

2007

# Modernizing Older Americans Act Programs



Laying the Foundation for Dignity and  
Independence for Older Adults



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# Message

I am pleased to present to you *Modernizing Older Americans Act Programs 2007*, a document that highlights the accomplishments of the U.S. Administration on Aging (AoA) and the National Aging Services Network (the Network) to modernize the delivery of aging services and long-term care for the 21st century.

The Network is comprised of more than 29,000 State, local, and community-based services organizations that reach into every community in this Nation and provide direct services to more than nine million older adults and almost one million family caregivers each year.

Our Nation has arrived at a critical juncture in history. As the baby boomers age and America's older population grows larger and more diverse, our country faces real challenges and great opportunities for its future. When I was appointed Assistant Secretary for Aging by President George W. Bush, I made modernizing Older Americans Act (OAA) programs my number one priority.

Our modernizing strategy focuses on empowering older consumers by giving them more choices and greater control over their own health and long-term care—including more control over the types of benefits and services they receive and the manner in which those benefits and services are delivered. Congress embraced the key elements of our agenda as part of the reauthorization of the OAA in 2006.

***Modernizing Older Americans Act Programs 2007* outlines successful investments such as:**

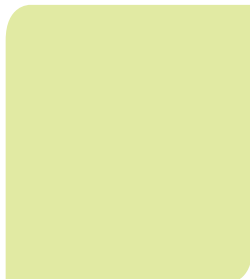
- Assisting individuals to make informed decisions about care options through “one stop shop” entry points to long-term care services and supports in 43 States.
- Working with the States to implement low-cost evidence-based programs that are helping seniors reduce their risk of disease and disability and improve their physical and mental health in more than 350 communities.

- Helping seniors take advantage of the new prevention benefits under Medicare that can screen for many diseases and conditions that—if caught early—can reduce or prevent serious and costly complications.
- Strengthening the capacity of 12 States to provide more choices for high-risk individuals before they enter a nursing home.
- Supporting programs that are protecting vulnerable older adults from abuse, neglect, and exploitation.

We have a significant opportunity to advance the values and principles of a balanced long-term care system for older Americans and their families. The breadth and scope of the initiatives AoA has launched and the Network has implemented over the past five years have laid a solid foundation for helping older adults age with the highest quality of life possible in their own homes and communities.

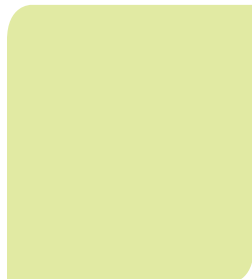


Josefina G. Carbonell  
Assistant Secretary for Aging





# Introduction



## Our Mission

AoA's mission, as embodied in the OAA of 1965, is to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost-effective systems of long-term care and livable communities across the United States. AoA does this by serving as the Federal agency responsible for advancing the concerns and interests of older people and by providing national leadership, funding, technical support, and oversight to the Network. The Network is comprised of more than 29,000 State, local, and community-based services organizations that reach into every community in the United States. Charged under the OAA with responsibility for promoting the development of a comprehensive and coordinated system of home- and community-based long-term care, the Network helps to ensure that the Nation's health and long-term care system is responsive to the needs and preferences of older people and their family caregivers.

## Our Priorities

The OAA has played an important role for many years in shaping our Nation's health and long-term care system to help older adults learn about and access opportunities for maintaining their health and well-being in the community. However, the aging of America is creating new challenges and opportunities for our Nation's system of care for older adults. To help our Nation respond to these challenges, AoA continues to work with its partners at the Federal, State, Tribal, and community levels to help strengthen the Nation's capacity to promote the dignity and independence of older people.

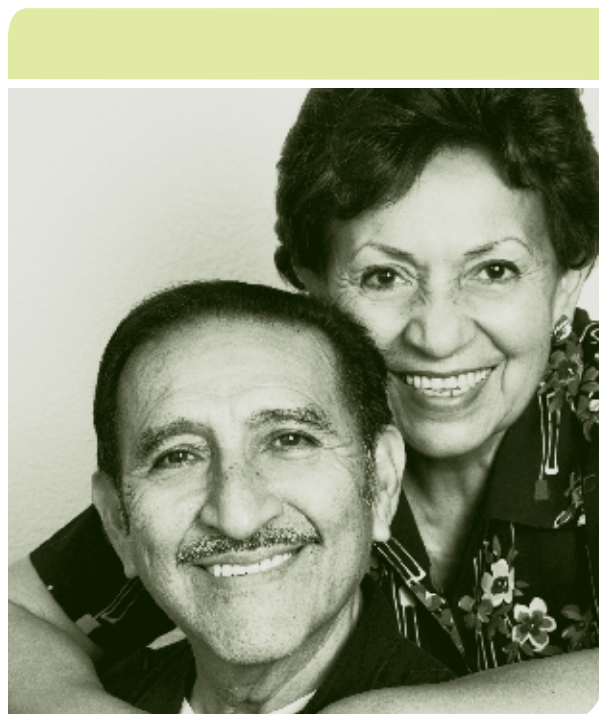
**AoA has developed the following five programmatic priorities to guide and focus its investment of effort and resources over the next five years:**

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.
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.

3. Empower older people to stay active and healthy through OAA services and the new prevention benefits under Medicare, including evidence-based disease and disability prevention programs.
4. Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
5. Maintain effective and responsive management and stewardship of the public's resources.

## Our Overall Approach

AoA's overall approach for achieving its goals and objectives is to support initiatives, in partnership with other Federal agencies and national organizations, that strengthen the capacity of the Network at the State, Tribal, and local levels to advance systemic changes in the Nation's system of care in ways that



will make our system of long-term care more consumer-directed and supportive of community living. AoA continues to focus on initiatives that build on the latest research and best practices from the field and capitalize on the unique assets and core programs inherent

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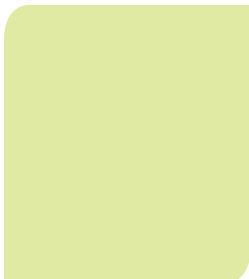
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# Empowering Individuals to Make Informed Choices





AoA believes that informed individuals are empowered individuals who are more likely to actively participate in decisions about their care needs and make choices that reflect their preferences. The Network provides outreach, information, education, and counseling; empowers older persons to act on their own behalf; advocates on behalf of frail and vulnerable older individuals; and advocates for systems change. The Network provides more than 13 million information and assistance contacts on programs and services annually, as well as information on available caregiver resources to more than nine million families, empowering them to make informed choices about their care needs.

AoA provides information and resources to millions of older adults, their caregivers, and advocates each year through its Web site and public inquiry services. In 2007, AoA's Eldercare Locator call center and Web site helped link more than 400,000 older adults and their caregivers to local resources that enable older persons to live independently in their communities.

The efforts outlined in this section reflect AoA's continued commitment to advance single-entry-point models to the long-term care system, as well as efforts to educate and counsel on a variety of topics including planning ahead for long-term care and Medicare.

## **Aging and Disability Resource Centers**

In 2007, AoA, in partnership with the Centers for Medicare & Medicaid Services (CMS), continued to support a national rollout of the ADRC grant program. The reauthorization of the OAA late in 2006 bolstered efforts to promote ADRCs by directing AoA to work with CMS to implement the program across the Nation. To support this directive, AoA provided supplemental grant award opportunities to expand the activities of select grantees. To date, 43 States have received grants to support their efforts in developing one-stop centers providing comprehensive information and easy access to long-term support and services. These grants assist States in their efforts to streamline access to multiple public and private programs and ensure that families can find the assistance they need through a single point of entry into the long-term care support system.

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The ADRC program is part of the President Bush's New Freedom Initiative to overcome barriers to community living for people with disabilities of all ages. The ADRC initiative provides States with an opportunity to effectively integrate the full range of long-term support and services into a single, coordinated system. By simplifying access to long-term care systems in this way, ADRCs are serving as the cornerstone for long-term care reform in many States.

Traditionally, the Network has targeted its efforts to individuals of greatest social and economic need. The ADRC initiative recognizes that people with disabilities at all income levels may find navigating long-term care systems difficult and may need assistance in locating support to assist them in remaining in their homes and communities. In 2007, about 30% of ADRC contacts resulted in a referral to private programs. Additional information regarding ADRC performance may be found in the ADRC Interim Outcomes Report at [www.adrc-tae.org](http://www.adrc-tae.org).

The ADRCs also assist consumers in their efforts to prevent disease, disability, and injury through health promotion and disease prevention programs, including evidence-based interventions. In 2007, in an effort to demonstrate the important role ADRCs can play in assisting consumers in disease and disability self-management, CMS selected nine ADRCs and an Older Americans Act Information and Assistance program to participate in the Senior Risk Reduction Demonstration. The demonstration was designed to assist older Medicare beneficiaries to take more control over their health and reduce their risk of disease and disability. It will evaluate whether health promotion and disease prevention programs offered by national private insurers can be delivered by the Medicare program.

