highlights

from the 2009 Annual Conference
Grantmakers In Aging

October 21-23, 2009
Denver, Colorado

BLAZING TRAILS

ON A NEW FRONTIER

UNBRIDLING THE POWER OF AGING
PHILANTHROPY FOR THE GREATER GOOD

A Program of Grantmakers In Aging
Grantmakers In Aging

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In the fall of 2009, Grantmakers In Aging (GIA) gathered for its Annual Conference in Denver, CO. This meeting came at a challenging moment. Resources were tight as the country struggled to deal with continuing economic hardship. At the same time, the need to reshape a society in which thousands of Baby Boomers leave the workforce each day—some voluntarily, many not—was more critical than ever.

Participants came to Denver nevertheless inspired by the can-do spirit of the American frontier. They came to hear from national thought leaders and experts, to learn from their colleagues. And they came to share strategies and solutions on topics as diverse as entitlement policy and aging-friendly community planning, caregiving and intergenerational programming, civic engagement and healthy aging.

Despite the resource constraints facing the philanthropic community, the conference attracted more than 200 participants from all different kinds of philanthropic institutions—large and small, local and far-flung. This points in part to our members’ continuing belief in GIA’s relevance, to the meeting’s forward-thinking agenda, and perhaps most importantly to participants’ stalwart commitment to serving the growing numbers of older people in the United States.

The plenaries and workshops of “Blazing Trails on a New Frontier” featured, as always, leaders and practitioners talking about the latest ideas and programs in the field. While unable to describe the important networking and face-to-face exchanges that are hallmarks of our Annual Conference, this publication seeks to reflect some of the intellectual give and take that our two and one-half days together produced.

We trust you will find this report valuable, and as your personal connection to aging, GIA looks forward to hearing from you as we work together to help improve all of our grantmaking for an aging society.
We find ourselves at a special moment in time: with a new president and administration comes a sense of promise and renewal. People hope to reconnect, to be part of something bigger, and to make a difference within their communities. Funders should seize this unique opportunity to become leaders of change. In the opening plenary, Richard C. Harwood, MA, Founder and President of The Harwood Institute for Public Innovation (MD), shared practices for transforming the commonality of hope into change for the public good.

The most important question we can ask during the next 10 years, stated Harwood, is “How do we make hope real for every person in this country?” We begin, he said, “by turning outward to meet the needs of our communities.”

KNOW YOUR COMMUNITY
The first step to making hope real is to understand your community. Communities evolve through a series of unique and specific stages. A program that is successful in one community may fall short in another because there is no framework in place to support it. When funders understand where a community is in its evolution, explained Harwood, they can make better choices and be more effective in creating the kind of changes they want to see.

To know your community, you must know the aspirations of its people and understand how they express themselves. Additionally, Harwood cautioned that funders must avoid becoming so focused on administrative processes, facts, and figures that they merely become providers of customer service. This approach fails because it turns citizens into consumers who utilize resources without a sense of connection, duty, or commitment to others. By blending expert knowledge with public knowledge it is possible to engage people around their aspirations. Sharing aspirations will allow communities to discover a common sense of purpose and grow over time.

SEEK IMPACT
Engaging in meaningful change can create dissonance and challenges that seem intractable. It is essential to remain clear on the impact you as funders are trying to create. Additionally, because no one has unlimited time and resources, we must address public challenges while we invest in creating the conditions for change.

Be willing to have conversations about power and give people a forum to discuss their concerns, Harwood advised. We can encourage people to participate by allowing them to focus on engaging initiatives, giving them a sense of purpose.

CREATE SUSTAINABLE CHANGE
Change is only meaningful if it can be sustained. To do that, Harwood suggested, link the practical to the possible and set expectations that are attainable. It is essential to create metrics that measure impact and progress in order to recalibrate and correct trajectories along the way. These must include measurements for our public challenge, as well as the conditions for change.

To summarize, Harwood advised attendees to understand the larger context of their communities. Focus on the public challenge, rather than organizational challenges. Identify obvious as well as hidden assets and capacities, in addition to opportunities for creating public capital; these are the conditions for change.
In conclusion, Harwood reminded his audience to turn outward because we cannot know if we are having an impact unless we do. Only by turning outward, he suggests, can funders create authentic change and make hope real.

**Issues in Health and Aging**

A larger aging population than ever before is about to place unprecedented demands on healthcare and support systems. To cope, we must take a more proactive approach to providing affordable, quality care to older adults. Three sessions focused on pioneering programs and studies that support this goal in the key domains of palliative care, healthcare reform, and healthy aging.

**Palliative Care**

Society’s reluctance to discuss palliative care is a major impediment to improving end-of-life care. Just as a family’s unwillingness to confront the inevitability of death results in lack of advanced care planning, our healthcare system’s focus on cure versus care has led to a dearth of palliative care services. An information session organized around the palliative care guidelines developed by the National Consensus Project (www.nationalconsensusproject.org) focused on the new frontier of palliative care.

To open the session, Kate O’Malley, RN, MS, Senior Program Officer of the California Healthcare Foundation, described how her organization evaluated ethnic differences in end-of-life care. The project focused on gaps in care, cultural differences, and provider ability to address end-of-life issues. Its primary objective was promoting appropriate end-of-life care in hospitals and nursing homes.

**Cultural Aspects of Care**

O’Malley suggests that it is unrealistic to expect healthcare providers to master the wide variety of cultural issues at end of life. However, she says, “It is essential to engage respectfully and strive for cultural humility by working with each patient to understand their individual needs and values.”

O’Malley also discussed the Foundation’s efforts to help public hospitals establish palliative care programs in California. The goal is to spread palliative care programs more widely in public hospitals and includes technical assistance and mentoring, development of learning communities, and strategic advisory committees. Twelve of 17 California public hospitals are participating in the initiative.

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**Models for Meaningful Conversations**

To jump-start the process of engaging with your community, Richard C. Harwood shared key steps for initiating meaningful community conversations. More tips and tools are available at www.theharwoodinstitute.org:

- Find the right partners in the community to connect you with influential people
- Start by asking “What are your aspirations for this community?”
- Listen without preconceived notions
- Give people opportunities to air their grievances so they can move forward
- Determine the “sweet spot,” or actions that allow people to address core public issues and build community at the same time
- Make space for the conditions of change
Establishing New Funding

Funding is a major barrier to all grantmakers working in palliative care. In particular, new grantmakers face specialized challenges to establish themselves and their ability to drive change. Kieren Porter, Board President of The Regence Foundation (OR), presented the perspective of a new foundation dedicated to funding palliative care. Porter outlined the challenges that her three-year-old organization had to overcome while creating a plan for funding palliative care:

- Building credibility and trust
- Creating a program around an emotionally charged issue
- Clarifying goals and measuring accomplishments
- Creating impact with limited resources in a region with significant cultural and geographic diversity
- Developing specialized knowledge
- Managing expectations and the pressure to achieve goals

By tackling these issues, The Regence Foundation established itself as a credible force in four states: Washington, Idaho, Oregon, and Utah. Its signature program, called Sojourns, is dedicated to improving the end of life. The Sojourns Award provides $50,000 annually in each of the Foundation’s states to support individuals or non-profit organizations that are leaders advancing palliative care. Additionally, the Sojourns Pathway Program supports funding to nonprofit hospitals interested in developing, implementing, and enhancing palliative care services. “The system wants to do the right thing for seriously ill and dying people,” said Porter, “but for a variety of reasons, rarely succeeds.”

