

*U.S. Department of Health and Human Services
Administration on Aging*



□ Aging **Well**
□ Living **Well**

2004
Annual Report

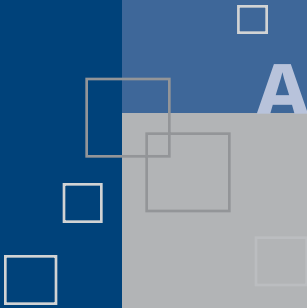
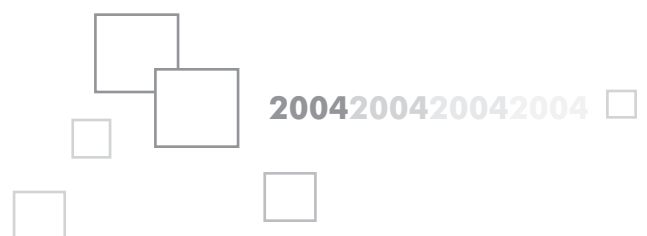


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Assistant Secretary's Message

I am pleased to share with you the 2004 Annual Report of the U.S. Administration on Aging (AoA). This report provides us the opportunity to highlight the positive results that AoA, the States and the communities across this Nation continue to produce for older Americans.

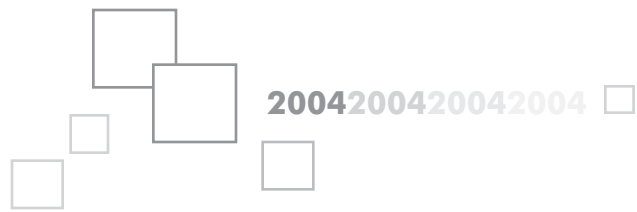
During the last century, the average American lifespan almost doubled. Americans are not only living longer, but are staying healthier than ever before. For the past 40 years, AoA has strived to improve the lives of older Americans and their families.

Our first priority is and will continue to be serving older Americans and keeping them independent. We are now honored in serving caregivers directly and we are committed and will continue to help them care for their loved ones. We continue to work to ensure that older Americans:

- Have the opportunity to fully participate in all aspects of community life.
- Are able to maintain their health and independence.
- Remain in their own homes and communities for as long as possible.

This report highlights the accomplishments and activities of AoA in 2004. We continue our focus to support better planning, better home and community-based options, and more flexible and consumer-friendly systems of care. I am delighted to report that we have successfully undertaken a number of new efforts to collaborate and partner with Federal agencies and nonprofit organizations to better educate and serve older Americans. AoA partnered with the Centers for Medicare and Medicaid Services (CMS) and other public and private organizations to support community level efforts to educate and enroll low-income Medicare beneficiaries in the drug discount card program. We continue our work with CMS to develop streamlined access to long-term care for people with disabilities of all ages through the expansion of the Aging and Disability Resource Centers initiative to twenty-four States. We established additional long-term care partnerships with the Robert Wood Johnson Foundation, the National Governors Association, and the Federal Transit Administration (FTA) to name a few.

AoA is also keeping older people healthy longer and assisting them in their efforts to stay engaged in community life. With our Evidence-Based Prevention Program, we are taking health promotion and disease prevention to a new level and positioning the Aging Network as a nationwide vehicle for translating research into practice.



In April 2004, I formally introduced a major outreach campaign to raise awareness about the importance of healthier lifestyle choices for older Americans. *The You Can! Steps to Healthier Aging* campaign will partner with at least 2,000 community organizations to reach at least 2 million older Americans in 2 years to spread the message about the importance of improving nutrition choices and increasing physical activity. We are well on our way to meeting this goal.

Because AoA is a results oriented organization, the activities and initiatives highlighted in this report are presented in the context of the strategic goals that enable AoA to achieve its mission. The report further documents that AoA investments in innovative demonstration grants are creating greater balance and better options in our State and community systems of health and long-term care — including improved access, more integrated services, and greater emphasis on prevention. They are designed to help the aging network maintain a high level of client satisfaction and to continue to improve efficiency.

I am proud of what AoA and our partners have accomplished over the past year. As we look to the future, we will continue our efforts to create a better America for aging citizens, particularly the challenge afforded by the aging “baby boom.”

- Josefina G. Carbonell



“I want to make clear that I understand the very clear mission that the President of the United States has given me, and that is to help Americans live longer and healthier, and to do it in a way that protects our economic competitiveness as a nation.”

HHS Secretary Michael Leavitt at Swearing-In Ceremony





Mission

The AoA, an agency of the U.S. Department of Health and Human Services (HHS), was established by the Older Americans Act (OAA) in 1965. AoA was created to serve as the Federal focal point and lead agency for older persons and their concerns. In this role, we work to heighten awareness among other Federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the Nation and alert them to the needs of vulnerable older people. AoA also administers various grant programs in conjunction with State, tribal, and local efforts that include a comprehensive and coordinated system of care for older people and their family caregivers. We carry out our grant programs and advocacy in collaboration with a network of providers that includes 56 State Agencies on Aging (SAAs), 655 Area Agencies on Aging (AAAs), 238 Tribal Organizations, over 29,000 local community service organizations, 500,000 volunteers, and a wide variety of national organizations.

OUR MISSION

Our mission is to develop a comprehensive, coordinated and cost-effective system of long-term care that helps elderly individuals to maintain their independence and dignity in their homes and communities.

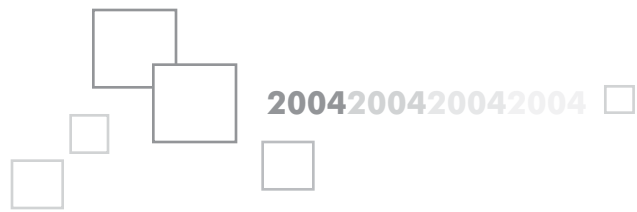
OUR VISION FOR OLDER PEOPLE

Our vision for older people is based on the American value that dignity is inherent to all individuals in our democratic society, and the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible.

OUR STRATEGIES

AoA has developed a 5-Year Strategic Plan that establishes five strategies we are using to advance our mission and our vision for older people.

- First — We will listen to our customers, at the state and local level, especially our older citizens and their families. We want to make sure we understand their needs and respond to what they are asking us to do.
- Second — We will continue our commitment to educating policymakers and the public about the long-term care needs of older people, and the actions our Nation should take to respond to those needs.
- Third — We will help others to understand the extraordinary value and assets of the Aging Network. We want policy-makers and the major funders to see the benefits of



- investing in the Network.
- Fourth — We will expand our technical assistance program to help the Network keep up-to-date on the latest research and best practices.
- Finally — We will work with other agencies and private sector organizations on initiatives to strengthen the Aging Network’s role in health and long-term care.

OUR PRIORITIES

AoA’s Strategic Plan establishes five programmatic priorities to guide and focus our investment of effort and resources over a 5 year period. The following priorities support the HHS Strategic Plan:

1. Make it easier for older people to access an integrated array of health and social supports.
2. Help older people to stay active and healthy.
3. Support families in their efforts to care for their loved ones at home and in the community.
4. Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
5. Promote effective and responsive management.



“Our first priority is and will continue to be serving older Americans and keeping them independent. We are now honored in serving caregivers directly and we are committed and will continue to help them care for their loved ones.”

Josefina G. Carbonell
Assistant Secretary for Aging





Core Home and Community-Based Pro

AoA's primary mission is to help maintain the independence of older people. We accomplish this by providing funding for a broad range of OAA home and community-based services (HCBS) that enable older Americans to stay in their homes and communities, thereby reducing the need for costly institutional care. These core programs provide critical intake and access services, such as transportation and information and assistance, which serve as the gateway to other HCBS, including nutrition services, caregiver services, and prevention and management of chronic disease through low-cost interventions.

In fiscal year 2003, AoA and its national network of aging service providers rendered direct services to over 8.2 million elderly individuals 60 and over (over 16 percent of the population), including over 3 million registered clients who received intensive in-home services. Access assistance and other services were also provided to approximately 12 million caregivers. Aging network services have assisted seniors and their families to:

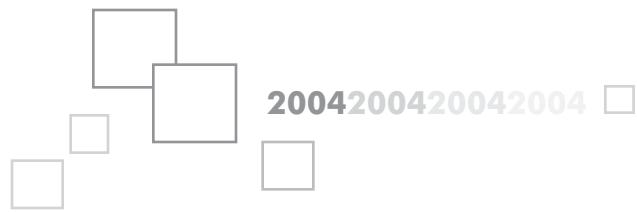
- Access an integrated array of health and social supports by conducting over 12 million information and referral contacts; over 8 million outreach and information contacts about caregiver services; and by serving over 121,000 callers through the Eldercare Locator.
- Stay active and healthy by providing almost

36 million rides to meal sites, doctors' offices, grocery stores, pharmacies, senior centers, and other critical daily activities; by serving 251 million meals which help participants to prevent or manage chronic disease; and by providing physical activities, medication management, and the opportunity for conversation and social interaction through our senior centers, used by over 1.8 million people.

- Care for their loved ones at home and in the community by providing almost 10 million hours of homemaker services; over 9 million hours of personal care; over 1 million hours of chore services; almost 10 million units of adult day care; and by providing access assistance to approximately 590,000 caregivers.

AoA views performance measurement as an opportunity to demonstrate the value and effectiveness of OAA programs. Performance data demonstrates that not only do these HCBS programs provide cost-effective services to older persons and their families, but that these services make a real difference in the lives of seniors around the country. AoA conducted five independent national surveys of elderly clients to obtain an assessment of the services provided under the OAA. The services assessed by the National Survey of Older Americans Act Title III Service Recipients were transportation, information and referral, nutrition, and homemaker services. One survey also sought caregiver

Programs



assessment of OAA services. Survey data show that not only do these services play an important role in allowing seniors to remain at home, but that service recipients are very satisfied with the services they are receiving. The following highlights results from this landmark survey.

TRANSPORTATION

Transportation services help older individuals maintain their independence and participate in community life. SAAs and AAAs spent over \$210 million to support transportation services for older people in FY 2003. That amount includes \$83 million in OAA funds provided by AoA for that purpose.

AoA and State focus on senior transportation is building needed infrastructure and creating jobs in transportation; not only did the overall number of service providers increase by over 2%, but we saw a significant increase in minority service providers, over 13% for both 2002 and 2003.

The following results from the national survey show that clients who used OAA transportation services found these services to be vital to their independence and well-being.


Transportation services are highly rated.

- 96% of respondents rated services good to excellent.
- 96% of respondents would recommend the ser-



Transportation services were highly rated by clients.





vice to a friend.

Transportation services are targeted to vulnerable individuals.

- 80% of respondents reporting income had annual income under \$20,000; 42% had annual income under \$10,000.
- 65% of respondents live alone.
- 74% of respondents are 75 or older.

Transportation services are provided to individuals needing services.

