Letter from the President & Chair

By James P. Firman, NCOA President & CEO & Ronald W. Schoeffler, NCOA Board Chair

“A great organization is one that delivers superior performance and makes a distinctive impact over a long period of time.”

—Jim Collins

In his 2005 monograph “Good to Great and the Social Sectors,” management consultant Jim Collins outlines how social sector organizations such as the National Council on Aging (NCOA) can go from good to great. He urges organizations to identify what they are deeply passionate about, what they can do best in the world and what best drives their resource engines. “Piercing clarity” about the answers to these three questions is essential to “developing a sustainable resource engine and to delivering superior performance relative to our mission.”

The 2005 White House Conference on Aging underscored the multiple opportunities and challenges of our rapidly aging society. It reinforced the need for a robust social or nonprofit sector to provide leadership, creativity and commitment. There is a special need for organizations serving the most vulnerable and needy of our citizens. There also is a great opportunity to increase the continuing contributions of older Americans.

To better meet the needs of an aging society, NCOA has made a commitment to go from good to great. For example, NCOA made the transition to a smaller Board of Directors and a new Leadership Council to allow simultaneously for better governance and broader strategic thinking. We are much clearer about our mission, core values and core competencies. We also are making good progress toward growing the three resource engines (funding, networks and brand) that fuel our mission.

NCOA is passionate about helping older people to be healthy and independent and providing more opportunities for them to continue to contribute to society. We are committed to our core values of social and economic justice, respect and caring for every individual, a passion for innovations and integrity and excellence in all that we do. We are committed to becoming world class in our chosen core competencies. We are proud of our ground-breaking work in diffusion of innovations and expert systems. We are excited about our strategic alliances and the results they are producing. We continue to strengthen our national voice and advocacy. We have laid the groundwork for building strong networks of organizations and leaders that can help us achieve our vision and mission in the future.

NCOA’s resource base also is growing. Increased support from private foundations, government, corporations and individuals is fueling our initiatives. Our network of collaborating organizations and leaders is growing by leaps and bounds. The NCOA “brand” is stronger than ever. We thank the many organizations and individuals who have supported us and continue to work with us to achieve shared goals.

We are very proud of what NCOA has accomplished over the past two years and the many ways that we are improving the lives of older people. By building upon our recent accomplishments, by focusing on our five core competencies and by involving more organizations and leaders who share our goals, we commit to doing even more in the years ahead.
Improving Health

Increasingly, older Americans and those who work with them understand the value of promoting healthy aging as a way of prolonging and improving their quality of life. NCOA continues its leadership and innovation in this important arena.

Center for Healthy Aging

The Center for Healthy Aging develops, tests, and disseminates evidence-based model programs, tools, reports, and resources that the aging services network can use to promote healthy aging among seniors. The Center is the National Resource Center for 14 community projects funded by the U.S. Administration on Aging and various foundations.

These local project teams are translating evidence-based interventions into practical programs that community-based organizations can offer to older adults. Current initiatives include programs that:

- Support modest behavior changes to enhance chronic disease self-management
- Encourage increased levels of safe, effective physical activity
- Reach frail, in-home older adults at risk for depression, inactivity, or medication errors
- Support improvements in eating habits
- Prevent falls and fall-related injuries

The Center recently produced four self-contained toolkits that have helped to improve seniors’ diabetes self-management (Healthy Changes), depression (Healthy IDEAS), nutrition (Healthy Eating), and physical activity (Healthy Moves). In collaboration with local community teams, the Center created and tested these programs with a variety of community-based organizations serving diverse populations of older adults.

The Center has been conducting a multi-site randomized controlled trial study of three of its best practice in physical activity programs. The Center also is working with the Healthy Aging Research Network (part of the Centers for Disease Control and Prevention) to develop a Web-based database that will let community-based organizations and older adults find local physical activity programs.

To facilitate this work, the Center created a Web site housing its many resources and programs: www.healthyagingprograms.org. The site includes often-downloaded reports and publications and links to valuable healthy aging resources.

