HIGHLIGHTS FROM THE 2010 ANNUAL CONFERENCE
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Grantmakers In Aging
Grantmakers In Aging

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

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Embracing the Winds of Change

In the fall of 2010, Grantmakers In Aging (GIA) gathered for its annual conference in Chicago, Illinois. This meeting came as we finished the first decade of the 21st Century amid a challenging economy and a volatile political environment. Looking ahead to the next decade, the winds of change, as our conference title suggests, are blowing. Our nation and aging philanthropy will be buffeted by significant challenge, but also lifted toward new opportunities.

The first members of the large Baby Boomer wave are about to reach 65. This will test our nation’s ability to adapt — and ultimately pay for — expanded health care and other services. At the same time, we have the chance to reap an “experience dividend,” to engage this generation and respond to a whole range of social issues. Many of our foundation endowments are leaner, but we are developing new partnerships and collaborations to leverage our resources. Social media and cutting-edge electronic technologies suggest the need both for new investments, and the transformational possibility of reaching and influencing communities in increasingly powerful ways.

More than 200 participants came to Chicago with serious questions and new ideas. We heard from national thought leaders and experts. We learned from our colleagues. Our presenters encouraged us to “Seize the Moment” with strategies and solutions on long-term care, senior housing and services, transportation, care transitions, palliative care, civic engagement, and many other issues. We enjoyed the beautiful views from our reception at the Willis Tower; high above the city, and we stayed grounded with practical sessions and workshops that described innovative ways to address the day-to-day needs of older adults.

The plenaries and workshops of “Seize the Moment” featured, as always, leaders and practitioners sharing the latest ideas and programs in the field. While unable to capture the important networking and face-to-face exchanges that are hallmarks of our annual conference, this publication seeks to reflect the 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 work together to strengthen all of our grantmaking for an aging society.

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RESEARCH AND REALITY: SEARCHING FOR BETTER APPROACHES TO SOCIAL JUSTICE

The Brian F. Hofland Lectureship

Over the past five decades, the poverty rate among older, retired adults dropped from 35 to 9 percent. However, recent data from the Urban Institute’s (DC) Retirement Policy Program reveals a reality behind these numbers that belies the optimistic outcome they suggest. This year’s opening plenary session used the Institute’s new research to frame a conference-long discussion around policy options that can help equalize outcomes for a retired population stratified around racial identity, health status, and educational level. Julio Urbina, PhD, MPH, The Fan Fox and Leslie R. Samuels Foundation (NY), who served as session moderator, began by asking how funders can make the connection between research and practice.

The Truth Behind the Facts

Richard W. Johnson, PhD, Senior Fellow, Urban Institute, discussed the Institute’s new data on American seniors, which showed that although the poverty rate among older adults has dropped considerably since 1959, the trend has generally remained flat at 10 percent since 1995.

The official poverty rate among elders is misleading in other ways, as well. Statisticians look only at pre-tax income and consider older adults to be equivalent to younger ones with dependent children — even though the younger group spends less on health care. Contrary to the statistics, “The number of older adults in financial hardship is actually high,” Johnson said.

Some demographic groups are more vulnerable to hardship than others. African-American women and unmarried Hispanic women are at greater risk for poverty, and all low-income older adults are more likely to confront health issues.

Four economic trends make these disparities more prevalent:

- **The shift to 401(k) plans.** Many low-income workers can’t afford to contribute much to their retirement plans, forcing them to rely almost exclusively on Social Security in old age. Half of all workers, including more than two-thirds of minority workers, do not participate in any pension plan.

- **Social Security financial problems.** Social Security accounts for more than four-fifths of income received by low-income older adults. As the system begins spending more money than it takes in, any benefit cutbacks would disproportionately harm non-whites and the less educated, many of whom now receive benefits that are below the poverty level.

- **Growing importance of working beyond retirement age.** Many elders now work longer to boost their retirement incomes, but health problems and physical job demands force many minorities and the less educated to retire early.

- **Rising health care costs.** With costs surging and fewer employers providing health benefits, older adults will soon spend more than 20 percent of their household income on health care; this is especially burdensome for low-income and minority workers.
Challenges on the Ground

Research can identify, clarify, and even suggest solutions to the challenges of creating a better life for all older adults, but translating research into policy and services delivery can present unforeseen obstacles. In her presentation, Lilliam Barrios-Paoli, PhD, Commissioner of the New York City Department for the Aging, described some of the hurdles and opportunities New York City (NYC) faces in revitalizing its senior centers.

The older population in NYC presents some challenging characteristics:

- Thirty percent live in poverty
- Many are immigrants, ineligible to receive government benefits
- The poorest and oldest turn to senior centers for help in maintaining their well-being
- Many suffer with obesity, hypertension, and diabetes
- Many live in Naturally Occurring Retirement Communities (NORCs) — apartment dwellings and co-ops that evolve into retirement communities as residents age in place

How can senior centers help this population while engaging them in a culturally sensitive manner? Providing nourishment is one basic and vital service. For many people, a single meal at a center is the only nutrition they will get for the day. Centers can also provide links to food stamp and rental assistance programs — often culturally sensitive issues — and they can help individuals maintain their health, remain mentally active, and become socially engaged.

“Don’t underestimate the importance of a place for older people to revitalize,” the commissioner said. She emphasized that funding for this work must go beyond government support. Private philanthropies have the ability to be more flexible and take more risks with funding than does the government — funding pilot projects for government agencies, for example. She also recommended more reciprocity in information sharing between government agencies and private funders, which can help the funders influence policy.

SECURING THE FUTURE FOR ALL OLDER ADULTS

In some ways, the future of America’s older adults is in jeopardy. Well-funded political interests are waging an ideological war on Social Security, with the ultimate aim of either dismantling it or drastically reducing its benefits. And on the health care front, although the new reform law includes provisions for the nation’s first voluntary, public long-term care insurance plan, the difficult work of implementation and educating the public still lies ahead. Two sessions examined these issues.

Social Security Works when Funders Collaborate

This informal discussion, moderated by Laura A. Robbins, MBA, Programme Executive, The Atlantic Philanthropies (NY), featured Nancy J. Altman, JD, Co-director of Social Security Works (DC), a project funded by The Atlantic Philanthropies, and Virginia Reno, Vice President for Income Security Policy, National Academy of Social Insurance (DC), which has received funding both from the Ford Foundation (NY) and The Rockefeller Foundation (NY). The exchange focused on the role of foundations in the development and maintenance of Social Security, as well as a substantive discussion of where Social Security is today and may be in the future.
These were some of the key points:

• In the early days of the 20th Century, foundations provided direct services to workers and their families, and in the policy arena, documented working conditions, developed and circulated model labor-law legislation, etc.

• Foundations recognized early on that to be effective in providing services, they needed to build on a national program that provided fundamental economic security to the nation’s retired workers.

• By the 1960s, Social Security was well established and operating efficiently. Most foundations focused their efforts on supplementing through direct services and in other ways, the important work that Social Security was doing.

• Several experts recognized a need to have an organized forum for experts on Social Security to gather and exchange ideas and research; they formed the National Academy of Social Insurance in 1987.

