



# **HIGHLIGHTS** FROM THE 2008 ANNUAL CONFERENCE

OCTOBER 29 - 31 • **PRINCETON, NEW JERSEY**



## **THE POWER OF KNOWLEDGE**

LIGHTING THE WAY for bold advances in aging philanthropy



**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 international professional organization of grantmakers active in the field of aging.

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# THE POWER OF KNOWLEDGE

## LIGHTING THE WAY FOR BOLD ADVANCES IN AGING PHILANTHROPY

In the fall of 2008, Grantmakers In Aging (GIA) gathered for its annual conference in Princeton, New Jersey. This year's meeting focused on education, a powerful strategy for advancing the aging agenda. The gathering featured an array of new strategies and programs that are lighting up the field and communities across the country. These model efforts are educating policymakers, nonprofit organizations, foundation staff, and the media about the opportunities and challenges associated with a rapidly aging America. They are also enlightening a whole range of individuals about the new realities of growing older in this country.

Despite the economic challenges facing the philanthropic community, we are heartened to report that the annual conference attracted more than 220 participants, our largest total ever. This points in part to our members' commitment to GIA and the annual conference. In the spirit of this year's theme, it also indicates their own belief in the power of learning from one another and from experts who traveled from around the country to provide new knowledge and provocative points of view.

The plenaries and workshops of "The Power of Knowledge: Lighting the Way for Bold Advances in Aging Philanthropy" featured, as always, thought leaders and practitioners talking about the latest ideas and programs in the field. While unable to describe the important networking and face-to-face exchanges that are hallmarks of our Annual Conference, this publication seeks to reflect some of the intellectual excitement that our two and one-half days together produced.

We trust you will find this publication valuable, and as your personal connection to aging, GIA looks forward to hearing from you as we work together to help improve all of our grantmaking for an aging society.

**Carol A. Farquhar**

Grantmakers In Aging  
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## PRESIDENT'S ROUNDTABLE:

LIGHTING THE WAY FOR BOLD ADVANCES IN AGING PHILANTHROPY

The Brian F. Hofland Lectureship

Education can be a powerful resource for funders in aging. For older adults, it can serve not only as a source of information, but also engagement. For caregivers, educational programs can be a lifeline, helping them cope with the burden of caring for a declining loved one. Finally, educating policymakers and the general public is critical to foundations' efforts to alter public policy in ways that encourage more cost-effective and caring approaches to coping with our growing aging population.

### The Power of Lifelong Learning

To begin the opening plenary, Mary Bitterman, PhD, President and Trustee of The Bernard Osher Foundation (CA), described the foundation's lifelong learning program, which supports 122 institutes at universities in 49 states and the District of Columbia. "Learning should not stop when you're 22 or 23 but should be pursued throughout one's life," she said, quoting Bernard Osher, the organization's founder.

Older adults look for innovative and intellectually stimulating courses—from philosophy and mathematics to geology and religion—even though younger people sometimes assume that seasoned students might want to focus on aging gracefully and estate planning. Among the most popular courses at Osher Institutes across the country are those that connect the arts to cultural programs in the community and that feature current affairs. Such relevant offerings help older adults remain engaged and connected to their communities and to the larger world.

### Supporting, Educating Caregivers

Following Bitterman, Shale Stiller, LLB, MLA, President of The Harry and Jeanette Weinberg Foundation, Inc. (MD), discussed the importance of providing our nation's unpaid caregivers with the training and support they need. Seventy-five percent of all care for disabled or ill older adults is provided by family and friends. "Informal caregiving is the bedrock of the US long term care system, and the need for this care is only going to intensify," said Stiller.

Providing constant care for an older friend or relative leads to financial and emotional strain for caregivers, who have little training or support for their role. The Weinberg Foundation's goal is to alleviate caregivers' stress and burden and prevent them from becoming patients themselves. To help in this process, the foundation decided to invest in education and training, putting out a request for proposals to help organizations form community partnerships for caregiver support. The generous funding—\$9 million over three years beginning in 2009—will facilitate 12 to 20 projects that will expand information about and access to supportive services, while increasing caregiver competence.

## Enlightening Policymakers

To round out the plenary's three-person panel, Karen Davis, PhD, President of The Commonwealth Fund (NY), addressed the topic of long-term care (LTC) policy. Informing public policy is essential, she said, if we want to ensure financing for and improve the quality of the care our aging population receives. "As grantmakers, we have our work cut out for us to really educate policymakers about issues around aging, raise awareness of the problems, and point to pragmatic actions to take," she explained.

Davis noted the importance of using data and charts to make the stakes clear for policymakers. She also laid out powerful messages that grantmakers can use to communicate the importance of addressing issues surrounding LTC. These include:

- The aging population is increasing, and that will have major consequences for acute and LTC.
- Public programs already serve chronically ill people, yet LTC is a large—and getting larger—portion of funding from Medicaid.
- These public programs take up a large—and growing—portion of the gross domestic product.
- We can't solve this problem by shifting costs to Medicare beneficiaries—they are already overburdened with healthcare costs.
- Quality in nursing homes is often lacking and highly variable across the nation; however, we can do better by using high-performing homes as benchmarks.
- The LTC workforce is inadequate and suffers from high rates of turnover; we need a workforce that is trained, organized, and empowered.
- There is hope; research shows we can save money with good care.

In addition to outlining challenges, foundations also need to offer policymakers workable solutions to pressing problems, such as Medicare reform. Additionally, foundations can support pilot programs that model improved, more cost-effective approaches to LTC. For example, Commonwealth joined with the Robert Wood Johnson Foundation to evaluate the Green House small group home model for residential care. They learned that this new model of care can improve satisfaction, reduce aid turnover, and improve occupancy while saving money. "Nothing convinces Congress more than showing them someone who has done it," said Davis.

## Educating the Next Generation of Healthcare Workers

After the plenary, meeting co-chairs Rick Martinez, MD, Trustee of the New Jersey Foundation for Aging, and Corinne Rieder, EdD, Executive Director and Treasurer of The John A. Hartford Foundation (NY), joined the speakers for a Meet the Speakers panel discussion. The primary topic was the looming shortage of healthcare workers (also discussed on p. 17).

If the US wants to attract and retain enough nurses and other healthcare workers to serve the growing aging population, we need to change how we go about recruiting and training them. The country should be looking not only to recruit traditional college-age students to the profession, noted Mary Bitterman, but also middle-age people looking for a new career. Additionally, in order to make sure there are enough skilled healthcare workers to serve older adults, community colleges merit more funding. "Eighty percent of first responders go through a community college system," said Bitterman. Some training for lower-skill jobs could take place in training programs or in high schools as well.

Unfortunately, funding additional training is not enough. The training itself must be reshaped. "We will never get to integrated teams and approaches if we continue to prepare professionals in disconnected silos," said one session attendee. "Otherwise, we could still be having this discussion in 20 years."



## USING EDUCATION TO LIGHT THE WAY

The vast majority of funders in aging are funding education, whether directly or indirectly. Education programs are widespread because they are effective. For example, courses for older adults keep them informed and connect them to the community at large. Recruiting older adults to teach others not only keeps them engaged, but puts their accumulated knowledge to work serving their communities. Educating the public and policymakers about aging issues can help revise public policy to benefit older adults and the country as a whole. Finally, educating healthcare workers about the unique health issues that older adults face not only benefits older patients themselves, but helps our entire healthcare system run more efficiently.

### Small Funders and Education

Many small funders play a leading role in supporting innovative educational programs that benefit older adults. In a session focused on the important role of small, local foundations, presenters shared the results of a recent GIA survey of 26 funders awarding less than \$1 million annually in aging. The majority of these funders reported that they use educational approaches to help carry out some of their grantmaking in aging. However, few stated that education or training was their primary mission. The foundations reported examples of their educational grants, which fell into four categories:

- Educating/training older people
- Older adults teaching others
- Educating/training healthcare professionals
- Other education/training grants

Two speakers from small foundations shared their experiences with educational approaches to grantmaking in aging. Barbara R. Greenberg, President, The Philanthropic Group (NY), and Foundation

Advisor, the Helen Andrus Benedict Foundation (NY), noted that “older adults are the resources, talent, and experience of the community.” Keeping that in mind, the Benedict Foundation is particularly interested in encouraging older adults to become active in their communities. One example Greenberg cited is the nonprofit Center for Aging in Place Support, which convenes a monthly “village council” and trains neighborhood organizers to create aging in place initiatives in their own communities. Another example is a GrandPower Advocate program, which prepares older adults to inform and assist other grandparents raising grandchildren, hosts fun events for grandfamilies, and advocates with local and state policymakers. Additionally, the foundation is a sponsor of a University of California online learning project at [www.agingfriendly.org](http://www.agingfriendly.org), dedicated to helping nonprofits, older adults, and funders learn how to create aging-friendly communities. In addition to archives of the online presentations by national and local experts, the site offers new monthly presentations and an ongoing blog and discussion board for registered users.

