

Best Practices for Aging in Place: A Case Study of Aging Services Providers in the City of Philadelphia



Lauren Ring and Allen Glicksman
Philadelphia Corporation for Aging

Background: Evaluating a Model for Aging in Place

This manual is the product of two grant awards provided by Friends Foundation for the Aging to examine novel strategies for helping older adults to age in place. The project began with the evaluation of a pilot program located in Center City Philadelphia called Friends in the City Plus (FitcPLUS). The FitcPLUS model builds upon the Village Model for community aging, wherein older adults provide volunteer services for one another and pool funds to finance services for the group. The FitcPLUS model combines a village-like, socially based program run by and for its older adult members with a dedicated access line to long term care and other aging services through a vetted provider.

The initial study included a series of focus groups and a survey of FitcPLUS members, as well as a focus group of community stakeholders, older adults, and aging services providers in the Germantown section of Philadelphia. The three investigators on the project were the authors of this manual and Dr. Carrie Graham, now Director of Long-Term Services and Supports at the Center for Health Care Strategies. The purpose of this study was to ascertain whether the FitcPLUS model (and/or other village type models for aging in place) could be modified to support a community that was more racially, geographically and economically diverse. Unfortunately, due to the model's dependence on a membership fee in addition to a la carte service payments, as well as the rich network of affordable aging services already available in the Germantown area, the model was not a good fit.

However, there were some aspects of the FitcPLUS model that were viewed positively by the Germantown group- three of which also emerged as key themes in the survey of FitcPLUS members.

1. Empowerment: The ability of older adult members to retain the agency to make their own choices regarding healthcare and service provision.
2. Opportunities for socialization
3. Access to a vetted "One Stop Shop" that they could trust to provide all necessary aging services and information, from snow removal and help with medical forms to long term care in the home

Since we found that the FitcPLUS model was not easily replicable as a whole in other Philadelphia neighborhoods, a follow up study was conducted to examine possibilities for providing the three elements described above in different settings that were more suited to the older populations residing there. In order to do this we chose 7 successful aging organizations in Philadelphia as participants, which varied widely in geographic area, populations served, and structure of service provision. Group interviews were conducted with administration and staff at each agency, and 3 focus groups were convened among older adults who received services from these providers, in addition,

in the case of the Village program the older adults were both administrators and participants in the program.

The results of this second study form the basis of this manual, which we hope will serve as a useful tool for aging services practitioners as well as those who wish to develop new and innovative aging programs in their communities.

A Note About Best Practices Guidelines

Best practices manuals are intended to be instructional, providing practitioners with evidence-based guidelines to use in their day-to-day work. By compiling and analyzing the current research, many of these manuals present a universal set of guidelines proven to be the most useful for addressing a particular problem. While this manual also aims to provide practitioners with an evidence base for planning successful interventions and improving service delivery, it does not present a singular set of guidelines.

We found that the unique environments in which each of the participant organizations operated had a profound effect on the types of interventions which proved beneficial to their constituents. Differences in populations served existed in the socio-economic status, race/ethnicity, and predominant language of the older adults, volunteer bases as well as geographic differences. All of these have an effect on housing and transportation options, which in turn play a large role in the success or failure of interventions. These differences are important because they affect the nature of the challenges faced by the older adults served, and in turn, the strategies that can help to alleviate those challenges. In this context, we felt it would be counter-productive to prescribe a single "best practice."

Instead, this guide will present successful strategies for helping older adults to age in place within the wider context of the climate in which each facilitating organization operates. To this end, we've included a chapter for each organization which describes not only the strategies used to provide services, but also the surrounding physical and social environments, created using both information reported by the agencies themselves and locally available survey data. We will also examine the overarching themes that tie these organizations together despite their many differences. We hope this will allow the reader to use the information obtained in this guide to tailor practices to the needs of their own community, which they are doubtless more knowledgeable about than the authors.

Which brings us to what is perhaps the most important topic reviewed in this manual—the central role of earning and maintaining the trust of those you serve. This particular theme emerged in almost every interview as a prerequisite for successful programming and may be the one absolutely generalizable best practice included here.

The original interviews for this study were conducted in 2017 and 2018. Each agency description was updated in 2021. The descriptions below, except where otherwise noted, blend materials from the original interviews with updates and modification that bring the programs to 2021. In a couple of cases the program was closed between the time of the original interview and 2021. We are including these materials because the goal of the project is to describe models of service, not provide a directory of current programs. Those programs that are closed are noted in the descriptions.

OVERARCHING THEMES

The Role of Volunteerism: Empowerment, Socialization, and One Stop Shopping

The respective roles of volunteers versus paid staff members were one of the most common topics to arise during the interviews. While many of the groups interviewed depended to some degree on volunteers in order to manage daily operations, a host of other benefits to volunteerism emerged as far more central to the organizations' success. In discussions with both staff and older adults, two primary categories of volunteer were identified- 1) older adults who were both recipients of the agency's services and dedicated volunteers, and 2) volunteers of all ages from the community- including local business owners, members of other community-based organizations such as houses of worship and civic groups, and students from local high school and university programs. While engaging and managing these two groups often required different strategies, retaining both **helped to build a better understanding of the older adults served, improved outreach capabilities, and helped to cement the agency's reputation as a trusted provider of services in the community.**

Elder Volunteers: Empowering Connectors

"Volunteering is a way of giving and not just receiving" - Northeast NORC focus group

"We help neighbors but also bring them into the center" -West Philadelphia Senior Center focus group

Volunteerism among older adults took different forms at different agencies- ranging from nearly full time work helping to run programs or providing administrative assistance, to organizing social outings and leading interest groups among their peers. However, just about all of the older adult volunteers who participated in the focus groups, regardless of the particular tasks they performed, **described their experience in terms of empowerment.** Although they sometimes needed services themselves, volunteering provided these elders with the ability to use their own experience to help others in need, and to become the aging services expert among their peers. They also

described benefits such as **increased opportunity for socialization** and becoming more active in their communities.

Empowering older adults through their inclusion as volunteers also provided notable benefits to the service organizations involved. In addition to the direct tasks performed on the agency's behalf, **these volunteers often served as a liaison to the larger community**. Through their family and peer networks they helped to inform others about available programming and, perhaps more importantly, the fact that the organization in question could be trusted to provide them. It should also be noted that **agency staff interviewed for this project overwhelmingly described "word of mouth" as the most effective form of outreach**, which further positions these member-volunteers as crucial organizational components.

Leveraging Local Volunteerism to Build Community

A large proportion of the organizations interviewed lacked some of the funding and/or formal resources necessary to provide the level of assistance that they felt was ideal. In addition to **a near constant search for available grant funding**, many of these groups addressed this problem by focusing resources on creating and sustaining community partnerships and leveraging local stakeholders' and residents' willingness to volunteer. Some organizations connected with local universities or technical institutes to provide student volunteers with expertise in nursing or home repair. Others partnered with nearby grade and high schools to create intergenerational programming, or promoted neighborhood-based volunteer events (e.g., community clean up or snow removal days).

As with the elder volunteerism described above, the effects of convening these groups had positive effects beyond the particular service provided. In essence, they **created opportunities for people of all ages who worked or lived in the area to meet each other and form relationships- which often resulted in increased community cohesion and a reduction in elder isolation**. Volunteer groups with particular expertise, such as the nursing students, also provided older adults with additional resources for information and assistance.

