The Commission on Women, Children, Seniors, Equity & Opportunity
CWCSEO
Connecticut General Assembly
Women, Children, Seniors, Equity & Opportunity

Connecting Aging Advocacy: A Statewide Inventory and Data Analysis of Volunteer Groups with an Age-focus in Connecticut

A Report by the Commission on Women, Children, Seniors, Equity & Opportunity

Date: October 31, 2025

Author: Madison Daigneau, Policy Fellow, CWCSEO

Contributors:

Claire Côté, MSW, Field Representative, ADS' Bureau of Aging

Michael Werner, J.D., Lead Aging Policy Analyst, CWCSEO

Eric Rosenberg, MD, FACP, Chair, East Hampton's Commission on Aging

Tianyi Zhang, MPH, Policy Fellow, Yale School of Public Health

Project supported by Connecticut's Aging and Disability Services', Bureau Of Aging

Aging and Disability Services

Abstract

This report reflects the findings from a statewide survey of 66 local advocacy groups who have an age-focus, mainly municipally based Commissions on Aging. Prior to the collaborative work of Connecticut's Commission on Women, Children, Seniors, Equity & Opportunity, and the Aging and Disability Services Departments' Bureau of Aging, there had never been an attempt at identifying and connecting these groups of volunteers. Analysis of the results shine a light on major areas of focus of these groups, particularly the development of and improvement of physical senior center spaces, and accessible affordable housing. Results also show the real-world hurdles these groups face, especially when it comes to budget constraints, fundraising and grant writing, supporting new ways of engaging participants, and getting support from policy makers. Groups are actively addressing core needs of aging and older residents, while navigating notable resource challenges.

This analysis walks alongside the "No Wrong Door" (NWD) principle, where any entry point to resources by, or for, an older adult can be correct[1]. Municipal aging services and senior centers are vital attributes to the NWD system, along with other community based organizations that benefit from the community assessment, strategic planning, and advocacy work of these volunteer age-focused groups. This inventory can be a foundation for building a more connected support network, where other "doors" can be wedged open instead of lost in the chaos of public service; regional collaborations can be formalized and referral roadmaps drawn up. The inventory held within this paper can act as a starting point- a call to action and an offering for the local advocates to connect and to build a more collaborative and effective system of local advocacy for Connecticut's aging population. Increased communication amongst these groups, and coordinated local support, along with clear strategies could boost advocacy for issues pertaining to aging CT residents in a stronger, more cohesive way.

[1] *See,* What is Connecticut's No Wrong Door? Aging and Disabillity Services, December 30, 2024, https://portal.ct.gov/ads/knowledge-base/articles/independent-living-services/healthy-living-services/no-wrong-door-initiatives-to-improve-behavioral-health-services-for-older-adults?language=en_US

Introduction: The Current State of the Aging Network

Where do you go for information- the internet? People close to you? Medical and Health Professionals? Religious and Spiritual Leaders? As adults navigate changes, transitions and new experiences, we rely on people and places that have guided us before, and who are comfortable to us; in most cases, these resources are local to where we live, work and play. This does not change as we trek through our later years, either, encountering new challenges, and being presented with different opportunities; when Connecticut residents are looking for trustworthy information, resources, representation, and support systems, they turn to the people working in their own towns, and within and around those communities. For many people over the age of 55, these trusted individuals are working within community settings- whether that be the local coffee shop, the non-profit where yoga is hosted, church, the food pantry, the library, or the senior center.

Embedded within the 169 towns across the state are people employed by municipalities and non-profit agencies who are integral parts of the aging network in Connecticut: Senior center and other municipal aging services professionals everyday are providing information, making referrals, and assisting individuals and caregivers. Senior centers are hosting programs and facilitating services that support independent living, health and wellness, and access, and Municipal Agents [for the elderly] are facilitating educational and informational workshops, and compiling lists of affordable housing for folks, and are ensuring people know where to go for unbiased benefits counseling.

Who is supporting, and working with these hard working, motivated Community Professionals? Who are the volunteers who have offered time and energy to supporting older and aging adults in a broader sense? Strewn across the state are these groups, composed of volunteers, and all with a particular focus on issues related to aging/older adults. Many of these groups volunteer to run programs, they may coordinate some special events, but they all have the ability to support policy locally, and to advocate on a larger scale: these groups include municipal Commissions on Aging, non-profit Senior Center Board of Directors, Mayors' advisory councils, etc.

These groups are essential building blocks for community support and are positioned to be a voice for older residents, as well as the municipal and non-profit staff working on their behalf. While these volunteer-lead groups are working hyper-locally, there is an assumption that they are also working with hyper-local resources, which may be limited, much like their Staff counterparts generally are, within the senior center or municipality.

This report illustrates a first endeavor at inventorying and connecting these age-focused groups (hereon referred to as "aging advocacy groups" or "the groups"). This initiative

was taken on by the state's Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO), with support from the Senior Center Coordinator and Municipal Liaison, embedded within the Department of Aging and Disability Services' Bureau of Aging (ADS-BOA), to strengthen the aging network. By connecting these dedicated volunteers, there is the possibility for them to work together, share resources, and to fuel broader policy change across the state that positively impacts us all as we live, work, play, and age in Connecticut.

This report takes a look at the current landscape of aging advocacy within Connecticut, drawing on self-reported data from 66 responding local aging advocacy groups, and the senior center and municipal professionals with whom they are working. This information came from data collected through an electronic survey that asked various questions, centered on mission, structure, and priorities of these groups. The analysis quantifies key initiatives, notable challenges, and strategic directions decided independently, though seen through a statewide lens.