The second speaker was Cathy Boyer-Shesol, Senior Program Officer, Jewish Heritage Foundation of Greater Kansas City (MO). About a third of the foundation's aging grants focus on education. Examples include funding social work master's programs with certificates in aging, as well as programs that educate employers about eldercare benefits.

To jumpstart a discussion of educational programming possibilities, session participants categorized their own foundation's educational work in one of the four major areas. During the exercise, many attendees discovered that they were funding education without realizing it.

Programs that educate older people include: workforce re-training, computer classes, nutrition education and cooking classes for those with chronic diseases such as diabetes, caregiver training, and age-oriented health fairs. Many programs are related to chronic disease self-management, an excellent way to empower older adults while reducing healthcare costs.

Intergenerational programs are popular as well. For example, teens can teach older adults how to use computers, and older adults can share their knowledge on a wide variety of subjects with younger people. Additionally, some programs involve recruiting and training older adults to bring information to their peers, such as helping them understand their Medicare rights and benefits.

### **Best of the Region: Using Technology to Keep Older Adults in the Know**

Many educational programs harness technology to reach out to older adults. Educating elders with and about technology keeps them informed and connected to the world around them. One program, run by DOROT (NY), uses a tried-and-true technology—the telephone—to offer courses to older adults. Sara Peller, LCSW, Associate Executive Director of DOROT's Programs for Seniors, explained the organization's University Without Walls program. Older adults can participate in a variety of courses taught by experienced instructors, without leaving their homes. DOROT staff call the instructor and participants at the appointed time to connect everyone to a conference call. Handouts, if appropriate, are mailed in advance to students. This program has many benefits for homebound older adults, including:

- Promoting social engagement and lifelong learning
- Bringing older adults from different communities together to share interests and support
- Providing access to services
- Fostering friendships
- Promoting health and wellness through support groups and classes
- Encouraging partnerships between social service agencies and health and cultural institutions
- Reducing social isolation

“Being part of this program means being part of a community,” said Peller. The session's other two presenters were Plinio Ayala, President and CEO of Per Scholas (NY), and Thomas Kamber, PhD, Executive Director of Older Adults Technology Services (OATS), both New-York based nonprofits. Per Scholas is committed to breaking the cycle of poverty by providing education, technology, and economic opportunities to individuals, families, and communities. OATS is focused on computer training for older adults.

First, Ayala discussed one of Per Scholas's elder-focused programs, Comp2Seniors. Launched in the fall of 2006, the program is a joint venture between Per Scholas and OATS. The program includes subsidized computer training for older adults, provided by OATS, followed by delivery and installation of a computer in participants' homes. In addition, Per Scholas provides ongoing technical support. The Comp2Seniors program is currently offered in 14 senior centers in the Bronx, Manhattan, and Brooklyn, and served 500 older adults in 2007 and 700 in 2008. Benefits are numerous, encouraging clients to:

- Stay connected to family and friends through e-mail and photo sharing
- Join virtual networks of their peers, making them less isolated
- Integrate the computer into their daily lives
- Leave their homes to come to the senior centers to learn computer technology, resulting in an increase in senior center attendance

The program costs \$425 per person. The Fan Fox and Leslie R. Samuels Foundation (NY) funded the program's launch. Per Scholas and OATS hope to expand the program and find a dedicated source of financial support.

Following Ayala's presentation, Kamber discussed OATS's mission and strategies. “OATS is about improving the quality of life for seniors through enhancing their knowledge of technology,” he said. Learning how to use a computer can not only help older adults stay connected to family, friends, and the world, but can also help them gain and maintain employment.



## USING EDUCATION TO LIGHT THE WAY

The partnership with Per Scholas is an example of how OATS works: “OATS has never done a program without partnering with another agency,” said Dr. Kamber. For example, they partner with local public schools in their computer training programs: Teenage students come to senior centers and help older adults learn how to use a computer, including how to use a mouse, browse the Internet, use e-mail, and avoid identity theft. This has benefited both teens and elders. Attendance at school increased, and the older adults became more confident using the computer and navigating the Internet.

### Recommended Reading

Salkowitz, Rob. *Generation Blend—Managing Across the Digital Age Gap*. Hoboken, NJ: Wiley Press, 2008.

### Funding Opportunities

#### Grantmakers could consider funding:

- Lifelong learning or computer training programs for older adults
- Chronic disease self-management programs
- Training programs for caregivers
- Efforts to educate and inform policymakers about key aging issues
- Efforts to recruit social workers, nurses, doctors, and other healthcare workers and improve their geriatrics training
- Intergenerational or peer-to-peer education programs; i.e., older adults teaching teens, teens teaching older adults, or older adults teaching other older adults
- Efforts to educate government and private funders about creating aging-friendly communities

### FOR MORE INFORMATION

The Bernard Osher Foundation (CA)  
415.861.5587  
[www.osherfoundation.org](http://www.osherfoundation.org)

Center for Aging in  
Place Support (NY)  
914.315.6491  
[www.aipsupport.org](http://www.aipsupport.org)

Commonwealth Fund (NY)  
212.606.3800  
[www.commonwealthfund.org](http://www.commonwealthfund.org)

Creating Aging-Friendly Communities  
[www.agingfriendly.org](http://www.agingfriendly.org)

DOROT (NY)  
212.769.2850  
[www.dorotusa.org](http://www.dorotusa.org)

The Harry and Jeanette Weinberg  
Foundation, Inc. (MD)  
410.654.8500  
<http://hjweinbergfoundation.org>

Helen Andrus Benedict  
Foundation (NY)  
212.501.7785  
<http://foundationcenter.org/grantmaker/benedict>

Jewish Heritage Foundation  
of Greater Kansas City (MO)  
816.561.1563  
[www.jhf-kc.org](http://www.jhf-kc.org)

OATS: Older Adults  
Technology Services (NY)  
917.363.4081  
[www.oatsny.org](http://www.oatsny.org)

Per Scholas (NY)  
718.991.8400  
[www.perscholas.org](http://www.perscholas.org)

Senior Planet  
718.360.1707  
[www.seniorplanet.org](http://www.seniorplanet.org)

# SUPPORTING A SECURE RETIREMENT

Health and financial resources are the twin pillars of a secure retirement. With the advent of Medicare and Social Security, the US made huge improvements in easing the financial worries of its older population. However, with the soaring costs of these entitlement programs—and their inadequacy in guaranteeing economic stability for older Americans—we must seek improvements in Medicare and encourage sound financial management among older adults. In two preconference sessions, several presenters examined these critical issues.

## Taking the Pulse of Medicare

Since its enactment under President Lyndon Johnson on July 30, 1965, Medicare has been a centerpiece of the US healthcare system. The shifting economic and political climate over the past decade has pressured the program to move toward privatization and make other fundamental structural changes. In the first preconference session, Robert Hayes, JD, President of the Medicare Rights Center (NY), and respondent Michael Weinstein, PhD, Senior Vice President at the Robin Hood Foundation (NY), examined the history of Medicare, the challenges and opportunities it now presents, and opportunities for private funders to play a role in its evolution.

Although publicly funded health insurance for older adults first came under consideration during the Franklin D. Roosevelt administration, Hayes explained that political opposition and the daunting expense of a healthcare program kept it on the shelf for 30 years. By the 1960s, however, a confluence of social need and politics engendered possibilities for new legislation, and Medicare became law in 1965. During the next 11 months, the government rolled out a comprehensive plan and brought 95 percent of all hospitals and practicing physicians on board.

