

John Muir/Mt. Diablo Community Health Fund

Y. & H. Soda Foundation

Healthy Aging Initiative & Funding Partnership

**Healthy Aging Initiative:  
An Innovative Model  
For Strategic Grantmaking  
2001 – 2006  
Evaluation Report**

June 2007

**HR&C**

Holmes Research & Consulting, LLC



John Muir/Mt. Diablo Community Health Fund  
Y. & H. Soda Foundation  
Healthy Aging Initiative & Funding Partnership

## About the Funding Partners

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### **John Muir/Mt. Diablo Community Health Fund**

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Grace Caliendo, President and CEO

The Community Health Fund, a public charity, was incorporated in 1997 and is the grantmaking arm of John Muir Health, a not-for-profit health system. Its grantmaking mission is to improve the health and well-being of residents within central and east Contra Costa County, with an emphasis on uninsured, underserved and overlooked populations. Its goal is to expand access to affordable, quality healthcare, health education and wellness programs that can improve the health status of families, children and youth, seniors and other vulnerable adults.

### **Y & H Soda Foundation**

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Judy Murphy, Executive Director/CEO

The Soda Foundation, a private foundation, was founded in 1964 by Y. Charles Soda and Helen C. Soda, and following the deaths of Mrs. Soda in 1983 and Mr. Soda in 1989, formalized grantmaking commenced. The Foundation funds and supports charitable and religious organizations in Alameda and Contra Costa Counties that enhance the health, education and well-being of the underserved. The Foundation seeks to enhance the quality of life for the economically disadvantaged, disabled, elderly and youth, and to promote their health and welfare; to provide opportunities for education; and to support those organizations whose religious philosophy strengthens the spiritual and temporal well-being of those they serve.



John Muir/Mt. Diablo Community Health Fund  
Y. & H. Soda Foundation  
Healthy Aging Initiative & Funding Partnership

June 21, 2007

### **The Healthy Aging Initiative & Funding Partnership**

In 2001, the John Muir/Mt. Diablo Community Health Fund joined forces with the Y & H Soda Foundation to support and fund this 6-year grantmaking initiative. We expanded our partnership to include 15 to 20 nonprofit organizations serving seniors. We did not consider these organizations as simply our grantees, but rather our partners in making needed changes to services for seniors living within central and east Contra Costa County. Our long-term purpose was to mobilize the local nonprofit sector to prepare for the coming service needs and civic engagement aspirations of the aging of baby boomers within our population, those of us born between 1946 and 1964.

The immediate goal of the Initiative was to help nonprofit organizations gather momentum on expanding and enhancing services for the many underserved and isolated seniors who have already reached age 60 and over. Their challenges were two-fold: increase and add services and connect those services to seniors who have the least access to help for aging-in-place, and implement fundraising actions that will ensure the increased services will be sustained beyond the life of the Initiative.

By the time this six year Initiative ended on December 2006, we had invested a little over \$6 million into local programs for seniors and efforts that increased the internal capabilities of nonprofit organizations. A portion of these funds were also used to launch and support the development of Contra Costa for Every Generation, a local civic engagement movement that created opportunities for residents to coalesce around and advocate on issues and policies that affect the aging-friendliness of Contra Costa. We were fortunate in attracting other funding partners who shared our interests in aging: The California Endowment, The California Wellness Foundation, and Contra Costa Employment & Human Services Department. Their contributions to the \$6 million totaled \$500,000.

During the six years, thousands of seniors received help in a variety of ways: in-home support, programs offered nearby in the neighborhoods where they live, and in organizations with established program sites throughout central and east county communities. Efforts were made to offer transportation services when needed, access to health screening was increased, two respite programs expanded and obtained licensing from the state as social adult day care centers,

help was offered to seniors to ensure they paid monthly bills on time, seniors who needed case management and referral to services received help, and seniors who wanted worthwhile opportunities to help others were recruited as mentors for young children, drivers and phone friends for home-bound seniors, and health navigators to accompany seniors on medical visits. In response to gaps in services for limited-English-speaking seniors and/or aging refugees or immigrants, the participating organizations worked collaboratively to begin increasing and enhancing their internal cultural and linguistic competencies. These transformations take time, but the value of the Initiative was that it was an impetus for change to begin.

### **An Evaluation of the Healthy Aging Initiative**

We commissioned this evaluation of the Healthy Aging Initiative because we believe that investing \$6 million in the thorough and disciplined way we conducted the Healthy Aging Initiative deserved to be documented for local participants and shared with other funders and communities interested in aging. This was perhaps the most significant undertaking that our two foundations had ever embarked on. We took on the role of “change agent” and held ourselves and the nonprofit organizations we worked with accountable for achieving results and sustaining the new growth in services. We hope this evaluation conducted by Holmes Research & Consulting, LLC, is informative and offers insights for any other funder interested in engaging in a comparable effort. We believe that the findings in this evaluation report demonstrate the lasting value of the Healthy Aging Initiative for residents of Contra Costa County.

Finally, we want to acknowledge and thank The California Endowment and The California Wellness Foundation for their grants that supported, in part, the grantmaking and capacity building opportunities offered through the Healthy Aging Initiative. They also helped us to fund the evaluation and produce this report. Support from two of the largest foundations in California for our Healthy Aging Initiative exemplifies the importance of our efforts in Contra Costa County.

Grace Caliendo  
President/CEO  
John Muir/Mt. Community Health Fund

Judy Murphy  
Executive Director/CEO  
Y & H Soda Foundation

# Table of Contents

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<b>EXECUTIVE SUMMARY .....</b>	<b>- 1 -</b>
A Brief History.....	- 1 -
Accomplishments of the Initiative .....	- 1 -
<b>SECTION I. OVERVIEW OF THE HEALTHY AGING INITIATIVE .....</b>	<b>- 3 -</b>
Introduction: The Initiative’s Model of Strategic Grantmaking .....	- 3 -
A Three-Phase Model of Community-wide Change.....	- 4 -
Three-Phase Logic Model for Strategic Grantmaking.....	- 5 -
The Beginnings of the Healthy Aging Initiative.....	- 6 -
Table 1. Original vision and core values created by community organizations in 2001 and ratified by the Funding Partnership in 2002.....	- 8 -
A Funding Partnership is Developed .....	- 10 -
Types of Grant Funding .....	- 11 -
Distribution of Grant Funds .....	- 12 -
Table 2. Cumulative list of Healthy Aging Initiative grants awarded. ....	- 13 -
A Strategic Approach to Funding a Community-wide Initiative.....	- 14 -
Table 3. Criteria for funding and underlying grantmaking principles.....	- 16 -
The Stewardship of Grantmaking: Proactive Monitoring of Progress and Outcomes Achievement .....	- 17 -
The Continuing Role for an Advisory Group of Nonprofit Organizations.....	- 19 -
<b>SECTION II. THE FUNDING PARTNERSHIP .....</b>	<b>- 21 -</b>
Success Factors of the Funding Partnership .....	- 21 -
Challenges for the Funding Partnership.....	- 23 -
Lessons Learned about Board Collaborations and Community-wide Initiatives.....	- 24 -
<b>SECTION III. IMPACT ON ORGANIZATIONS: INCREASED CAPACITY AND SUSTAINABILITY     OF COMMUNITY ORGANIZATIONS SERVING SENIORS .....</b>	<b>- 27 -</b>
Introduction.....	- 27 -
Challenges in Increasing Capacity and Sustainability .....	- 27 -
The Initiative’s Approach to Capacity Building.....	- 28 -
Three Types of Capacity Building Grants .....	- 28 -
Chart 1. Level of skill attained as a result of strategic planning consultation .....	- 29 -
Chart 2. Level of skill attained as a result of accounting systems consultation.....	- 30 -
Chart 3. Level of skill attained as a result of fundraising circle and challenge grants.....	- 31 -
Chart 4. Degree of organizational growth in sustaining the program as a result of participation in the Healthy Aging Initiative.....	- 32 -
Benefits to Organizations from the Initiative’s Capacity Building Program.....	- 32 -
Chart 5. Degree of organizational growth in management skills as a result of participation in the Healthy Aging Initiative.....	- 33 -
Lessons for Nonprofits and Funders about Capacity Building .....	- 34 -
Chart 6. Multifaceted and flexible approach to capacity building.....	- 36 -

<b>SECTION IV. IMPACT ON SENIORS: NEW SERVICES FOR UNDERSERVED AND ISOLATED</b>	
<b>SENIORS .....</b>	<b>- 41 -</b>
Introduction .....	- 41 -
Scope of Grants in the Healthy Aging Initiative .....	- 41 -
Challenges in Developing New Services for Seniors .....	- 42 -
Mutual Benefits for Clients and Organizations in the Healthy Aging Initiative.....	- 42 -
Chart 7. Degree of organizational growth in client service as a result of participation in the Healthy Aging Initiative .....	- 43 -
Chart 8. Degree of organizational growth in stakeholder involvement as a result of participation in the Healthy Aging Initiative .....	- 45 -
Chart 9. Degree of organizational growth in cultural sensitivity as a result of participation in the Healthy Aging Initiative.....	- 47 -
Chart 10. Degree of organizational growth in awareness and advocacy as a result of participation in the Healthy Aging Initiative .....	- 49 -
Chart 11. Degree of organizational growth in building community as a result of participation in the Healthy Aging Initiative.....	- 50 -
Lessons Learned about Creating an Impact on the Lives of Seniors .....	- 51 -
 <b>SECTION V. THE IMPACT ON THE COMMUNITY: SUSTAINABLE COMMUNITY-WIDE</b>	
<b>PARTNERSHIPS AND ACTIVITIES.....</b>	<b>- 54 -</b>
Introduction.....	- 54 -
Chart 12. Linkages among organizations in Contra Costa County spawned by the Healthy Aging Initiative.....	- 54 -
The Partnership for Healthy Aging .....	- 55 -
The East County Healthy Aging Collaborative .....	- 57 -
Contra Costa for Every Generation.....	- 59 -
Lessons Learned about Community Networking, Partnerships and Community Change Efforts.....	- 59 -
Healthy Aging Initiative as the Keystone in Sustainability .....	- 61 -
 <b>APPENDICES.....</b>	<b>- 63 -</b>
 <b>ACKNOWLEDGMENTS.....</b>	<b>- 64 -</b>
List of Contributors to the Evaluation of the Healthy Aging Initiative .....	- 64 -
John Muir/Mt. Diablo Community Health Fund .....	- 64 -
Y & H Soda Foundation .....	- 64 -
Independent Capacity-Building Consultants .....	- 64 -
Participating Nonprofit Organizations.....	- 64 -
 <b>PROFILES OF FUNDED PROGRAMS.....</b>	<b>- 67 -</b>
Outreach Programs.....	- 67 -
Alzheimer’s Association of Northern California: Esperanza y Ayuda.....	- 67 -
Foundation for Osteoporosis Research & Education (FORE): Senior Osteoporosis Screening Project .....	- 67 -
La Clínica de La Raza: Senior Health Promotoras Program .....	- 68 -
Pittsburg Pre-School & Community Council, Inc.: Seniors on the Go .....	- 68 -

Home Service Programs.....	- 69 -
Catholic Charities of the East Bay: Southeast Asian Senior Peer Companion Program.....	- 69 -
Ombudsman Services of Contra Costa, Inc.: Money Management Program .....	- 70 -
Senior Helpline Services: Reassurance Program & Rides for Seniors Program .....	- 70 -
Volunteer Center of Contra Costa: Home Safety for Seniors Program .....	- 71 -
Diablo Valley Foundation for the Aging: Money Management.....	- 71 -
Community Based Services .....	- 71 -
Contra Costa Jewish Community Center: Millman Respite Center .....	- 71 -
Culture to Culture Foundation, Inc.: Chinese-American Senior Center .....	- 72 -
Contra Costa Interfaith Supporting Organization: Health-Interfaith Partnership.....	- 72 -
Elder Abuse Prevention: Fraud Fighter Program.....	- 73 -
Holy Shepherd Lutheran Church: Lamorinda Adult Respite Center.....	- 73 -
Jewish Family & Children’s Services of the East Bay: Multilingual Senior Connections.....	- 73 -
Pittsburg Pre-School & Community Council, Inc.: Seniors for Children.....	- 74 -
Pittsburg Pre-School & Community Council: East County Healthy Aging Collaborative.....	- 74 -
Rehabilitation Services of Northern California: Adult Day Services Network of Contra Costa .....	- 75 -
<b>EVALUATION METHODOLOGY.....</b>	<b>- 76 -</b>
<b>GLOSSARY OF HEALTHY AGING INITIATIVE TERMS .....</b>	<b>- 77 -</b>
<b>ABOUT THE EVALUATORS.....</b>	<b>- 78 -</b>
Holmes Research & Consulting, LLC. ....	- 78 -
<b>HEALTHY AGING INITIATIVE SURVEY .....</b>	<b>- 79 -</b>





## Executive Summary

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With their six-year Healthy Aging Initiative, the John Muir/Mt. Diablo Community Health Fund and Y & H Soda Foundation improved the lives of many underserved seniors – and promises to improve the lives of many more. The Initiative successfully implemented an innovative model of strategic grantmaking and focused significant attention on preparing the nonprofit sector for the county’s aging population. It also created lasting, far-reaching community and organizational change. More specifically, the Healthy Aging Initiative:

- Helped create an array of sustainable programs that address seniors’ physical and mental health needs so they can more easily “age in place.” The programs increased the number of seniors being served, with an emphasis on those who are traditionally *underserved* due to economic, transportation, cultural, and/or linguistic barriers.
- Fostered unprecedented levels of collaboration among organizations that serve seniors in Contra Costa County, enabling them to create more effective service delivery.
- Used an emphasis on capacity building and board involvement to help individual organizations that serve seniors successfully accommodate growth.
- Made the entire county more aging-friendly by reaching beyond the nonprofit world to engage government, business, and individuals from all walks of life.

