



GRANTMAKERS
IN AGING

BETTER

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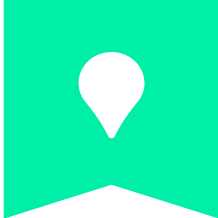
AGE

**A Guide to Funding
in a Longevity Society**



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FUNDING FOR AGING IS FUNDING FOR ALL

**Now the years are rolling by me,
they are rockin' evenly.**

**I am older than I once was,
and younger than I'll be – that's not unusual.**

– Simon & Garfunkel, "The Boxer" (1968)

Every one of us is aging, every day.

As we get older ourselves or watch someone close to us as they age, it becomes clear we all have many of the same needs in later life. Good health supported by good healthcare. Financial security. A safe and affordable place to live. A meaningful sense of engagement, connection, and purpose.

These are all essential to our individual well-being; they also define and underpin a high-functioning society.

Our aging aspirations are important because we are living through the most significant demographic shift in history. Today, 62 million people in America are 65 or older. That number is growing: by 2050, nearly one in five Americans (23 percent) will be older than 65. Even sooner (by 2035), older people will outnumber younger people (under 18) for the first time. This change is global, most likely permanent, and will significantly change our lives, our family structures, and our institutions.

We are using "older than 65" here as a working definition for older only because it is the standard in most official statistical reporting. In fact, it is ridiculous and misleading to group people from age 65 to 100 and beyond in a single category. We would never report on the needs and preferences of people in an age cohort between ages one and 35. Statisticians' categories for older people should be in 5 or 10 year increments, as they are for all other groups.

Today's longevity dividend – defined as the benefits that can accrue from the dramatic increase in the number of people living longer lives – is a clear victory for science and presents a wealth of opportunities for the economy and society at large.

Older people contribute in many ways – outperforming most younger people in starting new businesses, donating to charitable causes, voting, and volunteering. With good planning and appropriate supports, older people can continue to contribute as consumers, employers, employees, mentors, friends, caregivers, and linchpins of stable families and communities. When this happens, we can all enjoy the advantages of the new longevity.

Yet too few of our societal systems and structures have adapted, and it is undeniable we don't all have equitable access to the resources required to thrive in later life.

It's time for thinking, funding, and policymaking attuned to the new longevity and informed by a lifecourse perspective. Without this, older people are often excluded and we all lose out – regardless of our age.

An aging lens can enhance any investment

Aging is a cross-cutting issue for any funding portfolio.

CARING
doesn't
come with
an expiration
date.

For example, it's only logical for funders focused on underserved children to want to ensure that their success is sustained through their adulthood and later life.

Caring doesn't come with an expiration date. Aging also affects the wellbeing of children because many live in intergenerational homes or rely heavily on grandparents or older relatives. On the flip side, it's also prudent for funders focused exclusively on aging to concern themselves with the wellbeing of parents and children. This is clear when we look at the care economy. Shortages in the healthcare workforce, which caused home health care providers to turn away one in four people referred for services in 2023, are directly tied to the dearth of affordable childcare.

Healthcare funders are better situated to achieve the goals of addressing health-related social needs, improve patient satisfaction, and reduce costs when providers more intentionally consider older patients in healthcare delivery and quality.

When philanthropy seeks to prioritize equity, aging should feature prominently. Overlooking the challenges facing many older people, particularly in communities experiencing disadvantages, amounts to perpetuating their health inequities and other disparities, which accumulate over a lifetime.

Whether we invest in improving the justice system; incarceration and re-entry; biomedical research and clinical trials; healthcare and social services; climate and disaster resilience; mental health; LGBTQ+ issues; racial, ethnic, and gender equity; rural communities; or civil rights and a healthy democracy, funders can reach more people and amplify their impact by applying an aging lens to all investments.

This matters to all of us

A relatively small number of dedicated funders have long done indispensable work to support aging services, research and innovation, and advocacy on behalf of older people. This work is vibrant and ongoing, and the aging philanthropy network is always happy to welcome new funders, partners, and voices.

But you don't have to work in aging to feel a sense of urgency, professionally or personally. Two thirds of respondents to a 2024 Gallup poll [expressed](#) little or no confidence that America can care for its aging population, and three-quarters viewed issues affecting older adults as a low priority for the government.

Medicare does not cover many essential services such as dental, hearing, vision and long-term care.

People are starting to realize that the fairy tale about aging in America – that the federal safety net is strong enough to keep us secure – is just a fairy tale.

There are gaping holes in the net. Millions are aging into poverty, even with Social Security, in part because its benefits have lost one-third of their buying power in the past two decades. Many struggle to pay medical bills despite being on Medicare and, for low-income people, possibly also on Medicaid. It's a frequent and startling discovery that Medicare does not cover

essential services such as dental, hearing, vision and long-term care. The number of older renters is [growing](#), the number of cost-burdened renters is at an all-time high, and those older than 50 are the fastest-growing group of people experiencing homelessness.

Federal, state, and local government funding streams are a critical piece of the puzzle but cannot meet every need or nurture every good new idea. In addition to grantmaking by private philanthropies, there is a vital role for public-private partnerships that can increase the reach of public dollars and provide proof of concept for innovative models that emerge in communities but can't get funding without a track record. Philanthropy has greater risk tolerance and flexibility, which makes it possible to support new and untested solutions that often have enormous potential to address inequities, capitalize on opportunities, and strengthen institutions and communities.

For some much-needed projects with large capital needs that cannot be met by grants alone (such as construction projects and large-scale dissemination efforts), there is also an important role for impact investors.

Impact investing means investing capital (in companies, funds, or organizations) to generate social impact as well as monetary returns. It is practiced by foundations as well as faith-based organizations, health systems, pension funds, insurance companies, corporations, wealth managers, banks fulfilling the Community Reinvestment Act, and individuals seeking social and environmental benefits alongside financial returns, as well as governmental entities. Impact investors can invest higher amounts because they anticipate getting their capital back eventually, to be re-invested elsewhere.

A surge of private capital is also pouring into “age tech” innovations including mobility aids, diagnostic and digital communications, and respite care technology. Philanthropy can partner with the developers and distributors to ensure new products and services employ a user-centered approach to design and are accessible and affordable to those who need them most.

***THE GOAL
is to create and
enjoy an age-
integrated society.
Yet much of our
funding remains
age-stratified.***

Your guide to age-integrated funding

No one wants to become isolated and overlooked by virtue of our age. The goal is to create and enjoy an age-integrated society. Yet much of our funding remains age-stratified.

In producing this Better with Age guide, with support from The Harry and Jeanette Weinberg Foundation, we at GIA work to meet funders at every point in the aging journey - experienced and leading, new and strategizing, or visiting from an adjacent field and ready to explore synergies.

The guide has three sections. First is the one you're reading now, making the case for age-integrated funding and considering the aging angle in all investments. Next is a demographic portrait of older people in America today and an overview of the landscape of major players and funding sources in aging, including government agencies, professional organizations, nonprofits, and research and advocacy groups. Finally there is a series of program snapshots – brief examples of how aging intersects and informs

investments that will feel relevant to many different kinds of funders.

By working across sectors, silos, and generations, *TOGETHER*, we can make our work and our lives better with age.

At GIA, our vision is a just and inclusive world where all people are fully valued, recognized, and engaged at all ages.

This aspiration demands

adapting and reimagining structures, systems, and funding strategies developed when lives were significantly shorter. But we can't do this alone. By working across sectors, silos, and generations, together, we can make our work and our lives better with age.

Lindsay A. Goldman

CEO, Grantmakers In Aging

THE LANDSCAPE: EXPLORING DATA AND RESOURCES

If you are considering expanding your portfolio to more intentionally address the needs of our society as it is being transformed by an aging population, this collection of resources and data is a great place to start.

PART 1 | DEMOGRAPHIC DATA

A statistical portrait of the steadily expanding older population of the United States is fascinating and complex, revealing not only how longer lifespans are shaping society – but also significant gaps in equity.

Except as noted with links to other sources, these figures come from the [2023 Profile of Older Americans](#), the most recent annual report from the federal Administration for Community Living (ACL).

The Big Picture

- Adults older than 65 will outnumber those younger than 18 starting in 2035.
- One in six Americans (17.3 percent, or 57.8 million) is older than 65. That share is expected to grow to 22 percent (78.3 million) by 2040.
- Their number increased by more than a third (34 percent) in the decade ending in 2022, while the population younger than them grew just 2 percent.
- The “oldest” states are Maine (23 percent of residents are older than 65), Florida and Vermont (22 percent), and Delaware and West Virginia (21 percent).
- Almost a third of the older U.S population lives in California (6.2 million), Florida (4.8 million), Texas (4 million), and New York (3.6 million).
- Older people account for 18 percent of the rural population – greater than their share of people in cities (13 percent) and the suburbs (15 percent).
- One in seven older people (14 percent, or 7.3 million in 2018) were [born outside](#) the United States. The share is expected to reach 23 percent (22 million) by 2060.