Months of planning came to fruition in December 2004 when the Center hosted a two-day Falls Free™ Summit to develop a National Action Plan to prevent falls and fall-related injuries. Fifty-eight diverse national organizations and agencies met to discuss strategies for reducing falls in older adults. They released their findings in the Falls Free™: National Action Plan at NCOA’s Annual Conference with the American Society on Aging in March 2005. Since then, the Center has distributed more than 6,400 print copies, and more than 20,000 people have downloaded copies from the Web site. The attending organizations have formed the Falls Free™ Coalition to promote the Action Plan and advance its 36 strategies.
Diffusion of Evidence-Based Interventions

In collaboration with the late Everett Rogers, Ph.D., who pioneered the “diffusion of innovations” method, NCOA has developed state-of-the-art processes and Web-based tools that help nonprofit organizations more easily spread proven programs.

The Diffusion of Innovations (DOI) strategies and expert systems that NCOA developed “operationalizes” Rogers’ model, allowing organizations that may want to adopt a program to understand whether an innovative program will be a good fit. The DOI tool will be able to predict which organizations are most likely to implement such programs successfully.

In the first-ever application of this process, NCOA assessed the capacity and readiness of senior centers to implement the evidence-based Senior Wellness Project, a service of Senior Services of Seattle/King County, in 2004. An innovative long-term care program will use the tool in 2006 as it seeks to expand its reach nationwide.

Medication, Alcohol, and Mental Health

In 2004, NCOA in partnership with two government agencies produced the toolkit Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Health Resources. It has been distributed to 10,000 local, state, and national organizations.

Corporate Health Education

Often in partnership with some of America’s major corporations, NCOA promoted healthy aging through several consumer education campaigns in 2004-2005 related to the following conditions:

- Alzheimer’s Disease
- Epilepsy
- Hearing Health
- Normal Pressure Hydrocephalus
- Overactive Bladder
- Post Heurapetic Neuralgia

These efforts generated widespread media coverage and enhanced NCOA’s leadership in promoting health education.
Fostering Independence

To help older Americans remain independent as long as possible, NCOA continues to lead a national effort to maximize seniors’ enrollment in public and private benefits programs and to encourage the development of innovative financing strategies for long-term care. To meet its goals in this arena, NCOA has done landmark research, developed innovative, Web-based decision support tools, and formed unprecedented private and public partnerships.

Access to Benefits Coalition (ABC)

NCOA formed the Access to Benefits Coalition (ABC) in June 2004 to help the nearly 7 million Medicare beneficiaries with limited income and resources find the public and private prescription savings programs they need to maintain their health and improve the quality of their lives.

The coalition includes 104 national nonprofit organizational members. With generous support from several corporations, NCOA funded outreach and enrollment through 53 local and statewide ABC coalitions in 37 states. These local coalitions enrolled more than 50,000 people in drug savings programs, including in the Medicare-approved drug discount cards used before the new Medicare prescription drug coverage began.

In partnership with the Centers for Medicare & Medicaid Services, ABC influenced important policies such as the adoption of a universal enrollment form.

A June 2005 report, *Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes*, benchmarked the most effective enrollment efforts of ABC local coalitions. It was widely used in outreach and enrollment planning for Medicare Part D.

BenefitsCheckUp

Launched in June 2001, BenefitsCheckUp is a Web-based decision-support service that helps seniors, caregivers, and community organizations find valuable federal, state, and private benefits programs, including programs that provide energy assistance, nutrition, and prescription savings. Since its launch, BenefitsCheckUp has created more than 1.5 million eligibility reports for its users. Press attention, several partnerships with other national organizations such as AARP, and grassroots mobilization efforts continue to spread news of the tool. In the fourth quarter of 2005 alone, some 200,000 people used the service.

BenefitsCheckUpRx has been modified several times since its inception in early 2004. Now, Medicare beneficiaries and helping organizations use it widely to assess seniors’ current situation and make decisions about enrolling in the new Medicare prescription drug coverage. In 2004-05, some 7,000 people used the Medicare Card Finder enhancement to BenefitsCheckUpRx to enroll in a Medicare-approved drug discount card program.

In June 2005, NCOA signed a contract with the federal Centers for Medicare & Medicaid Services and the Administration on Aging to make BenefitsCheckUp the sole benefits screening tool on their Web sites.
**Consumer Direction**

Consumer direction is an emerging senior service concept that gives individuals and families maximum choice and control over their care. In 2005, NCOA and the National Association of State Units on Aging (NASUA) completed a national three-year initiative to increase opportunities for consumer direction in home and community-based services for older adults.