Statistics since that time, said Hayes, suggest that Medicare has largely fulfilled its promise. In 1960, the poverty rate among older adults stood at 30 percent; today it has dropped to 10 percent. Similarly, only 44 percent of individuals age 65-plus had health insurance then. Now, that number has risen to 98 percent. And life expectancy has gone up from 79 to 84 years—although Medicare, of course, may be only one factor among many affecting this outcome.

The program has also proven singularly cost efficient, with administrative expenditures hovering at 2 percent, compared to 10 percent for large, private group health insurance plans and a skyrocketing 30 percent for some small group plans.

In a spirited and good-natured exchange, Dr. Weinstein took issue with Hayes' contention that Medicare should be admired for achieving low administrative costs. "That would be a compelling achievement, if Medicare were well administered," said Weinstein. "But it isn't. Medicare does little to assure that patients get high-quality care. It's a mediocre health plan that isn't ready for what the future will bring."

Weinstein suggested that we need to inject competition into the system, rather than give Medicare a monopoly. Otherwise, the program will try to keep its costs low and balanced simply by cutting physician reimbursements. The current problem with keeping private plans a part of Medicare, he said, is that we aren't properly assessing risk, or identifying and punishing those private plans that insure only healthy people and not sick ones.

For his part, Hayes did note other challenges facing Medicare. Affordability, he said, is an issue for many, as out-of-pocket expenses can be high, and the basic plan does not cover all medical procedures. Wealthier individuals buy Medicare supplemental (MediGap) insurance to improve their coverage, while low-income Medicare clients receive help from Medicaid supplemental programs. Those in the middle, however, can quickly find themselves struggling to pay for Medicare's out-of-pocket costs.

After legislation in 2003 that allowed for-profit companies to offer private Medicare plans, the healthcare landscape has also become more complex. In Ft. Lauderdale, Florida, for example, consumers must choose from a dizzying array of 120 programs. The new Medicare Part D privatized drug program offers an equally confusing set of choices in many markets. A lack of symmetrical information makes comparing these plans extremely difficult.

Whether Medicare will meet these challenges depends upon decisions made by the new administration and Congress. At the core of the issue lies the question:



## SUPPORTING A SECURE RETIREMENT

How much of our gross national product can we afford to spend on our older adult population, many of whom are very close to the end of life? As a corollary, how do we improve how the money is spent? We currently pay double what every other industrialized nation pays for healthcare, yet the World Health Organization ranks the quality of our system as a lowly 37th in the world. Philanthropy, said Hayes, must step in to spark systematic change.

### **Financial Security in an Uncertain Future:**

#### *Planning for the Second Half of Life for Low-Income Populations*

With three out of four Baby Boomers holding less than \$50,000 in savings, many older Americans, especially women and minorities, find themselves struggling financially. In the second of two preconference sessions, a panel of experts addressed the economic challenges and vulnerabilities older adults face.

### **Poverty Among Older Adults: By the Numbers**

N. Joyce Payne, EdD, Chair, AARP Foundation (DC), and Executive Director, National Alliance for the Public Trust (AL), used demographic findings from the AARP Foundation's *Poverty and Aging in America: A Profile of the Low-Income Older Population* (2008) to explain how the current mortgage crisis has hit the low-income older population especially hard. More than 684,000 older homeowners (age 50-plus) were either delinquent in their mortgage payments or had experienced a foreclosure in 2007. To make matters worse, the median net worth of families of individuals age 50-plus who are living in poverty is only about \$10,000. However, by focusing on poverty rates alone, policymakers, service providers, and funders overlook one of the most vulnerable segments of the aged population: the near-poor, who include mostly women, minorities, and people living alone.

Mark Greenberg, JD, Senior Fellow, Center for American Progress (DC), and Director, Georgetown Center on Poverty, Inequality, and Public Policy, followed up by reviewing economic trends in poverty among older adults. In the 1960s and early 1970s, poverty rates among the nation's older adults decreased dramatically, largely due to expansions in Social Security. In 2007, only 10 percent of the older population (65-plus) lived in poverty. Unfortunately, elderly women are far more likely to be poor than elderly men, and nearly one quarter of the elderly (23 percent) have incomes below 150 percent of the federal poverty line.

### **Women and Retirement**

As Dr. Payne mentioned, women are particularly vulnerable in retirement. To address women's issues, the Women's Institute for a Secure Retirement (WISER), based in Washington, DC, works to help low- and moderate-income women gain economic control over their lives, and increase awareness of the structural barriers that prevent women from adequately participating in the nation's retirement systems. At retirement, explained WISER President Cindy Hounsell, JD, many women who have never before experienced financial shortfalls suddenly find themselves living at or close to the poverty level. Women live longer than men, yet generally have less asset income than do their male counterparts, are less likely to receive employee retirement benefits, and are more likely to have spent years out of the workforce as unpaid caregivers.

### **Addressing Older Adults' Financial Issues**

In her presentation, Ellen Seidman, JD, MBA, Director, Financial Services and Education Project, Asset Building Program, New America Foundation (DC), touched on five key issues that retired older adults face:

- Financial abuse, which includes identity theft, predatory lending, and power of attorney abuse
- Bankruptcy (filing rates among Americans 65-plus have doubled in the last 16 years)
- Burdensome taxes
- Aging in place
- Assets and family issues

Seidman offered some straightforward strategies to combat financial abuse, including statutory reform, training for financial workers, and education/outreach. The country can also combat bankruptcy, she suggested, by strengthening Social Security, expanding health insurance, and creating universal retirement accounts, among other improvements.

Tax policies can obviously exert a profound effect on the economic well-being of older adults. The nation should examine if these policies can be better targeted to help older Americans most in need. Seidman suggested that we could also use tax time as an opportunity to encourage older individuals to think about and implement asset building strategies, as well as help them understand for what benefits they might be eligible.

Aging in place can be viewed as either an asset-building or asset-depleting strategy, said Seidman. There are obvious benefits to aging in place: people can avoid liquidating their homes, there are no starting over costs, community-dwelling older adults can share resources, and living at home is often less stressful. However, there are financial strains, such as high property taxes and maintenance expenses.

To conclude, Seidman discussed assets and familial issues, specifically in terms of the pitfalls and possibilities of lending between family members. Respectful and safe lending between family members allows older adults to preserve assets and help family at the same time, but such practices should be entered into formally. Programs such as Virgin Money (formerly Circle Lending) and Doorways to Dreams (D2D), based on Peter Tufano's Savings Bond research, are best practice examples of such programs.

The final speaker, Deborah Goldstein, JD, Executive Vice President, Center for Responsible Lending (DC), focused on older Americans and debt. Predatory lenders see older adults as highly vulnerable and often take

advantage of them. As a result, older Americans are at risk from a myriad of abusive lending practices, including problematic mortgages that increase foreclosure risk, costly credit card fees, payday loans, and automatic overdraft loan programs. These abuses can drain accumulated savings or claim a large slice of social security benefits.

The solutions to these problems are within reach, but not all are simple. Regulators should require lenders to get consent before placing consumers in overdraft loans. The Federal Reserve and Congress are currently considering new rules for credit cards. States are moving to apply small loan interest rate caps to payday loans. Finally, the economic crisis that America is now facing has turned our attention to mortgage lending practices. Policy interventions that help at-risk borrowers avoid foreclosure will be critical to stabilizing the economy.

### Recommended Reading

AARP Public Policy Institute. *Poverty & Aging in America: Profiles of the Low-Income Population 2008 Chart Book*. Washington, DC: AARP Foundation, 2008.

Edelman, Peter, Angela Glover Blackwell, and Mark Greenberg. "Recommitting to the Fight against Poverty," Center for American Progress. August 28, 2007. [http://www.americanprogress.org/issues/2007/08/poverty\\_statement.html](http://www.americanprogress.org/issues/2007/08/poverty_statement.html)

Greenberg, Mark. "Defining Poverty," Center for American Progress, August 1, 2007. [http://www.americanprogress.org/issues/2007/08/greenberg\\_testimony.html](http://www.americanprogress.org/issues/2007/08/greenberg_testimony.html)

Greenberg, Mark and Lisa Donner. "Stalled Progress on Poverty," Center for American Progress, August 26, 2008. [http://www.americanprogress.org/issues/2008/08/stalled\\_progress.html](http://www.americanprogress.org/issues/2008/08/stalled_progress.html)

Seidman, Ellen and Phillip Longman. "Too Small To Fail: Where Does Banking in America Need to Go? Back to the Future." *USA Today*, October 21, 2008. <http://blogs.usatoday.com/oped/2008/10/too-small-to-fa.html>

Shelton, Alison. "A First Look at Older Americans and the Mortgage Crisis." *Insight on the Issues*. Washington, DC: AARP Foundation, September 9, 2008.



