

Breaking Away!

Charting a New Course in Aging Philanthropy

Highlights from the 2007 Annual Conference of Grantmakers In Aging
October 31–November 2, 2007 • San Diego, California



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2008 GIA Annual Conference

GIA will hold its 2008 Annual Conference October 29-31 in Princeton, New Jersey. For more information, visit www.GIAging.org or call the GIA office at 937.435.3156.

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GIA Celebrates 25th Anniversary

During the Annual Conference, GIA hosted a reception and dinner in San Diego's beautiful Balboa Park to celebrate 25 years of bringing together organizations dedicated to using their resources to help older adults. The evening began with a reception at the Mingei International Museum, where a variety of older artists and their crafts were featured, including Sam Maloof's signature rocking chair, commissioned by three U.S. presidents.

After the reception, participants moved to the ballroom in the award-winning Prado Restaurant for dinner. Bob Eckardt, a 25-year veteran of GIA leadership, spoke to the crowd highlighting many of GIA's achievements over the last quarter century. This began with a pre-conference meeting on aging issues convened before a 1982 Council on Foundations meeting, which attracted 19 participants. It also included GIA's incorporation as a nonprofit with part-time Executive Director Barbara Greenberg and development into a full-time, professionally staffed affinity group headed by Executive Director Carol Farquhar. Throughout, GIA has remained true to its mission of improving grantmaking for an aging society.

During the past five years, GIA has seen phenomenal growth in its membership, enhanced its website into an information-rich resource, increased its member services, and expanded its role as a thought leader in the aging field. Among other key accomplishments is its EngAGEment Initiative, designed to attract new community, family, and private foundations, corporate grantmakers, and individual donors into philanthropy focused on aging. Also noteworthy is the Hurricane Fund for the Elderly, a vehicle for directing dollars and resources toward the needs of older adults affected by hurricanes in the Gulf States.

At the end of the session, all of GIA's former Board presidents, who had gathered together for the evening, made a wish for the organization before blowing out the candles on a large birthday cake baked especially for the occasion. Each spoke about their personal connection to GIA but exhorted the group collectively to keep moving forward and keep up the good work on behalf of the growing number of older adults.

Breaking Away!

Charting a New Course in Aging Philanthropy

In the fall of 2007, Grantmakers In Aging (GIA) gathered for its Annual Conference in San Diego, marking the 25th birthday of the organization's founding. During the last quarter century, GIA has grown dramatically from a small informal network into a dynamic and professional affinity group of funders, boasting over 200 attendees from across the country and around the world. And while we are proud of the group's accomplishments to date, we look forward to the future and our role in the aging field. We believe GIA remains uniquely well positioned to identify and encourage innovations that will enable us to create a society that fully realizes the benefits that increased longevity and health has already made available to millions of people.

The next 25 years will bring stunning changes in the health and service systems for older adults. Within this time of rapid advancements, philanthropy in aging has an opportunity to shape a new era. To play a pivotal role will require not only new and innovative ideas, but new programs and services as well. We must make a commitment to thinking differently about how we conduct our grantmaking to make transformative change possible.

In this spirit, GIA designed its 2007 Annual Conference to help us begin this important work. The plenaries and workshops of "Breaking Away! Charting a New Course in Aging Philanthropy" featured some of the leading thinkers and doers in aging, all challenging participants to set aside old thinking and consider new paradigms and approaches. While unable to describe the important networking and face-to-face exchanges that are hallmarks of our Annual Conference, this publication seeks to reflect some of the intellectual excitement that our two and one-half days together produced.

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

Carol A. Farquhar
Grantmakers In Aging
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Helen Bader Foundation
President, GIA Board of Directors

Joseph F. Prevratil, JD
Archstone Foundation
Conference Co-Chair

Robert K. Ross, MD
The California Endowment
Conference Co-Chair

Leading Boldly

New Approaches to Creating Social Change

In this opening session, moderator Joseph Prevratil, JD, President and CEO of the Archstone Foundation (CA), discussed the current demographic shift toward an expanded elder population. “Philanthropy has the opportunity and responsibility to shape this new era,” he said and urged foundations, as a first step, to create an atmosphere in which grantees can be honest and provide feedback.

The first speaker, Mark Kramer, JD, Co-founder and Managing Director of FSG Social Impact Advisors and Senior Fellow at Harvard University’s Kennedy School of Government (MA), began his presentation with a challenge: “Imagine what the field of philanthropy could do if each of you focused not just on how to give away money but picked a problem and focused all your resources on how to solve it.” As philanthropists, he explained in his Brian F. Hofland Lectureship address, we need to break away from merely dispensing money as our sole approach to problem-solving. Instead, we can engage in “adaptive leadership,” expanding the range of our influence from our grantees to a broader spectrum. Our goal should be to become skilled leaders in helping create the conditions for people to solve their own problems.

Grantmakers operate under four myths that make this transition difficult, said Kramer. First, there is the notion that we are the research and development arm of society, testing new solutions so that others can scale them up. It is a well-accepted model, but in reality, foundation initiatives go on to reach significant scale less often than we would like them to. Second is the notion that we can solve problems by working exclusively through the nonprofit sector. Most problems we address, however, are deeply affected by commercial and government actors—and unless we work through those channels as well, we cannot create lasting solutions. Third is the belief in a “gold standard” of evaluation that can prove the

impact attributable to our grants. Unfortunately, that often leads to a costly and protracted process that denies us the timely feedback we need to make informed decisions. Finally, we talk endlessly about doing strategic philanthropy, but as a recent study by the Center for Effective Philanthropy (MA) reports, hardly any foundations, even among the largest in the country, can describe how the grants they make will lead to the achievement of their stated goals.

Grantmakers that seek to overcome these problems can create value in several ways, such as “signaling” other funders to support their efforts, helping grantees improve their performance, and funding research and initiatives that advance knowledge and practice in the field. Sometimes tough love may be necessary, holding grantees to requirements of fiscal discipline in order to avoid funding ineffective organizations.

After Kramer issued his challenging address, respondents commented upon his remarks. Martin Lehfeldt, President of the Southeastern Council of Foundations (GA), offered additional strategies to help funders expand their influence. First, he said, foundations need a more efficient way to disseminate information and best practices. Second, foundations need to engage in more collaboration. Often grantmakers forget that grantees are on the ground coming up with solutions. Finally, foundations need to invest in advocacy to change public policies rather than just slapping a band-aid on problems caused by faulty public policies.

Susan Kelley, Vice Chair and Board Member of the Health Foundation of South Florida, talked about the importance of knowledge and the need to apply business approaches to philanthropy. She also urged foundations to be cognizant of the need to market new ideas—we need salesmanship to carry Kramer’s message back to our organizations and communities. “Implementing change takes eloquence,” she said.

Improving Community Living for Older Adults

One important new direction in aging philanthropy during the last several years has been the change in focus beyond the individual service needs of older adults to understand how communities can help people live well throughout their entire lifespan. Two sessions at the Annual Conference explored the latest developments in this vital area.

NORCs: Serving Independent Older Adults

Not all retirement communities are pre-planned developments constructed to house hundreds of older adults. Many evolve naturally as a result of people aging in place in longstanding communities. Others are the result of in-migration of older adults to particular locales to gain access to amenities, culture, and other activities. Still others occur due to an out-migration of younger populations, leaving sizable numbers of older residents behind. All of these types of Naturally Occurring Retirement Communities (NORCs) first came to the attention of aging activists in the early 1980s. Since then, public and private funders have begun to use NORCs as the basis for improving how health and social service providers—working together—help older adults age well in their communities.

In New York City, a like-minded group of funders collaborate with state and local government to support NORC Supportive Service Programs (NORC-SSPs). These are public-private partnerships with local housing or neighborhood organizations, government agencies, and health and social service providers. Presenter Fredda Vladeck, Director of the Aging in Place Initiative of New York City's United Hospital Fund, discussed how NORC-SSPs are promoting successful aging in place. Designed to be responsive to their communities and focus on older adults' abilities, she said, NORC-SSPs empower older adults to take on new roles, foster connections within the community,

and maximize older adults' health and wellbeing. "It is so important to ask the right questions in order to gain a new paradigm," said Vladeck, "especially since current service delivery systems are so focused on older adults' deficits."

The first NORC-SSP began in 1986, funded exclusively by the UJA Federation of New York. This successful model has been replicated in 54 places in New York, as well as in communities in 24 other states. To encourage further replication, several foundations are funding the NORC Blueprint Project. This Web-based support system for NORC-SSPs is scheduled to go live at www.norcblueprint.org in 2008.

Colorado is one of the places already interested in implementing NORC-SSP programs. The state anticipates that 20 percent of its population will be over 60 by the year 2025. Presenter Susan Birch, RN, MBA, Executive Director of the Northwest Colorado Visiting Nursing Association, discussed its Aging Well program, which was put into place to serve Colorado's NORCs, or Naturally Occurring Retirement Regions—rural areas with significant concentrations of older adults. "There is a substantial need for capital investments in the rural and frontier areas," she said. "It is critical for foundations to incubate ideas and to help organizations think differently about service delivery."

