

---

---

**Report to  
The Vermont Legislature**

---

---

**Act 156 Annual Report  
State Plan on Aging Annual Report  
In Accordance with Act 156 of 2020, 33 V.S.A. § 6206**

**Submitted to:** House Committee on Human Services  
Senate Committee on Health and Welfare

**Submitted by:** Monica White, Commissioner  
Department of Disabilities, Aging, and Independent Living

**Prepared by:** Angela Smith-Dieng, Director  
Adult Services Division,  
Department of Disabilities, Aging, and Independent Living

**Report Date:** January 15, 2023



---

**AGENCY OF HUMAN SERVICES  
Act 156 State Plan on Aging Annual Report**

# Act 156 Annual Report

## State Plan on Aging Annual Report

### Table of Contents

Executive Summary .....	1
Implementation of the State Plan on Aging .....	2
Progress Towards the Older Vermonters Act Principles .....	2
Targeting Those in Greatest Economic and Social Need .....	3
Adequacy of the Provider Network .....	4
Community Engagement .....	4
Attachment A: State Plan on Aging Goals, Objectives, Strategies, Performance Measures and Outcomes	
Attachment B: Older Vermonters Act Principles	
Attachment C: Older Vermonters Act Principles Current State	

### Executive Summary

[Act 156, the Older Vermonters Act](#), requires the Department of Disabilities, Aging and Independent Living (DAIL) to provide an annual report by January 15 to the Legislature and Governor on the implementation of the State Plan on Aging, the extent to which the Older Vermonters Act principles are being achieved, the extent to which services are targeted to those in greatest need, the sufficiency of the provider network, and the availability of opportunities for older Vermonters to engage in their communities.

The new 2023-2026 State Plan on Aging launched October 1, 2022. It includes key goals to promote the health and well-being of older Vermonters, ensure Older Americans Act services are inclusive, equitable and reaching those in greatest need, and bolster the support for family caregivers. The strategies undertaken over the next four years will be monitored and evaluated and future reports will include progress updates.

In addition to the State Plan on Aging, Vermont is also working to make progress towards the Older Vermonters Act Principles via a new Vermont Action Plan for Aging Well under development, which will identify strategies to make Vermont an age-friendly state over the next 10 years. One area of focus is social connection and community engagement to combat the impacts of social isolation and loneliness. Another area of focus is workforce and the adequacy of the service provider network.

## Implementation of the State Plan on Aging

On August 30, 2022, the Administration for Community Living (ACL) confirmed that Vermont's four-year [State Plan on Aging](#) under the Older Americans Act (OAA) for October 1, 2022, through September 30, 2026, was approved. In addition, ACL particularly noted Vermont's commitment to addressing social isolation and suicide prevention.

The State Plan on Aging is a comprehensive document designed to guide the work of DAIL as the State Unit on Aging in collaboration with the Area Agencies on Aging (AAA) and the aging services network.

The main goals of the 2023-2026 plan are to:

1. Promote the health, safety, and well-being of older Vermonters.
2. Ensure Vermont's Older Americans Act programs are inclusive of all older Vermonters.
3. Bolster the recognition and support of unpaid caregivers in Vermont.

Objectives to achieve these goals include work to strengthen the coordination and awareness of OAA services, improve the quality of life and nutritional health status of people accessing services, increase awareness of social isolation, and increase collaboration to prevent financial exploitation of older adults. There will also be a focus on strengthening the aging network's response to trauma and mental health and reaching historically marginalized communities, including LGBTQ+, Abenaki, BIPOC, and New Americans. Finally, family caregiver support will be a major focus, with work to raise public awareness of the needs of caregivers, support for different types of caregivers and building stronger support systems for caregivers.

Within each objective, there are detailed strategies, performance measures and outcomes that will be monitored over the next four years (see Attachment A).

Currently, the plan implementation is in the early stages. DAIL is working with partners, including other state departments, Area Agencies on Aging, senior centers, advocacy organizations, and committees to implement initiatives supporting the goals, objectives and strategies of the State Plan on Aging. Future reports will document a full year of progress.