Funding

"Finances and cost are a big issue" - Northwest Village Network

"We fund the project one \$5000 grant at a time" - Northeast NORC

While the organizations we interviewed exhibited a variety of different funding structures, most of them spent a great deal of time reviewing new funding models and looking for additional streams of revenue, both large and small. Several organizations

started out with significant support from large foundations which, over time, were either removed or greatly reduced. The lesson learned was that it is imperative to keep abreast of possibilities for additional funding. In addition to seeking new funding, many of these groups also found innovative, if not always ideal, ways to leverage the resources available to them.

For example, one of the biggest potential costs for many of these organizations is related to liability and risk management. In order to provide certain services, such as transportation or home repair, an organization must have the proper insurance against harm to those they serve. However, the cost for this level of insurance is often far and above what most community-based organizations can afford. The groups interviewed expressed innovative ways of dealing with this conundrum, often using umbrella organizations or membership in coalitions that could provide the necessary coverage which allowed them to provide these services.

Another common problem associated with a shortage of funding was the need to fill positions that should be comprised of paid staff with volunteers. Although building volunteer bases was often very advantageous for these groups, as described above, certain organizational functions required expertise that is hard to find among volunteer populations, and even harder to justify without pay. Several organizations interviewed maintained positions that depended upon grant funding or were paid at a percentage of the typical salary for the type of work being engaged in. Often the salaries for these positions were funded by several project specific grants.

The final takeaway, not coincidentally, has to do with a commitment to competing for those project specific funding opportunities. While some level of general funding was tied into the organizations' structural finance models (i.e., base level of services to be provided), many of these agencies sought smaller grants based on specific projects or populations served to provide for staff that was integral to their operation on the whole. For example, an agency might apply for a number of grants which required that they serve a particular population or provide a specific service. However, in each of these applications they might include salary for a staff member that was also necessary for their day-to-day operations and who was capable of managing several projects.

Building Trust: A Few Strategies for Engaging the Community

"People joined at first because of their neighbors" - Northwest Village Network

"You need to be authentic with this population. It takes time and energy to build trust" - Ralston My Way

The importance of earning the trust of the older adults one serves is a theme that arose in every *single* interview and focus group conducted for this study. All too often, when aging advocates talk about providing access to services, what they are really describing is *availability*. However, these two concepts are not identical. One can increase the number of available services in a given community, but in order for those services to improve the lives of older residents they must be willing and able to access those services. **It is within this context of transforming availability into accessibility that trust becomes a critical factor**- those you aim to serve must trust organizational staff to understand their difficulties, to offer quality services, and to provide them with the information they need to age in community while respecting their autonomy. They need to know that an organization has their best interests at heart.

For the majority of participating organizations, conducting a comprehensive evaluation and needs assessment of their service population was considered to be a necessary precursor to establishing trust among local elders. What cultures, ages, incomes, languages and levels of disability were represented? What does this community define as its greatest needs and what does it consider important? The evaluation process, which often included interviews or focus groups with older residents and neighborhood stakeholders, yielded two key benefits. The first and most obvious benefit was the critical data it provided, which organizations could then use to inform future programming. However, it also provided these groups with an opportunity to begin engaging residents and helped express to the community that their thoughts and opinions were valued and would be used as a basis for organizational decision-making.

One illustration of just how crucial these evaluations can be involves an organization which found, through the assessment process, that a large proportion of older adults in their service area were extremely isolated and that this was, to some extent, "by choice." These elders, whom for the most part were first generation immigrants/migrants, felt very uncomfortable navigating American cultural norms-norms that were second nature for their younger counterparts who were often second or third generation Americans. This piece of information was key in helping the agency to reduce elder isolation, which they accomplished through a popular intergenerational program where local students worked with the elders to create crafts and art projects that were traditional in their country of origin. The program was able to draw out many isolated elders because it provided the chance to take part in a familiar activity which they remembered fondly, allowed for socialization with peers with whom they had shared experience, and gave them the opportunity to teach Americanized youth something about their culture of origin. News of the program spread quickly among older adults in the community, and the agency found itself accommodating increasingly larger numbers.

The story above is also a good example of what one organization referred to as **“positive peer pressure” - the idea that people are more willing to try something if someone in their cohort or peer group has already done it, and can provide information and encouragement.** This process was described by several other participants as well, often in regard to encouraging use of available services and benefits or taking part in recommended health tests and/or health related programming. Most agencies interviewed used several different strategies in combination to maintain the trust of elders in the community. Many prioritized speaking with elders *in person* at places where they already tended to congregate, such as houses of worship or social clubs. Others also found that locating their offices and staff in the heart of the community- in a place where they were visible to residents on a regular basis- helped to build trust within that community and to encourage interaction with agency staff. It also created a recognizable landmark that individuals could use when making referrals.

ORGANIZATIONAL SUMMARIES

The following pages contain condensed versions of the staff interviews and focus groups held at each of the participating aging services organizations in 2017. The information presented in each summary has been organized based on 1) the three key themes found in our first Friends Foundation study (empowerment, socialization, and one-stop shopping), 2) additional topics which emerged throughout the interview process, and 3) individual strengths and innovations of each organization. It's important to note that some of these groups are not traditional service providers, and due to this variance in structure informational categories will not be identical for each group. Some of the programs have changed since our initial data was collected and some no longer exist. However, we include them as sources of information and possible models for others to use as they develop new ways to serve older adults.

Participating Organizations for Interviews and Focus Groups (alphabetical order):

- **Benefits Data Trust** [Benefits Access Coordinator- All Ages]
- **Northeast NORC** [Naturally Occurring Retirement Community]
- **Northwest Village Network** [Village]
- **Ralston Age-Friendly West Philadelphia** [Age-friendly Effort]
- **Ralston My Way** [Non-profit Home Care Agency]
- **Supportive Older Women's Network (SOWN)** [Mental Health Services- Adults Age 50+]
- **West Philadelphia Senior Center** [Senior Center]

Definitions:

- ❖ **Age-friendly Community:** A community where policies, services and structures related to the physical and social environment are designed to support and enable older people to "age actively" in their neighborhoods.
- ❖ **Area Agency on Aging (AAA):** A public or private nonprofit agency designated by a state government to address the needs and concerns of all older persons at the regional and local levels
- ❖ **Community Based Organization (COBO):** A public or private nonprofit organization that is representative of a community or a significant segment of a community and works to meet community needs.
- ❖ **Community Needs Assessment:** A systematic planning process that identifies the strengths and resources available in a community in order to ascertain how that community can best address any needs or "gaps" that citizens and local stakeholders have identified
- ❖ **Home Care Agency:** A provider of personal or medical care that allows an individual to a person with special needs stay in their home

- ❖ **Long Term Care (LTC):** A variety of services designed to meet a person's health or personal care needs in order to help them live as independently as possible when they can no longer perform everyday activities on their own
- ❖ **Naturally Occurring Retirement Community (NORC):** A community that has a large proportion of residents over 60 but was not specifically planned or designed to meet the needs of seniors living independently in their homes
- ❖ **Senior Center:** A type of community center where older adults can congregate to fulfill many of their social, physical, emotional, and intellectual needs
- ❖ **Village:** An organization, usually staffed by volunteers (often with a small paid staff), that provides services to the elderly in order to allow them to remain in their homes as they age

Northeast NORC (Now The NORC@JFCS)

Interview with Abby Gilbert, NORC Program Manager

Background & History

The Northeast NORC began as the Rhawnhurst NORC in 2005, as a collaboration between the Jewish Federation of Greater Philadelphia (lead partner today), Catholic Social Services (current partner), United Way, and the Mellon Charitable Trust (two significant funders of startup). With the initial startup funds, focus groups of older residents were conducted in order to identify characteristics of the area's elder population, their greatest needs/barriers, and how the NORC might best respond to those needs to assist residents aging in place.

