Innovations for Aging in Community

The Jewish Communal Contribution

Anita ***Altman*** *and Kathy* ***Rosenthal***

THE NATIONAL VIEW

For more than two decades, UJA-Federation of New York and its network of aging service providers have recognized that the vast majority of seniors want to remain living in their own homes, even as they have grown older and frailer. This has been well confirmed by AARP's annual survey in which 9 out of 10 seniors consistently express that opinion (AARP Public Policy Institute, 2006).

For much of that time, efforts to keep seniors in their homes have focused on naturally occurring retirement communities (NORCs) and the opportunity they can provide to mobilize a community's assets—the people who live there, the local organizations and institutions, housing owners/management, as well as formal service providers—to organize a supportive community in which it is good to grow old. Over the course of 20 years, the model for a professionally staffed supportive service program (SSP), which was originally developed at the Penn South housing co-op in New York, has been refined, replicated, and then incorporated into public policy with the passage by the New York State Legislature of the first NORC-SSP establishment legislation in the country. Enacted in 1994, this legislation formally defined a NORC, established criteria for securing public funding, delineated mandated and eligible services, structured a funding mechanism predicated on a public–private partnership, and provided $1 million of funding annually. In 1999 New York City followed suit and created and funded a NYC NORC-SSP, which embraced the fundamental principles of the state program, but modified eligibility and funding requirements. The target populations for the NORC-SSPs were low- and moderate-income seniors, residing in communities in which there was common ownership of the housing—moderate income co-ops, public housing, and large private rental housing. The programs that were organized are now known as "classic" NORCs and more typically are found in urban communities.

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However, demographics drive the discussion. The 2000 U.S. Census revealed that, although the aging of the population was occurring throughout our region, the most intensive aging-in phenomenon was occurring in near-in suburban communities made up of single- and two-family homes and of small, unaffiliated apartment buildings. UJA-Federation recognized the need to develop a NORC-SSP model that could address the needs and aspirations of these communities that had the intensity of aging-in, but no natural or human-made boundaries to define a potential community to be organized. This lack of boundaries made the work more challenging and required a more intensive investment in community organizing and building. The program developed and implemented in response—the NORC WOW (Without Walls) in Floral Park, Queens,

Anita Altman *is Deputy Managing Director, Government Relations and External Affairs, UJA-Federation of New York.* ***Kathy Rosenthal****, LCSW, is Vice President, F·E·G·S Family Services and LI Regional Operations.*

created by the Samuel Field YM-YWHA—became the template for what is now called a "neighborhood" NORC. This program model was embraced by New York State, incorporated into state legislation, and is funded at the same level as classic NORCs, each about $2 million annually.

There are now 54 NORC-SSPs in New York State that receive $11 million of city or state funding annually; some receive grants from both. They provide more than 50,000 moderate- and low-income New York seniors with a social safety net that enables them to remain living in their own homes as they grow older.

Our work in New York helped inspire the Washington office of the Jewish Federations of North America (JFNA) to advocate successfully for what became known as NORC earmarks, annual allocations designated by members of Congress to senior aging service programs across the country. This funding helped generate new, often innovative approaches to help enable seniors to age in their own homes.

This work also led to inclusion of NORC-SSPs in a series of hearings leading up to the reauthorization of the Older Americans Act in 2006. The third hearing, held in May 2006, focused on the merits of establishing a new program within the Older Americans Act that would encourage the development of NORC-SSPs and other innovative, community-based initiatives to support aging in place. The amendments to the Older Americans Act of 2006 established the Community Innovations for Aging in Place Amendment (CIAPP), which for the first time empowers the Assistant Secretary on Aging the authority to award grants under Title IV of the Older Americans Act to programs that promote aging in place, specifically noting NORC-SSPs as well as other models that work to build supportive communities. In no small measure, the creation of the CIAPP was not only an acknowledgment of the contribution of New York's NORC-SSPs but also a recognition that across the country there were many communities experimenting with a variety of approaches to help enable aging residents to remain at home.