## Funding Opportunities for Grantmakers

### Grantmakers could consider funding:

- Information, counseling, and translation services
- System abuse prevention programs
- Case workers to represent people, as well as legal advocacy
- System navigation programs
- Advocacy for policy change that will help the Medicare system become more affordable, with simplified and standardized benefits packages
- Programs that facilitate collaborations and coalitions
- Data collection and dissemination
- Local initiatives that help educate and protect older adults with regard to finances

### FOR MORE INFORMATION

AARP Foundation

202.256.2739

[www.aarp.org/foundation](http://www.aarp.org/foundation)

American Medical Association

800.621.8335

[www.ama-assn.org](http://www.ama-assn.org)

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510.379.5500 (CA)

[www.responsiblelending.org](http://www.responsiblelending.org)

D2D: Doorways to Dreams (MA)

877.642.3167

[www.d2dfund.org](http://www.d2dfund.org)

Elder Financial Protection Network (CA)

415.956.5556

[www.bewiseonline.org](http://www.bewiseonline.org)

Medicare Interactive

[www.medicareinteractive.org](http://www.medicareinteractive.org)

Medicare Official US

Government Web Site

[www.medicare.gov](http://www.medicare.gov)

Medicare Rights Center (NY)

212.869.3850

[www.medicarerights.org](http://www.medicarerights.org)

National Alliance for the Public Trust (AL)

334.559.7506

<http://thepublictrust.org>

New America Foundation (DC)

202.986.2700

[www.newamerica.net](http://www.newamerica.net)

Robin Hood Foundation (NY)

212.227.6601

[www.robinhood.org](http://www.robinhood.org)

Virgin Money (MA)

800.805.2472

[www.virginmoneyus.com](http://www.virginmoneyus.com)

WISER: Women's Institute for a Secure Retirement (DC)

202.393.5452

[www.wiserwomen.org](http://www.wiserwomen.org)

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# SERVING A DIVERSE POPULATION OF OLDER ADULTS

As the population of the United States becomes more and more diverse, so too does the population of older adults. A growing number of older adults belong to immigrant or non-English-speaking communities, creating language and cultural barriers for foundations trying to provide services and programs for these populations. Additionally, Lesbian, Gay, Bisexual, and Transgender (LGBT) older adults face special challenges as well, as they are often cut off from family and social services due to discrimination.

## Language, Culture, and Communications: Fostering Civic Engagement

Alan Pardini, MS, Co-principal, Community Planning and Research LLC, and Senior Advisor, Community Experience Partnership, introduced this interactive session, in which panelists spoke about lessons learned from working with diverse and marginalized communities. “Cultural patterns are not just about habits, but represent deeply held cross-generational values,” Pardini said. He also set up a discussion about civic engagement—the promotion of volunteerism, work, learning, and advocacy for the public good—pointing out that civic life and its structure, including spiritual institutions, are key in working with individuals in these communities.

Len McNally, MPH, Program Director, Health and People with Special Needs, The New York Community Trust, spoke about the trust’s work with settlement houses in New York City. “The point of these partnerships,” he said, “is to involve elders in improving civic life for people of all ages.” The work focused on 11 high-risk communities, some of which were largely immigrant. One obvious challenge was the difficulty in addressing immigrant problems in conjunction with the multigenerational problem of poverty. The work, however, revealed some valuable information about the communities:

- Participants in civic engagement projects want to contribute and know that their experience is valued.
- Blending more experienced people with local residents can strengthen projects, if organizers nurture mutual respect among participants.
- There is a huge amount of volunteerism in these communities, yet residents do not define themselves as volunteers.

Next, Kevin Griffin Moreno, Program Officer, Baltimore Community Foundation (MD), discussed the importance of communication. “Foundations often fall into the trap of telling people what they want them to do rather than listening to what they have to say,” he said. This can quickly lead to misunderstanding, as there are clearly diverse and divergent conceptions of civic engagement among older adults. Close listening can help foundations get to know their audiences better and establish clear and effective lines of communication. Not listening, on the other hand, may perpetuate the stereotypical view that older adults are merely recipients of services rather than community leaders and assets.

In Los Angeles (LA) County, one in three residents is foreign born and nearly half of the labor force are immigrants. Complicating matters even further, the demographics of many LA communities are shifting from one immigrant group to another. Linda Wong, JD, Vice President of Civic Engagement and Administration, California Community Foundation, discussed the results of her organization’s recent focus groups on civic engagement in immigrant communities. As it turned out, many residents did not know what the term meant, and it did not translate well into other languages. The foundation then asked residents what people in their native countries did to help others. Their answers revealed that much of civic engagement happens informally in other countries and is not deliberately identified as such.

The foundation’s experience with these communities also revealed that when the demographics of the communities change, local partnering organizations must shift as well, which may include making difficult changes in staff.

Working in diverse communities demands that foundations look through their partners’ eyes at specific issues facing individual groups. Yet it is also important to find ways to work with the larger immigrant community. In LA, diverse immigrant groups often live side by side, but because of cultural and/or linguistic differences, have little contact with each other. Foundations need to think about ways to build community across groups and engage everyone.



## SERVING A DIVERSE POPULATION OF OLDER ADULTS

### **Immigration, Integration, Aging**

With people from around the world settling in both new and traditional gateway communities, foundations have become increasingly interested in older immigrants and their concerns. As these groups continue to expand, their need for resources and services also grows, providing a great opportunity for funders.

In this session, moderated by Susan Downs-Karkos, Director, Integration Strategies, Spring Institute for Intercultural Learning (CO), grantmakers identified, analyzed, and discussed key challenges facing the aging field in working with linguistically and culturally diverse populations. She opened the session with suggestions for strategies in working with immigrant populations, which included identifying groups in the local community, talking with immigrant organization and ethnic leaders, partnering with other organizations that work with immigrants, and adding older-adult immigrant voices to grantmaking portfolios.

Alice Cottingham, Consultant, Alice Cottingham and Associates (IL), followed with a presentation focusing not only on the need for communities to help newcomers adapt to a novel environment, but also on the necessity of the newcomers making an effort to adapt. For example, communities with a large Latino population should offer English classes, but it is up to the immigrants to assume the responsibility to learn English. “Immigrant integration is a two-way street,” she said. “Changes need to happen on both sides.”

Cottingham also offered helpful tools and models for grantmakers. *A Toolkit for Grantmakers*, for example, is a great demographics resource for anyone interested in funding or receiving funding for immigrant elders. BrightIdeas (IL) is a Chicago program that offers English-as-a-second-language courses as well as civic engagement activities. She also highlighted the Mutual Assistance Associations in Chicago, which are often led by refugees and work to provide support to various ethnic communities.

Issues around aging ethnic populations are of particular concern in California, where by 2030 the majority of older adults will be low-income, ethnically diverse individuals. Poor older women of color are particularly at risk of having limited income, said Dianne Yamashiro-Omi, Senior Program Officer, The California Endowment. In many cases, caregiving duties precluded their working outside the home. In addition, the endowment’s research revealed that of the elder women population, women of color, immigrant, and rural women were at highest risk due to poverty and lack of access to resources.

The endowment made a grant to The Women’s Foundation of California to lead a campaign promoting economic security for older women. This led to focus groups with legislators and other leaders in California that have helped identify allies in the fight on this issue, and to town hall meetings around the state for the purpose of identifying and creating grassroots organizations that can help lead the campaign.

## Lesbian, Gay, Bisexual, Transgender Older Adults: Using Innovative Approaches

Policies and programs for older adults often overlook the needs of underserved and at-risk populations such as the Lesbian, Gay, Bisexual, and Transgender (LGBT) community. As a consequence, these groups develop alternative programs, which often serve as creative, flexible models of information exchange, outreach and education, and service provision. This session highlighted initiatives that were developed for LGBT elders but are adaptable both to other marginalized groups and the mainstream aging community.