Birch described the three aspects of a successful continuum of care in NORCs: programs such as transportation, fitness, and lifelong learning; services such as home modification, nursing, and hospice; and facilities such as community centers, medical clinics, and housing. The Aging Well program has evolved over time to address as many of these areas as possible, which include developing a community health clinic, creating a livable communities model with a campus design, and building a new hospice house. Birch urged foundations to get involved with advocating for

regulatory and policy reform at the state and national levels to remove obstacles to identifying and meeting older adults' needs. For example, in Colorado, the Colorado Health Institute assisted with the Long-term Care Advisory Committee, which undertook a year-long effort at reforming long-term care in partnership with the public and private sectors in addition to garnering foundation support.

Aging in Community: New Strategies for Elder-Friendly Communities

While many older adults would like to live out their lives in their own homes, an equally appealing solution may be to create elder-friendly housing options within communities that offer health and care services to individuals of all ages and abilities. This would allow older adults a greater range of choices than just a nursing home or high acuity assisted living placement.

European countries have already begun to develop this type of housing. Victor Regnier, FAIA, Professor of Architecture at the University of Southern California, discussed various Northern European models of long-term care that integrate services and housing. These provide supportive independent housing with services and opportunities for Civic Engagement at centrally located service centers. "These service centers serve as a way of creating a community center for an entire neighborhood," said Regnier. In addition, a 2006

Dutch case study found that running an "apartment for life" building with complete services cost roughly 15 percent less than a traditional nursing home.

A 2004 visit to Amsterdam was a catalyst for the Helen Bader Foundation (WI) to participate in The Aging in Community Senior Housing Ideas Competition, in partnership with the University of Wisconsin-Milwaukee's Institute for Age and the Environment. Robin Mayrl, MSSW, Vice President of Program Development for the Foundation, spoke about its role in convening all the stakeholders and keeping the conversation on aging and community going strong. Gerald Weisman, PhD, Professor of Architecture at the Institute for Age and the Environment, further discussed the housing ideas competition. It was held, he explained, "...to further innovations in Milwaukee related to creating more livable communities that fill out the continuum of care." Goals of the competition included: creating opportunities to age in place or in the community; maintaining and strengthening links to the larger community; promoting green design concepts; and showcasing barrier-free and universal designs. Eight Milwaukee architectural firms participated, offering innovative designs for planned senior community housing for one of four proposed neighborhood sites. Further information on the design competition is available at www.uwm.edu/Dept/IAE/AIC.htm.

Recommended Reading

Porter & Kramer. *Philanthropy's New Agenda: Creating Value*, Harvard Business Review: Nov–Dec 1999.

Heifetz, Kramer & Kania. *Leading Boldly*, Stanford Social Innovation Review: Winter, 2004.

Kramer & Cooch. *The Power of Strategic Mission Investing*, Stanford Social Innovation Review: Fall, 2007.

Kramer, et al, *From Insight to Action: New Directions in Foundation Evaluation*, FSG Social Impact Advisors: 2007.

For More Information

Aging in Community Competition

(414) 229-2991

www.uwm.edu/Dept/IAE/AIC.htm

Daniels Fund (CO)

(303) 393-7220

www.danielsfund.org

FSG Social Impact Advisors (MA)

(617) 357-4000

www.fsg-impact.org

Health Foundation of South Florida

(305) 374-7200

www.hfsf.org

Helen Bader Foundation (WI)

(414) 224-6464

www.hbf.org

NORC Action Blueprint Project

(888) 291-4161

www.norcblueprint.org

Northwest Colorado Visiting Nurse Association

(970) 879-1632

www.nwcvna.info

Southeastern Council of Foundations (GA)

(404) 524-0911

www.secf.org

University of Southern California School of Architecture

(310) 474-9560

<http://arch.usc.edu>

University of Wisconsin-Milwaukee Institute on Aging and Environment

(414) 229-4014

www.uwm.edu/Dept/IAE

United Hospital Fund (NY) Aging in Place Initiative

(212) 494-0750

www.uhfnyc.org/homepage3219/index.htm

Funding Opportunities

Grantmakers could consider funding:

- Additional public-private partnerships with local housing or neighborhood organizations, government agencies, and health and social service providers to support NORC Supportive Service Programs
- Programs that empower older adults to take on new roles and to maximize their health and wellbeing
- Studies to investigate how older adults' needs constantly change
- An investigation of possibilities for alternative, elder-friendly housing options in communities where older adults are aging in place
- Programs to help keep elders engaged in and connected to the larger community

Plenary Luncheon: Reflections of an Aging/Human Rights Activist

After spending more than 25 years working in human rights and social justice for organizations such as the ACLU (NY), Human Rights Watch (NY), and the Open Society Institute (NY), Gara LaMarche was appointed President and CEO of The Atlantic Philanthropies (NY) in April 2007. Although this appointment is his first foray into the field of aging grantmaking, LaMarche emphasized the importance and universality of aging. “Aging is not a niche area or special interest group,” he said. “No funder should be able to get away with saying, ‘We don’t fund aging.’” Almost all areas of interest to society at large connect in some way to aging—because ultimately everyone, regardless of social conditions or environmental constraints, ages.

One of the best tools for social change is advocacy, yet many foundations underfund it. LaMarche suggested each organization use its priorities, competencies, and philosophies to determine in which areas of advocacy it can be most effective, including connecting with grassroots movements. “Everyone is—and has to be—an advocate at one time or another in his or her career,” said LaMarche. “No funder of aging can afford not to be an advocate of policies that directly influence older Americans.” LaMarche cited several alarming

statistics that convey the worrying disregard American society and government have for older adults:

- Only one out of six incidents of elder abuse, neglect, and exploitation is brought to the attention of authorities.
- Older patients are significantly underrepresented in clinical treatment trials for all types of cancer, most notably breast cancer.
- More than half (54 percent) of nursing homes fail to meet minimum standards, but only half of one percent are cited and penalized for harming or neglecting residents.
- Fewer than two percent of prime-time television characters are age 65 or older, though this age group constitutes almost thirteen percent of the population.

Most human rights abuses, said LaMarche, are due to a failure to respect the humanity of the group that is being abused or discriminated against. Older adults are no different. As LaMarche explained, “Older adults do not deserve our respect because they are old, but because they are human.”

Here and Around the World

Making a Difference for Older Adults

While many, indeed most, older adults are active, independent, and self-sufficient, others are vulnerable to natural or manmade disasters, the effects of poverty, and even abuse from those entrusted with their care. Several sessions examined new strategies for providing support to frail older adults, both in this country and around the globe.

Philanthropy, Disasters, and Building Partnerships: Preparing for the Unexpected

Two weeks before GIA traveled to San Diego for its conference, wildfires burned out of control in the hills and canyons in the host site's surrounding communities. This natural disaster produced nine fatalities and at least 85 injuries, destroyed 1,500 homes, and caused billions of dollars in damage. This experience provided an all-too-real backdrop for a sharing session that recounted the variety of lessons learned by philanthropies in the wake of the 2005 hurricanes in the Gulf Coast.

Jenny Campbell, PhD, Director of GIA's Hurricane Fund for the Elderly, described GIA's response to the destruction and suffering caused in Louisiana, Mississippi, and Alabama by the 2005 hurricanes. "These disasters overcame the capacity of the region to respond," she said. Beginning with generous seed money from The Atlantic Philanthropies (NY) and the Robert Wood Johnson Foundation (NJ), the Hurricane Fund raised \$2.6 million in program funding that has subsequently been matched by other grants and in-kind contributions. Additional dollars from The Atlantic Philanthropies and "The Woods" Charitable Foundation (PA) covered administrative costs, ensuring all other monies raised went directly to providing services to older adults in Louisiana, Mississippi, and Alabama.

In the aftermath of the hurricanes, Martin Lehfeldt, President of the Southeastern Council of Foundations (GA), did his best to serve as an information broker for national and regional funders who wanted to be helpful. Lehfeldt shared a number of the lessons learned with the group. First of all, he said, hire a good administrator. Also, don't wait until a disaster occurs to form networks with other foundations—networks need to be in place in advance.

Foundations need to have emergency provisions in their bylaws that allow for flexible giving. Some of the large foundations with inflexible bylaws were able to give millions but were forced to give to national nonprofits like the Red Cross rather than smaller groups that might have more understanding of the region. "I encourage every foundation to have a procedure for receiving grant applications in a disaster," urged Lehfeldt. He also advised grantmakers to spring into action immediately rather than wait for a master plan that might or might not emerge. Finally, he noted that foundations need to continue to focus their attention on the recovery in the Gulf States. "Crippling disasters require a long recovery period, but foundations and America have short attention spans," he noted.

Presenter Elizabeth Scheer, Health Grants Program Director, Baptist Community Ministries (LA), agreed that continued attention from foundations is needed. "In the beginning there is the adrenaline rush and the desire to help, and then the money gets used up," she said. "We need you to come back to help us rebuild." This includes not just bricks and mortar, but strategic programs that will serve the healthcare needs of older adults in an integrated system of care. The impact of the disaster on older adults was profound. In the four-state area affected by Hurricanes Katrina and Rita, more than 700,000 older adults left their homes or nursing facilities to live in shelters—and many are still there.

