

CONFERENCE HIGHLIGHTS

• 2003 ANNUAL CONFERENCE •
GRANTMAKERS IN AGING • CLEVELAND, OH

Strategies for grantmakers in
our present economic times



MAKING
Good Choices
IN **Tough Times**

A PROGRAM OF

GLA *Grantmakers In Aging*

Promoting And Strengthening Grantmaking For An Aging Society

Grantmakers In Aging

Grantmakers In Aging (GIA) is an organization of funders dedicated to **promoting and strengthening grantmaking for an aging society**. An educational, nonprofit membership organization for staff and trustees of foundations and corporations, it is the only national professional organization of grantmakers active in the field of aging.

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Introduction

The last few years have been tough times for grantmakers, not only in aging, but in the broader philanthropic community. After several years of double-digit stock market returns in the late 1990s, the extended downturn in most market indices through 2002 battered foundations' endowments and challenged their ability to expand support for their communities and fields of interest. The sluggish economy and decreases in charitable giving by individuals produced even tougher times for nonprofit agencies and organizations, and even more importantly for the people they—and we—all serve. Even more troubling, demand for programs and services in aging continued to grow, a trend we can expect to continue as the number of older adults continues to increase—even after the economy recovers.

These are indeed tough times, and though the stock market and broader economy show signs of better days ahead, grantmakers must continue to work in a challenging environment. It is especially difficult in comparison to the heady days before the technology boom went bust, before 9-11 sent shockwaves through our entire society, when doing more with more was often our charge.

GIA's 2003 Annual Conference, "Making Good Choices in Tough Times," sought to provide our members with ideas that make sense in this changed world. And while doing the same with less may be the order of the new day, the 200 participants who traveled to Cleveland, Ohio last fall were nevertheless exhorted in several sessions not to give up on philanthropy's historic role as a source of new ideas and innovation. We at GIA agree that while new funds may be in short supply, there is no shortage of creativity and energy in the aging field.

As we have during the last several years, this "Highlights" document seeks to describe for a broader audience the cutting-edge programs and best practices that meeting-goers discovered at the conference itself. In addition, there are lists of contacts and new ideas for funders, and we trust that this publication will encourage you to think as ambitiously about your grantmaking as possible.

GIA is your "personal connection" to the world of aging and philanthropy. We welcome your continued interest and encourage you to contact us with any questions, information, or other needs you may have.

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Good Choices in Tough Times

As individuals, businesses and the not-for-profit community all struggle in tough economic conditions, grantmakers too must make difficult choices in the way funds are distributed and success is defined. What is the best way to respond to declining or flat endowments and revenues? How do grantmakers maintain their role and standing in their communities and in their fields of interest? Several sessions at the conference addressed these questions from a variety of perspectives.

Philanthropy, the Economy and Aging: A Compelling Historical Connection

During the conference's opening plenary, Claire Gaudiani, PhD, Senior Research Scholar at Yale Law School, delivered the Brian F. Hofland Lectureship. Drawing on research from her new book, *The Greater Good: How Philanthropy Drives the American Economy and Can Save Capitalism*, Dr. Gaudiani portrayed grantmakers not only as agents of altruism, but as economic engines, creating ideas and new knowledge that continue to lay the groundwork for the next generation of needed products and services. "[Our nation] is not generous because we are rich," she said, "we are rich because we are generous."

At the turn of the 20th century, noted Dr. Gaudiani, the average lifespan in the United States was 43 years. Today, we can expect to live to 77. Philanthropic interests, she argued, helped to make this dramatic increase possible. In fact, the beginnings of American philanthropy can be traced back to individuals who had the resolve and generosity to affect their communities and the nation in positive ways.

Dr. Gaudiani described several compelling examples of how these individuals (and groups of individuals) have benefited medicine, health and the economy. John D. Rockefeller funded Dr. Fleming's research on mold that gave us penicillin. A cure for polio was discovered, she noted, because of the resolve of a group of mothers. Their "March of Dimes" literally collected four billion dimes over seventeen years to help fund research, support doctoral students, and ultimately create a polio vaccine. Jane Addams gave us the settlement houses to improve living conditions and foster better health practices and work habits among immigrants. Addams provided the "basics" in order not only to establish healthy, capable citizens, but to support workers who could build and sustain a growing economy.

Grantmakers in aging today, Dr. Gaudiani said, continue to be uniquely positioned to develop new ideas that will ultimately sustain a growing population of older people. For now, she suggested, funders might concentrate on at least two broad areas:

- “Asset building” or tapping into the strengths of the poor and underserved
- Providing the tools and resources for research that can help us set an action agenda for social and health-related issues

Ultimately, grantmakers’ biggest contributions are their ideas and willingness to see that transforming the way we care for an older population will also affect the rest of our country. Foundations collect and distribute dollars, but also bring new and innovative dreams to life. Simply put, said Dr. Gaudiani, “Imagine a world the way it should be, and then set a path to get there.”

The Worst of Times, The Best of Times?

How to Help Nonprofit Grantees Manage the Funding Squeeze

Naomi Stanhaus, MA, MSW, Program Consultant at The Retirement Research Foundation (RRF), IL, discussed the importance of grantmakers exploring ways to create and sustain efficient and economically viable organizations in support of innovative and promising ideas. The RRF’s Organizational Capacity Building Initiative (OCB) was created to help nonprofit organizations that serve older adults “make long-term improvements in their management and governance” that enhance and sustain service delivery. Through the use of consultants, coaches, technical assistance, staff training, and external evaluation OCB funds are used to build capacity in:

- Technology
- Fundraising
- Board Development
- Financial Management
- Strategic Planning

Funded organizations must be willing to trust the grantmaker, be candid about organizational weaknesses, and be able to make changes, said Stanhaus. Obtaining board of trustees’ buy-in is also critical, though sometimes a challenge. One example of OCB’s success is a vision rehabilitation center in the Chicago area. With the help of OCB grant dollars and technical assistance, the center was able to install a networked computer system that today provides better scheduling, report processing, and a 75 percent reduction in the time required to deliver assistive devices. In addition, the agency now has a better cash flow and quicker patient reimbursement—all of which sustain a much higher level of operations.

