews, focus groups, an older adult survey, and document review. As noted, these data were collected prior to the COVID-19 pandemic; however, ongoing assessment activities are underway to explore how the pandemic is impacting Michigan's older adults.



### KEY INFORMANT INTERVIEWS

- 60-minute semi-structured interviews with key leaders in the aging sector.
- **17** total



### COMMUNITY CONVERSATIONS

- 90-minute, facilitated sessions with older adults residing in the 16 AAA regions.
- **16** total



### FOCUS GROUPS

- 60-minute, facilitated sessions with specific groups (i.e. AAA Directors, SAC, Commission on Services to the Aging, etc.)
- **6** total



### DOCUMENT REVIEW

- Comprehensive review of existing reports and plans to identify common strengths, weaknesses, opportunities and threats to older adults across the aging network.
- Included all AAA local-level plans
- **43** total



### OLDER ADULT SURVEY

- State-wide survey for older adults 60+
- Questions focused on strengths and barriers to health and wellness
- **1199** total

## ENVIRONMENTAL SCAN FINDINGS

This section highlights key findings of each component of the environmental scan by method, illustrating the richness of the data used to inform the planning process.



### KEY INFORMANT INTERVIEWS

#### STRENGTHS

##### What are the strengths of the aging network?

- Area Agencies on Aging provide essential supports needed by older adults.
- Home delivered meals and other nutrition services fill a critical need for older adults.
- Programs that address social isolation are being developed and implemented across the system.

#### WEAKNESSES

##### What might strengthen the aging network?

- Area Agencies on Aging need to expand services.
- The system needs greater capacity to support vulnerable older adults.
- Communication about services is inconsistent and siloed.

#### OPPORTUNITIES

##### What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Care coordination services are beneficial to older adults but have long wait lists & restrictive eligibility.
- Technology and assistive technology create opportunities to support health and well-being.

#### THREATS

##### What factors in the broader environment could threaten the wellbeing of older adults?

- Older adults do not always have access to safe and affordable housing or transportation.
- Healthcare and prescriptions are too costly, and payment for healthcare is challenging to navigate.
- Workforce shortages and low wages are a significant concern.



*Home-based care is huge and trying to keep people supported in their homes before it gets to the point where they need to be looking at nursing home care, or even waiver care, by choice. – Key Informant Interview Participant*





## COMMUNITY CONVERSATIONS & FOCUS GROUPS

### STRENGTHS

#### What are the strengths of the Aging Network?

- There are numerous services, programs, and resources available throughout the state designed to support older adult health and wellbeing.
- Older adults have trusted family members and friends they feel comfortable going to for information about aging.
- The Adult Protective Services Program helps address and mitigate elder abuse cases.

### WEAKNESSES

#### What might strengthen the aging network?

- Coordination among healthcare agencies who are involved in the care of older adults would benefit the aging network.
- Minimizing competition for resources across aging network organizations would benefit & strengthen the network.
- Developing strategies that support the communication and awareness around available services and supports could strengthen the aging system.

### OPPORTUNITIES

#### What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Advances in at-home technology provide opportunities to support older adults in aging in place.
- There are a great deal of partners and organizations interested in joining and bolstering the aging network in Michigan.

### THREATS

#### What factors in the broader environment could threaten the wellbeing of older adults?

- The costs associated with receiving adequate healthcare and supports is too high, causing older adults to make difficult decisions between paying for prescriptions or other basic needs.
- The expense of making home modifications to enable older adults to age in place is a significant limitation.
- Direct worker shortages threaten older adult access to assistive in-home care.



**“ There is a need to get aging out of a silo. Aging needs to be recognized as the journey of life. It’s lifelong and this planning comes early on in life. People say you can’t do it, but we have to do it. – Community Conversation Participant ”**



## DOCUMENT REVIEW

### STRENGTHS

#### What are the strengths of the aging network?

- The HASA total budget has seen an increase in recent years.
- There are many senior centers that provide services and supports to older Michigan adults, and seniors view them as a trusted resource.
- AAAs are trusted entities in communities to provide services to older adults.