- 44% of respondents rely on OAA transportation services for all or nearly all of their local transportation. An additional 21% rely on these services for at least half of their local transportation.
- 81% of respondents are either unable to drive or have no vehicle available.

NUTRITION PROGRAM

Poor nutrition is a major problem for older adults. Almost 90% have a nutrition-related chronic disease or conditions such as diabetes, heart disease, high blood pressure, or osteoporosis. About 40% of community-dwelling older adults as well as their caregivers have inadequate food and nutrient intake, which affects their health and ability to function independently.

OAA Nutrition Programs effectively leverage other funding. OAA Nutrition Program funds provide 44% of the cost of a congregate meal and 31% of the cost of a home-delivered meal. National survey

data show that not only are nutrition services effective in targeting those at high nutritional risk, but that the services are helping recipients to maintain their health status and remain at home. For example:

Home Delivered Nutrition services are effectively targeted to vulnerable populations.

- 61% reported they are living alone.
- 85% reported annual family incomes under \$20,000.
- 73% were age 75 and over.
- Only 58% were high school graduates and 7% were college graduates.
- 69% reported difficulty with at least one Activity of Daily Living (ADL) — such activities as eating, dressing or walking.
- 29% of AoA respondents reported 3 or more ADL limitations, which is an indicator of high risk for loss of independence and institutionalization.

Home Delivered Nutrition services provided are high quality and reliable in the perception of the service recipient.

- 95% rated the Home-Delivered meals program good to excellent.
- 92% reported that meals always or almost always arrive when expected.

Home Delivered meals are provided to individuals who need them.

- 66% reported that home delivered meals provided one-half or more of their daily food intake.

Congregate nutrition services are effectively targeted to vulnerable populations.

- 62% are age 75 or older.
- 52% are living alone

HOMEMAKER SERVICES

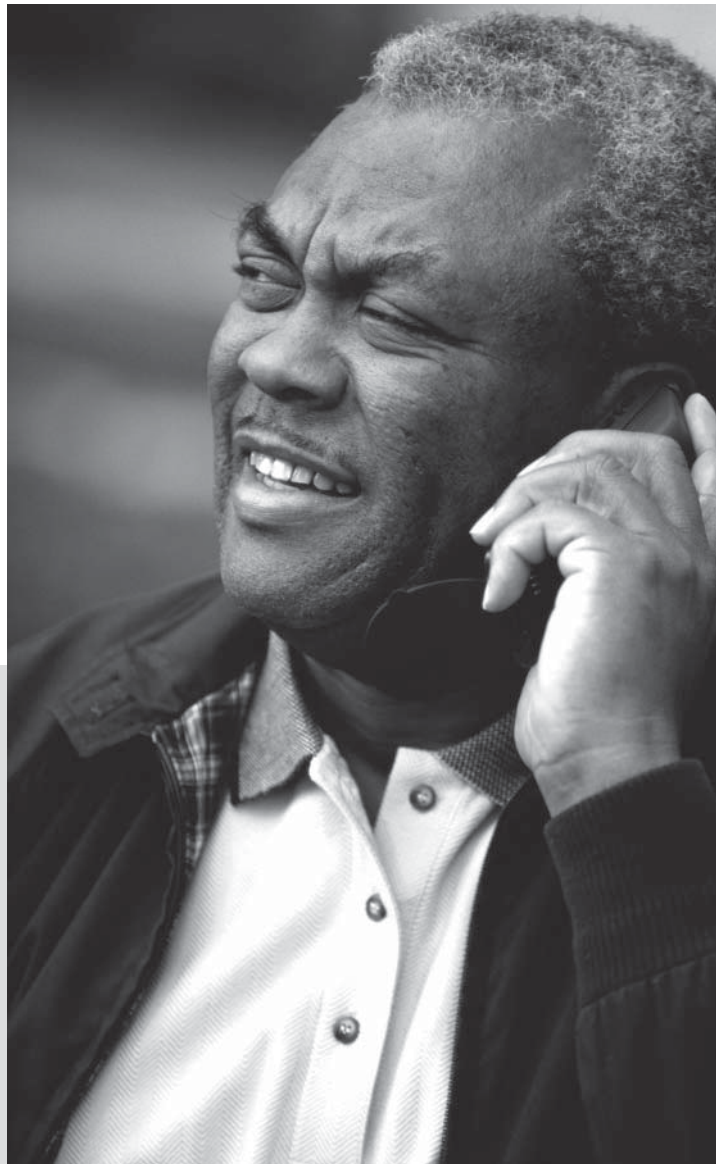
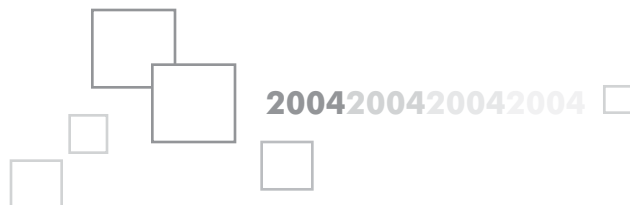
Homemaker services comprise an important part of a full spectrum of home and community-based services, which provide viable alternatives to institutional care. The national survey highlights that State and area agency on aging programs are targeting homemaker to services to at-risk older adults.

Homemaker services are effectively targeted to vulnerable populations

- 73% reported that they are living alone.
- 92% reported annual incomes under \$20,000.
- 69% were age 75 and over.

Recipients of homemaker service are more impaired and frail than the entire 60-and-older population, suggesting that these OAA services contribute to maintaining individuals in their homes.

- 32% reported 3 or more ADL limitations, which is an indicator of high risk for loss of independence and institutionalization.
- 77% reported needing assistance with one or more ADLs.
- 84% reported needing assistance with one or more instrumental activity of daily living.



I&R services are the gateway to home and community-based services.





CAREGIVERS

The National Family Caregivers Support Program (NFCSP) has been established as an integral component of the OAA's core programs. In FY 2004, the NFCSP was funded at \$159 million. Of that amount, \$6.3 million is for the Native American Caregiver Support Program (NACSP), established within the NFCSP to address the special needs of caregivers of Native American elders. The Aging Network has worked hard to get this program off the ground, exceeding expectations.

National survey data demonstrates that OAA services, including those provided by the NFCSP, are effective in helping caregivers to keep their loved ones at home for as long as possible. For example:

NFCSP clients are vulnerable caregivers.

- 76% have provided care for 3 or more years.
- 77% are women, primarily daughters.
- 63% are aged 60 and over themselves.
- 53% reported that caregiving has created health problems for them.

NFCSP caregivers perform a wide variety of activities for the elders they serve.

- 71% help with dressing and bathing.
- 91% prepare meals and do the laundry.
- 88% keep track of bills and finances.
- 83% help with medicine and bandages.

Caregivers have significant needs of their own. The NFCSP is reaching caregivers most in need of assistance.

- 85% said they wanted one place to call for help.
- 75% said they needed help in dealing with service organizations.
- 71% said they needed a stipend, tax break, or other financial help.
- 72% said they needed help with knowing how to pay for nursing homes or other services.

INFORMATION & REFERRAL

The OAA information and referral (I&R) network serves as the gateway to home and community-based programs and services at the local levels. There are approximately 2,100 I&R service providers for the aging across the country. These I&R providers assisted older people and their caregivers in 2003 utilizing \$46.4 million in OAA funds. In addition, approximately \$58.3 million was leveraged by States and area agencies on aging I&R services.

National survey results reflect the high quality maintained by aging I&R programs.

I&R services are highly rated.

- 91% of respondents rated the way the call was handled good to excellent.
- 89% of respondents would recommend the service to a friend.

I&R services serve as a gateway to OAA programs for vulnerable individuals and their caretakers.

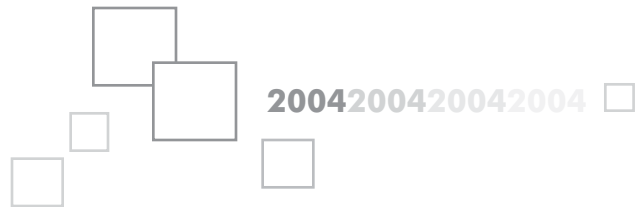
- 57% of respondents reported the purpose of their call was to obtain help or services for

themselves; an additional 38% reported they were calling seeking help or assistance for a relative or friend.

- 65% of the respondents wanted to obtain services.
- 78% of the callers surveyed reported that this was the first time they used the service.
- 60% of survey respondents reported family income under \$15,000.

I&R services are accessible.

- 92% of callers surveyed reported they got through to the service on their first attempt.
- 90% of respondents said their call was answered within five rings.
- 78% of respondents reported their call was answered by a person rather than voice mail.



The NFCSP provided respite care to over 200,000 caregivers.



Facilitating Access

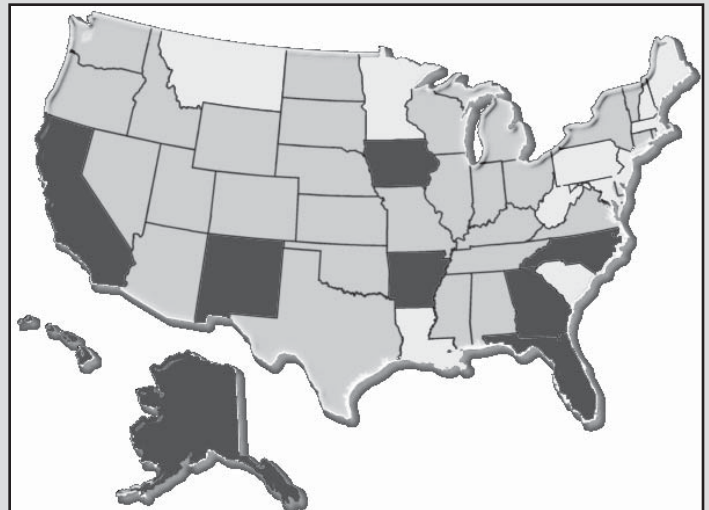
AoA continues to take a leadership role in helping the Nation respond to the needs of its elder population. Ensuring that older Americans and those who love them have access to information, resources, and long-term care support is vital and necessary. AoA is partnering with CMS on efforts to improve access to home- and community-based services and the new Medicare health benefits. We support aging-in-place efforts at the community level and highlight livable communities. AoA is continuing to hear from its customers about how to improve its efforts and is developing better outreach methods.

AGING AND DISABILITY RESOURCE CENTERS

AoA, working with CMS, expanded the historic Aging and Disability Resource Center Program by funding the effort in an additional 12 States. A total of 24 States have received grants to support efforts to create “one-stop” centers to help consumers learn about and access long-term support ranging from in-home services to nursing facility care. The grants will 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 support system.

