

NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

You Make a Difference

A Guide for Area Agency on Aging
Boards and Advisory Councils



2011

National Association of Area Agencies on Aging (n4a)

n4a is the leading voice on aging issues for Area Agencies on Aging (AAAs) and a champion for Title VI Native American aging programs. Through advocacy, training and technical assistance, we support the national network of 629 AAAs and 246 Title VI programs.

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Introduction

It is an exciting time to be an Area Agency on Aging (AAA) executive board member and advisor. Choice, dignity, independence: these are the watchwords of all AAAs. Though articulation of missions may vary, AAAs all share a common purpose, which is to:

- Provide leadership, services and advocacy to promote the dignity, independence and quality of life of older Americans, adults with disabilities and their caregivers
- Create positive community environments
- Plan and coordinate community efforts to support older adults

This guide is both a reference and a resource for new and experienced AAA board and advisory council members. Included at the end are glossary and information sections that provide additional tools beyond the text. All over the country, AAA boards and councils are making a difference on many fronts—leading and working with others to attain Older Americans Act goals, offering guidance and input about needs and priorities of older Americans in their communities, and ensuring public financial accountability. We are grateful to all who have contributed over the years.

Given the many overlapping responsibilities of boards of directors and advisory councils, most of the guidance provided here applies to both of these important groups.

Understanding the OAA Aging Network

The Older Americans Act (OAA), enacted in 1965 and amended many times since, is the foundation of all AAAs and the aging and long-term services and supports they oversee, providing older adults with much-needed services that include home care, congregate and home-delivered meals, adult day care, case management, legal services, transportation and caregiver support.

AAAs are part of the Aging Network—a federal, state, tribal, local partnership—created to further OAA goals, speak out on older Americans’ behalf, and provide a focal point for services and supports in each community. The Aging Network crisscrosses the entire country and is made up of:

- The United States Administration on Aging at the Federal level
- State Units on Aging (SUAs) in all states and territories
- 629 AAAs serving older Americans “on the ground” in every community and state in the nation
- 246 Tribal and Native American organizations
- 29,000 local service providers

- Over 500,000 volunteers

AAAs and Title VI Native American aging programs, established in 1973 under the OAA, coordinate and/or provide critical home and community-based services to older adults and their caregivers. This system reflects how people want to age—at home and in the community. It also helps individuals avoid unnecessary and more expensive institutional care and/or spending down to Medicaid, which also saves money for Federal and state governments.

OAA Title III B provides flexible funding to states and local agencies to offer a wide range of needed supportive services to older Americans. Title III B dollars, for example, support senior transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, in-home services for frail elderly, and emergency/disaster response efforts targeted to older adults. The flexibility of this funding stream gives AAAs greater ability to meet the needs of older adults, as identified at the community level, and often is the bridge between private pay and Medicaid.

To sustain their work, AAAs combine the OAA Title III B allocation with multiple funding streams. Although the exact funding mix varies across agencies, some examples of other significant sources of funding are state general funds, private sector grants, Federal interagency agreements, charitable donations, state levies and fees/voluntary contributions.

All AAAs serve older Americans. According to a recent analysis by n4a and its partner, Scripps Gerontology Center,¹ nearly two in three—60 percent—also serve working age adults with disabilities; one in four serves both young and older veterans.

Anticipating and Leading Change

The United States, like the rest of the world, is getting older. Today, 40 million Americans are age 65 and over, a number projected to reach 72 million by 2030.² Population experts and others say this continues a steady trend and will have far-reaching effects on our nation in the years ahead. What accounts for the growth? Two factors stand out: longer lives (the great news) and the “age wave” of America’s baby boom generation—those born between 1946 and 1964.

Clearly, enormous challenges lie ahead for AAAs and executive boards, but so too, do opportunities.

Community and independence: As advocates for older adults, adults with disabilities and family caregivers, AAAs have long been a strong voice in championing livable communities for *all* ages,

including the oldest old—age 85 and over. Studies show the odds of entering a nursing home increase with age. To assist those “at highest risk,” AAAs are working across sectors in new ways, such as initiating relationships with hospitals, and nursing and rehabilitation facilities to help with care transitions. Aging in place is a real and viable option so long as appropriate supports are there. Transportation continues to be a huge challenge.

Aging and health: On March 23, 2011, the Patient Protection and Affordable Care Act, known as the Affordable Care Act, became law, opening a new window for AAAs and Title VI programs to complete the circle of integrating medical and human services-based long-term services and supports. Opportunity abounds for AAAs to take a stronger and enhanced role in advancing Medicare preventive services, medical home models, chronic disease management, mental health services, and community-based/evidence-based health promotion and disease prevention programs.

Economic realities: In the wake of America’s 2007–2009 financial collapse, the economy is still struggling. According to the American Federation of State, County, and Municipal Employees, “States and local governments still face daunting budget shortfalls over the next few years”.³ Unfortunately, Federal OAA funding has not kept pace with inflation for some years now, and though demand is up, waiting lists are getting longer. AAAs recognize they must find solutions. Boards and advisory councils have a valuable contribution to make in thinking through strategy. The evolving role of the AAA is just as unpredictable and dynamic as the broad policy landscape and ever-changing health care environment. One thing we do know: innovative “out of the box” thinking, proactive partnership, leveraging of knowledge, thoughtful risk-taking and anticipating change are all essential to leading the future as it emerges.

AAA Boards & Advisory Councils

“Board service is a form of philanthropy. It is the voluntary giving of your time and talents (and ‘treasure’ of course!) to an organization whose mission you endorse and whose values you share.”⁴

— Kay Sprinkle Grace

AAAs do not walk alone, nor do their boards or advisory councils. All have a role to play, in collaboration with each other. Whether your interests lean to governance, policy, strategic planning, or fundraising, there is a home for everyone to serve.

