NCOA MISSION

The National Council on Aging (NCOA) is a nonprofit service and advocacy organization headquartered in Washington, DC.

Our mission is to improve the lives of millions of older adults, especially those who are vulnerable and disadvantaged, and to act as a national voice for older adults and the community organizations that serve them.

We bring together nonprofit organizations, businesses, and government to develop creative solutions that improve the lives of all older adults.

We work with thousands of organizations across the country to help seniors find jobs and benefits, improve their health, live independently, and remain active in their communities.

For more information, please visit: ncoa.org.

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HEALTH

NCOA seeks improved health and reduced disability for all older adults.

Our goal is that older adults, especially those who are vulnerable and disadvantaged, will improve awareness of and capacity for prevention, self-care, and self-determination.

Chronic Disease

Our Center for Healthy Aging (CHA) is supporting a national effort to promote low-cost, convenient, evidence-based programs that empower older adults to manage their chronic conditions and live healthier lives. In FY11:

- Over 45,000 older adults participated in the Chronic Disease Self-Management Program (CDSMP) in 46 states, the District of Columbia, and Puerto Rico. With support from Administration on Aging (AoA) Recovery Act funds, states partnered with nearly 570 community-based organizations to host more than 3,600 CDSMP workshops at over 2,700 unique locations.

- Recovery Act CDSMP grantees reached diverse, vulnerable older adults with proven self-management programs. Nearly 75% of CDSMP participants are over age 60, and approximately half live alone. Additionally, one in three participants identifies as a member of a racial or ethnic minority group, and almost 60% have multiple chronic conditions.

- Recovery Act funding is supporting a national study on the implementation effectiveness of Stanford University’s self-management programs such as CDSMP in 22 communities with longitudinal data on over 1,000 participants. Study results are expected in summer 2012.

- Overall, our partners have facilitated the enrollment of more than 136,000 participants in evidence-based programs since 2006. During FY11, more than 56,000 older adults were involved in community-based and online programs—an increase of 91% over the previous fiscal year. The vast majority of program growth is attributable to CDSMP.

- NCOA continued to disseminate Better Choices, Better Health®, the online version of CDSMP, through its partnerships with nonprofit organizations, foundations, and health plans. We also launched a national pilot inviting all state and local aging services providers to promote free online workshops in conjunction with their community-based programs under a one-year pilot opportunity.

- NCOA played a lead role in securing $10 million in funds from the Prevention and Public Health Fund for FY12 to sustain infrastructure for CDSMP delivery.

- NCOA successfully advocated for Older Americans Act Title IIDD-Preventive Services FY12 appropriations language for funds to be allocated for evidence-based interventions.

For more information, please visit ncoa.org/CHA and RestartLiving.org.

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At NCOA, our goal is that older adults, especially those who are vulnerable and disadvantaged, will improve awareness of and capacity for prevention, self-care, and self-determination.
Falls Prevention

NCOA leads the Falls Free® Initiative—a national movement to prevent falls and fall-related injuries among older adults. In FY11:

- Nearly 27,000 older adults to date have participated in evidence-based falls prevention programs in 36 states, including programs like A Matter of Balance, Stepping On, and Tai Chi: Moving for Better Balance.
- For the second year, NCOA and our partners in the Falls Free® Coalition maintained the 2009 federal budget increase of $1 million to support the Centers for Disease Control’s (CDC’s) expansion of evidence-based community falls prevention programs.
- NCOA continued to support the development of state falls prevention coalitions through technical assistance and an active learning network of 34 states.
- We collaborated with the CDC on a multi-site program to develop tools and resources in support of widespread replication for two proven falls prevention programs.
- We obtained the third annual Senate Proclamation for Falls Prevention Awareness Day. A total of 36 states participated in 2010, an increase of 15 states from the previous year.

For more information, please visit ncoa.org/FallsPrevention.

