



## **2027-2030 STRATEGIC PLAN**

**Area Office on Aging of  
Northwestern Ohio, Inc.**

[www.areaofficeonaging.com](http://www.areaofficeonaging.com)



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# Introduction

**The Area Office on Aging of Northwestern Ohio (AOoA) is committed to promoting the health, well-being, and safety of older adults, persons with disabilities, and family caregivers to foster independence.**

Guided by our mission to empower older adults and caregivers to live healthy, independent lives, our vision is to create a community where aging is celebrated, independence is supported and every person is valued throughout life's journey.

This strategic plan provides a clear roadmap for achieving these goals, organized around four foundational pillars that reflect our priorities: Reveal the Best Kept Secret, Develop Sustainable Practices, Promote Long Healthy Lives, and Strengthen Connections. Each pillar outlines strategies designed to improve access to our services by expanding community awareness, continuing to strive for excellence, and by building long-term sustainability.

Together, these efforts position AOoA to meet the evolving needs of older adults and their caregivers while reinforcing our role as a leader in aging services.

# Values

**The Area Office on Aging of Northwestern Ohio, Inc., holds these values paramount in advancing its mission:**

- We believe in the power of **community** and the importance of supporting the entire ecosystem impacting older adults and caregivers.
- We believe that qualitative decision-making is as important as quantitative decision-making, and embrace **caring** as the value at the heart of all our choices.
- We hold ourselves to the highest standards of **excellence** and strive to be a leader in the wider Aging community and innovative example for others.
- We acknowledge that we are the **stewards** of public trust and resources, and commit to fiscal responsibility, transparency, and accountability.

## VISION

To create an age-friendly northwest Ohio where aging is celebrated, independence is maintained and every person is valued throughout life's journey.

## MISSION STATEMENT

The Area Office on Aging helps individuals 60+ and their family caregivers live better and longer.



## A letter from our CEO & Board President

Thank you for joining the Area Office on Aging in working to create an age-friendly community where northwest Ohioans are living better and longer than anywhere else in the nation. With your help, we believe we can take this dream and turn it into a reality.



With Toledo being ranked as the most affordable place to retire, the healthy work-life balance many in our community enjoy, and the caring community that is generous in helping meet the needs of others, our community already has three key components for achieving this goal. Four additional priorities that the Area Office on Aging is focusing on addressing in this strategic plan to help northwest Ohioans live better and longer are:

**Revealing the best-kept secret:** Too many northwest Ohioans age 60+, and those who are caring for their aging loved ones, could have their quality of life improved and their longevity increased if they were connected with the programs and services available through the Area Office on Aging. We are prioritizing investing in revealing the best-kept secret far and wide so we can help add life to their years and years to their lives.

**Promote long, healthy lives:** Individuals age 60+ face pervasive ageism, which according to The World Health Organization, “is associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline.” We are leading the way in northwest Ohio to change the narrative on aging to help show the reality of aging in a more positive light to increase the average life expectancy of northwest Ohioans.

**Develop sustainable practices:** For five decades, the Area Office on Aging has been growing to meet the needs of northwest Ohioans 60+ and their family caregivers. We must be like a faithful, caring, and consistent friend who can always be counted on to be there, as the work we begin in this strategic plan will be the work we continue to do until our services are no longer needed.

**Strengthen connections:** Loneliness kills, and socialization saves. It is really as simple as that. Area Office on Aging and our providers are always looking for ways to provide and enhance opportunities for socialization.

The Area Office on Aging’s employees, our provider organizations, board members, funders, donors, volunteers, caregivers, and other stakeholders all have a role to play in helping those age 60 and better gain and retain independence. Together, we will live better and longer in northwest Ohio than anywhere else in the nation.

Your Friends in Living Better and Longer,

Justin Moor  
President/CEO

Rev. Barbie Harrison  
Board Chairwoman



## Four Pillars

The AOoA Strategic plan provides a clear, balanced framework that addresses the organization's most critical priorities through four pillars.

**Each pillar represents a distinct area of focus, ensuring that resources and efforts are aligned across complementary dimensions such as growth, operations, people, and innovation.**

Reveal the Best Kept Secret

Promote Long Healthy Lives

Develop Sustainable Practices

Strengthen Connections

# 1

## Reveal the Best Kept Secret

The pillar ***Reveal the Best Kept Secret*** focuses on elevating awareness of AOoA's mission, services, and impact by strengthening its visibility and accessibility. Through targeted outreach efforts, we will enhance the organizational brand. Community awareness strategies will educate the public about AOoA. We will work to ensure access to services throughout the region. Together, these strategies will position AOoA as a trusted, recognizable resource for older adults and their caregivers.