## Implementing the Medicare Modernization and Improvement Act

AoA and CMS continued its partnership with the Network to help persons with Medicare review their 2008 Part D prescription drug plans and target those potentially eligible beneficiaries for the low-income subsidy (LIS). Additionally, the partnership complemented the HHS prevention efforts through the *My Health. My Medicare.* campaign. Through these initiatives, AoA supported community-based organizations (CBOs) with resources, training, best practices, and technical assistance as they provided personalized, one-on-one assistance to persons with Medicare.

**As a result of this partnership and other partnership efforts:**

- **Drug Coverage:** 90% of beneficiaries (39.6 million) continue to have drug coverage through Medicare or another creditable source.
- **Part D Enrollment:** 25.4 million beneficiaries are now enrolled in Part D.
- **LIS Enrollment:** 9.4 million beneficiaries are now enrolled in the LIS.

## LIS Community-Based Outreach

Efforts to provide personalized assistance to hard-to-reach populations and their caregivers on the LIS have resulted in more than 220 projects in 46 States and the District of Columbia. The National Association of Area Agencies on Aging (n4a), with support and resources from AoA and CMS, leveraged the efforts of 31 CBOs in the Network. In addition, AoA is funding the National Asian Pacific Center on Aging to support their Asian Language Helpline to better reach





*Assistant Secretary for Aging Carbonell with seniors at Medicare event.*

the Asian-American and Pacific Islander (AAPI) population. The helpline provides assistance in Chinese, Korean, Vietnamese, and English. These efforts are being closely coordinated with the National Council on Aging's Access to Benefits Coalitions and the ADRCs. By leveraging these opportunities, AoA has more than 220 projects in 46 States and the District of Columbia.

## **Mobile Office Tours**

AoA enlisted the support of the Network on two Mobile Office Tours with CMS and the U.S. Department of Health and Human Services (HHS). The Network was represented in the planning and implementation and provided staff support at the Mobile Office Tour events across the country.

## **A HEALTHIER US STARTS HERE PREVENTION TOUR**

During the spring and summer of 2007, the Medicare Prevention tour bus visited each of the 48 continental States to promote conversations between people with Medicare, families, caregivers, health professionals, and community organizations to help beneficiaries become aware and utilize the covered preventive screenings and other benefits.

## **Working Together for Better Health Tour**

In the fall of 2007, the Working Together for Better Health CMS Mobile Office Tour visited more than 130 communities in 38 States and the District of Columbia, sharing information about Part D with beneficiaries. The tour also highlighted the personalized assistance provided by Network partners across the country who helped beneficiaries compare their drug plan options and change enrollment if necessary.

## **Own Your Future and the National Clearinghouse for Long-Term Care Information**

AoA has continued its partnership with CMS and the HHS Assistant Secretary for Planning and Evaluation to increase awareness among older adults and other key audiences about the risks of, and planning for, long-term care. This effort includes the Own Your Future campaign, a unique partnership between the Federal

government and States to offer a consistent message about the importance of planning ahead for long-term care, and the National Clearinghouse for Long-Term Care Information Web site, [www.longtermcare.gov](http://www.longtermcare.gov).

In 2007, Phase III of the Own Your Future campaign was completed. Seven States implemented programs: Georgia, Michigan, Missouri, Nebraska, South Dakota, Tennessee, and Texas. These States, like the States in prior years, sent letters to targeted households—those with residents between the ages of 45 and 65—from each State’s governor. The States sent almost seven million letters. Letters included an option to order a free Long-Term Care Planning Kit and information about a new resource, the National Clearinghouse for Long-Term Care Information.

The National Clearinghouse for Long-Term Care Information, as mandated by Congress in the Deficit Reduction Act of 2005, provides objective information to assist consumers with decision making regarding long-term care planning. The Clearinghouse provides information on public and private long-term care financing options, helpful planning steps, and resources to assist their planning efforts, such as the cost of services in their State.

Consumers may also order or download a free Long-Term Care Planning Kit online.

The Own Your Future campaign and the National Clearinghouse are reaching millions of Americans and helping them understand and plan for long-term care. This is extremely important, as about 70% of people over the age of 65 will need some long-term care.

## **Webinar Series on Emergency Preparedness and Disaster Assistance**

The Network plays a pivotal role in times of disasters. In 2007, AoA sponsored an important Webinar series focusing on the key elements of emergency preparedness and disaster assistance. The three-part Webinar series provided a unique opportunity for aging professionals to learn from Federal, State, Tribal, local, and private sector leaders about what they can do to be ready in the event of an emergency or disaster. AoA was pleased that Rear Admiral W. Craig Vanderwagen, M.D., Assistant Secretary for Preparedness and Response, and Admiral John O. Agwunobi, MD, MBA, MPH, former U.S. Assistant Secretary for Health, participated in the series.

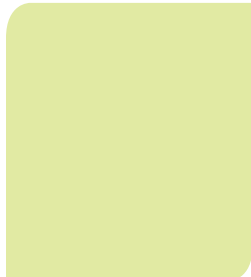
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The Own Your Future campaign and the National Clearinghouse are reaching millions of Americans and helping them understand and plan for long-term care. Visit [www.longtermcare.gov](http://www.longtermcare.gov) for more information.

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# Enabling Seniors to Remain in Their Own Homes



The Network reaches into every community in this country, providing low-cost social services and support to more than 10 million seniors, including three million who receive intensive services and almost one million family caregivers each year. Services provided for seniors and their caregivers include access to such services as home-delivered meals, transportation, and case management; in-home services such as personal care, chore, and homemaker assistance; and center-based services such as congregate meals, adult day care, and respite care.

In addition to providing vital home- and community-based services, the Network is working in partnership with AoA to help more than 522,000 people who are at high risk of nursing home placement remain in their homes by giving them more choice and more control. This includes using consumer-directed service models to give individuals greater control over the types of services they receive so they can better address their own needs and circumstances. This section of the report highlights many of these efforts.

**In FY2007, the Network provided the following home- and community-based services to older adults:**

- **31 million** rides to doctors offices and other critical daily activities
- **27 million** hours of in-home services (personal care, homemaker, chore)
- **8 million** hours of adult day care services
- **4 million** hours of case management services

- **141 million** home-delivered meals
- **95 million** congregate meals
- **12 million** information and assistance contacts

While these outputs are impressive, the outcomes of the Network are at the center of our programs and operations. **Annual consumer outcome survey data reveals that:**

- **84%** of caregivers say services allow them to care for the elderly longer.
- **43%** of elderly transportation recipients rely on the service for virtually all of their transportation needs.
- **97%** of transportation clients rated services as “excellent” or “very good.”
- **86%** of new clients receiving home-delivered meals eat more balanced meals as a result of the program.

- **93%** of home-delivered meals clients report that receiving meals enabled them to continue living at home.
- **83%** of information seekers report they the information they received should help them resolve their issue.
- **94%** of information seekers said their call was answered within five rings.

## Nursing Home Diversion Modernization Initiative

The OAA authorizes the Network at all levels to promote the development of comprehensive and coordinated systems of long-term care that enable seniors to remain in their own homes and communities for as long as possible. Consistent with the flexibility

provided under the OAA, the Network has carried out this statutory responsibility in a variety of ways, using different strategies and approaches that reflect varying state and local conditions, policies, and practices.

AoA's Nursing Home Diversion (NHD) grant initiative is a competitive grant opportunity designed to assist State Units on Aging (SUAs)—in partnership with Area Agencies on Aging (AAAs) and in collaboration with community aging services providers and other key long-term care stakeholders—to modernize systems that assist seniors to remain at home and in the community. This is accomplished through the transformation of OAA, or other non-Medicaid funding sources, into flexible, consumer-directed service dollars targeted to individuals at risk of nursing home placement and spend down to Medicaid.

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The Network is targeting services to vulnerable elderly individuals, including the poor, minorities, and individuals in rural areas:

- **10.5 million elders**—19.8% of all elders 60 and over.
  - **10% of U.S. elders** are poor; 29% of OAA clients are poor.
  - **23% of U.S. elders** are rural; more than 34% of OAA clients are rural.
  - **19% of U.S. elders** are minority; 24% of OAA clients are minority.
-



The NHD initiative was introduced as a grant opportunity in 2007 and supports the new long-term care provisions in the 2006 reauthorization of the OAA. It is intended to support States' long-term care rebalancing efforts and was designed to complement the CMS Money Follows the Person initiative by strengthening the capacity of States to reach older adults before they enter a nursing home and spend down to Medicaid. AoA's long-range vision is to have NHD programs that are consistent with AoA standards as a key component of every State's system of long-term care.

AoA's NHD standards include both service and systems elements. The service elements are designed to ensure that the program reaches its intended target population, and that the needs and preferences of consumers and their family caregivers are fully considered in the design and implementation of the program. The key service elements are:

- **Flexible dollars** to ensure that services can be tailored to the individualized needs of consumers and their family caregivers, rather than being tied to a particular service or set of services



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The success of the initial C&C demonstration program—evidenced by results including higher client satisfaction and better quality care than in traditionally provided services—resulted in an expansion of the program to 12 new States.