- All Baby Boomers will be 65 or older after 2030.
- Americans turning 65 have an average life expectancy of 83.9 (or an additional 18.9 years of life) – explaining why the population older than 85 is expected to double by 2040, to 13.7 million from 6.5 million.
- There are 123 older women for every 100 men.
- People older than 65 have [voted](#) at the highest rate of any age group in each presidential election since 1988 – including 72 percent of those eligible in 2020.

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Identities and backgrounds

- A quarter (25 percent, or 14.5 million) of Americans older than 65 identify as belonging to racial or ethnic minority groups – a share expected to increase to 34 percent by 2040.
- That growth is projected because, by 2040, the population of older people identifying as Hispanic is projected to grow by 118 percent, Asian American by 76 percent, Black by 57 percent, and American Indian and Alaska Native by 39 percent – but non-Hispanic White only by 19 percent.
- About 1 percent of people older than 65 identify as gay, lesbian, or bisexual.
- One in seven (14 percent, or 8 million) is a military veteran.
- One third (33 percent) have completed at least 4 years of college, up from 5 percent half a century ago; 89 percent have a high school diploma, up from 28 percent half a century ago.

Finances, spending and savings

Wealth & poverty

- One in 10 Americans older than 65 (5.9 million) lives below the federal poverty level of \$13,590 in 2022 – a sharp drop from 30 percent in 1966.

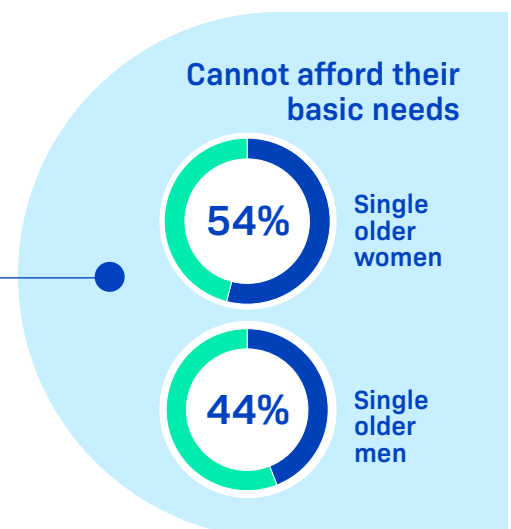
- More than one in eight older people lived in poverty in 2022 in the District of Columbia (19 percent), West Virginia (16 percent), Oklahoma and Mississippi (15 percent), Alabama and New Mexico (14 percent) and Florida and Louisiana (13 percent).
- The poverty rates are much higher for some groups: almost 18 percent for older Black people, 17 percent for older Hispanic people, and 13 percent for older Asian Americans.
- Three in 10 (29 percent, or 17 million) had income below 200 percent of the poverty level, a common definition of the “near poor.” Those numbers rose to 42 percent (24.4 million) using the federal Supplemental Poverty Measure, which many economists view as more accurate than the standard poverty measure.
- Nonetheless, households headed by someone older than 70 [held](#) 31 percent of the nation’s wealth in 2024.
- People older than 65 [accounted](#) for 22 percent of consumer spending in 2022.

Savings

- A quarter of Medicare beneficiaries (25 percent, or 16.3 million) [had savings](#) of less than \$17,000 in 2023, while 10 percent had no savings or were in debt.
 - Disparities in wealth by race and ethnicity are enormous: The median savings of a White beneficiary is \$159,000 – seven times that of a Black beneficiary (\$22,000) and eight times that of a Hispanic beneficiary (\$20,050).
 - Just 7 percent of White beneficiaries lack any savings or are carrying debt; by contrast, the same is true for 22 percent of Black beneficiaries and 21 percent of Hispanic beneficiaries.

Gender disparities

- A majority (54 percent) of single older women [don’t have enough](#) money to meet their basic needs; the same is true for 44 percent of single older men.
 - This gap increases with age: three-fifths (61 percent) of women older than 85 cannot afford their basic needs, but that is true for just 46 percent of men that age.



- Two-thirds (67 percent) of older single Black women and three-quarters (76 percent) of older single Latinas cannot afford their basic needs.

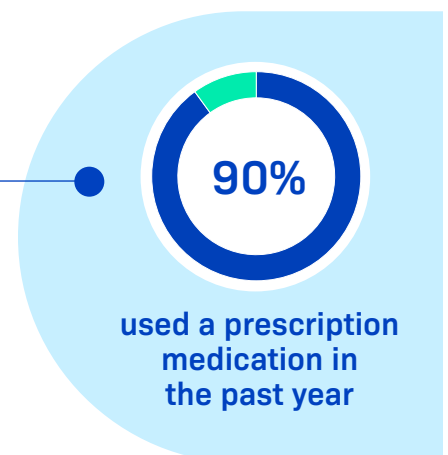
Employment

- One in five people older than 65 (19 percent, or 11.2 million) is working or looking for work – accounting for almost 7 percent of the U.S. labor force.
- More older men (23 percent) are in the workforce than older women (16 percent), and fewer older men are in poverty (9 percent) than older women (11 percent).

Physical and cognitive health

Conditions & costs

- A quarter (24 percent) of older adults describe their health as fair to poor; so do 19 percent of those between 50 and 65.
- Their most common chronic conditions, by far, are hypertension (59 percent), arthritis, and high cholesterol (48 percent each).
- A third (33 percent) report having a disability, leading 21 percent to say it's very difficult to walk or climb stairs and 13 percent to say it's difficult to run errands alone.
- A quarter (23 percent) go to a hospital emergency room at least once a year. Falls are their leading cause of injury, resulting in 7.9 million emergency department visits annually.
- Nine in ten (90 percent) used a prescription medication in the past year, including 12 percent for depression.
- Health costs account for 13 percent of older adults' expenditures but are only 8 percent of total spending by all consumers.
- Out-of-pocket medical expenses for older people are \$7,540 a year - 29 percent more than the national average.
- Almost all people older than 65 (94 percent) have Medicare but almost half (46 percent) augment the federal benefit with private insurance and 7 percent have both Medicare and Medicaid.



- One in six (16 percent) say that in the past year they [delayed](#) or decided against necessary medical care because of cost.

Caregiving

- One in seven adults (38 million) spend an average of 18 hours weekly providing uncompensated care to older family members. AARP [said](#) a conservative estimate of the value of this caregiving was \$600 billion in 2021, a 27 percent increase in four years.
- Almost one in five people older than 65 (19 percent) [report](#) providing care or assistance to a friend or family member in the past 30 days.
- More than half (53 percent) of caregivers older than 65 have two or more chronic conditions and one in three (33 percent) reports having a disability.

Cognitive impairment

- A third of those older than 65 (32 percent) [have](#) a cognitive impairment, including 10 percent with Alzheimer's or other forms of dementia.
 - One third of people older than 85 are [living](#) with Alzheimer's disease.
- One in five (19 percent) older Hispanic people and one in seven (14 percent) older Black people [develop](#) Alzheimer's – but only one in ten older White people.
- Three in five older people with Alzheimer's (61 percent, or 4.2 million) [are women](#).

3 in 5
older people
with Alzheimer's
are women

Housing

- Seven in eight people older than 50 say it's important to them to [remain](#) in their homes as long as they possibly can.
- The typical value of homes owned by older adults is \$268,000 – 11 percent less than the national median home value.
- Almost half of older people living in the community (45 percent) spend at least a third of their income on housing.
- Four in five older White people own their homes (82 percent), but that is true for only three in five (62 percent) older Black people.

- The typical older White homeowner has \$251,000 in home equity (the difference between the house’s value and what’s owed on a mortgage) [constituting](#) 42 percent of total wealth. But the median equity was \$200,000 for an older Hispanic homeowner and \$123,000 for an older Black homeowner.
- Only 10 percent of American houses and apartments (11 million) are [considered](#) by the federal government as “aging ready” because they have a step-free entryway, and a bedroom and accessible bathroom on the first floor.
- Older people [accounted](#) for one quarter (25 percent) of the unhoused population in 2017 but that share is projected to rise to almost half (44 percent, or 106,000) by 2030, making them the fastest growing group experiencing homelessness.

Social connectedness

- Americans older than 65 [undertake](#) civic or volunteer work an average of 2 hours and 40 minutes a week, more than any other age group. The share of all volunteer hours by older people has soared from 19 percent to 29 percent in two decades.
- Two of seven (28 percent, or 16 million) older adults live alone. Three in five (59 percent) live with a spouse or partner, but fewer older women are married (47 percent) than men (68 percent).
- Older people also have the [highest rate](#) of social isolation, spending at least 30 percent more time alone than other adults. Older people who are socially isolated face numerous health repercussions and are also:
 - 26 percent more likely to die prematurely and at higher risk for hypertension, heart disease, stroke, viruses, and respiratory illness.
 - More likely to be depressed, anxious, and motivated to harm themselves.
 - Facing a 20 percent quicker decline in cognitive abilities and a 50 percent higher risk of developing dementia.
- The health outcomes of social isolation increase Medicare spending an estimated \$6.7 billion annually, mainly because of added hospital and nursing facility expenses.

