Our Aging State:

What Connecticut Funders Need to Know

The Connecticut Council for Philanthropy participated in a 2-year EngAGEment project, a partnership with Grantmakers in Aging and six CCP members. The project's goal was to help funders learn about: demographic changes, meeting the needs of an aging state, and building communities for all ages. In many cases, aging touches the work that funders are already doing.

As part of EngAGEment, Debroah Stein, CCP's Consultant in Aging Issues, interviewed ten key members of Connecticut's aging network to explore important issues and their views on what the philanthropy community needs to know.

The most remarkable aspect of the interviews was their consistent messages. Although the interviewees have varied roles and vantage points within aging services, similar concerns and priorities emerged repeatedly - along with a variety of ways for funders to become involved. The messages have been categorized into five main themes:

**Theme 1: A Time of Unique Challenge and Opportunity in Aging** notes the dramatic demographic changes and the simultaneous trend toward rebalancing long-term care from institutional to community services.

**Theme 2: Investing in Prevention, Wellness and Communities for All Ages** highlights the importance of promoting healthy, active lives and a physical environment that allows everyone to participate.

**Theme 3: Challenging the System to Expand Local Capacity** describes the expanding need for community programs, the lack of local standards for serving seniors in Connecticut, and the difficulty in sharing best practices among towns.

**Theme 4: Improving Access to Information and Services** explains why we need to make it easier for older adults and their families to find answers to their questions and learn about key services and supports.

**Theme 5: Workforce Development is Essential for Community-Based Care** focuses on rapidly growing demand for well-trained home care providers and for helping family caregivers meet increasing pressure on their time and skills.
What Can Connecticut Funders Do?

Connecticut funders can have a positive impact by:

- Raising awareness of the changing demographics and how the aging of our population will become everyone's issue.
- Supporting localities in examining priorities and finding ways to reach residents who need information, care, and opportunities for staying healthy and engaged.
- Working with senior-serving agencies to design a system that promotes sharing of knowledge, expertise and success among towns and regions.
- Bringing leadership skills to the table to enlist new collaborators and broaden the conversation to encompass better communities for everyone.
- Asking all grantees to consider changing demographics and how their organizations and services will be impacted.
- Finding the intersection with current areas of focus and creating a niche for positively impacting the lives of older adults.
- Leading by example and expanding meaningful roles for older adults in your organization.
- Joining the CCP's Aging Affinity Group and collaborating with colleagues across the state to help build a better system.

Theme 1: A Time of Unique Challenge and Opportunity in Aging

Molly Rees Gavin, President of Connecticut Community Care, Inc., the largest care management agency in Connecticut, believes that "We are currently in the time of greatest opportunity and challenge that I have seen in my aging services career."

Increases in the older adult population - locally, nationally and globally - have been dramatic. Connecticut's percentage of residents 60+ increased from 17.7% to 19.9% in the decade between the 2000 and 2010 census. The 85+ population, generally those in greatest need of care and support, grew from 1.9% or 64,273 residents in 2000 to 2.4% or 84,898 residents in 2010. It is estimated that 25% of Connecticut residents will be 60+ in 2025.

Funders also need to consider another major trend. Connecticut is part of a national rebalancing of long-term care - a shift from institutional care to community-based services and supports. This can be very positive as it often means increased consumer choice about where to receive services and providing help in the least restrictive environment. Many people prefer to continue living in their own home or the community where they have ties.

Options for remaining at home with community-based supports, such as the Connecticut Home Care Program for Elders, have been around for decades. With Money Follows the Person, a federal/state program, Connecticut committed to moving older adults and people with disabilities out of skilled nursing facilities and back into communities. There is also a focus on improving care transitions to reduce re-hospitalizations and address needs in community rather than inpatient settings.
In new partnerships developing through the Affordable Care Act, social service agencies will be working with hospital systems to strengthen community services. There are concerns that the hospital side will drive the changes and 'medicalize' community services.

What the aging network wants funders to know:

A Time of Unique Challenge and Opportunity in Aging

- Municipalities and local agencies are often not prepared to assist individuals coming into their communities and those needing support to age in place.
- Without the involvement of communities, some people are deinstitutionalized at great effort and cost only to experience isolation and reduced human connection.
- Money saved on institutional care has not been invested in communities.
- More is expected of municipalities and local agencies, but not enough is being done to help them plan. They often have no 'seat at the table.'
- Funders, including those with an interest in health care, can help communities understand what these changes mean and where local supports are most needed.

