About Caregiving.com
Caregiving.com is a leading online community for family caregivers. We provide practical tips, resources and support to help caregivers succeed in their care journeys. Our team of current and former caregivers understands the challenges and rewards of caregiving. We are committed to helping caregivers feel seen, heard, valued and supported.

Caregiving.com Leadership:
Michael Eidsaune, CEO

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 Cumulus Care, Inc.
Cumulus helps organizations securely collaborate, automate workflows among partners, assess clients, streamline social care referrals, and track outcomes – even when different IT systems are used. Customers use Cumulus to achieve goals and avoid complicated, costly technology projects. The modern platform that is changing the way collaboration happens, Cumulus is perfect for multi-disciplinary teams, care hubs, community partnerships, elder justice coalitions, and other collaboratives.

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Tom Laba, President
Introduction

Every year, USAging proudly recognizes the innovative, successful and replicable programs and initiatives of our members through the USAging Aging Innovations & Achievement (AIA) Awards program. This publication is a comprehensive listing of the 50 programs earning awards in 2023.

It is thanks to our partnership with Caregiving.com and Cumulus 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.

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 be sure to share your innovations with us next year!

“"It is an honor for Cumulus to support the USAging Aging Innovations & Achievement (AIA) Awards program. The future of long-term services and supports is centered in home and community-based services (HCBS). Area Agencies on Aging and Title VI Native American Aging Programs represent the best of HCBS. This year’s recipients of the prestigious AIA Awards exemplify the hard work, innovation and dedication to service that all USAging members exhibit each day. Highlighting their cutting-edge initiatives for the benefit of the national network is especially important and something Cumulus is proud to enable. Congratulations!”

The Cumulus Team
John Byer, CEO and Tom Laba, President

“"It’s inspiring to witness the incredible impact that Area Agencies on Aging are making in their communities through innovative programs. At Caregiving.com, we’re dedicated to amplifying and elevating these deserving initiatives even further. By supporting these organizations, we’re able to make a meaningful difference in the lives of those we serve, and this award is just one small way we’re demonstrating our unwavering commitment to their cause.”

Michael Eidsaune
CEO, Caregiving.com

Mary Ann Spanos
USAGing President

Sandy Markwood
USAGing CEO

Dr. Mary Ann Spanos
Sandy Markwood
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Caregivers Network by Sourcewise struggled to connect with informal caregivers via phone and email to provide supportive services, particularly during the COVID-19 pandemic. Through a partnership with Stanford University, Sourcewise created MyPlan, an innovative web-based application that enables caregivers to enroll anytime and gain access to resources instantly through a personalized resource library.

MyPlan diversifies how care managers can connect with caregivers, enabling communication in real time via a two-way chat and making meeting scheduling easy. Caregivers can opt to receive text messages related to self-care, satisfaction and mental health. MyPlan allows Sourcewise to serve more caregivers without sacrificing quality of service and to measure health-related outcomes for caregivers and their loved ones.

**Budget:**
Sourcewise utilizes MyPlan to manage and deliver Older Americans Act Title III E National Family Caregiver Support Program services to caregivers. Stanford’s Project Formula provided an in-kind grant to fund the $60,000 cost of MyPlan development. The design, training and roll-out of MyPlan took five months and roughly 20 hours of staff time per week. Sourcewise pays a subscription of $750 per month ($9,000 per year) to maintain MyPlan.

**Accomplishments:**
Caregivers who completed baseline and conclusion questionnaires report decreases in depression of 26 percent, stress of 10 percent and feelings of isolation of 73 percent. Informal caregivers experienced improvements with the social determinants of health with a 22 percent increase in transportation access; a 10 percent reduction in food insecurity; a 44 percent reduction in caregiver emergency department visits; a 58 percent reduction in caregiver overnight stays; and a 57 percent increase in caregivers reporting their loved one had not fallen in the last three months.

**Replicability:**
MyPlan resource libraries, text messages and questionnaires can be adapted to fit the needs of other family and informal caregiver support programs.
The Detroit Area Agency on Aging’s (DAAA) Food & Friendship Connections (FFC) program focuses on older adults living with HIV and other individuals who have lived with HIV for a long time. While effective antiretroviral therapies have allowed people living with HIV to enjoy longer and healthier lives, this vulnerable population continues to face challenges. DAAA assembled an internal work group, contracted with service providers and developed a network of community partners to create FFC.

The two-year pilot program provides medical transportation services, nutritious home-delivered meals to older adults living with HIV each weekday, wellness checks to promote socialization and improved access to community resources, and leader-led or self-directed peer support to improve personal advocacy and decision-making skills. During the COVID-19 pandemic, the program offered home-delivered meals, virtual peer support meetings, and virtual or outdoor social engagement events.

**Budget:**
Total Ryan White HIV/AIDS Program grant expenditures ($548,990) included wages/salaries, fringe benefits, meal costs and contracted services. Additional Older Americans Act funding supported networking opportunities and transportation to events. Cost per year is estimated to be $275,000 depending upon the number of participants served.

**Accomplishments:**
About 82 percent of participants were very satisfied with the program overall. Peer support participants surveyed across four quarterly client satisfaction surveys reported they “strongly agree” or “agree” that peer support adds value to their life. Meal services and peer support helped participants’ loneliness scale scores improve during the COVID-19 pandemic when they were socially isolated.

**Replicability:**
DAAA learned Ryan White HIV/AIDS Program funding is very specific in how it can be used. Much of the initially planned programming and events were modified or discontinued because they were not fully fundable. Agencies wishing to develop similar programs should ensure access to non–Ryan White funding for maximum flexibility of expenditures.

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Prior to 2020, 95 percent of the Trellis client population were English-speaking Caucasians. Then Trellis made a paradigm shift and commitment to reach more older adults and caregivers from historically marginalized and underserved communities that are disproportionately affected by health disparities.

In 2020, Trellis intentionally hired staff who speak languages other than English, recruited volunteers from diverse cultures and partnered with agencies that reach older adults and caregivers not traditionally served by Trellis. The Trellis team was challenged to make 70 percent of all outreach “touches” in communities of color, rural communities or low-income neighborhoods. Trellis sought out cultural guides—community leaders who taught employees culturally specific ways to speak with members—and intentionally developed authentic community partnerships.

**Budget:**
The program is funded by four grants from the Minnesota Board on Aging, which is the State Unit on Aging. The targeted dollars are now spent with a focus on equity. For instance, Trellis targets dollars in smaller diverse media channels (such as Oromia 11 TV or Hmong Radio) to reach older adults who speak languages other than English. Total payroll expenses of $592,000 include two volunteer coordinators, four community outreach specialists, an outreach coordinator and a manager.

**Accomplishments:**
Trellis staff now speak six languages and 73 percent of all community “.touches” are targeted to communities of color or those impacted by poverty. Now 43 percent of new volunteers speak a second language other than English, compared to just two percent in 2020. Additionally, 76 percent of media interviews are on diverse channels and 60 percent are in languages other than English.

**Replicability:**
Strategically hire staff who speak multiple languages, seek assistance from cultural guides representing diverse communities, expect staff to put their personal beliefs on hold and request staff accept constructive criticism from the community.
The Community of Care (CoC) project embeds Region IV Area Agency on Aging (RIV AAA) staff in medical care teams, strategically integrating social and clinical care to overcome social determinants of health (SDOH) barriers, improve health outcomes and reduce costs for older adults with complex care needs. Through a partnership with a local health system, an interdisciplinary team of medical clinicians and AAA care management staff collectively address complex medical care needs, long-term services and supports (LTSS) responses and caregiver needs.

The interdisciplinary team meets weekly to create person-centered care plans with tailored interventions based on patient-identified goals. Through in-home care management, SDOH barriers are identified and LTSS incorporated to meet patient and caregiver needs. RIV AAA serves as the leader, or hub, for the community-based organizations that help address the patient’s SDOH needs.

**Budget:**
RIV AAA received a Michigan Health Endowment Fund grant to launch this program. Costs include salary/fringe ($146,125); CoC Playbook design, production and distribution ($1,300); communication and marketing ($4,000); evaluation ($10,000); participant unmet needs fund ($8,000); telehealth equipment ($5,000); stakeholder/partner meetings ($1,750); and an IT programmer ($110,000). Medicare billable codes will sustain this work long-term.

