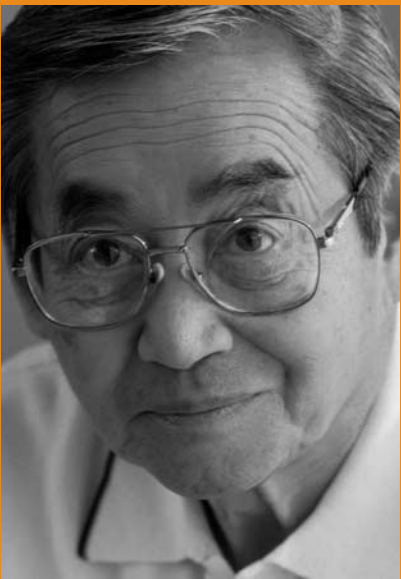


u.s. administration on aging

celebrate  
long-term  
living



annual report  
2005



## **table of contents**

<b>1. Message From the Assistant Secretary for Aging</b>	<b>1</b>
<b>2. Core Home and Community-Based Services</b>	<b>5</b>
<b>3. Helping Older Adults Make Informed Choices</b>	<b>13</b>
<b>4. Promoting Innovations in Service Delivery</b>	<b>23</b>
<b>5. Increasing the Focus on Prevention</b>	<b>33</b>
<b>6. Mobilizing the Network in Times of Disaster</b>	<b>49</b>
<b>7. Financial Report</b>	<b>55</b>



1. message from the  
assistant secretary for aging



## Message From the Assistant Secretary for Aging

It is my pleasure to share with you the U.S. Administration on Aging's (AoA) 2005 Annual Report. Our report highlights the accomplishments of AoA and the National Aging Services Network (the Network) in delivering effective, efficient, and customer-focused home and community-based services (HCBS) programs. These programs are critical resources in helping older Americans stay healthy, active, independent, at home and connected to their communities as they age. Strategically, AoA and the Network coordinate these programs with other important partners to leverage and expand our reach. For example, AoA's strategic partnership with the Centers for Medicare and Medicaid Services (CMS) played a crucial role in aiding more than 20 million older adults with the outreach, information, and assistance needed to enroll in the new Medicare Prescription Drug Benefit.

In 2005, AoA and the Network supported a number of exciting initiatives to build on the mission of the Older Americans Act (OAA) to help our States and communities make their systems of care more consumer directed and more supportive of community living options. These innovative programs—such as the Aging and Disability Resource Center (ADRC) initiative, the *Own Your Future Long-Term Care Awareness Campaign*, the Cash and Counseling Demonstration Program, and our Evidence-Based Disease Prevention Grants Program—are the foundation for the *Choices for Independence OAA Reauthorization Proposal (Choices)* unveiled in 2006. *Choices* integrates best practices from these initiatives into a three-pronged strategy to: empower individuals to make informed decisions about their long-term support options, provide more choices for individuals at high risk of nursing home placement, and enable older people to make behavioral changes to reduce their chances of disease, disability, and injury. AoA is committed to giving today and tomorrow's older Americans better options and more choices to ensure long-term and full participation in the community with independence and a high quality of life. The future of aging cannot be defined as a matter of chance. It must be a matter of choice.



Josefina G. Carbonell





## 2. core home and community- based services



## Core Home and Community-Based Services

AoA, an agency of the U.S. Department of Health and Human Services (HHS), was established by the OAA in 1965. AoA is the Federal focal point and advocacy agency for older persons and their concerns. AoA administers various grant programs to support an array of home and community-based supportive services, as well as State and local efforts to develop comprehensive and coordinated systems of care for older people and their family caregivers. AoA carries out its advocacy and grant programs in collaboration with the Network, which includes 56 State Units on Aging (SUA), 655 Area Agencies on Aging (AAAs), 243 Tribal organizations, more than 29,000 local community-service organizations, 500,000 volunteers, and a wide variety of national organizations.

### Reaching Out to Help Seniors Stay Home

OAA services are delivered through programs that help maintain independence for older people. AoA and the Network provide these services to more than 8 million persons aged 60 and older across the United States, the U.S. Territories, and the Tribes. Services range from meals delivered to the home to transportation services.

In 2004, AoA and the Network delivered:

- **Access Services for social and health supports** through more than 15 million contacts for information, referral, and outreach. More



AoA and the Network targets services to vulnerable elderly individuals:

- 28 percent of clients are poor.
- 27 percent of clients are from rural areas.
- 23 percent of clients are minorities.

than 400,000 people were served through case management, and more than 34 million were served through rides, including 46,800 older adults with special needs.

- **In-Home Services**, including 18 million tasks that help older adults stay at home, including chores, homemaker services, and personal care. Almost 1 million meals were delivered to homes by organizations such as Meals on Wheels.
- **Community Services** delivered at more than 9,000 centers, serving more than 100 million meals. With the help of more than 8,000 dedicated volunteers, the long-term care ombudsmen resolved more than 171,000 nursing home complaints.
- **Caregiver Services**, such as respite, counseling, and education programs to 600,000 caregivers, saving them countless hours and, in many cases, reducing the costs of caring for older loved ones.

In addition to their importance in making living at home a real choice for older adults, these services also touch other lives through the volunteers, community service providers, faith-based organizations, and the caregivers associated with these special programs. For older adults and their caregivers, these services improve quality of life, create community connection, make people safer and healthier, protect life, and are all a part of a movement to transform our health care system. The essence of independence is health and home, not institutions and custodial care.

### **Efficient, High Quality, and Compassionate Results**

States proudly report the strong accomplishments mentioned here, which are attributable to the Network's OAA access, as well as community and

caregiver services. But how does AoA monitor and report the results of these activities and programs to the Executive Branch, Congress, and American citizens? Responding to the requirements of making Government more transparent and results-oriented, AoA developed a comprehensive set of measures to demonstrate the success of OAA programs and to look for ways to continually improve these services. Performance measurement is an opportunity to show how these services make a positive difference in the lives of older adults and their caregivers.

AoA's performance measures focus on efficiency, quality, and compassion through the effective targeting of OAA programs, which seek to help those most in need, including people who are poor, who live in rural areas, and who have historically been disadvantaged. The results of these performance measures show cost-effective programs that maintain high customer satisfaction while serving the most vulnerable older adults. Highlights from these measures are listed below:

- AoA has consistently expanded the number of clients served per million dollars of funding for the last 2 years, averaging 14-percent growth.
- Client satisfaction rates for home-delivered meals, transportation, and congregate meals remain high, above the 85<sup>th</sup> percentile.
- 50 percent of caregivers report that OAA services reduce difficulty in obtaining assistance for their loved ones, allowing caregivers to care longer for their older relatives.
- 25 States increased the percentage of low-income OAA clients they serve.



AoA provides valuable services for Native American elders and their caregivers:

- 2.1 million meals to more than 41,000 home-bound Native American elders.
- Direct services to 4,230 caregivers.

- Ombudsman complaint resolution per million dollars of AoA funding continues to grow, achieving a 16-percent increase in 2004.
- Services provided to Native Americans per thousand dollars of AoA funding is up 14 percent from 2002.

OAA services reach the most vulnerable; in 2004, severely disabled clients who received home-delivered meals increased by 4 percent from 2003.

### **Performance Measurement Information Sources**

Information for AoA's performance measures comes from three main sources: State Program Reports, the Performance Outcomes Measures Project (POMP) and the National Ombudsman Reporting System (NORS). For the last 7 years, AoA has worked with States to develop surveys to better understand the impact of OAA services. Currently, standard survey instruments are nearly complete for many service areas. They are available online at [www.gpra.net](http://www.gpra.net).