Depression and Behavioral Health

Depression, anxiety, addiction, and other mental health issues are not a normal part of aging. Left untreated, they can lead to fatigue, illness, and even suicide. We promote programs that help seniors cope. In FY11:

- Over 18,000 older adult clients of 67 organizations in 23 states participated in evidence-based community depression care management programs, a doubling from the previous year. NCOA played an important role in embedding depression screening and referral on a more widespread basis, including throughout the state of Washington.
- NCOA fostered collaboration among state and local mental health services and the aging services network resulting in increased allocation of state mental health funding to older adults in several states. NCOA assessed state partnerships that resulted in expanded evidence-based services for depression management and self-care among people with or at risk for mental or substance use disorders and is working with federal agencies to increase similar state partnerships.
- NCOA collaborated with federal agencies and the University of Michigan to develop an evidence-based intervention for psychoactive medication and alcohol misuse prevention.

For more information, please visit ncoa.org/BehavioralHealth.

Self-Management Alliance

NCOA developed and is leading the Self-Management Alliance (SMA) to promote strategic collaboration among government, business, and nonprofit organizations to achieve the goal of making self-management an integral part of health care in the United States. The Alliance includes 10 key federal agencies, five national foundations, and five large corporate partners. The SMA has developed a Strategic Action Plan with seven goals and cross-sector work groups to pursue them.

For more information, please visit ncoa.org/SMA.

Community Health Education

We forge national partnerships to bring critical health information to older adults though education and local events. In FY11:

- NCOA’s Community Connections to Aging Well program linked Medicare patients with diabetes and pre-diabetes to help right in their communities by connecting them to effective programs to help them manage their disease and improve their health.
- Diabetes Screening: Medicare Benefits for Better Health events educated aging and health care professionals on the importance of diabetes screening for older adults.
- A Look Within: What to Know, What to Do, What to Ask events educated seniors on the benefits and risks of medical imaging for individuals with pacemakers.

For more information, please visit ncoa.org/CommunityEducation.
ECONOMIC SECURITY

NCOA works to ensure that all older adults gain access to a range of economic supports available to help them achieve economic security.

We focus on providing person-centered, holistic support to help disadvantaged older adults improve their economic status through benefits enrollment, employment and community service, appropriate use of home equity, lower out-of-pocket health expenditures, and reduced incidence of consumer debt, bankruptcies, and foreclosures.

Benefits Access

NCOA helps find and enroll older adults into benefits that help them pay for critical needs such as food, housing, and health care. In FY11:

- We funded an additional 10 Benefits Enrollment Centers (BECs), which joined our first cohort of 10 BECs that are developing coordinated, community-wide systems to help seniors and younger adults with disabilities access the benefits for which they are eligible. In FY11, the BECs submitted more than 84,000 applications for benefits worth $152 million.

- BenefitsCheckUp®, our free online benefits screening service, helped 269,128 people identify nearly $1.5 billion in public and private benefits for which they were eligible. In FY11, we used interactive mapping technology to update our SNAP Map, which allows consumers and agencies to quickly access state Suplemental Nutrition Assistance Program (SNAP) information, websites, and application forms (both paper and online).

- We provided resources and technical support to states helping low-income individuals apply for benefits that make Medicare affordable—the Medicare Part D Low Income Subsidy (Extra Help) and Medicare Savings Programs. States submitted over 213,000 applications for these two benefits, worth more than $604 million in savings on prescriptions and health care.

- NCOA hosted the first-ever national conference for benefits access leaders nationwide. Opening Doors, Building Relationships: Making Benefits Access a Community Norm brought together all of NCOA’s BECs and state grantees to share strategies related to benefits outreach and enrollment and better plan for sustainability and coordination of efforts.

- We developed two new modules for MyMedicareMatters.org, our consumer site that helps people with Medicare and their families learn about their benefits. The Just For You module helps three segments of the new- to-Medicare population—those who continue to work past age 65, early retirees/those who are unemployed when they turn 65, and those under 65 and living with disabilities. Take Charge of Your Health explains how consumers can help manage their health and chronic conditions through Medicare’s preventive benefits and chronic care self-management programs.

For more information, please visit CenterforBenefits.org.

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Mature Workers

We support two federal programs that provide training and employment opportunities for older adults who want or need to continue working. In FY11:

- Our Senior Community Service Employment Program (SCSEP), funded through the U.S. Department of Labor, served 6,310 participants. SCSEP participants provided 4 million hours of community service, including 1.2 million hours of community service to the aging community. The program placed 938 participants into jobs.

- Our Senior Environmental Employment Program (SEE), funded through the U.S. Environmental Protection Agency, served an average of 110 participants who supported environmental initiatives.