Infusing End-of-Life Care with Spirituality

Spirituality plays a significant role in a holistic approach to end-of-life care. In February 2009, the Archstone Foundation (CA) convened 50 national thought leaders to develop recommendations on how to improve spiritual care as a domain of quality palliative care. Since 1988, the Foundation has funded training, education, and improved services in palliative care with $4.2 million in grants. The Foundation’s Program Officer, Elyse Salend, MSW, reported on the February conference to build consensus around practical recommendations that will improve spiritual practices for palliative care. Salend described the domains of spiritual care identified at the conference: spiritual care models; spiritual assessment; treatment and care plans; creating interprofessional teams; professional training and development; and quality improvement. Salend also revealed next steps for the Foundation, which include funding a pilot demonstration to develop accountability measures to ensure integration of spiritual care, and guidance for engaging community clergy and spiritual leaders in the care of patients and families.

Engaging the Community

A program funded by the Jewish Healthcare Foundation (PA), called Closure, brought together community leaders in a dialogue to develop and advance an end-of-life care agenda. Participants, including lawyers, clergy, caregivers, medical personnel, and patients, shared their experiences over the course of six months. Nancy Zionts, MBA, Chief Program Officer of the Foundation, discussed outcomes and what they learned from the sessions. “Most professionals see end-of-life issues from their own narrow perspective, unaware of the challenges of others,” says Zionts.

The community dialogue also yielded recommendations to increase hospice and palliative care options, reduce unnecessary healthcare and ICU admissions, and help patients to proactively plan and manage end-of-life experiences. The group concluded that appropriate resources and support to help families cope can make the end of life a rewarding period. To promote understanding, the Foundation also helped fund a simulation project where healthcare professionals practice end-of-life communication skills with simulated patients, who provide constructive feedback.
HEALTHCARE REFORM

With national focus on healthcare reform, foundations are poised to play a critical role in providing new and effective programs that revitalize healthcare for our aging population. In a plenary session focusing on healthcare reform, Eric A. Coleman, MD, MPH, AGSF, FACP, Professor of Medicine, Director of the Care Transitions Program, the University of Colorado at Denver, outlined critical steps foundations can take to support reform:

- Embrace high-risk ideas and develop a rigorous evidence base
- Build capacity for dissemination
- Develop change agents
- Ensure a timely response when an opportunity presents itself

“We must be ready to jump through open windows of opportunity” to advance healthcare for older adults, stated Coleman. His Care Transitions Intervention (CTI), developed to reduce the number of Medicare patients readmitted to the hospital within 30 days of discharge, is an example of an evidence-based program that has been rigorously tested and is now ready for implementation. The CTI program unites hospitalized patients and their caregivers with a geriatric nurse practitioner to create a plan for discharge and transition care. The partnership not only provides support for the caregiver, it also promotes self-care from the patient. According to Coleman’s research, the CTI program resulted in a significant reduction in hospital readmissions with a net cost savings of $300,000 over a twelve-month period. With Coleman’s assistance, a bill to fund the Medicare Care Transitions Act (Bennet, D-CO) has been incorporated into the Senate Finance Committee’s America’s Healthy Future Act.

Nancy Whitelaw, PhD, Director of the Center for Healthy Aging and Senior Vice President of the National Council on Aging (NCOA) in Washington, DC, suggested that the time is right for healthy aging reform. The network of medical care that exists for the elderly is structured to treat chronic illness as it relates to disease, rather than teaching older adults to effectively manage their conditions. Factors that impact health such as smoking, diet, stress, and living alone are not currently addressed within the clinical framework. Results of a 2009 NCOA survey of Americans 44 and older with chronic conditions support the need for healthy aging programs: 39 percent of those surveyed reported they are not getting the help they need to manage their health problems. A disproportionate number of minorities were included in this group. Survey results are available at www.ncoa.org/improving-health/chronic-disease/healthier-lives.html.

The role of philanthropy is vital for promoting healthy aging. NCOA’s position, stated Whitelaw, is to make “a difference in the healthcare burden through broad systems change strategy using evidence-based models.” She noted that NCOA is continually searching for effective programs and has assembled a variety of proven models and tools for replication on their Web site, www.healthyagingprograms.org.

HEALTHY AGING

Most people look forward to growing old in their own homes and communities, but health issues and access to services can be significant barriers to aging in place. This session looked at how community-based programs provide support for elders to improve their health outlook, foster connections with others, and empower them to take on new roles in contributing to their communities.

Rural communities can face significant challenges in providing services for older adults. While urging foundations to “think bigger, bolder, and broader about programs,” Susan Birch, MBA, RN, Chief Executive Officer, Northwest Colorado Visiting Nurse Association, discussed Aging Well as an example of a successful program serving rural elderly.

Aging Well, explained Birch, is “trying to create a culture change by de-medicalizing the system and helping elderly in a Northwest Colorado community remain physically and mentally active as well as socially connected.” The goal, says Birch, is to empower people to be proactive about their health. Supporting that goal is the Aging Well program’s “Wellness Days.” During these events, physical, social, emotional, financial, and intellectual service providers bring their services directly to the elderly population. Many of the programs have an intergenerational component. Aging Well also strives to provide new evidence-based medical models of services for older adults. The Visiting Nurse Association hopes to inspire other regions to adopt similar programs.
Statistics prove Aging Well’s success, with 98 percent of participants agreeing that their fitness has improved, 71 percent enjoying the opportunity for social engagement, 60 percent visiting the doctor less, and 18 percent using less medication. 

Another highly successful model for providing targeted health and social services to elders is designating an area as a Naturally Occurring Retirement Community (NORC). In discussing a NORC developed by the Jewish Family Service of Colorado, Cathy Grimm, LCSW, Director, JFS Senior Solutions/Care Connection, described the process as “transforming a community into a place that is good to grow old in.”