In addition, States put significant efforts into increasing the accuracy of their data through the National Aging Program Information System (NAPIS). Through this system, States provide yearly program reports that result in a profile of their services and clients. State ombudsmen give detailed accounts of their actions to make life safer and resolve complaints for older persons in nursing homes in the NORS. More information on both NAPIS and NORS is on the Internet at [www.aoa.gov/prof/agingnet/NAPIS/napis.asp](http://www.aoa.gov/prof/agingnet/NAPIS/napis.asp).

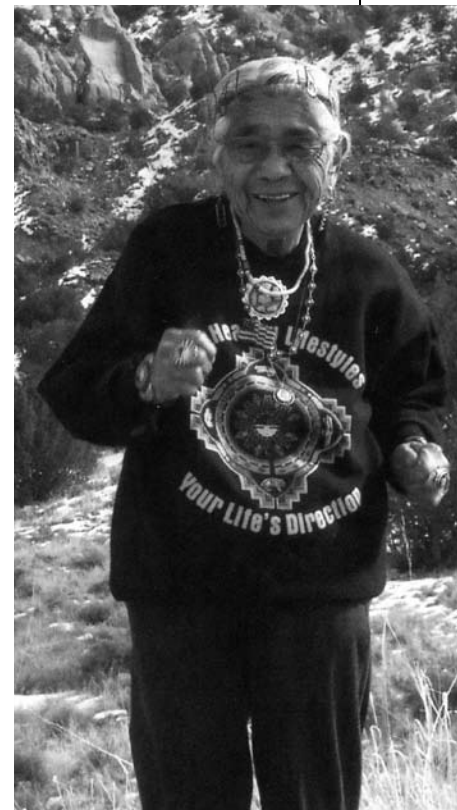
POMP, NAPIS, and NORS provide AoA with invaluable information that is analyzed for trends. There are also regular in-depth program evaluations that are contracted out to research firms for objectivity and expertise. Thus

far, much of this analysis demonstrates positive trends in high levels of efficiency, satisfaction, and targeting of services, suggesting OAA services provide valuable benefits to communities.

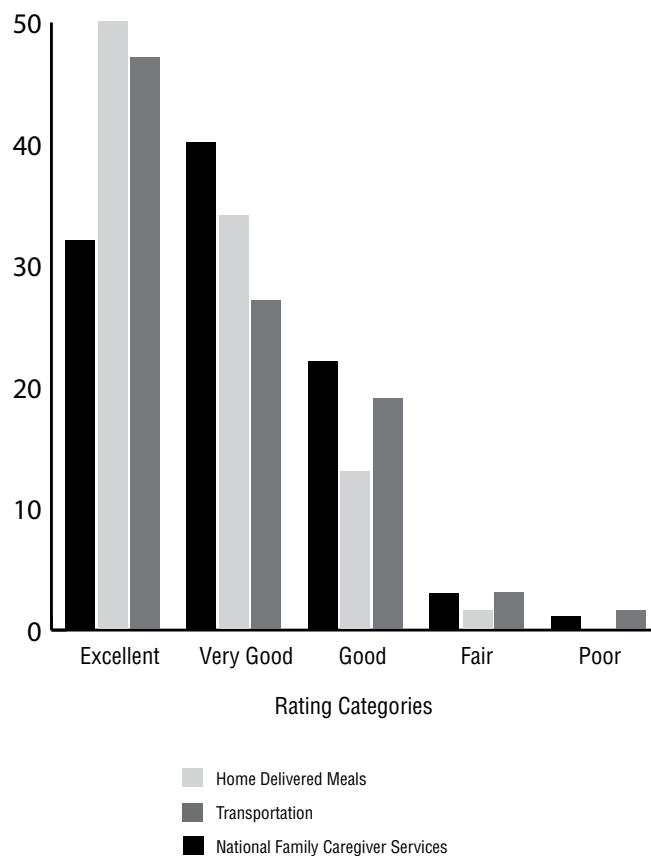
AoA's annual performance measurement surveys demonstrate that services provided by the Network are:

- Highly rated by recipients.
- Effectively targeted to vulnerable populations and individuals.
- Provide assistance to individuals and caregivers to help older persons maintain their independence and remain in the community.

For example, consumer ratings for the 2005 third national annual survey demonstrate outstanding results in customer ratings of key OAA services, such as home delivered meals, transportation, and national family caregiver services.



## Performance Outcomes—Customer Service Ratings



**Thus, whether it is a core program or a program innovation, AoA personnel and the Network work hard every day to manage, implement, and assess performance of OAA programs to better serve older adults and their caregivers, where it matters most...in the community. The result is efficient, high quality, compassionate programs that help those most in need while playing a critical role in transforming the health care system.**



### 3. helping older adults make informed choices



## Helping Older Adults Make Informed Choices

AoA continues to take a leadership role in helping the Nation respond to the needs of its elder population. Ensuring that older Americans and those who love them have access to information, resources, and long-term care support is vital and necessary. In response, AoA continues to explore opportunities to target resources in critical areas.

The efforts outlined in this section build upon the success of the OAA and strengthen the Nation's capacity to promote the dignity and independence of older people and to respond to the challenges and opportunities associated with the aging of the baby boom generation. AoA is partnering with various Federal, State, and local stakeholders to address the growing demand for long-term support, increasing costs, and system-design challenges. The following initiatives and activities represent successful results of these partnerships. This section of our report notes programs that reach out to older adults about the benefits of the Medicare Modernization Act (MMA); provide communities with "one-stop" resource centers that offer personalized long-term care information; educate older adults and others about the importance of planning ahead for long-term care financing; and counsel older adults on retirement and pensions.

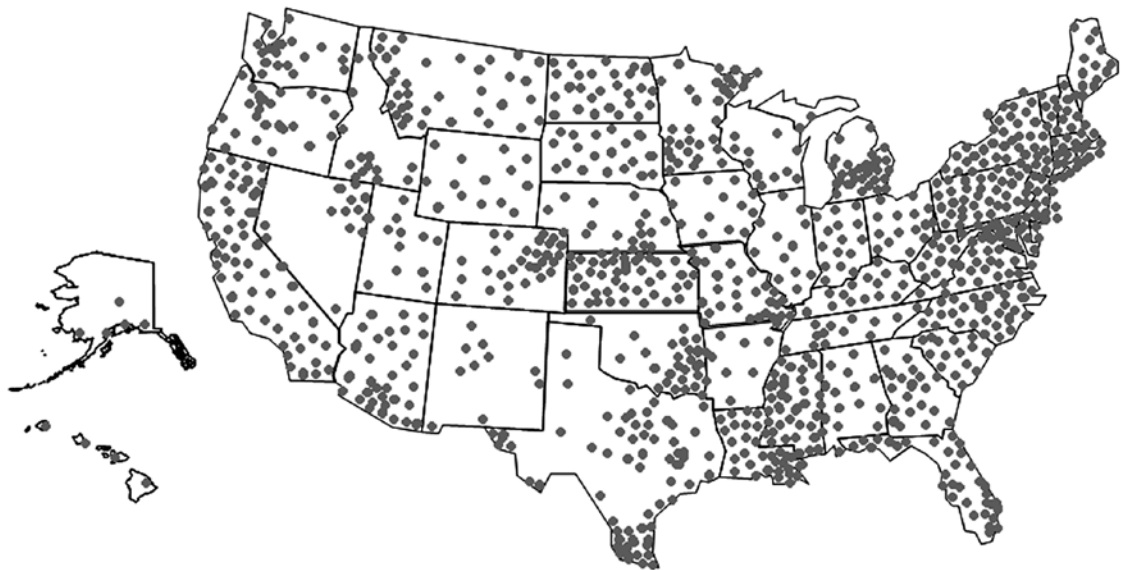
### **Medicare Modernization Act Outreach**

With the passage of the MMA of 2003, AoA forged a partnership with CMS to ensure that older Medicare beneficiaries are able to access the prescription drug benefits that best meet their needs. This outreach,

President Bush and members of Congress have praised the Network for reaching out and providing one-on-one assistance to people with Medicare as they compare options and enroll in its prescription drug coverage plan.

education, and assistance strategy was designed to ensure that populations in greatest need and most difficult to serve receive the best information and one-on-one assistance. Because the Network interacts with seniors where they live, work, play, and pray, it is a trusted source in the community and the place that seniors turn to for assistance. To facilitate and enhance the ongoing Network activities, additional resources and technology aided both national and community-based organizations undertaking special outreach efforts to reach limited-English speakers, minority groups, people with disabilities, low-literacy readers, low-income adults, and rural populations. Top management officials in both AoA and CMS emphasized the importance of this initiative by personally dedicating their time to speak to older beneficiaries and their families, the media, and stakeholder organizations all over the Country.

