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**Report to  
The Vermont Legislature**

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**Act 156 Annual Report  
State Plan on Aging Annual Report  
In Accordance with Act 156 of 2020, 33 V.S.A. § 6206**

**Submitted to:** House Committee on Human Services  
Senate Committee on Health and Welfare

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# Act 156 Annual Report

## State Plan on Aging Annual Report

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### Executive Summary

[Act 156, the Older Vermonters Act](#), requires the Department of Disabilities, Aging and Independent Living (DAIL) to provide an annual report by January 15 to the Legislature and Governor on the implementation of the State Plan on Aging, the extent to which the Older Vermonters Act principles are being achieved, the extent to which services are targeted to those in greatest need, the sufficiency of the provider network, and the availability of opportunities for older Vermonters to engage in their communities.

The [2023-2026 State Plan on Aging](#) launched October 1, 2022. It includes key goals to promote the health and well-being of older Vermonters, ensure Older Americans Act services are inclusive, equitable and reaching those in greatest need, and bolster the support for family caregivers. This report includes a progress update on the first year of implementation. In addition to the State Plan on Aging, Vermont is also making progress towards the Older Vermonters Act Principles via [Age Strong Vermont](#), Vermont’s multi-sector plan on aging which identifies strategies to make Vermont an age-friendly state over the next 10 years.

### Implementation of the State Plan on Aging

The State Plan on Aging is a comprehensive document designed to guide the work of DAIL as the State Unit on Aging in collaboration with the Area Agencies on Aging (AAA) and the aging services network. The main goals of the 2023-2026 plan are to: Promote the health, safety, and well-being of older Vermonters; Ensure Vermont’s Older Americans Act programs are inclusive of all older Vermonters; Bolster the recognition and support of unpaid caregivers in Vermont.

Objectives to achieve these goals include work to strengthen the coordination and awareness of OAA services, improve the quality of life and nutritional health status of people accessing services, and increase awareness of social isolation. There is also a focus on strengthening the aging network's engagement with mental health and reaching historically marginalized communities. Finally, family caregiver support is a major focus, with work to raise public awareness of the needs of caregivers and building stronger support systems for caregivers.

DAIL continued to work with partners, including other state departments, Area Agencies on Aging, senior centers, advocacy organizations, and committees to implement initiatives supporting the goals, objectives, and strategies of the State Plan on Aging. Progress on all Performance Measures in the State Plan on Aging can be found in Attachment A to this report.

### **Progress Towards the [Older Vermonters Act Principles](#)**

[Act 156, the Older Vermonters Act](#), established eight core principles to act as foundational guideposts to support aging well in Vermont. The act further directed the State to use these core principles to develop [Age Strong Vermont](#). This plan is designed to be broader than the State Plan on Aging, which focuses primarily on OAA services. Age Strong Vermont's purpose is to "provide strategies and cultivate partnerships for implementation across sectors to promote aging with health, choice, and dignity in order to establish and maintain an age-friendly state for all Vermonters" (Act 156, Section 3).

With the collaboration of numerous community partners, the Age Strong Vermont plan is now drafted and ready for implementation, with objectives and strategies focused on improving services related to each Older Vermonters Act principle. The implementation of Age Strong Vermont involves participation from a wide array of stakeholders across the state.

The State Plan on Aging and Age Strong Vermont overlap in key areas. For example, Information/Referral and Assistance (IR&A) services are critical to Coordinated and Efficient Systems of Services, and outreach on avoiding financial scams and preventing financial exploitation are important for the financial security of older Vermonters. Nutritious meals, exceptional nutrition services, and nutrition education are key components of optimal health for older Vermonters. Also, Family Caregiver Support is a significant component of the State Plan on Aging.

### **Targeting Vermonters in the Greatest Economic and Social Need**

The OAA requires that AAAs target services to those in greatest economic and social need. The AAAs implement various strategies to achieve this goal. The most common approach is to utilize healthcare and social service providers to refer people with whom they interact. Significant time is invested in building relationships with community providers and educating front-line service staff about home and community-based services for older Vermonters.