Strategic grantmaking has always aspired to these types of outcomes, but achieving them is never easy. To help others achieve similar results, this report documents the strategies, conveys the results, and offers analysis gleaned from various reports and discussions with the Initiative’s stakeholders.

### A Brief History

The Healthy Aging Initiative began when the Community Health Fund became concerned that as the Baby Boom generation reached retirement age, Contra Costa would be unprepared to meet their needs. To address this concern, the Community Health Fund convened leading nonprofits to assess gaps in services and the potential for organizations to respond. Many issues emerged, including lack of community awareness, organizations poorly suited to serving a diverse population of seniors, and turf wars for available funds. The group decided there was a need to act.

Together, they identified a vision, values, and goals for a grant program that would enable nonprofits to serve seniors. To launch the Initiative, the Community Health Fund formed a funding partnership with the Y & H Soda Foundation. Finally, the grantmaking began in earnest – \$6 million over the six years – with an emphasis on the two funders working closely with grantees.

### Accomplishments of the Initiative

The Healthy Aging Initiative clearly met or exceeded its five initial goals:

- 1. Increase community-wide access to aging services for all seniors, regardless of circumstance.** Participating nonprofit organizations developed many new services over

the six-year period – and expanded others. By the most conservative measure these services reached over five thousand seniors who were not being served before.

- 2. Increase opportunities for seniors to contribute to and participate in community life as valued participants.** New programs created hundreds of new volunteer opportunities for seniors to do everything from providing rides for their peers to teaching classes, mentoring at-risk youth, and helping homebound seniors pay their bills on time.
- 3. Increase understanding of diverse circumstances, lifestyles, and cultural backgrounds of seniors.** The Initiative provided opportunities for organizations to collaborate on enhancing cultural and linguistic competencies. This led to the development of culturally appropriate programs that were simply not available before. Vietnamese peer companions and Promotoras in the Latino community are just two examples.
- 4. Increase the number of nonprofit organizations and seniors collaborating to influence attitudes toward aging and older adults.** The Initiative spawned three lasting collaboratives around aging – The Partnership for Healthy Aging, The East County Healthy Aging Collaborative, and Contra Costa for Every Generation, all of which involve organizations and seniors collaborating.
- 5. Increase opportunities for residents countywide to come together and act as advocates for actions and policies designed to make the county more aging friendly.** Contra Costa for Every Generation promotes and advocates for policies and programs that can make local communities good places to age. It draws on residents of all ages, from all walks of life, and from regions throughout the county.

In addition to achieving these goals, the Initiative has had a dramatic and long-term effect on nonprofit organizations that serve seniors – and on the community as a whole. For the former, the Initiative insisted on four important concepts: capacity building, more direct involvement of board members in the work of the organizations, interagency collaboration, and sustaining the programs funded. All of these have significantly enhanced the long-term health of area organizations.

For the latter, the Partnership for Healthy Aging fostered a newly collaborative approach to delivering services, which ensures greater community awareness of and a more efficient system of services. The East County Healthy Aging Collaborative – formed with a significant grant from the Initiative that The California Endowment matched – is working on developing a seamless system of services to seniors in one of the county’s most underserved areas. And Contra Costa for Every Generation has substantially raised awareness of senior issues throughout the county.

Finally, and perhaps most important, through a carefully conceived and executed initiative – yet one that remained open to change through close collaboration among key stakeholders – the Healthy Aging Initiative created a successful model for any type of initiative that aims for dramatic community change.

## Section I. Overview of the Healthy Aging Initiative

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### Introduction: The Initiative's Model of Strategic Grantmaking

Strategic grantmaking enables a funder to focus significant attention on a primary area of interest in an effort to create lasting, broad-ranging community and organizational change. By listening intently to their community experts, foundation staff and board members become highly knowledgeable in the target content areas over time and offer strategic and tactical leadership in initiating and supporting community change to achieve a set of specified ends. As a thought leader in the community, with sound technical knowledge of the issues, the strategic funder is able to maximize its funds to achieve the desired ends. More importantly, strategic grantmakers are committed to becoming involved, community collaborators with others who share the same goals and want to achieve the same mission; in fact, the collaborative nature of strategic grantmaking is central to its success.

With their deliberate approach to grantmaking, the Healthy Aging Initiative (HAI) funders introduced a powerful and comprehensive approach to strategic grantmaking. In this report, we identify the strategies employed, the lessons learned for replicating their efforts, and the outcomes achieved. As we examine the work and achievements of the HAI's funders, we find that their work in many ways anticipates subsequent developments in the grantmaking community.

In a recent article, "Reflections on Strategic Grantmaking," Tom David, the Executive Vice President of The California Wellness Foundation, describes a continuum of grantmaking strategies. These strategies, or roles assumed by funders, include community-based, priority-focused, capacity-building, active partnerships, and purveyors of information. As this evaluation points out, the Healthy Aging Initiative funders employed a combination of the strategies David describes, according to the needs of individual organizations and the broader needs of the community as a whole.

David also contrasts top-down and bottom-up strategies used by various grantmakers. In the bottom-up strategy, the funder emphasizes investment in developing institutional capacity and in individual leadership at the organizational level. The funders of the Healthy Aging Initiative clearly employed this strategy in their design and implementation of a community-wide change model, establishing a model for other foundations to emulate.

*"The Healthy Aging Initiative was an opportunity to change how we did business. The funders were able to put in place processes for getting other people involved, e.g. board members, clients, and constituents. They mobilized more than just the staff."*

– Grantee Organization Executive Director

## A Three-Phase Model of Community-wide Change

As the Healthy Aging Initiative unfolded over a six-year period, the funders and the community participants employed a variety of strategies to ensure its success. Their efforts throughout the process followed a three-phase model of community-wide change as its touchstone.

During Phase I, the Community Health Fund convened and worked with local nonprofit organizations to assess gaps in service and to identify how to fill these gaps. They developed assumptions for the actions they were prepared to undertake and, with a new funding partner, the Y & H Soda Foundation, they laid the groundwork for Phase II (Implementation and Sustainability) and Phase III (Achievement of Outcomes and Results).

The model below summarizes the three phases of the Healthy Aging Initiative's evolution. We discuss the components of the model in detail in the remainder of the report. Where appropriate, references in the text direct the reader to specific parts of the model.

*“The nature of the [Initiative] in the nonprofit sector is a challenge. Some organizations just latched on in a whole way and moved ahead. Others didn't get it and those are the ones that failed because they just ended up thinking this was a grant .... This wasn't a grant. This was the commitment to being part of a change process.”*

– Joint Grant Committee Member

## The Beginnings of the Healthy Aging Initiative

In 2001, the CEO of the John Muir/Mt. Diablo Community Health Fund (CHF) convened a gathering of nonprofit organizations in central and east Contra Costa County, California. The commonality among these organizations was that all provided some type of service to seniors. Their purpose in meeting together was to address the needs of an aging population in Contra Costa and network with one another. CHF and the networking group discussed what services were available to seniors in the county, what additional services were needed, and how to make the area a more aging-friendly community. In addition, the participants discussed their individual and collective potential to respond to the many needs of local seniors. As a result of these meetings, the Healthy Aging Initiative (HAI) was born and a six-year community collaborative that would change the face of aging in Contra Costa County began.

The change process began by organizational representatives addressing the looming challenges facing a rapidly aging community. The networking meetings were the first time some community organizational representatives had the occasion to discuss community-wide concerns, needs and issues with their counterparts at other organizations.

*“With the Initiative, ... we got so many organizations together that were dealing with seniors, that were so overworked, that never had any time to talk to each other or to know what everybody else was doing. The funding was so tight that they had no trust in each other, because, obviously, they viewed each other as competition.”*

– Joint Grant Committee Member

Initial discussions focused on delineating the challenges being faced by organizations serving a rapidly aging community (see Phase I, Impetus for Action, page 5). In Contra Costa County, the networking group participants agreed that a convergence of two factors was occurring. First, the proportion and diversity of the population in the older age categories was growing rapidly as were their needs for social and health-related services. Secondly, organizations in the community that served them were struggling to find more effective ways to help meet the growing needs of the aging population. The implications of this convergence formed the basis for the vision, mission and action planning that followed.

### **Organizational Challenges**

The key organizational challenges facing the founders of the Healthy Aging Initiative appear in early minutes of the “Healthy Aging Initiative Organizational Capacity Building Working Group” (April, 2002):

- Organizations were working in isolation from one another and had few formalized mechanisms for sharing information, providing mutual support and building trust.
- Collaboration across organizations was limited due to a glass-half-empty mentality, i.e., “If I help others find resources, there will be less for us.”

- Their capacity to serve the growing population was hampered by overwhelmed staff that did not have enough time to meet their existing responsibilities.
- Services provided were sometimes duplicated across organizations, or not coordinated among organizations, or, in other cases, needed services simply did not exist.
- Many organizational staff felt they had outdated management skills, that there was limited training available, and that they worked in facilities that did not meet their clients' needs.
- Limited organizational capacity was hampering organizations' ability to succeed in meeting recognized gaps in skills and services. These capacity issues included a need for information and training on how to conduct a needs assessment, how to secure and sustain funding, accepted practices of fiscal management, how to manage staff and volunteers, how to recruit and train staff and volunteers, fundamentals of succession planning, program expansion strategies, how to develop sound evaluation skills, and strategies for planned growth.

### **Challenges in the Community**

As the grassroots community change networking group became an advisory group, participation by organizations and actively involved funders changed over time, as expected. Some organizations stayed the course over the six years of the Initiative; others left the group but remained active as service providers in the community; other group joined the effort and built new programs; and still others phased out of the group and phased out their services. Those that took on the challenge to effect lasting community change demonstrated some common characteristics; they understood that effecting change takes sharing and reiterating a common vision; making ongoing contributions of time and resource support; continuing to reaffirm a commitment to the cause; accepting times of ambiguity; finding constructive ways to deal with conflict; and demonstrating a desire to keep moving forward, despite setbacks and the need for course corrections.

The many challenges facing the Healthy Aging Initiative in the community relative to seniors included:

- There was limited community awareness of the looming aging boom and its eventual impact on quality of life in Contra Costa County.
- Organizational personnel had limited knowledge of the needs of the broader population they wished to serve, particularly of the isolated and underserved ethnic elders, for many of whom English was a second language.
- Ethnically diverse and financially and socially disadvantaged seniors were not being served; many were isolated and stranded in their homes without adequate help or access to services.
- Information about health and social resources were predominantly available in English, with a scattering of materials in Spanish.
- The very people that the organizations aimed to serve had little or no say in what was being proposed; rather, there were usually no representatives from those groups on organizational, community planning, or implementation committees and groups.

## **A Vision and a Framework**

With the challenges defined, the advisory group set forth a framework for developing programs and articulating a vision for their work with an initial set of assumptions for action (see Phase I, Agreed Upon Assumptions for Action, page 5). These included:

- Underserved and isolated seniors benefit when organizations reach out to them.
- Seniors deserve and benefit from being valued and respected participants in programs.
- Organizations serving seniors benefit from cooperating and collaborating with each other.
- Funding initiatives are enhanced when organizations providing the services are involved in designing them.
- Funders working in partnership with organizations receiving grants are likely to have success in achieving program goals and permanently improving ways of providing services.
- Organizations benefit from funding and expertise that focuses on strengthening governance, administration, financial systems, and fundraising.