For more information, please visit ncoa.org/MatureWorkers.

Economic Casework

NCOA launched a national demonstration to help organizations build their capacity to assist economically vulnerable older adults. With support from the Harry and Jeannette Weinberg Foundation, NCOA’s Economic Security Service Centers began a two-year effort to offer comprehensive, person-centered economic casework to thousands of struggling seniors. Trained staff at the centers provided one-on-one assistance to help seniors find job training; assistance with health care, housing, and nutrition programs; and financial planning. Building on the work being done within SCSEP, this demonstration project expanded from eight to 12 sites and served nearly 1,500 low-income older adults.

For more information, please visit ncoa.org/ESI.

Home Equity

NCOA is a national leader in educating older adults on how they can tap their home equity wisely to stay healthy and independent longer. In FY11, we:

- Provided 7,583 older homeowners with traditional reverse mortgage counseling through our Reverse Mortgage Counseling Services (RMCS) Network. Counselors also assisted 271 reverse mortgage borrowers who are in default to help them avoid foreclosure.

- Distributed 59,700 copies of NCOA’s reverse mortgage consumer booklet Use Your Home to Stay at Home™.

- Launched the new online Financial Interview Tool (FIT) and a customized version of BenefitsCheckUp®, which became a mandatory part of the U.S. Department of Housing & Urban Development (HUD) home equity conversion mortgage counseling in September 2010. Reverse mortgage counselors nationwide conducted 84,466 FIT reviews to help seniors better assess the suitability of these loans. These counselors also completed 42,183 BenefitsCheckUp® screenings, with a potential value of over $215 million in benefits that could supplement or replace a reverse mortgage.

For more information, please visit ncoa.org/HomeEquity.
**Public Policy**

NCOA is a national voice for older adults—especially the vulnerable and disadvantaged—and the organizations that serve them.

**Health Reform**

Shortly after Congress passed the Affordable Care Act, NCOA launched a campaign to cut through the spin and give older adults just the facts on how the new law would affect them. As part of the Straight Talk for Seniors™ on Health Reform campaign, NCOA:

- Released a *Myths and Facts on Health Reform for Seniors* poll that set the stage for the campaign, which amassed over 200 articles and 100 million media impressions.
- Produced and distributed five consumer-tested fact sheets on different aspects of health reform affecting older adults, with over 13,000 pageviews online.
- Hosted seven local campaign events with older adults.
- Held six webinars to discuss health reform and the campaign with over 700 aging network participants.

NCOA also played a role in implementation of key health reform provisions affecting seniors, including the annual Medicare wellness visit, the Center for Medicare and Medicaid Innovation, Accountable Care Organizations, and Medicaid health promotion and prevention plans. Many of our comments focused on improving care for beneficiaries with multiple chronic conditions through evidence-based and self-management programs and were incorporated into regulations.

**Long-Term Services & Supports**

NCOA led a coalition of 30 national aging and disability organizations, known as the Friday Morning Collaborative (FMC), to advance long-term services and supports policy. As part of the collaborative, NCOA:

- Promoted successful implementation of health reform provisions to expand access to home and community-based services, including crafting joint comments on a proposed regulation on the new Community First Choice Option.
- Worked to fight cutbacks in Medicaid home and community-based services, including organizing a *Roll Call* ad with 180 national aging and disability organizations to oppose cutting and block granting Medicaid.
- Presented at a Congressional briefing, sponsored by the Leadership Council of Aging Organizations (LCAO), on Medicaid budget issues affecting seniors and people with disabilities.
- Promoted stakeholder engagement and consumer protections as states move towards Medicare and Medicaid integration and managed care for beneficiaries who are eligible for both programs.

**One Away Campaign**

In FY11, NCOA launched a national grassroots advocacy campaign called One Away to raise awareness about the economic struggles millions of older adults face, promote programs that can help, and advance solutions through the Older Americans Act (OAA).

In the first six months, we received over 1,500 stories of struggle from seniors themselves, garnered significant media engagement with over 100 million impressions, and produced the first of three national videos. The video shared the stories of three older adults who have struggled to make ends meet.