**Accomplishments:**
CoC targets patients age 60 and older who are high utilizers of emergency department and inpatient services. Fewer than 10 percent of CoC patients experienced an emergency department visit or unplanned inpatient hospital stay after program enrollment, resulting in an estimated health care savings of $770,200 in avoided inpatient stays and $55,558 in avoided emergency department visit costs for 46 patients. Currently, 83 percent of CoC patients have a primary caregiver, and 93 percent of caregivers indicate they now feel supported or strongly supported in their caregiving role.

**Replicability:**
The CoC Playbook can assist with replication, including partnership development, community engagement, program design/implementation, outcomes and best practices to allow other AAAs to replicate this success.
Primary Care at Home
Senior Resources of West Michigan

Primary Care at Home serves people who live with multiple chronic conditions and require complex medical and social support but for whom leaving home is difficult. The program aims to reduce health care costs and health disparities by bringing care to the home. This high-touch model of care is integrated with long-term services and supports and behavioral health interventions.

Nurse practitioners under the supervision of a physician serve as the primary care provider and respond to medical issues 24 hours a day. Community Health Workers (CHWs) gather patient vitals, check general well-being and connect patients with resources and supports. Providers complete point-of-care testing and order X-rays, EKGs and ultrasounds in the home. Licensed master social workers provide telehealth or in-home counseling. The AAA also works with a pharmacist to recommend changes and educate patients on reducing medication side effects. Given the success of the use of telehealth during the pandemic, the program has continued to use it where appropriate.

**Budget:**
Initial development costs consisted of staff time for four months. FY 2022 operating costs of $1,013,212 included salaries for two full-time nurse practitioners, .25 medical director, one full-time medical assistant, one full-time registered nurse, three full-time administrative staff and two CHWs. Funding sources include Medicare and Medicare Advantage plans, Medicaid, private pay, various grant funding and agency reserve funds.

**Accomplishments:**
Prior to this program, on average 23 percent of care management participants had monthly emergency department visits with eight percent hospitalized. In the first full year, Primary Care at Home participant monthly emergency department visits were less than six percent and hospitalization rates were less than three percent.

**Replicability:**
This program builds on the needs of current home and community-based services participants and has a revenue source in Medicare and Medicare Advantage. Work with other AAAs, a community partner or funders. Resources from the National Home-Based Primary Care Learning Network, Home Centered Care Institute and American Academy of Home Care Medicine are helpful.
Statewide Collaborative in Michigan for AAA Evidence-Based Program Delivery
WellWise Services Area Agency on Aging

When the COVID-19 pandemic hit, MI Area Agencies on Aging developed a statewide collaborative to deliver evidence-based programs virtually across the state. The statewide collaborative partnered with the Michigan Bureau of Aging and Community Living to streamline data collection and co-brand marketing efforts.

As virtual evidence-based program delivery became an option, the AAAs used a shared license that covered the state to convert to a virtual format. Virtual programs offer person-centered programs that fit participants’ needs and availability, eliminate participation barriers such as transportation or weather, and help address social isolation. Collaborating across the AAAs helps reach more participants, including those living in rural areas, reduces duplicated efforts among agencies and offers efficiencies in staff time.

Budget:
All 16 AAAs in MI are individual nonprofit organizations or part of county government, so cost-sharing can be a challenge. Many AAAs have agreements with one another to cover administrative fees when someone from their region attends another region’s evidence-based program. Others do not share costs but welcome participants.

Accomplishments:
After participating in evidence-based programs, attendees report improved quality of life, reduced pain and less depression, with better capacity to manage their chronic conditions through increased physical activity levels, improved nutrition and stress management, and better sleep habits. Others report using more fall prevention strategies and feeling more confident in reducing their fall risk. Participants also report reduced feelings of social isolation. This collaborative service delivery results in greater program attendance and successful program completion rates.

Replicability:
Partnering across regions to run and collectively promote virtual evidence-based programming is manageable with a champion to lead the effort, consistent communication, co-branded marketing materials and partnerships to revise data collection practices.
Provider shortages, which lead to growing waitlists and unmet needs, are becoming prevalent among Area Agencies on Aging offering in-home personal care and homemaker services. To address this crisis, further exacerbated by the COVID-19 pandemic, Ohio District 5 Area Agency on Aging (AAA5) implemented Community Care Services (CCS). Through CCS, a team of registered nurses (RNs) and state-tested nursing assistants (STNAs) provide in-home services to vulnerable individuals in a nine-county region when the provider network is unable to.

The program was developed after conversations with local community stakeholders and legislators. It is innovative in that it not only enables quick service implementation for clients with immediate or urgent needs, but it also focuses on STNA retention through workplace culture, skill development and mentorship opportunities. Through its success, AAA5 was able to obtain a direct service waiver from its State Unit on Aging, expanding the program’s reach.

**Budget:**
Local levy, state Alzheimer’s, Older Americans Act Title III B and Older Americans Act Title III E funding covered 2022 program year expenses of $93,241.91, which included costs for RNs and STNAs (salaries, benefits, travel, training, IT, equipment, etc.). AAA5 is reimbursed at the same rate as a provider.

**Accomplishments:**
To date, 66 individuals have been served. This program drastically decreased the number of vulnerable older adults going without care or on the waitlist for care. The overall response to client satisfaction surveys has been positive. Additional benefits include smooth transitions from AAA5 to providers and positive work experiences for STNAs, who are learning new office skills and report feeling valued.

**Replicability:**
Other agencies with workforce barriers impacting their programs and the ability to serve at-risk older adults should explore replicating this program using local funds or grants. Positive relationships with the State Unit on Aging and local partners help. Most AAAs already employ RNs, so start small and hire one more junior nursing or caregiving professional. Diversifying staff time helps with administrative costs until the program is established.
The San Bernardino County Elder and Dependent Adult At-Home Homelessness and Prevention (At-Home) program provides services to older or dependent adults who are homeless or at risk of homelessness due to abuse, neglect, self-neglect or financial exploitation. This program offers a range of strategies to prevent homelessness and support ongoing housing stability for Adult Protective Services (APS) clients, including case management, housing-related intensive case management, short-term housing-related financial assistance, financial management, eviction prevention, landlord mediation, temporary housing and home repairs.

At-Home developed and trained specialized teams to work with older adults at risk of or experiencing homelessness. Increased program awareness in the community has led to partnerships with crucial housing partners such as rapid re-housing intervention programs, United Way 211, municipalities, community-based organizations and county departments. The partnerships leverage resources and extend the service length for each At-Home client.

**Budget:**
San Bernardino County was among 25 counties selected for the At-Home pilot demonstration, with an initial award of $600,000 to develop and implement the program for its APS population. No additional costs were accrued through the use of existing infrastructure and partnerships. The operating budget for three years is approximately $6,225, funded by the state of California.

**Accomplishments:**
The At-Home program received a 2021 National Association of Counties Human Services Achievement Award. From July 2019 to January 2023, the San Bernardino County Department of Aging and Adults Services—Public Guardian provided At-Home services to 972 individual clients. During the COVID-19 pandemic, program referrals increased by 40 percent.

**Replicability:**
Replicate by partnering with key stakeholders and county departments, developing materials for program operations, engaging in community outreach and streamlining processes. Look for funding from grants and state allocations. Establish Memorandums of Understanding with partners.

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When access to fresh food is limited, what can you do? That’s the question the Central Massachusetts Older Adults Hydroponic Program seeks to answer. This program stems from a collaboration between the Central Massachusetts Agency on Aging, Inc. and 2gether We Eat that expands an innovative hydroponic farming program to senior centers across Central Massachusetts. The no-cost program improves access to fresh vegetables and herbs, helps participants learn about gardening and nutrition, and facilitates social connection.

The program installs, operates and teaches participants hydroponic gardening at local senior centers. Hydroponic gardening can be done indoors, sometimes in very small spaces depending on how the system is set up. It is easy to maintain and accessible for people of all abilities. Produce from the program is also shared with local food banks.

**Budget:**
The total startup cost of the program ($17,330) includes materials, installation, training, system setup and promotion. Currently, three hydroponic garden sites are operational in senior centers across the region.