Michael Adams, JD, Executive Director of New York–based Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE), discussed SAGE's work in reducing isolation among LGBT older adults. They are often disconnected from family support and face discrimination from traditional social service providers. Among its many strategies, the organization provides life enrichment opportunities such as opera nights, social walks, and seminars; home visits by a social worker; cooperative programs with churches in low-income, diverse communities; and an informational Web site program called *Ask the Expert*.

As Adams stresses, however, “One size does not fit all in combating social isolation...the nuances of a community are critically important, and ignoring that can lead to significant challenges.” SAGE learned that lesson when they attempted to replicate a Manhattan-based program in Harlem. The older African-American LGBT adults in Harlem were less than interested. They clearly wanted programs that were more faith-based. This proved a critical lesson for SAGE in successfully achieving its goals not only in New York, but in other communities as well.

Following Adams, Cindy Rizzo, JD, Director of Grant Making Programs for the Arcus Foundation (NY), discussed her foundation's role in funding the SAGE program. The Arcus Foundation supports efforts to achieve social justice that is inclusive of every sexual orientation, gender identity, and race. Arcus has funded SAGE as a way to better meet the needs of the growing number of LGBT older adults.

The foundation's grantmaking priorities focus on policy change, movement building, generating resources, and cultural transformation. Arcus is funding a partnership led by SAGE that is seeking to significantly enhance efforts to change public policy in the aging field so that it is more inclusive of LGBT older adults. “There is incredible leverage in funding policy,” Rizzo says. Arcus hopes to gather data from these projects into a new knowledge base.

Finally, Alejandro Garcia, PhD, Chair, National Policy Council, AARP (DC), said that AARP has expanded its focus to look at issues and policies that affect LGBT older adults. The organization has worked with the Human Rights Campaign, the Gay and Lesbian Task Force, and SAGE to address a lack of available services that are gay competent.

Dr. Garcia discussed factors that could make rendering services to this population more difficult. How, for example, do you develop skills to work with diverse communities, and how do you test those out? Similarly, how do you target individuals who are gay, but who do not identify as gay? How do you reach this population without turning them off?

The need to consider a number of elements beyond LGBT status when assessing the service requirements of individuals (e.g., race, gender, and disabilities) was emphasized. “We need a holistic approach to address an individual and all of his/her complexity,” he said.

Speakers noted it is also important to focus on LGBT older adults who are socially isolated. In this regard, there is also a need for research, particularly into the unique assets found in the LGBT community. One of these potential strengths includes “fictive kinship,” the practice of inviting people to come and join one's family and create a broader range of social and emotional support and joy.

Dr. Garcia summarized areas where funders could be of help. “We need more research; we need more culturally competent practitioners; we need more services for this population; and we need to end discrimination,” he said. “We also need to support the normalization of gay relationships and of the LGBT lifestyle. These things will help to reduce the burden of social isolation for these older individuals.”



### Recommended Reading

O'Hara-Devereau, M., R. Falcon, J.D.X. Li, and H. Kristensen. *Fault Lines in the Shifting Landscape: The Future of Growing Older in California-2010*. Menlo Park, CA: Institute for the Future, 1999.

Petsod, Daranee, Ted Wang, and Craig McGarvey. *Investing in Our Communities: Strategies for Immigrant Integration. A Toolkit for Grantmakers*. Ed. Daranee Petsod. Grantmakers Concerned with Immigrants and Refugees, 2006.

<http://www.gcir.org/publications/toolkit>

Scharlach, A., F. Torres-Gil, and B. Kaskie. *Strategic Planning Framework for an Aging Population: Executive Summary*. Berkeley, CA: California Policy Research Center, University of California, 2001.

TCE. *Access Strategic Program Plan*. San Francisco, CA: The California Endowment, 2002.

Yoshida, Hitomi, Daryl Gordon, and Nancy Henkin. *Community Treasures: Recognizing the Contributions of Older Immigrants and Refugees*. Philadelphia, PA: Temple University Center for Intergenerational Learning/MetLife Foundation, 2008. <http://www.projectshine.org/materials/cea>

### Funding Opportunities for Grantmakers

#### Grantmakers could consider funding:

- Research into the needs of older adults in underserved populations such as the immigrant or LGBT communities, as well as those communities' strengths
- Programs for older adults in immigrant communities
- Intergenerational programs that include immigrants' children and grandchildren, who often act as caregivers for their forebears
- English-as-a-second-language programs for older immigrants
- Civic engagement projects for older immigrants
- Services for aging older adults who are also part of the LGBT population
- Adaptation of existing programs to meet the needs of the older adult LGBT population

### FOR MORE INFORMATION

AARP (DC)  
888.687.2277  
[www.aarp.org](http://www.aarp.org)

Alice Cottingham and Associates (IL)  
708.609.9981  
[www.alicecottingham.com](http://www.alicecottingham.com)

Arcus Foundation (NY)  
212.488.3000  
[www.arcusfoundation.org](http://www.arcusfoundation.org)

Baltimore Community Foundation (MD)  
410.332.4172  
[www.bcf.org](http://www.bcf.org)

Bright Ideas: Coalition of Limited English Speaking Elderly (IL)  
312.461.0812  
[www.clese.org/brightideas.htm](http://www.clese.org/brightideas.htm)

The California Endowment  
510.271.4300  
[www.calendow.org](http://www.calendow.org)

California Community Foundation  
707.586.1515  
[www.calfund.org/learn/in\\_the\\_community.php](http://www.calfund.org/learn/in_the_community.php)

Funders for Lesbian and Gay Issues (NY)  
212.475.2930  
[www.lgbtfunders.org](http://www.lgbtfunders.org)

The New York Community Trust  
212.686.0010  
[www.nycommunitytrust.org](http://www.nycommunitytrust.org)

SAGE (NY)  
212.741.2247  
[www.sageusa.org](http://www.sageusa.org)

Spring Institute for Intercultural Learning (CO)  
303.863.0188  
[www.springinstitute.org](http://www.springinstitute.org)

The Women's Foundation of California  
415.837.1113  
[www.womensfoundca.org](http://www.womensfoundca.org)

## JOHN FEATHER DIVERSITY AWARD: GEORGE W. DAVIS, PHD

Following the GIA business meeting, Stacey Easterling, MPH, Program Executive, The Atlantic Philanthropies, presented the 2008 John Feather Diversity Award to George W. Davis, PhD, Executive Director of the Bayview Hunter's Point Multipurpose Senior Services Center (CA) and founder of its Senior Ex-Offender Program. Run by Program Director Frank Williams, MPA—an ex-offender himself—the program coordinates culturally competent supportive services for adults age 50 and older returning to the community after years of incarceration. Created in 1999, the program has helped over 300 older ex-offenders, 85 percent of whom are African American. Almost all (95 percent) are members of a minority group. Clients are often homeless, with a history of addiction, and few, if any, positive connections with the community. As nominator Justine Choy of The California Endowment explained, “The program’s strategy is to respect everyone’s culture and remember that we are all human first.”

The Senior Ex-Offender Program is now in the process of publishing the results of its healthcare access work with funding from The California Endowment. Dr. Davis said he hopes that this model of support and caring will be replicated in other parts of the country, allowing ex-offenders to move on with their lives and become productive contributors in their communities.

## USING RESEARCH TO GUIDE GRANTMAKING

To convince policymakers and nonprofit and community leaders of the need for change, we must have data. Quality research can serve as a call to action, highlighting the urgency of recruiting more healthcare workers, improving senior centers, and increasing programming for older adults and the soon-to-be older Baby Boomers.

### **Preparing for an Aging America: The Institute of Medicine Points the Way**

In April 2008, the Institute of Medicine (IOM) released a report on the readiness of America’s healthcare workforce to care for our growing population of older adults. After a 15-month study period, the report’s 15 authors concluded that our healthcare workforce is dramatically unprepared to meet the challenges posed by the coming wave of older adults. In this session, noted geriatrician Marie A. Bernard, MD, a member of the IOM panel that developed the report,<sup>1</sup> shared the following recommendations for preparing our nation’s healthcare system to meet the needs of the aging Baby Boom generation.