**2 hours
40 minutes
per week**
of civic/
volunteer
work



PART 2 | DATA AND RESEARCH SOURCES

These are the most prominent organizations and federal agencies that collect, aggregate, monitor, or analyze quantitative data about older people in the United States.

The [Administration for Community Living \(ACL\)](#) and its Administration on Aging release the government's premier [Profile of Older Americans](#), a narrative compendium of the federal government's most recent statistics and trend data. The ACL also maintains the [Aging, Independence and Disability Program Data Portal](#), which provides access to state-level data related to aging.

The [Census Bureau](#) regularly issues fact sheets summarizing its findings about segments of the population, including older Americans. Its data can be searched by age, sex, and demography, in tables found in [The Older Population in the United States: 2023](#).

The [Agency for Healthcare Research and Quality \(AHRQ\)](#) is a federal agency that fosters healthcare quality and efficiency. The site has research and statistical information on such topics as healthcare utilization, evidence-based medicine, and patient safety.

[AARP Research](#) has national and state data on people older than 50. Topics include demographics, health and healthcare, economic security and work, and volunteering and giving.

[AARP Livable Communities](#) provides information on the AARP Network of Age-Friendly States and Communities, on joining the network, the eight domains of livability, and other resources.

[The AARP Public Policy Institute](#) does the research AARP uses in its state and federal advocacy efforts, often combining Census Bureau data and AARP's own surveys.

[Caregiving in the US](#) is a comprehensive report on the demographics of, and challenges faced by, the estimated 43 million unpaid caregivers in the U.S. A project of AARP and the National Alliance for Caregiving, a new edition is published about every five years.

The federal [Centers for Disease Control and Prevention \(CDC\)](#) conducts research on aging and preventing disease, aging and mental health, and other health-related topics. Its statistics and research findings are on the [Healthy Aging](#) section of its site.

The [Centers for Medicare and Medicaid Services \(CMS\)](#) is the federal agency that oversees the federal medical insurance program for older people (Medicare) and the federal-state medical insurance program for low-income people (Medicaid). Its Data & Research Center has extensive information on such issues as healthcare financing and expenditures, health outcomes, and Medicare enrollment.

The [Elder Economic Security Standard Index \(Elder Index\)](#), maintained by the Gerontology Institute at the University of Massachusetts Boston, gauges what income older people need to meet their basic needs and age in their homes. Updated annually for each county (as well as state and national averages), it estimates how much older singles and couples, renters and homeowners, and those in good or poor health can expect to pay for housing, healthcare, transportation, food, and miscellaneous essentials.

[KFF](#) works to explain important issues in healthcare, and its site has extensive research, government statistics and polling data (often state-specific) and multimedia resources on topics including Medicaid and Medicare, global health, health issues affecting racial and ethnic minority groups, and health policy.

The [National Institute on Aging \(NIA\)](#), a part of the National Institutes of Health, has extensive research information online, and publications oriented to consumers. Data from its 2017 [Growing Older in America: The Health and Retirement Study](#) is useful for looking back at the start of current trends.

The University of Michigan Institute for Healthcare Policy & Innovation [National Poll on Healthy Aging](#) (NPHA) is a recurring, nationally representative household survey of more than 2,000 U.S. adults age 50 and older. Launched in 2017, the NPHA explores issues of health, healthcare, and health policy affecting older adults and their families. In 2023, the NPHA team partnered with the Michigan Health Endowment Fund to develop a Michigan Poll on Healthy Aging.

PART 3 | WHO FUNDS PROGRAMS FOR OLDER PEOPLE

Mandatory federal spending

Three programs - Social Security, Medicare, and Medicaid - are considered “mandatory” because federal laws require spending every year that is sufficient to pay all the benefits for everyone who qualifies. They are also known as “entitlements” because every American who qualifies has a right to receive full benefits.

Social Security

This is the biggest source of income support for most older Americans. The federal Old-Age and Survivors Insurance (OASI) program pays monthly benefits to people who are older than 62 and have a substantial employment history, or their families and some survivors of deceased workers. (The monthly payment averaged \$1,833 in 2023.) OASI payments to 58.6 million beneficiaries totaled \$1.227 trillion in fiscal 2023 – 19 percent of total federal spending that year.

Largely because of the aging of the Baby Boom generation, the cost of payments increased 84 percent in the past decade. The OASI Trust Fund, the repository of the 12.4 percent wage tax split between employers and workers, can [only pay](#) 100 percent of anticipated benefits until 2033. Absent a change in federal law, that year the fund’s reserves will become depleted and continuing program income will be sufficient to pay only 79 percent of benefits.

Medicare

In 2024, Medicare is providing hospitalization, medical care, and medication insurance to 59.7 million people older than 65 – 18 percent of the U.S. population. People become eligible for Medicare at age 65. People younger than 65 may be eligible if they have certain conditions or disabilities. Outlays totaled \$839 billion in fiscal 2023 – 14 percent of total federal spending that year. (Medicare does not pay for long-term care, which includes personal care assistance, home-delivered meals, adult day care, and other home and community-based services.)

With the growth of the aging population, Medicare spending increased 71 percent in the past decade and the government expects spending to grow at an average rate of 7.4 percent in each year of the coming decade.

The trust fund created to pay hospitalization benefits (Part A), which is funded mainly by the 2.9 percent payroll tax split between workers and employers, is projected to become insolvent in 2036. Absent a change in federal law, that year Medicare would be able to [pay](#) only 89 percent of costs covered under Part A using payroll tax revenue.

Medicaid

This joint federal and state program helps cover medical costs for people with low incomes and limited resources. While eligibility requirements and some benefits vary by state, Medicaid pays for some things Medicare doesn't normally cover, including nursing home care and personal care services. There were 7.7 million older people dually eligible and enrolled in both programs in 2024.

Federal outlays on Medicaid totaled \$616 billion in fiscal 2023 – 10 percent of total federal spending that year. In part because of several setbacks in the economy, federal Medicaid spending has surged 132 percent in the past decade but the government now projects it will grow at an average rate of 5.2 percent in each year of the coming decade.

Discretionary federal spending

All other programs created to benefit older Americans have been authorized under federal law for specified amounts of time. Their budgets are governed by the annual appropriations process, meaning Congress has the “discretion” to increase or decrease how much is spent on each program every year.

Older Americans Act

This is the principal statute authorizing nutritional help and social services to people older than 60 and their caregivers. Enacted in 1965 and most recently updated in 2020 (when its programs were authorized through 2024), it provides a wide array of service programs that are delivered through a national network of 56 state and territorial Agencies on Aging, 618 Area Agencies on Aging (AAA), 282 tribal support organizations, and almost 20,000 service providers in senior centers and other community-level organizations. Most of these programs are not “means tested,” meaning there is not an income limit for beneficiaries.

The Administration for Community Living (ACL), a federal agency within the Department of Health and Human Services, oversees most Older Americans Act programs and other programs created to address the health-related social needs of older people – including food aid, home and community based social services, falls prevention efforts, caregiver and family supports, protections against financial and physical abuse, consumer protections, and programs for those with physical and mental disabilities.

Congress appropriated \$2.54 billion to the ACL in fiscal 2024, or 29 percent more than six years earlier. ACL passes on much of the funding to state and local governments, community organizations, and other organizations that deliver the services and supports.

AmeriCorps Seniors

This arm of the agency overseeing domestic volunteer service has three programs for people older than 55. The biggest, Foster Grandparents, trains and places people to care for children with special needs and those who have experienced trauma. The Retired and Senior Volunteer Program (RSVP) places people to do job training, build homes, help relief services, aid community organizations, help immunize children, and have phone check-ins with homebound older people. The Senior Companions program helps people with disabilities and terminal illnesses by doing simple house chores, providing transportation, and offering companionship.

Congress appropriated \$237 million for AmeriCorps Seniors in fiscal 2024, or 25 percent more than a decade before.

State and local governments

The governments of the 50 states, Puerto Rico, the District of Columbia, and the territories, as well as many cities and counties, have their own unique programs for the benefit of older people, but these vary widely and information about them is not aggregated in one place.

Four good places to start are the [National Association of State Legislatures \(NCSL\)](#), which has comprehensive databases on state laws and policy proposals in each state; [KFF](#) for health policies and programs; [Advancing States](#), the association of the 56 state and territorial agencies on aging, and [USAging](#), the association of the 618 Area Agencies on Aging and 282 tribal support organizations.

A Multisector Plan for Aging is a 10+ year blueprint for restructuring state and local policies and convening a wide range of cross-sector stakeholders to collaboratively address the needs of older-adult populations. MPAs are designed to create a coordinated system of high-quality care and support services that promote healthy aging, independent living, and social engagement, while also addressing issues related to healthcare, housing, transportation, and other social determinants of health. Find toolkits, issue briefs, updates, and best practices for developing an MPA at multisectorplanforaging.org.