The initial purpose of the Aging Advocacy Groups Inventory project was to create as comprehensive a list of these groups as possible, with the hope to not only get a better idea of the state of voices for older adults who are already embedded across Connecticut, but to be able to showcase areas of need in municipal aging services as well. However, as the responses about these groups came in, the project's potential evolved, and a plethora of opportunities were presented: it is clear that the true value of this inventory is not as a simple spreadsheet, but as a tool for the groups themselves.

This report and inventory can act as a starting point for these groups by providing the information needed to foster new connections. Being the first of its kind in Connecticut, this inventory, and associated report, can aid dedicated volunteers in harnessing the momentum of this project, and creating opportunities to work together, sharing information; maximizing resources across town and regional lines; and cross-collaborating to fuel positive change that is impactful to Connecticut residents.

A State of 169 Municipalities, 169 Operational Realities

To truly understand the challenges and opportunities in Connecticut, we have to look at how the state is set up, particularly in how local autonomy is supported, and the powerful sense of community responsibility of residents. Each town in the state has its own budget, elected and appointed officials, and infrastructure, all fueled by that town's tax base. Because of this structure, municipally-based volunteer-lead groups are, understandably, working to better the 'state of aging' for that town's residents. Despite the successes of these independent structures and way of working succeeding in the

past in gaining resources for individual towns, Connecticut is experiencing a massive demographic wave, creating lots of opportunity for and bolstering resources through creative collaboration.

The dismissive fear-based kneejerk reaction to a 'statewide collaboration' suggestion is understandable, but there is interest in this; there could be value in starting small, and in identifying common goals. There being 169 towns, cities, villages, etc., can be regarded that there are just as many ways of tackling challenges, and maximizing opportunities for advocacy related to older adults. While an absent county structure can promote local participation and volunteer-led action—the integral components of the advocacy groups in this inventory—the absence also creates a patchy landscape for resident support. Out of the 102 original responses in the inventory, nearly 23% of responding senior center professionals and Municipal Agents were not aware of any aging advocacy groups in their towns, displaying potential gaps in advocacy support and areas of future opportunity for education and outreach.

Although all of these groups will differ in some ways, they all serve a similar age group of individuals, and most likely share common roles and beliefs, such as community assessment, proactive planning, empowerment and strengthening. By connecting, cross-pollinating ideas and resources, these groups and their associated municipal and non-profit staff can create unforeseeable opportunities by working together. This stronger, more cohesive network can be empowering to professionals and volunteer group members, and benefits us all as we age here in Connecticut.

Expanding Population, Expansive Opportunities

That traditional support of hyper-localized structure and action has been facing, and may feel threatened by large scale demographic shifts, according to the data from the *2025 Connecticut Healthy Aging Data Report*[2]. Connecticut is aging rapidly, and the scale of this change deserves a response that is strategic, statewide, and wildly purposeful. An inventory of groups who have the ability to influence, educate and to advocate together can be another tool in harnessing the opportunities afforded by these demographic shifts in making a positive impact.

As of 2025, Connecticut boasts more than 885,000 Connecticut residents who are aged 60 plus; that's nearly a quarter of the state's entire population. Regardless of where you live in the state, Connecticut's aging residents are facing health challenges. The Healthy Aging Data Report illustrates several of these concerns; this is another tool that may be

[2] *See,* "Connecticut Healthy Aging Data Report." (2025) Healthy Aging Data Reports, Point32Health Foundation, healthyagingdatareports.org/ct/connecticut-healthy-aging-data-report/

used in concert with other resources to assess community strengths and needs. Local advocacy groups can use data to help target efforts, or find common ground with other communities with whom they can work.

Connecticut's Demographics

Table 1: Data used from *2025 Connecticut Healthy Aging Data Report*.

Category	Focus Point	Implication for Advocacy Groups
Population Size & Growth	Over 885,046 residents are aged 60+ (24.5% of the state population).	Demand for services will continue to rise, straining existing resources and services.
Social Isolation Risk	27.7% of Connecticut residents aged 65+ live alone	High risk for social isolation and loneliness calls for outreach, transportation, and wellness programs
Chronic Disease Burden	CT has highest rates in New England for Alzheimer's disease (14%), congestive heart failure (21.%), and osteoporosis (20%)	strong connections to health services and caregivers, increased knowledge towards preventative care
Significant Health Disparities	Diabetes and kidney disease are more prevalent for Hispanic and Black older adults.	Advocacy must be purposeful, informed, and targeted to address the specific needs of diverse communities.
Mental Health	37.5% of women and 25.6% of	Mental health support and social activities are critical components

Concerns	men 65+ have depression.	of living and aging happily.

What can be suggested of this data is significant. Striking amounts of cases like Alzheimer's and congestive heart failure place stress not only on Connecticut's healthcare system but also on families and caregivers—the very people local advocacy groups aim to support. Connecticut residents are living alone in later years as well, creating a critical need for, and opportunity to enact, programs and services that combat social isolation; some of these currently and can include meal deliveries, transportation services,wellness checks, and virtual options to connect and engage in health promotion initiatives.

Health disparities between racial and ethnic groups is reflective of the impact of intersectionality and the longstanding negative effects of ageism, racism and colorism. Access to quality health insurance, care, and preventative education has historically been made difficult for non-white populations. The combination of having to navigate racism and balancing the struggles of everyday life can lead to sustained stress over the lifetime, poorer quality of life, and exacerbated health issues.

