

# Rethink Aging

A newsletter of the Blueprint for Aging

**Blueprint for Aging  
Project**

Volume I, Issue II  
December 2005

## Rethink Aging

### From the Editor, Rachel Dewees

The Blueprint has experienced a huge flurry of activity since the last edition of this newsletter. Inside you will read about some of the Blueprint workgroups and what they've been doing. You'll also learn about results of the Blueprint's priority-setting poll and a series of town hall meetings held across the county in late September designed to narrow down what seniors in Washenaw County think are the most important is-

sues/services as they age.

The Core Leadership Team and Blueprint staff have worked hard putting together a grant proposal to the Robert Wood Johnson Foundation in the hopes of being funded for the implementation phase of this project.

In aging-related news, there is currently a lot of buzz about the new Medicare Prescription Drug Coverage (Part D) and what this means for

questions about choosing a plan and how to get assistance doing so if needed. Look inside for details...



Jim McGuire, AAA I-B, delivering speech at Blueprint for Aging Senior Summit, November, 2005

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### Core Leadership Team Update, Jill Kind

The Blueprint for Aging Implementation Grant was submitted to the Robert Wood Johnson Foundation in early November. The grant utilized information gathered from consumers, families and caregivers, service provid-

ers and other community members to develop programs that will better serve and improve our community's response to senior issues. Perhaps the most difficult part of the process is distilling a hundred good ideas

and strategies into service that is meaningful to families and that works to make a complicated system more simple and easier to use.

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*December  
Blueprint  
Meetings*

**Senior Advocates  
of Washtenaw  
(SAW)**

12/15/05

Room 2423 St.  
Joseph Mercy  
Senior Health  
Building

10—11 a.m.

\*\*\*\*\*

**Publicity  
Workgroup**

12/21/05

Room 2423 St.  
Joseph Mercy  
Senior Health  
Building

9:30—11 a.m.

"Age is not a particularly interesting subject. Anyone can get old. All you have to do is live long enough."  
- Groucho Marx

## Advocacy Workgroup Update, Scott Layher

The Advocacy Workgroup has been moving right along. On November 4, 2005 we held our first Senior Advocacy Summit. The speakers included Barbara McCallihan, southeastern Michigan regional manager for Senator Debbie Stabenow, and Matt Marsden, chief of staff for Congressman Joe Schwarz. Their addresses followed a pas-

sionate speech by Advocacy co-chair Jim McGuire (AAA 1-B) imploring constituents to get involved and hold policy makers accountable to them. The speakers took questions from participants with topics including transportation issues such as the federal transportation moneys for a rapid transit between Detroit and Ann Arbor (with

emphasis on how outer cities like Chelsea want to be involved to ensure that they are apart of this exciting project). Issues surrounding Medicare part D were also discussed. Participants expressed hope that it would go through legislative transformation to become more comprehensive and less confusing for consumers, but

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## Family Caregiver Support Workgroup Update, Paul Foringer, Co-chair

The Family Caregiver Support Workshop Group moved fairly rapidly from its formation in late 2004 and early 2005 when it first met to establish its purpose and define the procedures necessary to accomplish its goals. From the beginning we wanted to research what people currently, or recently in, the caregiver or care-manager role had available, used, found useful, needed, wanted, or lacked. We

also wanted to know when they needed additional help, what they found useful and why, and from whom. In addition, we wanted to know how they were informed of services so that we could improve the methods of information disbursement to caregivers in Washtenaw County. In order to do this we had to take our questions to the caregivers and find out from them – their needs, their problems, their priorities. We did

this though individual conferences, focus groups, seminars, and mail surveys over the last several months. Our next step is to assess the feasibility of seeing that caregivers in Washtenaw County receive what they have asked for. And last, we have to establish an implementation strategy. One of the questions that was asked that needs additional study was an attempt to determine what caregiv-

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## Publicity Workgroup Update, Anita Clos

The Publicity Committee has been busy and actively working to develop a comprehensive marketing plan for the Blueprint. A significant overlying emphasis has been to develop a strong but consistent statement for the public about the important efforts of our project as we move forward. A long-term identity, marketing and publicity campaign is the committee's goal as the project approaches the implementation phase of the grant.

The Blueprint identity was established with a logo that is being utilized with all project-related marketing efforts. The intent is for this logo to become

known and familiar to county residents as they see it in various areas such as on posters, brochures and other announcements related to Blueprint efforts over the next several years.

Also developed in the Publicity Committee, the Blueprint website was launched July 26 to provide information to the interested public as well as members regarding meetings, agendas, committee meeting minutes and progress. A calendar of upcoming events and press releases are also available for viewing at [www.BlueprintForAging.org](http://www.BlueprintForAging.org). The Blueprint's television debut was

met with rave reviews in August. Ruth Campbell (UM Turner Clinic), Jill Kind (Catholic Social Services) and Mark Roby (Washtenaw County Department of Planning and Environment) were hosted on the 30-minute talk show by Roger Spooner, formerly of Washtenaw County Adult Protective Services.