• In recent years, as misinformation swirled around Social Security—that it is unsustainable, going bankrupt, part of an entitlement crisis, and so forth—The Atlantic Philanthropies, The Rockefeller Foundation, and Ford Foundation all saw the importance and value of educating policymakers, the media, and the general public about this vital program; they helped those groups most reliant on Social Security—elders, women, children, individuals with disabilities, low-wage workers, and minority groups—add their voices to the policy debates on the future of Social Security.

Altman and Reno set forth the facts about Social Security. For example, the program is not bankrupt. In fact, it is currently in surplus and has an accumulated reserve of $2.6 trillion. It can pay all benefits in full and on time for the next few decades and can fund 78 percent of scheduled benefits after that, with no legislative action whatsoever. In short, as Reno put it, “The system is not broken.”

Social Security does have a projected shortfall starting in 2037, but that will be manageable in size. The benefits are vitally important to virtually all who receive them, and the program is still tremendously popular. “Americans are united in their view of Social Security. Poll after poll consistently shows that Republicans, Democrats, Independents, young, and old alike believe that Social Security is more important than ever,” Altman said.

**Shaping a High-Performance Long-Term Care System**

The Community Living Assistance Services and Supports (CLASS) Act, included in the new health care reform law, represents a landmark step toward providing comprehensive long-term care coverage for older adults. Medicaid, currently the biggest payer for long-term care, will also continue to play an important role in ensuring access to long-term care. In this session, moderated by Gretchen Alkema, PhD, Vice President of Policy and Communications, The SCAN Foundation (CA), speakers described the provisions of the CLASS Act, Medicaid’s role in health reform, and the development of a new tool to identify strengths and weaknesses in states’ long-term care systems.

Barbara Lyons, PhD, Vice President, Henry J. Kaiser Family Foundation (CA) and Deputy Director, Kaiser Commission on Medicaid and the Uninsured, discussed how Medicaid may change under the Affordable Care Act (ACA). The ACA creates a national framework for health coverage, outlines strategies to improve care and contain costs, establishes the CLASS Act, and provides new ways for states to improve their long-term care systems under Medicaid, which plays an essential role for Americans with long-term care needs.
“The ACA creates a number of new opportunities for states to balance their Medicaid long-term care delivery systems by expanding access to Medicaid home and community-based services (HCBS) programs,” Lyons said. Some of its provisions do the following:

- Extend and enhance the Money Follows the Person demonstration program through 2011
- Establish the Community First Choice option to allow states to provide statewide home and community-based attendant supports and services to low-income individuals who require an institutional level of care
- Create the State Balancing Incentive Program, which provides enhanced federal matching payments to states in order to increase the proportion of Medicaid long-term services-and-support dollars that go toward HCBS
- Create the Federal Coordinated Health Care Office (FCHCO or Office for Duals) to integrate benefits under Medicare and Medicaid more effectively
- Establish a national, voluntary insurance program for purchasing community living services and supports known as the Community Living Assistance Services and Supports (CLASS) program

Lisa Shugarman, PhD, Director of Policy, The SCAN Foundation, gave a more detailed overview of the CLASS program and its benefits to enrollees. “CLASS is a transformative piece of legislation for long-term care in the U.S.,” she said, “and has the potential to change how we think about aging...moving away from a poverty model to a broad-based financing framework.”

CLASS is a voluntary program that provides a cash benefit (averaging $50 per day) to use for long-term care, allowing individuals to choose those services and supports that best suit their needs.

Whether CLASS or Medicaid pays for services, states will play a leading role in implementing the new law and ensuring the readiness of the nationwide delivery system. To help them assess the effectiveness of the long-term care system in the U.S. and track changes to it over time, AARP Public Policy Institute (DC), The SCAN Foundation, and The Commonwealth Fund (NY) are collaborating to develop a new tool—a long-term care scorecard. The long-term care scorecard is modeled after The Commonwealth Fund’s Health System Scorecard, which assesses the health care systems in all 50 states.

The first step in developing the scorecard was to adopt a comprehensive definition of long-term services and supports (LTSS). Definitions vary widely, so establishing one that could be used to assess service delivery across states was essential. The scorecard defines LTSS as “...assistance with ADLs [activities of daily living] and IADLs [instrumental activities of daily living] provided to older people and other adults with disabilities who cannot perform these activities on their own due to a physical, cognitive, or chronic health condition that is expected to continue for an extended period of time, that is, 90+ days.”
Recommended Reading


Funding Opportunities
Grantmakers could consider funding:

• Education and implementation of long-term services and supports provisions in the Affordable Care Act
• Community programs linking medical and supportive services for vulnerable elders
• Physical and mental health programs that identify problems or deliver follow-up care
• Impact analysis of physical health and wellness programs to determine effectiveness
• Vision and hearing impairment support for older adults
• Economic security efforts focusing on money management, retirement planning, as well as avoiding fraud and scams
• Establishing a leadership training institute to build a cadre of skilled professionals who can operate sophisticated senior centers
• Technology initiatives to promote digital literacy and to pull isolated older adults into activities at senior centers by establishing and financially supporting home hook-ups
• Community education that promotes understanding of the CLASS Act
• Programs that educate low-income older adults about available government programs
• Programs that promote financial literacy and retirement planning among adults nearing retirement

For More Information
AARP Public Policy Institute (DC)
202.434.3840
www.aarp.org/research/ssi

The Atlantic Philanthropies (NY)
www.atlanticphilanthropies.org

The Commonwealth Fund (NY and DC)
212. 606.3800
www.commonwealthfund.org

Ford Foundation (NY)
212.573.5000
www.fordfoundation.org

Henry J. Kaiser Family Foundation (CA)
650. 854.9400
www.kff.org

National Academy of Social Insurance (DC)
202.452.8097
www.nasi.org

The Rockefeller Foundation (NY)
212.869.8500
www.rockefellerfoundation.org

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

Social Security Works (DC)
http://strengthensocialsecurity.org/social-security-works-0

The Urban Institute (DC)
202. 833.7200
www.retirementpolicy.org
INVESTING IN PEOPLE

The needs of our rapidly growing population of people age 65+ will make great demands on the nation’s human resources, especially in health care and its allied fields. Unless we train many more people in eldercare, the demand for skilled workers will far exceed supply. But it would be mistaken to see older adults as simply a drain on society. Their experience, expertise, and desire to contribute make them a great resource both to their communities and to the public at large.

Kali Peterson, MPA, Program Officer, The SCAN Foundation (CA), described how the atmosphere in direct care is changing as the need for qualified direct-care service workers expands. The SCAN Foundation has been developing tools to promote its primary goal — to advance the development of a sustainable continuum of quality care for seniors—and disseminating information about the current quality of direct care and the workers involved. Through the development of the California Fact Sheet, a short piece of literature that engages the public on long-term care issues, The SCAN Foundation has been bringing the issues of direct-care service workers to the public spotlight.

Retaining qualified workers is vital to the future of direct care. Christopher Langston, PhD, Program Director, The John A. Hartford Foundation (NY), put it this way: “We need more. We have an increasing shortage of the people who are really caring for the most vulnerable in our society. There is a lot that we aren’t doing now that we need to do.”

Preparing for an Aging America: Building Skills for Change

As the frontline of care in most situations, direct-care service workers play an integral role in the quality of life and healing environment of the nation’s older adults. However, many direct-care service workers are leaving their positions for a variety of negative reasons, most notably because they feel undervalued.