### *A Serious Shortage of Workers*

The first part of the challenge is a serious shortage of professionals (e.g., doctors, nurses, social workers, and others) and direct care workers (e.g., nurse’s aides and home health aides) with specialized training in gerontology. The report suggests that the healthcare system must increase recruitment and retention of these geriatric specialist workers. Unfortunately, there is currently a dearth of primary care providers, and particularly a lack of clinicians with geriatrics expertise. As noted in the IOM report, geriatricians make less than every other internal medicine subspecialty. Wages for direct care workers are only a few dollars an hour higher than those of fast food workers. Quoting IOM panel testimony, Dr. Bernard stated, “If the fast food businesses offered health insurance to their workers, the direct care workforce would be devastated.”

<sup>1</sup>Dr. Bernard became Deputy Director of the National Institute on Aging (NIA) in October 2008. She served on the IOM panel prior to her assuming her position at NIA, and her remarks regarding the panel do not reflect the views of NIA/NIH/DHHS.



## USING RESEARCH TO GUIDE GRANTMAKING

### *Pay and Training Are Lacking*

The panel noted that solutions include loan forgiveness programs and direct financial incentives for professionals who choose geriatrics as a specialty. For direct care workers, states need to create programs to increase pay and benefits for workers who choose this demanding field.

In addition to increasing wages and salaries, health professional schools and professional societies also need to improve training. All healthcare professionals and workers should receive training in gerontology given that older adults make up the bulk of patients in our healthcare system. Hospitals should make sure that residents receive geriatrics preparation not only in the hospital, but also in other settings where older adults receive care, such as nursing homes, assisted living facilities, and at home. Training standards for direct care workers are particularly egregious, and must be strengthened. “Federal requirements have not changed in twenty years,” said Dr. Bernard, quoting a comment from panel deliberations. “In some states the minimum requirements for certified nursing assistants is less than that of a cosmetologist or a dog groomer.”

The panel also found that paid workers are responsible for only part of the care our aging population needs. Many older adults receive care from informal caregivers like friends or family members. These caregivers rarely have training or support in their efforts. Public, private, and community organizations could provide funding to ensure training opportunities are available to informal caregivers. This could help keep older adults in their homes longer.

### *New Models of Patient-Centered Care*

Additionally, the panel was charged with considering models of care for older adults, as fixing the workforce itself is not the only answer. The IOM panel recommended that we more broadly disseminate models of care that have been proven effective and develop newer, more innovative models. “One disease at a time does not work,” said Dr. Bernard. “We need to look at the person comprehensively.” There are a number of proven, effective models of care for older adults. Common features of these models include:

- Interdisciplinary care teams
- Care management, in which a nurse works with patients to coordinate care
- Chronic disease self-management programs
- Caregiver education and support
- Pharmaceutical management
- Proactive rehabilitation to prevent injuries
- Home visits
- Transitional care and coordination between facilities and caregivers

Federal and state policymakers, along with insurers and other payers, must reform reimbursements to support these models, and lift a new vision of care and changing roles for the workforce. Finally, the country must educate older adults themselves so they can become active and engaged in their own care.

In response to the IOM report, numerous foundations and associations working in aging have collaborated to form the National Workforce Alliance to Care for an Aging America (NWACAA). The group's mission is to assure a sufficient and competent workforce to meet the current and burgeoning demand for care of older adults.

## Why Do We Need Senior Centers Anyway? Insights from the BoomerANG Study

In 2006, a public/private partnership of several Montgomery County (PA) funders and the Montgomery County Office of Aging and Adult Services released a report entitled the *BoomerANG Project*, named for Boomers—Aging's Next Generation. This initiative examined existing programs and services at the area's senior centers in the context of current membership and community demographics. Since demographic studies show a massive and looming increase in 50-plus older adults due to the aging of the Boomer generation, along with significant differences in program preferences between current senior center participants and Boomers, the report suggested that senior centers needed to find ways to connect with both groups. Although local in nature, the report's recommendations and discussion of best practices garnered national attention.

Session moderator Russell Johnson, President and CEO of the North Penn Community Foundation (PA), the BoomerANG report's lead funder, began the session by outlining the study's major findings, concluding that senior centers need to:

- *Reorganize and reposition* themselves as not merely serving the "frail fraction" of disabled elderly, but also more vigorous younger elders
- *Change the service paradigm* to appeal to the Baby Boomer generation
- *Engage in comprehensive, multiyear planning* to make sure offerings make strategic sense
- *Establish partnerships with other community organizations* to broaden their programming and leverage available dollars

"A growth of collaborative partnerships will be necessary to address the demographic changes and to reshape services for the aging population," said Johnson. In particular, senior centers need to maintain their offerings for frail older adults while changing their appearance, attitudes, and offerings to attract younger Baby Boomer adults.

Since the report's release, its findings have had a significant impact on Montgomery County senior centers and funders alike. As a result of the report, said Joanne Kline, MSA, Executive Director of the Montgomery

County Office of Aging and Adult Services, the county's senior centers have expanded their communication with each other, exchanged best practices, and remodeled the centers to attract participation from younger members. Additionally, they developed new community partnerships to support their programming. The goal for senior centers in the county is strategic planning that incorporates the aging frail while developing new services that target the Boomer population.

## Making Changes in the Community

Amy Cummings-Leight, MSW, Executive Director of the Peak Center in Lansdale, (PA) also discussed the BoomerANG report's effect on participating senior centers. Centers, for example, have received capacity building grants and learned to collaborate with traditional and non-traditional partners. One center provides meals to Boys and Girls Clubs, creating an opportunity for intergenerational contact; another partners with community colleges, allowing it to offer lifelong learning courses. Yet another center has dramatically expanded its health-related offerings by partnering with local hospitals for programs such as falls prevention, memory training, or health screening. Other centers have changed their service paradigm to reflect their new efforts to attract Boomers, such as developing evening programs, expanding health and wellness programs and fitness facilities, and changing the center's name to eliminate "senior," a turn-off to many Boomers. Challenges remain, however, such as flat funding from traditional sources, as well as the tensions that arise from balancing the competing and very different needs of Boomers and World War II-generation older adults.

Participating funders have also benefitted from the BoomerANG project. Virginia Frantz, President and CEO of the Montgomery County Foundation, Inc. (PA), described the impact the project had on her organization. She said the foundation is examining its interests from a more comprehensive perspective as opposed to focusing on individual issues. Additionally, the foundation now distributes its funding in two cycles: one for general funding, and the other for capacity building and innovative projects. Montgomery County also became interested in supporting additional research studies. "Through collaboration," said Frantz, "we are all thinking differently."



## GIA FELLOWS: LEARN ABOUT THE FUTURE TODAY

### **Sangeeta Ahluwalia, PhD**

Yale University School of Medicine (CT)

#### ***Impact of Comorbidity on Outcomes in Advanced Illness***

Despite the growing number of older adults living with multiple chronic conditions, we know little about how these comorbidities affect outcomes among older persons with an advanced primary illness. Specifically, we lack information on the impact of comorbid conditions on mortality, as well as the type of care provided to individuals with advanced illness.

To shed light on this issue, Dr. Ahluwalia is studying how comorbidities affect outcomes among older persons with advanced heart failure. Called “The Impact of Comorbidity on Mortality and Utilization among Patients with Advanced Heart Failure,” her proposed research will investigate the following questions: How does comorbidity, including specific types as well as overall disease burden, affect mortality in the advanced stages of heart failure? Does comorbidity present a competing risk of mortality or exacerbate the progression of the primary illness? To what extent does comorbidity influence the use of intensive life-prolonging treatments such as intracardiac devices (CRT, ICD)? This research could lead to more robust, cost-effective models of care for older persons with advanced illness.

### **Susan Bodnar-Deren, MA**

Rutgers University (NJ)

#### ***Self-Perceived Burden and the Likelihood of End-of-Life Planning***

Does perceiving that you are or might become a burden to your family affect whether or not you choose to engage in end-of-life (EOL) planning? To find out, Susan Bodnar-Deren analyzed two years of interviews from 305 community-living older adults in New Jersey, all of whom were over 55 with Type II diabetes, congestive heart failure, or cancer. Her findings confirmed that older adults with a high self-perceived burden are more likely to have engaged in some form of end-of-life planning. This correlation remained significant even after adjustments for the number of comorbid conditions, family relationships, race/ethnicity, and education. Bodnar-Deren noted that the study suggests that a discussion of self-perceived burden may be a way for doctors to introduce their patients to the benefits of EOL planning.