**Accomplishments:**
This program has improved the health of older adults in the area by providing nutritious, fresh food. The senior centers report a positive response from participants. Volunteers feel connected with the work they do, carefully tending the gardens and tapping the expertise of 2Gether We Eat for support. Hundreds of older adults have access to food that might otherwise be inaccessible and have a means of staying socially active.

**Replicability:**
This program can be taken on by any AAA with space for hydroponic setup. It is an excellent opportunity for partnering with other groups interested in improving food access in the community.
Local Roots
Chautauqua County Office for Aging Services

Local Roots is a produce access program for rural older adults that addresses client nutritional intake deficits, promotes independence and socialization, provides nutrition education and increases intake of fresh produce. The 10-week seasonal program provides weekly bundles of fresh, local produce at no cost to more than 300 older adults at seven locations in Chautauqua County. All locations are in underserved areas or rural food deserts, with priority given to locations with high populations of low-income individuals.

Chautauqua County Office for Aging Services’ registered dietitian works with local growers to plan the weekly produce inventory. Recipes and corresponding nutrition education about preparation, storage and the nutritional benefits of the produce are included with the weekly bundles. Bringing the program to the community reduces barriers to access, increases reach and facilitates socialization for participants when they pick out their produce. A home-delivery option is also available for homebound clients.

Budget:
Produce (300 portions per week for 10 weeks) from Abers Acres costs $28,170. Mobile Market delivery to seven sites costs $5,933. Home delivery (30 boxes per week) costs $657. Nutrition staff prep and coordination costs (two staff at five hours per week) are $3,540. Total costs of $44,000 also include AAA in-kind overhead and educational material contributions ($4,500), volunteer time (50 volunteer hours) and Mobile Market in-kind staff and resources ($1,200). Total program cost per participant is $146.

Accomplishments:
The program served 100 people in the first year and continues to grow. Participants benefit from access to and consumption of a variety of fresh and local produce, new recipes and increased nutrition education and awareness. Participants also experience increased socialization and physical activity if they walk to and from pickups.

Replicability:
This program is flexible and scalable to utilize the strengths and assets of each community. The framework promotes partnerships with collaborators that have not traditionally participated in food access programs.

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To address unmet needs for culturally relevant nutrition among diverse populations, San Francisco Department of Disability and Aging Services collaborated with two provider partners to offer targeted supplemental home-delivered grocery programs. The programs provide older adults who have the capacity to prepare some of their own meals with consistent access to culturally relevant fresh produce.

The program offered in collaboration with Bayview Senior Services targets the Black/African American and Samoan older adult populations in San Francisco. Each week, participants pick up or receive a delivery of a selection of fresh fruits and vegetables requested by participants, all sourced from local wholesale markets. The program offered in collaboration with Centro Latino de San Francisco (CLSF) serves Latino older adults and adults with disabilities. The CLSF program provides deliveries of food staples sourced from the San Francisco Marin Food Bank and fresh fruits and vegetables chosen based on participants’ input from a local produce vendor.

**Budget:**
With the Bayview Senior Services program budget ($98,698), approximately 82 percent is spent on produce, three percent on operational expenses, nine percent on staffing and six percent on indirect costs. With the CLSF program budget ($38,532), approximately 63 percent is spent on culturally relevant food, 31 percent on staffing and six percent on indirect costs. The AAA reimburses both providers based on the cost and number of bags provided, on average a range of $10-13 per bag.

**Accomplishments:**
The culturally relevant produce and cooking staples help program participants reach their nutritional needs. Currently, the CLSF program delivers about 65 bags of groceries a week. The Bayview Senior Services program has provided more than 7,900 grocery bags to approximately 160 older adults. Approximately 98 percent of people who accessed Bayview’s nutrition service programming reported increased consumption of produce and/or whole grains, and less worry about having enough food.

**Replicability:**
Program replication requires identifying a local market or wholesale distributor that sells culturally appropriate produce for the clients being served, a reliable team of staff and/or volunteers, and people who can coordinate deliveries and/or pickup.
The Homebound Resident Vaccination Program is a no-cost service for San Diego residents who are homebound due to medical reasons or disability. When COVID-19 vaccination began, many residents were unintentionally excluded from traditional vaccination distribution due to lack of access, lack of knowledge on how to schedule appointments online, immobility or lack of transportation to vaccination sites. Yet many of these residents were at high risk of complications from COVID-19.

To increase access and promote health equity, the County of San Diego Health and Human Services Agency (HHSA), Aging & Independence Services (AIS) partnered with 211 San Diego, fire departments and local health care providers to develop a program in which eligible residents could request an in-home vaccination appointment by phone. AIS developed protocols for screening and secure data sharing, conducted outreach and matched participants with vaccine providers. This service helped keep vulnerable residents safe at home while increasing access to life-saving vaccines. The program also increased peace of mind and safety for caregivers.

**Budget:**
Federal emergency pandemic funding provided annual direct costs of $234,000, which partially covered a full-time supervisor, manager and two line-level staff. Local health care contractors were paid approximately $79 per vaccine dose. This resulted in a cost of $157 per vaccine dose administered.

**Accomplishments:**
The Homebound Resident Vaccination program is now housed with HHSA’s Public Health Services (PHS). Prior to transitioning to PHS in April 2022, 2,013 residents received at least one dose of the COVID-19 vaccine, and 1,842 were fully vaccinated with two doses. The regularly updated centralized database allowed staff to notify individuals of their eligibility to receive a second dose or a booster.

**Replicability:**
The program holds promise as a replicable model for entities looking to provide in-home vaccinations, such as influenza or COVID-19 boosters, to at-risk homebound residents.
Caring Connections is a social engagement program designed to combat social isolation and loneliness. The program matches a volunteer with a client who is age 60 or older and who would like to receive a friendly weekly phone call. These phone calls serve as an opportunity to socialize, a wellness check and a link to other Council on Aging of Central Oregon (CoA) resources. Many of the Caring Connections participants are recruited from other programs or services provided by CoA, such as home-delivered meals.

Developed and launched in November 2020 during the height of the COVID-19 pandemic, Caring Connections started as a pilot program in one city and has since expanded across three counties. CoA tracks program activity while maintaining participant privacy using Mon Ami software, which is designed specifically for aging and disability services. In partnership with Oregon Health & Science University (OHSU), data on client and volunteer interactions is analyzed.

**Budget:**
Caring Connections is currently funded by a two-year Central Oregon Health Council Behavioral Health grant of $137,837, which covered program development and annual operating costs. Costs include staffing for a full-time program manager and some funding toward a volunteer manager, director of client services and director of communications and programming; software license fees ($2,400); research and data analysis ($9,000); volunteer recognition ($2,250); and marketing ($13,000).

**Accomplishments:**
CoA is using the UCLA Three-Item Loneliness Scale to gauge the program’s impact. Each participant is surveyed by phone before beginning the program and every six months during participation. At the end of the program’s first year, the OHSU research team analyzing the data found that the majority of participants experienced decreased feelings of isolation and increased companionship with another individual.

**Replicability:**
Create a referral pipeline by developing or expanding partnerships with community organizations such as medical providers, senior centers and faith-based organizations. Hiring a full-time program manager and recruiting volunteers is essential. Training materials are available from CoA.
Baltimore County Department of Aging (BCDA) developed a multifaceted approach to help older adults with technology access and use. The Digital Inclusion Initiative provides virtual technology training in partnership with the University of Maryland Extension 4-H Service and a variety of in-person Senior Planet technology training classes through licensure from Older Adults Technology Services from AARP. In-person trainings are held at senior centers, senior housing, county career centers and the Baltimore County Department of Economic and Workforce Development Mobile Career Center, which has 16 computer stations that can be taken to in-need areas of the county.

To further assist participants, the initiative offers devices such as tablets, laptops or computers at no cost to older adults who cannot afford them. Participants are connected to BCDA’s Technology Assistance Helpline if they need quick support or further training. Additionally, BCDA conducts monthly Affordable Connectivity Program (ACP) sign-up events and connects older adults to other resources like Lifeline, which can further assist them with staying connected online.