The Eldercare Workforce Alliance (NY and DC), a group of 28 national organizations joined together to address the direct-care workforce shortfall, seeks to reform the long-term care environment through public policy analysis and development, education and advocacy, and lobbying and communicating with policy makers and politicians. A victory for the Eldercare Workforce Alliance occurred with the passage of HR 3590, but as Langston explains, “The job is not done! We have to decide as a society that we value this.”
The Alliance also focuses strongly on revamping the eldercare arena. Advocating for global modification, Langston and the Alliance call for resources to strengthen the direct-care workforce, address clinician and faculty shortages, ensure a competent workforce, and redesign health care delivery.

Michael Marcus, MSW, Program Director, Older Adult Services at The Harry and Jeanette Weinberg Foundation, Inc. (MD), described a collaboration between The Weinberg Foundation, UJA Federation of New York, PHI (NY), and Columbia University (NY) to create and manage an overarching program for the development and training of long-term care workers and supervisors.

The partnership will grow into a two-phase process. The first, currently underway, is a 9-to-12-month planning phase, during which PHI and the Weinberg Foundation have identified and developed several universal foci for direct-care training. The second phase will include a two-year pilot project requiring the participation of at least five UJA Federation agencies. This phase will involve implementing five components: training curriculum, training methodology, post-training education, peer mentorship/coaching, and employment context.

Several concerns have emerged thus far from the planning process. First, employees and supervisors need greater reimbursement for training. Other concerns include low wage levels, differing laws in different jurisdictions, lack of transportation to and from work, language barriers between clients and workers, limited communication skills between workers, subcontracting issues, and specific health regulatory issues.

Steve Dawson, President of PHI, closed the information portion of the session with a description of the training program’s development and implementation. The program will target the growing number of direct-care service workers in the United States — one million currently working in a direct-care capacity and nearly four million needed in the future.

The partnership has identified five universal or essential skills that promote a positive environment for clients, workers, and supervisors. These include active listening, self-reflection/self-management, clear communication without blame or judgment, collaborative problem solving, and participative leadership.

Through implementation and training in these skills of direct care, the industry can become more efficient. “Supervisors are averaging three weeks more [of productive] time a year because they do not have to put out fires,” Dawson explained. Currently, the industry annual turnover rate averages around 50 percent and can spike to more than 100 percent — in part due to low worker satisfaction and feelings of under-appreciation. Establishing a collaborative environment will have benefits that will improve care for clients.
The Experience Dividend in Action: Insight from Three Community Foundations

Three community foundations shared what they learned from implementing unique asset-based programs that tap into the experience dividends of older adult populations. Presenters explored a wealth of on-the-ground lessons in three areas: civic entrepreneurship, intergenerational engagement, and cross-cultural programming. All three foundations are participating in a national demonstration project, funded by The Atlantic Philanthropies (NY), called the Community Experience Partnership (CEP). CEP focuses on increasing opportunities for people age 60+ who seek to devote time and energy to community improvement and social change.

Kurt Thompson, Program Officer, Southwest Initiative Foundation (MN), shared insights from his foundation’s civic entrepreneurship program for older adults. In this program, participants proved eager to join the workforce, but only as entrepreneurs. They were interested in entrepreneurial opportunities to which they could bring their passion, unique skill sets, a nuanced understanding of economic risk, and a wide range of needs.

Rae Jean Hansen, Senior Workforce Program Officer, Southern Minnesota Initiative Foundation (SMIF), discussed six key themes to consider for successful civic engagement projects:

- Communities identifying and utilizing local assets
- Succession planning for businesses
- Skill and knowledge transfer
- Individual skill-set assessment and development
- Partnering with education and businesses
- Mentorship

Future plans for SMIF include finding ways to engage older adults in economic vitality, offering small-scale grants, focusing on effective and efficient training models, and providing solid plans for the continuation of programs.

At the Northland Foundation (MN), KIDS PLUS Age to age program (engages older adults 55+) with children and youth, including those at-risk, in order to help all participants achieve their potential and remain connected to their communities. Lynn Haglin, Vice President and KIDS PLUS Age to age Director, described the foundation’s engagement strategies, including recruitment through personal contacts; creating a safe and welcoming place for people of all ages; involving parents, families, schools, congregations, and all sectors of the community; respecting and recognizing the unique talents, skills, and creativity that each person has to offer; and building understanding between generations through interactive activities and conversations.

Project themes include community-planning activities and events; activities to help preserve culture and traditions that are unique to the way of life of the Anishanaabe/Ojibwe/Chippewa people; learning opportunities for all ages; wellness opportunities that improve the health of older adults and youth; and social, recreational, and volunteer opportunities that provide an avenue for sustained collaboration among youth and older adults.
Building Advocacy Strength

As our nation’s older population grows larger and more diverse, building advocacy skills among its community leaders is becoming critical, especially in the current economic environment. “We are in a time of poor economics and budget cuts,” said moderator and session designer Stacey Easterling, MPH, Programme Executive, The Atlantic Philanthropies (NY). “Growing old is no longer so golden, especially among minority elders. Systematic change can be brought about through public policy.” The Atlantic Philanthropies is working to strengthen the advocacy capacity of organizations that already serve older adults through its Diverse Elder Communities Initiative.

One such organization, the Southeast Asia Resource Action Center (SEARAC) (DC), currently serves older adults from Cambodia, Laos, and Vietnam, although it is a non-aging specific organization. Executive Director Doua Thor described several strategies SEARAC uses in striving toward its goal to “…serve seniors and those with disability.” These include capacity building, community organizing, action-oriented research, and policy advocacy. “Our approach is the idea that direct service with our community-based organizations should combine advocacy and community organizing for long-term change,” she said. “The other piece is around building concepts and programs around entire families.”

Although the organization can’t advocate directly for policy because of funding restrictions, it can educate and motivate its constituencies around advocacy and empowerment. SEARAC recently produced a publication looking at the statistical health and poverty profile of the Asian community in order to dispel the myth that Asian Americans are a “model minority” with no health disparities. In the California Hmong community, for example, 71 percent of individuals age 65+ live with a disability.

Older adults in diverse communities have little security. Many work multiple jobs and have no pension plans. For others, Social Security is the only reliable source of income. And although the Older Americans Act (OAA) specifically targets elders, most vulnerable older adults have not accessed its benefits. SEARAC is looking at ways in which advocacy can help communities implement national policy at the local level and at developing language that includes diverse older adults for the next OAA reauthorization.

The second speaker, Marie Sims, Food Pantry founding partner and volunteer, Southeast (Atlas) Senior Center (IL), related from her own experience how older adults can make the journey from simply volunteering at a senior center to becoming an advocate. Soon after her retirement from a teaching career, she joined the Atlas Senior Center in Chicago to take advantage of its physical exercise programs. Not long after that, she began teaching a class there, instructing older adults on Nintendo Wii bowling. Her involvement has gradually expanded so that now she is a Community Advisory Group (CAG) member at Atlas, and as its representative, she meets with the commissioner of the Department of Aging once a month.

Sims discovered she had a great passion for helping the 41,000 grandparents in Chicago (2.4 million across the nation) who are raising their own grandchildren. She began working with the Grandfamilies Program of Chicago, a network that provides assistance and counseling to these elders regarding financial burdens, medical issues, utility costs, housing, childcare, employment, and other issues. She also founded the Food Pantry, an organization that provides food aid to these families at the end of each month, when resources have dwindled.