Philanthropy and other funders

It is often said that about 2 percent of all philanthropic funding in the United States goes to specific efforts to better the lives of older people, but it has proven impossible to trace that number back to a reliable source. The Annual Report on Philanthropy, sold for \$159 by [Giving USA](#), provides in-depth analyses on total charitable giving, giving by sources, and giving to major recipient categories – but does not offer numbers particular to funding for aging. This is because aging intersects with all of the major recipient categories, and the data cannot be disaggregated by age.

The membership of [Grantmakers In Aging](#) – a community of funders mobilizing money and ideas to strengthen policies, programs, and resources for all of us as we age – offers insight into the current state of funding in aging. Almost half its members are private foundations; the rest are community, corporate, and family foundations, donor advised funds, and government agencies. About two-thirds are local or regional funders. For some, aging is a priority focus area; many others view aging as a cross-cutting issue across multiple priority areas. And while many use the customary application and evaluation processes to award grants, an increasing number are involved in impact investing, trust-based philanthropy, funding collaboratives, and public-private partnerships.

PART 4 | SERVICE AND ADVOCACY ORGANIZATIONS

These non-governmental organizations are focused on the various needs and interests of older people and can be useful in answering questions, assisting in research, and otherwise helping inform and refine your funding strategy.

[AARP](#) is the nation's largest nonprofit and nonpartisan 501(c)(4) that advocates for older Americans on a number of federal health and fiscal issues including Medicare and Social Security, and at the state and local level on a range of policies that would improve the quality of life for people as they age.

[ADvancing States](#) advocates for the nation's state and territorial agencies on aging and disabilities and long-term services and supports directors, promoting policies that improve care for older people and those with disabilities. It was formerly the National Association of States United for Aging and Disabilities (NASUAD).

The [Alliance for Aging Research](#) advances biomedical and behavioral research in aging and health. The website has research information on a variety of health and medical issues related to aging, and an extensive database of research information and statistics.

The [Alzheimer's Association](#) is the world's largest nonprofit funder of research into the most prominent form of dementia. It has an array of programs for those suffering from the disease or caring for dementia patients, as well as an advocacy operation.

The [American Federation for Aging Research \(AFAR\)](#) awards grants to scientists studying the biology of aging and ways to extend healthspan through medicine. The [InfoAging section](#) on its website aggregates research-based information on healthy aging and diseases affecting the older population.

The [American Geriatrics Society \(AGS\)](#) is a membership association for geriatrics health professionals that provides information on efforts to shape programs and policies that are important to older people, their families, and healthcare professionals. Its [Healthinaging.org](#) site for consumers and non-medical professionals has information on medication use, healthy aging, and age-related diseases.

The [American Society on Aging \(ASA\)](#) is a membership organization for practitioners, researchers, and educators in aging. Its strategic priorities are economic security, innovation and social impact, health and wellbeing, equity and justice, and reducing ageism.

[CoGenerate](#), which was known until 2022 as Encore.org, works to improve, expand, and promote intergenerational connections and opportunities for older and younger people to collaborate, help each other, and make social impact.

The [Diverse Elders Coalition](#) represents and advocates on behalf of aging among racially and ethnically diverse groups and lesbian, gay, bisexual and transgender people. Its coalition members include the Asociación Nacional Pro Personas Mayores, the National Asian Pacific Center on Aging, the National Caucus & Center on Black Aging, the National Hispanic Council on Aging, the National Indian Council on Aging, Services and Advocacy for GLBT Elders (SAGE), and the Southeast Asia Resource Action Center.

The [Family Caregiver Alliance](#) provides services – including assessment, care planning, direct care skills, wellness programs, respite services, and legal and financial consultation – to family caregivers of people with physical and cognitive impairment. Its National Center on Caregiving conducts research and advocacy to promote federal and state pro-caregiver policies.

[Generations United](#) is a coalition of organizations representing the interests of youth and older people — all of which promote intergenerational programs and policies. The site has a large library of publications on intergenerational and grandparenting issues.

The [Gerontological Society of America \(GSA\)](#) is a multidisciplinary organization devoted to research and education about the medical, biological, psychological, and social aspects of aging. It publishes peer-reviewed Journals of Gerontology on those four topics, hosts an annual scientific meeting, provides continuing education, and advocates for policies informed by its research findings.

[HelpAge USA](#) and [HelpAge International](#) promote the rights and contributions of the older population, both domestically and worldwide, and both have plenty of publications and research data on global and domestic aging issues.

[Justice in Aging](#) trains and provides free resources to professional advocates and legal aid attorneys so they can better assist older people in accessing affordable healthcare and remaining economically secure. It also advocates at the local, state, and federal level to improve the lives of older adults with limited resources and those who have

been marginalized and excluded from justice such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.

The [Leadership Council of Aging Organizations \(LCAO\)](#) is a national coalition of nonprofit organizations that advocates for measures that would improve the wellbeing of older people.

[LeadingAge](#) is a membership association of non-profit organizations providing nursing home and home- and community-based services to older people.

The [Milken Institute Center for the Future of Aging](#) works to promote healthy, productive, and purposeful aging. It uses research and education to change the perception of older people in business and media, promotes policies and practices that enable lifelong productivity and engagement, advocates for investment and innovation in the longevity economy, and encourages behavior modification and scientific advancement to extend healthy life.

The [National Alliance for Caregiving \(NAC\)](#) is a coalition of organizations focused on the needs of family caregivers. It advocates for policies that would improve support for caregivers, conducts research, and works to increase public awareness of caregiving issues.

The [National Council on Aging \(NCOA\)](#) advocates for “every person’s right to age well.” It has tools to help older people find benefits, choose a Medicare plan, prevent falls, and plan for a healthy and secure life; supports community-based organizations serving older people; and advocates for more robust federal spending on programs benefiting older people.

The [National Center to Reframe Aging](#) works to eliminate ageism by advancing “an equitable and complete story about aging in America.” Its communication strategies and tools seek to improve awareness of implicit bias toward older people and influence policies and programs that benefit all of us as we age. It was incubated at Grantmakers In Aging and is now led by the Gerontological Society of America (GSA), a membership association for researchers, teachers, and professionals in the field of aging.

The [National Rural Health Association \(NRHA\)](#) is a national nonprofit that uses communication, education, and advocacy to improve access to and quality of healthcare outside of metropolitan areas. Its 18,000 members include many of the country’s rural hospitals, rural health clinics, and community health centers.

[PHI](#) takes a multifaceted approach to improving the workforce that provides in-home care to older people and those with disabilities. It conducts independent research, works to spread adoption of best practices through training and consulting, and advocates for policies that expand quality care.

[Services and Advocacy for GLBT Elders \(SAGE\)](#) provides services and advocates on behalf of LGBTQ+ older people — with a focus on improving healthcare and housing and reducing social isolation.

[USAging](#) (previously the National Association of Area Agencies on Aging, or n4a) supports and advocates for the 618 Area Agencies on Aging, governmental or nonprofits designated by each state to coordinate and offer services in defined geographic areas that help older people live with optimal health, well-being, independence and dignity in their homes and communities.



SNAPSHOTS

HEALTH

As we age, we all need access to high-quality care.

Life expectancy in the industrial world has nearly tripled in the last century, resulting in more years of good health but also more years of health challenges.

The Medicare and Medicaid safety nets are expansive, but less comprehensive than many people think.

The following Snapshots in Health present opportunities for funders committed to improving the health of many different populations to find intersections and inspiration.

DEVELOPING HEALTHY BRAIN HABITS WHILE WE'RE STILL YOUNG



ONE CHALLENGE



ONE SOLUTION

Inequities experienced when we're young, as well as behaviors and lifestyle choices, can increase our risk of developing dementia later on. About 7 million people older than 65 [live](#) with Alzheimer's disease or another form of dementia. Dementia disproportionately affects older people who are Black (about twice the rate of those who are White) and Hispanic (about one-and-a-half times the rate of those who are White).

Protecting brain health has the potential to help address a major health disparity afflicting Black and Hispanic older people, and is an attainable goal best started young. The **Brain Health Advocacy Mission (BHAM)** at the University of Alabama-Birmingham aims to help the racially diverse people in and around Birmingham improve and maintain brain health and prevent memory loss. During routine primary care visits, people as young as 18 establish a baseline "brain health score" then are encouraged to make choices that can improve cognitive function in at least one of a dozen lifestyle behaviors, habits, and conditions. A "brain coach" tracks progress and provides additional consultations.

THE IMPACT

A second cohort of patients is being enrolled based on the success of the BHAM pilot. The program is being refined to account for a surprise finding among the first 100 patients: a quarter have been treated for anxiety and depression, which investigators suspect may influence overall brain health. Additional research on effective brain health interventions is required to strengthen the evidence base.