OAA funds are distributed by the State Unit on Aging to Area Agencies on Aging through an Intrastate Funding Formula, which considers economic and social need, including poverty, limited English proficiency, minority status, and living alone. The AAAs are tasked with prioritizing their services to these populations, such as case management, nutrition, and health promotion and disease prevention. The number of people they serve, the types of services provided, progress, and outcomes of these services are part of their Area Plan updates.

Person-centered case management services are a critical part of OAA funded services and the State Plan on Aging. Each AAA has a team of case managers who help clients with many different resources and services, including applying for important benefits like fuel assistance and Medicare; assessments for in-home care and long-term care services; and information on caregiver resources such as support groups and respite programs. Case management clients are encouraged to complete surveys designed to determine the effectiveness of case management services. Survey results from SFY23 showed 90% of case management clients reported an improvement to their quality of life.

A major objective of the State Plan on Aging is improving the nutritional health of older adults. Nutrition counseling can be very beneficial to older adults who may be at high risk for poor health conditions and disease due to their nutritional status. In SFY23, using a nutrition risk assessment tool, AAAs continued referring older Vermonters deemed at high nutritional risk to nutritional counseling with a registered dietitian. Also, 74% of senior nutrition providers offered therapeutic meals, which are tailored for individuals with certain medical conditions, allergies, and concerns regarding medication and food interactions. Community partnerships continue to play an important role in providing access to nutritious foods for older Vermonters. For example, the Northeast Organic Farming Association of Vermont (NOFA) continues to recruit Vermont housing sites and farms to participate in the Senior Farmers Market Nutrition Program (SFMNP).

In Federal Fiscal Year 2023 (FFY23), 19,187 people were served through the Older Americans Act registered services (a subset of all services). Of the people served, 4,281 self-reported having incomes at or below the poverty level. Additionally, 7,992 reported living alone. Of those who live alone, 2,486 reported incomes at or below the poverty level.

### **The Sufficiency of the Provider Network**

Vermont's aging services network serving older adults includes over 100 community-based organizations providing a range of services (a full list with descriptions is on [pages 83-88 of the State Plan on Aging](#)). While Vermont has a robust network of agencies to serve older adults, circumstances that challenge Vermont to grow its population result in an inadequate workforce to meet the demands of an aging population. The workforce shortage is seen across sectors, including healthcare, long-term care and community-based services.

To address the workforce challenges faced within the long-term services and supports sector, Vermont has taken the following actions: increased Medicaid rates for home and community based services and facility based services, increased incentives to become nurses, including loan forgiveness options, provided additional funding to providers for recruitment and retention of workforce, offered grants to agencies to make improvements to programs, offered scholarships to direct care workers, and is working on a statewide promotional campaign and website to elevate the importance of direct care workers and link them to jobs across the home and community based services network.

Given the continued workforce shortages across Vermont's home-based services, supporting family caregivers with the necessary resources and services is crucial. Family caregiver support can improve the health and well-being of family caregivers themselves and in turn they are more likely to provide optimal services for their care recipients. Using evidence-based programs to determine the level of stress experienced by family caregivers can help family caregiver support staff work with caregivers to choose the best services for them. AAAs continue to incorporate an evidence-based assessment tool into their family caregiver services while providing information on resources such as support groups and access to respite options. AAAs also engage in many different outreach activities to increase public awareness of caregiver counseling resources.

Solid partnerships within the provider network are important for educating older Vermonters and the public on issues of elder abuse, neglect, and exploitation. AAAs partner with several organizations for the purposes of training, information sharing, and action planning on elder justice issues. These organizations include Adult Protective Services, Vermont Legal Aid, law enforcement, mental health providers, and hospitals. AAAs also use social media and print media to share information and resources regarding elder justice topics.

### **Community Engagement**

A key aspect of aging well is the need for meaningful social connection, as [research](#) shows social isolation significantly increases risk for illness and death. The Older Vermonters Act calls on the State to address the availability of affordable and accessible opportunities for older Vermonters to engage with their communities, such as social events, educational classes, civic meetings, health and exercise programs, and volunteer opportunities. To combat the challenges of staying connected, Vermont relies on its network of community leaders to help bring people together.