Funding for the CIAPP program of $5 million was secured in 2009, and the first RFP issued that July. The U.S. Administration on Aging (AOA) received more than 400 inquiries from interested parties across the country and gave consideration to more than 200 applications. This represented the highest number of expressions of interest and submissions received by AOA for any program in its history.

In September 2009, AOA awarded grants to 14 programs and created a technical assistance center. New York's impact is easy to identify just from the membership of the technical assistance program. The Visiting Nurse Service of NY was selected as the technical assistance provider; Fredda Vladeck, the founding director of the Penn South Program for Seniors, and currently the director of the United Hospital Fund's Aging in Place Initiative, chairs its Technical Advisory Group; and Anita Altman of UJA-Federation and Rob Goldberg of the Jewish Federation of North America's Washington Action Group are members of the advisory group. Through its work on NORC-SSPs, UJA-Federation and its member agencies certainly can take credit for having made a significant contribution to the national conversation now occurring on aging in place.

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of communities across the country is "The Village" in the Beacon Hill neighborhood in Boston. In this model, neighborhood residents organize to create "villages" that aim to help secure, co-ordinate, and deliver services and supports. It is not a provider model, although there are paid staff; however, the volunteers supply the leadership and are the "foot soldiers" delivering services, such as transportation, escort, and light handyman services, under the direction of professional staff. Beacon Hill Village also offers a concierge service that arranges for paid assistance from preselected vendors.

Other "villages" are completely volunteer led and operated. Some use a "social credit banking system" of volunteer hours provided that can then be exchanged for other volunteer services. There are others in which people volunteer for the sake of community and hope one day the community will be there for them.

However, membership dues can be steep; for example, in Washington, D.C.'s Capital Hill Village, annual membership is $530/person and $800 for households, with about 15% of members subsidized because they fall into the low-income category. Yet, these local self-help initiatives can help make a real impact on the quality of life of their community, providing much-needed concrete services to individuals and meaning and purpose for those who volunteer.

AGING-IN IN SUBURBIA

Nassau County on New York's Long Island, often characterized as "America's first suburb," is home to nearly 1.4 million individuals. Although its total population is predicted to *decrease* by approximately 2.6% between 2000 and 2015, the population of individuals over the age of 60 is expected to increase by 11% and the population of those over the age of 85 by 65%. By 2015, one in eight Nassau County residents will be age 85 or older (see http://aging.state.ny.us/explore/project2015/index.htm). Similarly, nearby Suffolk County is home to nearly 1.5 million residents. Its overall population is projected to increase by 3.3% between 2000 and 2015 (see http://www.dec.ny.gov/chemical/40748.html), whereas the population age 60 or older is expected to grow by 37%, and those 85 or older by nearly 74%. These figures mirror the demographics of the general community, as shown in the 2000 Census.

In many cases, seniors are living alone or with an aging partner or spouse and sometimes a dependent adult child who may have a disability. When these seniors do have children or other relatives, often they are either living out of the area or have very busy lives that leave little room for caring for or assisting their loved one. These older individuals and couples have the burden of maintaining homes and properties that are also aging, and they encounter more and more difficulty getting around, particularly once they are unable to drive independently. Public transportation on Long Island is scarce at best and challenging to access, even for well and spry individuals. A limited ability to be mobile is directly correlated with an increase in social isolation and barriers to accessing critical health care, as well as difficulty in accomplishing basic household chores such as shopping for food, medication, and other critical items. What we know is that, despite these challenges and barriers, aging individuals want to remain in their homes, and even government has acknowledged that this choice not only improves quality of life but is also highly cost effective.

As with many social challenges and demographic shifts, there is no panacea. Across Long Island are found many programs that serve the aging population who are still living at home, including Meals on Wheels; the Supplemental Nutrition Program (SNAP) and other nutrition programs; Expanded In-home Services for the Elderly (EISEP); social adult day programs; senior citizen community centers that run transportation, meal, and social/recreational programs; and respite and other caregiver support initiatives. Some of these services are delivered by county and other local government sources, whereas in other cases government contracts with the private sector to deliver them. Several agencies under the UJA-Federation of New York umbrella provide these services.