Theme 2: Investing in Prevention, Wellness and Livable Communities

Waldo Klein, Professor at the University of Connecticut School of Social Work, agrees with his aging network colleagues that long-term care is a pressing need. However, Klein insists, "We need to broaden our definition of long-term care to include universal design, downsizing and whatever helps people maximize their capabilities as they age."

This expanded view of long-term care includes the concept of livable communities with projects such as Complete Streets to ensure that traffic signals allow enough time for older adults as well as children and people with disabilities to cross safely. AARP Public Policy Institute has guidelines for livable communities - communities that help all residents participate actively. The state office has recruited volunteers to 'walk the streets' as part of a Complete Streets project, but says that municipalities must be on board to follow through.

Aging network members stressed that Connecticut cannot afford to focus all of its effort and money on those with the greatest care needs. One strategy with broad support is to make evidence-based health, mental health and fitness programs more widely available. The Department of Social Services has offered evidence-based Chronic Disease Self-Management, Tai Chi and Fall Prevention programs in collaboration with its partners. Many other evidence-based wellness programs are readily available for replication.

Why have these proven programs not been disseminated more broadly in Connecticut? The cost of materials and train-the-trainer programs are one barrier. The other factor which will be explored in the next section can best be described as systemic. Whose role is it to disseminate best practices throughout the state?
What the aging network wants funders to know:

**Investing in Prevention, Wellness and Livable Communities**

- New collaborators such as CT Department of Transportation, Conference of Municipalities and local planning departments are needed to build livable communities.
- Funders can help develop and promote blueprints for fostering successful aging in local communities.
- It is crucial to mobilize the skills, energy and talents of older adults in the service of their communities; this is an abundant resource in an age of scarcity.
- Livability policies and practices dovetail with other key areas of funder concern such as health, transportation, housing and community development.
- To promote healthy, active lives and control future costs of care, we need to invest in prevention and wellness.

**Theme 3: Challenging the System to Expand Local Capacity**

*Dianne Stone, Vice President of the Connecticut Association of Senior Center Personnel, observes that "It is very difficult to bring senior services to scale in Connecticut despite pockets of excellence and innovation. Much of the funding is local and it is often in direct competition with other essential municipal services such as education and public safety."*

Increasing emphasis is being placed on the localities - to expand services and support for elders in need of assistance and to become more 'livable' for the broad range of older adults who want to grow old and remain engaged in the communities where they have lived.

Municipal senior services in Connecticut have always varied widely among towns. The disparity in financial resources, staffing and expertise, and town commitment to aging services means that municipal aging programs range from nonexistent to comprehensive.

Those working at the local level often advocate for enhancing local standards - beyond the very limited Municipal Agent for the Elderly statute. The Department of Social Services is reluctant to promote municipal guidelines which might be seen as unfunded mandates. They note that they are not funded or staffed to strengthen local programs although they encourage grants to senior centers through the Area Agencies.

The five Area Agencies on Aging are the other key player in supporting local services. Area Agencies partner with local communities - senior centers, libraries, nonprofits, etc. However, in some towns, there is nobody able or willing to partner. With stretched grant resources and shrinking staffs, they can't reach all the seniors in their regions.
What the aging network wants funders to know:

Challenging the System to Expand Local Capacity

- System-wide thinking, planning and coordination are essential to bridging gaps among the state, Area Agencies on Aging, and municipalities.
- Training and mentoring of local senior services staff should be a priority. Professional groups that want to share knowledge and best practices among towns don't have the resources.
- Not everything needs to be reinvented in every town - collaborating on a structure to systematically build local services and improve coordination would be of great benefit.
- Funders have expertise in capacity building and can help bring aging services and new collaborators together for a fresh look at the system.

Theme 4: Improving Access to Information and Services

"We know that people want to stay in their own homes, but often do not know about the services out there," says Margaret Gerundo-Murkette, Acting Director Aging Services Division, CT Department Social Services. "Accessing the right long term supports and services at the right time is critical to remaining at home with the desired quality life."

Access to information is a fundamental service in the field of aging - the first step in connecting older adults, families and caregivers to supports, benefits and programs.

Connecticut offers The CHOICES Program to provide information on health insurance and other services. Several years ago, DSS launched Aging and Disability Resource Centers (ADRC’s) in collaboration with Centers for Independent Living and Area Agencies on Aging in each region. This expanded the focus to include people over 18 living with disabilities.

Shrinking and uncertain funding have been major challenges for CHOICES and, more recently, for ADRC’s. The Connecticut General Assembly recently voted to endorse a statewide ADRC, but funding is federal. Will ADRC’s have staff and resources to meet the demand?

Many municipalities, senior centers and libraries also help elder residents and caregivers connect with benefits and programs. In some cities and towns, social workers provide office and home visits to assess seniors' needs, educate them on services, and follow up.