The Aging and Disability Resource Center Grant Program is part of President Bush’s New Freedom

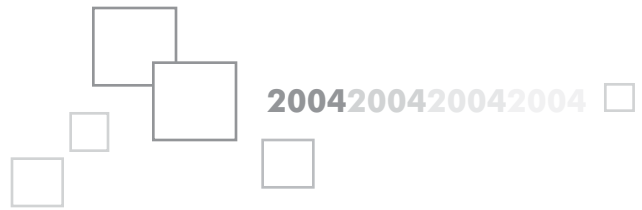
Aging and Disability Resource Center Grant Program



2003 Awardees			2004 Awardees		
AK	GA	NM	LA	MN	PA
AR	HI		MA	MT	SC
CA	IA		ME	NH	WV
FL	NC		MD	NJ	

Initiative, which works to overcome barriers to community living for people with disabilities of all ages. The program provides States with an opportunity to effectively integrate their long-term support resources for consumers into a single coordinated system.

Funded States have made considerable progress in implementing goals, such as providing information on services for aging and disabled populations; streamlining access to services; and increasing community partnerships and collaboration. Innova-



tions implemented include the following.

Minnesota is working on a “Health Match” initiative to allow consumers to apply online for a wide range of programs administered by HHS. An online comprehensive assessment tool will make it so that each person only needs to be assessed once.

New Jersey has developed a consumer algorithm that can map how consumers move through the system. The algorithm creates a logical decision making process for determining clinical and financial eligibility. The State Medicaid agency has drafted a new, shorter eligibility application.

Pennsylvania’s Adoption of Presumptive Eligibility has reduced the time from application for services to service receipt from a few months to a few days.

South Carolina has secured support from the state Medicaid agency to station a Medicaid eligibility worker within its Aging and Disability Resource Center.

INTEGRATED CARE MANAGEMENT


As new options for older people are emerging in health and long-term care, managed health care is playing an increasingly important role. Recognizing this, AoA introduced a new grant program specifically designed to identify and support innovations in aging services that involve the use of partnerships with



“A single, coordinated system of access for persons with disabilities, including seniors, seeking long-term support will minimize confusion, enhance individual choice and support informed decision making.”

Assistant Secretary for Aging on the Aging and Disability Resource Centers Program





managed health care organizations and/or financing arrangements that improve the quality of care for older people. This program is part of a strategic effort AoA has undertaken to strengthen the role of community aging services programs in promoting a more balanced and integrated system of health and long-term care for older people.

Projects are either promising practices that will identify and document existing models and approaches that can be replicated in other communities; program enhancements that build on existing partnerships or approaches already in place; or new models that support the design and/or implementation of new approaches in managed care. A broad mix of partnerships between community organizations, AAAs, managed care organizations and universities are represented in the programs.

Fourteen grants were awarded to the following organizations:

- Alzheimer’s Disease & Related Disorders Association, Los Angeles, CA
- City of Inglewood, Inglewood, CA
- San Mateo County, San Mateo, CA
- Gulf Coast Jewish Family Services, Inc., Clearwater, FL
- Atlanta Regional Commission, Atlanta, GA
- Chinese American Service League, Chicago, IL
- Jewish Family and Children’s Service, Boston, MA
- City of Baltimore, Baltimore, MD
- Area Agency on Aging 1-B, Southfield, MI
- Catholic Charities of the Diocese of Rochester,

Rochester, NY

- Erie County Department of Senior Services, Buffalo, NY
- Area Agency on Aging 10B, Inc., Uniontown, OH
- Benjamin Rose Institute, Cleveland, OH
- Senior Services of Seattle/King County, Seattle, WA

AOA PARTNERS WITH THE NATIONAL GOVERNORS ASSOCIATION

AoA , the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC) partnered with the National Governors Association (NGA) Center for Best Practices to sponsor a policy academy entitled “Rebalancing Long-Term Care Systems Toward Quality Community Living and Healthy Aging.” Through the academy, NGA experts worked with high-level State teams from GA, ID, IA, LA, MA, NM, VT, and VA to help build customized strategies to increase community living options and decrease the need for institutional care.

The academy kicked off in August with a meeting in Denver, CO. There, teams began the interactive process of designing State-specific plans to create more balanced health care delivery systems that will help States maximize consumer choice, improve access to home and community-based services and programs, and reduce long-term case bias and costs—all within the States’ current fiscal constraints. Participating teams also examined strategies to enhance community infrastructure by

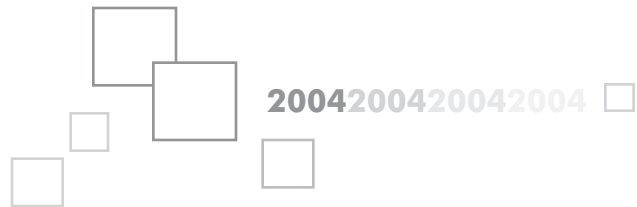
developing and organizing community care system services, addressing mental health and substance abuse issues, and promoting healthy aging.

ENSURING ACCESS TO THE MEDICARE PRESCRIPTION DRUG CARD

The Medicare-approved Discount Drug Card and Transitional Assistance Credit Program was enacted into law on December 8, 2003, as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Through the new law Medicare beneficiaries were given opportunity to enroll in a Medicare-approved discount drug card program to help to lower their prescription drug costs.

To get the best information to beneficiaries about the drug card and the transitional assistance benefit, AoA and CMS partnered in an outreach and education campaign in 2004 and awarded \$3.7 million to community-based, minority, and national aging organizations. To reach the most vulnerable, special efforts were made in 30 communities across the Nation with high concentrations of low-income beneficiaries.

A total of 133 community-based organizations were awarded funding of \$5,000 to \$50,000 to provide education, assistance and enrollment activities on the drug discount card and transitional assistance. The community-based organizations included AAAs, local colleges and universities, senior centers, home-delivered meal providers, faith-based organizations and local minority groups. Through December 2004, the community-based organizations outreached to over 40 million individuals and their families, assisted



News Release

FOR IMMEDIATE RELEASE
July 6, 2004
Contact: Christine LaPaille or John Blacksten,
202/624-5334

NGA TO ASSIST STATES DEVELOP COMMUNITY-BASED CARE OPTIONS AT POLICY ACADEMY

WASHINGTON—The National Governors Association (NGA) Center for Best Practices announced today that it has selected eight states to participate in *Rebalancing Long-Term Care Systems Toward Quality Community Living and Healthy Aging*, a new NGA policy academy. Through the academy, NGA experts will work with high-level state teams from **Georgia, Idaho, Iowa, Louisiana, Massachusetts, New Mexico, Vermont and Virginia** to help build customized strategies to increase community-living options and decrease the need for institutional care.

The academy will kickoff in August with a meeting in Denver. There, teams will begin the interactive process of designing state-specific plans to create more balanced health care delivery systems that will help states maximize consumer choice, improve access to home and community-based services and programs, and reduce long-term care costs—all within the states' current fiscal constraints. Participating teams will also examine strategies to enhance community infrastructure by developing and organizing community care system services, addressing the mental health and substance abuse issues, and promoting healthy aging.

"With Medicaid accounting for 21 percent of all state spending, the need to provide alternatives to institutional care is critical for states," said John Thomasian, director for NGA's Center for Best Practices. "But with states' costs for health care spiraling out of control, those alternatives must be both fiscally sound and innovative. This academy provides the perfect opportunity for states to learn from each other about strategies for success."


Before and after this academy meeting, NGA Center staff will visit the eight states to assist the teams with planning and implementation. The site visits will also allow NGA staff to identify what has—and has not—worked so that state best practices can be shared with governors across the country.

—more—

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News release from the national Governors Association, July 6, 2004.





over 16 million beneficiaries, enrolled over 66,000 beneficiaries in the drug card and/or transitional assistance.

National minority organizations are providing outreach, assistance and enrollment activities to their contingencies in targeting areas.

Asociacion Nacional Pro Personas Mayores (ANPPM) ANPPM worked with their Title V Network to increase enrollment of eligible low-income Hispanics in the drug discount card and transitional assistance program in CA, PA, and TX.

National Asian Pacific Center on Aging (NAP-CA) NAPCA is providing outreach, education, assistance and enrollment activities on the Medicare drug card and transitional assistance targeted elder API communities in WA, CA, PA, MA, IL, NY, VA, and TX.

National Caucus and Center on Black Aged, Inc. (NCBA) NCBA, working in partnership with AAAs and faith-based and community organizations, targeted their education and enrollment efforts to the low-income African American population in Central, MS; Detroit, MI; Richmond, VA; Buffalo, NY; and Baltimore and Prince Georges Counties in MD.

National Indian Council on Aging (NICOA) NICOA provided assistance and enrollment activities to American Indian and Alaska Native elders for the Medicare drug card and transitional assistance in New Mexico and Arizona. NICOA

focused their efforts on areas that are not currently receiving services through the Indian Health Services and Community Health Centers.

Through December 2004, these groups provided outreach to 2.6 million minority elders, assisted 4,000 minority elders with enrollment, enrolled close to 1,500 in the drug card and or transitional assistance.

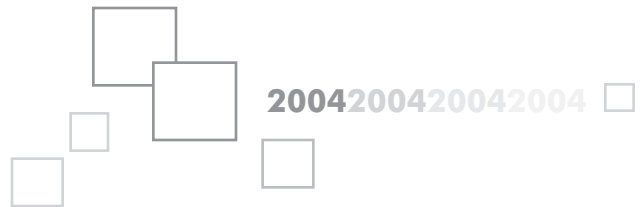
National Organizations

The National Association of Area Agencies on Aging (n4a) and the National Association of State Units and Area Agencies (NASUA) provided technical assistance and training to the State and Area Agencies on Aging across the country on the drug card and transitional assistance to better equip the I&Rs and benefits counselors to assist beneficiaries. Activities included:

- Development of an intensive outreach and marketing effort, Aging Network Medicare Rx Month, to promote Medicare Rx outreach, education and enrollment assistance during November 15 and December 31, 2004. Aging Network Medicare Rx Month had two key components — Ten City Media Campaign and an Aging Network I&R Outreach Campaign.
- Designing a comprehensive media kit to assist the Aging Network with planning media events held during Aging Network Medicare Rx Month.
- Designing a comprehensive I&R Outreach Campaign Kit to provide instructions, basic

facts and referral resources.

- Conducting training and promoted Medicare Rx outreach to over 1,000 State and local aging staff and leaders through a number of national, regional, and statewide Aging Network conferences and meeting.
- Developing a Medicare Rx Outreach Web site.



ALZHEIMER'S DISEASE DEMONSTRATION GRANTS TO STATES PROGRAM

The mission of the Alzheimer's Disease Demonstration Grants to States Program (ADDGS) is to expand the availability of diagnostic and support services for persons with Alzheimer's disease, their families, and their caregivers, as well as 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 38 State governmental agencies in 2004 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.

In 2004, AoA established an ADDGS National Resource Center. The ADDGS National Resource Center will highlight innovative home and community-based services models, which can be replicated and sustained in other communities, advance continuous quality improvement, and help promote systemic change to increase the responsiveness of a State's



AoA and CMS conducted a nationwide outreach and education campaign that is assisting millions of Medicare beneficiaries learn about and enroll in the new Medicare approved drug discount card and \$600 transitional assistance credit.





overall long-term care system to the needs and preferences of families dealing with Alzheimer's disease.