NORC founders took particular care not to duplicate services already available in the area, and set itself up as a one stop shop for area elders to call for referral to supportive services. Their original in-house service offerings focused mainly on home maintenance and repair, and as the agency and the population evolved they began to offer transportation services (2008) and to expand their service area (2015-2016). The NORC is also notable for its prolific use of older volunteers, and for engaging community volunteers of all ages.

Current status (2021)

Today the NORC is called NORC @ JFCS and continues to offer many of the same services offered when we completed our interviews. However, in the intervening time period the NORC itself has gone through a significant reorganization. Here is the description of the NORC from its website:

“THE NORC @ JFCS

Adults aged 60 and older, both Jewish and non-Jewish, receive the support they need to maintain and thrive in their Northeast Philadelphia homes while staying connected to the community.

More than 65,000 of Philadelphia's older adults live in this area.

A NORC, naturally occurring retirement community, is a community that has a large proportion of residents over 60 but was not specifically planned to meet the needs of older adults living on their own. The residents face various obstacles that make it hard for them to perform daily activities like grocery shopping and taking care of their homes.

This innovative initiative, operated by Jewish Family and Children's Services of Greater Philadelphia, helps older adults living within the ZIP codes of 19111, 19114, 19115, 19116, 19149 and 19152.

The NORC staff provides:

- In-home assessments*
- Information and referral to community-based services
- Assistance with benefit enrollment
- Home maintenance and repairs
- Transportation to medical appointments as available based on eligibility*
- Socialization programming*
- Friendly phone calls by volunteers to help alleviate isolation
- Neighbor-Helping-Neighbor Volunteer Program – Opportunity to either receive or give assistance

The NORC continues to offer transportation and home repair services to its members.

Benefits Data Trust (BDT)

Interview with Elisa Zygmunt, Senior Director Of Strategy & Product

Staff Discussion & Call Process Observation

[Information presented here represents the current programs (2021) offered by BDT]

Benefits Data Trust (BDT) harnesses the power of data, technology, and policy to provide efficient and dignified access to assistance, improving people's health and financial security. Together with a national network of government agencies and other partners, we streamline public benefits systems and directly connect eligible families and individuals to programs that help pay for food, healthcare, housing, and more. A nonprofit since 2005, BDT has secured more than \$7.5 billion in benefits for households across the country, building pathways to economic mobility and a more equitable future.

Populations Served

- BDT has national reach, and our headquarters are in Philadelphia.
- In 2020, BDT provided [enrollment assistance to individuals in 6 states and policy and practice assistance to state partners in 11 states.](#)

- As of 2021, 58% of the clients we serve nationwide are seniors (aged 60+).
 - o 34% of the clients we serve in Philadelphia are seniors.

Impact in Philadelphia

In 2008 BDT established [BenePhilly](#), a robust benefit access network that connects Philadelphians to critical public benefits for food, housing, healthcare, and more.

- BDT started BenePhilly in partnership with the city and state to help Philadelphia seniors apply for federal and state benefits over the phone.
- BenePhilly expanded in 2014 to include in-person assistance for all ages as a part of the City of Philadelphia's Shared Prosperity initiative.
- BDT's contact center and the BenePhilly collective of community-based organizations (CBOs) have delivered over \$1 billion in cumulative benefits to more than 110,000 Philadelphians since inception.

Through the BenePhilly initiative, clients in Philadelphia can receive up to 19 benefits:

1. Pharmaceutical Assistance Contract for the Elderly (PACE/NET)
2. Supplemental Nutrition Assistance Program (SNAP)
3. Low Income Home Energy Assistance Program (LIHEAP)
4. Property Tax/Rent Rebate (PT/RR)
5. Medicaid (MA)
6. Medicare Extra Help (LIS)
7. Medicare Savings Program (MSP)
8. Children's Health Insurance Program (CHIP)
9. Qualified Health Plan (QHP)
10. Homestead Exemption
11. Supplemental Security Income (SSI)
12. Social Security Disability (SSDI)
13. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
14. Unemployment Insurance (UI)
15. Temporary Assistance for Needy Families (TANF)
16. Earned Income Tax Credit (EITC)
17. Child Tax Credit (CTC)
18. Free Application for Federal Student Aid (FAFSA)
19. Childcare Subsidy (CCIS)

BDT has established several outreach methods to serve eligible households, including:

1. **Data-Driven Outreach:** BDT identifies individuals who are likely eligible but not receiving benefits by cross-matching lists of beneficiaries of one benefit with lists of other benefits that have similar eligibility criteria. Using this precise methodology, BDT outreaches to households with letters, text messages,

and/or voice calls and fields inbound calls for application assistance. BDT's outreach also drives traffic directly to agency resources (e.g., in-person offices, online applications, state contact centers) in addition to BDT's contact center. BDT ensures that all outreach materials are culturally, linguistically, and educationally appropriate with an increased font size to account for vision impairments. BDT leverages its strong governmental partnerships to conduct outreach from trusted sources, generating response rates in the five-county region as high as 10%, compared to average private sector response rates of 1-3%. BDT has conducted outreach to more than 807,000 households and screened more than 234,000 households for benefits in the greater Philadelphia region.

2. **Public Hotline:** Since 2008, BDT has operated the BenePhilly hotline for Philadelphians to quickly determine eligibility and complete applications for benefits. BDT fields thousands of calls through this hotline from community referrals annually. With the onset of the COVID-19 pandemic, this hotline has become a more critical access point as the need for benefits access spiked quickly while in-person assistance was less available. Since the pandemic, BDT's BenePhilly hotline call volume has nearly tripled as compared to pre-COVID baselines.
3. **Community-based Organization Network:** CBOs are on the frontline, often providing trusted, in-person outreach and assistance within a specific community. They are often the bridge to communities with specific needs, such as immigrants, individuals experiencing housing insecurity, formerly incarcerated citizens, and others needing intensive supports. BDT builds partnerships with CBOs who outreach to specific communities while leveraging BDT's products and services for benefits access.

The end result is a state-of-the-art service delivery engine that meets individuals where they are to address complex, interconnected needs with dignity and respect.

- In 2020, BenePhilly helped 7,600+ households enroll, which translates to approx. \$33 million in benefits.
- In 2020 the **top 5 benefits that were applied BenePhilly senior clients for are:**
 - **SNAP**, which helps with groceries
 - **Medicaid**, which helps afford medication
 - **LIHEAP**, a benefit helping pay for utilities
 - **PTRR**, Property Tax and Rent Rebate Program for older renters and homeowners, and those 18 years and older living with a disability.
 - **PACE**, which helps older adults afford prescriptions

Northwest Village Network

Interview with Faye Z. Ross, Sara Allen and Barbara Adolphe

(Village Members / Leadership)

Background

The idea to start a Village evolved among a group of friends in the Mount Airy section of Philadelphia. The friends hosted a series of gatherings at the local library to poll other seniors in the neighborhood about resources they thought they might need as they aged in the community. While a number of supportive services were identified and shared at these meetings, the group found very quickly that perhaps the most important need was social connectedness- people weren't going to be comfortable asking one another for assistance, or offering assistance, if they didn't know each other socially. The group began to evolve as what members described as an "informal formal organization", with individuals signing up in groups with friends and neighbors. As the network continued to grow in size and diversity (age, geography), village leadership was faced with a number of questions.