Like GIA's Hurricane Fund for the Elderly, AARP also has a Disaster Relief and Recovery Fund specifically created to help older adults affected by Hurricanes Katrina and Rita. Initially created by the AARP Foundation (DC) with \$1 million, the Fund ultimately grew to \$3.5 million with contributions from members, staff, volunteers, donors, and a \$1 million match from AARP. Patricia D. Shannon, CPA, Director of Financial Management, AARP Foundation, discussed the Fund's approach. "The key was building partnerships," said Shannon. In order to make an immediate impact on the lives of older adults displaced and suffering from the hurricanes, AARP quickly dispensed grant funds to local organizations that were well-positioned to identify the most critical needs. As the recovery progressed, the focus of AARP's grantmaking changed from basic supplies to home repair and legal services, mental health services, and disaster preparedness related to older adults and rebuilding.

Protecting Vulnerable Elders: Justice for Victims of Elder Abuse

Some older adults can be extremely vulnerable to various forms of abuse and neglect, particularly from the people closest to them. Physical frailty may make it more difficult for an older adult to defend him or herself if a caregiver becomes physically abusive. Isolation can cause emotional dependence on a caregiver, making the victim easier to manipulate. And dementia can make it impossible for an older adult to recognize that a caregiver is draining his or her finances. In addition, older adults with dementia often face disbelief if they claim to have been abused. Several foundations and institutes of justice have begun designing and implementing programs to protect our vulnerable elderly and make sure that perpetrators of elder abuse—whether physical, psychological, or financial—are brought to justice.

Jean Callahan, JD, MSW, Director of the Vera Institute of Justice's Guardianship Project (NY), discussed the mission of her organization, which is to provide high quality guardianship services that allow wards as much self-determination as possible.

They aim to create a model of guardianship that can be replicated nationally. Flaws in policy for guardianship—such as paying guardians based on a percentage of the ward's assets rather than for actual work done—create financial disincentives to help the ward. The Guardianship Project gets involved in cases when the current guardian is financially abusing his or her ward or when there is a mismatch between who gets appointed guardian and the ward's needs. The project has successfully fought for older adults who have been manipulated by others and worked to restore assets to their rightful owners. It works to balance autonomy and safety, trying to keep people as independent as possible for as long as possible, avoiding unnecessary institutionalization. Although it is labor-intensive, this model can save older adults millions of dollars—and, more importantly, it helps older adults retain a better quality of life.

Elder abuse, said Laura Mosqueda, MD, Director of Geriatrics at the University of California, Irvine, "...has traditionally been a hidden problem because professionals are unable to adequately identify and appropriately address cases of elder mistreatment." In 2003, UC-Irvine launched the Elder Abuse Forensic Center, a collaborative effort designed to change the way elder abuse cases are prosecuted in Orange County, California. Funded by the Archstone Foundation (CA) and staffed by legal, medical, social service, mental health, and law enforcement professionals, the Center is able to see a case through from start to finish by bringing together experts from several critical fields. As its website states, "The collaboration brings these experts together to better understand, identify, and treat elder abuse; determine more efficient ways to successfully prosecute elder abuse cases; and support the prevention of elder abuse through greater awareness and education among those professionals who work with older and disabled adults."

Although the collaboration is complex, the Center has been highly effective. Since its creation, the interdisciplinary team has reviewed 500 cases. As a result of these efforts, law enforcement participation in elder abuse cases has expanded; the number of

prosecutions has increased; and local law enforcement has created standardized training on elder abuse for police officers.

Paul Greenwood, JD, Deputy District Attorney, San Diego, California, agreed that collaboration is the key to prosecuting elder abuse cases. “Elder abuse is a crime that is predictable, escalating, affecting both urban and rural areas, and going unpunished. It is where child abuse and domestic violence were 30 years ago,” he said. One of the major obstacles to prosecution is failure by victims to report the crime. By joining resources, agencies can encourage older adults to come forward. For example, Greenwood’s office paired up with the San Diego Adult Protective Services to create posters and train older adults and law enforcement agencies to recognize elder abuse. This campaign was highly effective, resulting in a skyrocketing number of reported elder abuse cases.

Greenwood also discussed the HOPE concept, which stands for Help and Outreach to Protect the Elderly. This collaborative outreach program, coordinated by the San Diego Family Justice Center and funded by the Archstone Foundation, works as a one-stop-shop for victims of elder abuse. Volunteer advocates first explain the process to the victim, alleviating misconceptions. The team’s professionals can then provide the services needed to help older adults recover from their trauma. As Greenwood puts it, “We’re not here just to prosecute perpetrators but also to provide comfort.”

Global Aging: International Programs

The United States is not the only country whose population of older adults is increasing. Around the world, people are living longer—often without the resources they need to thrive. Richard Daniel Blewitt, CEO of HelpAge International (UK), discussed aging as a global issue and highlighted some of the organization’s work.

Eighty percent of older adults in the world have no social security; they have only their families and their own resources to provide for themselves. “We will grow old before we grow rich,” said Blewitt.

Globalization, which encourages young people to move from rural villages to find work in cities, fractures the family supports that older people depend on. Yet older adults are capable and able to use limited resources to care for themselves and others. For example, in Africa, large numbers of grandparents are caring for orphaned grandchildren. They deserve our help, said Blewitt.

HelpAge International is a global network of 75 nonprofit organizations striving for the rights of disadvantaged older people to economic and physical security; healthcare and social services; and support in their care-giving role across generations. Some examples of their work include helping older people in low-and middle-income countries access entitlement opportunities such as healthcare and pensions; assisting older adults in developing ways to maintain a livelihood; and supporting local groups of older adults in organizing themselves to have a voice in society and national political processes. By 2020, said Blewitt, aging will become a political priority around the world, especially in East Asia and Latin America.

The International Community Foundation (ICF), based in San Diego, California, is not waiting until aging becomes a political priority to help families along the Mexican border—regardless of which side they live on. Its primary focus is to provide grants to nonprofit organizations and community-based projects that promote education, health and human services, environmental protection, community and economic development, and preservation of the arts in northwest Mexico. (The foundation also works in Central America, South America, and Asia.)

Some of its initiatives are particularly focused on older adults. For example, said Richard Kiy, ICF President and CEO, his organization is assisting a group of American expatriates in Ajijic, Jalisco, Mexico, to help raise money for the Lake Chapala Society, a nonprofit organization that addresses the needs of the American retirement community in this lakeside community. ICF is also working to address the problems of financial abuse among American retiree homebuyers in Mexico. Many American retirees responded to ads promoting

affordable retirement homes in La Paz, which was built on a sandbar called the Mogote. The project has serious environmental issues and three lawsuits are pending, yet these concerns have not been properly disclosed to homebuyers. In the hope of better educating American retirees about the financial risks that could result from lack of disclosure, ICF is making outreach to the American retiree community in Mexico one of its priorities.

ICF is also interested in helping the growing number of American retirees moving to Mexico understand and cope with challenges around healthcare. According to the U.S. Embassy figures, in 2000 there were more than 1 million Americans living in Mexico. Today, experts suggest the number is much higher, with a growing number of 50+ American second homebuyers, as well as many fixed income retirees unable to afford the cost of retiring in the U.S. Many of these Americans have growing healthcare challenges, and Medicare

reimbursement is currently not available for medical procedures performed in Mexico. This can leave the growing number of older Americans there vulnerable to poor health and inadequate access to care.

During the discussion that followed the presentations, a participant offered one example of a health solution for Mexico, where most healthcare is provided by employers—creating a business that employs older adults. In Juarez, a border city across from El Paso, Texas, one model project set up a piñata factory that employed older adults. After ten months to a year, they became vested and received benefits, including free healthcare.

Another concern for organizations working in the U.S.-Mexico border area and Northwest Mexico is the difficulty of recruiting volunteers. Kiy recommended reaching out to retiring Americans who live in the region. “They are an untapped resource with a variety

Jennie Chin Hansen, John Feather Diversity Award

At the Conference, Stacey Easterling, MPH, The Atlantic Philanthropies, presented the John Feather Diversity Award (JFDA) to Jennie Chin Hansen, RN, MSN, FAAN, President-Elect of the 39-million-member AARP and Senior Fellow at the UCSF Center for the Health Professions (CA). The JFDA is presented annually to a nominee from a grantmaker or foundation working with a diverse aging population. Hansen is an exemplar of the values held by the JFDA, having served for more than 20 years as the Director and then Executive Director of On Lok, a nonprofit family of organizations providing integrated and comprehensive culturally competent, community-based primary and long-term care in the San Francisco Bay Area.

Under Hansen’s direction, On Lok developed and advanced PACE (Programs of All-Inclusive Care for the Elderly), a comprehensive integrated health and community care system for frail older adults eligible for nursing home placement. Although the program is a “mainstream” program, it is well known for its

cultural grounding, reflected in its early roots in San Francisco, where it served a primarily Asian/Pacific Islander clientele. Since 1997, when Medicare and Medicaid began reimbursements for the federally legislated PACE model, the program has been replicated at more than 30 sites, serving elders of various backgrounds.

When she takes office as AARP President in 2008, Hansen will continue her national campaign in health and long-term care and draw attention to the growing racial, ethnic, sexual, and religious diversity of American older adults. As she accepted the JDFA, Hansen acknowledged the impact GIA has had on her career, as its members have served her as mentors, colleagues, and associates. “My best wishes to GIA and its important efforts to ensure that the social compact of a civil society of celebration, consideration, and care will be effectively reflected in all the work that we do,” she said.

and wealth of experiences that could benefit the community and region at large," he said.

