

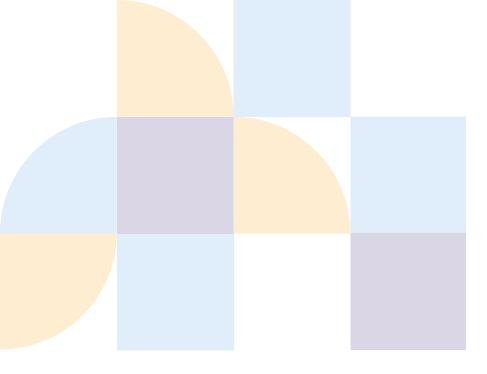


Aging Innovations and Achievement AWARDS SHOWCASE

Honoring Successful Initiatives of USAging Members









About USAging

USAging is the national association representing and supporting the network of Area Agencies on Aging and advocating for the Title VI Native American Aging Programs. Our members help older adults and people with disabilities throughout the United States live with optimal health, well-being, independence and dignity in their homes and communities. USAging is dedicated to supporting the success of our members through advancing public policy, sparking innovation, strengthening the capacity of our members, raising their visibility and working to drive excellence in the fields of aging and home and community-based services.

For more information about USAging, AAAs or Title VI programs, visit **www.usaging.org**.

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About iN2L

As the provider of the leading engagement and social connection platform for seniors, iN2L has been enriching the lives of older adults since 1999. Opportunities for connection and engagement are the basis of iN2L's purpose-built solution designed specifically for older adults, and the fundamental building blocks to reducing loneliness and improving health and wellness. Trusted by more than 3,700 senior living communities and adult day programs as well as older adults living at home, iN2L technology is the foundation for activities that facilitate social interaction, cognitive and physical exercise, education, reminiscing, areas of interest, and memory support engagement. iN2L works closely with elder care providers, including Area Agencies on Aging, in creating and implementing innovative programs utilizing our senior-friendly tablets to improve well-being and quality of life for older adults.

iN2L Leadership:

Lisa Taylor, CEO

Introduction

Every year, USAging proudly recognizes the innovative, successful and replicable programs and initiatives of our members through the USAging Aging Innovations and Achievement (AIA) Awards program. This publication is a comprehensive listing of the 43 programs earning awards in 2022.

It is thanks to our partnership with iN2L that we have this opportunity to honor and showcase the initiatives of Area Agencies on Aging (AAAs) and Title VI Native American Aging Programs across the country.

We salute all those who have enhanced the prestige of this awards program by sharing their initiatives with their peers in the Aging Network. This sharing of cutting-edge concepts, innovative ideas and successful strategies helps inspire others, seed replication and ultimately, boost the capacity and success of all agencies.

The awards highlight leading-edge and successful programs that demonstrate sound management practices that are replicable by others in the Aging Network. They exemplify both traditional and new strategies in a range of categories.

Aging Innovations Awards honor the most innovative programs among all nominations received and **Aging Achievement Awards** recognize the most contemporary, effective and replicable programs.

Annually, the awards are presented during the USAging Conference and Tradeshow. This year during USAging's 47th Annual Conference and Tradeshow, held in Austin, TX, 13 programs were honored with engraved Aging Innovations Awards and 30 programs received Aging Achievement Awards. In addition, through the generous support of iN2L, the top-ranking programs received monetary awards.

To qualify for an award, programs must have been in operation between one and five years, receive minimal assistance from outside experts and demonstrate effective approaches in either offering new services or improving existing services. Awards criteria include demonstration of measurable results, e.g., cost savings, improved client service and enhanced staff productivity. The AIA Awards are open to USAging AAA and Title VI members only.

Highlights of all past Aging Innovations Award recipients are available in the USAging-members-only AIA clearinghouse at www.usaging.org/aia.

We hope that these award-winning programs will inspire your efforts as you address current challenges, seize opportunities and implement solutions in your community. And remember, plan to share your innovations with us next year!



Mary Ann Spanos USAging President



Sandy Markwood USAging CEO



"iN2L is delighted to once again sponsor the USAging Aging Innovations and Achievement Awards program, which recognizes Area Agencies on Aging and Title VI Native American Aging Programs. Improving the quality of life of older adults through compelling initiatives and successful programs is one of the greatest parts of this business, and we are thrilled to recognize this year's recipients and their achievements. Congratulations to you all! The dedication and drive to create something that furthers human connection during great change and turmoil is inspiring, and I am honored to know such an incredible group of individuals."

Lisa Taylor CEO, iN2L

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Aging INNOVATIONS Awards

ADVOCACY

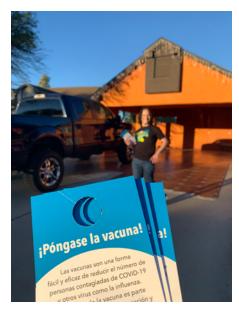
Take YOUR Shot! Pima Council on Aging

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Director of Public Policy & Special Projects

Pima Council on Aging 8467 E. Broadway Boulevard Tucson, AZ 85710 520.307.5751 mbynes@pcoa.org Pima Council on Aging (PCOA) began delivering the Take YOUR Shot! campaign in December 2020 to increase access, availability and information regarding COVID-19 vaccination to a community where more than 80 percent of deaths have been people older than 60. Throughout the campaign, PCOA worked with local resources and community members to specifically address the needs of local Latinx and BIPOC communities.

To begin the four-phase campaign, PCOA worked with state and local officials to ensure that AAAs and their providers were classified as essential health care workers. This enabled staff to get vaccinated and care more directly for older adults. PCOA then contracted with Arizona Center for Empowerment to begin a door-to-door and phone-banking campaign. Another partnership with City of Tucson's Transportation Department provided client transportation to and from vaccination sites. A media campaign featured Spanish and English television, radio and print ads, as well as Facebook, TikTok and Instagram messaging.



Budget:

The \$300,000 budget (covered by CARES Act and CDC Vaccine Access funding) included marketing (\$150,000), community organizing contracts (\$50,000) and temporary internal staffing (\$100,000).

Accomplishments:

PCOA staff knocked on more than 100,000 doors, made more than 50,000 phone calls and spoke directly with more than 11,000 Pima County residents. PCOA messaging appeared in more than 2,000 TV/cable slots, more than 1,200 radio ads and 50 print ads. PCOA's COVID-19 information website had 10,000 hits, and PCOA's Facebook, TikTok and Instagram accounts garnered more than a million impressions. The campaign motivated 8,000 people to pledge to get themselves and their family members vaccinated and boosted. Now, more than 90 percent of people aged 60 and older in Pima County have been vaccinated.

Replicability:

TikTok, Facebook and Instagram are effective, low-cost tools for outreach. AAAs have various options for local outreach, including subcontracting with community organizing groups.

DIVERSITY, EQUITY & INCLUSION

Operation COVID-19 Response: Take Your Best Shot Area Office on Aging of Northwestern Ohio, Inc.

Early in the COVID-19 pandemic, Area Office on Aging of Northwestern Ohio (AOoA) fielded more than 1,000 telephone calls daily from older adults and community members seeking information about the virus and resources to protect against it. To support underserved older adults, communities of color and individuals at high risk of morbidity and mortality, the AOoA developed Operation COVID-19 Response: Take Your Best Shot, partnering with two Federally Qualified Health Centers, the Ohio National Guard and a coalition of local for-profit and nonprofit entities to educate, dispel myths and empower targeted communities to make informed decisions related to COVID-19.



When local health departments were overwhelmed with vaccine distribution, the AOoA's substantial network of providers and community partners filled the gap through PSAs; social media messaging; town halls; a weekly newsletter; increased telehealth services; a distribution center for personal protective equipment (PPE) and other items; and vaccine clinics at union halls, senior centers and congregate housing sites. The operation supported more than 30 vaccine clinics providing 2,000+ vaccines, mitigated food insecurity and distributed more than 5,000 wellness kits and \$100,000+ of incontinence products.