### **AoA Network Community Assistance Efforts**



Dots indicate the locations of AoA Network MMA Community Assistance Efforts.

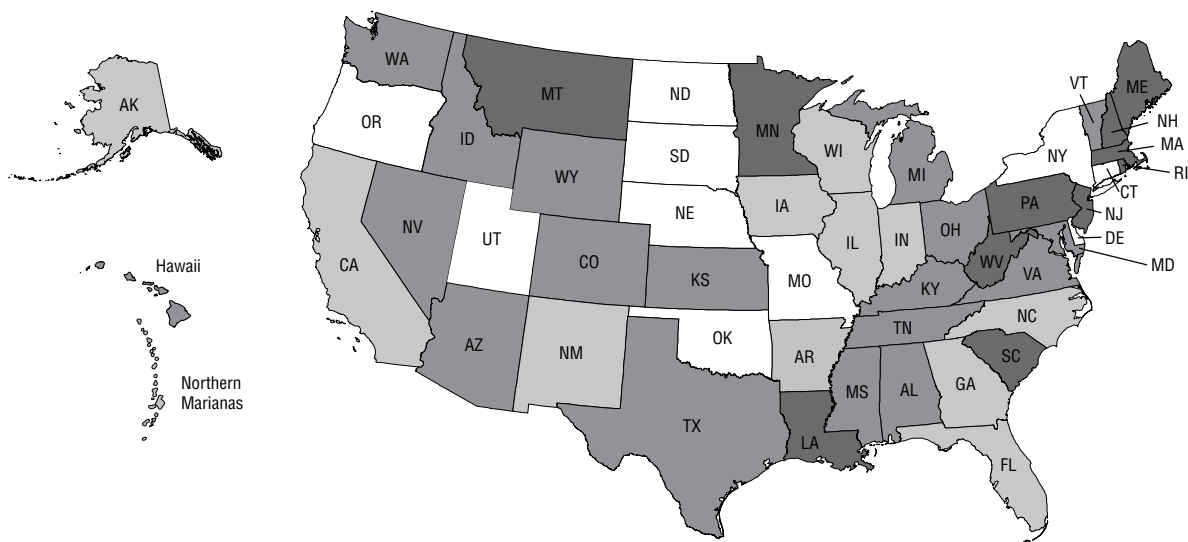
Key activities undertaken by AoA and CMS in support of the MMA initiative include:

- An awareness campaign to ensure that professionals across the Country are prepared to assist older Medicare beneficiaries.
- Ongoing training and technical assistance, including a Network Medicare Prescription Drug Coverage Web Cast Training Series, to ensure that community providers are knowledgeable about issues and resources.
- Enhanced search capabilities on the Eldercare Locator to direct beneficiaries, their caregivers, and persons with difficulty using the phone or Web site to local community organizations that provide one-on-one prescription drug benefit counseling.
- Enhancement to the Benefits CheckUp tool for consumers and professionals to support enrollment assistance in the Medicare Prescription Drug Limited Income Subsidy program.
- Ongoing communication through a dedicated Web site and electronic information and news.
- Development of Web-based tools for providers, professionals, and older people and their families.

### **Aging and Disability Resource Centers**

AoA, in partnership with CMS, has continued its historic national rollout of the Aging Disability Resource Center (ADRC) Grant Program in 2005 by funding an additional 19 States. To date, a total of 43 States have received grants to support their efforts in developing “one-stop” centers

## Aging and Disability Resource Center Grant Program



■ FY 2003 ADRG Awardees		■ FY 2004 ADRG Awardees		■ FY 2005 ADRG Awardees			
Louisiana	New Hampshire	Alaska	Indiana	Alabama	Idaho	Ohio	Wyoming
Maine	New Jersey	Arkansas	Iowa	Arizona	Kansas	Tennessee	
Maryland	Pennsylvania	California	New Mexico	Colorado	Kentucky	Texas	
Massachusetts	Rhode Island	Florida	North Carolina	DC	Michigan	Vermont	
Minnesota	South Carolina	Georgia	Northern Marianas	Guam	Mississippi	Virginia	
Montana	West Virginia	Illinois	Wisconsin	Hawaii	Nevada	Washington	

where consumers have the opportunity to receive information and access to long-term supports ranging from in-home services to nursing facility care. These grants will assist States in their efforts to streamline access to multiple public and private programs. Additionally, the grants will ensure that families can find the assistance they need through a single point of entry into the long-term care support system.

The ADRG Grant Program is part of President George W. Bush's New Freedom Initiative, which works to overcome barriers to community living

for people with disabilities of all ages. This initiative provides States with an opportunity to effectively integrate their long-term support resources for consumers into a single coordinated system. The development of ADRCs is serving as a cornerstone for States that are pursuing significant long-term care reform efforts.

AoA recognizes that consumer expectations about human services are continually changing and should influence how we market, design, and implement our services. In response, funded ADRC States have made considerable progress in implementing goals, such as providing information on services for multiple populations, streamlining access to services, and increasing community partnerships and collaboration. Examples of innovations include the following:

- **South Carolina** has developed a Web-based Medicaid financial eligibility application. Applications will be submitted electronically to a central processing unit at the State Medicaid Agency. Eligibility workers are excited about the automation of the form and its ability to assist them in a quicker, easier review and determination.
- **Louisiana** used its ADRCs to respond to one of the worst natural disasters in State history. Following Hurricane Katrina, State and local officials advised evacuees to use the ADRC toll-free telephone number for all information and assistance (I/A) needs.
- **New Jersey** is currently using the momentum from its ADRCs to support statewide long-term care reform efforts such as streamlining financial eligibility and global budgeting. Combined, these initiatives are guided by three principles: consumer direction, customer excellence, and cultural competence.



### OAA Information and Assistance

- Includes more than 15 million contacts for I/A and outreach.
- States spent over \$128 million on I/A and outreach, with \$55 million from Title III OAA funds.
- States earned \$4.5 million from their I/A and outreach efforts.
- I/A and outreach providers number over 3,000, of which 440 are minority providers.
- AoA makes the Eldercare Locator available by phone and Internet.

- **Indiana** is partnering with local private organizations to train information and referral staff on the benefits of using reverse mortgages to pay for long-term care at home. A radio campaign is airing in ADRC sites that target residents of all ages and income levels about positive aging information and resources.

### ***Own Your Future***

AoA, in partnership with CMS and the HHS Assistant Secretary for Planning and Evaluation (ASPE), is exploring new ways to reach older adults and other key audiences about long-term care financing. Included in this effort is 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. Such planning can help increase



overall quality of life for adults as they age while helping to reduce public financing of health care costs.