An initial step in planning the NORC was a mapping project supported by the Daniels Fund (CO). Characteristics of interest included age groups, ethnicity, income, and census geography. The mapping helped the Daniels Fund identify large apartment complexes of older adults who might benefit from support programs.

A needs assessment is essential once the target population of a NORC is determined. The NORC helps fill in gaps by providing services to individuals who might otherwise have long waits to qualify, apply, and start receiving services. A site coordinator ensures that residents receive basic services such as vision, hearing, and dental care, as well as transportation and food assistance. Additionally, Grimm describes the NORC as resident driven. “Residents tell us what they want. They have taken over the programs and formed groups and clubs,” she said. “They even take it upon themselves to check on one another. The participation is still voluntary but this type of setup builds trust.”

Data Is Essential

“How do you know you’re making a difference? You need hard evidence to prove it,” said Fredda Vladeck, Director of the Aging in Place Initiative, United Hospital Fund (NY). As foundations seek outcomes from their grantees, they are increasingly playing an important role in the development of the tools and supports needed to re-educate and re-equip the workforce in aging.

One such tool is Health Indicators in NORC Programs, a quality improvement process used by New York City’s Area Agency on Aging that helps programs identify risks to healthy aging in a community and then apply targeted and systematic interventions to measurably reduce the risk factors associated with diabetes, heart disease, or falls. The data help programs shift practice from a wholesale approach to a targeted one that focuses on doing the right things with the right clients, at the right time. In 2011, Health Indicators, the tool, process, and technical assistance, will be available at www.norcblueprint.org.

FOR MORE INFORMATION

Aging in Place Initiative, United Hospital Fund (NY)
212.494.0700
www.norcblueprint.org

Aging Well, Northwest Colorado Visiting Nurse Association (CO)
970.879.1632
www.nwcvnna.info/aging_well.html

Archstone Foundation (CA)
562.590.8655
www.archstone.org

California Healthcare Foundation (CA)
510.587.3181
www.chcf.org

Care Transitions Intervention Program, University of Colorado Denver (CO)
303.724.2523
www.caretransitions.org
Funding Opportunities for Grantmakers
Grantmakers could consider funding:

- Improved end-of-life care quality in both hospital and long-term care settings
- Education programs for healthcare providers in end-of-life issues
- Successful healthcare education programs
- New ways to empower patients in their personal healthcare, including improving their interactions with physicians
- Research on NORCs, especially health indicators
- Enhanced access to services for rural elderly, especially transportation

Recommended Reading


Entitlement Reform and America’s Safety Net

As our nation addresses comprehensive healthcare reform, older adults face potential changes to critical health and financial supports in Medicare, Medicaid, and Social Security. To help foundations understand the impact reforms may have on our aging population, this preconference session addressed policy issues surrounding these entitlement programs, advised attendees on how to work with legislators, and examined the status of our safety nets.

Debra Whitman, PhD, Staff Director, Senate Special Committee on Aging (DC), set the stage for the session by introducing three key areas that grantmakers must address to provide a foundation for reform: stabilizing healthcare and Social Security; helping individuals increase their retirement savings; and improving housing for older adults. She also suggested that grantmakers make an effort to engage policymakers by educating them about aging as well as providing them with information on new models of service and care.

Controlling Costs

One of the major goals of healthcare reform is to control skyrocketing costs. Debra L. Ness, MS, President of the National Partnership for Women & Families (DC), referred to our fee-for-service healthcare system as both an impediment to cost control and a driver of poor quality, fragmented care. The fee-for-service system discourages the kind of coordinated care patients need and instead fosters a piecemeal approach. It often results in extra procedures and tests that increase income for doctors and hospitals but don’t benefit patients. Ness suggests that changing incentives for healthcare professionals could improve quality of care and reduce costs. Healthcare reform is like weeding, she noted: “You have to get at the root of the problem. If you just make cuts at the surface, the weeds will keep growing back and eventually take over your garden.”

Home- and community-based services are another money-saving delivery system for healthcare. Eric Carlson, JD, Directing Attorney, National Senior Citizens Law Center (DC), urged grantmakers to help legislatures understand this potential. “Our goal is recognizing the need for long-term care within our communities,” he said. “It touches every family and yet there is no political movement focused on this issue. The consumer voice needs to be louder.”

Maintaining Standards of Living

Research shows that Americans are increasingly unprepared to maintain their standard of living in retirement. Eric R. Kingson, PhD, MPA, Professor of Social Work, Syracuse University (NY), identified Social Security as “by far America’s largest and most secure source of retirement income.” He also commented that the program’s life and disability protections are critical to family members of all ages. “It’s the nation’s best poverty prevention program. The recent economic crisis shows why we need to maintain and strengthen this institution.”

The next speaker offered a solution. Lorez Meinhold, Senior Program Officer – Policy, The Colorado Health Foundation, recommends funding pilot studies in care and case management for frail elderly in the Medicare system. In addition, Meinhold says, “Self-advocacy can be promoted through educating people on what they pay and what they should do if uninsured.”

Nancy Zionts, MBA, Chief Program Officer, Jewish Healthcare Foundation (PA) concluded the panel discussion by urging funders to help create safety net programs. Zionts advised partnering with legislators. “If they don’t have the data they need, offer to fund it,” she said. “Public policy should resemble a relay system in which each of us engages others. There is a real finish line.”
Recommended Reading

Working with Minority Populations
As our nation’s minority populations grow at a rapid rate, so does the need for services targeted to the diverse needs of their elders. Included in this group are not only ethnic minorities, but the traditionally marginalized lesbian, gay, bisexual, and transgender (LGBT) community. Two sessions focused on the challenges and opportunities presented by these populations.

NEW FRONTIERS IN CAREGIVING
To date, caregiver support programs have focused largely on white, middle-class providers. Scott Moyer, MPH, President of The Jacob and Valeria Langeloth Foundation (NY), introduced a session to highlight innovative programs specifically targeted to what Moyer referred to as “minoritized” caregivers. For programs to be sustainable, caregiving must become incorporated into public policy, with the caregiver recognized as a separate entity, rather than merely “an appendage of the patient,” said Moyer.

The first speaker was Michael Adams, JD, Executive Director of New York-based Services & Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE). Adams stated that key differences in the LGBT population result in an increased likelihood of aging alone without children or family members. This leads to a greater reliance on professional social services and a need for alternative models for LGBT volunteer caregivers.