Budget:

Costs of \$300,000 for the 18-month program included information technology, vaccine administration, vaccine incentives and transportation, payroll expenses, outreach materials, employee travel, printing/duplication, clerical supplies, raffle prizes, physician honorariums, food and entertainment. Operation COVID-19 Response: Take Your Best Shot was supported with donations from local businesses, as well as funding from the CARES Act, American Rescue Plan Act, YWCA of Northwest Ohio and Aetna BetterHealth.

Accomplishments:

Through Operation COVID-19 Response, AOoA experienced a 100-fold decrease in daily calls related to COVID-19. Vaccine uptake in the community initially hovered around 50 to 60 percent for older adults, but by the end of 2021, greater than 80 percent of the older adult population was vaccinated.

Replicability:

Collaboration and weekly communication with various local nonprofit and for-profit entities is vital because no one entity has the resources to address community needs alone.

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DIVERSITY, EQUITY & INCLUSION

Thrive with Pride Cafes by AgeOptions AgeOptions

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Thrive with Pride Cafes combat social isolation and improve health outcomes among LGBT+ older adults and caregivers in suburban Cook County, IL. These monthly Cafes, hosted by trusted and affirming community organizations and churches, provide education to LGBT+ older adults who experience health disparities, are less financially stable and are increasingly isolated. The Cafes cover relevant topics such as nutrition programs, Medicare options, patient advocacy and mental health, and offer space for attendees to share stories and make social connections in a safe setting.

After holding focus groups, training partners and securing funding from the Community Memorial Foundation, the



Thrive with Pride Cafes program was launched with stipends for partners to host local cafes and a dedicated AgeOptions staff member to coordinate the program. The Thrive with Pride Cafes launched just as the COVID-19 pandemic shut down in-person events, so AgeOptions pivoted to a monthly recorded virtual session followed by smaller group discussions with local partners.

Budget:

Annual costs of \$90,000 include \$55,000 for personnel and benefits, \$7,500 for overhead and travel, \$10,000 for partner stipends and \$17,500 for marketing (funded by a special one-time grant specifically for marketing). Other funding sources include private foundation support from the Community Memorial Foundation and The Chicago Community Trust plus personnel support from Older Americans Act administrative funds.

Accomplishments:

Of the small sample size of Thrive with Pride participants who responded to a 35-question online survey, 47 percent reported that the program gave them a sense of community belonging, 86 percent felt more comfortable accessing older adult services and 21 percent reported fewer emergency room visits than the prior year.

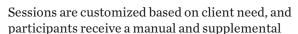
Replicability:

Replication requires devoting staff time to cultivate community partnerships. Connect with places where LGBT+ people gather in the community. Additional information on program replication is available at www.thrivingwithpride.org or by contacting AgeOptions.

ELDER ABUSE PREVENTION

EMPOWER: Building Late-Life Resilience Area Agency on Aging, Region One

Area Agency on Aging, Region One developed EMPOWER: Building Late-Life Resilience in partnership with the Urban Institute and through funding from the National Institute of Justice (NIJ), to address elder mistreatment including physical and sexual abuse, financial exploitation and neglect. Facilitators (typically social workers) meet with clients weekly in their homes for 12 weeks and focus on a different topic each week. The first session begins with an assessment, and subsequent visits cover topics including home safety, physical health, emotional well-being and gratitude, social connectedness and financial well-being.



materials including a journal, pill box, personal health record, "vial of life" magnet, medication disposal envelope, Five Wishes health care directive and calendar. After participants complete the program, they receive a 90-day follow-up check-in call. During the COVID-19 pandemic, in-home visits shifted to virtual visits by Zoom and phone and the manual and supplemental materials were mailed to participants.



The annual program cost of \$241,595 includes salary and employee-related expenses for the facilitators, materials and supplies, operating expenses and travel.

Accomplishments:

A total of 184 older adults have participated in the program, with 93 percent of program completers stating that the program helped them recognize their strengths, 84 percent reporting improved ability to solve problems and 80 percent reporting the program made them more aware of social relationships they should be cautious about.

Replicability:

Originally this program was implemented as part of a research study by Urban Institute through an NIJ grant. Program participants can be recruited from AAAs' home and community-based services programs, particularly people who are on waiting lists for formalized services or are low-income, homebound or socially isolated.



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HEALTHY AGING

Passport to Health Detroit Area Agency on Aging

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Detroit Area Agency on Aging 1333 Brewery Park Boulevard, Suite 200 Detroit, MI 48207 313.446.4444 taylorr@daaa1a.org In Detroit, MI, older adults are dying at more than two times the rate of older adults in the rest of the state. In response to this finding, the Detroit Area Agency on Aging (DAAA) created Passport to Health (PTH) to promote physical, emotional, social, spiritual, intellectual and occupational wellness among older adults in two Detroit-based Community Wellness Service Centers. The innovative, evidence-informed initiative specifically targets older adults with one or more chronic conditions. About 94 percent of this target population are minorities, and 36 percent live in poverty.



Core components of the person-centered process include one-on-one health assessments led by nursing students or staff, plus classes and activities. Participants are incentivized to attend events and incorporate wellness into their lives through a structured rewards program. MySeniorCenter.org and REDCap were used to track participant progress and reward points to measure impact and outcomes. During the COVID-19 pandemic, PTH sites conducted telephone wellness checks and offered virtual and outdoor activities.

Budget:

PTH was funded with a two-year, \$500,000 grant from the Michigan Health Endowment Fund with a match from DAAA. Funding covered support staff implementation, two health coaches, customization of MySeniorCenter.org, incentive/reward items, project evaluation by the University of Michigan School of Public Health, health devices and the development of a business plan to support third-party reimbursement and sustainability. After capital outlays for customization of MySeniorCenter.org software (\$3,000) and technology purchases (\$2,500), the annual program budget is \$66,800.

Accomplishments:

PTH engaged 196 older adults in health and wellness programs. About 50 percent of participants reported engaging in more physical, social, cognitive or wellness activities. Nursing students assisting with program delivery acquired skills for working with older adults and increased their interest in working in geriatrics, from 25 percent with prior interest to almost 60 percent afterward.

Replicability:

DAAA has developed a toolkit and presentation to support replication. The toolkit includes a business plan, training manual, program evaluation results, promotional materials, sample point structures, testimonials and more.

Advanced Medication Care CoordinationAging & Long Term Care of Eastern Washington

Medical systems, long-term care programs, payers and pharmacists have struggled to find interventions to address medication issues in vulnerable populations such as older adults receiving Medicaid in-home care. Aging & Long Term Care of Eastern Washington worked with a regional education management collaborative to develop Advanced Medication Care Coordination, enabling a trained care coordinator to develop relationships with clients and advocate for their needs.

This program combines a trained care coordinator who specializes in medication interventions with access to a pharmacist via telehealth. Providers work collaboratively with older adults in urban and rural



communities to complete a comprehensive medication review and explore what social and medication-related changes can improve health outcomes and quality of life. A structured process of care combined with motivational interviewing techniques has resulted in high client and primary care physician engagement, resolved medication-related problems and improved patient quality of life. A combination of telehealth visits, telephone calls and in-person visits ensured the program continued during the COVID-19 pandemic.

Budget:

A \$125,407 grant from Empire Health Foundation funded program development and implementation, including salaries for an Advanced Medication Care Coordinator and pharmacist, administrative support for client referrals and engagement, and support costs.

Accomplishments:

For the 2021 pilot year, the focus was on setting up a standardized approach, training, and creating a system for measuring and tracking enrollment and outcomes. Of the 199 clients referred, 99 enrolled and 59 graduated. Clients on average took 15 medications and had nine chronic conditions. Among program graduates, 93 percent met personal goals, 80 percent resolved medication barriers, 90 percent accepted provider recommendations, 93 percent showed improved patient activation and 73 percent showed improved quality of life.

Replicability:

A replication guide is under development. It will provide a format for measuring and tracking client data, specific training for the Advanced Medication Care Coordinator and a model for tracking pharmacist recommendations.

