Grantmakers in Aging (GIA) is your personal connection to key people, first-rate resources, and the latest professional trends about aging and all issues related to aging. As the only professional organization of grantmakers active in the field, GIA is dedicated to promoting and strengthening grantmaking for an aging society. GIA’s membership includes leading staff and trustees of private, family, community, public, operating, and corporate foundations that are involved directly or indirectly with philanthropy and aging. For more information about benefits of membership, please contact the GIA office.

**CONFERENCE SPONSORS**
AARP Foundation  
Archstone Foundation  
The Atlantic Philanthropies  
The Morris & Gwendolyn Cafritz Foundation  
The California Endowment  
California HealthCare Foundation  
The California Wellness Foundation  
The Commonwealth Fund  
Consumer Health Foundation  
The Eisner Foundation  
FJC, A Foundation of Philanthropic Funds  
The John A. Hartford Foundation  
Robert Wood Johnson Foundation  
Mather LifeWays  
The McGregor Foundation  
The Mt. Sinai Health Care Foundation  
The Retirement Research Foundation  
Westlake Health Foundation  

**CONFERENCE CO-SPONSORS**
Association of Baltimore Area Grantmakers  
Grantmakers In Health  
Washington Regional Association of Grantmakers

**CONFERENCE PLANNING COMMITTEE**
Honorary Conference Chair  
Jo Ann Jenkins  
AARP Foundation, DC  

Program Committee Co-chairs  
R. Robertson Hilton, DM  
The McGregor Foundation, OH  
Karen R. Kinney  
The Morris & Gwendolyn Cafritz Foundation, DC

Program Committee Members  
Susan O. Althans  
The McGregor Foundation, OH  
Amy Berman, BS, RN  
The John A. Hartford Foundation, NY  

Katherine T. Freshley  
Washington Regional Association of Grantmakers, DC  
Donald Jordan, MPA  
The Atlantic Philanthropies, NY  
Christine R. Klotz, MHA  
Community Health Foundation of Western & Central New York, NY  
Michael S. Marcus, MSW  
The Harry and Jeanette Weinberg Foundation, Inc., MD  
Christopher Nanni, MSW, MAT  
Community Foundation of St. Joseph County, IN  
Kate O’Malley, RN, MS  
California HealthCare Foundation, CA  
John M. Parrish, PhD, MBA, CNPS  
The Erickson Living Foundation, MD  
Laura Rath, MSG  
Archstone Foundation, CA  
René Seidel, Dipl. Soz. Paed. (FH)  
The SCAN Foundation, CA  
Peter N. Wood, MPA  
Health Foundation of South Florida, FL  
Wendy Yallowitz, MSW  
Robert Wood Johnson Foundation, NJ  
Nancy D. Zionts, MBA  
Jewish Healthcare Foundation, PA  
Nancy R. Zweibel, PhD  
The Retirement Research Foundation, IL

**GIA FELLOW COMMITTEE**
Gretchen E. Alkema, PhD, LCSW  
The SCAN Foundation, CA  

R. Robertson Hilton, DM  
The McGregor Foundation, OH  

Linda Hollinger-Smith, PhD, RN, FAAN  
Mather LifeWays, IL  

Nancy D. Zionts, MBA  
Jewish Healthcare Foundation, PA
Going Strong in the Nation’s Capital

This past fall, Grantmakers In Aging (GIA) gathered for its Annual Conference in McLean, Virginia, just outside of Washington, DC. Much was and continues to be in flux in our capital. Debates over taxes and cuts to social programs threaten to reshape much of the public support that means so much to our most vulnerable older adults, and indeed people of any age. And of course, a presidential election looms.

At this year’s conference, leaders in aging philanthropy convened to describe and discuss how they’re working to strengthen the lives of our most at risk elders—from advocacy inside the Washington Beltway to seeking out the root causes of social injustice in communities across the nation. More than 200 grantmakers and others came to Virginia with serious questions and new ideas. We heard from national thought leaders and experts. We learned from our colleagues. Our presenters encouraged us to build on the strengths in our communities, to find innovative strategies and solutions for the frailest among us. They exhorted us to recognize ways to mobilize the civic and political potential of the younger, healthier, and wealthier to create greater economic security, social supports, and stronger communities for everyone.

Importantly for GIA, the meeting featured a dinner in honor of Carol A. Farquhar, who retired after more than a decade of exemplary service as Executive Director. Carol’s unique combination of warmth and openness to new ideas helped GIA expand its work and make the transition from an informal to a professional affinity group. Attendees also got a chance to meet (or re-meet) John Feather, PhD, a former GIA President, who took the reins as GIA’s Chief Executive Officer in October.

Unfortunately, this document cannot capture the joy and laughter at Carol’s dinner. Nor can it document the important networking and face-to-face exchanges that are hallmarks of our annual conference. That said, we hope this publication reflects the best of our meeting’s presentations, as well as some of the new thinking our two-and-one-half days together produced.

We trust you will find this report valuable, and GIA looks forward to hearing from you as we all work together to improve the experience of aging, building a society that is better for older adults and for people of all ages.

John Feather, PhD
Chief Executive Officer
Grantmakers In Aging

Mary Ellen Kullman, MPH
Archstone Foundation, CA
Chair, Board of Directors
Grantmakers In Aging

Jo Ann Jenkins
AARP Foundation, DC
Honorary Conference Chair

R. Robertson Hilton, DM
The McGregor Foundation, OH
Program Committee, Co-Chair

Karen R. Kinney
The Morris & Gwendolyn Cafritz Foundation, DC
Program Committee, Co-Chair
Seniors Out Speaking on Medicare

“While everyone knows about Medicare, the fact is that it’s a complex program. Finding simple, clear information about benefits can be difficult,” said this session’s moderator, Barbara Greenberg, MSW, Foundation Advisor, Helen Andrus Benedict Foundation (NY). “Because Medicare is crucial to many older adults’ financial security, navigating Medicare can make people feel anxious, especially if they’re not confident they have the facts they need to make smart choices.”

A recent National Council on Aging survey reports that only one in five older adults understand that the Affordable Care Act will not cut their basic Medicare benefits. To curb confusion on Medicare, a family foundation in Westchester County, New York, launched and continues to support Seniors Out Speaking (SOS) on Medicare, a program developed through the Medicare Rights Center (NY). This award-winning volunteer initiative, based on a train-the-trainer model, operates in communities in New York City, Alabama, Arkansas, Florida, Kansas, and Maryland, in addition to Westchester County.

The Role of Volunteers

Through the SOS on Medicare program, the Medicare Rights Center works with host organizations nationally to enlist, train, and track the outcomes of SOS volunteers as they help their friends and neighbors understand Medicare and related health insurance coverage. SOS also educates older adults about new benefits, how to reduce out-of-pocket costs, how people can advocate for their Medicare rights, and more.

Grantmakers Give Support

Both the Helen Andrus Benedict Foundation and The Atlantic Philanthropies (NY) have given their financial support to the SOS program. Stephen McConnell, PhD, Interim Director, Aging Program, The Atlantic Philanthropies, explained that his foundation considers it of great importance to stand behind efforts to frame and put a human face on issues around Medicare. Among those issues are finding ways to better educate the public at large, and more specifically, older adults, on what Medicare does and does not do, how to navigate through the Medicare system, and what changes are underway in that system.

This service has become especially important since passage of the Affordable Care Act in 2010. The Act includes changes to the Medicare program that could benefit participants, but it is important to make certain that they understand these new policies. Nearly four out of ten people over the age of 65 believe that health reform will have a negative impact on Medicare, and only one in five believe it will improve the program. Older adults need information to get a clearer sense of...
the changes that will be taking place and how those changes can benefit them.

McConnell stated that The Atlantic Philanthropies supports SOS not only because it educates older adults about an essential program, but also because SOS is a platform around which many individuals can mobilize to help improve healthcare delivery. SOS on Medicare also adds value to community organizations by giving them regular contact with older adults living in the community.

The Medicare Rights Center is using The Atlantic Philanthropies’ funds to establish or expand the SOS program in Alabama, Florida, Kansas, Maine, and Wisconsin. Medicare Rights will also work in these states to launch or inform Medicare Advocacy Coalitions, bringing together consumers, advocacy organizations, policymakers and other stakeholders to help ensure that health reform is responsive to the needs of people with Medicare.

Language Access and Advocacy

The face of America’s aging population is changing to include a growing number of ethnic and non-English-speaking older adults. But how do you assist someone when you can’t speak his or her language? How do you advocate for the services they are entitled to? These questions were the focal points of a lively discussion moderated by Paul Nathanson, JD, Executive Director, National Senior Citizens Law Center (DC). Presenters included Stacey Easterling, MPH, Program Executive, The Atlantic Philanthropies (NY); Katharine Hsiao, JD, Co-Directing Attorney, National Senior Citizens Law Center (CA); Maya Rockeymoore, PhD, President and CEO, Global Policy Solutions (DC); Doua Thor, MSW, Executive Director, Southeast Asia Resource Action Center (DC); Fernando Torres-Gil, PhD, MSW, Board Member, AARP Foundation (DC); and Dianne Yamashiro-Omi, Program Manager, Equity and Diversity, The California Endowment (CA). Kau Our, a Cambodian senior community leader from Philadelphia, also presented.