- What types of services can they provide using only volunteers?
 - Can they provide services such as transportation or meal delivery without paid staff?
- How do you handle the needs of older, frailer members, who will need the group to provide a higher volume of assistance than others?
 - What do you do when meeting in members' homes means meeting in a venue that isn't accessible for those with mobility issues?

Outreach/Trust

"Walking up to white haired people..."

- In the beginning, much of the outreach consisted of simply walking up and talking to people they met at community events, or at the supermarket (e.g. "walking up to white haired people")
- Members hand out literature at local events
- Word of mouth is still the primary means of outreach
- Members handing out flyers and making phone calls has also been helpful

Staffing & Volunteers

"Should there be a limit on the numbers of rides per month?"

- It can be difficult to rely solely on volunteers

- Need to plan for the future of the village- as the group ages there will be a need to attract younger members to sustain the group
- May need to hire an employee to coordinate volunteer activities
 - Some members want professional staff to make referrals and supervise volunteers, but others do not
- As the group has grown issues of governance have come to the fore (and processes become more bureaucratic)
- A local non-profit has helped meet most of the need with tasks such as shoveling snow
- There was a concern that the demand for assistance would be larger than the capacity of the volunteers
 - Need to find solutions
 - Frailer members or those with chronic illnesses would need assistance more often

Service Area & Population Served

- The Mt. Airy section of Philadelphia where the village began is traditionally an activist community.
- Quickly expanded to include Germantown and Chestnut Hill as well as immediately adjoining areas such as Wyndmoor, hence the original name *Mutual Mt Airy* was changed to *Northwest Village Network*.
- Some members moved to the area to be with their adult children
- Membership of approximately 140 at the time of interview
- Most members have cars and can drive
- Some members have already purchased some form of long term care service or insurance
- There is a diversity in outlook among members which results in different attitudes about how the organization should be administered
 - For example, some members felt the organization should remain informal, with a minimum of structure. *[This remains a continuing difference in perspective.]*
- The membership is largely made up of professionals (e.g., teachers, doctors, lawyers, social workers.)
- The group would like to see a more racially/ethnically diverse membership, but is to some extent economically and religiously diverse
- Some members are regularly involved in faith-based activities, but the general lack of close ties to a religious community is one reason many members were drawn to NVN and remain committed to it
- About 1/3 of members live alone

Funding & Strategic Partnerships

- Membership in an umbrella organization which provides insurance coverage and the 501C3 tax status
- There is regular collaboration with other local *villages and with a few organizations in Northwest Philadelphia.*
- Partnerships based on increasing opportunities for socialization, education, and health promotion.
 - AARP driving course
 - Senior Center series of workshops on dealing with chronic conditions
 - Workshops on physical health provided by local fitness center
 - Local arboretum with regular events and exhibits
- Going forward funding will likely be a challenge and they have begun exploring potential funding sources
 - Received a Challenge Grant from the Patricia Kind Foundation and a city grant.
 - There has been some interest in the group from the state of PA and health care organizations
 - Annual fund drive targeting members begun in 2017.

Socialization & Empowerment

“We are changing people’s lives through social connectedness – there is a fear that going too deeply into services will break the organization”

- For some who are retired, there is a need to replace the social relationships they once had with co-workers
- Membership growth is changing the nature of the group
 - Started with about 40 members, but currently have as of 2021 membership of 140
 - Too large a group makes it less intimately social
 - Focus on small groups, both drop-in and ongoing, develops connectedness.
- As a large number of members live alone the social aspect can be an important factor in reducing isolation
- One of the key issues the group faced at the beginning was facilitating regular communication among members. *Email is used extensively.*
- The village coordinates a *range of* activities for members, and there are sub-groups based on different affiliations or interests that meet more often
 - Book clubs, film, coffee groups
 - Ongoing “Neighborly groups” of 8-10 members. *E.g.* A group of women who live alone meet to share experiences and advice

- *Embracing Loss: Company and assistance for members who have faced a significant loss. This could be a child, for example, not just a spouse. The group has one person without relatives who lost a beloved pet.*

Services:

- While they are trying to provide more services, there is a need to clearly define boundaries regarding what the group will and will not do
- Computer and general technology support and education
- Cat care co-op for members who have temporary functional ability limitations due to injury, or will not be in the home for some period of time
- The group is considering providing meals and running errands for members with a recent injury or surgical procedure *Short-term support offered includes meals, shopping, errands, pet care. These were implemented in 2018.*
- A lawyer in the group developed a card for members to carry that allows hospital staff to contact family and discuss medical information when they cannot verbally give consent.
- The village's website hosts a list of resources for older adults
- Health promotion and educational events are regularly hosted by the network
 - Brought in an OT to discuss falls and home safety
 - Information session on home modifications
 - Programs on legal and medical issues

Follow up: status in 2021

- **Strategic Planning initiative in 2018**
 - included an ad hoc committee and member focus groups.
 - Follow up reports by committees in 2019
 - Further follow-up interrupted by COVID restrictions

- **Descriptive statements revised in 2020:**

Growing older together - connecting, engaging, thriving.

Northwest Village Network is a community of seniors who live active, meaningful lives in our greater-northwest Philadelphia neighborhood. We work together to provide educational and social programs as well as supportive services. Our active participation helps us age well and retain control of our lives.

- **Numbers: approximately 165 members**
- **Volunteers and staffing:**
 - Members have been open to volunteering for the free ride service and short-term support (meals, shopping, pet care).
 - Committees work to support the running of the organization and administrative functions (e.g. maintaining membership records) has proven more difficult to

staff with volunteers. Therefore a part-time administrative coordinator was hired in 2017.

- **COVID:**

- March 2020 NVN suspended all in-person activities and services.
- Programs, over 20 small group gatherings, and committee / board meetings quickly moved to Zoom.
- Outreach to the few members without computers to support their participation
- Attendance at programs higher than in-person.
- Without spatial restrictions, more programs opened to the community.
- Development of a COVID guide, updated frequently.
- Resources for identifying vaccination sites shared among the members.
- Late April 2021: with many members vaccinated, in-person activities not yet sanctioned by the board but some small groups meeting outside informally
- The role of virtual versus in-person activities (programs, meetings, etc.) to be determined.

- **Services**

- Short-term support including meals, shopping, errands, and pet care implemented in 2018.
- When NVN was being formed, Ralston My Way, a non-profit organization, offered reasonably-priced, hourly services such as general maintenance and care-taking. This spring we have learned that My Way will be closing. As we move forward, NVN leadership will be discussing how to address that loss.