The project’s final results included a report on states’ experiences with consumer-directed programs, a national meeting of consumer direction leaders, and plans for a train-the-trainer program that will teach older consumers about consumer direction.

**National Institute of Senior Centers (NISC)**

Community-based senior centers nationwide support several million older Americans’ efforts to live independently, and NISC supports the professionals who represent the senior center field. More than 120 senior centers across the United States have completed the NCOA/NISC National Senior Center Accreditation Program, which holds senior centers to an exceptionally high standard of quality and increases their contributions to the seniors they serve.

**Use Your Home to Stay at Home**

Through its research, NCOA found that more than 13 million older Americans could use reverse mortgages to pay for long-term care expenses at home, remaining independent and in their homes longer. NCOA’s *Use Your Home to Stay at Home: Expanding the Use of Reverse Mortgages to Pay for Long Term Care* report, released in January 2005, showed that increasing the market for reverse mortgages could save Medicaid $3.3 billion (with a four percent take up rate) annually by 2010, potentially helping even more low-income Americans. Thanks to Congressional testimony and numerous media articles mentioning the report results and the Use Your Home to Stay at Home initiative, interest in using reverse mortgages for long-term care financing is growing.

**Long-Term Care Counselor**

NCOA developed the Web-based Long-Term Care Counselor to help people with Medicare, their caregivers, and others plan for long-term care. NCOA licensed the decision support part of the service to the Centers for Medicare & Medicaid Services, which later added it to the Medicare.gov Web site.

*Ana Yu participates in NCOA’s Senior Environmental Employment Program, allowing her to remain independent and to continue contributing to the workforce.*

*At the 2005 Annual Joint Conference in Philadelphia, outgoing Chair Sandra King speaks with past NCOA Chair Frankie M. Freeman, Esq. Networking is an important benefit to conference attendees.*
Increasing Continuing Contributions

Through several cutting-edge programs, NCOA encourages older Americans to contribute to their communities in a meaningful way, either through volunteering or paid work.

National Center for Family Friends at NCOA (NCFF)

For the past 20 years, NCOA has developed and supported a network of projects that match older volunteers with families who have children with disabilities and chronic illnesses and who are at risk. Family Friends volunteers support the families by caring, listening, providing practical assistance, modeling positive behaviors, and linking the families to resources. Volunteers now are actively working in 26 locations nationwide. NCFF awarded funding to nine new projects in FY2004, two of which are pilot projects for at-risk youth, and renewed that funding in FY2005.

RespectAbility

The core goal of RespectAbility is to increase the numbers of older Americans involved in civic engagement, thereby enriching both personal and community health. A huge challenge is to enable community-based nonprofit organizations to take advantage of the growing numbers of older volunteers, many of whom are highly skilled.

RespectAbility has completed research into the obstacles local nonprofits face in using older volunteers. Based on that research, it also has implemented Promising Practices in Civic Engagement Among Adults 50 Plus. This initiative will highlight organizations that have successfully engaged older adults in community service.

NCOA also was a cosponsor of The Open Road: America Looks at Aging, a documentary film that most Public Broadcasting Service stations nationwide aired during the summer of 2005.

Wisdom Works

Although 80 percent of baby boomers say they expect to perform volunteer work in their later years, research suggests there will not be enough volunteer opportunities to go around. To create new models for civic engagement among older adults, NCOA launched the Wisdom Works: Building Better Communities initiative in the spring of 2004, awarding demonstration grants of $12,500 each to eight community organizations from across the country. The grants were to develop self-directed teams of older people who will use their skills, abilities, and life experiences to identify and address community problems.

Workforce Development

Through its oversight of two federal programs—the Senior Community Service Employment Program (SCSEP) for nearly 50 years and the Senior Environmental Employment (SEE) program for nearly 20—NCOA has helped provide job training and place numerous seniors in jobs. In Fiscal Year 2005, NCOA’s SCSEP sites served more than 4,700 seniors, 155 percent more people than required. NCOA’s placement rate was the second highest among all 13 national sponsors. NCOA’s SEE program has 130 slots, and NCOA filled all of them in FY2005.
A National Voice for Seniors

Health Policy Initiatives

NCOA testified several times before key House and Senate Committees on important Medicare and Medicaid issues. NCOA worked on a bipartisan basis to strengthen the Medicare Modernization Act to improve prescription drug coverage for low-income and chronically ill Medicare beneficiaries. The bill’s low-income protections are more generous than those available under other parts of Medicare. It also led efforts to include Medicare Savings Program participants in the special transitional program (the $600 credit) for people with limited means.