Finally, participants agreed that American funders working in aging need to broaden their focus to include international and cross-border issues. Often, other

countries can serve as models for ideas to try in the United States, particularly in the area of long-term care, which is more advanced in Europe, Canada, and Australia.

For More Information

AARP Foundation (DC)

(202) 434-2277
www.aarp.org

American Red Cross

(703) 206-6000
<http://american.redcross.org>

Archstone Foundation (CA)

(562) 590-8655
www.archstone.org

Baptist Community Ministries (LA)

(504) 593-2323
www.bcm.org

Grantmakers In Aging Hurricane Fund for the Elderly (OH)

(937) 435-3156
www.GIAging.org

HelpAge International (UK)

+44-20-7278-7778
www.helpage.org/Home

San Diego Family Justice Center (CA)

(619) 533-6000
www.familyjusticecenter.org

Southeastern Council of Foundations (GA)

(404) 524-0911
www.secf.org

The International Community Foundation (CA)

(858) 677-2912
www.icfdn.org

UC-Irvine Elder Abuse Forensic Center (CA)

(714) 825-3087
www.centeronelderabuse.org

Vera Institute of Justice's Guardianship Project (NY)

(347) 296-1874
www.vera.org

Funding Opportunities

Grantmakers could consider funding:

- Programs that continue to focus on the recovery needs in the Gulf States, particularly the needs of older adults
- Research into older adults' specific needs during and after natural disasters
- Strategic programs that aim to serve the healthcare needs of older adults in an integrated system of care
- Investigations of the causes of elder abuse and programs that support elder abuse prevention through awareness and education among professionals who work with older and disabled adults
- Programs that help older people stay as independent as possible, for as long as possible, and avoid unnecessary institutionalization
- Investigations of the limitations of Medicare coverage for older adults, particularly those living in Mexico
- Studies that look at international and cross-border issues facing older adults

Civic Engagement

Civic Engagement has become an increasingly hot topic for grantmakers and foundations working in aging. Most agree that older adults, many of whom would like to give back to others in their retirement years, represent a vast untapped resource that could provide a tremendous societal benefit. This year, Civic Engagement was a theme in two different sessions, reflecting grantmakers' ongoing interest in finding the most effective ways to encourage older adults' community involvement.

Strategies for Increasing Civic Engagement

In a networking session on Civic Engagement, approximately 50 attendees gathered to learn from each other and continue to build a network of organizations interested in funding Civic Engagement for older adults. To set the stage, facilitators Laura Robbins, MBA, Program Executive, Head, U.S. Program on Aging, The Atlantic Philanthropies (NY); Stacey Easterling, MPH, Program Executive, The Atlantic Philanthropies; Grace Caliendo, President and CEO, John Muir/Mt. Diablo Community Health Fund (CA); and Carol Kratz, MPA, Program Director, The Virginia G. Piper Charitable Trust (AZ), shared results from a pre-conference survey. Respondents listed the principal lessons they learned during their efforts to improve Civic Engagement among older adults:

- Strengthen institutions that serve older adults, through capacity building in human resources and volunteer management
- Tap the skills of educated older adults, offering meaningful volunteer opportunities
- Help Baby Boomers find the information they need to stay engaged
- Create new and dynamic projects that profoundly change communities rather than try to plug older adults into existing volunteer opportunities

As Bob Schroder of the John Muir/Mt. Diablo Community Health Fund said, "Older adults have indelible ideas about how to change a community, but they need a vehicle."

Participants spent the majority of the session in small groups, responding to three topics relevant to improving how foundations address Civic Engagement among older adults. The topics included summarizing what foundations have learned in the field, particularly what has worked well; identifying issues and problems that might be improved on or avoided in the future; and developing new ideas, with an emphasis on collaboration, for future and continuing projects. The groups worked on the three issues and then reconvened to share their findings.

There were numerous areas of consensus, including the need for a common language to help foundations, organizations, and the public understand what Civic Engagement means. This sentiment is perhaps best expressed by one group's observations that "...Civic Engagement means different things in different communities." Session participants also agreed that an information clearinghouse—a Civic Engagement library—could streamline resources and help disseminate knowledge about how to administer Civic Engagement projects. Participants also said that foundations should work on improving their public relations to facilitate community involvement. Finally, many groups noted that Civic Engagement was rewarding for both older adults and the communities they served.

Community Experience Partnership

Funded by The Atlantic Philanthropies (NY), the Community Experience Partnership (CA) is a large, countrywide effort to address some of the issues around Civic Engagement that the presenter described in his program. According to Alan Pardini, MS, Co-Principal of Community Planning and Research, LLC, and Senior Advisor of the Community Experience

Partnership, the project's goal is to "...establish a community of learners dedicated to changing perceptions of older adults by developing, testing, and disseminating programs and strategies that deploy experienced adults to address priority community problems and needs."

To meet this goal, the Community Experience Partnership collaborated with and provided funding for 30 community foundations across the United States. During the course of a year, each partner designed and conducted local research on programs, policies, and strategies to engage older adults in solving community problems, as well as the barriers that prevented older adults from becoming engaged with their communities. Despite the fact that each of the 30 communities served by the participating foundations is vastly different, four main themes emerged from the research.

1. Older adults are not a single, homogenous population. Their wants, needs, and access to resources vary.
2. The labels we use for older adults are problematic. Whereas some communities are receptive to names such as experienced or older adults, others are not. Similarly, while some communities expressed disdain for the term Boomers, others were quite receptive to it. In a related vein, the term Civic Engagement may be too technical for some older adults who have a difficult time imagining that the informal way they care for others in their community could possibly be reflected in such terminology.
3. Most older adults face barriers that limit their ability to become involved in Civic Engagement. Although they are interested, poor health, lack of transportation, and financial concerns are among the issues that can keep older adults isolated at home rather than interacting with their communities. A lack of information about where and how to become involved is also a significant barrier to older adult participation.
4. Finally, few institutions are prepared to address the barriers facing older adults who would like to

become involved in Civic Engagement. For example, training and managing older volunteers may be difficult for small organizations that do not have an infrastructure in place to do so.

Although these trends emerged across all 30 community foundations participating, Pardini cautioned that this does not mean that foundations can expect a uniform solution to these problems. Each community, comprising diverse populations, faces unique challenges.

Following Pardini's introduction to the Community Experience Partnership, three speakers from participating foundations shared the lessons they learned during the course of the project.

Linda J. Wong, JD, Vice President of Civic Engagement, Communications, and Administration, California Community Foundation, discussed the changing face of the older adult population and the need to take diversity into account when thinking about Civic Engagement. Her foundation examined the civic traditions of some immigrant groups and how they influence the civic involvement of immigrants living and working in Los Angeles. According to Wong, "Los Angeles is going through dramatic demographic change with immigrants representing one out of three county residents."

Specifically, the California Community Foundation conducted 19 focus groups with immigrants representing 11 different nationalities to determine the extent to which they had been civically involved in their home countries, whether those experiences translated when they moved to Los Angeles, and the barriers that prevent them from becoming involved in the United States. They found that these populations were civically engaged in cultural and civic involvement in their homelands, but they typically occurred informally outside of established organizational settings. Although some older immigrants are currently involved in civic activities in Los Angeles, they also face significant barriers such as language, lack of transportation, and caregiver responsibilities, which prevent more widespread involvement.

Sheri S. Brown, Vice President, Grants and Initiatives, Community Foundation of Broward (FL), reported that with nearly 40 percent of the county's population at retirement age, older adult Civic Engagement is a priority area for her foundation. To begin a dialogue about Civic Engagement, which it defined as "...those activities that are both personally meaningful and benefit others," the foundation formed an advisory committee to help determine research methodology, recruit focus group participants, and set up and lead each of the focus groups.

Through this research, the Community Foundation found that there is a need to create new volunteer and work models, as many Boomers are not retiring in the traditional sense. They prefer to keep working, but in

different and more personally meaningful areas. "They are very anxious about what they will do to keep busy in retirement," reported Brown, "but do not know how to connect to opportunities in the community." Often, existing volunteer opportunities don't match Boomers' interests. As such, the Community Foundation hopes that business and government will begin thinking about and addressing this issue.

Brown said engaging in this research helped the Community Foundation of Broward County become more knowledgeable about this concern, so staff can now integrate it into conversations around a variety of issues and encourage [their] boards and other community leaders to do the same. The Foundation is now moving toward the next steps, which include

Skill-Building for Grantmakers

Multiplying Your Outcomes: The Viable Futures Toolkit

This interactive and engaging session focused on the Viable Futures Toolkit (VFT), a comprehensive, user-friendly resource that helps planners, policymakers, service providers, and funders think out of their silos and create solutions that strengthen communities for people of all ages. "The idea behind the VFT is to use the growing Boomer footprint as an asset rather than seeing it as a problem," said Gordon Walker, CEO, Jefferson Area Board for Aging (VA) and a member of the board of the blue moon fund (VA), one of the developers of VFT.

The Toolkit and associated user guide are available as a pdf at www.viablefuturestoolkit.org and include planning worksheets, community checklists, issue briefs, and sections on organizational assessment, communications, and resource development. Perhaps most important, the materials help people think differently—and more broadly—about the results they can realize in community and program development, identifying new, cross-cutting, or intergenerational ideas. At the session, participants identified a whole range of programmatic possibilities that would help

older adults but also had important housing, service, education, environmental, and other benefits.