Often, federal and community programs for older adults fail to provide culturally and linguistically

---

For More Information

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP Foundation (DC)</td>
<td>888.687.2277</td>
<td><a href="http://www.aarp.org/aarp-foundation">www.aarp.org/aarp-foundation</a></td>
</tr>
<tr>
<td>The Atlantic Philanthropies (NY)</td>
<td>212.916.7300</td>
<td><a href="http://www.atlanticphilanthropies.org">www.atlanticphilanthropies.org</a></td>
</tr>
<tr>
<td>The California Endowment (CA)</td>
<td>800.449.4149</td>
<td><a href="http://www.calendow.org">www.calendow.org</a></td>
</tr>
<tr>
<td>Global Policy Solutions (DC)</td>
<td>202.265.5111</td>
<td><a href="http://www.globalpolicysolutions.com">www.globalpolicysolutions.com</a></td>
</tr>
<tr>
<td>National Senior Citizens Law Center (DC)</td>
<td>202.289.6976; CA: 510.663.1055</td>
<td><a href="http://www.nsclc.org">www.nsclc.org</a></td>
</tr>
<tr>
<td>Southeast Asia Resource Action Center (DC)</td>
<td>202.667.4690</td>
<td><a href="http://www.searac.org">www.searac.org</a></td>
</tr>
<tr>
<td>The United States Social Security Adminstration</td>
<td><a href="http://www.ssa.gov">www.ssa.gov</a></td>
<td></td>
</tr>
</tbody>
</table>
appropriate assistance for the people they serve. Consequently, the needs of ethnic older adults may go unmet. Grantmakers who hope to be effective in communities with diverse populations must include advocacy for service delivery that is culturally competent, and linguistically accessible, at the federal, state, and local levels.

In 1975, Title III of the Older Americans Act mandated legal services for older adults, including immigrants. The years since then have seen the development of many initiatives aimed at securing access to a wide range of services for immigrants, including those who have limited English proficiency (LEP). However, most of these initiatives have focused on younger populations, even though elders from other cultures seem to face more daunting obstacles. Many LEP older adults arrive in the U.S. at an advanced age, driven here by hardship or brought over by their families. They have no school-age children, and they rarely join the workforce, so their exposure to English is very limited. They often don’t understand their rights or know what services and assistance are available to them. Additionally, because they are largely unfamiliar with American customs and culture, they can be mistrustful of help offered in what to them seems an inappropriate way.

Even the elder advocacy community seems largely unaware of the extent of the problem. Thankfully, older people do have language-access rights under both federal and state law. Advocates should become aware of these rights and language-access challenges, especially with regard to federal government programs providing crucial health and income benefits, such as Medicare, Medicaid, and Social Security. This is an area where grantmakers can have a significant impact on improving the lives of a diverse and rapidly burgeoning population of older adults.

Funding Opportunities

Grantmakers could consider funding:

- Advocacy for language rights at the national, regional, and local levels
- National and regional coalitions that pair up dedicated advocates with local programs serving LEP seniors
- Policy efforts and strategic planning that will ensure that local Area Agencies on Aging offer culturally competent and linguistically accessible services for LEP older adults
- Education/outreach efforts in appropriate languages targeting LEP seniors about their basic rights
- Capacity-building for and long-term sustainability of ethnic-specific organizations who can serve as advocates for LEP seniors

Recommended Reading

An aging population growing as never before creates an increasing need for efficient, effective, and affordable government programs and services for older adults. Grantmakers must partner with legislators and healthcare agencies to prepare before the healthcare system is overburdened by unprecedented demands. Two sessions focused on the role government agencies are taking in addressing the future of aging services and the growing problem of chronic illness.

Older Adults and Chronic Conditions: Foundations’ Role in the New HHS Strategic Framework

One out of four Americans, and two out of three over age 65, suffer from multiple chronic conditions. Providing care for these individuals accounts for about two-thirds of all money spent on healthcare in the U.S. The U.S. Department of Health and Human Services’ (HHS) Strategic Framework on Multiple Chronic Conditions seeks to build a coordinated response to improving the health status and quality of life for people with chronic conditions. Anand Parekh, MD, MPH, Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services (DC), outlined the framework’s goals and objectives for advancing changes in care of the chronically ill:

- Foster healthcare and public health system changes. Identify care models that can improve outcomes and reduce costs; support payment reforms and incentives; focus on preventing new chronic conditions; implement health information technology; and evaluate care models
- Improve and maximize the use of self-management care. Empower individuals and facilitate home- and community-based services
- Provide better tools and information to healthcare, public health, and social service groups. Create tools and guidelines for addressing multiple chronic conditions and educate healthcare providers about issues they might discuss when caring for individuals with chronic conditions
- Facilitate research in the field. Provide representation for individuals with chronic conditions and increase communication between healthcare providers, researchers, and patients

Reducing Hospital Readmissions

Reducing hospital readmissions for the chronically ill can result in dramatic savings in healthcare costs as well as improved quality of life for older adults. Juliana Tiongson, MPH, Social Science Research Analyst, The Innovation Center, Centers for Medicare & Medicaid Services (CMS) in Maryland, discussed CMS’s efforts to implement programs to help reduce hospital readmissions.

The Community-Based Care Transitions Program (CCTP) is a provision of the newly enacted Patient Protection and Affordable Care Act. The program provides $500 million to collaborative partnerships between hospitals and community-based organizations designed to meet the goal of implementing evidence-based care transition services for Medicare beneficiaries at high risk for hospital readmission. The program is currently accepting applications and making awards on a rolling basis.

Tiongson also discussed how CMS partners with quality improvement organization (QIO) contractors to improve quality of services. QIOs are usually private, not-for-profit organizations, staffed by doctors and other healthcare professionals. By law, their mission is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

According to Tiongson, “CMS views the QIO program as an important resource in its effort to improve quality and efficiency of care for Medicare beneficiaries.”

What Funders Are Doing

Mary Jane Koren, MD, MPH, Vice President, Picker/Commonwealth Fund Long-Term Care Quality Improvement Program, The Commonwealth Fund (NY), described the fund’s work to support the new HHS strategic framework. To help actualize the framework, the fund currently supports independent research on healthcare issues, makes grants to improve healthcare practice and policy, stimulates innovative policies and practices in the United States through its international program, and encourages fund staff to participate in policy and practice initiatives in concert with the fund’s “value-added philanthropy” approach. Foundations can add value to their grantees’ work by selecting the best grantees, signaling the worth of particular projects...
and grantees to other funders, improving and enhancing the work of grantees, and advancing the state of knowledge and practice in the foundation’s fields.

The fund offers programs for delivery system improvement and innovation; health system performance, assessment and tracking; and health reform policy; as well as international and communications programs.

Peter Wood, MPA, Vice President of Programs and Community Investments, Health Foundation of South Florida (HFSF), discussed how HFSF is supporting the framework’s call for healthcare and system change. Its efforts include funding implementation of electronic medical records in community health centers and adoption of self-management initiatives by Medicare Advantage programs, the Veteran’s Administration, and the Florida Academy of Physicians. It also supports a training academy for the Stanford Chronic Disease Self Management Program, as well as program delivery in both Spanish and English. HFSF is also helping to fill the knowledge gap through research at Florida International University and evaluation of its own Healthy Aging Regional Collaborative (HARC) initiative.

Promise of Aging Power: An Insider’s Guide to Healthcare Reform and The Future of Aging Services

At the federal level, the Older Americans Act, Medicare, Medicaid, and Social Security offer older Americans the promise of quality care. Cindy Padilla, MS, Principal Deputy Assistant Secretary on Aging, asserted that “this promise can only be achieved when everyone works together at all levels, including government, the private sector, non-profit, and civic organizations bridging healthcare models to social services and supports.”

According to Padilla, projects related to affordable health insurance are a priority, as are promoting health access and prevention projects that focus on health issues of women, rural elders, and minority groups. She noted that the Affordable Care Act provided $43 million to 500 local healthcare centers to improve quality of care. Additional funding will help promote new healthcare centers to cooperate with their communities, and through the Partnership for Patients program other funds will go for increasing care partnerships between home and community services.

Padilla suggests that program designers consider how their organizations can help communities access these health services equally.

Promoting Person-Centered Care

Because of the U.S.’s burgeoning diverse aging population, care providers may need to receive more training in cultural competence and to focus more on person-centered care. Increasing sensitivity to different cultural backgrounds and providing appropriate services that meet cultural demands will help care providers reach more people in need.

Padilla also offered ideas for building healthcare partnerships within communities:

- Assist state quality improvement organizations (QIOs) to support direct-care workers
- Facilitate cooperation between local aging organizations and engage in dialogue to address their different needs
- Assist community clinics in examining local healthcare access and addressing equality in the use of care resources
- Engage in a dialogue with veterans and veteran-related organizations

Padilla also discussed how communities can benefit by encouraging volunteerism in older adults. “Not only can volunteer work help seniors remain healthy and active,” she said, “but they can contribute in significant ways.” For example, older volunteers can mentor teens and participate in senior companion programs.
Funding Opportunities

Grantmakers could consider funding:

• Improvements in provider/patient interface in treatment for chronic illnesses
• Training on evidence-based care transition interventions
• IT infrastructure support for members of the aging network so that providers of social services and home- and community-based services are linked to the medical community
• Dissemination of evidence-based programs that reduce hospital readmissions for chronically ill older adults

For More Information

Centers for Medicare & Medicaid Services (MD)
www.cms.gov

The Commonwealth Fund (NY)
212.606.3800
www.commonwealthfund.org

Health Foundation of South Florida
305.374.7200
www.hfsf.org

Medicare Demonstrations: Details for Community Based Care Transition Program

Partnership for Patients
www.healthcare.gov/center/programs/partnership/index.html

Quality Improvement Organizations
www.cfmc.org/caretransitions

U.S. Department of Health and Human Services (DC)
www.hhs.gov
Our oldest citizens cannot thrive without comfortable and safe living environments. Today, our aging population is growing larger just as stocks of affordable housing shrink, leaving fewer options for our most vulnerable elders. Two sessions addressed issues of shelter for older Americans.

