

2026

Aging Innovations & Achievement AWARDS SHOWCASE

Honoring Successful Initiatives of USAging Members

USAging
Aging Innovations & Achievement Awards

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USAging Leaders in Aging Well at Home

About USAging

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

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

USAging's Aging Innovations & Achievement Awards Staff:
Sandy Markwood, Chief Executive Officer
Amy E. Gotwals, Chief, Public Policy and External Affairs
Rebecca Levine, Director, Membership Engagement
Alexandra Folleco, Membership Engagement Associate

Additional editing by Bethany Coulter, Chief, Communications, and Caitlin Musselman, Director, Communications.

About Caregiving.com

Caregiving.com is a digital family caregiving support platform that is free for AAAs. Our goal is to amplify your work and your presence in the communities you support.

Caregiving.com Leadership
Michael Eidsaune, CEO

About Cumulus

Cumulus helps organizations coordinate aging services, healthcare and community-based care through modern, interoperable technology designed for the evolving needs of community-based organizations. Used nationwide by community care hubs, Area Agencies on Aging, Veteran-Directed Care programs and other organizations, Cumulus supports care coordination, referrals, assessments, reporting and cross-sector collaboration while helping organizations modernize for the future of whole-person, connected community-based care.

Cumulus.care Leadership
John Byer, CEO
Tom Laba, President
Jeremy Danyow, CTO

Introduction

Every year, USAging proudly recognizes the innovative, successful and replicable programs and initiatives of our members through the USAging Aging Innovations & Achievement (AIA) Awards program. This publication is a comprehensive listing of the 49 programs earning awards and eight programs earning Honorable Mentions in 2026.

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

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

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

Aging Innovations Awards honor the most innovative programs among all nominations received, and Aging Achievement Awards recognize the most contemporary, effective and replicable programs. New in 2026, Honorable Mentions acknowledge additional successful programs run by members.

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



Duana Patton
USAging President



Sandy Markwood
USAging CEO

"We built Caregiving.com to help change the world for family caregivers. In the process, we learned that there is a group of organizations that share our passion for this work and make incredible partners—AAAs! Now we're changing the world together."

Michael Eidsaune
CEO, Caregiving.com

"As health care and community-based care become increasingly connected, organizations across the Aging Network are playing a growing role in supporting whole-person care and community well-being. Cumulus is honored to support USAging's Aging Innovations & Achievement Awards and recognize the organizations helping lead this important work forward."

John Byer
CEO, Cumulus.care

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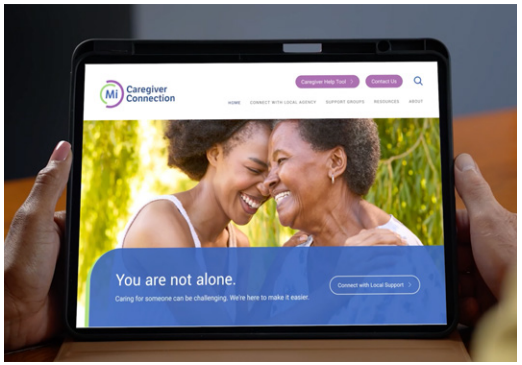


Mi Caregiver Connection

Area Agencies on Aging Association of Michigan

CONTACT
Jenn Dubey
Operations Manager

Area Agencies on Aging Association of Michigan
5303 South Cedar Street
Lansing, MI 48911
517.749.2734
jenn@4ami.org



Mi Caregiver Connection is Michigan's first unified digital entry point designed specifically for family and informal caregivers. Created through a U.S. Department of Health and Human Services grant and developed by the Area Agencies on Aging Association of Michigan, it fills a critical gap by replacing fragmented, confusing systems with a single trusted hub for local services, education and direct AAA support.

Built through extensive statewide collaboration, the platform features intuitive tools, such as a resource-matching system and caregiver needs assessment. These features significantly reduce the time caregivers spend searching for support, allowing them to focus on their own well-being and the needs of loved ones.

Budget

Mi Caregiver Connection was created through a $1.6 million Michigan Department of Health & Human Services grant funded by the federal American Rescue Plan Act. The investment included $750,000 for statewide marketing and $175,000 for the website build. To sustain the system long term, the project requires approximately $20,000 annually for maintenance, ongoing updates, technical support and content management.

Accomplishments

Mi Caregiver Connection delivered measurable, statewide impact in its first two months. An initial marketing campaign generated 139.5 million impressions and reached more than 600,000 Michigan residents. The website drew 72,000 users who completed more than 288,000 actions, such as using the Caregiver Help Tool and contacting their local AAA. Overall, the campaign successfully transformed awareness into meaningful engagement, connecting caregivers directly to trusted local support.

Replicability

This highly replicable project will take about 16 months from start to finish.

Project Butterfly
Sourcewise

Project Butterfly is an innovative, person-centered initiative that addresses one of the most critical challenges faced by Medicaid home and community-based services (HCBS) consumers: gaps in in-home caregiving services that threaten the independence, safety and quality of life of older adults and people with disabilities. It was developed by Sourcewise and launched in February 2024.



The program identified a significant number of Medicaid HCBS registry consumers who had gone six months or longer without an in-home caregiver. Through this hands-on, high-touch model, staff offer intensive individual support through repeated outreach calls or in-person home visits. Personalized assessments help care coaching staff identify care needs; interview vetted independent providers; coordinate start dates; and resolve barriers, such as assisting with a one-time deep cleaning that previously prevented successful hiring. If clients need additional support, staff connect them to food, emergency financial assistance, case management, socialization and more.

CONTACT
Angelina Soria
Registry Manager

Sourcewise
3100 De La Cruz Boulevard, Suite 310
Santa Clara, CA 95054
408.350.3261
asoria@pascc.org

Budget
Project Butterfly represents an estimated annual staff investment of approximately 1,000 hours at a cost of $34,000. Staff developed custom forms to track client case needs, workflows, referrals and outcomes in their existing database. About 30 percent of a care coordinator's time and 15 percent of the registry manager's time were spent on development and implementation of the project.

Accomplishments
In its first year, Project Butterfly identified 300 registry consumers who had been without a caregiver for longer than six months. Of those consumers, 130 (43 percent) were successfully reconnected with providers, restoring access to essential services. Among those 130 consumers, 30 found caregivers through one-on-one assistance, and 100 received support and found caregivers from referral lists provided by care coordinators. Many were referred to other Sourcewise programs to address other unmet needs.

Replicability
Project Butterfly is highly replicable and scalable by leveraging existing infrastructure, including registry databases, vetted independent providers and care coordination staff. Its structured data identification, targeted outreach, provider matching assistance and outcome tracking can be implemented with minimal modification.

The Howard County Fall Prevention Alliance

Howard County Office on Aging and Independence

CONTACT
Carly Shilling
Community Living Program Manager

Howard County Office on Aging and Independence
9830 Patuxent Woods Drive
Columbia, MD 21046
410.313.6446
cshilling@howardcountymd.gov



The Howard County Fall Prevention Alliance reduces falls through a strategic partnership between the Howard County Office on Aging and Independence, Fire and Rescue Services, and Enterprise Residential properties. When emergency data showed 67 percent of fall-related 911 calls came from age-restricted communities, partners launched door-to-door screenings and home modifications for residents.

A multidisciplinary team, including occupational therapists, social workers, paramedics and residential staff, collaborates to assess risks and deliver practical, person-centered interventions in residents' homes. Unlike traditional models that rely on physician referrals or self-identification, this approach meets residents where they live, eliminating transportation challenges, insurance requirements and mobility limitations that prevent older adults from accessing fall prevention resources. The low-cost interventions help residents avoid expensive hospitalizations and age safely at home.

Budget

The program is funded by a federal Department of Housing and Urban Development Older Adults Home Modification Grant and Howard County funds. From September 2024 to November 2025, $71,142 covered both home modifications and durable medical equipment for 118 older adults, averaging $603 per person. Staffing for occupational therapists, social workers and residential staff totaled 350 hours per property. Additional costs include screening materials and coordination to support partnerships with emergency services and housing providers.

Accomplishments

The program achieved significant outcomes, including a 29-percent decrease in 911 calls from participating communities, a 40-percent increase in residential stability because more residents can age in place and a 70-percent improvement in home safety. This fall prevention approach is cost effective compared to the $18,658 average cost of a single hospital stay following a fall.

Replicability

Organizations can replicate this program by establishing partnerships between their AAA, emergency services and residential properties. Essential resources include occupational therapists and social workers for assessments, funding for home modifications ($600 per client) and the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) screening tool. The implementation timeline spans six to nine months.

Equipping the Front Line: Empowering Professionals to Address Opioid Risk in Older Adults

Ohio District 5 Area Agency on Aging, Inc.



The Ohio District 5 Area Agency on Aging, Inc. (AAA5) implemented a timely initiative to address opioid misuse and abuse among older adults. Beginning in May 2024, this three-grant, multi-phase project increased professional awareness, expanded screening capacity and strengthened referral pathways. AAA5 developed and delivered targeted education, conducted a multi-channel awareness campaign and created an older adult–specific screening tool.

An initial awareness campaign reached professionals and community members through radio, social media, print and web-based outreach. Subsequent grant funding allowed AAA5 to expand professional training and develop the screening tool. Following development, five Adult Protective Services agencies and four senior centers piloted the tool and accompanying training manual. Together, these efforts helped aging, health and social services professionals identify misuse earlier and connect vulnerable older adults to appropriate resources. In 2026, continued funding will support evaluation and refinement of the tool.

CONTACT
Trae Turner
Chief of Planning & Development

Ohio District 5 Area Agency on Aging, Inc.
2131 Park Avenue West
Ontario, OH 44906
567.247.6455
tturner@aaa5ohio.org

Budget

Three grants supported the program: $33,350 from the Ohio Department of Aging (2024), $44,000 from the Ohio Department of Mental Health and Addiction Services (2025) and $22,000 from the Department of Behavioral Health (2026). For the first two grants, costs included personnel time for program development and training, media and outreach, training materials and screening tool development. AAA5 staff time comprised nearly 75 percent of total costs.

Accomplishments

Across grant phases, 72 professionals—including Adult Protective Services and social services staff—received specialized training. During the pilot phase, the screening tool was used with 89 older adults, and participating organizations continue its use beyond the grant period. Trained professionals reported increased confidence in discussing opioid misuse, improved identification of at-risk older adults and stronger referral practices.

Replicability

Replication requires established aging and social services partnerships, staff expertise in aging and substance misuse, collaboration with behavioral health and health care partners, and time to adapt training and screening tools to local resources. Initial awareness efforts can be launched within three to six months, followed by training and pilot implementation over six to 12 months.