## Progress Towards the [Older Vermonters Act Principles](#)

[Act 156, the Older Vermonters Act](#), established eight core principles to act as foundational guideposts to support aging well in Vermont. The eight principles are as follows:

1. Self-determination

2. Safety and Protection
3. Coordinated and Efficient Systems of Services
4. Financial Security
5. Optimal Health and Wellness
6. Social Connection and Engagement
7. Housing, Transportation and Community Design
8. Family Caregiver Support

Attachment B includes a full descriptive graphic of all the principles.

The act further directed the State to use these core principles to develop the Vermont Action Plan for Aging Well, also called a Master Plan on Aging. This plan is designed to be broader than the State Plan on Aging, which focuses primarily on OAA services. This plan's purpose is to "provide strategies and cultivate partnerships for implementation across sectors to promote aging with health, choice, and dignity in order to establish and maintain an age-friendly state for all Vermonters" (Act 156, Section 3).

In May 2021, a [process proposal](#) was submitted to the legislature by the Agency of Administration, in collaboration with DAIL and the Vermont Department of Health (VDH), outlining action steps and timelines for the development of the Action Plan for Aging Well. DAIL and VDH have created an [Advisory Committee](#) and are conducting a needs assessment in preparation for drafting the plan in 2023-2024. The focus of the needs assessment has been on the core principles to better understand the current state of meeting each principle. A summary of needs assessment results will be released in 2023. The plan will then include goals, objectives, strategies and measures to make progress towards the principles.

As a starting point, Attachment C includes a summary of current work related to each principle as of 2022.

## Targeting Vermonters in the Greatest Economic and Social Need

The OAA requires that AAAs target services to those in greatest economic and social need.<sup>1</sup> The AAAs implement various strategies to achieve this goal. The most common approach is to utilize healthcare and social service providers to refer people with whom they interact. Significant time is invested in building relationships with community

---

<sup>1</sup> The Older Vermonters Act defines 'greatest economic need' as the need resulting from an income level that is too low to meet basic needs for housing, food, transportation, and health care. 'Greatest social need' means the need caused by noneconomic factors, including: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, sexual orientation, gender identity, or HIV status, that: (i) restricts an individual's ability to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.

providers and educating front-line service staff about home and community-based services for older Vermonters.

In Federal Fiscal Year 2021 (FFY21), 16,787 people were served through the Older Americans Act registered service (a subset of all services). Of the people served, 4,779 self-reported having incomes below the poverty level. Additionally, 7,078 reported living alone. Of those who live alone, 2,525 reported incomes below the poverty level. More detailed data is available in the full OAA [State Program Report](#).

### **The Sufficiency of the Provider Network**

Vermont's aging services network serving older adults includes over 100 community-based organizations providing a range of services (a full list with descriptions is on [pages 83-88 of the State Plan on Aging](#)). The Area Agencies on Aging have the statutory requirement per the Older Vermonters Act to develop and implement a comprehensive and coordinated system of services, supports, and protections for older Vermonters, family caregivers, and kinship caregivers within the agency's designated service area. In addition, the AAAs have numerous requirements documented in the Older Americans Act that they must follow.

While Vermont has a robust network of agencies to serve older adults, circumstances that challenge Vermont to grow its population result in an inadequate workforce to meet the demands of an aging population. The workforce shortage is seen across sectors, including in healthcare, long-term care and community-based services. Agencies often compete for a small pool of workers to fill critical direct care positions. In some cases, long-term care facilities are not able to admit new residents due to lack of staffing. In other cases, Home Health Agencies (HHAs) have temporarily stopped accepting new home-based clients for personal care services or HHAs must prioritize and divide staff time to provide some service to each client. As the population continues to age, the demand for services grows, and the workforce does not expand, this challenge becomes more acute.

### **Community Engagement**

A key aspect of aging well is the need for meaningful social connection, as research shows social isolation significantly increases risk for illness and death. The Older Vermonters Act calls on the State to address the availability of affordable and accessible opportunities for older Vermonters to engage with their communities, such as social events, educational classes, civic meetings, health and exercise programs, and volunteer opportunities.