**Opening Plenary Session:**
**The Brian F. Hofland Lectureship**

**Opening the Door to Affordable Housing with Services**

“Without access to affordable housing, seniors cannot live independently in communities,” said Cara Goldstein, MSW, Senior Policy Advisor, Senate Special Committee on Aging (DC). “This not only compromises their quality of life but also results in higher Medicare and Medicaid costs.” Yet the current stocks of affordable housing cannot meet the demand. About 370,000 additional senior housing units are needed by 2020.

The Supportive Housing for the Elderly Program attempts to meet this growing need. It is the only program providing capital grants to nonprofits for the development of supportive housing and rental assistance for older adults with an annual income under $10,000. With the recent passage of legislative reforms to the elderly housing program, housing service providers can now access funds to convert individual units to assisted living, rather than renovate an entire building.

Considering recent budget cuts in service programs for older adults, Goldstein noted, “It is important to provide evidence of program effectiveness in order to make affordable housing models sustainable.”

**Critical Support for Affordable Housing**

“Funding housing is no longer just funding bricks and mortar,” stated R. Robertson Hilton, DM, President and CEO, The McGregor Foundation (OH). He suggested ways that foundations can play a critical role in affordable housing projects with relatively small grants:

- **Building the evidence base.** Build an information database on senior services and fund research on aging issues
- **Funding pre-development.** Fund pre-development expenses to bring projects to a growth stage, where they can apply for permanent finances
- **Supporting service capacity.** Focus on affordable housing that includes services such as healthcare and transportation within walking distance

Hilton urged foundations to step up, “Funding affordable housing projects is an exciting opportunity, and foundations are important participants,” he said.

**Affordable Housing Cause for Concern**

Melinda Pollack, MPA, Vice President, Vulnerable Populations, Enterprise Community Partners, Inc. (CO), shared housing statistics that highlight the need for change. The stocks of rental housing have shrunk 20 percent since 1999. “Remaining affordable housing is getting old. The median age is 38 years, and the waiting list for public housing is long—about two years,” Pollack stated.

Of approximately five million low-income senior renters, about seven out of ten spend 30 percent or more of their monthly income for rents. This raises concerns in light of another statistic: when more than 30 percent of household income goes toward housing, not enough disposable income remains for other necessities. Residents in subsidized housing are also less likely to have access to supportive services than those in unsubsidized housing. In fact, only 54 percent have access to a service coordinator.

Pollack concluded that the aging population tends to stay in one place and is less likely to move than the general population. “They want to be served where they currently live,” she said.
Funding Opportunities

Grantmakers could consider funding:

• Intergenerational housing for grandparents taking care of grandchildren
• Policy improvements for affordable housing at the federal level
• On-site services for senior housing
• Conversion of affordable housing units to assisted living
• Supportive housing projects
• Re-payees to manage finances for older adults
• Transportation vouchers for seniors
• Housing for victims of elder abuse
• Tenant associations in senior buildings to encourage tenant participation and pay for incorporation fees and meeting costs
• Programs that directly prevent homelessness among older adults
• New investment strategies that focus on prevention, such as social impact bonds

For More Information

AARP Legal Counsel for the Elderly (DC)
www.aarp.org/states/dc/LCE.html

Corporation for Supportive Housing (NY)
212.986.2966
www.csh.org

Enterprise Community Partners, Inc. (CO)
800.624.4298
www.enterprisecommunity.org

Hearth, Inc.
617.369.1550
www.hearth-home.org

LeadingAge: Expanding Affordable Housing Plus Services
www.leadingage.org/Detail.aspx?id=720

The McGregor Foundation (OH)
216.851.8200
www.mcgregorfoundation.org

National Leadership Initiative to End Elder Homelessness
www.hearth-home.org/about/nli.html

Senate Special Committee on Aging (DC)
202.224.5364
www.aging.senate.gov

The Harry and Jeanette Weinberg Foundation, Inc. (MD)
410.654.8500
www.hjweinbergfoundation.org

Elder Homelessness: The Quiet Crisis

A growing number of older adults face financial challenges, physical and mental health problems, or family estrangement that results in homelessness. Connie Tempel, Chief Operating Officer, Corporation for Supportive Housing (NY), moderated a session that focused on problems and solutions for this quiet crisis, which is underserved by federal and state agencies as well as foundations.

Barbara Banaszynski, Senior Vice President for Program Operations, Volunteers of America (VA), discussed Personal Care Services, an in-home support program that offers services to help older adults stay in their homes. According to Banaszynski, “Many clients have trouble with household chores. They want help getting to their appointments, and if they don’t need transportation, we can offer companionship.”

Banaszynski noted that one goal of her organization is to develop housing solutions beyond shelter stays through transitional and permanent housing. “We are looking for ways to help people live independently for the long term, whether it’s through onsite services or other programs,” Banaszynski noted. Development of
service coordinators in all properties is a current initiative supported by HUD, private funding, or pro forma funding. In addition, she said, “We ask residents what they want and we do it. In most cases, they just want help with housekeeping, coordinating medical appointments, and transportation.”

The organization also monitors evictions in subsidized living units. There is a strict protocol within HUD rules, but “we’re creating a safety net to make sure we’re not putting people on the street,” Banaszynski explained.

Mark Hinderlie, MPA, Chief Executive, Hearth Inc. (MA), shared his organization’s approach to the problem of homelessness in the older population. Hearth Inc. does outreach to ensure that older adults get a share of new housing since they are the most vulnerable of the homeless population. Each client is assigned an outreach manager who helps them navigate the maze of services. Once a client is placed in housing, the outreach manager helps them organize their life through a delivery model that integrates services from healthcare management to money management. Some services are funded by government programs like Medicare, but other funds come from philanthropies.

“Low income is the biggest driver of homelessness,” said Hinderlie, noting that people without money also lack networks of support. “With the loss of affordable house stock, this problem is just not going away,” he concluded.

Recommended Reading

Corporation for Supportive Housing (CSH) and Hearth, Inc. Ending Homelessness among Older Adults and Elders through Permanent Supportive Housing. CSH and Hearth, 2011. Available at http://www.csh.org/csh-solutions/serving-vulnerable-populations/older-adults

Seek Long-Term Solutions

Jennifer Berger, JD, MSW, Supervisory Legal Aid Attorney, AARP Legal Counsel for the Elderly (DC), discussed her agency’s efforts to provide legal advocacy to help prevent homelessness in older adults. The agency offers legal hotlines and services, ranging from designating power of attorney to suing landlords for housing code violations. Some of the services are pro bono.

“We’re not offering a band-aid, we’re looking for long-term solutions for our clients,” Berger said. AARP meets this objective through a combination of legal and social interventions. Social workers who support the agency have experience in aging and in issues that contribute to housing problems, such as hoarding. “Many of our clients are under the radar, until they fall behind in their rent, or the property manager notices that they’re not maintaining their apartment,” Berger continued. Social workers can often intervene with property managers to find alternatives to eviction. They can also provide crisis intervention or link clients to long-term services within the system.

To conclude the session, the presenters participated in a discussion on preventing and reversing homelessness. Recommended actions included connecting the homeless with community resources and helping them to navigate the system, bolstering income, and advocating for individuals with cognitive or mental health issues.
**GIA Diversity Award**

Every year, GIA awards the GIA Diversity Award to a grantmaker, nonprofit organization, or foundation that embraces diversity as a fundamental element of its work in aging. This year’s award, presented by Pauline Daniels of Kaiser Foundation Hospitals, very appropriately went to SAGE (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders). Michael Adams, Executive Director of SAGE, accepted the award on behalf of SAGE and the LGBT elders they serve. He pointed out that not only are LGBT elders growing in number—from 1.5 million to a predicted 3 million in 2030—but they often need more assistance than heterosexual older adults. Because they are disconnected from families and communities, less likely to be parents, and more likely to live alone, they often have less robust support networks. Yet LGBT elders, who feel disregarded, unwelcome, and left out of policy conversations, often have difficulty accessing support. This seems to be changing, as more foundations are paying attention to the issue.

SAGE and its 21 affiliates across the country provide a number of comprehensive services for LGBT elders in New York City and the surrounding area, including counseling, support groups, home visits, respite programs, and other social services. In February 2012, SAGE will launch the country’s first senior center for LGBT older adults. Recently, SAGE joined with six other organizations to create the National Diverse Elders of Color Coalition. SAGE also leads federal policy discussions on LGBT elders in Washington, DC, and is a powerful voice in the growing national conversation on how best to serve LGBT older adults.