Higher rates of chronic conditions like diabetes and kidney disease in Black and Hispanic communities mean decreased quality of life, increased physical and financial strain on family caregivers of all ages as well as threat of social isolation, depression, and early death. These systemic inadequacies and limitations affect us all negatively, and solutions cannot be coaxed in isolation, but dealt with through collective efforts and advocacy.[3]

Project Methods

Stakeholders

The CWCSEO and Aging and Disability Services Department are housed within different branches of government, Legislative and Executive, respectively. In its 2021 session, the Connecticut General Assembly passed Public Act 21-7 AN ACT CONCERNING SENIOR CENTERS AND SENIOR CRIME PREVENTION EDUCATION, which tasked the Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO) with providing assistance to Senior Centers, including but not

[3]*See,* 2025 Health Equity Impact Report: Fostering Collaboration and Understanding, Alzheimer's Association, July 31, 2025 https://www.alz.org/news/2025/alzheimers-association-2025-health-equity-impact-report

limited to the the establishment and facilitation of a state-wide Senior Center Workgroup. CWCSEO's Lead Aging Analyst Michael Werner staffed this workgroup, which was composed of representatives from senior centers, as well as the CT Association of Senior Center Personnel (CASCP), the Department of Social Services (DSS), and Aging and Disability Services (ADS).

Shortly after the workgroup provided the legislature with recommendations about senior centers and municipal aging services in their cumulative "Report of the Statewide Senior Center Workgroup" in April 2023, both the CWCSEO and the Bureau of Aging were individually approached by the Chairperson of East Hampton's Commission on Aging about endeavoring on this project.

Data Collection

The primary data collection tool was the "Connecticut Aging Advocacy Groups Inventory," a Google Form survey distributed electronically to municipal agents, senior center professionals across 169 towns and cities in the state from the Senior Center Coordinator/Municipal Liaison at ADS-BOA. Creation of the survey was done collaboratively between the CWCSEO and ADS-BOA, taking into consideration the initial intent of the requesting Commission on Aging, and the differing setup of these groups; the tool had to be constructed in a manner that provided flexibility to capture as complete an inventory as possible.

The tool was sent out with an introduction as well as context as to why the inventory was being pursued; the relationship between municipal agents and senior center staff and these volunteer-lead groups was illustrated and uplifted, and these professionals were asked to complete the survey, with information about the groups. Community professionals were asked for information regarding group structure, governance, meeting accessibility, and leadership contacts. Importantly, it also included an open-ended question asking respondents to share their group's "latest initiatives, changes, challenges."

A total of 88 responses were received. Of these, 66 confirmed the existence of a formal aging advocacy group within their town limits and provided the requested information that is the basis of this report's analysis. The remaining 22 responses indicated an unawareness on behalf of Respondents, of any such group in their area.

Data Analysis

The data was collected and analyzed using a mixed-methods approach. Many questions posed included multiple choice answers, so baseline information regarding formation of the group, name, leadership was easily attained without any need for

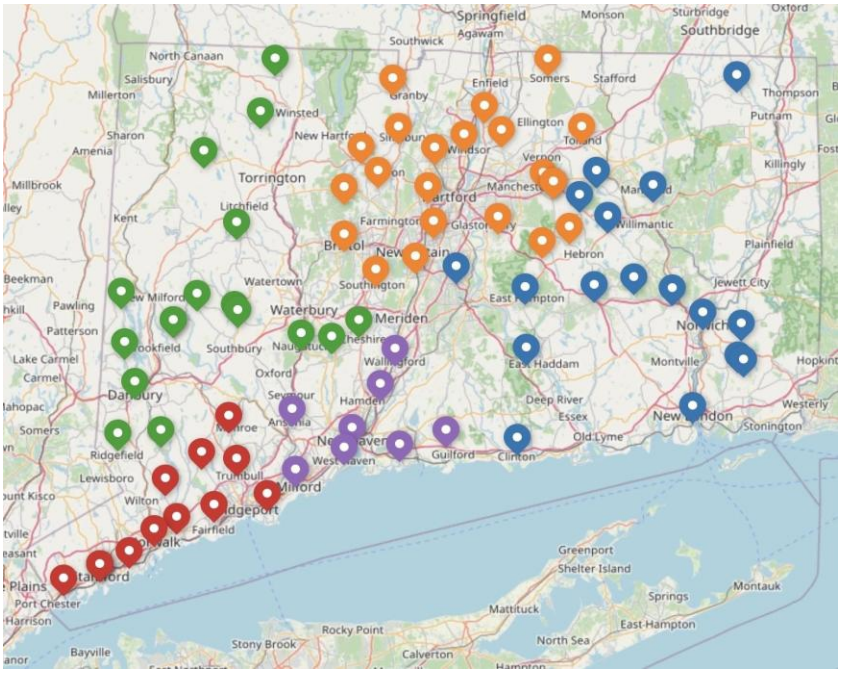
manipulation or further clarification. The quantitative summary of themes was developed by categorizing the qualitative responses from the 66 active groups into basic themes (ex.: "Housing," "Transportation," "Fundraising"). The prevalence of each theme was then identified to the most common priorities and challenges statewide. Further, a qualitative analysis was conducted to describe groups' activities, using direct, anonymized quotes. Finally, the responses were sorted by Area Agency on Aging (AAA) region to analyze the geographic distribution of [responding] advocacy engagement across the state.

Distribution of [responding] Advocacy Groups

Analyzing the survey responses through the lens of Connecticut's five Area Agencies on Aging (AAA) provides insight into the aging network[s] within each of these regions. Connecticut's Area Agencies on Aging are independent non-profit organizations, each serving the residents of a specific region, made up of multiple towns, of the state; their focus is on administering services and programs that are helpful to residents aged 60+.

