



n4a

# AGING

Innovations &  
Achievement  
AWARDS

*supported by*  
 WellCare®

2017

Recognizing INNOVATIVE PROGRAMS and  
SUCCESSFUL PRACTICES of Area Agencies on Aging  
and Title VI Native American Aging Programs

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**National Association of Area Agencies on Aging**



advocacy | action | answers on aging

## About n4a

The National Association of Area Agencies on Aging (n4a) is a 501(c)(3) membership association representing America's national network of 622 Area Agencies on Aging (AAAs) and providing a voice in the nation's capital for the 256 Title VI Native American aging programs. n4a's primary mission is to build the capacity of our members so they can help older adults and people with disabilities live with dignity and choices in their homes and communities for as long as possible.

For more information about n4a, AAAs or Title VI programs, visit [www.n4a.org](http://www.n4a.org).

### n4a's Aging Innovations and Achievement Awards Staff:

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## About WellCare

Headquartered in Tampa, FL, WellCare Health Plans, Inc. (NYSE: WCG) focuses exclusively on providing government-sponsored managed care services, primarily through Medicaid, Medicare Advantage and Medicare Prescription Drug Plans, to families, children, seniors and individuals with complex medical needs. WellCare serves approximately 3.9 million members nationwide as of December 31, 2016.

WellCare has developed a full complement of expertise in three major areas of government-sponsored health care: Medicaid, Medicare Advantage and Medicare Prescription Drug Plans. Leveraging our expertise is a key part of the value we bring to our members. We are committed to continually improving the quality of care and service we provide to our members, helping them access the right care at the right time in the appropriate setting.

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# INTRODUCTION



A handwritten signature in black ink that reads "Kathryn C. Boles".

Kathryn C. Boles  
n4a President, 2016-2018



A handwritten signature in black ink that reads "Sandy Markwood".

Sandy Markwood  
n4a CEO

**E**very year, the National Association of Area Agencies on Aging (n4a) proudly recognizes the innovative programs and best practices of our members through the n4a *Aging Innovations and Achievement (AIA) Awards* program. This publication is a comprehensive listing of the 52 programs earning Awards in 2017.

It is thanks to our partnership with WellCare—our new supporters of the AIA awards program—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, best practices and innovative ideas helps inspire others, seed replication and ultimately, boost the capacity and success of all agencies.

In fact, n4a recognizes all our members for their tireless efforts to creatively use limited resources to develop vital services and supports for older adults, their caregivers and people with disabilities in communities nationwide. We hope this book supports your agencies' program development efforts and builds connections with your colleagues.

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 including Advocacy, Care Transitions, Caregiving, Civic Engagement, Community Planning & Livable Communities, Elder Abuse Prevention, Ethnic & Cultural Diversity, Health-LTSS Integration, Healthy Aging, Home & Community-Based Services, Nutrition, Technology and "You Name It!"

**Aging Innovations Awards** honor the most innovative programs among all nominations received, and **Aging Achievement Awards** recognize programs that meet all of the award eligibility criteria as a contemporary, effective and replicable program.

Annually, the awards are presented at the n4a Conference & Tradeshow. At this year's luncheon in Savannah, GA, 16 programs were honored with engraved *Aging Innovations Awards* and 36 received *Aging Achievement Awards* with a certificate of recognition. In addition, through the generous support of WellCare, the top-ranking programs received monetary awards.

To qualify for an award, programs must be between one to five years in operation, receive minimal assistance from outside experts and demonstrate effective approaches in either offering new services or improving existing services. Award criteria include demonstration of measurable results, e.g., cost savings, improved client service and enhanced staff productivity. The AIA awards are open to n4a members only.

**Highlights of all past *Aging Innovations Award* recipients are available in the n4a member-only clearinghouse of best practices at [www.n4a.org/bestpractices](http://www.n4a.org/bestpractices).**

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!

“

WellCare is pleased to support n4a's Aging Innovations and Achievement Awards program, which recognizes Area Agencies on Aging work to serve older adults, people with disabilities and caregivers with innovative, successful programs designed to fill gaps in services and meet the critical needs of consumers in communities across the country. We salute this year's winners for sharing their secrets to success with their peers, helping grow the AAA network's capacity and prepare for the incredible demographic changes ahead.

”

*Pamme Taylor*

*Vice President, Advocacy and Community-Based Programs  
WellCare*



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# 2017 Aging INNOVATIONS Awards



# CAREGIVING

## Physician/AAA Partnership for Caregivers

Aging Resources of Central Iowa

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Rather than waiting for caregivers to experience a crisis and seek assistance, medical practitioners involved in the Family Caregiver Program refer caregivers of individuals diagnosed with dementia to the Area Agency on Aging.

Upon receiving the referral, a Caregiver Specialist initiates a call to the caregiver, who may be overwhelmed with the diagnosis and uncertain where to turn for assistance. Caregiver Specialists address caregivers' concerns and share resources over the phone or in face-to-face meetings. Caregivers learn about the disease process and are connected with services and programs available to them.



### Budget:

No new funding streams were used for this program. Older Americans Act Title III E funds cover the Caregiver Specialists' time.

### Accomplishments:

Medical providers refer about 150 caregivers per year to the AAA. Although outcomes have not been measured for this particular program, outcomes for all caregivers surveyed in FY 2016 show that 90 percent learned about services or programs they did not know about, 95 percent said the Caregiver Specialist helped meet their service and support needs, 90 percent said they were very satisfied with the service and 100 percent said they would recommend the service to a family member or friend.

### Replicability:

This program can be replicated by any AAA Family Caregiver Program by connecting with medical providers to establish referral relationships. Medical providers fill out a simple referral sheet, which they fax or email to the Caregiver Program. A Caregiver Specialist makes contact with the caregiver and sends confirmation to the medical provider when a connection is made.

# ELDER ABUSE PREVENTION

## 911 First Responders Program

### County of Marin Area Agency on Aging

The 911 First Responders Program is a unique collaboration between first responders and social services to reduce inappropriate use of emergency services and connect socially isolated older adults who frequently call 911 to community resources.

In 2015, first responders in San Rafael found that 41 individuals alone generated 375 calls to 911. One person called 76 times, and two people called three times a day. The program provides emergency personnel the tools to address non-emergency social services issues including loneliness, poor balance, inadequate diet, medication misuse and advancing dementia by connecting individuals to needed community resources through the County's Adult Protective Services (APS) and Area Agency on Aging (AAA) Information & Assistance (I&A) programs.

#### Budget:

The cost to the San Rafael Fire Department (SRFP) to support the program is under \$5,000 per year. There is no extra cost to the county for the involvement of the county's APS and AAA I&A programs, as existing employees contribute.

#### Accomplishments:

The program has greatly enhanced first responders' and social workers' ability to serve vulnerable and isolated older adults and family caregivers in the community. In the first year of the pilot program, SRFP saw a 75 percent drop in 911 calls from frequent users. The County Board of Supervisors has endorsed its replication countywide.

#### Replicability:

The program is highly replicable in any area. First responders, APS and AAA I&A programs must work together to develop protocols customized to their needs and train staff on procedures for handling referrals. Protocol development may take up to six months, followed by first responder training and marketing to individuals who could benefit from the program.

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# ELDER ABUSE PREVENTION

## TEARS (Timely Elder Abuse Response Services)

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TEARS first began as a small forum to raise awareness of elder abuse among members of the Aging Network. Today, it is a branded, comprehensive, multi-prong elder abuse prevention strategy that includes the conference, as well as an expansion of a Multi-Disciplinary Team (M-Team) model to multiple towns, maintenance of an elder abuse resource library, forums about elder abuse for the general public, distribution of an elder abuse resource directory and more.

The conference is now a major annual event that attracts a multidisciplinary group, including social workers, care managers, police, lawyers, public administrators and politicians. This year, the conference will move to a larger venue and include an aging resource vendor and sponsor area.

### Budget:

The Connecticut State Department on Aging provides \$10,000 for abuse prevention, which is used to fund the TEARS campaign. Conference costs for 2016 were \$5,250. Staff absorbed labor in their existing roles. This year, conference sponsorships and vendor fees should pay for the entire conference and generate funds to return to the Agency to offset unfunded staff costs.

### Accomplishments:

Conference participation increased from 35 people in 2007 to 329 people today. The TEARS program has resulted in distribution of 750 elder abuse resource directories, development of two new M-Teams in unserved areas, state and federal recognition and successful advocacy for legislative changes in abuse reporting and mandated abuse education.

### Replicability:

Replication involves branding and multi-year planning. A multidisciplinary committee should set specific goals, meet regularly and circulate information frequently to keep committee interest high.