**The Eisner Prize for Intergenerational Excellence**

Grantmakers In Aging was pleased to host the first Eisner Prize for Intergenerational Excellence, a $100,000 cash award that recognizes excellence in bringing older adults and youth together to create positive, lasting change in their community. “We created the Eisner Prize to reward the best intergenerational programs in the country, inspire others to enter the field, and help us learn about what works,” said Trent Stamp, Executive Director of The Eisner Foundation. Stamp and Michael Eisner, its founder, presented the award to the Intergenerational Center at Temple University.

Created in 1979, the Intergenerational Center brings generations together to address critical community concerns. Through the Center’s innovative programs, older adults help families battle early childhood obesity, provide in-home support to families raising children with special needs, and mentor at-risk youth. Young people provide respite to caregivers of frail elders, help older immigrants learn English and health literacy skills, and support children in kinship families. The Center provides training and consultation to organizations across the country and helps communities become places that are good for growing up and growing older. In accepting this award, Nancy Henkin, PhD, Executive Director and founder of the Center, noted, “This award recognizes the importance of using an intergenerational lens to solve some of society’s most difficult challenges. In these tough times, it is critical that people move out of their silos and work together for the common good.”

---

**For More Information**

The Eisner Foundation (CA)
310. 228.6808
www.eisnerfoundation.org

Kaiser Foundation Hospitals (CA)
626.405.5999
www.kp.org

Intergenerational Center at Temple University (PA)
215.204.6970
templeigc.org

SAGE (NY)
212.741.2247
www.sageusa.org
LONG-TERM SERVICES AND SUPPORT

The next few decades will see the largest population of older adults in history. How will we meet the unprecedented demands this group of aging Americans will make on long-term services and supports? Three sessions focused on what grantmakers can do to create innovation and initiate change to prepare our systems for this new generation of older adults.

Foundation Power: Catalyst for Nursing Home Culture Change

Through reform and the work of innovators over the past two decades, a national movement toward more individualized, person-centered nursing home care has emerged. Yet many older adults still fear placement in nursing homes. Kate O’Malley, RN, MS, Senior Program Officer, California HealthCare Foundation, moderated a panel discussion that focused on changing the paradigm through policy reform, innovative models, and practical support, and highlighted the role that philanthropy has played in stimulating and spreading these efforts.

The goals for nursing home culture change include increasing quality of life through privacy, autonomy, engagement, and comfort; creating a more homelike environment; addressing issues of isolation and boredom; and empowering staff to build relationships with residents. O’Malley discussed successful models that address these goals:

- **The Eden Alternative.** Existing spaces and practices are adapted to integrate pets, plants, and children
- **The Household Model.** Renovation of existing facilities creates more home-like spaces with open living and dining areas
- **The Green House Approach.** Small homes are built to be shared by 10 to 12 elders. Each has a central living and dining area, with private bedrooms and bathrooms

Studies indicate that within these models, older adults thrive and staff retention increases, while staff costs drop and the facility’s market competitiveness improves. However, challenges remain in meeting culture change goals. These include the regulatory environment, the initial costs of change, and the need for nursing home administrators and leaders to be open to and supportive of change.

Presenter Nancy Zweibel, PhD, Senior Program Officer, The Retirement Research Foundation (IL), led participants in a reflective activity to help them understand the meaning behind the term person-centered long-term care. Participants thought about their personal needs by asking themselves the questions, “What is important to me?” and “What am I most proud of?” This activity helped participants realize that every individual has a different perspective, and each nursing facility resident is in need of personalized care.

Zweibel also discussed the challenge of ensuring safety in nursing homes while providing care. Rules and policies adopted to avoid medical liability contribute to an atmosphere where residents are passive recipients of care with little autonomy. According to Zweibel, “There has to be a balance, a negotiated risk.”

Encouraging Culture Change

“Culture change is a social movement,” said Karen Schoeneman, Technical Advisor, Centers for Medicare and Medicaid Services (CMS), headquartered in Maryland. “People have rights; they deserve autonomy; and they should have the ability to refuse treatment.”

The question of how to address these rights is now in the hands of regulators. CMS plans to help guide and encourage regulators through this culture change and to ensure that they embrace best practices. They also intend to continue to encourage future change through regulatory guidance of dining standards, person-centered dementia care training for nursing aides, and culture change grants, if Congress funds them, under the Affordable Care Act. Schoeneman encouraged those leading the way in culture change to reach out and partner with others. “We need to hear from innovators,” she said.

Jane Isaacs Lowe, PhD, Team Director/Senior Program Officer, Vulnerable Populations Portfolio, Robert Wood Johnson Foundation (NJ), discussed the foundation’s long history with home- and community-based services. “We started thinking about how to make nursing homes a community-based service rather than a medical institution,” she said. “We asked ourselves, ‘How do we go about creating this change?’” One solution is to create a local connection, by building homes directly in the community. Redesigning the workforce and supporting existing staff by offering training
and education offers another avenue for change. However, Lowe cautioned that real change is not easy. “Regulations and financing sometimes make it difficult to drive needed changes. However, the goal continues to be the spread of approaches and strategies for patient-centered care that will create significant shifts in the existing institutional models,” she said.

Several key themes emerged in a discussion that concluded the session:

• **We need champions to lead the change.** “You have to have champions across all different levels to create the culture change that can last as inevitable turnover in leadership and staffing occurs,” stated Zweibel.

• **Stakeholders must come together to discuss these issues.** As O’Malley explained, “The first step toward culture change is to provide a safe place where people can share, plan to work together, and talk about the issues.”

• **Change in one place influences others to change.** “If one nursing home is successful, then you create pressure for nearby facilities to make their own changes as well,” O’Malley concluded.

**Funding Opportunities**

*Grantmakers could consider funding:*

- New models of long-term care, especially those that encourage patient autonomy
- Evaluation of new models for regulation of nursing homes
- Establishment of networks and resources
- Meetings that convene state and national stakeholders
- Dissemination of the importance of long-term care reform through reports, films, and conferences
- Efforts to promote provider training
- Gatherings where people can talk about what they want for themselves or their parents
- Partnerships between local and state organizations to implement nursing home culture change efforts

**For More Information**

California HealthCare Foundation (CA)
510.238.1040
www.chcf.org

Centers for Medicare & Medicaid Services (MD)
877.267.2323
www.cms.gov

The Commonwealth Fund (NY)
212.606.3800
www.commonwealthfund.org/Innovations.aspx

The Eden Alternative
www.edenalt.com

Robert Wood Johnson Foundation (NJ)
877.843.7953
www.rwjf.org

The Pioneer Network
www.pioneernetwork.net
Making the Grade: How Does Your State Compare on Long-Term Services and Supports?

Until recently, there were no viable tools for systematically comparing state systems of long-term services and supports (LTSS). The AARP Public Policy Institute, with funding from The SCAN Foundation and The Commonwealth Fund, responded to this need with the first State Long-Term Services and Supports Scorecard, which presents state rankings based on four dimensions of a high-performing LTSS system. Lisa Shugarman, PhD, Director of Policy, The SCAN Foundation (CA), was moderator of a session that focused on opportunities to make meaningful improvements to LTSS through the use of the scorecard findings.

As presenter Susan Reinhard, RN, PhD, Senior Vice President and Director, AARP Public Policy Institute (DC), described it, the scorecard measures four dimensions of performance:

- Affordability and access
- Choice of setting and provider
- Quality of life and quality of care
- Support for family caregivers

Each dimension is comprised of between three and nine indicators, which assess performance on a specific component of that dimension.

Using Data to Drive Change

The scorecard is easily accessible to the public through the www.longtermscorecard.org website, allowing stakeholders to easily locate their state’s scores. The scorecard ranks each state overall and by dimension. The rankings reveal how states compare to each other and are also an important tool for helping states identify opportunities within their systems for improvement. Reinhard explained that data from the scorecard provide evidence to drive system development, with solutions that may require administrative or legislative changes, or changes promulgated through providers and other stakeholders.

Reinhard also discussed some of the challenges the scorecard data highlights. High rates of disability and poverty make reaching high performance levels difficult for some states. In addition, state Medicaid policies can dramatically affect scorecard performance, since states determine who is eligible for services and which services are provided, in addition to providing quality monitoring and programs to support family caregivers. Policy action to reform these imbalances in LTSS can be emphasized in states that are attempting to improve the quality of these services.

Jennifer Burnett, Director, Division of Community Systems Transformation, CMS, and Herb Sanderson, Associate State Director, AARP Arkansas, joined in the panel discussion after the presentations and added their experience from both the state and federal perspectives. From both perspectives, the scorecard can be useful in identifying states who may be eligible for new Centers for Medicare and Medicaid Services (CMS) initiatives to expand home- and community-based services. Both Burnett and Sanderson identified gaps in the data, including a lack of data to represent care transitions and organization of care even though they are part of the vision of a high-performing LTSS system.