Each AAA is responsible for putting together a regional strategic plan every 3 to 4 years, assessing the strengths and needs within the region, as they concern aging residents and caregivers. There is an intrinsic and valuable relationship between Senior Center Professionals, Municipal Agents and the Area Agencies on Aging, so mapping the whereabouts of these aging advocacy groups in this manner could be helpful in assessing the landscape of networking and advocacy potential. Where many community Professionals may not have the authority in their positions to advocate formally through testimony to the state's Legislature, or even within the organizations within which they work, "advocacy" is often a core element of the ordinances, town charters that created, and the bylaws that guide these volunteer-lead aging advocacy groups.

The distribution of the 66 responding groups is not evenly dispersed across these regions, as reflected by the figure below. Instead, the data reflects different levels of engagement and network density, which could be aligned with population density in some areas. The North Central Area Agency on Aging (NCAAA) region showed the highest number of responses with 22 active groups. Following were the Western CT Area Agency on Aging (WCAAA) with 17 groups, the Eastern Agency on Aging (ECAAA dba. Senior Resources) with 16, and the Southwestern CT Agency on Aging (SWCAA) with 13. The Agency on Aging of South Central CT (AoASCC) had 8 responding groups. This range does not suggest that advocacy is more effective in any single region, but rather highlights where current infrastructure and communication may be most active.



North Central Area Agency on Aging (NCAAA)

Western CT Area Agency on Aging (WCAAA)

Senior Resources, Eastern CT Area Agency on Aging (ECAAA)

Southwestern CT Agency on Aging (SWCAA)

Agency on Aging of South Central CT (AoASCC)

Qualitative Analysis: Shared Priorities and Common Hurdles

> *Direct quotes from the Aging Advocacy Group Inventory survey are present throughout this section to provide firsthand context on the initiatives and challenges faced by groups across the state (seen in blue).*

Legal and Policy Context for Aging Advocacy in Connecticut

Connecticut has a statutory framework that supports both individual and collective engagement in aging services. At the foundation is Connecticut General Statutes § 7-127b, which requires every municipality to appoint a municipal agent for elderly

persons.[4] These agents serve as official liaisons for older residents, helping them access federal and state benefits, connecting them to housing and community resources, and reporting unmet needs to both local officials and the Department of Aging and Disability Services.

The Legislature also created the Commission on Women, Children, Seniors, Equity & Opportunity (CWCSEO) under Connecticut General Statute § 2-127.[5] Through its subcommissions, including one dedicated to seniors, CWCSEO provides a formal venue for elevating aging issues within the legislative process. The commission also acts as a convener that brings together municipal commissions on aging, nonprofit organizations, advocacy coalitions, and community stakeholders. In doing so, it helps translate local experience into statewide strategy, ensuring that the efforts of volunteer-led and municipal advocacy groups, such as those documented in this report, are connected to broader systems of collaboration and influence.

Together, these innovative entities form the policy backbone for aging advocacy in Connecticut: municipal agents provide mandated, town-level support, and CWCSEO offers a statewide structure for coordination, policy development, and coalition-building.

Understanding Structure

Before examining what these groups do, it is important to understand what they are, structurally. The inventory data reveals key differences in form between these groups that shape their function, influence, and relationship with the communities they serve.

The information of knowing who appoints a group's members, for instance, provides key insight into their day-to-day functions and their wingspan on dealing with affairs. For the majority of municipal groups, members are appointed by a Mayor, First Selectperson, or the Town Council, as seen in the collected inventory. This direct link to elected leadership often provides more formal and clear lines of communication for influencing local policy.

For non-profit organizations, typically appointed by an executive director or the existing membership, offers a different structure of governance, one that permits for more independence, often having the full responsibility for their budget and proceedings.

Even the name an advocacy group goes by can clue a constituent or group member in

[4] *See, Connecticut General Statutes § 7-127b: Municipal agents for elderly persons, Duties, Responsibilities of Department of Aging and Disability Services*, Connecticut General Assembly, 2024. https://www.cga.ct.gov/2023/pub/chap_097.htm#secs_7-127_and_7-127a

[5] *See, Connecticut General Statutes § 2-127: Commission on Women, Children, Seniors, Equity & Opportunity*, Connecticut General Assembly, 2024. https://www.cga.ct.gov/current/pub/chap_023h.htm

about their role and level of influence in a town's structure. A group designated as a "**Commission**" usually means that it has a standing with the town's municipality, potentially giving the group a more direct line to policymakers, as it has a clearer mandate to advocate for change. On the other hand, "**Committees**" or "**Councils**" may consist of different entities, focuses, or routes towards change. For instance, these groups may have more hands-on work, perhaps as vessels for discussions or hubs for initiatives, as they usually coordinate with community partners rather than focusing on policy itself. These groups, no matter what they are called, are offering support for our aging state in a variety of ways, and are integral in maintaining the astounding momentum and dedication already seen. Bridging them together would only let this drive blossom.

Understanding an advocacy group's accessibility and main function is essential for effective networking. The vast majority of responding groups reported that their meetings are open to the public, standing for a commitment to community involvement and visibility. The "type" of entity these groups responded identifying as, whether it is more of "Advisory," "Working," or "Policy-making" mimics their leading role. An "Advisory" group may focus on research and recommendations, while a "Working" group is more hands-on with programs and events.