### WEAKNESSES

#### What might strengthen the aging network?

- The number of older adults accessing services in Michigan is resulting in long waitlists.
- There is a critical shortage of direct care workers and pay for direct care workers is too low.
- More older adults are living in poverty and lack the economic stability to meet their basic needs.
- Access to reliable and affordable transportation continues to be a challenge for older adults.

### OPPORTUNITIES

#### What opportunities exist in the broader environment to improve the wellbeing of older adults?

- Michigan's Attorney General has convened an Elder Abuse Taskforce, which makes preventing elder abuse a priority among Michigan leaders.
- Michigan's AAAs are piloting various innovative initiatives to support older adults in meeting their basic needs.

### THREATS

#### What factors in the broader environment could threaten the wellbeing of older adults?

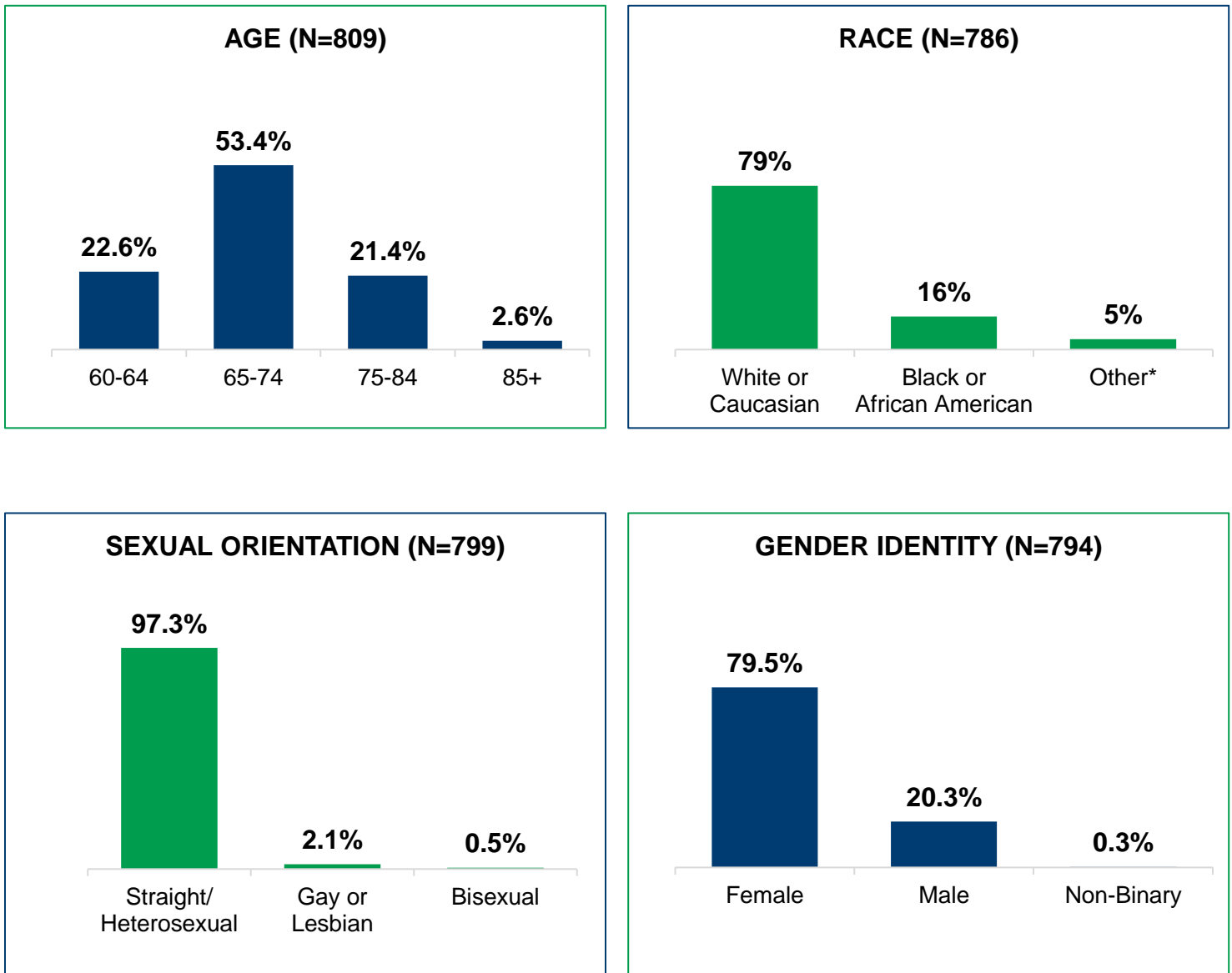
- The future state of federal funding for older adults is unknown which makes it difficult for Michigan's Aging Network to plan accordingly.
- Internet scams and exploitation that target older adults is on the rise.