## Veterans Benefits Protection Project

### San Francisco Department of Aging and Adult Services

To raise awareness of pension-poaching scams among elder veterans, San Francisco's Office on Aging and the Institute on Aging's Elder Abuse Prevention Program, a local provider of the Office on Aging, launched the Veterans Benefits Protection Project (VBPP) in collaboration with key state and local entities.

Pension poaching targets veterans by convincing them to purchase expensive financial products they do not need in order to qualify for government benefits. Veterans and their families purchase these products then discover they still do not qualify for the benefits they are promised. VBPP coordinates community outreach, prevention and intervention efforts, including developing and distributing an informational toolkit for providers, consolidating outreach materials online and organizing monthly stakeholder meetings.

#### Budget:

The VBPP leveraged Older Americans Act Title VII Elder Abuse Prevention funding from the San Francisco Office on Aging to pay for staff time. Additional costs totaling \$4,517 include printing toolkits, outreach materials and local conference travel.

#### Accomplishments:

Since the project began, VBPP has consolidated resources for elder veterans and the professionals who work with them on a website ([www.ioaging.org/vbpp](http://www.ioaging.org/vbpp)), conducted trainings for professionals, participated in radio interviews, presented on the project nationally and distributed an educational toolkit to licensed long-term care facilities and senior centers in San Francisco.

#### Replicability:

To date, ten counties and three states have expressed interest in replicating the VBPP locally. The Institute on Aging has leveraged funding from San Francisco's Office on Aging to secure a \$27,000 grant from the California Community Foundation to replicate the VBPP outside of San Francisco. Materials from the educational toolkits can be tailored to reflect local resources. Significant education has been provided to professionals across the country, with the goal of encouraging outside replication.

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# HEALTH-LTSS INTEGRATION

## Increasing Cancer Health Literacy and Promoting Early Screening in Southwest Virginia

Mountain Empire Older Citizens, Inc.

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To address the high incidence of cervical cancer in rural Appalachia, Mountain Empire Older Citizens (MEOC), the University of Virginia School of Nursing and the U.Va. Cancer Center joined together to study the feasibility of using at-home self-collection for HPV testing and to offer “Understanding Cancer” trainings throughout the community.

The main goal of the study was to determine if at-home collection was culturally acceptable and feasible in far southwest Virginia. To carry out the study, local women working as MEOC personal care aides for the elderly were trained to be lay navigators to contact other local women to participate in the self-collection. The aides met the women at their homes, explained the process of self-collection and mailed the samples back to U.Va. Cancer Center.

### Budget:

Development and implementation costs of \$5,140 included participant gift cards and an education day with lunch. Annual costs of \$10,000 include 15 percent of the coordinator’s salary and benefits, continuing education and supplies. Total operating cost for the recent fiscal year is \$7,925.

### Accomplishments:

Through 2016, 641 people have successfully completed the “Understanding Cancer” training. Individuals trained in “Understanding Cancer” have offered 366 community group presentations, 64 lay navigators have been trained in the Cervical Cancer Control project, 103 self-collection kits have been distributed and 46 self-collection kits have been mailed to U.Va. Of those 46 processed kits, the seven women with positive test results were connected with appropriate medical resources.

### Replicability:

Area Agencies on Aging are well situated to participate in community-based participatory research due to their local knowledge and connections. The success of this project has resulted in funding to expand the project to 11 additional Appalachian counties.



# HEALTHY AGING

## Age-tastic: Promoting Health and Emotional Wellness Using Game Play

New York City Department for the Aging

Although senior center members enjoy socializing and playing games, they often are reluctant to attend educational activities not perceived as “fun.” Age-tastic involves board game play for “dollars,” combined with group discussions and try-it-at-home activities, to reach older adults with important information about preventing falls, staying socially engaged, watching out for financial mistreatment, managing medications and exercising.

Age-tastic is currently being used in close to 200 New York City Department for the Aging (DFTA)–funded senior centers. The game is designed so that participants who complete the eight, one-hour sessions can continue to play on their own without an expert leader.

### Budget:

A \$20,000 grant funded game development, including design, translation of game cards into Spanish and Chinese, and initial printing and manufacturing. Experts on DFTA’s staff worked with the Mental Health Association of New York City on the game content.

### Accomplishments:

Results of a randomized control trial in five senior centers in New York City indicate that seniors feel more confident in their ability to manage their health and wellness and make positive lifestyle changes. Among participating seniors, 93.1 percent felt the program impacted them in a positive way, 96.4 percent would recommend the program to others and 75 percent were able to make positive lifestyle changes.

### Replicability:

The Age-tastic program has been tailored for national use by a diverse group of senior center participants. The game is being sold by DFTA for \$300 (which includes everything needed to run the program). The program can be run by health and wellness staff or volunteers.

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# HEALTHY AGING

## Falls Prevention Week

Boulder County Area Agency on Aging

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During their annual Falls Prevention Week, Boulder County's Area Agency on Aging (BCAAA) brings together many organizations and providers to offer balance training and falls prevention workshops to more than 500 people. Participants engage in more than 40 events at 20 locations including senior centers, physical therapy practices, recreation centers and rehabilitation facilities.

Presenters utilize a core body of professional knowledge and expertise to help people maintain better balance, reduce fall hazards and risks, learn how to safely get up from non-serious falls and explore other health promotion opportunities in the community.

### Budget:

The operating cost to develop and implement Falls Prevention Week is around \$4,500 annually. This includes newspaper and radio advertising, schedule booklets, posters, physical activity guides, stopwatches, giveaways, and salary and benefits at approximately 80 hours of staff time. One AAA staff member spearheads the project.

### Accomplishments:

Since BCAA launched Falls Prevention Week four years ago, more than 2,000 people have participated. According to composite outcomes from evaluations conducted during 2015 and 2016, 96 percent of participants said the event met their expectations, 87 percent reported they learned something new about preventing falls, 79 percent planned to start some level of physical exercise and 41 percent planned to make changes to their physical environment as a result of attending the event. BCAA is now working to conduct a six-month follow-up survey and analyze historical 911 call data to determine if the expansion of the program correlates with a decrease in falls-related calls.

### Replicability:

Replication involves engaging with existing stakeholders and building upon professional relationships. Staff time and resources are necessary for planning and coordination.

## KCHC Community Gardens

### KIPDA Area Agency on Aging and Independent Living

A community garden program developed by the Kentucky Coalition for Healthy Communities (KCHC), a health coalition co-created by Kentuckiana Regional Planning & Development Agency (KIPDA) Area Agency on Aging and Independent Living (AAAIL) and the University of Louisville's Institute for Sustainable Health and Optimal Aging, expands healthy food education and access in the region.

The program addresses older adults' need for access to fresh produce, physical activity opportunities, and socialization and intergenerational activities. Community garden projects include gardens at an assisted living facility, a food pantry and a senior center; porch gardens for homebound older adults; and an intergenerational garden at an elementary school. Materials are donated by organizations or purchased with funds collected by county health and wellness coalitions. Planting and maintenance is done by intergenerational groups, with advice and assistance from cooperative extension offices in each county.

#### Budget:

The primary costs for this initiative are directly associated with staffing and coordinating the effort. Annual staff time, including indirect and fringe, is estimated at \$22,585. If donations cannot be secured, average cost for materials and plants for two raised beds is about \$350.

#### Accomplishments:

The program has reached at least 700 people through gardening activities or access to the produce grown. One participant told the director of a food bank that the garden gave him a sense of purpose and community and that he looked forward to weeding his garden and checking on his vegetables.

#### Replicability:

By combining resources available to the community, other coalitions can replicate this program. Assistance from master gardeners or other garden experts is necessary for success. A toolkit is being created to formalize the process and aid in replication efforts.

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# HEALTHY AGING

## Kiosks for Living Well: Health Centers Without Walls

Greater Lynn Senior Services, Inc.

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Kiosks for Living Well are accessible one-stop centers to assist older adults and adults with disabilities with health monitoring and health management. Seven kiosks are located in locations where people naturally congregate (such as senior centers and housing complexes), and one “roving” kiosk is set up at times and places where the most vulnerable consumers gather.

The large, touch-screen kiosks include tools for assessing health, as well as games, art and music therapy programs, karaoke, Skype and more. Each kiosk is staffed by volunteers, nurses, community health workers or mental health counselors. Kiosk visitors learn how to effectively monitor and manage various physical and emotional health issues.

### Budget:

The initial \$85,000 cost included purchasing hardware, supplies and software licensing; paying a kiosk leader and one FTE staff member to run kiosks six hours per week, manage the project, do outreach, and collect and analyze data; and marketing. The expanded program, including additional nurses and staff, programming and content development for health self-management tools, cost \$133,000 in FY 2017.