It is a big job, and an awesome responsibility, but the rewards of serving are huge.

What's the difference?

Under the Older Americans Act, AAAs are directed to establish an Advisory Council. The Advisory Council is charged with furthering the agency’s mission of developing and coordinating community-based systems of services for all older persons in the planning and service area. However, as the name suggests, the Council advises—it does not govern. For example, a government-based AAA may have an Advisory Council, but governance resides with the elected Board of Commissioners. Nonprofit AAAs are governed by a Board of Directors. The Board makes policy. It hires the agency executive and holds that individual accountable.

Roles, Responsibilities and Rewards

What are boards’ and advisory councils’ *key* responsibilities? Many experts have outlined the various duties, using slightly different terms. The essence of the role breaks down something like this:

1. **Governance (legal and fiduciary)** – Ensuring high quality oversight, ethical and responsible decision-making, accountability and transparency (*Note:* While this responsibility falls exclusively on boards, the following roles apply to advisory councils as well.)
2. **Ambassador to community** – Enhancing the AAA’s visibility, expanding the circle of friends
3. **Advocacy** – Championing and representing the interests of the AAA and the clientele it serves
4. **Development and fundraising** – Ensuring adequate resources to carry out the AAA’s mission

5. **Strategic advising** – Providing strategic support, leadership and expertise to further the AAA’s goals

Here we review these five key roles in greater depth.

Role #1: Governance (legal and fiduciary)

“Board members are governors. When they sit around the table and vote their ‘I so move,’ they govern the institution.”⁵

— Peter F. Drucker

As noted previously, governance is the province of Boards of Directors—not Advisory Councils. AAA governance has one main objective: making sure the AAA achieves what it should. AAAs are involved in an incredibly wide array of activity, and one of the AAA board’s main responsibilities is to ensure the agency’s financial stability and long-term future.

The board is the guardian of the AAA’s mission. Its first allegiance is to the community the AAA serves. As CompassPoint Nonprofit Services, a resource for nonprofits in the San Francisco Bay Area, explains:

When acting in its governing role, the board represents the interests of the community. It asks: Is this organization using public and private resources to benefit the community and the public? In a sense, the board stands in the community, looking through the door into the organization. But at the same time, board members also represent the organization’s interests to the community, acting as ambassadors to the community.⁶

The board has primary legal responsibility for seeing that the AAA allocates resources appropriately. Financial oversight includes overseeing budgets and plans, monitoring the AAA’s financial health, and ensuring that appropriate financial controls are in place. In addition to financial oversight, the board’s primary governance responsibility is to make sure the AAA operates in compliance with relevant laws and regulations—Federal, state, and local.

Few will dispute that governance matters. In a healthy system, of course, an effective board has clear, well-defined governing roles. Though agency mandates inevitably will differ, the role of governance is likely to be clear.⁷ Recapping, the board’s specific tasks and duties are:

- Clarifying and/or reaffirming the AAA’s mission

- Determining policies and priorities
- Monitoring performance and impact
- Overseeing compliance with laws and regulations and fulfillment of contractual obligations
- Understanding the AAA’s finances: approving financial plans and budgets, ensuring adequate resources, safeguarding assets from misuse
- Approving and participating in setting overall strategies
- Setting compensation for the executive director and staying informed of compensation levels for other key personnel
- Ensuring accountable fundraising practices

Role #2: Ambassador to the community

“The challenges our society faces cannot be met—nor our opportunities fully realized—by any one organization or sector alone. Effective collaboration with other nonprofits, government agencies, and business is an imperative.”⁸

— *The Peter F. Drucker Foundation for Nonprofit Management*

The relationship a AAA has with the community is a special one. Board and advisory council members are an important resource to the AAA in expanding the agency’s “circle of friends.” Every AAA has multiple constituencies—older people and families the AAA serves; state, Federal, and local funders; numerous local organizations and community groups and more. Boards and councils link AAAs to the larger world beyond. As a member, you have an interest in investing your energies in these valuable relationships.

In reaching out to leaders and influential people in other sectors and organizations, you “lead beyond the walls.”⁹ Closely aligned to your advocacy, development, community outreach and public relations roles, your role as ambassador is to:

- Educate
- Attract attention to your AAA so the public is aware of its services
- Once the public is aware and interested, act on opportunities to build new alliances and collaborations
- Make it easy to get more people involved
- Bring the people who have the power to be supportive directly into contact with your AAA

- Raise the resources your AAA needs to carry out its plans

Role #3: Advocacy

“Most health and human services organizations depend heavily on government funding; hence, advocacy and public education are engines to increase potential support for vital services provided by the agency. This is an area where board members can add serious value.”¹⁰

— Alice Korngold

Federal regulations governing AAAs leave no doubt of their mandate to “serve as the public advocate for the development or enhancement of comprehensive and coordinated community-based systems of services in each community throughout the planning and service area.”¹¹ In short, the regulations require that all AAAs:

- Represent the interests of older Americans to local elected officials, executive branch leadership, and public and private agencies and organizations
- Monitor hearings and comment on proposed policies, programs and other community actions which affect older persons
- Partner with other organizations and agencies, and participate in coalitions to enhance programs and services
- Facilitate coordination across agencies and private organizations to promote new or expanded programs, benefits and opportunities for older persons
- Undertake a leadership role to assist communities to target resources from all appropriate sources to meet the needs of older persons with greatest economic or social need, with particular attention to low-income minority individuals
- Foster the capacity of older Americans to organize and have a voice in public policy through activities such as sponsoring educational opportunities, maintaining advisory councils, and promoting senior advocacy organizations

Advocacy is essential to every AAA. Every AAA board and advisory council member needs to be a strong advocate for the AAA, and for the communities and the people your agency serves. As the “public face” of the AAA, who better to tell the story than you? At the same time, efforts need to be coordinated so that the agency speaks with a “single voice”.