Budget:
Currently, the only ongoing expense of this program is staff time allocated to digital inclusion activities. The training has all been accomplished through public-private partnerships. Devices have been provided through grants available to help connect older adults with technology.

Accomplishments:
In the last year of operation, 108 people attended virtual technology training classes; 372 people attended in-person courses; 58 Tech Support Hotlines were held via Zoom; 13 ACP events were held throughout the county; 282 people signed up for ACP assistance for home connectivity; and 140 people received no-cost technology to aid them with their connectivity.

Replicability:
The key to the program’s success is to combine training opportunities with access to equipment and affordable home connectivity. Tapping into public-private partnerships can also help with replication.
Bay Transit Express is a microtransit service operating in Gloucester, VA, that was created to address transportation access challenges and long wait times for customers riding its fixed-route bus service. Bay Transit, the public transportation division of Bay Aging, previously operated two fixed-route bus services in Gloucester County. In June 2021, Bay Transit replaced one of the routes with a state-of-the-art, on-demand public transportation service. Due to the success of the first route, the Bay Transit Express service zone was expanded to replace the second route in October 2022. Monthly rides taken on Bay Transit Express have nearly doubled since the expansion.

The Bay Transit Express app is available for download on Apple and Android devices. Using the free app, customers can book $1 trips paid for with their debit or credit card straight from their phones or can call to get picked up in minutes. To ensure access for all riders, Bay Transit Express uses wheelchair-accessible vehicles and offers a telephone ride-booking option for those without smartphones or those who prefer to call.

**Budget:**
Operating costs were initially funded through a Federal Transit Administration Mobility Innovations grant. The expansion year has been funded with Virginia Department of Rail and Public Transportation (VDRPT) demonstration grant funds and local county matching funds. FY 2022 operating costs of $84,814 included labor, fuel, maintenance and overhead, with an hourly operating cost of $37.39. Capital costs included development of an app and monthly licensing for one year ($110,000) and the acquisition of three wheelchair lift–equipped Ford Transit vans ($300,000).

**Accomplishments:**
Bay Transit Express operating costs are nearly half the cost of the two now-discontinued fixed-route lines. Average wait times are 14.5 minutes, compared to 45-minute wait times for some fixed-routes. Ridership has surged and customer satisfaction averages 4.9 out of 5 stars.

**Replicability:**
Bay Transit, the Virginia Transit Association and the VDRPT provide guidance on launching microtransit to transit systems around VA. Microtransit technology companies like Via can provide vehicles and/or drivers in locations without existing public transportation resources.
Rideshare Transportation Program
Aging Resources of Central Iowa

Aging Resources of Central Iowa’s Rideshare Transportation Program provides on-demand transportation services to older adults via Uber and Lyft rides. Older adults who do not have a smartphone, are not comfortable using technology or cannot afford the service can access rideshare transportation by contacting a call center. The program also allows for rides outside the timeframes of traditional public transportation and enables older adults to easily get a ride whenever they need it.

Aging Resources of Central Iowa worked with the Iowa Department on Aging to pilot this program using a contract with GoGoGrandparent call center. Aging Resources of Central Iowa screens clients for participation, while the call center receives consumers’ calls, sets up the rides, keeps track of rides provided and pays the rideshare companies. Additionally, the program funds up to eight rides a month per client, when necessary, which assists riders who are not able to pay for rideshare services.

Budget:
The primary cost of the $43,000 budget is for the vendor GoGoGrandparent, which pays rideshare providers and adds a per-minute ride cost and a per-rider charge per month ($30,000). Staff time is used to educate and screen riders for participation in the program and to document rides per client ($13,000). Costs are covered by an AARP grant ($11,500), Older Americans Act Title III B funds ($31,350) and client contributions ($150).

Accomplishments:
After the first year of the program, all respondents to the client satisfaction survey reported the program increased their access to the community. Many respondents commented on the ease, availability and reliability of the rideshare program and used the service to get to medical appointments, religious services and social activities.

Replicability:
This program is easy to replicate where rideshare programs are available. Staff time is needed to screen riders, explain how the service works and set up the rider in the portal. The contracted call center handles calls, scheduling and documenting the rides. Tracking rides and billing are done by a monthly spreadsheet and corresponding invoice.
Innovative Dementia-Friendly Advocacy  
*Born of a Pandemic*  
AgeGuide Northeastern Illinois

During the COVID-19 pandemic, AgeGuide Northeastern Illinois created online dementia-friendly trainings for businesses, first responders, faith-based communities and health care entities when in-person workshops across an eight-county region were not possible. Using a learning management system (LMS), the organization created nine no-cost, on-demand training modules to help organizations achieve dementia-friendly designations.

**Budget:**  
CARES Act funding covered an LMS setup fee and training module development. Total cost, including a monthly maintenance fee ($975), was $16,250. In 2022, AgeGuide used American Rescue Plan Act funding to enhance the LMS and cover a smaller maintenance fee for a total cost of $8,605.

**Accomplishments:**  
AgeGuide staff have assisted 14 communities in receiving dementia-friendly designations. Since 2021, 35 businesses, municipalities and nonprofit organizations have completed or are in the process of completing the online training.

**Replicability:**  
Organizations can replicate this program with resources from Dementia Friendly America (dfamerica.org), the Alzheimer’s Association, USAging and AARP, as well as no-cost LMS options.

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Inside the Senior Alliance Podcast  
The Senior Alliance, Area Agency on Aging 1C

The Inside the Senior Alliance podcast explores resources and issues in the field of aging. Podcast episodes share valuable information to help listeners know what services are available, how to access them and how to be an effective advocate for older adults. Episodes also feature interviews with local and national experts working to advance aging policy issues. Episodes average 15 minutes and are available on major podcast platforms.

**Budget:**  
The Senior Alliance has a $6,000 contract with a media company to record, edit and produce 12 podcast episodes. Other costs include six hours of staff time monthly, the purchase of a recording microphone and use of the agency’s existing Zoom license to record episodes.

**Accomplishments:**  
Through February 2023, 28 episodes have been released, with more than 1,800 total listens and 500 downloads. The Senior Alliance uses the podcast in its employee and volunteer onboarding training.

**Replicability:**  
Organizations can easily replicate the program with minimal staff time. Hiring a media company helps.

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AGENCY OPERATIONS

One SMAA Team Program
Southern Maine Agency on Aging

Southern Maine Agency on Aging (SMAA) created the One SMAA Team Program to establish a more inclusive workplace with data-driven programs; develop tools and strategic dashboards to regularly assess programs and other SMAA metrics; better reach underserved populations; and improve financial performance. The team of 14 staff members collaborates regularly on these efforts. This approach elevates current programming and creates new program ideas. One SMAA meets monthly and holds quarterly workshops on agency-wide topics.

Budget:
The program is free. The only costs are occasional external workshop facilitators ($2,500).

Accomplishments:
Increased team collaboration and engagement has led to higher staff productivity and satisfaction, better client experiences and increased internal awareness of program and service offerings. SMAA had strong financial performance in 2020, 2021 and 2022 as a result of the team’s efforts.

Replicability:
This program concept is easily replicated by identifying champions willing to establish a new culture, values and guiding principles. Create a team framework that encourages regular engagement and shared perspectives.

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CAREGIVING

C.U.P of T.E.A
Appalachian Council of Governments Area Agency on Aging

Recognizing that short-term respite grants are not enough, the Appalachian Council of Governments Area Agency on Aging created the C.U.P of T.E.A program during the COVID-19 pandemic to bring one-on-one education and training to caregivers in their home settings. The program acronym stands for Compassion, Understanding, Providing Training, Education and Assistance. Training is offered in areas caregivers struggle with, including knowing how to care for loved ones and themselves to reduce burnout.

Budget:
The primary cost of the program is one full-time staffer. Other costs include caregiver education trainings and conferences ($4,000) and copies of handouts and booklets ($1,500). Materials from the National Institute on Aging and National Caregiver Foundation are provided to caregivers.

Accomplishments:
Caregivers who returned end-of-training surveys offered positive program feedback. According to many surveys, the education and training were “helpful and had a positive impact.”

Replicability:
Replicate by designating or hiring a staff person with caregiving knowledge and providing continuing opportunities for them to enhance their knowledge via conferences and trainings.