Ralston Age Friendly West Philadelphia

Interview with Jennifer Russell, Director of Programs

Background & History

The Age-Friendly West Philadelphia initiative began in 2014. The board of managers of the Ralston Center, a longstanding service organization that offered programs in Northwest and West Philadelphia, wanted to commit to more programming in West Philadelphia, where the median income among older adults is lower than other parts of their service area. Before initiating any programs, a needs-assessment was conducted to identify the greatest needs of older West Philadelphians, which consisted of focus groups, community listening sessions, and meetings with local organizations. The assessment included all domains of an age-friendly community, but also focused on four areas: health and wellness, mobility, housing, and social engagement. Based on findings from this initial assessment and the amount and types of funding available to them, Ralston Center staff began prioritizing potential projects. As of the time of this interview, those projects included the Age-Friendly Places program, the Food and Company program, and Age-Friendly Resource Network program. During the

assessment process, Ralston Center staff diligently forged relationships with community groups, service organizations, and other area stakeholders.

Service Area & Population Served

- Age-Friendly West Philadelphia programs primarily focus on 5 zip codes in West Philadelphia, but it is not required that one live there in order to participate.
- Individuals aged 55 and older

Key Challenges

- Based on focus groups of older residents conducted as part of the organization's initial assessment, many top concerns/barriers to aging in place were related to the built environment, including aging housing stock, need for home repair, and broken/dangerous sidewalk conditions
- Other problems identified included social isolation, general health and wellness, and access to healthy foods

Quotes

“I really wanted to make sure Age-Friendly West Philadelphia was a community-driven initiative... and that we worked very closely with older residents to determine the focus of services.”

Staffing & Volunteers

- Ralston's Age-Friendly West Philadelphia initiative is heavily volunteer-based, and the programming is driven by older West Philadelphians, local aging services professionals, civic associations, and community organizations.
- The initiative draws from the staffing resources of Ralston Center.
- Community partners play an important role in implementing programs, activities, and ideas. Some examples include:
 - A local civic association and two other community groups helped implement “Walk Age-Friendly Mantua” as part of the Age-Friendly Places program that included a walkability audit, and the design, build and implementation of benches at community-designated locations.
 - Community locations donated space for the Food and Company program's communal cooking sessions with older adult volunteers. Student volunteers provided nutritional information for the recipes.
 - Age-Friendly West Philadelphia partnered with Generations on Line, a local non-profit that helps older adults develop digital literacy skills and knowledge, implementing digital literacy programs at Ralston Center and community locations.

Funding & Strategic Partnerships

- Regular fundraising efforts
- Both foundational and private support
- Community partners donate their spaces for various programs

Socialization & Empowerment

- The initiative emphasizes community engagement on every project.
- The initiative was “informed and driven” by focus groups and community listening sessions.
- The Age-Friendly Resource Network in part teaches older adults how to access the internet to find the resources available to them, as well as their friends and families.
- Food and Company enables older adults to connect, contribute to their community and assist their peers by providing opportunities to prepare soup for themselves as well as for friends, family and community members in need, a key part of the program.

Programs & Services:

Age-Friendly Places

- Goal of demonstrating ways the built environment can be safer and more inviting to people of all ages and removes barriers that prevent older West Philadelphians from using neighborhood amenities
- Projects are partially completed by community partners

Food and Company Program

- Goal of increasing older West Philadelphians' access to healthy food, nutritional resources, and opportunities for social connection
- Volunteers prepare healthy soup in a social group setting for themselves, friends, family, and other older residents who may be in need.
 - Cooking sessions are held at community partner locations including churches, senior centers, and senior housing facilities.
 - Ralston Center provides a soup kit – cookware, utensils, and ingredients.
 - Provides opportunities to socialize and to learn new skills
 - Discover new ingredients and how to prepare them
 - Learn more about nutrition and dietary requirements to remain healthy
 - Tips and tricks to prepare healthy meals

Age-Friendly Resource Network

- Goal of increasing social connection and empowering older West Philadelphians to age in and remain connected to their communities
- Planning to recruit local volunteers to provide services such as:
 - Friendly visits to older adults who are homebound
 - Assistance with grocery shopping
 - Transportation and support for social gatherings and other events
- Helpline for older West Philadelphians
 - Helps older adults navigate the system and connect them with appropriate health and social service resources.
- Partnering with local non-profit Generations on Line to help develop older adults' digital literacy skills and knowledge.

Ralston My Way

Interview with Eric Wilden, Director Of Engagement

[Ralston My Way has closed. We offer the interviews below (with staff and the focus group conducted with members) as a model that might be useful in other settings).

Background

The original tagline for Ralston My Way was “The neighbor that takes care of everything,” and it suits the organization well. Before opening their doors in May of 2010 with the My Way model for aging in place, the organization undertook several years for market research and community focus groups. My Way, which was a program of the Ralston Center, parent agency, the Ralston Center, decided to test the model in Northwest Philadelphia due to the large aging population, old housing stock that often became inaccessible as homeowners aged, and the fact that they had a community partner, the Neighborhood Interfaith Movement, that was active in the area. The goal of My Way is to help people stay in their homes longer as they age by providing a variety of discounted services including home care, handyman repairs, and transportation. Initial outreach was undertaken through presentations with different congregations in the area, and most of their referrals came through word of mouth- passed on by friends and neighbors.

Population Served

- Age 55 years and older.

- Targets older adults who are above the official poverty line, but still have difficulty paying out of pocket for many of the services needed to age in community.
- A large percentage of My Way members own their own homes and need help with upkeep.
- Currently, only a small number of My Way home care clients are very frail to the point where they need around the clock care.

Volunteers & Staffing

“Everyone who My Way sends out to do the work is an employee of My Way. We did have a vetted vendor list when I first started, but we scrapped it because our reputation was at stake.”

- My Way is a licensed home care agency that employed roughly 50-60 caregivers on staff at any time.
 - Members use an app to schedule home care services (the caregiver database contains information on clients and their preferences)
 - Caregivers work between 5 to 40 hours per week
 - A social worker runs the home care program and performs the initial assessments for clients
- Although some services are provided by people in the community in a manner that resembles volunteer work at other agencies, everyone who works on behalf of My Way is an employee, no matter what type of service they provide
- The agency used to have vetted vendor list for contractors to use when a client needed repairs beyond the scope of a handyman, but there were too many complaints and it was hard to hold these individual contractors accountable
- Those providing transportation use their own cars

Socialization & Empowerment

Although My Way offers a variety of services, it does not typically function as a place for socialization. However, there are a number of other organizations in the area that do provide this opportunity. Maintaining relationships with these organizations allows My Way staff to spread the word about social opportunities and refer older adults who express interest.

- Working with a group called Mount Airy USA on an age-friendly type initiative which involves several other local agencies including a senior center and neighborhood association.
- Members are always asked for feedback on services they receive (satisfaction survey goes out with all invoices)
- My Way convenes a community engagement committee, which includes My Way members/clients, stakeholders from the business community, representation from elected officials, and other local organizations (12-15 members)

Funding & Strategic Partnerships

"It's just a lot of networking, knowing the right people, knowing who to make the referrals to if it's something that we can't help with."

"There's a networking group...There are quarterly meetings- home care agencies, all the non-profits, anyone who's involved in helping seniors in their homes- and we can share information with each other about what's happening, and what our groups are working on. And then we know who to call when one of our members needs something that we can't provide."