Bridge to Independence

Region IV Area Agency on Aging

CONTACT
Lynn Berlin
Director of Coordinated Care & Wellness

Region IV Area Agency on Aging
2900 Lakeview Avenue
St. Joseph, MI 49085
269.983.0177
lynnrberlin@areaagencyonaging.org



Region IV Area Agency on Aging (RIV AAA) created Bridge to Independence to strengthen health–social care integration by ensuring timely, coordinated support during hospital-to-home transitions. Before creation of this program, AAA care managers faced caseload complexity and spent substantial time identifying needs, arranging services and tracking follow-through across multiple health and social care systems.

Now, a cross-trained long-term services and supports (LTSS) facilitator team centralizes rapid-response service coordination across six programs using customized SharePoint workflows that streamline referrals, authorizations and provider communication and collaboration. This means patients experience faster, more reliable post-acute coordination, reducing avoidable readmissions and ensuring safe discharges and reduced costs. Additionally, this integrated structure enables same-day or next-business-day outreach for transitions, enhancing continuity of care. The model offers a scalable, cost-effective approach to improving stability for older adults and people with complex needs.

Budget

The program was developed using existing staff and internal IT expertise. Costs included existing staff time for workflow design, testing and implementation. The agency's SharePoint environment and dashboarding tools were available at no additional cost. Ongoing annual costs are limited to staff time for coordination activities and routine IT maintenance.

Accomplishments

Since launching the Bridge to Independence model in 2023, RIV AAA achieved a 66-percent increase in the number of individuals for whom facilitators arranged or coordinated services, demonstrating improved internal efficiency and capacity. Within the rapid-response hospital-transition process, 97 percent of participants avoided a readmission for the same diagnosis within 30 days. Additional internal tracking shows increased care manager capacity for complex case management.

Replicability

This low-cost, high-impact model can be replicated within three to six months with minimal additional financial investment by using existing infrastructure and personnel to establish a dedicated rapid-response LTSS coordination role, standardizing workflows and implementing tracking tools, such as SharePoint. RIV AAA is willing to share its workflows, referral pathways and rapid response protocols.

Justice in Motion: The Care Express Legal Portal

Senior Connection, Inc.



Bridging the rural justice gap and the digital divide for older adults in central Massachusetts, Justice in Motion is a high-tech mobile legal portal integrated into Senior Connection's Care Express unit. Developed in partnership with the Western New England University School of Law's Center for Social Justice, the program provides a secure, staff-supported virtual link to legal professionals so older adults receive real-time consultations and assistance with paperwork alongside clinical screenings in a familiar community setting.

The mobile kiosk, which includes a HIPAA-compliant Zoom interface and document-scanning capability, ensures civil legal aid is available to older adults across a 61-town rural service area. Technology navigators help bridge the digital divide for less tech-savvy older adults who might otherwise be at risk of eviction, loss of Supplemental Nutrition Assistance Program (SNAP) benefits or financial exploitation. The mobile model ensures justice is not limited by geography or technology.

CONTACT
Ethan Belding
Vice President & Chief Strategy Officer

Senior Connection, Inc.
330 Southwest Cutoff, Suite 203
Worcester, MA 01604
508.852.5425
ebelding@seniorconnection.org

Budget

The total operating cost for one fiscal year was approximately $45,000. The program is sustained through a blend of federal Older Americans Act Title III B Supportive Services funding and private foundation grants. Initial capital investment for the mobile portal was approximately $12,000. Senior Connection leverages its partnership with a regional law school to provide pro bono legal expertise.

Accomplishments

Justice in Motion has served more than 250 older adults, with 40 percent of cases resolved during the initial virtual consultation. Key impacts include a 15-percent increase in housing stability because participants successfully used the portal to file for property tax exemptions and rental subsidies. Furthermore, 35 percent of participants reside in "legal deserts," where the portal provided their only access to professional counsel. By streamlining SNAP and benefit appeals, the program has successfully averted financial crises for low-income households.

Replicability

Replicating Justice in Motion requires four to six months for planning, partnership development and technical setup. Essential resources include a mobile vehicle or community site with high-speed internet and secure computer hardware as well as a collaboration with a legal services provider. Organizations can utilize existing legal kiosk toolkits. Success depends on training technology navigators.

In-Home Counseling and Community Support Groups

Central Plains Area Agency on Aging

CONTACT
Stephen Shaughnessy
Executive Director

Central Plains Area Agency on Aging
271 West 3rd Street North, Suite 500
Wichita, KS 67202
800.367.7298
info-sc@cpaaa.org



Older adults are less likely to seek mental health care due to stigma, cost concerns, limited income, insurance barriers, lack of transportation, physical or cognitive limitations, or limited access to technology. Meanwhile, family caregivers generally experience high levels of stress, anxiety, depression or burnout but often are unaware of or unable to access available services. In 2021, the Central Plains Area Agency on Aging (CPAAA) implemented a client-centered program that provides individual counseling and group therapy services for adults ages 60 and older and their family caregivers.

The program addresses mental health concerns and caregiver stress through comprehensive clinical assessments and the provision of in-home or community-based counseling sessions. Additionally, it delivers community-based psychoeducation and outreach to promote mental wellness, reduce stigma associated with therapy and treatment, and increase awareness of mental health risk factors.

Budget

CPAAA used a combination of Older Americans Act (OAA) Title III E funds and agency revenue to cover personnel expenses for one full-time licensed clinical social worker. In 2025, the funding source for this position shifted to a combination of OAA Title III B, Title III E and state general funds.

Accomplishments

CPAAA delivered mental health counseling services to 111 family caregivers and 213 adults ages 60 and older across three Kansas counties between January 2021 and December 2025. Annual participant satisfaction surveys indicated that the majority of individuals experienced a reduction in mental health concerns and social isolation because of program participation.

Replicability

Organizations considering a similar service model should allocate funding for a licensed counselor or therapist. The ideal candidate will have a specialized scope of practice in aging services mental health, with training in trauma-informed care, social isolation and grief. Design the program with flexibility to deliver services in participants' preferred settings.

The BLOOM Project: Building Longevity Outreach On the Move

Harford County Department of Housing and Community Services



The BLOOM Project is at its core a senior center on the move. The Harford County Office on Aging offers health and wellness, nutrition, fitness and social activities at 11 primarily low-income senior housing communities throughout the county. Programs occur multiple times per month at the housing sites and are tailored to each community.

The project started with an evidence-based nutrition program in three of the housing sites, which included a dietitian-approved meal. After the program ended with a 100-percent completion rate, the BLOOM Project expanded to include additional programming and social activities at more housing sites, with staff working with community partners to provide programming. The program helps older adults remain safe and healthy and increases connection between older adults and Office on Aging staff. Older adults in the program also gained a stronger community with one another, resulting in decreased loneliness and isolation.

Budget

The main funding source comes from the Harford County Office on Aging local operating funds. Personnel costs are the biggest expense and can be scaled up or down depending on the scale of the project. Other costs include supplies for programs as well as training and certifications for staff. Total operating costs for the recent fiscal year were $250,000.

Accomplishments

The BLOOM Project has grown to become a comprehensive program that includes all aspects of healthy living. Numbers of participants, programs and sites increase each year. The biggest impacts of the project include increased mobility and stamina in exercise participants, decreased reliance on mobility devices, connection to medical services and insurance resources, increased nutrition and strengthened connections among older adults.

Replicability

This program can be replicated by identifying a senior housing community and establishing buy-in from management. Begin with a weekly or monthly program with a set curriculum and serve a meal to incentivize older adults to sign up and keep coming. Once a core group of participants is established, these older adults can be program ambassadors.

CONTACT
Karen Winkowski
Administrator, Office on Aging

Harford County Department of Housing and Community Services
145 North Hickory Avenue
Bel Air, MD 21014
410.638.3025
kawinkowski@harfordcountymd.gov

Baltimore County Age-Friendly Upgrades for Seniors (BCAUSE)

Baltimore County Department of Aging

CONTACT
Heang K. Tan
Director

Baltimore County Department of Aging
611 Central Avenue
Towson, MD 21204
410.887.2109
htan@baltimorecountymd.gov



Many older adults in Baltimore County live on fixed low incomes in aging homes that no longer meet basic health, safety or accessibility standards. Baltimore County Age-Friendly Upgrades for Seniors (BCAUSE) is a private–public partnership that enables low-income older adults to safely age in place through comprehensive home repairs and accessibility upgrades. Informed by the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) model, the program brings together nonprofit housing partners with the Baltimore County Department of Aging. Capital repairs are coordinated through a publicly supported assessment/referral system.

Prior to the establishment of BCAUSE, older adults and caregivers encountered fragmented entry points and programs limited to minor modifications. BCAUSE addresses this gap by aligning centralized intake, assessment and care coordination through the County's Aging and Disability Resource Center (ADRC) with philanthropic capital repairs delivered by nonprofit housing experts. This integrated approach ensures timely, appropriate interventions that support aging in place while reducing avoidable health care utilization and long-term care costs.

Budget

Capital funding for BCAUSE home repairs is provided entirely through private philanthropy led by The Harry and Jeanette Weinberg Foundation and supplemented by other private foundations. Nonprofit partners spend an average of $7,753 per home on repairs. The Baltimore County Department of Aging funds program coordination, intake and occupational therapy assessments through county resources and the ADRC/Maryland Access Point system.

Accomplishments

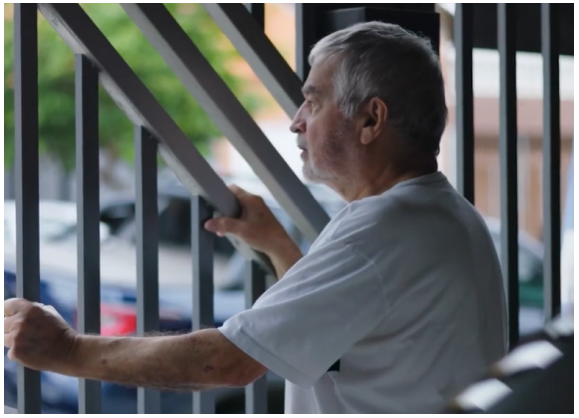
Since 2020, BCAUSE has served 480 households across Baltimore County, enabling residents to remain safe in their homes. Clients are primarily very low-income older adults with an average annual income of $26,508 and an average age of 75. Occupational therapy-informed assessments paired with comprehensive repairs reduce fall risk and improve daily functioning.

Replicability

BCAUSE can be replicated by AAAs with strong nonprofit housing partners. Essential components include centralized intake and assessment, occupational therapist involvement to guide modifications, and access to philanthropic or capital funding. Planning typically requires six to nine months.

Chance for Life: Reintegrating Older Returning Citizens Into AAA Communities

Detroit Area Agency on Aging



The Detroit Area Agency on Aging (DAAA), in partnership with Chance for Life, delivers an innovative reentry program for individuals ages 60 and over returning from long-term incarceration. Such individuals face distinct challenges to reentry, including gaps in life skills, limited access to health care, housing instability, employment barriers and social isolation.