AAA boards and advisory councils engage in many forms of advocacy, both formal and informal, and many tools are readily available to you. Here are some examples:

- Community outreach—being proactive in developing positive relationships
- Writing a letter to the editor of a newspaper
- Participating in coalitions
- AAA media campaigns
- Testifying on important policy issues
- Community education
- Speaking engagements

One thing about advocacy: AAAs and their boards can and should be involved. Lobbying activity however, is restricted. It is important to note that the line between the two activities is thin but sharp. It has been said, “The difference between advocacy and lobbying is *specificity*.”¹² According to multiple definitions, advocacy seeks only to *educate and inform*. It is perfectly acceptable, for example, to provide information or opinions on a bill *in response to a public official’s request*.

By contrast, attempting to *influence* or *rally action* on a specific bill (for or against) is lobbying. If your AAA has a 501(c)(3) designation, the use of public funds for lobbying may be prohibited. Federal law is clear, state rules vary.¹³ Violation can cause the agency to lose its nonprofit tax status. If your board is contemplating endorsing legislation, you may need to consult legal advisors. For more details, see www.irs.gov.

Advocacy vs. Lobbying: Know the Difference
Advocacy seeks to <i>educate</i> the public about an issue or pending law and its impact on individuals and communities. Examples include: testifying before Congress to share your expertise on an issue; publishing results of a non-partisan analysis or study; meeting with your elected official to describe the impact that a policy has on your community.
Lobbying , on the other hand, seeks to <i>persuade</i> or <i>influence</i> votes on pending legislation as well as decisions of government officials or regulatory institutions at any level. Asking a legislator to cosponsor a specific bill is an example of lobbying.
“Direct lobbying occurs when there is a: (1) Communication (2) with a Legislator (3) that expresses a View about Specific Legislation.”
“Grassroots lobbying occurs when there is a (1) Communication (2) with the Public (3) that expresses a View about Specific Legislation and(4) includes a Call to Action.”

Source: Adapted from Alliance for Justice, *How Unions and 501-c-3-Organizations Can Maximize Their Power to Make Policy Change* www.afj.org/assets/resources/nap/how-unions-and-501-c-3-organizations-can-maximize-their-power-to-make-policy-change.pdf

Role #4: Development and fundraising

*“The Board is also the premier fund-raising organ of a nonprofit. . . . If a board doesn’t actively lead in fund development, it’s very hard to get the funds the organization needs.”*¹⁴

—Peter F. Drucker

*“In almost all you do as a board member, you are deliberating and deciding; in fundraising, however, you are participating. Note this distinction well.”*¹⁵

—Fisher Howe

AAAs desperately need funding to carry out their missions. Now, more than ever, board and advisor involvement in development and fundraising efforts is vital. The recent economic recession and current fiscal constraints (sluggish national economy, state budget shortfalls) have been hard on everyone. As demand continues to spiral upward, AAA funding remains stubbornly stagnant. Agency budgets are strained. Nationwide, AAAs large and small have had to decrease staff size, freeze or reduce employee salaries, reduce the number of people served, and trim down pivotal programs and services.¹⁶

Nearly all AAAs derive their revenue from a mix of sources, mostly public, but also private. Nationwide, government contracts and grants (state, Federal, and local) are AAAs’ single largest source of revenue. Some generate revenue through program fees (often below market rates or on a sliding scale). As well, some have been successful in securing business and foundation support. Development and fundraising are typically joint ventures. What boards and advisors can do more than anything else is to help in cultivation. This function is closely aligned with advocacy and community outreach. Boards can make a huge difference by “talking up” the AAA, by educating people about its work.

Think about ways you can contribute. “To ask” is not the only role you can play. The key is to tap your strengths. The Foundation Center of New York recommends these activities as starting points¹⁷:

- Advocate for your organization
- Approve development plans
- Accompany staff on visits to foundations, businesses
- “Open doors,” make introductions
- Speak to groups you are affiliated with

- Write letters and notes
- Support special events
- Give your time and expertise

Role #5: Strategic advising

“You keep the mission fresh by gazing out the windows, not gazing into mirrors.”

— Kay Sprinkle Grace

“Members are valued partners providing staff with an extra set of hands to work and brains for thought partnership.”¹⁸

— Marla Cornelius and Tim Wolfr

AAA boards and advisory councils play an important role as strategic advisors in helping their agencies map their futures. As Richard A. Mittenthal, President and CEO, TCC Group, writes:

No organization exists in a static environment. Social, political and economic trends continually impact the demand for its offerings and services. ... Needs and community demographics are all subject to change. So too are methods for delivering programs and services. It is thus essential that a strategic plan reflect the external environment. Programs, services and operations should be reexamined and reshaped in light of current realities and future projections.¹⁹

To think strategically is to “think outside the box.”²⁰ Looking at the big picture, assessing strengths and weaknesses, and setting stretch goals is challenging—and requires disciplined thinking—but the process is necessary for AAAs to remain viable and effective.

AAAs today face increasingly tough decisions and only with a sense of understanding and purpose can they set their priorities. Boards and advisory councils can be a valuable sounding board and contribute fresh thinking for planning and problem solving. Independence of advice is essential. Ask good questions, expect good answers, and contribute your expertise.

Board-Management Delegation

“Membership on [a] board is not power, it is responsibility.”²¹

— Peter F. Drucker

Boards, advisory councils, and management each have different roles to play. With wise leadership, each will take responsibility for his or her own job and not infringe upon the other’s work. The chart

below helps clarify the division of labor.