Appropriate and cost-effective workspace can also help expand an organization’s capacity and efficiency. Timothy P. Wintermute, Executive Director of Luella Hannan Memorial Foundation, MI, and Stephanie J. FallCreek, DSW, Executive Director of Fairhill Center, OH, discussed how multi-tenant nonprofit centers (MTNCs) can help community-based organizations thrive. Defined as a “facility composed of one or more buildings

specifically intended for occupancy by a number of nonprofit organizations,” an MTNC may house service providers, arts and cultural institutions, and others. Some MTNCs maintain a mix of organizations; others include those with similar interests or missions.

Wintermute said that an MTNC enables organizations to share meeting space, performance areas, and other common space that many can not afford on their own. The groups also share administrative and maintenance staff. According to FallCreek, the campus-like environment helps to increase communication among staff members and improve the overall quality of work. It even helps to retain staff. Funders can benefit from supporting the development of MTNC’s, as well. For example, funders are able to provide assistance without making a long-term commitment to a specific organization’s general operating costs.

At this time, at least 120 such centers exist around the country (see www.nonprofitcenters.org) including Hannan House in Detroit and the Fairhill Center in Cleveland, which are focused on serving the needs of older adults. Hannan House is a low-cost space for service providers and at the same time a “one-stop shop” for senior services. Each organization within Hannan House, noted Wintermute, has access to rent-reduction grants (provided by the Hannan Foundation), shared meeting and conference space, high speed Internet access, and education and training programs for all staff levels. Meeting and program space is also provided for use by senior service providers who are not tenants.

Tough Times, Tough Choices: Ideas for Funders and Grantees

The discussion about choices and challenges faced by funders and grantees during this period of economic uncertainty included a spirited, multi-perspective luncheon plenary. Gary L. Yates, President and CEO of The California Wellness Foundation, CA, the Reverend Calvin S. Morris, PhD, Executive Director of the Community Renewal Society, IL, who spoke from his perspective as a grant seeker, and Susan Lajoie Eagan, PhD, Executive Director of the Mandel Center at Case Western Reserve University for Nonprofit Organizations, OH, were featured. Each provided his or her take on the realities of sustaining innovative grantmaking and doing good work when dollars are scarce.

This wide-ranging conversation covered how to create new funds and strengthen organizations in need, and how organizations themselves can best accomplish their goals when budget cuts abound and foundation resources are in short supply. Mr. Yates talked about the “real choices” for grantmakers. He suggested that funders need to focus their energy and dollars on organizations that are “in line” with what they see as their mission and goals, to get back to their core funding priorities. Additionally, he said grantmakers should pay closer attention to their own finances and take a hard look at internal budget decisions, personnel allocations, and other operating expenses.

As a grant seeker in tough times, Reverend Morris emphasized the importance of an organization's mission clarity. Vying for limited dollars means knowing "who you are" as an organization and exactly how your grant requests will accomplish your goals. He also noted staff morale is critical, and deliberate efforts are required to build and sustain trust among co-workers on all levels. He further suggested that organization leaders be open and honest with clients and staff about hard decisions and tough choices regarding lay-offs and service cuts they may need to make. Morris also stressed the need for funders to be "up front" with organizations regarding their grant-making processes and clear about their funding priorities.

During her presentation, Ms. Lajoie Eagan emphasized the importance of strong organizational leadership. Only leaders who are trusted, focused, and communicative, she said, can sustain dynamic organizations, especially in times of financial crisis. She also re-emphasized Reverend Morris' suggestion about staff support and development, noting burnout is all too common today in the nonprofit sector.

Funding Innovation in Hard Times:

The Case for Supporting Culture Change in Long-Term Care

Though opportunities for "risk taking" in grantmaking still exist, many foundations are hard pressed to fund new and even innovative programs. Many believe that taking chances with grant dollars is not an option. One session on the long-term care system took a look at this premise, concluding that funding innovation may indeed be warranted. No matter the economic conditions, presenters concluded, allowing long-term care programs to remain "as is" will do more harm than good. In these tough times, there are still options. Grantmakers, they said, must be willing to take chances. Investments encouraging significant, comprehensive change—"culture change"—in these long-term settings are well worth the risk.

Mary Jane Koren, MD, MPH, Senior Program Officer at The Commonwealth Fund, NY, opened the session, arguing that a tight focus on grant guidelines and on fewer programmatic areas should not be the new norm. Grantmakers, she said, must continue to seek out real innovators and visionaries in order to expand their knowledge and go beyond what has already been done, particularly in the long-term care arena. She suggested, though, that funders "do their homework" and become proactive and thorough in determining who the "real" innovators are and who can deliver real outcomes. Dr. Koren also suggested several ways for funders to control their exposure. Collaborations with other funders, for example, will leverage dollars spent, and aggressive grant management will reduce surprises and maximize funders' input.

The importance of innovation in long-term care settings, and the idea that a culture shift could enhance the functioning of organizations and institutions serving older adults were discussed further by Robyn I. Stone, DrPH, from

the Institute for the Future of Aging Services at American Association of Homes and Services for the Aging, Washington, DC. Dr. Stone's main concerns related to the poor quality of care and quality of life currently found in long-term care settings. A growing body of empirical evidence, however, suggests a positive link between culture change innovations and the care provided in these settings. This research, she said, suggests that when changes are made to the provision of care and the philosophy of an organization or institution, residents receive better care. In addition, staff work life and productivity are also enhanced. There are financial and business-related benefits, as well. Organizations can expect savings from reduced staff turnover, a more efficient work place, discounted insurance premiums, and an increased ability to attract more customers.

Dr. Stone added that ongoing foundation support is needed to promote experimentation and evaluation of new interventions. Providers need help to implement new strategies that are sustainable and reproducible, as well as support opportunities to share "best practices" and translate research findings into practice and policy.

Susan Misiorski, RN, BSN, Organizational Culture Change Specialist from the Paraprofessional Healthcare Institute and President of the Pioneer Network, NY, a group working to change the culture of nursing home care, built on Dr. Stone's discussion. Misiorski provided concrete examples of how the Pioneer Network and others have made changes in long-term settings and the profound effects these changes have had on the lives of those they serve. Culture change in long-term care, said Misiorski, means moving from a traditional, institutional approach to service delivery, to one where residents feel and live as if they were "home." Within the Pioneer Network, for example, living areas are home-like; bedrooms are personally decorated and warm. The dining experience feels more communal and honors choices. The common areas promote learning and encourage interaction among residents and staff. These kinds of innovations, she noted, have:

- Reduced usage of medication
- Diminished behavioral problems
- Expanded time for social interaction
- Improved nutritional health
- Decreased rates of depression
- Lowered resident mortality

Protecting Vulnerable Elders: Complex Problems, Unique Collaborative Models

Changing the culture of care in long-term care extends beyond the walls of residential settings. Older adults in the community, at risk for abuse or neglect, rely on a web of service providers and advocates for care and protection. New, collaborative models among elder abuse service providers are (in some places) beginning to provide true safeguards for those who suffer mistreatment and even self-neglect.