The program combines in-prison engagement, individualized assessments, evidence-based behavioral health training and one-on-one peer mentoring with coordinated access to housing, health care benefits and family support. By integrating aging services directly into reentry work, the program creates a structured pathway to stability, safety and community living. This holistic, age-responsive model reduces barriers to reintegration and promotes long-term success for an underserved population.

CONTACT
Anne Holmes Davis
Vice President–Planning & Program Development

Detroit Area Agency on Aging
1333 Brewery Park Boulevard, Suite 200
Detroit, MI 48207
313.446.4444, ext. 5803
davisanne@daaa1a.org

Budget

Initial costs included Older Americans Act Title III B funding of $125,000 to support program startup, one case coordination and support team member, equipment, supplies, communications and travel.

Accomplishments

Throughout the life of the program, nearly seven percent of participants have utilized housing resources and obtained stable housing. Over 90 percent of participants have engaged in Transformational Thinking training and support, and 13 percent have been successfully reunified with their family members. Additionally, 61 percent gained assistance with accessing Social Security benefits and 59 percent with employment. Most notably, the program has achieved a zero-recidivism rate among participants.

Replicability

AAAs can replicate this program by partnering with an established reentry organization and intentionally integrating aging services into the reentry process. Necessary key resources include trained staff; access to behavioral health programming; peer mentors; and strong connections to housing, health care and benefits systems. Replication should begin with a needs assessment. Start small and scale up over 12 to 24 months. Sustainable funding and clear role delineation between aging and reentry partners is essential for successful replication.

Supportive Living Site at Cambridge Court Apartments

Somerville-Cambridge Elder Services

CONTACT
Marta R. Corvêlo
President & Chief Executive Officer

Somerville-Cambridge Elder Services
61 Medford Street
Somerville, MA 02143
978.382.3426
marta.corvelo@eldercare.org



Recognizing the urgent need for coordinated, preventive support, Somerville-Cambridge Elder Services (SCES) launched its Supportive Living program in 2024 at Cambridge Court Apartments, a 55 and older mixed-income community in Cambridge, MA. This innovative model embeds SCES staff onsite to address health and social needs before they escalate into crises. Through daily presence and relationship-based engagement, the coordinator identifies emerging signs of health decline or housing instability and mobilizes timely, coordinated support. Working side by side with property management, the coordinator stabilizes housing, facilitates warm handoffs to internal and community-based services and ensures continuity of care from intake forward.

Staff also provide health screenings, benefits navigation, behavioral health support, nutrition assistance and complex case management. The program helps prevent homelessness, enhances well-being, and enables older adults to age safely and independently in their own community.

Budget

Supportive Living services at Cambridge Court operates through a state-funded contract with total annual costs of $203,191—approximately $2,900 per resident for more than 70 older adults. Expenses include staffing, administration and onsite vendor supports that proactively address health and social needs.

Accomplishments

The Supportive Living site generates measurable cost savings for both property management and the broader health care system. By stabilizing housing and addressing needs early, the program reduces avoidable hospitalizations, prevents costly nursing home placements and lowers eviction rates. Reduced unit turnover and maintenance lead to additional savings. With 72 residents enrolled in home care, the program generates up to $18,000 in annual savings, while the onsite congregate meal program further reduces food insecurity and social isolation.

Replicability

This model is highly replicable and designed for gradual scale. AAAs can partner with affordable housing providers serving older adults with high health and social risk, leveraging existing case management infrastructure to embed coordinated supports onsite.

Homeless Intervention and Prevention Program
Area Agency on Aging, Region One



In 2023, after advocating with the Arizona State Legislature for two years, Area Agency on Aging, Region One, was awarded $2.2 million to provide financial assistance to older adults struggling with housing costs and possibly on the verge of eviction. Using this funding, the AAA created the Homeless Intervention and Prevention (HIP) program to assist Maricopa County residents ages 60 and older with paying their rent or mortgage, utilities, property taxes and/or moving costs to prevent homelessness.

Clients who are at risk of eviction first call the AAA's Senior HELP LINE. When callers are referred to HIP, staff assess the situation, ensure HIP is the last-resort program and work with clients to determine which bill(s) need to be paid. Funds up to $4,000 per client are paid directly to the landlord, utility company or county assessor's office. If more assistance is needed, the benefits counselor helps the client develop a spending plan, find more affordable housing and apply for additional benefits. Clients also receive a financial assistance guide.

CONTACT
Mary Lynn Kasunic
President & CEO

Area Agency on Aging, Region One
1366 East Thomas Road
Phoenix, AZ 85014
602.214.7740
kasunic@msn.com

Budget
The annual program cost for fiscal year 2025 was $865,941, which included funding for rent/mortgage, utilities, moving costs and property tax payments, plus personnel expenses for the HIP coordinator and benefits counselor.

Accomplishments
During the last two years, HIP served more than 1,000 individuals and prevented homelessness by helping 675 individuals with rent or mortgage assistance, 62 individuals with moving expenses, 28 individuals with paying their property tax and 418 individuals with paying their utilities. Ninety-nine percent of the people who received HIP services reported that after 1.5 years, they were still housed and able to manage their budgets.

Replicability
Agencies can seek out state or private funds to implement the program or parts of the program, such as assisting the client with developing a spending plan, finding affordable housing or applying for benefits.

Pacific Village Platinum Campus: AAA-Led Community Care Expansion for Older Adults Experiencing Homelessness

San Bernardino County Department of Aging and Adult Services–Public Guardian

CONTACT
Sharon Nevins
Director–Public Guardian

San Bernardino County Department of Aging and Adult Services–Public Guardian
784 East Hospitality Lane
San Bernardino, CA 92415
909.891.3917
sharon.nevins@hss.sbcounty.gov



San Bernardino County faces a growing homelessness crisis driven by a lack of affordable housing, economic instability and unmet behavioral and physical health needs. The Pacific Village Platinum Campus is an innovative AAA initiative addressing homelessness among vulnerable older adults and people with disabilities. The AAA collaborates with multiple partner agencies to provide intensive case management and continuity of care across interim housing and recovery phases. The program combines housing, health care and aging services within a single campus, with wraparound services that include behavioral health treatment and recuperative care.

The involvement of the AAA ensures continuity of care for older adults and medically vulnerable individuals, while reducing reliance on emergency departments, hospitals and law enforcement. While Pacific Village includes permanent supportive housing and onsite services, its core innovation is the proactive integration of aging-focused case management, housing navigation, clinical engagement and long-term supports across interim housing and recovery phases.

Budget

Pacific Village's capital development was funded through more than $53 million in braided federal and state sources. More than $4.6 million in annual operational funding supports property management, security and supportive services staffing. The initiative leverages existing aging, behavioral health and case management resources. Coordinated funding across departments minimizes new operational costs and ensures fiscal resilience and scalability.

Accomplishments

Coordinated, AAA-led case management resulted in verified short-term housing retention and successful transitions from crisis to stable housing. Behavioral health data show a 40-percent reduction in substance use relapse rates. Clinical engagement averaged 68 percent, with increased participation among individuals previously disengaged from services. Participants experienced reduced emergency department use and law enforcement involvement, improved coping and decreased isolation.

Replicability

AAAs can adopt this model by collaborating with housing, behavioral health and protective services agencies, embedding aging-informed case management into homelessness response, and establishing shared care coordination protocols. Even without capital funding, agencies can replicate the core innovation by aligning staff roles, data sharing and accountability across systems.

Shallow Subsidy Pilot Program
Central Ohio Area Agency on Aging

Central Ohio Area Agency on Aging (COAAA) and The Ohio State University College of Social Work's Age-Friendly Innovation Center created the Shallow Subsidy Pilot Program (SSPP) to promote housing security for low-income older adult renters. Shallow subsidies are an emerging housing intervention designed to benefit housing-insecure older adults with fixed incomes. The SSPP provided $330 per month for 12 months to landlords of older adults spending at least 50 percent of their income on rent who are enrolled in a COAAA case management program.



The SSPP is one of the first programs in the United States to pair a randomized controlled trial with a community-engaged research approach to examine the impact of shallow rental subsidies on older adults. The Age-Friendly Innovation Center conducted an evaluation of the SSPP using a mixed-methods approach to address two research questions: 1) How does the SSPP impact the housing insecurity of low-income COAAA clients who spend more than 50 percent of their income on rent? and 2) How does the SSPP impact the well-being of low-income COAAA clients who spend more than 50 percent of their income on rent?

Budget
Federal American Rescue Plan Act funds were used to launch the pilot program. Costs included $62,700 in shallow subsidy rent payments and $47,000 for university evaluation. COAAA staff time was donated in kind. The agency is fundraising to scale the program and further measure impact.

Accomplishments
The most demonstrable impact is financial well-being. Participants had a 55-percent reduction in emergency department visits and showed improved mental health through quantitative outcomes and qualitative findings. They also reported that receiving the subsidy improved housing stability by allowing them to remain in their current housing.

Replicability
The SSPP can be replicated by other AAAs providing home and community-based services case management. Because an initial intention of this program was to eventually become evidence based, scalability and replicability were kept top of mind throughout the pilot. Other AAAs can use Older Americans Act funds to replicate.

CONTACT
Katie White
Executive Director

Central Ohio Area Agency on Aging
3776 South High Street
Columbus, OH 43207
614.645.7250
kwhite@coaaa.org

What's In Your Closet? and DFSS Decluttering Programs

City of Chicago Department of Family and Support Services

CONTACT
Victoria Russo
Supervisor of Family and Support Services, Senior Services

City of Chicago Department of Family and Support Services
1615 West Chicago Avenue, 3rd Floor West
Chicago, IL 60622
312.743.3528
victoria.russo@cityofchicago.org



With growing numbers of older adults exhibiting hoarding behaviors, Chicago Department of Family and Support Services (DFSS)–Senior Services Division created a fun, interactive 90-minute program, What's in Your Closet (WiYC), to help people reduce their clutter before it becomes a health or safety issue. WiYC is a standalone program that often motivates people to enroll in Buried in Treasures (BiT), an eight-week, evidence-based program based in cognitive behavioral therapy principles.

After completing BiT, if participants need more support with underlying issues or want to develop additional tools, they can attend Wellness Recovery Action Plan (WRAP), another evidence-based program that helps participants create a long-term wellness plan. Participants can take one, two or all three programs and can repeat any program or add on DFSS chore or legal services, resulting in a flexible, client-centered approach.

Budget

Minimal costs for WiYC include two staff members' time and the initial training for BiT ($1,013). WiYC uses about 10 copied handouts for each person. DFSS provides free BiT books to participants (ranges between $20 and $28 per book). Two staff members facilitate BiT to allow one-on-one engagement on triggering topics, if necessary. Table tents and handouts regarding local resources are provided. WRAP program facilitator training costs run about $2,500 each, with two facilitators required for each session. WRAP materials are about $25 per participant.