Alzheimer's Association National

Contact Center—The Alzheimer's Association Nationwide Contact Center, funded in part by the AoA, serves people with memory loss, caregivers, health care professionals and the public. The Nationwide Contact Center:

- Offers 24/7/365 information, referral and care consultation service. In FY 2004, the National Contact Center, with the assistance of their chapter networks, handled 262,171 calls for an average of 21,848 calls per month.
- Collaborates with the Aging Services Network to expand the Contact Center's reach and assure coordination of services by exhibiting and presenting at aging and national minority organization conferences, including the Congressional Black Caucus Annual Legislative Conference and the League of United Latin American Citizens Annual Convention.
- Focuses on expanding service to traditionally underserved populations, in particular Hispanic/Latino communities. The Contact Center developed a brochure in Spanish and is promoting the service on three Spanish-language Web sites Terra.com, Univision, and Yahoo Espanol. In the first month, over 7,000 people linked to the Alzheimer's Association Web site from one of these three Web sites.

- Provides an online communication forum through the use of message boards and chat rooms. Service expanded its reach instituting facilitated online chats.

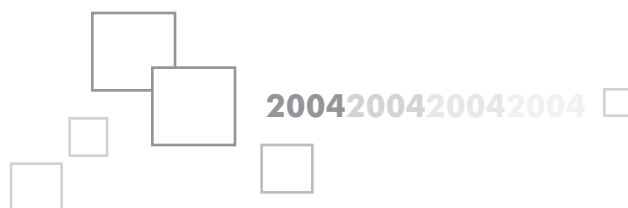
TRANSPORTATION

The overarching strategy for AoA is to increase the capacity of the Aging Network and empower the Network in their leadership role to shape our evolving health and long-term care system on behalf of older people. To help accomplish these priorities in transportation, AoA signed a Memorandum of Understanding with the Department of Transportation's FTA in 2003 to assist our respective networks in the coordination of transportation services for older adults and to facilitate access to these services by older adults. Coordination increases capacity, leverages funding, pools resources and expands coverage. The AoA/FTA senior transportation partnership grew with the advent of the President's Human Services Transportation Coordination Executive Order in February of 2004. This partnership achieved even greater levels of effort as AoA, among 11 other Federal agencies, harnessed collective wisdom to overcome barriers to transportation coordination. AoA, SAAs, and AAAs exerted strong leadership and saw a growth of infrastructure resulting from the activities of both United We Ride and traditional Older Americans Act transportation services. Some of 2004's highlights for increased access include:

- Regional Planning Leadership — AoA and FTA Regional Leadership planned and held

six United We Ride leadership meetings to increased the development and delivery of coordinated human service transportation programs.

- State Transportation Accomplishments — Eleven States noted transportation accomplishments in their annual State program report including actions like IL's implementation of a July 2003 Act creating the Interagency Coordinating Committee on Transportation.
- Grant Leadership for 1/3rd of the \$2 million in United We Ride State Grants — Of the 42 United We Ride transportation coordination grants that AoA helped award, 27 SAAs and AAAs were included in the grants with four states leading the grant teams — AK, WI, NC and AL.
- Prominent Focus in National Conferences — Senior transportation featured prominently in over five major conferences including n4a, the United We Ride Leadership Forum and the American Public Transportation Association — the latter two of which demonstrated the interagency cooperation of AoA and FTA, with joint presentations by the Assistant Secretary and the Federal Transit Administrator.
- State Plan Guidance — Over 50% of SAAs and AAAs heeded AoA's guidance to ensure their state older Americans act plans included a significant focus on older adult transportation, with 28% of States doing detailed needs analysis on this core program.



The Department of Transportation, with its partners at HHS and the Departments of Labor and Education, launched United We Ride — a new five-part initiative — to break down the barriers between programs and set the stage for local partnerships that generate common sense solutions and deliver A-plus performance for everyone who needs transportation.



- **Information and Referral System Leadership** — AoA’s highly strategic Aging and Disability Resource Center Program furthered transportation initiatives by suggesting that the *211 national telephone human information and referral system also be used to provide transportation service information resulting in a major initiative to pursue this effort through FTA.
- **Helping Vulnerable Elders through Expanding Assisted Transportation** — AoA received feedback that assisted transportation was becoming even more critical for older adults and the number of persons served assisted transportation services increased by 2% from 2002 to 2003. Thus, AoA initiated, competed, and awarded a special contract to develop a “how-to” guide for developing door-through-door transportation services in local communities.
- **Highlighting Best Practices** — Lastly, AoA in its effort to provide leadership and assistance to the Aging Network in developing greater older adult transportation services finalized coordinated transportation detailed case studies of 14 local communities – 7 AAAs and 7 community service providers. This report is being made into a transportation toolkit for the network due to be released in 2005.

RAISING AWARENESS ABOUT LIVABLE COMMUNITIES

The vast majority of older Americans prefer to remain in their own homes and “age in place,” even as they experience functional limitations. AoA

awarded a grant for an initiative that will raise awareness and motivate actions designed to improve the livability of communities for people of all ages and abilities. The project will identify and showcase communities that best meet the criteria of a livable community and highlight promising practices that can be used by county and municipal governments throughout the Nation in preparing for the aging of the “baby boom” population.

AoA’s Livable Community Project will conduct a competitive process to identify the top eight models of “Livable Communities for All Ages.” The grantee will work with the selected models to develop a written manual and action plan that county and municipal governments can implement in replicating successful models of livable communities.

CASH AND COUNSELING GRANTS

AoA partnered with its HHS sister agency, the Office of the Assistant Secretary for Planning and Evaluation, and the Robert Wood Johnson Foundation to fund 11 new “Cash and Counseling” grants in the following states: AL, IA, KY, MI, MN, NM, PA, RI, VT, WA, and WV. The successful Cash and Counseling program allows people eligible to receive supportive services through Medicaid to direct their own care and live more independently. An independent evaluation of the Cash and Counseling program found that when Medicaid beneficiaries of various ages and disabilities were given the opportunity to direct their own supportive services and hire their own caregivers, their quality of life improved, satisfaction with services increased, unmet

needs for care were reduced, and access to home care increased—without compromising beneficiaries' health or safety (relative to randomly assigned control groups that received services from agencies).

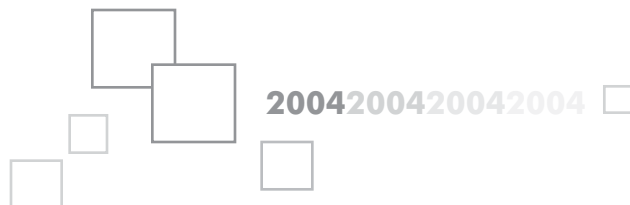
THE FEDERAL INTERAGENCY TASK FORCE ON OLDER INDIANS

The Federal Interagency Task Force on Older Indians reconvened in 2004. The task force represents Departments and Agencies of the Federal Government with an interest in older Indians and their welfare. One of the goals of the task force is to promote coordination and improvement of services to older Indians. AoA chairs the task force. Its goals are to:

- Share information and resources with other members of the task force to improve coordination of programs and services for older Indians.
- Increase access to and availability of programs and services for older Indians.
- Simplify and streamline community systems for delivering programs and services to older Indians.
- Assist tribes as they plan, implement, and administer programs and services for the benefit of older Indians.


TRIBAL LISTENING SESSIONS

Tribal Listening Sessions were held on February 24, 2004 in Phoenix, AZ, and on April 28th 2004 in Rapid City SD. Approximately 150 individuals representing close to 50 American Indian, Alaska Native, and Native Hawaiian programs and elders attended



Tribal Listening Session participants discuss their concerns with the Assistant Secretary.





each session. Tribal Listening Sessions present opportunities for tribal leaders and AoA to engage in discussions and consultations on issues affecting elders.

During the Listening Sessions, Assistant Secretary Carbonell listened to tribal leaders issues and concerns. Recurring themes were health care, transportation, long-term care, and collaboration.

NATIVE AMERICAN LONG-TERM CARE WORKGROUP

The American Indian, Alaska Native, and Native Hawaiian elder population is growing rapidly. The prevalence of chronic disease in this population continues to increase, contributing to a frail, elderly population with increasing long-term care needs. Addressing the long-term care needs of tribes requires a coordinated, multifaceted national approach. It is important for each Federal agency, along with tribal leadership and States, to participate in developing and implementing a solutions strategy to this long-standing problem. To concentrate on this issue, AoA, the Indian Health Service, the Administration for Native Americans, and CMS have partnered to form the Long-Term Care Workgroup. This group shares a base of resources and expertise on Native health, cultures, financing opportunities, elder issues, and long-term care options. One objective of this group is to assist tribes in creating effective, proactive, and culturally appropriate long-term care initiatives, thereby improving the health and well-being of elders.

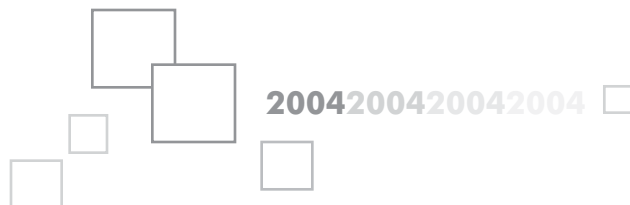
NATIVE AMERICAN RESOURCE CENTERS

The AoA is funding two Resource Centers for Older American Indians, Alaska Natives, and Native Hawaiians. These centers provide culturally competent health care, community-based long-term care, and related services. They serve as focal points for developing and sharing technical information and expertise for Native American organizations, Native American communities, educational institutions, and professionals working with elders.

The National Resource Center on Native American Aging, located at the Center for Rural Health, University of North Dakota School of Medicine and the Health Sciences, assists tribes in monitoring the needs of Native elders through the tribal and national needs assessment of Native elders. The Center translates research into practice and promotes vitality for Native elders using health promotion training and technical assistance for Native elders and service providers.

The National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders was established in 2002. The Center's initial focus was on Native elders in AK, and assesses the needs of communities and elders in providing culturally based long-term care services. The goals are to: 1) empower Native communities to incorporate traditional and contemporary practices that have the potential to effectively support and treat elders within community care systems in keeping with indigenous community traditions, and 2) provide technical information to promote culturally sensi-

tive and functionally appropriate services to maintain social well-being within a spiritual elder-focused environment based on “best, emerging, and promising practices.”



REGIONAL TRAINING CONFERENCES

AoA conducted three regional training conferences in 2004. The conferences were designed to help participants improve the health and well-being of elders in Indian country by developing and strengthening services and programs under the OAA. These sessions also provided an atmosphere where elders and Title VI directors and staff were able to share their needs and experiences.