Though not often discussed in the public realm, elder abuse and neglect are unnervingly common in the United States. According to Joanne Marlatt Otto, MSW, Executive Director of The National Association of Adult Protective Services Administrators (NAAPSA), CO, every 66 seconds, there is a report of elder abuse made somewhere in the United States, resulting in more than half a million reports each year. Researchers estimate that only one out of every seven cases ever gets reported. No federal policies or dollars exist to fully address this issue. Most funding comes from states and/or local social service agencies. When reports are made, Adult Protective Service (APS) workers are the first line of responders. Their job is to assess imminent risk, determine decisional capacity, and put in place support services to prevent further abuse. Unfortunately, said Otto, many states have no funding to train these workers, most of whom are making life-and-death decisions every day.

Given these factors, elder abuse is ultimately a community problem that requires the skills and experience of many different community agencies, including the police and other arms of the criminal justice system. NAAPSA is the only group collecting national data on the problem, and the only national organization that provides training to states, technical assistance to agencies, and also responds to requests for assistance and information. Despite some hopeful models, said Otto, there is much work to be done. Grantmaking opportunities, she said, exist in:

- Educating APS and other professionals
- Providing protection for workers who are also at risk for abuse
- Researching causes of elder abuse
- Discovering effective treatments for elder abuse

Carmel Bitondo Dyer, MD, Director of Geriatrics and Associate Professor of Medicine at Baylor College of Medicine, TX, expanded on the nature of neglect and the many forms it takes. She noted that neglect is “a pattern of conduct without the person’s informed consent,” which can include depriving a person of food, water, medication, and access to medical services. Dr. Dyer offered the Texas Elder Abuse Mistreatment Institute (TEAM), as an example of the kind of care that a multi-disciplinary team of experts can provide.

In this model, staff from the Baylor College of Medicine Department of Geriatrics and the Texas Department of Protective and Regulatory Services together assess and treat people in their charge. TEAM attends to a person’s social, functional, medical, and legal needs. Dr. Dyer noted that once APS conducts an investigation and health care professionals complete a comprehensive geriatric assessment, each team member contributes to an interdisciplinary intervention. For many cases, police officers and attorneys are also critical members of the planning team.

Funding Opportunities

Grantmakers may consider funding programs that:

- Deliver technical assistance to enhance organizational functioning to improve management and governance skills.
- Provide grants that help organizations share physical space and collaborate on projects.
- Work in partnership with local real estate developers to utilize old or abandoned neighborhood buildings as offices for a variety of aging (or intergenerational) agencies and programs.
- Include one-time grants to community-based and long-term care organizations to provide staff development programs.
- Develop and test new interventions or models of care in long-term care settings.
- Sponsor conferences or publications where long-term care professionals can highlight “best practices” that promote culture change and create more home-like environments in long-term care settings.
- Support research efforts in health care and law enforcement settings to determine effective measures to reduce elder abuse and neglect.
- Foster “Did you know...” campaigns to help community-based organizations and emergency room staff identify and properly refer potential cases of elder abuse.

In addition to their day-to-day interventions, the TEAM Institute conducts research in order to identify risk factors for mistreatment, improve diagnosis and management of clients, and develop and test outcome measures to evaluate services. A recent TEAM Institute study, said Dr. Dyer, found that 71 percent of cases not resolved by APS alone were resolved with the TEAM approach because of the comprehensive nature of its assessment and care.

Laura Mosqueda, MD, Director of Geriatrics and Associate Professor of Family Medicine at the University of California, Irvine College of Medicine, CA, concluded the session with another example of how a multi-disciplinary team can enhance an individual practitioner’s ability to assess and diagnose abuse or neglect. She first discussed the clues and indicators of abuse that may be seen in a doctor’s office, such as an unkempt appearance, poor hygiene, malnutrition, or dehydration. Patients and/or their caregivers may provide implausible or vague explanations about how an injury occurred. Other clues to mistreatment include a delay in seeking care, bruises in unusual locations, and unexplained pressure sores. The challenge for the physician making the assessment, said Dr. Mosqueda, is to distinguish between normal/common age-related changes and evidence of abuse. In order to make a definitive diagnosis of abuse sometimes requires a health care provider with special expertise in elder abuse as well as a team of experts in fields such as psychology and social work.

In California, the Orange County Vulnerable Adult Specialist Team (VAST) integrates geriatricians and psychologists into a program with Adult Protective Services and the ombudsman’s office. Dr. Mosqueda described how VAST teams use weekly case presentations, telephone and e-mail consultations, photographs, videotapes, as well as physical and cognitive examinations to collect comprehensive information about suspected abuse. She reflected on the challenges of collaboration, but noted that a team approach provides improved risk assessments, team support, education, and creative solutions to complicated cases. An outgrowth of the VAST effort has been a forensic center, where for the first time communication and partnership among key agencies in the medical, social service, legal, and law enforcement fields are now possible. The center conducts home assessments, training for professionals and students (in law and other fields), and consultations on cases around the country.

For More Information

The California Wellness Foundation, CA
(818) 593-6600
www.tcwf.org

The Commonwealth Fund, NY
(212) 606-3800
www.cmf.org

Community Renewal Society, IL
(312) 427-4830
www.crs-ucc.org

Elder Abuse Forensic Center, CA
(714) 825-3087
www.elderabuseforensiccenter.com

Fairhill Center, OH
(216) 421-1350
www.fairhillcenter.org

Institute for the Future of Aging Services,
Washington, DC
(202) 508-1208
www.futureofaging.org

Luella Hannan Memorial Foundation, MI
(313) 833-1300
www.hannan.org
www.nonprofitcenters.org

National Association of Adult Protective Services
Administrators, Washington, DC
(720) 565-0906
www.naapsa.org

Mandel Center for Nonprofit Organizations, OH
(216) 368-2275; (800) 760-2275
<http://www.cwru.edu/mandelcenter/>

Paraprofessional Healthcare Institute, NY
(718) 402-7766
www.paraprofessional.org

The Pioneer Network, NY
(585) 271-7570
www.pioneernetwork.net

The Retirement Research Foundation, IL
(773) 714-8080
www.rrf.org

Texas Elder Abuse and Mistreatment Institute (TEAM), TX
(713) 873-4823
www.teaminstitute.org

Books & Publications

Gaudiani, Claire. *The Greater Good: How Philanthropy Drives the American Economy and Can Save Capitalism*.
New York: Times Books, 2003.