With the help of the VFT, said Walker, some foundations have been able to expand their focus to include aging. In fact, the project's development brought together two funders from areas outside of aging—blue moon fund, which is known for its environmental work, and The Annie E. Casey Foundation (MD), a national leader around issues of children, youth, and families. The blue moon fund and The Annie E. Casey Foundation realize the potential of older adults and appreciate how elders serve as resources for children, families, and communities.

"Using the Toolkit, organizations don't have to reinvent what they are doing, just infuse the work they are doing," Walker said. "It doesn't require a lot of new human capital/dollars and overlay—it is value-added," he said.

Session facilitator and Toolkit developer Paula Dressel of Just Partners, Inc. (MD), summed up the Viable Futures perspective succinctly. "One plus one," she said, "can equal ten."

nonprofit training on volunteerism, a community forum, new grantmaking strategies, and the project planning phase and implementation.

Like other foundations, the Grand Rapids Community Foundation (MI) completed a series of interviews in order to explore its community's attitudes toward and opportunities for Civic Engagement. Although the state's economy is sluggish, its Boomer population is interested in remaining there. Kate Luckert Schmid, MPA, Program Director of the Foundation, said, "The conversation has changed. No longer do we have to

convince people that older adults can be a resource. Instead, we need to begin a dialogue about how we can create pathways to become more inclusive."

The Grand Rapids Community Foundation found that although many Boomers want to be involved in their communities, local institutions do not have the infrastructure to include them in their programs. Schmid noted that providing training for nonprofits on how to engage experienced adults is an important first step in creating widespread change on this issue.

For More Information

AARP (DC)

(888) 687-2277
www.aarp.org

The Atlantic Philanthropies (NY)

(212) 916-7300
www.atlanticphilanthropies.org

California Community Foundation

(213) 413-4130
www.calfund.org

Community Experience Partnership (CA)

(707) 586-1515
www.cprgroup.net/ce_partnership.html

Community Foundation of Broward (FL)

(954) 761-9503
www.cfbroward.org

Grand Rapids Community Foundation (MI)

(616) 454-1751
www.grfoundation.org

John Muir/Mt. Diablo Community Health Fund (CA)

(925) 941-3100
www.johnmuirhealth.com

On Lok (CA)

(415) 292-8888
www.onlok.org

The Virginia G. Piper Charitable Trust (AZ)

(480) 948-5853
www.pipertrust.org

Funding Opportunities

Grantmakers could consider funding:

- Investigation of potential outlets for older adults to express their ideas about how to change their communities
- Programs that aim to break down the barriers limiting older adults' abilities to become involved in Civic Engagement
- Training and management programs that support older adults who want to become more involved in Civic Engagement
- Studies that examine methods to help immigrant older adults become more civically engaged
- Programs that help match volunteer opportunities with Boomer interests

Site Visit

San Diego Hospice and Palliative Care

For the first time since 1999, GIA Conference participants were given the opportunity to visit a local facility. Forty-three people toured the 24-bed Inpatient Care Center (ICC) of San Diego Hospice and Palliative Care (SDHPC), a freestanding, community-owned nonprofit organization founded in 1977 by Doris Howell, MD, a pediatric hematologist-oncologist, and other community leaders. The ICC emphasizes the importance of art, nature, and quiet space for patients and families living with an advanced, life-threatening illness.

In addition to inpatient care, SDHPC's staff of more than 750 professionals and 450 volunteers care for more than 1,000 patients a day in their own homes, long-term care facilities, and hospitals across San Diego County. As an academic hospice, SDHPC is affiliated with the University of California, San Diego School of Medicine, all of the family and internal medicine residency programs, and the schools of nursing, pharmacy, social work, and counseling in San Diego County.

Following the site visit, Mary Ellen Kullman, MPH, Vice President of the Archstone Foundation (CA), moderated a session with presentations from a panel of world-renowned palliative care and foundation leaders to discuss opportunities and challenges for palliative care.

Frank D. Ferris, MD, Director of SDHPC's international programs, discussed how we can prepare for our own aging and dying and asked the audience to think about what adds most to the meaning, value, and quality of life. Kate O'Malley, RN, MS, GNP, Senior Program Officer, California HealthCare Foundation, discussed the role of funders in end-of-life care and pointed out that there has been a large decline in end-of-life care program funding over the past two years. Noëlle A. Gervais, Program Officer, UniHealth Foundation (CA), talked about end-of-life projects that UniHealth has funded and the challenges of funding nonprofit healthcare providers. Betty Ferrell, PhD,

FAAN, Research Scientist, City of Hope National Medical Center (CA), described the End-of-Life Nursing Education Consortium (ELNEC) program, which trains nurses in palliative care and suggested that foundations can help guide training programs, not just fund them.

A question-and-answer period followed these presentations, during which the panelists explored how nurses who take ELNEC training can get buy-in from MDs and administrators concerning end-of-life care options. Recommendations included using course time to do role playing exercises, working collaboratively with doctors in the Education in Palliative and End-of-Life Care (EPEC) program, and linking in-house palliative care support with external social support services.

The panelists then offered several ideas for grantmaking, including support for programs that:

- Send nurses to ELNEC and doctors to EPEC
- Create a continuum of care for hospice and palliative care from the hospital into the home
- Assist nursing homes to make better plans for transfers from hospitals by using consultant expertise
- Educate professionals and create advocates in hospice and palliative care
- Help organizations change from pain management to palliative care, which focuses on helping the whole person, emotionally and physically, to deal with the pain and symptoms of illness and treatment at the end of life
- Support development of consensus panels on quality care for hospice and palliative care

Breaking Away

New Directions In Care For Older Adults

The GIA Conference featured a variety of sessions that explored new ideas around a whole range of issues—from healthcare to technology to poverty—that affect how our nation and communities deliver services to the growing number of older adults.

Advances in Aging Research

Basic research usually takes place in the rarified world of the laboratory, where cutting-edge biotech tools like magnetic resonance imaging and genetically engineered mice can render clues about the human aging process. Culling new knowledge for practical use, however, requires an altogether different approach: translational research into interventions that might help older adults cope with challenges they face every day.

In this session, Mary Jane Koren, MD, MPH, Assistant Vice President, Quality of Care for Frail Elders, The Commonwealth Fund (NY), introduced speakers Cathy Alessi, MD, Professor of Medicine, UCLA David Geffen School of Medicine, and Associate Director of Clinical and Health Services Research in the VA Greater Los Angeles Healthcare System Geriatric, Research, Education, and Clinical Center, and Gary Small, MD, Professor of Psychiatry and Biobehavioral Sciences, Parlow-Solomon Professor on Aging at the David Geffen School of Medicine at UCLA, and Director of the UCLA Center on Aging. These experts discussed how they are investigating interventions in two areas that affect many older adults' sleep and memory.

Sleep Matters

Dr. Alessi presented recent findings on sleep problems that frail, older people commonly experience while living in nursing facilities. Sleep cycle disturbances can impair functional abilities as well as other aspects of quality of life such as socializing and engaging in physical activity. While medications may seem an obvious solution to at least one sleep problem,

insomnia, they can increase the risk of falls and fractures to unacceptable levels.

The research demonstrated that non-drug interventions could improve sleep among the individuals she studied by reducing the duration of their nighttime awakenings and decreasing their daytime sleep. Interventions that have proved helpful include encouraging individuals to stay out of bed, engage in physical activities, get outdoor sunlight exposure, and establish a regular bedtime routine. Reducing ambient noise and light and providing minimally sleep-disruptive nursing care can also help.

Encouraging funders to support further research in developing specific interventions for both rehabilitation and assisted living settings, Dr. Alessi also stressed finding ways to incorporate these research findings directly into the lives of frail, older adults. The keys lie in educating providers, caregivers, and elders (with their families); addressing reimbursement issues; and identifying ways to integrate new knowledge into the daily practice of long-term settings.

Improving Memory as We Age

Perhaps one of the most worrisome and difficult challenges of aging is memory loss. More than five million individuals in the U.S. suffer from Alzheimer's disease, 10 million from mild cognitive impairment, and over half from normal, age-associated memory impairment. If the numbers look discouraging, however, research shows there is reason for hope. We may be able to take actions that slow, delay, or even stop cognitive loss. "As we get older, our memory ability declines, and what we want to do is modify lifestyle to protect our brains," says Dr. Gary Small. "The challenge is in figuring out how we change lifestyle."

In his presentation, Dr. Small discussed strategies for maintaining brain health and memory ability. He explained that about one-third of the risk for

brain aging is due to genetics, but two-thirds is non-genetic, so lifestyle choices play a significant role in maintaining cognitive ability and brain health. Specifically, making simple, healthful changes such as doing physical exercise, reducing stress, eating fish once a week, engaging in thought games and other cognitive activities, and ingesting antioxidant foods hold the promise of reducing the prevalence of dementia significantly. Memory training techniques such as those taught to older adults at the UCLA Center on Aging can also help.