The organization’s new SAGECAP (Caring & Preparing) support program draws on the assets of the LGBT community, namely a strong tradition of caregiving and volunteerism, and the intergenerational, often younger and tech-savvy pool of caregivers. SAGE plans to support SAGECAP’s “caring” objective with both online and in-person caregiving education, help negotiating the healthcare network, and social services. The program will also provide supportive counseling and respite care. SAGECAP’s “preparing” aspect focuses on starting the process of future planning for the caregiver, avoiding late-stage crisis intervention, when options are limited.
To follow, Myra Glajchen, DSW, MSW, Director of the Institute for Education and Research in Pain and Palliative Care at Beth Israel Medical Center (NY), characterized caregiving as a major public health problem. “Caregivers of people with chronic and advanced medical illness report high levels of burden and distress,” said Glajchen. “This means that the caregivers of today are the patients of tomorrow."

Glajchen outlined Beth Israel’s Asian Family Caregiver Program, which grew out of the observation that Asian patients tend to be diagnosed in the late stages of disease and have poor outcomes. These patients are also more likely to be isolated from the healthcare system by language and cultural barriers. Focus groups identified high rates of stress, loneliness, intimidation, and anxiety in interacting with the Western medical system.

To meet the specialized needs of their constituents, the Beth Israel program offers a combination of outreach and direct services such as counseling, referrals for entitlements, and long-term care planning. Education of the caregiver and professionals within the community is a major focus. At the hub of the program is its Web site (www.netofcare.org), developed as a user-friendly, culturally specific network to link caregivers to resources by zip code, disease, and service category.

Technology in the form of Web sites, online support groups, telemonitoring and interactive communication systems can permit easier access to information and services, enhance communication, and decrease isolation among caregivers. Dolores Perdomo, MSW, LCSW, Project Coordinator and Clinical Supervisor of the Center on Aging at the University of Miami (FL), discussed VideoCare, a technology-based intervention to support minority caregivers. In this study, caregivers received a menu-driven video phone providing both text and speech output in a choice of languages. Perdomo described features including access to face-to-face intervention, support groups, a community resource guide, and educational seminars. The system can also be utilized to call family, friends, or an interventionist. To date, the study has enrolled 127 caregivers, with overwhelmingly positive feedback from participants.

**SUPPORTING ELDERS OF COLOR**

Leaders of five national organizations that serve elders of color participated in a panel discussion to share perspectives on their constituents’ needs. While many of the issues facing these older adults are universal such as healthcare, economic security, and housing, cultural differences within these populations present unique challenges requiring diverse responses and solutions.

**Helping Native American Elders**

Randella Bluehouse, Executive Director of the National Indian Council on Aging (NM), cited healthcare and the underfunded National Indian Health Service as the biggest issue for the aging Native American population. “It is hard for these seniors to have a positive outlook for the future because of their healthcare concerns,” she said. Delays in care and the need to travel long distances for services frequently produce poorer outcomes. In addition, not all tribal nations have resources to care for older adults in their own communities. This can result in isolation for elders who must relocate for long-term care.

Bluehouse spoke of the positive contribution of tribal leaders, who meet to discuss services for the elderly and identify key issues for their aging population. This focus has resulted in programs for senior employment and training opportunities on the reservations, as well as a grant program that assists grandparents who are raising their grandchildren.
Addressing Health Disparities and Housing Challenges for Hispanics

Elderly Hispanics face a disproportionate number of chronic illnesses. Yanira Cruz, MPH, DrPH, President and CEO of the National Hispanic Council on Aging (DC), noted the challenge of health inequities for the Hispanic population. For example, one-third have diabetes and many more remain undiagnosed. Alzheimer’s disease often manifests seven to ten years younger than in other groups. In addition, many eligible Hispanics do not enroll in Medicare because they do not understand how it works or how to sign up.

Since poverty remains disproportionately high among elderly Hispanics, many are forced to work past typical retirement age to provide for basic necessities. Cruz explained that affordable housing is key to preventing premature and unnecessary placement in facilities for Hispanic elders, yet waiting lists for low to moderate income housing are full. She stated that developing new housing is a priority for Hispanics.

Providing Services to African-American Older Adults

Karyne Jones, President and CEO of the National Caucus and Center on Black Aged, Inc. (DC), turned the conversation to the issues facing African American older adults. Jones focused on the increasing need for services due to the economy. “We see problems with seniors who have never needed services in the past,” she says. Jones noted that many older Americans must return to work as a result of a poor economic outlook, so interest in services to support employment and training is on the rise. In addition, the African American community has an especially vulnerable demographic, since 70 percent of women are single in their later years. Finally, Jones mentioned a growing concern that more grandparents who were once financially secure are now “taking on parenting of their grandchildren and no longer have that security.”

Meeting the Needs of a Diverse Asian Population

Christine Takada is President and CEO of the National Asian Pacific Center on Aging (WA), an organization challenged by the diversity of its constituents, who include 30–40 varied subgroups with different languages and cultures. Takada explained that to help meet the diverse needs of Asian elders, the center has established local health disparity projects and a federally funded employment program in nine US cities. In addition, the center established a national Asian language telephone help line, available in Cantonese, Mandarin, Vietnamese, and Korean languages, to assist older Asians with Medicare Part D and other federal assistance-related questions.

Working Together for Change

The discussion was brought to a close by Diana Campoamor, President of Hispanics in Philanthropy (CA), who summarized how the needs of all aging minorities can be addressed. Campoamor suggested that nonprofits can work together to build strength around issues important to all multi-ethnic elders and provide better solutions.

“Collaboration among foundations makes us greater than the sum of our parts,” she said. Campoamor also stressed the need for advocacy to support policy change and secure funding for all organizations serving elders of color. Because these organizations are 90 percent federally funded, they cannot lobby or advocate for policy change. This creates a serious dilemma in trying to achieve reform. “We must determine how philanthropy can be a vehicle for social change,” concluded Campoamor.

John Feather Diversity Award: CLESE

Older adults with limited English skills often have difficulty accessing needed services. This year’s John Feather Diversity Award went to the Coalition of Limited English Speaking Elderly (CLESE), a unique coalition of 50 Chicago-area agencies serving immigrant, refugee, and migrant older adults. Their mission is to improve the lives of limited-English-speaking elderly by providing advocacy, leadership, and education. Marta Pereyra, Executive Director of CLESE, accepted the award on the organization’s behalf. Marta thanked the committee and GIA for recognizing their organization, which is dedicated to helping a diverse group of elders.
“CLESE is committed to a vision of equal access to services for all elderly, regardless of ethnicity or language,” said Stacey Easterling, MPH, Programme Executive at The Atlantic Philanthropies (NY), and Chair of the GLA Diversity Committee, who introduced Pereyra. She also noted that organizations in other cities with a large concentration of immigrants may be interested in replicating CLESE’s programs. The agency facilitates the spread of best practices by training members on the models and then letting them create culturally appropriate replications. CLESE’s role is to give member organizations the administrative, technical, and supportive assistance they need to effectively operate their programs.