# 1 Reveal the Best Kept Secret

## Strategies

### 1. **Focused Outreach**

- a. Refresh organizational brand
- b. Encourage utilization of brand among partners
- c. Support joint senior center outreach campaign

### 2. **Community Awareness**

- a. Educate community on AOoA services
- b. Expand community understanding of who AOoA serves
- c. Communicate how AOoA is funded
- d. Publicize AOoA service region

### 3. **Access to Services**

- a. Increase accessibility of information about services
- b. Develop and communicate clear pathways to services
- c. Provide post-service follow-up
- d. Transition to a new phone system

# Support for Pillar

AOoA's internal assessments and board discussions consistently highlighted limited public awareness of AOoA's services and impact as a critical challenge.

In the SWOT analysis with **staff leadership**, communication gaps and underdeveloped outreach were identified as weaknesses, while opportunities included leveraging technology and social media to improve outreach.

**Board** input emphasized that many older adults and caregivers do not know how to access AOoA services, resulting in missed opportunities for support and care. Additionally, outreach and branding were ranked among the top priorities for the Advisory Board, not only to increase service utilization but also to strengthen fundraising efforts and unify AOoA's identity across all ten counties.

**Focus groups with caregivers** reinforced the need for a cohesive outreach campaign and brand consistency, stressing that storytelling and visibility are essential to build trust and engagement with communities and partners.

# Focused Outreach



## Refresh organizational brand

- Refresh logo and accompanying brand identity materials
- Rebrand AOoA to increase the familiarity of the name and ease of use
- Develop brand guidelines that accompany logo and brand identity to ensure consistent use across the organization



## Encourage utilization of brand among partners

- Create a brand toolkit and guidelines for utilization by external partners on materials promoting services/programs that have a connection to the AOoA
- Provide training to provider partners on how to use toolkit
- Review use of toolkit and provide feedback



## Support joint senior center outreach campaign

- Co-create campaign with senior center directors to encourage use of all senior centers in the region
- Provide printed and digital materials to senior centers to use in awareness building efforts
- Evaluate effectiveness of campaign and revise materials, if necessary
- Replenish materials at senior centers on a regular basis

# Community Awareness



## Educate community on AOoA Services

- Identify key stakeholders who would benefit from education on services/programs offered by AOoA
- Develop targeted educational materials for each stakeholder group



## Expand understanding of who AOoA serves

- Design outreach materials to be inclusive of multiple populations served by AOoA: older adults, adults with disabilities, caregivers, kinship caregivers, family members



## Communicate how AOoA is funded

- Develop simple and informative messaging campaign that identifies funding mechanisms for AOoA
- Seek opportunities to share information about AOoA funding with community stakeholders



## Publicize AOoA service region

- Conduct outreach in all ten counties served by AOoA
- Redesign AOoA website
- Create a method for evidence-based wellness providers and senior centers to add programs and events to the calendar on the redesigned AOoA website

# Access to Services



## Increase accessibility of information about services

- Develop a “first call checklist” for a live AOoA agent to complete the first time a person calls AOoA for information
- Update and distribute printed & digital materials on selected programs
- Encourage a word of mouth campaign among past & current consumers



## Develop and communicate clear pathways to services

- Create referral pathway mapping for AOoA programs/services that can be used by an AOoA staff member
- Create referral pathway mapping for resources that exist outside the organization
- Review current system for updating external resources and modify if necessary to facilitate timely and accurate information



## Provide post-service follow-up

- Review and revise customer satisfaction evaluation systems
- Develop evaluation calendar/schedule for each program
- Develop a process to follow up with individuals after resources are provided, as capacity allows
- Identify areas of low satisfaction and address if feasible

# Access to Services, cont.



## Transition to a new phone system

- Identify a phone system that has call center software, interfaces with Hubspot and allows for post-phone call survey
- Identify funding to support transition to new phone system
- Provide training on new phone system
- Implement post-call phone survey
- Create new tracking tools based upon capabilities of the new phone system

# 2

## Promote Long Healthy Lives

The pillar ***Promote Long Healthy Lives*** emphasizes targeted interventions that directly impact the health and wellbeing of seniors. Guaranteeing that basic needs such as nutrition, transportation, and housing are met will allow seniors to lead lives with better health, less stress, and more joy and fulfilment.

# 2

# Promote Long Healthy Lives

## Strategies

### 1. Nutrition

- a. Shared nutrition programming amongst senior centers
- b. Develop partnerships with local grocery stores
- c. Reduce transportation barriers to nutrition programs and supports

### 2. Transportation

- a. Improve transportation navigation
- b. Create transportation broker system

### 3. Housing

- a. Housing development
- b. Housing support and unhoused older adults
- c. Improve the accessibility of housing and neighborhoods
- d. Effectively coordinate services
- e. Expansion of GPS Program
- f. Establish health clinics

### 4. Programs and Services

- a. Improve and expand care coordination and care transitions

# Support for Pillar

**Community input and data profiles** make clear that AOoA will benefit from continuing to strive for excellence in nutrition, housing, transportation, and care coordination services which will enable older adults to live longer, healthier lives.