- My Way's budget is funded primarily in three ways (each accounts for about 1/3 of the overall budget, depending on the fundraising success in a given year):
 - Through their parent organization, the Ralston Center
 - Grants from private foundations and corporations
 - Discounted fees paid by members for specific services
 - My Way charges the same rate for all services except handyman work, as they need to purchase tools and generally constitute more skilled labor than some other services
 - Services have a one hour minimum
 - There is a \$1 surcharge for transportation
- My Way has developed strategic partnerships with a local Village, a senior center, and a grocery co-op
- To help members in need of major home repairs in situations where their safety is at risk, My Way makes referrals to a non-profit called Urban Resources Development Corporation (URDC). However, URDC doesn't have the capacity to provide a high volume of work and can't be used for every project.

Services

- **Home Care** services account for about 50%-60% of the organization's service provision, although in the beginning it only represented about 5%. This change was deliberate, as they began to more aggressively market themselves as a Home Care Agency and hired a social worker to oversee the program. The social worker provides assessments for all new home care clients.
- Roughly 30% of services provided consist of **handyman repairs, transportation, and cleaning services**, and the agency also provides **seasonal assistance** such as yard work and shoveling snow.

All **referrals** to services not offered by My Way are done with a "warm hand off". In other words, an employee will sit down with the member who needs a referral, make the phone call to the relevant agency together, and will follow up with the member later to make sure their need was taken care of.

Ralston My Way Focus Group

Focus Group with Ralston My Way Members

“And I think she sort of hit on it. Isolation. I think as we get older, people feel isolated. That's probably why they wanna stay in the familiar neighborhood 'cause you may not get along with all your neighbors or you may not know every neighbor, but you have the memories that you've built over the years in your home, on your block, and people do know who you are, versus... I guess some people feel if I leave here, nobody will know me. They'll forget about me, and I'll just waste away.”

Background/Major Themes

The Germantown area of Philadelphia where My Way operates is quite diverse in areas of race/ethnicity and income. Most members of My Way are above 200% of the poverty line. However, many fall within an income gap where they aren't eligible for free services and other kinds of assistance yet struggle to pay for the supports they need to age in the community. Perhaps due to this difficulty, most focus group participants were savvy service users who were willing to use other mainstream services when they were easier or cheaper than My Way.

Many of the members still work or are primary caregivers, and participants generally had a very strong sense of community- they know their neighbors and have always looked out for one another. Several older adults in the group were also caregivers for older relatives, which gave them a nuanced view of the potential struggle between the need for autonomy and financial realities during the aging process.

Finally, while members reported an overall satisfaction with My Way services, they also acknowledged that many people still have to limit these services for financial reasons, even though the cost is more reasonable than most alternatives.

Socialization/Empowerment

- Members would like My Way to provide more opportunities for socialization with other members, however their service model primarily depends on other resources to provide these opportunities
- My Way asks for constant feedback on services and adjusts actual service based on this feedback
- Example of the need for socialization as described by participants:
 - “One of our members, she lived in the Twin Home, and she had a problem with her hip. Finally, her children convinced her to get her operation, not

letting her know until she got there, we're selling the house. You're gonna move in with somebody else, with one of the children. And they moved her way out of Philadelphia. So now she's isolated. And she said to me, 'I have organized and designed every place I've ever lived. And here they are doing it their way.' And they meant well. They meant well but her loss of control, her loss of dignity was really difficult. "

- "Yeah, well my mother would never go for that. She'd kill us first. [laughter] I wouldn't do that to her."

Volunteering / Staffing

- Several of the focus group participants who used the organization's services also worked as drivers for My Way on occasion
- Other participants have volunteered or worked part time in other ways, such as data entry for surveys

Barriers to Aging in Place

"The physical demands of the house really start adding up when you're over 70."

"Yes. And caregiving. My car is down now, and I was the one running my mother around to stuff. And so I feel like I'm missing a leg right now. And I'm in a situation trying to get my car. So the problems add up. And then it all comes down to finances. It all comes down to finances."

"There are all these income levels that you have to qualify for. Part of the problem is there's this magic number... It's a cut-off. And so if you make, and I don't know the magic number, more than this, you don't get any services. And it's a dollar more."

- The barrier to aging in community most often mentioned was the maintenance of one's home and property- including both major home repairs and regular upkeep such as raking leaves, shoveling snow, winterization, and cleaning.
 - Housing stock in the area is very old
 - The expense of home repairs can mean sticking to a lean budget elsewhere
 - Many have to choose between paying for a home repair and going without something else
- For those who rent their homes, much of the repair and upkeep of the property is still up to them. They do not receive the kind of benefits that come with concierge service developments.
- Those willing to part with their current homes to save money or move to an assisted living community often experience a significant catch-22. The proceeds from selling their current home will often move them to an income bracket

wherein they don't qualify for the services or aid required to purchase or rent the new home.

- Several participants mentioned that they would have to liquidate almost all of their assets in order to move, and that prospect was too anxiety producing or downright frightening.
- Affordable housing wait lists 5+ years
- Public transportation in the area was considered poor by most participants, although it also depended on which part of the neighborhood one lived in
 - Many people are forced to continue depending on driving their own vehicles for transport
- Home and personal care for those who are more frail can be a huge drain on financial resources
- Difficulty finding part-time work needed to supplement income
- Fear that any expenses related to their eventual passing might negatively impact living family members financially- they don't want to burden friends and family in this way.

Wish List Items

- Access to a vetted list of affordable contractors for home repair
- Instead of the rigid financial eligibility requirements attached to many available supportive service options (in general, not particularly at My Way), members wanted tiered income-based eligibility (e.g., "sliding scale")

Benefits of Belonging

"I think, for me, I feel safe with the person who comes. And if they do not do the service properly, you can complain to My Way, report it to My Way, and they will try to remedy the situation. So I appreciate their services."

- My Way services time minimum only is one hour, while other providers often require one to commit to several hours on a regular basis. This is especially true of home care services.
- Individuals providing the direct service are held accountable by the organization.
- Members who need services right away do not have to worry about immediate/unexpected out of pocket costs
 - Members are billed for services and are not required to pay on the spot.
 - There is also a controversial no-tipping policy

- One can call My Way with a “weird request- something that isn't clearly available via local agencies or a paid service, or is a combination of different types of services”

Services Used/Mentioned

- Professional home repair such as carpet removal, baseboard repair, extensive house painting
- Routine home maintenance such as changing the batteries in a thermostat, installing a new toilet tank kit, shoveling snow, cleaning, and lawn care
- Assistance with technology
- Help with packing for a move, including picking up and transportation of items

Supportive Older Women's Network (SOWN)

Interview with Merle Drake, Executive Director & Founder
&
Marypat Tracy, Director of Programs

“Initially, we thought it that it would just be an eight-week program, but what happened very quickly was that as the people started to meet and get to know each other and feel safe...they didn't want the group to end”

Background

Recognizing the social stigma attached to the receipt of behavioral health services, especially among older adults, the founders of SOWN sought a way to help older women to receive the talk therapy and social supports that many of them needed to remain healthy in the community. Their service model is predicated on what they call “positive peer pressure,” or the tendency for individuals to try the unfamiliar when someone from their peer group has already done so, and can provide encouragement throughout the experience. To this end, SOWN began providing the infrastructure and professional staff to facilitate support groups of older women, often held in familiar community settings in the elders' neighborhoods.

Participants in the original eight-week program wanted to continue group discussions, to continue as a community of shared experience where they felt comfortable discussing issues they didn't feel comfortable discussing elsewhere. Thirty years later,

SOWN continues to convene these groups, which are largely peer led, and have expanded their service offerings to include phone-based groups for the homebound, as well as a Parkinson's disease specific group which also has male membership. As of this interview, SOWN was convening about 500 support groups per week.