The advisory group developed a shared vision and core values to guide the Initiative. Using their agreed upon assumptions for action as the basis for designing a community-wide change initiative, the group articulated a vision which encompassed the shared values of inclusiveness, support for aging in place, ensuring independence of seniors, and building partnerships between providers and their service recipients. The “Vision for an Aging-Friendly Contra Costa County” and the group’s “Core Values for Conducting Programs Serving Seniors” guided the initial funding and implementation of the Healthy Aging Initiative. The following table summarizes this vision and the core values.

**Table 1. Original vision and core values created by community organizations in 2001 and ratified by the Funding Partnership in 2002**

<b>A Vision for an Aging-Friendly Contra Costa County</b>
<p>Our vision for an elder-friendly community is for seniors in all of their diversity to be valued and supported in achieving the highest quality of life consistent with their individual desires, needs, and capabilities. An elder-friendly community is characterized by:</p> <ul style="list-style-type: none"><li>• Community-wide support for aging in place.</li><li>• An appreciation for the diverse circumstances, lifestyles, and cultural backgrounds of seniors.</li><li>• Respect for all generations and support for intergenerational interaction and mentoring.</li><li>• Nonprofit organizations and seniors working together to influence community attitudes toward aging and older adults.</li><li>• The right to make decisions about one’s life and access to quality assistance and community support as one’s physical and/or mental abilities change.</li><li>• Opportunities for seniors, as valued resources, to contribute to and participate in community life.</li></ul>

### Core Values for Conducting Programs Serving Seniors

- Services for seniors should enhance and supplement, not supplant family support.
- Services should be accessible for seniors regardless of where they live or their linguistic, cultural, physical, mental, or financial circumstances.
- Seniors benefit when organizations serving them cooperate and collaborate.
- Seniors should be valued and respected participants in programs.
- Seniors should be treated with caring and compassion by organizations serving them.
- Service providers should reach out to seniors that are underserved and overlooked.

As a result of assessing the needs, gaps in services, and available funding, it was determined that helping people to successfully age in place for as long as possible was to be the primary focus for the Healthy Aging Initiative. Extending independent living is cost effective and few programs and resources in Contra Costa County were being devoted to this end when the advisory group began its work. The group also determined that this would be an ideal role for them because they had expertise in mobilizing volunteers to augment the work performed by paid professional staff. Outreach efforts to underserved populations, extending community-based programs to locations where they could be accessible to more seniors, and bringing supportive services to home-bound seniors were identified as the highest priorities for funding.

*“The convening of the networking organization we started with [was] early on an advisory group. We used those convenings for a variety of reasons... the most basic one was as a support system. [When agency representatives] would come into the room, it would be hard to get them in their chairs and start the meeting. They were so busy networking... they loved it, and they began to trust each other. So, creating what ultimately has become the Partnership [has] complemented any kind of grantmaking or programming that got done ever since.”*

– Funding Partnership Board Member

Grassroots participation engendered broad ownership and a shared commitment to creating lasting community change. Active involvement of organizations at the grassroots level fostered a strong commitment and a sustained responsibility for realizing the vision and values set for the community. Moreover, it helped the funders prioritize the needs for funding. Involving organizations in the development of the Initiative created a much stronger call to action than if the funder simply offered grants in the more traditional way. The programs that were designed and implemented were those that the advisory group members and their stakeholders believed would achieve lasting community-wide change.



*“The most profound experience professionally and individually for me was the involvement of the Partnership for Healthy Aging. My participation in that really impacted our agency, the other partnership organizations and the community as a whole. We started out not knowing one another ... [but] as we met on a regular basis, we understood what each organization did and we began to trust one another. .. [We began] doing a tremendous amount of cross referrals, which was impacting the capacity of all of our programs. We were able to outreach the community at large. ...As a result of the Partnership, we were able to say, ‘You need this, you need that, just call this person, call that person’ ... which resulted in much quicker delivery of services and a lot less navigating for the consumers themselves.”*

– Grantee Organization Executive Director

## **A Funding Partnership is Developed**

While the vision and the core values provided an essential roadmap for action, there was still the question of funding for the programs to achieve this vision. The convener for the Phase I meetings was the CEO of the John Muir/Mt. Diablo Community Health Fund.

The vision of the advisory group for the HAI mirrored the funding priorities of CHF in the area of services to seniors. Based on the assumption that organizations and funders could do more by working in partnership with each other, CHF’s CEO suggested pooling its resources with the resources of another local foundation, the Y & H Soda Foundation. (See Phase I, Agents for Change Ready to Act, page 6)

According to several of the Soda Foundation Board members, at the time CHF suggested a funding partnership, the Foundation was already seeking an avenue by which to fund services for seniors. When approached by CHF to join in designing a community-wide initiative to improve services to seniors in Contra Costa County, the Soda Board recognized this as an opportunity to augment its potential to effect positive change on behalf of and with seniors in the community. As one board member stated, “Combining the resources of the two foundations, plus leveraging the knowledge of the two groups, meant that both could accomplish more together than as individual foundations working alone.”

Funding priorities were developed based on the input of the advisory group that had a “finger on the pulse” of Contra Costa seniors. Building on the shared vision and core values originally created by the group, the CHF and Soda Foundation worked together to establish the following two primary funding goals for the six-year Initiative:

- To increase the capacity of nonprofit organizations to extend their programs to increasingly more underserved seniors in their homes and neighborhoods.
- To encourage nonprofit organizations to collaborate with each other, and with the public and private sectors, to enhance responses to the needs and aspirations of seniors and aging “Baby Boomers.”

The funding partners also developed the following funding priorities and objectives to meet these goals:

- **Addressing Basic Needs:** Promote availability of appropriate and affordable senior housing and safety at home and in the neighborhood; assure no one goes hungry; and provide useful information about available services.
- **Optimizing Physical & Mental Health and Well Being:** Promote healthy behaviors and support community activities that enhance well being; and provide ready access to preventive health services and medical, social, and palliative services.
- **Maximizing Independence:** Mobilize resources to facilitate “living at home”; increase accessible transportation; and support family and other caregivers.
- **Promoting Social & Civic Engagement:** Foster meaningful connections with family, neighbors, and friends; promote active engagement in community life utilizing the skills and experience aging residents can contribute in service to others; offer opportunities for meaningful paid and voluntary work; and make aging issues a community-wide priority.

### **HAI’s Funding Philosophy**

Most importantly, the funding partners determined that the Healthy Aging Initiative was not just another grant program. Rather, it was an “initiative” aimed at creating community-wide change. In agreeing to this fundamental philosophy, both the funders and the grant recipients accepted multiple responsibilities that exceeded those of typical grant programs. From the outset, only organizations participating in the advisory group and its successor, the Partnership for Healthy Aging, were eligible for funding. In subsequent sections of this report, we detail the other additional responsibilities and the consequent challenges, achievements, and lessons learned by both funders and grant recipients.

### **Types of Grant Funding**

Once the grantmaking priorities and objectives of the Healthy Aging Initiative were agreed upon, the funding partners designed the funding strategy for accomplishing these goals. During their six-year partnership, the strategy progressively evolved as new needs and new ways to address those needs were identified. Basically, the funding activities of CHF and Soda have coalesced around three types of funding:

1. **Program Grants.** Program grants included Planning Grants, Program Implementation Grants, and Interagency Collaborative Initiative Grants. Programs eligible for grants had to fall within one of the funding objectives. The funding partners considered proposals to start up a new program or to expand the reach of an existing program. However, organizations that applied for program grants had to be prepared within one to three years to seek other sources of funding to replace grants provided by the Healthy Aging Initiative. From the beginning, the HAI funders emphasized *sustainability* of programs as key to long-term community change.

- 2. Fundraising Challenge and Expense Grants.** Using Challenge Grants and Fundraising Expense Grants, the funders encouraged organizations to develop, strengthen, and implement the fundraising skills that would ensure continuation of programs begun with the HAI funding. Both staff and board members were required to participate in fundraising.
- 3. Capacity Building Grants.** In addition to the first two types of grants, organizations could apply for funding to work with a consultant on accounting systems and fiscal management, fundraising skill development, and/or strategic planning. These grants were meant to achieve another of the HAI's key objectives – development within organizations in the areas of governance, accountability, fundraising, and strategic planning – all of which contribute to sustainability efforts.

## **Distribution of Grant Funds**

The funding guidelines established a framework which directed six years of grantmaking aimed at meeting the goals and objectives of the Initiative. The Healthy Aging Initiative distributed approximately \$6,005,611 over a six year period. Of this amount, \$5,436,006 went for planning, program, capacity building and fundraising challenge grants; \$87,862 for capacity building consultants; and \$481,743 to support the development of Contra Costa for Every Generation. CHF contributed approximately two thirds of the funding and the Y & H Soda Foundation, approximately one third. Other sources of funding included small grants from Contra Costa County, The California Endowment and The California Wellness Foundation.

As the following table indicates, the majority of the grant funding was dedicated to planning and program grants, with 16 organizations receiving approximately \$4,775,762. This amount represented about 88% of the all the grant monies distributed by HAI over the course of the Initiative. Twelve organizations received 26 capacity building grants, totaling approximately \$327,850 or about 6% of the Initiative's grant funding. Another 6% of the HAI grant monies, or \$332,394, was distributed in 10 fundraising challenge grants to six organizations. Overall, the Healthy Aging Initiative grants increased the ability of participating organizations to serve over 10,000 more seniors through outreach, education, health screenings, home-based services, health system navigation, information and referral, respite care, cultural, social, case management, and volunteer opportunities.

**Table 2. Cumulative list of Healthy Aging Initiative grants awarded.**

Sources of Grant Funds:	2001 Grants	2002 Grants	2003 Grants	2004 Grants	2005 Grants	2006 Grants	Cumulative Total
John Muir/Mt. Diablo Community Health Fund	\$ 430,343	\$ 610,556	\$ 634,436	\$ 786,726	\$ 609,423	\$ 686,950	\$ 3,758,434
Y & H Soda Foundation	189,016	294,304	330,497	435,087	291,395	316,676	1,856,975
Contra Costa County				44,601	59,597	35,802	140,000
The California Endowment				35,173	50,516	36,601	122,290
The California Wellness Foundation				32,248	51,993	43,671	127,912
<b>Total Funds Available:</b>	<b>\$ 619,359</b>	<b>\$ 904,860</b>	<b>\$ 964,933</b>	<b>\$ 1,333,835</b>	<b>\$ 1,062,924</b>	<b>\$ 1,119,700</b>	<b>\$ 6,005,611</b>
<b>Alzheimer's Association</b>   Program Grant		70,775	69,325	26,800			166,900
<b>Catholic Charities of the East Bay</b>   Program Grant	81,052	81,838	75,000			29,600	267,490
<b>Contra Costa Jewish Community Center</b>   Program Grant   Capacity Building Grant   Fundraising Challenge Grant	79,650	12,000	25,000	5,000	10,000 17,394		79,650 27,000 42,394
<b>Culture to Culture Foundation</b>   Program Grant   Capacity Building Grant   Fundraising Challenge Grant			80,000	80,000 13,000	90,800 5,000 20,000		250,800 18,000 20,000
<b>Diablo Valley Foundation for the Aging</b>   Program Grant		55,059					55,059
<b>Elder Abuse Prevention</b>   Program Grant   Capacity Building Grant		66,954	77,301 7,200	46,240 15,000			190,495 22,200
<b>Foundation for Osteoporosis Research &amp; Education</b>   Program Grant   Capacity Building Grant		71,830 1,600	79,108 4,700	79,350 10,000	110,670	71,400	412,358 16,300
<b>Contra Costa Interfaith Supporting Organization: Health-Interfaith Partnership</b>   Program Grant   Capacity Building Grant	30,000	150,000 1,600		96,750	48,375		325,125 1,600
<b>Jewish Family &amp; Children's Services of the East Bay</b>   Program Grant   Capacity Building Grant   Fundraising Challenge Grant	100,000	90,000 1,600	102,000	70,000 65,000 75,000	27,000 45,000	30,000	389,000 141,600 75,000
<b>La Clinica de La Raza</b>   Program Grant   Capacity Building Grant			85,000	100,000 10,000			185,000 10,000
<b>Ombudsman Services</b>   Program Grant   Capacity Building Grant   Fundraising Challenge Grant			3,600	68,000 8,000	75,000 14,500 15,000		143,000 26,100 15,000
<b>Pittsburg Pre-School &amp; Community Council Seniors on the Go</b>   Program Grant   Capacity Building Grant   Fundraising Challenge Grant	79,100	92,000	142,000	167,000 10,000	75,000 5,000 10,000		555,100 15,000 10,000