### Accomplishments:

Since 2012, 2,500+ visitors made 19,000+ visits to one of the eight kiosks, including 2,432 visits to Healthy Hearts teams of nurses and community health workers and 1,528 visits focused on fall prevention. The kiosks have helped identify consumers with emergent situations and connected them to appropriate care; promoted successful evidence-based interventions; and assisted consumers with mobility, strength and balance.

### Replicability:

Replication requires an initial capital outlay to purchase the necessary hardware and technology, train staff, develop program content, find locations with appropriate facilities, arrange for placement and scheduling, and plan and implement marketing and outreach opportunities. It can take up to six months to start the program.



## Senior Scholars

### Clinton County Office for the Aging

Senior Scholars offers socialization and enrichment opportunities for older adults remaining in the North throughout the winter. Professors from the State University of New York at Plattsburgh offer six-week classes such as “The Witch Craze in Early Modern Europe,” “Modernism in Early 20th-Century Fiction,” “Exploring the History of American Exploration” and more.

The program began when Chapel Hill Foundation approached the Clinton County Office for the Aging and asked for help developing the program. Class sizes are small and involve three different options for morning coursework, lively lunch discussions and afternoon sessions where all participants in the morning classes come together.

#### Budget:

Each participant pays \$125 for the six-week course, which covers professor stipends (\$1,200 total for each course), lunches (\$9 per person), mailings (\$1 per person) and space costs (often provided at no cost). Scholarships are available.

#### Accomplishments:

Survey responses indicate that participants love learning and discussing new things. The program began with 12 people and now 60 participate. Most people return each year.

#### Replicability:

To replicate the program, find community members with knowledge and expertise they are willing to share. A few people can help get the program going with little time and effort. Professors use curricula they have already developed.

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# HEALTHY AGING

## Volunteer IT On-Call Program

Fairfax Area Agency on Aging

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As more older adults use computers, smartphones, tablets and social media to stay mentally active and connected with family and friends, the Volunteer IT On-Call Program provides free, one-on-one, in-home assistance to adults learning how to use new technologies or troubleshooting problems with their devices.

Through the program, tech-savvy volunteers are trained to assist adults age 60+ and adults with disabilities in Fairfax County with computer setup, removal of malware or computer viruses, tutorials and more. Volunteers include everyone from high school students to retirees, all vetted through the county's background check process.

### Budget:

There are no additional costs to run the program beyond the standard volunteer background checks.

### Accomplishments:

Since the program's inception in May 2014, volunteers have received 275 referrals and met more than 458 requests. The 45 volunteers have logged more than 1,900 volunteer hours. The value of volunteer hours for the program is \$49,571, and the program has saved Fairfax County residents a total of approximately \$45,342.

### Replicability:

The IT On-Call program can be replicated by partnering with local IT institutions, community colleges and universities for recruitment and free training. One staff member or skilled volunteer can recruit, process, train, manage and match volunteers. It is important to keep careful records and track outcomes.



# HOME & COMMUNITY-BASED SERVICES

## First Step In-Home 90-Day Program

Central Plains Area Agency on Aging

First Step facilitates a safe and smooth transition back to the community for newly discharged patients of acute care hospitals, rehabilitation facilities, nursing homes or Medicare home health agencies, in order to reduce the possibility of re-hospitalization.

The program covers the cost of personal care, homemaker services and care management for the first 90 days after discharge or upon referral from a Medicare home health agency. The care management component assists clients with coordination of long-term supports and services, home accessibility issues and applications for Medicaid or other publicly funded programs. Additionally, clients get assistance with issues such as hoarding, bug infestations, nutrition, access to meals, medication management and more.

### Budget:

Older Americans Act Title III B in-home funding covers assessment (\$20,551), case management (\$28,576), attendants (\$59,347) and homemakers (\$121,544).

### Accomplishments:

On average, First Step serves 30 new clients each month, with an overall caseload of 90 clients. The most significant outcomes identified through post-program surveys are improvements in clients' mental and physical health (80 percent) and a 15 percent re-hospitalization rate, which is lower than average.

### Replicability:

Most Area Agencies on Aging have III B in-home funding that can be used to replicate this program. The traditional in-home program can be modified to a short-term transition program.

### CONTACT:

**Annette Graham, Executive Director**

**Central Plains Area Agency on Aging**

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# HOME & COMMUNITY-BASED SERVICES

## Safe at Home Program

District of Columbia Office on Aging

### CONTACT:

**Aurora Delespin-Jones, Program Manager**

**District of Columbia Office on Aging**

500 K Street NE  
Washington, DC 20002

202.724.5626  
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Safe at Home (SAH) is a small-dollar, gap-filling program designed to provide preventative adaptations to reduce fall risks among qualifying seniors and people with disabilities, many of whom live in old homes with steep stairs and upper-level bathrooms.

The project originally served 100 clients, funding contractual services for preventative adaptations and installations of up to \$10,000 for handrails, grab bars, bathtub cuts, shower seats and chairlifts. For FY 2017, preventative adaptations will be funded up to \$6,000 for 1,000+ clients, and more expensive projects will be referred to the city's Department of Housing and Community Development.



### Budget:

The FY 2016 budget was \$1,748,828 (\$292,157 for personnel costs and \$1,456,671 for contractual services). The average cost per project was \$6,430. In FY 2017, operating costs are \$8,617,099 (\$404,273 for personnel costs and \$8,212,826 for contractual services).

### Accomplishments:

In FY 2016, the program received 1,503 referrals and ultimately enrolled 513 clients. A total of 348 assessments and 193 projects were completed. The Safety Assessment of Function and the Environment for Rehabilitation (SAFER) and Falls Efficacy Scale (FES) pre/post-test data analysis showed that 193 clients could safely maneuver in their homes and 160 clients had increased confidence in their ability to perform Activities of Daily Living (ADLs).

### Replicability:

Replication requires collaboration with government agencies or private entities. Assess unmet needs and present findings to leverage financial support (including small grants and private funding) and human resource support (including volunteers). Launch a small pilot with secured funds and monitor program data. Encourage clients, families, caregivers and service providers to share success stories.

# NUTRITION

## Coalition to Stop Senior Hunger

### ElderSource

The Coalition to Stop Senior Hunger aims to address the more than 2,000 senior citizens on home-delivered meals waiting lists in northeast Florida.

Coalition members include, in addition to ElderSource, the local AAA, meals providers, health plans, hospitals, food pantries, local advocates and more. Members coordinate services, resources and volunteers to connect clients on the waiting lists with information on nearby congregate meal sites and access to transportation to those meal sites. The coalition has successfully transitioned almost 200 people from home-delivered meals waiting lists to congregate meal sites.

#### Budget:

The coalition activities and costs are part of the AAA Advocacy and Planning efforts. The AAA provides meeting space. There are no other costs associated with the coalition.

#### Accomplishments:

Almost 200 people have been transitioned from the home-delivered meals waiting list to congregate meals, reducing their nutritional risk. To further address local hunger, the coalition has received a grant from the National Council on Aging to help older adults apply for Supplemental Nutrition Assistance Program (SNAP) benefits.

#### Replicability:

Replicating the coalition's success required a community advocate to champion the effort. Knowing local data and needs is key to securing buy-in and measuring success. AAA leadership must be willing to prioritize the project and assign staff resources.

#### CONTACT:

**Linda Levin, Executive Director**

**ElderSource**

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# YOU NAME IT

## Geriatric Practice Leadership Institute

United Way's Area Agency on Aging of Tarrant County

### CONTACT:

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**United Way's Area Agency on Aging  
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The Geriatric Practice Leadership Institute (GPLI) was created to prepare the geriatric workforce for carefully managing the health care needs of a rapidly increasing older adult population. The Area Agency on Aging (AAA) of Tarrant County, University of North Texas Health Science Center and Texas Christian University's Nursing and Business schools partnered together to develop GPLI.

The training curriculum includes three two-day sessions that focus on leadership skill development, the Aging Network, population health and organizational change. Each interprofessional team develops a geriatrics-related quality improvement project. One such project by John Peter Smith Health Network (JPS) involves increasing access and use of community resources by integrating evidence-based clinical decision support tools and referral protocols into EPIC electronic health records.

### Budget:

Funding of approximately \$10,000 includes .5 FTE salary and fringe costs for planning and development. No additional costs were incurred because the case manager located at JPS was previously staffed. JPS is covering the cost for EPIC and space at the clinic.