Information/referral and assistance services (IR&A) link older Vermonters to critical resources and programs that can improve their financial situation, mental health and physical well-being, and opportunities for social connection. IR&A staff provide application assistance and screen clients for valuable services like HCBS programs. To

ensure appropriate referrals to community partners, AAAs maintain current resource lists.

In 2022-2023 the Age Strong VT Advisory Committee conducted a baseline assessment of how Vermonters are experiencing aging, and what is working or not working for them. Feedback was clear that it is difficult for Vermonters, families, and caregivers to navigate Vermont's complex system of supports and services. As a result, in 2024 DAIL will be conducting an assessment study on IR&A services focusing on best practices and recommendations on areas for improvement.

Senior centers continue to be important settings for social connection and community engagement. Most serve between three and fifteen towns, providing congregate meals, creative activities like arts/crafts, and health/wellness education. They partner with other community organizations to increase access to services and some utilize virtual platforms to engage people in activities who might not be able to participate in person. Many senior centers use traditional and digital media to publicize their programs. Volunteers play a major role, with 73% of senior centers reporting they use volunteers to lead activities.

Age Strong VT includes objectives to increase awareness of social isolation and strengthen Vermont's community network for its older population. DAIL began working with a Vermont Certified Public Managers capstone team to create an interactive map showing locations for social connection (ex. senior centers, adult day centers) and identify geographic gaps indicating challenges for older Vermonters to participate in their communities. This will result in recommendations to address social isolation based on the geographic information provided.

Gathering data on the adverse effects of social isolation is critical for developing proper interventions. Support and Services at Home (SASH) uses a loneliness and social isolation assessment process to determine relationships between loneliness, social isolation, and mental health (anxiety, depression, suicidal ideation) among its participants. These assessments show a positive correlation: Anxiety, depression, and suicidal ideation increase in older Vermonters who experience loneliness and social isolation. Training and presentations on identifying suicide risk and suicide prevention are also important in this area. In FY23, the DAIL/VDH Substance Use and Aging Specialist presented on suicide risk and prevention to Vermont's Eldercare Clinicians.

Community engagement addressing Alzheimer's Disease and Related Dementias (ADRD) has become increasingly important to sustain healthy communities. In SFY23, the ADRD Commission saw progress with the introduction of their Dementia Friendly VT initiative in Middlebury, VT. With the population of older Vermonters increasing, dementia services become more critical. To address this need, DAIL is acquiring a new position, the Dementia Services Coordinator, who will work to improve access and coordination of dementia services across the state.

**Progress on Performance Measures**

**Performance Measure**

**#/%**

**Goal 1: Promote the health, safety, and well-being of older Vermonters.**

**Objective 1.1: Information and Referral/Assistance (I&R/A) : Strengthen the coordination and awareness of OAA and related services**

# of outreach addressing the aging network and the programs under the OAA. 572,601  
 # of people enrolled in the Senior Community Service Employment Program. 131  
 #/% of people contacting the AAA Helpline. 31,042 total calls to AAA Helpline  
 #/% of people receiving OAA services 48,504

**Objective 1.2: Case Management: Improving the quality of life for individuals accessing person- centered case management services**

#/% of AAAs using person-centered planning tools 5  
 #/% of AAAs adopting screening tools to assess immunization status, risk of dementia, fall-related TBI, and suicide SASH uses a screener to determine presence of suicidal ideation in its participants. The SUA will work with AAAs to determine capacity for these screening tools  
 # of care transitions completed by AAAs 32  
 #/% of survey respondents reporting case management increased their quality of life 90%

**Objective 1.3: Nutrition: Improve the nutritional health status of older adults participating in the senior nutrition program.**