**Caregiver focus groups** surfaced confusing access pathways, persistent barriers in safe/affordable housing and transportation, and the need for clear navigation and human connection to get to the right supports—evidence that coordinated, upstream investments will produce outsized health benefits.

**Regional demographic analysis** shows a growing share of adults 85+ and rising demand for home-based supports (e.g., home-delivered meals, home modifications), which directly ties to falls prevention and chronic disease management efforts highlighted by AOoA's Advisory Board (e.g., Matter of Balance training).

**The Board** also ranked Health & Wellness and Chronic Disease Prevention among priority areas.

Housing & Infrastructure and Health & Wellness were seen as central initiatives by all **stakeholder groups**.

**Promoting Long Healthy Lives integrates core determinants of health with care coordination across the AOoA service continuum.**

# Nutrition



## Shared nutrition programming amongst senior centers

- Provide optional shared programming and materials amongst senior centers for nutrition education
- Develop a process to evaluate the effectiveness of the nutrition education



## Develop partnerships with local grocery stores

- Explore partnership with grocery store or another organization to provide a micro/mobile market in Margaret Hunt Senior Center/Evergreen Heights
- If implemented, evaluate the satisfaction and utilization of the micro/mobile market
- Explore expanding micro/mobile market to other locations throughout the region

# Nutrition, cont.



## Reduce transportation barriers to nutrition programs and supports

- Provide training to older adults on how to utilize commercially available grocery delivery services
- Compile a list of food pantries with delivery programs
- Identify and promote existing transportation programs that can be utilized for grocery shopping
- Expand home delivered meal choice in Lucas County
- Develop process for implementing home delivered meal choice in Lucas County by transitioning from a competitive bid process to a referral process
- Develop waiting list priority procedures
- Evaluate implementation and customer satisfaction
- Provide Grab and Go Meals
- Develop an assessment for Congregate nutrition providers to utilize when offering grab and go meals
- Evaluate and modify grab and go meal service, as applicable

# Transportation



## Improve transportation navigation

- Research existing “One call, one click” systems that provide a simple user interface for the client
- Design a system based on existing best practices that could integrate into AOoA transportation systems
- Update transportation section of AOoA website to prioritize simplicity of navigation



## Create transportation broker system

- Use the system implemented by PSA-3 as a model
- Expand options for transportation in all service regions
- Develop and maintain system to be able to give appropriate referrals to outside providers if AOoA is unable to meet the transportation needs

# Housing



## Housing Development

- Form emergency housing committee
- Develop protocol for complex cases
- Improve safe, affordable housing opportunities for older adults through affiliated entities. Leverage partnerships with local housing authorities, homeless boards, and/or other property developers. Continue to review current housing structure, affordable housing gaps, and opportunities for housing development. Seek tax credits, HUD 202 and other support to expand to new sites and/or add units to existing sites
- Complete construction of 54 units at Thurgood Marshall
- Assess funding availability for construction of additional 32 units at Thurgood Marshall
- Explore ways to make home ownership for older adults more affordable



## Housing Support and unhoused older adults

- Consolidate services for unhoused individuals
- Develop a protocol and resource list for referrals to other community organizations
- Pursue partnerships with behavioral health and mental health service organizations to better serve older adults

# Housing, cont.



## Improve the accessibility of housing and neighborhoods

- Develop a vetted contractor list and specify those who install and develop accessibility supports (lifts, grab bars, etc.)
- Identify service gaps and expand emergency home repair and essential home modification programs to counties with service gaps through partnerships or additional funding opportunities
- Identify organizations in the region that provide home safety check programs to reduce falls. Explore partnerships with these programs and/or feasibility of implementing a home safety check program to reduce falls where there are gaps
- Include Home Injury Control/Assessment Service in the 2027-2030 Family Caregiver Support Program/Plan4Home Application as a resource for individuals who are assessed to be at risk for falls
- Explore enhancing partnerships with organizations that advocate for renter's rights to improve health, wellness and quality of life



## Effectively coordinate services

- Assess the housing service coordination needs for Evergreen Heights, Thurgood Marshall, and any additional housing development projects

# Housing, cont.



## Expansion of GPS Program

- Expand the reach of the Veterans Self-Direction program to new counties through partnerships with Veterans Affairs Medical Centers
- Launch and/or support Managed Care Organization care transitions
- Partner with Memory Lane Care Services