Aging and...

Science, public health, policy and philanthropy have all helped to sustain a population of older people who are healthier and more vital than ever before. With the recognition that growing older “ain’t what it used to be,” grantmakers must now seek ways to engage the so-called “new” older adult. It is no longer just about services to the frail. This new asset-based approach includes preventive health and wellness programs, lifelong learning and/or employment opportunities, arts initiatives, and many others.

Aging And... The Whole Person: New Models and Approaches

A holistic look at successful aging moves us beyond funding the basic necessities (i.e., food, housing, health care, etc.) to an approach that considers the whole person and his or her physical, psychological, social, and emotional well being.

Ron Browne, President of The Years Ahead, a Cleveland-based company dedicated to helping people of all ages live “healthfully, actively, and creatively,” said that truly successful aging involves exercising the body and the mind. He also noted that true wellness goes beyond the absence of disease and includes a person’s “spiritual self.” As he put it, “if either the hardware or the software doesn’t work, the machine doesn’t work.” The Years Ahead succeeds by using a multi-disciplinary team of health professionals who encourage and motivate people to engage in physical activities that are social, enjoyable, feed the whole self and are more likely to be sustained. Funders, he suggested, must move beyond single-focus programs and support those that engage older adults in activities that include both physical and social components.

For Judith M. Goggin, Senior Vice President of Civic Ventures, MA, “lifelong learning is a cross-cutting ingredient of successful aging.” Older adults have not only accepted, but have come to expect that learning opportunities will be available in many different arenas. With a cohort of individuals who might literally range in age from 50 to 100 years old, no one style of learning and no one venue will succeed in accommodating this diverse population. Ms. Goggin noted a number of trends and had a few predictions about what funders need to consider as they planned for lifelong learning programs. For example:

- Learning opportunities are not currently equally distributed across all socio-economic groups
- Internet training will continue to be important for older adults in the short term
- Flexibility, choice, and self-directed learning will be increasingly critical
- Longer work lives will require new and improved opportunities to retool and change careers
- “One-stop” shopping and easy access to a range of learning opportunities and resources will become increasingly important

One example of an emerging model that provides access to information and learning opportunities is “The Life Options Initiative.” Today, there are no formal institutions to assist individuals as they transition into what some have called the “Third Age.” Life Options Centers, therefore, provide a “place” where older adults can go to get life planning assistance, make connections to learning opportunities, obtain access to meaningful employment, and develop new social and community connections. Whether these centers are housed in a library, a college, a community-based organization or other local center, access to information is the key. New language and new institutional approaches will be required to appeal to the interests of the active, healthy members of the age group who will not consider themselves “old” until well into their eighties.

John Gomperts, CEO of Experience Corps, Washington, DC, focused on the importance of people aging successfully through connections and service to their communities. He noted that older adults have the time, talent, energy, and enthusiasm to give back in many important ways. Quoting President George Bush, Sr., Mr. Gomperts noted, “There can be no definition of successful life without civic service.” In particular, three main benefits of this kind of volunteerism were identified:

- The impact the service performed has on those in need (those served)
- The impact or transformative powers performing service has on those providing the service
- The real outcomes that benefit the community as a whole

Experience Corps programs, in schools around the country, are examples of programs utilizing older adults’ talents. After rigorous training, older adults serve as tutors and mentors to children in school settings. They often take on leadership roles within the school systems they serve. The challenge ahead for funders, however, is to continue to identify more meaningful service opportunities that will appeal to older adults of all ages and experiences. While service opportunities feed the mind and the soul, the importance of access to full or part-time paid work is also an element of successful aging. For some, it is simply a matter of meeting basic needs. Savings, pension plans, and social security may not fully cover their living expenses. Others want to remain in the workforce in order to stay connected to and identified with their careers. According to an AARP study, 77 percent of soon-to-retire Baby Boomers plan to work at least part-time during their retirement years. The challenge many retirees face, according to Paul Magnus, Director of Senior Employment Center at Mature Services, OH, is the growing discrimination in training and hiring of older workers.

The conventional wisdom is that older workers need to depart the workplace to make room for younger workers. When looking for a job after retirement, many older adults discover that younger applicants are provided

with more training opportunities and more employment offers. Some employers, however, have begun to recognize the importance of the talent and experience that older workers bring with them. Some, like aerospace giant Martin Marietta, recruit retirees to complete projects when their new (younger) employees do not have the knowledge or training to complete the task at hand. Magnus noted that funders are in the position to help older workers prepare for re-entry into the workforce and/or into positions that require new or additional training. Community-based service employment programs like the Senior Employment Center are a start.

Aging And...Health:

Translating What We Have Learned into Practice

Health is another critical prism through which to approach aging. In addition to discovering new information that could benefit and sustain a healthy older population, this session suggested that health-related research should provide practical applications and ways to share results that can help guide future grantmaking.

The Centers for Disease Control and Prevention (CDC), said Andree Carriere Harris, Public Health Analyst, is primarily focused on health promotion, disease prevention, and reducing the risk of early mortality among those at greatest risk. Data collection and published reports, however, are not the final steps to achieving this goal. Applying results to real-life circumstances is a must. To this end, the CDC has developed a list of key public health prevention strategies for older adults, including:

- Increasing the use of early detection services
- Expanding the proportion of older adults who are physically active, eat a healthy diet, and don't smoke
- Expanding the use of adult immunizations
- Reducing the risk for injuries
- Promoting the greater use of chronic disease self-management techniques

Ms. Harris cited a successful community-based program, Sickness Prevention Achieved Through Regional Collaboration (SPARC), as the kind of program that could be expanded to help ensure clinical preventive services reach older adults. SPARC currently works in a limited geographic area in conjunction with local public health agencies, area agencies on aging, visiting nurse associations, hospitals, senior centers and other community players to ensure older adults receive immunizations for flu and pneumococcal disease.

CDC works with partners such as other federal agencies (e.g., AoA, CMS, and NIA), national health and aging organizations, and a consortium of CDC-funded academic research centers around the country. The consortium is known as the Prevention Research Centers Healthy Aging Network (HAN) and its goal along with the other partnerships is to

promote healthy aging. Recently, CDC and the Administration on Aging have made strides in more closely linking the public health and aging networks at the national, state, and local levels to draw on the respective expertise and outreach of each network in better reaching older adults.