Together on Ann Arbor Cable Television Network (CTN), the panel discussed the structure and mission of the Blueprint for Aging for Washtenaw

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Scott Layher, Advocacy Coordinator and Barbara McCallihan, regional manager for Senator Debbie Stavenow at Senior Summit

### Caregiver continued from page 2

ers: knew about, used, found helpful or would use as related to different "help" services available to them. A far larger percentage of the population found respite care, home modification and financial services "Helpful",

than found home delivered meals or case management. As always research sometimes raises more questions than answers and now we need continue our questioning to make all services helpful, all caregivers in-

formed, and all care affordable. Let's continue.... To read more about research done by the Caregiver workgroup, visit [www.BlueprintForAging.org](http://www.BlueprintForAging.org)

**Nothing is inherently and invincibly young except spirit. And spirit can enter a human being perhaps better in the quiet of old age and dwell there more undisturbed than in the turmoil of adventure.**

- George Santayana

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County.

Dana Bright, Blueprint Project Manager, was also a cable star in September, promoting the Chelsea Town Hall Meeting on the Ann Arbor CTN public service announcement spot, 'Soap Box.' We continued this consistent television exposure in October when Ruth Campbell returned to CTN for "Senior Moments," focusing on the results of the priority-setting

poll. This spot will run through November so be certain to check the website for program times.

This fall, the Publicity Committee initiated the longer term planning phase of the marketing strategy by analyzing the demographic data of local media readership. Making a concerted and ongoing effort to identify the media resources most utilized by the elder population

in the county is a component of the committee's emphasis at this time. Utilizing this information, we are planning to develop ongoing relationships with several sources to promote senior related issue awareness as well as the work of the Blueprint as we approach the Implementation Phase of the project, the Publicity Committee is spending considerable time and effort formulating a four-year plan. Ideas

have been generated by the synergy of this cohesive group, including a proposal for a documentary film in collaboration with a high school film class. Other ideas include billboards, radio spots, wrapping an AATA bus and continued television exposure.

These are just a few exciting examples of the creativity being tapped by the Publicity Committee.

## **Medicare Part D - Q & A** with Barbara Zaret of the MMAP Program

The enrollment period for Medicare Prescription Drug Coverage (Part D) has begun and runs from 15 November to 15 May, 2006. The process of signing up has been cause for confusion in Washtenaw County and beyond. For any given person, decisions need to be made about whether to sign up at all (depending on coverage from a past employer) and, if so, which of the 50 different plans available locally provides the best fit.

Barbara Zaret of the Medicare/Medicaid Assistance Program (MMAP) and many trained volunteers are working tirelessly to help seniors evaluate their situations and enroll in Part D where beneficial. The task is a daunting one considering complications involved in the system.

\*\*\*\*\*

**Q: If a low-income person has no prescription drug coverage currently is Part D a good idea?**

*A: Yes. First of all, if the person is on Medicare and Medicaid (and pays \$1 or \$3 for medications), he or she will be assigned a plan, but can change*

**The older  
the  
fiddler,  
the  
sweeter  
the tune**

~

English  
Proverb

change plans at any time. Costs for drugs will remain the same, but people should check the assigned plan to see if needed medications are covered. If an individual's income is below \$1197/month (single) or \$1604 (married) and resources are below \$11,500 (single) or \$23,000 (married), the person is eligible for extra help to pay for drugs. The level of extra help may range from paying \$2 for generic and \$5 for brand name for drugs (with no premiums or deductibles) to reduced premiums, co-pays and deductibles, depending on the financial situation. If clients are not on Medicaid or they do not have the state paying their Medicare premium, they can apply for extra help by contacting the Social Security Administration at 1.800.772.1213 or by visiting their website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

**Q: If a person has a prescription plan through a past employer, how does he or she decide whether Part D is an advantageous choice?**

*A: The former employer should have sent a letter explaining whether the employer plan is equal to or better than Medicare. If the plan is equal or better, people might very well decide to stay with it and not sign up for Medicare's prescription plan.*

**Q: Is there a penalty for not signing up?**

*A: It should be stated that enrollment is completely voluntary. However, there is a penalty for not enrolling when one is first eligible. This means that an additional 1% per month is added to the base premium for every month the person was late in signing up. So if a person is 24 months late, the premium paid will be 24% higher each month as long as he or she is covered. There is no penalty if a past employer drops coverage (in that case, a person would have 63 days to enroll). The last day for enrolling on time is May 15<sup>th</sup>, 2006*