Board Responsibility
<input type="checkbox"/> Approve annual goals, plans, and budget
<input type="checkbox"/> Ensure professional audit of accounts
<input type="checkbox"/> Solicit contributions in fundraising campaigns
<input type="checkbox"/> Interpret organization to community
<input type="checkbox"/> Sign legal documents
<input type="checkbox"/> Approve mergers and reorganizations, contractual agreements
<input type="checkbox"/> Enter into any other major contractual agreement or venture

Executive Responsibility
<input type="checkbox"/> Manage and take responsibility for AAA operations
<input type="checkbox"/> Serve in the role of financial leader
<input type="checkbox"/> Hire, supervise, motivate and “incentivize” staff
<input type="checkbox"/> Support board and committee activity
<input type="checkbox"/> Serve as principle liaison with community

Shared Responsibility
<input type="checkbox"/> Share leadership for strategy and long-range direction
<input type="checkbox"/> Ensure programs meet their impact goals
<input type="checkbox"/> Generate new and stable funding streams
<input type="checkbox"/> Cultivate new partnerships, expand the “circle of friends”
<input type="checkbox"/> Advocate for older Americans
<input type="checkbox"/> Champion the AAA with policymakers, advocating on specific policy and legislative issues

Board Composition

A good board or advisory council typically assembles over time. For AAAs to do their job well, the ultimate gift of a board or council is to bring a variety of skills, experience, and diversity of perspective to AAA planning, development, and advocacy.

AAA board composition varies. Some AAAs draw their membership strictly based on geography. Others find it necessary to push the bar higher. For example, Ohio's Western Reserve AAA Board of Trustees' recruitment policy suggests the following representation²²:

- Private sector executive (business)
- University-based gerontologist
- Social work
- Legal
- Accounting
- Nursing
- Local foundations
- Other planning and funding organizations
- Clergy
- Consumers
- Human services professionals

Because boards and advisors play such an important role in your AAA, look for individuals whose backgrounds and contacts complement those of other members. Nonprofit board consultant Fisher Howe affirms this point:

Numbers in particular will permit a board to draw in members of three kinds that every board needs: those with *knowledge and experience in the program area*; those who have *professional skills* helpful in guiding the organization—legal, accounting, fundraising, public relations, and the like; and those with *prestige in the community*, people who have access to funding sources.²³

Leadership

Officers

An AAA board and advisory council will typically have officers to lead and assist with key operations. Executive officers include a chair and vice chair, elected by or chosen from the membership, as well as a treasurer and a secretary. While officer succession rules and processes will vary, experts suggest that no one should serve in more than one leadership position at the same time.

Committees

Committees are the workhorses of board governance. In small and large AAAs alike, committees “keep subjects under review, focus the board on those things that need attention, and make constructive recommendations for board action.”²⁴

Committees may be *standing* (formed as part of the Board’s permanent structure) or *ad hoc* (that is, formed on a temporary basis to handle a specific issue). Standing committees may address such issues as the budget; board nominations; policy and resolutions; fundraising; communications/public relations/marketing; strategic planning; community outreach; and board recruitment and development. Ad hoc committees, such as a search committee, might deal with executive recruitment, study the feasibility of offering a new service, or address any number of other issues.

The Ultimate Team	
<input type="checkbox"/>	Believes in the AAA’s mission and goals
<input type="checkbox"/>	Has the time to commit
<input type="checkbox"/>	Is independent-minded (questioning, not just rubber-stamping)
<input type="checkbox"/>	Is transparent, acts with integrity
<input type="checkbox"/>	Is action-oriented, focuses on results
<input type="checkbox"/>	Listens and “plays well with others”

The Basics

Ethics and stewardship

“Without question, all successful board members must possess two essential qualities: integrity and an open mind.”²⁵

— Fisher Howe

Boards owe their AAAs sound, ethical decision-making, in compliance with the law. To protect yourself as a board member from personal liability, it is extremely important to know both the legal obligations of stewardship and the legalities of nonprofit governance. Some examples are:

- Filing articles of incorporation, and sometimes bylaws
- Filing Tax Form 990 with the Internal Revenue Service for Federal tax-exempt status and filing with the state for state tax-exempt status
- Filing Social Security and income tax withholding

- Filing annual reports
- Filing for nonprofit accreditation and/or licensure

Laws governing liability and nonprofits are complex enough to make it advisable for the AAA board to consult legal counsel.

In carrying out the governance role, it may be helpful to have in mind some “red flags” that suggest the need for closer scrutiny and/or action.

“Red Flags” to Watch for
A red flag is a warning sign of looming danger or a problem. Potential “red flags” that AAA boards should be alert to include:
<input type="checkbox"/> Serious audit findings
<input type="checkbox"/> Agency has contended with lawsuits
<input type="checkbox"/> Board micromanaging (board’s role is to <i>oversee</i>)
<input type="checkbox"/> Major unresolved agency issues (a pattern)
<input type="checkbox"/> Funding dried up, key funding partners lost
<input type="checkbox"/> Underfunded reserve accounts
<input type="checkbox"/> Board doesn’t speak with one voice (red flag signaling dissension)
<input type="checkbox"/> Large number of board vacancies
<input type="checkbox"/> Negative reputation with stakeholders

Bylaws

AAA bylaws are a legally binding “operating manual” for the board. In the world of AAAs, they state the ground rules for board membership, frequency of meetings, choosing officers, role of subcommittees, and principal duties of officers and committee chairs. Most also state the purpose, goals and objectives of the AAA, as well as how the board is to handle personnel matters.

Every AAA board has bylaws. Rarely are they static; amendments are inevitable. Boards are encouraged to seek advice before amending.