As part of the campaign, NCOA built the capacity of local nonprofit organizations to engage in advocacy and tell the stories of seniors they serve. Fourteen local advocacy partners in key congressional states and districts learned how to influence public policy, use online and social media, create video stories, organize local events, and work with the press. Each produced two to three local videos.

The interactive campaign website, OneAway.org, provided a space for older adults and others to share their own stories of struggles, send a message to their members of Congress, and view videos from the campaign.

NCOA also issued *A Blueprint for Increasing the Economic Security of Older Adults* with recommended public policy reforms to address the problems raised in the campaign, particularly through OAA reauthorization.

**Older Americans Act**

NCOA continued to advocate for OAA funding for critical services that keep older adults healthy and independent, such as meals, job training, home and community-based services, caregiver support, and health promotion. We successfully protected the majority of OAA funding from cuts pursued during an escalating deficit reduction debate. NCOA also played a leadership role in the development of a broad range of LCAO consensus OAA reauthorization recommendations and oversaw dissemination to key Congressional committees and the Administration.

For more information, please visit ncoa.org/Act.
NATIONAL INSTITUTE OF SENIOR CENTERS

NCOA’s National Institute of Senior Centers (NISC) strengthens senior centers by promoting best practices, advocacy, research, and the nation’s only national standards and accreditation program for senior centers. In FY11, NISC:

- Celebrated 41 years of service to the nation’s 10,000+ senior centers, offering a monthly webinar series, conference workshops, electronic and web resources, and online networking and learning opportunities.

- Sponsored the 31st annual Senior Center Month in September 2010, allowing senior centers nationwide the opportunity to showcase their work in their communities. The theme was “Senior Centers: Your Place to Connect.” NISC members received posters, along with program and marketing materials and ideas to celebrate.

- Awarded national senior center accreditation to 14 senior centers nationwide. Accreditation provides official recognition that a senior center meets the nine standards of senior center operations.

- Presented the 2011 NISC Research Award to Carol E. Rogers for her research titled “Sign Chi Do Exercise for Adaptation to Aging.” The targeted population included sedentary older adults who changed their behavior by participating in this activity at a senior center.

- Hosted NCOA Crossroads, an online interactive group for senior center professionals. Over 1,600 participants have posted more than 300 items in the Senior Center Group resource library.

For more information, please visit ncoa.org/NISC.
FINANCIAL HIGHLIGHTS

FY11 was an investment year for NCOA. After 10 straight years of positive changes in our operating results, this year’s change in Unrestricted Net Assets was a negative $227,000. This compares to the prior year’s net positive change of $24,000. In FY11, NCOA had net “investments” where funding did not support the cost levels in a few programmatic areas.

One area is for our work on public policy and advocacy as we aim to be “a national voice” for older adults, especially those who are vulnerable or disadvantaged. A second area of investment in FY11 was for our work to expand offerings for the online version of the Stanford University Chronic Disease Self Management Program (CDSMP). Better Choices, Better Health® is NCOA's online version of this internationally recognized program. With these results, the total Unrestricted Net Assets reduced from $1.35 million at the end of FY10 to $1.12 million at the end of FY11.

The operating revenues for 2011 amounted to $65.9 million, which was a 12.6% increase over the prior year amount. In 2011, federal grants accounted for 87% of the funding, which included approximately $12 million in added “stimulus” or “appropriations act” add-ons to the U.S. Department of Labor supported Senior Community Service Employment Program. For 2011, as in previous years, NCOA continued to maximize resources used to support the organization’s core mission, expending 95% of its operating resources on direct programs.

The following charts present the highlights of the revenue and expenditure distributions by categories for FY11. Full Audited Financial Statements for FY11 with comparisons to 2010 are available on NCOA’s website (ncoa.org/Financials).
## NCOA CONSOLIDATED STATEMENT OF CHANGES IN UNRESTRICTED NET ASSETS