### Accomplishments:

GPLI has six teams of 27 health care professionals enrolled in the institute. Participants are mostly from nursing (37 percent), social work (19 percent) and administrative (37 percent) professions. Teams are now completing their projects. The JPS team has completed the build out of EPIC and is integrating the referral protocol. Since January 2017, more than 20 clients have completed the assessment and have been referred to community resources.

### Replicability:

Collaboration and a solid referral system are paramount to success. The concept and content of the institute is easily adaptable to community needs. Once fully implemented, the JPS team project can be used as a model for integrating medical and social needs into electronic health records.



## Seniors Rule the School: The AAA Way of Partnering with Schools to Bring Generations Closer Together

Area Office on Aging of Northwestern Ohio, Inc.

To dispel negative stereotypes students and older adults sometimes have about one another, the Area Office on Aging (AAA) of Northwestern Ohio and Toledo Public Schools (TPS) host a Senior Prom at TPS high schools. People age 60 and over attend the prom, during which culinary students cook and serve attendees dinner, horticultural students make corsages and boutonnieres for the older adults, and all attendees share the dance floor and show each other dance moves from their respective generations.

The program brings together the generations in an area where older adults are 13 percent more likely to have grandchildren living in their home than the average Ohioan and where loneliness among older adults is a serious concern. Older adults pay \$5 for dinner and dancing at the prom. They also receive free admission to school sporting events and musical performances and can walk in school halls during cold months and on school tracks during warmer months. Older adult volunteers also serve as reading tutors for students.

### Budget:

The AAA and TPS each contribute \$6,500 toward the cost of the Senior Prom event.

### Accomplishments:

The first year of the Senior Prom, 200 older adults attended. The event has since outgrown two high school venues, with 350 older adult attendees. It sells out weeks in advance. Due in part to the increased involvement of older adults in TPS, a new funding levy for the district was passed for the first time in 13 years.

### Replicability:

Most AAAs and high schools have similar facilities and resources that can be leveraged to replicate this program for little or no additional funding.

### CONTACT:

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& Program Development**

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Northwestern Ohio, Inc.**

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# 2017 Aging ACHIEVEMENT Awards



# ADVOCACY

## Advocacy In Motion (AIM)

Western Reserve Area Agency on Aging

Advocacy In Motion (AIM) is a grassroots advocacy effort that trains individuals in northeast Ohio to advocate at local, state and national levels for improving the quality of life for older adults and individuals with disabilities. Volunteer advocates are recruited and educated on legislative issues and are provided the tools and opportunities to engage in advocacy activities including writing letters, contacting elected officials and providing testimony about their own experiences.

### **Budget:**

Total implementation costs of approximately \$5,000 include training materials, buttons, advertisements, meeting space and refreshments. Dedicated staff time is needed to coordinate activities and/or provide oversight.

### **Accomplishments:**

AIM has recruited and trained 100 volunteers who have educated 500 people at the federal, state and local levels about the needs and concerns facing older adults and adults with disabilities.

### **Replicability:**

Staff or volunteer support is required for replication. Donations may be secured to cover the cost of materials and lunches. Funding may be available from local foundations.

### **Contact:**

Cyndi A. Rossi, Legislative Liaison  
Western Reserve Area Agency on Aging  
925 Euclid Avenue, Suite 600, Cleveland, OH 44115  
216.274.6041, [crossi@psa10a.org](mailto:crossi@psa10a.org)

## VCAAA Program Docuvids

Ventura County Area Agency on Aging

Docuvids are video vignettes created, edited and released by Ventura County Area Agency on Aging (VCAAA) that showcase client testimonials and feature seniors and adults with disabilities receiving services and participating in VCAAA programs. The videos are a persuasive method of highlighting the impact of local programs to community members and potential funders.

### **Budget:**

Startup costs are minimal. An iPhone (approximately \$800) may be used for taking videos. Editing software or apps can cost up to \$100. Creating the docuvids requires staff time for filming, editing and uploading to social media and websites.

### **Accomplishments:**

The docuvids have led to increased funding opportunities, program participation, community awareness and commitment to VCAAA programs. The docuvids resonate with individuals because they personify issues and solutions.

### **Replicability:**

Docuvids are easily replicable by agencies with video equipment or an iPhone and editing software. Total time involved is under 15 hours per project.

### **Contact:**

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Ventura County Area Agency on Aging  
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# CARE TRANSITIONS

## AASC Bridge Program

Appalachian Agency for Senior Citizens

Through a private contract with Clinch Valley Medical Center, Appalachian Agency for Senior Citizens (AASC) developed an intensive program in which high-risk patients are assigned a transitions coach who reports back to hospital staff daily. Weekly task force status meetings ensure a true team approach to reducing hospital readmissions. Additional fee-for-service offerings include transportation to follow-up appointments, extended-timeframe interventions (up to 90 days) and other agency supports such as home-delivered meals and medication assistance.

### Budget:

This year's operating budget (approximately \$72,000) is mostly staff and travel costs for coach visits to patient homes. Additional costs include administrative oversight and mobile technology for coaches. Clinch Valley Medical Center provides some printing and marketing materials.

### Accomplishments:

Since the program began, medical center readmission rates have dropped from 9.5 percent to 6.6 percent. Anecdotally, one patient who had 72 hospital readmissions in an 8-month period has been admitted only twice in the six months since enrolling in the program.

### Replicability:

For replication, hospital partners must tailor the program to their goals. Investment in staff training is key. Involving community partners expands available information and resources for participants.

### Contact:

Regina Sayers, Executive Director  
Appalachian Agency for Senior Citizens  
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## The Hampton Roads Care Transitions Program

Senior Services of Southeastern Virginia

The Hampton Roads Care Transitions Project (HRCTP) couples transitions coaching with medication management using Care Transitions® Intervention (CTI) and HomeMeds® evidence-based models, along with Stanford University's Vsee proprietary telehealth software. This unique approach in care transitions empowers patients to advocate for themselves to physicians, pharmacists and other providers so they can better manage chronic health conditions, resulting in fewer readmissions.

### Budget:

HRCTP's projected 2017 budget of \$173,573 includes salary (\$105,487), fringe benefits (\$31,646), travel (\$2,000), equipment (\$4,800), supplies/materials (\$1,600), medication consultations with Hampton University School of Pharmacy (\$3,000), HomeMeds software licensure (\$2,400) and indirect administrative costs (\$22,640).

### Accomplishments:

During the 2013 pilot, 114 people completed home visits, and their readmission rates dropped from 19.6 percent to 6 percent. From May 2015 to June 2016, the readmission rate was 10.7 percent, compared to 18.7 percent at other nearby hospitals. HomeMeds® data indicated 100 percent of patient medication issues were resolved. Since 2015, HRCTP has assisted 781 people.

### Replicability:

Evidence-based models and Senior Services of Southeastern Virginia's established procedures make this program highly replicable. Funding is necessary.

### Contact:

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Senior Services of Southeastern Virginia  
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# CAREGIVING

## Caregiver Tea

Central Vermont Council on Aging

Caregiver Teas are free events offered six times a year at the Central Vermont Council on Aging. Family caregivers take a break from caregiving duties to enjoy tea and snacks, get pampered and refresh themselves with creative and wellness activities, such as chair tai chi or hand self-massage. The events are a treat for overworked family caregivers and often lead caregivers to participate in other programs such as respite grant access and classes.

### Budget:

Total annual operating costs of \$1,500 include overhead costs and about 40 hours total staff time. Refreshments, supplies and copying for handouts cost about \$60 per year. China tea cups are donated, and space and utilities are provided by the Council on Aging.

### Accomplishments:

Through February 2017, 13 teas served 29 family caregivers, with an average of six to seven people attending per session. Of those participants, 22 (76 percent) have participated in additional caregiver support activities.

### Replicability:

Replication involves setting a schedule, personally reaching out to caregivers and advertising the teas alongside other caregiver support services. It is important to make the environment for the teas welcoming and relaxing.

### Contact:

Beth Stern, Executive Director

Central Vermont Council on Aging

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## Evidence-Based Stress-Busting Training

Los Angeles County Area Agency on Aging

The Stress-Busting Program for family caregivers is a nationally recognized evidence-based program. One version of the program is designed for family caregivers of individuals with Alzheimer's disease, and another version is for family caregivers of individuals with chronic disease or illness. Both versions involve nine weeks of weekly 90-minute sessions that teach family caregivers stress management and relaxation skills.

### Budget:

Program costs include initial training fees (\$1,300 per trainer), travel costs for a minimum of two trainers (costs vary), license fee for one program (\$500–\$1,000), license fee for an additional program (\$100), participant supplies (\$25) and training supplies (\$50).