FOR MORE INFORMATION

The Atlantic Philanthropies (NY)  
212.916.7326  
www.atlanticphilanthropies.org

University of Miami Center on Aging (FL)  
305.355.9057  
www.centeronaging.miami.edu

Coalition of Limited English Speaking Elderly (IL)  
312.461.0812  
www.clese.org

Hispanics in Philanthropy (CA)  
415.837.0427  
www.hiponline.org

Institute for Education and Research in Pain and Palliative Care, Beth Israel Medical Center (NY)  
212.844.1472  
www.stoppain.org

The Jacob and Valeria Langeloth Foundation (NY)  
212.687.1133  
www.langeloth.org

National Asian Pacific Center on Aging (WA)  
206.838.8162  
www.napca.org

National Caucus and Center on Black Aged (DC)  
202.637.8400  
www.ncba-aged.org

National Hispanic Council on Aging (DC)  
202.347.9733  
www.nhcoa.org

National Indian Council on Aging (NM)  
505.292.2001  
www.nicoa.org

SAGE (Services & Advocacy for GLBT Elders) (NY)  
212.741.2247  
www.sageusa.org

Funding Opportunities for Grantmakers

Grantmakers could consider funding:

- The creation of affordable housing for low-income older adults
- Programs to train older adults returning to the workforce
- Programs for grandparents raising grandchildren
- Infrastructure to support donor giving, helping grantees access wealthier members of minority communities
- Outcomes-based research on interventions targeting minority caregivers
- Intergenerational programs that include immigrant or LGBT communities
Helping Older Adults and Their Families

As the elderly become the fastest growing segment of our population, more older adults and their family members will seek new and innovative solutions to maintain health, independence, and quality of life. Three sessions explored revealing studies, innovative programs, and new technologies that could help the next generation of older Americans redefine the “Golden Years.”

BEST OF THE WEST: HIGHLIGHTS OF FOUR TRAIL-BLAZING PROJECTS

Colorado-area funders shared four local programs that are making a difference in the lives of Colorado’s older adults.

Senior Source
Senior Source is a TV/Web/Community partnership that aggregates resources for the elderly. “Seniors know resources are out there but they’re looking for a centralized source to help locate them,” explained Lorii Rabinowitz, Business Development Manager, 9NEWS KUSA-TV and KTVD My20 Denver. “Senior Source provides this.”

Senior Source uses a combination of TV and Web-based media, along with community outreach, to give older adults easy access to relevant information. Denver’s 9News produces on-air segments focusing on subjects like elder transportation, health, Medicare, arts, and recreation. Each segment includes contact information for programs in the community. The Web site, available in both English and Spanish, supports the project with links for each topic (www.9news.com/advertisorial/seniorsource).

Sara O’Keefe, Communications Officer–Health Programs for the Colorado Health Foundation (TCHF), spoke about the benefits of her Foundation’s involvement in the Senior Source project. Not only has TCHF built stronger relationships between media outlets and other foundations, but the project provided an opportunity to promote the Foundation’s efforts in healthy living, health coverage, and healthcare.

Boomers Leading Change
Media discussion of the expected boom in the number of older adults often characterizes it as an “age wave.” Janine Vanderburg, JD, President of JVA Consulting, LLC (CO), describes the Baby Boomer generation as “a silver mine, not a silver tsunami.” Members of this large and highly experienced population are approaching retirement age and are seeking new ways to remain active and engaged during the next stage of their lives. Boomers Leading Change was developed to keep this group involved in their communities.

An extensive study of Denver, Colorado, residents age 55–64 identified three areas of interest for Boomers: work, service, and learning. The research also indicated that three out of four Boomers want to volunteer, and not surprisingly, their interests are extremely varied. From this research, said Therese Ellery, Senior Program Officer, the Rose Community Foundation (CO) developed the Boomer Innovation Grants program to provide seed money to projects aimed at engaging Denver Metro Boomers.

Team Caregiving
“Primary caregivers often compromise their own health to care for others,” says Jane Barton, MTS, MASM, Certified Spiritual Director, Community Educator, Life Quality Institute, Rocky Mountain Regional Director, Share The Care (CO). Barton presented a program with Tim Cortez, MS, Program Officer of The Colorado Health Foundation, that outlined a unique online support network for caregivers.

Barton explained that the responsibility of caregiving can be shared if friends, neighbors, and other volunteer caregivers are organized. These “communities of care” are affordable, effective, efficient, and sustainable, such as lotsahelpinghands.com, a free resource that provides support and information for forming, planning, and organizing teams of caregivers. Organizing care in this fashion can also give the care recipient more control over caregivers as well as the type of care received.
Mental Health Services for Older Adults

The Colorado University Aging Center (CUAC) is a unique geropsychology training clinic founded on strong community partnerships. Speaker Sara Honn Qualls, PhD, of the University of Colorado at Colorado Springs Aging Center joined Irene Lopez Wessell, CDA, Med, MPA, Co-Director of the Bright Mountain Foundation (CO), to describe this innovative organization operated by the University of Colorado at Colorado Springs Psychology Department. The non-profit CUAC provides mental health services for older adults and their families for a sliding-scale fee.

Qualls explained how the center must confront not only the stigma associated with mental health issues, but also the typical lack of mental health screening by primary care providers. To address these challenges, CUAC takes a proactive approach to identifying older adults in need by partnering with local nursing homes and other senior agencies in the community. Frail elderly who are identified as at risk for cognitive decline can receive care at home.

In order to help keep its costs down, the center utilizes graduate students, who work hand-in-hand with faculty and staff to provide care. This strategy is not only fiscally responsible, but also helps create a future workforce by training mental health students to work with older adults.

GIA Fellows:

Learn About the Future Today

Each year, four of the eight graduate students chosen as GIA Fellows share their research on older adults with conference attendees.

Sheri Gibson, MA
University of Colorado at Colorado Springs
Elder Financial Abuse: A Contemporary and Generational Challenge

The highly publicized case of Anthony Marshall, who defrauded his aging socialite mother, Brooke Astor, out of millions of dollars, has focused needed attention on the growing yet underreported problem of elder financial abuse. In the absence of data to define perpetrators and potential abusers, Sheri Gibson sought to create a better understanding of elder abuse through a study to identify ways to improve awareness in the judicial system.

Gibson polled 128 jurors and 28 experts comprised of clinical practitioners, policymakers, and law professionals with experience in elder financial abuse. Results revealed that jurors have limited knowledge of the offense, offender, victim, and victim behavior.

Gibson concluded that expert testimony could assist jurors and should be admitted as evidence in elder financial abuse trials. Covered topics could include techniques abusers use to manipulate elders in situations of undue influence as well as issues related to dependency, isolation, lack of social support, and life circumstances that may lead to financial abuse. Psychologists can provide case-specific as well as social framework testimony to dispel stereotypes about financial abuse.