Meetings & agenda-setting

A meeting agenda is an important tool for AAA boards and councils—but only if well organized. All agendas should include, at minimum, the meeting start time, meeting end time, meeting location,

headings with some detail, the time given for each topic, and names of the main participants. Here is an example of a “bare bones” agenda:

- Call to Order
- Roll Call
- Reading and Approval of Minutes
- Reports of Officers, AAA Executive, and Standing Committees
- Reports of Special (Select or Ad-Hoc) Committees
- Unfinished Business
- New Business
- Wrap-up and Adjourn

Five Keys to Better Meetings
1. Know <i>why</i> you are meeting. Don't meet just to meet
2. Circulate agenda and briefing materials as early as possible to give members time to prepare
3. Start on time. End on time. Give plenty of time for breaks
4. Stick to the agenda. Keep conversation on topic
5. Push for consensus, decisions, commitments

Parliamentary procedure

Numerous publications are available on parliamentary procedure. One of the best known is *Robert's Rules of Order*,²⁶ first published over a century ago. The rulebook, which is quite detailed, covers everything from opening a meeting, to initiating, amending and passing a motion, to establishing a quorum.

As a practical matter, boards and advisory councils may adopt whatever rules they wish. For those with less time, *The Complete Idiot's Guide to Roberts Rule*,²⁷ by Nancy Sylvester, offers a good introduction.

How Does Your Board Measure Up?

*“Defining board effectiveness is a challenge, but there is a simple truth to guide the inquiry: boards that work, work.”*²⁸

— Kay Sprinkle Grace

Boards (and advisory councils) need to assure themselves that the processes they have in place are

accomplishing their intended purpose. Are the contributions (collectively and individually) living up to expectations? Establishing a regular time to look back and assess changing needs can be very useful to boards and advisors as well as staff.

The ideal board

Some key elements of all successful boards are:

- Leadership
- Code of ethics and conflict of interest policies
- Belief in the AAA mission
- Well-defined board roles and responsibilities
- Commitment to financial literacy on the part of the board
- Effective board orientation
- Effective meetings and process
- Regular monitoring and evaluation of executive staff
- Willingness to self-evaluate

And what makes a good board member? According to BoardSource, a national membership organization of nonprofit leaders, “It takes more than just a commitment.”²⁹ Collectively, it is normal and advantageous for board members to bring to the table some extra qualities. Beyond commitment, some of the best attributes are:

- Passion
- Political astuteness
- Knowledge, skills and expertise
- Ability to network
- Dedication to learning
- Courage of conviction
- Enthusiasm
- Flexibility
- Sense of humor

Board tools & resources

- Sample *board member self-evaluation* – A checklist from the Council on Foundations www.cof.org/files/Documents/Documents_Bank/Governance/BOD_Roles_Responsibilities/BODselfeval.pdf

- *Job descriptions* for board leadership, a summary from BoardSource
www.bridgestar.org/Library/BoardJobDescriptions.aspx
- *Advocacy glossary of terms* – Available from the Alliance for Justice
www.afj.org/for-nonprofits-foundations/advocacy-glossary.pdf
- *BoardStar Podcasts* – Archive of audio interviews on multiple topics of interest to boards
www.smallpackageproductions.com/BoardStar/boardstarmain.html
- *Your Board and Fundraising*– A free online webinar from the Foundation Center
<http://grantspace.org/Multimedia-Archive/Webinars/Your-Board-and-Fundraising>

Websites, information portals

- **United States Administration on Aging**
www.aoa.gov
- **BoardnetUSA**, a free, online network and database dedicated to helping nonprofit boards and board candidates find each other.
www.boardnetusa.org
- **BoardSource Knowledge Center**
www.boardsource.org/Knowledge.asp
- **CompassPoint**, a capacity building and leadership development organization that provides nonprofits with management tools, strategies and resources to lead change in their communities.
www.compasspoint.org/board-café-home
- **Free Management Library: All About Boards of Directors (For Profit and Nonprofit)**
<http://managementhelp.org/boards/boards.htm#anchor579041>
- **Grants.gov**
<http://grants.gov/>
- **Grantspace**, a service of the Foundation Center
<http://grantspace.org/Tools/Knowledge-Base/Funding-Research/Fundraising-Planning/Fundraising-planning>
- **HHS.gov**
www.hhs.gov/grants/

- **Idealist**, resources for Nonprofits
www.idealist.org/info/Nonprofits
- **Nonprofit management education center**, University of Wisconsin- Extension
www.uwex.edu/ces/cced/nonprofits/management/sites.cfm

Acronyms & Glossary

AAA (Area Agency on Aging). A local or regional organization that plans, coordinates, and oversees a range of services and supports for adults 60 and older. Of the 629 AAAs across the country, over half are public agencies and the remainder private, nonprofits. In most cases, AAAs contract with community providers to deliver services.

ADL (Activities of daily living). The “things we normally do” that are basic for self-care: 1) bathing and grooming, 2) dressing, undressing, 3) feeding oneself, 4) toileting (continence), 5) transfer (e.g., getting out of bed), and 6) ambulation (e.g., walking or using a wheelchair). The *Katz Index of Independence in ADL* screening scale flags an individual’s best or highest level of independence or, conversely, need for care. See also, IADL.

ADRC (Aging and Disability Resource Center). A single source of information and assistance on issues affecting older people, people with disabilities and their families. Operated in many areas by AAAs, the goal is to streamline access to community long-term services and supports.

Adult day care/adult day health. A supportive group setting for adults who need supervision. Most programs offer individualized plans of care, group exercise, adult education and recreation, nutritious meals, support and respite for caregivers, and social work services. Adult day health is similar to adult day care but designed for those who need a higher level of care.

Adult protective services. State and local government programs that investigate and intervene in reports of abuse, neglect, and exploitation of adults who are physically or mentally impaired and unable to protect themselves from harm.

Aging Network. An interconnected mix of organizations—in both the public and private sectors—providing support for older Americans and their families.

Assisted living. A combination of housing, supportive services, and personalized health care in a professionally-managed group setting designed for adults who need a helping hand, but do not need 24-hour care.

Care transition. Refers to when a patient/client leaves one care situation or setting (e.g., hospital, nursing home, assisted living, skilled nursing facility, primary care physician, home health, or specialist) and moves to another.