Conferences were held in Reno, NV; Phoenix, AZ; and Rapid City, MI. These cities were chosen to encourage the greatest amount of participation possible. A multimedia training guide was also developed out of these conferences to serve as a self-teaching tool for the Title VI directors. Four workshop presentations were video recorded and will be available in DVD format. Workshops included: 1) “Developing a Successful Health Promotion Program,” 2) “Identifying Our Needs: A Survey of Elders,” 3) “Elders’ Rights,” and 4) “Food Safety and Sanitation.”



Assistant Secretary Carbonell presents Rosebud Sioux Tribe President, Charles Colombe, and Caregiver Program Director, Sharon Swift, with a plaque for their work on behalf of their elders.





Health and Active Engagement

Good health and nutrition are essential in order to maintain an independent lifestyle. Yet millions of older Americans lack access to the quantity and quality of food necessary to maintain health and decrease the risk of disability. For our program, the goal is to increase the number of older people who stay active and healthy.

Over the longer term, by FY 2007, AoA programs are projected to reduce the percentage of elderly individuals who are at high nutritional risk below 75% and increase the number of home-delivered meals.

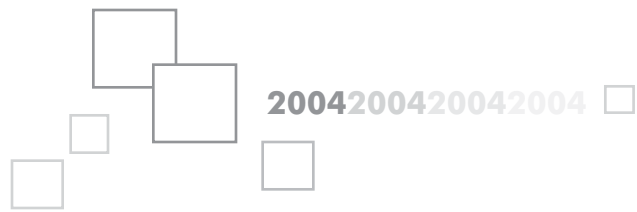
The OAA requires that Nutrition Programs provide meals and related nutrition services that promote health and help manage chronic disease. These programs also provide nutrition education and counseling. There are approximately 1,600 nutrition education service providers for the aging across the country. These agencies provided over 1.1 million educational sessions in 2003 at a Federal cost of \$2.7 million, with an additional 7,500 individual nutrition counseling sessions provided at a Federal cost of \$1.5 million. In addition, approximately \$22 million was leveraged by SAAs and AAAs for nutrition education services and \$1.2 million for nutrition counseling.

NATIONAL RESOURCE CENTER ON NUTRITION, PHYSICAL ACTIVITY, AND AGING

Critical to support of the OAA Nutrition Program is the National Resource Center on Nutrition, Physical Activity, and Aging. The vision of the Center is to promote active, healthy aging through good nutrition. Its mission is to increase food and nutrition services in home and community-based social, health, and long-term care systems serving older adults.

The Center provides training and technical assistance through conferences and its Web site at www.fiu.edu/~nutreldr/. Of particular value to the network is the “Older Americans Nutrition Program Toolkit,” the “Ask the Expert” reports that provide creative solutions for local providers by local providers, the “Biweekly Highlights” that are sent to listservs of interested persons, and the SAA Nutritionists Network listserv, which allows network nutritionists and administrators to discuss and solve problems.

In addition, the Center manages 10 *You Can!* awardees that are implementing the “Eat Better & Move More Community Guidebook” in the OAA Nutrition Program. This multisite study has enrolled approximately 750 ethnically diverse participants age 60 and older. Outcomes are being tracked.



EVIDENCE-BASED DISEASE PREVENTION GRANTS PROGRAM

In 2004, AoA continued its efforts to support evidence-based projects targeted at reducing the risk of disease and disability among the elderly. AoA provided second year funding to 12 local projects that focus on interventions in disease self-management, falls prevention, nutrition, physical activity and medication management. The initiative uses the results from research by the HHS's National Institute on Aging, 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 first year in the implementation of a community-based translation of a disease prevention intervention that showed positive results in research settings. Each project has in place evaluation systems that will permit AoA to determine (at the end of the 3-year program) whether the demonstrations maintain their effectiveness when implemented through Aging Network providers.


Three examples of Evidence-Based Disease Prevention Projects are:

- Evidence-Based Fall Prevention Services in Senior Centers — Hartford, CT



The OAA nutrition program's one meal a day supplies the older adult with over one-half of their total food intake for the day.





This project is helping older adults prevent falls by bringing proven protocols into a senior center setting. With the help of the Connecticut Collaboration for Fall Prevention, it is implementing risk factor screening, assessment and a variety of interventions based on research conducted at Yale University, as well as other randomized controlled trials. Seniors who have had fewer than two falls are invited to take part in a balance maintenance program, while those with more frequent falls undergo a thorough risk factor assessment. They are then offered customized management strategies such as gait training, a home safety evaluation or a review of the medications they're taking.

- Improving Self-Management of Chronic Disease in the Elderly — Grand Rapids, MI

This project has partnered with a managed care provider to bring Stanford University's Chronic Disease Self-Management Program to underserved seniors. It is also training lay volunteers to help improve community outreach. About half of the participants are referred by a managed care organization, while the other half come to the program through a community aging service provider. After undergoing a health risk assessment, they are assigned an outreach worker who follows them throughout the program. They also complete an interactive workshop that covers topics such as managing disease symptoms, medication management, and communicating with health care providers.

- Healthy Moves for Aging Well — Burbank, CA

The project will utilize Care Managers from community-based care management agencies to teach evidence-based exercises to homebound, frail, low-income elderly clients. The clients will be assessed, taught a variety of safe exercises, and monitored by their Care Managers and volunteer peer coaches. These volunteers will be recruited and trained by the agencies to contact the senior participants and conduct telephone coaching and monitoring. Care Managers will monitor their clients' participation during their regularly scheduled appointments and reassess them at 6-month intervals.

YOU CAN! STEPS TO HEALTHIER AGING CAMPAIGN

In 2004, AoA formally introduced the *You Can! Steps to Healthier Aging Campaign*. The campaign aims to boost physical activity and improve food choices among older Americans, and is based on growing awareness among public health officials and medical experts that even modest improvements in diet and activity can promote healthy aging.

AoA developed the *You Can!* campaign as a partnership strategy that builds on the commitment and local experience of community organizations in every state. AoA has established Federal partnerships with the President's Council on Physical Fitness & Sports, CDC, the National Institute on Aging,

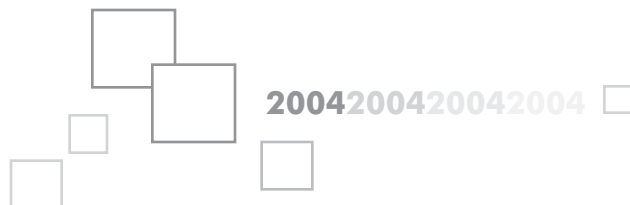
and others. In August, AoA held a *You Can!* partner recruitment drive attended by 50 representatives from key national organizations.

AoA plans to partner with at least 2,000 community organizations by 2006. AoA enrolled 1,441 partners in the first four months of *You Can!* campaign enrollment. Many kinds of organizations from all over the country have enrolled, including large national organizations, SAAs, AAAs, hospitals, parks and recreation centers, senior centers, and faith-based organizations. The partnering organizations have agreed to work with AoA to spread the word about the importance of making healthier lifestyle choices.

AoA/CDC SENIOR INITIATIVE

AoA and CDC are continuing their partnership on the Healthy Aging Initiative, renamed the “State-based Examples of Needed Interventions: Organizing and Replicating,” or the “SENIOR” Evidence-Based Programs and Products initiative. In 2003, AoA, in conjunction with CDC, issued minigrants to States to support community collaborative efforts between health departments and Aging Network providers on fall prevention, nutrition, and physical activity, and to encourage caregivers to use preventive health benefits under Medicare. AoA and CDC made funding available to support an additional 14 projects in 2004.

The new projects are designed to address one of four health promotion areas: 1) expanding the use of clinical preventive services, 2) increasing regular physical activity, 3) expanding the use of chronic disease self-management techniques, or 4) assessing and promoting oral health.

A graphic for the 'You Can!' campaign. It features a stylized silhouette of a person walking, carrying a large apple. The text 'YOU CAN!' is written in large, bold, black letters, with the person's silhouette integrated into the letter 'A'. Below this, the text 'Steps to Healthier Aging' is written in a smaller, bold, black font. The entire graphic is set against a white background within a grey-bordered box.

AoA enrolled 1,441 partners in the first four months of *You Can!* campaign enrollment.





HEALTH DISPARITIES

AoA continued support for the elimination of health disparities among minority elderly individuals by funding four national minority aging organizations in their conduct of health promotion and disease prevention projects.

- Through “Project Salud A La Vida,” the Asociacion Nacional Pro Personas Mayores designed and developed health promotional materials in a “Fotonovela” format designed to promote the understanding of nutrition and its role in preventing and managing diabetes, cardiovascular disease, and cancer, with a special focus on prostate cancer. Community health providers in Tucson, AZ, Kansas City, MO, Philadelphia, PA, and New Orleans, LA are collaborating on the development of the packages to assure that they provide information critical for promoting positive health practices and wellness among older Hispanic individuals. Additionally, the project is developing a campaign to promote adult immunizations.
- The National Caucus and Center on Black Aged, Inc., project, “The Healing Zone: Community Health, Action, and Advocacy,” partnered with Group Ministries of Buffalo, NY, and Baltimore, MD; the Maryland Center at Bowie State University; and Area Agencies on Aging in Richmond, VA; Detroit, MI; and Jackson, MS to pilot the assistance of faith-based community organizations in the dissemination of health promotion and disease

prevention information designed to increase knowledge about self-care strategies related to being overweight and obesity.

- 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 on older individual in Houston, TX; Orange County, CA; Philadelphia, PA; and Seattle, WA. Interventions ranged from linguistic and culturally appropriate health education materials on diabetes to all-encompassing healthy lifestyle programs that included 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 will be developed and disseminated based on the best practices identified.

CLOSING THE HEALTH GAP

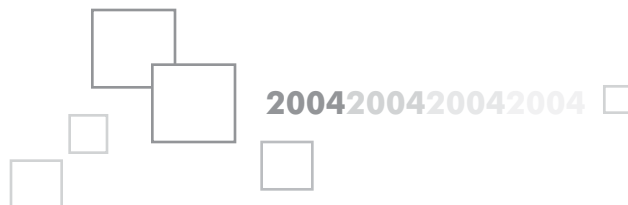
AoA participated in “Closing the Health Gap,” a HHS educational campaign designed to help make good health an important issue among racial and ethnic minority populations who are affected by serious diseases and health conditions at far greater

rates than other Americans. AoA provided the public with information at health fairs in Baltimore, MD; Orlando, FL; Dallas, TX; New York, NY; San Jose, CA; and Chicago, IL. These were held in conjunction with the two key elements of the campaign:

- “Take A Loved One to the Doctor Day,” which encouraged individuals to see a health care professional on Sept. 21, 2004, or make an appointment for the near future.
- “Celebra La Vida Con Salud” (Celebrate a Healthy Life), a series of educational events and media outreach activities to reach the Nation’s 39.9 million Hispanic Americans.