The AdvantAge Initiative is another nonprofit-sector example of how communities can utilize data. Based at the Center for Home Care Policy and Research of the Visiting Nurse Service of New York, the AdvantAge Initiative (AI) is at its core a community-building initiative seeking to help create better communities for people of all ages. According to Mia Oberlink, MA, Director of the AI, the project provides useful information (based on data collected from older residents) to community stakeholders who can then prioritize and organize around aging issues, including health. While the AI project team works closely with community leaders to help translate and understand the data, it is communities that must take action to support the health and well being of their older residents. Oberlink cited several examples of what communities have already done with the collected data.

- In Orange County, FL, community recommendations are now in place to concentrate efforts on transportation, employment, and depression.
- Thirteen Area Agencies on Aging in Washington State, have adapted the AI framework for “elder-friendly” communities and will use it to help set their aging agendas and measure outcomes.
- Leaders in the Lincoln Square neighborhood in New York City have decided to concentrate on nutrition, health-related issues and personal safety.
- Because the AI survey found that 26 percent of older residents in Lincoln Square rated their community safety as fair or poor, elected officials have begun to pay attention and are now meeting regularly with residents and other stakeholders to create solutions that reduce crime and the fear of crime.

Nancy D. Zions, Senior Program Officer for the Jewish Healthcare Foundation of Pittsburgh (JHF), said that health research needs to have tangible community effects. Simply put, “JHF is no longer funding research that institutions wish to conduct that does not translate into benefits for the members of the community.” After conducting community-based risk assessments and creating a healthcare needs assessment based on focus groups with older adults, immigrants, and students, JHF has decided to develop a patient-focused model of community-based care that will serve vulnerable populations. The plan is to establish a community health center with a primary focus on quality care provided to older and immigrant populations. The goal is to make the center a daily, patient-by-patient, learning and research effort where every staff member will be trained to make individual assessments and contribute to systemic solutions.

Funding Opportunities

Grantmakers may consider funding a variety of programs including:

- Community-driven exercise initiatives that provide social and recreational opportunities, including the use of “friendly” competitions and award ceremonies.
- Neighborhood walking clubs that could also include seminars and classes on “cooking light and eating right,” sponsored by local grocers and restaurants.
- Community-based programs focused on early disease detection, immunizations, smoking cessation, regular exercise, and/or chronic disease management.
- Educational programs for older adults that are affordable, accessible and challenging.
- Programs like Life Options Initiatives, which provide access to counseling and information about community programs, services, and social, educational, and recreational opportunities for older adults making life transitions.
- Older adult-focused re-employment programs that offer classes to help retirees plan and prepare for a new job/career, including training in new skills, and connecting older adults to a network of employers “in need.”

Funding Opportunities (cont.)

- Community volunteer programs at nonprofits, local businesses and faith-based organizations that are challenging and engaging and that capture and utilize the skills and interests of older volunteers.
- Intergenerational activities or programs in schools, libraries, labor unions, parks, museums, and other community-based venues.
- Community-building efforts that utilize coalitions of institutions, organizations and individuals to create and sustain elder-friendly communities.
- Faith-based efforts that mobilize older volunteers to address pressing community needs.
- Arts programs and performances that feature older adults or that address aging themes.

Aging And...Faith Based Organizations: Opportunities and Advantages

Faith is yet another aspect of the aging equation today. This session described how faith-based, not-for-profit organizations can provide a range of critically needed services for older adults. To begin, Reverend Larry Minnix, Jr., President and CEO of the American Association of Homes and Services for the Aging (AAHSA), Washington, DC, noted that faith-based services have a long tradition and are built on values of mercy, justice, and the desire to improve people's lives. Service to individuals and to the community, he said, should be their primary function. In addition to the traditional signposts of effective aging services programs, Reverend Minnix suggested several things that grantmakers need to look for in faith-based organizations and their programs. These included their ability to:

- Improve quality of care and quality of life
- Change lives (for the betterment of individuals and the community)
- Have a broader application that can be translated/duplicated
- Collaborate with others within the extended community
- Provide stewardship (efficiency and accountability)
- Have real outcomes

Volunteerism facilitated by faith-based organizations, according to Burton V. Reifler, MD, MPH, Director of Faith in Action, NC, enables individuals to make important philanthropic and civic contributions. Faith in Action, a national program of the Robert Wood Johnson Foundation (RWJF), provides start-up grants of up to \$35,000 to community coalitions focused on community service. Volunteers from religious congregations along with community health and civic organizations tend to the frail, the disabled, and those who have other long-term care needs. Assistance provided through these caregivers can range from in-home assistance to transportation. In the last year alone, 80,000 volunteers from religious congregations all over the country served 150,000 people through 1,000 active Faith in Action sites. Steven Raichilson, Executive Director and Chief Executive Officer of Menorah Park Center for Senior Living, OH, discussed the role of faith-based organizations specifically in meeting long-term care needs of community residents. Mr. Raichilson highlighted several "competitive" advantages enjoyed by faith-based, nonprofit service providers. Given their tax status, these organizations can use exemptions and accept substantial private donations, both of which enable faith-based groups to provide more services per dollar. These advantages, he noted, allowed the Menorah Park Center for Senior Living, for example, to provide a wide variety of services at the center itself and in residential settings—something the Center would struggle to do as a for-profit entity.

Aging AndYouth:

Win-Win Opportunities for Grantmakers to Fund across the Ages

Many programs for older adults are no longer designed so that participants interact only with their peers. Many programs now recognize that elders have much to offer younger generations and much to gain through intergenerational initiatives.

In a plenary session, John Gomperts, CEO of Experience Corps, Washington, DC, emphasized the importance of tapping into the talents and resources that older adults can bring to any program. The challenge, he said, is to successfully integrate the desires and experience of elders with the needs of children. For example, statistics have shown that as many as 40 percent of children cannot read independently by the time they are in 4th grade. Programs like Experience Corps serve as a natural connector between these two groups, and provide older adults an opportunity to interact with, tutor, and mentor children at risk in classrooms all over the country. In these settings, older adults are not simply volunteers teaching children how to read. They become education advocates and active members of the local school system. At this time, more than 1,000 Experience Corps members serve in urban public schools in 12 cities.