Foundations could help sponsor public education to build awareness around issues of vulnerability related to elder financial abuse. As Gibson stated, “What we do now can lead to changes in public policy that will help generations to come.”
Priscilla Quinn, MS, ABD  
University of Nebraska at Omaha  
Factors Associated with Long-Term Care Planning  
An aging population of Boomers is poised to impact a long-term care (LTC) system that is already overburdened. Yet extant literature implies that older adults are not planning for LTC. Many individuals who will eventually need LTC have no clear understanding of the system or its costs, which are often underestimated by as much as 300 percent.

To gather information about what factors affect planning, Priscilla Quinn designed a study to examine characteristics that affect the likelihood of LTC planning. Using focus groups, telephone surveys, and random sample surveys, Quinn polled adults in the Omaha, Nebraska, metropolitan area and Council Bluffs, Iowa. The results showed that women and unmarried persons are more likely to have a LTC plan, as are those who are better educated and have higher incomes. Awareness of LTC insurance was also associated with increased rates of planning. On the other hand, individuals with an available caregiver are less likely to plan.

Quinn’s findings indicate that Boomers and younger adults are ideal candidates for education about LTC planning. Foundations could help by funding information campaigns that explain LTC and its costs and clarify the limitations of Medicare and Medicaid. Additionally, programs could provide incentives to encourage saving for LTC insurance.

Matthew Robinson, MS  
Colorado State University  
How Can We Assess and Slow Muscle Loss During Aging?  
Normal decline in muscle mass as we age contributes to loss of function and power. For older adults, this deterioration can diminish health, increase accidents, and inhibit quality of life. Matthew Robinson analyzed the ability of protein consumption following exercise to promote muscle function in older adults.

The decline in muscle mass during aging is due to an imbalance between synthesis and breakdown of muscle. However, there is evidence that consuming protein after exercise can turn on synthesis over the short term in younger people. Robinson presented a study that evaluated if these results could be replicated over the long term in aging adults.

The study was comprised of adults in their fifties who performed six weeks of treadmill training. A control group drank a carbohydrate beverage after training and a test group consumed the same drink with 20 grams of protein. Participants were measured for overall fitness, muscle mass, and the synthesis of mitochondrial proteins that supply energy. The group that consumed the protein showed slightly greater fitness and muscle mass, but the carbohydrate-only control group experienced no change. Robinson’s study suggests that remaining active and consuming small amounts of dietary protein after exercise may contribute to healthier aging.

Ashley Williams, PhD  
University of Colorado at Colorado Springs  
Future Care Planning: Aging Parents of Adults with Intellectual Disabilities  
The life expectancy of individuals with significant intellectual disabilities such as Down Syndrome and autism is increasing. This creates the phenomenon of elderly parents with a disabled child who are aging in place together. To gain insight into these atypical families and how effectively they plan for the future, Ashley Williams interviewed thirty-three members from eight such families.
Williams discovered that many families make efforts to plan through wills, trust funds, and legally appointing successor guardians, yet others have no plan beyond the status quo. These families are at risk of crisis transition should one or both parents die or become incapacitated. Issues identified in the family interviews include:

- Care focused on the child over aging parents
- Parents and child both experiencing cognitive decline as they age
- Lack of consensus regarding future plans among family members

Williams concluded that aging parents of disabled children require more support and encouragement to plan for their own needs in addition to those of their child. She suggests that intervention through facilitated family discussions can be useful in reducing anxiety and helping families to plan for future needs of both parents and child.

**EMERGING TECHNOLOGIES FOR INDEPENDENT LIVING**

Technology has the potential to support innovative models of care for older adults, resulting in services that are more timely, less expensive, and available on a broader scale than ever before. In this session, moderator David Lindeman, PhD, Director of the Center for Technology and Aging (CA), stressed the potential of using grants to establish, evaluate, and sustain technology-based programs to maintain the independence of older adults. Lindeman introduced three session speakers who offered insight into grantmaking strategies and promising technologies to serve older adults.

**Sustaining Improvements in Technology**

The SCAN Foundation (CA), dedicated to advancing the development of a sustainable continuum of quality care for older adults, invested $5 million in the creation of the Center for Technology and Aging. To accomplish this, explained SCAN’s President and CEO, Bruce Chernof, MD, FACP, the Foundation funded two grant flows. Two million dollars are dedicated to funding between 18 and 24 technology diffusion projects. The remaining $3 million supports sustainability, including policy development, leadership development, communication, and identification of continued funding streams for the center. Grants do not fund a specific technology, but rather programs that use technology to improve health and the lives of older adults. As Chernof explained, “It’s about improving the processes of care by diffusing proven technology, not supporting a specific ‘widget.’”

**Inroads in Telemedicine**

Telemedicine can bring healthcare expertise directly to elders in areas where specific medical specialties have little or no representation. Dan Reece, LCSW, Executive Director of the Gerontology Institute at Sacred Heart Medical Center (OR), discussed a telemedicine program that links experts in geriatric medicine in Oregon to patients in a small, rural Alaskan community.

Reece told the audience that preparation, communication, and processes were the keys to creating a successful program more than specific technology. In fact, a year of planning preceded the launch of the program, during which time the institute evaluated existing services to identify opportunities to improve the process. In addition to creating a network of technology, the institute built a network of relationships to connect the home location of the care providers with the telemedicine site where patients were served. They also immediately began looking for sustainable funding beyond the initial grant. This preparation has served them well.
To conclude, Reece offered key questions grantmakers should ask before funding a technology program:

- Does the recipient have the appropriate technical expertise?
- Is the organization prepared to address process and relationship issues?
- Are there champions who will stick with the program?
- Is there a method in place for evaluating the program?

**Seeking Sustainability**

To conclude the session, Sandra Shewry, MPH, MSW, President and CEO of the California Center for Connected Health, offered guidelines to help make technology programs successful and sustainable. “Using technology to aid the elderly requires a problem-solving approach,” says Shewry. “Focus on problems and processes of care over gadgets.” She recommends focusing on problems that older adults want solved (independence, mobility, safety), and ensure that the solutions you choose maintain the privacy and security of your users. Shewry advised that technologies must be compatible with the culture of the organization and partner organizations. In conclusion, she noted that philanthropic money could be directed at improving the interfacing abilities of technologies (to avoid the proliferation of data silos) and on finding ways to fund program sustainability. This will allow investments in technology to benefit the greatest number of older adults.