Both her passion and her public speaking skills touched the panelists and audience, who encouraged her throughout the presentation to go to Washington and advocate for this special group of grandparents.
Recommended Reading


PHI Case Studies
http://phinational.org/training/resources/case-studies

The PHI Coaching Approach
http://phinational.org/training/our-services/the-phi-approach-to-training

Funding Opportunities

Grantmakers could consider funding:

- Intergenerational initiatives that bring children and youth together with older adults
- Local or regional nursing homes, home-care agencies, and intermediaries to improve the quality of direct-care jobs
- Policy efforts designed to promote systems change to support high-quality care for elders by improving direct-care jobs
- Collaborations by large funders with federal and state agencies and strong national or regional organizations to launch significant demonstrations, with both practice and policy components, of meaningful ways in which direct-care jobs can be improved
- Partnerships with other workforce-oriented organizations to evaluate both workforce and care-quality impact
- Policy research and advocacy
- Entry-level and continuing education development and training for the direct-care workforce
JOHN FEATHER DIVERSITY AWARD: 
THE RETIREMENT RESEARCH FOUNDATION

Chicago has earned a reputation as a supporter of ethnic diversity, welcoming significant numbers of immigrants and refugees over the years. But when a wave of refugees from Southeast Asia washed into the city after the Vietnam War, Chicago's service providers found it challenging to assist older Cambodian and Vietnamese family members who had many critical needs. In response, The Retirement Research Foundation (RRF), winner of this year's John Feather Diversity Award, led a citywide assessment of immigrant and refugee elders in Chicago, concluding that ethnic agencies with traditional cultural values would better serve this population. To this end, the foundation created the Coalition of Limited English Speaking Elderly (CLESE), which provides technical assistance to small ethnic agencies already in existence.

Stacey Easterling, MPH, Programme Executive at The Atlantic Philanthropies (NY) and Chair of the GIA Diversity Committee, presented the award to RRF Executive Director Irene Frye, who was joined by Marilyn Hennessy, the foundation’s former President and current Board Member. Easterling acknowledged Hennessy’s role in guiding RRF through its early years and reinforcing its mission to enhance the quality of life for ethnic older adults. “The foundation has made Chicago and other communities safe for tens of thousands of immigrant, minority, and otherwise potentially vulnerable older adults,” Easterling observed. “By addressing such often forgotten populations, RRF truly walks the talk of diversity in its funding.”
OLDER ADULTS AS CATALYSTS OF CHANGE

As older adults live longer and healthier lives, the aging-services sector will need to grow substantially to provide health care and other related services to those elderly and disabled citizens living at home and in community-care facilities. Several sessions at this year’s conference explored innovative programs to enrich the lives of older adults, their families, and caregivers.

Best of the Region: Building and Sustaining Scalable Community-Driven Programs that Promote Aging Well

Three Chicago-area foundations discussed how innovative grassroots programs can leverage philanthropic assets, build reciprocal relationships, foster community leadership, and create opportunities for inter-foundation collaboration and program sustainability.

Aging Well

Aging Well, a program of Aging Care Connections (IL), brings together more than 130 community-based organizations and hundreds of older adults in the greater Lyons Township area. Although Aging Well has received grants from the Robert Wood Johnson Foundation, the program receives significant support from the Community Memorial Foundation (IL) and the Township of Lyons.

According to Jim Durkan, President and CEO, Community Memorial Foundation, local foundations are key to sustainability because they are more likely to contribute to the program on an ongoing basis.

“We’ve discovered that we just can’t jump in and jump out,” Durkan noted. “The only way to bring about major or systemic change is to be in it for the long haul. We’re trying to become change-makers, not grantmakers. We’re really in the business of trying to make a difference in our communities.”

Aging Well focuses on four high-level goals:

- Ensure that older adults and their families have access to community-based supports to maintain their independence in the community
- Educate older adults about financial, legal, and care planning options available
- Build and maintain a direct-care workforce
- Provide older adults with information necessary to make informed decisions about services

Grandfamilies Program of Chicago

More than 104,000 grandparents in Illinois are raising grandchildren. In 2003, Grandfamilies began serving this population in the Chicago metropolitan area.

Karen Kolb, RFG, Manager of Community Resources at Mather LifeWays (IL), a major funder of Grandfamilies, characterized Grandfamilies as a program that works at the micro-system level, providing services to a very targeted population—grandparents raising grandchildren. Grandfamilies serves the needs of Chicago-area grandparents by establishing support services, matching grandparents with available resources, providing technical assistance, and creating personal empowerment programs.
Kolb said a major goal of the program is to increase its sustainability. “We want to not only ensure efficacy, but to maintain the program over time.” Grandfamilies accomplishes this by developing a pool of older adult leaders through the Wisdom Works Team (WWT) approach. A WWT is a group of adult volunteers, aged 55 and older, who share responsibilities for addressing a challenge or opportunity in their communities. Over time, the team gradually takes on full responsibility for its own functioning and program results.

**The Chicago Community Trust**

The Chicago Community Trust is among the largest community foundations in the nation, funding programs for community development, social services, arts, education, and health. In 2007, the trust took a leading role in developing the political advocacy capabilities of local human services organizations. A group of the 20 most prominent human services groups in Chicago submitted a proposal to the trust to create a centralized advocacy group — the Illinois Partners for Human Service.

According to James H. Lewis, PhD, Senior Program Officer, The Chicago Community Trust, creating this single entity was not easy. “One of the challenges was to get these individuals to work together rather than work for the individual interests of their organizations.”

But the advocacy group persevered and developed a strategy for communicating to political groups. When the recession hit, Illinois Partners hired a full-time director who was able to grow the number of partners from 10 to over 600 in one year. Although they had similar concerns, the partners held different philosophies about how to advocate for more funds. Eventually, Illinois Partners decided to deliver a non-specific political advocacy message. “This enabled them to advocate for funding without fracturing the coalition,” Lewis said.

**Funding the Future of Residential Care: The Evidence Base for Affordable Senior Housing with Services**

“The current model of affordable housing and long-term care is not currently sustainable—it is broken.” These were the words of moderator R. Robertson Hilton, DM, President and CEO, The McGregor Foundation (OH), a foundation that funds programs meeting the needs of the economically disadvantaged and frail elderly. The future, according to Hilton, is in bringing aging services directly to people living in publicly subsidized housing, rather than trying to move them to long-term care facilities. While this is not a new idea, it has not been widely adopted because so little research has been done to prove that it works.

Robyn Stone, DrPH, Executive Director, Institute for the Future of Aging Services (DC), began by noting that affordable housing with services is not a new concept. She pointed to the HUD Section 202 Supportive Housing for the Elderly Program, which provides capital advances to finance the construction, rehabilitation, or acquisition of supportive housing for very low-income elderly persons and provides rent subsidies for projects that help make them affordable. “There are an estimated two to three million low-income elderly living in some type of publicly subsidized congregate environment,” she said.

“But,” she continued, “there is still a need to build an evidence base.” Stone described a number of studies in Colorado and California — one funded by The Retirement Research Foundation and the other funded by The SCAN Foundation — that tried to identify common characteristics of people living in these affordable housing environments.