Brain Health Advocacy Mission (BHAM)

www.uab.edu/medicine/neurology/news-events/department-news/advancing-brain-health-uab-s-innovative-brain-health-advocacy-mission-bham-pilot-project

THE FUNDERS

McKnight Brain Research Foundation,
Mass General Brigham's McCance Center for Brain Health.

THE OPPORTUNITY Funders that support health promotion for adolescent and young adult populations can add brain health to their existing investments. Additionally, the project is seeking new collaborators in primary care and family clinics beyond Birmingham to serve as "brain health champions."

CARING AT THE INTERSECTION OF FAITH, RACE, AND TRUST



ONE CHALLENGE



ONE SOLUTION

Advance care planning can help alleviate unnecessary suffering and improve quality of life for people with serious illness or nearing the end of life by making sure their wishes and preferences are understood by their families and healthcare providers. But [wide gaps persist](#) among racial and ethnic groups in formulating, recording, and achieving important goals of care through advance directives. Older White people are significantly more likely to possess an advance directive (44 percent) than Black older Americans (24 percent) or Hispanic older Americans (29 percent).

The free and faith-based **Advanced Illness Care Program of the AC Care Alliance** provides lay care navigators for seriously ill people of any age and their caregivers. By training members of trusted local congregations to help people identify and address their health, spiritual, advance care planning, caregiving, and social needs, AICP helps overcome mistrust and bridges the gap between communities of color and the healthcare system.

AC Care Alliance | www.care-alliance.org

THE IMPACT

More than 1,500 people, three-quarters of them Black, have been served, and 55 percent have completed advance care directives with caregiver needs addressed at 53 percent of visits.

THE FUNDERS

Archstone Foundation, Stupski Foundation, Rita and Alex Hillman Foundation, John and Wauna Harman Foundation, Callison Foundation, San Francisco Foundation, California Health Care Foundation, Berkeley Pilgrimage Foundation, Kaiser Permanente Northern California, UC-Davis School of Nursing.

THE OPPORTUNITY Faith-based funders, as well as those who fund racial equity initiatives, can adapt this model to any faith community, with people of all ages providing and receiving care.

FILLING ONE OF THE BIGGEST GAPS IN CARE



ONE CHALLENGE



ONE SOLUTION

Oral health is critical to good health; conversely, problems with teeth and gums can lead to cardiac infections, cardiovascular disease, and pneumonia. Because there is no Medicare dental [benefit](#), older people are at higher risk of poor oral health. Nearly half of Medicare beneficiaries (47 percent; 24 million people) did not see a dentist in the past year, and beneficiaries who are Black or Hispanic or have low incomes are significantly less likely to get dental care. As a result, one in five older people have no natural teeth remaining and two-thirds have gum disease.

Started in a church basement, Nashville's **Interfaith Dental** mobilizes volunteer dentists to offer oral care education (there's a dental bingo game) and treatment for people in poverty. The Smile On 65+ program provides a range of services for a voluntary payment of \$25 per visit.

Interfaith Dental

<https://interfaithdental.com/smile-on/>

THE IMPACT

Interfaith served nearly 3,500 people in 2023 across 10 Middle Tennessee counties. Almost 3,000 patients were older and more than half described pain or trouble eating. The value of care provided was \$7 million.

THE FUNDERS

Interfaith Dental was founded in 1994 with seed funding from the Frist Foundation and Dollar General. Smile on 65+ [braids funding](#) from the Chancery Court of Tennessee (a one-time \$12.5 million) and the Tennessee Department of Health (\$3 million annually through 2027) with private support from West End Home Foundation and United Way, plus the voluntary co-pays.

THE OPPORTUNITY Funders can increase access to oral healthcare for people of all ages by bringing together non-profit providers and faith communities with unused or underused space. Depending on the property, additional funding may be leveraged from the National Fund for Sacred Places, which provides matching grants to congregations to repurpose extra space in buildings they own.

IMPROVING MEDICATION ACCESS THROUGH IMPACT INVESTING



ONE CHALLENGE



ONE SOLUTION

Prescription drug use increases with age. Yet, one in five older adults (20 percent) [say](#) that buying prescription drugs creates a financial hardship that prompts them to ration or split doses or delay refilling or getting new medicines. In addition, a record 323 drugs were in short [supply](#) in 2024, causing hardships for people of all ages.

The nonprofit **CivicaRx** makes and distributes – at cost – generic versions of frequently used drugs that are in short supply. It is providing medications to more than 1,500 U.S. hospitals through long-term purchase and supply contracts. CivicaScript, a partnership with 22 Blue Cross Blue Shield plans and the Boilermakers union, distributes affordable versions of common but high-priced generic medicines, starting with insulin and the prostate drug abiraterone acetate.

CIVICA RX | <https://civicarx.org>

THE IMPACT

Nearly 175 million doses of 80 different medicines had been distributed by April 2024, enough to treat 75 million patients. A federal grant paid for most of a \$124 million, 140,000 square-foot plant in Virginia that makes 90 million vials and 50 million pre-filled syringes of medicine a year.

THE FUNDERS

CivicaRx was capitalized by program-related investments from the Gary and Mary West Foundation, Peterson Center on Healthcare, and Arnold Ventures, with contracts from seven large health systems providing core income. Donors to the separate Civica Foundation include the state of California, Blue Cross systems and foundations in eight states, Goldman Sachs Gives, Highmark Inc., The Glen E. Tullman Fund, The Helmsley Charitable Trust, The Altman Family Foundation, and the VanTrieste Family Fund.

THE OPPORTUNITY Many health disparities in later life result from structural inequities that cannot be addressed through grantmaking alone. Impact investments that repay and recycle capital and partnerships between philanthropy and health systems can help accelerate progress toward more equitable healthcare delivery and better health.

TAKING A TRUST-BASED APPROACH TO CURBING FOOD INSECURITY



ONE CHALLENGE



ONE SOLUTION

Healthy food is critical to our health and wellbeing, but transportation issues, limited income, and social isolation can make it harder to access. Food insecurity is substantially [higher](#) in multi-generational households with both grandparents and children, and a quarter of food-insecure households (23 percent, or 3.9 million) include someone older than 65. There are also significant racial [disparities](#): older Black people are three times more likely than older White people to be food insecure, and older Hispanics are twice as likely.

A New England supermarket chain committed \$1.3 million to create **CHEF (Connection, Health, and Equity through Food)**, a network of community organizations working to improve equitable access to healthy food for older people across rural Maine, New Hampshire, Vermont, Massachusetts, and New York. Through trust-based grantmaking, organizations had wide latitude to tailor interventions to their communities' needs.

Connection, Health, and Equity through Food (CHEF)
www.agefriendly.community/chef

THE IMPACT

Awards ranging from \$1,500 to \$15,000 supported healthy cooking classes, food bank kitchen upgrades, grocery delivery, mobile farmers markets, socialization opportunities, and new programs. An estimated 236,000 people benefited from \$376,000 awarded to 51 organizations. The Maine Council on Aging administered the program and plans to give out the remaining money by the end of 2024.

THE FUNDERS

Hannaford Supermarkets funded CHEF. Participating organizations shared their experiences through the Tri-State Learning Collaborative on Aging, funded by the Endowment for Health, Point32Health Foundation, Vermont Community Foundation, Vermont Department of Disabilities, Aging, and Independent Living, and United Healthcare.

THE OPPORTUNITY Funders concerned with food security, child and family wellbeing, and social isolation can support similar networks, or support existing food security investments.

REALIZING WE'LL NEED LONG-TERM CARE (AND THE MEDICARE FAIRY ISN'T COMING)



ONE CHALLENGE



ONE SOLUTION

Seventy percent of Americans will [need](#) long-term services and supports but would prefer to receive care at home and delay or avoid moving to a nursing home. Many people operate under the [mistaken assumption](#) that Medicare will pay for and deliver long-term care – but it does not, and most people can't afford it on their own.

PACE (Programs of All-Inclusive Care for the Elderly) provides integrated care at home and in the community for people who would otherwise qualify for nursing homes (most participants are dually eligible for Medicare and Medicaid). Most programs operate adult day centers offering primary care, therapy, meals, and recreation, and individualized care plans.

**PACE
(Programs of All-Inclusive Care for the Elderly)**

<https://apiqonline.org>

THE IMPACT

Studies have concluded PACE [saves](#) healthcare dollars and improves health outcomes. Medicaid spending for PACE is about \$6,000 less per person annually than nursing home care. PACE enrollees had lower rates of infection and death from Covid-19 than nursing home residents, and participants are less likely to use emergency rooms, be hospitalized, or be institutionalized than Medicare Advantage enrollees.

THE FUNDERS

Replication of the first PACE program was funded in the 1980s by The Robert Wood Johnson Foundation, The John A. Hartford Foundation (JAHF), and Retirement Research Foundation (now RRF Foundation for Aging). Funders including The Harry and Jeanette Weinberg Foundation have supported work to codify, evaluate, and scale the model.