### Accomplishments:

Participants are assessed each week through a pre- and post-course evaluation. In fiscal year 2015–2016, four workshops held throughout Los Angeles County trained 60 family caregivers. Caregiver participants have reported significantly lower stress, depression and anxiety; improved quality of life; and increased self-esteem and ability to relax and manage stress.

### Replicability:

Two trained Master Trainers are required to teach each session. The program is easily replicable after the purchase of the required license and training of Master Trainers.

### Contact:

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Los Angeles County Area Agency on Aging

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# CIVIC ENGAGEMENT

## Family Caregiver Lunch and Learn Series

Peninsula Agency on Aging, Inc.

The Family Caregiver Lunch and Learn series provides non-professional caregivers the tools they need to meet the increasingly complex care they are required to provide family members. The free, one-hour programs include lunch, a speaker and active participation in learning a new skill (such as making an occupied bed), with training provided by professional health care providers. The program is based on the Department of Medical Assistance Services Certified Nursing Assistant curriculum.

### Budget:

The greatest investment is about 10 hours of staff time to set up the program and about two hours of staff time per month for printing and distribution of marketing materials. Space is provided by Thomas Nelson Community College and meals are provided by sponsors.

### Accomplishments:

More than 250 people have participated in the series, with most attending three or more sessions. Evaluations show that 100 percent of participants feel excellent or good about the effectiveness of the course in helping them learn skills.

### Replicability:

The program is flexible and has been successfully replicated within the region.

### Contact:

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Peninsula Agency on Aging, Inc.

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Newport News, VA 23606

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## Let's Give Them Something to Talk About: Engaging Older Adults

Arlington Agency on Aging

The Arlington Agency on Aging (AAA) Outreach Team engages older adults and caregivers through a variety of programs offered onsite and at locations around the community. Staff and volunteers on the team represent diverse backgrounds and disciplines and lead presentations in English, Spanish, Vietnamese, Russian, Korean and Farsi. The Outreach Team also publishes a newsletter, promotes training and resources, supports volunteers who maintain a social media presence and represents the AAA at community events and forums.

### Budget:

Annual costs include staff time (\$3,000), as well as refreshments during special events (\$1,000). Staff time may be offset by volunteer assistance.

### Accomplishments:

In 2016, the AAA Outreach Team participated in more than 40 events that reached thousands of community members, including an Emergency Preparedness workshop for older adults, a celebration recognizing centenarians and the annual Community Engagement Forum on Aging Issues.

### Replicability:

This program can be replicated by any staff person or volunteer willing to organize and promote outreach around aging issues. Seek team members who are older adults, caregivers and relevant stakeholders from faith communities, community organizations, businesses and city governments.

### Contact:

Maimoona Bah-Duckenfield, Program Director

Rachel Sparico, Program Coordinator

Arlington Agency on Aging

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VA 22204

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# COMMUNITY PLANNING & LIVABLE COMMUNITIES

## Cayuga Community Connectors—Every Neighbor a Connection

San Francisco Department of Aging and Adult Services

The Community Connector model creates a network of neighborhood volunteers (“Connectors”) to support seniors and people living with disabilities so they can remain safely in their homes. All Connectors volunteer their services for free. Connectors help with chores, provide rides to the grocery store or medical appointments, mow the lawn, plan and host social events and more.

### **Budget:**

A local resident serves as a part-time, paid Community Connector and central point of contact, developing the volunteer/connector cohort, planning activities and encouraging participation. The Community Connector budget for 2016–2017 (\$101,000) includes the Community Connector salary, home office setup and event costs. Neighborhood residents serve as an advisory board.

### **Accomplishments:**

In the past year, 175 neighbors/connectors benefited from or participated in services, 50 neighborhood volunteers were recruited and trained and 325 hours of organized activities occurred. Eight-five percent of participants surveyed indicated they would recommend the program to a friend and that the program gives them something to look forward to.

### **Replicability:**

The Community Connector model is cost-efficient and replicable. Success depends on working with established neighborhoods with longtime residents.

### **Contact:**

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San Francisco Department of Aging and Adult Services

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## Integrating the WHO/AARP Age Friendly Model into AAA Area Plans

Alliance for Aging, Inc.

The Alliance for Aging, as a partner in Miami’s Age Friendly Initiative, worked to develop an area plan that integrates the concerns of older adults and is useful for the entire community. By incorporating the WHO/AARP Age Friendly Model, this initiative more fully addresses the complex social environments that affect whether older adults are healthy, get enough to eat, are socially isolated, or have access to affordable housing, transportation and open spaces.

### **Budget:**

Costs were limited to staff time and travel. Data collection included Age Friendly Initiative surveys, “community conversations” with older adults and meetings with providers.

### **Accomplishments:**

Age Friendly partners used Alliance data to advocate for more elder-friendly housing, transportation and outdoor spaces and amend county plans to address them. Community advocates used this data to advocate for an Elder Trust to establish a tax base for funding older adult programs.

### **Replicability:**

Area Agencies on Aging and state agencies can replicate the WHO/AARP Age Friendly Model within area plans. It also can be an effective strategy for engaging community partners in broader efforts to serve all elders.

### **Contact:**

Max B. Rothman, President & CEO

Alliance for Aging, Inc.

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# ELDER ABUSE PREVENTION

## **Livability Self-Assessment for Local Governments & Toolkit**

Triangle J Council of Governments Area Agency on Aging

The Triangle J Area Agency on Aging collaborated with the Triangle J Council of Governments to develop a tool that allows local government leaders to assess their community's livability. The tool helps leaders examine data on demographics, housing, transportation, safety, health care, supportive services, retail services and social integration. Governments can use the tool and recommendations found in the toolkit to facilitate planning and address issues that affect ability to age in place or in community.

### **Budget:**

Tool development costs \$5,000. Staff time to improve the tool and implement the recommendations from pilot testing cost an additional \$5,000. No annual costs are anticipated, except as data or links require updating.

### **Accomplishments:**

To date, six municipalities have used the self-assessment and toolkit. Five of the six participated in a study that concluded the tool is a usable and potentially effective electronic method for assisting communities.

### **Replicability:**

The tool and toolkit are available for use by any member of the Triangle J Council of Governments. Other Area Agencies on Aging would need to replace demographics, data sources and other information with specific local and state data.

### **Contact:**

Mary Warren, Director

Triangle J Council of Governments Area Agency on Aging

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## **CORE–Campaign of Respect and Empathy**

Region 9 Area Agency on Aging

To address an increase in instances of senior-to-senior bullying, Region 9 Area Agency on Aging developed Campaign of Compassion and Respect (CORE), a bullying reduction training for long-term care staff. Attendees learn about adult bullying through lectures, discussions and activities; develop effective communication practices to use in bullying situations; and identify interventions that reduce instances of senior-to-senior bullying.

### **Budget:**

Operating costs of \$29,723 include salary/wages (\$12,456), fringe benefits (\$4,563), consulting fees (\$4,160), indirect costs (\$1,143), travel/mileage (\$1,604) and supplies (\$5,797).

### **Accomplishments:**

Eleven of 21 skilled long-term care facilities in Region 9 accepted CORE, which was offered free to all staff. Most attendees indicated that all portions of the training were beneficial.

### **Replicability:**

This program was designed for replication by long-term care facilities. The toolkit, which can be used more than once, contains a training guide, slides, videos and handouts, allowing for immediate implementation.

### **Contact:**

Laurie L. Sauer, Director

989.358.4663, SauerL@nemcsa.org

Sara Socia, Long-Term Care Ombudsman

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Region 9 Area Agency on Aging

2375 Gordon Road, Alpena, MI 48707

# ETHNIC & CULTURAL DIVERSITY

## Healthy Eating for Successful Living: Improving Nutrition for Chinese Speaking Older Adults

Elder Services of the Merrimack Valley, Inc.

To help Chinese-speaking older adults overcome the challenge of eating healthy as they age, Elder Services of the Merrimack Valley's Healthy Living Center of Excellence collaborated with local organizations to develop "Healthy Eating for Successful Living in Older Adults" (HESL). The six-week nutrition education program helps participants make healthy, culturally appropriate food choices, overcome food access barriers and change lifelong habits to improve their health.

### Budget:

Total operating cost for six workshops is approximately \$6,000, including the cost of training peer leaders to run the program (\$250 per leader) and material and food costs (\$500 per workshop).

### Accomplishments:

The HESL program measures outcomes through pre- and post-intervention surveys. Recently 84 percent of participants reported their diet is more healthy after Healthy Eating, 94 percent reported at least one improved health outcome and 100 percent would recommend Healthy Eating to others.

### Replicability:

This program is easily replicable for organizations using volunteers or staff to run programs. Program satisfaction is high and many program graduates go on to become program leaders. Peer leader training can be done remotely by Healthy Living Center of Excellence staff.