## STATEWIDE SURVEY

The Statewide Survey of Older Adults was distributed online through the listservs, social media pages, and websites of members of the aging network and strategic partners. Additionally, paper copies were distributed through the AAAs for individuals who preferred hard copies. The sample was convenience based, so results do not represent all older adults in the state of Michigan. However, the response was robust, and participants were diverse. A total of 1199 participants started the survey, 92.1% of whom were 60 years of age or older. Key demographic characteristics of respondents are highlighted in Figure 1.

**Figure 1:** Survey Participant Demographics: Age, Race, Sexual Orientation & Gender Identity.



\*Other included: human race, bi-racial, Caucasian and American Indian, Euro-American, Mexican American, USA-born, American, Middle Eastern, Irish American, Homo Sapiens.

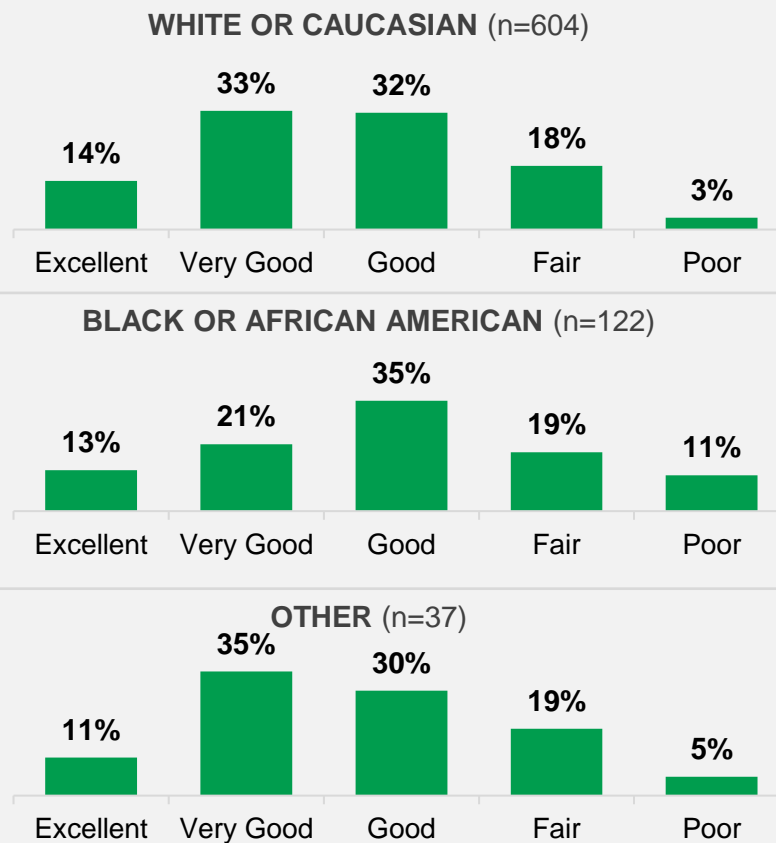


## STATEWIDE SURVEY

Survey participants varied in terms of how they rated their community as a place for people to live as they age, with most rating their community as 'good' or 'very good.' However, when we compare older adults who identified as Black or African American with older adults who identified as white, we see a different pattern of results, with Black or African American respondents being more likely to rate their community as a poor place for people to live as they age and being less likely to rate their community as a very good place for people to live as they age. Responses are highlighted in Figure 2.