Phase I of *Own Your Future* began January 2005 in Arkansas, Idaho, Nevada, New Jersey, and Virginia. Governors from each State sent letters to more than 2 million households of people ages 50 to 70. The letter explained the initiative and offered a *Long-Term Care Planning Kit* and an audio CD, both featuring information about ways people in different life situations can plan ahead for long-term care needs. Phase II began in early 2006 to reach more households in other States.

AoA is also studying reverse mortgages in conjunction with ASPE. Reverse mortgages are a way to expand the financing for home and community long-term care services for seniors. Through this partnership, AoA hopes to identify and eliminate the barriers that limit the use of home equity for long-term care services.

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

Since 1993, the AoA Pension Counseling projects have provided outreach, education, and pension awareness and protection for older adults. Currently, AoA funds 6 multi-State projects that provide services to 16 States, with plans to expand to 23. The projects have successfully obtained nearly \$60 million in retirement benefits for thousands of clients. This represents a return of more than \$5 in client benefits for every Federal dollar invested in the program. For example, during a 6-month reporting period in FY2005, the New England Pension Assistance Project resolved 232 cases and obtained benefits for 19 clients, with an actuarial value of over \$1,129,000, by recovering lump-sum benefits of \$265,759; obtaining monthly benefits of \$2,883, with a lifetime value of \$863,639; and increasing by 80 percent the number of cases opened in



During a 6-month reporting period in FY2005, the New England Pension Assistance Project resolved 232 cases and obtained benefits for 19 clients, with an actuarial value of over \$1,129,000.

the previous reporting period, as the result of a collaborative and targeted outreach initiative.

Pension counseling projects require ongoing technical support to ensure currency of knowledge on complex pension laws and variations among retirement systems. This need is met by an AoA-funded National Pension Assistance Resource Center that strengthens the pension counseling skills and capacities of the AoA Pension Counseling projects, SUAs, and AAAs.

AoA also funds the Women's Institute for a Secure Retirement (WISER) to afford women access to information that promotes their efforts to attain secure retirements. WISER targets traditionally hard-to-reach women (e.g., average- and low-income women, women of color, and women with limited English proficiency) and provides "user friendly" financial management tools. WISER staff conducted training sessions and information panels nationwide on an array of financial planning tools, including fact sheets and online resources. With assistance from strategic public and private coalitions, a state-of-the-art lending library and satellite resource centers are being established.

## 4. promoting innovations in service delivery



## Promoting Innovations in Service Delivery

AoA supports innovative programs and efforts to initiate, develop, test, and promote more effective and efficient ways of delivering services to older Americans and their families. Projects highlighted below provide support services to older adults that target individual needs rather than service categories; support innovative partnerships in long-term and managed care; foster the elements that constitute “livable communities”; increase access to a range of Alzheimer’s-related services; and promote promising practices in coordinating transportation services for older adults.

### **Cash and Counseling Grants**

The Cash and Counseling program allows participants receiving supportive services to live more independently by directing their own care needs. Cash and Counseling gives people control over the types of services they receive and the manner in which they are delivered. This includes the option of hiring a family member, friend, or neighbor. The model was tested in Arkansas, New Jersey, and Florida, and compared to the traditional model of care, produced higher client satisfaction and better quality care. AoA continued to partner with ASPE and the Robert Wood Johnson Foundation to fund and support 11 Cash and Counseling expansion States: Alabama, Iowa, Kentucky, Michigan, Minnesota, New Mexico, Pennsylvania, Rhode Island, Vermont, Washington, and West Virginia. Illinois, funded by the Retirement Research Foundation, was added as an additional expansion State.

The Cash and Counseling program supports the goals of President Bush’s New Freedom Initiative—to increase access to services and to improve the quality of life of people who need long-term care services.

As new options for older people are emerging in health and long-term care, managed care is playing an increasingly important role.

The Cash and Counseling program supports the goals of President Bush's New Freedom Initiative—to increase access to services and to improve the quality of life of people who need long-term care services. Evaluations of the original program show measurable improvements for participants in quality of life, satisfaction with services, and access to services. The program's success has provided the basis for other initiatives that facilitate consumer direction, including the new CMS Independence Plus waivers, and a broader definition of goods and services in Medicaid's home and community-based waivers.

The Network is an integral part of the Cash and Counseling program and an important stakeholder in the State demonstrations. For example, the Illinois Department of Aging is the lead agency for that State's demonstration. In both Alabama and Illinois, AAAs will be the fiscal intermediaries for the program. Other States, such as Michigan and Pennsylvania, will include AAAs as program sites for the demonstration.

### **Integrated Care Management**

As new options for older people are emerging in health and long-term care, managed care is playing an increasingly important role. AoA's Integrated Care Management Grants Program is designed to identify and support innovations in aging services that involve the use of partnerships with managed care organizations or MMA demonstrations. Innovations may also involve the creation and use of capitated financing arrangements that improve older adults' access to social and preventive services. This program is part of a strategic effort AoA has undertaken to strengthen the role of community aging services programs and promote a more balanced and integrated system of health and long-term care.

Projects in care management include either program enhancements that

build on existing approaches or new models that support the design and implementation of new approaches in managed care. Grantees include AAAs and Community Aging Services Providers (CASPs). For example, San Mateo County Aging and Adult Services, an AAA in California, is implementing the use of a uniform assessment tool that provides a single automated case management system for older people entering home and community-based long-term care services throughout the county. The Benjamin Rose Institute, a CASP in Cleveland, OH, will continue its partnership with Anthem Blue Cross and Blue Shield, the MetroHealth Medical System, and the Western Reserve AAA. This partnership is working to expand a care consultation intervention involving the use of telephone-based coaching and coordinating. The program helps to empower seniors and their families to find and use community services. A broad mix of partnerships between AAAs, community organizations, managed care organizations, universities, and health care providers are represented in the programs. Ten grants were awarded to the following organizations:

- Alzheimer's Disease & Related Disorders Association, Los Angeles, CA
- Area Agency on Aging 10B, Inc., Uniontown, OH
- Atlanta Regional Commission, Atlanta, GA
- Benjamin Rose Institute, Cleveland, OH
- Chinese American Service League, Chicago, IL
- City of Inglewood, Inglewood, CA
- Gulf Coast Jewish Family Services, Inc., Clearwater, FL



The vast majority of older Americans prefer to remain in their own homes and “age in place,” and multiple factors can influence a person’s ability to do so.

- Kenosha County Department of Human Services, Kenosha, WI
- San Mateo County, San Mateo, CA
- Senior Services of Seattle/King County, Seattle, WA

### **Livable Communities**

The vast majority of older Americans prefer to remain in their own homes and “age in place,” and multiple factors can influence a person’s ability to do so. These factors include access to health and supportive services, the quality of the environment, community walkability, safety, access to transportation and housing options, and the availability of grocery stores, pharmacies, and other critical services. Taken together these factors constitute the characteristics of a “livable community.”

AoA sponsored a competition to highlight promising practices and showcase cities and counties that exemplify a “livable community.” These are communities that have taken specific, collaborative actions that made significant and measurable improvements in their communities, helping to make them comfortable, safe, and productive places to live for people of all ages and abilities. Cities and counties of all sizes submitted applications for the awards, and a distinguished panel of judges including urban planners, city managers, and other professionals selected the following winners:

- Atlanta, GA
- Broome County, NY
- Charlottesville, VA (including five counties)
- Dunedin, FL



- Milwaukee, WI
- New York City, NY
- Tamarac, FL

The awardees represent outstanding examples of how small, mid-sized, and large communities have addressed at least one area of the “Livable Communities Model” used to judge this competition. The innovative ideas of the winning communities have been documented in a user-friendly case studies guide. It is hoped that the guide can be used by local governments throughout the Nation to improve the livability of their communities as they prepare for the aging of the baby boomers.