This information can be useful for local groups in their individual or collective goals, depending on what action they want seen. It is also important to note that in the data responses, many groups reported being newer or less focused on a mission. There are vast avenues for mentorship opportunities just as there are for more evenly split connections.

Key Focus Areas, Initiatives, and Challenges

The analysis of qualitative responses from the 66 aging advocacy groups reveals distinct patterns in their priorities and concerns via their initiatives. The table below presents a quantitative summary of the mentioned themes, which offers an image of the current landscape across Connecticut.

Prevalent Themes Emerged (66 Groups)

Table 2: Data used from Aging Advocacy Group Inventory

Theme	# of Groups Mentioning Theme	Percentage of Groups Mentioning Theme (%)
New Senior Centers/Renovations	12	18.2%
Housing (Affordable, older Adult-Specific)	11	16.7%
Budget/Fundraising	11	16.7%
Health (Programs, Services, Well-being)	9	13.6%
Low Membership/Recruitment/Staffing	8	12.1%
Transportation	7	10.6%
Meals (Programs, Challenges)	6	9.1%
AARP Values/Age-Friendly Initiatives	6	9.1%
Vague Missions/Seeking Direction/Newly Formed	6	9.1%
Aging in Place	3	4.5%

Benefit Cuts/Funding Reduction	3	4.5%
Networking (Actively)	2	3.0%
Technology	2	3.0%
Senior Center Membership	1	1.5%
Bereavement Services *	1	1.5%
Literacy Barriers *	1	1.5%
Language Barriers/Bilingual Services *	1	1.5%
Employment (Focus Area) *	1	1.5%

*"Employment," “Bereavement Services,” "Literacy Barriers," and "Language Barriers/Bilingual Services" were each mentioned by only 1.5% of the groups, suggesting these may be less common formal initiatives or are perhaps addressed by other entities not captured in this specific survey.

This suggests that groups often prioritize immediate, visible community needs and pressing functioning realities. While other issues are undoubtedly important, they may not be at the forefront of discussion in a general query about initiatives and challenges unless they stand for less pressing issues or specific ongoing projects.

“Aging in Place” Means Places to Live and Play as We Age

A great deal of advocacy efforts aimed towards the creation, as well as maintenance, of physical infrastructure geared toward the well-being of older residents; this includes the development or improvement of senior centers. Twelve groups (18.2%) specifically mentioned initiatives related to new senior centers, renovations, or addressing space needs.

"Advocating for a new Community Center/Senior Center"

"Working to gain support for the proposed new senior/community center"

Parallel to senior center development, housing for older adults is a major concern, with 11 groups (16.7%) reporting related initiatives. The push for affordable housing is prominent, and Innovation in housing is appearing statewide.

”Working to identify affordable housing for seniors”

”Senior Housing”

"To utilize former (empty) school building space for senior housing"

Aging in place, allowing constituents to remain in their homes and communities, was addressed by three groups (4.5%). An interesting juxtaposition is clear, as an unwavering stance to serve and keep constituents in their homes is alongside the accompanying hurdles it takes to do so. Despite this, both the act and notion of aging in place is thriving across the state and these groups.

"Assisting older adults wishing to thrive in their own homes,"

"Aging in place"

"Neighbors helping neighbors staying healthy and happy at home,"

Operational Realities

These groups often struggle with supporting operational sustainability. The survey data reveals that aging advocacy groups face significant challenges related to financial stability and human resources. Budgetary and fundraising issues are prominent, affecting 16.7% (11 groups) that are actively seeking funding for programs and renovations. Expanded resident engagement and sustained staffing also pose considerable hurdles for 12.1% (eight groups), who report recruitment difficulties, and staff vacancies.

These issues coincide- lower resident engagement can create a smaller volunteer pool, increasing the workload on existing “member” residents and potentially requiring paid staff. This model that has historically been adapted to utilizing volunteers within senior centers and municipal aging services should be further researched.

Service Needs

A primary function of many aging advocacy groups and their affiliated senior centers and Municipal Agents is the provision or support of, and access to, core services that address the fundamental needs of older adults, as well as programs aimed to enhance well-being. Three critical necessities supported by these groups rose to the top: health and wellness programs (mentioned by 13.6% of groups), transportation (10.6%), and meals (9.1%).

The challenges in delivering these services are often complex. Transportation is a particular problem in less populated, rural areas. Offering services and programs are not impactful if people cannot get to, or access them.

> *"Meals on Wheels challenges and meeting demands"*
>
> *"identifying homebound seniors"*

Despite challenges, many programs and services have been forged in fire, and have been fueled by both staff and these groups, out of necessity. There is an increasing awareness of the need for increased accessibility within services, so as to reach, engage, and to assist those individuals who have been made most vulnerable within our systems. This inclusive and equitable approach fosters supportive and inclusive environments for all populations of older adults.

> *"Senior Services Umbrella … [is an initiative focused on] breaking down barriers and forming connections for local seniors,"*
>
> *"language, literacy, and technology barriers."*

Creating an Age-Friendly Environment

Beyond direct services and infrastructure, aging advocacy groups engage in other efforts to shape an age-supportive community environment. This includes adopting strategic frameworks and specific language, refining their missions, and conducting outreach. A significant trend is the adoption of AARP's Age-Friendly Community framework, with six groups (9.1%) reporting involvement[6]. The cross collaboration and sharing of a recognized model excites a strategic approach to improving community

[6] *See,* AARP Network of Age-Friendly States and Communities, *AARP Livable Communities 2024,* https://www.aarp.org/livable-communities/network-age-friendly-communities/

livability for older adults, moving beyond isolated projects to combined change.