**Table 2 (cont.). Cumulative List of Healthy Aging Initiative Grants Awarded**

Sources of Grant Funds:	2001 Grants	2002 Grants	2003 Grants	2004 Grants	2005 Grants	2006 Grants	Cumulative Total
<b>Pittsburg Pre-School &amp; Community Council Seniors for Children</b>							
Program Grant	119,877		110,061	80,000	75,000	40,000	424,938
Capacity Building Grant				5,000	5,000	5,000	15,000
Fundraising Challenge Grant					20,000	60,000	80,000
<b>Pittsburg Pre-School &amp; Community Council East County Healthy Aging Collaborative</b>							
Planning Grant & Program Grants			5,800	30,125	50,000	550,000	635,925
<b>Rehabilitation Services of Northern California Adult Day Network</b>							
Program Grant	22,672	127,031					149,703
Capacity Building Grant		3,750					3,750
<b>Senior Helpline Services</b>							
Program Grant	97,008	25,000	15,000	15,000	50,000	118,000	320,008
Capacity Building Grant					5,000	15,000	20,000
Fundraising Challenge Grant			15,000	5,000	20,000	50,000	90,000
<b>Holy Shepherd Lutheran Church</b>							
Program Grant	10,000				32,350		42,350
<b>Volunteer Center of Contra Costa</b>							
Program Grant		53,823	63,038	66,000			182,861
Capacity Building Grant			5,800	5,500			11,300
<b>Total Grants Awarded</b>	<b>\$ 621,360</b>	<b>\$ 906,862</b>	<b>\$ 966,936</b>	<b>\$ 1,153,769</b>	<b>\$ 828,094</b>	<b>\$ 971,006</b>	<b>\$ 5,436,006</b>
<b>Capacity Building Consultants</b>				33,458	3,896	50,508	87,862
<b>Contra Costa for Every Generation</b>				138,612	232,939	110,192	481,743
<b>TOTAL AWARDED</b>	<b>\$ 621,360</b>	<b>\$ 906,862</b>	<b>\$ 966,936</b>	<b>\$ 1,325,839</b>	<b>\$ 1,064,929</b>	<b>\$ 1,131,706</b>	<b>\$ 6,005,611</b>

## **A Strategic Approach to Funding a Community-wide Initiative**

The HAI funding partners followed a deliberate, well-planned process for evaluating proposals and for awarding grants. Their strategies comprise a roadmap for other organizations undertaking similar community-wide initiatives. These strategies include the following:

### **1. Develop a systematic and purposeful grantmaking process.**

As a reflection of their approach to funding the Initiative, the funding partners organized the grantmaking process to include participation by both partners. The two boards and staff functioned as one grantmaking body, the Joint Grant Committee, to conduct and fund the Healthy Aging Initiative grant program. The steps in the grantmaking process were systematically implemented to ensure consistent and thorough review, decision making, and implementation of the same process for every grant request considered.

**2. Facilitate a unified approach to decision-making in order to create a seamless grantmaking process.**

A unified grantmaking board made the process seamless to organizational board members, staff and participants. Out of respect for their time, the leading funding partner and staff scheduled all the meetings; they also collected, analyzed, and prepared materials for presentation to the Joint Grant Committee for its comments, questions, and insights. Together, the Joint Grant Committee selected potential applicants and reviewed proposals. The combined boards approved grants and monitored the performance of funded projects each year. The potential grantee benefited from a discussion of their project plans prior to writing a proposal; these discussions strengthened the likelihood of proposing a successful plan that aligned well with the funding priorities of the Healthy Aging Initiative.

**3. Provide potential grantees and grantors an opportunity to discuss and develop a plan for funding by means of an initial in-person presentation.**

When the idea for a feasible funding request was received, the executive of the organization seeking funding arranged a meeting with the two CEOs to verbally present the idea. This meeting was an opportunity for the CEOs and the potential grantee to discuss the merits of the plan and assess its relevance to the goals, priorities, and objectives of the Healthy Aging Initiative. The initial meeting to review and comment on requests for funding made the grantmaking process more efficient for potential grantees and the Joint Grant Committee. The convening strategy was intended to minimize the detail work for the grantmaking board while consistently involving them in all stages of the process.

**4. Invite proposals for funding after a unified decision by the Joint Grant Committee is made based on the initial presentation of the potential grantee's plan.** Organizations subsequently invited to submit a proposal received application instructions after the initial meeting. Once the written proposal was received, the CEOs reviewed each application and prepared a written analysis outlining the strengths and weaknesses for distribution to the Joint Grant Committee for discussion at the application review meeting.

**5. Apply a consistent set of criteria to all proposals under consideration.**

Over time, the funders developed a core set of criteria that reflected their commitment to creating sustainable, responsive programs that were rooted in the fabric of the community. While these guidelines and principles were informal in the beginning, the close working relationship among funding board members and the consistency with which the review process was applied, ensured their consideration in proposal decision making. These criteria are summarized below along with a discussion of the underlying principles for the criteria.

**Table 3. Criteria for funding and underlying grantmaking principles**

<b>Criteria for Successful Funding</b>	<b>Underlying Grantmaking Principle</b>
<p><b><i>Involve the target audience:</i></b> A program presented for funding had to involve the intended audience in its planning, implementation, and ongoing evaluation. This requirement encompassed staff members, program volunteers, board members, and members of the community who could benefit from the program.</p>	<p>The goal was to shift the thinking of community organizations from an organization-centric view to one that is “market-driven,” i.e., one where the needs of seniors and their families’ needs were central.</p>
<p><b><i>Show a need for the services, and present evidence of likely success and sustainability:</i></b> A program presented for funding had to address a relevant gap in services; present a strategy deemed highly likely to achieve measurable outcomes; have staff and volunteers capable of conducting the work; and present a realistic plan for obtaining continued support from other funding sources.</p>	<p>The funding partners’ goal was to break the cycle of funding dependency. The Initiative sought to empower community-based organizations to identify and solve community needs using approaches that were self sustaining.</p>
<p><b><i>Demonstrate the organization’s competence:</i></b> An organization presenting a program for funding must have an understanding of the support systems and services that seniors will need to achieve their goal of aging in the place they call home for as long as possible. The organization must have the competency in program approach and staff, or demonstrated commitment to develop these competencies, and needed to reach out to diverse populations of underserved, uninsured, isolated, and overlooked seniors.</p>	<p>Since the Healthy Aging Initiative’s target was focused on the needs of seniors and on enhancing their ability to age in place, organizations funded by the Initiative were expected to demonstrate specific competencies in the area of aging services, not just competencies in the general area of social services.</p>
<p><b><i>Show commitment by the governing board to the program:</i></b> An organization presenting a program for funding must demonstrate that aging and programs for seniors are high priorities for the organization. This requirement could be met by a resolution of the governing board, a current organizational strategic plan approved by the governing board, or other proof of commitment that the organization will sustain funding for any program for seniors that the Healthy Aging Initiative provided funding to start up or expand.</p>	<p>When an organization’s board of directors takes ownership in and makes a commitment to support a program, the likelihood that the program will succeed is often significantly greater. To this end, HAI required organizations to bring board members to proposal application review meetings and regular in-person progress meetings. This encouraged board members to become well versed in the programs that they would be accountable to answer for during the proposal and progress meetings.</p>

<p><b><i>Adequate infrastructure in place:</i></b> An organization presenting a program for funding must have: (1) capable administrative management and an active and engaged board of directors; (2) a mission that encompasses the program proposed for funding; (3) appropriate financial systems that accurately track and account for the use of funds through monthly financial statements; (4) a reputation for conducting programs that are relevant to the needs and circumstances of underserved seniors; and (5) a demonstrated commitment to the best practices and highest ethical standards for governing and managing a nonprofit public benefit corporation.</p>	<p>While initial success in developing new programs was critical to meeting the goals of the HAI, equally important was the sustainability of these programs. The funders recognized that without adequate infrastructure, staff with the requisite program and management skills, and committed and involved board members, organizations could not realize the HAI’s vision for an aging-friendly community. Start-up organizations were found to have lower likelihood of success and to face many more challenges in getting projects off the ground.</p>
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## **The Stewardship of Grantmaking: Proactive Monitoring of Progress and Outcomes Achievement**

The funders adopted a proactive stance vis-à-vis the grantmaking process. The grantees identified their program’s objectives and expected outcomes in some detail in their proposals and were subsequently asked to report on the outcomes they choose to pursue.

### **1. Regular reports focused on assessing progress toward the achievement of the goals specified by the organization in the original proposal.**

As a continued commitment to modeling collaborative relationships and mentoring grantees to achieve their goals, the funding partners required progress reports every six months. While the HAI asked organizations to set their own milestones, the funders organized their review process to ensure that organizations were making progress toward the commitments specified by the organizations. The reports asked for a) tangible descriptions of progress toward the goals specified in the original proposal; b) documented evidence of measurable outcomes related to the goals; and c) documentation of measurable outcomes related to the benefits realized by participating seniors.

The quality of the reports varied by organization and over time. Early reports were more generic, focusing on start up activities and organizational capacity building which are much more difficult to quantify beyond the fact that the task was completed, or not. In later years, the more sophisticated organizations learned to not only report events, interventions and participation, but also to count and report impact on unduplicated number of seniors that were impacted by their services during the grant period.



**2. In-person review meetings provided opportunities for strategic interventions and mentoring by the funding partnership board.**

HAI funders adopted a mentoring approach to grantmaking predicated on the tenet that proactive funder involvement and mentoring the organizations receiving funds would achieve greater, more long-lasting results. The report submissions were followed by review meetings between organizational staff and board members and the funding partners. During the meetings, the funders worked closely with the organizations to discuss successes, review future work, identify problems and suggest course corrections.

One of the funding board members characterized the work sessions with the grantees as “technical assessment sessions” in which the funders helped the organization’s staff and board members to determine their capacity for implementing the programs they were proposing and to assess how likely this capacity would sustain new programs. This frequency of progress reports, coupled with the opportunity to talk with staff and board members probably “...meant that we [the funders] made a lot fewer mistakes” since they were closely monitoring progress toward goals.

**3. Site visits by funding partnership board members conveyed a personal and enduring interest in the programs being funded.**

To insure that there was due diligence in managing the process, the funders also scheduled site visits to organizations as a supplement to the progress reports and review meetings. While there, representatives of the funding partners talked with recipients of services and witnessed first-hand how the HAI dollars were making a true difference in seniors’ lives. These visits also helped the organization’s boards and executive directors by maintain focus on their commitments. The site visits by representatives of the funders personally conveyed the funders’ intent to work as partners with the recipient organizations.

**4. Hands-on stewardship by funders fostered sustained and heightened interest from the organization’s stakeholders.** Site visits involved funding board members in a more personal way. As a result, they developed closer relationships with organization’s staff and an understanding of the services’ impact on clients that rarely occurs in traditional program grantmaking. Organizational board members recognized that this meticulous and involved stewardship on the part of the funders was unusual and added value to the grant the organization received. One organization’s board member said she did not recall any other funder requiring board participation to the extent that the HAI did, and that this required participation resulted in a higher level of board members’ contributions to program success.

*“Although the funding specifications required a lot of scheduling, there was more interest in this [program by us as board members] than in some of the other programs. We would go out and meet clients to find out if we were accomplishing what staff reported.”*

– Organization Board Member

## **The Continuing Role for an Advisory Group of Nonprofit Organizations**

During the six years of the Healthy Aging Initiative, the Partnership for Healthy Aging group continued to inform the funding partners about emerging programmatic priorities and capacity building needs of the organizations, collaborated with the funding partners to assess gaps in services and progress achieved, and assisted the funding partners in promoting the Healthy Aging Initiative and its benefits for the community. Membership in the group has changed over time; new organizations have joined the Partnership, while some of the original members have left the group as their organization's priorities changed. The dynamic nature of the group's membership has contributed to the continuing relevance and evolving perspective of the group as it considers the gaps in services to the aging population and how to bridge those gaps. One thing that has not changed, however, is the requirement that all organizations receiving funds from the HAI have to participate in the Partnership for Healthy Aging.

While it is relatively easy to convene a group of organizations with common interests – such as how best to serve the needs of seniors in Contra Costa County – it is much more difficult to sustain the initial momentum of the group over a six-year period. CHF and Soda Foundation devised a successful combination of business and social activities to keep the Partnership members engaged and active. Lunch meetings that included educational presentations, networking time, and small and large group interactive sharing sessions allowed guest speakers, local educators and organizational staff to be teachers and learners alike.

