

AGING IN VERMONT

**We're Doing Well and
We Can Do Even Better**

626,000 Vermonters

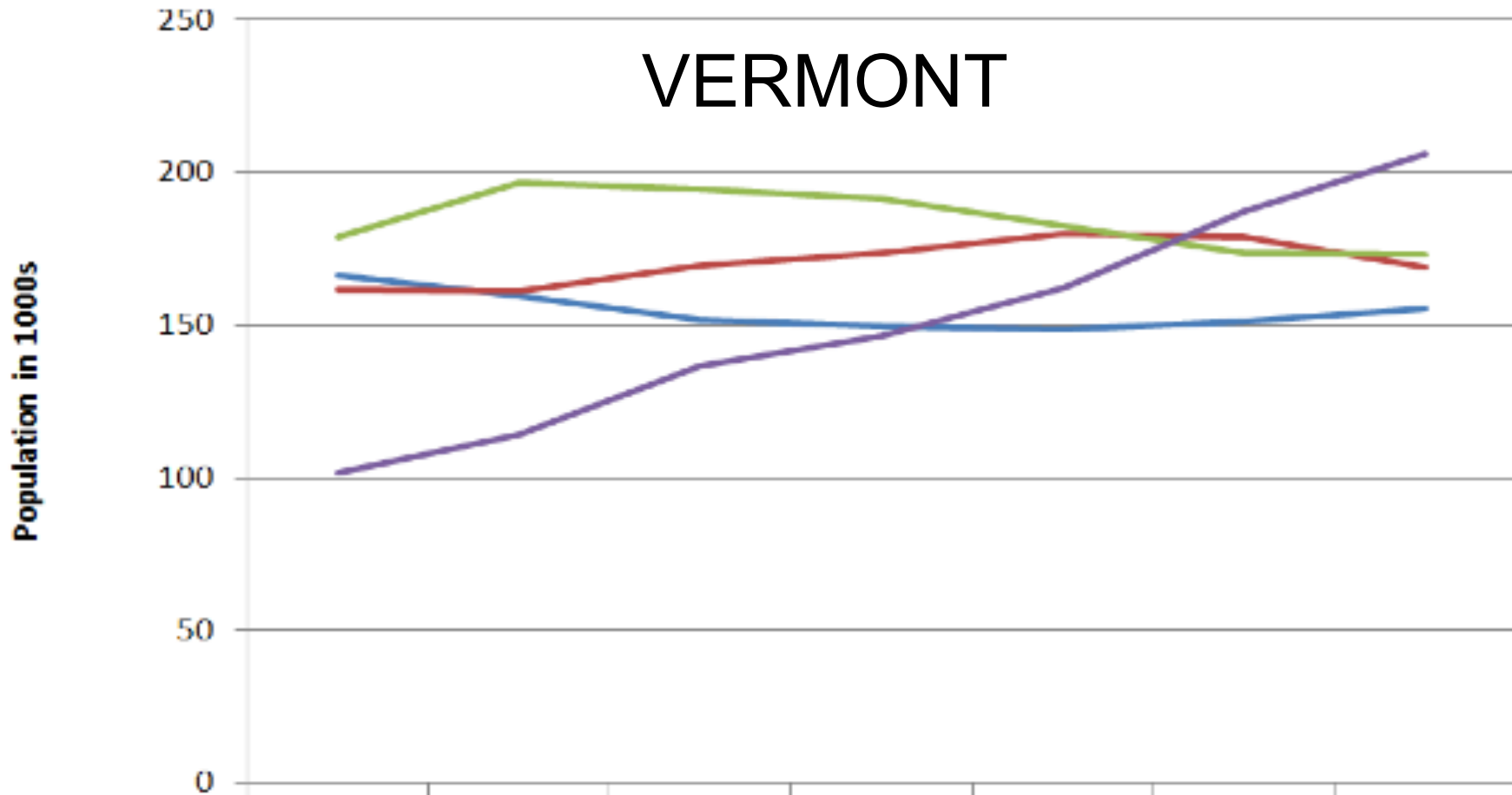
132,000 > 60

98,000 > 70

Key Points

- ⦿ Second oldest state in the nation
 - 4th healthiest
- ⦿ Older Vermonters are vital
- ⦿ Aging service networks are critical
- ⦿ State Plan
 - Emerging needs and opportunities

VERMONT



	2000	2005	2012	2015	2020	2025	2030
0-19 years	166	159	152	150	149	151	155
20-39 years	162	161	170	174	180	179	169
40-59 years	179	197	195	191	182	173	173
60+ years	102	114	136	147	162	187	206