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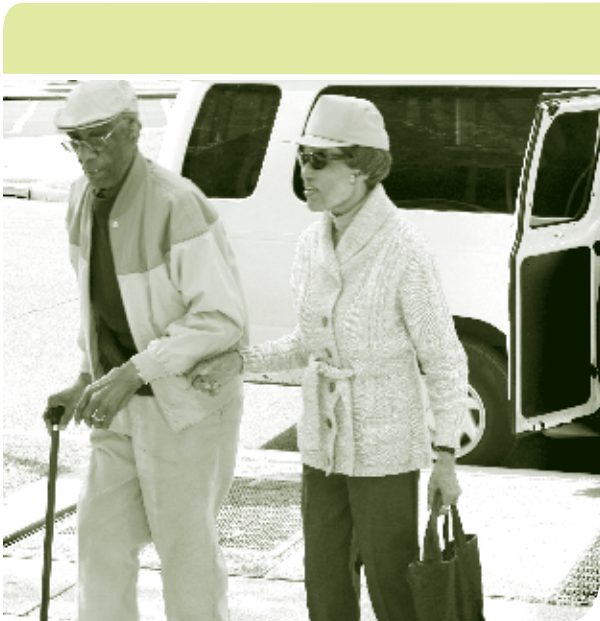
- **Targeting criteria** to ensure the program actually serves individuals who are most at risk of nursing home placement and spend down to Medicaid
- **Giving clients the option** of using the C&C model
- **Ensuring that the program is used to complement and support**—and not to supplant—the ongoing efforts of family caregivers and the use of an individual’s personal and financial resources in helping that individual to remain at home

The system elements are designed to ensure the effective and efficient administration of a nursing home diversion program. They include:

- **Using “Single Entry Point” systems**, including ADRCs, to perform the functions of client screening, assessment, care planning, and targeting individuals at risk of nursing home placement and spend down to Medicaid
- **Having a quality assurance program** that can be used by program staff and administrators to continually improve the way the program is serving its clients
- **Evaluating the program** so that administrators, funders, and the public will know if the program is meeting its goals and objectives

The NHD grants offer community aging services provider organizations an opportunity to work with SUAs and AAAs to modernize service delivery through the use of flexible funding as well as the provision of services to individuals who are using consumer-directed models of care. Participating in these projects will help providers develop strategies they can use to tailor their services to the individualized needs and preferences of older individuals and their family caregivers. It will also give providers an opportunity to better position themselves to serve the growing number of individuals who will be purchasing their services in the private pay market.





Since the initiative's inception in 2007, **AoA has made awards to 20 States:**

- Arkansas
- Connecticut
- Florida
- Georgia
- Illinois
- Kentucky
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Minnesota
- New Hampshire
- New Jersey
- New York
- Ohio
- Texas
- Vermont
- Virginia
- Washington
- West Virginia

These States are being encouraged to use this grant as a learning opportunity that will help them understand how they can best enhance their ability to divert individuals from nursing home placement. AoA will use lessons learned from these States to inform future funding opportunities.

## Cash and Counseling

C&C is a consumer-directed approach to delivering home- and community-based services; it gives individuals control over their services. This includes managing a budget and hiring their own workers, who may be family members or friends. The success of the initial demonstration program—evidenced by results including higher client satisfaction and better quality care than in traditionally provided services—resulted in an expansion of the program to 12 new States (Alabama, Illinois, Iowa, Kentucky, Michigan, Minnesota, New Mexico, Pennsylvania, Rhode Island, Vermont, Washington, and West Virginia). SUAs and AAAs are partners with C&C in many of these programs. By the end of 2007, the expansion States enrolled and served more than 2,000 individuals. Each State will continue to enroll and serve consumers after grant funding ends.

AoA, in partnership with other components in HHS, the Robert Wood Johnson Foundation, and the Retirement Research Foundation, which funded the Illinois program, continues to help fund and support the C&C program. The outcomes for participants in C&C, including increased independence and improved quality of life, mirror the goals of the OAA. Because of this, the C&C model was incorporated into the 2006 reauthorization of the OAA, and it is an important part of AoA's Nursing Home Diversion Modernization Grant program, with almost all of the grantees including C&C in their programs.

## Alzheimer's Disease Demonstration Grants to States

The Alzheimer's Disease Demonstration Grants to States (ADDGS) program expands the availability of diagnostic and support services for persons with Alzheimer's disease, their families, and their caregivers. In some States, the ADDGS program is used to improve the responsiveness of the home- and community-based care system to persons with dementia. The program focuses on serving hard-to-reach and underserved people with Alzheimer's disease or related disorders.

AoA awarded grants to 21 State governmental agencies in 2007 to demonstrate how existing public and private resources within States can be more effectively coordinated and utilized to enhance educational needs and service delivery systems for persons with Alzheimer's disease, their families, and caregivers. Current grantees are required to focus on using the ADDGS program as a vehicle for advancing changes in their State's overall system of home- and community-based care.

In 2007, AoA also awarded cooperative agreements to three State governmental agencies, funding an opportunity entitled "Translating Evidence-Based Alzheimer's Disease and Related Dementia Direct Services Research into Practice." A major expectation of these cooperative agreements is to deliver high-quality evidence-based programs that maintain fidelity to both the original design and to the research outcomes associated with the evidence-based direct service models that benefit people with Alzheimer's disease or related disorders (ARD) and their caregivers. The goal of these cooperative agreements was not to replicate previous research but to administer and evaluate practical applications of existing research. **The objectives of these ADDGS cooperative agreements are to:**

- **Show how the Network can improve** the quality, effectiveness, availability, and convenience of evidence-based direct services programs for persons with ARD and their caregivers



- **Strengthen coordination and teamwork** between the Network community services providers and health care providers to improve service delivery to persons with ADRD and their caregivers
- **Provide information on the costs** of establishing and operating effective direct service activities through the Network.

All ADDGS grantees are supported by the AoA-funded ADDGS National Resource Center. For more information, visit [www.aoa.gov/alz](http://www.aoa.gov/alz).

## Services to Native American Elders

### **2008 marks the 30th anniversary of Title VI: Grants to Native Americans.**

Throughout its history, Title VI has provided a wide range of home- and community-based supportive services that have enabled older people to remain active in their communities. The program has grown from 85 original grantees to 244 Part A grantees (grants to Native American Programs), two Part



B grantees (Grants for Native Hawaiian Programs), and 205 Part C grantees (Grants for the Native American Caregiver Support Programs).

**In FY2007**, there were 168,051 older American Indians, Alaska Natives, and Native Hawaiians eligible for Title VI, Part A and B nutrition and supportive services. Title VI grantees serve a large percent of those older people who are eligible for services. In 2007, 44% (51,228) received a total of 2,009,375 congregate meals; 19% (24,031) received a total of 2,375,405 home-delivered meals; and 57% (106,932) received one or more supportive service. Grantees provided an average of

63 units of supportive services. The most commonly provided supportive services were transportation (933,610 rides); information and referral (810,272 units of service); visiting, telephoning, and family support (816,176 units of service); health promotion and wellness (600,771 units of service); and chore, homemaker, and personal care service (358,671 units of service).

The Title VI, Part C program continues to expand. **From FY2005 to FY2007, the number of caregivers receiving information increased from 29,840 to 34,982 and the total number of information services provided increased from 59,394 to 110,798.**



Those receiving assistance in accessing caregiver services increased from 13,310 to 18,138. The number of caregivers receiving counseling services increased from 14,199 to 20,124; those attending support groups increased from 11,448 to 12,806; and the number of respite services increased from 64,722 to 71,036.

Because of this program, family caregivers learn new skills about helping with activities of daily living, medical treatments and prescription drugs, or changes that occur as their loved one ages or their illness progresses. They are also better able to access information about Medicare, Medicaid, the Indian Health Service, and other services that are available to them to assist with their caregiving responsibilities.

AoA has partnered with the Indian Health Service and the Department of Veterans Affairs to coordinate programs to expand caregiver services to American Indian veterans and their families. Through a partnership with the Administration for Native Americans, AoA is helping to expand caregiver services to grandparents caring for their grandchildren.

The Scripps Gerontology Center assessed the involvement of Title VI programs in services consistent with AoA's efforts to modernize the delivery of aging services. The results of the assessment indicated:

- **98%** of the programs are located in rural and remote/frontier areas

- **94%** provide health promotion activities
- **89%** have developed a partnership with the Indian Health Service
- **83%** are improving their information and assistance system
- **81%** provide routine health screenings
- **76%** provide home injury prevention programs
- **73%** have developed a partnership with adult protective services
- **66%** assist older Americans in planning in advance for long-term care

The number of Tribal elders is increasing, and their social, economic, psychological, and health care needs are also growing. AoA's Title VI program continues to expand to help meet these increasing needs. While data offers factual information about the Title VI program, the voices of the Tribal elders tell the true story of the program. When asked what the program means to them, older American Indians said:

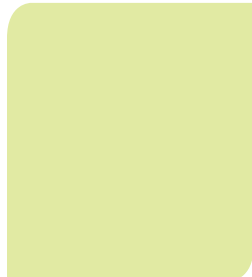
*"I like coming to the Senior Center to eat, otherwise I would eat alone in my home."*

*"We not only have good meals at the Center, we learn a lot from the trainings for elders on how we need to take care of ourselves."*

*"The Senior Center saved my life. They provide me with meals and take care of me."*



# Empowering Older People to Stay Active and Healthy



Prevention is a major component of AoA's strategy to modernize OAA programs. Building on the Network's historic role in providing health and wellness services, our goal is to make it easier for seniors to maintain and improve their own health by giving them simple and effective tools that they can use to reduce their risk of disease and disability.