Ultimately, as Mr. Gomperts concluded, intergenerational programs are a win-win situation as young service recipients, their older volunteer providers, and the community all benefit.

Aging And...the Arts:

Dorothy and Reuben Silver in Performance

A unique perspective on aging was presented by Dorothy and Reuben Silver, two long-time performers in the Cleveland area, during a luncheon performance. The Silvers didn't present information about new programs or innovative approaches, but rather used their acting talents to demonstrate the power of the arts. Their lively, funny, and at-times heart-breaking hour included the dramatization of several poems and literary passages with aging themes such as Jenny Joseph's "Warning," June Shiple's "A Glass Full of Tears," Tish Beil's "I No Longer See My Face," and Elvidio Buffolino's "Where I'm From," as well as two monologues from Edgar Lee Master's Spoon River Anthology, "Fiddler Jones" and "Lucinda Matlock."

These moving performances were leavened by the therapeutic humor of the Silvers' final selections. They performed a significant portion of Robert Anderson's play, "I'm Herbert." It is a kind of older married couple's version of "Who's On First." The performance had many of the meeting's participants howling at the "discussion" about past loves, present concerns, and the myriad of mis-remembered memories that are both a source of frustration and the vehicle for their ongoing affection. In the end, "I'm Herbert" and the rest of the Silvers' performance served as an example of how all the arts may be used to engage older adults, provide a cultural resource to communities and serve as a mode of spiritual growth.

For More Information

AdvantAge Initiative
Center for Home Care Policy and Research, NY
(212) 794-6300
www.advantageinitiative.org

American Association of Homes and Services for the
Aging, Washington, DC
(202) 783-2242
www.aahsa.org

Centers for Disease Control and Prevention, GA
www.cdc.gov/aging

Civic Ventures, CA
Life Options Initiatives
(415) 430-0141
www.civicventures.org

The Cleveland Foundation, OH
(216) 861-3810
www.clevelandfoundation.org

Experience Corps, Washington, DC
(202) 478-6190
www.experiencecorps.org

Faith in Action, NC
(877) 324-8411
www.fiavolunteers.org

Jewish Healthcare Foundation, PA
(412) 594-2550
www.jhf.org

Menorah Park Center for Senior Living, OH
(216) 831-6500
www.menorahpark.org

Minnesota Initiative Foundation, MN
(320) 632-9255
www.ifound.org

St. David's Foundation, TX
(512) 397-4185
www.stdavidsfoundation.org

Robert Wood Johnson Foundation, NJ
(888) 631-9989
www.rwjf.org/reports

Senior Employment Center, OH
(330) 762-8666; (800) 554-5335
www.matureservices.org

United Methodist Health Ministry Fund, KS
(620) 662-8586; (800) 369-7191
www.healthfund.org

The Years Ahead, Inc., OH
(216) 231-1395

Books and Publications

*Older Workers, Demographic Trends Pose
Challenges for Employers and Workers*,
November 2001. US General Accounting
Office-02-85.
www.gao.gov

Salamon, Lester, A. *Holding the Center:
America's Nonprofit Sector at a Crossroads*.
Nathan Cummings Foundation, 1997.

Skill Building for Grantmakers

Beyond providing information on cutting-edge programs on a variety of issues, GIA's Annual Conference each year holds several skill-building sessions for grantmakers. In addition to the annual background session, Gerontology 101, this year's participants joined in a pre-conference intensive on aging and public policy and learned about the use of data to make informed program decisions. A special session for trustees on board governance issues was also included as part of the conference program.

Public Policy and Aging:

What Every Funder Needs to Know

Those able to get to Cleveland a few hours prior to the official start of the conference were treated to an overview of the major public policies, programs and issues affecting older adults today. Jane Isaacs Lowe, PhD, Senior Program Officer at The Robert Wood Johnson Foundation, NJ, moderated the afternoon and explained that the session had three purposes, namely to:

- Educate participants about public policy and aging
- Learn how public policy affects nonprofit agency operations
- Understand, as funders, where opportunities exist for public/private partnerships

Former Assistant Secretary for Aging in the U.S. Department of Health and Human Services, Jeanette C. Takamura, MSW, PhD, Dean and Professor at the Columbia University School of Social Work, NY, kicked off the discussion. She provided an incisive treatment of what she saw as the major themes facing public policy in aging. For example, while the number of older Americans is expanding and inequality between the "haves" and "have nots" is increasing, funding streams appear to be flat or diminishing in part because the nation's economy has not been robust. She furthermore noted an ongoing reconceptualization and reorientation of the entire health and human services domain, reflecting a dramatic, ideologically driven trend towards privatization.

Dr. Takamura also acknowledged there has been effective advocacy primarily by grassroots organizations representing persons with disabilities for a person-centered, consumer-driven, community-based system of care. These groups have sought to utilize Medicaid waivers, activity around the implementation of the Olmstead decision, and other policy and program vehicles to advance their agenda. Not inconsistent with this, most states have been focused upon bringing funding streams together to establish and strengthen systems of care. However, specifically in the area of long-term care, efforts have been uneven because the nation does not have a unifying, comprehensive national long-term care policy.

She rounded out her presentation by discussing two other cross-cutting trends. While that there is increasing emphasis placed upon the use of

science or “evidence-based” interventions in health and human services professionals in the field are not aware of or familiar with the literature that reports such evidence. Finally, she spoke about the emerging re-definition of aging within a much more diverse population, with aging determined less by chronology than by health status. This leads to the development of a new, longer-living global society—a stunning success story, but one with ageism and considerable other challenges still to overcome.

Ronald Hill, MS, Executive Director of Western Reserve Area Agency on Aging, OH, described the broad outlines of the aging services network, tracing the network’s articulation from the federal Older American’s Act and the Administration on Aging to the state Area Agencies on Aging (AAAs) and finally to the local level of service providers. He noted that each state’s AAA was different, though they all have three broad mandates—to serve as advocates for older adults, to coordinate statewide services, and to administer federal and state grants. Each community network of providers is similarly unique with a wide range of programs and activities including senior centers, congregate meals, housing support, volunteer opportunities, adult day care, and others. Speaking about his own local area, Cleveland, Mr. Hill discussed several “hot issues.” These included:

- Expanding consumer choice and consumer-directed care
- Improving service quality
- Rebalancing long-term care to include more home and community-based support
- Integrating acute and long term care
- Making sense of the increased role of the private sector
- Promoting multigenerational programming

Many of these, he noted, were not simply Cleveland’s issues, but concerns and trends faced in many communities around the country.