Nationwide, including in Vermont, Grange halls, VFW halls and fraternal organization-type entities have become less common in bringing people together. The trend of lower participation is particularly noticeable in places with small populations. To combat the challenges of staying connected, Vermont relies on its network of community leaders to help bring people together. Whether through senior centers, local civic groups, faith

communities, libraries, museums, art centers, general stores, or entities such as fire departments, there is no lack of affordable social events. In addition, Vermont State Colleges offer free or discounted classes for older adults.

Often the challenge is not the availability of opportunities but informing people about how they can participate. As media has evolved, sharing information has become more complex. Vermont organizations must use a combination of outreach methods, including print, radio, television, and social media whenever possible. While avenues such as Front Porch Forum and social media reach many, avenues such as the local free papers remain important to reach low-income Vermonters.

## GOALS, OBJECTIVES, AND STRATEGIES

### Goal 1: Promote the health, safety, and well-being of older Vermonters.

#### Objective 1.1: *Information and Referral/Assistance (I&R/A)*: Strengthen the coordination and awareness of OAA and related services

##### Strategies

1. Support the dissemination of outreach promoting the aging network, including AAAs, Senior Centers, State Health Insurance Assistance Program, State Medicare Patrol, and Adult Protective Services.
2. Leverage the aging network to promote the Senior Community Service Employment Program (SCSEP) and the professional growth opportunities such as workshops, computer classes, and participation in community college and technical education center programming that qualifies them for in-demand jobs, connects them with hiring employers, and better utilizes the mature worker population to expand the state's workforce.
3. Circulate advertising for Vermont's Aging and Disability Resource Centers, options counseling, and the statewide Helpline.
4. Establish standardized protocols for information, referral and assistance (I&R/A) teams to identify callers' needs and connect to services offered through the aging network.

##### Performance Measures

- # of outreach addressing the aging network and the programs under the OAA.
- # of people enrolled in the Senior Community Service Employment Program.
- #/% of people contacting the AAA Helpline.
- #/% of people receiving OAA services.

##### Outcomes

- Short-term: Older Vermonters will increase their knowledge of programs and services offered through the aging network.
- Intermediate: Older Vermonters will contact the AAA Helpline for assistance accessing services and support.
- Long-term: Older Vermonters will be connected to services for which they qualify.

#### Objective 1.2: *Case Management*: Improving the quality of life for individuals accessing person-centered case management services

##### Strategies

1. Implement and maintain person-centered framework training for AAA service and coordination teams.
2. Explore the adoption of screening tools to identify health factors, including immunization status, dementia, fall-related TBI, and suicide.

3. Explore a variety of approaches to improve successful care transitions for people relocating from an institutional setting to a community setting, including enhancing mental health counseling, wellness programs, and family caregiver support and collaboration with the Vermont Ombudsman Project.
4. Monitor the impact of case management services by delivering a standardized survey implemented by AAAs.

### **Performance Measures**

- #/% of AAAs using person-centered planning tools
- #/% of AAAs adopting screening tools to assess immunization status, risk of dementia, fall-related TBI, and suicide
- # of care transitions completed by AAAs
- #/% of survey respondents reporting case management increased their quality of life

### **Outcomes**

- Short-term: AAAs operate care and service teams using the person-centered framework for care.
- Intermediate: Case management clients are screened for risks impacting their health and wellbeing.
- Long-Term: Older Vermonters are supported to live in the setting they prefer.
- Long-Term: Individuals receiving case management services report in the case management survey the service helped to improve their quality of life.

### **Objective 1.3: *Nutrition*. Improve the nutritional health status of older adults participating in the senior nutrition program.**

### **Strategies**

1. Train aging services staff and volunteers that malnutrition is an indicator and vital sign of older adult health risk.
2. Plan activities for Malnutrition Awareness Week.
3. Improve quality and availability of all OAA NSP meals, including therapeutic meals.
4. Increase availability of nutrition education and nutrition counseling.
5. Integrate validated malnutrition screening tools into assessments.
6. Monitor client progress and quality of nutrition, case management, and information and referral services.
7. Leverage existing partnerships and engage in new community partnerships to provide access to programs and services to prevent and address malnutrition.
8. Explore creating hospital service area malnutrition coalitions to address root causes of malnutrition.