**FOR MORE INFORMATION**

9NEWS KUSA-TV Senior Source (CO)
303.871.1452
www.9news.com/advertorial/seniorsource/default.aspx

California Center for Connected Health (CA)
916.285.1857
www.connectedhealthca.org

Center for Technology and Aging (CA)
510.285.5686
www.techandaging.org

The Colorado Health Foundation (CO)
877.225.0839
www.coloradohealth.org

Colorado State University (CO)
Department of Health and Exercise Science
970.491.5081
www.cahs.colostate.edu/hes

Colorado University Aging Center (CO)
719.471.4884
www.uccs.edu/~agingcenter

Gerontology Institute at Sacred Heart Medical Center (OR)
541.687.6234
www.peacehealth.org/oregon/SHMC/GerontologyInst/
JVA Consulting, LLC (CO)  
800.292.9551  
www.jvaconsulting.com

Life Quality Institute (CO)  
303.398.6230  
www.lifequalityinstitute.org

The SCAN Foundation (CA)  
888.569.7226  
www.thescanfoundation.org

Share The Care (NY)  
212.991.9688  
www.sharethecare.org  
www.lotsahelpinghands.org

University of Colorado at Colorado Springs (CO) Beth-El College of Nursing and Health Sciences  
719.255.4422  
www.uccs.edu/~bethel

University of Colorado at Colorado Springs (CO) Psychology Department  
719.255.4500  
www.uccs.edu/~psych/

University of Nebraska at Omaha (NE)  
402.554.2800  
www.unomaha.edu

Woodard Family Foundation (OR)  
541.349.7277  
www.peacehealth.org

Funding Opportunities for Grantmakers
Grantmakers could consider funding:

- Culturally appropriate healthy living materials for non-English speakers
- Programs aimed at getting Boomers engaged in community issues
- Mental health programs for the elderly and caregivers
- Sustainable programs that make cost-effective use of available technologies
- Programs that educate the public about older adults’ vulnerability to financial abuse
- Telemedicine in areas where access is an issue
- Programs to increase specialty services by connecting academic institutions with safety net groups
- Programs educating younger adults to save for long-term care insurance

Recommended Reading


Skill-Building for Grantmakers

By sharing successes and challenges, grantmakers in aging can support each other in achieving mutual goals to improve the lives of older adults. In that spirit of sharing, four sessions provided ideas and insight for evaluating existing programs, planning ahead for funding, and creating strategic intergenerational partnerships.

MAXIMIZING GRANT IMPACT

As our economy struggles out of recession, the need for public services is increasing just as resources to support them have decreased. In this economic climate, foundation grants become more important, and grantmakers face greater demands for transparency and accountability. An interactive session focused on strategies grantmakers can use to evaluate and measure funded projects.

Evaluating the ultimate impact of funded projects provides more than just a measurement of success; it helps us determine if an existing strategy needs adjustment and how to adjust it. It also results in information to share with other funders. Yet many grantmakers find the evaluation process intimidating. “If you’re uncomfortable, you’re not alone,” said presenter Alexandra Mitchell, MPA, President of Pathfinder Solutions (CO), which provides evaluation and capacity-building consultation services to foundations and nonprofit organizations.

Mitchell compiled and cited a 2008 Conference of Southwest Foundations Learning Circles survey of 102 Board members and CEOs from 69 foundations that showed that 73 percent of evaluation best practice benchmarks are not being met. We need to find ways to improve on these results.

“Building evaluation capacity requires time and resources. It should be a group effort,” said Mitchell. “Both staff and board members must support and trust the process.” This is essential because organizational factors such as efficiency, leadership, and competency all contribute to grant impact and must be assessed along with primary results.

Planning Evaluation

Mitchell and co-presenter Jeff Pryor, EdD, Executive Director of the Anschutz Family Foundation and Adjunct Professor, Regis University (CO), defined three essential steps to evaluating grant impact:

1. Begin with clear goals and expectations for the grant, including both process objectives and measureable outcomes. Grantmakers must ensure that grantees can meet the stated objectives, and provide additional support if necessary.

2. Create relevant performance indicators. Grantmakers need to ask the right questions in order to get useful answers. Pryor also explained the need for cultural competency when evaluating grant impact, especially across different cultures.

3. Develop coherent, well-implemented strategies. Collecting data is just one part of the process. The data must be analyzed, reported, and used effectively for organizational learning, not just collected and stored.

Grantees can be intimidated by evaluation, especially during tough economic times. Grantmakers with limited resources expect success, and grantees feel pressure to show good project outcomes. They may tend to highlight positives and downplay negatives. Pryor suggested that grantmakers begin performance reviews by asking grantees to openly share both their biggest success and their most significant struggle. This approach can empower grantees to evaluate themselves and help build stronger partnerships through trust.
PLANNING AHEAD FOR AGING COMMUNITIES

With our aging population growing at an unprecedented rate, funders are shifting from programs targeting individuals to community-centered efforts that provide cost-effective services to a larger population. In a session devoted to this new direction in aging philanthropy, two speakers shared their experiences and strategies that illustrate successful planning for aging communities.

Joan M. Twiss, MA, Executive Director of the Center for Civic Partnership (CA), described the planning and development of a community “transit village” model in Hayward, California. The city engaged residents and other key partners early on in the planning process for the transit-oriented development, designed to offer good quality of life for older adults. When completed, the development will result in a community of 788 residential units, strategically placed in close proximity to public transit and designed to promote physical activity. The project illustrates the importance of housing and mobility/transportation as focal points of healthy aging communities. Twiss also emphasized the importance of including access to support services, employment, lifelong learning, and community involvement when undertaking a community-based planning effort. Based on community-level experiences over the past several years, the Center will publish a toolkit in January 2010 for community-based planning, engagement, and action.

In summarizing the session, Twiss emphasized the need to “influence policymakers to look ahead 10 to 20 years through a prism of demographics, health, and quality of life to appreciate the importance of developing and maintaining communities for the aging.”

In many places, the nation’s struggling economy has caused dramatic reductions in public services for older adults, and these can present grantmakers with unexpected opportunities for funding. When the State of New York Commission mandated the closure of numerous nursing home beds in New York’s Erie and Niagara counties, for example, a moment of opportunity emerged. With no organization in place to meet the challenge, The Community Health Foundation of Western & Central New York stepped in. The Foundation established Creating Options for Dignified Aging (CODA), a project focused on improving quality of life for older individuals and supporting better provider outcomes. The Community Health Foundation’s President, Ann Monroe, outlined the steps that helped lay the groundwork for CODA.