"AARP Age- Friendly Committee"

"pursuing Age Friendly status,"

"actively involved with our AARP Age Friendly Community"

Potential Networking Connections

Below is the inventory of groups collected through this project. This table below includes groups that responded "Yes" or "Maybe" to the question, "Would this group be interested in connecting with other similar groups to share, network, and potentially to bolster advocacy efforts?"

The following information is as of the publication of this report. Please note that few groups provided their information post data evaluation that occurred in summer 2025; while their input is not reflected in the quantitative analysis, their contact details are included below to ensure maximum networking potential.

Group Name (Associated Town/Senior Center)	Group Type	Contact 1	Contact 2
Commission on Aging/Elderly (Andover)	Municipal Advisory	Elaine Buchardt ebuchardt@snet.net 860-202-4619	Eric Anderson eanderson@andoverct.org 860-742-7305 ext 1
Commission on Aging/Elderly (Ansonia)	Municipal Advisory	Christine Sonsini csonsini@ansoniact.org 203-736-5933	
Committee on Aging (Avon)	Municipal Working	Jennifer Bennett jbennett@avonct.gov 860-675-4355	
Commission on Aging/Elderly (Berlin)	Municipal Advisory	Tina Doyle Tdoyle@berlinct.gov 860-828-7050	
Commission on Aging/Elderly (Bloomfield)	Municipal Advisory	Patricia Miller pmiller@snet.net 860-992-7818	Yvette Huyghue-Pannell ypannell@bloomfieldct.gov

			860-243-8361
Commission on Aging/Elderly (Bolton)	Municipal Advisory	Paula Morra psfriez@gmail.com (860) 649-4450	Carrie Concatelli cconcatelli@boltonct.gov 860-647-9196
Senior Club (Bolton)	Non-profit Advisory	Betty Wright betty.wright10@yahoo.com (860) 646-8549	Carrie Concatelli cconcatelli@boltonct.gov 860-647-9196
Commission on Aging/Elderly (Branford)	Municipal Advisory	Dale Izzo dizzo@branford-ct.gov 203-488-8304	Nancy Cohen ncohen@branford-ct.gov 203-315-0682
Community Caring in Bridgewater, Inc.	Non-profit Working	Cheryl Johnson info@ccbridgewawter.org 860-355-5758	Kathy Creighton kathy.bwsc@gmail.com 860-355-3090
Friends of the Bridgewater Senior Center	Non-profit Policy	Rudy Simari bwscseniorcenter@gmail.com 860-355-3090	Kathy Creighton kathy.bwsc@gmail.com 860-355-3090
Commission on Aging/Elderly (Bristol)	Municipal Advisory	Jason Krueger jasonkrueger@bristolct.gov 860-584-7895 ext 7109	
Commission on Aging/Elderly (Burlington)	Municipal Advisory	Tricia Twomey twomey.t@burlingtonct.gov 860-673-6789 ext 7	
Commission on Aging/Elderly (Canton)	Non-profit Advisory	Heather Gillette hgillette@gmail.com 860-693-1240	Tonoa Jackson tjackson@townofcantonct.org 860-693-5811
Human Services Commission (Cheshire)	Municipal Working	Stefanie Theroux, LCSW stheroux@cheshirect.gov 203-272-8286	Tracey Kozlowski trkozlowski@cheshirect.gov 203-272-8286
Human Services Commission (Clinton)	Municipal Advisory	Grega, Kathy kgrega@clintonct.org 860 669-1103	church, cheryl cchurch@clintonct.org 860 669-7347

Commission on Aging/Elderly (Colchester)	Municipal Advisory	Bill Otfinoski billyot79@gmail.com 860-537-6650	Patty Watts pwatts@colchesterct.gov 860-537-3911
Board of Directors (Colebrook)	Non-profit Advisory	Serena Brainard seniordirector@colebrooktownhall.org 860-738-9521	
Commission on Aging/Elderly (Columbia)	Municipal Advisory	Bernadette Derring bderring@columbiact.org 860-228-0759	
Human Services Advisory Board (Coventry)	Municipal Advisory	Annemarie Sundgren asundgren@coventry-ct.gov 860-742-5324	
Advisory Board/Council (Cromwell)	Municipal Advisory	Deirdre Daly ddaly1214@yahoo.com 860-632-3447	Amy Saada asaada@cromwellct.com 860-632-3447
Committee on Aging (Danbury)	Municipal Advisory	Kay Schreiber kay.schreiber@sbcglobal.net 203-417-8699	Susan Tomanio s.tomanio@danbury-ct.gov 203-797-4686
Commission on Aging/Elderly (Darien)	Municipal Advisory	Ali Ramsteck aramsteck@darienct.gov 203-656-7494	
Commission on Aging/Elderly (East Hampton)	Municipal Advisory	Eric, Rosenberg MD COAChair@easthamptonct.gov 860-416-0269	Holly, Marrero hmarrero@easthamptonct.gov 860-267-4426
Commission on Aging (East Hartford)	Municipal Advisory	Gary James Kelly garyjameskelly@yahoo.com 860-895-8932	
Commission on Aging/Elderly (East Windsor)	Municipal Advisory	Shawna Tustin stustin@eastwindsor-ct.gov 860-292-8261	Melissa Maltese Mmaltese@eastwindsor-ct.gov 860-698-1450
Commission on Aging/Elderly	Municipal	Daniel Simonelli	

