

| <u>Program or Service</u>            | <u>Entitlement</u>                | <u>Category of Aged</u> |
|--------------------------------------|-----------------------------------|-------------------------|
| <b>Entitlements</b>                  |                                   |                         |
| Federal Old Age and Survivor's Grant | Social Security Act               | I-IV                    |
| Supplementary Security Income        | Social Security Act               | I-IV                    |
| Emergency Relief Grants              | State/Local                       | I-IV                    |
| Food Stamps                          | Federal/U.S. Dept. of Agriculture | I-IV                    |
| Medicare (Part A & B)                | Social Security Act               | I-IV                    |
| Medicaid                             | Social Security Act               | I-IV                    |
| Medical Assistance                   | State/Local                       | I-IV                    |
| Transportation Subsidy               | Federal/State/Local Programs      | I-IV                    |
| Rent Subsidy                         | Federal/State/Local Programs      | I-IV                    |
| Rent Control                         | State/Local                       | I-IV                    |
| Social Services                      | Federal/State/Local               | I-IV                    |

Geriatric services have grown more complex and more extensive. There has been an acceleration of their growth and development, stimulated by a great reform of government funding. The voluntary agency has been a significant instrumentality in provision of services for the aged. The Jewish community made a major contribution to development of these services. Reciprocally, in recent times, government resources have enabled Jewish communal agencies to serve the Jewish aged more effectively.

The World Health Organization reports upon the world-wide tendency to regard geriatric institutions as components of a wider constellation of collaborative health and welfare systems, rather than as self-contained entities. Geriatric services are becoming more functional and more complex, and will require more careful planning and management.

Certain major trends in service development are apparent. During the next decade, the major emphasis in care of the disabled and mentally impaired aged, some ten to fifteen per cent of the elderly, will be on strengthening

community-based home care services. In response to the changing character of the well elderly, the second major trend will be toward strengthening and increasing their opportunities for employment, continuing education, new roles in the community, greater intergenerational relationships, and political leadership.

The aged population explosion is a triumph of human progress. To achieve the restructuring of American society, the re-adjustment of our institutions, services and programs will require a monumental effort, already underway. Within the Jewish community and in concert with all Americans of good will, a coalition of laymen and professionals must be created in every community on behalf of the elderly. The Jewish community center, its laymen, professionals and members, have much to contribute as advocates on behalf of the elderly, and in the conduct of services on their behalf. I am optimistic about the prospects of the older American and, indeed, of all of us.

## Financing Services to the Aged: Approaches and Dilemmas

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*I believe that two such (emerging) needs and trends to which Centers can contribute more significantly in the future are continuing education for the aged, and pre-retirement preparation and counselling for those in the middle years. These two programs should increasingly become major elements in the adult activities of Centers.*

### Some Characteristics of the Aged Population

The funding of service—whether by governmental or voluntary sources—is related, among other factors, to identifiable needs that arouse social concern, and to the numbers of people who are experiencing significant and wide-spread unmet needs.

The population over 65 comprises over 21 million people or 15 per cent of the total adult population.<sup>1</sup> These figures reflect an increase of 28 per cent since 1965. The U.S. Census Bureau anticipates a further growth to 31 million over 65 in the year 2000—an increase of over one-third the present figure. As regards the Jewish population, the National Jewish Population Study of the CJWF estimated the aged as 12.4 per cent of the Jewish population in 1976—increasing to 15 per cent by 1991.

By contrast, birth and fertility rates have dropped, with the number of youth 14 to 24 estimated to peak at 45 million in 1980 and decreasing to 42 million in 1985.

Translated into service statistics of the past ten years, many of our Jewish community centers have found themselves serving larger numbers of the aged and decreasing numbers of children and youth. This is, in part, a gross reflection of population trends. Both funding and service patterns bear an important relationship to population trends.

The passage of the Older Americans Act in 1965, and subsequent amendments to the Act reflect the government's response to the widespread needs of the aged. The voluntary sector has also responded, of course, in a more

<sup>1</sup> *Myth and Reality of Aging in America*, National Council on Aging, April, 1975.

modest fashion related in part to more limited resources.