Among the most creative of responses to meeting Long Island's seniors' needs and gaining their involvement, empowering them to play an active role in their lives and in their communities, is the suburban or neighborhood NORC-SSP. The NORC WOW initiative in Queens serves a community that is just over the border into New York City from Long Island, in a neighborhood that has a mix of urban and suburban living. As mentioned earlier, the success of this project (funded first by a private foundation), coupled with an advocacy effort led by UJA-Federation, staff of the Samuel Field Y who lead NORC WOW, and the seniors served by the project, led to the enactment of New York State legislation to fund neighborhood NORCs (NNORCs).

Through two rounds of funding from the New York State Office for the Aging, only two organizations on Long Island have been successful in obtaining NNORC funding, and both are UJA-Federation network agencies: the Mid Island Y-JCC and F·E·G·S Health and Human Services System. Between these two organizations, four NNORC programs have been built and are prospering. The Mid Island Y's NNORC programs—POB Cares and PACE—were built from a stalled grassroots effort that had been launched in 2001 by private and UJA-Federation funding. The Y was successful in reviving the initiative with New York State NNORC funding. To date, these two efforts have served more than 500 seniors in the Plainview-Old Bethpage community in Nassau County through professionally delivered social services and health care assistance, as well as hundreds of volunteers who provide support to the program and directly assist the more frail homebound seniors. The Mid Island Y programs offer a robust menu of social service, health, educational, social/recreational, and other services. Among their key partners are the Jewish Agency for Service to the Aging (JASA) and the North Shore-LIJ Health System.

Taking a page, but adding a chapter, F·E·G·S crafted an innovative approach to NNORC programming by formulating a key partnership with local government. In 2005, F·E·G·S reached out to the town of North Hempstead, where the Commissioner of Community Services (who coordinated existing town-wide services for seniors) and the Town Supervisor immediately recognized that the NNORC model would be a valuable means of both shoring up services for its tremendously growing senior population and of building community. The town made an investment in PROJECT INDEPENDENCE several months before F·E·G·S was successful in obtaining state funding. During the second round of state funding, F·E·G·S reached out to the town of Huntington, which had catchment areas that easily met the state-defined demographic criteria for a NORC. HANDS ON HUNTINGTON became a successful replication of the North Hempstead-based project.

In a suburban environment, where there is no unifying housing entity to provide matching resources as is the case in classic or vertical NORC programs, the government partner brings to the table resources, support, and an existing infrastructure of services for its residents; for example, transportation, social/recreational programs, home repair, and Meals on Wheels. The public–private collaboration exemplifies one of the foundational tenets of the NORC model: mobilizing, leveraging, and strengthening the existing resources of a community, rather than building a system from scratch. The value of F·E·G·S' two NNORC-SSPs is significantly enhanced by these partnerships.

To date, through its two NNORC programs, F·E·G·S has served more than 500 unduplicated seniors with direct services and hundreds more through education, social, and recreational programming. The two projects provide a diverse and integrated menu of services, delivered by F·E·G·S social workers and nursing professionals from North Shore-LIJ Health System, with much additional assistance leveraged from other UJA-Federation network organizations including JASA, the Sid Jacobson JCC, the Suffolk Y JCC, as well as a host of other community-based organizations, local schools, libraries, civic groups, businesses, and faith-based groups.

The most important partners in these projects, however, are the seniors. The residents play active roles in governance, needs assessment, program direction, program delivery through volunteer services, and evaluation. As participants on our Advisory Committees and through consumer satisfaction surveys, residents have told us the following:

"I have lived in this community for more than 40 yrs. This is the first time I have felt a sense of community."

"We had seriously begun to think about moving, even though we didn't want to…now we don't have to."

"It is such a comfort to have the Project Independence program. It gives one great peace of mind to know that a phone call can access such professional, caring assistance. We are so lucky to have such a warm, competent, enthusiastic staff at PI. They bring out the best in us and help us attain the best quality of life possible."