211, community action agencies and various nonprofits also deliver information to many seniors. However, despite all of these efforts, many seniors still don't know where to go for answers to their questions - reflecting the struggling system.

One promising approach is a benefits outreach project that walks seniors through the benefits process. With a modest staffing investment funded by the National Council on Aging, seniors in rural eastern Connecticut accessed $4 million in benefits. This increased their financial security,
quality of life and the likelihood that they can remain in their homes. Public/private partnerships around the country also support this approach.

### What the aging network wants funders to know:

#### Improving Access to Information and Services

- Local providers who answer seniors' questions and connect them with programs need regular updates on benefits and services. An improved system for sharing information including the creative use of technology would help them stay current and better inform residents.
- Knowledgeable, resourceful volunteers can help older adults and their families navigate the system of programs and supports. Funders who promote civic engagement can encourage communities to recruit and train volunteers to share information with older adults and caregivers.
- Benefits outreach works. Funders can support or champion projects that connect low income seniors with benefits - bringing in dollars that also aid the local economy.

### Theme 5: Workforce Development Is Essential for Community-Based Care

According to Joan Wessell, Executive Director of Senior Resources Agency on Aging, "The effects of deinstitutionalization in the 1970s are still visible on the streets of Norwich. Will communities again be unprepared? Home care service providers in eastern Connecticut do not have capacity to meet current needs so building the direct care workforce is crucial."

All the trends discussed here - growing numbers of older adults, the emphasis on aging in place and community, and the state's goal of rebalancing long-term care - lead to the need for more and better trained direct care workers. The Money Follows the Person Workforce Development Subcommittee, an important player in tackling this issue, says we will need 9,000 more in the next five years.

One challenge is the delicate balance between paying a living wage for workers and making services affordable for individuals, private insurance and government payers. Many home care providers are at the brink of extinction because of low reimbursement rates and can't pay the wages needed to attract and retain more professionalized workers.

Family caregivers, the unpaid workforce, are also experiencing increasing demands on their time and skills. They often need:

- 'Just in time' skill training to match the current situation they are facing.
- Alzheimer's disease and dementia training addressing changing needs and approaches through the stages as well as family dynamics.
• Training and coaching that is available either in person or on the web.
• Support for middle-aged caregivers that fits around work and family schedules.
• Training and peer networks specifically for grandparents raising grandchildren.

What the aging network wants funders to know:

Workforce Development Is Essential for Community-Based Care

• New partnerships are needed such as collaborations with community colleges, high schools and Workforce Investment Boards. Funders with interests in workforce and employment issues can help forge these alliances.
• Some of the workers currently in institutional settings can be retrained for home care.
• Creating career ladders can help build a pipeline of qualified and motivated workers.
• Family caregiving impacts all generations – from children being raised by grandparents to the middle aged 'sandwich generation' to older adults.
• Funders with a focus on children and families may want to explore the needs of family caregivers in their regions.
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Members of Connecticut’s Aging Network interviewed for this report

- Donna Fedus, Coordinator, Elder Programs, Yale Consultation Center
- Molly Rees Gavin, President, Connecticut Community Care, Inc.
- Margaret Gerundo-Murkette, Acting Director, Aging Services Division, CT Department of Social Services
- Judy Jeneks, President of CT Association of Municipal Agents for the Elderly, and Lisbon Senior Center Director and Municipal Agent
- Brenda Kelley, State Director (now retired), and Erica Michalowski, Associate State Director, AARP
- Waldo Klein, Professor, University of Connecticut School of Social Work
- Patricia Schneider, CT Association of Senior Center Personnel, and Director, Glastonbury Human Services Department
- Julie Evans Starr, Executive Director, Connecticut Commission on Aging
- Dianne Stone, Vice President, CT Association of Senior Center Personnel, and Director, Newington Senior and Disabled Center
- Joan Wessell, Executive Director, Senior Resources Agency on Aging, and Secretary, Board of Directors, CT Association of Area Agencies on Aging

Photos courtesy of Connecticut Community Foundation, Photographer: Dru Nadler

About the Connecticut Council for Philanthropy

The Connecticut Council for Philanthropy (CCP) is an association of grantmakers committed to promoting and supporting effective philanthropy for the public good. CCP's members are foundations (private, corporate, community), business and corporate giving programs, bank trusts, donor-advised funds, individual philanthropists and those serving the philanthropic sector. CCP members annually grant more than $858 million from assets of more than $7.6 billion. CCP is a member of the Forum of Regional Associations of Grantmakers, the largest network serving philanthropy in America.