THE OPPORTUNITY Only 73,000 people are served by 156 PACE programs in 32 states and D.C. The Alliance for PACE Innovation and Quality offers consultation to emerging PACE programs with funding from JAHF, West Health, and The Harry and Jeanette Weinberg Foundation, [supports](#) creation of PACE programs by leveraging grants and a loan fund, and seeks additional local and national funders to spread and scale the model. The goal is 200,000 participants by 2028.

ALIGNING OUR HEALTHCARE WITH OUR GOALS



ONE CHALLENGE



ONE SOLUTION

More than half (54 percent) of patients [say](#) they see healthcare “going in the wrong direction,” and 82 percent of older adults (the fastest-growing segment of patients) [say](#) the U.S. healthcare system is “not prepared for the growing and changing needs of America’s aging population.” Most older adults (94 percent) prioritize quality of life over length of life.

The **Age-Friendly Health Systems** model promotes patient-centered care that is aligned with older people’s needs and preferences across a range of health care settings. Developed by the Institute for Healthcare Improvement (IHI) with the American Hospital Association and the Catholic Health Association, the model focuses care on “The 4 Ms”: what Matters (to the patient), Medication (managing drug interactions and side effects), Mobility, and Mentation (mental activity and brain health).

Age-Friendly Health Systems

www.ihl.org/networks/initiatives/age-friendly-health-systems

THE IMPACT

Nearly 5,000 sites in all 50 states have [implemented the model](#) since 2017. Outcomes are dependent on the goals of the sites. One hospital experienced an 11 percent reduction in length of stay and \$300,000 in direct cost savings. Other successes include increased use of advance directives and reductions in falls, disruptive behavior, and unnecessary medications. In 2025, the Centers for Medicare & Medicaid Services (CMS) will begin using a new [Age-Friendly Hospital Measure](#) requiring hospitals to report on whether they’ve taken steps to become age-friendly.

THE FUNDERS

The John A. Hartford Foundation funded development and national dissemination of the model and place-based funders have supported adoption by local health systems.

THE OPPORTUNITY Funders investing in healthcare delivery and quality improvement can help local health systems deliver more person-centered care and meet the new CMS reporting requirements by supporting implementation of “The 4 Ms” and participating in an [Action Community](#) for peer learning.



SNAPSHOTS

FINANCIAL SECURITY

As we age, we all need financial security.

We live in a complex and unpredictable time, and our personal finances can become more fraught as we age due to medical and other debts, rising housing costs, caregiving responsibilities, and obstacles to continuing to work, even when we want or need to.

Social Security keeps millions out of poverty, yet a disproportionate number of women and older people of color still live close to the poverty line, with no savings to fall back on.

The following Snapshots in Financial Security describe interventions that can protect us as we age, and, in turn, support more stable and secure families and communities.

ESTATE PLANNING TO PROTECT LOW-INCOME FAMILIES AND NEIGHBORHOODS



ONE CHALLENGE



ONE SOLUTION

People at all income levels should plan for the transfer of their assets after their death. The absence of a will can contribute to intergenerational poverty by depriving children or other heirs of wealth-building assets, such as a family home. Yet a large majority of all Americans do not [have](#) a will, including 77 percent of Black people and 82 percent of Hispanic people – often because they believe they don't have enough assets to need one (25 percent) or don't know how to create one (20 percent).

The **Maryland Volunteer Lawyers Service** does pro bono work statewide, including estate planning, creating, and updating wills, writing advance healthcare directives, and creating financial powers of attorney. Through this work, the organization prevents neighborhood destabilization by helping low-income people obtain clear title to properties they own and fight foreclosures.

Maryland Volunteer Lawyers Service
<https://mvlslaw.org>

THE IMPACT

One recent effort resulted in almost 400 older owners of row houses in Baltimore and farms on the Eastern Shore securing the deeds for their properties and creating the estate planning documents needed to preserve and pass on their real estate holdings.

THE FUNDERS

State of Maryland, City of Baltimore, Enterprise Community Partners, Abell Foundation, Truist Foundation, Wells Fargo Foundation.

THE OPPORTUNITY Funders that prioritize community development and economic security should consider adding estate planning initiatives to their portfolios.

RECOGNIZING THE WORKFORCE OF TOMORROW WASN'T BORN YESTERDAY



ONE CHALLENGE



ONE SOLUTION

Our nation increasingly relies on older workers: by 2028, workers 55 or older will constitute more than 25 percent of the labor force. Many older people need or want to continue to work, but finding jobs can be [difficult](#), due to retraining needs, scheduling and workplace inflexibility, and ageism in hiring. Fewer than 4 percent of big employers [have](#) programs supporting a multi-generational workforce and only 10 percent of workforce development grants focus on people older than 50.

The nonprofit [Center for Workforce Inclusion](#) is the only national organization exclusively focused on workforce development for older job seekers. It works with low-income people older than 50 – particularly women, veterans, rural Americans, and people who were previously incarcerated – to update jobs skills, teach new ones, and helps get participants hired by companies or federal agencies.

Center for Workforce Inclusion
www.centerforworkforceinclusion.org

THE IMPACT

Since its creation in 1962, the Center has trained 489,000 older job seekers who have secured employment with more than 5,000 employers.

THE FUNDERS

Companies partnering with the Center and agreeing to hire its trainees include CVS, Amazon, Starbucks, Lyft, Marriott, Nordstrom, Prudential, Wells Fargo, General Mills, and Jackson Hewitt Tax Service. Federal agencies are the National Park Service, the U.S. Fish & Wildlife Service, the EPA, and USDA.

THE OPPORTUNITY Funders concerned with workforce and training, rural and community development, veterans' affairs, women, and economic security can support the work of the Center directly or work with their nonprofit grantees to match trained participants to meet their hiring needs.

BUILDING NONPROFIT CAPACITY WITH THE EXPERTISE OF OLDER WORKERS



ONE CHALLENGE



ONE SOLUTION

Many nonprofits struggle to find - and afford - specialized expertise to help them grow and thrive. At the same time, many of us want or need to continue working longer; three in five recent retirees (57 percent) say they want to keep working in some capacity. But traditional employment models don't offer the flexibility or sense of mission many older workers seek.

Two nonprofits run by **The Fedcap Group** match the expertise of older workers with the needs of organizations and government agencies. **Encore Fellowships** (acquired in 2024 from CoGenerate, previously Encore.org) pays retired corporate workers \$25,000 stipends to spend up to a year helping nonprofits build capacity and raise up new leaders. **ReServe** connects professionals older than 50 with paid part-time work helping government and social service agencies with strategic planning, foundation outreach, administrative support, event planning, and IT administration.

THE IMPACT

More than 2,300 Encore Fellows have provided more than 2 million hours of work, contributing the equivalent of \$200 million to nonprofits in more than 50 cities. More than 800 nonprofits and government agencies have employed so-called ReServists, and 90 percent say the ReServists were important to accomplishing the organization's work. (GIA has benefitted from both Encore Fellows and ReServists.)

The Fedcap Group

<https://fedcapgroup.org/encorefellowships>

www.reserveinc.org

THE FUNDERS

Craig Newmark Philanthropies, PWC Charitable Foundation, Bloomberg Philanthropies, Ford Foundation, Google, Lilly Endowment, MasterCard, Georgiana Goddard Eaton Memorial Fund, more than 60 state and local agencies.

THE OPPORTUNITY Regardless of your funding priorities, Encore Fellows and ReServists can help build the capacity of your grantee partners and bring valuable expertise to your organization.

TESTING DIRECT CASH ASSISTANCE FOR CANCER PATIENTS AND THEIR FAMILIES



ONE CHALLENGE



ONE SOLUTION

Three in five cancer patients (42 percent) eventually deplete their life savings, 30 percent are in debt within two years of diagnosis, and they are 71 percent more likely than their peers to [experience](#) a severe adverse financial event. The risk of cancer and other serious illness increases as we age, and more than one in five Americans older than 65 is [in debt](#) because of medical or dental bills.

The [University of Pennsylvania School of Social Policy and Practice](#) is [studying](#) the health and financial impact of providing a guaranteed income to low-income cancer patients. Patients in the Guaranteed Income Financial Treatment Trial will receive \$1,000 in unconditional cash payments each month for a year through a randomized controlled trial.

THE IMPACT

The trial will assess whether the money makes the patients more likely to adhere to and complete treatment and whether quality of life and financial toxicity (financial problems resulting from medical care) improve over five years for patients and family caregivers. The study will inform the work of Penn's Center for High Impact Philanthropy, which is testing the benefits of direct cash payments on maternal health, educational achievement, and child welfare – all early influencers of a healthy later life.