### **Performance Measures**

- #/% of trainees reporting increased knowledge of malnutrition
- #/% of people enrolled in nutrition counseling



- #/% senior nutrition providers offering a therapeutic meal option
- #/% of AAAs screening for malnutrition

### **Outcomes**

- Short-term: Older adults and caregivers will increase their knowledge malnutrition is, its impact, prevention, treatment, and available resources.
- Short-term: Aging services staff and volunteers will increase their knowledge of malnutrition, its impact, prevention, treatment, and available resources.
- Intermediate: The aging service staff will improve collaboration and coordination of services to address malnutrition through an interdisciplinary approach.
- Long-term: The AAAs and SUA will have improved understanding of the prevalence of malnutrition within the senior nutrition program.

### **Objective 1.4: *Family Caregiver Support*: Increase awareness of social isolation and the available resources to combat the adverse effects.**

### **Strategies**

1. The SUA, in collaboration with VDH, will distribute educational material on the association of caregiving and social isolation.
2. The SUA, in partnership with AAAs and Senior Centers, markets and promotes the availability of support services available to caregivers addressing social isolation, including Vermont Assistive Technology and the Senior Companion Program.
3. Expend the American Rescue Plan funds through community grants to support programming for family caregivers.
4. Collaborate with AAAs to provide access to an innovative web-based platform for older adults to engage in social activities.
5. Review and make recommendations for addressing transportation needs for older adults living at home and in facilities.

### **Performance Measures**

- # of outreach to caregivers addressing social isolation as a health issue.
- # of outreach targeting unpaid caregivers on the availability of support services.
- # of recommendations adopted to address the transportation needs of older adults.
- # of projects funded through the American Rescue Plan to enhance social supports for family caregivers.
- # of people enrolled in GetSetUP, a web-based social platform.

### **Outcomes**

- Short-term: Caregivers will understand the impact social isolation has on health.
- Short-term: Vermonters will understand services available to help combat social isolation.
- Intermediate: Older Vermonters participate in programming made available to create meaningful activities and connections.
- Long term: Older Vermonters have access to transportation services.

**Objective 1.5: *Elder Justice*: Increase collaboration to prevent and protect vulnerable older adults against financial exploitation.**

**Strategies**

1. Recognize National Consumer Protection Week (March 6-12) and collaborate with the Attorney General's office, Community of Vermont Elders' Senior Medicare Patrol, and media outlets to communicate strategies for avoiding scams.
2. Leverage Vermont's "Stay Savvy Vermont" PSA videos to engage the public in awareness of financial exploitation and strategies to protect against scams.
3. Support the development of projects and programs that expand supported decision-making.
4. In partnership with Vermont Legal Aid and the Office of Public Guardian, provide public education on advance directives, power of attorney, representative payees, and how legal safety guards protect from exploitation.
5. Collaborate with Vermont Department of Financial Regulation to expand education on frauds and scams related to insurance, banking, and how to make a report.

**Performance Measures**

- # of outreach addressing financial scams and exploitation
- # of reports filed with APS under the category of financial exploitation
- # of education events focused on legal issues, including advanced directive, power of attorney, and payee services

**Outcomes**

- Short-term: Increase the adoption of statewide outreach addressing financial scams and exploitation.
- Intermediate: Older Vermonters are knowledgeable about financial scams and equipped with the knowledge to avoid them.
- Intermediate: Increase Vermonters' understanding of legal tools designed to protect vulnerable adults.
- Long-term: Older Vermonters have access to legal support to protect them from financial exploitation.

**Goal 2: Ensure that Vermont's OAA programs are inclusive of all older Vermonters.**

**Objective 2.1: Bolster training and collaboration across State departments to strengthen the aging network's response to trauma and mental health.**

**Strategies**

1. Support the establishment of trauma-informed training for the aging network providers to increase the provision of trauma-responsive care.
2. Collaborate with VDH to implement gatekeeper training to inform volunteers and professionals interacting with older adults to identify risks for suicide.

3. Explore opportunities to enhance the eldercare clinician services.
4. Enhance emergency planning with VDH and the aging network to improve responsiveness to older adults in the greatest economic and social need during health emergencies.

### **Performance Measures**

- # of aging network staff trained in trauma-informed services.
- # of aging network staff and volunteers completing gatekeeper training.
- # of people enrolled in the eldercare clinician program.