In conclusion, Shugarman urged foundations to engage with stakeholders to use the scorecard to identify opportunities within their states or regions to improve the LTSS system. To illustrate one way that foundations could use the scorecard, Shugarman presented details from The SCAN Foundation’s California Long-Term Services and Supports System Transformation Summit in which the Foundation engaged over 200 legislative, administration, aging network, provider, and media stakeholders to present the results of the Scorecard for California and begin a dialogue around how to prioritize opportunities for LTSS improvement in the state.
Funding Opportunities
Grantmakers could consider funding:

- Rigorous evaluations of states’ systems for providing long-term services and supports
- Efforts to improve quality of long-term care services
- Efforts to improve access to primary and acute care for older adults who need long-term services and support
- Programs that help older adults gain access to assistance with activities of daily living (ADLs)

**Essential Decisions: Planning for End of Life**

The session began with a consensus that a good death is free from avoidable distress and suffering for patients, families, and caregivers; remains in general accord with patient and family wishes; and has reasonable consistency with clinical and ethical standards. Participants explored the complex landscape of decision-making and strategies to engage families in discussing loved ones’ end-of-life wishes.

Extension of life at all costs has become standard healthcare practice. End-of-life discussions, advance care planning (ACP), and advance directives (AD) are increasingly relevant in this environment. Yet, said John Mastrojohn, III, RN, MSN, MBA, Senior Vice President, Office of Philanthropy, National Hospice and Palliative Care Organization, and Executive Director, National Hospice Foundation (VA), “Despite monumental public education efforts, completion rates for ADs are low.” Mastrojohn suggested that awareness is key. He noted that individuals who assist with end-of-life treatment for loved ones are more likely to complete an AD. To facilitate this process, healthcare providers must initiate honest, timely, and culturally relevant discussions about the burdens and the benefits of treatment options so people can talk about their wishes for care at end of life. Mastrojohn suggested three initiatives to improve end-of-life decision planning:

- Develop ACP interventions that target the clinical/patient/surrogate triad through communication rather than the traditional legal, transactional approach of ADs
- Reappraise the goal of ACP to determine if decisions should be made in advance or if family and physicians should have tools to make treatment decisions
- Develop tools to help people understand the process of making end-of-life care decisions and completing ADs
The Reality of Advance Directives

It’s a reality that advance care directives don’t always work as intended. “Most people simply don’t do them,” said Charles Sabatino, JD, Director, American Bar Association Commission on Law & Aging (DC). Even when an AD is completed, standard forms are too broad and don’t provide much guidance. Alternately, an AD can be “lost in space,” as Sabatino describes it. Moreover, people frequently change their minds when faced with end-of-life care issues.

Looking at the big picture, there has been progress, but there is still a great deal of work to do, including:

• Measuring the quality of conversations underlying ACP and Physician Orders for Life-Sustaining Treatment (POLST)
• Training healthcare providers to be facilitators of advanced-care planning
• Facilitating decision-making for patients who have no appointed proxy
• Educating healthcare agents and proxies
• Evaluating protections for vulnerable seniors

To conclude the session, Nancy Zweibel, PhD, Senior Program Officer, The Retirement Research Foundation (IL), discussed the role grantmakers can play to improve end-of-life care and supports. She urged grantmakers to support the spread of POLST (Physician Orders for Life-Sustaining Treatment) throughout the United States. POLST programs exist in 30-35 states, but some states are still working to get POLST forms approved to fulfill AD statutes. Doctors, nurses, and EMS professionals are loathe to honor end-of-life documents if they do not know the origin and date of completion of the forms. To spread the word about the importance of POLST, grantmakers should seek out and engage health professionals and urge them to join the movement. Zweibel also recommended that grantmakers support nonprofit home-care medicine practices in their communities. Patients in these practices often have life-limiting illness and want to die at home. POLST and other end-of-life care paradigms are part and parcel of what home-care practices do, including enabling end-of-life conversations over time.
Funding Opportunities

Grantmakers could consider funding:

- POLST coalitions in their efforts to educate policymakers and providers about POLST adoption
- Dissemination of fundraising strategies to nonprofit home-care medicine practices so they can fill the gap between insurance reimbursements and their cost of providing care
- Provider training and awareness of how to facilitate family-centered advance care planning conversations
- Programs that assist families with completion of an advance care plan
- Repositories of advance healthcare directives for communities, regions, states, and nation
- Development, implementation, and testing of the effectiveness of incentives for healthcare providers (e.g., physicians, hospitals, and long-term care providers) to document patients’ end-of-life wishes
- Decision-making tools that “walk” individuals and families through the advance care planning process
- Translation of materials into languages other than English
- Demonstration projects to provide people with serious illness access to EOL care planning, counseling, and care delivered by a hospice team prior to eligibility for the Medicare hospice benefit

Recommended Reading


Declining health, financial insecurity, and social isolation deprive many older adults of a meaningful existence. Their caregivers often compromise their lives, suffer stress, and struggle to find support. By addressing these challenges, grantmakers have the power to change lives. Sessions on elder abuse, caregiver support, and civic engagement gave funders insight into programs that can improve quality of life for those they serve.

**Elder Abuse and Neglect: Opportunities in Research, Practice, and Policy**

To introduce this session, moderator Christopher Langston, PhD, Program Director, The John A. Hartford Foundation (NY), described elder abuse as “one of the most troubling, yet important, issues facing the aging population.”

Physical, emotional, and financial abuse, as well as neglect, affect up to ten percent of our older population. The passage of the Elder Justice Act creates opportunities for grantmakers to fund research, initiatives, and policy efforts to reduce or eliminate this very expensive problem. Langston urged grantmakers to be aware of current projects and initiatives. “There are multiple avenues for funding,” he said.

Xin Qi Dong, MD, MPH, Associate Director, Rush Institute for Healthy Aging (IL), continued the session by examining the epidemiology of elder abuse. He described various types of abuse, including psychological, physical, and sexual abuse, noting that “issues of elder abuse are far behind those of child abuse and domestic violence.” According to Dong, we need to “move to systematic population studies to understand the mediators and moderators of abuse in specific racial/ethnic groups. We must move away from a ‘one size fits all’ approach.”

**An Underreported, Underfunded Problem**

While acknowledging that policies to address elder abuse are improving, presenter William Benson, Advisor to the National Adult Protective Services (MD), reminded conference attendees that “we have a long way to go.” One barrier is underreporting. There are two to five million cases of elder abuse in the U.S. each year, with only one out of 14 reported. Elder abuse is often considered something that is “best left in the family,” Benson said. Securing resources for Adult Protective Services (APS) is challenging, since states are cutting budgets and APS practices can vary from county to county. Benson observed, “No one would argue that we are spending too much on preventing child abuse, but we also would agree that elder abuse isn’t getting enough.”

The final presenter, Laura Rath, MSG, Program Officer, Archstone Foundation (CA), discussed her organization’s Elder Abuse and Neglect Initiative. This initiative provides financial protection for older adults as well as education and training to increase the number of professionals who can identify elder abuse. Multiple projects support the development of technical assistance and forensic centers, plus systems change to improve the reporting of elder abuse data. “There is a lot of work that must be done,” Rath stated. “No one agency can do it alone.”

Rath also shared learnings from the initiative. “We have to make a long-term commitment to strategic grantmaking and change our thinking about elder abuse,” she said. Innovative, multidisciplinary approaches are needed to develop systems that will remain in place, even after the grants are finished. We must frequently evaluate programs and initiatives with quality improvement systems. Finally, Rath concluded, “We must disseminate our outcomes and results.”
Funding Opportunities

Grantmakers could consider funding:

- Development of innovative intergenerational programs to reduce elder abuse and neglect
- Pilot projects that support the victims of elder abuse and neglect
- Development of caregiver support models to reduce stress, enhance critical caregiving skills, and improve access to local resources, including respite care
- Infrastructure development to improve the ability of systems, agencies, and organizations to provide high quality services to victims
- Initiatives to address the problem of elder abuse in rural communities
- Epidemiological study to understand the risk/protective factors associated with elder abuse in diverse racial/ethnic aging populations
- Rigorous design of pilot intervention and prevention strategies in targeted populations with specific and measurable outcomes
- Comprehensive engagement of community organizations to promote elder abuse public awareness
- Elder abuse forensic centers or medical response teams

For More Information

Archstone Foundation (CA)
562.590.8655
www.archstone.org

The John A. Hartford Foundation (NY)
212.832.7788
www.jhartfound.org

National Adult Protective Services Association (NAPSA)
www.apsnetwork.org

National Committee for the Prevention of Elder Abuse
www.preventelderabuse.org

Rush Institute for Healthy Aging (IL)
312.942.3350
www.rush.edu

Recommended Reading


Dong XQ and Simon MA. Enhancing National Policy and Programs to Address Elder Abuse. *JAMA* 2011:305 (23): 2460-2461.


*The Journal of Elder Abuse and Neglect*. Available at: www.tandfonline.com/loi/wean20.
Caring for the Family Caregiver: An Examination of Unique Support Models

Approximately 65 million people care for disabled and older individuals in the U.S. More than 25 percent provide care for five years or longer, which significantly affects their lives. “It is essential to decrease the stress of caregivers, as we will need to keep them engaged for the long haul,” said Nancy Zionts, MBA, Chief Program Officer, Jewish Healthcare Foundation (PA), moderator of a session that highlighted three innovative caregiver support models. The Foundation supports initiatives such as Closure (closure.org), which seeks to empower consumers and healthcare professionals with easy-to-access, simple-to-understand information and resources to make educated decisions about end-of-life care, and Caregiver Champions (caregiverchampions.org), a program specifically designed to help informal caregivers gain the confidence and control they need to better balance their lives.

