

**State Advisory Council on Aging
2014 Report
to the
Michigan Commission on Services to the Aging**

BABY BOOMERS—Now and in the Future

Commissioner Michael J. Sheehan, Chairperson

Vice-Chairperson Alice Snyder, 2013-2014

Vice-Chairperson John Murphy, 2014-2015

Office of Services to the Aging Lead, Lauren Swanson-Aprill

November 2014

November 1, 2014

Dear Chairperson Mast and Fellow Commissioners:

I am very pleased to present the 2014 Report of the State Advisory Council on Aging (SAC). The State Advisory Council on Aging (SAC) received a charge from the Commission on Services to the Aging (CSA) in 2012 to study and prepare a report geared toward Baby Boomers. The Commission clarified the charge further in 2013. In April 2014, the SAC was delighted to present preliminary findings to you during our joint meeting and appreciated your interest and support in the work completed by the SAC.

As you will recall, five key Baby Boomer F.O.C.U.S. workgroups formed in August 2013, and met once face-to-face in November 2013, and then each workgroup met three times via conference call during the winter months to study and hear from experts about:

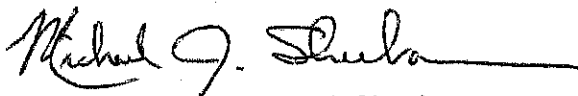
- Financial Aspects;
- Options Counseling;
- Caregiving;
- Understanding the Positives of Aging; and
- Support Services.

In March 2014, the SAC convened in Lansing to review the five F.O.C.U.S. workgroups' findings and to decide the three most important Baby Boomer issues for each topic area, described in the attached report. Following presentations by the workgroup leads, the SAC chose the key issues and unanimously voted to support recommending to the Commission the creation of:

1. A publicity campaign promoting the positives of aging to the Baby Boomers and the community at large that includes information about accessing the aging and disability networks and their resources; and
2. Planning tools for Baby Boomers based upon the five F.O.C.U.S. workgroups' top key recommended issues.

In June 2014, the SAC met in their workgroups and reviewed the draft report. They then worked over the summer and into the fall to refine their report. On behalf of the SAC, I am pleased to share the attached report with you. We look forward to receiving your feedback about the report and our recommendations. I also wish to express our thanks to the Michigan Office of Services to the Aging (OSA) Director Kari Sederburg, Lauren Swanson-Aprill, OSA SAC Lead, and other OSA staff for their assistance and support during the year. We also appreciate Commissioners Michael Burri and Gerald Irby for attending Council meetings, and Commissioner Douglas Chalgian for sharing his legal expertise from Michigan Elder Law. Finally, thanks to the CSA for allowing me the opportunity to work with the SAC. The SAC deeply appreciates your interest and support.

Sincerely,



Commissioner Michael J. Sheehan
Chairperson, State Advisory Council on Aging

STATE ADVISORY COUNCIL ON AGING 2014 REPORT

Baby Boomers – Now and in the Future

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EXECUTIVE SUMMARY and RECOMMENDATIONS

In 2012, the Michigan Commission on Services to the Aging (CSA) charged the State Advisory Council on Aging (SAC) with researching issues that affect Baby Boomers now and into the future. This was quite the charge as this focus area is a very important topic and large in scope, which at first seemed a little overwhelming to the SAC members. Subsequently, in 2013, the Commission clarified the charge further. Between 2013 and 2014, the SAC gave thoughtful consideration to the CSA's charge to study issues affecting the Baby Boomers.

In August 2013, it was decided that the SAC would form five key workgroups to study the complex issues Baby Boomers face now and in the future. Workgroup names formed the acronym F.O.C.U.S., as below:

- Financial Aspects;
- Options Counseling;
- Caregiving;
- Understanding the Positives of Aging; and
- Support Services.

Each SAC F.O.C.U.S. workgroup met three times via conference call during the 2013-2014 winter months to study issues and hear from experts. The workgroup leads and OSA staff developed summaries of the information gained during the conference calls, and shared the summaries with workgroup members. Subsequently the workgroup leads prepared short presentations for the upcoming SAC March meeting. During that meeting, the F.O.C.U.S. workgroup leads gave presentations about their topic areas. Based on the thorough review of the five F.O.C.U.S. areas, the SAC prepared preliminary recommendations for presentation to the CSA. In April 2014, the SAC presented these preliminary findings to the CSA during the joint CSA and SAC meeting, and were encouraged by the CSA's interest and support in the work they had completed. In June 2014, the SAC met in their workgroups, reviewed the draft report, and then worked over the summer and into the fall to refine their report.