Case management. Assessment, planning, facilitation, and advocacy for individuals and families who have health or long-term care needs. Case managers typically are nurses or social workers who serve essentially as gatekeepers to local sources of support.

Care coordination. Synchronizing patient care; may include establishing a plan of care managed jointly by the patient and the health care team, anticipating routine needs, and actively tracking progress toward patient care plan goals. *See also*, Chronic care management; Transitional care, Transitions of care.

Chronic care management. Coordinating all levels of patient care for chronic conditions, such as diabetes, high blood pressure, and heart disease, through preventative care, screening, and patient education on healthy lifestyles.

Congregate meals. Free or low-cost, nutritionally sound meals served in community settings.

Continuum of care. A term for the entire range of specialized medical, social, rehabilitative, and residential services and supports available to frail adults and people with long term illnesses, in particular, home services, independent living, assisted living, and nursing home care.

Dementia. A term describing a group of diseases (such as Alzheimer's) typified by memory loss and other declines in mental and sometimes emotional functioning.

Elder abuse. A knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. State laws vary, but broadly defined, abuse may be physical, emotional, sexual, financial, neglect, or abandonment.

Evidence-based prevention programs. Federal grant program designed to encourage and assist aging service agencies to sponsor evidence-based interventions related to medication management, and chronic disease self-management.

Frail. Having a physical or mental disability, such as Alzheimer's, that restricts daily life or diminishes independence.

Greatest economic need. Defined in the Older Americans Act as, "the need resulting from an

income level at or below the poverty line.”

Greatest social need. Defined in the Older Americans Act as, “the need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural, social, racial, ethnic, or geographic isolation, which restrict a person’s ability to perform normal daily tasks or threaten the capacity of the individual to live independently.”

Home health. Medical and personal care delivered by licensed health professionals or home care aides. Home health services range from help with medicines, to wound care, pain management, and therapy. Personal care includes help with eating and bathing, dressing, grooming, and using the bathroom. Medicare, Medicaid, and private insurance generally cover home health care.

Home health agency. Provides medically skilled home care services, such as skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by trained home health aides.

Homebound. Unable to leave home without exceptional effort or support.

Home-delivered meals. Nutritionally balanced meals delivered to homebound, frail and disabled elderly.

Homemaker services. Assistance with light housekeeping, shopping, or paying bills.

Hospice care. Services to terminally ill and family, provided in the home, a hospital or nursing home. Includes home health care, volunteer support, pain management, and grief counseling.

Informal caregiver. A family member, friend, or neighbor who cares for an older person. Informal caregivers provide roughly 75 percent of all caregiving for older persons.

IADL (Instrumental activities of daily living). A checklist of six self-care tasks that serve as indicators of an ability to live independently: light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money. *See also*, ADL (Activities of daily living).

LTSS (Long-term services and supports). Help for elderly and disabled Americans with long-term care needs, most often includes a blend of informal (unpaid) and formal services. Medicaid plays a critical role for people needing long-term supports, paying 40 percent of LTSS spending in the United States. *See also*, MFP Demonstration Program; Medicaid; Medicaid State Waiver.

Long-term care ombudsman. A neutral (unbiased) third-party advocate for those receiving long-term services and supports. An ombudsman’s main roles are to receive and investigate complaints, seek to resolve the problems with officials involved, and make recommendations to appropriate authorities about desired or necessary changes.

Medicaid. A joint federal-state insurance program that helps with medical costs for some people with limited incomes—and the largest source of funding for long-term services and supports today. There are federal guidelines, but states establish their own criteria for *who* qualifies and *what* services are covered.

Medicare. Federally-funded system of national health insurance for older Americans may pay for nursing home care or rehabilitative therapy after a hospital stay, but only for a short time (up to 100 days if a doctor orders the care).

Medication management. Screening and education to prevent incorrect medication and adverse drug reactions.

MFP (Money Follows the Person) rebalancing demonstration program. A national “system change” initiative aimed at helping people with Medicaid receive long-term services and supports in settings of their choice. The goal is to increase the use of home and community-based services and decrease use of more costly institutional care. *See also*, HCBS; LTSS; State Medicaid Waiver.

Nursing home. A nonprofit or private group residence for frail elders and adults with disabilities who cannot live alone safely. Medicare covers the cost of some nursing home services, such as skilled nursing or rehabilitative care. *See also* Skilled Nursing Facility; Respite Care.

OAA (Older Americans Act). Enacted in 1965, the OAA serves millions of Americans age 60 and older as diverse as are America’s communities. Examples of services funded under this act include, among others, nutrition, elder abuse prevention, long-term care ombudsman, legal assistance, and employment. The national network of 56 State Units on Aging and 629 Area Agencies on Aging administers and serves as the gateway to these resources.

PACE® (Program of all-inclusive care for the elderly). A unique model of managed long-term supports and services for adults 55 and older. The program helps people who need health and long-term services, such as home care or adult day care, stay in their homes or communities as long as possible.

Personal care. Non-medical assistance with transferring, bathing, dressing, eating, and toileting for individuals with disabilities and elderly persons with no other means of support.

Preventive health care services. Medicare now covers 10 preventive services—three types of immunizations and seven types of screenings—and legislation has been introduced to cover additional services. However, not all beneficiaries avail themselves of Medicare's preventive services. Some may simply choose not to use them, but others may be unaware that Medicare covers these services.

PSA (Planning and service area). Geographic locations covered by the AAA, the state-designated focal point for Older Americans Act (OAA)-funded programs.

Respite care. A break of a few hours or weeks for caregivers, allowing them to refresh and recharge. Respite services include in-home care, as well as adult day care, skilled nursing, home health, and institutional care.

Self-directed care. A person-centered community living option for those are eligible to receive publicly-funded home and community-based long-term services and supports.

Senior center. A local focal point for nutritional, physical, and recreational services and supports in a community, including among others, congregate meals, health screening, recreation, social service agency branch offices, mental health counseling clinics, older worker employment agencies, volunteer coordinating centers and community meeting halls. *See also*, Planning and Service Area.