The most recent census data tells us that females constitute 59 per cent of those over 65, that the median income of the aged is \$4,800, and two thirds of the aged have incomes under \$7,000 a year. Ninety per cent of the aged are white. Sixty-three per cent have less than a high school education, although by 1990 over 50 per cent will be high school graduates.

In New York City, a study conducted for Federation<sup>2</sup> found 272,000 Jewish individuals to be poor or near poor, of whom half were the aged. The study recommended an expansion of services for the needy aged. Similar studies and recommendations have been made by Jewish Federations and welfare funds in other large cities—notably in the states that have the largest aged populations such as California, Pennsylvania, Florida, Illinois, and Ohio.

### Funding from Local Central Fund-Raising Bodies

Since Jewish community centers rely primarily on allocations from central fund-raising bodies, supplemented by activity fees, what are the expectations for increased grant allocations in behalf of the aged?

The possibility of increased allocations is influenced by a number of variables—some of which are indicated below.

The first variable has to do with the overall fund-raising achievement of local Jewish Federations and welfare funds. The peak year of such fund-raising was 1974—the year of the

<sup>2</sup> *New York's Jewish Poor and Jewish Working Class*, Center for New York City Affairs, New School for Social Research, November, 1972.

Yom Kippur War. I am informed there has been a decline of over 20 per cent in the succeeding two years. In several of the larger cities—not all—the 1976 campaigns declined 5 to 13 per cent below 1975 campaign results, as of June 30, 1976. However, during the same period, allocations in behalf of the aged were increased—as much as 12 per cent more in 1975 as compared with 1974. (It should be noted that there are many communities where 1976 campaign results equalled or slightly exceeded 1975 results but overall the picture seems to be a very small percentage decline.)

A second related variable has to do with the results achieved by local community chests, and the degree to which Jewish community centers benefit from the general campaign or the special purpose funds that Chests may make available. In New York City, the United Fund of New York has in recent years consistently raised more funds. Some special funds—still relatively modest in scope—have increasingly been provided for the needy aged by the Greater New York Fund—an arm of the United Fund. Some Jewish Federations also have special purpose funds (including “Jewish Communal Funds”) for services to the aged.

A third variable is that of priorities for fund distribution. The creation of the Jewish Association for Services to the Aged (JASA) by the New York Federation some years ago reflected a high priority to serve the aged by enabling them to live at home—a need met insufficiently by other Federation agencies. There is likely to be continuing emphasis on this service priority in which Jewish community centers can share significantly with other functional agencies.

The general financial picture of Jewish voluntary agencies is of interest. In 1975, the New York Federation’s specialized agencies for the aged—including JASA and the nursing homes—spent over 71 million dollars—the bulk of the funds coming from third party reimbursement sources. Federation’s grant to the functional group was \$1,800,000 or 2.6 per cent of their total expenditures. Federation’s grant to the functional group in 1976 rose by

\$300,000 over 1975.

When the impact of the New York City and State fiscal crisis caused a freeze on third party reimbursement levels, the Federation faced a painful dilemma as to how much priority should be given to an increase in funding services largely dependent on government reimbursement. It was recognized that the extent of the shortfall could not be made up by voluntary resources, and the alternatives were to reexamine service delivery systems as well as to press for more adequate governmental provision.

Several helpful steps have been taken. For example, Federation’s staff has been energetic and helpful in collaborating with individual agencies to secure governmental and foundation funding for special projects. On the national scene, the Council of Jewish Federations and Welfare Funds established a Washington Action Office to serve informational and advocacy functions to help local federations and their agencies secure government grants, and, the National Jewish Welfare Board has published helpful materials on governmental and voluntary funding sources as well as stimulating a variety of follow-up discussions.

Priorities in fund distribution will continue to be a complex and painful problem—necessarily unresolvable in any permanent sense. The obvious “survival services”—health and nursing home care—have strong and obvious claims. In a less obvious sense, Jewish community centers, family counselling agencies, and other functional agencies also render services that have survival meaning for many aged, affecting the quality of their lives and their emotional and physical well-being.