Population Served

“Everybody needs support once you're on this journey, let's figure out where yours is gonna come from”

- Initially accepted only women age 55 and older, but have expanded to serve younger adults, men, and children through newer support groups
 - Caregivers
 - Parkinson's Disease
 - Grandparents raising grandchildren
- The majority of participants are minority elders
- Phone based support groups serve homebound elders
- Groups based in community locations and senior housing often serve those with limited mobility
- Many participants have experienced traumatic losses over the course of their lives and have never received any kind of mental health service
- Some participants do not do well in groups and/or have mental health issues that are too difficult to serve within the framework of SOWN's community model
 - Examples include those with moderate to severe dementia and psychotic disorders such as Schizophrenia
 - If SOWN finds they are unable to serve an individual after completing an initial assessment, they can be referred to other types of behavioral health services that provide one-on-one and specialized therapies

Staffing & Volunteers

“And clearly since the groups meet over long periods of time, the levels of informal support are really well-intentioned, well-toned. People call each other outside our groups, they do errands together.”

- Due to the sensitive clinical nature of the services they provide, all telephone support groups are led by a professional staff member.
- SOWN utilizes a peer-led model for some community-based support groups, wherein **the direction is set by a peer leader**, who is a member of the group, and **facilitated or monitored by a LCSW**.
 - The peer-led model is especially valuable because it isn't viewed by most older adults as a “mental health service”

- A manual was created to help potential peer leaders lead and facilitate a new group
- In addition to the volunteerism of peer leaders, elders in these groups often provide outside support for each other, such as offering rides and helping group members to celebrate special occasions and milestones

Funding & Strategic Partnerships

"We find there is a tremendous ageism that we're up against, we just had a major funding meeting this morning, and I don't think that has changed one iota in all the years that I've worked on this, in this field- I think it's maybe even got worse. People don't think about spending money for this."

- Some of SOWN's services are supported through government funds, the local AAA, and the Department of Human Services (DHS)
 - However, this funding model places some limits on who can be served, and SOWN has been reviewing additional payment models that might allow them to expand their reach
 - Most of SOWN's funding comes from foundations.
- Spaces for support groups are often donated by local houses of worship, community centers, and libraries
- SOWN maintains relationships with other city agencies which makes referral of their members to other supportive services easier

Socialization & Empowerment

*"I use the phrase **positive peer-pressure**. We find that behavior change is much more likely to happen if somebody hears it from a peer who says, 'I tried that. I was scared to do it at first, but once I took the step I was able to do it. And I can help you do it as well'."*

- For many participants, the support groups function as the only place where they aren't simply a patient
- There is often a "buddy system" instituted within support groups, wherein you can contact your "buddy" when you need to talk outside of formal sessions
- Peer led model provides a structure of support which allows peer leaders and group members to decide how their group will be run without responsibility for the logistics
 - Older adults can start new groups and suggest different styles of group functioning
 - Peer leaders are encouraged to give feedback to the agency, and they largely do so

- Allows older adults to benefit from the services provided while also being empowered to help others
- The grandparent program has a group of “Ambassadors” that provide staff with information on how to improve the program
- Additional methods used to solicit member feedback include:
 - Satisfaction surveys used to evaluate workshops/special events
 - Focus groups are held with members of different groups and programs

Outreach

- SOWN engages in community outreach throughout the city at libraries, health centers, schools, health fairs, conferences, and other CBOs.
- Radio announcements
- SOWN has been working in the community for over 35 years, and they have strong relationships with CBOs and community stakeholders who often spread the word about their services
 - SOWN's programs are unique among Philadelphia's aging services network
 - Behavioral health is a large scale problem with few large scale solutions
- New support groups are initiated in a number of different ways, including:
 - SOWN staff receive a significant number of referrals in a particular geographic or topic area
 - Research and targeted outreach by SOWN staff, particularly when:
 - Launching a new program
 - An underserved population or geographic area is identified

Services

- Peer led support groups located within members' neighborhood that cover a wide range of topics with support/oversight from professional facilitator
- Phone based support groups for homebound older adults led by LCSWs
- Individual crisis counselling intervention
 - One-on-one counselling is typically only performed upon initial intake or in crisis
 - Afterwards, clients are encouraged to join one of the groups or referred to other behavioral health services
- Support groups that provide for a variety of circumstances
 - Loss of loved one
 - Caregivers
 - Older adults raising their grandchildren
- Assistance in navigating health and social service systems to assist older adults in procuring needed benefits

- Provide reliable health information & information on healthy eating
- Holding groups at local Federally Qualified Health Centers to encourage use of physical health services

West Philadelphia Senior Center

Interview with Rose Richardson, Senior Center Director

Background

West Philadelphia Senior Center is a relatively new senior center, having recently celebrated their 11th year of operation. They were instituted in part to replace two centers that had recently closed, and from the beginning had been tasked with providing health and wellness programming for the largely African American population in the area. The center employs a full-time health and wellness coordinator who administers this programming to a population with high levels of chronic disease and low levels of practical information on nutrition and chronic disease maintenance.

During the interview with senior center leadership, two major strengths became immediately evident: 1) the center's ability to create successful culturally competent health programming and, 2) their ability to create strong, strategic community partnerships. While the building that houses the center is owned by the local Area Agency on Aging, center activity is overseen by a Lutheran organization with experience in other older adult communities, and which also runs a number of independent living facilities.

Population Served

- Roughly 98% of center members are African-American
- The center serves adults aged 55 and older
- Members must be able to complete activities of daily living (ADL) and transport themselves to the center location
- The center serves somewhere between 125-150 older adults per day
- Many members have chronic conditions that can be improved with changes in lifestyle
- The top two needs of center members are access to benefits and food provision/healthy food provision

Volunteers & Staffing

"We have a [partnership with the] daycare down the street, we have an intergenerational program with Blankenburg and we also have one with School of the

Future. They come here during Christmas time and do programs...and our seniors go over and help tutor them.

And do some of [the seniors] enjoy being a mentor?

Oh yeah, they do. They absolutely do. We have one senior who actually picked up a part-time job at one of the schools from helping out."

- The Health & Wellness Coordinator is a position which is central to much of the programming
 - This position manages consultants such as "Chef Will", who serves as an on-site chef and gives culturally competent cooking presentations which showcase healthier versions of foods that are beloved by the center's membership
- Center members have opportunities to volunteer for mentoring and tutoring within a number of intergenerational programs
- The center operates on 9 professional staff members, 2 of which are part-time
- There are approximately 65 volunteers from the community who volunteer in different ways, including:
 - Membership on the Advisory Council
 - Block Captains who make a large number of referrals and help connect the center to partners (ex. The Philadelphia Phillies baseball organization, who often provide free and/or discounted tickets to center members)

- Three to four student interns per year

Socialization & Empowerment

"I do monthly town halls...we get together and I talk about what's going on at the center and I ask for feedback.

When we get the information we come back to the staff...and we seek to improve, or we talk about what was mentioned at town hall. We also have a suggestion box that sits on that desk where you walked in. And then every month before town hall, the health and wellness coordinator pulls out the information from the suggestion boxes and I open it in town hall and I address each concern."

- The center holds monthly "Town Halls", where members and staff come together and members are invited to give feedback on services
 - There is a suggestion box at the front desk of the center, and during each Town Hall

Strategic Partnerships

"We have a good partnership with WURD...When we have advertising dollars, we advertise on WURD, which is a really prevalent station in the African-American community."