Each year, the Network provides innovative programs that promote healthier lifestyles among older adults. For example, the OAA nutrition program is helping millions of older adults who would otherwise lack access to adequate amounts and quality of food to remain healthy and decrease their risks of disability.

This section of the report highlights initiatives that are helping our State and community partners play a leadership role in using science-based models to help seniors better manage their chronic conditions and improve their nutrition and physical fitness. This is giving our network a more visible and value added role in health, and it is a perfect complement to the new emphasis on prevention in Medicare. This section also highlights our efforts to address the problem of health disparities.

## Evidence-Based Disease Prevention Grants

In late 2006, AoA launched a major collaboration with the Atlantic Philanthropies, other Federal agencies, States, and various public and private organizations at the community level to improve the health and

quality of life of older Americans. The goal of this collaboration is to offer older people, who are disproportionately affected by chronic conditions, an opportunity to take more control of their health through lifestyle changes that have proven effective in reducing the effects of disease and disability.

At the heart of this collaboration is the Evidence-Based Disease Prevention Grants Program, with AoA providing grants to 24 States and the National Council on Aging (NCOA)/Atlantic funding another three States. These grants will enable States to provide Stanford University's Chronic Disease Self-Management Program (CDSMP) and other evidence-based programs to older adults. NCOA serves as the National Technical Assistance and Resource Center for this grants program.

Although several States are just getting started, there are strong indications that the awards are already making a difference. **Some early successes occur in three key areas:**

- **Impact:** Quantitative data to show who has been reached through these proven programs and the breadth of local capacity building

- **Influence:** Descriptive results that indicate the ability of grantees to establish new partnerships or affect change with other statewide stakeholders
- **Leverage:** Evidence documenting how these awards have led to additional funding of evidence-based programs through public or private sources

## IMPACT

Reaching older people with rigorously studied interventions is the ultimate goal of the State-level program; to date, in the first 16 States funded, more than 6,000 older adults have participated in at least one of seven evidence-based programs. **The following three programs have had the largest enrollment:**

- **More than 3,000** in the CDSMP
- **More than 700** in Matter of Balance, a fall prevention program
- **More than 1,400** in Enhance Fitness, a physical activity program

At-risk populations are an important target of the program. **Participant demographics collected by grantees indicate that this target is being reached:**

- **70%** of participants are 70 years old or older; 37% are 80 or older
- **48%** of participants live alone
- **30%** are members of various racial or ethnic minority groups

A key aspect of this evidence-based prevention initiative is to build sustained capacity for continued impact in the years ahead. To this end, more than 350 settings have provided evidence-based programs during 2007, including senior centers, AAAs housing sites, churches, meal sites, community centers, libraries, clinics, and many more.

Recently published peer-reviewed articles based upon AoA's 2003 demonstration grants to 12 community projects document the impact of CDSMP, Matter of Balance, and other evidence-based programs on older adult health, and the value of a community-based approach to healthy aging.





## INFLUENCE

During the first project year, State leadership demonstrated exceptional skill in establishing new partnerships and engaging diverse organizations around evidence-based prevention for older adults. A genuine collaboration between the State offices on aging and the State health departments has emerged in the participating States. In many places, this kind of partnership had not existed before and represents a significant step forward in ensuring quality outcomes for older adults.

All States are working to engage health plans and health care providers in evidence-based

prevention programming. These efforts are being advanced by a learning network sponsored by AoA, the Agency for Healthcare Research and Quality (AHRQ), and Centers for Disease Control and Prevention (CDC).

### **Relationships with the health care sector are taking a variety of forms:**

- **In Illinois, Maine, Maryland, Ohio, Oregon, and many other States,** providers are promoting evidence-based programs to their patients and making direct referrals to CDSMP and a Matter of Balance.



- **In California, Colorado, and other States**, Kaiser is contributing the time of its own CDSMP Master Trainers to train workshop leaders for local aging service organizations.

## LEVERAGE

**Based on the benefits of evidence-based prevention programming, States have been able to acquire additional funds from a variety of sources:**

- **In Wisconsin**, evidence-based programming is fully integrated into the State's \$30 million investment in ADRCs.
- **In South Carolina**, advocacy organizations have mounted an impressive campaign to push the legislature for State funds for evidence-based prevention programs.
- **In Florida**, a foundation has launched a five-year, \$7.5 million initiative on healthy aging, incorporating evidence-based programming and other strategies. **Oregon, California, Colorado, and other States** are also receiving substantial philanthropic support.

## Eliminating Health Disparities

### *Improving Hispanic Elders' Health Community Partnerships for Evidence-Based Solutions*

Findings from the 2007 National Healthcare Disparities Report prepared by the AHRQ show that persistent and growing health disparities exist among Hispanic elders compared to the non-Hispanic white elderly population. To address this issue, AHRQ, AoA, CDC, CMS, and the Health Resources and Services Administration (HRSA) have teamed up to assist local communities in developing more coordinated strategies for improving the health and well-being of Hispanic elders.

A HHS initiative, Improving Hispanic Elders' Health: Community Partnerships for Evidence-Based Solutions is being implemented in eight metropolitan areas with large Hispanic elder populations. HHS selected the metropolitan areas of Chicago, IL; Houston, TX; Los Angeles, CA; McAllen, TX; Miami, FL; New York, NY; San Antonio, TX; and San Diego, CA, to take part in the project. HHS started by convening a workshop in Houston, TX, in October 2007. Teams from the invited areas learned about state-of-the-art strategies and tactics they



can deploy to address disparities among their Hispanic elder populations. The teams are comprised of representatives from local public health providers, Hispanic community organizations, aging service providers, AAAs, and the health care sector. The teams are now participating in a year-long national learning network project that utilizes Webcasts, conference calls, and peer-to-peer meetings to facilitate cross-site learning and innovation.

## National Minority Organizations Technical Assistance Centers

AoA is committed to identifying and developing effective, community-based strategies for reducing and eliminating health disparities among racial and ethnic minority individuals of all ages. In 2007, AoA continued to support five organizations that work to reduce or eliminate racial and ethnic health disparities among older individuals. These organizations' projects are developing strategies designed to encourage healthy behaviors among older individuals in each of the four major racial and ethnic minority groups. Five national organizations are conducting projects.

### ***Asociacion Nacional Pro Personas Mayores Project Puente***

The goal of Project Puente (Bridge) is to design a community-based health intervention project for Hispanic older adults with limited English-speaking proficiency and their families. The project logo, in the form of a bridge,

was designed to represent the project's mission to connect Hispanic seniors and their families, especially those with low income and low literacy, to resources that encourage positive health behaviors. The project's objectives are based on the concept that "knowledge is the best medicine." Project Puente conveys information by using diverse language and culturally competent approaches to disease prevention, health education, and training. Bilingual health promotion materials on diet, heart disease, and diabetes have been developed and disseminated through partnerships with local targeted health care providers, Hispanic CBOs, and non-traditional community venues that older Hispanic individuals and their families frequent, such as panaderias (bakeries).

### ***Boat People SOS, Inc. (BPSOS) Information and Referral for Immigrant Seniors (IRIS) Resource Center***

The goal of Boat People SOS, Inc. (BPSOS) is to increase seniors' awareness, affect their attitudes, and sustain health-related behavioral changes by disseminating information about diseases most prevalent among three Indochinese subgroups of Asian-American seniors: Vietnamese, Cambodians, and Laotians. Through the IRIS Resource Center and partnerships at the local level, BPSOS plans to focus on cancer, hepatitis B, diabetes, mental health, and cardiovascular disease. Their national network and monthly newsletter, *Mach Song*, reaches more than 250,000 people nationwide.



***Inter-tribal Council of Arizona  
Technical Assistance Center for  
American Indian Elders***

The goal of this project is to facilitate access to current and newly developed health promotional materials and disease prevention strategies for American Indian older adults; their caregivers; and Tribal, State, and national aging programs. Key objectives include plans to establish partnerships for coordination with three community-based and statewide organizations enabling them adopt two successful models

that will promote accessibility to health promotional materials. Among the highlights of the project is the introduction of the CDSMP to Chugachmiut, Inc, a tribal organization serving the Chugach Native people of Alaska. Through this program, older adults are receiving preventive health screenings and education in the prevention of chronic disease. This demonstration is unique because elders do not have to leave the village to receive care.

***National Caucus and Center on  
the Black Aged (NCBA)  
The Healing Zone Community Health  
Action and Advocacy Training Project***

The Healing Zone project is based on the premise that by engaging the mind, body, and spirit, seniors will improve their health awareness. The goal of this project is two-pronged: to increase community awareness about the negative impact of unhealthy lifestyle practices and to reduce obesity as a risk factor leading to chronic diseases such as cardiovascular disease, hypertension, diabetes, kidney failure, and glaucoma. NCBA conducted a comprehensive evaluation of the project, and findings indicate that presentation of information on physical movement stimulated an increased interest in light exercise,

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**AoA is committed to identifying and developing effective, community-based strategies for reducing and eliminating health disparities among racial and ethnic minority individuals of all ages.**

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encouraged seniors to keep journals and participate in discussions that evaluated their experiences, and resulted in weight loss.