### **Alzheimer’s Disease Initiatives**

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. ADDGS also improves 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 38 State governmental agencies in 2005 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. Grantees



Forty-four percent of seniors using OAA transportation services rely on them for “virtually all” of their transportation needs—without these services, individuals would be homebound.

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

AoA continued support of the Alzheimer’s Association Nationwide Contact Center, which serves people with memory loss and their caregivers, health care professionals, and the public. The Contact Center offers around-the-clock information, and referral and care-consultation services; focuses on expanding service to traditionally underserved populations, in particular Hispanic/Latino communities; provides an online communication forum through the use of message boards and chat rooms, available in both English and Spanish; and shares best practices and lessons learned to assist the Network in developing, improving, or expanding telephone or Web-based assistance to the elderly and their caregivers.

### **Transportation Efforts**

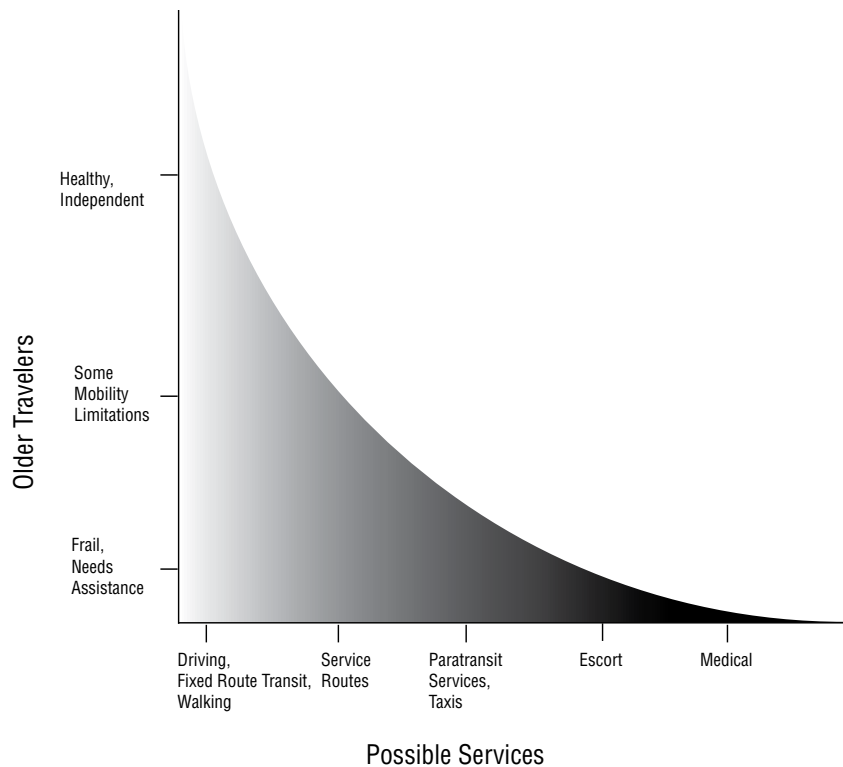
From its inception, the OAA recognized that living well and staying connected to the community requires access to transportation services. In 2005, under Assistant Secretary Carbonell’s leadership, AoA partnered with other Federal agencies to enhance transportation coordination. As a result of an Executive Order by President Bush in February 2003, the *United We Ride* initiative was created and brought together 11 Federal agencies to break down barriers to coordinate transportation services for older adults, people with disabilities, and people with limited income. A number of interagency committees under the leadership of the Federal Interagency Coordinating Council on Access and Mobility developed new resources and tools for *United We Ride*.

AoA significantly contributed to the *United We Ride* effort with the release of the *Transportation Toolbox*. The resources in the *Toolbox* include useful practices in transportation coordination, a handbook for creating door-

through-door transportation programs, a template for communities to build their own transportation resource guide, a comprehensive resource list for transportation coordination and a tailorable presentation on useful practices. The *Toolbox* was distributed on CD-ROM and is available in the expanded transportation section on the AoA Web site at [www.aoa.gov/prof/transportation/transportation.asp](http://www.aoa.gov/prof/transportation/transportation.asp).

These *Toolbox* resources are a component of a multifaceted initiative undertaken to assist SUAs and AAAs, Tribal organizations, and community partners to increase the quantity, quality, and efficiency of transportation services for older adults. AoA guidance for State OAA strategic plans included requests for State coordinated planning in the area of transportation services. AoA is deeply committed to providing seniors with

### Continuum of Services Required by Older Travelers



(Source: Burkhardt, J. Westat. 2005)

choice, control, and autonomy through transportation and other home and community-based services. The coordination of transportation increases capacity, leverages funding, pools resources, and expands service areas.

The chart on the previous page from the *Toolbox* notes the continuum of services required by older travelers.

5. increasing the focus  
on prevention



## Increasing the Focus on Prevention

Placing more emphasis on prevention is a key element of the President's goal for a healthier America. As a result of the President's initiative, AoA has stepped up its commitment to helping Americans take simple, positive steps that promote good health. According to HHS Secretary Mike Leavitt's Vision of Prevention for all Americans: In 5,000 days, he "sees a nation in which wellness and prevention are sought as rigorously as treatment." AoA core programs are dedicated to promoting healthy lifestyles and prevention activities. For example, OAA nutrition programs provide meals and related nutrition services that promote health and help manage chronic disease. The Long-Term Care Ombudsman program and the Prevention of Elder Abuse, Neglect, and Exploitation programs are protecting the rights of vulnerable elders by providing a combination of training, outreach, and information dissemination to State and community programs that seek to prevent the mistreatment of seniors. We have also launched new initiatives in the prevention area, including our Evidence-Based Disease Prevention Initiative and the *YouCan! Steps to Healthier Aging* campaign.

AoA is committed to spreading the word that poor health is no longer an inevitable consequence of aging. Changes in lifestyle and other preventive measures at every age can effectively reduce the risk of disease, disability, and injury.

This section focuses on efforts to improve the health and well-being of older adults by supporting health promotion and disease prevention programs, combating Medicare and Medicaid fraud in communities across the Nation, preventing elder abuse, and addressing the problem of health disparities.

AoA is committed to spreading the word that poor health is no longer an inevitable consequence of aging.

### **Evidence-Based Disease Prevention Program**

Since 2003, AoA has invested discretionary funds to further Evidence-Based Disease Prevention Programs targeted at reducing the risk of disease and disability among older adults. Twelve local projects have been funded that focus on interventions in disease self-management, falls prevention, nutrition, physical activity, depression, and medication management. The initiative uses the results from research by the HHS's National Institute on Aging (NIA), the Centers for Disease Control and Prevention (CDC), CMS, and the Agency for Healthcare Research and Quality to design and deliver prevention programs at the community level. All of the projects have succeeded in the implementation of a community-based translation of a disease prevention intervention that showed positive results in research settings.



AoA is planning new demonstration grants that will focus on the implementation of the programs that have been translated in the current set of evidence-based grants. The new demonstrations will help AoA and its partners explore operational and systemic issues related to broader implementation of evidence-based programs throughout the Network.

Following are examples of these evidence-based disease prevention projects:

- **Chronic Disease Self-Management for African-American Urban Elders, Philadelphia, PA.** The Philadelphia Corporation for the Aging (PCA) is partnering with local organizations to bring Stanford University's Chronic Disease Self-Management Program to low-income African-American seniors. Over the course of a 6-week workshop, participants develop strategies for coping with frustration, fatigue, and pain. They also learn how to exercise safely, use medications



appropriately, and communicate effectively with family, friends, and health professionals. PCA adapted the original program to include the use of a community outreach worker, who helps participants get involved with other available health promotion activities. Participants also receive a discounted fitness membership at the senior center upon completion of the program.