## Establish health clinics

- In 2026, allocate funding for the loan facilitator at Westhaven Senior Housing to submit a request to HUD for approval for clinic space to be a health clinic
- Secure funding, possibly Rural Health Transformation, for and complete renovations at Westhaven Senior Housing for health clinic
- Enter into an agreement with Wood County Community Health Center to provide primary care and behavioral health for underserved individuals at Westhaven Senior Housing
- Assess and implement services it would be appropriate for the AOoA to provide at the health clinic. This may require obtaining a Medicare Provider Number
- Assess need, funding availability, and provider capacity to add dental services at the Westhaven Senior Apartments Health Clinic

# Programs and services



## **Improve and expand care coordination**

- Assess the feasibility of merging care coordination programs to increase efficiency, streamline communication and oversight, and provide access to more services
- Develop a timeline for merging the programs
- Evaluate the success of the merge
- Evaluate and identify partnerships and programs to assist individuals at high risk for inability to navigate the healthcare system and long term services and supports, i.e. individuals with dementia, individuals with no family caregivers
- Expand AOoA case management best practices to benefit additional northwest Ohioans
- Maintain and obtain reaccreditation for National Committee for Quality Assurance Long Term Services and Supports Case Management (NCQA LTSS CM)
- Encourage individuals to transition to Medicaid waiver services from Older Americans Act (OAA)/levy funded programs, when they become eligible

# Programs and Services, cont.



## Improve and expand care transitions

- Continue to seek and sustain contracts, partnerships and funding opportunities to increase funding and service availability for care transitions programs
- Explore opportunities with Centers for Medicare and Medicaid Services (CMS) GUIDE Model
- Explore cognitive screening tools for care coordination programs to utilize to identify individuals who might be eligible for GUIDE and provide a referral to the program

# 3

## Develop Sustainable Practices

The pillar ***Develop Sustainable Practices*** is centered on creating long-term stability and resilience for AOoA and its partners. This includes examining Lucas County senior centers to explore their role in the community. We will strengthen collaborative services among AOoA providers and diversify funding streams for the organization. Workforce development initiatives will incorporate technology to improve efficiency and service delivery. Together, these strategies ensure AOoA remains adaptable, resourceful, and prepared to meet the evolving needs of older adults.

# 3

## Develop Sustainable Practices

### Strategies

#### 1. **Examine Lucas County Senior Centers**

- a. Explore sustainability of senior centers
- b. Position senior centers for long-term sustainability
- c. Support senior center transitions

#### 2. **Support Collaborative Services for AOoA Providers**

- a. Collaborative outreach campaigns
- b. Joint fundraising campaign
- c. Shared behavioral health supports

#### 3. **Funding and Sustainability**

- a. Explore multiple funding streams: federal, state, local, philanthropy
- b. Develop mechanism for discretionary fund spending
- c. Evaluate performance of contracts and programs for sustainability
- d. Streamline assessment activities

#### 4. **Workforce Development**

- a. Effectively utilize new and existing technology
- b. Recruitment and retention of direct care workforce

# Support for Pillar

**AOoA's stakeholders** consistently felt organizational sustainability hinges on stabilizing the senior center network, deepening provider collaboration, diversifying funding, and modernizing workflows with technology. Stakeholders call for a comprehensive review of Lucas County senior centers, including operational viability, long term sustainability, and supported transitions, to ensure limited resources are directed where they deliver the greatest value to older adults and caregivers. Stakeholders emphasized joint efforts among AOoA providers through shared outreach, fundraising, and behavioral health supports as levers to reduce duplication and expand impact.

**AOoA leadership** highlighted fundraising and diversification of funds as current weaknesses and technology adoption as a key opportunity, reinforcing the need to formalize discretionary spending mechanisms and workforce development that incorporates technology for efficiency and quality.

Finally, **Board** discussions repeatedly rank issues like facilities & infrastructure investment and serving all 10 counties among top priorities, underscoring the rationale for a pillar that aligns people, processes, and finances around long-term.

# Examine Lucas County Senior Centers



## Explore sustainability of senior centers

- Identify local community needs and trends related senior center utilization
- Provide mini-grants to senior centers to implement innovative practices designed to enhance center utilization



## Position senior centers for long-term sustainability

- Conduct feasibility study to determine the most responsible, equitable, and sustainable way for AOoA to support older adults and the senior centers they attend



## Support senior center transitions

- Prevent gaps in nutrition, social connection and supports for older adults

# Support collaborative services for AOoA Providers



## Collaborative outreach campaigns

- Inventory existing outreach materials, messages, and target audiences across providers
- Identify priority populations and geographies (e.g., rural seniors, caregivers, communities of color, isolated older adults)
- Develop shared key messages and branding guidelines for joint campaigns
- Create a coordinated annual outreach calendar