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DIVERSITY, EQUITY & INCLUSION

Inclusive Health Care Partners-in-Action
Detroit Area Agency on Aging

Detroit Area Agency on Aging (DAAA) partnered with the Michigan Public Health Institute (MPHI), AARP Michigan and others to create innovative strategies for integrating and coordinating ways to address the social determinants of health (SDOH) in Detroit/Wayne County, MI. Community stakeholders and constituents developed a Community Action Plan and Toolkit that is guiding the creation of an SDOH app, retirement planning toolkit, senior-directed podcast and interventions to reduce the digital divide, premature death and health disparities.

Budget:
DAAA received planning funding from the Michigan Health Endowment Fund ($157,943 for one year) and a Healthy Aging Grant for Implementation ($300,000 for two years). Funding supports baseline surveys, MPHI facilitation support and project deliverables. DAAA contributes in-kind staff time and indirect costs. Annual costs include planning ($160,000) and implementation ($150,000).

Accomplishments:
Outcomes consist of public and private partner engagement and milestones met. The Implementation Team measures participant satisfaction and community engagement.

Replicability:
In-person or virtual replication is outlined in the Inclusive Health Care Community Action Plan, Toolkit and final report. Planning takes six to 12 months and implementation takes one to three years.

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DIVERSITY, EQUITY & INCLUSION

Leading with Race
Seattle Human Services Department

Leading with Race seeks racial equity in every program, service and initiative the Area Agency on Aging hosts. The AAA is building a relational culture to help staff recognize institutionalized racism; interrupt norms, behaviors and practices that interfere with the ability to serve people of all races effectively and equitably; and recommend changes in policy and practice to promote the agency’s vision. Efforts include reading, facilitation and roleplaying opportunities; a racial equity analysis; data collection; and opportunities for staff to join local advisory groups to further equity.

Budget:
Costs include staff participation in Undoing Racism workshops through The People’s Institute for Survival and Beyond ($350 per person or $20,000 for an organizational training) and consultant fees ($2,000).

Accomplishments:
Indicators being tracked include number of staff who complete the Undoing Racism training, number and frequency of race and social justice discussions, number of times the Racial Equity Toolkit is used in planning and number of communications focused on racial equity.

Replicability:
Any organization can replicate this effort if leaders and relevant stakeholders are committed to racial equity.

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**DIVERSITY, EQUITY & INCLUSION**

**We Belong! The Importance of Creating and Implementing a Strong DEIB Strategy**

Lewis-Mason-Thurston Area Agency on Aging

Lewis-Mason-Thurston Area Agency on Aging (LMTAAA) created a tiered professional development track to enhance emphasis on diversity, equity, inclusion and belonging (DEIB) efforts. Employees learn about historical and current disparities in treatment of and outcomes experienced by marginalized communities. Through reflection, storytelling and multisensory modalities such as music, the program offers participants practical tools and strategies to reimagine how they interact with the community and provide social services.

**Budget:**
In 2022, costs of $23,750 included training, DEI posters and staff engagement (book clubs, newsletters, an agency spotlight video and DEIB reflection sessions). Estimated costs for an expanded program in 2023 are $15,000.

**Accomplishments:**
Comparisons of pre-program and recent staff surveys show increased staff confidence about DEIB concepts. Surveys also show increased staff ability to explain ways they are able to create spaces focused on equity, inclusion and belonging (26 percent) and create and support space for conversations about identity (40 percent).

**Replicability:**
Begin assessing the current DEIB culture by creating a survey with measurable data points. Establish a diverse internal task force to help build the program.

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**ECONOMIC SECURITY**

**The Benefits of Aging Can Really Add Up**

Area Office on Aging of Northwestern Ohio, Inc.

With 40,170 older northwest Ohioans living at 200 percent of the poverty line or below, the Area Office on Aging of Northwestern Ohio, Inc., leverages the power of volunteerism to have trained Medicare-expert volunteers employ a concierge approach to work one-on-one with older adults to connect them to benefits and programs that can lower their costs of living. During the COVID-19 pandemic, this service was offered by telephone or Zoom.

**Budget:**
The approximately $120,000 annual cost of this program covers staff salaries and benefits associated with providing this service and costs to recruit, train and place volunteers who provide the service.

**Accomplishments:**
This program has helped connect more than 5,000 older adults with programs to save money on their health insurance, prescription drugs, utility bills and food costs. The average low-income older adult saves $7,540 per year.

**Replicability:**
This program is easy to replicate by working with current consumers and partnering with local AmeriCorps Seniors RSVP programs or similar.

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ELDER ABUSE PREVENTION
Four Programs Focused on One Mission
Area Agency on Aging 3

When older adults are the victims of a crime, it is essential to provide efficient and effective services. At Area Agency on Aging 3 (AAA3), four programs—Awakenings Victim Outreach, Adult Protective Services (APS), Benefits Enrollment and Stages Behavioral Health—collaborate within one agency to offer comprehensive services for older adults who have experienced abuse, neglect and financial exploitation.

**Budget:**
The total operating cost of approximately $331,232 primarily covers personnel and overhead expenses tied to direct delivery of case management and therapeutic services. Additional funding helps meet individuals’ basic needs.

**Accomplishments:**
Prior to APS being housed within AAA3, cases reported for the previous year were in the single digits, compared to 170 reported this year. Stages Behavioral Health referrals increased from 14 in previous years to 88. The number of cases where the Benefits Enrollment coordinator collaborated with the three other programs continues to grow. The Awakenings care coordinator saw referrals double from 70 in 2021 to 140 in 2022.

**Replicability:**
Obtaining sufficient funding, linking programs and hiring knowledgeable staff are necessary for success.

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HEALTH-LTSS INTEGRATION
Mount Rogers PACE
Appalachian Agency for Senior Citizens

Mount Rogers PACE is a partnership between Medicaid and the Appalachian Agency for Senior Citizens (AASC), which offers long-term care solutions for older adults as an alternative to nursing homes. Transportation is provided to medical appointments and the PACE Center. The Center provides medical care, therapy, social activities, hot lunches and snacks. PACE serves adults age 55 and older who are eligible for nursing home care yet can live at home with support.

**Budget:**
Capital costs include purchase and renovation of the building. The program has a $1.75 million budget. AASC receives a payment for each PACE participant at a rate set by the Virginia Department of Medical Assistance Services and the Centers for Medicare & Medicaid Services.

**Accomplishments:**
Mount Rogers PACE has enrolled 28 participants. An average of eight regularly attend the adult day center.

**Replicability:**
Starting a PACE program is a laborious and lengthy process that should begin at the state level and/or by partnering with existing PACE programs but is worth pursuing as it creates additional home and community-based options for older adults in your planning and service area.

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HEALTHY AGING
Aging Strong Friendship Cafés
Senior Connections, The Capital Area Agency on Aging

Aging Strong Friendship Cafés are a partnership between Senior Connections, the Capital Area Agency on Aging and the YMCA of Greater Richmond. Participants get nutrition and socialization from the Senior Connections Friendship Café and physical and wellness instruction from the YMCA to support their physical and mental health, cognitive function and confidence to perform daily activities.

Budget:
The AAA and YMCA split the $56,500 per year annual cost, which includes meals and food service supplies, programming, facilities use and exercise overhead. The Café operates one day per week at the YMCA with 25 participants.

Accomplishments:
In a recent participant survey, 98 percent reported eating healthier due to the nutritious meals and nutrition education provided. To determine outcomes, the YMCA uses the evidence-based Senior Fitness Test Protocol, the UCLA Three-Item Loneliness Scale and an objective Senior Fitness Test. Reports show a 100 percent improvement in loneliness scores, a 50 percent reduction in hospital stays and falls, and an approximately 50 percent increase in strength and fitness measures.

Replicability:
This program would be easy to replicate for other AAAs that have or can develop a café-style nutrition program and have access to a YMCA, YWCA or other wellness facility.

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HOME & COMMUNITY-BASED SERVICES
Helping Hands Program
Putnam County Office for Senior Resources

Putnam County Office for Senior Resources designed Helping Hands to address a major gap in services for at-risk older adults and combat the chronic workplace shortage in home health aides. Helping Hands tackles head-on the three main factors contributing to this shortage: low wages, lack of reliable transportation and high job turnover rates. Helping Hands offers contracted home health aides more support via morning and end-of-day touch-bases, including them in the office team and addressing their unique challenges, which helps the aides feel more supported and included, resulting in a more stable team of home health aides.