Accomplishments

In three years, approximately 300 people have completed the 22 WiYC programs. Additionally, 111 people have participated in one of the 15 BiT programs, and 23 people have attended the two WRAP programs. WiYC is an effective recruitment tool for BiT. Some BiT participants expressed that they started decluttering as soon as they finished WiYC.

Replicability

Other organizations can replicate the model by offering WiYC using the DFSS materials. The key to WiYC is creating an environment without judgment, where people can then self-select to join BiT or WRAP.

Age-Friendly Workplaces: Unlocking Potential by Moving From Aging in Place to Aging With Purpose

AgeGuide Northeastern Illinois

AgeGuide's Unlocking Potential helps AAAs address workforce shortages while expanding quality employment opportunities for older adults. Developed with the University of Iowa's Age-Inclusive Management Strategies (AIMS) team, it blends demographic insights with strategies that improve leadership skills and workplace culture. Through interactive learning and free consultation, agencies identify barriers to retention, strengthen intergenerational collaboration and adopt "stage-of-life" hiring and management practices that preserve institutional knowledge and help older adults continue to contribute and age with purpose.



CONTACT
Jeri Colucy
Senior Director of Operations

AgeGuide Northeastern Illinois
1910 South Highland Avenue, Suite 100
Lombard, IL 60148
630.293.5990
jcolucy@ageguide.org

Unlocking Potential helps AAAs recruit, retain and support a skilled, age-diverse workforce without requiring new funding. Through the AARP Employer Pledge Program, agencies gain a nationally recognized credential demonstrating their commitment to age-inclusive employment. Paired with the AIMS roadmap, agencies receive tangible supports, including recruitment templates, age-inclusive management guides and workforce self-assessments that identify both strengths and gaps. The program also promotes intergenerational mentoring and volunteer engagement.

Budget

Unlocking Potential was developed with minimal expense and no external funding. AgeGuide created the initiative entirely with existing staff, partner expertise and internal resources. Costs are limited to staff time and basic materials.

Accomplishments

Among participating partners, 80 percent reported increased readiness to adopt age-inclusive practices by signing up for the AARP pledge and implementing at least one concrete change, such as updating job descriptions, adding flexible scheduling options or adopting caregiver-supportive policies. Agencies reported stronger intergenerational mentoring, with most noting improved knowledge-sharing and workplace connectedness. These outcomes demonstrate measurable progress toward resilient, purpose-driven, age-friendly workplaces.

Replicability

This model is easily replicated because agencies can implement it using existing staff and no capital investment. The AIMS-based self-assessments, "stage-of-life" hiring templates and caregiver-supportive policies can be integrated into existing operations with less than 10 hours of staff time.

2026

Aging **ACHIEVEMENT** Awards



AGENCY OPERATIONS

Aging on the Suncoast

Area Agency on Aging of Pasco Pinellas, Inc.

Aging on the Suncoast (AOS) is a public television program produced by the Area Agency on Aging of Pasco Pinellas that was reimagined in 2025 to meet the evolving information and engagement needs of older adults and family caregivers. The program now blends broadcast television, digital storytelling and community outreach. Through compelling, story-driven visual content, AOS strengthens public understanding, expands access to services and humanizes aging in the community.

Budget

AOS operates with minimal direct cash expenditures due to in-kind studio and production support provided by Pinellas and Pasco Counties. Pasco County provides 520 30-minute airings annually ($93,600 value). Commercial production and broadcast services donated by Pinellas County exceed $231,000 annually.

Accomplishments

AOS has increased awareness of Older Americans Act services, caregiver supports, elder abuse prevention and community resources. Episodes are broadcast multiple times weekly and repurposed into short-form digital content for social media and outreach events. The program has strengthened community partnerships, increased event participation and enhanced public understanding of aging services.

Replicability

This program is replicable using outreach staff, local government or community media partnerships and modest production resources.

CONTACT
Kathryn Bursch
Outreach Manager

Area Agency on Aging of Pasco Pinellas, Inc.
9549 Koger Boulevard, Suite 100
St. Petersburg, FL 33702
727.570.9696
kathryn.bursch@aaapp.org

AGENCY OPERATIONS

Annual Medicare Edition of *Keynotes* News Magazine

North Central-Flint Hills Area Agency on Aging, Inc.

The North Central-Flint Hills Area Agency on Aging's special annual edition of its *Keynotes* news magazine focuses on Medicare education. The Medicare edition offers a comprehensive overview of the different types of senior health care programs in a format that readers can digest, giving them time to ask questions, compare options and make the best decisions for their own situations. Each article is verified by a recognized health care counselor and the most recent edition included a health care planning sheet to assist clients with scheduling individual Medicare options counseling appointments.

Budget

Total costs for the 2025 edition included staff writing and editing ($400), design ($750), printing ($12,900) and mailing ($30,950). The edition is funded through Older Americans Act Title III B funds, unrestricted funds, advertising and reader contributions.

Accomplishments

The *Keynotes* Medicare edition is distributed to more than 70,000 older Kansans in the region. Many recipients say they save each Medicare issue to refer to throughout the year and pass along to others.

Replicability

Organizations can adapt this Medicare focus by first identifying their most visible publication and naming one of its issues the "Medicare edition." Recruit knowledgeable writers and editors and plan for it to arrive a month before Medicare annual enrollment begins.

CONTACT
Julie Govert Walter
Executive Director

North Central-Flint Hills Area Agency on Aging, Inc.
401 Houston Street
Manhattan, KS 66502
785.776.9294
juliegw@ncfhaaa.com

AGENCY OPERATIONS

READY Together: An Integrated Aging Services Emergency Response and Recovery Framework

San Bernardino County Department of Aging and Adult Services–Public Guardian

READY Together is an integrated emergency preparedness, response and recovery framework led by the San Bernardino County Area Agency on Aging that safeguards older adults and people with disabilities during natural disasters and public emergencies. The model unifies data-driven outreach, Adult Protective Services (APS) strike teams, Aging and Disability Resource Connection (ADRC) emergency coordination, emergency food and medical supply deployment, and intergenerational community recovery efforts.

Budget

READY Together is funded through administrative resources, program funds, ADRC operating budgets, American Rescue Plan Act allocations and emergency management reimbursements. Direct costs include emergency food supplies ($1,650), overtime and mileage during large-scale activations (approximately $38,215), and recovery-focused nutrition and community programming ($53,200).

Accomplishments

During major disaster activations, the AAA contacted more than 2,000 older adults and caregivers; identified and resolved hundreds of urgent needs; and ensured rapid delivery of food, medication, medical equipment, housing referrals and behavioral health support. APS strike teams resolved nearly 30 percent of emergency referrals at first contact. Intergenerational recovery efforts served more than 4,500 community members.

Replicability

READY Together is replicable with access to basic client data, cross-program coordination authority, and partnerships with emergency management and community organizations.

CONTACT
Sharon Nevins
Director–Public Guardian

San Bernardino County Department of Aging and Adult Services–Public Guardian
784 East Hospitality Lane
San Bernardino, CA 92415
909.891.3917
sharon.nevins@hss.sbcounty.gov

CAREGIVING

Caregiving Haven

The Senior Alliance

The Senior Alliance developed Caregiving Haven (www.caregivinghaven.org) as a one-stop online hub for caregivers that provides practical guidance, tools, resources and connections to support individuals caring for loved ones. This comprehensive and easy-to-navigate platform helps caregivers manage caregiving with confidence. It provides information, including caregiver guide booklets, a customizable caregiver binder, training videos, information guides, quizzes and a searchable resource directory.

Budget

A one-time $350,000 caregiver support allocation from the State of Michigan funded the development of Caregiving Haven. Over two years, these funds covered research, planning, staffing, website development, graphic design, marketing, video production, photography, and cultural competency and translation consulting.

Accomplishments

In fiscal year 2025, more than 31,000 users visited the Caregiving Haven website. The caregiver binder is popular, with more than 1,400 downloads in fiscal year 2025. Feedback from caregivers and professionals has been overwhelmingly positive.

Replicability

Other organizations can replicate Caregiving Haven by identifying existing local caregiving resources and assessing caregivers' specific needs. Organizations can start small by adding resource pages to their current websites and then can build a dedicated online caregiver hub with additional funding.

CONTACT
Amanda Sears
Chief Community Impact Officer

The Senior Alliance
3200 Greenfield Road, Suite 100
Dearborn, MI 48120
734.722.2830
asears@thesenioralliance.org

CAREGIVING

Connecting Through Culture: Memory Cafés for LEP Older Adults and Caregivers

AgeOptions

AgeOptions supports five Culturally and Linguistically Accessible Services (CLAS) Memory Cafés, providing stigma-free spaces where older adults with memory concerns and their caregivers build community. Programming delivered near congregate meal service times is offered in multiple languages, including Arabic, Korean, Mandarin, Hindi, Urdu and Gujarati, ensuring access for limited English-proficient participants. The cafés feature activities such as music therapy, singalongs, dance, games, arts and crafts, animal encounters and group outings.

Budget

Using Older Americans Act Title III B funds, AgeOptions grants $7,500 to five CLAS-funded partners that operate congregate meal programs so they can integrate Memory Café programming into trusted community meal sites.

Accomplishments

CLAS Memory Cafés demonstrate a high retention rate, with partners reporting that participants stay in the program, remain engaged and often form a subcommunity based on shared struggles and experiences. Through the first quarter of fiscal year 2026, 288 participants were already reached.

Replicability

Other AAAs can adopt the CLAS framework by partnering with organizations whose leadership and staff reflect the cultural and linguistic backgrounds of the communities served. AgeOptions can share materials, data collection tools and best practices.

CONTACT
Diane Slezak
President and CEO

AgeOptions
1048 Lake Street
Oak Park, IL 60301
708.383.0258
diane.slezak@ageoptions.org

COMMUNITY PLANNING AND LIVABLE COMMUNITIES

Building Senior Center Learning Communities

Area Office on Aging of Northwestern Ohio

The Area Office on Aging of Northwestern Ohio developed senior center learning communities to engage their providers, support innovation and nurture peer learning. One community in a mid-size city meets in person, and the other virtual community focuses on rural centers spanning a nine-county service area. AAA staff craft strategic participation invitations, facilitate meeting agendas and encourage creativity.

Budget

The only program cost is the staff time, which is paid through general administrative funding. Each group meets for one hour, with an additional hour allotted for staff preparation.

Accomplishments

More than 80 percent of Toledo senior centers have participated, and 100 percent of rural centers in the AAA's region participated. Collaborations that have grown from the learning communities include a joint effort between a city and suburban center to bring Mental Health First Aid training to the network, a Department of Transportation application for vehicle funding, several instances of technical assistance with participant management systems, and the development of an informal swap of supplies and equipment between centers.

Replicability

The program can be easily replicated at low cost. Build relationships with provider organizations and be transparent about group expectations.