### Contact:

Jennifer Raymond, Director, Healthy Living Center of Excellence

Elder Services of the Merrimack Valley, Inc.

280 Merrimack Street, Lawrence, MA 01843

978.683.7747, JenniferRaymond@hsl.harvard.edu

## LGBTQI Seniors Connection Program Sonoma County Area Agency on Aging

The LGBTQI Seniors Connection Program addresses the obstacles that interfere with low-income LGBTQI elders accessing housing and supportive services. Training for service providers ensures they are aware of the needs of LGBTQI seniors and know how to reach this hidden and underserved population. Additionally, four eight-week workshops are offered to LGBTQI elders to empower them to be proactive in getting the support they need.

### Budget:

Funding (\$19,000) is used to cover the two contract outreach coordinators and the Information & Assistance (I&A) specialist. Sonoma County Area Agency on Aging does not charge for staff time or administration of this program.

### Accomplishments:

The service provider training has trained 321 staff members representing 22 agencies. The eight-week series for seniors has reached 71 people. In addition, outreach sessions have been held at three senior centers. The I&A specialist has developed a website with relevant resources and contact information.

### Replicability:

The project is replicable by other Area Agencies on Aging. It requires 20 hours per month of work by one staff member. Resource materials are available upon request.

### Contact:

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Sonoma County Area Agency on Aging

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# HEALTH-LTSS INTEGRATION

## **Caring for the Whole Patient: Integrating Health Care and LTSS** Springwell, Inc.

When Nurse Care Managers realized social issues were limiting Medicare patients' ability to address health care needs, Beth Israel Deaconess Care Organization (BIDCO) contracted with Springwell (an Area Agency on Aging) to provide a Community Resource Coordinator (CRC) to join the Complex Care Management Team (CCMT). The CRC advocates for patients struggling with social issues and assists patients with non-medical needs including transportation, insurance, food resources, in-home services, behavioral health support and legal resources.

### **Budget:**

Total operating cost for FY 2017 was \$78,336. BIDCO pays the full cost of salary and fringe benefits and a proportional cost for overhead to cover contract management. The Area Agency on Aging covered \$3,335 of travel, supplies and supervision expenses.

### **Accomplishments:**

Since the contract began in August 2012, the CRC has responded to more than 3,000 referrals. The result is a more comprehensive and person-centered approach to addressing patient needs.

### **Replicability:**

Replication requires access to high-level decision makers in the health care organization. The main objective is to make a case for how adding community-based expertise improves health outcomes and reduces costs.

### **Contact:**

Laura Vanderhill, Associate Director of Community Services

Springwell, Inc.

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## **Sonoma Collaborative Care Project** Sonoma County Area Agency on Aging

The Sonoma Care Collaborative Project (SCCP) is a partnership between the Petaluma Health Center (PHC) and the Sonoma County Area Agency on Aging that provides individualized care to older adults with depressive symptoms through a clinic-based team and AAA Care Coordinator (social worker) who visits them at home. By seeing patients at clinics and at home, the care teams can evaluate and address the full range of patients' needs.

### **Budget:**

Total personnel, direct operating and indirect costs for a two-year budget cycle are \$196,230. Funding is provided through a grant from the Archstone Foundation. Sonoma County AAA and PHC provide in-kind match not reflected in this budget.

### **Accomplishments:**

To date, 59 patients have completed the program. Most showed a dramatic average reduction in their depression symptoms and an increase in their well-being.

### **Replicability:**

This project is based on a model of Collaborative Care. AAAs could replicate this project by partnering with a local medical provider to identify older adults with depression who need more support. Sonoma County AAA has developed an implementation guide in partnership with the University of Washington.

### **Contact:**

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# HEALTH-LTSS INTEGRATION

## The Older Adult System of Care–Adult and Aging Services Program Nurse

Merced County Human Services Agency and Area Agency on Aging

A Program Nurse provides outreach, education, intervention and advocacy to improve clients' mental and physical health through assessment, case management/care coordination and linkage to community services and resources. The services, designed to connect a disjointed, multifaceted adult and aging services network, are provided at various locations throughout Merced County, including senior service centers and in clients' homes.

### **Budget:**

The total cost for the current fiscal year (\$149,831) includes personnel (\$73,454), benefits (\$66,767), travel (\$2,500), educational supplies (\$2,600), educational allowance (\$300) and administrative costs (\$4,210).

### **Accomplishments:**

The nurse has completed more than 100 home visits, provided case management for 31 clients and medication management for 41 clients, completed more than 100 falls prevention assessments, provided transportation to more than 50 individuals, conducted educational workshops for more than 200 individuals and provided case support to more than 20 social workers and AAA program staff.

### **Replicability:**

Partnering with human services, behavioral health and public health agencies to leverage funding and resources and strengthen the network of care is key. A needs assessment, identification of service gaps and written proposal may be needed to access funding.

### **Contact:**

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# HEALTHY AGING

## KISS: Keeping Independent Seniors Safe

Valley Area Agency on Aging

The Keeping Independent Seniors Safe (KISS) program is a free telephone reassurance program for older adults who live independently in their own homes. KISS participants are called Monday through Friday between 8 a.m. and noon for a well-being check. Additionally, in response to the Flint water crisis, KISS staff and volunteers contact clients to assess need for access to water, filters and transportation to medical appointments and forward referrals to the Valley Area Agency on Aging Water Crisis Department.

### **Budget:**

Cost of operating in three counties (\$32,700) includes pay for one part-time case assistant, supplies and brochures. Four Retired & Senior Volunteer Program (RSVP) volunteers make calls each weekday morning, which cuts costs. United Way provides \$13,500 annually to operate the program.

### **Accomplishments:**

In FY 2016, 153 clients were referred to community resources. In the past two years, 11 emergency interventions have occurred. Ninety percent of clients surveyed anonymously report the continued ability to live independently with KISS assistance, and 97 percent report feeling more secure and safe knowing someone is checking on them.

### **Replicability:**

Replication is easy with minimal funding. The United Way is an advocate and supporter of telephone reassurance programs nationwide and may be a source of local funding.

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# HOME & COMMUNITY-BASED SERVICES

## Senior Drug Education Program Seattle-King County Area Agency on Aging

The Senior Drug Education Program is an innovative and collaborative partnership with pharmacists and low-income housing operators to optimize senior medication use and education. Pharmacists from Kelley-Ross Pharmacy Group provide group education and in-home medication coaching onsite to older adults at seven low-income housing buildings. During coaching visits, pharmacists identify each resident's health and medication-related needs and work with the onsite resident services team to ensure these needs are addressed.

### Budget:

The total budget (\$17,560 per year) is contracted to the pharmacy for 84 hours of education and consultation. The two Area Agency on Aging (AAA) staff involved are funded separately.

### Accomplishments:

From October 2015 through February 2017, pharmacists provided individualized in-home medication coaching to 27 residents through 52 initial and follow-up visits. The pharmacists identified 140 medication-related problems, averaging 5.2 problems per resident.

The pharmacists performed 117 interventions, averaging four interventions per resident.

### Replicability:

The key to replication is having partners such as a pharmacist with in-home/community experience. Having AAA staff with clinical experience is also key.

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## Behavioral Health Care Coordination Atlanta Regional Commission Area Agency on Aging

The Behavioral Health Care Coordination program addresses higher rates of mental illness among older adults in public housing. Behavioral Health Coaches work onsite in affordable housing facilities directly with individuals with behavioral health disorders and/or dementia to develop creative solutions for securing necessary support and services.

### Budget:

Most of the investment is staffing (one full-time Behavioral Health Coach the first year and a second coach the second year) and overhead costs. Atlanta Regional Commission AAA has used Older Americans Act funding of about \$14,000 to provide additional support (transportation, meals, personal support, etc.) for participating individuals.

### Accomplishments:

This program has improved participants' quality of life; increased access to community-based services; and reduced lease violations, homelessness and behavioral health symptoms. A 60-day project focused on 20 hoarding clients at risk of eviction led to a 100 percent elimination in lease violations.

### Replicability:

Agencies can make the investment to hire a Behavioral Health Specialist or enlist existing non-Medicaid case management staff with skills and experience in behavioral health. Work with community partners to identify affordable housing communities with unmet behavioral needs.

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# HOME & COMMUNITY-BASED SERVICES

## Rapid Response Team–Streamlining Access to HCBS

Region IV Area Agency on Aging

Recognizing the negative health outcomes among individuals on long Home & Community Based Services (HCBS) wait lists, Region IV Area Agency on Aging (AAA) developed the Rapid Response Team to streamline access from first call for information to service initiation. The team responds to people placed on the waiting list within 24 to 48 hours to ensure they meet all program guidelines and to assist with medical/financial documentation. This speeds time to enrollment by removing barriers before a clinical enrollment team is deployed to the home.