### **Outcomes**

- Intermediate: Vermont's aging network workforce is trauma-responsive in their service delivery.
- Intermediate: Vermont's aging network workforce and volunteers are prepared to identify the risk for suicide.
- Intermediate: Older Vermonters have access to mental health services and supports.
- Long-term: Vermont's aging network is responsive to the needs of all Vermonters.

### **Objective 2.2: Determine services needed and effectiveness of programs, policies, and services for all Vermonters, including LGBTQ+, Abenaki, BIPOC, and New Americans.**

### **Strategies**

1. Identify and build relationships with groups and organizations representing Vermont's populations, including LGBTQ+, older adults living with HIV, Abenaki, and New Americans, to participate and inform strategic planning.
2. Involve individuals with lived, cultural expertise in service planning, including nutrition services, to ensure meal options meet cultural preferences.
3. Generate marketing and development content that reflects and supports diversity and inclusion using images of BIPOC, New Americans, Veterans, and other cultural groups.

### **Performance Measures**

- # of strategic planning sessions involving organizations representing specific groups of Vermonters.
- # of marketing initiatives created to represent all Vermonters.

### **Outcomes**

- Long-term: All older Vermonters are represented and served under the OAA programming.

### **Goal 3: Bolster the recognition and support of all caregivers including unpaid caregivers.**

#### **Objective 3.1: Increase public awareness and recognition of the diverse needs, issues, and challenges faced by family caregivers**

##### **Strategies**

1. Partner with the AAAs, Alzheimer's Association Vermont Chapter, and VDH to recognize and promote National Family Caregiver Months.
2. Publicize and share stories addressing the dynamics of family caregiving.
3. Distribute tip-sheets throughout the aging network on best practices related to supporting caregivers.
4. Leverage the recommendations from the RAISE family caregiver act to raise awareness of the needs of family caregivers.

##### **Performance Measures**

- # of public engagements focused on unpaid caregivers.
- # of programs operated in Vermont supporting family caregivers.

##### **Outcomes**

- Short-term: Increased awareness of unpaid caregiving and its impact on families.
- Intermediate: Unpaid caregivers have access to programs specifically designed to support their needs.
- Long-term: Unpaid caregivers in Vermont are recognized as a critical part of the care and services system infrastructure.

#### **Objective 3.2: Increase collaboration across the aging network to support Grandparents raising grandchildren**

##### **Strategies**

1. Collaborate with stakeholders and community members to coordinate a respite coalition to pursue the Lifespan Respite Care program.
2. Utilize the National Technical Assistance Center on Grand Families and Kinship Families for strategic planning.
3. Collaborate with Vermont Kin as Parents to raise awareness about supporting grandparents raising children.

##### **Performance Measures**

- # of public engagements focused on grandparents raising grandchildren.
- # of programs operated in Vermont supporting grandparents raising grandchildren.

### **Outcomes**

- Short-term: The aging network and public are aware of the resources available for grandparents raising grandchildren.
- Long-term: Grandparents raising grandchildren have access to readily available services and supports to meet their needs.

**Objective 3.3: *Family Caregiver Support*: Ensure family caregivers have a support system in place to meet them where they are in their caregiving journey.**

### **Strategies**

1. Support family caregiver specialists using an evidence-based assessment tool to work with caregivers to develop unique service plans, including recommended strategies for improving well-being.
2. Partner with VDH to increase the availability of dementia training for aging network staff, including paid caregivers.
3. In partnership with AAAs and volunteers, increase the usage of trained volunteers for providing respite to family caregivers.
4. Monitor the impact of services on the caregivers' level of stress and burden.

### **Performance Measures**

- #/% of AAA staff trained in using the evidence-based assessment.
- # of professionals in the aging services field trained in dementia capable.
- # of volunteers providing respite to family caregivers.
- #/% of caregivers who show decreased stress and burden levels after regular reassessment intervals.

### **Outcomes**

- Short-term: AAA caregiver support staff are trained and certified using an evidence-based caregiver assessment tool.
- Medium: Professionals who support family caregivers are trained in dementia capable practices.
- Medium: Family caregivers have access to respite support regardless of where they live in the state.
- Long-term: Family caregivers participating in family caregiver support programming will decrease stress and burden.