**AS THEY DO EVERY YEAR,** FOUR OF THE STUDENTS CHOSEN AS GIA FELLOWS SHARED THEIR RESEARCH ON OLDER ADULTS WITH CONFERENCE ATTENDEES:

**Daniel Kaplan, LICSW, LMSW, CSW-G, QDCS**  
Columbia University School of Social Work (NY)

***Geriatric Mental Health Alliance of New York:  
Improving Geriatric Mental Health Training***

Many reports have highlighted significant inadequacies in the current state of service provision for older adults with mental health needs. In particular, there are alarming workforce shortages and very limited integration of mental health, health, and aging services. These observations led a coalition of New York-area mental health and aging services organizations to establish the Geriatric Mental Health Alliance in 2004. The goal of the alliance is to promote changes in practice and policy that will enable older adults with mental health problems to get the help they need. In 2007, the alliance received a grant from the Altman Foundation to conduct a comprehensive environmental scan to synthesize the opinions of key stakeholders, industry representatives, consumers, and family members throughout metropolitan New York. The scan resulted in a clear vision of how to begin to address these inadequacies as well as a plan for a geriatric mental health training and technical assistance center without walls.

The training and technical assistance center was designed to promote the use of state-of-the-art practices to meet the mental health needs of older adults. Proven program models and creative innovations are scheduled for implementation over the coming years. To start, the alliance plans to expand its existing conferences, seminars, and lectures; retool its website into a repository for information about geriatric mental health; develop a bureau of premier expert speakers, reach out to family caregivers in the workplace, and help community-based organizations learn to optimize their mental health billing. Additionally, the alliance plans to create a telephone and web-based response center for family caregivers, launch a supervisor training institute, and organize a full-service, on-site consultation program.

**David Russell, PhD**  
Rutgers University (NJ)

***Living Arrangements and Loneliness in Later Life:  
The Case of Physical Disability***

There is growing evidence to suggest that loneliness can have a significant negative impact on older adults' physical and mental health. Dr. Russell's research examined whether living arrangements and physical disability have an effect on older adults' perception of loneliness. Using data from the Physical Challenge and Health Study in Miami, Florida, Dr. Russell found that few older adults reported significant loneliness—only 5 percent reported severe or chronic loneliness. However, older adults with a physical disability, such as impairment by arthritis, heart disease, stroke, or back problems, were more likely to be lonely than those without disability.

The greatest difference was among those living alone, with single-living disabled older adults reporting levels of loneliness nearly twice as high as those of non-disabled older adults. Living with a spouse appears to provide some protection against the isolating effects of physical disability; married older adults with a physical disability reported levels of loneliness only slightly higher than those without disability. Studies like this point to the importance of efforts to extend functional capacity in later life in order to avoid disability, as well as promoting social integration and neighborhood accessibility.



### Recommended Reading

Committee on the Future Health Care Workforce for Older Americans, Institute of Medicine. *Retooling for an Aging America: Building the Health Care Workforce*. Washington, DC: National Academies Press, 2008.  
<http://www.nap.edu>

Marcus, Michael and John Migliaccio. Final Report, BoomerANG Project. Montgomery County, PA: BoomerANG Project, 2006.  
[http://www.npchf.org/community\\_reports/boomerang/boomerang.htm](http://www.npchf.org/community_reports/boomerang/boomerang.htm)

### Funding Opportunities for Grantmakers

#### Grantmakers could consider funding:

- Efforts to increase recruitment and retention of healthcare workers with training in gerontology
- Expansion of geriatrics in curriculums for healthcare workers
- Training opportunities for caregivers
- Improved and more cost-effective models of care
- Senior centers that are changing their programming to increase their appeal to Baby Boomers
- Research into health and mental health conditions that affect older adults

### FOR MORE INFORMATION

Columbia University School of Social Work (NY)  
914.400.5762  
[www.columbia.edu/cu/ssw](http://www.columbia.edu/cu/ssw)

Geriatric Mental Health Alliance of New York  
212.614.5753  
[www.mhawestchester.org/advocates/geriatriehome.asp](http://www.mhawestchester.org/advocates/geriatriehome.asp)

Montgomery County Foundation, Inc. (PA)  
610.313.9836  
[www.mcfoundationinc.org](http://www.mcfoundationinc.org)

Montgomery County Foundation Infolink (PA)  
[www.infolinkpa.org](http://www.infolinkpa.org)

Montgomery County Office of Aging and Adult Services (PA)  
610.278.3601  
<http://mcaas.montcopa.org>

National Institute on Aging (MD)  
302.496.0216  
[www.nia.nih.gov](http://www.nia.nih.gov)

National Institute of Senior Centers (DC)  
[www.ncoa.org/content/cfm?sectionid=44](http://www.ncoa.org/content/cfm?sectionid=44)

North Penn Community Foundation (PA)  
215.716.5400  
[www.npchf.org](http://www.npchf.org)

Peak Center  
215.362.7432  
[www.peakcenter.org/NpscHome.htm](http://www.peakcenter.org/NpscHome.htm)

Rutgers University (NJ)  
732.932.4636  
[www.rutgers.edu](http://www.rutgers.edu)

Yale University School of Medicine (CT)  
203.688.9423  
<http://medicine.yale.edu>

# SKILL-BUILDING FOR GRANTMAKERS

Whether funders are seeking to refocus their grantmaking or form partnerships with other organizations, they can learn from the experiences of their peers. In two different sessions, funders shared their insights into strategic grantmaking as well as the advantages and pitfalls of forming partnerships with non-aging funders.

## **The Power of Strategic Grantmaking**

Many funders are seeing the value of strategic grantmaking as a means to spark systemic change and make a meaningful impact in a given issue area. This approach to grantmaking focuses on specific goals and desired outcomes over a given period of time.

This session featured two large funders in aging, The John A. Hartford Foundation (NY) and the Archstone Foundation (CA). Program officers from each foundation outlined their organization's commitment to strategic grantmaking and offered examples of current initiative-based programs.

E. Thomas Brewer, MSW, MPH, MBA, Archstone's Director of Programs, opened the discussion with a brief recap of how the two foundations developed their respective strategic grantmaking programs. In 2003, the Archstone Foundation's Board of Directors identified three priority areas within the field of aging (elder abuse and neglect; fall prevention; and end-of-life issues) in which to invest \$24 million over a five-year period. In 1998, The Hartford Foundation decided on a multi-year, multi-stage, initiative-based strategy examining geriatric medicine, nursing, and social work that involved returning to the Board for periodic review.

## ***Geriatric Social Work Initiative***

James O'Sullivan, MPH, former Hartford Foundation Program Officer and currently Director, Rockefeller Philanthropy Advisors (NY), presented Hartford's Geriatric Social Work Initiative (GSWI) as an illustration of the Hartford Foundation's strategic grantmaking. The initiative's components include developing new faculty leaders in geriatric social work, redesigning the master's practicum in schools of social work, and further advancing the current curriculum in social work programs across the country.

The planning process to develop the GSWI lasted a year and a half and focused on one challenge in particular – although social workers look after a large number of older people, they generally receive little or no formal training in geriatrics. A crucial focus of the initiative became to create geriatrics researchers, educators, and leaders to serve as teachers, mentors, and role models for the next generation of clinicians. Curriculum grants, which comprise a significant portion of the GSWI's grantmaking activities, provide training for faculty to help them infuse aging issues into foundation and other specialty courses. Grants have also helped social-work programs create “aging-rich” practicum experiences, in which students rotate through three to six agency placements (instead of the traditional one) and receive broad exposure to older adults in different clinical and community settings. This new model is complemented by a practicum stipend, which serves to attract the most talented students, as well as mentorship and support.

## ***Communications and Dissemination***

Not only has the initiative made significant progress in strengthening academic social work programs, but it has also uncovered new communication opportunities. Working with a communications consultant has led The Hartford Foundation to explore new strategies for helping grantees and trainees to learn to communicate about their work and the importance of focusing on aging to critical audiences such as deans, other faculty, and potential funders. For example, the foundation now maintains a booth at conferences dedicated to helping people think about careers, both academic and practicing, in aging. The foundation also convenes conferences of academic leaders to help them learn to hone their communications skills.