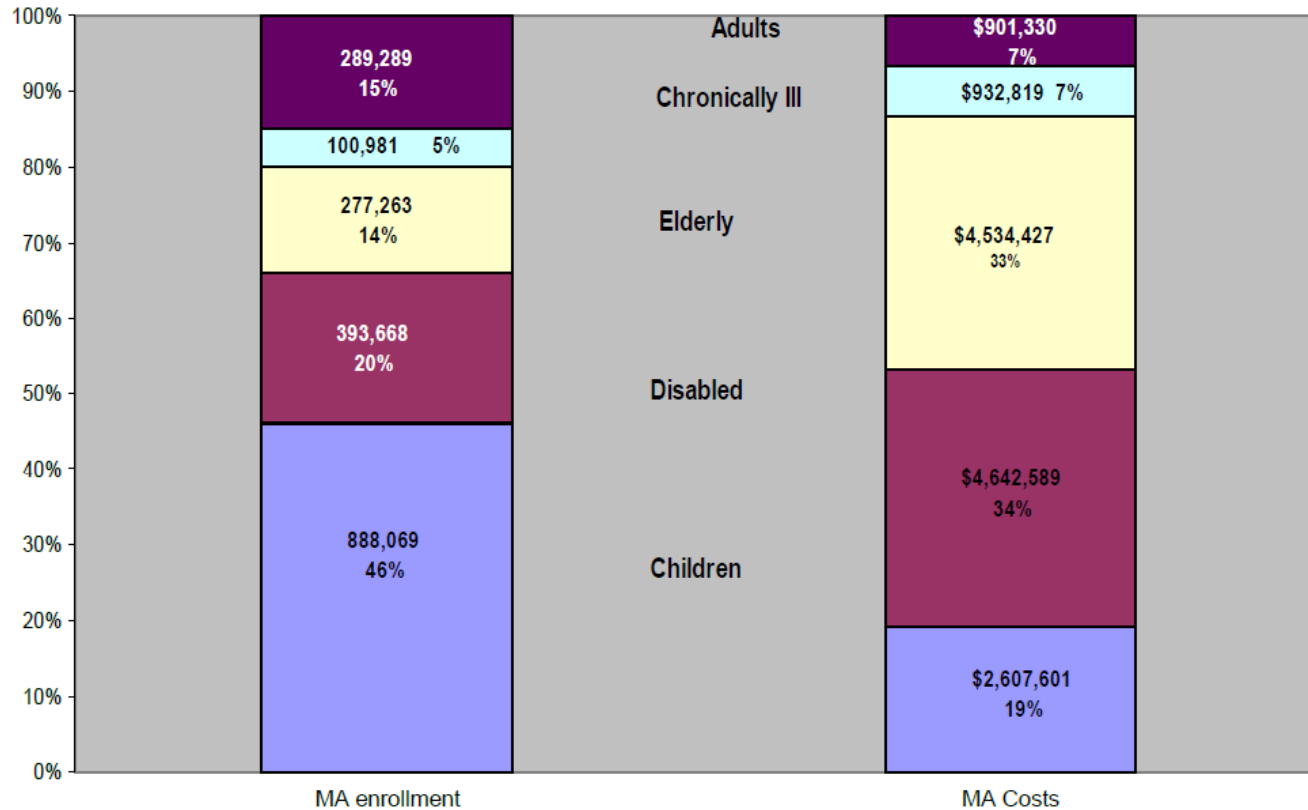
Source: U.S. Census Bureau Projections, 2009

Older Vermonters are...

- ◉ Working longer
- ◉ Less poor
- ◉ Receiving care at home
- ◉ Feeling more isolated
- ◉ Vital to our success

Seniors and People with Disabilities Use the Greatest Share of Medical Assistance Resources

Medical Assistance Recipients by Category and Projected Recipient Related Costs for 2008-09