Older Vermonters should be able to direct their own lives as they age so that aging is not something that merely happens to them but a process in which they actively participate. Whatever services, supports, and protections are offered, older Vermonters deserve dignity and respect and must be at the core of all decisions affecting their lives, with the opportunity to accept or refuse any offering.

## Attachment B

### Self-Determination

### Safety and Protection

Older Vermonters should be able to live in communities, whether urban or rural, that are safe and secure. Older Vermonters have the right to be free from abuse, neglect, and exploitation, including financial exploitation. As older Vermonters age, their civil and legal rights should be protected, even if their capacity is diminished. Safety and stability should be sought, balanced with their right to self-determination.

**Coordinated and Efficient Systems of Services:** Older Vermonters should be able to benefit from a system of services, supports, and protections, including protective services, that is coordinated, equitable, and efficient; includes public and private cross-sector collaboration at the State, regional, and local levels; and avoids duplication while promoting choice, flexibility, and creativity. The system should be easy for individuals and families to access and navigate, including, as it relates to major transitions of care. The system should be designed to address the needs and concerns of Older Vermonters and their families during normal times and in the event of a public health crisis, natural disaster, or other widespread emergency situation in this State.

**Financial Security:** Older Vermonters should be able to receive an adequate income and have the opportunity to maintain assets for a reasonable quality of life as they age. If older Vermonters want to work, they should be able to seek and maintain employment without fear of discrimination and with any needed accommodations. Older Vermonters should also be able to retire after a lifetime of work, if they so choose, without fear of poverty and isolation.

**Optimal Health and Wellness:** Older Vermonters should have the opportunity to receive, without discrimination, optimal physical, dental, mental, emotional, and spiritual health through the end of their lives. Holistic options for health, exercise, counseling, and good nutrition should be both affordable and accessible. Access to coordinated, competent, and high-quality care should be provided at all levels and in all settings.

**Social Connection and Engagement:** Older Vermonters should be free from isolation and loneliness, with affordable and accessible opportunities in their communities for social connectedness, including work, volunteering, lifelong learning, civic engagement, arts, culture, and broadband access and other technologies. Older Vermonters are critical to our local economies and their contributions should be valued by all.

**Housing, Transportation and Community Design:** Vermont communities should be designed, zoned, and built to support the health, safety, and independence of older Vermonters, with affordable, accessible, appropriate, safe, and service-enriched housing, transportation, and community support options that allow them to age in a variety of settings along the continuum of care and that foster engagement in community life.

**Family Caregiver Support:** Family caregivers are fundamental to supporting the health and well-being of older Vermonters, and their hard work and contributions should be respected, valued, and supported. Family caregivers of all ages should have affordable access to education, training, counseling, respite, and support that is both coordinated and efficient.

## **Attachment C**

### **Older Vermonters Act Principles Current State**

#### **Self-determination**

Vermont statute protects the right of an individual to make a conscious and voluntary choice based on a matter of lifestyle, personal preference, or religious belief. In addition, DAILE and the Department of Mental Health (DMH) have policies promoting person-centered practices and protecting self-determination. Service planning is led by the person who receives the benefits. Finally, service providers enact procedures to recognize the person's right to refuse services.

#### **Safety and protection**

Numerous strategies are employed to achieve safety and protection for older adults. Community organizations provide public education on best practices for avoiding scams and exploitation. Vermont deploys staff and volunteers into the community to engage with Vermonters and watch for signs of neglect, abuse, and exploitation. Adult Protective Services (APS) investigates allegations of abuse, neglect, and exploitation of vulnerable adults and implements protective services, as necessary, to limit future maltreatment. In Vermont, Mandatory Reporters are any employees, contractors, and grantees of the Agency of Human Services or individuals who work in a caregiving profession or are a caregiver to a vulnerable adult. The Attorney General's office investigates and prosecutes abuse, neglect, exploitation and Medicaid fraud. Public Safety institutions also have a role to play in keeping communities safe for older adults.