- **Neighborhood Centers, Inc.'s Activity Centers for Seniors, Houston, TX.** Older adults who attend 1 of the 20 Houston Neighborhood Centers are getting the opportunity to improve their fitness through a structured physical activity program. The organization has adapted the *Enhanced Fitness Program*—developed and tested at Senior Services of Seattle—to better serve its diverse urban population. Participants receive a baseline fitness test and health screening, which is repeated every 4 months to measure progress. Along the way, they maintain weekly activity records and program staff records attendance.
- **Preventive Nutrition Program for Cardiovascular Disease, Miami, FL.** Older adults who attend the 14 Little Havana Activities and Nutrition Centers are receiving dietary education and counseling to help prevent heart disease. The program is based on the American Heart Association's eating plan, with selective adaptations to better appeal to Hispanic older adults. After undergoing a screening to assess their cholesterol and weight, participants receive intensive nutrition education and counseling. The goal of the program is to help participants lose weight, lower their cholesterol, and reduce dietary fat consumption.
- ***A Matter of Balance*, Portland, ME.** The Southern Maine AAA is using trained volunteer facilitators to make it more affordable to imple-

Preliminary results from the evaluations of these local projects are very encouraging. AoA is planning new demonstration grants that will focus on the implementation of the programs that have been translated in the current set of evidence-based grants.

AoA has continued its support for the elimination of health disparities among older adults. We provided funding for the health promotion and disease prevention projects of four national minority aging organizations.

ment a nationally recognized fall prevention program. The *Matter of Balance* program is designed to reduce the fear of falling and improve activity levels among older adults who are still living on their own. It was originally developed by the Roybal Center for Research in Applied Gerontology at Boston University and the New England Research Institutes. Participants have the opportunity to take part in classes and activities that address the physical, social, and cognitive factors associated with falling. Coping strategies focus on the fear of falling and ways to reduce risk, including changing attitudes and enhancing self-efficacy, as well as exercising to improve balance and strength.

### **Eliminating Health Disparities**

AoA has continued its support for the elimination of health disparities among older adults. We provided funding for the health promotion and disease prevention projects of four national minority aging organizations.

- Through *Project Salud A La Vida*, the Asociacion Nacional Pro Personas Mayores identified and translated health intervention materials into Spanish for monolingual, recent immigrants. The materials are designed to promote nutrition and its role in preventing and managing diabetes, cardiovascular disease, and cancer—with a special focus on prostate cancer. Additionally, the project is developing a campaign to promote adult immunizations.
- The National Caucus and Center on Black Aged, Inc. (NCBA) led the project *The Healing Zone: Community Health, Action, and Advocacy*, which pilots the assistance of faith-based and community organizations in the dissemination of health information related to the risks of obesity. Materials promote disease prevention and self-care strategies. To date, 600 seniors have been reached through 30 churches in 6 sites. NCBA's

partners for this project were Group Ministries of Buffalo, NY, and Baltimore, MD; and AAAs in Richmond, VA, Detroit, MI, and Jackson, MS.

- Through the project *Addressing Health Disparities Among Asian American and Pacific Islander Elders*, the National Asian Pacific Center on Aging focused health promotion and disease prevention activities for older adults in Houston, TX, Orange County, CA, Philadelphia, PA, and Seattle, WA. Interventions ranged from language and culturally appropriate health education materials on diabetes to all-encompassing healthy lifestyle programs, including disease-specific seminars, screenings for early detection, and case referrals.
- The National Indian Council on Aging project, *Preventing Diabetes: Healthy Living for American Indian Elders*, is identifying best practices and effective interventions for healthy living throughout Indian country. New tools for the prevention of diabetes in American Indian and Alaska Native elders are being developed and pilot tested for dissemination based on the best practices identified.

### ***You Can! Steps to Healthier Aging Campaign***

AoA launched the *You Can! Steps to Healthier Aging* campaign in September 2004, with a goal to increase the number of older adults who are active and healthy. During this campaign, AoA focused on nutrition and physical activity because making positive changes in both food choices and physical activity can help prevent, delay, and even treat many of the leading chronic ailments among older Americans. The campaign supported the President's *HealthierUS* initiative and was the aging component of HHS's *Steps to a HealthierUS* initiative.

Throughout the campaign AoA used a partnership strategy to mobilize



communities. In doing so, AoA partnered with other HHS agencies consisting of the Office of Disease Prevention and Health Promotion, the President's Council on Physical Fitness and Sports, CDC, and the NIA. With regard to the Network, 48 SUAs, 407 AAAs, 604 senior centers, and 115 nutrition sites joined the campaign as of December 2005. AoA also developed a large partnership base, including 364 health providers and 114 faith-based organizations, that made a commitment to spreading the word about the importance of prevention.

The initial objective of the campaign was for AoA to partner with at least 2,000 community organizations to reach at least 2 million older Americans in 2 years. More than 2,700 organizations have joined the *You Can!* campaign to reach an estimated 4.1 million people with targeted information and 420,000 people through programs.

AoA has offered partners many ways to get involved in the *You Can!* campaign. Each partner received a toolkit of educational and publicity materials, along with access to an online Web page containing additional items including photo galleries and materials in Spanish. Many partners participated in seven Web-based seminars, known as "Webinars." A total of 961 partners signed up for these peer-to-peer learning opportunities. In March 2005, AoA announced the selection of 17 *You Can!* Program Champions to help mark National Nutrition Month. These partners exemplified what it means to offer nutrition education and physical activity programming for older adults at the community level.



## ***Eat Better & Move More Program Results***

- 999 enrollees at 10 sites, 62 percent completed the program.
- Program participants were racially and ethnically diverse, with an average age of 75.
- Many had chronic conditions such as high blood pressure, arthritis, visual impairment, hearing loss, heart disease, and diabetes.
- More than half of those completing the program progressed through one or more “Stages of Change” for nutrition and over two-thirds for physical activity.
- Improvements in healthy behaviors were realized for many participants in such areas as overall health status, diet, physical activity, and balance.
- Almost one in four participants improved their self-reported health status.
- Daily intakes increased significantly, up by one or more servings of fruits, vegetables, fiber, calcium-rich food, and fluids in 37 to 48 percent of participants.
- Risk of falling decreased.
- Daily steps increased significantly from roughly 3,100 to 4,200, as did blocks walked, stairs climbed, days active, and exertion level.



### **National Resource Center on Nutrition, Physical Activity, and Aging**

AoA continued its support for the National Resource Center on Nutrition, Physical Activity, and Aging (NRCN) at Florida International University. NRCN supports the Network in their efforts to implement high quality, effective, efficient, evidence-based nutrition and physical activity services in home and community-based long-term care systems. NRCN also assists States and other agencies through knowledge building, evidence-based community applied research and practice, information dissemination, training and technical assistance, and policy analysis. Many of its useful products, including the *Older Americans Act Nutrition Program Toolkit*, are found online at <http://nutritionandaging.fiu.edu>.

Current research documents the roles adequate nutrition and physical activity play in promoting health and reducing the risk of chronic disease. NRCN worked cooperatively with AoA in the development of the *You Can!* campaign by making small grants to local nutrition service providers to implement *Steps to Healthy Aging: Eat Better & Move More Guidebook*. The *Guidebook* is an “off the shelf” evidence-based program to improve nutrition and physical activity. It includes 12 weeks’ worth of ready-to-use mini talks and activities, as well as take-home tips and task sheets for older adults. Local staff said that the *Guide* was fun and easy to implement. The *Eat Better & Move More* program increased participation at congregate sites and provided the basis for greater community involvement.