**National Asian Pacific Center on Aging (NAPCA)**

*Technical Assistance for Asian Pacific Islanders*

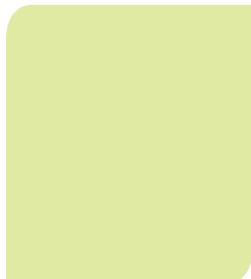
The project goal is to improve health care outcomes and quality of life as well as to reduce health care costs for AAPI seniors. The target population includes older Asian Americans

and Pacific Islanders in 13 AAPI communities nationwide. The project objectives build on the strategy initiated with Medicare Prescription Drug outreach efforts by using a national multi-language toll-free helpline to provide assistance in four AAPI languages. NAPCA has provided counseling to 5,155 seniors on Medicare and enrolled 632 in Medicare Part D. In addition, the project has developed materials for use with national and local AAPI radio, TV, and weekly print media.





# Ensuring the Rights of Older People



Ensuring the rights of older adults and preventing their abuse, neglect, and exploitation is one of AoA's key strategic priorities. AoA's elder rights programs aim to ensure the dignity and independence of older citizens, and to support their desire to live in their own homes and communities for as long as possible. These programs assist seniors in exercising their rights, help them secure the benefits to which they are entitled, and work to protect them from abuse and exploitation.

### Prevention of Elder Abuse, Neglect, and Exploitation

To support OAA programs that protect the rights of vulnerable older people, AoA provides Federal leadership in strengthening elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention.

The following illustrates how **AoA funding supported State and local programs to prevent abuse, neglect, and exploitation of older adults in 2007:**

- In Rochester, NY, Lifespan is supporting training of non-traditional reporters—such as hairdressers, store clerks, and others who have frequent contact with the elderly—on what to look for and how to report suspected cases of elder abuse. Additionally, Lifespan developed and aired a series of television ads, which have resulted in an increased awareness of the problem of elder abuse.

- The Wisconsin Bureau of Aging and Disability Resources developed, in collaboration with the National Clearinghouse on Later Life, a series of four pamphlets to raise awareness of caregivers who have experienced abuse in the family, as well as of the risks and signs of abuse in later life, or “domestic violence grown old.” The Bureau distributed pamphlets statewide; they are also available on the Bureau's Web site: <http://dhfs.wisconsin.gov/aps/Publications/publications.htm>.

In addition, AoA funds and directs the National Center on Elder Abuse (NCEA), which operates as a multidisciplinary consortium of collaborators with expertise in elder abuse, neglect, and exploitation. The NCEA disseminates information related to the prevention of elder abuse and neglect to professionals and the public, and provides technical assistance and training to States and CBOs. The following highlights NCEA's 2007 activities.



- **NCEA E-Newsletter:** More than 1,700 subscribers worldwide receive this newsletter.
- **Clearinghouse on Abuse and Neglect of the Elderly (CANE):** With more than 6,000 holdings, the CANE database catalogs the largest collection of peer-reviewed and scholarly publications on all aspects of elder abuse.
- **NCEA Elder Abuse Listserv:** The listserv includes 1,670 members worldwide.
- **National APS/Elder Abuse Training Library:** The library's holdings include 170 subject matter-specific resources gathered from around the Nation.

- **Webcast Forums:** Eight Webcasts were conducted on topics such as building local elder abuse prevention networks, public awareness, and evidence-based practices.
- **NCEA Promising Practices Database:** The online database includes 400 promising local models and practices and can easily be searched by State or topic.

For more information, visit [www.ncea.aoa.gov](http://www.ncea.aoa.gov).

## Senior Legal Services

The OAA is one of the top funding sources for low-income senior legal assistance. There are approximately 1,000 OAA-funded legal services providers nationwide, helping to ensure that older Americans receive legal assistance and critical information. AoA's legal programs help older Americans and their caregivers address threats to home ownership, obtain financial powers of attorney or guardianships that can prevent or stop financial exploitation, and apply for public benefits that promote health and independence.

The following are examples of how **AoA legal services helped seniors in 2007:**

- A legal provider in Pennsylvania assisted an elderly widow who was facing eviction from her rental home of 25 years. The eviction was triggered by the sale of the property because of the landlord's non-payment of property taxes. The clinic was able to negotiate with the purchaser for an additional month for the client to relocate and receive \$500 in moving expenses.

- The daughter of a 78 year-old Iowa woman contacted a legal provider to assist her mother, who was having trouble with creditors and collection agencies. The client's only income was Social Security, and her prescriptions were \$4,200 per month. The attorney advised the client that her income was exempt from execution under Iowa law. The attorney wrote letters to the client's creditors and informed them of her income status and requested that they cease communications with her. In addition, the legal provider represented the client at the hearing and was successful in getting the judge to dismiss the case.

## Model Approaches to Statewide Legal Assistance Systems Grants

AoA is funding 13 Model Approaches to Statewide Legal Assistance Systems projects, which provide States with cost-effective ways to increase the number of seniors who receive this type of assistance. The purpose of the Model Approaches grants is to develop models for statewide legal services development and delivery systems that coordinate the efforts

of senior legal helplines, OAA-funded legal resources, private bar pro bono activities, law school clinics, and self-help sites to ensure maximum impact from limited resources. Upon completion of the three-year grant period, grantees are expected to present cost-effective examples of integrated State legal services delivery systems that increase overall access to legal services within their States, including incorporating the use of low-cost legal services mechanisms into the State legal services planning and development process.

## National Legal Resource Centers

AoA funds five national legal resource centers that work to improve the quality and accessibility of the legal assistance provided to older people across the United States. **In 2007, the national legal resource centers carried out the following activities:**

- **Conducted numerous trainings** on elder law topics
- **Responded to more than 2,000 requests** for technical assistance and in-depth case consultation







- **Disseminated publications to** professionals in aging and law
- **Provided direct onsite technical assistance** in the implementation of grants designed to create cost-effective and well-integrated legal service delivery systems

## The Long-Term Care Ombudsman Program

Long-term care ombudsmen are advocates for residents of long-term care facilities. They work to resolve individuals' concerns with care and quality of life and to bring about changes at the local, State, and national levels to improve conditions for all facility residents. Established under Section 712 of the OAA, ombudsman programs in every State and 569 local or regional areas carry out a variety of activities

to assist residents to maintain a good quality of life and care in nursing facilities, assisted living facilities, and other types of long-term care settings. Thousands of trained paid and volunteer ombudsmen provide an ongoing presence in long-term care facilities, monitoring care and residents' rights and providing a voice for residents and their families.

To provide technical assistance and intensive training to assist ombudsmen in their demanding work, AoA funds the National Long-Term Care Ombudsman Resource Center. The Center is operated by the National Citizens' Coalition for Nursing Home Reform, in conjunction with the National Association of State Units on Aging.

The following are examples of how **long-term care ombudsmen are helping seniors around the Nation:**

- The New Hampshire ombudsman program became aware that many long-term care facilities turned to family members with power of attorney (both pending and activated) for health care decisions and either did not engage the resident in these decisions or ignored the input of residents. Upon making this discovery, the program launched an education and consultation campaign with a number of partners to educate the public about the requirement that the resident must participate in their own health care planning and that unless a guardian had been appointed, the resident's decisions must be followed.

- Michigan ombudsmen interviewed nursing home residents who wanted to move to community care and referred many of them to the State’s home- and community-based waiver program. The Michigan Disability Rights Coalition trained ombudsman staff on some of the issues residents were likely to face as they moved out of the nursing home. Outcomes included opening a new opportunity for residents to obtain assistance in moving out of facilities, expansion of the Home and Community Based Services (HCBS) program to include

former nursing home residents, and building strong relationships between ombudsmen and HCBS staff.

## SMP Program

Since the mid-1990s, AoA has partnered with CMS, the HHS Office of Inspector General, and the U.S. Department of Justice in a Government-led effort to fight fraud, error, and abuse in the Medicare and Medicaid programs. This is being accomplished through implementation of a health care integrity



program designed to coordinate Federal, State, and local resources to target areas most plagued by program abuses. During 2007, there were 57 projects covering every State, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

SMP volunteers work in their communities to educate Medicare and Medicaid beneficiaries, family members, and caregivers about the importance of reviewing their Medicare notices to identify billing errors and potentially fraudulent activity. Program volunteers also

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### The 2007 SMP report documented the following program results:

- 10,338 volunteers trained
  - 6,587 group training sessions conducted
  - 131,359 one-on-one counseling sessions conducted
  - 13,784 media events conducted
  - 8,417 community education events conducted
- 

encourage seniors to make inquiries to the SMP Program when such issues are identified, so that the project may ensure appropriate resolution or referral.