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Going Home Program Central Plains Area Agency on Aging

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Central Plains Area Agency on Aging 271 W. Third Street N., Suite 500 Wichita, KS 67202 316.660.7298 annette.graham@cpaaa.org Central Plains Area Agency on Aging (CPAAA) leads the Going Home Program, which provides transition services to individuals not on Medicaid who are able to safely transition out of a nursing facility experiencing high COVID-19 cases to an appropriate community setting. Through this program, 51 people in Kansas were able to move from a nursing home to a community-based home of their choice.

The Program Coordinator completes an assessment for social determinants of health, risk for social isolation and type of support needed, including personal/environmental, technology, nutrition and long-term care. CPAAA then coordinates a wraparound approach, working with the nursing home and appropriate partners to assist with needed supports. Services offered include housing assistance, deposits for utilities and coverage of the first month's rent, purchase of household items, a one-time purchase of groceries, home modifications such as ramps and repairs, durable medical equipment or adaptive equipment, and telecommunications such as phones or tablets.



Budget:

Total costs of \$131,275 include personnel (\$78,000), fringe benefits (\$31,925), home modifications (\$4,550), enhanced case management (\$1,500), printing (\$1,500), supplies/postage (\$2,800), equipment (\$3,000), travel (\$1,000) and miscellaneous expenses (\$7,000). Grant funding was provided through the U.S. Administration for Community Living via the Kansas Department for Aging and Disability Services.

Accomplishments:

All participants indicated they would continue to use the ramp, durable medical equipment or technology provided by the grant. Additionally, 98 percent indicated they would not have had the information needed to transition without the assistance of the Going Home Program.

Replicability:

AAAs can seek funding through Managed Care Organizations, the Older Americans Act or grants, or even by operating this as a private-pay service. Find a case manager familiar with local housing and community resources to lead this program. Look for partners such as Centers for Independent Living, state assistive technology providers and other community agencies.

Pop-Up Produce Arlington Area Agency on Aging

Many older adults in Arlington County participate in the Senior Farmers' Market Nutrition Program (SFMNP), though transportation to and from the market can be a challenge. This became even more of a challenge during the COVID-19 pandemic. To ensure older adults had access to fresh food during the pandemic, Arlington Area Agency on Aging partnered with FreshFarm to deliver 253 bags of produce over a 10-week period in 2020. After residents expressed interest in selecting their own produce, the 2021 program evolved into onsite pop-up farmers' markets at independent living residences for older adults.

Bringing the markets to the independent living communities and offering the ability for SFMNP participants to redeem SFMNP coupons at the markets helps reduce barriers for low-income older adults

to access fresh, local produce. Now, seasonal fruits and vegetables are brought to the community and set up outdoors so residents can get outside, shop, socialize and obtain nutrition information and recipes in English and Spanish. In response to high demand, the program is taking place monthly and at more communities in 2022.



The primary cost of the market is staff time. Each market requires one to two hours of planning and coordination. During markets, two to three staff members spend about three hours setting up and assisting residents. FreshFarm procures produce from their network of farmers, including SFMNP-approved vendors, and accepts produce donations from a philanthropic farmer.

Accomplishments:

The goals of the program were to serve a minimum of 20 participants at each market, expand access to fresh fruits and vegetables and increase the annual SFMNP coupon redemption rate. The total number of participants exceeded the goal, increasing from 25 at the first market to more than 60 at the end of the season. The redemption rate also increased from around 60 percent in 2019 to 78 percent in 2021.

Replicability:

Partnerships are key. Relationships with resident services staff at independent living communities ensure a willingness to promote the program and register residents. Local farmers' market managers can procure produce through their network.



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At Home with JABAJefferson Area Board for Aging

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Jefferson Area Board for Aging 674 Hillsdale Drive, Suite 9 Charlottesville, VA 22901 434.817.5238 mkeane@jabacares.org Jefferson Area Board for Aging (JABA) created the At Home with JABA program after March 2020 COVID-19 closures to bring JABA's Community Senior Centers (CSC) engagement opportunities into the homes of older adults. The program began with Facebook Live events, activity packets mailed to homes, weekly phone calls and home-delivered meals. Recently, Zoom programming has been added, including bingo three times a week, weekly exercise programs, biweekly nurse presentations and a variety of presentations from JABA partners.

Programs can be accessed via telephone or internet and are designed to include relevant education and activities catered to a wide range of backgrounds, identities, religions and cultural practices. At Home with JABA participants, including CSC members, home-delivered meals clients and other older adults in the community, are connected to meals and receive referrals to JABA departments, community partners such as Social Services and the Food Bank, and local health practitioners. As a result, overall community health is positively impacted.



Budget:

The \$35,594 budget includes salaries (\$15,718), benefits (\$4,576), occupancy (\$3,000), supplies (\$1,000), postage (\$900), printing (\$8,400) and marketing/media/recruitment (\$2,000). The At Home with JABA program is an extension of the CSC program, which receives funding from the Older Americans Act, philanthropic efforts and local organizations.

Accomplishments:

The program reaches more than 300 CSC participants and 200 home-delivered meal clients. Packets are mailed to 250 people each month, and about 25 people regularly participate in virtual activities.

Replicability:

Volunteer involvement is vital early in the process to support technology assessment, tutor participants on accessing Zoom and create technology cheat sheets. Connect with local agencies and broadband providers during planning to share information about technology barriers. Plan upfront for participant accommodations to ensure inclusivity.

Enhancing Social Connection Through Arts and TechnologyCentral Vermont Council on Aging

The Creative Care Kit project provides homebound older adults a chance to build creative skills and make meaningful social connections. Central Vermont Council on Aging recognized the need to extend engagement opportunities to homebound older adults for years, so the COVID-19 pandemic served as a catalyst to create the Creative Care Kit project. Participants receive a kit with high-quality art supplies and materials, plus a binder with detailed activities designed by professional teaching artists. Digital tablets and individualized tech training are provided to facilitate connection for those who need digital support.

Creative Companion volunteers contact kit recipients regularly over a six-month period to encourage their creative journey and lead conversations around the creative process. Artwork that emerges from this creative opportunity is exhibited during a culminating event.



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Budget:

The project costs \$40,000 for 100 participants, which includes material costs for kits (\$50–\$100), staff communication time, digital options and wages for professional teaching artists. The project was funded by local and national grants and individual donors.

Accomplishments:

The pilot project served 160 participants (135 recipients and 25 volunteers). At the end of the pilot project, 75 percent of survey respondents indicated they developed new social connections, 66 percent indicated they strengthened existing social connections and 97 percent indicated their desire to receive another kit and participate again. Every participant indicated an increase in creative skills after engaging with the kit and their volunteer. The second-round project is serving approximately 100 participants, half of which are receiving digital devices and individualized tech training as part of their kits.

Replicability:

Begin by developing partnerships with state arts councils or local arts education organizations that can help identify needs and existing opportunities within the community and assist with finding qualified professional teaching artists to assist in the kit design. Utilizing existing volunteer resources is also crucial.

Options for People to Address Loneliness (OPAL) Rogue Valley Council of Governments Area Agency on Aging

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Rogue Valley Council of Governments Area Agency on Aging 155 N. First Street Central Point, OR 97502 541.423.1384 cwilkerson@rvcog.org Options for People to Address Loneliness (OPAL) is a short-term, person-centered behavioral health program that provides participants with support and encouragement in response to the increased social isolation and loneliness experienced by older adults and adults with disabilities because of the COVID-19 pandemic. After the program launched, staff became aware of the more complex, challenging issues faced by participants and expanded the program from four to six weekly sessions, along with two follow-up calls.

OPAL session activities include setting small goals and developing action plans to reduce loneliness and isolation, practicing behavior activation strategies to increase pleasant physical or social activities, and learning coping strategies to decrease symptoms of stress, depression and anxiety. OPAL counselors also collaborate with participants



to find community resources, advocate for medical and behavioral health care access and increase access to technology for rural clients.