Overarching Lessons Learned -- The F.O.C.U.S. of Our Efforts Should Be Promoting the Positives of Aging; and Infusing the Key Lessons Learned from Each F.O.C.U.S. Area

After further discussion about the Baby Boomer F.O.C.U.S. top priorities, the SAC determined that the most important overarching lessons learned in their research were from Eden expert and author Dr. William H. Thomas, who participated on a SAC Understanding the Positives of Aging Workgroup conference call. One important point he made was this: "Our culture leads us to obsess about the decline of aging in the physical sense rather than the emergence of aging that includes new insights, a richer

understanding of the world, and other increased abilities, which are all down-played as negatives instead of strengths.”

Dr. Thomas also pointed out that older adults store information in a variety of different areas in their brains. He informed us of recent research showing that the right and left hemispheres work together more quickly and easily, which results in an enriched bank of memories connected to other memories, thoughts, situations, etc. He said that older adults were found to get the “gist” of the stories or the “big idea” of the story faster than younger adults, and that over time, retrieval of information takes more time, which is an indication of lots of data and connections. Dr. Thomas urged the workgroup to offer people a different way of thinking. He concluded with: “Ageism is a serious problem. We need to combat ageism, like women combat sexism, or races combat racism. It is not a surprise that it is our duty to combat ageism, and with this approach, we will liberate the potential of older people to contribute to society.”

Recommendations:

The SAC recommends that the CSA request that the Michigan Office of Services to the Aging (OSA) will:

- 1. Create a publicity campaign about the positives of aging, the aging network, and its resources, and amend the OSA State Plan Goal I; Issue Area 1-B, Anti-Aging Discrimination Campaign, to focus on the positives of aging;**
- 2. Develop a planning tool for Baby Boomers to use in their present and future life planning; and**
- 3. Tap volunteers, including the CSA and SAC members and other partners to work with OSA staff to implement these recommendations.**

This SAC-recommended initiative complements and is dependent upon portions of the OSA Michigan State Plan on Aging 2014-2016.

State Advisory Council on Aging (SAC) 2013-2014

Meeting Summary

April 2013: Joint Commission on Services to the Aging (CSA) and SAC meeting.

June 2013: OSA staff provided presentations on: 1) The Aging and Disability Resources Centers (ADRCs); 2) Person-Centered Planning; 3) Evidence-Based Health Promotion Programs; and 4) Creating Confident Caregivers.

August 2013: The SAC gave thoughtful consideration to the CSA's charge to study issues affecting the Baby Boomers. It was decided that the SAC would form five key F.O.C.U.S. workgroups to study the complex issues Baby Boomers face now and in the future.

November 2013: The SAC held a brainstorming session in the morning to begin listing key issues for each F.O.C.U.S. area. In the afternoon, the five F.O.C.U.S. workgroups each met to begin determining the top three issues that they would like to study, and which experts they would like to invite to future meetings.

December, January, and February 2014: Each SAC F.O.C.U.S. workgroup met three times via conference call during the winter months to study issues and hear from experts. The workgroup leads and OSA staff developed summaries of the information gained during the conference calls, and they shared the summaries with workgroup members. Following this, the workgroup leads prepared short presentations for the upcoming March SAC meeting.

March 2014: The SAC convened to receive the F.O.C.U.S. workgroup's presentations about their topic areas. Based on the SAC's thorough review of the five F.O.C.U.S. areas, the SAC prepared preliminary recommendations for presentation to the Commission.

April 2014: The SAC F.O.C.U.S. workgroup leads presented the SAC's preliminary findings to the CSA during the joint Commission and SAC meeting.

June 2014: The SAC reviewed their report, met in their workgroups, and provided edits to the report findings.

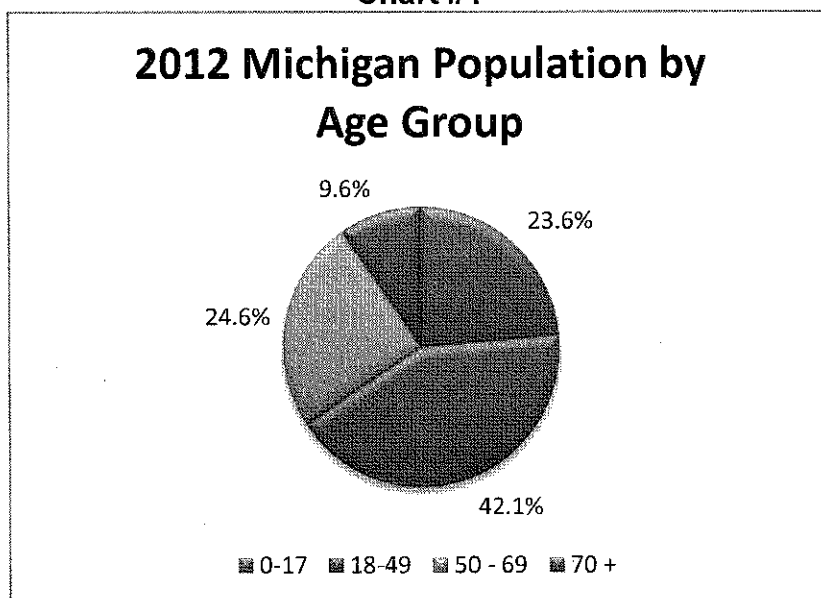
July-October 2014: The SAC Vice Chairperson and OSA SAC lead staff revised the report based upon the SAC members' recommendations.