In the welter of conflicting claims on central voluntary fund-raising bodies, the effectiveness of requests put forward by Jewish community centers will depend on their sensitivity to unmet and critical needs, and the unique role which Centers can play. That role can be strengthened if, in response to needs, it is exercised in collaboration with other functional agencies in such areas as preventive

health care, enhancing recreational services for the institutionalized aged, and continuing education.

Five recent experiences of the Associated Ys reflects some approaches to our local Federation that have evoked support from the Federation’s special purpose funds. Specifically, our projects were: the Brookdale Educational Center for Retired Adults of the Emanu-El Midtown Y, in which some 30 courses of Jewish and general interest are given to almost 400 students, and the courses taught by retired teachers; the establishment of a centralized food service program to improve and expand meals programs for the aged; the development of a “Crafts by Seniors” program to encourage the production of superior and merchandisable crafts; the provision of intra-mural and community-based recreational programs for the aged residents of domiciliary homes; and the development of a preventive health care program in collaboration with health care agencies.

It is interesting to note that two of these special programs—food services and preventive health care—which are administered by the Associated Ys are also made available to all of Federation’s independent Centers (not affiliated with Associated Ys) as well as to JASA. Thus, a desirable criterion for Federation support is providing a unique and needed service that transcends the lines of any one agency in order to reach larger numbers of the aged.

It should also be noted that these projects involved collaborative support by several Foundations, some totally independent of Federation.

#### **Some Considerations of Membership and Activity Fees**

Generally speaking, membership and activity fees for older adults tend to be lower than family membership fees in recognition of the lower economic status of many aged. Since the next generation of retirees will be better educated, more of them native-born, and of higher occupational status, their economic status will be higher than that of the present

group. It can be anticipated therefore that over time fees can be increased consonant with a better ability to pay than is presently the case.

Whether in program planning or fee setting, the older adult population cannot be viewed as a homogeneous group. Professor Bernice L. Neugarten of the University of Chicago has written: “Another meaningful division of the life cycle is now appearing with the rise of the young-old, a group drawn mainly from the 55 to 75 age group. The young-old are distinguished from the old-old by continued vigor and active social involvement...”

“The young-old can be expected to develop a variety of new needs and will want a wide range of opportunities both for self-enhancement and for community participation...”

It seems probable that the “Young-old”—most of them living in intact families—will continue to view themselves as part of the normal adult and family membership of the Center, participating in a range of adult programs and, for many, without significant differentiation in meeting fee levels for adults generally. Thus, their level of participation will be greatly different from the largely foreign-born aged now served by many Centers.

Several factors, among others, warrant note. One has to do with the quality of the service rendered as related to willingness to pay. Our Block and Hexter Vacation Centers—summer residence camps serving 1,400 older adults—attract an average weekly fee payment of \$70 largely from a lower-middle income group (though scholarships are of course provided to many of low income status). The campers regard their experience so highly that every summer, while still at camp, over 60 per cent reenroll for the next summer by paying deposits to reserve their places. On the average, 75 per cent of the campers are returnees. Like any other group, the aged place a valuation on the service rendered, and superior service will elicit their participation and responsibility.

A second factor of bearing is that government funding of Title XX senior centers

requires the delivery of service without fee to the participants based on group eligibility in lower income areas as determined by the New York City Human Resources Administration. The Associated Ys operate eight such publicly funded centers. Our Ys also operate an equal additional number of Centers, housed in their own facilities, where membership fees are charged. Thus, we operate a two-track system with and without fee payments. Since our Senior Centers are widely dispersed geographically, there has been relatively little conflict related to the two systems. In one or two neighborhoods where our Ys are close to city-operated senior centers, the older adults who come to the Y perceive it as a Jewish setting in which they are more comfortable.

It is interesting to note that in the Title XX centers where indigenous advisory committees are elected by the clientele from its own membership, the committees raise modest funds from the clientele for program enhancement.