Budget:

Total operating costs for one fiscal year of \$143,787 include personnel, agency indirect costs, IT purchases (GrandPad tablets and associated internet fees) and case consultation services. In the first year, Older Americans Act and CARES Act funding plus funding from a local charitable trust covered development and implementation.

Accomplishments:

The OPAL program uses two surveys to measure a participant's feelings of loneliness and isolation: the UCLA Loneliness Scale and the Lubben Social Network Scale. Survey data indicate that 72 percent of those who completed the program experienced a positive change in their feelings of loneliness and 71 percent experienced an increase in their social network. Of those who experienced a positive change, the average reduction in feelings of isolation was 91 percent.

Replicability:

Community Health Workers in two rural counties have been trained to replicate the program, and OPAL training materials are available. Agencies need to identify and dedicate funding for personnel and IT purchases and collaborate with local partners.

WORKFORCE DEVELOPMENT

Bridging the Gap—Addressing Unmet Needs for DCWs Region IV Area Agency on Aging

Unexpected hardships often cause direct care workers (DCWs) to leave their jobs. Bridging the Gap for DCWs provides emergency support for those workers with hardship needs that may limit their ability to provide consistent care to Region IV Area Agency on Aging (RIV AAA) clients. Funds assist with transportation, car repairs, unexpected dependent care, food insecurity and other needs. On-the-job mentoring also is provided. DCW providers identify staff needs and can request funds once per year, per employee to fulfill them.

When DCW turnover rates skyrocketed during the COVID-19 pandemic, RIV AAA held listening sessions and learned that even small emergencies such as minor car repairs or a lack of funds to pay for cell phone minutes led DCWs to leave employment. Now, RIV AAA uses board-designated funds to reduce those turnover rates. RIV AAA also is in discussion with a workforce development board and community partners to design a DCW pipeline to listen to and address DCW needs, interests and dreams.

Budget:

Total costs of \$9,132 include mentoring/training (\$195), transportation (\$8,726), cell phones (\$136) and other unmet needs (\$75). AAA staff time to process financial requests is provided in-kind so all funds are directed to meet DCW requests.

Accomplishments:

When their emergency needs are met, DCW staff remain engaged in their work. DCWs report feeling heard and valued by their employer and the AAA. All 32 instances of assistance resulted in continued employment. Cost-effectiveness of service has increased as staff turnover rates decline, resulting in avoided recruitment, onboarding and training costs to fill open positions.

Replicability:

Begin by listening to DCWs and providers to learn about localized needs. Establish a fund with internal resources or philanthropic support. RIV AAA can share the Bridging the Gap for DCWs processes outline and fund request form.



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WORKFORCE DEVELOPMENT

Excellence in Leadership Academy—Leading to a Culture Change Lewis-Mason-Thurston Area Agency on Aging

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Lewis-Mason-Thurston Area Agency on Aging 2404 Heritage Court SW Olympia, WA 98502 360.819.0143 nicole.kiddoo@dshs.wa.gov Lewis-Mason-Thurston Area Agency on Aging (LMTAAA) is in its state's capital city and competes with many state agencies offering similar work with higher compensation and better benefits. Turnover not only leads to low morale, workload issues and burnout, but it also has a direct impact on the services provided to clients and caregivers. To help build morale



and a positive company culture, LMTAAA developed an Excellence in Leadership Academy open to all staff interested in creating or enhancing their leadership skills.

After two graduating classes, LMTAAA has seen significant positive results in engagement, performance and reduced attrition. The academy also has positively influenced agency culture, as graduates have a common language and knowledge base. During COVID-19, the Excellence in Leadership Academy switched from an in-person to virtual format, with large and small virtual breakout groups mimicking the format of in-person training. Trainings are now being offered every two years.

Budget:

In 2019, costs of \$21,829 included training, individualized coaching, off-site meeting rooms, meals and supplies. Remote program costs for 2020 were \$15,550. Estimated costs for 2022 are \$25,000.

Accomplishments:

In 2019 and 2020 combined, 24 employees completed the academy. Since then, 96 percent have stayed with LMTAAA and 50 percent earned promotions. Additionally, 96 percent took on additional leadership responsibilities that have been crucial in building agency culture and supporting retention efforts. As a result, LMTAAA's staffing shortage of 10 percent is much lower than other local agencies.

Replicability:

When considering a similar program, identify key leadership topics, determine whether you have internal subject-matter experts or need to invest in a consultant, set participation expectations and recruit qualified applicants. If a full academy launch is not possible, consider alternatives such as small trainings, book clubs on leadership topics or involvement in committee work.



Aging ACHIEVEMENT Awards

AGENCY OPERATIONS

Integrating AAAs Into Local Emergency Response for Improved Service

County of San Diego, Health and Human Services Agency, Aging & Independence Services

Aging & Independence Services worked with the county Emergency Operations Center and Public Health Services departments to establish the Older Adult and Disability Sector Support Team—a replicable structure for COVID-19 emergency response and outreach to the Aging Network. The support team became an integral part of the county's emergency response, disseminating timely information to older adults, providing technical support to agencies to help interpret public health guidance, conducting needs assessments, creating resources and facilitating vaccine access for homebound and low-income older adults. This model will be used for future public health and emergency response efforts.

Budget:

All activities were accomplished using in-kind staff time.

Accomplishments:

The support team rapidly disseminated communications to more than 6,400 Aging Network stakeholders, held 60 onsite vaccination events at low-income senior housing facilities, created a homebound vaccine program that vaccinated more than 1,900 residents, and created an emergency food delivery program to serve people with disabilities who are under age 60.

Replicability:

Replicate this approach by determining staff roles and resources and collaborating with public health and government emergency operations. Create a listserv of local service providers for rapid information dissemination.

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AGENCY OPERATIONS

PCOA Way

Pima Council on Aging

In 2018 Pima Council on Aging (PCOA) integrated Lean Management principles into the AAA's business operations in partnership with the state unit on aging. PCOA Way gives staff the tools, concepts and skills needed to engage in collaborative problem solving and improve services and processes. Lean Management facilitated company agility in response to the COVID-19 pandemic, leading staff to adapt best practices and communicate and problem-solve efficiently.

Budget:

PCOA Way is adapted from the Arizona Management System (AMS), which was implemented in Arizona government systems in 2015. PCOA received AMS training at no cost and developed and adapted the training to meet staff needs. The only cost is staff time.

Accomplishments:

Adopting Lean Management principles created a framework for culture change, shifting focus from spotting "problems" to identifying processes and strategies for ongoing improvement and providing staff with tools to work efficiently and effectively.

Replicability:

The model provided by the state unit on aging and customized to meet PCOA needs can be a framework for other agencies.

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COMMUNITY PLANNING & LIVABLE COMMUNITIES

AIS Cal Fresh Healthy Living: Empowering Older Adults County of San Diego, Health and Human Services Agency, Aging & Independence Services

The CalFresh Healthy Living program empowers low-income older adults to lead healthy, active lifestyles. Participants receive nutrition education and a four-session training on how to engage in policy, systems and environmental (PSE) change projects. Participants identify community barriers to healthy eating and physical activity, brainstorm solutions and work with partners to enact change. Aging & Independence Services (AIS) staff provide technical assistance and support for projects.

Budget:

CalFresh Healthy Living is supported by federal Supplemental Nutrition Assistance Program–Education funding (\$160,000 annually), which pays for a staff coordinator and some PSE projects. Other projects require only in-kind staff time.

Accomplishments:

Outcomes include creation of crosswalks, seating at a transit hub, community gardens, potluck safety guidelines and a kinship family cookbook. Participants report a renewed sense of agency and inspiration. The program also increased participants' fruit and vegetable consumption and physical activity.

Replicability:

AIS can share the nutrition education programs and PSE community change curriculum. Most PSE change projects require only small cash expenditures (less than \$5,000).