Budget:
FY 2022 funding of $733,000 from a state fund to address unmet needs is spent across home health aide agency contracts ($513,000); personal and fringe ($151,000); vehicle leasing ($41,000); fuel ($21,000); vehicle maintenance ($1,000); and supplies and miscellaneous expenses ($6,000).

Accomplishments:
After COVID-19 shutdowns, Helping Hands was relaunched and back to full capacity by January 2022. To date, 74 clients are receiving Helping Hands from 10 home health aides. Several aides report this is their best job ever.

Replicability:
This program is scalable and replicable. AAAs may need to secure a direct service waiver from the State Unit on Aging if using OAA funding and if the hiring of direct care workers as AAA employees or individual contractors has yet to be done in that state.

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**HOUSING & HOMELESSNESS**

**Elder Homelessness and Access to Long-Term Care**

Alliance for Aging, Inc.

The Alliance for Aging, Inc. initiated communication with the local Homeless Trust and providers of emergency shelter and housing to improve access to services available through the Aging Network. The creation of a system of designated staff in the helpline, intake and Medicaid benefits units ensures ready access to information and assistance and has resulted in a dramatic increase in the number of older homeless individuals receiving Medicaid managed long-term care or other services.

**Budget:**
The only program development and implementation costs involve utilization of current staff.

**Accomplishments:**
Since program implementation began in March 2021, 91 older homeless individuals have been referred for services, 89 have been fully assessed and 22 have been approved and are being served by the Medicaid managed long-term care program. They receive services in assisted living, nursing homes or with their families. An additional 43 people have been placed on the Medicaid wait list.

**Replicability:**
Any AAA can replicate this program by identifying specialized staff and coordinating efforts with local organizations serving the homeless.

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**HOUSING & HOMELESSNESS**

**Healthy @ Home**

Heritage Area Agency on Aging

Heritage Area Agency on Aging (HAAA) created Healthy @ Home to remove barriers to home health services that some older adults face due to unsafe living environments caused by pest infestations, cleanliness issues or structural concerns. When a family member, medical provider, social worker or other community member completes a referral, HAAA initiates intake and assessment and, if the person agrees, officially enrolls them in the appropriate agency program and applies for financial assistance.

**Budget:**
Most of the $25,000 budget for Healthy @ Home is funded by a local community foundation. Care planning and service coordination are part of the regular work of case managers, options counselors and elder rights specialists funded through state and federal dollars.

**Accomplishments:**
A successful case closure occurs when a client’s goals have been achieved. Healthy @ Home served 15 households in 2022.

**Replicability:**
Replication should be pursued in communities where older adults risk not getting necessary in-home care because of home safety concerns. A modest amount of funding can pay for remediation services. Other funding is used for AAA staff to care plan and coordinate.

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INFORMATION & REFERRAL/ASSISTANCE

Dementia Support Program
Northwest Regional Council

The Northwest Regional Council (NWRC) created a dementia-specific educational program for human service professionals, private sector community workers, faith communities, and those in need of dementia-specific legal advice and advance care planning. Skilled dementia program specialists also provide individuals and families one-on-one consultation on options counseling, the STAR-C caregiver program, family caregiver respite and more. During the COVID-19 pandemic, many services were offered via Zoom and phone. Hybrid options continue today.

Budget:
The $500,000 program cost is covered by a $250,000 Dementia Capable Communities Catalyst award and a $250,000 NWRC match. These funds support program activities and two full-time dementia program specialists.

Accomplishments:
The program has provided education and consultations for nearly 800 individuals, including 391 volunteers and professionals. The Open Hearts, Changing Brains program for faith communities reached 118 church members. Events to destigmatize dementia reached 208 community members. Dementia care specialists worked with 61 families.

Replicability:
The tenets of this program can be easily replicated. NWRC keeps a thorough record of successes and failures. Matching funds and skilled, adaptable program specialists help ensure success.

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INTERGENERATIONAL PROGRAMS

Postbook
CICOA Aging & In-Home Solutions

Borne out of the COVID-19 pandemic, Postbook is an intergenerational postcard exchange and keepsake journal designed to create connection and deep relationships. It was created through CICOA's Venture Studio, which brings innovative ideas to improve quality of life for those served by CICOA to market. Postbook includes two identical journals and prompts—one to be kept, one to be shared. Individuals read the prompts, respond and send postcards with their responses to their pal, who will do the same. Pals read and reflect on what is shared and learned and can keep the postcards in a journal pocket.

Budget:
CICOA's startup costs would not be incurred by replicating agencies, which should reach out to CICOA for information on the cost of materials.

Accomplishments:
The impact of Postbook is measured by the meaningful experiences created and nurtured. Pals reflect on and share cherished memories and create deepened connections with those they love.

Replicability:
Postbook is available from CICOA in individual or bulk orders to supplement services provided by AAAs.

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NUTRITION
Home-Delivered Meals Heated Bag Sustainability Program
Salt Lake County Aging & Adult Services

Salt Lake County Aging & Adult Services’ home-delivered meals (HDM) program regularly provides hot meals to older adults’ homes, which requires the use of electric thermal bags. To reduce costs and waste, a cooperative partnership with Salt Lake County Facilities electricians enables the HDM program to refurbish rather than replace the insulated bags when heating elements wear out.

Budget:
After initial heating bag purchases ($345 each), repair costs per bag include heating plates ($120), 12-volt plug replacements ($1 to $10) and AC/DC power converter boxes ($15). Electrical work is performed at no cost by county electricians.

Accomplishments:
Refurbishing thermal bags has saved $35,000 in replacement costs over two years. Salt Lake County electricians have repaired more than 150 bags, reducing waste and improving sustainability by keeping usable bags out of landfills.

Replicability:
This project can be replicated by any HDM program that uses electric thermal delivery bags. Develop a community partnership for low or no-cost electrical work.

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NUTRITION
Meeting the Need: Culturally Competent Medically Tailored Meals
AgeSpan, Inc.

Many AAAs are expanding nutrition programs to include medically tailored or culturally relevant meals to meet the needs of historically marginalized and underserved communities. But what about populations that require both? To address these needs, AgeSpan, Inc. partnered with the Merrimack Valley Accountable Care Organization and City Fresh Foods of Boston to pilot heart-healthy, medically tailored cardiac meals designed for older Latinos.

Budget:
Pilot program costs were covered under a contract with the Merrimack Valley Accountable Care Organization. City Fresh cooked and delivered each meal at a cost of $1 more than traditional meals, plus a delivery fee. Through efficiencies and volume growth, cost per meal is now similar to traditional meals.

Accomplishments:
The pilot program served 50 individuals. Compared to Latino/Hispanic consumers who were provided non–culturally specific, medically tailored meals, pilot program participants continued the meals an average of four months longer and reported increased satisfaction. This specialized meal will now be offered to any consumer who currently receives home-delivered meals.

Replicability:
Home-delivered meals providers can replicate by working with existing meals providers or recruiting additional providers to offer culturally appropriate and medically tailored meals.

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NUTRITION
Operation HOPE
Area Agency on Aging, Region One

Area Agency on Aging, Region One in Phoenix, AZ, created Operation HOPE, a food security program that delivers food boxes stocked with recipes and a variety of shelf-stable foods, plus an additional bag of meats, dairy products, breads, produce and seasonal or holiday items to adults age 60 and older in Maricopa County. Food is delivered by volunteers and AmeriCorps members to 200 older adults each month.

Budget:
The boxes and supplemental bags cost $145 each. Staff purchase items from a produce wholesaler, local grocery store and local bakery, as well as through AAA-contracted vendors. Volunteers and AmeriCorps members who deliver boxes are reimbursed for mileage.

Accomplishments:
More than 10,000 food boxes have been delivered since March 2020 with 98 percent of recipients rating them “excellent.” Deliveries also offer social connection for clients.

Replicability:
Identify nutritious items that are easy for older adults to cook at home. Establish partnerships with local businesses for bulk ordering and delivery. Recruit volunteers to assist with delivery.