(Easton)	Advisory	dsimonelli@eastonct.gov 203-268-1137	
Board of Directors (the Estuary NP)	Non-profit Policy	stan, mingione director@yourestuary.org 860-388-1611	
Human Services Commission (Fairfield)	Municipal Advisory	Julie DeMarco jdemarco@fairfieldct.org 203-256-3169	Brenda Steele bsteele@fairfieldct.org 203-254-6455
Commission on Aging/Elderly (Franklin)	Municipal Advisory	Heather Glidden selectmanassist@franklinct.gov (860) 367-2929	Alison Dvorak advorak@seniorresourcesec.org 860-383-1526
Commission on Aging/Elderly (Glastonbury)	Municipal Advisory	Gayle Kataja Gpkataja@gmail.com 860-338-7067	Ronda Guberman Ronda.guberman@glastonbury-ct.gov 860-652-7646
Senior Club (Goshen)	Non-profit Policy	Janice Connor Jconnor@goshencommunitycare.org 860-491-4673	Danielle Mastrocola Zdmastrocola@gmail.com 860-218-7216
Commission on Aging/Elderly (Granby)	Municipal Advisory	Jean Donihee-Perrone syost@granby-ct.gov 860-844-5351	Sandra Yost syost@granby-ct.gov 860-844-5351
Commission on Aging/Elderly (Greenwich)	Municipal Policy	Steven Katz stevekatz115@gmail.com 917-903-7149	Lori Contadino Lori.Contadino@greenwichct.gov 203-862-6710
Parks and Recreation Commission (Guilford)	Municipal Policy	Laura Hartman buckleyt@guilfordct.gov 203-453-8086	Terry Buckley Buckleyt@guilfordct.gov 203-453-8086
Commission on Aging/Elderly (Haddam)	Municipal Advisory	Mark Lundgren mplundgren@att.net N/A	Doreen Staskekunas seniors@haddam.org 860-345-2480
Commission on Aging/Elderly (Hebron)	Municipal Advisory	Sharon M Garrard-Hoffman sgarrardhoffman@hebronct.com	

		860-228-1700	
Commission on Aging/Elderly (Lebanon)	Municipal Advisory	Liz Shilosky lizshilosky88@gmail.com 860-917-4632	Darcy Battye dbattye@lebanonct.gov 860-642-2042
Parks and Recreation Commission (Ledyard)	Municipal Advisory	Scott Johnson Scott@ledyardrec.org 860-464-9112	
Commission on Aging/Elderly (Mansfield)	Municipal Advisory	Jessica St. Louis st.louisj@mansfieldct.org 860-429-3315	Jessica Tracy tracyja@mansfieldct.org 860-429-0262
Commission on Aging/Elderly (Marlborough)	Municipal Advisory	Shoshana Merced smerced@marlboroughct.net 860-295-6209	
Committee on Aging (Middlebury)	Municipal Advisory	Maryanne Barra RMBsarra75@gmail.com 203-560-1363	JoAn Cappelletti jcappelletti@middlebury-ct.org 203-577-4166
Committee on Aging (Milford Senior Center NP)	Non-profit Governing	Leonora Rodriguez LCRMilfordSeniorCenter@yahoo.com 203-877-5131	Amanda Berrty abmilfordseniorcenter@yahoo.com 203-877-5131
Commission on Aging/Elderly (Monroe)	Municipal Advisory	Susan, Bannay sbannay@monroect.gov N/A	Kimberly, Cassia kcassia@monroect.gov 203-452-2815 x4
Commission on Aging/Elderly (Morris)	Municipal Advisory	Harriet Ellis hhellis@optonline.net 860-567-8407	Kristen La Riviere Davila activities@morrisct.gov 860-567-7437
Commission on Aging/Elderly (Naugatuck)	Municipal Advisory	Harvey Leon Frydman HFrydman@naugatuck-ct.gov 203-720-7069	
Commission on Aging/Elderly (New Fairfield)	Municipal Advisory	Maureen, Salerno msalerno@newfairfieldct.gov 203-312-5665	Kathy, Hull Khull@newfairfieldct.gov 203-312-5665

Commission on Aging/Elderly (New Haven)	Municipal Advisory	Nicholas Colavolpe littletank01@yahoo.com 203-430-4740	Tomi Veale tveale@newhavenct.gov 203-946-7854
Commission on Aging/Elderly (Newington)	Municipal Advisory	Jaime Trevethan jtrevethan@newingtonct.gov 860-665-8768	
Commission on Aging/Elderly (North Haven)	Municipal Advisory	Judith Amarone amarone.judy@northhaven-ct.gov 203-239-5432	Paulette DeMaio demaio.paulette@northhaven-ct.gov 203-239-5432
Aging & Disability Commission (Norwalk)	Non-profit Working	Ligia Masilamani lmasilamani@fcagency.org 203-231-41	Soraya Principe sprincipe@fcagency.org 203-237-24
Commission on Aging/Elderly (Norwich)	Municipal Advisory	Frank Jacaruso yvettejac@sbcglobal.net	Mike Wolak MWOLAK@CITYOFNORWICH.ORG 860-889-5960
Committee on Aging (Preston)	Municipal Advisory	Debra Eddy seniors@preston-ct.org 860-887-5581	Frances Minor
Commission on Aging/Elderly (Redding)	Municipal Advisory	Denise Cesareo dcesareo430@gmail.com 203-733-8013	Angelica Fontanez afontanez@reddingct.gov 203-938-9725
Commission on Aging/Elderly (Ridgefield)	Municipal Policy	Patty Yaffa/Chris Nolan patty.yaffa@gmail.com 203-733-7118	Chris Nolan nolanc68@gmail.com 203-431-2754
Commission on Aging/Elderly (Roxbury)	Municipal Policy	Ellen Oster, Joanne Logan socialservices@roxburyct.com 860-210-0201	Jerrilynn Skene-Tiso socialservices@roxburyct.com 860-210-0201
Commission on Aging/Elderly (Sherman)	Municipal Advisory	Suzette Berger seniorcenter@townofshermanct.org 860-354-2414 ext 1	Christine Arusa caruza90@gmail.com 917-494-2589
Aging & Disability Commission (Simsbury)	Municipal Advisory	Edward Lamontagne EdwardL90@comcast.net 860-	Kathleen Marschall kmarschall@simsbury-ct.gov