University of Pennsylvania School of Social Policy and Practice

<https://penntoday.upenn.edu/news/sp2-direct-cash-assistance-aids-cancer-patients-low-income-households>

THE FUNDERS

The Independence Blue Cross Foundation Institute for Health Equity and the One Family Foundation, which was started by actor Bradley Cooper after he served as a caregiver for his father, who had lung cancer.

THE OPPORTUNITY Funders can partner with academic and other institutions to test direct cash payment and other innovative ways to support people who are seriously ill and their caregivers.



SNAPSHOTS

SAFE AND AFFORDABLE HOUSING

As we age, we all need safe and affordable housing.

For most of us, our home is a cherished place of security, memories, and connection to family and community. The prospect of being forced to move because we are aging is upsetting.

But plenty of us do have to move because we can no longer afford the expense, struggle with mobility limitations without accommodations, or we now need more support with daily living.

The following Snapshots in Safe and Affordable Housing describe programs to help us continue to live where and how we wish as we get older, and to harness the power of community to address challenges for people of all ages, including homelessness, trauma, and discrimination.

SUPPORTING FOSTER CHILDREN WITH MULTIGENERATIONAL COMMUNITY



ONE CHALLENGE



ONE SOLUTION

More than 368,000 children [spent](#) all or part of 2022 in foster care. Older people are a potential source of support but housing created for older people typically requires all residents to be older, resulting in few opportunities for them to connect with and benefit from children and adolescents.

The three **Bridge Meadows** housing complexes in Oregon offer affordable rental apartments to families affected by the child welfare system, as well as people older than 55 who are willing to be mentors and caregivers for their neighbors. The older residents help children heal and feel a sense of permanency after the trauma of foster care. The 230 residents have access to a range of therapeutic, education and tutoring, community engagement, relationship-building, and mental and physical well-being activities.

THE IMPACT

All the [young residents](#) had enough food, 77 percent saw a dentist, and 88 percent had preventive medical care. The state of Oregon estimates that Bridge Meadows helps [save](#) the foster care system \$1.3 million annually. Among older residents, 89 percent had increased access to social support and 87 percent reported they, “lead a purposeful and meaningful life, and ... actively contribute to the happiness and well-being of others.”

Bridge Meadows | <https://bridgemeadows.org>

THE FUNDERS

Bank of America Charitable Foundation, M.J. Murdock Charitable Trust, MeyerPro Inc., OCF Joseph E. Weston Public Foundation, May & Stanley Smith Charitable Trust, Walsh Construction, Cambia Health Foundation, The Harry and Jeanette Weinberg Foundation, and many other foundations and local businesses.

THE OPPORTUNITY Bridge Meadows hosts quarterly [information sessions](#) on how to replicate its model and is currently seeking funders for expansions across Washington, Oregon, and California.

BUILDING TINY HOUSES TO REDUCE HOMELESSNESS



ONE CHALLENGE



ONE SOLUTION

On any night in 2023, more than one in five people [experiencing](#) homelessness was 55 or older, and almost 39,700 of them were older than 64. Older people are the fastest-growing age group experiencing homelessness and their numbers are projected to [triple](#) within a decade. Causes include fixed incomes not keeping pace with rising housing costs, and disruptive life changes such as a new disability or health condition or loss of a job, spouse, or caregiver.

The Christian social outreach ministry **Mobile Loaves & Fishes** has created Community First! Village, a 51-acre neighborhood of tiny homes in Austin, Texas. Almost 400 people live in 200-square-foot, one-room tiny houses furnished with a kitchenette, a bed, and a recliner. The affordable, permanent houses are designed to optimize mobility and provide shared spaces for meals, laundry, and outdoor access. In this supportive community, residents earn income by tilling the community garden, selling concessions at the community cinema, and cleaning the tiny houses set aside as short-term rentals.

Mobile Loaves and Fishes | <https://mlf.org>

THE IMPACT

Volunteers contributed 29,000 hours and residents earned a combined \$1.5 million last year. Growing demand is leading to significant expansion. Work has begun on two other Community First sites and more than 1,900 homes on 178 acres – enough to house about half of the chronically homeless population of central Texas.

THE FUNDERS

The St. David's Foundation, Dirk and Katie Dozier Family Foundation, JKS Family Fund, JP's Peace Love and Happiness Foundation, Living Water Foundation and Topfer Family Foundation are among major Mobile Loaves & Fishes contributors. Travis County, Texas, and the Michael and Susan Dell Foundation each committed \$35 million to the \$225 million expansion.

THE OPPORTUNITY Funders can contribute to the Community First! capital campaign or join the rapidly growing national movement to build more tiny-home communities.

CREATING AFFORDABLE AND AFFIRMING LGBTQ+ HOUSING



ONE CHALLENGE



ONE SOLUTION

One-third of older LGBTQ+ people (34 percent) [say](#) they are worried they will face discrimination in housing, and 70 percent are concerned they would need to hide their identity in long-term care - sometimes referred to as “re-closeting.” This fear is grounded in reality: 48 percent of older same-sex couples applying for senior housing [reported](#) experiencing discrimination, and 72 percent who lived in senior housing [consider](#) themselves socially isolated.

Construction is underway on a residential complex in Pittsburgh’s Oakland neighborhood where all 48 units will be reserved for low-income LGBTQ+ people. The \$28 million [Mosaic Apartments](#) will be part of the nonprofit **Presbyterian Senior Care Network** when the building opens in 2025.

**Presbyterian Senior Care Network:
Mosaic Apartments**
www.srcare.org/presbyterian-seniorcare-pa

THE IMPACT

While more research is needed to demonstrate the impact of “age- and sexual-orientation-segregated” housing, one study [found](#) that older residents of LGBTQ+ affirming senior housing felt safer and experienced improved access to healthcare and increased social connectedness.

THE FUNDERS

Affirmative Investments, Presbyterian Senior Care Foundation, Hillman Family Foundations, University of Pittsburgh, UPMC (which donated the land), Pittsburgh Housing Authority, Huntington National Bank, and The Harry and Jeanette Weinberg Foundation, augmented by \$15 million in state and federal low-income housing tax credits.

THE OPPORTUNITY Funders seeking to promote health and well-being within LGBTQ+ communities should consider investing in dedicated housing as well as housing-related supportive services to ensure a safe and dignified later life.

FIXING HOMES TO PRESERVE WEALTH



ONE CHALLENGE



ONE SOLUTION

Seven in eight older people (88 percent) [say](#) it's important to them to remain in their homes as long as possible, but that can be tricky. Among households with a resident older than 65, 28 percent say that person has difficulty climbing stairs, getting into a bathtub, or using the kitchen. Older people of color are more likely to have disabilities requiring modifications or repairs to make it possible to live safely in their homes, but are less able to pay for them.

Aging-ready homes can improve quality of life and increase property value. The **CAPABLE (Community Aging in Place Advancing Better Living for Elders)** program creates teams of occupational therapists, registered nurses, and handypersons that spend five months working with an older resident to modify and repair their home and teach them skills to improve health, independence, and safety.

CAPABLE

<https://capablenationalcenter.org>

THE IMPACT

Interventions cost \$3,000 to \$5,000 in labor and materials, and have been found to reduce medical expenses by an average of \$30,000 by preventing accidents and injuries. More importantly, participants acquire better medication management and problem-solving skills, strength, balance, mobility, and nutrition. About 2,800 people are currently served by nonprofits and healthcare providers in 21 states.

THE FUNDERS

Created at the Johns Hopkins School of Nursing, CAPABLE has been supported by the National Institutes of Health, the Centers for Medicaid and Medicare Services, the Robert Wood Johnson Foundation, The John A. Hartford Foundation, The Harry and Jeanette Weinberg Foundation, Habitat for Humanity, and the Rita and Alex Hillman Foundation.

THE OPPORTUNITY Funders concerned about economic security, wealth preservation in low-income communities, disability rights, or health equity can make investments in existing programs or help spread CAPABLE programs nationwide.



SNAPSHOTS

CONNECTION AND PURPOSE

As we age, we all need a sense of connection and purpose.

When the surgeon general, Dr. Vivek Murthy, declared in 2023 that the nation was facing “an epidemic of loneliness and isolation,” he pointed to research that compared the impact of social disconnection to smoking 15 cigarettes daily.

These Snapshots in Connection and Purpose profile programs that work to reduce isolation, and maximize the many contributions that older people can make when our programs, policies, and funding mechanisms support our basic human need for connection at all stages of life.

DRIVING A COMMUNITY-BASED SOLUTION TO RURAL TRANSPORTATION NEEDS



ONE CHALLENGE



ONE SOLUTION

Residents of rural communities rely more on car travel because of limited public transportation, but more than one million rural households do not have access to a vehicle. Travel distances to work, school, shopping, and healthcare are often long - rural residents travel an average of 18 miles to a medical appointment, almost twice as far as city dwellers. Rural populations are generally older, with 18 percent of residents who are 65 or older, compared to 13 percent in cities and 15 percent in the suburbs.