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NUTRITION
Therapeutic Meals/Diabetes Intervention
Age Well

Age Well offers eight different home-delivered meals options, including the regular heart-healthy diet, as well as diabetic-friendly, renal-friendly, lactose-free, gluten-free, vegetarian (lacto ovo) and texturally modified meals. In 2022, Age Well also collaborated with Hannaford on a year-long diabetes intervention pilot program that offers monthly personalized nutrition consultations and daily snack deliveries.

Budget:
All costs associated with home-delivered meals remain the same, with additional costs of $31,118 associated with one year of the enhanced component. This includes registered dietitian and other staff time, food costs, marketing and outreach materials and technology.

Accomplishments:
The diabetes program supported 25 clients. In survey responses, 100 percent said they learned new or reinforced strategies to better manage blood glucose, 85 percent said they were monitoring blood glucose regularly, 92 percent stated their blood sugar numbers were improved and 69 percent reported modest weight loss.

Replicability:
Organizations interested in replication should assess current providers’ abilities to prepare compliant meals/snacks. Secure funding for a registered dietitian’s time and for snacks.

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**PUBLIC HEALTH & VACCINATIONS**

**COVID-19 Active Response**

Central Plains Area Agency on Aging

Central Plains Area Agency on Aging (CPAAA) provided education, support, guidance and resources to professionals, older adults and caregivers regarding state and federal COVID-19 pandemic guidance. CPAAA acted as a liaison for nursing facilities/assisted living facilities and the Health Department (HD) to enhance communication and interpret information; assisted long-term care facilities with interpreting federal and state guidance; and served as a conduit between state licensing staff and the HD.

**Budget:**
Total staff costs of $26,728 included executive director and CARE coordinator time. Grant-funded vaccination coordination cost $44,530 and included COVID-19 outreach specialist time and vaccination kits ($65 each).

**Accomplishments:**
Through these efforts, 389 people were vaccinated, including 152 in their own homes. Vaccination kits created to address possible side effects of the vaccines were distributed to 450 individuals as incentive to receive the vaccine. Partners and clients gained knowledge and understanding of COVID-19 through Zoom meetings, documents and quarterly newsletters.

**Replicability:**
AAAs can replicate the role of liaison, educator and expert aging communicator with HDs for other vaccination activities or public health emergencies.

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**PUBLIC HEALTH & VACCINATIONS**

**COVID-19 Homebound Vaccination Program for Vulnerable Older Adults**

Council on Aging of Southwestern Ohio

When COVID-19 vaccines first became available, Council on Aging of Southwestern Ohio (COA) focused on helping older adults schedule and get to their vaccination appointments. However, many older adults were unable to leave their homes to get vaccinated, so COA developed protocols and procedures to identify and track people needing in-home vaccinations and partnered with local health departments to schedule and administer the shots.

**Budget:**
COA utilized CARES Act funds to offset the cost of staff time to develop the program ($10,000). Annual costs of $48,526 included screening existing clients and community members, processing referrals and conducting follow-up. COA also advertised homebound vaccinations on local radio stations ($24,190).

**Accomplishments:**
To date, COA has helped nearly 1,500 homebound individuals receive more than 1,700 COVID-19 vaccinations.

**Replicability:**
The program was replicated by other OH AAAs. In the future, this approach can be adapted to other public health emergencies.

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Aging ACHIEVEMENT Awards

PUBLIC HEALTH & VACCINATIONS

Vaccines for Wellness
WellWise Services Area Agency on Aging

WellWise Services Area Agency on Aging's immunization efforts for COVID-19, flu, shingles and more were designed to leverage new and existing partnerships with local health departments, health systems, pharmacy networks and other human service agencies and to improve equitable access to immunizations, particularly in rural areas where transportation is a barrier. Efforts include innovative collaborations, such as a partnership with a local pharmacy network to provide in-home vaccines and drive-through vaccine events.

Budget:
Federal, state and local funding and existing contracts covered an FY 2022 budget of $110,951. Most expenses are staff compensation and pharmacy network subcontractor costs.

Accomplishments:
The vaccine hotline received 1,126 calls, and the pharmacy partnership resulted in 203 vaccinations in homes, adult foster care homes and smaller facilities.

Replicability:
Identify gaps in service in your area among local health departments, health systems, pharmacy networks and other human service agencies. Establish infrastructure internally to reduce procedural barriers. Spread funding across multiple partners.

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SOCIAL ENGAGEMENT

Northeast Oklahoma Caregiver Coalition Car Bingo
Wyandotte Nation

To facilitate social distancing and social interaction during the COVID-19 pandemic shutdown, members of the Northeast Oklahoma Caregiver Coalition, which includes several Title VI Native American Aging Programs, a local Area Agency on Aging and other providers and partners, developed car bingo for elders. Participants received a sanitized bingo card, a snack bag and information on Medicare Part D and how to connect to aging resources. Participants stayed in their vehicles, spaced at least 13 feet apart, for the events. COVID-19 and flu vaccinations were also offered onsite. Car bingo has become a popular community event that continues to this day.

Budget:
These events were made possible by donations from casinos, tribes and various vendors. Per-event expenses totaling $1,905 include snack bags, water, entertainment, ice-cream truck, church facility rental and bingo incentives.

Accomplishments:
Collaboration with the local news and radio stations helped the coalition reach elders who may not have known about services. Overall, the coalition reached 2,618 participants through 18 bingo events spread over a 50-mile radius.

Replicability:
Look for local partners with resources to share and an interest in reaching older adults with educational information or direct services. Events can be offered regularly and should not be limited to a crisis.

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SOCIAL ENGAGEMENT

Porch Talk
Area Agency on Aging District 7

The Area Agency on Aging District 7 developed Porch Talk shortly after the COVID-19 pandemic began to help individuals of all ages who might be feeling lonely or isolated. The program provides telephone company and conversation, and can connect participants to other AAA or community resources when desired. It has continued even after pandemic restrictions lifted.

Budget:
No special funding is needed. These duties are part of the community outreach and training manager’s job. Special mailings to Porch Talk participants result in minimal costs.

Accomplishments:
Since April 2020, a total of 1,775 phone calls have been made ranging from five minutes to more than 60 minutes. As of January 2023, 31 of 71 referrals remain active. The community outreach and training manager’s expertise as a social worker has helped her identify a possible exploitation situation, offer a check-in for a loved one when family members were on an extended vacation and more.

Replicability:
Porch Talk is easy to replicate for AAAs with a staff member who can make phone calls and provide resources or identify needs.

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SOCIAL ENGAGEMENT

Santa for Seniors Program
Chautauqua County Office for Aging Services

Chautauqua County Office for Aging Services’ Santa for Seniors (SFS) program distributes gifts and a holiday meal to more than 150 isolated older adults who are identified by community and government agencies. Community organizations and volunteers collect items, raise funds, pack boxes and deliver them to recipients. “Delivery elves,” including elected officials, are encouraged to socialize with recipients when delivering gifts.

Budget:
For many years all items were donated. The AAA donated printing and postage costs ($250). Mayville Baptist Church used donated funds ($1,688) to fill each gift box. The Reverend J. Paul Womack Christmas Basket Fund spent $4,160 on holiday meals and food was delivered in donated canvas bags. Total costs in 2022 were $36 per client.

Accomplishments:
SFS results in outreach to 30 new older adults each year. Elected officials connect with individuals served by the AAA, which has helped to demonstrate the value of the agency’s work. Santa Claus visits to homes of people living with dementia elicited joy and excitement from many clients.

Replicability:
SFS is replicable and scalable with little funding if volunteers and donations are available.

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SOCIAL ENGAGEMENT
The Cafés: Connection and Community Through Conversations That Matter
Washington County Disability, Aging and Veteran Services

Community Conversation Cafés are held throughout Washington County using the World Café model. The regular café events feature topics such as aging, end-of-life and LGBTQIA+ issues, and use a variety of formats, such as speed friending, memory café, storytelling for people living with dementia and a café held in Spanish. Volunteer facilitators are trained in group facilitation techniques that promote safety and structure and encourage meaningful participation. During the COVID-19 pandemic, cafés were offered virtually, by phone and in person.