### **Senior Medicare Patrol Projects**

Since the mid-1990s, AoA has partnered with CMS, the HHS Office of the Inspector General (OIG), and the U.S. Department of Justice to fight fraud, error, and abuse in the Medicare and Medicaid programs. Bolstering

**Since inception, the AoA's SMP projects have:**

- Trained more than 52,060 senior volunteers to serve as community resources and educators. (These volunteers have in turn conducted more than 33,000 community education events.)
- Held more than 137,900 media events.
- Helped save \$104.3 million for the trust fund or beneficiaries.

our focus on these issues, AoA established Senior Medicare Patrol (SMP), a series of projects created to recruit retired professionals that form a volunteer army to combat fraud in communities across America. Since its inception, the number of SMP projects expanded from 5 initial demonstrations to 64 current projects. The program's global reach was expanded through the award of capacity building grants to Guam and the U.S. Virgin Islands.

Fourteen SMP Integration Projects were funded to enhance the SMP's capacity to fulfill the mission of health care fraud control. The Integration Projects make improvements by taking steps to develop new community or statewide partnerships, emulating successful practices and new approaches, or creating cutting-edge advanced-model practices that integrate SMP into the fabric of States and communities. Grantees expanded the program's capacity to reach Native Americans, Hispanics, and faith-based populations. These projects were required to focus on one or more priority areas for integration, including Medicaid fraud, home health care fraud, or fraud associated with the new benefits of the MMA.

Over the 12-month period ending in June 2005, the SMP projects educated more than 372,500 beneficiaries through more than 143,960 group training or one-on-one sessions led by volunteers.

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### **National Consumer Protection Technical Resource Center**

The National Consumer Protection Technical Resource Center (NCPTRC) provided technical support to SMP grantees in 2005. NCPTRC took the lead in educating project staff on the integrity issues related to Medicare Part D through teleconferences, a biweekly news clipping service, and specific alerts broadcasts. NCPTRC conducted a needs assessment survey of both AoA and SMP project staff in order to better plan and target support services.

NCPTRC conducted training Webinars on targeting hard-to-reach populations, provided timely consumer alerts on potential fraud issues, and created a CD-ROM of MMA reference materials. NCPTRC also conducted research in support of AoA's efforts to develop a new SMP Complaint Management, Tracking, and Reporting system.

### **Protecting Vulnerable Adults**

To support OAA programs that protect the rights of vulnerable elders, AoA provides funding to two national resource centers. The National Center on Elder Abuse (NCEA) disseminates information related to the prevention of elder abuse and neglect to professionals and the public, and also provides technical assistance and training to States and community-based organizations. The Long-Term Care Ombudsman Resource Center (ORC)



supports efforts of professional and volunteer long-term care ombudsmen by providing training and technical assistance.

NCEA is a partnership of five organizations: NASUA, the National Adult Protective Services Association, the National Committee for the Prevention of Elder Abuse, the Clearinghouse on Abuse and Neglect of the Elderly, and the American Bar Association Commission on Law and Aging. Highlights of NCEA's 2005 activities include:

- A national survey of multidisciplinary teams and developed a manual for those wishing to start or revitalize their own team.
- A searchable database of existing State and community-based elder abuse prevention initiatives.
- Brochures designed to facilitate court and Network collaborations on guardianship.
- Conducting two quarterly national practice exchange teleconferences for local networks, along with monthly mentoring calls to local AAAs, technical assistance, and training on network development in four States or AAAs.

The ORC is operated by the National Citizens' Coalition for Nursing Home Reform, in cooperation with NASUA. In FY2005, the ORC provided resources and assistance to State and local ombudsman programs. These resources include training through conferences, teleconferences, technical assistance, and a Web site.



## Senior Legal Services

There are approximately 1,000 legal services providers funded through the OAA nationwide, which help to ensure that older Americans receive legal and sometimes critical assistance. AoA funds 13 Grants to Enhance Access to Senior Legal Services, which provide States with a cost-effective way to increase the number of seniors who receive this type of assistance. AOA also supports 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.



AoA's legal programs help older Americans and their caregivers address threats to home ownership, such as predatory lending and consumer scams. AoA also helps older adults obtain financial powers of attorney or guardianships that can prevent or stop financial exploitation, and apply for food stamps and other public benefits that promote health and independence.

Following are examples of how AoA legal services help seniors:

- An elderly low-income client was pressured into purchasing a casket and vault from a funeral home. She paid a \$500 deposit and signed a sales agreement to pay the remainder on an installment plan at 11.9 percent interest. The legal services attorney voided the contract and the client received her \$500 back. This saved the client \$5,406.
- A 76-year-old woman and her 102-year-old mother were victims of predatory lending. The woman was approached with an offer to refinance her mortgage, which consumed over two-thirds of her Social Security income. When the woman contacted the Legal Services for the Elderly provider, it was determined that the lender had violated a number of Federal laws.

- A disabled senior, whose medical condition made it life-threatening for her to live in a warm temperature, was repeatedly denied use of a window air conditioner by her housing authority, in violation of her rights with regard to accommodations for disabilities. A call to the statewide senior legal helpline resulted in approval of her request.



## 6. mobilizing the network in times of disaster



## Mobilizing the Network in Times of Disaster

Natural disasters can wreak havoc on millions of people, and they can also disrupt the vital services many older Americans rely on. Older persons are among the most vulnerable during a disaster. Over the past year, AoA has worked closely with the Network to assist in the recovery of those communities hardest hit by Hurricanes Katrina and Rita. AoA's response was based on two major objectives. The first was directly associated with *vulnerable elders' well-being* and the second was associated with the *systems that ensure this well-being*. These objectives were:

- 1. Find and assist frail older adults who did not or could not evacuate.**
- 2. Immediately assess the impact of the disaster on local home and community-based service infrastructure.**

The strategy to achieve these objectives was to partner with all available organizations in support of State and local officials and provide additional resources to fill any gaps. Thus, AoA employed two approaches, first, teams were sent to affected areas immediately following the disasters; second, for those areas outside of the disaster zone receiving evacuees, AoA utilized regional office capability to work with State and local officials to assess the impact to those communities in serving this increased population of elders.

The specific actions taken by AoA after the hurricanes are summarized here.

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## Teams Deployed

AoA deployed two types of teams to the affected areas. One consisted of senior staff and Florida emergency relief experts who traveled across the disaster areas to meet with local officials, coordinate efforts with other agencies, train on emergency management programs, and elevate needs to the central office for expedited assistance.

The second team was a group of experienced case managers, social workers, and disaster experts from Florida. Having worked in similar situations after hurricanes in that State, these “rapid assessment” teams understood disaster priorities, process, and activities. They immediately went to work in local communities to find and assess isolated elders. Once these elders were accounted for, the next goal was service restoration either in their homes or by moving these vulnerable elders to places where they could receive assistance. These mission-driven tasks included:

- Protection of life and the reunification of families.
- Identification and assessment of the immediate and long-term needs of elderly hurricane victims.
- Provision of technical assistance regarding disaster response and recovery to SUAs.
- Provision of immediate financial support to help with emergency service provision.
- Securing data regarding impact to elderly populations.





These teams applied Florida's "lessons learned" and planning processes to help local and State officials in Louisiana, Mississippi, and Alabama in their post-disaster activities. The Assistant Secretary's experience and leadership helped to secure these critical resources.

Teams also focused on post-disaster recovery efforts including assisting in the development of repatriation plans.

### **AoA Dispersed Special Funds**

Assistant Secretary Carbonell and her Executive Staff visited disaster sites after the hurricanes hit, from September 12 through 16, to learn firsthand what gaps might exist in rebuilding the home and community-based services infrastructure. As a result of these visits, AoA, pursuant to Title II Section 310 of the OAA, sent more than \$1.6 million in emergency funds from its FY2005 budget to aid in the reconstruction. AoA awarded disaster assistance grants to Alabama, Mississippi, Louisiana, and Texas.



These funds were used to supplement disaster assistance and facilitate the expeditious reconstruction of the home and community-based service system infrastructure under the States' ADRC program grants.