An important benefit throughout the years from convening the Partnership was the opportunity it offered for staffs to get to know each other better through the bi-monthly meetings. The relationships that were developed provided the basis for organizations to collaborate on bringing their services to seniors in underserved communities. Finding the convening of staff beneficial, the advisory group urged the funding partners to host the annual Healthy Aging Initiative dinners which would bring together board members, staff members and program volunteers. Board and staff members took advantage of this opportunity to meet each other and learn about the many other nonprofit programs for seniors. The dinners also gave the community nonprofits time for socializing and exchanging ideas on how to further the goals of the HAI.

One such dinner featured a time for networking and a presentation by the Jan Masaoka, former executive director of CompassPoint Nonprofit Services on “Growing Pains: How an organization is affected.” Participants then worked together in roundtable discussions to elicit individual organizations' learnings from the speaker's main points. Another dinner invited Partnership members to celebrate the Healthy Aging Initiative for Central and East Contra Costa County and featured State Senator Tom Torlakson as the speaker. Celebrations like these solidified the group, provided educational information, pointed out how important the endeavor was to the community and to the state, and made explicit the importance of their collaboration in making Contra Costa an aging-friendly community.

The original community networking group evolved into a more organized and focused advisory group to lead the Healthy Aging Initiative. A third generation group has emerged from the advisory group in Phase III of the Healthy Aging Initiative, the Partnership for Healthy Aging At

the time of this evaluation, this group was formalizing their partnership by seeking 501(c)3 status. The group's vision and goals and their activities in the community are included in Section V of this report, on *The Impact on the Community: Sustainable Community-wide Partnerships and Activities*.

*“And I think that the biggest success that we had was that we [kept] meeting together and talking together. Over time they became friends, and over time they had trust in each other, and over time they realized how much they had to offer each other. And I think that that will go on indefinitely ... [they] have now a resource amongst themselves. And I think that's probably one of the greatest successes that we've seen.”*

– Funding Partnership Board Member

## Section II. The Funding Partnership

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### Success Factors of the Funding Partnership

For two foundations to create and sustain a successful partnership, both must bring essential strengths and skills to the joint effort. One partnership board member summed up the strengths of the HAI funding partnership this way: “When we presented ourselves to the community with the Healthy Aging Initiative, it was impressive that two boards were involved. It helped us get out in the community better.”

*“Meeting seniors needs ...is an area that we are interested in pushing the envelope ... to do things that aren't being done right now. We want to use our money and other people's skills and convene everyone and address certain unmet needs.”*

– Funding Partnership Board Member

In addition to representing a joint funding model for the community, the primary success factors of the partnership fall into five broad categories: complementary skills and perspectives, agreement on goals, mutual respect, strong leadership, and the power of combined resources.

#### **1. The John Muir/Mt. Diablo Community Health Fund and the Y & H Soda Foundation bring complementary skills and perspectives to the funding process.**

By bringing together the Community Health Fund and the Soda Foundation, the Initiative linked a community-based board and a privately-funded foundation board. The different experiences of these two funding entities not only broadened the group's overall perspective on what was needed in the area of senior services, but it also brought the combined expertise of diverse backgrounds to the table. Members of both boards acknowledged that the broad base of knowledge regarding health and other services for seniors as well as the business skills and experience of various board members contributed to the success of the partnership's work.

Another, possibly unanticipated, synergistic result of working with individuals whose skills are complementary to one's own, was the opportunity to learn alternate ways of doing things. Not only did this contribute to a higher level of functioning on partnership activities, but it also carried over each boards' other grantmaking activities.

#### **2. The board members agreed on the ultimate goals for the partnership.**

According to a set of criteria developed by Blank and Lombardi<sup>1</sup>, partners in a successful collaborative effort must first recognize that a problem exists and then articulate a vision for solving the problem. In their interviews, the HAI funding partners pointed out that they all had agreed (1) on the need for more services to disadvantaged and isolated seniors in Contra Costa County, and (2) that heightened public awareness of the problem was essential. They agreed

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<sup>1</sup> M. J. Blank and J. Lombardi, 1991, *Towards Improved Services for Children and their Families: Forging New Relationships*, White Plains, NY: The Eighth Annual Symposium of the A. L. Mailman Family Foundation, p. 24.

that having two boards clearly focused on these long-range goals – “being unanimous about what we wanted to do” – contributed greatly to their success.

**3. The vision for the partnership emerged from and was articulated by the community partners and ratified by the funding partners.**

The groundwork for this clear focus on long-range goals was laid during the preliminary work completed by CHF’s CEO and a network of nonprofit organizations, and this groundwork proved to be pivotal to the early agreement board members reached on the Initiative’s goals. The network of organizations, working over several months with the CHF CEO, assessed gaps in services and articulated the preliminary vision for the Healthy Aging Initiative. In this vision, the group agreed upon the assumptions for action and became an advisory group for the funders. Their vision, in turn, provided a framework that eventually evolved into the funding partnership’s goals and plan of work. The funders’ strong belief that the community knows what is needed and can be trusted to participate in creating and implementing the most appropriate solutions led to a powerful project design that became woven into the fabric and culture of the community.

**4. The board members demonstrated mutual respect for their partners.**

Numerous board members mentioned that the two boards worked together well, and most attributed this directly to the mutual respect that individuals demonstrated for each other. One said that the “...members of the two boards respected and trusted each other,” while another mentioned “the compatibility of goals, people, and commitment to the effort” as key success factors in working together. The seamlessness of the two boards was evidenced by comments from organization’s representatives, some of whom did not know who was on which funder’s board. “...[The] Healthy Aging Initiative board did well to model cooperative behavior...they served as role models for the nonprofit network of leaders.”

**5. The leadership of the partnership was very strong.**

As Blank and Lombardi pointed out, a successful effort requires leaders who will serve as facilitators for coordinating collaborative efforts. Funding partnership board members mentioned the “...efficient partnership between two great leaders [the CEOs of CHF and Soda]” as an important ingredient for the Initiative’s success. The members of the two boards also acknowledged the efforts they and their counterparts contributed to leadership tasks.

*“It quite immediately dawned on us that across the table we had good people...and are going to be going forward under some good, decisive, capable leadership. So, we had good resources, compatibility of boards, and we were being led even though we didn’t know precisely all that the landscape ahead of us was going to show us, but under good, capable staff leadership.”*

– Funding Partnership Board Member

**6. The combined resources of the funding partners enabled them to increase the impact of the Initiative by developing more services through participating organizations.**

All board members believe a key success factor in the Healthy Aging Initiative was the ability to leverage more resources due to the partnership with another foundation. The \$6 million effort would not have been possible if only one funder was involved. Together, the pooled resources were able to wield an impact that was much greater than the sum of the parts. Rather

than sending a single Initiative check to a grantee organization, each funder sent its own check to the designated programs. This kept the relationship between grantee and the two funders clear and direct.

**7. Fostering in-person interaction of the funding board members with organizations resulted in vested interest in their success, increased understanding for the challenges they face, and ensured recognition for the progress they make.**

Typically, foundation board members interact with other board members and occasionally the executive director, but usually not with staff members, thus keeping their involvement in and familiarity with the programs their foundation funds at arm's length. With the HAI's practice that funding board members participate in selection, monitoring, and site visits of grant recipients, the funding board members were closely involved with the programs, staffs, and clients their funds supported. Many reported that this enhanced knowledge increased their effectiveness as foundation board members and enhanced their satisfaction with the work they were doing. At the same time, it also increased their work load – a trade off any foundation considering this approach needs to plan for and make clear to their board members.

## **Challenges for the Funding Partnership**

Board members recognized that the funding partnership faced a number of challenges at different points in its lifecycle. One challenge that emerged at the beginning of the partnership related to how work would be divided among the board members. A second challenge became apparent as the work of the partnership was formalized and board members began to realize the full extent of their commitment in terms of time and effort.

**1. A clear division of roles and responsibilities is necessary for effective partnership functioning.**

While there was agreement on how much money each of the funders would contribute, several board members suggested that a clearer division of roles at the beginning would have increased the partnership's effectiveness. They also acknowledged that "hindsight is 20-20." The fact that they were traversing uncharted territory meant they made some course corrections along the way. As the Initiative process unfolded, the roles and responsibilities became better defined and refined.

A contributing factor to the uncertainty about roles and responsibilities was due to the regularly recurring turnover on the CHF board – an unanticipated result of the manner in which one half of the CHF board members are appointed and one half are elected at different points in time. This turnover meant less consistency of participation among CHF board members than by the Soda Foundation Board members who remained constant throughout the Initiative's lifespan. Another consequence was the need to orient new members to the complexities of the Initiative as it was moving forward. This became a challenge to the joint funding board as a whole because the new CHF members had no history to rely on when faced with making decisions as a team.

Initial uncertainty about roles can also be explained by the natural progression through stages in the organizational lifecycle. In a study of the lifecycles of nonprofit organizations, Simon<sup>2</sup> describes the progression of organizations from Stage II (Found and Frame) to Stage III (Ground and Grow) as the period during which an evolving organization determines which functions are necessary to its operation and who will be responsible for them. In their responses to questions about this progression in the funding partnership's operations, the funding partnership board members agreed that their group moved from Stage II to Stage III in a relatively short time. Their initial uncertainty about "who will do what" was part of the natural development process all enduring organizations' experience.

**2. All board members need to understand the extent of their commitment to the work of the partnership.**

Closely related to the division of roles and responsibilities is the need for board members to understand—from the beginning—the time and effort each one is expected to contribute to the partnership. This may not have been clear to all the HAI board members at the outset. Eventually, as the system for working together was defined and refined, board members agree that they adapted well to the new way of doing things.

*"I think the board [initially] felt like they were going to be akin to passengers on the boat, and lo and behold, the captains recruited them to heave ho and pull sail.... Then our hands got hardened and we were okay with the work."*

– Joint Grant Committee member

## **Lessons Learned about Board Collaborations and Community-wide Initiatives**

When asked what insights they could share with other foundations about their experiences, members of the funding partnership board articulated several lessons learned about board collaborations and, more broadly, about community-wide initiatives like the HAI.

**1. Synergy results from adequate assessment of partners' strengths and weaknesses.**

Members of the funding partnership emphasized the necessity of determining – before entering into a collaboration with another board – whether the match between funding partners is a good one. This lesson builds on the earlier discussion about the complementary skills of the Community Health Fund and Soda Foundation. One of the board members suggested that groups contemplating a partnership need to do "...a lot of planning and soul searching to find out if the two organizations are a good match and what they each bring to the table. [We did and found that CHF and Soda] were complementary."

While complementary skills contribute to success, there also needs to be congruence of culture and values between the partnering organizations. As one board member said, "Before anybody enters into a collaborative, they better be sure that they are fairly congruent on the cultures and

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<sup>2</sup> Judith Sharken Simon, 2001, *The Five Life Stages of Nonprofit Organizations*, St. Paul, MN: Amherst H. Wilder Foundation.

work values and work ethic.” Foundations considering a partnership need to determine the degree of congruence by assessing the readiness of the boards to work together and ensuring that they agree on the vision and mission of the partnership.

**2. A good working relationship evolves over time and requires constant attention and commitment to course corrections.**

Again, as discussed under success factors, board members must have respect for each other and a willingness to listen to each other, as well as an understanding that their relationship is an evolutionary one. One of the funding partnership board members compared working with a different board to a marriage where there is give and take on both sides. Another said, “Be prepared to be flexible. It’s a collaboration so no one can be the leader all the time.”

**3. Collaboration enhances degree of learning for all and creates a replicable model.**

When asked what they accomplished together that one funder working alone might not have been able to accomplish, members of the Joint Funding Board mentioned the “cross-pollination benefits” that come from combining the perspectives of two groups. Most importantly, this means that funders will know better how they can impact the community. In the HAI funding partnership, one foundation’s board had strong business skills while the other foundation’s board had extensive knowledge of community healthcare needs and services. By working together on the Healthy Aging Initiative, each board learned from the other group’s expertise and added to its own board’s knowledge base.

In addition to increases in the base of knowledge for the funders, an effective collaboration between two funders also can be a model for other organizations in the community. Many board members pointed out that the HAI funding partnership board were role modeling productive working relationships, good problem solving and effective communications – and made a powerful statement about open, direct yet tactful communications for grantee groups that were funded.