## Joint fundraising campaign

- Identify funding opportunities suitable for collaboration
- Establish clear agreements on roles, fiscal management, and distribution of funds
- Develop a shared case statement highlighting collective impact across the provider network
- Create a joint fundraising calendar to coordinate grant submissions and campaigns

# Support collaborative services for AOoA Providers, cont.



## Shared behavioral health supports

- Map existing behavioral health resources and partnerships across the network
- Offer joint training for provider staff on trauma-informed care and mental health first aid
- Establish shared referral pathways and warm handoff procedures
- Explore shared staffing models

# Funding and Sustainability



## Explore multiple funding streams: federal, state, local, philanthropy

- Conduct a funding landscape scan
- Identify services/programs that could be supported by alternative funding sources
- Assess organizational capacity for new funding types
- Build relationships with local foundations, health systems, and community partners
- Explore braided or blended funding models for multi-service programs
- Identify services where private pay options may be implemented to maximize federal, state and local funds. Establish clear policies and procedures for these private pay programs



## Develop mechanism for discretionary fund spending

- Establish policies for discretionary fund use, approval, and oversight
- Allocate a modest annual discretionary fund to support innovation, emergencies, or strategic pilots
- Review discretionary fund use annually and adjust policies as needed

# Funding and Sustainability, cont.



## Evaluate performance of contracts and programs for sustainability

- Define core performance measures to assess program effectiveness, cost, and equity
- Conduct regular reviews of contracts and programs using standardized criteria
- Identify programs at risk and develop improvement, transition, or sustainability plans



## Streamline assessment activities

- Determine the feasibility of consolidating assessment activities across programs to increase efficiency, streamline communication and oversight, and maximize funding

# Workforce Development



## Effectively utilize new and existing technology

- Assess technology access, digital skills, and training needs among staff
- Provide training and technical assistance to support effective use of care management, scheduling, and communication technologies
- Pilot technologies that reduce administrative burden and support workforce flexibility
- Establish best practices to ensure technology adoption supports—not replaces—quality direct care



## Recruitment and retention of the Direct Care workforce

- Identify workforce shortages, turnover trends, and priority occupations within the direct care workforce
- Strengthen recruitment pipelines through partnerships with workforce boards, community colleges, and career pathway programs
- Support retention strategies that improve job quality, including training, supervision, and advancement opportunities

# 4

## Strengthen Connections

The pillar ***Strengthen Connections*** includes community building to reduce social isolation and enhance volunteerism, increasing supports for family, kinship, and paid caregivers, and informing policy makers about the challenges our seniors face and solutions to improve their lives. Developing and building upon established relationships, both internal and external, in all areas of our work will make us more effective and help facilitate the strategies of the other three pillars.

# 4

# Strengthen Connections

## Strategies

### 1. **Reduce Social Isolation**

- a. Increase in-person opportunities at senior centers
- b. Hold special events
- c. Increase digital literacy skills and access
- d. Promote isolation protective factors and identify emerging populations
- e. Examine local evidence-based programs
- f. Elder abuse prevention

### 2. **Support Family and Paid Caregivers**

- a. Help those already caring for loved ones identify as caregivers
- b. Offer training for caregivers
- c. Provide emotional support
- d. Employer referrals
- e. Respite care

### 3. **Support Kinship Caregivers**

- a. Financial support
- b. Emotional support
- c. Respite care

### 4. **Federal, State, and Local Advocacy**

### 5. **Connecting Older Adults to Purpose and Opportunity**

- a. Volunteer
- b. Retired and Senior Volunteer Program (RSVP)
- c. Support the older worker

# Support for Pillar

**Stakeholders** supports a pillar focused on reducing social isolation, expanding family/kinship caregiver supports, mobilizing volunteers, and advancing advocacy.

**Advisory Board** highlights document AOoA's momentum in volunteer coordination and healthy visitor programming, which directly combats isolation and builds social ties.

**Caregiver** feedback points to the importance of peer support, mental health resources, and culturally responsive communication, and Board stressed the importance of referral culture, trusted messengers, and consistent branding across all ten counties to unify community engagement.

**Leadership** planning identifies “social human connections” as a key opportunity area, while multiple documents urge storytelling and visibility to strengthen trust with partners and the public.