Feonix-Mobility Rising is the biggest nonprofit dedicated to eliminating transportation insecurity nationwide, with a network of volunteer drivers, ride-match technology, partnerships with local nonprofits and public transit agencies, and a focus on closing rural transportation gaps.

Feonix - Mobility Rising
<https://feonix.org>

THE IMPACT

Expanding to 205 communities in 10 states during its first six years, Feonix has provided more than 73,000 trips to people of all ages. One-third have been for medical appointments, one-quarter to get people to work, and several thousand to deliver more than 10 tons of groceries.

THE FUNDERS

SkedGo, QRyde, 11 public transit agencies, two dozen community-based organizations, a dozen local transportation providers, the federal Department of Transportation and Department of Health and Human Services.

THE OPPORTUNITY Funders concerned with rural issues can harness the rich social capital of rural communities to address mobility needs. Volunteers provide 15 to 90 percent of the rides across the various Feonix programs but organizing communities and running programs requires financial resources, and only an estimated 6 percent of large foundation grants benefit rural communities.

GIVING CAREGIVERS A MUCH-NEEDED BREAK



ONE CHALLENGE



ONE SOLUTION

Caregiving can be rewarding but the toll on the caregiver can be considerable. One in five family caregivers [suffers](#) from depression, twice the national average, and 42 million people [provide](#) unpaid care to someone older than 50. More than 60 percent of these caregivers are women. But only 14 percent of caregivers receive respite - meaning the chance to take a break for rest, personal needs, and other tasks, while feeling confident that their loved one is safe and comfortable.

Exhale - The Family Caregiver Initiative offers innovative solutions that give caregivers an opportunity to breathe a little easier. The program uses human-centered design to develop and support projects to expand respite care options for family caregivers of older people throughout western New York and Washtenaw County, Michigan. Caregiver Tech Solutions, an initiative that emerged from Exhale, assesses caregiver respite needs and provides access to and training on equipment that improves quality of life for both the caregiver and the care recipient, including cameras, personal tracking tags, door alarms, virtual assistants, and digital medical reminders.

Exhale – The Family Caregiver Initiative
<https://tpi.org/exhale-the-family-caregiver-initiative>

THE IMPACT

Fully 96 percent of participating caregivers say the Tech Solutions project has given them more respite time. They also report reduced caregiver stress and burden, increased knowledge of and use of caregiver supports, and sustained use of caregiver resources.

THE FUNDERS

The Ralph C. Wilson, Jr. Foundation, Health Foundation for Western and Central New York, Ann Arbor Area Community Foundation, Michigan Health Endowment Fund, Blue Cross Blue Shield of Michigan and the BCBSM Foundation, and the Community Foundation for Southeast Michigan. The Philanthropic Initiative manages the initiative.

THE OPPORTUNITY Caregiving intersects with many funding priorities – including economic security, women, and people with disabilities – but respite care remains significantly underfunded. Exhale, which provides flexible funding for communities to develop localized solutions, is replicable nationwide.

MAKING A BETTER "SANDWICH"



ONE CHALLENGE



ONE SOLUTION

About one quarter of people caring for a relative with dementia are also caring for a child at home under age 18. So are one in eight (12 percent) caregivers of a Medicare beneficiary. The average age of these “sandwich generation” caregivers is 44, and three-quarters (74 percent) are employed full time or part time on top of their caregiving. Navigating the complex emotions and logistics of doing both paid work and caregiving increases stress and challenges health.

Daycare programs for older adults and children that are co-located at **St. Ann Center for Intergenerational Care** in Milwaukee offer a way for older people living at home (80 percent of them low-income) to receive an array of services – and regular interactions with children – while their caregivers have a break. Socialization, activities and meals, specialized dementia care, and personal hygiene care are available, as is overnight respite care for as long as three weeks. The Center also offers structured and stimulating care for children from 4 weeks old to 12.

St. Ann Center for Intergenerational Care
<https://stanncenter.org>

THE IMPACT

The Center has grown over 30 years to serve about 300 adults and 200 children. In 2023, it also offered 2,700 overnight respite stays. The benefits flow both ways: intergenerational connection has been shown to improve physical and mental health for older people, and intergenerational childcare has been shown to enhance children’s learning and emotional intelligence. In addition, exposure to older adults helps to challenge negative stereotypes that perpetuate ageism.

THE FUNDERS

State of Wisconsin, Waukesha County Community Foundation, Brewers Community Foundation, Catholic Community Foundation, Bader Philanthropies, A.O. Smith Foundation and many other family foundations.

THE OPPORTUNITY Funders concerned with child well-being and early childhood education can support programs that appreciate the contributions of older people and spaces that bridge the generational divide.

CREATING ART, STAYING HEALTHY IN RURAL AMERICA



ONE CHALLENGE



ONE SOLUTION

The pandemic made social isolation a near-universal issue, and in rural communities, long distances and fewer transportation options can increase physical isolation as well. More than one in five older Americans live in rural areas, and in some states, more than half the older population lives in a rural community. Almost one in three older people in rural areas (28 percent) live alone.

The **Creative Aging in Wyoming Public Libraries** program turns county libraries into community anchors for positive and creative aging, with a focus on arts learning as a way to increase social connection and improve mental health. Classes for people 55 and older include painting, drawing, photography and pottery, as well as memoir writing, storytelling programs, and a program that teaches the ukulele. Thirteen libraries participated, conducting 39 programs over 20 months in 2021-22, led by the Wyoming State Library system and the Wyoming Arts Council.

THE IMPACT

In an evaluation [survey](#), 73 percent of participants reported forming new or stronger relationships, 67 percent reported increased mental engagement, and 86 percent reported improved creative expression. The federal Institute for Museum and Library Services is studying the program for replication in other rural areas.

Creative Aging in Wyoming Public Libraries
www.lifetimearts.org/wyoming-registration

THE FUNDERS

The May and Stanley Smith Charitable Trust and the Wyoming Community Foundation. Lifetime Arts, a national nonprofit, provided instructional materials.

THE OPPORTUNITY Funders concerned with rural life, social isolation, community development, education, health and disability, and the arts can harness the assets of libraries to provide artmaking and socialization opportunities for people of all ages.

PLACING VOLUNTEERS WHERE THEY ARE NEEDED MOST



ONE CHALLENGE



ONE SOLUTION

People older than 65 spend far more time doing civic and volunteer work than any other age group - an average of 2 hours and 40 minutes a week. Volunteering benefits communities while also [improving](#) the volunteers' physical and mental health, reducing loneliness, and promoting social connection. But finding meaningful opportunities and matching volunteers with programs that need them is not always easy.

AmeriCorps Seniors arranges for people older than 55 to give back. Half the federal program's budget trains and places "foster grandparents" to support, tutor, and mentor children with special needs and those who have experienced trauma. A quarter goes to the Retired and Senior Volunteer Program (RSVP), which places people to do job training, build homes, help relief services, aid community organizations, help immunize children, and do phone check-ins with homebound older people. Volunteers in the Senior Companions program help people with disabilities and terminal illnesses with simple chores, transportation, and companionship.

THE IMPACT

More than 170,000 older people participate annually in about 30,000 communities. Seventy-five percent of both volunteers and beneficiaries report positive experiences, with two in five volunteers (42 percent) noting improved psychosocial or physical health, according to a government [review](#) of four decades of evaluation studies.

AmeriCorps Seniors

<https://americorps.gov/serve/americorps-seniors>

THE FUNDERS

Congress appropriates funds annually. Nonprofits sponsoring AmeriCorps Seniors programs at the state and local level must provide cash or in-kind contributions worth 10 percent of their federal grant.

THE OPPORTUNITY Funders concerned with disability services, children and youth, public health, community and workforce development, and support for people with serious and terminal illness can leverage considerable federal funding for their grantees by providing relatively small matching funds.

GET IN TOUCH

We hope this Guide inspires you to explore aging further as an investment or intersecting priority to advance your philanthropic goals. GIA is here to help.

For additional information about the examples included in this guide, please contact info@giaging.org.

To learn more about Grantmakers In Aging, visit www.giaging.org.

Subscribe to our newsletter, Aging Matters, to receive monthly updates from GIA.

Become a GIA member to access all of our programming, resources, and 1:1 strategic assistance. We invite you to be part of the movement for an age-integrated society.

Together, we can make our work and our lives better with age.

ACKNOWLEDGMENTS

About Grantmakers In Aging (GIA)

GIA is a community of funders mobilizing money and ideas to strengthen policies, programs, and resources for all of us as we age, and the only global membership organization focused on aging and philanthropy. GIA creates opportunities for funders to connect, collaborate, co-fund, and learn from one another. We help funders who are already investing in aging to fund more strategically, and we help funders who are not funding in aging to identify the intersections of aging and every other funding priority. Our vision is a just and inclusive world where all people are fully valued, recognized, and engaged at all ages. To learn more, please visit www.GIAging.org.

Editorial and Design

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