The Foundation divided the process into five manageable phases:

- Designate a steering committee to create leadership structure
- Commission baseline studies and analyze the resultant data
- Gather outside and local experts for educational sessions to build collective learning. Topics of discussion included options for home care and transportation, along with consumer education and financial security
- Set priorities. This was done in a community session with over 100 participants. The top priority proved to be postponing frailty and its consequences, rather than simply providing care for the frail
- Create pilot projects, based on identified priorities, ranging from care transitions, to a neighborhood-based care system, to active ongoing discussions with state and local policymakers

Monroe stated the underlying value of this project as “keeping people in their neighborhoods and taking a healthy living approach rather than a service approach in creating this change. Neighborhood work is where change can happen.”
A safe place to live, quality healthcare, adequate and nutritious food—these are needs that span all generations. Yet programs and services for adults and children often seem to compete with one another for funding. In a session devoted to promoting strategies for collaboration and policy convergence on intergenerational issues, moderator Wendy Yallowitz, MSW, Program Officer of the Robert Wood Johnson Foundation (NJ), spoke of the need for an ageless approach to funding.

“Every person, regardless of age, can contribute and add value to society,” she said, “Answers must be found to help all vulnerable individuals without pitting the generations against each other.”

Presenter Donna Butts, Executive Director of Generations United (DC), offered two overarching recommendations to promote intergenerational programs:

- Incorporate intergenerational approaches into policy and program development at all levels of government in order to benefit all generations, magnify policy and program outcomes, exact cost efficiencies, and strengthen relations across generations
- Confirm the best strategic investments in intergenerational practices through improved data collection

As an example, paid leave for caregivers is an issue that benefits people of all ages. According to Beadsie Woo, PhD, Senior Associate of The Annie E. Casey Foundation (MD), “The act of caregiving is essential at any time in our lives and this requires paid sick days and family medical leave insurance. Almost half of the private sector and 80 percent of low income workers do not have access to paid time off.”

The final speaker, Karen White, Director of the Working Families Program, Center for Women and Work at Rutgers University (NJ), discussed how one caregiving group, New Jersey’s Time to Care Coalition, successfully built an intergenerational coalition in support of New Jersey’s Family Leave Insurance Program. After 12 years of advocacy, the group was pleased to see the benefit signed into law in May 2008. The legislation provides six weeks of partial wage replacement for employees who need to care for an ill family member or new baby.

Blazing trails across generations becomes more likely as grantmakers begin to view programs through an “intergenerational lens.” “Having a shared agenda,” said White, “allowed us to make maximum use of limited organizational funds and resources required to mount a successful campaign for policy change.”
AGE4ACTION: LAUNCHING A MOVEMENT

Age4Action is a network of diverse organizations whose shared goal is to engage people 50+ in volunteerism, advocacy, and meaningful work to benefit all generations. The network connects a growing number of organizations that share information, best practices, and resources to leverage the experience and talents of people over 50.

“Overall, 77 million Boomers are healthier, wealthier, and better educated than previous generations,” said Phil Nash of Rose Community Foundation (CO) and a member of Age4Action’s steering committee. “The country needs their talent, time, and leadership.”

Some of the nation’s leading nonprofit, government, and corporate groups, such as the Gerontological Society of America, the National Council on Aging (NCOA), AARP, Civic Ventures, and Experience Wave, have joined the Age4Action Network. All are committed to getting more older adults engaged in civic initiatives.

Sabrina Reilly, Associate Director of Civic Engagement and Director of the RespectAbility Initiative for NCOA (DC), as well as a member of the Age4Action steering committee, commented on the power of the network. “The Age4Action Network is the place where efforts can be shared, sustained, and expanded to achieve stronger, more unified, and large scale results,” she said. In addition to expanding civic engagement activities among older adults on a national, state, and local level, the network supports legislation to advance civic engagement policies, including the Edward M. Kennedy Serve America Act and the reauthorization of the Older Americans Act.

Age4Action demonstrates that local actions can influence policy on a global level through a collective voice that creates, reforms, and mobilizes change. According to Chris Gates, Executive Director of Colorado’s Philanthropy for Active Civic Engagement (PACE), “Change happens in our communities. Washington, DC, usually gets it last.”

FOR MORE INFORMATION

The Annie E. Casey Foundation (MD)
410.547.6600
www.aecf.org

Anschutz Family Foundation (CO)
303.293.2338
www.anschutzfamilyfoundation.org/home.aspx

Center for Civic Partnerships (CA)
916.646.8680
www.civicpartnerships.org

Community Health Foundation of Western & Central New York (NY)
716.852.3030
www.chfwcny.org

Generations United (DC)
202.289.3979
www.gu.org

New Jersey Time to Care Coalition (NJ)
www.njtimetocare.org

Pathfinder Solutions, Inc. (CO)
303.818.4964
www.pathfinder-solutions.com

Philanthropy for Active Civic Engagement (CO)
510.665.6130
www.pacefunders.org

RespectAbility Initiative (DC)
www.myrespectability.org
Robert Wood Johnson Foundation (NJ)
877.843.7953
www.rwjf.org

Rose Community Foundation (CO)
303.398.7444
www.rcfdenver.org

Working Families Program, Center for
Women and Work, Rutgers University (NJ)
732.932.4614
www.cww.rutgers.edu

Recommended Reading

The Annie E. Casey Foundation. Elders as Resources Publications:
http://www.aecf.org/upload/publicationfiles/cfaa.pdf
http://www.aecf.org/upload/publicationfiles/kincare.pdf
Laura Robbins, MBA, Program Executive of The Atlantic Philanthropies’ US Program on Aging (NY) introduced the closing plenary speaker as someone who “can turn prose into poetry, and listening to her is like listening to a good piece of music.” Indeed, Sara Lawrence-Lightfoot, EdD, Emily Hargroves Fisher Professor of Education at Harvard University (MA), did not disappoint, opening her presentation with the provocative question: “What can be learned from those 50 and older for the greater good?” Lawrence-Lightfoot spoke about how a person’s life and learning is always expanding and becoming “redefined” as we age. “This century is ours,” she explained. “Demographers are recognizing the significance of a distinct developmental phase—those years following early adulthood and middle age when we are neither young nor old.”

Lawrence-Lightfoot stressed the importance of intergenerational relationships and the need to provide education for older adults. She challenged individuals over age 50 to be curious and to let go of their fear of the unknown and of failure. She also encouraged them to develop empathy toward people who are different, to challenge negativity, and to realize that new learning does not mean losing the past, but rather merging the past with the present.

“You are never too old to learn something new, to redefine yourself,” she said, “especially in the third chapter of your life, those years from age 50 to 75. The third chapter is a season in search of a purpose, and we need to become pioneers of purpose and find ways to give forward.”
Grantmakers In Aging
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2010 GIA Annual Conference
GIA will hold its 2010 Annual Conference October 20-22 in Chicago, Illinois. For more information, visit www.GIAging.org or call the GIA office at 937.435.3156.

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