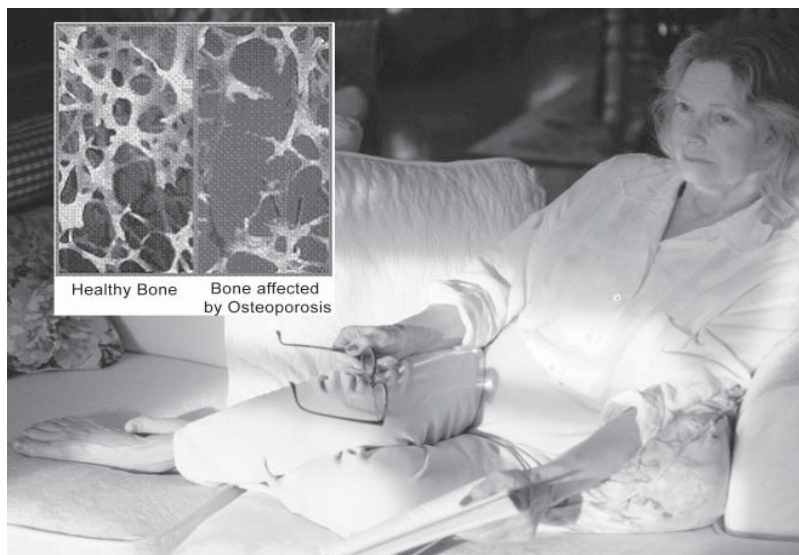
AOA PARTNERS WITH SAMHSA AND FDA

AoA partnered with SAMHSA and the Food and Drug Administration (FDA) to release public education materials to warn older Americans of the dangers of mixing certain prescription drugs or prescription medications and alcohol. “As You Age” education materials are geared to help draw attention to the need to manage prescription medication intake as well as the dangers of mixing some medications with alcohol. The materials developed include print ads, radio and television public service announcements, a brochure, and a Web site housing all of the materials that can be downloaded for adaptation and other uses.



OSTEOPOROSIS SURVEY

In April 2004, the National Osteoporosis Foundation released the results from a health issues survey funded by AoA. The survey tested women’s knowledge of osteoporosis, the actions they can take to keep their bones healthy, their overall concerns about aging, as well as the information sources they rely on and their perception of personal risk of developing osteoporosis. This new survey reveals that even though the majority of women age 45 and older have at least two risk factors for osteoporosis, only 15 percent of those women not diagnosed by a doctor believe they are at risk for the disease.



Half of all women over age 50 will have an osteoporosis-related fracture.

Source: The Surgeon General





Supporting Caregivers

The role of caregivers in helping elderly individuals to maintain their independence in the community is critical. Estimates indicate that nearly 1 out of every 4 U.S. households (22.9 million) contain at least 1 caregiver for a relative or friend; roughly 80% of their care recipients are at least 50 years old.

AoA's goal is to increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

SUPPORTING INNOVATIONS IN THE FIELD OF CAREGIVING

Since 2001, AoA has invested over \$20 million to test new ways of providing specialized services to caregivers and to research other issues. Innovation Grants and Projects of National Significance, provided under the NFCSP, were awarded to 39 national, State, and local organizations to support and foster the development of new approaches to sustaining the efforts of families and other informal caregivers of older individuals.

In addition to the 39 projects mentioned above, nine demonstration grants were awarded to tribal organizations to test different approaches to providing caregiver programs by: 1) identifying critical needs of family caregivers, 2) coordinating all the family caregiver support programs and services in their tribal areas, or 3) designing and testing quality

standards and assurance mechanisms for supportive services for family caregivers. The funded projects conducted research and developed new resources to help the National Aging Services Network better serve caregivers. Following are several examples:

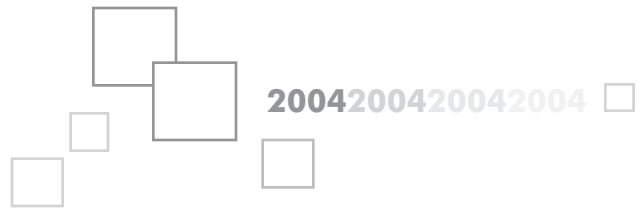
TRANSPORTATION SOLUTIONS FOR CAREGIVERS

Easter Seals is spearheading Transportation Solutions for Caregivers. Their efforts have resulted in the following:

Transportation Solutions for Caregivers: a starting point offers a video, informational booklet, and a list of helpful products and resources for family caregivers and volunteer drivers of older adults with cognitive and/or physical impairments.

Solutions Package for Volunteer Transportation Programs offers a comprehensive package of materials to inform and enhance new and existing volunteer transportation programs serving older adults and/or people with disabilities.

Senior Transportation Options Template for Communities, developed in collaboration with the Beverly Foundation, is a customizable electronic template (“drop in the facts”) used in identifying all of the transportation options that are available to seniors in a typical community.



END-OF-LIFE PLANNING FOR MULTI-ETHNIC CAREGIVERS

The University of Hawaii at Manoa Center on Aging designed the End of Life Planning for Multi-Ethnic Caregivers project to explore the impact of group-targeted messages and individually tailored support on end-of-life planning by multiethnic caregivers of elders receiving long-term care services in Hawaii. Under the project, a series of five booklets have been developed to enhance knowledge about end-of-life care planning. The booklets in the series are: *Advance Care Planning: Making Choices Known*; *Planning Ahead: Funeral and Memorial Services*; *Preparing to Say Good-bye: Care for the Dying*; *When Death Occurs: What to Do When a Loved One Dies*; and *Help for the Bereaved: The Healing Journey*.

CAREGIVER TRAINING MANUALS

The Blackfeet Nation's Eagle Shield Center developed a Caregiver Training Manual and a Grandparents Raising Grandchildren Support Group Training Manual incorporating Blackfeet traditional and cultural values, and used the manuals to train both family caregivers and grandparents caring for their grandchildren.

NATIONAL FAMILY CAREGIVERS MONTH AND AWARENESS CAMPAIGN

National Family Caregivers Month is an opportunity to honor caregivers and to raise awareness about the broad array of community-based services AoA provides for older adults and their family caregivers through the National Aging Services Network. In 2004, AoA unveiled a poster and 21 new consumer-oriented Caregiver Fact Sheets, addressing issues like grandparent resources, working caregivers, transportation, consumer direction, taking care of yourself, and home modifications.

The National Family Caregiver Support Program has:

Reached out to over 12 million individuals with information about caregiver programs and services.

Provided assistance in accessing services to approximately 590,000 caregivers—significantly exceeding the agency target of 250,000 caregivers.

Served almost 300,000 caregivers with counseling and training services.

Provided respite to over 200,000 caregivers.

Provided supplemental services to over 223,000 caregivers.





Elder Rights

Protecting the rights of older people and preventing their abuse, neglect, and exploitation is a key part of the AoA mission. Programs are in place to assist older persons and their families if they are in trouble. If older persons or their family members are having a problem with a nursing home or other long-term care facility, the long-term care ombudsman program can help. Long-term care ombudsmen are trained to resolve problems and provide information. Similarly, if someone has been the victim of fraud or abuse and needs legal assistance, AoA's legal services may provide support. The AoA Pension Counseling and Information Program assists older Americans in accessing information about their retirement benefits and negotiating with former employers for due compensation, where appropriate. Additionally, AoA's Senior Medicare Patrol projects train people to train people to help maintain the integrity of Medicare and Medicaid. Preventing abuse through education is also critical. AoA has produced consumer education materials and sponsored training to help older persons protect themselves.

LONG-TERM CARE OMBUDSMAN PROGRAM

Long-term care ombudsmen are advocates for residents of long-term care facilities. In every State and 596 local or regional areas of the Nation they work to resolve individuals' problems with care and conditions and to bring about changes at the local,

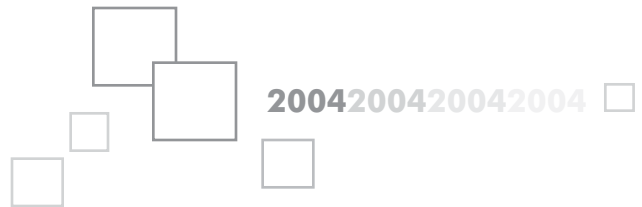
State and national levels to improve care for all facility residents. These programs carry out a variety of activities to assist residents to maintain a good quality of life and care in nursing homes, assisted living facilities, and other types of long-term care settings.

In 2003, the latest year for which State data has been compiled, ombudsmen investigated over 286,000 complaints made by or on behalf of over 182,000 residents. From 1998 to 2003 the number of cases opened increased by 37%. At the same time the number of complaints resolved increased 52%. Long-Term Care Ombudsman programs increased information sharing and consultations with individuals by 48% and the number of consultations with facilities by 63%. These figures illustrate the extent to which residents, families and the public as well as facilities increasingly utilize this program to resolve issues which may arise in long-term care.

Ombudsman complaint and program data and descriptions of their work on major issues, individual complaints, and other activities are available on the AoA Web site.

SENIOR LEGAL SERVICES

The OAA is also one of the top funding sources for low-income senior legal assistance. There are approximately 1,000 OAA legal services providers nationwide, which provide over 1 million hours of



legal assistance per year.

AoA also 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 legal assistance.

AoA's legal programs help older Americans and their caregivers to address threats to home ownership such as predatory lending and consumer scams, 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. Most cases handled by AoA legal providers relate to preparing seniors for incapacity, including through helping them to obtain financial and health care powers of attorney and living wills.

AoA funds five national legal resource centers that provide elder law attorneys and aging service providers with training, fact sheets, and other written materials; case consultations; and help in developing service delivery standards and reporting systems.

In 2004, these resource centers carried out the following activities.

- Disseminated a Spanish-language video/DVD and consumer guide on health care advance planning.

Top Five Complaints to Long-Term Care Ombudsman With Percentage of Total Complaints by Group, 2003

Nursing Facilities

Call lights, requests for assistance:

4.96%

Accidents, improper handling:

4.20%

Care plan/resident assessment:

3.87%

Dignity, respect-staff attitudes:

3.68%

Personal hygiene:

3.33%

Board and Care Type Facilities

Medications-administration, organization:

4.49%

Menu-quantity, quality, variation, choice:

4.17%

Discharge/eviction-planning, notice, procedure: 3.91%

Dignity, respect-staff attitudes:

3.12%

Equipment/building-disrepair, hazard, poor lighting, fire safety:

2.80%



- Conducted numerous trainings on elder law topics such as guardianship, Supplemental Security Income, elder abuse, and coalition building.
- Disseminated a consumer education brochure on tax refund anticipation loans and translated it into Spanish and Chinese.
- Responded to over 2,000 requests for technical assistance and in-depth case consultation.

RETIREMENT COUNSELING AND INFORMATION

The Pension Counseling Program assists older Americans in accessing information about their retirement benefits and negotiating with former employers for due compensation, where appropriate. The AoA Pension Counseling Program projects are designed to reach out, educate, and promote pension awareness and protection among older individuals.