Baby Boomers -- Now and in the Future

The first step the SAC took was to determine, "Who are the Baby Boomers?"

According to the U.S. Census Bureau, the term "Baby Boomers" refers to individuals born in the United States between mid-1946 and mid-1964. The baby boom in the United States was marked by a substantial rise in birth rates post-World War II.¹ This increased birth rate lasted for 18 years. This year, the earliest born Boomer will turn 68. An estimated 2,438,366 Michigan Baby Boomers were born between 1950 and 1965, and there are 71,387,015 total U.S. Baby Boomers, as determined by the U.S. Census Bureau in 2012. Michigan Baby Boomers represent 24.6 percent of the population, and combined with those over 70 years old (9.6 percent), the Michigan aging population is 34.2 percent of its total population. (See *2012 Michigan Population by Age Group-- Chart #1* below.) All charts and data listed about the Baby Boomers are based upon the 2008-2012 American Community Survey Five-Year Estimates.

Chart #1



¹ Colby, Sandra, L., and Ortman, Jennifer M., "The Baby Boom Cohort in the United States: 2012 to 2060, Population Estimates and Projections.—Current Population Reports, U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau, May 2014. (www.census.gov)

Michigan Baby Boomers' race by age group includes almost 85 percent White, over ten percent Black/African American, over two percent Hispanic, and three percent Asian/Other, as in the charts below:

Chart #2

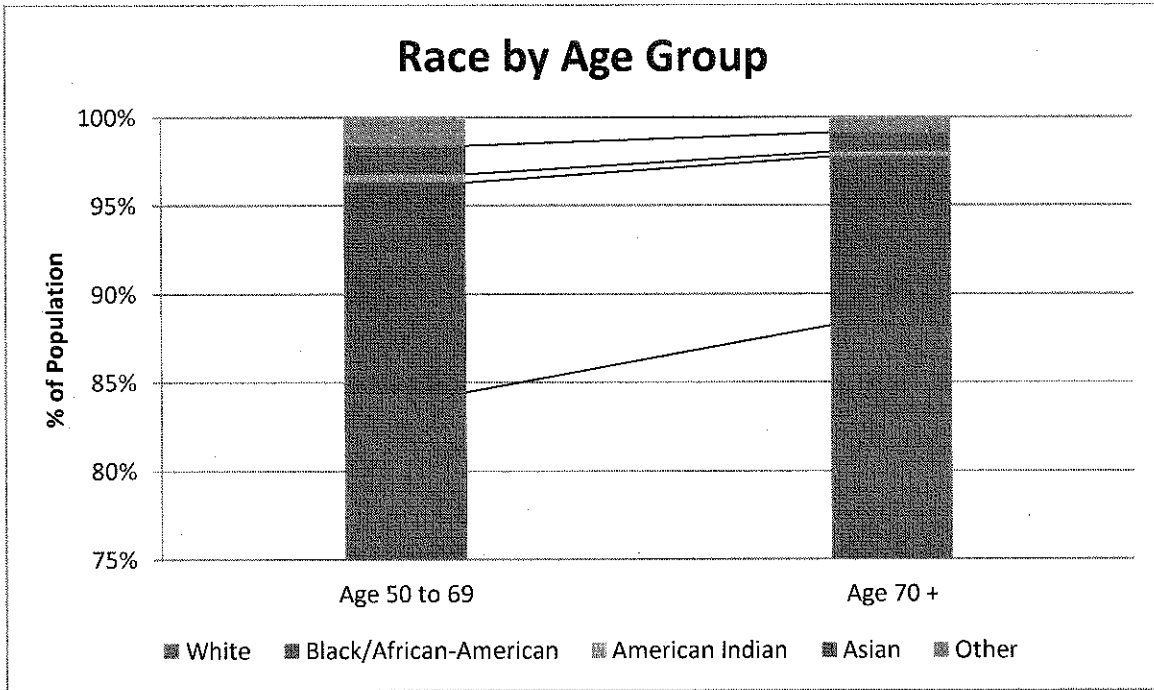
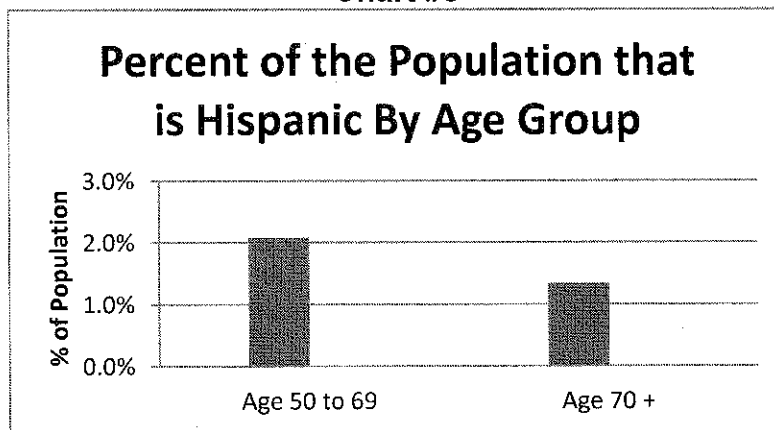