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"The Advisory Committee meetings are always lively and interesting and informative. This program is a vital resource in our community."

In North Hempstead, the name PROJECT INDEPENDENCE now covers more than the original NNORC program, with the town continually investing its own resources as well as working hard to leverage additional dollars from the state and federal government as well as private funding sources. The goal is to create a more responsive safety net of services and linkages for its senior residents.

The "village" model described earlier is also starting to find "homes" in several affluent communities across Long Island. Don'tMoveAway, modeled after Beacon Hill Village, is a nonprofit group formed in 2008 by two female Roslyn Heights residents in their early 70s; its goal is to give older residents resources to age-in in their homes. The group has approximately 150 members aged 50 and older in several neighborhoods, but is open to all residents of Nassau County. Because Don'tMoveAway focuses on cultural activities and socialization, rather than on social and health services, its annual dues are quite minimal: $35 per

individual or $50 a couple. Members also have access to a contractor/vendor provider listing, which includes contact information for appliance repair shops, hearing aid vendors, and other service providers recommended by members, with some offering discounts. The group is also launching a neighbor-to neighbor program, in which volunteers will check on older neighbors, and a walking group as well. It has held events featuring speakers on a variety of topics and experts in elder law and plans to offer computer classes and a book discussion group. Several Suffolk County communities are exploring starting up similar projects, but these initiatives are few and far between.

Home Share is another national aging-in-place model that has been developed on Long Island and is operated by private, nonprofit human services organizations. Young people are matched and live with older individuals, thereby providing younger people with an affordable place to live and their aging "housemate" with support, assistance, and a sense of safety and security. There are currently 30 matches in Nassau County and 99 in Suffolk County. Funding is provided by a mix of public and private resources including foundation and government grants and resources provided by the local municipalities.

CONCLUSION

However much these local self-help initiatives, which try to create safety nets to help enable seniors to remain in their own homes, should be applauded, the hope is that they will not point policymakers and the public in the wrong direction. It is imperative that we maintain and expand our traditional aging services—congregate and home-delivered meals, senior centers, extended in-home services program, senior transportation, and elder abuse prevention services—for they are critical to the success of the supportive service programs organized in NORCs and in the general community. As the experience of the NORC-SSPs has shown, as seniors age, frailty increases, requiring the professional services and supports that are simply beyond the ability of volunteers to provide.

The reality is that it will take significant changes in public policy to help enable seniors to remain living in their own homes. One need only look at selected characteristics of the 97% of the nation's 40 million seniors fortunate enough to have Medicare to understand why: 47% have incomes that are below 200% of the poverty level ($20,420 for an individual household, $ 27,380 for a two-person household); 36% have three or more chronic conditions; and 29% have cognitive or mental impairments.

Although Medicare covers many critical aspects of health care services, there are significant gaps, including, most significantly, long-term care. For those wanting to remain at home rather than in an institutional setting, which for many quickly results in impoverishment, the cost of in-home services can be beyond the reach of those without substantial savings or income. Although the recently enacted health care reform legislation includes the Community Living Assistance Services and Support (CLASS) long-term care insurance program, its benefits are quite limited and its buy-in expensive. This is a national, voluntary insurance program, for which it takes five years to become vested, and once vested minimum benefits are set to a minimum of $50/day. It is not clear what the maximum benefit level will be, because that will depend on the level of

revenue in the fund at that time. At the current estimate of $19/hour for home care services, the impact of this coverage will likely be minimal.

The reality is that neither our social service nor health care systems are organized or funded to provide the integrated services and long-term care that individuals will almost inevitably require as they grow older and frailer. These are challenging times, with budget crises confronting all levels of government. The challenge before us is to harness, maximize, and use most efficiently and effectively the financial resources of government, the professional skills of service providers, and the vision, energy, and talents of the community to help build that supportive infrastructure that will enable people to remain at home as they age. The Jewish communal service community has played a leadership role in bringing us to where we are today; the need for us to continue taking this role will not abate.

REFERENCE

AARP Pulic Policy Institute. (2006). *State of 50+America: 2006*. Washington, DC: AARP.