Richard Browdie, MBA, President and CEO, of the Benjamin Rose Institute, OH, supplied a policy view from the healthcare services provider perspective. For these providers, he said, “an awful lot of what policy means is about the details in their interactions with regulators and reimbursors.” Mr. Browdie used Benjamin Rose’s long-term care programs as an example of how this kind of policy often works at “cross-purposes” and fails to reward innovation or allow much needed experimentation. “Most providers want to improve things,” he said. “The issue for policymakers and for foundations is linking policy to experimentation” so providers have incentives to deliver new and better services that truly meet the needs of older adults.

Marie Jobling, Executive Director of Planning for Elders in Central City (PECC), CA, talked about how grass-roots service providers can play an active role in changing public policy. In an energetic presentation, she talked about an issue facing her community—older adults’ ability to access services. The services were there, she related, but older adults weren’t using them.

After speaking with older adults about the problem, her group launched “Senior Survival School.” The school was presented in eight languages, a necessity in her multicultural community. It taught older adults the basics of how to find, use, and improve various health and social services in the area. At the same time, PECC worked with a citywide coalition of senior groups, the Senior Action Network, to create Senior University, a leadership development program that taught older adults needed planning and organizing skills, ultimately building their capacity to advocate for new programs, services and funding. “It’s now a training ground in democracy,” said Jobling, describing an advocacy effort that funders might support in communities around the country.

Many funders at the session were interested in how to use their private dollars to leverage larger amounts of public funds. Jack Bovaird, LCSW, Director of East Baltimore Services at the France-Merrick Foundation, MD, spoke about public-private partnerships. In particular, he described his experience with the Safe at Home program, which promotes independent living for low-income older adults and helps to maintain housing stock, stabilize neighborhoods, and reduce health care costs. The Foundation, said Mr. Bovaird, is interested in replicating this model program throughout Baltimore and exporting it to other communities around the country. Given the limited funds of many local foundations, this replication effort would require support from state agencies, as well as additional national funding partners similar to The Robert Wood Johnson Foundation, NJ, which was a co-funder of the original project. In particular, government officials, he said, want to see evidence of the program’s cost-effectiveness, which a current Johns Hopkins study hopes to provide.

Following these varied presentations, the large group assembled had a similarly wide-ranging question-and-answer session that covered issues in long-term care, the broad array of approaches employed by state and local AAAs, questions about elder abuse, policy implications of growing diversity in the older population, working with trustees on policy issues, and many others. As a participant noted toward the end of the session, there was no shortage of new ideas, insight, and commitment around these topics. Indeed, the greatest barrier to progress (and limitation to this session) was time.

Gerontology 101: The Four Stages of Aging

This year’s overview session on aging was organized to cover what presenters described as the four stages of aging. This not only served to provide background information on the aging process, but reinforced that the term “older adult” can refer to people with widely varying abilities, needs, and interests.

Stage 1: Active Aging

Many in society define the beginning of old age as 65. This kind of chronological classification, according to M. C. Hokenstad, PhD, the Schmitt Professor at Case Western Reserve University, OH, may not be particularly helpful. Looking at aging in terms of function, it may be more useful to define the initial stage in the process as “active aging.” This is a time, he said, when older adults are often:

- Caregivers for spouses, parents, and grandchildren
- Volunteers, as mentors for a younger generation
- Paid employees, utilizing old and new skills

Older adults in this active stage seek opportunities to maximize their health and well being, and contribute to their communities in meaningful ways. He noted that the image of retired elders with excess leisure time is no longer the norm. Quoting the World Health Organization, Dr. Hokenstad noted, “We have added years to our lives, now we need to add life to our years.”

Stage 2: Onset of Disability

Aging is no longer considered the cause of disability, but instead a risk factor. Dr. Robert M. Palmer, MD, MPH, Head, Section of Geriatric Medicine at the Cleveland Clinic Foundation, OH, said while disability is common with aging, it is not inevitable. Often noted as the transition from “independence” to a state of “dependence” (as measured by the increased need for assistance with Activities of Daily Living-ADLs and/or Instrumental Activities of Daily Living-IADLs), many disabilities, according to Dr. Palmer, are predictable and often preventable. He suggested that medical care should concentrate on disease eradication and control efforts on those conditions with the greatest potential for resultant disabilities, including heart disease, chronic obstructive pulmonary disease (COPD), vision/hearing loss, diabetes, and others. He further suggested that health professionals intervene in the “pathway to disability” and promote successful aging and wellness activities throughout life. Finally, Dr. Palmer recommended that individuals take responsibility for their own health and understand their own personal “health portfolio,” including the need for immunizations and regular health screenings.

Stage 3: The Elite Elderly

Robert E. Eckardt, DrPH, Vice President for Programs and Evaluation of The Cleveland Foundation, OH, focused on the “elite elderly,” those over 100 years old. Currently, 76,000 people in the United States are over the age of 100. By 2010, more than 130,000 people will live past the centenary

mark. Dr. Eckardt highlighted findings from a recent report by Thomas Perls entitled, "The New England Centenarian Study". The goal of the project is to identify predictors of long life and to take a snapshot of life after age 100. Among participants in the study:

- Almost no one needed assistance with ADLs until age 92
- "Escapers" missed many chronic diseases; "Delayers" eventually got chronic diseases, but with late onset; "Survivors" developed the diseases common with aging, but lived many more years despite them
- There is a much greater likelihood of having a sibling who also lives past 100
- Many have outlived their support system of family and friends and many have outlived their financial resources

Dr. Eckardt stated that while we often celebrate this group in a superficial way, we still need to continue to learn more about them. We need to know why they reach such old age, and what their experiences are in order to truly understand, engage, and assist them.

Stage Four: End of Life

No matter how long we live we will all eventually die. Fifty to seventy percent of deaths in the United States occur in acute care facilities, noted Mary V. Callaway, Associate Director of the Project on Death in America of the Open Society Institute, NY. Older adults die with increasing care needs and with several diseases. Because pain management is often poorly assessed and managed, leaving many older adults in extreme pain at the end of their days, Callaway suggested a new approach to palliative care. This model includes patient-centered, comprehensive, and holistic care, a focus on pain relief, symptom management, and family caregiver support. However, this type of care is primarily used at the very end of life, rather than at the time of diagnosis. She suggested that discussing palliative care options early on in treatment would give patients and family members better assistance with medical decision making. This type of care, employed earlier, would enhance the patient's quality of life, alleviate suffering, and engage a full range of supports over the course of the whole illness.