According to Dr. Small, if everyone in the U.S. adopted one regular lifestyle change, the prevalence of dementia would decrease by 1 million cases in five years and 2.5 million cases in twenty years. Transforming that goal into reality is an objective rife with possibilities for funders, he noted.

GIA Fellows: Learning About the Future Today

Kicked off in 1999, the GIA Fellows program taps a group of emerging research leaders in the aging field from universities near the Annual Conference's host site. The Fellows enrich the Conference in a variety of ways and serve as reporters for this publication. In addition, four Fellows shared insights from their research during an engaging workshop session, moderated by David Lindeman, PhD, Vice President of Mather LifeWays Institute on Aging (IL), on the final morning of the Conference.

A New Look at Aging-Friendly Communities

Amanda Lehning, MSS, of the University of California, Berkeley, and a graduate student researcher at the Center for the Advanced Study of Aging Services, described her developing dissertation research on the issues related to creating aging-friendly communities. Lehning described various definitions of an aging-friendly community, noting there was currently "little agreement on the term." This in part explains the variety of land use, housing, transportation, healthcare, and community involvement strategies that localities may employ in order make their communities more

sensitive to the needs of older adults. Her research seeks to discover a consensus on what characterizes an aging-friendly community, explore the evidence-based connections between the environment and elder health and wellbeing, and examine exactly which policies and programs communities are employing to create better communities for people of all ages.

Attitudes toward Euthanasia

Christopher Marcum, MA, a doctoral student in sociology at the University of California, Irvine, reported on his completed master's research, titled Trends in Euthanasia Attitudes and Research, 1997–2006. His investigation uncovered broad disagreement over the term "euthanasia" (Greek for "good death") and revealed that researchers and clinicians sometimes use phrases like medically assisted suicide or palliative death, depending on their discipline. When looking at the term's actual use, however, Marcum did find significant consensus, noting that its purpose is cessation of suffering, that it involves medical intervention, and that it is recognized as distinctly different from traditional suicide. His research also included analyses of the General Social Survey and other gauges to demonstrate that significant majorities of people of all ages now express support for euthanasia—a sea change in attitudes, according to Marcum, over those of the last three decades.

Emotional Wellbeing

Stereotypes of aging in our society teach us that with age comes inevitable decline. Recent psychological research, however, has begun to question this broadly-held assumption, noting that older adults often experience gains in emotional wellbeing and improvements in their ability to respond effectively to difficult or adverse circumstances. Research published by Jennifer Piazza, MA, and a team at the University of California, Irvine, Department of Psychology and Social Behavior, has sought to push these insights further. Her work has demonstrated that older adults' motivations (particularly their concern for family members and old friends), as well as their health status, can influence their emotional wellbeing and

response to a range of stressors. Although adults often show improvement in their overall emotional wellbeing as they get older, their age advantage often disappears when they face significant hardship. This has clinical implications. Among older individuals, negative mood can lower willingness to comply with medical regimens and increase the likelihood of engaging in self-destructive behaviors.

Screening and Intervention Protocol

Research translation presents a variety of challenges. For example, community agencies seeking to implement an evidence-based program developed under research conditions often struggle to maintain fidelity to the original program while adapting it appropriately to local needs. Gretchen Alkema, PhD, LCSW, Post-Doctoral Fellow at the VA Greater Los Angeles Healthcare System HSR&D Center of Excellence, likened this process to trying to fit an elephant into a crowded bus. “It can be a difficult, messy process,” she said.

Difficult, yes, but not impossible. Dr. Alkema described her research on the Community-Based Medication Management Intervention, a medication screening and intervention protocol adapted for use in Medicaid waiver care management programs in California. Her study found first that older adults at risk for nursing home placement had exceedingly high rates of medication problems and that the intervention was implemented effectively. Strikingly, the intervention produced medication changes in 61 percent of clients identified as having one of four medication problems. These kinds of reductions can be critical in helping prevent further health-related problems such as falls and decreased cognitive function.

Technology and Aging Services: No Longer Science Fiction

With our rapidly expanding aging population, shrinking pool of geriatricians, increasing healthcare costs, and swelling tide of uninsured or under-insured older adults, our nation needs to support innovative models of care that can significantly reduce cost and burden. In this session, moderator Jonah Frohlich,

MPH, Senior Program Officer, California HealthCare Foundation, introduced two speakers, Majd Alwan, PhD, Director of the Center for Aging Services Technologies (CAST) (DC), and Jack York, President of Its Never 2 Late (CO), who demonstrated the exciting possibilities of current computer technology in meeting these challenges.

Center for Aging Services Technologies (CAST)

CAST is an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities, and government representatives—all collaborating under the auspices of the American Association of Homes and Services for the Aging (DC). Its work focuses on how technology can improve older adults’ quality of life while reducing healthcare costs.

CAST’s Director, Majd Alwan, discussed how currently existing low-cost technologies can bring earlier intervention and more efficient care into the home. Among these are an in-home management system that signals when a patient leaves home and a wristwatch that transmits the patient’s location. Another transmitter can track and send vital signs to caregivers, and an instrumented walker can assess gait and balance. Telemedicine can help patients avoid clinic visits by sending live pictures of minor injuries to healthcare providers, and a “smart” medicine caddy can notify caregivers when a patient has taken his or her medications.

Although these and similar technologies are already commercially available, significant barriers stand in the way of their widespread use. For example, it can be difficult for some older adults to accept a new technological device into their daily lives, especially if it brings up privacy considerations. Cost and reimbursement may also be concerns. The technology itself poses some challenges, including varied data structures that do not allow for compatibility among systems. Also, much of it is too new to offer established proof of efficacy.

It's Never 2 Late (IN2L)

IN2L creates customized, state-of-the-art computer systems in 26 states throughout the country for nursing homes, assisted and independent living communities, memory care settings, and adult day programs. The company follows a simple vision: Every older individual, regardless of physical or cognitive disability, should be allowed to experience the world utilizing today's technology.

Company President Jack York described some of IN2L's products, which utilize or combine various media components, from technologies such as touch screens and DVDs to content such as vignettes and stories. Their use benefits not only older, disabled individuals but also their families and nursing home staff.

Multimedia projects can help disabled older adults significantly improve their quality of life by engaging their interest in activities that would usually be unavailable to them. In one project, an ex-pilot was able to "fly" again via flight simulation videos. Another individual traveled a virtual bike path via pictures and sound while exercising with hand and leg bikes. Stroke patients living at home can use an adaptive keyboard to control a microwave oven.

In all cases, York emphasized that the real focus should not be on technology alone but rather on staff's implementation of creative ideas to put a patient's interests and technology together. That requires staff to know their patients well, to be familiar with their likes, dislikes, special interests, and even personal histories.

Strengthening the Healthcare Workforce

As the older adult population rapidly expands over the next decade, the healthcare system will face substantial increases in demand for its services. Not least among these is the development and maintenance of a skilled healthcare workforce large enough to meet the need. At this information-sharing session, moderator Christopher A. Langston, PhD, Program Director, The John A. Hartford Foundation (NY), led a discussion focusing on how funders can work

collaboratively with stakeholders to increase awareness of this issue.

Strategies for Change

The Institute of Medicine (IOM), chartered in 1970 as a component of the National Academy of Sciences (DC), informs and educates the public on healthcare issues. It provides evidence-based, authoritative information and advice concerning health and science policy to policymakers, professionals, leaders in every sector, and the public. IOM is soon to report on the need to expand the healthcare workforce to meet the needs of the aging population with the hope of bringing about action and innovation, even at the level of legislative change.

Session participants discussed various strategies to educate the public about these issues. The first is to work with professional associations, such as the American Medical Association (IL), the American College of Physicians (PA), the National Association of Social Workers (DC), and the Alzheimer's Association (FL), to begin a coalition-building process. As one speaker remarked, "It is important to create synergy among the various stakeholders. This will help to persuade policymakers and the public about the importance of this matter." Other strategies included working with the media and policymakers and using positive case studies that demonstrate how successful organizations recruit and retain good workers.

Barriers to meeting the challenge of developing and maintaining an adequate healthcare workforce, however, go beyond educating the public at large. Session participants noted that there are issues both at the field level (e.g., burn-out, which is common among nurses and providers from other allied health fields) and embedded in the healthcare system itself.

Finally, the session included a discussion of funding opportunities for projects that provide data and analyses on the need for more trained professionals in geriatrics or focus on the effects of a well-trained workforce on quality-of-care for older adults. These kinds of efforts can have important long-term

impact on how we prepare the growing numbers of doctors, nurses, social workers, medical technicians, pharmacists, and the whole range of professionals we will need in order to provide strong and compassionate care in the coming decades.

The funders of the IOM study include The John A. Hartford Foundation; The Atlantic Philanthropies (NY); Josiah Macy, Jr. Foundation (NY); Robert Wood Johnson Foundation (NJ); The Retirement Research Foundation (IL); The California Endowment, Archstone Foundation (CA); AARP (DC); The Fan Fox and Leslie R. Samuels Foundation (NY); and The Commonwealth Fund (NY).