Presenter Michael Corley, MBA, Initiative Manager, The Patterson Foundation (FL), described Caregiver Central, a Web-based tool created by the Share the Care in Orlando, FL. It helps connect caregivers to local resources and providers to help them care for a family member at home. Individuals answer a series of questions to match their needs with local resources. The Patterson Foundation is funding the enhancement of this tool and seeks partners to create a model and expand it into other markets.

For More Information

Caregiver Central  
www.caregivercentral.org

Caregiver Champions  
www.caregiverchampions.org

Caregiver Ombudsman Outreach Program (NY)  
www.isabella.org/Isabella/Programs/CaregiverSupport.aspx

Caregiver Tele-Connection (TX)  
bexar.tx.networkofcare.org/aging/ACT/

Community Foundation of St. Joseph County (IN)  
574.232.0041  
www.cfsjc.org

Jewish Healthcare Foundation (PA)  
412.594.2559  
www.jhf.org

The Patterson Foundation (FL)  
941.952.1413  
www.thepattersonfoundation.org

REAL Services, Inc. (IN)  
574.284.7101  
www.realservices.org

School of Nursing, University of Victoria (BC)  
250.853.3947  
nursing.uvic.ca

Share the Care (NY)  
212.991.9688  
www.sharethecare.org

Funding Opportunities

Grantmakers could consider funding:

• Expansion and dissemination of innovative and/or technology-based support programs for caregivers

• Programs developing evidence-based approaches for diverse and rural caregivers
Focus on Need

Presenters Christopher Nanni, MSW, MAT, Vice President of Programs, Community Foundation of St. Joseph County (IN), and Becky Zaseck, MAOM, President and CEO, REAL Services, Inc. (IN), continued the session, discussing how their project, called Focus on Neediest Zip Code, brings critical services directly to caregivers.

The project’s goal is to assist 1,000 caregivers in the highest need zip code in South Bend, Indiana, which is predominately African American and Latino. “All services offered are directly linked to identified needs,” explained Nanni. At the heart of the project are case managers who go to homes and assess the needs of caregivers and their care recipients. Each caregiver attends one or more training modules held at the Caregiver Connection Center, located in the heart of the zip code. After training is completed, the caregiver may access other services such as home modifications, referrals, transportation, and respite care. The Caregiver Connection Center is provided rent free by a local church and functions as a satellite office, allowing individuals to obtain assessments, training and services in their own neighborhood.

To conclude the session, Debra Sheets, RN-BC, MSN, CNE, PhD, Associate Professor, School of Nursing, University of Victoria (BC), presented the preliminary findings of a three-year national evaluation of family caregiver programs. Over 2,219 caregivers in nine states participated in the evaluation. In initial findings, 55 percent of the caregivers scored high for caregiver risk, 52 percent scored high risk for depression, and 43 percent scored high risk on caregiver burden.

However, caregivers who attended learning sessions on issues such as stress management and communication offered by Caregiver Champions decreased their risk. Thirteen percent reported reduced stress, 22 percent had less depression, and 16 percent reported less burden. Similar reductions were seen in caregivers who used the Caregiver Central online screening assessment. As Sheets concluded, “The best projects are the ones that are sensitive to caregiver needs and that involve broad-based community collaborations to increase capacity to deliver comprehensive support.”

Civic Engagement Update: A Speed Dating Forum on Connecting Older Adults to Create Change

Americans entering their sixties are part of the largest, best educated, and healthiest generation in history. Session moderator Diana Doyle, MA, Project Director, Community Experience Partnership (CA), told conference attendees that these older adults are a unique resource with untapped potential. Six presenters used a “speed dating” approach, rotating around the room to present a range of projects that utilize the strengths of older adults to improve their communities.

“We want to keep older adults connected and productive,” stated Barbara Dillon, Director, Health Program, MetLife Foundation (NY). Programs such as Encore Careers provide training for older adults who want to remain in the workforce after traditional retirement age doing socially meaningful and personally rewarding work. This initiative, in collaboration with Civic Ventures, is a program that made awards grants to community colleges to prepare older adults for new careers in health and education.

Engaging Through the Arts

Older adults who participate in the arts enjoy significant cognitive, physical, and social benefits, and even improved health. “Culture is the bridge,” explained Gay Hanna, PhD, MFA, Executive Director, National Center for Creative Aging (DC). Hanna described the Museum of Modern Art’s Alzheimer’s project, funded by the MetLife Foundation. The project engages people in early stage dementia with visual and performing arts. Benefits include improved social interaction and reduced agitation. Interactive museum tours are available to patients and their caregivers. Print and web-based materials are available in English and Spanish for use at home or in care facilities.

Rochester, New York’s urban school district has one of the lowest high school graduation rates in New York state. Motivated by evidence suggesting the positive impact of mentoring on academic performance, Rochester Area Community Foundation (NY) created Boomer Mentors, an initiative that links older adults to mentoring opportunities. Patricia Campbell, RN, MPH,
one of the Foundation’s program officers, stated, “Just as mentoring is about helping a child see his or her potential, one of the exciting outcomes of this project is the recognition that older adults are eager to explore their own potential.”

Many older Americans see retirement as an opportunity to begin a new, active, and involved chapter in life. “Our most ambitious commitment to older adults concentrates on civic engagement,” said Carol Kratz, MPA, Program Director, Virginia G. Piper Charitable Trust (AZ). Programs like Encore Fellows, which places older adults in high-level nonprofit positions, and Experience Corps, which pairs older adult tutors with elementary school students, were implemented based on learnings from community conversations and research. The programs match Boomers with organizations that provide meaningful work.

**Key Initiatives for Change**

Boomers Leading Change was created to facilitate civic engagement for the Denver area’s 55+ population. According to Therese Ellery, Senior Program Officer, Rose Community Foundation (CO), a community assessment identified four key areas for future consideration:

- Connecting points and networks comprising physical and virtual sources
- Restructuring institutions and employment to create opportunities that are appealing and meaningful to older adults
- Engaging boomers as healthcare workers and policy advocates
- Providing workforce development through training for new career paths
- Aging in place initiatives
- Caregiving initiatives
- Productive aging initiatives

Through a series of Innovation Grants, several projects were developed that continue to engage older adults in solving community issues. Boomers Leading Change in Health, founded in 2010, recruits, trains, and places adults 50+ as healthcare navigators, community health workers, and healthcare advocates in metro Denver.

Detrimental community growth patterns and vacancies in civic and nonprofit organizations are important challenges facing Maine communities. Lelia DeAndrade, PhD, Director, Grantmaking Services, Maine Community Foundation, described the Foundation’s Encore Leadership Corps, which utilizes experienced civic-minded older adults to facilitate smart growth and environmental stewardship. Elders engage in projects ranging from water testing and walking groups, to holding municipal office. Unlike similar environmental initiatives, the project focuses exclusively on training older adult volunteers to support smart, growth-oriented planning and project implementation. DeAndrade concluded that “engaging older adults throughout the state improves the economic, environmental, and human health of our communities.”

**Recommended Reading**


Funding Opportunities

Grantmakers could consider funding:

- Small innovation grants to seed new projects that encourage older adults to help solve problems in their communities
- Programs that teach nonprofit organizations how to utilize Boomers
- Programs that teach older adults about how their skill sets would enhance the nonprofit sector
- Programs that match ready Boomers with appropriate nonprofits
- Evidence-based programs that demonstrate effective outputs, such as Experience Corps and Encore Fellows
- Asset-based assessment of the older/experienced adult population in a community
- Using older/experienced adults as key resources for community-based solutions for social problems
- Creating and supporting learning networks to build and share knowledge about older adult engagement
- Planning grants that allow time for partnerships to develop and explore community needs
- Flexible implementation grants that allow initiatives to grow organically depending on community interests and capacity
MEET TOMORROW’S LEADERS IN AGING TODAY

Each year, GIA chooses some of the best and brightest graduate students in the field of aging as GIA Fellows. In this session, three of this year’s competitively selected Fellows shared their research with conference attendees.

Tara McMullen, MPH
University of Maryland, Baltimore

Scope of Practice of Nursing Assistants: Current State of Practice and Policy Implications

Long-term care facilities rely on direct-care workers (DCW) to provide critical hands-on care to older adults. Yet DCWs are not licensed and do not have regulated scope of practice (SOP) from state-to-state. This lack of clear responsibilities can reduce quality of care and affect healthcare costs.

In an effort to address and impact SOP issues, Tara McMullen analyzed job duties across states to assess variations and identify best practices. Her findings revealed that some states, such as New Hampshire, had articulated highly expanded job duties, while others had articulated very limited duties. For example, Iowa’s workplace roles were based on broad categories. McMullen plans to carry her initial findings over into dissertation work. “We need to develop more guidelines and recommendations to establish and expand scope of practice at the state level,” she said. Among her recommendations are building better guidelines for delegation between DCW and licensed personnel and exploring the correlation between the most expanded job duties and the outcomes of quality of care.

Kathleen Ruben, MS
School of Public Health, University of Maryland

Identifying the Unique Needs of Representatives for People with Dementia in a Participant-Directed Program

Participant-directed (PD) personal care programs have the potential to increase the satisfaction and well-being of people with dementia and their caregivers.