**Figure 2:** Rating of Current Community as a Place to Live while Aging, by race.

### HOW WOULD YOU RATE YOUR CURRENT COMMUNITY AS A PLACE FOR PEOPLE TO LIVE AS THEY AGE?



When asked what factors would make them need or want to move out of their community as they get older, participants most indicated that their personal safety or security concerns, needing more access to public transportation, and wanting to be closer to family were ‘major factors.’ The factor most likely to be considered ‘not a factor at all’ was wanting to live in a different climate.

**Figure 3:** Ranking of Importance for Factors to Consider Moving Out of Current Community.

**SOME PEOPLE FIND THAT THEY NEED OR WANT TO MOVE OUT OF THEIR COMMUNITY AS THEY GET OLDER. RANK THE IMPORTANCE OF THIS CATEGORY IF YOU WERE CONSIDERING MOVING OUT OF YOUR CURRENT COMMUNITY.**

**MAJOR FACTORS**

Personal safety or security concerns	49%
Wanting to be closer to family	39%
Needing more access to public transportation	39%
Wanting to move to an area that has better healthcare facilities	32%
Wanting to live in an area that has a lower cost of living	31%
Wanting to live in an area with better opportunities for social interaction	30%
Wanting to live in a different climate	20%

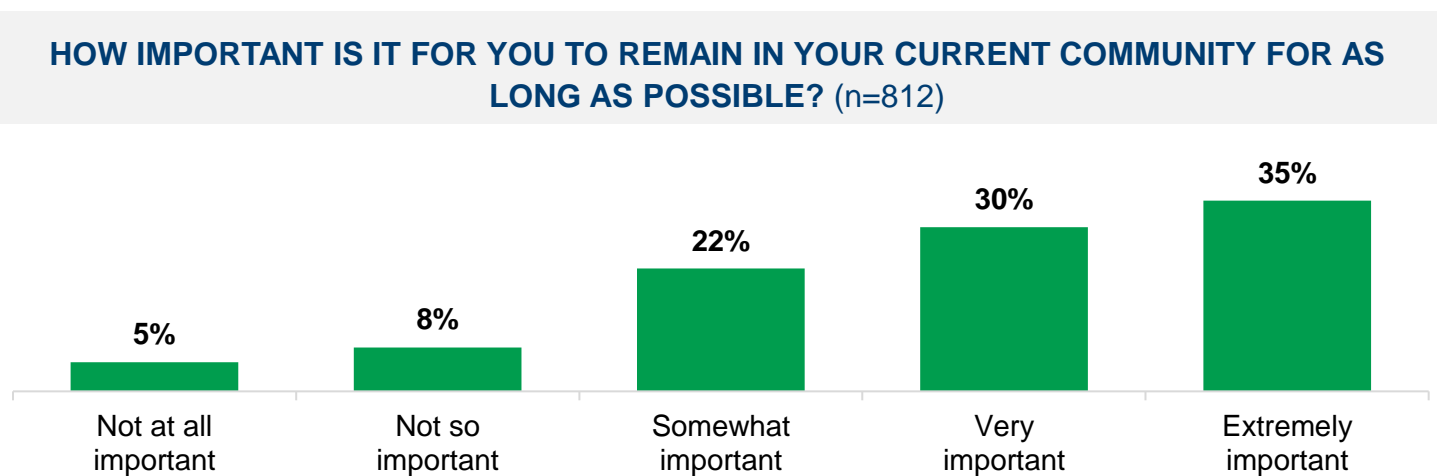
**NOT A FACTOR AT ALL**

Wanting to live in a different climate	43%
Wanting to move to an area that has better healthcare facilities	40%
Wanting to live in an area that has a lower cost of living	35%
Needing more access to public transportation	33%
Wanting to be closer to family	33%
Wanting to live in an area with better opportunities for social interaction	32%
Your personal Safety or security concerns	27%