Measuring Elder Income

A pre-conference session focused on the need for agencies and funders to adopt an accurate measure of elders' economic wellbeing. One new measure, called the Elder Economic Security Standard (EESS), may prove a useful instrument for agencies, policymakers, and funders who wish to ensure that a full range of necessary services are available to older adults. The Atlantic Philanthropies (NY) has funded an initiative to spread the new tool to 20 states, and encourage its use as a replacement for the current (and inadequate) Federal Poverty Guidelines standard. Moderator Laura Robbins, MBA, Program Executive, Head U.S. Program on Aging, The Atlantic Philanthropies, introduced four speakers who discussed various ways this new instrument can be used to assess elders' economic security.

Elder Economic Security Standard (EESS)

Speaker Laura Henze Russell of the John W. McCormack Graduate School of Policy Studies, University of Massachusetts-Boston, discussed the use of EESS in Massachusetts, where it was first developed and piloted.

EESS uses a national database to determine housing, food, transportation, healthcare, and miscellaneous costs. In Massachusetts, the EESS is used to calibrate the costs of living for individuals age 65 and older in each county. Importantly, the EESS is based on

today's market costs of goods and services (before public or private subsidies). This approach determines the kinds of financial resources actually required by elders at various income levels to meet their needs.

The analysis showed that an elderly couple living in the Boston area cannot make ends meet with the average Social Security payment and requires an income that is significantly higher than the Federal Poverty Guidelines stipulate. Financial pressures leave many older adults with a very uncertain future. The EESS has shown that the need for long-term care in the home can more than double the resources needed to make ends meet.

In response to this and other work, Henze Russell said that the Massachusetts Association of Older Americans, a statewide advocacy organization that convenes the state project's 35-member advisory committee, is now leading an effort to inform elders that "it's not your fault" when it comes to economic insecurity. This is linked to policy advocacy focused on better meeting older adults' needs by updating targeted support programs in Massachusetts and calling for the creation of public-private partnerships.

Elder Economic Security Initiative

Joan Kuriansky, JD, is Executive Director of Wider Opportunities for Women (WOW) in Washington, DC, a national program that examines job and economic security among women. Kuriansky discussed her organization's role in developing an alternative, state-specific measurement to the Federal Poverty Guidelines in 1995 called the Family Economic Self-Sufficiency Standard (FESS). FESS was developed by Diana Pearce, PhD, at the University of Washington. WOW has used the Standard to help develop domestic policies that would ensure economic security for all Americans.

Unlike the Federal Poverty Guidelines, the Standard shows that today food does not use up 33 percent of the average family's budget (as it did when the Guidelines were first developed), but rather only nine percent. Housing and childcare are far more significant. The Standard also shows that with sufficient support—food stamps; the Special

Supplemental Nutrition Program for Women, Infants, and Children (WIC); and Medicaid—one can become financially secure. Consequently, the FESS project has been influential in changing federal and state policies (such as increasing the minimum wage and offering tax relief) to make that security more widely available.

The Federal Poverty Guidelines, explained Kuriansky, are as flawed at assessing older adults' economic security as they are for families with children. They do not account for increasing healthcare/housing costs, loss of spouse, or the need to take care of a spouse or grandchildren. As a result, WOW developed the National Elder Economic Security Initiative, which offers concrete tools—such as the EESS—to shape public policies and programs to promote the economic wellbeing of older adults. The hope is that it will give policymakers, social service agencies, and funders a more realistic understanding of the economic needs of older adults and that elders themselves can use it to help make financial decisions. Currently, the Initiative has been launched in five states: Massachusetts, California, Wisconsin, Pennsylvania, and Illinois.

Progress in California

Susie Smith, MA, Director, Californians for Family Economic Self-Sufficiency (CFESS), Insight Center for Community Economic Development (CA), discussed how the new EESS standard has helped serve the needs of older adults in California.

In the California Elder Economic Security Initiative (CA-EESI), the Insight Center is working with WOW, UCLA Center for Health Policy Research, Gerontology Institute at the University of Massachusetts, and a statewide steering committee including researchers, policymakers, public agencies, advocacy groups, foundations, and senior service organizations.

CA-EESI hopes "...to transform how senior service organizations, decision makers, funders, and public agencies measure and respond to the health and economic needs of California's seniors." Funders such as the United Way and the Y & H Soda Foundation (CA) are using the EESS, she noted, to see which

projects are having the most impact on families. Many nonprofit and public agencies have also used the standard to expand program eligibility and determine sufficient wage levels.

Data from CA-EESI, she explained, will support advocacy efforts toward an increase in Section 8 housing and supplemental Social Security Income (SSI) and in informing policymakers of the need to decrease cost sharing for those on Medicaid.

Utilizing the Standard

Speaker Bob Uyeki, MPA, Senior Program Officer, Y & H Soda Foundation (CA), discussed his foundation's experience with EESS.

The Y & H Soda Foundation is a small organization based in the San Francisco Bay Area with a particular focus on the working poor and older adults. The foundation uses EESS in talking with grantees about what it takes to bring a family from economic insecurity to economic security. Joining CA-EESI has not only given the Y & H Soda Foundation the opportunity to be a funder but has also helped support policy development and facilitate communication with a variety of other stakeholders critical to the policy process. The experience has been particularly enriching to Y & H and its staff, said Uyeki, and has led to a deeper and more sophisticated connection to the work it does. The standard, he noted, ultimately may help funders like Y & H develop a clearer understanding of the measurable impact their projects are making on communities.

The Best We Have to Offer: Promoting Evidence-Based Programs

Several key factors make the implementation of top-tier, evidence-based health promotion programs an important priority for all communities offering healthcare or social services to older adults. These programs:

- Address high priority health risks and conditions
- Dispel uncertainty regarding their effectiveness
- Increase the likelihood of successful outcomes

- Appeal to those individuals most likely to benefit from them
- Are easier to defend, expand, and sustain

Moderator Peter Wood, MPA, Vice President of Programs and Community Investments, Health Foundation of South Florida, led this panel discussion, which examined philanthropy's role in developing and disseminating evidence-based programs, lessons learned from research and replication, and their adoption by communities across the country.

Chronic Disease Self-Management Program

Kate Lorig, RN, DrPH, Professor, Stanford University School of Medicine, Director, Stanford Patient Education Research Center, described the Chronic Disease Self-Management Program, developed at Stanford University (CA), and she discussed implementing similar self-management programs in local communities. She defined self-management as "...the task that individuals must undertake to live with one or more chronic conditions." The pilot was a randomized study, published in 1999, of nearly 1,000 people with different medical conditions, most often lung disease, heart disease, diabetes, and/or arthritis. They attended peer-led, two-and-a-half hour classes once a week for six weeks in small groups. After the program, Lorig noted, participants had fewer days in the hospital and fewer outpatient and ER visits. The intervention cost an estimated \$200 per person. Recently, Stanford conducted similar trials entirely online and achieved similar results.

In discussing new directions for intervention programs, Lorig underscored the importance of several keys to successful implementation in local communities. Among the most important were:

- Local ownership and branding
- Quality control
- Fidelity to the core requirements of the evidence-based model
- Systematic, deliberate, and cautious adoption
- Clear staffing plans
- Planned recruitment
- Affordability and having payment mechanisms in place

She also mentioned developing partnerships that could help sustain the program; making centralized support available; maintaining quality control; and evaluating only important outcomes, such as improvements in symptoms, communication with physicians, exercise, and self-efficacy.

Active For Life

Robin E. Mockenhaupt, PhD, MPH, Associate Chief of Staff, Robert Wood Johnson Foundation (NJ), described a recent Foundation initiative that focused on increasing physical activity for sedentary mid-life and older adults. The initiative focused on three areas: building and translating evidence into interventions for widespread use, increasing delivery capacity, and building a market or demand for the interventions.

To qualify for the initiative, programs had to demonstrate:

- Efficacy for adults 50 and over
- A basis in established behavioral principles
- Turn-key ease in implementation
- Positive results from initial testing in multiple populations and settings
- High feasibility for moving to scale

Robert Wood Johnson Foundation chose the Active For Life (TX) program, which utilizes two models based on behavioral principles: Active Living Every Day, a group-based lifestyle program, and Active Choices, a program that provides individualized telephone support to individuals. The program was implemented at nine primary sites with the goal of reaching 1,000 participants per site. In addition, it sought to disseminate evidence-based programs in multiple community locations, collect data, build program

sustainability, and work with program developers, evaluators, site directors, and lay leaders.

The initiative provided abundant lessons and results. Active for Life proved effective in increasing physical activity and improving satisfaction with body function; showed a high degree of fidelity to the model program; reached diverse populations; and demonstrated equal effectiveness among both majority and minority populations.

The U.S. Administration on Aging and Evidence-Based Prevention

John Wren, MPH, Deputy Assistant Secretary for Policy and Management, U.S. Administration on Aging (AoA), spoke about the AoA's evidence-based

prevention initiative. Through its aging services network of state and Area Units on Aging, Area Agencies on Aging, and local service providers, AoA reaches 10 million older people and family caregivers. For the past five years, AoA has been promoting the use of evidence-based prevention programs as part of a multi-pronged strategy for modernizing the aging network's role in health and long-term care.