CONTACT
Andy Heft
Quality Improvement Supervisor

Area Office on Aging of Northwestern Ohio
2155 Arlington Avenue
Toledo, OH 43609
419.382.0624
aheft@areaofficeonaging.com

COMMUNITY PLANNING AND LIVABLE COMMUNITIES

Villages of Baltimore County

Baltimore County Department of Aging

The Baltimore County Department of Aging (BCDA) adapted the nationally recognized Villages model to deliver culturally responsive, neighbor-to-neighbor support where older adults already live, worship and gather. Led by BCDA, this cost-effective and volunteer-driven initiative equips trusted community nonprofits with funding, training and tools to provide transportation, connection, caregiver support and service navigation.

Budget

The initiative was funded using federal American Rescue Plan Act funds. BCDA provided $50,000 in one-time seed funding to each participating village to support start-up and early implementation. Operating costs ($300,000) included part-time village coordination, volunteer engagement, outreach, training, program supplies and administrative overhead. BCDA supports the program through dedicated staff oversight and a coordinator.

Accomplishments

Between September 2024 and August 2025, 3,065 older adults received support through 189 programs, services and events. Volunteers contributed more than 14,000 hours, valued at $487,060. Outcome surveys showed that 87 percent of participants felt less isolated, 77 percent rated services as very or extremely helpful, and 73 percent reported high overall satisfaction.

Replicability

Using Older Americans Act Title III B or other funds, AAAs can serve as the coordination hub and contract with trusted community-based organizations already serving older adults living in areas with limited resources.

CONTACT
Eram S. Abbasi
Chief of Community Services

Baltimore County Department of Aging
611 Central Avenue
Towson, MD 21204
410.887.0577
eabbasi@baltimorecountymd.gov

HEALTH–SOCIAL CARE INTEGRATION

Beyond Caregiver Support: Integrating Social Care With Health Care

Bay Aging

Bay Aging took its caregiver support offerings to the next level by becoming a Centers for Medicare & Medicaid Services (CMS) Guiding an Improved Dementia Experience (GUIDE) Model Participant, demonstrating that AAAs can operate with the rigor, accountability and clinical integration of large health systems. The program integrates evidence-based dementia care coordination, caregiver education, respite and health–social care integration.

Budget

The Caregiver Support Program is funded through a blended financing model including federal, state and local resources, supplemented by CMS GUIDE Model reimbursement. Annual operating costs include personnel, training, data systems, quality assurance and clinical oversight.

Accomplishments

The program has produced improvements in caregiver confidence, reduced caregiver stress, improved care coordination and increased access to dementia-specific supports. Caregivers report greater ability to manage complex care needs and navigate health systems. Health partners benefit from reduced fragmentation, improved communication and stronger community linkages.

Replicability

Virginia AAAs can partner with Bay Aging to receive training, technology and clinical oversight at minimal cost. Virginia AAAs can adopt the model within six to 12 months utilizing a partnership agreement with Bay Aging as the GUIDE Model Participant.

CONTACT
Kathy Vesley
President/CEO

Bay Aging
5324 Old Virginia Street, P.O. Box 610
Urbanna, VA 23175
804.758.2386
kvesley@bayaging.org

HEALTH–SOCIAL CARE INTEGRATION

GUIDE (Guiding an Improved Dementia Experience) Clinic

Aging & In-Home Services of Northeast Indiana

In 2024, Aging & In-Home Services of Northeast Indiana (AIHS) was selected to participate in the Centers for Medicare & Medicaid Services (CMS) Guiding an Improved Dementia Experience (GUIDE) Model, which is an eight-year initiative providing comprehensive, team-based clinical and social care to improve quality of life and help beneficiaries remain in their homes. Through a collaborative, statewide approach, the AIHS GUIDE team provides clinical services via nurse practitioners and certified care navigators, local Indiana AAAs conduct in-home safety check visits and local respite providers offer respite to participating caregivers.

Budget

Startup costs include retrofitting clinic space, ordering medical supplies and obtaining evidence-based intervention certification. AIHS partnered with a nonprofit health system for electronic medical record access at a reduced rate. Program income is a per-member-per-month model, and patients are assigned a billing tier by CMS.

Accomplishments

The ideal outcome is enabling people with dementia to remain in their homes longer. Respondents of post-home visit satisfaction surveys rate staff level of knowledge about dementia, timeliness of response and connection to local resources at 85 to 100 percent.

Replicability

AIHS is actively seeking Indiana AAA partners for expansion.

CONTACT
Chris Forcucci
Senior Vice President of Integrated Care & Research

Aging & In-Home Services of Northeast Indiana
8101 West Jefferson Boulevard
Fort Wayne, IN 46804
260.416.2822
cforcucci@agingihs.org

HEALTH–SOCIAL CARE INTEGRATION

Navigation Home

WellWise Services Area Agency on Aging

Bridging the gap between hospital discharge and successful community living is challenging, particularly in rural areas. The Navigation Home program began with the addition of a Michigan statewide service standard designed in partnership with the Michigan AAA network. After building and piloting the program, WellWise Services AAA partnered with Hillsdale Hospital to create a one-of-a-kind contracted partnership that leverages AAA social care interventions prior to hospital discharge. To achieve success, WellWise embeds its staff into the hospital system with twice-weekly visits where eligible patients have already been identified and referred prior to discharge. AAA staff meet with the discharging older adults and their caregivers to discuss their individual needs and describe the community-based program support available to them, based on their level of care and level of readiness. This early intervention enables greater take-up of post-discharge support from the AAA.

Budget

The Navigation Home program began with state and Older Americans Act–funded grants supporting staff time during the pilot period, then shifted to AAA reserve funds to support the gap in staff salaries. As of October 1, 2025, WellWise Services entered into a contract with Hillsdale Hospital for discharge support services that supports .75 FTE.

Accomplishments

Among Navigation Home program participants, 89 percent have not experienced rehospitalization within 30 days, and an average of 70 percent of program participants enroll in a community-based program.

Replicability

Replication requires finding a hospital partner. Offer the hospital a pilot period before requesting a formal contract, which enables hospital staff adequate time to communicate the program's value to administrators and the AAA time to gather outcomes data.

CONTACT
Kara Lorenz-Goings
Chief Executive Officer

WellWise Services Area Agency on Aging
107 Chicago Street
Brooklyn, MI 49230
517.592.1974
kara.lorenz@wellwiseservices.org

HEALTHY AGING

A Matter of Balance

Senior Resource Alliance

Through innovative and evidence-based practices, Senior Resource Alliance (SRA) has helped central Floridians safely and independently age in place by launching a community partnership with the Satellite Beach Fire Department. Following extensive training from SRA, firefighters deliver A Matter of Balance, a free evidence-based program that addresses the physical, social and cognitive factors behind falls. With training from SRA, firefighters will also lead "Living Healthy" workshops that inform participants how to manage chronic disease symptoms.

Budget

Older Americans Act Title III D funding covered implementation costs of around $2,500 for travel and minor expenses. Operating costs for the entire A Matter of Balance program totaled $78,965 in the most recent fiscal year.

Accomplishments

Last year, 61 older adults enrolled in classes offered through the Satellite Beach Fire Department. Instructors for A Matter of Balance reported that multiple participants who attended a class with a walker were able to leave without using a mobility device. Several older adults who were unable to stand up for extended periods of time or who could not maintain their balance said the program eliminated those challenges entirely.

Replicability

Launching the courses takes a year with experienced personnel overseeing the program.

CONTACT
Karla Radka
President & CEO

Senior Resource Alliance
3319 Maguire Boulevard, Suite 100
Orlando, FL 32803
407.514.1800
karla.radka@sraflorida.org

HEALTHY AGING

Area I Agency on Aging Vision Program

Area I Agency on Aging–Action for Eastern Montana

The Area 1 Agency on Aging Vision Program serves adults ages 60 and older by reducing financial and geographic barriers to essential eye care. Participants complete an application and, once approved, receive a vision voucher of up to $600 that is valid for nine months and usable for optometrist-prescribed services or items. A comprehensive provider network spanning eastern Montana and extending into North Dakota, Wyoming and South Dakota ensures access to care. Providers are paid directly, minimizing participant burden.

Budget

The Vision Program is funded through Older Americans Act (OAA) Title III B funds and state general funds. To date in fiscal year 2026, $41,754 has been paid in direct vision services, assisting 72 older adults. Minimal operating costs include $117 for voucher materials and $56 for postage. For the current fiscal year, $16,471 in Title III B funding and $40,000 in carryover are budgeted.

Accomplishments

The program improves access to timely, comprehensive eye care for older adults who may otherwise delay or forgo services due to cost or distance. Caregivers experience reduced financial and administrative burden.

Replicability

This program can be replicated using existing OAA funding and current staff capacity. Create a simple application and voucher system and recruit eye care providers willing to accept direct payment.

CONTACT
Angie Stracener
Program Manager

Area I Agency on Aging–Action for Eastern Montana
2030 North Merrill Avenue
Glendive, MT 59330
406.345.2115
a.stracener@aemt.org

HEALTHY AGING

Aroostook Access Points for Aging

Aroostook Agency on Aging

The Aroostook Access Points for Aging initiative strengthens the Aging Network in Maine's largest and most rural county by embedding technology-enabled service hubs directly into trusted community spaces. With initial support from federal funding, the Aroostook Agency on Aging partnered with libraries, town offices, fire stations and community centers to create more than 20 welcoming Access Points where older adults and family caregivers can connect with navigation support, education, enrichment and social opportunities.

Budget

The initiative was initially funded with $842,240 in dedicated federal funding requested by a Member of Congress, covering technology, furnishings, equipment, signage, project management, marketing and administrative support. Municipal and community partners contribute in-kind space, utilities and support staff.

Accomplishments

More than 20 Access Points now operate across Aroostook County, with more than 830 client visits in its first year. Communities report improved access and growing participation in wellness offerings, exercise classes, caregiver programs and volunteerism.

Replicability

This model can be replicated in rural areas or regions with limited resources by leveraging existing public spaces and strong community partnerships. Map service gaps, listen to communities, select trusted locations, install virtual videoconferencing technology, train local champions and establish a consistent presence for navigation and programs.

CONTACT
Joy Barresi Saucier
Executive Director

Aroostook Agency on Aging
PO Box 1228
Presque Isle, ME 04769
207.764.3396
joy.b.saucier@aroostookaging.org

HEALTHY AGING

Education Expeditions: Navigating the Journey of Aging

AACOG Area Agencies on Aging

Education Expeditions: Navigating the Journey of Aging is a free, three-hour outreach series hosted in locations throughout the Alamo Area Council of Governments (AACOG) Area Agencies on Aging service area. Each event features one to two educational topics (15 to 20 minutes each), a presentation about AAA programs and how to access services, and two to three brief "community highlights" showcasing additional resources specific to the host community. A lunch is served to help create a welcoming "outing" environment.

Budget

The September 2024 pilot was supported through local funds within the AAAs' umbrella agency, in-kind donations and a local sponsor. Following the pilot's success, a committee member's agency sponsored three events for 2025 with a budget of $1,000 per event.