Chart #3



Almost 91 percent of Michigan Baby Boomers have a high school diploma, versus 77 percent of people over the age of 70; 25 percent have a college degree, and about 11 percent have a higher degree. Almost 66 percent are married; 19.5 percent are divorced/separated; 9.2 percent never married, and 5.5 percent are widowed. Almost 13 percent are veterans versus about 24 percent who are over 70 years old. Fifty-three percent are employed compared to about seven percent of those over 70. Nineteen percent live with a disability, compared to 45 percent of those over 70 with disabilities.

Next Steps:

Between August 2013 and June 2014, the SAC's five key F.O.C.U.S. workgroups studied the complex issues Baby Boomers face now and into the future. During the June 2014 SAC meeting, members reviewed the draft report, met in their workgroups, refined their recommendations, and submitted comments to Vice Chairperson John Murphy, who compiled the edits. Further review was completed over the summer and fall, culminating in providing a third draft to the full SAC for final comments. The SAC realized that their study of the issues impacting the Baby Boomers complements and is dependent upon portions of the OSA Michigan State Plan on Aging - 2014-2016.

One of the most important linkages for the SAC is OSA's commitment to strong information and assistance that is instrumental in developing and coordinating services and access to information for Baby Boomers and all older adults. Michigan currently has local aging and disability partnerships (i.e., Area Agencies on Aging (AAAs), Commissions on Aging (COAs), and Aging and Disability Resource Collaborations (ADRCs) across the state. The ADRC initiative is a local effort by aging and disability networks to streamline access to long-term supports and services for people of all ages, and includes individual consumer involvement in Michigan. The SAC strongly supports collaboration between the aging and disability networks, either through the ADRCs, or by using the generic ADRC concept as a resource with the goal of assuring one-stop information and services for all current older adults, including the Baby Boomers.

The SAC would like to support the CSA and OSA in implementing the three-year State Plan. SAC members are willing to roll up their sleeves and join with the CSA and OSA staff to determine, develop and promote the best materials throughout the state. The study of Baby Boomer issues is a large one. The SAC would also like to spend more time assisting OSA in the adaptation or development of products that are written positively about aging for Baby Boomers and *all* older adults to use in planning for retirement and after, and which can be distributed with the help of the aging network, AAAs, COAs, ADRCs, etc.

F.O.C.U.S. Workgroup Findings and Recommendations

Financial Aspects Workgroup--The Financial Aspects Workgroup studied the many financial issues that Baby Boomers need to consider now and into the future. The workgroup determined that there are three critical skills that Baby Boomers need to know:

1. How to budget for post retirement;
2. How to live with less; and
3. How to access/add services.

The experts on Social Security (SS) and financial planning recommend using their on-line tools and resources to assist Boomers and aging adults. For example, both the Social Security Administration (SSA) and various certified financial planners/companies have retirement calculators that are available online. (www.socialsecurity.gov --See Appendix A.) Key in choosing financial planners is to be sure that they have appropriate credentials and have passed the Certified Financial Planning Board of Standards (CFP®).

Planning for future health care expenses and accessing information about veterans' benefits and Medigap (Medicare) policies needs to be promoted. People who do not have many resources during their working years probably will not have many when they retire. Their limited funds make them less likely to be proactive in planning.

Most people today are aware of the need to plan for the future, but fail to do so until it is too late. This is endemic in our "need it now" culture.