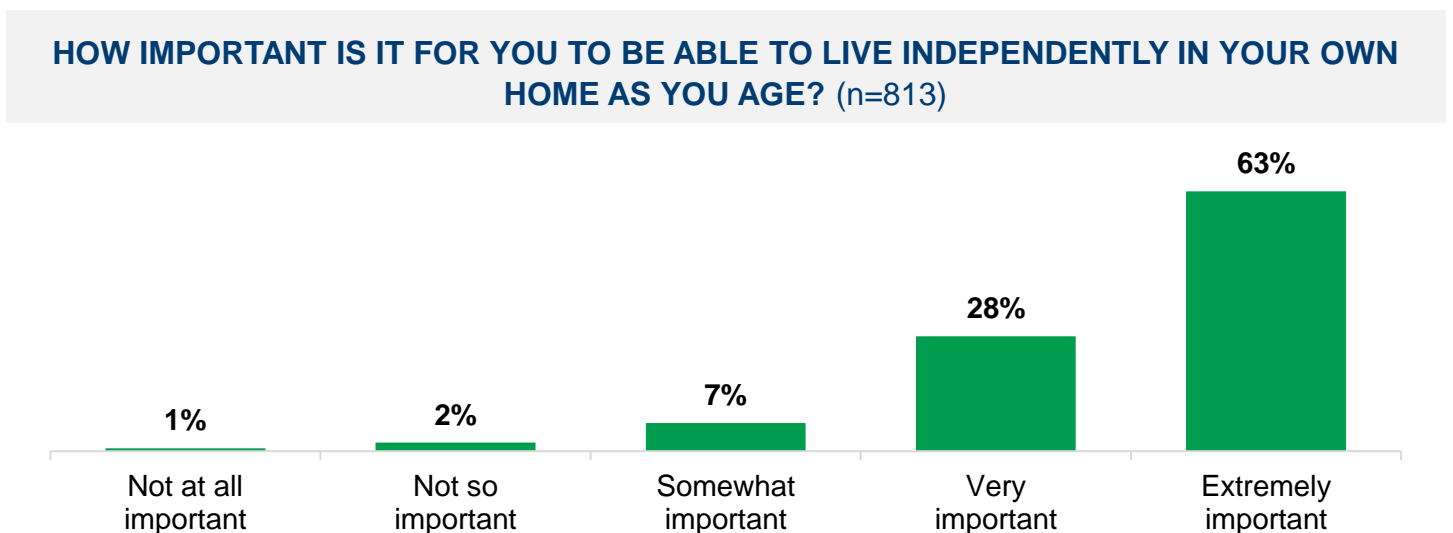
When interpreting the next few findings, it is important to recognize that 75.1% (n=812) of respondents were living in a single-family home and 10.0% were living in a condominium or co-op when they took the survey. Additionally, 86.0% (n=809) reported that they own their residence.

Most participants reported that it was important to them to be able to live independently in their own home as they aged, and that it was important to them to remain in their current community for as long as possible. Most participants felt that was important for them to remain in their current community for as long as possible.