Accomplishments

Aggregated post-event surveys show 98-percent favorable response, indicating attendees learned something new about AAA services. The program demonstrated strong outreach/engagement beyond the host community, with 84 percent reporting willingness to travel to another county to attend a future event, and registrations for each event coming from four to six different counties.

Replicability

This program can be replicated and adapted to fit local geography and community dynamics. Leverage existing community partnerships for financial support, presenters and in-kind contributions.

CONTACT
William McKnight
Senior Director

AACOG Area Agencies on Aging
2700 NE Loop 410, Suite 101
San Antonio, TX 78217
210.573.6816
wmcknight@aacog.gov

HEALTHY AGING

Employing Technology to Promote Healthy Behaviors Among Seniors in Southwest Virginia

Mountain Empire Older Citizens, Inc.

Mountain Empire Older Citizens, Inc. (MEOC), expanded access to nutrition, exercise and health care services through a variety of approaches. Older adults received education on healthy nutrition and exercise through a monthly newsletter. Health professionals offered trainings where older adults met. Additionally, a registered dietitian provided one-on-one nutrition counseling via telehealth, and a telehealth navigator assisted individuals in receiving remote primary and specialty follow-up care. Webinars on fall prevention, cancer and nutrition were available simultaneously at multiple sites via Zoom.

Budget

Funding came from the Southwest Virginia Health Authority. Total costs of $79,839 included salaries and fringe for the registered dietitian, navigator and project manager ($48,300), equipment for three mobile telehealth platforms ($19,130), training ($784) and consultant services ($11,625).

Accomplishments

The newsletter reached 728 individuals. The registered dietitian provided one-on-one nutrition counseling to 54 individuals, 24 of whom were at high risk of malnutrition. Bingocize, an evidence-based fall prevention program, was provided to 63 individuals. MEOC's Mountain Laurel Cancer Support and Resource Center brought the evidence-informed Understanding Cancer workshop to 140 individuals.

Replicability

This project could be replicated with an investment in technology and dedicated staff time. MEOC can provide consultant services at no cost.

CONTACT
Michael Wampler
Executive Director

Mountain Empire Older Citizens, Inc.
P.O. Box 888
Big Stone Gap, VA 24219
276.523.4202
mwampler@meoc.org

HEALTHY AGING

Wellness Nursing: Building Healthier Communities in Housing Spaces

Mystic Valley Elder Services

Mystic Valley Elder Services (MVES), a AAA north of Boston, launched a Wellness Nurse Program to embed nurses within supportive housing sites for older adults. Weekly on-site office hours provide residents with blood pressure checks, medication support and answers to health-related questions. Group education programs focus on healthy eating, exercise prevention and diabetes management.

Budget

The MVES Supportive Housing Wellness Nurse Program launched in 2022 with 27 months of start-up support through a Massachusetts Public Health Workforce Expansion Grant funded by the federal American Rescue Plan Act. In 2025, each site's operating cost ($23,820) was supported through grants and fundraising. Total annual program expenses—including salary for registered nurses, fringe benefits, supervision and administrative overhead—were $95,280.

Accomplishments

Residents experience more consistent blood pressure checks, better medication adherence and earlier detection of health concerns, leading to fewer emergency interventions. During respiratory virus season, targeted education boosts vaccination uptake and reduces illness spread. Wellness nurses also improve hospital-to-home transitions, lowering readmission risk.

Replicability

The program can be replicated by creating partnerships between a AAA, supportive housing sites and local health care providers. Replication requires standardized tools to track outcomes.

CONTACT
Lisa Gurgone
Chief Executive Officer

Mystic Valley Elder Services
300 Commercial Street, Suite 19
Malden, MA 02148
781.324.7705
lgurgone@mves.org

HOME AND COMMUNITY-BASED SERVICES

The Right Meal & Services for You

Greater Wisconsin Agency on Aging Resources, Inc.

Developed by Greater Wisconsin Agency on Aging Resources, Inc., The Right Meal & Services for You is a person-centered, data-informed approach that helps nutrition programs match services to individual needs while responsibly stewarding limited resources. Using a standardized prioritization process, programs move beyond one-size-fits all meal delivery to right-size frequency, duration and supportive services. The process strengthens fairness, consistency and transparency and helps programs stretch funding without compromising care. It connects nutrition program participants not only to meals, but also to the right supports at the right time.

Budget

Development was supported through existing nutrition program funding, including Older Americans Act Title III administrative resources, with no dedicated capital funding required. Operating costs were primarily personnel time.

Accomplishments

In 2025, 96 percent of users reported satisfaction, and 100 percent agreed that the tool supports fair, consistent and responsible use of limited resources. Seventy-eight percent of programs reported no waitlist, even amid rising demand, and several avoided waitlists entirely by right-sizing meal frequency. More than one-half of programs strengthened justification for existing funding, 30 percent used data to support grant requests and 22 percent secured new funding.

Replicability

Replication is possible with existing staff and assessment workflows. Minimal added costs include staff time and overhead for materials and data tracking.

CONTACT
Pam VanKampen
Nutrition Program Specialist

Greater Wisconsin Agency on Aging Resources, Inc.
1414 MacArthur Road, Suite A
Madison, WI 53714
608.228.8095
pam.vankampen@gwaar.org

HOUSING AND HOMELESSNESS

Safe at Home With Appalachian Agency

Appalachian Agency for Senior Citizens

Safe at Home With Appalachian Agency for Senior Citizens (AASC) is a suite of four programs that delivers essential home repairs and accessibility modifications, allowing older adults to remain safe, independent and rooted in their own homes. By reducing fall risk, addressing critical safety needs and removing barriers to mobility, the initiative preserves dignity for individuals with limited resources and supports aging in place for older adults and veterans in four counties.

Budget

AASC is a subrecipient of a three-year federal U.S. Department of Housing and Urban Development Older Adult Home Modification Program grant to the Virginia Department for Aging and Rehabilitative Services (DARS) for $151,288. OAA Title III D funds the Home Hazard Removal Program at $28,797. Philanthropic funding provides $35,000 for veterans. The Essential Home and Accessibility Repair Program funded by Virginia Department of Housing and Community Development provides $13,968.

Accomplishments

During the most recent fiscal year, AASC completed 67 home repair and modification projects and assisted 22 veterans. Occupational therapy assessments and follow-up confirm improved home safety, increased client confidence and greater functional independence.

Replicability

With established eligibility criteria, intake processes, licensed contractors and occupational therapists, an initial program can be implemented within six to 12 months.

CONTACT
Brian Beck
Chief Executive Officer

Appalachian Agency for Senior Citizens
P.O. Box 765
Cedar Bluff, VA 24609
276.964.4915
bbeck@aasc.org

NUTRITION

Camden County Community Nutrition Program

Camden County Health & Human Services

In 2025, Camden County revamped its home-delivered meals program to improve efficiency and safety. A new nutrition hub centralized the operations, enabling faster routing, real-time communication and strict food safety protocols. Drivers use tablets for updates and wellness checks. Frozen meal distribution was streamlined, and continuous client assessment and long-term services and supports assistance has eliminated waitlists. This model now serves more older adults reliably and sustainably.

Budget

Total program costs of approximately $2,384,000 include personnel ($677,868), food ($1,025,144), consultant and contract ($586,319), travel ($1,725), supplies and equipment ($2,220) and other costs ($90,756).

Accomplishments

Since the nutrition hub launched, frozen meal delivery time dropped by 90 percent, from five hours with six staff to 30 minutes with one. Real-time communication eliminated miscommunication and delivery errors, reducing food waste. Safety protocols ensured 100 percent of missed deliveries were addressed the same day, and timely police wellness checks have saved lives.

Replicability

To replicate, agencies should centralize operations in a nutrition hub with cold storage, dry pantry space and loading bays. Streamline workflows by partnering with caterers, using temperature-controlled equipment and integrating technology for communication and client documentation.

CONTACT
Maureen Bergeron
Director, Division of Senior Services

Camden County Health & Human Services
Mary Ann Wardlow Center for Community Nutrition
508 Lakeland Road
Blackwood, NJ 08012
856.374.MEAL
meals@camdencounty.com

NUTRITION

Kitsap Food 4 Older Adults

Kitsap Aging & Long Term Care

Kitsap Aging & Long Term Care supported innovative strategies at local food banks, tribal partners and home-delivered meals partners to address growing food insecurity among older adults. Projects were tailored to address the local neighborhood needs and included developing dedicated older adult grocery counters that patrons could visit daily, supporting purchase of vans for home-delivered food boxes, creating mobile food pantries and replicating a "Groceries to Go" program. Participants also identified which food items were a priority, including produce and easy-to-prepare meals, and purchases were tailored to their needs.

Budget

State nutrition funds ($42,000 in fiscal year 2024 and $55,000 in fiscal year 2025) were equally divided among the AAA's network of nutrition providers.

Accomplishments

In 2025, the older adult nutrition food bank program served 17,715 unique individuals at a critical time when Supplemental Nutrition Assistance Program benefits were threatened, and local food banks were struggling to meet increased demand.

Replicability

AAAs must unite behind a shared advocacy message to request nutrition funding. Once funding is awarded, work with existing food bank coalitions as well as tribal and senior nutrition networks to address critical needs.

CONTACT
Stacey Smith
Director

Kitsap Aging & Long Term Care
614 Division Street, MS-5
Port Orchard, WA 98366
360.337.5700
sasmith@kitsap.gov

NUTRITION

LOA Emergency Food Pantry

Local Office on Aging, Inc.

The Emergency Food Pantry was born from the annual Soup for Seniors food drive that the Local Office on Aging, Inc. (LOA), holds in collaboration with AARP. Following the drive, the community continues to give shelf-stable food items, which can now go to the permanent emergency food pantry. Older adults ages 60 and older who have an emergency need for food or other staples can request a bag once per month. Each bag contains 15 to 18 food items. LOA is also able to provide nutritional supplements to older adults who are at high risk and extra food to older adults during weather or funding emergencies.

Budget

There are no direct costs because all food is donated. Minimal administrative costs are absorbed by LOA. Food bags are delivered by case managers or volunteers.

Accomplishments

By delivering more than 5,000 emergency food bags—equal to approximately 85,000 meals—LOA ensures older adults have reliable access to nutritious food during times of need. For older adults living on fixed incomes, these meals prevent hunger, reduce stress and support better health outcomes.

Replicability

Agencies can hold their own food drives or work with other organizations to facilitate food drives to support emergency food pantries.

CONTACT
Ron Boyd
President and CEO

Local Office on Aging, Inc.
P.O. Box 14205
Roanoke, VA 24038
540.345.0451
ronboyd@loaa.org

NUTRITION

Senior Farmers Market Nutrition Program

Davis County Health Department: Senior Services Division

Access to fresh, nutrient-dense food options in Davis County, UT, is limited for older adults due to gaps in public transportation and limited daytime market hours. To address this problem, Davis County Senior Services became a site for the Senior Farmers Market Nutrition Program, with three Davis County senior activity centers designated as produce distribution sites. A Senior Farmers Market Voucher Program provides eligible participants with $100 in vouchers to purchase produce.