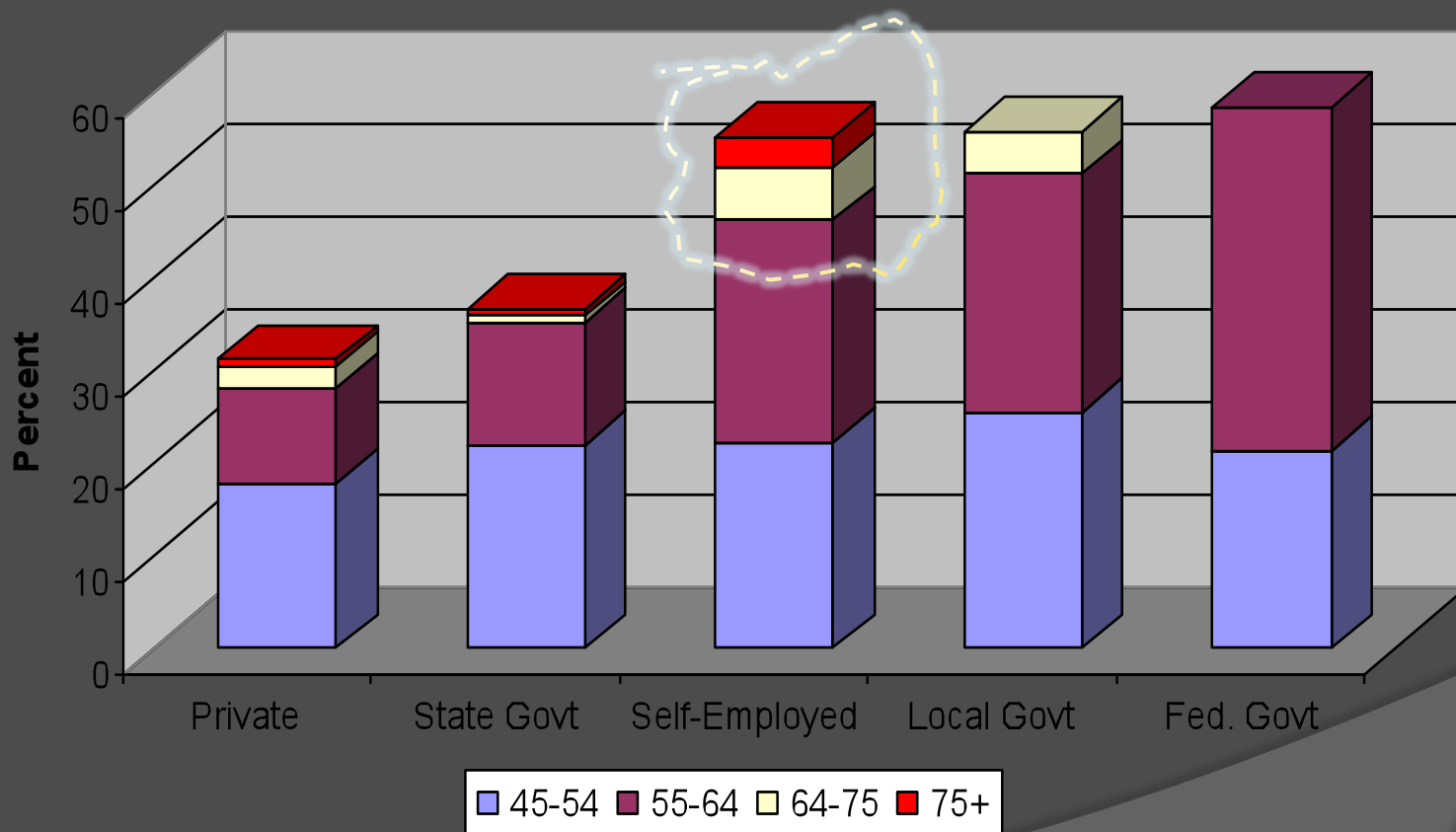
+ *Elderly & Disabled (PD/DD) =
34% of Medicaid lives
68% of Medicaid spending*



- ◉ Workers aged 65 and older are the fastest growing segment of the workforce!
- ◉ Approximately 4% of all Vermont workers are aged 65 or older!



Vermont Workforce Age by Employment Sector (Age 45+)



McNamara, 2007 (from current population survey
1/2006-6/2007)

Profiles in Courage



- significant health problems
- more health disparities
- more poverty
- higher risk of A/N/E
- need better nutrition to help maintain themselves in the community

Whom We Serve: The Frail & Vulnerable

	US Population 60+	OAA Clients (In Home Service)*
Lives Alone	27%	55% - 69%
Diabetes	22%	26% - 35%
Heart Condition	29%	43% - 53%
Minority**	20%	25%
Rural**	13%	37%

* Includes such services as homemaker, case management, and home-delivered nutrition.

**US Minority & Rural figure is for the 65+ population

Whom We Serve: The Poor and Near Poor

The Aging Network Serves Nearly 1 in 5 Older Adults

	US Population	OAA Clients
60+	57.8 million	11 million [*]
Poverty	9.30%	30%
Near Poor ^{**}	15-20%	73-85%

*3 million OAA clients receive intense services such as home-delivered nutrition and homemaker services.