**In sum, the evidence shows that stronger connections—between caregivers, providers, volunteers, and communities—are foundational to achieving AOoA's mission and ensuring equitable access to supports across the region.**

# Reduce social isolation



## **Increase in-person opportunities at senior centers**

- Community Based programming centered around physical, cultural, and intellectual aspects
- Launch senior center awareness campaign through social media and outreach activities
- Partner with senior centers to highlight or promote services, programs, and events
- Include mini grants in the competitive contracting process to support implementation of extended hours and/or new programs and services appealing to older adults not currently attending the senior center
- Evaluate satisfaction, participation rates, and/or impact
- Foster collaboration between senior centers through the senior center learning communities
- In partnership with the senior centers, develop a referral system between Lucas County Senior Centers



## **Hold special events**

- Evaluate the satisfaction, cost, scope (# individuals participating across our region) and impact of AOoA special events
- Assess ways to make attendance at special events accessible and equitable

# Reduce social isolation, cont.



## **Increase digital literacy skills and access**

- Partner with providers and community organizations to offer digital literacy training for older adults, focusing on basic device use, telehealth access, and staying socially connected online
- Expand access to devices and connectivity by promoting internet access programs



## **Promote isolation protective factors and identify emerging populations**

- Identify, promote, and provide resources for social isolation factors
- Identify emerging populations within our service area with the greatest social and economic need
- Build relationships with leaders and trusted individuals in the emerging populations
- Tailor outreach, programs and services to individuals from emerging populations to improve access and reduce social isolation. Then, evaluate these activities

# Reduce social isolation, cont.



## Examine local evidence-based programs

- Inventory existing evidence-based programs in the service area
- Identify gaps and opportunities for expansion or adaptation of evidence-based programs to better reach underserved or socially isolated older adults
- Develop and distribute a directory of evidence-based wellness programs available in our service area



## Elder abuse prevention

- Increase public awareness of elder abuse through community campaigns, workshops, and materials that help older adults and families recognize warning signs and know where to seek help
- Provide accessible prevention education for older adults and caregivers on topics such as financial safety, scam prevention, and healthy caregiving relationships
- Promote clear, visible pathways for help and reporting by widely sharing trusted local resources, hotlines, and support services
- Engage community partners and trusted messengers (libraries, banks, faith organizations, senior centers) to help spread prevention messages, identify and report suspected instances of abuse or neglect

# Support family and paid caregivers



## Help those already caring for loved ones identify as caregivers

- Integrate caregiver identification questions into intake, outreach, and program enrollment processes to help individuals recognize their caregiving role
- Launch awareness messaging that normalizes caregiving and clearly communicates available caregiver supports and services



## Offer training for caregivers

- Provide accessible caregiver training opportunities on topics such as caregiving skills, navigation of services, medical needs and activities of daily living
- Partner with community organizations and providers to deliver culturally responsive and evidence-informed caregiver education



## Provide emotional support

- Expand access to caregiver support groups and peer connections to reduce stress and social isolation
- Promote referrals to counseling and mental health resources for caregivers experiencing burnout or emotional distress
- Implement and promote evidence-based caregiver support programs

# Support family and paid caregivers, cont.



## Employer referrals

- Develop referral pathways to employer-based supports such as Employee Assistance Programs, flexible work resources, and caregiver-friendly workplace tools
- Engage local employers and chambers of commerce to raise awareness of caregiving challenges and available referral resources
- Hold regular Power Hours to provide education on providing employer supports for caregivers
- Offer to conduct employee caregiver support survey at local businesses for a fee



## Respite care

- Continue to recruit volunteers and match with caregivers for the volunteer Caregiver Respite Program
- Expand volunteer Caregiver Respite Program across our region beyond Lucas and Northern Wood Counties
- Develop plan and assess available funding for a caregiver resource center
- If funding is available-provide programming for drop-in adult day service at caregiver resource center

# Support kinship caregivers



## Financial support

- Promote and support Kinship Permanency Incentive Program
- Ensure sustainability of the Kinship Navigator Program
- Expand Kinship Navigator Program into other counties in our region, if appropriate funding is available to sustain



## Emotional support

- Family counseling
- Support groups
- Behavioral Health referrals for youth
- Evidence-Based Programs
- Continue partnerships with community organizations and continue to offer Guiding Good Choices for Kinship Caregivers of youth 9-14 years



## Respite care

- Develop plan and assess available funding for a caregiver resource center
- If funding is available-provide programming with respite care for Kinship families at caregiver resource center
- Conduct Kinship Summer Series Program for Kinship Families to include respite care
- Explore partnerships with other agencies that provide respite care

# Advocacy



## LOCAL

- Build and maintain relationships with local elected officials, county agencies, and community leaders
- Share local data and stories to elevate aging-related needs and priorities
- Track local policy decisions and funding proposals affecting older adults and AAA services



## STATE

- Coordinate with state aging networks and associations to align advocacy priorities
- Provide data, issue briefs, and testimony to inform state policymakers and agencies
- Monitor state legislation, budget proposals, and regulatory changes impacting older adults
- Engage board members and providers in state-level advocacy education and activities