Grantmaking by the Numbers: Using Census Data for Planning and Decision Making

Census data provide a wide range of national statistics associated with older adults including information about demographics, income, housing, and health or functional impairments. The availability of this information is essential when planning for and making decisions about grant allocations and program planning.

Up until now, notes Timothy J. Henderson, MA, Vice President of Programs at the Quantum Foundation, FL, national age-related statistics have only been available by the decade. The American Community Survey, however, is a new approach to collecting accurate and timely information. This, along with other Census Bureau surveys, provide well-timed information about communities, health insurance issues, employment and housing trends. In addition, population and other community projections, (available from the Census Bureau for each state) allow communities to make plans that go beyond the current or immediate needs of their residents. Planning for the community of tomorrow is essential.

Programs like the OMEGA Project, FL, are examples of how census and local community databases can help to accurately target problems and implement creative solutions for the needs of the elderly. Kerry Rodriguez Diaz, JD, immediate past Executive Director of the OMEGA Project, stated that it uses data to:

- Identify issues
- Target the best implementation areas (e.g., to understand where, geographically is the greatest need for linkages between medical and social services
- Develop the best ways to get the “message” out
- Evaluate and refine current services

M. Scott Ball, Executive Director of the Community Housing Resource Center, Inc., GA, noted that while services for older adults do have great impact on the lives of residents, no amount of advocacy can make up for a poorly planned community. “Effective community planning,” he said, “considers social services as infrastructure issues that are coordinated with zoning, transportation, and other comprehensive planning processes.” Using Geographical Information System mapping technology to portray data trends among older adults, Mr. Ball illustrated how technology can help identify pockets of vulnerable adults within communities. He suggested that planning councils and local governments work closely with aging advocates to refine and design communities that make aging in place possible for older residents while improving the quality of life for all its citizens.

The Art and Science of Trusteeship:

Issues in Board Governance

Grantmakers are only as strong as their governing bodies. The individuals who make up foundation boards and the way they choose to govern can facilitate or interfere with the functioning of the organization. The Reverend Henry C. Doll, board member of The McGregor Foundation, OH said that in order for a grantmaker to work at its maximum capacity, trustees must clearly understand their roles. He suggested that new trustees be reminded that their role is not an “honorary” one; it has specific duties. He described these responsibilities as:

- Assisting in defining and/or clarifying the foundation’s mission
- Choosing and overseeing the work of the executive director, without “micromanaging”
- Reviewing and approving grants and program initiatives, including adding aging issues as a priority
- Exercising fiduciary responsibility by overseeing and monitoring financial activities
- Serving as a spokesperson and advocate for the foundation
- Ensuring that programs and initiatives are meeting goals and objectives
- Establishing a strong process of trustee succession

Mitchell Balk, President of the Mt. Sinai Health Care Foundation, OH, followed Reverend Doll with a presentation about Mt. Sinai’s decision to make aging issues a grantmaking priority. While its religious roots helped the foundation consider aging issues as a focus area, board members also looked at the increase in the aging population, the need for expanded service provision, and the hardships of the most vulnerable citizens as they began to allocate dollars.

The Foundation’s objective, according to Balk, is to build the capacity of local health systems, rather than individual programs or activities. He discussed several examples of Mt. Sinai’s work, each one bridging the public/private divide to benefit older adults in the Cleveland area. Their largest effort to date has centered on transportation. With considerable grant dollars, the foundation helped jump-start a planning process for countywide transportation that is affordable, efficient, and safe. With Mt. Sinai’s help, Cleveland is now working on a transportation model that includes additional public and private dollars.

The session concluded with remarks about trustees’ legal and ethical responsibilities. Deborah Z. Read, Esq., a partner from the Cleveland office of Thompson Hine LLP, highlighted recent legal developments that will affect nonprofit board governance. These include emerging higher accountability standards for trustees and officers of nonprofit organizations, additional Internal Revenue Service (IRS) scrutiny of trustees’ transactions with the

organizations they serve, and the quality and availability of conflict-of-interest policies. She noted that New York proposed legislation would subject the Empire State's nonprofits to some of the requirements imposed on for-profit entities under the Sarbanes-Oxley legislation. This includes certification of financial information by trustees or management. Read said that all eyes are now on the New York State Legislature to see if these proposals or other bills like them continue to move forward.

The IRS, however, is already getting more active in assessing penalties for transactions that result in excess benefits to officers, directors, or other insiders. The IRS expects every foundation to have a clear conflict-of-interest policy in place and enforced.

The use of foundation dollars to fulfill personal obligations of officers, trustees, or related persons or entities is considered an act of self-dealing under excise taxes imposed on private foundations and is receiving more intense IRS enforcement. Given this increased attention, Ms. Read advised that foundations should be careful to follow established grantmaking procedures and ensure that all grantmaking activities and projects fall under the foundation's stated mission.

For More Information

Census Information/American Community Survey, Washington, DC
www.census.gov

Community Housing Resource Center, GA
(404) 624-1111
www.chrcatlanta.org

The Cleveland Clinic Foundation, OH
(216) 444-2661
www.ccf.org

The McGregor Foundation, OH
(216) 921-8269
www.mcgregorfoundation.org

Mandel School of Applied Social Science
Case Western Reserve University, OH
(216) 368-2280
http://msass.cwru.edu

The Mt. Sinai Health Care Foundation, OH
(216) 421-5500
www.mtsinaifoundation.org

New England Centenarian Study, MA
(617) 638-6688; (888) 333-NECS (6327)
www.bumc.bu.edu/centenarian

The Omega Project, FL
(561) 820-1670
www.omegaproject.org

Open Society Institute, NY
Project on Death in America
(212) 548-0600
www.soros.org/initiatives/pdia

Quantum Foundation, Inc., FL
(561) 832-7497
www.quantumfnd.org

Thompson Hine, LLP, OH
(216) 566-5500
www.ThompsonHine.com

Books and Publications

Nason, John W. *Foundation Trusteeship: Service in the Public Interest*. Council on Foundations, 1989.

Grantmakers In Aging

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2004 GIA Annual Conference

GIA will hold its 2004 Annual Conference October 27-29, 2004 in Miami, FL. For more information, visit www.GIAging.org or call the GIA office at (937) 435-3156.

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Promoting and strengthening
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