These programs are so successful that federal policies are encouraging more states to offer this option. Fellow Kathleen Ruben said, “We found that program representatives play an essential role for program participants with dementia; however, these representatives lack training for their role.” To assess this critical gap, she initiated a pilot study to begin developing an evidence-based training curriculum for representatives of participants with dementia in a PD program. For the study, Ruben selected West Virginia’s Cash & Counseling program, which gives participants and their representatives autonomy to hire their own workers, arrange services to meet their needs, and buy goods and services to help program participants avoid institutionalization. Pilot study interviews with five participant teams revealed the benefits of the program, including:

• Greater autonomy for participants
• A consistent caregiver
• Financial support for families who provide home care

However, the benefits of more flexible options also mean making difficult choices. The study interviews identified types of training needed to prepare participants and their representatives to make informed decisions. Training can include program information, caregiving skills for families of participants with dementia, coping skills, and techniques for stress reduction.

Ruben is currently recruiting for a second phase of the study, consisting of telephone interviews with about 200 representatives in the Arkansas Independent Choices program. From these interviews, she hopes to gain insight into how these representatives are prepared for their role and how they describe their training needs. The ultimate expectation for the training program is improved quality of care, improved family dynamics and distribution of care, better access to resources, and fewer hospitalizations for program participants.
Kimberly van Vulpen, MSW  
School of Social Work, University of Maryland

**End-of-Life Care in U.S. Nursing Homes: Resident and Facility Factors that Predict Presence of Use of Services**

By 2040, approximately 40 percent of deaths in the U.S. will occur in nursing homes. Yet studies show that these facilities are not always meeting the physical and emotional needs of their residents at end of life (EOL). Kimberly van Vulpen sought to explore factors that may serve as catalysts and barriers to quality end-of-life nursing home care.

Using the 2004 National Nursing Home Survey, van Vulpen analyzed nursing home resident characteristics by demographics, diagnosis, and sources of payment. Results demonstrated that residents who used EOL services were primarily Caucasian and female, diagnosed with cancer or dementia, and paid for EOL services through Medicaid. Only 67 percent of 13,507 nursing home residents reported having advance directives. In addition, van Vulpen analyzed nursing facility characteristics including size, profit status, and staffing. Her preliminary analysis showed that of 1,174 facilities surveyed, over 76 percent have outside hospice contracts. In addition, less than 19 percent reported having Special Programs and Trained Staff (SPTS) for hospice care and less than 17 percent had SPTS for palliative care and EOL services. Understanding the demographic factors that underlie use of EOL services may help inform efforts to increase use of such services among a broader population of nursing home residents.
Tough economic times are creating a more vulnerable and underserved aging population just as government funds and programs are shrinking. As grantmakers, we are challenged to fill the gaps by seeking out and supporting innovative models for new and more effective ways to serve older adults. Three sessions highlighted innovative approaches to partnerships, business tools, and leadership training that can create a brighter future for our nation’s older adults.

**Best of the Region: How Creative Partnerships Can Advance Services for Older Adults**

To introduce a session focused on four Washington, DC, area organizations that have built successful partnerships to improve services to seniors, moderator Jayne Park, JD, Senior Strategic Advisor, IMPACT Silver Spring (MD), noted, “Small organizations often struggle to build sustainable financial capacity. Through partnerships, they can find common interests with other nonprofits and government agencies, which can lead to new funding opportunities.”

**DC Coalition on Long Term Care**

The Coalition has successfully expanded the quality of choices for older adults with chronic care needs by establishing partnerships with local government in four key areas:

- **Extended Homecare.** Many low-income seniors want to age in place and fear nursing home placement. “Developing extended homecare and alternative assisted living is our top priority,” said Judith Levy, MHSA, BSN, RN, Coordinator, District of Columbia Coalition on Long Term Care (DC). To this end, the coalition worked with the DC government to expand the availability of Medicaid homecare for those who qualify by encouraging the DC government to participate in CMS programs such as the Elderly and Physically Disabled Waiver Programs.

- **Workforce Development.** Qualified workers are vital to quality long-term care programs. Yet low reimbursement rates paid by Medicaid to homecare agencies can result in a shortage of workers because of low wages and no benefits. According to Levy, the coalition has partnered with Washington, DC, to raise wages for qualified workers. She also emphasized the importance of providing health benefits and training to homecare workers.

- **Policy Development.** “We collaborate with about 40 stakeholders to develop and implement regulations on assisted living,” Levy explains. The goal is to establish policy that sets standards for excellence. For example, in collaboration with the DC Department of Health, the Coalition participates in extending the Medicaid waiver program to people aged 18 and over.

- **Consumer Directed Services.** Since Medicaid only reimburses homecare agency employees for services, many elders are unable to compensate relatives and friends who provide their care. The Coalition is partnering with the DC government to implement a Consumer Directed Program that allows clients to employ and pay a personal care attendant with Medicaid funds, even if their chosen caregiver is not an employee of a homecare agency.
**Maryland Vietnamese Mutual Association (MVMA)**

This small, ethnic-based nonprofit provides linguistically and culturally appropriate direct services to older adults through its Golden Age Project for Seniors (GAPS) program. Because of its visibility and reach in the community, MVMA also serves as a liaison for many agencies to ensure that vital information reaches Vietnamese populations.

According to the Association’s Executive Director, Diane Vy Nguyen-Vu, “Collaborations with government, for-profit, and nonprofit organizations allow us to reach population segments such as immigrant elders and other isolated, low-income seniors who would otherwise not be served.” Partnerships also give MVMA the capacity to build leadership in providing services and to coordinate financial resources and technology for effective services.

**Arlington Area Agency on Aging**

As part of a national network of over 670 sister agencies, the Arlington Area Agency on Aging, Arlington County Department of Human Services (VA), maintains a holistic view of aging. Agency Director Terri Lynch, MPA, defined the agency’s mandate: “To foster the development and implementation of comprehensive and coordinated systems to serve older individuals.”

To achieve this goal, Area Agencies on Aging in the Metropolitan Washington area have teamed up with the WashingtonGrantmakers Aging Committee to coordinate information and services for older adults across the region. “We see enormous potential for improving services for seniors through this partnership,” Lynch noted. “Although our success can’t be measured today, it will be determined by the long-term effect on communities.”

**Funding Opportunities**

Grantmakers could consider funding:

- General operating grants
- Capacity building and organizational development
- Grassroots organizing, community development, and community-based network building
- Model training programs for direct-care workers
- Pilot programs delivering services to older adults and disabled, expanding the role of the direct-care worker
- Local advocacy efforts to expand home- and community-based programs as the number of elderly increase

**For More Information**

**Arlington Area Agency on Aging, Arlington County Department of Human Services (VA)**
703.228.1700
[www.arlingtonva.us/Departments/HumanServices/services/aging/aaa/HumanServicesServicesAgingAaaAgencyonAging.aspx](http://www.arlingtonva.us/Departments/HumanServices/services/aging/aaa/HumanServicesServicesAgingAaaAgencyonAging.aspx)

**District of Columbia Coalition on Long Term Care**
202.895.9435
[www.iona.org/advocacy/dc-coalition-on-long-term-care](http://www.iona.org/advocacy/dc-coalition-on-long-term-care)

**IMPACT Silver Spring (MD)**
301.495.3336
[www.impactsilverspring.org](http://www.impactsilverspring.org)

**Maryland Vietnamese Mutual Association (MD)**
301.588.6862
[www.mdvietmutual.org](http://www.mdvietmutual.org)

**Washington Regional Association of Grantmakers (DC)**
202.939.3441
Applying Business Tools in Grantmaking: The Benefits of Return on Investment

Today’s funders must increasingly demonstrate cost effectiveness in their program initiatives. A session devoted to return on investment (ROI) models provided insight into how ROI analysis can be applied to healthcare technologies for older adults.

ROI models can provide organizations with the up-front rationale for using new technology. Session moderator Kate O’Malley, RN, MS, California HealthCare Foundation (CA), offered the example of remote patient monitoring (RPM) for patients with congestive heart failure. Referring to the 2010 healthcare cost for managing the disease, she said, “It is a significant public health problem with a $40 billion price tag.” Monitoring basic vitals such as weight and blood pressure using RPM techniques can significantly control the disease and avoid complications. Yet the uptake of RPM technologies has achieved only a fraction of its potential.

For More Information

California HealthCare Foundation  
510.238.1040  
www.chcf.org

Center for Connected Health, Partners Health Care (MA)  
888.456.5003  
www.connected-health.org

Center for Technology and Aging (CA)  
510.285.5685  
www.techandaging.org

Funding Opportunities

Grantmakers could consider funding:

- Remote telemonitoring for chronic disease management
- Home monitoring to prevent falls/extend independent aging at home
- Remote rehabilitation, such as using Xbox Kinect for patients with Parkinson’s
- Adding an evaluation requirement to determine a return on investment for all initiatives related to healthcare reform
- Funding grantees who demonstrate the capability of building a business case for program sustainability

Washington Regional Association of Grantmakers

Tamara Lucas Copeland, MSW, President, Washington Regional Association of Grantmakers, explained, “Multiple jurisdictions and the federal government create geographic, administrative, and cultural boundaries to providing services in our region. Due to this environment, and given current fiscal realities, perhaps we are even more focused on developing ways to work collaboratively.”

In addition to encouraging greater funding for programs that support the growing elderly population in the region, the Association does extensive work with the Washington Regional Aging Network. This group consists of Agencies on Aging from across the region. The goal is to maximize limited resources through strong collaboration and to increase awareness of aging issues.