## SKILL-BUILDING FOR GRANTMAKERS

### *Archstone Foundation Focuses on Elder Abuse and Neglect*

In 2003, the Archstone Foundation strategically narrowed its focus into three critical areas: intervening in elder abuse and neglect; preventing falls among older adults; and improving palliative care and the end-of-life experience. Laura Giles, MSG, Program Officer, oversees Archstone's Elder Abuse and Neglect Initiative, which seeks to improve the quality and coordination of elder abuse and neglect services in California and to build a cadre of leaders in the field.

The initiative began with a call for proposals. An external review committee then reviewed the letters of inquiry, solicited proposals, and recommended several for funding. Ultimately, the Board provided funding for 18 projects in two phases over five years. This marked a significant change from the year-to-year model that the foundation followed with its responsive, rather than strategic, grantmaking program.

Establishing the Elder Abuse and Neglect Initiative yielded some valuable lessons. For example, the Board places a high value on direct services, so the spending plan apportioned 70 percent of initiative funds to that area. It also became apparent that technical assistance was critical to the success of grantees' projects. Accordingly, Archstone dedicated funding to holding teleconferences to share successes, learnings, and journal articles; discussing ideas for future in-person meetings; and disseminating information about training, advocacy, and service delivery issues.

Program evaluation, conducted by the Measurement Group (CA), an external evaluator, extended six months beyond the end of the grant period for the initiative.

Identifying common themes that ran across evaluations proved important to reaching broader conclusions about the success of the effort. Although only four programs were specifically funded to provide education and training, 16 of the 18 programs had education components, for example. This made it possible to appraise the success of education across the initiative as a whole.

### *Keys to Successful Strategic Grantmaking*

Brewer pointed to six key themes to consider when establishing a strategic grantmaking program:

- Think about focus, duration, and the level of funding commitments.
- Discuss evaluation prior to launching an initiative and periodically review your evaluation effort.
- Bring grantees together in a space for shared learning and joint work.
- Define your internal and external communication strategies about the initiative. This will guide ongoing communication and dissemination efforts.
- Reflect upon and incorporate lessons learned to refine your efforts and inform future grantmaking.
- Identify an exit strategy prior to the actual culmination of an initiative. From day one, consider what will happen at the conclusion of an initiative.

## Reaching Out: Forming Partnerships with Non-aging Funders

There is no better way to broaden your foundation's impact than seeking out partners.

Panelists in this session highlighted techniques and strategies for working with funders not traditionally associated with aging programs but who address issues critical to older adults, such as housing, workforce development, civic engagement, and healthcare.

Neighborhoods for All Ages is a metropolitan consortium of aging and neighborhood development funders in Baltimore. The project focuses on housing and older adults. "We have dreams beyond our wallets, and so we need a lot of friends," said Cathy Brill, MSW, Program Officer of the Leonard and Helen R. Stulman Charitable Foundation (MD), with regard to co-sponsoring programs in the Baltimore area. Brill is the Chair of the Aging Affinity Group at the Association of Baltimore Area Grantmakers, which spearheaded the consortium. Seven aging and five non-aging funders created a pooled fund of about \$1 million to run the Neighborhoods for All Ages project in two pilot neighborhoods.

Brill pointed out that co-sponsoring programs with other groups does more than simply increase funds. It also raises interest in aging issues among funders who may not have thought about them before. However, stressed Brill, it is a good idea to establish a funding base for a project with aging funders before bringing other funders into the mix. She also advised that each partner have an equal voice in the project's governance, whatever their levels of financial support. The different priorities that each funder brings to the table will ultimately strengthen a project. Also, establishing a key strategic role for each co-sponsor can help build a sense of satisfaction and participation and will likely help the non-aging funders find the experience of working on an aging-focused project worthwhile and enjoyable.

Finally, Brill suggested, keep insider jargon out of discussions with co-sponsors. Although theory and other issues specific to aging are relevant, it is important to ensure discussions are pragmatic and accessible.

Presenter Rob Hilton, MBA, EDM, President & CEO, The McGregor Foundation (OH), also gave suggestions for working with partnering organizations. Some projects are sufficiently complex in aim, he noted, such as addressing affordable older adult housing in an underserved community, to require multiple players who offer various strengths and abilities. Initially, framing a compelling central story about the problem can engage key foundations and provider organizations and build momentum for a large, complex project. Then, presenting similar projects that have been successful as models can help garner commitments. Once these are in place, the difficult task of building the project must begin.

## FOR MORE INFORMATION

Archstone Foundation (CA)  
562.590.8655  
[www.archstone.org](http://www.archstone.org)

Center of Excellence in Elder  
Abuse and Neglect  
714.456.5530  
[www.centeronelderabuse.org](http://www.centeronelderabuse.org)

Geriatric Social Work Initiative  
[www.gswi.org](http://www.gswi.org)

The John A. Hartford Foundation (NY)  
212.832.7788  
[www.jhartfound.org](http://www.jhartfound.org)

Leonard and Helen R. Stulman  
Charitable Foundation (MD)  
410.254.4424  
[www.bcf.org](http://www.bcf.org)

The McGregor Foundation (OH)  
216.851.8200  
[www.mcgregoramasa.org](http://www.mcgregoramasa.org)

The Measurement Group (CA)  
310.216.1800  
[www.themeasurementgroup.com](http://www.themeasurementgroup.com)

Rockefeller Philanthropy Advisors (NY)  
212.812.4330  
<http://rockpa.org>



## THE NEW FACE OF AGING

Closing plenary speaker Mike Magee, MD, founder of Positive Medicine, Inc. (CT), and a Senior Fellow in Health Policy at the Center for Aging Services Technologies (DC), used captivating stories of health and his family—including his mother and country doctor father—to frame a compelling argument for using technology to transform our homes into the focal point of healthcare. He said the key to managing our chronic disease burden—which will only continue to grow as the population ages—is to incorporate the home environment into healthcare planning. The home is central to behavior change and healthcare planning. Healthy behaviors such as good nutrition and regular exercise are grounded in daily habits. Yet currently, the primary healthcare loop goes from the doctor's office to the hospital and back. What happens at home is almost an afterthought.

This can and must change, said Dr. Magee. Using existing wireless technology, we could set up the homes of older adults with chronic conditions to relay health information back to a care team. If the home were integrated into the primary care loop, information about health could be continuously flowing in a wireless loop from home to care team to home—data one way and coaching the other. Families and even communities could become more integrated into the healthcare team. By 2012, the market for home health technology could approach \$75 billion. Financial, technology, and entertainment companies, he said, have the money and home IT expertise needed to make home-centered care possible.

This type of home-centered care could have a major impact on the one area of healthcare that is already centered in the home: informal caregiving. “People are inherently motivated to make an effort to

care for their elders despite many social barriers,” said Dr. Magee. Most family caregivers are women, often caring for children or even grandchildren while trying to help their aging parents or spouses. Isolated and stressed, these caregivers are prone to depression. They are at risk of becoming seriously ill themselves. With home-centered care, informal family caregivers could not only become critical and valued parts of the healthcare team, but also gain access to the information and support they need and deserve.

### Recommended Reading

Magee, Mike. “Connecting Healthy Homes to a Preventive Healthcare System: Leveraging Technology for All It Is Worth.” *Harvard Health Policy Review* (2007). 8(2): 46-53.

Magee, Mike. “TransVisioning: Seven Visions With The Power to Transform US Health Care, and Improve Quality and Efficiency Simultaneously.” [http://docs.google.com/Doc?id=dc3ppvhb\\_429d54mpht9&hl=en](http://docs.google.com/Doc?id=dc3ppvhb_429d54mpht9&hl=en)

### FOR MORE INFORMATION

Center for Aging Services  
Technologies (DC)  
[www.agingtech.org](http://www.agingtech.org)

Dr. Magee's Web sites  
[www.healthcommentary.org](http://www.healthcommentary.org)  
[www.spencerbooks.org](http://www.spencerbooks.org)  
[www.mikemagee.org](http://www.mikemagee.org)

Positive Medicine Inc. (CT)  
917.596.1783

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## 2009 GIA Annual Conference

GIA will hold its 2009 Annual Conference  
October 21-23 in Denver, Colorado.

For more information, visit [www.GIAging.org](http://www.GIAging.org)  
or call the GIA office at 937.435.3156.

## Credits

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