NCOA also worked hard to ensure that the application for the extra help through the new Medicare coverage was easier to fill out and advocated successfully for government-funded outreach efforts that included community service organizations. NCOA encouraged pharmaceutical manufacturers to continue their low-income Patient Assistance Programs, even after the new law went into effect.

NCOA’s advocacy also directly led to a two-year extension of the QI-1 program, which was in serious jeopardy of expiring. The program provides premium assistance to those with incomes between 120-135% of poverty.

Community-Based Services

NCOA has continued to play a lead role on Older Americans Act (OAA) appropriations and reauthorization issues, including initiatives on health promotion and disease prevention. Thanks to NCOA’s efforts, in fiscal year 2005, a very tight budget year, House and Senate appropriations conferees agreed to modest increases in OAA nutrition and caregiver programs.

NCOA also has worked closely with members of Congress to expand access to home and community service under Medicaid, particularly by supporting the “Money Follows the Person Act,” and by permitting states to provide home and community services without submitting a Medicaid waiver. In addition, NCOA was instrumental in starting a new Medicare adult day services demonstration program.

Howard Bedlin, NCOA vice president for Public Policy & Advocacy, testifying before Congress.

Serving Our Networks

NCOA’s 3,800 members continue to benefit from NCOA publications, best practices, programs, and constituent groups that enhance their professional development.

Joint Conference

For the past two years, NCOA has collaborated with the American Society on Aging to host the field’s largest meeting. In April 2004, approximately 4,000 people attended. In March 2005, NCOA invited the more than 3,200 attendees to a special reception to celebrate NCOA’s 55th anniversary.

New Benefits

In 2004-05, NCOA launched two new member benefits, the online Healthy Aging Briefing Series and the Senior Focus electronic newsletter. The monthly Web/teleconference briefings feature national experts. The quarterly newsletter contains items that local organizations can use in their own communications to seniors.
Staying Financially Strong

NCOA achieved its first positive net asset balance in over a decade with revenues for both 2004 and 2005 topping $40 million. Federal grants accounted for 80 percent of NCOA’s income in 2004. However, in 2005, NCOA diversified its revenue stream and increased its revenue from non-governmental sources by nine percent.

In both years, NCOA continue to maximize resources used to support the organization’s core mission. In 2004 and 2005, NCOA expended 96 percent of its resources on direct programs.

In 2005, there was a decrease in federal support for the Workforce Development Division (government revenue) which corresponded with an eight percent decrease in expenditures related to continuing contributions. However, there was an eight percent increase in programs related to independence such as those involved with educating Medicare beneficiaries about prescription drug coverage and related savings programs.

Note: Audited financial statements for FY 2004 and 2005 are available upon request.
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Who We Are

Founded in 1950, the National Council on Aging (NCOA) is a mission-driven, results-focused, charitable organization dedicated to improving the health and independence of older persons and increasing their continuing contributions to communities, society, and future generations.

At the heart of NCOA is a national network of more than 14,000 organizations and leaders that work with us to achieve our mission. NCOA’s members include senior centers, area agencies on aging, adult day service centers, and faith-based service organizations, senior housing facilities, employment services, consumer groups and leaders from academia, business and labor.

NCOA Helps

Our programs help older people to remain healthy, find jobs, discover new ways to continue contributing to society after retirement, and take advantage of government and private benefits programs that can improve the quality of their lives. NCOA is also a national voice for both older Americans and community organizations, leading advocacy efforts on important national issues affecting seniors.

OUR CORE VALUES

Four core values bring all of us together and guide NCOA in our work:

- Social and economic justice
- Respect and caring for everyone
- A passion for innovation
- Integrity and excellence in all that we do

OUR CORE COMPETENCIES

To accomplish our goals, NCOA is becoming “world class” in five areas of work:

- Fostering and diffusing innovations
- Being a powerful national voice and an advocate
- Creating and leading strategic alliances and partnerships
- Developing, managing, and activating a nationwide network of collaborating organizations and leaders
- Building and deploying interactive expert systems

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NCOA has changed its name, deleting both “thes” from our official name.