Recommendations:

- A. Study in more detail current outreach and retirement materials to determine if these materials are available, accessible at a low cost, and are offered on-line from safe sources. Ensure that the following topics are covered:
 1. "Are You Ready for Retirement?"
 2. "Planning for Your Retirement on a Small Income --the Do's and Don'ts"
 3. "Already Retired and Don't Know What to Do?"
 - a. Education about budgeting, how to live with less; how to access or add services;
 - b. Medical costs--what is covered and what is not, such as with veterans' insurance or Medigap policies; and
 - c. Outreach--share information on what is available and develop products such as PowerPoint presentations with best practices at the local level via seminars with Area Agencies on Aging (AAAs), Commissions on Aging, and Senior Centers.
 4. "Thinking about the Future and Don't Know Where to Start?"
 - a. Resources for financial planning;
 - b. Importance of long-term care insurance; and
 - c. How to calculate your retirement needs and SS benefits.

- B. Determine if the resources are easy-to-read, concise, contain the best practices, and are available via a variety of media such as PowerPoints, and once approved:
1. Share the resources at the local level via seminars with AAAs, COAs and senior centers, through the ADRCs and 2-1-1 Centers, and via pamphlets and booklets, both hard copy and electronic; and
 2. Include a brief example of unexpected costs associated with retirement, including reduction in income, how to live with less, suggested resources such as personal financial advisors, how to meet increased healthcare costs, and how to pay for services that allow people to remain in their homes.
- C. Partner with OSA and experts to ensure that the resources are produced if needed, and are available to the aging and disability networks. Additionally, materials will need to be accessible online. According to the SAC report on ***Technology and You***, "...the overwhelming majority of survey respondents, 93% of those ages 50-69, own a computer," and 40% currently own a computer with internet access. For this same age group, about 38% who did not own a computer, had access to one.²

Options Counseling Workgroup--The Options Counseling Workgroup focused on two key issues in their review: the importance of implementing strong information and assistance (I&A) throughout the state (explained immediately below), and advance directives (explained in the next section via a joint workgroup summary). The Options Counseling Workgroup invited experts on these topics to join their calls. Over the past few months, SAC members also shared with OSA information and concerns about I&A for veterans. **The workgroup and the SAC support the following components for providing strong I&A to Baby Boomers and veterans:**

1. A foundation of person-centered planning and thinking is critical for options counselors, I&A specialists, and the ADRCs to understand and model.
2. I&A, Options Counseling, and Transition Support must be linked to the entire state through one toll-free telephone number. The SAC recommends developing an easy-to-remember acronym for the toll-free number. Such a number would help Baby Boomers and others access information more smoothly.
3. Streamlining eligibility/access for both public and private pay programs is critical to the success of providing strong I&A.

² *Technology and You*. State Advisory Council on Aging, Michigan Office of Services to the Aging, 2014.

Recommendations for I&A and ADRCs:

1. Develop an easy-to-remember acronym for the toll-free number to help Baby Boomers and others smoothly access information.
 2. Ensure that I&A and Options Counselors are able to respond to Baby Boomers and others using person-centered planning values, and provide the best, most concise information/resources possible. The SAC is willing to assist the CSA and OSA in the future adaptation and development of the necessary and trusted materials for our aging and disability network.
 3. Encourage aging and disability networks and the ADRCs to hire Options Counselors who know languages such as Spanish, or know how to access interpreters, or have written information to share with people who speak different languages.
 4. Be supportive of veterans returning to civilian life, and work with OSA and the aging network to support those veterans returning with disabilities as follows:
 - Survey the AAAs about the number of veterans in their regions and how they coordinate supports and services for them. The survey will also ask how OSA, the AAAs, and other state and local agencies can work together to provide information about supports and services for veterans.
 - Review information resources and share these resources with the AAAs, aging network, and Centers for Independent Living (CILs) to ensure that I&A staff and Options Counselors have the Veterans' Affairs information and toll-free numbers to share with veterans.
 - Determine how to share information with veterans who may not have access to computers, and promote a central location in each region for veterans to receive one-stop information about benefits and services. For example, veterans may not know that when they are eligible for Medicare that veteran's Tri-Care insurance becomes the supplemental insurance.
 - Advise all AAAs, COAs, and CILs that their intake and I&A forms should include asking if callers seeking supports and services are veterans and then note this information to enable aging and disability communities to keep track of those veterans they serve.
 - Convene a CSA/SAC/OSA/AAA workgroup to review how the aging network currently supports veterans, and to discuss possible statewide and local strategies for outreach.
 - Invite the Michigan Veterans' Affairs Department/Agency representatives to the April Joint Commission and SAC meeting.
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Options Counseling and Caregiving Workgroups -- Joint Review of Advance Directives

Two SAC F.O.C.U.S. workgroups decided that the subject of advance directives is complex, yet important to Baby Boomers. The SAC Options Counseling Workgroup focused its attention on advance directives for those who are unable to make decisions, and the SAC Caregiving Workgroup focused on advance directives for those who are able to decide. Following review of these workgroup findings on advance directives, the SAC decided to merge their recommendations on this topic.