### **Aging Organizations Provide Critical Assistance**

AoA partnered with other agencies such as the Federal Emergency Management Agency, CMS, PHS Commissioned Corps, disability organizations, and the Federal Transit Administration, to drive coordinated efforts. AoA enlisted the support of N4A and NASUA plus other aging and faith-based organizations. As an example, N4A used their Web site as a means of brokering and collecting pledges of support

Grantmakers in Aging, a philanthropic affinity group dedicated to promoting and strengthening grant making for an aging society, launched the “Hurricane Fund for the Elderly.”

for volunteers, provisions of supplies, and donations from AAAs across the Nation. In addition, Grantmakers in Aging, a philanthropic affinity group dedicated to promoting and strengthening grant making for an aging society, launched the “Hurricane Fund for the Elderly.” This fund is a new vehicle for directing philanthropic dollars and resources to meet the needs of older adults affected by the hurricanes in the Gulf States.

State and local long-term care ombudsman programs responded aggressively to meet the needs of long-term care residents who were evacuated. AoA worked with CMS to establish an interstate contact point to which names of evacuated facilities, residents evacuated, receiving facilities, and facilities offering to take evacuees could be reported by ombudsmen and others. The clearinghouse was operated by the CMS Region VI office in Dallas. More evacuees were tracked at the State level, with ombudsmen providing “on the ground” information.

Through the clearinghouse, a strong network of State and local ombudsmen helped track individuals and visited with evacuees in their new facilities. They helped residents connect with their families and in several instances helped arrange financing and logistics to reunite them with their loved ones.

#### **AoA Grounded Recovery Efforts With Data**

AoA prepared a daily analysis of key data from SUAs, including number of evacuees, number of older adults over 60 in the State, number of older adults affected by the disaster, services provided to evacuees, and other information. Through this analysis, AoA was able to work closely with the Network in the affected States to support day-to-day operations.

## 7. financial report



## Financial Report

Following is the AoA financial report for 2005.

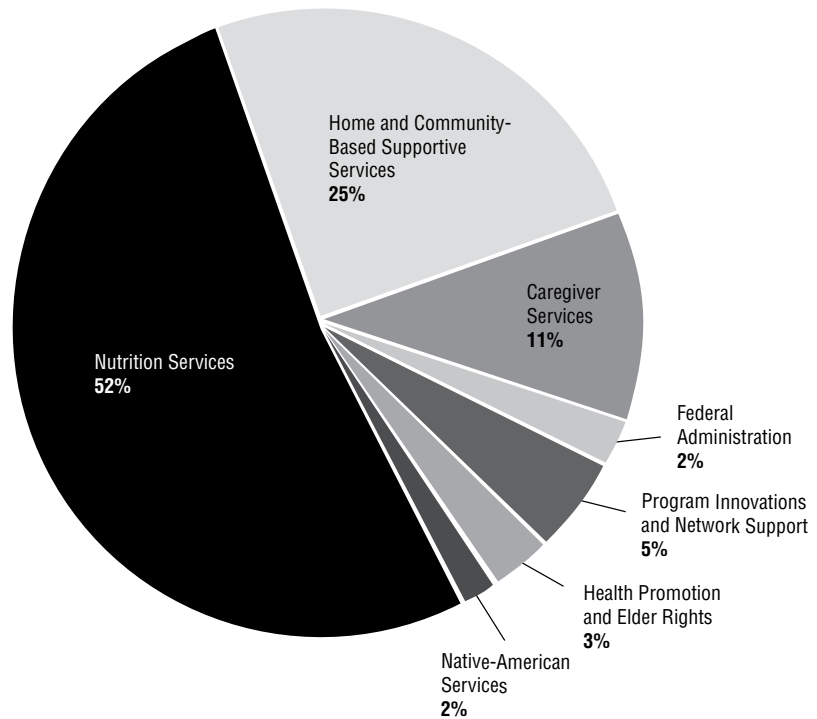
**The AoA budget totaled approximately \$1.4 billion in FY2005, an increase of more than \$19 million (1.4 percent) over the prior year. Since FY2001, the AoA budget has increased by more than \$142 million, or at an average annual rate of 2.72 percent.**

Of the FY2005 total, \$1.27 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 \$33 million provided formula grants to Indian Tribes and Native Hawaiian organizations for program innovations through nutrition, supportive, and caregiver services.

Complementing these core formula grants, the FY2005 budget included \$68 million for program innovations through discretionary grants. These innovations developed new approaches and techniques were developed that States and communities can use to help older adults 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. The information gained from these grants provided the foundation for AoA's *Choices* initiative.

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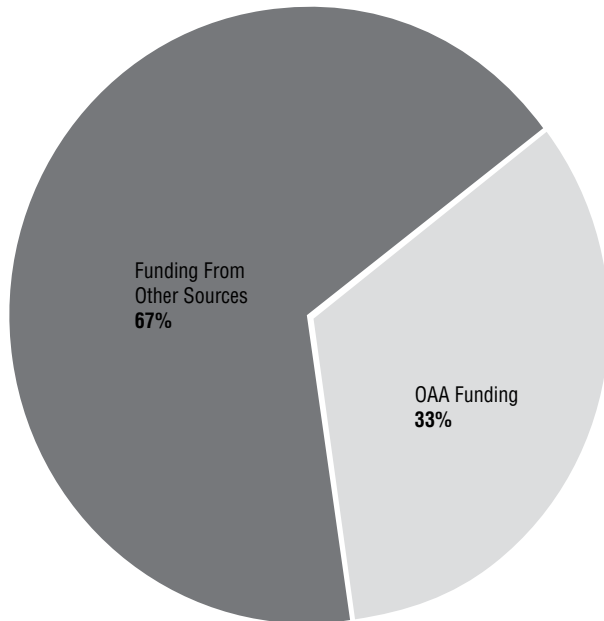
## FY2005 AoA Budget



The AoA budget also included \$18 million for program support, which paid for the salaries of approximately 118 Federal staff and other related administrative expenses, as well as almost \$4.5 million in additional funding for the White House Conference on Aging, which was held in December 2005.

The Network successfully leverages Federal funding to build coordinated service systems at the State and local levels. In FY2004, the most recent year for which data are available, States and local communities leveraged approximately \$2 from other sources for every \$1 of Federal funding; for

**Leveraged Funding**  
**Total Expenditures: \$24 Billion**



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

intensive in-home services, the ratio was closer to \$3 to \$1. 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.



**Winner**

Photographed by:  
Shari Augins, Age 66  
FOCUS on Senior Citizens  
Tuscaloosa, Alabama



## 2005 Older Americans Month National Photo & Essay Contest

As part of its 2005 Older Americans Month activities, AoA sponsored a national photo and essay contest to enhance the image of older Americans to all generations. Senior centers from around the Country submitted photographs taken by older Americans. Accompanying each entry was an essay by the photographer that reflected the month's theme: "Celebrate Long-Term Living." The contest drew an enthusiastic response and AoA received more than 75 entries from senior centers in 35 States.

AoA wishes to acknowledge all those who participated in the 2005 Older Americans Month National Photo & Essay Contest. The photographs reflect the richness of our Nation and highlight the many ways older people are celebrating long-term living.

The photographs reflect the richness of our Nation and highlight the many ways older people are celebrating long-term living.

### 2nd Place



Photographed by: Erva Gene DeAragon, Age 76  
St. Francis Senior Center, St. Francis, Kansas

### 3rd Place



Photographed by: Jerrie Ahrens, Age 77  
Monticello Senior Center, Monticello, Minnesota



**Honorable Mention**

Photographed by:  
Joan Miller, Age 73  
Hyde Park Friendship  
Hyde Park, New York





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