AoA's Pension Counseling Program projects are designed to meet consumer needs, as well as a technical assistance grant that serves the projects, State and area agencies on aging, legal services programs, and other agencies and individuals who need assistance with pension issues. The program currently serves 14 States and, to date, has helped tens of thousands of clients to recover over \$50 million in pension and retirement income benefits.

AoA's National Pension Assistance Resource Cen-

ter strengthens the pension counseling skills and capacities of the AoA Pension Counseling Program projects, State and area agencies on aging, legal services providers, and other agencies and individuals who need assistance with pension issues. The Center also insures current knowledge to the field on complex pension laws and variations among retirement systems. In addition, the Center has developed a comprehensive, nationwide database of pension-related information and resources.

AoA has provided funding to the Women's Institute for a Secure Retirement for the establishment of a one-stop gateway for traditionally hard-to-reach women (e.g. average- and low-income women, women of color, and women with limited English proficiency) to access "user-friendly" financial management tools. The ultimate goal of the project is to afford women access to information that promotes their efforts to attain secure retirements.

SENIOR MEDICARE PATROL PROJECTS

AoA partners with CMS, the HHS Office of the Inspector General (OIG), and the U.S. Department of Justice to fight error, fraud, and abuse in the Medicare and Medicaid programs.

The Senior Medicare Patrol (SMP) projects recruit retired professionals to become part of a volunteer army to prevent and identify fraud in communities across America. The SMP projects have expanded from initial demonstrations to the current 57 projects at the end of FY 2004, the program expanded its capacity to reach Medicare beneficiaries through

the efforts of over 45,000 senior volunteers.

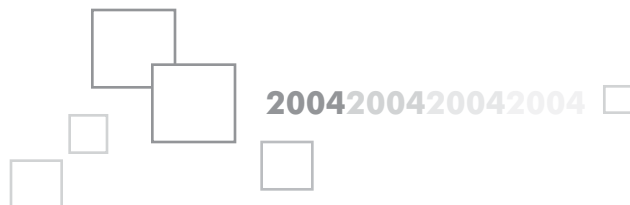
SMP PROGRAM RESULTS

Over the 12-month period ending June 30, 2004, the 57 SMP projects educated over 440,000 beneficiaries through over 8,300 group sessions led by volunteers and over 152,000 one-on-one sessions between beneficiaries and volunteers. As a result of educating beneficiaries, the projects received over 7,600 complaints, of which over 1,700 were referred to Medicare contractors for follow-up.

Over 800 of these complaints resulted in money recouped to the Medicare program or some other action taken by the Medicare contractor or investigative agency. In total, SMP projects documented close to \$194,000 recouped by the Medicare program during this period. The projects also reported \$200,000 in savings to the Medicaid program, and savings of approximately \$467,000 to beneficiaries. While it is not possible to directly track all of the cases reported and dollars recovered through the SMP community education activities, a total of nearly \$104 million has been reported as savings attributable to the program since its inception, primarily in Medicaid funds.


SMP INTEGRATION GRANTS

During FY 2004, the Assistant Secretary reinforced and refocused the SMP projects capacity to reach Medicare and Medicaid beneficiaries through the award of additional funding to 14 SMP projects to extend efforts to new levels of collaboration and project integration. The integration grants enhanced projects'



Assistant Secretary for Aging with Dr. Mark McClellan, CMS Administrator, at the SMP Conference.





capacities to improve the techniques and levels of health care fraud and prevention. It does so through new community or statewide partnerships, emulating successful practices and new approaches, or creating “cutting-edge” advanced model practices for integration of SMP into the fabric of States and communities. Grantees will also expand the newly designed capacity to reach hard-to-reach populations, including low-income, rural, and limited English-speaking older people.

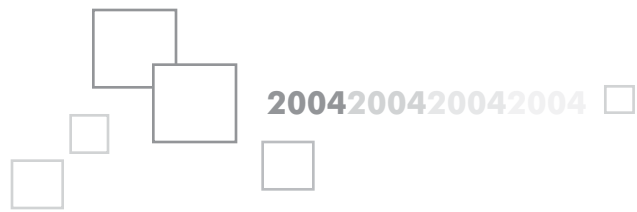
These Integration grants were awarded to SMP projects in AR, CA, ID, IN, IL, IA, MO, NJ, PA, PR, WI (2), TX (2).

AoA sponsored the Sixth National SMP Conference in Washington, DC, July 21-23, 2004. “SMP: An Integral Partner in Health Care Fraud Control,” focused on partnerships, collaboration, and integration of the SMP program into State and local networks. The conference was timed to provide extensive information, ideas, and assistance to SMPs as they prepared for application for the integration grants.

Conference sessions highlighted current successful practices in partnering, SMP/State Health Insurance Counseling Program collaboration, and information on the priority areas of Medicaid, home health care, and MMA. The conference this year included a wide range of potential partners from CMS, State Medicaid Fraud Control Units, the Aging Network, legal services, ombudsmen, the Office of the Inspector General, and many others.

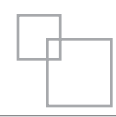
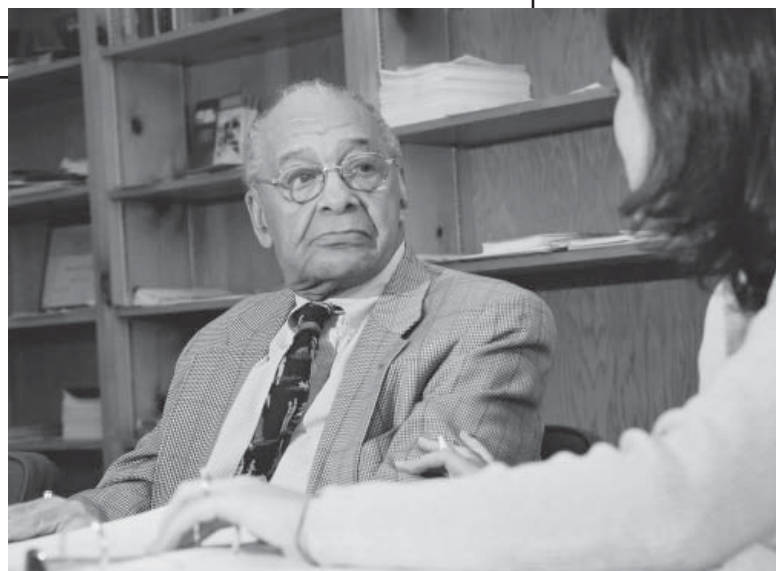
A highlight of the conference was a congressional awards ceremony honoring the outstanding contributions of 21 SMP volunteers who served their communities in helping to identify deceptive health care practices. Each volunteer was presented with an award recognizing their service, and several members of the Senate were present to express their gratitude to these exceptional SMP volunteers.

The National Consumer Protection Technical Resource Center was established in September 2003 to ensure a fully consolidated national approach to reaching Medicare beneficiaries. The goal of the Center is to provide seamless professional technical assistance, innovations, and communications to support SMP projects in meeting AoA’s strategic goals. In 2004, the Center conducted Internet-based training seminars, launched a SMP Center Web site, and developed toolkits to ensure SMP projects are equipped to address current Medicare and Medicaid program integrity issues.



Since 1997, SMP Projects have:

- *Trained over 45,000 senior volunteers to serve as community resources and educators.*
- *These volunteers in turn conducted close to 26,000 community education events and 420,000 one-on-one counseling sessions, directly educating more than 1.8 million beneficiaries.*
- *The projects also held more than 109,000 media events.*
- *During this same period, over 8,900 complaints were referred to providers, Medicare contractors, the Office of the Inspector General, or other appropriate entities for follow-up.*





Global Aging

The world is faced with profound challenges associated with dramatic increases in the numbers of people living to an advanced old age. 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 joined communities around the world in observing October 1 as the International Day of Older Persons, declared by the United Nations General Assembly. The 2004 theme, “Older Persons in an Intergenerational Society,” recognized the role that older persons play in their families, communities, and societies.

AoA continues to receive requests for information and technical assistance from practitioners around the world. In addition, throughout the year AoA hosted visitors and delegations from Australia, India, Nigeria, Japan, Ireland, Germany, Israel, and China. The AoA Aging Information Resource Library also provided deaccessioned books to a library in Bangalore, India.

AoA assisted the International Federation on Ageing, located in Montreal, Canada, in its compilation of “National Ageing Strategies, Policies & Frameworks.” The document of “National Ageing Strategy, Policy & Framework Summaries” will be available to organizations interested in older

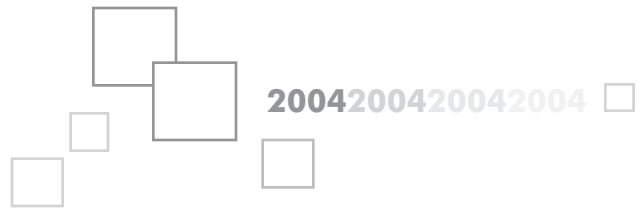
persons throughout the world. AoA provided the Spanish Government with information about aging programs and policies in the U.S. AoA also advised the U.S. Peace Corps in its efforts to recruit older volunteers.

Mexico

Families in Action for Health: U.S./Mexico Border Health Week

AoA participated in the first annual U.S./Mexico Border Health Week (the “Week”), in which nearly 200 health-promotion activities took place in 14 U.S./Mexico sister cities along the border. This border-wide event, held between October 11 and 17, 2004, was a collaboration among HHS, the Mexican Ministry of Health, the U.S./Mexico Border Health Commission, the Pan American Health Organization, and local and State organizations and communities. AoA provided funding to support a number of aging-related activities taking place during the Week. The funds went to activities in the TX communities of El Paso, Presido, Eagle Pass, Piedras Negras, and Kickapoo Nation. Activities included an expo in El Paso, a senior dance, and adult immunizations.

Assistant Secretary Carbonell made remarks at the El Paso, TX, “Aging to Perfection” Health Expo, a major event of the Week featuring health awareness exhibits for all ages. The Rio Grande Council of Governments Area Agency on Aging hosted the event. She also led a miniwalk at the Expo, met



with local officials, and toured the Bienvivir Senior Health Services and the Centro de Salud Familiar La Fe.

Aging Core Group of the Health Working Group, U.S./Mexico Binational Commission

The AoA continues to lead the U.S. side of the Aging Core Group. In 2004, the Aging Core Group met to plan activities for the U.S./Mexico Border Health Week. AoA exchanged materials and information, including the Mexican National Health Card for Older Adults, evidence-based prevention projects, and the family caregiver support program.

Mexican Aging Conference

Assistant Secretary Carbonell was a keynote speaker at the “Challenge of Global Aging” conference held in Mexico City, Mexico, on June 16–18, 2004. The Conference honored the 25th anniversary of the Mexican National Institute on Aging, Mexican Ministry of Social Development. Representatives from over 20 countries in Latin America, the Caribbean, and Europe gathered to discuss a broad range of global aging issues. Ms. Carbonell also convened a panel, “Aging Well, Living Well: Opportunities in the United States.” The panel, composed of U.S. aging experts and the Senate Aging Committee staff, discussed some of the latest Federal initiatives to help older people lead better, healthier, and longer lives. AoA and its delegation met with Mexican officials and toured local health and human service programs including a senior group home.