#### **Additional Approaches to Financing Services From Non-Governmental Sources**

A unique variant meriting brief mention has been the Associated Ys experience in serving 800 aged tenants of Roy Reuther Houses in the Rockaways section of Queens. By mutual agreement, the builder of this state-aided housing development makes an annual contribution to maintain the program. Although the contribution, which began at \$25,000 in the first year is scheduled to decline annually, the low-middle income tenants raise and contribute funds to help make up the difference needed. One significant tenant activity has been their operation of a food buying cooperative which delivers a surplus of \$8,000 annually and which is used to maintain the program.

Apart from all of the funding sources noted above, other potentially important sources are, of course, foundations and individual donors. The latter group can be sought from among agency trustees and unaffiliated individuals of means who are moved by the plight of the aged and who are in a position to help both

financially and programmatically. For example, one of our trustees, concerned about an aged parent facing blindness, has provided some funds for us to serve the blind aged. Another trustee interested in careers for youth funded a project to train college students in work with the aged. Such approaches require sensitivity and understanding of the potential donor, complemented by the presentation of a valid community need.

Until fairly recently, the aged have not attracted a great deal of foundation support. One study of foundations that tend to make large grants in New York City<sup>3</sup> found that in 1965 grants for aged approximated only \$200,000. In 1967, this sum increased to \$600,000. While there is no current analysis available, current giving by foundations for the aged in the New York City area has increased very substantially, and this undoubtedly reflects a national trend among foundations. The largest single foundation in the New York area devoted to the Jewish aged has been the Brookdale Foundation which has made major gifts to Federation, the Associated Ys, JASA, the Board of Jewish Education, and other Jewish agencies as well as to a number of colleges and universities concerned with gerontology. The Brookdale Foundation has exercised imaginative, vigorous leadership in stimulating a variety of demonstration programs in behalf of the aged. Interestingly, the Foundation has used a professional advisory committee of social work administrators and educators to help identify unmet needs and to help ensure that demonstration programs will be woven permanently into a continuing pattern of services. The encouragement of interdisciplinary approaches on an interagency basis has been an important emphasis.

Some major elements in seeking foundation support include:

1. Identifying unmet needs of wide social concern;

<sup>3</sup> *Priorities in Social Services: A Guide for Philanthropic Funding, Vol. 11, Services to the Aging in New York City*, by Geneva Mathiasen, Praeger Publishers, 1971.

2. Developing relevant service patterns to help meet such needs, including new or alternative service approaches that can be replicated and have a reasonable possibility for continued funding when foundation support ends;

3. Building into the proposal an evaluative component which involves some objective research study of the program and its outcome;

4. Providing an appropriate and realistic cost budget, including a contribution in cash or in kind by the agency;

5. Indicating how project findings will be disseminated to decision makers in the voluntary and governmental sectors.

Priority areas of need among the aged have already been amply identified by governmental and voluntary agencies. Such areas include income maintenance, employment, housing, health care, recreational and educational services, counselling, guidance and information services, meals programs including home delivered meals, and provision for accessible transportation. These general areas require specific definition and adaptation for specific aged populations in defined geographic areas.

Proposals considered for submission to foundations require prior study of the individual foundation; its stated purposes and grant patterns. This is especially true of institutional foundations as compared with family foundations where grant patterns may be idiosyncratic and reflective of the individual interest of family members. Generally, a preliminary exploratory discussion with the staff or trustees of a foundation is advisable; many foundations require a preliminary letter outlining the proposal before granting an interview or requesting a more detailed project description.

Community foundations, like the New York Community Trust, are interested chiefly in their own communities. In a recent article,<sup>4</sup> a staff member of the New York Community Trust indicated several priority interest con-

<sup>4</sup> Robert A. Mayer, "Response," *Foundation News*, May-June, 1976.

cerns. These included assistance in management improvement, and within certain limits, cash flow loans and "survival grants" under carefully defined conditions to voluntary agencies impacted severely by the city's fiscal crisis, and, demonstration projects to test alternative methods of service, particularly if related to services that are or should be provided by governmental funding. "Priority consideration would be given to such projects that had the potential of reducing the level of tax funds needed to provide such services in the future."

Community foundations exist in many large cities and Jewish community centers should become familiar with them, as well as with business corporation foundations that take some responsibility for communities in which their employees live.