They fall into three groups: younger, healthy older adults, age 60 to 65, who are socially engaged and mobile; seniors who are at some risk to develop problems with medication management, depression, or falling; and frail elderly who have multiple chronic illnesses and are at risk for eviction or having to move to a nursing home. To date, these and similar studies are essentially descriptive, but the goal is to move to outcome-based research. Until that happens, policy makers and providers will have little guidance with regard to investing wisely in programs that offer aging services to those living in affordable housing communities.
Richard Frank, PhD, Deputy Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services (HHS), echoed Stone’s comments, but he was more optimistic. He discussed data indicating that congregate care arrangements might be used to deliver services efficiently. He also highlighted the opportunities to target communities, not buildings, based on observations that lower-income people tend to cluster in neighborhoods.

Frank argued for a less cautious approach when examining the current evidence base. “When we worry about the evidence base,” he said, “we start with the idea that the status quo is not toxic. We want to avoid doing harm with the experimentation. Being bold might not be as risky if the current environment is toxic. Having pieces of evidence and theory that make sense might be a reasonable place to begin to get us out of the toxic environment.”

Frank also acknowledged the importance of teamwork. His office, he said, was collaborating with its counterparts in the HUD policy research division to investigate the “state of the art” in the development of affordable senior housing plus services programs. He also considers finding ways for foundations, HUD, and HHS to align their work to be critical to moving the field forward.

Thinking Outside the Bus: How Philanthropy Advanced Systemic Changes in Transportation and Mobility

Transportation and mobility support allows older adults to remain independent and in their communities. In this session, moderated by Therese Ellery, Senior Program Officer at Rose Community Foundation (CO), attendees learned about three communities’ approaches to creating successful models of coordinated senior transportation and mobility.

Jim Courtney, Executive Director at the Mr. Goodcents Foundation in De Soto, Kansas, described a planning effort spearheaded by his foundation to develop strategies that enhance mobility among older adults in the community. The first step was to identify stakeholders and create a collaborative environment for meetings so that everyone felt safe to express ideas and concerns. According to Courtney, the planning team worked hard to include “…people who were not in the room but should be when decisions about programs were being made.”

Courtney cited several examples of specific clients who would benefit from enhanced transportation options — but he didn’t mean simply providing a van. He shared a future vision that looked at urban design, land use, and transportation as one cohesive system. “With a more holistic view,” he said, “everyone in the community benefits, especially older adults.”

Patrick Ward, Executive Director, Deaconess Associations Foundation (OH), and Katherine Freund, Founder and President, ITNamerica® (ME), discussed how their organizations joined forces to implement a transportation system for older adults in the Cincinnati, Ohio area, ITNGreaterCincinnati. The goal was to overcome the social isolation of older adults by providing access to reliable, convenient, and affordable transportation.

In this program, both volunteers and paid drivers provide service to riders, who participate through a cost-sharing model. Volunteer drivers can earn credits to use for their own transportation needs, or they can donate their credits to the Road Scholarship Program™, which provides rides to older adults who can’t pay their share of the fare. The rides are “go where you want to go, when you want to go, arm-through-arm, door-through-door.” This means drivers assist riders in getting to and from the car.
Initially, 12 percent of rides were used for recreational activities, while 46 percent were used for employment, Ward said. As more older adults become aware of the program, however, utilization is becoming more balanced.

Janice M. Dzigiel, Executive Director at Senior Transportation Connection of Cuyahoga County, Ohio, and Mitchell Balk, President of the Mt. Sinai Health Care Foundation (OH), described a senior transportation program in the Cleveland metropolitan area. In addition to Mt. Sinai, funders included the United Way (OH), The Cleveland Foundation (OH), three additional foundations, the Cuyahoga County Government (OH), and several local municipalities. The program has been able to use 49 vans, many originally purchased with federal funding beginning in 2007.

Strategic planning was a critical first step and allowed the project team to introduce several innovations. Forexample, drivers undergo a rigorous training program during which they travel as wheelchair passengers so they can develop a greater appreciation of their clients’ experience. Technology also plays a key role. An advanced computer system allows schedulers to deploy vans efficiently, maximizing capacity while meeting each individual’s transportation needs in a timely way.

The project is now five years old. It has a $2 million budget and is almost entirely self-funded, via fee-for-service contracts.

**Palliative Care Through the End of Life**

The movement to bring palliative care programs to scale across the country continues to grow and meet key milestones. However, significant barriers remain. This session allowed participants to engage in interactive exchanges, brainstorming, and collective problem-solving to help advance this critical field and discuss opportunities for greater collaboration and impact.

The session opened with Ned Schaub, MNA, Project Director at MissionWise (CA and WA), and Michelle McClellan, Consultant (OR), asking those present to identify issues in palliative care. The group identified several categories, which included the debate over and passage of the health care reform bill, death panels, the lack of palliative care language in the health care reform bill, and individual state issues.

Participants worked diligently to start a dialogue regarding the emergence of palliative care issues in the public mind. Coupled with the growing need for palliative care dialogue among grantmakers, participants saw public marketing campaigns as a necessity.

One clear obstacle to talking about palliative care is the lack of a widely accepted definition of what the term means. The facilitators asked session participants to work on this difficult issue. After discussion, the group concluded that a definition for palliative care should center on patients’ wishes, patient-focused activities to improve quality of life, and concurrent delivery with hospice. The group agreed a patient does not need a terminal diagnosis in order to receive palliative care.

The next stage of the session involved open discussion about specific issues in palliative care. The first issue was separating palliative care from the politics of health reform. With more efficient use of current benefits, participants concluded that palliative care could stand on its own, apart from health reform.

The conversation then turned to the various populations that use palliative care. The group identified dementia patients and their caregivers as one group particularly in need of attention.

Extended discussion focused on physicians’ advanced directives and ethical decisions. There are a growing number of cases in which physicians are not complying with the wishes of dying patients. Suggestions were made to help address the issue, such as creating a campaign to involve risk-management personnel in hospitals, encouraging families to visit lawyers on a regular basis, involving the press as often as possible, seeking ambassadors and advocates for good quality care, and making examples of negligent physicians through legal prosecution.
Recommended Reading

Funding Opportunities
Grantmakers could consider funding:

- Initial financial support to bring the ITNAmerica® senior transportation concept to midsize cities in their service area
- Development of partnerships and collaborations around civic engagement to support collective impact
- Improvement of professional education in palliative care
- Building the palliative care evidence base through research
- Improvement of direct-service delivery and clinical care
- Work to inform public policy regarding palliative care
- Public engagement and education regarding palliative care

For More Information
Aging Care Connections (IL) 708.354.1323 www.agingcareconnections.org/agingwell.html
Collaborative to Advance Funding for Palliative Care (NY) 718.624.7969 http://fundpalcare.org/index.html
Community Partnerships for Older Adults 207.228.8374 www.partnershipsforolderadults.org
Deaconess Full Life (OH) 513.559.2100 www.livefull.org
Grandfamilies Program of Chicago (IL) 773.651.8800 www.grandfamilieschicago.org
Illinois Partners for Human Service 312.906.2364 www.illinoispartners.org
ITNAmerica® (ME) 207.857.9001 www.itnamerica.org
Midwest Center for Nonprofit Leadership – Kansas City Framework for Senior Mobility 816.235-2305 http://bloch.umkc.edu/mwcnl/SeniorMobility/SeniorMobility.htm
MissionWise (WA and CA) 800.323.2433 www.missionwise.org
The McGregor Foundation (OH) 216.851.8200 http://mcgregorfoundation.org/home.aspx
Mr. Goodcents Foundation (KS) 913.583.8444 www.mrgoodcentsfoundation.org
The Mt. Sinai Health Care Foundation (OH) 216.421.5500 www.mtsinaifoundation.org
Rose Community Foundation (CO) 303.398.7400 www.rcfdenver.org
Senior Transportation Connection of Cuyahoga County (OH) 800.983.4782 www.ridesctc.org
U.S. Department of Health and Human Services (DC) www.hhs.gov
GIA FELLOWS: LEARNING ABOUT THE FUTURE TODAY

At each conference, four GIA Fellows share their research in the aging field. This year, Gretchen E. Alkema, PhD, a former GIA Fellow currently serving as Vice President of Policy and Communications, The SCAN Foundation (CA), introduced the Fellows. She recognized the immediate impact their research will have in the field but also noted their work has the potential to move the field ahead in new and exciting directions.