Strategies to promote partnerships:

- **Utilize political will to change the system.** Small organizations will struggle to find strong positions when building partnerships without political will from policymakers. Remember that the most effective legislators are those who bring passion to their causes
- **Educate communities about the issues.** Community members can become leaders and active advocates once they understand what’s at stake
- **Building partnerships takes effort.** Take the time to foster relationships and provide financial support, if needed

Applying Business Tools in Grantmaking: The Benefits of Return on Investment

Today’s funders must increasingly demonstrate cost effectiveness in their program initiatives. A session devoted to return on investment (ROI) models provided insight into how ROI analysis can be applied to healthcare technologies for older adults.

ROI models can provide organizations with the up-front rationale for using new technology. Session moderator Kate O’Malley, RN, MS, California HealthCare Foundation (CA), offered the example of remote patient monitoring (RPM) for patients with congestive heart failure. Referring to the 2010 healthcare cost for managing the disease, she said, “It is a significant public health problem with a $40 billion price tag.” Monitoring basic vitals such as weight and blood pressure using RPM techniques can significantly control the disease and avoid complications. Yet the uptake of RPM technologies has achieved only a fraction of its potential.
Next-Generation Nurses: How Funders Can Collaborate to Develop Geriatric Nurse Leaders

Nurses in today’s rapidly changing healthcare environment need to develop the advocacy skills to lead change in the way care is delivered to older Americans. As Judith Woodruff, JD, Program Director, Northwest Health Foundation (OR), put it, “We still teach from an old model, where the patient is young and experiencing acute illness, not from the reality of our chronically ill and older population.” Woodruff joined two other presenters in highlighting innovative partnerships working to increase leadership development in geriatric nursing.

The Northwest Health Foundation also participates in initiatives that provide nursing students with hands-on experiences to illuminate the complex geriatric setting. “There is a world of thorny issues that require competent nurses who understand the psychosocial dynamics of geriatric environments,” Woodruff observed. “We need to develop, educate, and support them.”

Business Justification for New Technology

Presenter David Lindeman, PhD, Director, Center for Technology and Aging (CA), discussed a pilot study of five California healthcare organizations who used ROI to assess the use of RPM for congestive heart failure. All reported positive outcomes from the technology, such as decreased hospitalization rates, higher patient satisfaction, and reduced need of clinical visits to the home. Yet all five organizations reported that the primary driver behind their organization’s expansion of their use of RPM was to demonstrate a robust ROI.

The final presenter, Kamal Jethwani, MD, MPH, Lead Research Scientist, Center for Connected Health, Partners Health Care (MA), explained how adopters can use ROI to optimize their return. By entering anticipated numbers for labor, technology, implementation, and other ongoing costs into the ROI model, funders can develop a strong rationale for putting money into a program. Once an organization adopts a program, it can adjust the numbers in the model to incorporate unanticipated costs and gains to recalculate the expected ROI. Decisions to take a program to scale can be based on sustainable funding or long-term and short-term cost savings.

Jethwani concludes, “ROI calculations can support the healthcare providers who need evidence of sustainable business models, healthcare payers who need to bend the cost curve to prevent further global economic crises, and grantmakers who want to see programs continue, even when the foundation funding is no longer supporting the project.”
Collaborating to Develop Leaders

Speaker Amy Berman, RN, Senior Program Officer, The John A. Hartford Foundation (NY), went on to describe the Geriatric Nursing Leadership Academy, a collaboration between her organization and the Sigma Theta Tau honor society. With its goal to develop the leadership skills of geriatric nurses, the Academy provides learning experiences that prepare and position nurses to influence patient and practice outcomes. These skills aid in the understanding of how multidisciplinary teams will improve quality of care for geriatric patients.

Key to the Academy’s program are fellowships that combine outreach projects with mentorship. Each nurse fellow has a local and national mentor who may be a nurse ally or a nurse who aids in relationship building and other skills outside of nursing. Each fellow also has an individual leadership plan and chooses a project that focuses on how services need to be redefined. Projects focus on outcomes such as reducing falls, addressing workforce issues, and reducing pain within a long-term care setting.

As a fellow of the Academy, presenter Cynthia McDaniel, MSN, RN, Faculty Team Leader, Assistant Professor, Oregon Health and Science University, described her personal experience as “transformational,” helping her develop a sense of pride and self-respect in her personal life and in her work as a geriatric nurse. “Sometimes there is a fear to call yourself a leader,” McDaniel said. “The academy gave me permission to use my voice.” She believes that the credibility and curriculum of the Geriatric Nursing Leadership Academy elevate an individual’s status and connect the clinical and educational dots. McDaniel now works to help mobilize geriatric nurses in Oregon to be more active within their field. As a result of this support, the Oregon Nursing Leadership Institute has emerged to target and develop nurses for work in long-term care.

For More Information

The John A. Hartford Foundation (NY)
212.832.7788
www.jhartfound.org

Northwest Health Foundation (OR)
503.220.1955
www.nwhf.org

Oregon Health and Science University
503.494.7100
www.ohsu.edu/son

Sigma Theta Tau, the Honor Society of Nursing (IN)
888.634.7575
www.nursingsociety.org/default.aspx

Funding Opportunities

Grantmakers could consider funding:

• Mentored leadership training opportunities for nurses at multiple levels in their careers
• Nursing delegation research/project development to expand ability of nurses to delegate certain nursing tasks to non-nurses
• The effect of music on anxiety in dementia
• Training nurses to assess decision-making capacity in individuals with dementia, as well as how to advocate for patients and help them navigate through a healthcare system underinformed about dementia
The Age of Innovation in Health and Aging Services

As the number of older adults continues to rise, current approaches to aging services will be inadequate. Cheryl Phillips, MD, Senior Vice President for Advocacy, LeadingAge (DC), spoke on how the aging services community can and must adapt to a challenging funding environment.

Most older adults have inadequate resources to fund their own care. We need to remodel how aging services are delivered and how medical and social care are integrated across the health and social services continuum. People are not the sum of their diseases. Too often, older adults experience the healthcare system in fragments, with too many health professionals involved in different aspects of their care with no coordination between them.

Interdisciplinary collaborations can drive this change. Team-based models of care can prevent avoidable hospitalizations, letting older adults remain at home, where they would prefer to be served. This strategy could also be applied to community-based care transitions, medication therapy management, service coordination for independent living, and care coordination for multiple chronic conditions. PACE (Program of All-inclusive Care for the Elderly) is one model that can potentially provide more tailored services in our fragmented healthcare system.

Service enriched housing can provide opportunities for partnerships. Putting services in older adults’ home environment, such as having care coordinators in the home setting, could help to reduce avoidable hospitalizations. Part of this challenge is determining which services are the most effective and efficient.

Alzheimer’s and dementia care are a particular challenge. Important areas of focus include researching medications and best practices for dementia care, supporting caregivers, developing workforce competencies, emphasizing person-centered care, developing services that span care settings, and using technology to improving care and care settings.

Many communities are unsure how to begin the process. What does it take to trigger and implement these changes? We should begin by identifying what services older adults in a given geographic area need. We can bring communities together by looking at common measures: e.g. identify the populations that we serve, determine our governance and financial platforms, and find ways to leverage small risks.

“The best currency in healthcare is information,” said Phillips. “We need to better utilize it in a person-centered way to improve care.”

For More Information

National PACE Association (VA)
703.535.1565
www.npaonline.org

HCBS: The Clearinghouse for Home and Community Based Service (MA)
617.552.3484
www.hcbs.org

LeadingAge (DC)
202.783.2242
www.leadingage.org

Funding Opportunities

Grantmakers could consider funding:

- Broad-based research to explore the relationship of service-enriched housing and improved outcomes
- Models of behavioral-based dementia care that can be translated across settings and used by direct and family caregivers in the community
- Partnerships among local providers to develop and test “innovative communities” that better link services and reduce unnecessary hospitalizations
Grantmakers In Aging is pleased to announce that its 2012 Annual Conference will be held October 24–26 at the Cleveland, OH, Marriott Downtown at Key Center. The theme of this year’s conference — Is This What Change Feels Like? Aging in America — will explore how philanthropy can play a role in helping all our communities get “better about older.” Look for more info about the Conference in Aging Matters, the GIA newsletter, and on the GIA website.
Credits

This report was sponsored in part, by a grant from
The SCAN Foundation

Grantmakers In Aging is also indebted to the following
2011 GIA Fellows, who served as reporters and
contributors to this report:

Moon Choi, PhD
Virginia Commonwealth University

Patrick John Doyle, MA
University of Maryland, Baltimore and Baltimore County

Susan M. Hannum, MA
University of Maryland, Baltimore and Baltimore County

Chih-ling Liou, MS
Virginia Tech

Tara McMullen, MPH
University of Maryland, Baltimore and Baltimore County

Shannon O’Connor, PhD(c), MA
University of Maryland, Baltimore and Baltimore County

Kathleen Ruben, MS
University of Maryland

Kimberly van Vulpen, LCSW-C
University of Maryland

Strategic Communications & Planning of Wayne, PA, provided
editorial direction, writing, and design services for this report.
www.aboutscp.com

Grantmakers In Aging

For more information about Grantmakers In Aging,
please contact:

Grantmakers In Aging
2001 Jefferson Davis Highway
Suite 504
Arlington, VA 22202
T: 703.413.0413

www.GIAging.org