Budget:
This project is led by the AAA’s Older Adult Behavioral Health Initiative specialists through special project funding from the Oregon Health Authority. The specialist’s time is the equivalent of .1 FTE.

Accomplishments:
The cafés are held one to two times per month in partnership with more than 12 sites throughout the county. More than 90 volunteer facilitators have been trained to hold more than 50 cafés with 500 diverse community members.

Replicability:
Organizations can start by leveraging local partnerships, training facilitators, securing space and promoting events. The Washington County AAA has developed an Age Café Conversation kit to assist with replication.

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SOCIAL ENGAGEMENT
Volunteer Wellness Check-in Call Program
Piedmont Senior Resources

Piedmont Senior Resources (PSR) sought to reduce the isolation experienced by home-delivered and congregate meals participants during the COVID-19 pandemic. A group of 13 volunteers, most of whom were older adults, began calling clients monthly to conduct wellness checks. Through friendly conversation, the volunteers identify clients’ needs so PSR can refer clients to its programs and services.

Budget:
The program was first supported by CARES Act and American Rescue Plan Act funding. The total FY 2022 operating cost of $3,552 includes five hours a month of nutrition program coordinator time and seven hours a week of volunteer coordinator time.

Accomplishments:
In FY 2022, volunteers recorded approximately 546 call hours. Many clients have received help from these calls, including assistive devices, blankets, heaters, air conditioners, microwaves, hospital beds and even assistance finding a new home after eviction.

Replicability:
Replication requires a group of volunteers with basic computer skills, a volunteer coordinator, and someone to collect and report data and host monthly information sessions.

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Bridging the Digital Divide, a digital literacy program that offers 15 hours of digital literacy training, an age-appropriate device and one year of tech support at no cost to participants. This project helps older adults combat social isolation, increase independence and enhance quality of life. Additional digital literacy classes have since been created to offer more in-depth instruction.

Budget:
Program costs of $261,000 to date include trainer stipends ($1,000 each), Chromebooks ($250 each), mobile hotspots ($198 each) and administrative support. Initial funding came from Aging and Disability Resource Center critical relief funds, CARES Act funding and other grants.

Accomplishments:
To date, 508 older adults completed training, 85 percent of whom reported never participating in digital skills training before. According to survey results, 93 percent feel more knowledgeable about using computers and technology and 89 percent feel more confident when using computers and technology.

Replicability:
Replication can be achieved by identifying funding streams to support digital training and partnering with local community agencies to recruit trainers, participants and class locations.

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Coastline Elderly Services' Technology Training program helps older adults stay connected to friends, family and medical personnel. During weekly classes, students are taught how to access the internet and communicate with others safely and effectively. Students use agency-issued laptops to navigate the predetermined curriculum taught by a contracted instructor. The program is free to consumers at least 60 years old living in the service area. Classes evolved from online to in person as COVID-19 restrictions lifted, which increased participant socialization.

Budget:
Coastline secured $30,000 of American Rescue Plan Act funding over a three-year period. Initial equipment costs (laptops, mice, printed materials) were covered by an in-kind contribution. An instructor was paid to create and deliver each two-hour class.

Accomplishments:
The class served 70 students the first year. After each six-week session, participants were surveyed. In response to demand, Coastline will now offer six-week beginner and intermediate computer classes plus three-week iPhone and Android classes.

Replicability:
The key to success is acquiring classroom space and technology and having a knowledgeable, patient and relatable instructor.

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TRANSPORTATION & MOBILITY

METGo!
Mountain Empire Older Citizens, Inc.

METGo! is one of two microtransit services piloted in VA to explore how ride-hailing technology improves service efficiency and rider experiences in rural areas. METGo! uses microtransit software made available through a software-as-a-service contract with Via Mobility. Using a smartphone app, riders can schedule a ride from anywhere in a 15-square-mile zone and track their bus in real time.

**Budget:**
METGo! was funded by an 18-month, $109,000 Federal Transit Administration Integrated Mobility Innovation Demonstration Research Program Grant and will be sustained by $338,000 of Section 5311 Formula Grant funding. The average cost per vehicle service hour was $41.46 from July 2022 through September 2022.

**Accomplishments:**
In its first year, METGo! completed 44,000 trips (39 percent of all Mountain Empire Older Citizens, Inc. trips). More than 26,000 trips were taken by older adults or individuals with disabilities. METGo! has outperformed demand-response service in cost per ride, cost per hour and miles per trip. Rider surveys/comments often characterized METGo! as life changing.

**Replicability:**
Any organization with a transportation component, contracts with transportation organizations or interest in forming new transportation partnerships can replicate. Grants are available to fund microtransit programs.

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TRANSPORTATION & MOBILITY

Mobility Management
Centralina Area Agency on Aging

The Centralina Area Agency on Aging and the Centralina Regional Planning department coordinate efforts between fixed-route and demand-response transit providers and identify barriers to transportation access. The AAA developed a regional transportation guide, an individual transportation planning tool and a toolkit for providers. The AAA also hosts quarterly mobility management meetings to increase coordination and collaboration. The Centralina Regional Council’s mobility management efforts provide older adults, people with disabilities and caregivers with educational materials and resources to help them connect to transportation options.

**Budget:**
Centralina Regional Council received close to $50,000 in Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program funding to support staff time for mobility management.

**Accomplishments:**
Key accomplishments are the development of the Regional Transit Guide and Transportation Toolkit, available at centralinaaging.org. The AAA conducted accessibility audits at six bus stops and shared findings with stakeholders.

**Replicability:**
Mobility Management efforts can be replicated and tailored to meet other AAAs’ unique needs. Look for Section 5310 funding to conduct mobility management and/or increase or enhance local transportation options.

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WORKFORCE DEVELOPMENT & VOLUNTEERISM

Caring Neighbors
Peninsula Agency on Aging

Peninsula Agency on Aging’s Caring Neighbors Program (CNP) provides transportation, errand assistance, safety check-in calls, visits and light housekeeping to individuals age 60 and older and adults with disabilities to reduce social isolation and improve quality of life. The Volunteer to Work track within the CNP helps address the labor shortage in the home health care field, providing on-the-job experience and a bridge to long-term employment for older workers or workers with disabilities.

**Budget:**
CNP is in its second year of funding from a Community Care Corps grant. FY 2022 costs of $111,214 include salaries and fringe, mileage reimbursement, Volunteer to Work stipends, communications and marketing, and more.

**Accomplishments:**
The 39 CNP volunteers have provided more than 1,000 hours of services to 200-plus clients since October 2021. Services include 572 one-way trips, 1,400 check-in calls, 565 virtual or in-person visits, 42 canine visits and 142 companion aide/housekeeping appointments.

**Replicability:**
A strong reputation and existing partnerships are key to recruiting volunteers and clients. The Volunteer to Work track is replicable through partnerships with local home health agencies.

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WORKFORCE DEVELOPMENT & VOLUNTEERISM

CommUNITY Kindness Project
Elderbridge Agency on Aging

The CommUNITY Kindness Project is dedicated to helping older adults served by Elderbridge Agency on Aging receive outdoor chore services from and social interaction with volunteers. Community and intergenerational involvement has resulted in approximately 75 volunteers assisting 16 older adults with raking, cleaning up debris, trimming, weeding, laying mulch, edging, putting away outdoor summer equipment and more.

**Budget:**
The initial cost of implementing the CommUNITY Kindness Project is acquiring the supplies needed to complete the work. If little funding is available, seek grant funds, request donations or ask volunteers to provide their own equipment.

**Accomplishments:**
This program helps older adults continue to live in their homes and maintains the safety of their homes. It has resulted in business partnerships, intergenerational relationships, team building for volunteers and more. Clients rave about how much time and/or money the volunteers save them.

**Replicability:**
Partnerships with local community volunteers are vital for replication. AAAs can find clients in their case management program who can benefit.

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Interested in learning more?
USAGing members can access several years of innovations and replicable programs 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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Agencies are the lifeblood of state efforts to support family caregivers. In order to magnify impact and unlock more funds for program sustainability, we aim to partner with them and throw out the traditional vendor/customer relationship.

Mike Eidsaune
CEO Caregiving.com

❤️ caregiving.com
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Contact us at info@cumulus.care to learn more

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