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DIVERSITY, EQUITY & INCLUSION

Pride in Care North CarolinaCentralina Area Agency on Aging

Pride in Care North Carolina (PICNC) is a cultural competency training for North Carolina skilled nursing facilities to help staff understand and meet the diverse needs of LGBT+ residents. Centralina Area Agency on Aging partnered with the North Carolina Association of Area Agencies on Aging and the North Carolina Long-Term Care Ombudsman Program to offer 16 three-hour "Train the Trainer" sessions over the course of three years. Nursing home administrators, nurses, social workers and activity directors earn continuing education credits (CEUs).

Budget:

The PICNC project was awarded a Centers for Medicare & Medicaid Services (CMS) Civil Money Penalty (CMP) grant to fund an annual cost of \$135,500, which includes staff salary; fringe and indirect costs; online training vouchers; leader materials; mailings; and CEUs.

Accomplishments:

Centralina has hosted 10 trainings and certified 90+ leaders. The average pre-versus post-test data shows a significant improvement in competencies for serving LGBT+ residents, including use of LGBT+-affirming language and awareness of LGBT+ health disparities and lived experiences.

Replicability:

PICNC could be replicated by other AAAs, particularly those with access to CMS CMP grants.

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HEALTH-LTSS INTEGRATION

Deploying Rapid Response HCBS to Reduce Hospitalizations

Region IV Area Agency on Aging

Through their Rapid Response Home & Community Based Services program, Region IV Area Agency on Aging (RIV AAA) provides in-home supportive services to older adults allowing them to recover from COVID-19 at home and offers respite services for their caregivers. RIV AAA worked with its local health systems to target outreach to minority communities at disproportionate risk for COVID-19 to expand reach and increase service adoption. This program has reduced hospitalizations, length of stay at the hospital and emergency department visits. Partnerships with funders and local health systems led to a successful launch of services during the pandemic.

Budget:

Total one-year program costs of \$130,694 include personal care (\$63,676), meals (\$6,869), transportation (\$534), assistive devices (\$1,616) and care management staff costs (\$58,000).

Accomplishments:

Of discharged patients, 65 percent experienced shortened hospital length of stay and/or reduced risk of hospital readmission and 35 percent avoided hospitalization and recovered at home. The program has led to increased enrollments in other AAA programs and services and additional Medicare Fee-for-Service contracts with physician groups.

Replicability:

Package services and braid funding to launch a Rapid Response HCBS service line. Collaborate with health systems and physicians to create referral systems and metrics that demonstrate program impact and value while working toward sustainable funding.

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HEALTHY AGING

A Matter of Balance

Appalachian Agency for Senior Citizens

Appalachian Agency for Senior Citizens (AASC) offers A Matter of Balance workshops to reduce the fear of falling and increase the activity levels of older adults concerned about falling. Two volunteer lay leader coaches teach weekly two-hour sessions for eight weeks. Participants set goals for increasing physical activity, reducing home fall risks and practicing strength and balance exercises.

Budget:

A Matter of Balance is funded by a three-year grant from the Virginia Department for Aging and Rehabilitative Services. The agency receives \$75 per completer the first year, \$60 the second year and \$45 the third year for up to 20 completers. The agency's Ombudsman/Educational Coordinator runs the program.

Accomplishments:

AASC contracted to have 40 completers of A Matter of Balance during the grant period and met their goal. Upon class completion, participants displayed improvements in balance and flexibility and felt stronger.

Replicability:

Identify a target audience from senior sites, congregate nutrition sites, churches and civic groups. Referrals from physicians' offices and physical therapy offices also help.

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HEALTHY AGING

Community Connections CollaborativesAgeGuide Northeastern Illinois

Community Connections Collaboratives bundles services into a cohesive disease and illness prevention program that emphasizes minimizing risk of falls, managing chronic disease and increasing socialization and exercise. Participants undergo a health screening before and after each evidence-based program session so they can see their physical improvements over time and realize the value of the program to their health. After completing an evidence-based program, participants are also connected to additional services, including recreational programming to decrease social isolation, and health care plans of action are developed in partnership with White Crane Wellness for those who may have additional needs beyond the scope of AAA services. Since COVID-19, the agency offers virtual programs only or virtual and hybrid programs for older adults who are homebound or live in rural areas.

Budget:

The annual budget (\$67,000), covered by Older Americans Act funds, includes screenings by a registered nurse. Volunteers assist with administration duties and paperwork.

Accomplishments:

Pre- and post-workshop screenings conducted using the Centers for Disease Control and Prevention STEADI tool show that 77 percent of participants reported improvement in ability to perform physical daily functions and 58 percent plan to continue exercising on their own.

Replicability:

This program is easily replicated by building partnerships with local medical provider groups or schools with physical or occupational therapy programs. Measurable before and after health screenings with meaningful follow-up encourage continued activity among older adults.

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HEALTHY AGING

COVID-19 Vaccines: Helping Those in Need Region VII Area Agency on Aging

Region VII Area Agency on Aging implemented a COVID-19 vaccination program and participated in the Michigan Department of Health and Human Services Community Outreach Pilot Project for Vaccination of Vulnerable Individuals Aged 60 Years and Older. Region VII's nursing and pharmacy staff administered vaccines to individuals across a 10-county region who struggled to gain access to vaccinations. Staff traveled to homebound older adults to administer vaccines directly and held clinics to reach older adults living in rural areas.

Budget:

Costs included staff time and administration plus waste disposal and supplies such as gloves, sanitizers and EpiPens. The agency was required to purchase a refrigerator and freezers to store vaccines.

Accomplishments:

More than 1,000 individuals who had been unable to get COVID-19 vaccines were vaccinated, with 2,000 total vaccine doses provided. This reduced the burden on the health care system and consumers' risk of contracting COVID-19.

Replicability:

All AAAs, especially those with nurses and health-related staff, can launch vaccine programs. Once supplies and equipment are in place, costs can be managed by utilizing existing staff.

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HEALTHY AGING

Hospital to Home Alliance for Aging, Inc.

To assist five area hospitals in safely discharging vulnerable older adults and freeing up hospital beds at the height of the COVID-19 pandemic, the Alliance for Aging created Hospital to Home (H2H). Patients are provided home-based services delivered by lead agencies for 60 to 90 days after discharge to minimize risk of readmission. The program is only available to those who are not current clients, not in a Medicare Advantage plan and not in a Medicaid Managed Long-Term Care waiver program to avoid duplication of services, so H2H also serves as an entry point for consumers eligible but not receiving long-term care services.

Budget:

Annual project costs of \$172,000 include a part-time program coordinator, office supplies, technology and services delivered by lead agencies (averaging \$833 per client per month).

Accomplishments:

Approximately 145 clients were served during the first year. Through case management provided by lead agencies, 17 clients received assistance applying for long-term care services. Referrals resulted in successful plans of care and health improvements. The program was extended for an additional three years based on positive outcomes during the pilot phase.

Replicability:

AAAs already have the infrastructure in place for H2H programming. Once hospital partners are engaged, hire a program coordinator to communicate with clients, providers and partners.

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HOME & COMMUNITY-BASED SERVICES

Chores Program

Appalachian Agency for Senior Citizens

Appalachian Agency for Senior Citizens (AASC) created the Chores Program to assist those individuals age 60 and older who are frail, have disabilities, live in isolated areas and meet income guidelines. The program began during the COVID-19 pandemic to assist with larger chores not normally provided by the AAA and which consumers could not afford or arrange on their own.

Budget:

Since it began in May 2020, the Chores Program has completed 117 projects at a cost of \$22,393. The program is funded through the Virginia Department for Aging and Rehabilitative Services.

Accomplishments:

To date, the Chores Program has resulted in 117 projects including house deepcleaning and pressure-washing; step and rail replacements; yard mowing and weeding; tree cutting; firewood deliveries; door replacements; and electrical, plumbing, floor and furnace repairs.

Replicability:

Have service providers in place before beginning the program. Execute a service agreement with clients so all terms are clear before services are provided.