Budget

Funding was provided by a nutrition grant received through the Utah Department of Health. Costs were primarily for four staff members' time to distribute produce and complete the tracking paperwork and data entry.

Accomplishments

From July to October 2024, the AAA partnered with Backyard Urban Gardens to deliver parsley, garlic, small melons, summer squash and herbs. Of the 73 enrolled individuals, 79 percent actively participated, resulting in distribution of more than 300 pounds of produce. These efforts led to a 78-percent voucher redemption rate.

Replicability

Resources needed for replication include a distribution site; staff time; funding; and advertising through social media, local newsletters and voucher booklet printing.

CONTACT
Rachelle Blackham
Senior Services Director/Deputy Health Officer

Davis County Health Department
22 South State Street
Clearfield, UT 84015
801.525.5107
rblackham@co.davis.ut.us

SOCIAL ENGAGEMENT

Active Aging Pop-Up Program: Creating New Friendships, Gaining New Purpose

Peninsula Agency on Aging

Peninsula Agency on Aging (PAA) created Active Aging Pop-Up Centers to reimagine aging by bringing community-based programming directly into neighborhoods with limited resources. Beginning with the Crochet Social Circle, the program expanded into weekly pop-ups at six ADA-compliant community sites offering nutritious meals, wellness activities, education and social engagement. The intentional program design helps foster a sense of belonging for participants, who include low-income older adults, non-native English speakers and other targeted groups, and connects them to needed services.

Budget

The program began with a $2,200 grant supporting the Crochet Social Circle. After PAA received a $100,000 grant in 2024, the program grew to six Active Aging Pop-Up Centers. Personnel expenses are funded through grants and Older Americans Act Title III D funds. Total operating expenses for the most recent fiscal year ($52,667) included staff ($40,000), meals ($10,000) and materials ($2,000).

Accomplishments

Across 190 participants, outcomes include reduced loneliness, stronger social connections and improved emotional well-being. Participants demonstrate increased skills and sense of purpose by creating and donating handmade items and improved strength and balance from evidence-based programming. Regular attendees have increased participation in health promotion programs and greater use of PAA services.

Replicability

Organizations can secure donated, ADA-compliant spaces and recruit skilled volunteers to facilitate activities. Minimal start-up costs are largely limited to staff coordination time and food and material expenses.

CONTACT
Diane Hartley
Vice President of Care Coordination

Peninsula Agency on Aging
739 Thimble Shoals Boulevard, Suite 1006
Newport News, VA 23606
757.873.0541
diane.hartley@paainc.org

SOCIAL ENGAGEMENT

Friendly Volunteer Program

Lewis County Office for the Aging

The Lewis County Office for the Aging's Friendly Volunteer Program reduces social isolation among rural older adults. Trained volunteers are matched with adults ages 60 and older to provide regularly scheduled phone calls and in-person visits that offer companionship, emotional support and a reliable connection to services.

Budget

The program is supported through existing Office for the Aging operating funds, including Older Americans Act Title III B and county funding. Annual operating costs primarily include basic administrative expenses and a portion of staff time for coordination, volunteer recruitment, screening, training and oversight.

Accomplishments

Participants report increased feelings of connection, emotional support and safety because of consistent contact with a trusted volunteer. Regular interactions have helped identify emerging needs, allowing early intervention and preventing crises. Family caregivers report reduced stress as a result of knowing their loved ones have regular social contact. Data shows sustained participation, consistent volunteer engagement and repeat referrals.

Replicability

Key components for replication include volunteer recruitment and screening, basic training, clear service guidelines and staff oversight to support successful matches.

CONTACT
Carla Hellinger
Director

Lewis County Office for the Aging
5274 Outer Stowe Street, P.O. Box 193
Lowville, NY 13367
315.376.5300
carlahellinger@lewiscounty.ny.gov

SOCIAL ENGAGEMENT

Medicare Monday

Area Agency on Aging District 7

Medicare Monday is a concept the Area Agency on Aging District 7 (AAA7) in Ohio developed initially as a weekly infographic on social media that transformed into a partnership with the Ohio Senior Medicare Patrol (SMP). Medicare Monday was enhanced in 2021 to include a monthly livestream to help the Ohio SMP empower and assist Medicare beneficiaries, their families and caregivers to prevent, detect and report health care fraud, errors and abuse. Infographics are shared regularly on social media and, each month, a timely topic is presented live to showcase current information on Medicare scams and general Medicare updates.

Budget

No special funding is needed. Existing staff at the AAA7 manage the project. The social media livestream format is free.

Accomplishments

This project has led to enhanced partnerships with the Ohio SMP and the Ohio Senior Health Insurance Information Program through the Ohio Department of Insurance. Promoting information via social media enables broad reach.

Replicability

This concept could be easily replicated with the use of a social media platform and a willing partner to assist with gathering and presenting information.

CONTACT
Jenni Lewis
Director of Community Outreach

Area Agency on Aging District 7
1 Acy Avenue
Jackson, OH 45640
800.582.7277, ext. 22224
jlewis@aaa7.org

SOCIAL ENGAGEMENT

PrideLinc

Area Agency on Aging for Lincolnland (AgeLinc)

The PrideLinc program, developed by the Area Agency on Aging for Lincolnland (AgeLinc), is a weekly congregate meal program that brings LGBTQ+ older adults together for a meal and social connection. The program offers a safe space for aging LGBTQ+ people and provides informational opportunities through its "lunch and learn" format. PrideLinc hosts two to three speakers per month, with some weeks reserved for open discussion so attendees have an opportunity to socialize. Attendees also serve as an incubator for a range of initiatives, such as supporting the development of a special training focused on LGBTQ+ older adult violence prevention.

Budget

Initially, meals were paid for through federal American Rescue Plan Act dollars. Then AgeLinc continued providing meals through its regular congregate meal program, asking participants to make a donation each week if they are able. For fiscal year 2026, AgeLinc allocated $12,500 in state isolation funds to cover costs above regular nutrition dollars.

Accomplishments

PrideLinc is the only weekly lunch in Sangamon County, IL, oriented toward the aging LGBTQ+ community. The lunch has grown by 525 percent since the March 2022 launch. Beyond combating social isolation, outcomes include improved nutrient intake, reduced food insecurity, and increased cognitive engagement and feelings of safety and belonging.

Replicability

Organizations will need access to a commercial kitchen and eating space. One to two staff members can plan and facilitate the gatherings.

CONTACT
Carolyn Austin
Chief Executive Officer

Area Agency on Aging for Lincolnland (AgeLinc)
2731 South MacArthur Boulevard
Springfield, IL 62704
217.787.9234
caustin@agelinc.org

TECHNOLOGY

Improving Communications for Critical Events

Allegheny County Area Agency on Aging

The Allegheny County Area Agency on Aging's critical events communication system sends automated alerts to Adult Protective Services investigators and AAA care managers with information about emergency department (ED) visits, waiver eligibility changes and death certificate filings. Having faster, comprehensive communication has resulted in cost savings for the AAA and has improved the overall care experience for consumers.

Budget

Communication system and support team staff expenses are covered by a pooled Allegheny County Department of Human Services' resource fund the AAA contributes to annually. The ED data contract costs $3,500 per year. The remaining data-sharing agreements have no costs. Initial development and automation of the system was approximately $21,000 in staff hours.

Accomplishments

More than 6,000 alerts have been sent concerning nearly 2,000 unique Adult Protective Services and AAA care management consumers since March 2024, with approximately $20,000 in agency savings as of January 2026. The system has contributed to an overall reduction in average investigation time from 64 days to 44 days. Death certificate notifications have decreased the average case closure time after someone passes from nearly four weeks to one week.

Replicability

A dedicated technological support team with knowledge of automation tools is required for development and data processing.

CONTACT
Clare Cruz
Analyst

Allegheny County Area Agency on Aging
2100 Wharton Street
Pittsburgh, PA 15203
412.350.1327
clare.cruz@alleghenycounty.us

TRANSPORTATION AND MOBILITY

Driving Change: An Innovative, Scalable Approach to Promoting Safe Transportation Options for Older Adults

Centralina Area Agency on Aging

Centralina Area Agency on Aging implemented a cost-effective community education initiative to provide information on safe and accessible transportation options for older adults. The AAA's transportation guide was revised to add enhanced resources on retiring from driving, creating a driver agreement and ridesharing. A transportation mini-series with online presentations was then launched. An accompanying train-the-trainer model ensured participants can confidently use and share these tools, promoting widespread adoption and accessibility. Finally, a social media campaign promoting safe driving practices was implemented.

Budget

Centralina AAA utilized Section 5310 funding from the Federal Transit Administration to research, develop and disseminate this education campaign. Approximately $60,000 in staff time covered program development and coordination. Capital costs were limited to printing the guide.

Accomplishments

This initiative improves health, safety, independence and system efficiency while ensuring sustainability at minimal cost. Older adults maintain autonomy through informed mobility choices, while families experience smoother driving transitions. Age-friendly training enhances rider experience and trust.

Replicability

Digital, template-based materials allow low-cost duplication and easy updates. The train-the-trainer approach builds a network of transportation ambassadors, sustaining education and outreach without ongoing program staffing.

CONTACT
Laurie Abounader
Aging Programs Administrator

Centralina Area Agency on Aging
10735 David Taylor Drive, Suite 250
Charlotte, NC 28262
704.688.6501
labounader@centralina.org

WORKFORCE DEVELOPMENT AND VOLUNTEERISM

Age Friendly Employment

Aging & Adult Services of Coastal Washington

Aging & Adult Services of Coastal Washington developed a two-pronged strategy to maintain robust staffing that reflects the rural age demographics of the people they serve. First, they support and retain experienced workers. Second, they target recruitment toward mid- to late-career professionals. As a result, 75 percent of the AAA's employees are ages 50 and older, and the organization has met staffing needs without the same struggles faced by other public entities.

Budget

Salary adjustments are funded by current contracts and reserves. Entry to the state benefit pool keeps medical package increases around 10 percent. Cost-of-living adjustments over five years averaged 4.7 percent. Payroll costs were managed by right-sizing programs and eliminating poor-performing projects. Staff were transitioned to better funded programs, and select vacancies were not backfilled.

Accomplishments

This age-friendly recruitment strategy has resulted in hiring a more qualified and experienced workforce with an ongoing commitment to the agency. In the past year, no staff left for other employment.

Replicability

Similar results can be achieved by entities willing to implement age-friendly recruitment, competitive salaries and benefits, and a responsive accommodations process.