Joint Recommendations on Advance Directives:

1. Promote the importance of choosing a patient advocate, publicize the statewide Advance Directive Registry, encourage completing an advance directive for health care and Do-Not-Resuscitate (DNR), and ensure that these forms are accessible online by the ADRCs and through the aging and disability network.
2. Encourage Baby Boomers to complete powers of attorney, both medical and financial, and DNR forms (if desired), and designate a patient advocate, since these considerations are critical to end-of-life planning. Remind Baby Boomers that individuals of sound mind can always designate someone else to make decisions for them in the event that they are unable to do so, but if they change their minds about who can make decisions, they can change or revoke that designation. Assigned surrogate decision-making can always be revoked.
3. Make specific statutory recommendations for a general family consent statute that allows individuals who do not have a designated family member listed as their patient advocate to have a family member so designated who can make that decision for him/her.
4. Promote the use of end-of-life planning tools such as:
 - Physician's Orders for Life Sustaining Treatment (POLST). This provides another method for people who are seriously ill, but who are competent, to clarify their health care wishes in this specific situation.
 - A Health Insurance Portability and Privacy Act (HIPPA) Release may be drafted to ensure the patient advocate has access to the patient's medical record before the patient is determined to be incompetent. A hospital should have these forms and be able to help.
 - Offer the option available in Michigan and 41 other states for Baby Boomers to complete the Five Wishes booklet. In this option, wishes one and two are the legal documents, respectively, a Medical Power of Attorney and a Living Will. Wish three answers the question, "How comfortable do I want to be?" Wish four answers the question, "How do I want people to treat me?" Finally, wish five speaks to "What I want my loved ones to know." The Five Wishes booklet is available at: www.agingwithdignity.org. [Note: Living wills are not recognized in Michigan.]

Conclusion: This area of the law (the refusal and withdrawal of life-sustaining medical treatment) is extremely complex. Complexity demands caution and deliberation from patients, families and proxies, as well as those who advise and attend to these persons. Caution is appropriate, as well as continuing vigilance to protect vulnerable people and groups, in an effort to avoid abuse and mistakes regarding the right to decide.

Caregiving Workgroup—In addition to studying advance directives, the Caregiving Workgroup reviewed caregiving issues.

A caregiver is an individual who assists another person in activities typically not a part of the relationship. Caregivers may be related or unrelated to the care receiver and are growing in number. Examples of tasks completed by caregivers include, but are not limited to, personal care, shopping, arranging and accompanying the person to medical appointments, or assuming responsibility for financial matters.

Typically, care receivers have one designated caregiver—often the role of caregiver fell upon them because there was no one else. It is helpful if that primary caregiver can engage with other family members and have a meeting to reach some consensus on who is able and willing to take responsibility for various supports. There are organized tools to help caregivers communicate about caregiving.

Determination of Primary Caregivers

1. There are many people serving as caregivers who do not identify themselves as such. We need to ask open-ended questions to help people understand their role in supporting care receivers, such as, “Do you do the grocery shopping and prepare meals for spouses who can no longer cook?”
2. Promote the understanding of the economic impact of caregiving on them and their ability to maintain a job. Many caregivers lose time from work caring for an aging relative. Engage the Baby Boomers with questions to raise awareness about the importance of caregiving and resources in the community that can help.
3. Ask, “Have you been providing care because you cannot get anyone to help?”

Recommendations

- Let Baby Boomers know that the first places to look for resources include the AAAs, COAs, and ADRCs. It is important to note that many programs offered by the AAAs and COAs are not income-based, including respite care.
- Promote finding caregivers via the Elder Care Locator on the AOA website where they can search by zip code, city, and state. Look at the Caregiving Resource Center on the OSA website: www.michigan.gov/osa. (See Appendix C for additional Caregiving resources.)

- Assist Baby Boomers who are caregivers on how to identify themselves as caregivers. The workgroup recommends adapting the “Am I a Caregiver? Do I do the following for someone?” (See Appendix C.)
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Understanding the Positives of Aging Workgroup--The Understanding the Positives of Aging Workgroup’s findings are based on the input of Dr. Thomas and his books about aging. Dr. Thomas recommended the workgroup focus on the positives of aging, by avoiding the use of language such as having a “senior moment,” and encouraging a paradigm shift. The workgroup understands that slowing down is a virtue of aging. As people age, they can either withdraw or reach out. Older adults have more time to engage in other things—more time for children, grandchildren, practicing their faith, and volunteering. There is time to think things through and to leave a legacy (whatever that means to each person), by using their talents and time. It is helpful to communities when older residents take an active role.