**4. A new, more complex hands-on grantmaking model requires greater inputs of staff and board of directors’ time, resources, and knowledge than a traditional model.**

The close working relationships that funding partnership board members established and maintained with staff and board members at the participating organizations provides an exemplary model for other foundations to look at when developing their funding models. Board members not only learned about working with another funder, they also learned about working with funded organizations. They suggested adopting a balanced approach to this task. While they listened carefully to applicants’ ideas for new approaches and new programs, they also expected that organizations think through their ideas so as to be clear about what outcomes the organization will achieve in their programs. They also advised that grantmakers closely monitor how grantees are doing and to convey the expectation that grantees use best practices in conducting their business. Equally important, board members agreed that funders must teach participants how to sustain programs after funds go away and how to foster board development to help them grow as organizations.

**5. Streamlining the work processes to make best use of all staff and board members’ time includes a clearly defined division of labor and the presence of adequate support staff.**



This lesson was offered by more than one of the Initiative's board members. They suggest that this could include dividing responsibility for knowledge of individual programs and having adequate staff assigned to necessary administrative tasks.

**6. Creating community change is a fluid process – allow room for serendipity.**

Last, the best summary of lessons learned comes from one board member who emphasized the need for flexibility and resilience on the part of board members when dealing with the vagaries of a challenging, “organic” community change effort like the Healthy Aging Initiative. Not all dimensions can be predetermined nor even anticipated. When the process is being “made up as we go along” and a key goal is one of learning, there will be unexpected roadblocks, challenging opportunities, and surprising solutions that emerge from the substantial dialogue built into the activities. This board member advised the need to remember that, “Initiatives never end up being what they start out to be.”

**7. At the end of the day, not all programs will be successful.**

Funders contemplating an initiative like the HAI must acknowledge that no matter how hard they work with the community organizations, groups and local leaders, some funded projects will achieve stellar results; some will achieve satisfactory results; and some will simply fail. The partnership between the John Muir/Mt. Diablo Health Foundation and the Y & H Soda Foundation planned and implemented a multi-faceted funding approach to address pressing needs in the community by building the capacity of local organizations and offering programs to fill voids in services. The funders put many safeguards in place to help grantees succeed, but could not anticipate all the variables nonprofit organizations deal with in their daily operations. These variables include staff turnover, board resignations, loss of funding from other sources, and poorly planned or executed programs. These variables and others can all affect the success or failure of a new project. In the end, the start-up ventures funded by the Healthy Aging Initiative faced the greatest challenges and only a few were able to move past planning stages to get their programs up and running.

Funding board members cited a number of disappointments for the Initiative. All of them relate to failures by participant organizations in one or more areas, including failure to plan for sustainability, ineffective or inefficient internal operating procedures, and unrealistic goals. More specifically, mentions of these failures include:

- Lack of success in moving toward greater fiscal responsibility.
- Some organizations failed to pursue all the resources available to them.
- Smaller organizations lacked the staffing or the drive to make programs sustainable, choosing to remain dependent on external funding sources.
- Some organizations did not meet their goals because of the failure of the executive director or board members to use best practices.
- Some of the organizations “bit off more than they could chew.”
- Some start-up ventures could not succeed no matter how hard they tried because of too many extenuating circumstances and challenges.
- Not all participants embraced the learning opportunities available and failed to grow.
- Some had incompetent or ineffective leaders.

## **Section III. Impact on Organizations: Increased Capacity and Sustainability of Community Organizations Serving Seniors**

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### **Introduction**

Successful organizational capacity building, by its very nature, necessitates change – in attitudes, in skill levels, in operational processes and practices – and change puts stresses on organizations, usually stresses for which organizations are unprepared. Capacity building aims to help organizations build the requisite skills; design and implement new processes and practices; explore and change restrictive attitudes; and deal with the stresses commensurate with growth and change. The end goal is to help nonprofits overcome traditional stumbling blocks and become more effective than they were when they were younger, smaller, less sophisticated or less skilled at focusing on tangible, measurable outcomes. For the Healthy Aging Initiative, capacity building focused on strategic planning; how to select, develop, and work more effectively with staff and board members; how to implement better fiscal management and accounting systems; and how to build donor bases and implement successful fundraising campaigns.

### **Challenges in Increasing Capacity and Sustainability**

The Healthy Aging Initiative faced numerous challenges as it sought to increase capacity and sustainability in organizations receiving its funds. These challenges included convincing organizations of the need to focus on long-range objectives, rather than just their immediate funding needs; instilling a deeper understanding of the organizational changes involved in the sustained continuation of programs; and helping organizations learn how to perform some functions in a completely new and different way.

*“Our agency did not fundraise traditionally and experienced growing pains especially around becoming an active fundraising agency. There are definite changes in attitude that are needed. It is a process and takes time to learn. Some of the obstacles we faced were 1) the change in culture was met with resistance by staff and volunteers; 2) not all board members were able to attend the strategic planning sessions and we were unsuccessful engaging those board members and staff who did not attend as there was no buy in for taking on tasks; and, 3) timelines set for completing tasks were overly ambitious for some objectives.”*

– Ombudsman Services Report July 2006

## The Initiative's Approach to Capacity Building

From its beginning in 2001, the HAI funders required organizations receiving program grants to demonstrate a commitment to capacity building as a component of developing and implementing new programs. Early capacity building activities were educational in nature, offering skill building opportunities using outside experts and speakers (and each other) at the networking events convened by the funders. Another key tactic that nurtured organizational change occurred when organizations were asked to involve board members in the proposal preparation and presentation sessions as well as the progress review meetings. This helped to ensure organizational boards were not only aware of, but committed to, programs funded by the HAI.

By the third year of the Initiative, after several programs were in place to meet the needs of seniors, the funders realized that several participating organizations were struggling with some key issues related to their capacity. The growing edges were identified as needing better skills for 1) reaching culturally and linguistically diverse populations, 2) improving or initiating fundraising strategies to sustain new programs over time, and 3) general strategic planning and educational initiatives to help organizations plan and implement sound organizational practices in several areas.

### Three Types of Capacity Building Grants

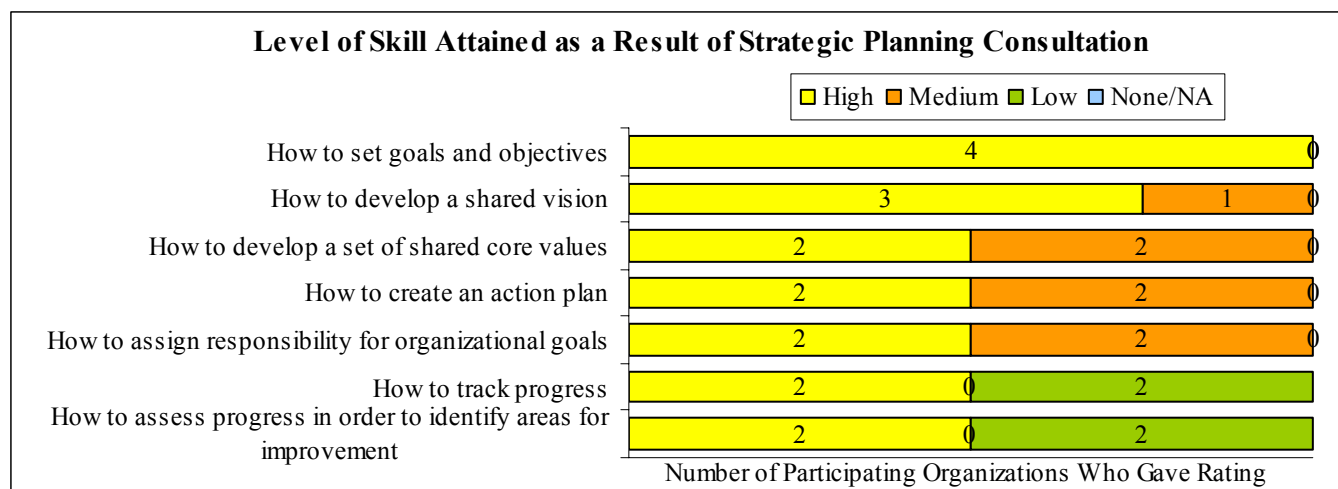
In response to these needs, the funders began offering specific capacity building grants to grantees for help with strategic planning, fundraising, and financial systems.

These grants were dedicated to helping organizations strengthen administrative functions, financial systems and accountability, and increase revenue contributed by donors. Organizational staff designed the scope of their capacity building work in collaboration with the consultants who helped tailor their plans to meet identified organizational needs. In addition, those receiving fundraising consultation also received additional assistance through Fundraising Circle Grants to support the development of organizational infrastructure and Challenge Grants to motivate fundraising activity through matching funds.

**Strategic Planning:** The consultant engaged to facilitate the strategic planning process, Marilyn Snider, worked through a series of exercises with all six organizations that received planning grants. To do successful strategic planning and community consensus building, according to Snider, "... you get the stakeholders together and focused on ... [defining] why they exist and where they are going before they can decide how they are going to go there."

In response to survey questions sent to grantee organizations who received strategic planning consultation, the processes appeared to be successful (see Chart 1). Four organizations rated their skill growth as high or medium on several fronts – including goal setting, creating a shared vision and core values, action planning and implementation.

**Chart 1. Level of skill attained as a result of strategic planning consultation**



The success reported by the Contra Costa Jewish Community Center below, is illustrative of the success several other organizations reported. This organization reported using a systematic planning process, beginning with a three-year blueprint of mission, vision, core values and goals. They then created an action and tracking plan to guide program implementation and assessment of achievement of outcomes.

*The strategic planning process with the HAI consultant resulted in five key outcomes related to capacity building:*

1. *Improved volunteer experience: Expanded volunteer opportunities to capture volunteers of varying age groups and interests; wrote job descriptions for new volunteer positions; developed volunteer orientation packet and manual; identified a volunteer coordinator to represent, recruit and retain volunteers; and implemented semi-annual Volunteer Continuing Education Workshops.*
2. *Expanded Capacity: Identified a past caregiver who is charged with organizing and identifying funding for an adult-child caregiver support group in the evenings to complement our existing daytime support group.*
3. *Enhanced Marketing: Created a new two-color marketing brochure and distributed it to 30 referral organizations, service organizations, and businesses.*
4. *Partnered for Training: Partnered with Contra Costa County Supervisor Gayle Uilkema's office to provide CPR training for caregivers, volunteers, and Rossmoor residents to provide a valuable service as well as raise visibility.*
5. *Goal Setting: Created fundraising goals to be carried out by the board of directors.*

– Contra Costa Jewish Community Center Strategic Planning Grant Report

**Accounting Systems:** In many small to medium-sized nonprofits, accounting systems are at best informal and underdeveloped. The HAI's grants in this area were used to engage Arlene Mose, C.P.A., who helped the participating organizations evaluate their existing practices and make small, yet critical, changes in their accounting systems. Not only do these changes

increase the likelihood of accurate record keeping, but system enhancements proved to be important when the organization experienced growth as well as when they applied for additional funding.

A report from Senior Helpline Services illustrates the financial consultant’s typical assistance:

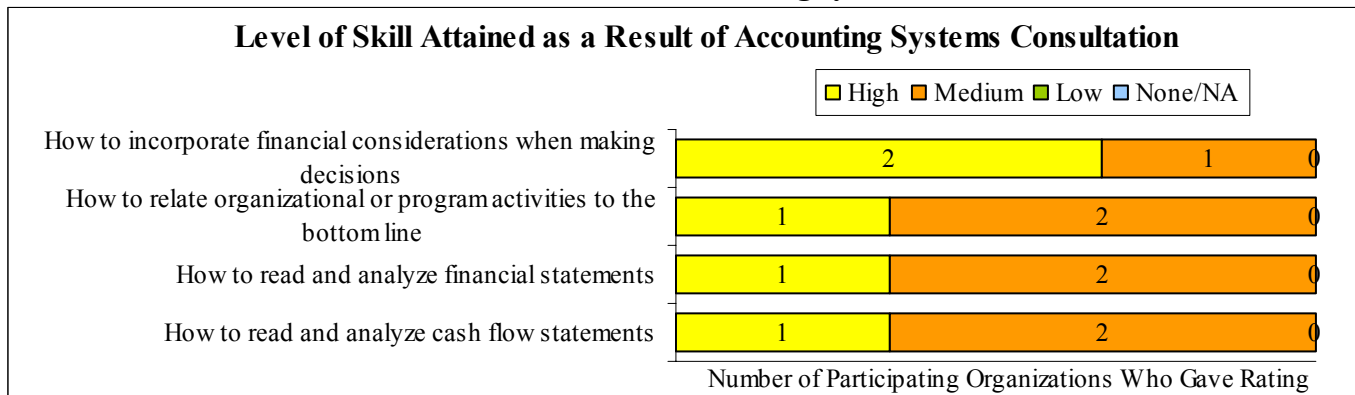
*Through our work with Arlene Mose, we have:*

- *Increased Leader’s Financial Skills: She helped the Executive Director with financial aspects of the HAI grant application, including cash flow statements.*
- *Expanded Board Skills: She met on three occasions with the Financial Committee to help design new budget and related reporting formats and educated board members on how to interpret and use new financial reports.*
- *Installed New Financial Management Systems: She helped us set up a new budget and reporting formats for 2006 in QuickBooks.*
- *On-going Consultation: She responded to numerous questions and made recommendations by phone with our Office Manager, Executive Director and Board Treasurer.*

– Senior Helpline Services Accounting Systems Grant Report

In response to questions on the survey sent to grantee organizations who received accounting systems consultation, they report positive growth for various skills including improved decision making processes and the analysis of financial statements (see Chart 2).

