Counseling Older Adults on Medicare
Medicare Medicaid Assistance Program (MMAP) Team
Area Agency on Aging 1-B, Southfield, Michigan

The Challenge:
The MMAP team at AAA 1-B is an example of how with the power of volunteers we can achieve more together to make a difference in the lives of others. MMAP is the Medicare Medicaid Assistance Program, Michigan’s State Health Insurance Program (SHIP) and Senior Medicare Patrol (SMP).

In this program, our volunteers are our Medicare experts and provide counseling and group education directly to Medicare beneficiaries. They meet individually with older adults and persons with disabilities to help answer their health insurance questions, navigate through problems, and select insurance plans. Volunteers also provide presentations to senior and disability groups to help educate them on Medicare.

A couple years ago, the MMAP program was faced with overwhelming challenges. We had declining volunteer interest, overworked paid staff, and we weren’t reaching the people we wanted to serve. To add to the challenges, the baby boomers had begun to retire. In order to fulfill our mission, we needed to find out a way to reach them and expand our capacity. As many nonprofit and government funded organizations, we were in a situation where we had to do more with less in the midst of existing challenges.

Why Volunteers Were the Solution:
We decided to come to the volunteers for help. We had a group of 150 talented volunteers with different professional skills and untapped potential. Many brought to the table hidden talents (marketing expertise, languages spoken), and they all had great ideas. They exceeded our expectations. As a result, we began utilizing volunteers in every aspect of our program.

How Volunteers Help Carry Out Our Mission:
We expanded our volunteering in three ways.

- **Peer Mentoring:** We use Peer Mentoring in our volunteer on-boarding process, where volunteers sit with other volunteers to learn how our agency operates and how to counsel consumers on Medicare. They often exchange personal phone numbers and rely on each other to provide a network of support. In addition to program staff, the option to call another volunteer for support has created a sense of community and an environment where volunteers feel valued. Peer mentoring helped relieve the time-consuming task of mentoring a volunteer from program staff. In the process, it helped engage and offer a renewed sense of collegiality for our existing pool of volunteers.

Volunteers who participate in the peer mentoring process tend to volunteer more often and more consistently, take on new challenges, and have more positive evaluations of the program.
• **Outreach:** To further support volunteering, we formed a monthly Outreach Workgroup. This group advises on strategies to create program awareness, engage community partners, and reach our Medicare beneficiaries directly. This group is our think tank, which generates a wealth of ideas and makes those ideas a reality. Because of the workgroup, we have been able to reach new audiences and new community partners. We have been able to increase the number of Medicare beneficiaries that attend presentations, we are at more community events, and we have more Medicare beneficiaries that contact our organization for individual assistance.

• **Monthly Team Brainstorming:** Another tactic to expand volunteering are monthly Team Member Support Meetings, where our team members can meet with each other and a program staff person and discuss difficult cases they have. The team never ceases to amaze us with the innovation and expertise they demonstrate in navigating health benefits and trying to help in the most comprehensive way possible.

The solutions they provide have increased the quality of our program. We have used the feedback generated in these team meetings in our update trainings to benefit new volunteers and those who missed the meetings.

**Impact:**
The result of these efforts has been significant. Our program was recognized by our state office for our program expansion.

**For the Organization:** Our volunteer retention has drastically improved. In 2011, our volunteer retention rate of new volunteers was 39% (16 volunteers retained out of 41 new volunteers registered). In 2013, our volunteer retention rate was 82% (40 volunteers retained out of 49 new volunteers registered).

The impact can also be seen in the number of partners. In 2011, we had 17 community partners. In 2013, we have 64 community partners. That is a 376% increase.

**For the Volunteers:** A higher retention rate means more satisfied volunteers.

**For the People Served:** From 2011-2013, the number of Medicare beneficiaries we counseled has doubled (10,111 people reached in 2011 and 22,311 people reached in 2013). During the same time period, the number of Medicare beneficiaries reached through group presentations also doubled (11,401 people reached in 2011 and 22,780 reached in 2013).

**Funding and Resources:**
No additional funding was necessary for this project. We need only a minimal amount of staff time and a meeting space for the volunteers to convene. The amount of staff time saved by this project—an average of 20 hours per week—outweighs the time needed to maintain it.
**Value:**
Volunteers are a fundamental part of achieving our mission of educating and helping Medicare beneficiaries. They counsel the Medicare beneficiaries, provide presentations, and help drive the mission of the program forward. We are all unified in helping people with Medicare. Without the volunteers, we wouldn’t have a program. Their value exceeds what can be demonstrated in numbers. They are the heart and backbone of this program.

**Sustainability:**
When we first started these new groups, a core group of seven to 12 people attended. Now, we have had so much success that we have between 50-100 people interested in at least one of these groups. We now have monthly meetings in each of our counties and quarterly regional meetings, instead of only monthly regional meetings. By incorporating volunteers into not only the counseling, but the outreach and planning, we have been able to achieve sustained growth and engagement.

**Replicability:**
This practice was very easy to adopt and can be replicated very easily in a variety of settings. Here are some lessons we learned:

- Ongoing, two-sided communication is the key to success of the team and project.
- Have clear objectives and vision, but solicit ideas from your older adult volunteers in how to fulfill the mission of your project.
- By working together with your volunteers, you can achieve more.

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