#### **A coordinated and efficient system of services**

A coordinated system begins with coaching people about their options. [Vermont's Area Agencies on Aging](#) (AAAs) assist Helpline callers age 60 and older in navigating the home and community-based service system. Specifically, AAAs offer options counseling, assisting individuals and their families to explore and plan for long-term services and support, including researching formal and informal assistance to support individuals to remain in the setting of their choice. Upon working with options counselors, individuals or families can work with a case manager for ongoing support that may include coordinated services from multiple types of providers, including home health services, mental health and substance use services, and many more.

#### **Financial security**

For income supports, most older Vermonters have Social Security (which could include SSI or SSDI), Medicare and/or Medicaid. Vermont has numerous programs helping with basic needs for those in greatest need, including senior housing, nutrition services, such as 3SquaresVT, fuel and utility assistance, and weatherization services. Tax benefits and rebates also help make Vermont affordable for older Vermonters.

Vermonters who want to re-enter or maintain a presence in the workforce have options for support. HireAbility Vermont has counselors available to work with older adults with chronic conditions to identify their interests and work to match them with an employer.

Additionally, HireAbility can help connect older adults with new skills training or retraining.

### [Optimal health and wellness](#)

The Vermont Department of Health provides public information and education related to maintaining health and wellness across the lifespan with specific focus on chronic disease prevention, tobacco cessation and brain health. Self-management classes for diabetes, high blood pressure, chronic pain, smoking and more are available via [myhealthyvt.org](http://myhealthyvt.org).

Vermont's healthcare system includes our hospitals, health clinics, primary care practices, long-term care and rehabilitation facilities, home- and community-based providers and more. Efforts to support the health of older adults live within and across these providers and networks. In addition, many community-based agencies, such as [senior centers](#) and [SASH supportive housing sites](#) offer evidence-based programs for falls prevention, nutrition and chronic disease management.

Vermont also has a robust network of mental health and substance use providers across the state. Older Vermonters may access outpatient services, home-based care through elder care clinicians if eligible, or in-patient treatment, though options for age-specific treatments are limited.

### [Social connection and engagement](#)

Social connection and prevention of isolation is key to health and longevity. Vermont's [senior centers](#) that offer a variety of classes and social activities report robust participation. In addition, [adult day programs](#) are available for older adults requiring social and physical support. Lastly, numerous opportunities exist to create connections through faith-based organizations and volunteering. SerVermont sponsors numerous programs, including [Senior Corps](#) (RSVP, Senior Companion, Foster Grandparent). Area Agencies on Aging offer [GetSetUp](#), an online platform for older adults to take a variety of free classes and workshops.

### [Housing, transportation, and community design](#)

The Vermont Agency of Transportation is working to find the best combination of transit designs to serve communities around the State. In addition to providing traditional fixed route transit and on-demand service, one of the tactics of the Agency is to fund micro-transit demonstrations such as GMT's [MyRide](#). As micro-transit pilots expand across the State, Vermont will learn more about its strengths and weaknesses. Additionally, volunteer drivers are a critical part of rural Vermont's transit system for older adults and fill the gap where a formal transit system cannot be brought to scale.

The right housing is key to aging well. Many Vermonters want to age in their own home, and programs exist to provide home modifications and assistive technology. Programs such as [HomeShare Vermont](#), work towards providing options for folks who have larger



homes and are interested in having someone live with them. [SASH](#) is a successful model of support in congregate senior housing.

### Family caregiver support

Multiple sources drive Vermont's caregiver support programs and initiatives. Using Older Americans Act funding, AAAs support caregivers of older adults and grandparents raising grandchildren through various programming, including respite services, counseling, education, and support groups. Additionally, AAAs are allocated state general funds to operate the [dementia respite program](#). The program eligibility is based on income and supports respite to unpaid caregivers caring for a person with dementia.

In addition to the AAAs, the Alzheimer's Association Vermont Chapter has a significant presence in Vermont. The association works with volunteers to create and maintain support groups and organize educational events. Also, the Alzheimer's Association maintains a [24/7 Helpline](#) for those who need assistance.

Lastly, the UVM Larner College of Medicine is forming a Caregiver Center to advance caregiver support throughout the state. Developing the caregiver center will take time, but the initial phase has been the launch of the CAREERS program. Enrollees in the program learn and apply specific approaches to alleviate the challenges of caring for a person with dementia.