- Nursing students from Drexel and Villanova Universities
- University of Pennsylvania
- Social Work interns from Westchester University
- WURD
 - Philadelphia based African-American owned and operated talk radio station
 - Success in drawing new members through advertising on this station
 - WURD has run stories on activities at the center
- Run intergenerational programs with students at nearby schools (dancing, mentoring, tutoring)

Services

- Congregate Meal Program
- Referral for aging services
- Health promotion programming
 - Support groups for diabetes and other health concerns
- Art classes
- Trips and educational opportunities
- Computer center with tablets and training
- Fitness center and trainer during scheduled hours
- In Home Support Program
 - Provides in-home social services to older residents who are temporarily unable to leave home without personal assistance due to illness, disability, frailty, or extreme weather conditions
 - Home-delivered meals, transportation, and senior companionship for as long as their services are needed.
 - Help with household tasks such as cleaning, shopping, and meal preparation for up to six months.
 - Personal care such as bathing, dressing, and toileting for up to four months if certain criteria are met.

West Philadelphia Senior Center Focus Group

A Discussion with Senior Center Members

Background

“This center supports us, and the director that we have now is dynamite.”

“What inspired me first coming here, I wanted to learn how to use the computer. And then once I got here and I found out about all these different activities...I was amazed about that because I didn't know they had that many activities and functions and things going on in this center, it surprised me.”

“I think we got the best program in Philadelphia.”

While listening to members of the West Philadelphia Senior Center speak during the focus group, two major themes began to emerge rather quickly.

1. Members invested a large amount of trust in senior center staff, specifically the center's director. Trusting the center director meant that older adults at the center felt comfortable coming to her with almost any problem, and they had faith that she could help them. They also trusted her to handle the personal and financial information often required to receive assistance and/or supportive services.
2. Providing older adults, or anyone really, with opportunities for socialization can provide far more than basic mental health benefits. There was a very real sense of community among the center members- a community they were proud of, and that they actively worked to support. Members regularly shared information and resources with one another, and took the initiative to help others become more involved.

The center also does a good job of acting as a one-stop-shop for those in need of assistance to age in place. In Philadelphia, many of the senior centers are partially funded by the local Area Agency on Aging (AAA), which means the centers are familiar with how to apply for a host of long-term services and supports and often have detailed knowledge of the programs (or know someone at the AAA who does). The centers are also situated directly within the communities they serve, and often partner with nearby schools or businesses for events or discussions, which gives them a sense of local, non-aging based supports. Finally, the centers offer classes, fitness opportunities, a social atmosphere, and daily congregate meals.

Socialization & Empowerment

“The center has been a big help to me. Plus it also gets me out of the house. If I didn't have the center to come to, not that I don't have other things to do, but if I didn't have the center to look forward to coming to I would just lay in that bed and sleep. And watch tv.”

A: *We encourage each other to do things.*

B: *That's so important. That always is something.*

A: *Yeah, we just don't let people sit around and do nothing... if you see them sitting too long you try and encourage them to get up and do something. ”*

- Senior center members are constantly sharing information about available services and supports with one another
 - Similar to volunteerism in other organizations
 - Many also take information they learned at the center (whether from peers or staff) back to their family, friends, and neighbors
- The center solicits feedback from its members often and in several different ways
 - Monthly town hall? meeting where members and other stakeholders are invited to come and share their thoughts on all things senior center related
 - There is a suggestion box available to center members at all times
 - Members are also empowered to go directly to the Director and other staff with any issues or concerns, and they largely do

Barriers to Aging in Place

“That year everything went wrong. The washing machine broke. I bought a washing machine then the dryer went. It was another unexpected bill, and it was just like bill after bill after bill. When it came tax time, I just did not have the money.”

“Yeah and a couple of times, different agencies, where I found out they gave out air conditioners. I didn't qualify. The thing of it is, I never qualify.”

- Members described other older adults they knew who were unwilling to divulge personal or financial information in order to apply for services/attend the center
- Older housing stock that becomes less and less accessible to residents as they age (many end up confined to the first floor of several story homes)
- Financial situations that provide just enough to get by and become very difficult to maintain when there is an unexpected cost
- Living alone with no nearby family

- Having an income or assets just above eligibility limits for many programs, while still being functionally poor
- Financial burden when individuals didn't realize that a life insurance policy had run out

Services Used/Mentioned

“So I learned how to quilt and I love it. And from quilting I'll go to, I'm in a million classes, I've been to computer class, got exercise, I mean it's just all kinds. 'Cause nobody can just come and sit all day. There's something to do. You come and sit all day, it's 'cause you wanna.”

- Classes including fine arts and crafts, technology and computers, fitness, singing/choir, and line dancing
- Help with taxes and financial planning
- Cost coverage of transportation to and from the center, and for medical appointments using the City of Philadelphia's public shared ride transportation system for older adults and those with disabilities
- Provides information about services outside of the center that members may be eligible for
- Opportunity to participate in monthly trips for which the center provides discounts and transportation
- Free use of the center's gym

Conclusions

As we completed the interviews and focus groups for this project, it became clear that all of the participating organizations had achieved at least one of the three goals that we'd identified through our original survey of FitcPLUS: providing opportunities for socialization, acting as a "one stop shop" for services, and empowering the older adults served. Indeed, several of these groups managed to provide all three while at the same time struggling with funding and staffing issues.

However, perhaps the most interesting thing we learned from this study was *how* they achieved these goals. Although the organizations interviewed used a vast array of different tactics to help elders in Philadelphia to age in place, one thing that all of these groups did successfully was to create a sense of real community. They created this sense of community among staff, volunteers, the older adults they served, and the wider community in which they operated.

These community building efforts, in turn, often made it possible to refer older adults to services that they could not provide in-house (one stop shopping), and gave those they served the sense that this was *their organization*. Bridges were built to other community members and organizations, which sometimes helped to provide funding or sponsorship opportunities, and community based intergenerational and volunteer events broadened the social networks of elders and staff alike. Last but certainly not least, older adults who were proud to be a part of their newfound communities and? were empowered to reach out to their peers (both socially and as volunteers) to share information and provide assistance.

Although, to some extent, several of the groups were affinity or language based, they all managed to create what the scientific literature describes as **bridging social capital**. In other words, they were able to create connections between disparate groups and people, and thus reap the rewards or "capital" of the larger community network.

Acknowledgements

To begin, we would like to thank Friends Foundation for Aging for their ongoing support, and for generously funding the two projects that led to the creation of this best practices manual ("Is FitC+ A Replicable Model to Support Aging in Place?" and "Is FitC+ A Replicable Model to Support Aging in Place? Part Two: Establishing FitC+ as a National Model" Allen Glicksman and Lauren Ring, Principal Investigators). We would also like to thank FitcPLUS for being a valuable partner in this endeavor, as well as everyone who participated in the interviews and focus groups- we sincerely appreciate the time and effort that each individual and organization put into this project, as well as the hard work you do every day in supporting your peers and fellow community members. Dr. Graham was an invaluable part of the research team and shares

responsibility for the success of the projects. Finally, this work would not be possible without the broad support of Philadelphia Corporation Aging, the Area Agency on Aging for Philadelphia County and touches the lives of over 140,000 Philadelphians annually