**Q: How does a person choose between 40 different plans?**

*A: First of all, you need to decide if you want a stand alone "Prescription Drug Plan" or a "Medicare Advantage" plan. Choosing a stand alone "Prescription Drug Plan" gives coverage for medications while keeping traditional Medicare coverage and supplemental insurance. "Medicare Advantage" plans usually offer medical and drug coverage and are packages of one of three types: **Health Maintenance Organizations (HMOs)** which require a primary care physician and referrals for specialists; **Preferred Provider Organizations (PPOs)** which provide better coverage by using the network, but you may go outside the network with higher costs; and **Private Fee for Service (PFFS)** which allows you to see any doctor who accepts what the insurer pays, but if payment is not accepted, you pay the full cost. Once you've determined which **kind** of plan you want, it's necessary to find out which plans cover the both the medications and the pharmacies you use. Make a list of your prescriptions and compare plans. There are several ways to get help with doing this. Call Medicare at 1.800.MEDICARE or visit their website at [www.medicare.gov](http://www.medicare.gov). Or to speak with trained local volunteers in the Medicare Medicaid Assistance (MMAP) Program, call 1.800.803.7174 or 734.712.3625*

## Washtenaw County Seniors Participate in Priority– Setting, Dana Bright

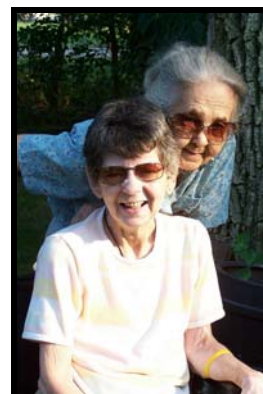
Throughout the past year, over 1,000 seniors, family caregivers, and service providers have provided the Blueprint for Aging with valuable information through focus groups, interviews, surveys, and community forums, information about the challenges and issues faced by the older population but also the strategies and opportunities to create positive change.

The Blueprint recently asked the community to identify priorities from the wealth of information collected, and the community responded with great enthusiasm. Approximately 100 people participated in a Town Hall Meeting Series held in September and over 450 people completed a “Priority Setting Poll.” The poll included a compilation of top issues (items) repeatedly identified in community forums, focus groups, and surveys during the information gathering process. To complete the poll, older adults were asked to rank each item on the list using a five-point scale based on level of importance and then asked to circle the top five items of importance to older adults.

Survey results revealed the following as being the top five priorities among older adults in Washtenaw County: 1) Help finding affordable prescription drugs; 2) High quality and affordable health care; 3) Transportation services when needed; 4) Services that seniors can afford; and 5) More affordable housing options like Independent Living, Assisted Living, subsidized apartments, etc.

In addition, “one place for information about what help is available,” “educating government leaders about the needs and preferences of seniors” “giving personal history once instead of multiple times to multiple agencies,” and “more options to help seniors stay at home” were also identified as important priorities.

This information is extremely valuable and critical to the Blueprint for Aging as it continues to craft a strategic plan for long-term care and supportive services.



Joyce and Hazel Miller

The great thing about getting older is that you don't lose all the other ages you've been.

Anonymous

*Visit our website for information about the project, workgroups, meeting times, recent Blueprint-related media coverage and much more:*

[www.BlueprintForAging.org](http://www.BlueprintForAging.org)



### ***Advocacy continued from page 2***

for consumers, but feedback from speakers was not hopeful for such change during this administration.

A thread woven throughout the Summit was the need for seniors to be “at the table” and heard. It is hoped that Senior Advocates of Washtenaw (SAW) can work to make sure that area seniors are at the table for all major decisions.

During the roundtable

discussion portion of the Summit, State Senator Liz Brater and Marcus Trombetta, representative of Congressman Dingell’s office, sat in and had lively discussions with Summit participants.

It was announced that the first meeting of SAW will be on November 14, 2005 from 10:00 to 12:00 at American House on Carpenter Road in Ypsilanti. The featured speaker will be Repre-

sentative Alma Wheeler Smith who will talk about “Why You Should Be An Advocate” as well as present an update on Long Term Care reform in Michigan. Closing remarks will be given by Barbara Bergman, Washtenaw County Commissioner.

The next full meeting of the Advocacy workgroup is scheduled for November 21, 2005 from 2:00 to 3:30 at the Senior Health Building.

Happy  
Holidays  
to  
You and  
Yours

### ***Core Leadership continued from page 1***

The Core Leadership Team developed criteria to measure the strategies for highest priority. These criteria represent a set of “core values” that help our partnership to define the kind of community that is a good place to grow old. These core values are the synthesis of what senior consumers told us over and over again was import-

ant and valuable. Each new program or service will 1) **Center on the consumer** and emphasize personal choice and input; 2) **Utilize a neighborhood approach** tailored to specific, unique communities; 3) **Promote trust** and utilize the shared experience of peers and natural helpers; 4) **Develop social networks** that provide safety nets

and emotional support; 5) **Are self sustaining** and utilize a realistic scope of community resources; and 6) **Demonstrate efficiencies** so that new opportunities don’t cause more problems than they help.

The Blueprint Core Leadership Team is committed to making sure our approach is one that involves and

works for seniors. Similarly our whole community must be involved to make the Blueprint implementation plan work. With a successful application we’ll be looking for a community of leadership to put the next steps in place. We hope to be calling for your insight and support soon!