Charissa Eaton, MSW, LISW
School of Social Work, University of Minnesota

Decision Counseling with Older Adults during Discharge Planning

Each year, hospitals discharge 13 million people age 65+. Many of these patients experience tremendous stress and anxiety when they return home or transfer to a skilled nursing facility for post-acute care. For some, discharge is a catastrophic event that forces them to grapple with many difficult decisions.

Wondering if there might be a way to improve outcomes for older adults after hospitalization, Charissa Eaton focused her research on discharge planning. She began with a literature review and discovered that family members play a key role in the decision-making process, often concentrating on the positive aspects of discharge, such as relieving the patient’s anxieties about coming home, without realistically assessing negatives, such as keeping up with the patient’s often difficult post-discharge medical needs.

Eaton is currently conducting telephone interviews with administrators at all 131 acute-care hospitals in Minnesota. She hopes to determine the current state of discharge planning in the state. She will also question 164 decision counselors at hospitals of various sizes to determine the extent to which staff deliberately engage in processes that help elders and their families explore alternatives and reach consensus. Then she can develop an evidence-based practice for professionals who help older adults through the discharge process, with the ultimate goal of preventing needless readmissions.

Rosalba Hernandez, MS
Institute for Health Research and Policy
University of Illinois at Chicago

Relationship between Depression and Walking Behavior in Older Latinos: The ¡Caminemos! Study

Regular physical activity can contribute to the health and quality of life of older adults, but only 24.8 percent of persons aged 65 years or older who currently engage in walking as a leisure activity meet the minimal national guidelines for physical activity. Older Latinos, in particular, are disproportionately more likely to be sedentary, and among this group, Mexican American seniors are at greatest risk for depression.

Rosalba Hernandez decided to study the relationship between depression and physical activity among older Latinos after seeing how depression affected her mother’s ability to manage her own diabetes. Hernandez analyzed interview and pedometer data collected from Latinos aged 60+ years old participating in an exercise intervention ¡Caminemos! (Let Us Walk!), at 27 senior centers in southern California and compared physical activity levels between participants with and without depression at baseline.

Of the two groups, depressed older adults were less likely to engage in walking. However, depressed individuals who participated in ¡Caminemos! generally felt better and showed more significant improvements when compared to those without depression at baseline. Extra counseling, received as part of the intervention, proved especially beneficial, both in encouraging participants to exercise and in reducing depression levels.
Ben Remor Inventor, MSN, APN/CNP  
Rush University, College of Nursing (IL)  
Managing Difficult Behaviors in Persons with Dementia

Neuropsychiatric symptoms such as aggression, apathy, and depression are present in up to 80 percent of individuals with Alzheimer’s disease (AD) and other dementias, but paraprofessional caregivers in long-term care (LTC) settings often fail to manage these behavioral symptoms effectively.

Rush University doctoral student Ben Remor Inventor sees these behaviors as a form of communication. “If we don’t understand the language of behaviors of people with dementia,” he observed, “how can we help them?”

Inventor’s research focuses on identifying and managing difficult behaviors in patients with AD and other dementias in LTC facilities. His research has identified five major causes of behavioral problems in older adults: delirium, impaired cognition, mood and other psychiatric disorders, environmental factors, and support systems (DIMES). By recognizing the underlying etiologies and implementing appropriate pharmacologic and non-pharmacologic interventions, LTC professionals can improve quality of care and prevent unnecessary hospital admissions. For example, making simple environmental changes based on an older adult’s needs can often reduce difficult behaviors.

When Inventor applied these DIMES-based interventions in the inpatient geropsychiatric unit at Rush University Medical Center, he observed an 88 percent reduction in the use of physical restraints and more than a 50 percent reduction in the patient fall rate.

Ernest Gonzales, MSSW  
Washington University in St. Louis, George Warren Brown School of Social Work (MO)  
Working Longer: Economic Security and Meaningful Activity in Later Life

Ernest Gonzales’ research focuses on productive aging (employment, volunteering, education), intergenerational relationships, attitudes towards older adults, and asset accumulation.

His dissertation discusses when and how older adults retire and re-enter the workforce. “I have seen how economic insecurity among older adults negatively affects their quality of life, health, and social connectedness,” he told conference attendees, “and decided to focus my attention on this phenomenon.”

With a nationally representative sample of 8,332 older adults drawn from the Health and Retirement Study, Gonzales’ dissertation will increase our understanding of the structural, institutional, and individual factors that help or hinder older adults re-entering the workforce.

Older adults might return to the labor force either because of economic need or a desire to give back to their communities and remain productive. Others may go back to work because employers need their experience, knowledge, and skills. There is a need for systematic study of these work-retirement-work patterns and the life circumstances that trigger them. Additionally, further research can identify ways to help individuals balance paid-working lives with caregiving, volunteering, and leisure activities.

Gonzales hopes his findings will inform public and private policies and practices that enable older adults to achieve a balanced life that is filled with meaning, purpose, and financial security.
Recommended Reading


Funding Opportunities

Grantmakers could consider funding:

• Career and educational centers, volunteer programs, and financial literacy programs

• Efforts to change attitudes and dismantle stereotypes and myths about older workers

• Grant increases for more doctoral students specializing in Geriatrics/Gerontology, especially to fund dissertation projects

For More Information

Rush University, College of Nursing (IL)
312.942.7117
www.rushu.rush.edu/nursing

The Center for Social Development, Washington University in St. Louis (MO)
314.935.7433
http://csd.wustl.edu/Pages/default.aspx

John A. Hartford Foundation Building Academic Geriatric Nursing Capacity
202.777.1170
www.geriatricnursing.org/about/about.asp

University of Minnesota, School of Social Work
612.625.1220
www.cehd.umn.edu/ssw

University of Illinois at Chicago, Institute of Health Research and Policy
312.996-7222
www.uic.edu/sph
SKILL-BUILDING FOR GRANTMAKERS

Staying on Top of The Game: Helping Grantees Build Organizational Capacity

“A key role of grantmakers is to help the organizations we support be as effective as possible,” said moderator Mary O’Donnell, MA, Program Officer, The Retirement Research Foundation (IL), setting the tone for a session devoted to helping funders improve their service organizations’ capacity during difficult economic times. “Our grantees are our partners,” added moderator Tom Fuechtermann, Program Officer, Community Memorial Foundation (IL).