### Revenue and other support:

<table>
<thead>
<tr>
<th>Revenue and other support</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government grants and contracts</td>
<td>$57,477,938</td>
<td>$49,841,021</td>
</tr>
<tr>
<td>Foundation and corporate grants and contracts</td>
<td>$7,528,085</td>
<td>$6,944,804</td>
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<tr>
<td>Membership services and conference revenues</td>
<td>$502,753</td>
<td>$446,601</td>
</tr>
<tr>
<td>Contributions &amp; Other Income</td>
<td>$366,558</td>
<td>$1,078,725</td>
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<tr>
<td>Investment income</td>
<td>$56,109</td>
<td>$52,882</td>
</tr>
<tr>
<td>Other Income</td>
<td>$3,056</td>
<td>$156,589</td>
</tr>
<tr>
<td><strong>Total revenue and other support</strong></td>
<td><strong>$65,934,499</strong></td>
<td><strong>$58,520,622</strong></td>
</tr>
</tbody>
</table>

### Operating Expenses:

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Aging Programs</td>
<td>$3,496,433</td>
<td>$2,936,679</td>
</tr>
<tr>
<td>Access to Benefits</td>
<td>$3,103,461</td>
<td>$2,474,651</td>
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<tr>
<td>Workforce Development</td>
<td>$48,414,443</td>
<td>$43,756,636</td>
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<td>Civic Engagement</td>
<td>$1,471,319</td>
<td>$1,710,336</td>
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<tr>
<td>Long-Term Services &amp; Supports</td>
<td>$1,907,770</td>
<td>$1,562,450</td>
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<td>Healthy Aging Social Enterprises</td>
<td>$1,269,184</td>
<td>$429,963</td>
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<td>Shared Services</td>
<td>$1,822,489</td>
<td>$1,869,459</td>
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<tr>
<td>Innovations and Incubator Programs</td>
<td>$64,779</td>
<td>$61,536</td>
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<td>Public Policy and Advocacy</td>
<td>$1,869,065</td>
<td>$958,565</td>
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<tr>
<td>Management and General</td>
<td>$2,693,386</td>
<td>$2,543,340</td>
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<tr>
<td>Fundraising</td>
<td>$433,541</td>
<td>$274,572</td>
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<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>$66,545,870</strong></td>
<td><strong>$58,578,187</strong></td>
</tr>
</tbody>
</table>

### Net Operating (Unrestricted) Results

| Net Operating (Unrestricted) Results                      | $(611,371)   | $(57,565)    |

| Other Comprehensive Income (Loss)                        | $384,154     | $82,019      |

### Net Change in Unrestricted Net Assets

| Net Change in Unrestricted Net Assets                     | $(227,217)   | $24,454      |

### Unrestricted Net Assets at Beginning of Year

| Unrestricted Net Assets at Beginning of Year              | $1,350,722   | $1,326,268   |

| Unrestricted Net Assets at End of Year                    | $1,123,505   | $1,350,722   |

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See complete set of Audited Financial Statements with accompanying footnotes and disclosures at NCOA’s website: ncoa.org/Financials.
FY 2011 SUPPORTERS

FOUNDATIONS
The Atlantic Philanthropies
The Harry and Jeanette Weinberg Foundation
The Margaret A. Cargill Foundation
MetLife Foundation
The California HealthCare Foundation
The SCAN Foundation
The National Reverse Mortgage Lenders Association
The Archstone Foundation
The Retirement Research Foundation
AARP Foundation
University of Victoria (British Columbia)
Oasis Institute
Goodwill of San Francisco
Arc of the United States
West Virginia University
R&D Service Accounting
State of Oregon

GOVERNMENT
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U.S. Environmental Protection Agency
U.S. Administration on Aging
U.S. Department of Housing & Urban Development
U.S. Substance Abuse & Mental Health Services Administration
U.S. Centers for Medicare & Medicaid Services
U.S. Corporation for National & Community Service
U.S. Centers for Disease Control & Prevention

OTHER SUPPORTING PARTNERS
Financial Industry Regulatory Authority Investor Education Foundation
University of Colorado at Denver and Health Sciences Center
State and Territorial Injury Prevention Directors Association
Expert Patient Programme Community Interest Company
Group Health Cooperative
National Association of Area Agencies on Aging
Chicago Department of Family and Support Services
Benefits Data Trust
Cuyahoga County Department of Senior & Adult Services

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The Lewin Group
HealthTrust
Novartis Pharmaceuticals
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Humana
CIPA (New Brunswick)
Burston Martsteller, LLC
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Care.com
Sanford Medical
WellMed
CVS
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Coventry Health Care, Inc.
Independent Living Systems
ID Caregiver
Living Well Institute (AZ)
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