**Near poor is defined as below 150% of poverty.

Note: \$77,000 per year for private room nursing home care,
\$35,000 per year for assisted living (2007 dollars)

Our Aging Services Network

- DAIL
- 5 Agencies on Aging
- Elder Care Clinicians
- Senior Centers
- UVM Center on Aging
- Housing Authorities
- Transportation
- Elder Law Project
- ADRCs
- Service Providers
 - Home Health/Home Care
 - Adult Days
 - SASH
 - CFC Continuum
 - HomeShare
- LTCOP
- AARP
- COVE

FAMILY CAREGIVERS-VOLUNTEERS
PRIVATE-PUBLIC-NON-PROFIT and FOR PROFIT

State Plan on Aging

State Plan Priorities

- Financial Security
- Housing
- Transportation
- Health Care
- Long Term Care

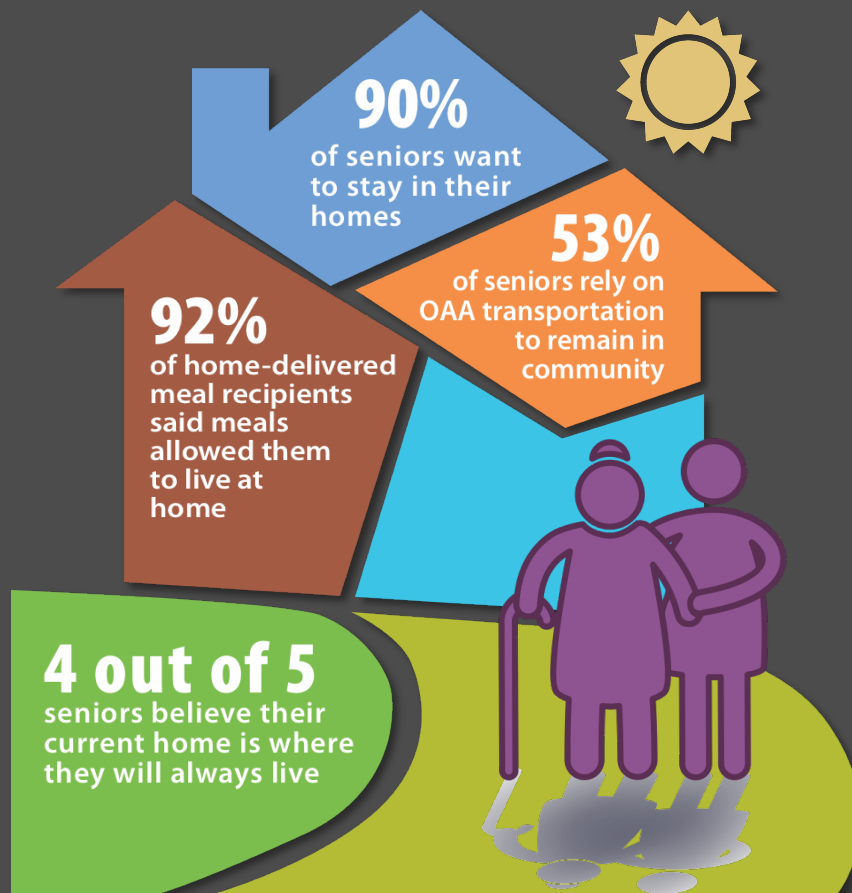
Decrease impacts of poverty

#1

improve food security
increase employment

OLDER AMERICANS ACT SERVICES

HELP SENIORS STAY AT HOME





#2: Promote health, well-being and safety

- ⦿ Support family caregivers
- ⦿ Reduce falls
- ⦿ Provide effective protection
 - Adult protective services
 - LTCO
 - Guardianship/alternatives
 - Self-neglect initiative
- ⦿ Expand housing, transportation options