#/% of trainees reporting increased knowledge of malnutrition AAAs assess various areas of nutrition risk. The implementation of malnutrition screening is in the process of development  
 #/% of people enrolled in nutrition counseling 175  
 #/% senior nutrition providers offering a therapeutic meal option 74%  
 #/% of AAAs screening for malnutrition AAAs assess various areas of nutrition risk. The implementation of malnutrition screening is in the process of development

**Objective 1.4: Family Caregiver Support: Increase awareness of social isolation and the available resources to combat the adverse effects.**

# of outreach to caregivers addressing social isolation as a health issue. The SUA will continue to partner with VDH and AAAs on incorporating caregivers into outreach on social isolation and health  
 # of outreach targeting unpaid caregivers on the availability of support services. All AAAs promote caregiver services in their monthly newsletters and on their social media platforms  
 # of recommendations adopted to address the transportation needs of older adults. VTrans continues to operate and make improvements to its Older Adults and Persons with Disabilities Transportation Program  
 # of projects funded through the American Rescue Plan to enhance social supports for family caregivers. None at this time  
 # of people enrolled in GetSetUP, a web-based social platform. 4174

**Objective 1.5: Elder Justice: Increase collaboration to prevent and protect vulnerable older adults against financial exploitation.**

# of outreach addressing financial scams and exploitation 14000 educational pamphlets  
 # of reports filed with APS under the category of financial exploitation 235  
 # of education events focused on legal issues, including advanced directive, power of attorney, and payee services Over the past year, Vermont Legal Aid has provided several trainings to AAAs on advance directives, powers of attorney, guardianship, and elder abuse

**Goal 2: Ensure that Vermont’s OAA programs are inclusive of all older Vermonters**

**Objective 2.1: Bolster training and collaboration across State departments to strengthen the aging network’s response to trauma and mental health.**

# of aging network staff trained in trauma-informed services. Opportunities for trauma-informed services training will be explored  
 # of aging network staff and volunteers completing gatekeeper training. Approximately 20 Eldercare Clinicians  
 # of people enrolled in the eldercare clinician program. Only SFY22 data is available at this time: 242 people enrolled

**Objective 2.2: Determine services needed and effectiveness of programs, policies, and services for all Vermonters, including LGBTQ+, Abenaki, BIPOC, and New Americans.**

# of strategic planning sessions involving organizations representing specific groups of Vermonters SUA Director is part of the State Health Assessment/State Health Improvement Plan steering committee  
 # of marketing initiatives created to represent all Vermonters DAAL will work on acquiring accurate data and encourage community partners to develop content that reflects and supports diversity

**Goal 3: Bolster the recognition and support of all caregivers including unpaid caregivers**

**Objective 3.1: Increase public awareness and recognition of the diverse needs, issues, and challenges faced by family caregivers**

# of public engagements focused on unpaid caregivers Over the past year, the Alzheimer’s Association held events incorporating unpaid caregiver topics. The UVM Gerontology Symposium also addressed unpaid caregiving  
 # of programs operated in Vermont supporting family caregivers AAAs, The Alzheimer’s Association, Adult Day Centers, UVMCC, and other community partners continue to provide services and resources to family caregivers

**Objective 3.2: Increase collaboration across the aging network to support Grandparents raising grandchildren**

# of public engagements focused on grandparents raising grandchildren. Vermont Kin As Parents (VKAP) has a Facebook and X (Twitter) account. SUA will work with AAAs and VKAP on adding public engagement strategies.  
 # of programs operated in Vermont supporting grandparents raising grandchildren 6

**Objective 3.3: Family Caregiver Support: Ensure family caregivers have a support system in place to meet them where they are in their caregiving journey.**

#/% of AAA staff trained in using the evidence-based assessment. 10  
 # of professionals in the aging services field trained in dementia capable Project ECHO will be focusing on providing education to professionals on dementia capable practices in 2024.  
 # of volunteers providing respite to family caregivers. 31  
 #/% of caregivers who show decreased stress and burden levels after regular reassessment intervals. AAAs regularly refer caregivers to counseling when assessment determines significant stress and burden levels. The SUA is working with the AAAs on building capacity for reassessment.