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Community Arts for Brain Health Initiative
San Francisco Department of Disability and Aging
Services, Office of Community Partnerships

The San Francisco Department of Disability and Aging Services, in partnership with University of California San Francisco (UCSF), offers the Community Arts for Brain Health Initiative to engage older adults and adults with disabilities in creative and interactive art activities. UCSF fellows lead activities in community centers, libraries and other neighborhood spaces to promote brain health, mitigate isolation and enable positive social interactions. After projects are complete, they are shared with the public through presentations and exhibits. A hybrid approach enabled program continuation during the COVID-19 pandemic.

Budget:

The annual program budget (\$80,000) includes salary for a part-time program coordinator and part-time program assistant (\$40,000) and operating and administrative costs (\$40,000). Four to five UCSF fellows assist with program operations.

Accomplishments:

In FY 2020-2021, 166 participants engaged in more than 224 hours of art classes. Almost 80 percent of survey respondents felt more socially engaged through opportunities offered by the program, 78 percent felt greater connection to their local community and 85 percent had a better understanding of brain health.

Replicability:

This program can be replicated by establishing strong relationships with local academic institutions and building partnerships with community centers, libraries or other facilities that can host activities.

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HOME & COMMUNITY-BASED SERVICES

COVID-19 In-Home Vaccination Services: An Aging & Public Health Collaboration Detroit Area Agency on Aging

Recognizing the health risks and transportation barriers homebound older adults encountered when seeking COVID-19 vaccinations, the Detroit Area Agency on Aging (DAAA) partnered with Health Centers of Detroit, home health agencies, neighborhood-based health clinics and adult foster care facilities to create In-Home Vaccination Services. The program delivered vaccines and booster shots to bedbound and homebound older adults and eligible family members residing in the home, as well as residents and staff of 28 adult foster care facilities. DAAA also transported older adults to vaccination locations.

Budget:

DAAA was awarded \$1,021,000 to implement In-Home COVID-19 Vaccination Services with CARES Act and other funding. These funds covered the cost of personal protective equipment, medical bags for nurses and administrative cost associated with reporting requirements. Annual costs (\$250,000) include staffing (\$56,000), contractual fees (\$160,000), supplies (\$12,000) and indirect cost (\$22,000).

Accomplishments:

DAAA provided vaccinations to more than 1,400 individuals residing in their own homes or adult foster care facilities. The program vaccinated homebound older adults with a 51 percent acceptance rate, compared to the City of Detroit's 35 percent rate.

Replicability:

DAAA developed a toolkit that can be used to replicate the program.

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Offering Community Health Work While Maximizing Capacity and Funding

Region 2 Area Agency on Aging

After the Region 2 Area Agency on Aging (R2AAA) completed a community needs assessment to evaluate how the AAA could make a greater impact on those it serves, R2AAA restructured its care management model to a 3-Tiered Care Program, which also included the addition to the AAA staff of four Community Health Workers (CHWs) led by two registered nurses. Tier 1 participants, who have a lower level of care needs, receive telephonic support, while Tier 2 participants receive care management and Tier 3 participants receive targeted case management. CHWs assist with case coordination and friendly reassurance functions. This model allows the AAA to deliver services that meet the growing need within the community and at the level participants need, depending on which tier they are part of.

Budget:

In 2018, project development costs (\$78,000) were primarily staff time to build infrastructure and services. In 2021, CHW/RN costs of \$326,308 were mainly covered through Older Americans Act funding. These figures do not include supervision and overhead costs.

Accomplishments:

In 2021, the program served 322 older adults. CHW work increased R2AAA's community reach through grant-funded services by 65 percent. Tiered Care recipients' satisfaction survey results indicated 91 percent to 100 percent satisfaction.

Replicability:

The Tiered Care model can be replicated using OAA Title III funding. R2AAA can share guidance on project development.

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HOME & COMMUNITY-BASED SERVICES

Person-Centered Care Coordination ProgramBay Aging

Bay Aging is the first Area Agency on Aging in Virginia to achieve accreditation for Case Management for Long-Term Services and Supports through the National Committee for Quality Assurance (NCQA). Bay Aging's Person-Centered Care Coordination Program helps people experiencing chronic illness or age-related challenges avoid nursing home placement and live at home. A multi-disciplinary team assists clients in obtaining care and managing health benefits. Bay Aging developed the program to assist individuals in accessing support services and navigating the challenging pandemic health care environment.

Budget:

Total annual program expenses of \$208,100 include personnel (\$175,000), travel (\$500), communications (\$600) and indirect costs (\$32,000), all funded through Older Americans Act Title III B funding.

Accomplishments:

Bay Aging established a goal that 85 percent of enrolled participants will meet one of their individualized plan of care goals. A quantitative analysis concluded that 100 percent of participants completed at least one goal.

Replicability:

By following NCQA accreditation guidelines, Bay Aging was able to develop systematic, replicable processes and objectives.

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Bay Aging

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Pet Project

Alliance for Aging, Inc.

Caring for and feeding pets became a financial burden for many low-income and homebound older adults at the onset of the COVID-19 pandemic. Alliance for Aging partnered with the Pet Project to deliver free pet food and supplies to 166 qualifying older adults in Miami-Dade County and 80 more elders in Monroe County every other month.

Budget:

A first-year budget of \$166,000 covered costs for a part-time staff member responsible for client assessment and enrollment. The Pet Project team stored and coordinated bi-monthly distribution of food and supplies.

Accomplishments:

From September 2020 to July 2021, 83,500 pounds of dry food, 2,150 cases of wet food and 26,000 pounds of cat litter were distributed for 278 pets in Miami-Dade County. The project resumed in December 2021 and expanded to include 111 pets in Monroe County.

Replicability:

AAAs can replicate this program by partnering with local animal welfare agencies. Pet food, supplies and deliveries can be managed by any entity. Identify participants through existing clients and your network of providers and promote the project to community partners.

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HOME & COMMUNITY-BASED SERVICES

Senior Center Without Walls Sowega Council on Aging

Sowega Council on Aging implemented the Senior Center Without Walls program in a 14-county region in response to COVID-19 closures, overhead expenses, supply chain issues, workforce shortages and low participation rates at senior centers. Sowega contracts with local restaurants, providing nutritious meals onsite or for pickup. Activities and programming, including evidence-based programs, are offered in person at local community organizations or via Zoom.

Budget:

This model reduces overhead costs, with no physical senior centers or kitchens to maintain and a dramatic reduction in employees, resulting in more funds allocated to meals. Total costs of \$1,426,020 are covered by a mix of funding sources.

Accomplishments:

Participation across the region tripled from 500 to more than 1,500, with 720 more consumers on the waiting list. Volunteer participation increased from 12 to 24 advisory members. Virtual attendance includes thousands of tablet interactions per month.

Replicability:

Replicate by delivering senior center programming at new places in the community and contracting with restaurants, YMCAs, public libraries, churches or other nonprofits. Develop a virtual component for those who cannot participate in person.

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HOUSING

#HousingHelp

Area Office on Aging of Northwestern Ohio, Inc.

The Area Office on Aging of Northwestern Ohio (AOoA) partnered with the Ability Center of Greater Toledo (the local Center for Independent Living, or CIL) to reimagine how older northwest Ohioans and younger people with disabilities find housing. By calling the housing navigator or visiting AOoA's website, individuals receive customized listings of safe, affordable, accessible housing based on household size, income range, age, disability status and geographic preference. The housing navigator collects and updates housing resources and connects clients with property managers. The updated, searchable website is accessible for screen readers and includes photos of available properties.

Budget:

The Ability Center and AOoA each contributed \$29,950 to fund the housing website search and hire the housing navigator. Housing navigation is now funded through AOoA's Aging & Disability Resource Network budget.

Accomplishments:

This approach significantly increased website visitors and callers and has assisted older adults and younger people with disabilities in finding appropriate housing.

Replicability:

Replicate through collaboration between AAAs and CILs. Other AAAs can also leverage the user interface/design and testing work that AOoA has already done to replicate this approach.