The Understanding the Positives of Aging Workgroup recommends the following:

1. Work with the CSA and OSA to develop and promote a positive media campaign about aging. The original OSA state plan objective was to implement an “anti-aging” campaign, but this workgroup suggests changing the state plan objective title to **Understanding the Positives of Aging**. The media approach needs to include connecting with Baby Boomers via current multi-media approaches—Twitter, Facebook, web-based Internet, YouTube, tablets, smart phones, and blogging. Check the blog called “Changing Aging” with articles by cutting-edge, active folks (www.changingaging.org). (People can sign in and make comments. There are concise articles to review.)
2. Consider ways to combat stereotypes for the campaign. For example, stress that most people are the smartest the day before or on the day that they die. If they live to be 100, they will know more than they knew at 80.
3. Include the following concepts recommended by Dr. Thomas in the media campaign:
 - Stress what is good about aging.
 - The ability to slow down and access a deeper understanding of self and others is a virtue of aging.
 - Aging brings with it the ability to interpret complex social situations better than when they were younger.
 - Aging provides the opportunity to promote the utter importance of being connected. Today, there is a false independence, with many younger people feeling they are self-sufficient. Older people realize that the aging process may return us to the utter dependence on others, and they understand the benefit of connecting with other people.

- We need to remake the viewpoint of age and society. Our society is undergoing a disastrous time of separating older adults from our society.
-

Supports and Services Workgroup--The Supports and Services Workgroup (SSW) focused on, "**How do we best connect with Baby Boomers?**" Baby Boomers need to know about services and need to feel that when they seek services there will be a warm connectivity addressing individual questions. The workgroup focused two meetings on how best to ensure that Baby Boomers access the information they need to make decisions. *(The need for a media campaign to present the top information and tie this information to educating Baby Boomers about what is available was the main theme, which was supported by the entire SAC.)* The principle of integrated, unified access and information is tantamount and supersedes all specific programs and organizations.

The workgroup also sought input from experts about direct care workers. Supporting a strong direct care workforce is critical to enabling Baby Boomers to live their lives with access to quality supports and services.

Supports and Services Recommendations include:

1. Access to Education and Understanding of Available Supports and Services:
 - Establish a person-centered, "warm connectivity" in seeking services as a part of the aging process. I&A staff who answer the phone should have solid information about supports and services available with a perspective of person-centered, "warm connectivity." This means that I&A staff/ADRC Options Counselors need to understand both the aging and disability cultures, along with cultural diversity.
 - Offer adequate training for options counselors and/or persons answering I&A/ADRC toll-free telephones so they are able to understand callers' concerns and questions in order to match their needs to support and services.
 - Outline tips for Baby Boomers on how to hire direct-care workers.
 - Offer resources and suggestions for connecting with the medical community about determining the level of health care and supports and services needed for the Baby Boomers, as well as the family and friends they support, to live a quality life.
2. Develop a media campaign that highlights the SAC F.O.C.U.S. workgroup recommendations in a short and concise approach, and disseminate information via websites, emails, and smart shoppers/local town newspapers, etc. This recommendation is linked to the State Plan Goal I, Issue Area 1-B. The SAC is interested in working with OSA to develop a media campaign that can be adapted at the local level. We should include Facebook, and work with others to get the information out. We need to develop materials and logos in a canned package using sample flyers about what Baby Boomers can do in certain situations.

3. Advocate for direct care workers. This includes training personal care aides, direct care workers, home help aides, etc. and providing a living wage resulting in quality supports and services.

Conclusion:

Baby Boomers will be a strong force for the CSA, the SAC, aging and disability networks, the state and the nation to reckon with during the coming years. The SAC findings strongly show that we must change our outlook about aging. The CSA's support for promoting the positive benefits of aging in a public media campaign, and in all communications to the aging and disability networks and the general public, will be critical toward reaching this goal. Ensuring that concrete, positive information and resources about the topics described in this report are available for all, and especially for I&A staff throughout our network, is critical to promoting positive aging. We appreciate the opportunity to share these findings with the CSA.

Appendix A: Social Security Administration (SSA) Websites and Information:

The SSA website is:

www.socialsecurity.gov /<http://www.socialsecurity.gov/pubs/?topic=Survivors>

SSA was mailing benefits statements to people over age 60, but most likely will not send them anymore. At this website, there are online calculators to help estimate yearly income and future SS benefits. Information needed for the SSA *online* calculator includes date of birth and complete earnings and mother's maiden name. There is a windfall elimination provision for various groups who have comparable programs and do not receive SSA benefits. The SSA *detailed* calculator is a program that can be downloaded and installed on people's computers. These calculators are NOT linked to people's personal records. To be eligible for SSA benefits, individuals need to earn 40 credits by working ten full years. SSA is counting on organizations and families to help older adults access their information. In rural Michigan, many do not have online access, or cannot afford a computer.