SHIP (State Health Insurance Assistance Program). A national program offering one-on-one counseling and assistance to people with Medicare and their families.

SSBG (Social Services Block Grant). A federal grant program to states that helps to pay for limited amounts of social services for people of all ages (including adult protective services and some in-home services). *Also known as* Title XX.

Stakeholder. A person, group, or organization with a shared interest.

State Medicaid Waiver. Redirects a part of state Medicaid funding to home and community-based long-term services and supports as an alternative to more costly hospital or nursing home care.

SUA (State unit on aging). The principal state agency designated by the governor and state legislature for matters in the state relating to needs of older persons.

Transitional care. A sub-part of the broader concept of care coordination, the term refers a set of actions to ensure continuity as patients transfer between different locations or different levels of care. *See also,* Care coordination; Care or case management.

Information at Your Fingertips

Federal agencies

Administration on Aging (AoA)

AoA is the government's lead agency charged with official planning responsibility for the Aging Network and Older Americans Act (OAA) programs.

www.aoa.gov

Agency for Healthcare Research and Quality (AHRQ)

AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Approximately four-fifths of the agency's budget goes to grants and contracts focused on improving health care.

www.ahrq.gov

Centers for Disease Control and Prevention (CDC)

CDC's chief concerns are health promotion, prevention of disease, injury and disability, and preparedness for new health threats. Age-related focal points in the agency include: 1) CDC Healthy Aging Program, 2) CDC Healthy Aging Research Network; and 3) CDC Environmental and Policy Change for Healthy Aging Clearinghouse.

www.cdc.gov

Department of Health and Human Services (HHS)

HHS is the federal government's principal agency for protecting the health of all Americans and providing essential human services, especially to those who are least able to help themselves.

www.hhs.gov

Centers for Medicare & Medicaid Services (CMS)

CMS' primary goals are to oversee effective, up-to-date health care coverage and to promote quality care, with little or no co-payment, for beneficiaries. CMS federal grants programs include the Community-Based Care Transitions Program (CTTP), an initiative funded through the Affordable

Care Act.

www.medicare.gov

Environmental Protection Agency (EPA)– Aging Initiative

The aim of EPA’s Aging Initiative is to bring together planners, policy makers, researchers, public health experts and nonprofit leaders to create a national agenda on the environment, healthy aging, and livable communities.

www.epa.gov/aging/

National Institute on Aging (NIA)

NIA, a branch of the National Institutes of Health, is the primary funding source for genetic, biological, clinical, behavioral, social, and economic research on aging, including Alzheimer’s disease research, within the NIH.

www.nia.nih.gov

Legislation

Americans with Disabilities Act

Enacted by Congress in 1990, the Americans with Disabilities Act (ADA), a particularly important civil rights law to older Americans, provides broad nondiscrimination protection in employment, public services, transportation, and telecommunications for people with physical or mental impairments.

Learn more:

- U.S. Department of Justice
www.ada.gov

Community Living and Services and Supports (CLASS) Act

Embedded in the Patient Protection and Affordable Care Act (ACA) of 2010, CLASS was to be the first-ever, publicly sponsored long-term care insurance option for working adults. As of October 2011, however, the Administration announced that it was unable to find a viable path for implementing the program.

Learn more:

- Meiners, Mark. *Connecting the Long term Care Partnership and CLASS Act Insurance Programs*. Washington, DC: Center for Health Care Strategies, February 2011
www.chcs.org/publications3960/publications_show.htm?doc_id=1261228

Elder Justice Act

With the enactment of health reform legislation in 2010, the long-awaited Elder Justice Act (EJA) became law. Although there is still a long way to go, this law authorized \$400 million (\$100 million a year) in first-time dedicated funding for adult protective services. Appropriations are pending.

Learn more:

- Elder Justice Coalition. *Elder Justice Act Summary*. Washington, DC: 2011
www.elderjusticecoalition.com/docs/EJA-Summary-772010.pdf

Lifespan Respite Care Act (Title XXIX of the Public Service Act)

Authorized in 2006, this Act contains provisions for building respite capacity and provides for the development of planned and emergency respite; the recruitment and training of respite providers; and improving quality, collaboration, coordination and access to respite for all ages.

Learn more:

- Administration on Aging. *Lifespan Respite Program*
www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx

Older Americans Act

The Older Americans Act, passed in 1965 and renewed by Congress periodically, affirms the inalienable rights and value of the aged in our society.

Learn more:

- Administration on Aging. *Unofficial Compilation of the OAA, as amended in 2006 (P.L. 109-365)*
www.aoa.gov/aoaroot/aoa_programs/oaa/oaa_full.asp

Patient Protection and Affordable Care Act

The Affordable Care Act (ACA), signed into law in 2010, is a comprehensive package of health insurance reforms, aimed at slowing the growth rate of health care costs. Slated to roll out over four years, the Act remains controversial. Of special interest to the Aging Network are the law's provisions regarding long-term care and abuse prevention.

Learn more:

- Henry J. Kaiser Family Foundation. *Focus on Health Reform: Summary of New Health Reform Law*. Washington, DC: April, 15, 2011
www.kff.org/healthreform/upload/8061.pdf

Social Security Act Title XVII (Medicare)

Legislation authorizing the vital Medicare program, a federally-funded health insurance program for older Americans.

Learn more:

- Corning, Peter A. *The Evolution of Medicare...From Idea to Law*
www.socialsecurity.gov/history/corning.html

Social Security Act Title XIX (Medicaid)

A joint federal-state funded program, administered by the states. CMS oversees the Medicaid program at the national level.