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HOUSING

Home Safe: Strategies to Prevent Homelessness County of San Diego, Health and Human Services Agency, Aging & Independence Services

The County of San Diego's Aging & Independence Services developed a formal partnership with a community-based organization that offers housing navigation to provide flexible, short-term subsidies and a broad continuum of services for clients at imminent risk of homelessness. Through the Home Safe program, Adult Protective Services social workers are trained to assess homelessness risk using an in-house screening tool and offer clients assistance in retaining housing through various interventions including landlord mediation, short-term financial assistance and intensive case management.

Budget:

The State of California Department of Social Services (CDSS) initially awarded the County of San Diego \$1 million, with the county providing a one-to-one match. The state has since expanded the program with sustained funding and no match requirement, with the recent CDSS funding allocation of \$9,727,452 over three years.

Accomplishments:

The Home Safe Program has an 80 percent acceptance rate of referred clients. The top two reasons for referral are having an eviction notice or requesting a housing navigator. The top two interventions are enhanced case management services and temporary housing.

Replicability:

Many interventions already exist within agencies and can be leveraged at no cost.

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INFORMATION & REFERRAL/ASSISTANCE

Smart Tracking and Referrals (STAR) Appalachian Agency for Senior Citizens

The Smart Tracking and Referrals (STAR) system developed by Appalachian Agency for Senior Citizens (AASC) creates accountability for staff, generates useful data, and provides a better way to reduce unmet need and ensure clients benefit from the more than 30 available service options. The care coordination department intake specialist handles service requests to streamline the intake process. The tracking system also assists with creation of monthly, quarterly and yearly intake reports for management team review, grant applications and more.

Budget:

The only costs are the intake specialist's wages and spreadsheet software such as Excel for tracking calls and referrals.

Accomplishments:

The STAR program tracking system collects information on new client referrals, clients sent to a care coordinator or other AASC department, clients referred to other agencies and client needs. This information is compiled for monthly intake reports and ensures staff follow up with clients.

Replicability:

The STAR program is easily replicable with access to spreadsheet software and the efforts of an intake specialist knowledgeable of services provided by their agency and others.

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KINSHIP & GRANDFAMILY SUPPORT

Respite Tutoring Services

Southeast Tennessee Area Agency on Aging & Disability

The Southeast Tennessee Area Agency on Aging & Disability (SETAAAD) National Family Caregiver Support Program (NFCSP) expanded its services to relative caregivers 55 or older caring for a minor child by partnering with a local tutoring program to provide respite services during the COVID-19 pandemic. The caregiver is provided relief from their duties while the child participates in in-person or virtual tutoring sessions.

Budget:

Total FY 2021 costs of \$71,960 included the tutoring program's initial assessment and hourly fees for respite tutoring services. Costs were covered by CARES Act and Older Americans Act Title III E funding.

Accomplishments:

In FY 2021, 30 caregivers were served through 1,400 hours of tutoring to 42 students. Caregivers reported decreased levels of stress, time to do things for themselves, relief at children's improvement at school and improved relationships.

Replicability:

Replicate by establishing formal partnerships between a AAA's NFCSP and local tutoring service providers. Referral sources can be identified through networking and outreach activities.

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NUTRITION

Grab & Go Meals: COVID Response & Future Opportunities to Modernize Nutrition Programs Howard County Office on Aging and Independence, Department of Community Resources and Services

The Grab & Go Meal Program was established in March 2020 when congregate meal programs and senior centers temporarily closed due to COVID-19 stay-at-home orders. The program created an efficient and effective food distribution and delivery model. Older adults and caregivers received a week's worth of frozen dinners for pickup or delivery. Over the past two years, the model has expanded to include a restaurant initiative allowing for culturally responsive meal choices at local restaurants.

Budget:

FY 2021 operating costs of \$629,632 included \$499,632 for meals and contractual services and \$130,000 for salary and benefits.

Accomplishments:

Approximately 1,400 unduplicated participants have been served approximately 112,166 meals through the Grab & Go Meal Program and Restaurant Initiative. Partnerships with 14 restaurants and caterers were established, providing American, Chinese, Indian, Irish, Korean, Kosher, Mediterranean and Mexican meal choices.

Replicability:

Replicate by establishing and leveraging partnerships with nonprofit organizations, local caterers and restaurants. Reimagine AAA staff roles and responsibilities to support the program.

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SOCIAL ENGAGEMENT

AgeSpan Robotic Pets Program AgeSpan

AgeSpan's Robotic Pets Program provides robotic dogs and cats to people with dementia and their family caregivers to bring comfort, companionship and fun. The realistic pets have fur to pet and make pet-like sounds, and each pet is embedded with sensors that respond to petting and hugs with familiar pet-like actions. The pets are calming and soothing while actively engaging the care recipient.

Budget:

Joy for All Companion Pets from Hasbro cost between \$150 to \$200 each, depending on model specifications. Older Americans Act Title III E funding, redirected home care service dollars and donations cover costs.

Accomplishments:

Since the program began in 2017, AgeSpan has distributed more than 250 pets. The pets address isolation, provide companionship and comfort, and help keep confusion at bay.

Replicability:

After learning of this program, other AAAs have begun distributing robotic pets. The pets have a relatively low cost and are easy to provide to families.

CONTACT:

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AgeSpan

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Let's Do Lunch

ElderSource

ElderSource partnered with AARP Florida to conduct monthly TV talk show-style Facebook Live events on various topics relevant to older adults. The shows gave people something fun, informative and engaging to watch and do while in their homes during the COVID-19 pandemic. ElderSource's CEO and an AARP Florida leader co-hosted each session, with topics including container gardening, music for relaxation, chair yoga, watercolor painting, robotic pets and more. The sessions were recorded and made available through ElderSource and AARP Florida YouTube channels.

Budget:

This program was created and delivered at no cost. Special guests donated their time, and AARP Florida used an existing platform. Marketing was done through existing channels (newsletters, websites, social media).

Accomplishments:

Facebook impressions exceeded 70,000. The total number of YouTube views was almost 800. A similar series is in the works for LGBTQ older adults.

Replicability:

This is easily replicable. Recruiting guests and planning the series are the biggest time commitments.

CONTACT:

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ElderSource

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SOCIAL ENGAGEMENT

Live, Learn & Grow Alliance for Aging, Inc.

Live, Learn & Grow is a virtual seminar series for older adults in Miami-Dade County in response to increasing social isolation and loneliness during the COVID-19 pandemic. Hosted by a certified geriatric counselor and grief specialist, the weekly seminar is delivered separately in English and Spanish and explores topics concerning mental, emotional and physical health. The seminar provides older adults and their caregivers with tools to cope with the burdens and stresses of aging in place.

Budget:

The 2021 operating budget (approximately 24,000) included contracted and indirect services. The program was promoted through existing partners and social media channels and was delivered via Zoom at no additional expense.

Accomplishments:

Between 10 and 15 participants attended each session, with many attending regularly. Client feedback indicated they were satisfied with the workshop, found the facilitator engaging and accessible, and thought the materials were understandable.

Replicability:

Replicate by partnering with local mental health providers to address topics related to social isolation and loneliness.

CONTACT:

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Meeting Seniors Where They Are with PSR Virtual Learning

Piedmont Senior Resources Area Agency on Aging

In response to the COVID-19 pandemic and temporary closures of Piedmont Senior Resources Area Agency on Aging (PSR)'s congregate nutrition sites, PSR developed a new way to bring activities to isolated, homebound older adults. It began with conference call bingo and then expanded to virtual tai chi, craft days and a fall prevention evidence-based program called "Bingocize" that combines bingo with low-impact strengthening exercises. PSR also created a tablet-lending program for older adults without technology access.

Budget:

PSR used COVID-19-relief funding to purchase 25 tablets and cellular data packages (\$26,100). Tablet purchases are a one-time expense; data packages recur annually. Personnel costs to implement the program are around \$1,344 per year.