# Advocacy, cont.



## Federal

- Stay informed on federal policy and funding developments affecting older adults and caregivers
- Share regional data and impact stories with federal policymakers and congressional staff
- Collaborate with national aging organizations on federal advocacy priorities
- Participate in federal advocacy campaigns related to Older Americans Act and related programs

# Connecting Older Adults to Purpose and Opportunity



## Volunteer

- Identify and promote a range of volunteer opportunities that align with older adults' skills, interests, and availability, including short-term and flexible options
- Strengthen partnerships with community organizations to expand volunteer placements and ensure meaningful, age-friendly roles
- Provide orientation and ongoing support to older adult volunteers to encourage retention and positive volunteer experiences
- Expand recruitment and enrollment efforts to increase participation in Retired and Senior Volunteer Program (RSVP) among diverse older adult populations
- Align RSVP placements with community priorities such as food security, education, health, and social connection
- Track and communicate RSVP impact by regularly collecting and sharing volunteer hours, outcomes, and success stories

# Connecting Older Adults to Purpose and Opportunity, cont.



## Support the older worker

- Explore opportunities to reduce age discrimination in the workplace and promote value of older workers
- Implement and evaluate leadership programs for older adults similar to Leadership Toledo
- Recognize 20 over 60 every year

# Stakeholder Engagement

A comprehensive and collaborative engagement process informed the development of this Strategic Plan. AOoA intentionally brought together voices from across the region those who receive services, those who deliver them, and those who guide organizational strategy to ensure that the plan reflects real needs, operational realities, and community aspirations. Engagement activities included focus groups, listening sessions, facilitated discussions, surveys, and ongoing conversations with internal and external partners.

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Community &amp; Regional Stakeholders</b> | <p><b><i>Older Adults</i></b><br/>Participated through focus groups, listening sessions, and surveys to describe barriers, strengths, and gaps within the local aging network.</p> <p><b><i>Caregivers &amp; Kinship Caregivers</i></b><br/>Provided lived experience insights regarding navigation challenges, housing and transportation needs, caregiver burden, and areas where AOoA services could be strengthened.</p> <p><b><i>Age-Friendly Advisory Board</i></b><br/>Contributed expertise in community conditions, accessibility, and alignment with Age-Friendly domains.</p> |
| <b>Service Network Stakeholders</b>          | <p><b><i>Senior Center &amp; Adult Day Center Directors</i></b><br/>Shared frontline perspectives on participant needs, service delivery realities, and opportunities for collaboration.</p> <p><b><i>Partner Organizations</i></b><br/>Highlighted system-level challenges and opportunities for improved coordination</p>                                                                                                                                                                                                                                                              |
| <b>Internal Stakeholders</b>                 | <p><b><i>AOoA Board of Directors</i></b><br/>Provided governance direction, identified priority issue areas, and validated strategic themes.</p> <p><b><i>AOoA Advisory Board</i></b><br/>Offered community-wide perspectives and surfaced emerging needs faced by older adults and caregivers.</p> <p><b><i>AOoA Leadership Team</i></b><br/>Contributed to SWOT analyses, operational insights, and assessments of organizational capacity and challenges.</p>                                                                                                                         |

**PAGES  
AFTER  
THIS ARE  
OLD**



# Reveal the Best Kept Secret

## STRATEGIES

- 1. Focused Outreach
  - a. Refresh organizational brand
  - b. Encourage utilization of brand among partners
  - c. Support joint senior center outreach campaign
- 2. Community Awareness
  - a. Educate community on AOoA services
  - b. Expand community understanding of who AOoA serves
  - c. Communicate how AOoA is funded
  - d. Publicize AOoA service region
- 3. Access to Services
  - a. Increase accessibility of information about services
  - b. Develop and communicate clear pathways to services
  - c. Provide post-service follow-up
  - d. Transition to a new phone system

## SUPPORT FOR PILLAR

AOoA's internal assessments and board discussions consistently highlighted limited public awareness of AOoA's services and impact as a critical challenge. In the SWOT analysis with staff leadership, communication gaps and underdeveloped outreach were identified as weaknesses, while opportunities included leveraging technology and social media to improve outreach. Board input emphasized that many older adults and caregivers do not know how to access AOoA services, resulting in missed opportunities for support and care. Additionally, outreach and branding were ranked among the top priorities for the Advisory Board, not only to increase service utilization but also to strengthen fundraising efforts and unify AOoA's identity across all ten counties. Focus groups with caregivers reinforced the need for a cohesive outreach campaign and brand consistency, stressing that storytelling and visibility are essential to build trust and engagement with communities and partners.