CONTACT
Laura Cepoi
Executive Director

Aging & Adult Services of Coastal Washington
2500 West Sims Way, Suite 201
Port Townsend, WA 98368
360.379.5064
laura.cepoi@dshs.wa.gov

WORKFORCE DEVELOPMENT AND VOLUNTEERISM

DACL Senior Ambassador Program

DC Department of Aging and Community Living

The DC Department of Aging and Community Living (DACL) Senior Ambassador Program is a grassroots outreach model that trains older adults to serve as trusted advocates within their communities. Available in five languages—Amharic, French, Spanish, Mandarin and English—the program equips ambassadors to share critical information about DACL programs and services with older adults, caregivers and people with disabilities.

Budget

The Senior Ambassador Program represents a one-time $200,000 investment supported through local funding. Costs included production of professional training videos in five languages, development of standardized training resources, printed multilingual outreach materials and branded ambassador items.

Accomplishments

Since its launch, the program has trained more than 500 Senior Ambassadors, significantly expanding DACL's outreach capacity across a wide range of different communities. Outcomes include increased awareness of aging services, improved access for those not proficient in English and stronger community trust in service navigation. Ambassador engagement has contributed to higher referral activity and informed service improvements.

Replicability

The Senior Ambassador Program can be replicated using a modest staffing model and community partnerships. Key components include a program coordinator, standardized training curriculum, multilingual materials and community-based recruitment.

CONTACT
Charon P. W. Hines
Director

DC Department of Aging and Community Living
500 K Street NE
Washington, DC 20002
202.724.5626
charon.hines@dc.gov

WORKFORCE DEVELOPMENT AND VOLUNTEERISM

JAWS (Jumpstart Aging Workforce Solutions)

Pikes Peak Area Agency on Aging

Jumpstart Aging Workforce Solutions (JAWS) began as a two-year El Paso County, CO, American Rescue Plan Act–funded grant project connecting high school, college and adult learners to long-term-care (LTC) communities through dynamic, hands-on intergenerational workforce preparedness learning opportunities. JAWS offers innovative, work-based, 15-hour learning experiences to introduce students to the important role of LTC and the diverse professions available in the field. This readiness program is essential in Colorado, one of the fastest aging states in the United States.

Budget

The $184,000 program cost covers staff and operational expenses ($157,000), instructional design and development ($20,000) and communication/marketing materials ($7,000), currently funded through state and local grants.

Accomplishments

JAWS provides a framework for dynamic partnerships between Pikes Peak AAA, school districts, higher education, LTC businesses and other community partners. In 2026, JAWS high school programs will be active in seven El Paso County school districts, adding to the existing 4,000-plus hours of intergenerational learning with more than 10 community partners.

Replicability

Organizations should reach out to schools and workforce centers to explore workforce development programs that may include certified nursing assistant certifications as a starting point. Ideally, partnerships will grow from there.

CONTACT
Melissa Marts
Program Development Administrator

Pikes Peak Area Agency on Aging
14 South Chestnut
Colorado Springs, CO 80905
719.471.2096, ext. 135
mmarts@ppacg.org

WORKFORCE DEVELOPMENT AND VOLUNTEERISM

Skip-Level Meetings: Fostering an Agency Culture of Open Communication and Collaboration

Lewis-Mason-Thurston Area Agency on Aging

A recent increase in staffing led to the creation of a new Lewis-Mason-Thurston Area Agency on Aging meeting strategy where the case management director speaks directly with staff to improve communication and gain unfiltered insights into workplace challenges, culture and opportunities. Most managers and supervisors will meet with their staff for one-on-one monthly meetings. Now, every case management staff member also meets with the case management director once a year for a skip-level meeting, where the director answers questions, provides support, listens to concerns and builds trust.

Budget

There is no cost to implement this program. However, it does take considerable time to meet with 50 staff members for 20 to 30 minutes each.

Accomplishments

Measurable results from skip-level meetings include employee engagement, better communication, employee retention and increased productivity. Studies show most organizations see an increase in productivity of 25 percent or more when implementing skip-level meetings due to improved communication and accountability.

Replicability

Start by informing teams about the skip-level meetings. Prepare questions in advance focusing on feedback, career growth and team dynamics. Organize the meeting to be informal and conversational. Follow up with employees after the meeting to discuss next steps, if applicable.

CONTACT
Emily MacFarland
Case Management Director

Lewis-Mason-Thurston Area Agency on Aging
2404 Heritage Court SW
Olympia, WA 98502
360.664.2168, ext. 104
emily.macfarland@dshs.wa.gov

WORKFORCE DEVELOPMENT AND VOLUNTEERISM

Strengthening Michigan's Direct Care Workforce

Valley Area Agency on Aging–Region 5

To support direct care workforce growth, Valley Area Agency on Aging (VAAA) initiated relationships with local Job Corps programs and Michigan Department of Health & Human Services offices to develop a statewide direct care worker (DCW) registry. Then VAAA created several programs to engage with nursing and health care students: educating them about aging issues through a virtual dementia training and connecting them with verified provider agencies. This effort broadened to include a wide network of community partners and has created a valuable pipeline of potential workers and increased providers' access to candidates.

Budget

Current minimal program costs for the AAA include virtual training and staff time working on the registry (under $5,000 annually). A collaboration with University of Michigan–Flint, Mott Community College and the Greater Flint Health Coalition on trainings tailored for students pursuing health care focused careers is still in development, with costs to be determined.

Accomplishments

This effort led to the development and growth of a statewide DCW registry that lists both DCWs and employers. Education has been provided to approximately 100 nursing students regarding dementia-related behaviors and practical strategies for supporting individuals with dementia.

Replicability

The program is easily replicated. Any organization can create a registry database and encourage registration.

CONTACT
Yaushica Aubert
President & CEO

Valley Area Agency on Aging–Region 5
225 East Fifth Street, Suite 200
Flint, MI 48502
810.239.7671
yaubert@valleyaaa.org

2026 HONORABLE MENTION RECIPIENTS

The Honorable Mention category recognizes additional successful programs run by members.

Agency Operations

Allies in Aging: Inclusive Training for Aging Services
AgeOptions
Oak Park, IL

Caregiving

Poetry on the River
The Span Center
Richmond, VA

Tennessee Dementia Navigation Program
Upper Cumberland Area Agency on Aging and Disability
Cookeville, TN

Elder Abuse Prevention

"Together We Thrive" Elder Abuse Prevention Awareness Campaign
Agency on Aging Area 4
Sacramento, CA

WRAPS Resources
Metropolitan Area Agency on Aging
Minneapolis, MN

Nutrition

Area Agency on Aging of Southeast Arkansas Meals on Wheels
Area Agency on Aging of Southeast Arkansas
Pine Bluff, AR

Social Engagement

Pop-Up Meal Site: Community Plates
Northeast Iowa Area Agency on Aging
Waterloo, IA

Reaching the Unreached
Howard County Office on Aging and Independence
Columbia, MD

Aging Innovations & Achievement Awards

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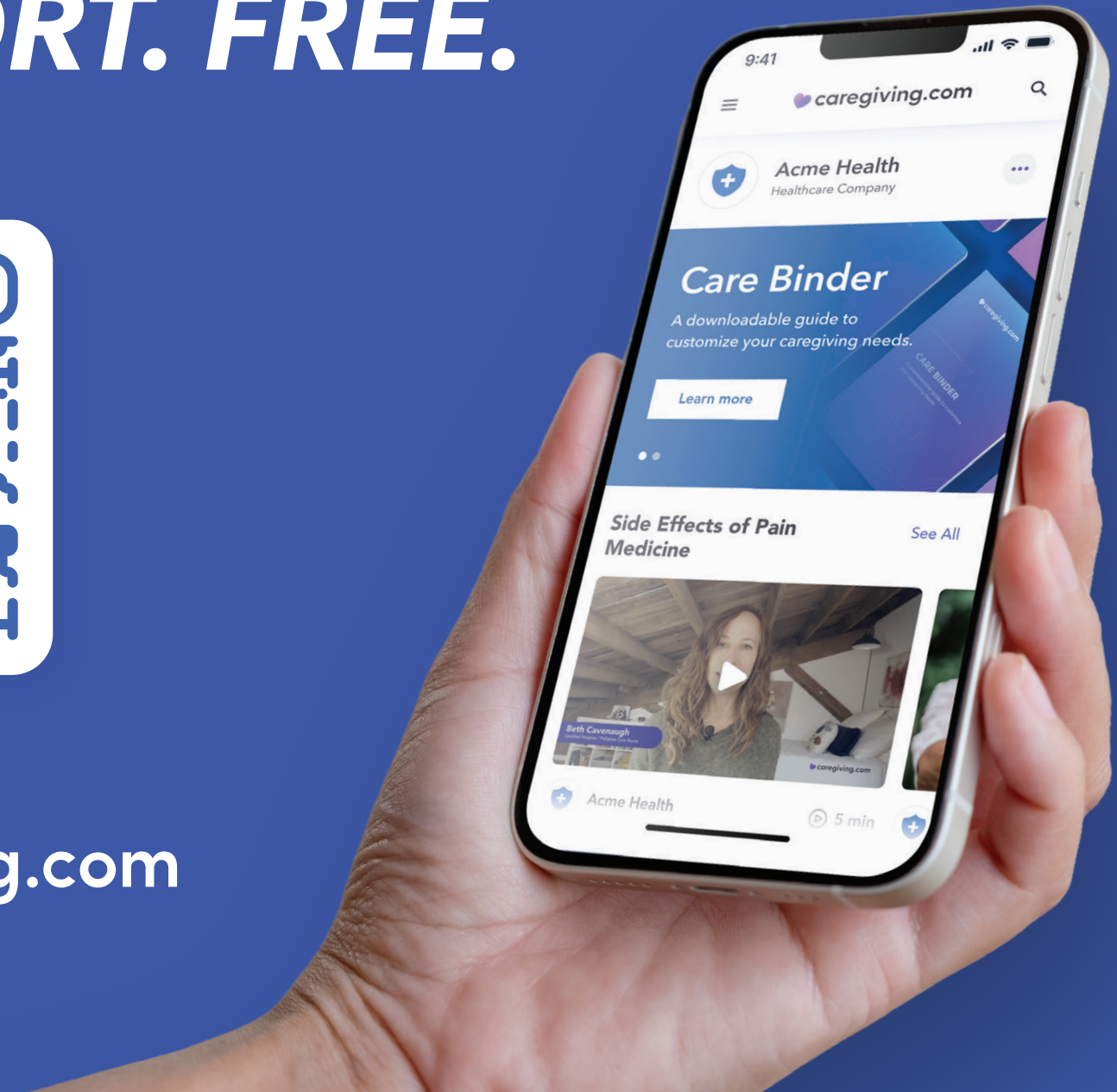
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info@cumulus.care https://cumulus.care cumulus.care/in



Leaders in Aging Well at Home

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

USAging
1100 New Jersey Avenue, SE, Suite 350
Washington, DC 20003
202.872.0888

www.usaging.org
membership@usaging.org

@theUSAging @theUSAging @USAging @theusaging @USAging

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