**Figure 4:** Ratings of the Importance to Remain in Your current Community for as Long as Possible.



**Figure 5:** Ratings of the Importance to Live Independently in Your own Home as you Age.

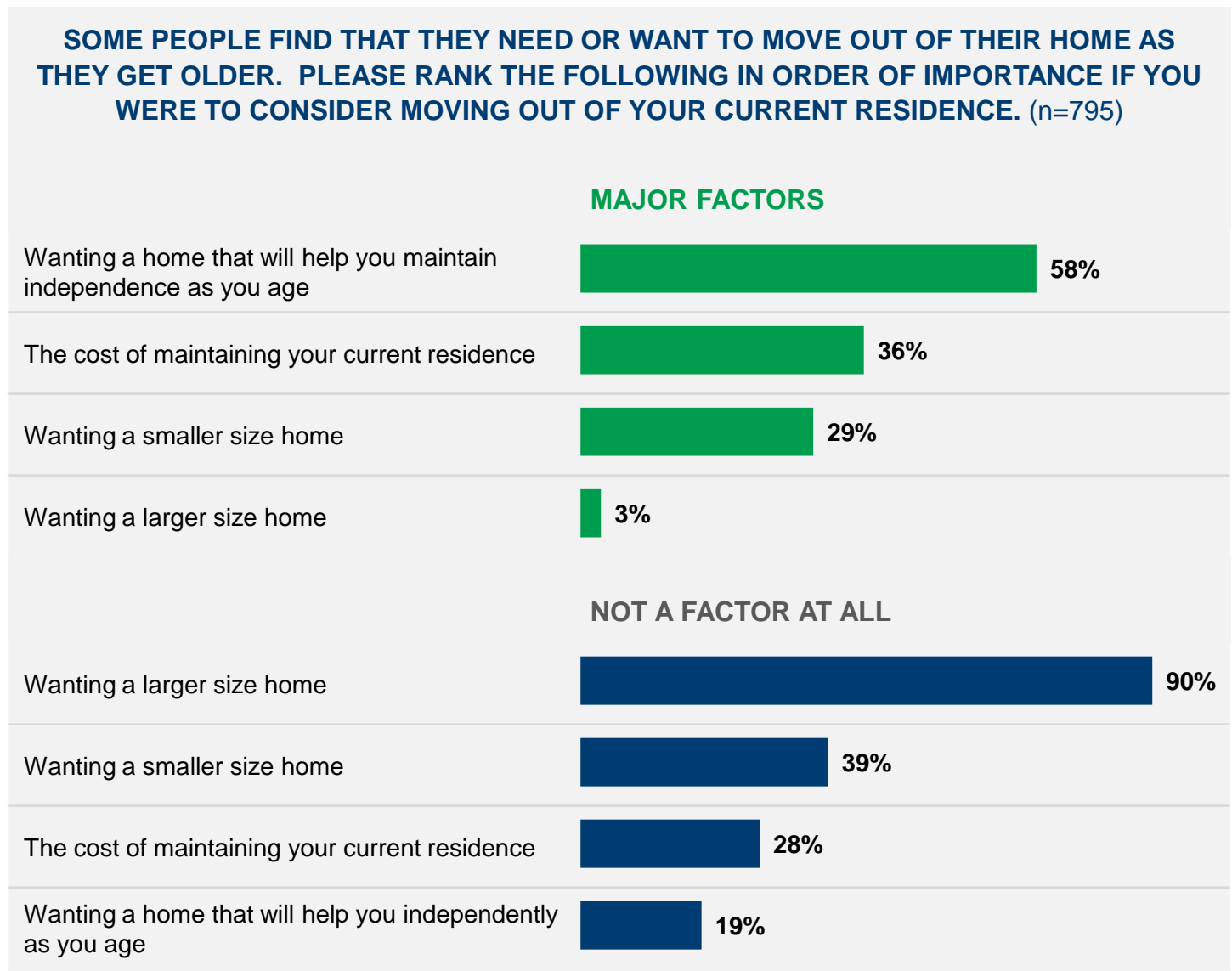




## STATEWIDE SURVEY

Participants were also asked about the factors that would influence their decision about wanting to move out of their residence when they get older. The factor most often rated as 'a major factor' was wanting a home that will help maintain independence. The factor most often rated as 'not a factor at all' was wanting a larger size home. Importantly, 40.7% (n=412) of respondents indicated that their current residence would need major repairs, modifications, or changes to enable staying there for as long as possible. Responses are summarized in Figure 5.