**Chart 2. Level of skill attained as a result of accounting systems consultation**



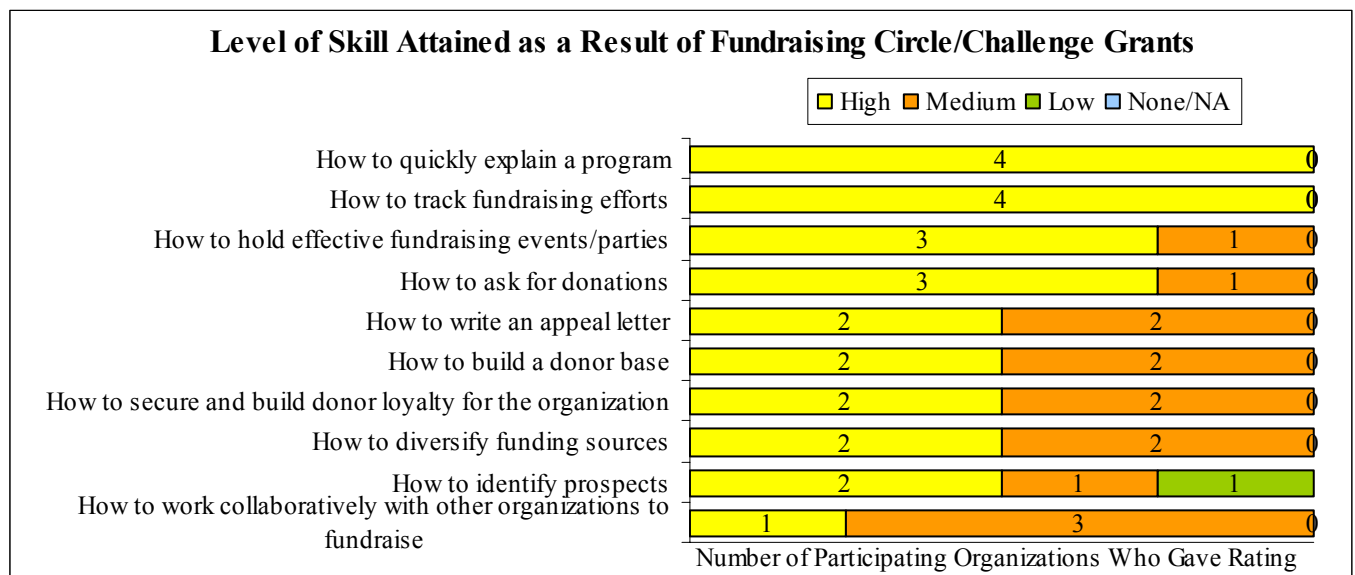
**Fundraising:** Over the last three years of the Healthy Aging Initiative, seven organizations were offered Fundraising Challenge grants, working with Kim Klein, a nationally recognized grants and fundraising expert and author of a number of publications on fund raising. The fundraising goals were set as a 2:1 match; for every \$2 raised by the organization, the Healthy Aging Initiative match was \$1, capped at a set amount at the outset of the challenge. The goal for organizations receiving these grants was to establish or further develop a strong individual donor base for current and future contributions. The funding partners wisely encouraged the donor base to be local community members, clients and their families, and friends of clients and of the organization. Corporate donations were not turned down, but the match was intended for

individual donations to build community ownership and support. The nature of the fundraising campaigns appeared to be as much “friend raising” as fundraising.

Starting in 2004 through 2006, seven organizations were awarded 10 challenge grants from the Healthy Aging Initiative with some receiving additional years based on successful achievement of fundraising goals. Four organizations met or exceeded their goals by more than 10%, two organizations fell slightly short of their goals by less than 10%, and two fell substantially below their fundraising goals so did not receive the matching funds. Two multi-year challenge grants were awarded in 2006 to previously successful organizations and the results are not known at the time of this report was written.

Although the success in meeting fundraising goals was varied, many executive directors report that their staff and board members gained new knowledge about the many sources of funding, different approaches to raise and ask for money, and the necessity of having an on-going fundraising mindset. Chart 3 below shows growth in several areas of tactical skill development. More growth was noted in the mechanical aspects of fundraising (e.g., how to track efforts) versus the more strategic skills (e.g., working collaboratively with other organizations).

**Chart 3. Level of skill attained as a result of fundraising circle and challenge grants**



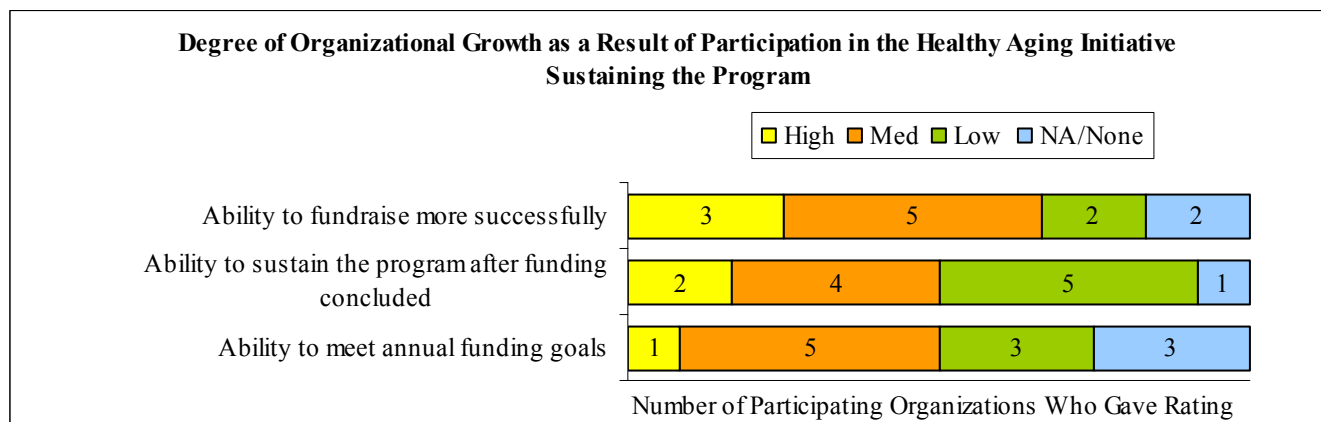
The fundraising training that the organizations’ staff and board received enabled them to expand their knowledge, skills and ability to reach current and potential donors through a variety of techniques including “warm” mail campaigns, house parties, face-to-face donation requests, donor appreciation events, and more effective use of the media. They also learned how to intensify their focus on nurturing and retaining donors through phone calls, personal notes and newsletters.

*“Our success is measured by the increased mailing list, solid number of repeat givers and growing number of first-time donors. The first and most significant lesson learned is that people want to be asked and secondly feel gratified by their ability to help make a difference. It is clear that by tapping into past and present Millman Respite Center consumers the services we provide are valued tremendously and never forgotten. Many people attached notes with their donations expressing their gratitude and hope that the program will remain for years to come. With continued fundraising development and regular appeals, the hope is that we will sustain the revenue stream with a steady and increasing number of donors by targeting all those we have served in the past, currently serve and those that we assist through our adult day program, caregiver support group, education workshops and information, support and referral services.”*

– Contra Costa Jewish Community Center, Funding Report

A growing sense of confidence was expressed by organizational leaders in the focus groups, and is mirrored in the survey results (see Chart 4 below). If new programs are to become central to fulfilling the organizational mission, there must be some means for sustaining them. When asked if the HAI participation increased their ability to sustain new programs, eight out of 12 respondents said they had high to medium growth in their ability to fundraise, six of the 12 showed growth in their ability to sustain the program after funding is complete and in their ability to meet annual funding goals.

**Chart 4. Degree of organizational growth in sustaining the program as a result of participation in the Healthy Aging Initiative**



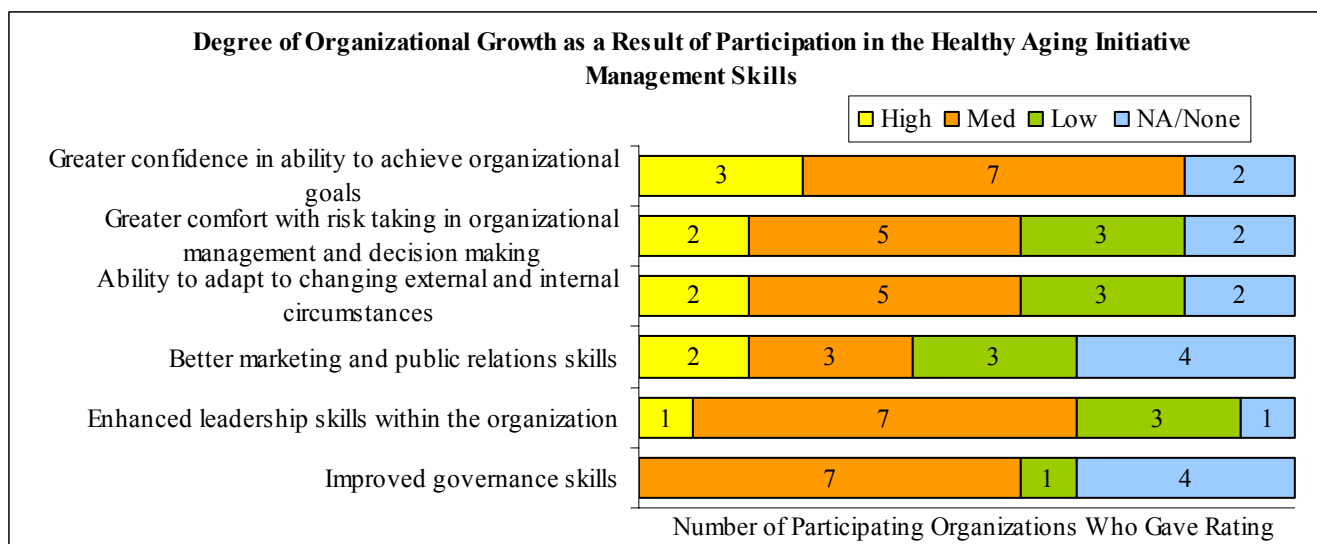
### **Benefits to Organizations from the Initiative’s Capacity Building Program**

Staff and board members in the HAI-funded organizations refer to the support they received in the area of capacity building as a “platform,” a “catalyst,” and/or a “safety net.” In each case, they acknowledged both the freedom and security that the HAI capacity building support gave them to make changes in “how they do business” and to take risks necessary to expand their level of services to seniors. Benefits to individual organizations occurred at three levels: program level, administrative and governance level, and inter-organizational level.

**1. Program grants supported activities that enhanced core capacities, meeting priority needs and interests of the organizations.**

At the program level, organizations participating in capacity building increased the services they offered to clients, both in terms of numbers and in geographical areas served (see the program profiles by grantee in the Appendix). Moreover, many staff members report that they came to a different understanding of the programs developed under the Healthy Aging Initiative. Rather than viewing the new services as a temporary grant-driven project, the Healthy Aging Initiative-supported programs are seen as core programs for the organization. Survey responses in Chart 5 below illustrate the level of growth in management skills.

**Chart 5. Degree of organizational growth in management skills as a result of participation in the Healthy Aging Initiative**



**2. Board development focused on expanded roles for board members.**

At the administrative and governance level, board members increased the scope of their roles and their understanding of organizational operations. Participating staff and board members identified changes in four areas:

- Board members assumed expanded roles related to the oversight of organizational programs by sharing responsibility with the executive director.
- Board members were committed to finding ways to sustain new programs after funding ended.
- Organizations developed and implemented diverse kinds of fundraising strategies and involved board members at a higher level to contribute directly to these efforts.
- Staff and board members recognized the importance of having more diversity among board members in order to serve a more culturally diverse senior population.