Dancing at the “Aging to Perfection” Expo, El Paso, TX.





Effective Management and Evaluation

As part of the AoA's strategic plan and management agenda, we have worked closely with the HHS to consolidate information technology resources. Inline with this consolidation effort AoA is involved in the Federal Grants.Gov initiative. Grants.Gov allows organizations to electronically find and apply for competitive grant opportunities from all Federal grant-making agencies. AoA now announces all of its funding opportunities through the Grants.Gov Web site. To help ensure the Portal's success, AoA is working to encourage all current and future grantees to file their applications electronically through Grants.Gov. With this effort and others, AoA is combining resources with HHS and other Federal entities to efficiently and effectively serve the public.

EVALUATION OF OAA PROGRAMS

AoA currently has two evaluation projects underway and is planning additional evaluation studies over the next few years.

EVALUATION OF TITLE III-D OF THE OLDER AMERICANS ACT

Title III-D of the OAA established the Disease Prevention and Health Promotion Program to "provide disease prevention and health promotion services and information." This evaluation is assessing the effectiveness of the implementation of the III-D Program, determining the current state of the art in

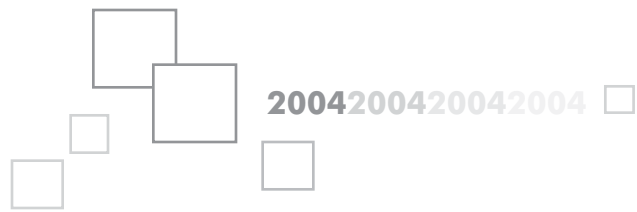
health promotion/disease prevention programming, identifying potential barriers to effective program implementation and replication, identifying reasonable and feasible ongoing performance outcome measures for the program, and recommending program improvements. The major activities of the evaluation include a literature review, State profiles, and case studies. The evaluation is scheduled for completion in June 2005

PROJECTS SUPPORTING OAA PROGRAM DATA REPORTING

AoA is supporting a project to assist the states to more easily transmit their performance data. The State Reporting Tool software being developed is very flexible and user friendly and provides the states with useful feedback at an early stage. Preliminary versions of the software have received very positive reviews from the States. The final version will be available to the States for use in reporting the FY 2005 program data. A related project is developing recommendations to improve the process of data collection in the OAA program with a view to making it more efficient and less burdensome.

PERFORMANCE MEASUREMENT

In response to the ever increasing emphasis on effective performance measurement, AoA is engaged in an ongoing demonstration project, the Perfor-



mance Outcomes Measures Project (POMP). States and AAAs across the country have worked together to develop and field test performance outcome measurement surveys in such areas as nutrition, transportation, information and assistance, and homemaker services. In addition, a survey was developed for caregivers of OAA service recipients, which asks the caregivers to rate the services and assess their impact.

After the POMP instruments had demonstrated utility at the state and local levels, national pilot surveys were undertaken to determine the feasibility of employing the POMP performance measurement methodology at the national level. The national pilot surveys demonstrated that the performance measurement protocols developed under the POMP demonstration project could be replicated at the national level. The survey results show that the services provided by the National Aging Services Network:

- Are highly rated by recipients.
- Are effectively targeted to vulnerable individuals and those who need services.
- Provide assistance to individuals and caregivers, which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

Results from this survey can be found in the Core Home and Community-Based program section.



FY 2004 Financial Report

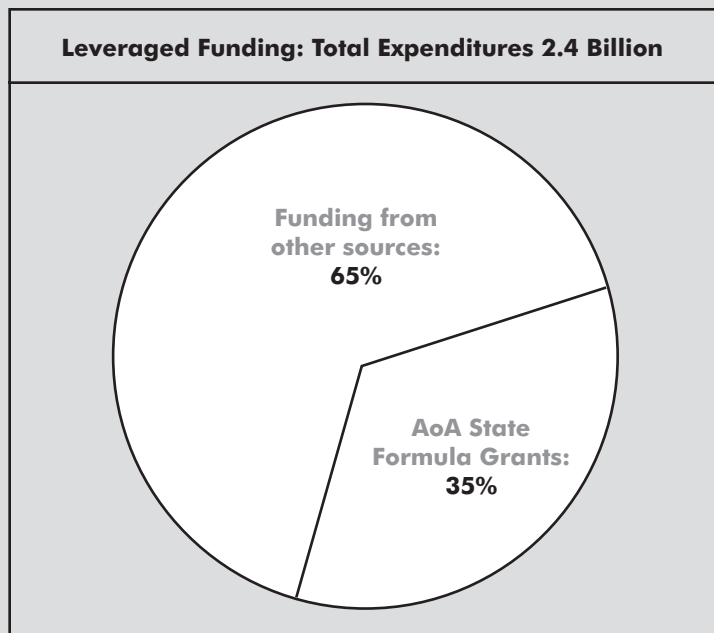
The AoA budget totaled approximately \$1.4 billion in FY 2004, an increase of almost +\$7 million (+0.5%) over the prior year. Since FY 2001, the AoA budget has increased by almost +\$123 million, or at an average annual rate of +3.16%.

Of the FY 2004 total, \$1.26 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 nutrition, supportive, and caregiver services.

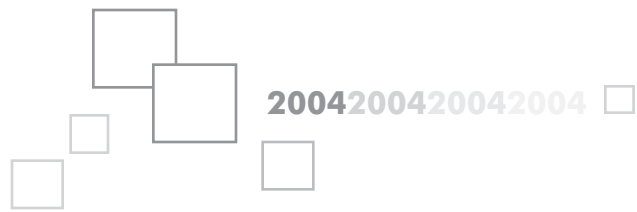
Complimenting these core formula grants, the FY 2004 budget included \$59 million for discretionary grant programs. These discretionary funds supported targeted investments to create greater balance and better options in our State and community systems of health and long term care, while also continuing support for a number of ongoing

projects that provided information and technical assistance to older Americans and the Aging Network. The AoA budget also included \$17 million for program support, which paid for the salaries of approximately 120 Federal staff and other related administrative expenses, as well as almost \$3 million in initial funding for the 2005 White House Conference on Aging. The aging services network successfully leverages federal funding to build

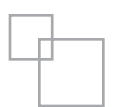
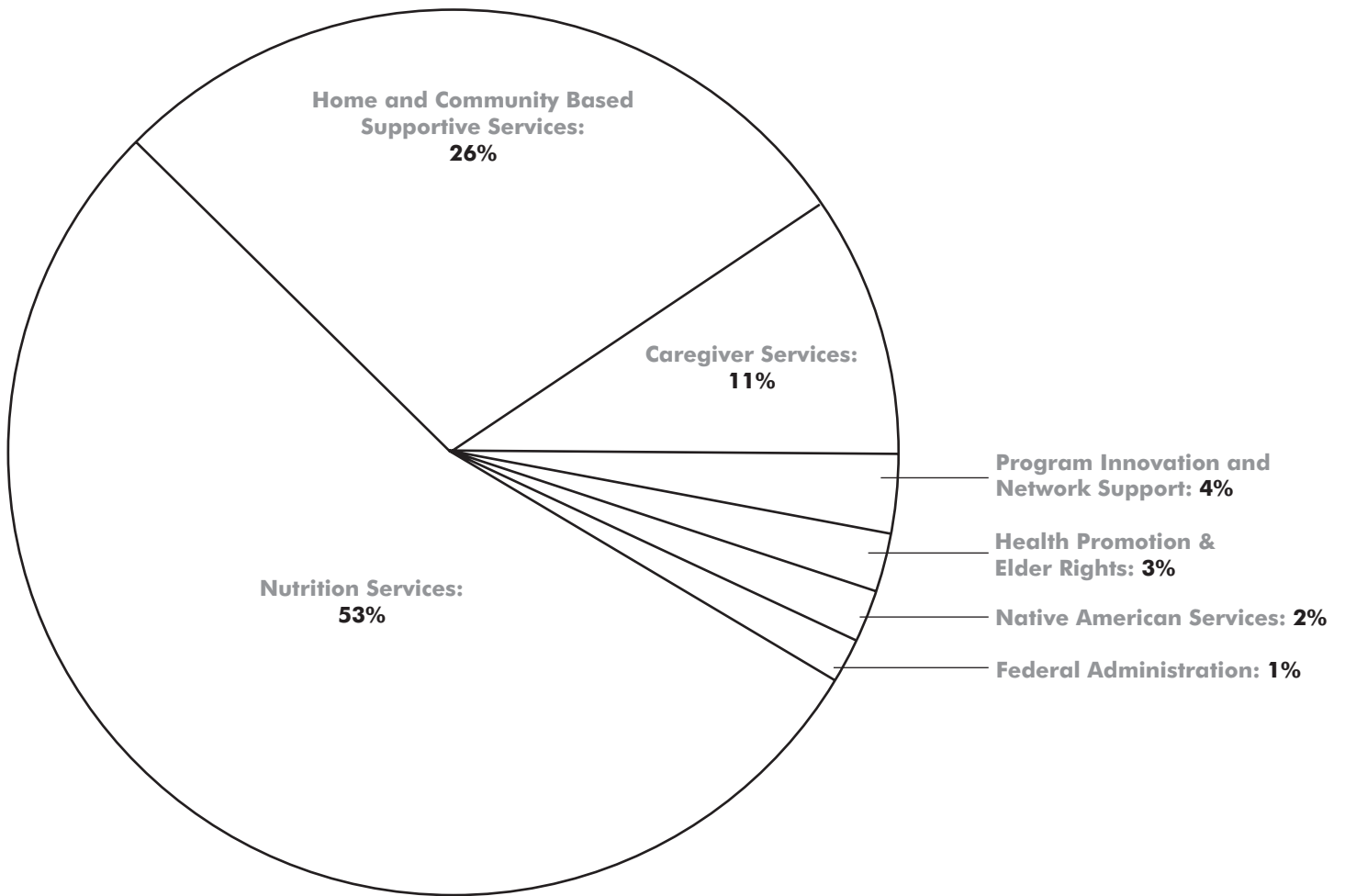
coordinated service systems at the state and local level. In FY 2003, the most recent year for which data are available, States and local communities leveraged approximately \$2 from other sources for every \$1 of Federal funding; for intensive in-home services, the ratio was closer to \$3 to \$1. Funds 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 FY 2003, AoA's financial statements, policies, and procedures have been reviewed as part of the HHS consolidated "top-down" audit. In both FY 2003 and FY 2004, the HHS received a clean audit opinion.



FY 2004 BUDGET



Aging **Well**
Living Well

2004
Annual Report

U.S. Department of Health and Human Services
Administration on Aging
Washington, DC 20201

Phone: 202.619.0724 | Fax: 202.357.3560 | eMail: aoainfo@aoa.gov | Web: aoa.gov