		658-3273	860-658-3273
Advisory Board/Council (Somers)	Municipal Advisory	Maureen Parsell mparsell@somersct.gov 860-265-3840	Donna Richardson drichardson@somersct.gov 860-763-4379
Advisory Board/Council (South Windsor)	Municipal Advisory	Andrea Cofrancesco andrea.cofrancesco@southwindsor-ct.gov 860-648-6357	
Commission on Aging/Elderly (Southington)	Municipal Advisory	Elliott Colasanto elliottcolasanto@gmail.com 860-919-5917	Dawn Sargis sargisd@southington.org 860-621-3014
Commission on Aging/Elderly (Sprague)	Municipal Not sure	James, Smith seniorcenter@ctsprague.org 860-822-3000x203	Cheryl, Blanchard selectman@Ctsprague.org 860-822-3000
Senior Club (Stamford)	Non-profit Governing	Jeanne Ormond theover60club@gmail.com 203-316-9335	Betty McOsker theover60club@gmail.com 203-249-2607
Advisory Board/Council (Stamford)	Municipal Advisory	Christina Crain ccrain@stamfordct.gov 203-977-5238	Lauren Meyer lmeyer@stamfordct.gov 203-977-5115
Advisory Board/Council (Stamford)	Municipal Advisory	Chris Crain ccrain@stamfordct.gov 203-977-5151	Betty McOsker theover60club@gmail.com 203-249-2607
Commission on Aging/Elderly (Stratford)	Municipal Advisory	Carl Glad cglad@townofstratford.com 203-385-4050	Tammy Trojanowski ttrojanowski@townofstratford.com 203-385-4050
Senior Club (Tolland)	Municipal Governing	Kyle Sandness ksandness@tollandct.gov 860-870-3725	Teresa Kristoff tkristoff@tollandct.gov 860-871-3612
Commission on Aging/Elderly (Trumbull)	Municipal Advisory	Ron Foligno ronfoligno@att.net (203) 522-7955	Michele Jakab mjakab@trumbull-ct.gov 203-452-5144

Advisory Board/Council (Vernon)	Municipal Advisory	Maureen Gabriele mgabriele@vernon-ct.gov 860-870-3680	
Committee on Aging (Wallingford NP)	Non-profit Governing	Jane Fisher janellenfisher@gmail.com 347-415-0062	William Viola office@wlfdseniorctr.com 203-265-7753
Commission on Aging/Elderly (West Hartford)	Municipal Advisory	Noreen Batchteler noreenbachteler@sbcglobal.net 860-841-8087	Rebecca Sears Rebecca.Sears@westhartfordct.gov 860-561-7582 Eileen Rau ebrau@comcast.net
Commission on Aging/Elderly (West Haven)	Municipal Not sure	Alyssa Maddern amaddern@westhaven-ct.gov (203)-937-3507 ext. 5078	
Commission on Aging/Elderly (Weston)	Municipal Advisory	David Goodman david@thegoodys.com 917-972-2500	Allison Lisbon alisbon@westonct.gov 203-222-2663
Commission on Aging/Elderly (Westport)	Municipal Advisory	Kristen Witt kwitt@westportct.gov 203-341-1067	Wendy Petty wpetty@westportct.gov 203-341-5098
Senior Club (Winchester)	Municipal Not sure	Jennifer Kelley jklelley@townofwinchester.org 860-379-4252 x4	
Commission on Aging/Elderly (Windsor)	Municipal Working	Kathy Roby kdroby@comcast.net 860-688-8778	Rebecca Joyce joyce@townofwindsorct.com 860-285-1992
Commission on Aging/Elderly (Woodbury)	Municipal Advisory	Paul Hinckley hink7012@gmail.com 860-307-8427	Loryn Ray lray@woodburyct.org 203-263-2828
Commission on Aging/Elderly (Woodstock)	Municipal Working	Kevin Downer Agefriendlywoodstock@gmail.co	Su Connor Agent.elderly.woodstock@gm

		m 774-764-1021	ail.com 860-974-1705

Conclusion: Next Steps

Connecticut has a great history of local independence, but now, more than ever, it is time to start working *together*. The Aging Advocacy Groups Inventory, created as a data-gathering project, has revealed even greater opportunity than was imagined. The inventory responses give voice to the shared struggles for funding, engaged residents, and resources, but it also draws the same goal each group is picturing- communities that ensure all of us as we age can live meaningful and quality lives in the community of our choice.

The path forward does not require abandoning the tradition of local control that defines Connecticut. Instead, it calls for a new spirit of networking. A plethora of passionate, dedicated advocates working in silos have a new tool for networked change and should use it.

Challenges are plain across Connecticut, but as this report illustrates, the opportunities for connections and a collective impact are significant. The task at hand is challenging, but the passion and knowledge of other advocacy groups are now visible and accessible. The final, most integral step belongs to the local leaders themselves: to reach out, to connect, and to continue towards a more age-friendly Connecticut.