Key elements to AoA's prevention strategy include using evidence-based models; forming partnerships with private foundations; offering technical assistance; and developing leadership at the national, state, and local levels. It has gone through four implementation phases since 2003, when AoA launched 14 community projects and created a National Technical Assistance

Funding Opportunities

Grantmakers could consider funding:

- Studies with caregivers to uncover the impact of memory training
- Investigations of sleep disturbance in nontraditional nursing homes and among community-dwelling elders receiving skilled nursing care
- Implementations of evidence-based health programs
- Documentation of research outcomes for evidence-based health programs
- Comparative analyses across various disciplines to highlight the need for more geriatrics-trained professionals
- Projects that focus on the benefits of how a well-trained workforce affects quality of care among older adults and their families
- Developmental studies of new technologies for older adults that may not have preliminary data but have good methods/designs and potential for success
- Studies that look at the connection between community environments and the wellbeing of older adults
- Research into mood disorders and emotional health among elders

Center. In 2004, knowledge transfer began through invitational workshops and national learning networks. In 2006, AoA funded evidence-based projects in 27 states with support from numerous foundations. In 2007, AoA targeted health disparities among minority groups by starting the Hispanic Senior Initiative in eight U.S. cities.

Wren provided three take-home messages for his audience:

- Promoting evidence-based programs is central to a much larger AoA modernization strategy.
- Public/private partnerships are key, as the foundation sector plays an integral role at national, state, and community levels.
- Although AoA has been making significant progress, it is still in the initial stages of systematically implementing these programs in the U.S.

For More Information

Active For Life (TX)

(979) 458-4202
www.activeforlife.info/default.aspx

American Association of Homes and Services for the Aging (DC)

(202) 783-2242
www.aahsa.org

American College of Physicians (PA)

(800) 523-1546, ext. 2600
www.acponline.org

American Geriatrics Society (NY)

Responses to Institute of Medicine Request for Comment on its study, The Future Healthcare Workforce for Older Americans
(212) 308-1414
www.americangeriatrics.org

American Medical Association (IL)

(800) 621-8335
www.ama-assn.org

Alzheimer's Association (FL)

(800) 272-3900
www.alz.org

California Elder Economic Security Initiative, Insight Center for Community Economic Development

(510) 251-2600 ext. 108
www.insightcced.org

California HealthCare Foundation

(510) 238-1040
www.chcf.org

Californians for Family Economic Self-Sufficiency, National Economic Development and Law Center

(510) 251-2600 ext. 108
www.nedlc.org/cfess/index.htm

Center for Aging Services Technologies (DC)

(202) 508-9463
www.AgingTech.org

The Commonwealth Fund (NY)

(212) 606-3849
www.cmwf.org

Gerontology Institute, John W. McCormack Graduate School of Policy Studies, University of Massachusetts Boston

(617) 287-7313 and (781) 784-1858
www.geront.umb.edu/eess

Health Foundation of South Florida

(305) 374-7200
www.hfsf.org

Institute of Medicine of the National Academies (DC)

(202) 334-2352
www.iom.edu

Institute of Medicine (DC)

The Future Healthcare Workforce for
Older Americans
(202) 334-3562
www.iom.edu

It's Never 2 Late (CO)

(303) 806-0797
www.IN2L.com

The John A. Hartford Foundation (NY)

(212) 832-7788
www.jhartfound.org

Massachusetts Association of Older Americans (MA)

(617) 426-0804
www.maoamass.org/maoa

Mather Institute on Aging (IL)

(847) 492-7500
www.matherlifeways.com

National Association of Social Workers (DC)

(202) 408-8600
www.socialworkers.org

Partners in Care Foundation (CA)

Medication Management Improvement System
(818) 837-3775 ext. 111
www.homemedics.org

Robert Wood Johnson Foundation (NJ)

(877) 843-7953
www.rwjf.org

School of Social Welfare, UC Berkeley (CA)

(510) 642-4341
http://socialwelfare.berkeley.edu

Social Security Administration (DC)

(800) 772-1213
www.ssa.gov

Stanford Patient Education Research Center (CA)

(650) 723-7935
http://patienteducation.stanford.edu

Stanford University School of Medicine (CA)

(650) 723-7935
http://med.stanford.edu

**UC-Irvine School of Social Sciences,
Department of Sociology (CA)**

(949) 824-6800
www.sociology.uci.edu

**UC-Irvine School of Social Ecology, Department
of Psychology and Social Behavior (CA)**

(949) 824-5574
http://socialecology.uci.edu/psb

UCLA Center for Health Policy Research (CA)

(310) 794-0909
www.healthpolicy.ucla.edu

UCLA Center on Aging (CA)

(310) 825-0291
www.aging.ucla.edu

UCLA David Geffen School of Medicine (CA)

(310) 825-6373
http://dgsom.healthsciences.ucla.edu

UCLA David Geffen School of Medicine (CA)

Multicampus Program in Geriatric Medicine
and Gerontology
(310) 312-0531
www.geronet.ucla.edu

United Way of America (VA)

(703) 836-7100
www.unitedway.org

University of Washington (WA)

(206) 543-2100
www.washington.edu

U.S. Department of Agriculture (DC)

www.usda.gov/wps/portal/usdahome

U.S. Administration on Aging (DC)

www.aoa.gov
(202) 357-3447

VA Greater Los Angeles Healthcare System (CA)

(310) 478-3711
www.gla.med.va.gov

VA Greater Los Angeles Healthcare System (CA)

Geriatric, Research, Education, and Clinical Center
(818) 895-8311
www.va.gov

Wider Opportunities for Women (DC)

(202) 464-1596
www.wowonline.org

Y & H Soda Foundation (CA)

(925) 631-1133
www.yhsodafoundation.org

Skill-Building for Grantmakers

Fostering Grantee Sustainability: Supporting Grantee Copyright, Trademark, and Licensing Efforts

“Whether or not they recognize it, foundations grapple with intellectual property issues daily.”

—Foundation News and Commentary,
Council on Foundations

Many health and human service organizations own ideas or tools that either currently produce income or have the potential to do so in the future. This post-conference session helped participants understand different forms of intellectual property (IP) and the basic issues surrounding IP, as well as the role that foundations play in supporting grantee IP protection efforts.

A pre-conference survey found that meeting participants were still developing a clear sense about IP and what foundations can and should do with respect to protecting their grantees' work. In response, Randall Farrimond, JD, Farrimond Law Offices (CA), led off with a helpful introduction to IP, providing clear definitions of key terms such as trademarks, service marks, copyrights, copyright protections, patents, and trade secrets. He also discussed ways to commercialize IP assets and additional terminology related to license agreements.

Larry Clark, President and CEO, Comprehensive Health Education Foundation (WA) then provided specific examples of IP issues that health and human service organizations have faced. He introduced the topic of the role of funders in helping grantees protect their IP, commenting, “Most [funders] are not wrestling with these issues of intellectual property, and they should be.” Clark noted that the Comprehensive Health Education Foundation

trademarks all brand names for its products and services and copyrights its published works, curriculum, and presentation materials.

Ned Schaub, Consultant and Director, Partnerships Development, MissionWise/Comprehensive Health Education Foundation, talked about the role of foundations with respect to IP and gave examples of IP issues that foundations have faced. He also described a variety of ways foundations can spell out clearly who owns or controls a grantee's products before these products are created.

The presenters then walked session participants through several examples, as well as the case study of a specific nonprofit dealing with IP issues. This focused on the efforts of Midwest Works, a fictional organization striving to enable adults without disabilities to fulfill their greatest potential. Midwest Works had some ideas and software programs that were not protected, and participants gathered in small groups to develop strategies for how a grantor could help the organization best protect its property through copyrights, trademarks, and licensing agreements.

For more information

[MissionWise/Comprehensive Health Education Foundation](#)

(800) 323-2433

www.missionwise.org

[Farrimond Law Offices](#)

(415) 362-4900

www.farrimondlaw.com

(Re)Energizing Ourselves

Lessons on Living

Invigorating ourselves with health, energy, and enthusiasm is a worthwhile goal for all of us at any age, but just how do we do that? There is likely no better person to ask than Deborah Szekely, Founder of the Rancho La Pureta and Golden Door spas in the San Diego area, and known worldwide as the “godmother” of the mind/body fitness movement. She and moderator Nancy Jamison, Executive Director, San Diego Grantmakers, closed the Annual Conference with a wide-ranging and enlightening discussion of Szekely’s life, as well as her longstanding interests in health, aging, and philanthropy.

Szekely was born to immigrant parents in New York City in 1922 and went with her family to Tahiti in the 1930s to escape the hardships of the Great Depression. There, she worked with her mother, a nurse, in caring for a small group of American and European expatriates—perhaps the formative experience that would make service to others such an important part of her life. Eventually, the family moved to Marin County, California. She went on to fashion a fascinating life

that included emigrating to Mexico, serving as a U.S. diplomat, and with her husband Edmund, becoming an early champion of a lifestyle based on breathing clean air, drinking pure water, eating organic foods, and participating in regular physical exercise.

As a philanthropist, Szekely has been responsible for hundreds of millions of dollars going to people in need, and she has a special interest in aging. “I hate waste,” she says, and my deepest frustration now is the wasting of the lives of our elders because our society twins the words old and sick. If you’re one you must be the other. I rail against this stupidity. Our elders need to find a role other than simply waiting,” she says. “Elders are our most wasted resource, and they have a purpose in Civic Engagement.”

And her advice on living a long, healthy life? “Eat well, exercise, take care of your mind, your spirit, and your body. These are things that you should do without [even] thinking... They should be as natural as breathing!”

A PROGRAM OF