Carol Lukas, Consultant, Lukas Consulting (MN), discussed the results of a survey from the Nonprofit Finance Fund (NY). Findings showed that while the majority of nonprofits expect economic challenges to continue, nearly half still plan to expand programs because the needs are so compelling.

Lukas shared capacity building approaches, which included: providing consulting assistance for the grantee organization; training and educating nonprofits (perhaps as a group, for those sharing similar challenges); bringing nonprofits together to discuss common issues; and linking nonprofits with resources, research, referrals, and relevant publications.

Lukas offered six takeaways from her session:

• **Do no harm.** Remember that you are dealing with people’s lives—you have great power to support and help organizations, but also to do harm

• **Focus on mission.** Capacity building is a means, not an end

• **Commit for a long haul.** Capacity building is not a one-time activity, it’s a journey

• **Walk your talk.** Make sure your own communications and organizational practices are transparent and effective to build trust with the organizations

• **Customize and tailor your support.** Identify the specific needs of each organization

• **Don’t go it alone.** Talk to funders in your community or others who are working with your grantees. See if you can pool funds and develop a capacity building effort that is greater than what you can do alone

Debra Verschelde, LSW, Executive Director, Aging Care Connections (IL), and Grace Jenkins, MBA, President and CEO, National Able Network, Inc. (NAN) (IL), spoke from the grantees’ perspective about how capacity building has been instrumental to the success of their organizations. Jenkins described the challenges of her transition in 2003, shortly after joining NAN—an organization that prepares older adults for employment. “I had to terminate one-third of the staff in the first six weeks,” she said. “We then received a capacity grant that allowed us to replace our entire accounting mechanism and restructure the board.” According to Jenkins, their funder, “...laid the foundation for us. It was like life support.” Today, NAN operates three dozen programs in five states. Verschelde added that from her experience, “The initiatives we have participated in have helped us grow. We are seen as a partner, not just a grantee.”
Easing Transitions and Overcoming our Natural Resistance to Change

The economic downturn has made resources scarce, forcing funders to cut grants and eliminate programs. In this session, Ken Downes, Transition Consultant, Ken Downes Consulting, offered strategies for managing the internal and emotional impact of change so grantees can achieve better outcomes. Downes introduced the Three-Phase Transition Model, developed by William Bridges, an authority on managing change in the workplace, to provide a framework for overcoming natural resistance to change while making change more effective and long-lasting.

Downes defines change as “...something external, a situation or event that happens quickly, like the birth of a child or a natural disaster”; while transition is the internal, emotional, or psychological process of coming to terms with that change over time.

Endings, the first of Bridges’ three strategic phases of transition, involves letting go of the old ways. It is a time to honor where we’ve been, move forward, and celebrate where we are going. During this phase, feelings of loss, fear, anger, and resistance are common. Downes urged the audience to “...give proper attention to endings and allow people to express their emotions. Minimizing, denying, or avoiding endings is not effective for managing change.” Useful strategies for dealing with endings include treating the past with respect, talking about what is ending and what is not ending, and anticipating possible pitfalls and secondary changes. Rituals and ceremonies can also help transition through the Endings phase.

In the second phase, which Bridges calls the Neutral Zone, we have lost the old ways but do not yet have the new way forward. This can be a confusing and chaotic time but also a creative one, offering alternative paths to explore fresh perspectives, and the occasion to prepare for new beginnings. To facilitate this phase, Downes suggests creating a step-by-step plan, setting short-term goals and celebrating little successes along the way.

The final phase, New Beginnings, provides opportunities for growth and progress. This stage allows people to take more control, form a new identity, and make the final emotional commitment to do things in a new way. Fear may still be part of the experience. However, a sense of peace, calm, and happiness should prevail. This is the time to work your plan, get back on track after pitfalls, and present your new identity to others.

Downes pointed out that people resist transition, not change. “They fear the unknown and a loss of identity,” he says. In addition, loss of routines and structures does not feel safe. With proper transition management and planning, change becomes less stressful and difficult, and the results can add value to the grantmaking process.

Making Smart Funding Choices to Replicate Evidence-Based Best Practices

The objectivity and standardization of programs rooted in evidence-based practices (EBP) has advantages for successful funding. Increasingly, grantmakers are replicating evidence-based models for health and aging. Thomas R. Prohaska, PhD, Professor of Community Health Sciences, University of Illinois at Chicago, and Co-director, Center for Research on Health and Aging, launched a session dedicated to exploring best practices for replicating EBPs.

Prohaska outlined critical questions that grantmakers must evaluate before funding an EBP program:

- Are random or non-random control trials in place to establish efficacy and effectiveness?
- Does it have defined implementation manuals that provide opportunity for program tailoring?
- Does it incorporate the realities of the community, practitioners, and agency directors?
- How will the grantee document cost and cost effectiveness?
- Can the grantee sustain the program after the initial grant money is gone?

Prohaska identified programs that were successfully translated for use, such as the Chronic Disease Self Management Program (CDSMP), Enhanced Fitness, and Matter of Balance.

He suggested that EBPs can also provide cost-effective ways to innovate existing programs, using minimal funding to determine efficiency and effectiveness. Prohaska recommended that grantmakers focus on factors that enhance the overall impact of a program, such as contextual factors within the environment, long-term sustainability, and the strength of key stakeholders’ relationships.
Michael Renner, MSW, Program Officer, Missouri Foundation for Health, shared guidelines that his organization uses to evaluate proposals. Applicants are required to build new partnerships with organizations they have not worked with before. They also need to demonstrate that their projects are sustainable by using an EBP or promising practice. In addition, the Foundation assembled an advisory group, including experts who examined the national research. He believes submitting funding applications to external reviewers is critical. In selecting grantees, the foundation seeks those who have a fidelity and clarity of purpose but not those who want to tackle low hanging fruit. “The focus,” Renner concludes, “is on buying change, not just buying programs.”

Nancy L. Wilson, LCSW, Associate Director; Huffington Center on Aging and Assistant Professor in the Department of Medicine-Section of Geriatrics, Baylor College of Medicine (TX), shared her organization’s successful replication model for Healthy IDEAS, an evidence-based mental health program for older adults. The model includes tools for assessing organizational readiness and an implementation manual for each core component of the program. The model also provides in-person training as well as technical assistance and support by phone for replication sites to ensure fidelity to the original. According to Wilson, all three aspects of this model are essential to success. “Our evidence will evolve, models will change, and delivery systems will shift,” she said.

Learning Communities: From Traditional Strategies to Web 2.0 Social Networking

Learning communities can improve cooperation, collaboration, and coordination among grantees, while facilitating collective problem-solving and progress toward common goals. The result is better practices, resources, and relationships. Elyse Salend, MSW, Program Officer; Archstone Foundation (CA), introduced this session on sharing best practices to bring grantees together in learning.

Salend suggested some traditional strategies funders can use to take the lead in organizing and maintaining a learning community. She recommended providing technical assistance, arranging webinars, conducting annual visits, and reviewing proposals for government funding, as well as providing referrals, contacts, and developing Web sites. Archstone Foundation also provides mentors who build one-on-one relationships with grantees to offer expertise tailored to a project’s goal.
Salend explained that building a successful learning community involves dissemination, convening, and advocacy but stressed dissemination as the important first step. “Everyone should have a dissemination plan from the beginning,” she said. Advocacy is also an important component because through policy “...you can build a common voice and do more to improve patient care, such as monitor reimbursement and follow regulations.”