**Figure 6:** Ranking of Importance for Factors to Consider Moving out of Current Residence.



## ENVIRONMENTAL SCAN THEMES

Thematic analysis was completed for all data collected throughout the State Plan on Aging development process. Seven key themes emerged in the thematic analysis. The eight key themes informed the development of the plan. A brief summary of the components of the key themes are as follows:



**ACCESS TO QUALITY CARE & SERVICES:** Access to quality care and services emerged as a key theme for Michigan's older adults. The length of waitlist times to accessing health and social services was highlighted as a barrier. Additionally, a lack of coordination and alignment in the provision of care and supports was a challenge. Finally, high costs of prescription drugs and medications, lack of access to supportive medical equipment, and eligibility requirements were all reported as barriers to older adults receiving the quality care and services they need. In the Older Adult Survey, more than half (51.57%, n=361) of survey respondents reported poor/fair access to health care professionals who speak different languages.



**ADDRESSING SOCIAL ISOLATION:** Experiences of social isolation were reported throughout the data collection process for the State Plan on Aging. Older adults reported concerns around feelings of loneliness contributing to mental health challenges such as depression and anxiety. Examples of positive socialization opportunities were presented across the state, but expansion of such opportunities, especially to more rural areas, was highlighted as a need. Per the Older Adult Survey, a little less than half (43%, n=344) of survey respondents reported having contact with family, friends, or neighbors who do not live with them several times a week and 39% (n=314) reported doing so every day.



**ADDRESSING WORKFORCE CHALLENGES:** Critical shortages of home care workers was a key theme of the environmental scan. The environmental scan revealed the need to expand the direct care workforce. Low wages were reported as an expected barrier to having the number of direct care workers needed to meet the needs of Michigan's older adults. Respondents who were supported by a direct care worker highlighted the workforce was passionate and committed to taking care of older adults, but that they are overwhelmed and lack a living wage for the critical care they provide. Per the Older Adult Survey, more than half (57.8%, n=437) of survey respondents reported affordable home care services including personal care and housekeeping as poor/fair. Likely due to workforce limitations, almost half (46.1%, n=290) of survey respondents reported it was likely/very likely that they will provide unpaid care to an adult loved one in the future.



**AGING IN PLACE:** The idea of aging in place was a prominent theme throughout data collection efforts. Many older adults reported they lacked the resources, services, and supports that would enable them to age in place. Respondents reported a lack of support modifying their homes to be safe and accessible as they age, a general lack of accessible in-home and assistive services, and financial limitations that hindered their ability to stay in their homes as they age. Per the Older Adult Survey, more than half (53.3%, n=427) of survey respondents reported they planned to stay in their current residence and never move as they aged, while half (50.74%, n=412) of survey respondents reported they were unable to make modifications to their residence to enable them to stay in their residence as long as possible.



**AWARENESS OF SERVICES & RESOURCES:** Awareness of available services and resources for older adults to help them age was a key theme for Michigan's older adults. Siloed communication about existing resources was reported as a barrier and inconsistent messaging was reported as a challenge. Competition and a lack of shared resources was reported as a barrier within Michigan's aging network. The ways in which older adults prefer to receive information about available services and resources was reported as a complexity. Some older adults reported being more comfortable with receiving information via technological outlets, while others preferred more traditional modes, such as newsletters, mailers, and via word of mouth. Per the Older Adult Survey, the majority (69.56%, n=498) of survey respondents reported their community had poor/fair community information that is delivered in person to people who cannot or may have difficulty leaving their home. Additionally, 78.81% (n=621) of survey respondents reported they would turn to their local AAA for resources and information about services for older adults.