### National Consumer Protection Technical Resource Center

The National Consumer Protection Technical Resource Center provides training, technical assistance, and support to SMP grantees. In 2007, the Center continued to educate SMP project staff on integrity issues related to Medicare Part D, targeting hard-to-reach populations, and numerous other subjects through teleconferences, training Webinars, a monthly newsletter, and timely consumer information alerts via the SMP network listserv. The Center's mentoring program provided peer training and support to new SMP projects and project directors. The Center maintains a current, comprehensive Web site, SMP Locator, and information library for SMPs, seniors, and the general public at [www.smpresource.org](http://www.smpresource.org).

### SMP Integration Projects

Fifteen SMP Integration Project grants funded in 2006 continued to support SMP program efforts during 2007 to advance collaborative and innovative approaches for integration of Medicare and Medicaid fraud awareness and prevention activities within States and communities. **These two-year projects continue to improve SMP beneficiary education via:**

- **Strategies developed to address specific, targeted health care areas**, including Medicaid, the Medicare Part D Prescription Drug Benefit, durable medical equipment, and home health care.
- **Strategies and materials developed to reach specific hard-to-reach population groups** previously underserved by the SMP program. These groups include Tribal populations; non-English speaking, minority, and ethnically or culturally diverse populations; and others not traditionally reached, such as homebound or long-term care residents.

Examples of **activities and accomplishments from the SMP Integration Projects include:**

- **The Great Lakes Inter-Tribal Council, Inc. developed a model brand**, STAR (Saving Tribal Assets and Resources) to increase tribal community awareness of health care-related fraud issues in the Federal health care programs of Medicare, Medicaid, and the Indian Health Service. The agency produced the STAR *News Alert* newsletter—an educational tool for tribal communities to learn about Medicare, Medicaid, and Indian Health Services resources, updates, and notices about health care fraud.

- **The National Asian Pacific Center on Aging established three toll-free telephone lines** that Korean, Vietnamese, or Chinese speakers can call to get information about and assistance on fraud, abuse, and billing errors. The Center also developed AAPI low-literacy photo novellas on Medicare fraud for testing and use, and provided training and technical assistance on Medicare fraud, abuse, and errors to AAPI CBOs in nine major cities.

Integration grantees will develop innovative outreach strategies and materials that will be shared with SMPs nationally in 2008.

## SMP Activities and Program Results

The SMP program has proven successful in reaching older Americans and educating them about the importance of health care fraud prevention, identification, and reporting. The HHS Office of the Inspector General collects performance data from the SMP projects semiannually.

Volunteers received more than 87,400 inquiries, including requests for assistance in resolving complaints related to potential health





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Since 1993, the AoA pension counseling projects have helped older adults access information about their retirement benefits and negotiate with former employers and pension plan administrators for due compensation. Monetary recoveries have helped people achieve and maintain financial security, which has increased their independence and decision making.

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care fraud and abuse, in 2007. Due to the work of SMP project staff and volunteers, the documented savings and cost avoidances on behalf of the Medicare program, the Medicaid program, beneficiaries, and others in 2007 exceeded \$7.9 million.

### **Pension Counseling and Retirement Planning**

Since 1993, the AoA pension counseling projects have helped older adults access information about their retirement benefits and negotiate with former employers and pension plan administrators for due compensation. Monetary recoveries have helped people achieve and maintain financial security, which has increased their independence and decision making.

AoA currently funds five regional counseling projects covering 22 States and a National Pension Assistance Resource Center, which strengthens the pension counseling skills and capacities of the AoA pension counseling projects, SUAs, and AAAs. Project data shows that:

- Since 1993, **pension counseling projects have successfully obtained well over \$70 million in retirement benefits**. This represents a return of more than \$5.50 for every Federal funding dollar invested in the program. During a six-month reporting period in FY2007, a single project, the New England Pension Assistance Project, resolved 147 cases and secured both lump-sum and monthly benefits for 25 clients, with an actuarial value of \$1,085,712.

- **Projects have directly served more than 30,000 individuals** by providing hands-on assistance in pursuing claims through administrative appeals processes, helping seniors locate pension plans lost as a result of mergers and acquisitions, answering queries about complex plan provisions, and making targeted referrals to other professionals for assistance.
- By producing fact sheets and other publications, hosting Web sites, and conducting outreach, education, and awareness efforts, **pension counseling projects also provide indirect services to tens of thousands of seniors and their families.** Even when pension counseling projects are unable to secure benefits for clients, the information and assistance the projects provide can bring peace of mind to vulnerable elderly individuals, often after months or years of searching for answers.

## National Education and Resource Center on Women and Retirement Planning

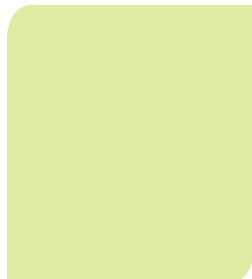
While advancing efforts that encourage women to understand and access the critical components of economic security, AoA continues to provide support for the National Education and Resource Center on Women and Retirement Planning. Through a cooperative agreement with the Women’s Institute for a Secure Retirement (WISER), AoA is continuing to support women’s security and independence in old age.

WISER has established a one-stop gateway to user-friendly retirement planning and financial education tools. In 2007, WISER made a concerted effort to enhance the Network’s capacity to educate women about the types of information essential to their financial health and future well-being.

Through this one-stop gateway, average- and low-income women—especially disadvantaged and hard-to-reach women, women of color, and women with limited English proficiency—can find the workshops, materials, and information that will allow them to refine their retirement planning skills and structure solid bases for their financial futures.



# Global Aging



AoA plays a vital role in information exchange on aging issues with other countries, and in collaborating with international organizations to enhance aging programs and policies worldwide. AoA receives requests for information and technical assistance from practitioners around the world. AoA was pleased to provide the Czech government with deaccessioned books to help start the country's first gerontology library. In addition, throughout 2007, AoA hosted visitors and delegations from Belgium, Taiwan, Japan, China, and Israel.

The agency worked with the U.S. Department of State and United Nations agencies on international aging-related documents, and developed a major report summarizing U.S. government efforts to implement the 2002 Madrid International Plan of Action on Aging. AoA participated in the National Institute on Aging/State Department Global Aging Summit to increase international dialogue concerning the affects of global aging on economic growth, labor force, trade, migration, international relations, and national security.

Assistant Secretary Carbonell and key AoA staff represented the United States at several international meetings and conferences. Assistant Secretary Carbonell joined HHS Secretary Mike Leavitt in a visit to El Salvador as part of President Bush's global health diplomacy. Ms. Carbonell met with the First Lady of El Salvador and the Director of Aging Services and visited a clinic offering health care services to the elderly. Other notable visits included:



**Spain:** Assistant Secretary Carbonell led the U.S. delegation to the United Nations Economic Commission for Europe (UNECE) Ministerial Conference on Aging in Leon, Spain. The purpose was the review of the five-year implementation of the UNECE Regional Implementation Strategy of the Madrid





International Plan of Action on Aging. AoA staff also participated in a preparatory meeting in Vienna, Austria, and Segovia, Spain.

**El Salvador:** Assistant Secretary Carbonell represented First Lady Laura Bush at the 14th Conference of First Ladies, Spouses, and Representatives of Heads of State and Government of the Americas in San Salvador, El Salvador. The conference focused on aging issues. The agreed-upon Declaration of San

Salvador and Plan of Action were presented at the 2nd ECLAC Regional Intergovernmental Conference on Aging in Latin America and the Caribbean: Towards a Society for All Ages and Rights-Based Social Protection, held in Brasilia, Brazil, in December 2007.

**Japan:** Assistant Secretary Carbonell was a keynote speaker at the Baby Boomers Aging in the World: Challenges and Policies symposium in Nagoya, Japan. Japan is facing the challenge of a rapidly aging population and is interested in learning from the best practices of other countries, especially in the area of home- and community-based services. Ms. Carbonell addressed more than 400 Japanese policymakers, researchers, and service providers. She discussed key strategies used in the United States to modernize long-term care to reduce costs and increase access to home- and community-based services rather than institutional care.

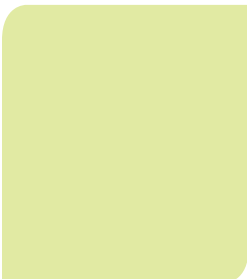


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# Performance Outcomes



AoA programs have a fundamental common purpose to make community-based services available to older Americans at risk of losing their independence, to prevent disease and disability, and to support family caregivers. AoA's performance data shows that States, communities, and providers offer high-quality services to the neediest older people in a cost-effective manner and are successfully integrating OAA services with health care systems for a more streamlined, modernized, and person-centered approach to service provision.

One of the most vulnerable groups of seniors and the most difficult to serve in the community is the older people who have three or more limitations of activities of daily living (ADLs). This number of limitations is frequently used to determine eligibility for nursing home placement

In 2007, the Network documented serving in their homes 522,000 people who had three or more ADLs, an increase of 31.6% over the number of people served in 2005. Nationally, the American Communities Survey of the U.S. Census Bureau documents that there are 1,724,012 people 60 and older living in institutional or nursing home settings.