Convened FAST

Community outreach



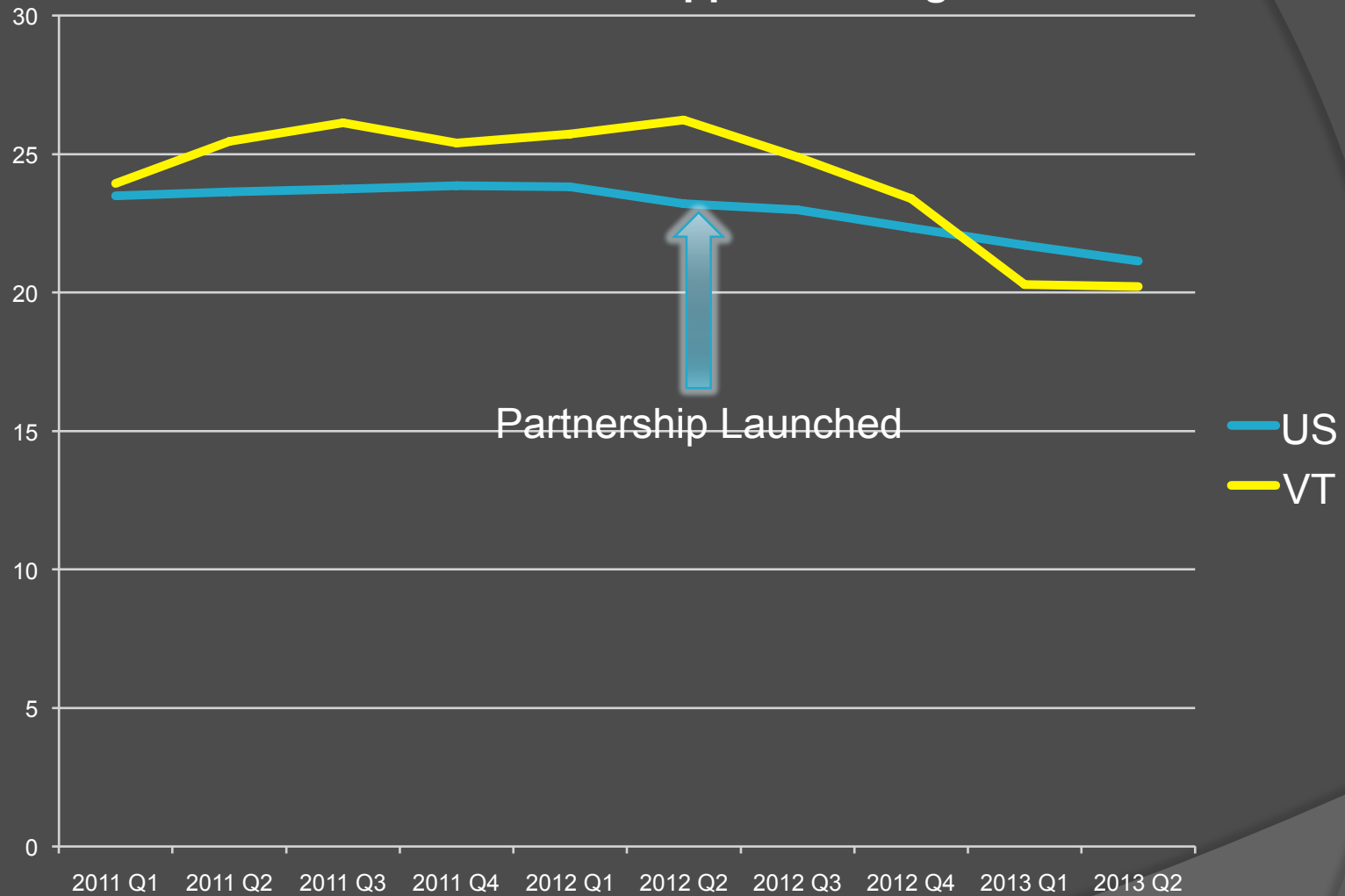
PROTECT SENIORS

Take a stand against **ELDER ABUSE.**

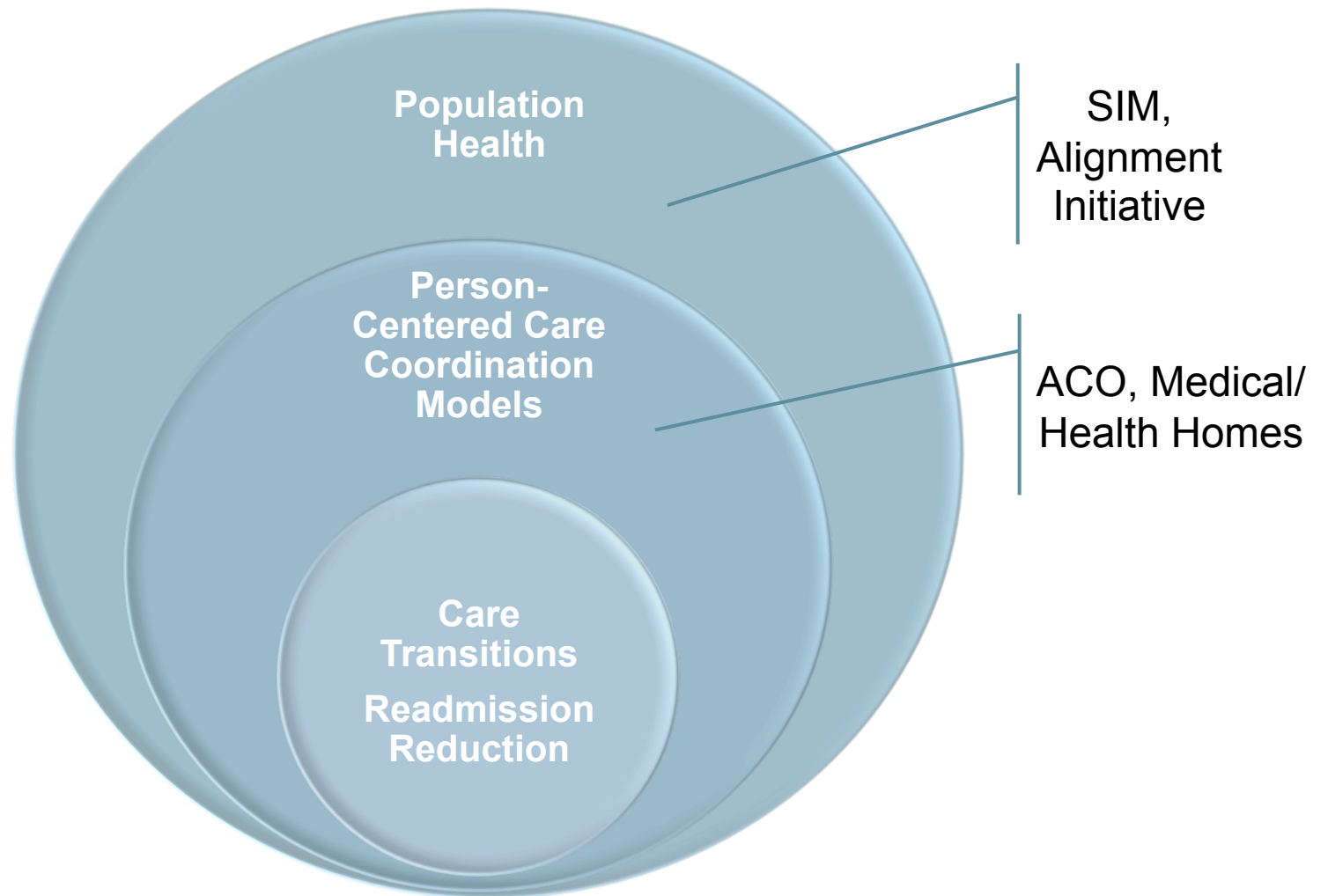
YEAR OF ELDER ABUSE PREVENTION



% of Long Stay Residents on Antipsychotics without a CMS approved Diagnosis



HEALTH REFORM



Current focus

- Health Care Reform
 - Promote LTSS (VHCIP)
- Falls prevention
- Improve Dementia Care
 - Companion Aides
 - OASIS
 - Capacity Building
- AAAs
 - Self-neglect initiative

Critical Juncture

- Formal network building at the community level is critical
- Networks provide a critical mass
 - types of services offered
 - geographic reach of any single organization
 - offer economies of scale for common business functions

#3: Enhance network effectiveness

- ⦿ RBA: Results Based Accountability
- ⦿ Improve mutual capacity to collect and use information
- ⦿ Improve communication

Evaluation Key Findings

- A decline in a key quality of life domain, the social life domain, emerged for the first time among HCBS participants
- Person-centered planning and direction is an area for improvement across settings.

Social Activity

Participation in social activities

- Outside the family, activities may have a bigger impact on cognitive function than social contacts with family or non-relatives.
- Social activities lower the risk of mortality in the elderly as much as fitness activities.

Expand options

Increasing
applicant list for
Moderate
Needs Group
with \$\$\$ left
unspent

Exploration similar to Flexible
Choices

↑
Pool of Non-Medical
Providers

Person-centered services

Current Activities

- Addressing ageism
 - Every chance we get
 - Full Circle Festival
- Shaping the Future study
- Mental health needs
 - Suicide prevention symposium
 - Long term care needs of persons with serious mental illness

Governor's Commission on Successful Aging

Toby Young