**ELDER ABUSE & EXPLOITATION:** Elder abuse in Michigan, like national trends, was a key theme of the environmental scan. The Elder Abuse Taskforce and Adult Protective Services (APS), was reported as a key strength of Michigan, yet the need to protect older adults from abuse and exploitation remains a concern. Respondents reported the rise in internet scams targeted at older adults and highlighted the need for education and awareness campaigns to equip older adults with the knowledge and tools to protect themselves. Michigan's Attorney General recently convened an Elder Abuse Taskforce which was highlighted as one of the mechanisms that could be used to protect older adults from abuse and neglect. Per the Older Adult Survey, almost half (47.40%, n=383) of survey respondents reported their personal safety or security was a 'major factor' when considering moving out of their community.



**DIVERSITY, EQUITY, & INCLUSION:** Individuals who identify as LGBT+ do not always feel comfortable openly identifying in long term care facilities due to concerns about safety. There is a need for programs to modify and tailor communication to be culturally and linguistically appropriate. Additionally, programs and services need to be designed in a way that resonates with individuals of all different races. A central component of the DEI initiative is to enhance service targeting, delivery and coordination efforts. HASA is working with the SUAs in Minnesota and Wisconsin on best practices and integration activities between Title III and Title VI programming. An initial meeting was held in late July 2020 and Michigan is in the process of scheduling additional meetings for August and September 2020. These meetings will help inform HASA's efforts to enhance Title III/Title VI coordination efforts in Michigan for FY 2021.



**RELIABLE TRANSPORTATION:** Transportation challenges factored into various key themes that emerged in thematic analysis. Transportation was reported as limiting older adults' access to healthcare, access to healthy food, ability to engage in communities, and ability to pick up prescriptions and medications. The cost of transportation was reported as a significant barrier, as well as the reliability of transportation funded by state agencies. Per the Older Adult Survey, about half (49.62%, n=385) of survey respondents reported their communities had poor/fair special transportation services for peoples with disabilities and older adults and about half (55.76%, n=445) of survey respondents reported poor/fair access to accessible and convenient public transportation in their communities.

## Michigan Livability Score

### TOTAL INDEX SCORE



[Livability Score](#) ?



Michigan ranked in the bottom tier in the following areas:

- Obesity
- Social engagement
- Hospital readmissions

These areas are specifically addressed in this three-year plan.

51

#### HOUSING

Affordability and access

48

#### NEIGHBORHOOD

Access to life, work, and play

49

#### TRANSPORTATION

Safe and convenient options

53

#### ENVIRONMENT

Clean air and water

47

#### HEALTH

Prevention, access and quality

51

#### ENGAGEMENT

Civic and social involvement

54

#### OPPORTUNITY

Inclusion and possibilities

## Domain: Communication and Information



### GOAL

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



### OBJECTIVE

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



### STRATEGIES

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



### OUTCOME MEASURES

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



### OBJECTIVE

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



### STRATEGIES

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



### OUTCOME MEASURES

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

## Domain: Respect and Social Inclusion



### GOAL

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



### OBJECTIVE

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



### STRATEGIES

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



### OUTCOME MEASURES

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

## Domain: Social Participation



### OBJECTIVE

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



### STRATEGIES

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



### OUTCOME MEASURES

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

## Domain: Transportation



### OBJECTIVE

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



### STRATEGIES

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



### OUTCOME MEASURES

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

## Domain: Health Services & Community Supports

### FOCUS

Older American Act (OAA) Core Programs



### GOAL

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



### OBJECTIVE

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



### STRATEGIES

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



### OUTCOME MEASURES

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

## Domain: Health Services & Community Supports



### OBJECTIVE 3.2

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



### STRATEGIES

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



### OUTCOME MEASURES

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



### OBJECTIVE 3.3

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



### STRATEGIES

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



### OUTCOME MEASURES

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

## Domain: Health Services & Community Supports



### OBJECTIVE

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



### STRATEGIES

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



### OUTCOME MESAURES

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

## Elder Abuse

### GOAL



Leverage programs, services, and resources to ensure older adults have access to the programs and services they need to make their own choices and decisions to enable them to age in place.

### OBJECTIVE



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

### STRATEGIES



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

### OUTCOME MEASURES



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

## REFERENCES

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