### **Improve Program Efficiency**

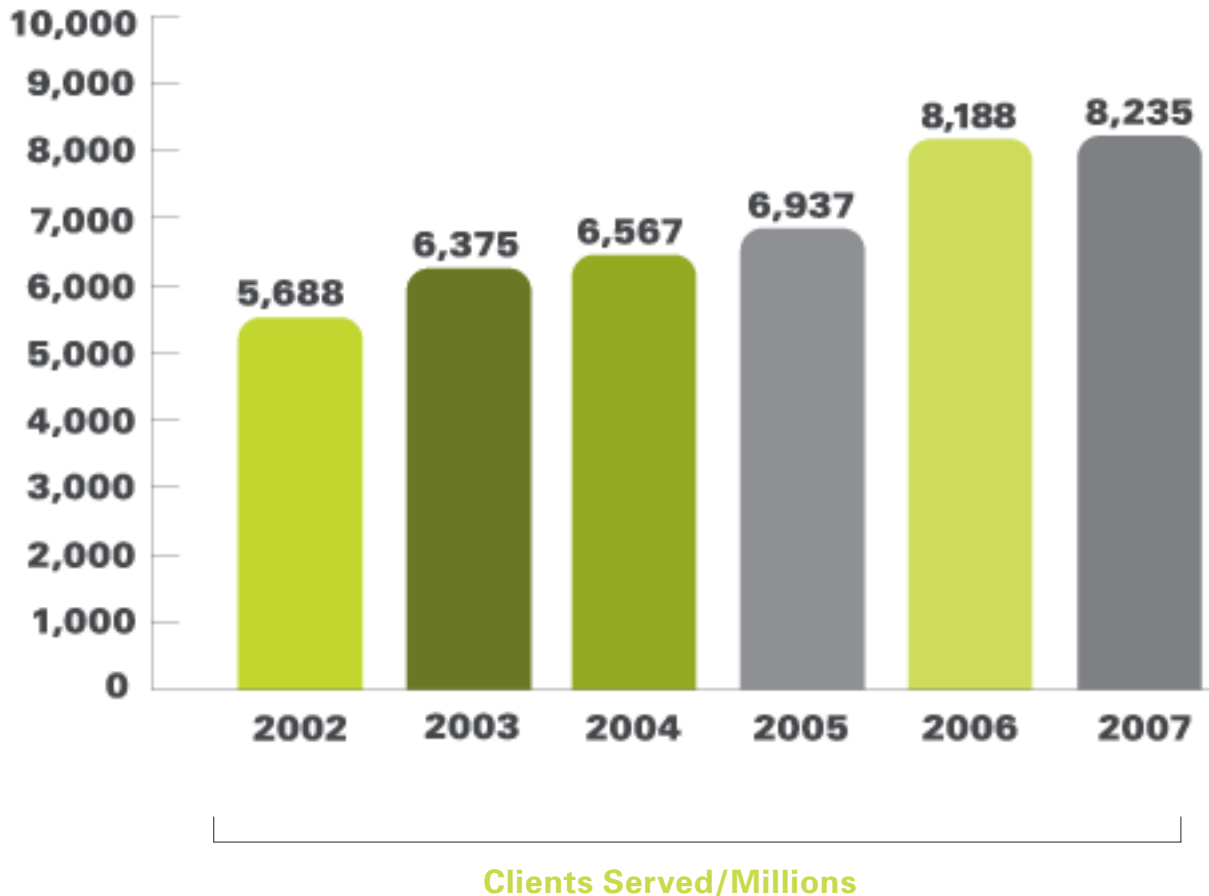
For its core long-term care programs, AoA's efficiency measure requires the administration to "increase the number of clients served per million dollars of AoA funding." In 2007, the Network continued the trend of serving more clients per million dollars of AoA funding, as demonstrated in Table 1 on page 47.

### **Improve Client Outcomes**

While improving efficiency, AoA must remain committed to high service quality. Regularly, AoA surveys a random sample of thousands of service recipients to obtain information on how clients reported quality of service and other key performance indicators. Table 2 on page 48 illustrates the percentage of clients who rated services "good" to "excellent" in the most recent surveys.

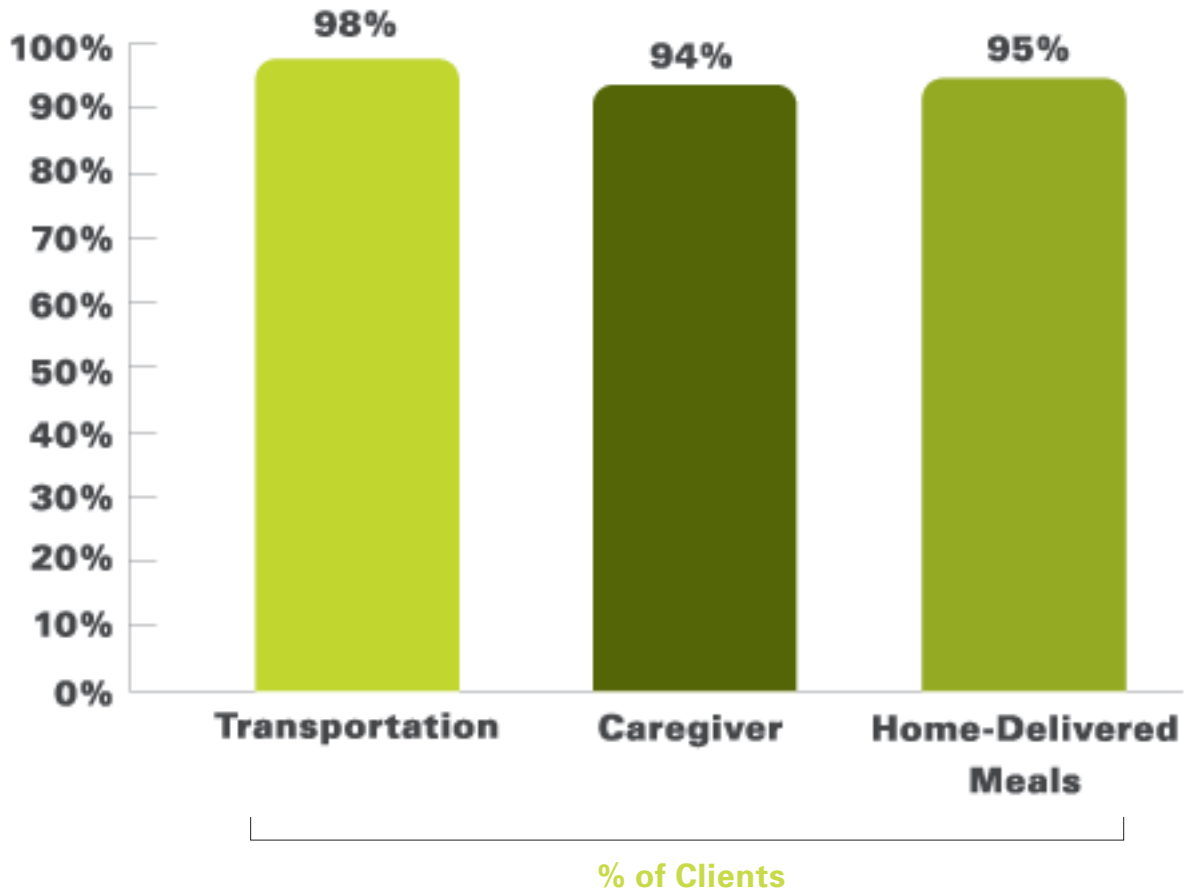


**Table 1: Clients Served Per Million Dollars of AoA Funding**



In 2007, the Network documented serving in their homes 522,000 people who had three or more ADLs, an increase of 31.6% over the number of people served in 2005.

**Table 2. Clients Reporting “Good” to “Excellent” Quality Service**



States, communities, and providers offer high-quality services to the neediest older people in a cost-effective manner.

## Improve Targeting Services

Indicators from 2007 also show that AoA successfully targets services to some of the most vulnerable elderly populations.

Indicator	% of Population Served Through OAA-Funded Services	U.S. Population 60+
Poverty	29.3%	9.5%
Rural	34.8%	23%
Minority	23.7%	20.1%
Live Alone	46.9%	25.5%



## More Information, Greater Transparency

To ensure that State and local network partners can use the performance data for their purposes, in 2007 AoA made this information available to the public by creating an easy online access tool. The Aging Integrated Database (AGID) is an online data inquiry system that allows users to build customized tables and export the data for further analysis and display, like the examples used above. For more information on AGID, visit <http://data.aoa.gov>

## 2007 Aging Network Survey

To ensure that the development of long-term care modernization programs fits local needs and capabilities, AoA assessed the capacity of local efforts to streamline access to in-home and community services and better integrate OAA programs into the health care system to help older persons live independently.

Overall, AAAs have a high degree of involvement in long-term care systems, and many are providing programs and services that are consistent with the modernization agenda.

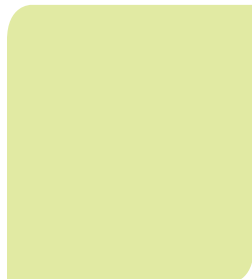
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Overall, AAAs have a high degree of involvement in long-term care systems, and many are providing programs and services that are consistent with the modernization agenda:

- Approximately half of area agencies are providing consumer-directed service options.
- More than 50% are involved in evidence-based health promotion.
- Nearly two-thirds have programs to facilitate transition from nursing homes to the community.
- More than 80% provide case management.
- More than half are involved in Medicaid HCBS waiver programs.