### **Budget:**

The Rapid Response team relies on para-professional staff to accomplish non-clinical work previously done by licensed staff. Para-professional staff costs with administration and overhead total \$86,000 per year.

### **Accomplishments:**

The percent of people on HCBS who died waiting for services was reduced from 15 percent in FY 2015 to five percent. Wait list time was reduced from an average of 108 days in FY 2015 to just 35 days.

### **Replicability:**

A cross-departmental examination of staffing structures, roles and barriers to collaboration is key to identifying opportunities to maximize clinical staff time. Allow para-professionals to have high-impact roles.

### **Contact:**

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# NUTRITION

## IHSS Supplemental Groceries Program San Francisco Department of Aging and Adult Services

San Francisco's In Home Supportive Services (IHSS) program has partnered with the San Francisco Office on Aging and the San Francisco–Marin Food Bank to target hunger among older adults and people with disabilities. The program identifies food insecurity among IHSS consumers and provides them weekly supplemental groceries available for pickup or delivery.

### **Budget:**

Existing IHSS staff and infrastructure were leveraged at no cost to complete food insecurity surveys. San Francisco Department of Aging and Adults Services (DAAS) supplemented funding on an existing contract with the food bank for program oversight and food costs.

### **Accomplishments:**

Since implementation in March 2015, more than 600 people have enrolled in the program. Sixty percent are older adults and 40 percent are adults with disabilities age 18-59. Grocery bags provide access to fresh, nutritious food not always available to low-income individuals.

### **Replicability:**

Replication can occur with collaboration between food pantries and social service programs. The food security survey was adopted from the U.S. Department of Agriculture. DAAS and the San Francisco–Marin Food Bank are willing to provide technical assistance.

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## The Senior Tote Program

### The Heritage Area Agency on Aging

The Senior Tote Program provides foods to at-risk and homebound older adults that they can use during evenings and weekends when hot, home-delivered meals are not available. The program is a collaborative effort between the Heritage Area Agency on Aging and the Hawkeye Area Community Action Program Food Reservoir. Each bag contains nutritious food for at least three meals, delivered on a weekly basis to older adults in the most rural and underserved locations in the region.

#### Budget:

Total year-to-date program costs (\$50,462) include food supplies (\$29,462), printing (\$500), bags (\$500) and administrative and labor costs (\$20,000).

#### Accomplishments:

According to the most recent participant survey, 25 percent of participants use the Senior Tote Program due to lack of transportation, 19 percent participate due to a lack of financial resources and 18 percent participate due to lack of shopping options. According to the satisfaction survey, participants gave an average score of 4.14 out of 5 when asked about their overall satisfaction with the Senior Tote Program.

#### Replicability:

The Senior Tote program can be replicated easily with local collaboration and careful upfront planning.

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## Wellness Café

### Aging & In-Home Services of Northeast Indiana, Inc.

Wellness Café is a re-branding effort to increase attendance at congregate meal sites and better support attendees while maximizing the funding provided under the Older Americans Act. Wellness Café features evidence-based educational programming presented by a Registered Dietician (RD) combined with varied event-specific menu options. The RD also provides nutritional counseling, disease-specific diet plans and cooking tips.

#### Budget:

Total operating cost is 10 percent of salary and benefits for an RD. RD cost is spread across private-pay nutrition consulting, preventive health and Medicare reimbursement. Fixed costs of the congregate nutrition program cover most other expenses.

#### Accomplishments:

After one year of Wellness Café implementation at congregate meal sites, attendance increased 16 percent. Feedback indicated two out of three attendees were diagnosed with a chronic condition, and the disease-specific meal options were preferred over standard meal offerings. According to survey data, the education programs offered alongside meals have increased participant numbers.

#### Replicability:

To increase site attendance, offer a variety of programming of interest to attendees. The overall goal of improving health outcomes requires the knowledge of an RD.

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# TECHNOLOGY

## **DFTA's Web-Based Financials System Improves Contract Management**

New York City Department for the Aging

To aid in the management of nearly 700 contracts with service providers, Department for the Aging (DFTA) developed DFTA Financial Systems (DFS), a dynamic, interactive, transparent web-based application for budgeting and invoicing. Now a formerly paper-driven system is all online, with multiple levels of access, electronic transmission of budgets and invoices, real-time reports and automatically generated email notification and request letters. DFS also connects with other DFTA and city financial systems.

### **Budget:**

DFTA's IT team worked with its fiscal and contract management staff to develop the application. No costs were incurred.

### **Accomplishments:**

Payments to providers that previously took three weeks now take ten days or fewer, and processing time for transactions has shortened dramatically. Providers report a high level of satisfaction with the new system, and DFTA staff no longer spend hours entering and checking data.

### **Replicability:**

Replication for other Area Agencies on Aging with similar contracted service providers would be easy. DFTA can provide the database structure and front-end coding. Even organizations with different policies and processes could use the overall system architecture and adjust it to fit their programs.

### **Contact:**

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## **SCAMP—Senior Connections Awesome Management Portal**

Lane Council of Governments, Senior and Disability Services

Senior Connections Awesome Management Portal (SCAMP) is user-friendly, intuitive desktop software that provides a single location for Senior Connections (ADRC within the AAA) staff to manage their work. SCAMP gathers required statistics on service units, automates communications between various staff groups, documents client status, helps staff manage annual renewals and provides instructions and checklists for accomplishing various processes. The software also makes Senior Connections data available agency-wide.

### **Budget:**

Development costs of approximately \$39,510 covered 600 hours of Senior & Disability Services developer time. Cost for Microsoft licenses vary. A free version of the SQL Server database is available.

### **Accomplishments:**

In 2016, 10 staff used SCAMP to create 4,184 client records, replacing 6,871 paper forms. Nearly 7,000 non-saved forms were auto-filled by SCAMP. Additionally, SCAMP was used to electronically process 512 service terminations and to report 9,323 tally statistics.

### **Replicability:**

Any agency with their own developer can create similar custom software. Other agencies in Oregon might be able to use the same software and database.

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# YOU NAME IT

## Senior Swipe Card System

Los Angeles County Area Agency  
on Aging

A fully automated, touchscreen system replaces paper sign-in sheets and makes check-in easy for clients at 14 Los Angeles County Workforce Development, Aging and Community Service (WDACS)–administered centers. Clients can scan their identification cards at check-in each day and use the touch-screen to select the activities they plan to take part in.

### **Budget:**

The Senior Swipe Card system is vendor-provided software with an annual maintenance cost of \$24,000.

### **Accomplishments:**

Los Angeles County WDACS was able to completely automate the tracking and reporting at 14 centers, resulting in more accurate and efficient data processes and improvement of senior center activity reporting. Reported senior center activities increased by 70 percent and client counts increased by 50 percent.

### **Replicability:**

The Senior Swipe Card system is a vendor-provided system that can be replicated at any center. Kiosk placement is key. Training should be tailored to both center staff and older adults.

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## A New Corporate Structure for a New Age

ElderSource

By creating a new corporate structure, ElderSource has increased its ability to be creative, innovative and proactive. Now, a parent corporation, ElderSource, Inc., provides strategic planning, financial management and oversight of subsidiary nonprofit entities focused specifically on fundraising, service delivery, property holding and entrepreneurship. Each subsidiary has its own board and offers independent services for older adults, adults with disabilities and their caregivers.

### **Budget:**

Each company has its own annual operating budget and expenses. Additional costs include legal and filing fees.

### **Accomplishments:**

Friends of ElderSource provides revenue for home-delivered meals, assistive eating devices and crisis services. ElderSource Institute, a startup, provides care transition coaching and education and training for older adults, caregivers and professionals. Wise Owl Properties manages two properties. ElderSource, the Area Agency on Aging/Aging and Disability Resource Center, continues to operate the Veterans Choice program, generate revenue, receive the SNAP grant on behalf of its senior coalition and more.

### **Replicability:**

Replication requires a strong board of directors and visionary executive leadership. A cash investment is needed to incorporate the new subsidiaries and operate them until they become self-sustaining. Grants can offset some startup costs.

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# YOU NAME IT

## **Creative Outreach Solutions to Maintaining and Growing Evidence-Based Programs**

Community Council of Greater Dallas/  
Dallas Area Agency on Aging

Empower!You to Better Choices and Better Health is a healthy living and safety outreach campaign that introduces a variety of evidence-based intervention programs to adults age 60 and older. Recruitment occurs at locations such as libraries, assisted living facilities, recreation facilities and churches through the use of creative videos, postcards, signs, Facebook posts and more. Participants are introduced to programs via health-related games and entertainment, including diabetes bingo and trivia, popcorn and a movie, and informational fairs.