# Promote Long Healthy Lives

## STRATEGIES

### 1. Nutrition

- a. Shared nutrition programming amongst senior centers
- b. Develop partnerships with local grocery stores
- c. Reduce transportation barriers to nutrition programs and supports

### 2. Transportation

- a. Improve transportation navigation
- b. Create transportation broker system

### 3. Housing

- a. Housing development
- b. Housing support and unhoused older adults
- c. Improve the accessibility of housing and neighborhoods
- d. Effectively coordinate services
- e. Expansion of GPS Program
- f. Establish health clinics

### 4. Programs and Services

- a. Improve and expand care coordination and care transitions

## SUPPORT FOR PILLAR

Community input and data profiles make clear that AOoA will benefit from continuing to strive for excellence in nutrition, housing, transportation, and care coordination services which will enable older adults to live longer, healthier lives. Caregiver focus groups surfaced confusing access pathways, persistent barriers in safe/affordable housing and transportation, and the need for clear navigation and human connection to get to the right supports—evidence that coordinated, upstream investments will produce outsized health benefits. Regional demographic analysis shows a growing share of adults 85+ and rising demand for home-based supports (e.g., home-delivered meals, home modifications), which directly ties to falls prevention and chronic disease management efforts highlighted by AOoA's Advisory Board (e.g., Matter of Balance training). The Board also ranked Health & Wellness and Chronic Disease Prevention among priority areas. Housing & Infrastructure and Health & Wellness were seen as central initiatives by all stakeholder groups. **Promoting Long Healthy Lives** integrates core determinants of health with care coordination across the AOoA service continuum.

# Strengthen Connections

## STRATEGIES

- 1. Reduce Social Isolation
  - a. Increase in-person opportunities at senior centers
  - b. Hold special events
  - c. Increase digital literacy skills and access
  - d. Promote isolation protective factors and identify emerging populations
  - e. Examine local evidence-based programs
  - f. Elder abuse prevention
- 2. Support Family and Paid Caregivers
  - a. Help those already caring for loved ones identify as caregivers
  - b. Offer training for caregivers
  - c. Provide emotional support
  - d. Employer referrals
  - e. Respite care
- 3. Support Kinship Caregivers
  - a. Financial support
  - b. Emotional support
  - c. Respite care
- 4. Federal, State, and Local Advocacy
- 5. Connecting Older Adults to Purpose and Opportunity
  - a. Volunteer
  - b. Retired and Senior Volunteer Program (RSVP)
  - c. Support the older worker

## SUPPORT FOR PILLAR

Stakeholders supports a pillar focused on reducing social isolation, expanding family/kinship caregiver supports, mobilizing volunteers, and advancing advocacy. Advisory Board highlights document AOoA's momentum in volunteer coordination and healthy visitor programming, which directly combats isolation and builds social ties. Caregiver feedback points to the importance of peer support, mental health resources, and culturally responsive communication, and Board stressed the importance of referral culture, trusted messengers, and consistent branding across all ten counties to unify community engagement. Leadership planning identifies "social human connections" as a key opportunity area, while multiple documents urge storytelling and visibility to strengthen trust with partners and the public. In sum, the evidence shows that stronger connections—between caregivers, providers, volunteers, and communities—are foundational to AOoA's mission and ensuring equitable

# Develop Sustainable Practices

## STRATEGIES

- 
1. Examine Lucas County Senior Centers
    - a. Explore sustainability of senior centers
    - b. Position senior centers for long-term sustainability
    - c. Support senior center transitions
  2. Support Collaborative Services for AOoA Providers
    - a. Collaborative outreach campaigns
    - b. Joint fundraising campaign
    - c. Shared behavioral health supports
  3. Funding and Sustainability
    - a. Explore multiple funding streams: federal, state, local, philanthropy
    - b. Develop mechanism for discretionary fund spending
    - c. Evaluate performance of contracts and programs for sustainability
    - d. Streamline assessment activities
  4. Workforce Development
    - a. Effectively utilize new and existing technology
    - b. Recruitment and retention of direct care workforce

## SUPPORT FOR PILLAR

AOoA's stakeholders consistently felt organizational sustainability hinges on stabilizing the senior center network, deepening provider collaboration, diversifying funding, and modernizing workflows with technology. Stakeholders call for a comprehensive review of Lucas County senior centers, including operational viability, long term sustainability, and supported transitions, to ensure limited resources are directed where they deliver the greatest value to older adults and caregivers. Stakeholders emphasized joint efforts among AOoA providers through shared outreach, fundraising, and behavioral health supports as levers to reduce duplication and expand impact. AOoA leadership highlighted fundraising and diversification of funds as current weaknesses and technology adoption as a key opportunity, reinforcing the need to formalize discretionary spending mechanisms and workforce development that incorporates technology for efficiency and quality. Finally, Board discussions repeatedly rank issues like facilities & infrastructure investment and serving all 10 counties among top priorities, underscoring the rationale for a pillar that aligns people, processes, and finances around long-term.