In the experience of the Associated Ys, foundations are showing an increasing interest in the creative and expanded use of service volunteers, including older adults. The Estate of William E. Wiener and the Lavanburg Corner House Foundation have funded a program to expand volunteer services in our total network of Centers and Camps.

Much of what is said here about approaches to foundations can be found in a large number of publications that describe techniques of solicitation. But there are intangibles beyond mechanical prescriptions. There is no substitute for creative analysis and creative methodological approaches. There is no substitute for the trust which is reposed by the donor, and which must be earned and maintained by the donee. Candor and honesty are essential hallmarks in reporting, and the reasons for lack of success, despite hard effort, are as important as the reasons for success. In effect, two major requisites are leadership and accountability. Though the agency administrator may delegate much of the task, he remains personally accountable on behalf of his agency.

Perhaps another important characteristic is the ability to identify emerging needs as related to social trends. I believe that two such needs

and trends to which Centers can contribute more significantly in the future are continuing education for the aged, and pre-retirement preparation and counselling for those in the middle years. These two programs should increasingly become major elements in the adult activities of Centers.

#### Dilemmas and Directions

This article has noted several dilemmas related to funding services for the aged. Some are within the control of individual agencies, and others are not.

Perhaps the largest dilemma of all with reference to the special funding of demonstration programs is how to maintain the worthwhile programs when the grant has terminated. Too many of us have had the distressing experience of creating short-term demonstrations which have no on-going consequence. All too frequently, the new learnings derived from demonstrations are not integrated into practice.

The Associated Ys has had one major positive experience which warrants mention.

Our Mosholu Geriatric Day Care Center for the frail aged, funded by HEW with a grant of almost one million dollars over a three-year period, had two major goals: to prevent or retard the need for institutional care by providing community-based medical, rehabilitative, and recreational services; and, secondly, to seek permanence in operation by integrating the program in the Medicaid system. It took six months beyond the grant's original termination date and the supplementary help of Federation's Brookdale Fund to achieve Medicaid reimbursement. But it was done, and the program goes on under the joint management of our Mosholu Center and Montefiore Hospital.

Consideration of a demonstration project must deal with the question of its future maintenance when the project grant is terminated. Can the program be maintained through government reimbursement? Or, can normal budgetary funds be reallocated to include the new program as a warranted priority? Or, can the local Federation make

new budgetary provision for a new program of demonstrated merit?

Such questions lead us to another: Do we adequately involve decision-makers in our project planning? Such decision-makers include agency trustees, Federation staffs and trustees, foundation staffs and trustees, and government officials. In Israel, the Brookdale Institute of Gerontology, a major research institution, works closely and consistently with government officials so that project findings can be related to and integrated with the government's health and welfare system. Some projects also involve similar collaboration with trade unions and industry.

#### Summary

Two major variables influencing levels of grants for services to the aged from local Federations, and Jewish welfare funds, and from local community chests are:

1. The relative effectiveness and success of the fund-raising campaigns under Jewish and general community auspices;

2. The nature of local community priorities in fund distribution. Jewish community centers can help influence the choice of priorities by fund distribution agencies if they are sensitive to unmet, critical needs and can develop collaborative roles with other functional agencies.

Since the next generation of older adults will be of better economic and educational status than those presently served, it is likely that income from membership and service fees will reach higher levels. Concurrently, the character and perhaps even the quality of service will need to be modified to reflect the interests, needs, and requirements of a better educated group.

Other important funding sources include foundations and individual donors. Approaches to such sources require sensitivity to, and knowledge of, the donor coupled with presentation of a valid community need.

A major dilemma is how to continue the operation of programs after the demonstration grant has been expended. The planning of a demonstration project must take into consid-

eration the question of how to continue a worthwhile service. That question must involve the participation of decision-makers in project planning: such decision-makers include agency trustees, Federation staffs and trustees, foundation staffs and trustees, and government officials.

In summary, I believe that over time there will be increased funding for services to the aged from governmental and voluntary sources. The participation of Jewish Community Centers can be as extensive as their capacity for in-depth leadership and their exercise of profound accountability.