### **Budget:**

Estimated costs of about \$200,000 include staff (program manager, coordinator, outreach staff and 50+ volunteers), program marketing and materials.

### **Accomplishments:**

Approximately 3,500 of 5,000 Empower!You to Better Choices and Better Health rack cards were distributed. The number of new sites has grown from 11 to 23, and participant enrollment has increased by 80 percent since Empower!You strategies were implemented.

### **Replicability:**

This program can be replicated by agencies with active evidence-based programs with room to grow. Develop marketing materials and start a media campaign for an existing program. Although additional staff needs are limited, trained leaders are helpful for recruiting participants.

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Community Council of Greater Dallas/Dallas Area  
Agency on Aging

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75115

## **Culturally Responsive Community Engagement: Shifting Power**

Multnomah County Aging, Disability &  
Veteran Services Division

With the help of community-based organizations, 18 listening sessions were held in 12 languages to assist Multnomah County Aging, Disability & Veteran Services Division (ADVSD) in developing the county's Age-Friendly Action Plan. Participants included people over age 50; racial, ethnic and cultural minorities; LGBT people; immigrants and refugees; and other local stakeholders. The listening sessions actively engaged community members, who shed light on community goals and strengths and advocated for more culturally responsive services.

### **Budget:**

Costs of approximately \$12,000 included staff time (project manager, research and evaluation specialist, data analyst, graphic designer and intern), translation and interpretation, participant incentives and printing. In-kind support was provided by community-based partners.

### **Accomplishments:**

The community input process resulted in cohesive feedback for ADVSD's four-year area plan, influenced performance management models and changed local funding requests and subsequent service accountability.

### **Replicability:**

The engagement program took about 16 months, including planning, implementation, data collection and analysis, strategic plan integration and sharing results with the community. Each listening session lasted 60-90 minutes and involved two to five hours of collaborative and culturally responsive planning, plus follow-up meetings.

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Multnomah County Aging, Disability & Veteran  
Services Division

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## **Geriatric Workforce Enhancement for Health Professional and Medical Residency Students**

United Way's Area Agency on Aging of Tarrant County

The Geriatric Workforce Enhancement program offers opportunities for undergraduate and graduate interprofessional students and family medicine residents to learn how to better care for older patients. The evidence-based curriculum includes a four-hour home visit with a home-delivered meals client, a four-hour home visit with an Alzheimer's Association patient caregiver, a one-hour group session for A Matter of Balance and a one-hour Virtual Dementia tour.

### **Budget:**

Annual funding (\$72,100) per year includes staff time and benefits for Area Agency on Aging of Tarrant County administration and reporting, subcontracts for participating organizations and oversight of student and resident training opportunities.

### **Accomplishments:**

To date, 183 students have participated in the project and reported increased knowledge and understanding of older patients' needs. Additionally, 42 Physical Therapy students have participated in A Matter of Balance lay leader training and held 14 workshops. Twelve residents completed Meals on Wheels home visits, 10 completed caregiver home visits and 70 completed the Virtual Dementia Tour.

### **Replicability:**

Replication requires strong relationships with institutional partners such as universities and hospitals. Other than adequate staff time for collaboration, minimal resources are required.

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United Way's Area Agency on Aging of Tarrant County  
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## **Services for Seniors**

Loudoun County Area Agency on Aging

Services for Seniors (SFS) combines two case management models into one streamlined service. SFS allows seniors to meet with a case manager while also attending their desired senior center programs. This confidential assistance at senior centers links older adults to services and supports in the community, making such assistance accessible via bus service or ride sharing for seniors who cannot drive themselves.

### **Budget:**

No extra funds are required for the Area Agency on Aging or local senior centers. SFS was designed to expand existing case management services.

### **Accomplishments:**

An average of 10 senior citizens per week are served in senior centers. Approximately 1,500 people have been served since the program's inception in 2013. Effects on quality of life include increased eligibility for financial resources, access to medical care and ability to age in place.

### **Replicability:**

AAAs can replicate this program by partnering and coordinating with local senior centers. AAAs provide case managers, while senior centers provide private meeting space and help with program promotion.

### **Contact:**

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# YOU NAME IT

## **"Too Many Treasures" Hoarding Program**

Area Agency on Aging, Region One

"Too Many Treasures" is a therapeutic program for people age 55 and older who have a desire to seek help for hoarding behavior. The program offers therapy groups, support groups, community education and one-on-one in-home counseling to raise awareness of and treat hoarding disorder. Participants self-identify and are screened in for the 15-week program by a Licensed Associate Counselor.

### **Budget:**

Current annual program costs (\$62,403) include salary and fringe benefits of the .75 FTE Licensed Associate Counselor plus costs for course materials, marketing, printing and travel.

### **Accomplishments:**

To date, "Too Many Treasures" has offered 27 groups. Last year, the program delivered 10 community presentations to 892 attendees and provided 12 therapy groups to 101 participants. A recent evaluation found the program is making a statistically significant difference in reducing the cluttering and acquiring behaviors of attendees.

### **Replicability:**

The curriculum and intervention can be replicated. However, funding is a challenge and the program is not yet evidence-based. Reimbursements from Medicare or other payers require a definitive diagnosis from a medical provider, which may be a barrier.

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## **University Student Partnerships Extend Medicare Counseling Services**

Central Plains Area Agency on Aging

To expand the learning of Kansas University School of Pharmacy and Wichita State University School of Social Work students, Central Plains Area Agency on Aging (CPAAA) partnered with the universities to establish volunteer opportunities for the students to offer Medicare counseling during open enrollment. As a result, CPAAA can serve more people during open enrollment and students better understand Medicare Part D and gain insight into the real-life situations seniors face.

### **Budget:**

Resources for training are provided by the State of Kansas. One CPAAA staff member assisted with training one day at a cost of less than \$200. There was no additional cost for space and volunteer coordination.

### **Accomplishments:**

Since 2014, four student volunteers educated 174 additional customers.

### **Replicability:**

Program replication is easy. The most time-consuming aspect is establishing university partnerships and getting buy-in from professors. Incorporating this volunteer opportunity with an established internship also is possible.

### **Contact:**

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## **VAAACares**

Bay Aging d.b.a. VAAACares

Virginia Area Agencies on Aging—Caring for the Commonwealth (VAAACares) is a statewide service delivery system developed to attract major insurers to a one-stop-shop for referrals, reporting, billing and accountability. VAAACares provides revenue for AAAs and lowers costs for health systems and insurers while also offering evidence-based comprehensive care coordination, care transitions and other home and community-based services that support positive health and safety outcomes for Virginians with chronic health conditions.

### **Budget:**

The Virginia Center for Health Innovation funded several trainings for all AAAs (\$10,000) and for Readiness Instrument development (\$5,000). Individual AAAs absorbed travel and evidence-based training costs. Bay Aging staff developed the collaborative at no additional cost.

### **Accomplishments:**

The collaboration has expanded the Virginia AAAs' ability to serve a growing aging population through business partnership and increased revenue opportunities, while lowering costs for health systems and insurers and leading to better health outcomes for clients.

### **Replicability:**

Replication requires: 1) software to document data outcomes that prove the effectiveness of the programs to potential payers; 2) AAAs' commitment to work in partnership; 3) AAAs' willingness to engage directly in developing a cost-effective approach with minimal start-up expense.

### **Contact:**

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Bay Aging d.b.a. VAAACares

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## **Wills for Vets: A Legal Service for Veterans**

Prince William Area Agency on Aging

Wills for Vets assists veterans in preparing wills, powers of attorney and advanced medical directives. Attorneys conduct the program at a local VFW center, with participants attending three educational sessions and meeting with an assigned attorney. Veterans who complete the legal documents have confidence, knowing that their wishes for addressing their medical needs and remaining in their homes for as long as possible will be honored.

### **Budget:**

One Prince William Area Agency on Aging employee worked on the project alongside 23 attorneys and 14 volunteers from the Prince William Bar Association. All billable hours, travel, equipment, supplies, materials and administrative support were donated.

### **Accomplishments:**

A total of 60 veterans, spouses and caregivers were served. Of the 36 veterans who completed surveys after their sessions, 100 percent said they were satisfied and would recommend the program to others.

### **Replicability:**

Scheduling around other VFW events can be challenging. Sessions should be scheduled in two-week intervals, with required questionnaires sent in advance to give veterans time to complete them. Provide plenty of additional time slots so veterans can reschedule if needed.

### **Contact:**

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