Finally, having an evaluation plan is important. Salend recommends consulting an external evaluation group before issuing a request for proposals, and when reviewing proposals. “You should also develop a quantitative and qualitative reporting template,” she concluded.

The new wave of social media and networking increases options for our learning communities. Kate O’Malley, RN, Senior Program Officer, California HealthCare Foundation, shared results from her survey of Grantmakers In Aging members, revealing that most respondents are interested in social networking tools but don’t know how to integrate them into programs.

To demonstrate how powerful social networking can be, O’Malley described a speed dating approach that accelerated the connections among palliative care providers in 12 California public hospitals. Participants were asked to answer a series of questions in a five-minute, get-to-know-you session. Questions ranged from “What brings you to palliative care?” to “What two issues challenge you most?” A Facebook page called Palliative Care Connector linked providers to information and helped the group maintain communication online.

O’Malley also explained how Twitter allows grantmakers and grantees to stay connected by following each other’s activities. “Twitter has the potential to get your message out widely,” she said. She also encouraged funders to use the free networking tool, Linked-In, which allows professionals to build peer networks.

A new generation of communication technologies is moving the World Wide Web away from static Web pages toward dynamic, sharable content, and social networking — Web 2.0. Amy Berman, RN, Senior Program Officer, The John A. Hartford Foundation (NY), presented a primer for grantmakers who are ready to explore strategies for using these new, leading-edge tools. Berman defines social media as “…online technology that enables people to communicate and share information and resources.”

Berman offered the Collaboration for Homecare Advances in Management and Practice (CHAMP) program, which is dedicated to improving home health care for older Americans, as an example of successful social media use. Online courses are available on the project’s Web site, which serves a dynamic community of homecare professionals. The site also promotes constructive competition by allowing practitioners to enter performance stats, which it then charts against other practitioners on the site. “Everyone wants to be at the top of the performance charts,” Berman says, “and seeing how they measure against the others can push them to improve their practices.”

She cautioned that those considering social media must begin with a clear strategy and designate staff to take responsibility for advancing social media in the organization. But she also encouraged grantmakers to be creative and playful as they decide whether social media are right for them. “Think about this as your coloring book and crayons,” she says. “Experiment with it, play around, and have fun,” she says. “Once you experience it, you will get a sense of whether this will be useful for you or not.” Make sure your “grantees see the value.” Berman concluded, “If they don’t, then you might want to consider something else.”
**Recommended Reading**


**Funding Opportunities**

Grantmakers could consider funding:

- Capacity building with clusters of organizations related by mission, people served, or geography
- Capacity building tailored to the unique needs, culture, and goals of organizations
- Strategic, business, or succession planning
- Program evaluation or quality improvement efforts
- Public relations, communications, and marketing
- Financial management
- Resource development
- Human resources management
- Information systems management or technology enhancements
- Restructuring, mergers, or strategic collaborations
- Board development

**For More Information**

Aging Care Connections (IL)
708.354.1323
www.swscoa.org

Archstone Foundation (CA)
562.590.8655
www.archstone.org

California HealthCare Foundation
510.587.3181
www.chcf.org

Center for Research on Health and Aging (IL)
312.996.6344
www.ihrp.uic.edu/center/research-health-and-aging

Community Memorial Foundation (IL)
630.654.4729
www.cmfdn.org

CSIS Global Aging Initiative (DC)
202.457.8731
www.csis.org/program/global-aging-initiative
www.gapindex.csis.org/home.html

Grantmakers In Health (DC)
202.452.8331
www.gih.org

Helen Andrus Benedict Foundation (NY)
212.501.7785
www.foundationcenter.org/grantmaker/benedict

Huffington Center on Aging (TX)
713.798.5804
www.bcm.edu/hcoa

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

Ken Downes Consulting (MN)
413.446.7545
www.kendownes.com

Missouri Foundation for Health
314.345.5500
www.mffh.org

National Able Network Inc. (IL)
312.782.3335
www.nationalable.org

Nonprofit Finance Fund
212.868.6710
www.nonprofitfinancefund.org

The Retirement Research Foundation (IL)
773.714.8080
www.rrf.org
WINDS OF GLOBAL AGING: EXPLORING THE GEOPOLITICAL LANDSCAPE

Much of the world is entering an era of graying populations, and grantmakers must prepare for the economic, societal, and geopolitical impact of this 21st Century phenomenon. How soon will the global age wave arrive, and will we be ready to address it? Grantmakers can find answers in the Global Aging Preparedness Index (GAP Index), the first comprehensive quantitative assessment of world progress toward preparing for these challenges.

In the closing plenary session, Richard Jackson, PhD, Director of the Global Aging Initiative at the Center for Strategic and International Studies, shared eye-opening findings from the GAP Index, the first comprehensive quantitative assessment of the progress that countries worldwide are making in preparing for the global aging challenge.

According to Jackson, the GAP Index reveals that very few countries have retirement systems that are both sustainable and adequate. Three of the seven highest-ranking countries on fiscal sustainability (Mexico, China, and Russia) are among the seven lowest-ranking countries on income adequacy. Four of the seven highest-ranking countries on income adequacy (the Netherlands, Brazil, Germany, and Britain) are among the seven lowest-ranking countries on fiscal sustainability. The same worrisome trade-off is evident in the U.S., which ranks third on income adequacy but eleventh on fiscal sustainability.

“Graying means paying more for pensions, health care, and long-term care for the elderly,” Jackson observed. From Germany to Japan, many countries are scheduling deep cuts in the generosity of their old-age benefit. But the elderly in most countries are highly dependent on public benefits. Jackson said that improvements in fiscal sustainability will come at the expense of adequacy unless countries fill in the resulting gap in elderly income by raising retirement savings or extending work.

Jackson also warned that the developed world as a whole will see its stature diminish as workforces contract and gray, rates of savings and investment decline, and dependence on foreign capital grows.

Yet according to Jackson, “The U.S. is better positioned to confront the age wave than most other developed countries.” Thanks to its relatively high fertility rate and substantial immigration, it is and will likely remain the “youngest” of the developed countries. Jackson acknowledged that the U.S. also labors under some notable disadvantages, including a low savings rate, an expensive health care system, and a political culture that finds it difficult to make trade-offs. However, he stressed that it alone among today’s developed countries will still have the youth and the economic resources to play a major geopolitical role twenty or thirty years from now.

Recommended Reading


Funding Opportunities

Grantmakers could consider funding:

• Continuing education and worker training programs that meet older adults’ needs and maximize their productivity

• Efforts to revise public and private policies that make it expensive to hire older workers, including seniority pay scales, pension accrual formulas, and Medicare secondary payer rules

• Programs that support aging in place in multigenerational communities

• Studies that look at issues and long-term implications of extended families, wherein members from several generations live together

For More Information

Center for Strategic and International Studies (DC)
202-887-0200
www.csis.org
Grantmakers In Aging

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2011 GIA Annual Conference

GIA will hold its 2011 Annual Conference October 26-28, 2011 in Washington, DC. For more information, visit www.GIAging.org or call the GIA office at 937.435.3156.

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