Accomplishments:

Results include overall increased client satisfaction using pre- and post-program surveys, increased health from tai chi and Bingocize virtual programming, more engagement and socialization, and increased participation in programming.

Replicability:

The keys to replication are funding, persuading older adults that virtual programming is accessible and staffing. Building the program takes 10 to 15 weeks.

CONTACT:

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SOCIAL ENGAGEMENT

PRO Age ConnectionsArea V Agency on Aging

PRO Age Connections was created to address social isolation and loneliness among older adults. PRO stands for Positive Relationship Opportunities, which are formed through routine calls, kind messages written on postcards, a chat line and the sharing of robotic pets. Volunteers engage PRO-Ager participants in conversations about their interests, hobbies, experiences, wisdom and knowledge. At the same time, Area V Agency on Aging ensures unmet needs are addressed. In the future, the program will include meet and greets and one-on-one activities with volunteers and PRO-Agers.

Budget:

Total annual costs of \$9,761 include salary and fringe (\$4,243), travel to rural areas (\$502), supplies (\$1,392), and miscellaneous outreach and marketing expenses (\$3,624).

Accomplishments:

Volunteers from JustServe, a AAA stakeholder, made more than 1,500 Valentine's Day cards that were delivered to PRO-Agers. Assisted living facility staff reported residents' excitement at receiving the postcards. PRO-Agers have contacted the chat line multiple times.

Replicability:

Contact Area V Agency on Aging for assistance with replication.

CONTACT:

Gina Stucki Hubbard Information & Assistance Supervisor

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TECHNOLOGY

Google Home Smart Speaker Program

Sourcewise

Sourcewise established its Digital Inclusion Program and launched its first pilot project, the Google Home Smart Speaker (GHSS) Program, in partnership with the California Department of Aging. The program bridges the digital divide and social isolation among older adults, caregivers or people with disabilities, particularly in low-income, Black and indigenous communities. Sourcewise worked with local nonprofits to distribute devices and train participants on how to access news and entertainment, call loved ones, and set medication and appointment reminders.

Budget:

Total annual program costs (\$213,845) included personnel (\$186,716), printing training packets and shipping devices (approximately \$27 per set). CARES Act funding and device donations by Google covered expenses.

Accomplishments:

Devices, training materials and videos were provided to 610 individuals. Of the 247 people who completed the post survey, 41 percent reported device use multiple times per day, 23 percent reported device use almost every day and 14 percent reported device use 11–24 times a month.

Replicability:

Agencies should acquire Google Home smart speakers and develop training materials in multiple languages.

CONTACT:

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Sourcewise

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TECHNOLOGY

Keeping Access to Culture During the Pandemic Wolf River Community Based Residential Facility, Menominee Indian Tribe of Wisconsin

Internet access and a larger-than-life screen enabled residents in a Tribal community–based residential facility to access live streaming of events when they could not leave the facility during the COVID-19 pandemic. Streaming included pow-wows, Tribal ceremonies and live videos of sturgeon migrating from local rivers. Residents also accessed Zoom exercise and therapy classes. Elders will continue to use the 65-inch screen with internet access and a webcam even after the pandemic.

Budget:

Costs include a 65-inch interactive board/screen and webcam (\$3,766.12), PC and accessories (\$1,026.66), cables (\$108.04) and internet access. The cost was split between Title VI grant and Tribal dollars.

Accomplishments:

This effort helped elders preserve and share culture with each other and younger generations, which is invaluable.

Replicability:

This initiative is easily reproducible with purchase of similar technology.

CONTACT:

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TECHNOLOGY

Virtual Senior Center

Salt Lake County Aging & Adult Services

Salt Lake County Aging & Adult Services (AAS) implemented the Virtual Senior Center as centers temporarily closed due to the COVID-19 pandemic. The virtual center enables patrons to log on and socialize, exercise and learn from the comfort and safety of home. Offerings include arts and crafts, exercise classes, support groups and evidence-based health management workshops. The Virtual Senior Center is hosted on the AAS website. Live classes are hosted on Webex and are later posted on YouTube.

Budget:

This program is funded by Older Americans Act funds for health promotion and education at no additional cost to the agency.

Accomplishments:

Virtual Senior Center classes began in August 2020 with 20 classes; now, 415 classes are available. In 2021, 3,782 clients registered for a virtual class.

Replicability:

The Virtual Senior Center is highly replicable for agencies with a website, web meeting technology, knowledgeable program staff, and IT and communications support.

CONTACT:

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WORKFORCE DEVELOPMENT

One PAA

Peninsula Agency on Aging, Inc.

Peninsula Agency on Aging (PAA) Board of Directors' Social Justice Committee created One PAA to assess and measure equity and inclusion in real time. The first element of One PAA focuses on internal organizational structure to ensure PAA has staff with the appropriate knowledge, skills and abilities to deliver inclusive services. The second component of One PAA ensures the agency is doing everything possible to provide inclusive and equitable services to older adults.

Budget:

Program costs of \$9,250 include personnel (\$5,250) and in-kind volunteer hours valued at \$4,000.

Accomplishments:

Staff were initially surveyed in August 2020 to determine how well PAA was performing in each of the five key focus areas: access and success; climate and relations; training and education; infrastructure; and community engagement. Opportunities for improvement were identified and implemented. Staff were surveyed again in August 2021. Results showed improvement from the baseline in four of the five focus areas.

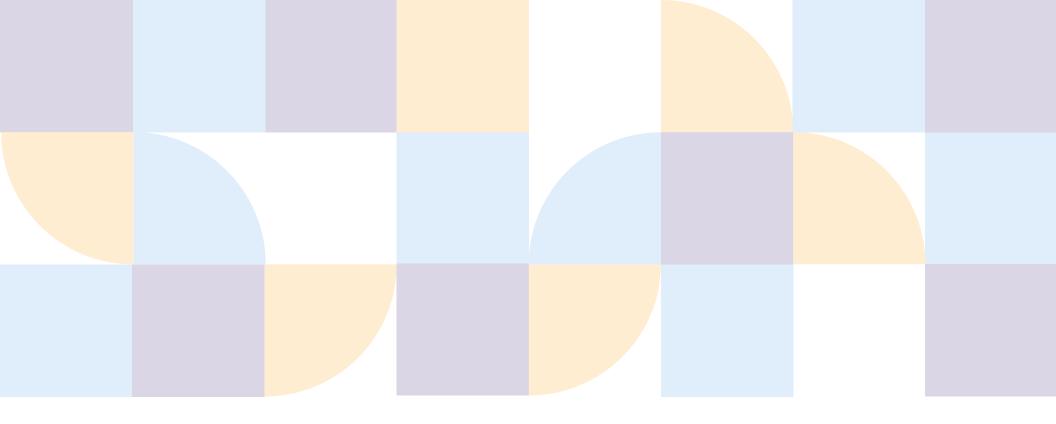
Replicability:

To replicate, form a cross-sectional group to address issues of diversity, equity and inclusion. Use a tool like the One PAA plan to conduct organizational assessments.

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Interested in learning more?

USAging members can access several years of best practices by visiting the AIA clearinghouse at www.usaging.org/aia.

For additional best practice examples from other USAging-administered programs, visit the engAGED Innovations Hub at www.engagingolderadults.org and access the National Aging and Disability Transportation Center Best Practices Compendium at www.nadtc.org.



Thank you to the following members of the USAging Board of Directors who served as this year's AIA Awards reviewers!

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Board Member, Region VII Council Bluffs, IA

Pam Curtis

Board Member, Region V and 1st Vice President Muskegon, MI

Diana Hoemann

Board Member, Region VII Warrensburg, MO

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Congratulations to the Aging Innovations & Achievement Awards 2022 Winners!

iN2L is honored to continue supporting the Aging Network in developing and delivering innovative solutions that enrich the lives of older adults and their caregivers.



For more information about USAging, our members, and the older adults and caregivers they serve, contact us:

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