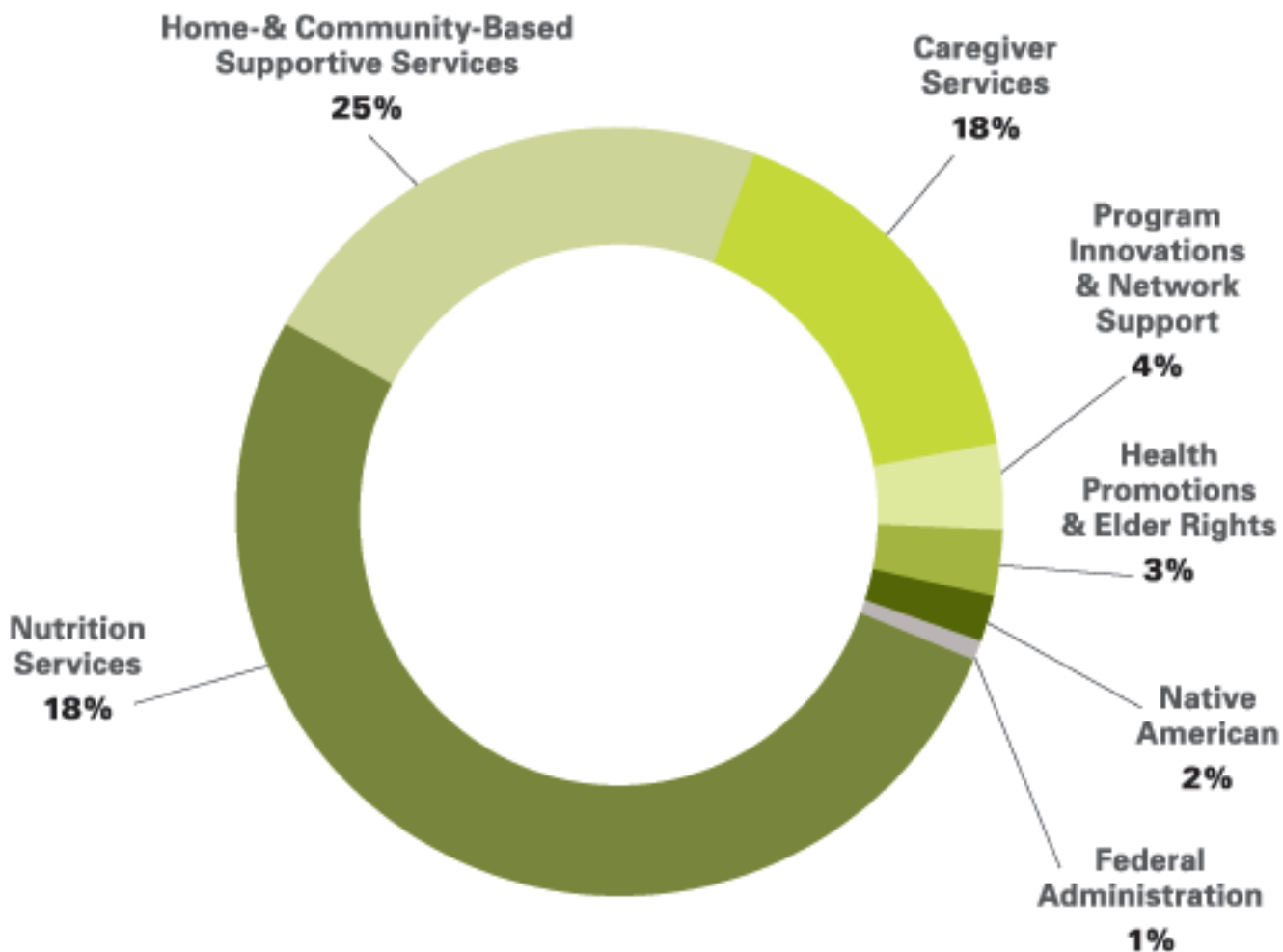


# FY2007 Financial Report



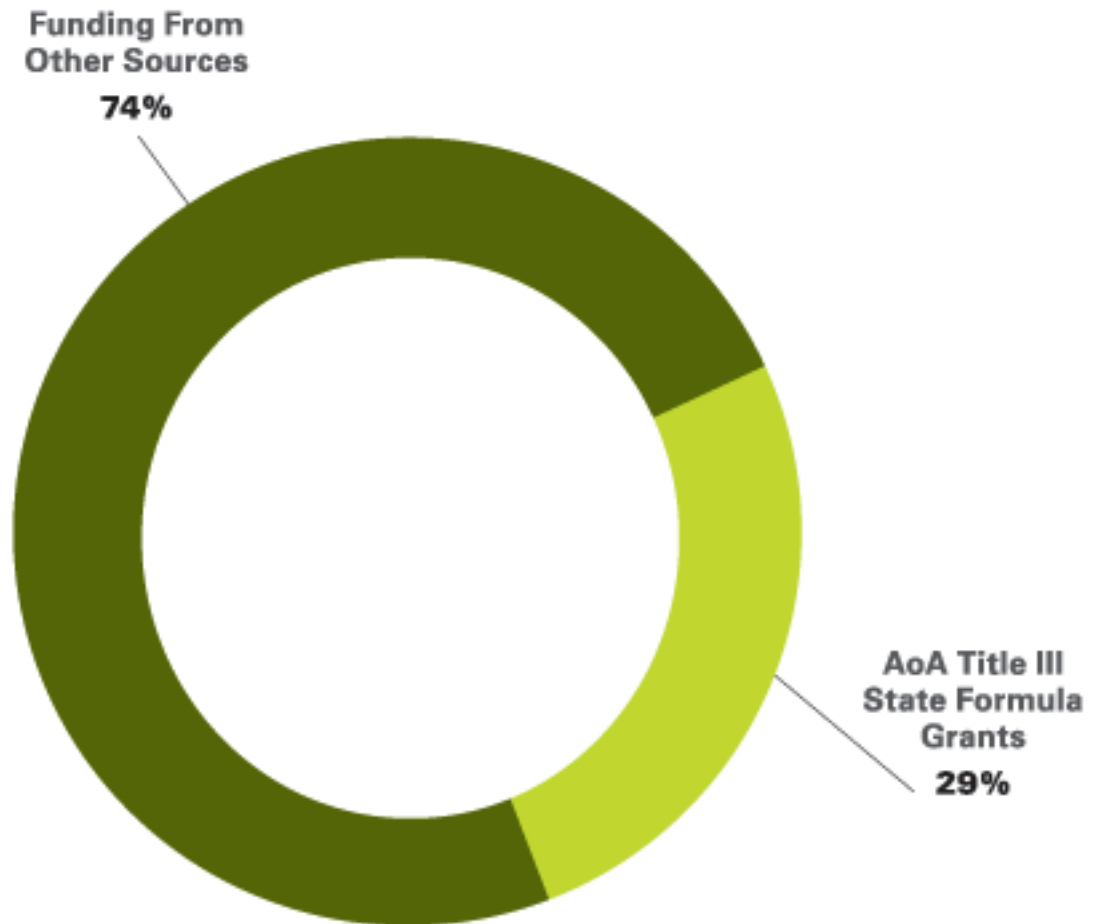
The AoA budget totaled approximately \$1.4 billion in FY2007. Of the FY2007 total, \$1.28 billion provided formula grants to States to support a wide range of home-and community-based services, including supportive and transportation services, caregiver services, nutrition, health promotion, and elder rights activities. Another \$32.4 million provided grants to Indian Tribes and Native Hawaiian organizations for nutrition, supportive, and caregiver services.

### FY2007 AoA Budget



## Leveraged Funding

Total Expenses: \$3.2 Billion



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## AoA is committed to being a good steward of taxpayer resources and to ensuring accountability in the use of its resources.

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Complementing these core formula grants, the FY2007 budget included \$48.9 million for discretionary grant programs. These discretionary funds served as a catalyst for developing new approaches and techniques that States and communities used to help seniors stay healthy, active, and independent; remain in their own homes and communities for as long as possible; prevent or delay nursing home placement; and avoid unnecessary spend-down of their resources. These funds also maintained support for a number of ongoing projects that provided information and technical assistance to older Americans and the Network. The AoA budget also included \$18.4 million for program support, which paid for the salaries of approximately 112 Federal staff and other related administrative expenses.

The Network successfully leverages Federal funding to build coordinated service systems at the State and local levels. In FY2007, the most recent year for which data is available, States and local communities leveraged almost \$3 from other sources for every \$1 of Federal funding. Funds are flexible, and States and communities can tailor their programs to address the needs of consumers at the local level.

AoA is committed to being a good steward of taxpayer resources and to ensuring accountability in the use of its resources. Starting in FY2003, AoA's financial statements, policies, and procedures have been reviewed as part of the HHS consolidated "top-down" audit. In each year since then, HHS received a clean audit opinion.



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