Learn more:

- Centers for Medicare & Medicaid Services
www.cms.gov/home/medicaid.asp

Social Security Act Title XX (Block Grants to States for Social Services and Elder Justice)

Federal funding to states based on their population. Subtitle B–Elder Justice includes provisions for an Elder Justice Coordinating Council and Advisory Board on Elder Abuse; Elder Abuse Forensic Centers; and long term care ombudsman and adult protective services grants and training.

Learn more:

- Social Security Administration
www.ssa.gov/OP_Home/ssact/title20/2000/htm

Congressional committees

Senate Committee on Aging

The Senate Special Committee on Aging has the jurisdiction to study issues, conduct oversight of programs, and investigate reports of fraud and waste on issues of central concern to older Americans.

<http://aging.senate.gov>

Senate Committee on Finance

The Senate Finance Committee has jurisdiction over legislation pertaining to the Social Security system, Medicare, Medicaid, taxes, international trade, family welfare programs, and investigations and oversight.

<http://finance.senate.gov/>

Senate Health, Education, Labor & Pensions (HELP) Committee

The HELP Committee has broad jurisdiction over most of the agencies, institutes, and programs of the Department of Health and Human Services, including the United States Administration on Aging, Centers for Medicare and Medicaid Services, and Centers for Disease Control and Prevention.

<http://help.senate.gov>

House Ways and Means Committee

The Committee on Ways and Means has authorities similar to those of the Senate Finance Committee. The Committee has two key subcommittees focused respectively on Health and Social Security.

<http://waysandmeans.house.gov>

Appropriations Committees (Spending)

Appropriations committees of the House and Senate determine specific spending levels for authorized agencies or programs each year, subject to Congressional approval. The Administration on Aging is under the jurisdiction of the Subcommittees on Labor, Health and Human Services, Education and related agencies.

House Appropriations Committee: <http://appropriations.house.gov>

Senate Appropriations Committee: <http://appropriations.senate.gov>

National organizations

AARP

A nonprofit, nonpartisan membership organization for people age 50+. Formerly known as the American Association of Retired Persons.

www.aarp.org

Case Management Society of America (CMSA)

A leading membership association working to support and advance the case management profession.

www.cmsa.org

Center for Health Care Strategies (CHCS)

A nonprofit policy resource center, dedicated to improving health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

www.chcs.org

The Consumer Voice

Dedicated to improving the quality of care for long-term care consumers.

www.theconsumervoice.org/

Families USA

National, nonprofit, nonpartisan advocacy organization that works to promote high quality, affordable health care for all Americans.

www.familiesusa.org/

National Association for Home Care and Hospice (NAHC)

The nation's largest national trade association representing home care agencies, hospices, and home care aide organizations.

www.nahch.org

National Association of Area Agencies on Aging (n4a)

National organization representing the nation's 629 AAAs and 246 Title VI Native American aging programs.

www.n4a.org

National Association of County and City Health Officials (NACO)

Represents local health departments and tribal public health agencies serving tribal communities on reservation lands.

www.nacho.org

National Association of Community Health Centers (NACHC)

Works to expand access to primary and preventive care for all in need through the patient-centered community-based health center model.

www.nachc.org

National Association of States United for Aging and Disabilities (NASUAD)

Founded in 1964, represents the nation's 56 state and territorial agencies on aging and disabilities. Formerly called National Association of State Units on Aging.

www.nasuad.org

National PACE Association (NPA)

NPA exists to advance the efforts of Programs of All-inclusive Care for the Elderly. PACE®

programs coordinate and provide all needed preventive, primary, acute and long-term care services so that older individuals can continue living in the community.

www.npaonline.org

National Council on the Aging (NCOA)

A national voice for older adults and the community organizations that serve them.

www.ncoa.org

National Transitions of Care Coalition

An alliance of thought leaders, patient advocates, and health care providers from various care settings dedicated to improving the quality of care coordination and communication when patients transfer from one level of care to another. Membership is comprised of over 30 associations and organizations.

www.ntocc.org

National Family Caregiver Association

Educates, supports, empowers and speaks up for the more than 65 million Americans who care for loved ones with a chronic illness or disability or the frailties of old age.

www.thefamilycaregiver.org

Research & practice

ADRC Evidence-Based Care Transitions Program

A capacity-building initiative aimed at leveraging the assets of Aging and Disability Resource Centers in facilitating person-centered care transitions.

www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC_caretransitions

Center for Excellence in Assisted Living Clearinghouse

A national resource for materials and information about assisted living.

www.theceal.org/clearinghouse.php

Center for Healthy Aging

Sponsored by NCOA, with funding from AoA, Atlantic Philanthropies, John A. Hartford Foundation, Archstone Foundation and others, includes many examples of model programs.

CHA home page: www.healthyagingprograms.org

Clearinghouse for Home and Community Based Services

www.hcbs.org

County Government Works Campaign

Model approaches to assist in raising public awareness about county services.

www.naco.org/programs/countiesdo/Pages/CountyGovernmentWorksCampaign.aspx

National Center on Senior Transportation (NCST)

Administered by Easter Seals in partnership with n4a, the Center's mission is to increase transportation options for older adults.

www.seniortransportation.net

National Clearinghouse for Long Term Care Information

www.longtermcare.gov

National Long-Term Care Ombudsman Resource Center

Provides support, technical assistance and training to State LTC Ombudsman Programs. and their statewide local networks.

www.ltombudsman.org

Environmental and Policy Change for Healthy Aging Clearinghouse

The EPC Clearinghouse is a searchable database of tools, best practices, case studies, and strategies with information on healthy aging, healthy communities, the built environment, and mobility.

www.epc-clearinghouse.org

Healthy Aging Research Network

A key goal of this research network is to stimulate collaboration on public health aspects of healthy aging. Areas of interest include environment, cognitive health, depression, nutrition, physical activity, and research dissemination and practice.

www.ncbi.nlm.nih.gov/pmc/articles/PMC1500966/?tool=pmcentrez

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