SSA has introduced My Social Security Account (www.mysocialsecurity.com), individual earnings records. On this site, some things may be reported twice, so Baby Boomers need to be sure earnings are properly posted. Designed for ease of use; it asks for general information, including Social Security numbers and credit questions to ensure it links the right person with the right number. Once receiving benefits, people can print the benefit letter, change their direct deposit and benefit history, and see if there was an overpayment. Those worried about fraud should know that there has been no fraud on this site for those who have created accounts. Accounts can be blocked to ensure safety. Consumers can call 1-800-772-1213 to block their number. Baby Boomers can also request a copy of their statements.

Baby Boomers need more awareness of how to make SSA changes. When a person dies, family members should call in, but this cannot be completed online. Most funeral homes notify the SSA. Michigan participates in the death registry, which will also notify SSA. This fall, SSA field offices will no longer print verifications; however, for emergencies, printing of verifications will be allowed.

The average monthly SS benefit is \$1,200-\$1,400, and was never meant to be a person's sole income during retirement. The workgroup is concerned that SS is the only source of income for many, especially since saving for old age is becoming more difficult. The SS program will most likely never be discontinued, but the SSA retirement age has been raised, graduated depending on someone's date of birth. For many it is now 66.4 or 67 years old, but those dates may change again.

Many people do not understand how their SS will be impacted after a spouse dies. If the living spouse remarries, they may not be clear about what their benefits are and what choices need to be made regarding SS. The survivor's application is not online yet, but there are options if a spouse passes away. See the SSA publication: "What Every Woman Should Know," here: <http://www.socialsecurity.gov/pubs/EN-05-10127.pdf>

Appendix B: Caregiving Resources

National:

The Family Caregiver Alliance: <http://www.caregiver.org/caregiver/jsp/home.jsp>

Caring Connections: <http://www.caringinfo.org/i4a/pages/index.cfm?pageid=1>

Planning Ahead Subsection:

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3277>

(National Hospice and Palliative Care Organization: www.nhpc.org in all states)

Michigan:

Elder Law of Michigan (*One Call for Help*): <http://www.elderlawofmi.org/>

Advance Directives: Planning for Medical Care: http://www.michigan.gov/osa/1,4635,7-234-43230_46224-189606--,00.html a .pdf document.

Michigan- Advance Directive - *Planning for Important Health Care Decisions*:

<http://www.caringinfo.org/files/public/ad/Michigan.pdf>

State Bar of Michigan: *Planning for Your Peace of Mind ... A Guide to Medical and Legal Decisions*; <http://www.legislature.mi.gov/Publications/PeaceofMind.pdf>

The following links are included for those Michigan residents who spend a significant time in the listed states who may want to consider completing a **Medical Power of Attorney** the state will accept.

California:

Advance Healthcare Directive - What's Important To You:

http://oag.ca.gov/consumers/general/adv_hc_dir

This easy-to-read and easy-to-understand advance health care directive form was created for everyone:

http://sgec.stanford.edu/resources/forms/Advance_Directive_EN.pdf

Florida:

Florida Attorney General - Advance Directives:

<http://myfloridalegal.com/pages.nsf/Main/B18C541B29F7A7F885256FEF0044C13A>

FLORIDA - Home - Caring Connections - NHPCO:

<http://www.caringinfo.org/files/public/ad/Florida.pdf>

Minnesota:

General Senior Services: <http://mn.gov/portal/social-services/senior-services/>

North Carolina:

UNC Institute on Aging: <http://www.aging.unc.edu/topics-of-interests/aging-and-diversity/>

South Carolina:

South and North Carolina share the caring information. To view their end-of-life plan *Preparing an End of Life Plan—Full Circle of Care*, go to:
<http://www.fullcirclecare.org/endoflife/plan.html>

Texas:

The website is very senior-centric and covers a multitude of topics in an understandable format: www.texasagingnetwork.com

Other Organizations:

Lotsa Helping Hands: A Community of Caregivers: <http://www.lotsahelpinghands.com/>
or Google “Lotsa Helping Hands”

The Family Caregiver Alliance - select your state from a national map:
<https://caregiver.org/>

Appendix C: Am I A Caregiver?

Am I A Caregiver? Do I do the following for someone?

- Drive to places like doctor appointments
- Shop or do errands
- Write out (pay) bills
- Organize mail
- Order or pick up prescriptions
- Prepare meals
- Clean or pick up around the home
- Mow grass or shovel snow
- Do laundry
- Care for a pet
- Assist in dressing needs
- Help with bathing and grooming
- Keep them company and provide emotional support
- Provide input in decision making
- Help with correspondence
- Make appointments
- Worry about safety

If you are doing any of the above tasks for someone over the age of 55, you meet the definition of being a caregiver.

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