*“If my board learned anything it is that there is no permanency to any funding....Now we are in the process, thanks to the Healthy Aging Initiative, of building a very strong, loyal, individual donor base. I knew we needed to do that, but only after the Initiative came in and put the pressure on replacing their money did I get the support I needed with my board.”*

– Grantee Organization Executive Director

### **3. Interagency collaboration heightened community awareness, leveraged more resources and built a foundation for sustained community change.**

At the inter-organizational level, participating organizations collaborated with a more diverse and expanded group of organizations with common interests. This emphasis on cooperation rather than competition resulted in leveraging more resources among organizations for reaching common goals, more sustained and consistent publicity for services and for aging issues, and heightened levels of teamwork aimed at building reputable programs in the sector. The net effect of these outcomes is building a stronger foundation for sustained community change.

*“In the first year of expanding the Multilingual Senior Connections program, Senior Navigators contacted staff, visited and/or made presentations to over 50 organizations and planning groups. They also participated in several health fairs or community celebrations. The Senior Navigators reported extremely positive feedback on the outreach efforts. Clients and organizations have seemed particularly grateful that the program is providing services to Spanish speakers and are willing to give us as much room to maneuver with their client population as we can take. They appreciate our language skills, our availability as advocates and the fact that we can devote time and energy to their clients. As a result of outreach, we are now consistently getting referrals from social workers, medical personnel in addition to client self-referral.”*

– Grantee Organization Executive Director

## **Lessons for Nonprofits and Funders about Capacity Building**

Successful capacity building usually results in changing the way organizations do business. At its core, capacity building fosters new strategies for achieving administrative and programmatic success and encourages the use of specific tactics to achieve program sustainability beyond the lifespan of grant dollars. By incorporating capacity building into program grants and by funding specific activities aimed at building capacity, the HAI created an iterative and participatory model for change. The HAI’s experience provides lessons for other funders and grant applicants on how to achieve similar results.

*“We learned how to fish, not just how to start new programs.”*

– Grantee Organization Executive Director

### **1. Funders and grantees alike benefit exponentially from a multifaceted, flexible approach to capacity building, rather than a one-dimensional approach.**

The diagram below is intended to show the steps required when taking a multifaceted approach to capacity building, such as the HAI funders prescribed. As participants evaluated

the process, they identified specific strategies in this approach which led to greater benefits than they would have realized from a more one-dimensional approach. These strategies include:

- **Allow organizations enough start-up time to create the strategic program plan, develop an implementation and action plan, and plan for evaluation before judging their degree of success.** Capacity building is a time-consuming process and the results only become apparent after reasonable time and effort has been devoted to it. The feedback from funders and organizations alike concurred that the first six to 12 months of a three-year program grant must be spent on planning, hiring and training staff, and other normal start-up activities. To expect tangible impacts too soon can be frustrating to funders and program staff alike.
- **Learning is not linear; allow organizations to take risks, stumble along the way, and make course corrections as needed.** Give participants some leeway to make mistakes and corrections along the way. Participants give the HAI funders high marks for allowing the organizational staff to stumble vis-à-vis their capacity building plans and to correct course when necessary. Most organizations participating in the HAI had limited or no experience with capacity building and needed to learn as they grew.

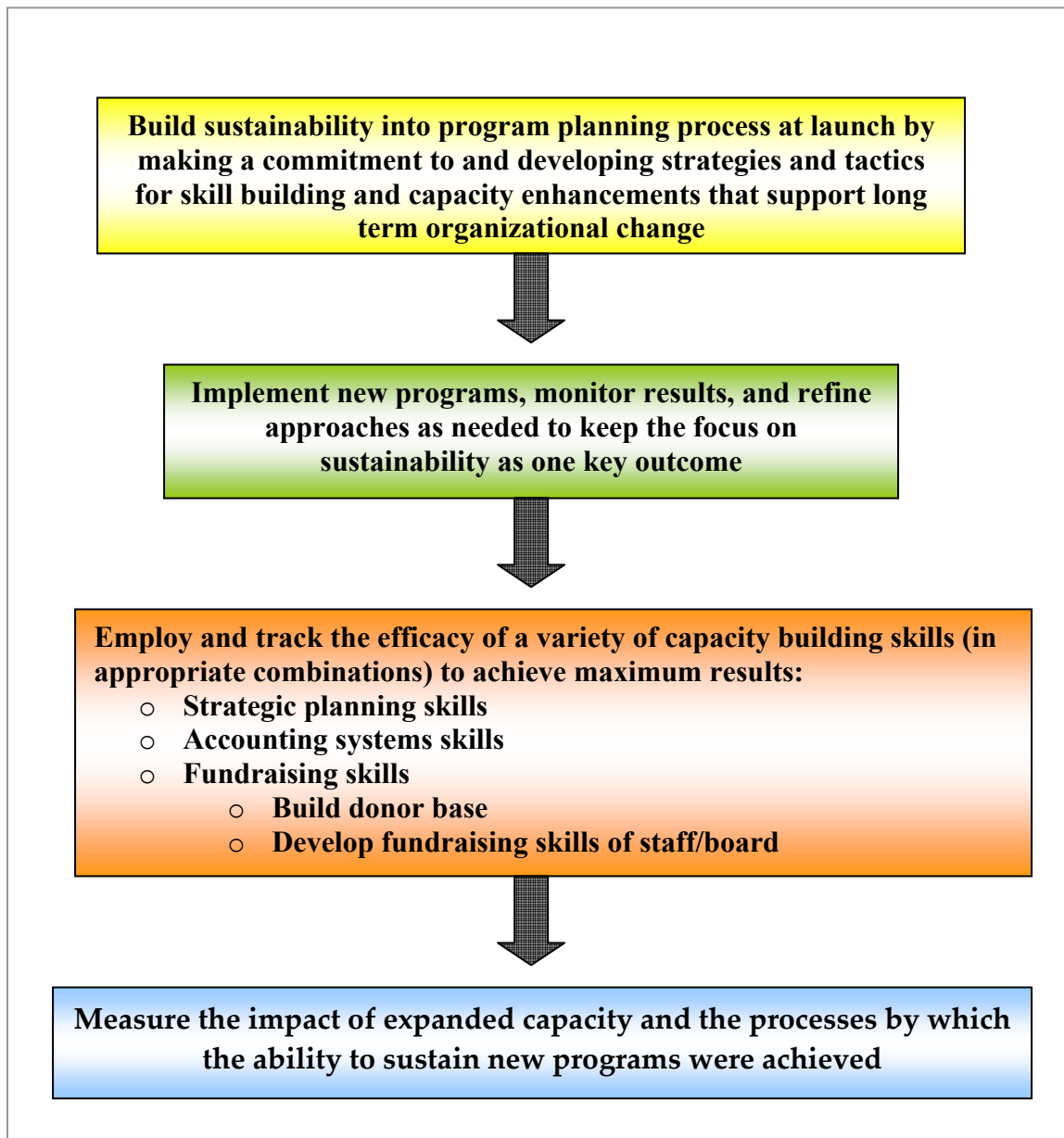
*“Formal responsibility for fundraising has shifted to become shared by the Executive Director and Board of Trustees. This shared responsibility model worked well for the organization during the last six months of 2003. As a result of reorganization and our combined fundraising efforts, we are entering 2004 as a financially viable organization. We realize the value in expanding our individual donor base as well as put effort into fostering the long-term loyalty of those donors.”*

– Senior Helpline Services Report, January 2003

2. **Take a multifaceted approach to capacity building since no one size fits all.** In fundraising, for example, some organizations used house parties for grassroots fundraising while others were more successful with individual donor requests from clients and their families, trusted friends, and colleagues. By offering organizations several options for how to do capacity building, the funders increased the probability of their success. Early capacity building strategies simply offered skill building through educational activities at the networking events convened by the funders. The topics varied, but were generally of interest to a broad range of nonprofit staff members. For example, there was training on enhancing multi-cultural sensitivity; an editor discussed successful media outreach tactics; a consultant gave a presentation on grassroots fundraising; and in some instance organizational staff trained each other, using their own knowledge and expertise to help others in similar circumstances.
3. **Board involvement increases the likelihood of organizational follow through.** When organizations were required to involve board members in the application and review process, an organization-wide commitment to increased capacity occurred. In their explanation of how they planned to sustain programs after the HAI funding ended, grant

applicants presented specific plans to achieve increased capacity with the full knowledge and support of their boards. When board members made a commitment to the outcomes in the initial and subsequent meetings with funders, the likelihood that the organization would follow through was heightened considerably.

**Chart 6. Multifaceted and flexible approach to capacity building**



**4. Capacity building activities can stimulate other systemic changes that require additional capacity building in other areas of the organization.**

Successful the HAI participants recognized that a change in one part of an organization results in changes in other parts, with effects that can be positive or negative. For example, enhancing an organization's fundraising capabilities may result in more dollars, which results in more programs, and finally, in more staff requirements to deliver programs. The demands that new programs and new staff place on the infrastructure of the organization and its leadership may require new skill development and realignment of other processes in the organization to adjust to the changes and growth.

*“The financial consultant began attending board meetings providing training to members in ten sessions regarding understanding board duties, understanding of various financial components necessary to run and evaluate our Agency and understanding of a basic financial statement. She also instructed the board in understanding restricted, temporarily restricted, and permanently restricted funding, the development and update of policies and procedures for our board will provide reasonable and assurance for reliable accounting and mitigation of fraud risks. In addition to discussing various tax issues that nonprofits face, she reiterated the importance of fundraising and offered ways to raise cash.”*

– Ombudsman Services of Contra Costa Report, February 2006

**5. Funders and grant recipients must work cooperatively to manage the dynamic tension stemming from close engagement by the funder in capacity building efforts.**

HAI grant recipients acknowledge that capacity building efforts added to their workload and placed more stresses on organizational staff and board members. Concurrently, these same recipients praise the engaged approach the HAI funders took with the organizations selected to participate and the obvious commitment funders have to organizational success. These seemingly contradictory situations reflect the dynamic tension often present when making changes to outmoded, yet familiar, ways of doing business. Acknowledging this dynamic tension is a first step in devising a mutual solution for managing it.

One point where the tension manifested itself was when organizations and funders agreed on goals for capacity building but differed on how to reach those goals. Some strategies for funders on how to manage these differences follow:

- **Assess readiness of organizations to participate in capacity building program.** While all would agree that building technical, fundraising, and planning skills increases an organization's capacity, not all organizations have the inclination or resources at a given point in time to accomplish this. For example, if key board members are rotating off the board, the organization's readiness to develop fundraising skills may be low. Or, the funded organization's start-up ventures have a set of hurdles to overcome just to survive as viable organizations and probably are not ready for capacity building efforts. Funders will do well to develop methods that measure organizational readiness and need for capacity building before including capacity building as a component of their overall funding plan.
- **Establish mutual trust between funders and organizations.** Traditional funder-grantee relationships are often formal and kept at “arms-length” emotional distances. For instance,

negotiating a final grant amount is akin to a high stakes poker game, where not all cards are showing. In the Healthy Aging Initiative, the funders partnered with

organizations applying for grants and placed strong emphasis on developing long-term, mutually beneficial relationships in order to achieve long-term and community-wide results together. Similarly, the funders made efforts at building mutual trust by openly discussing challenges and lessons learned and accepting changes in plans and directions presented by organizations. The funders needed to know that the organization was truly committed to the effort and, as pointed out above, ready to act. Organizations, in turn, needed to believe that the time and resources required in this effort will yield meaningful gains for their programs.

- **Negotiate to find a middle ground that reconciles the two approaches to solving the problem.** If one involves five people in solving a problem, it is probable that they will devise five slightly different solutions. When the HAI funders designed capacity building programs for their grantees, they engaged top experts in their respective fields to offer the training and consultation. While all agree the training was excellent, it rapidly became clear that each organization was different and adjustments to the capacity plans had to be made to allow organizational staff to achieve a level of comfort with the plans and to grasp what needed to be accomplished in their own terms and aligned with their own world views. The flexibility allowed by the funding partners for the consultant and the organizations to work out a customized plan, maximized their investment in individuals and organizations.
- **Make the process more participatory than top down.** From the beginning, the HAI was a participatory process, from the initial discussions about what the Initiative should look like through the design of the funding process and the development of community-based programs. Organizational representatives appreciated the opportunity to give their input about what their clients needed and they suggested that capacity building efforts should follow a similar process. The funders took an active role, however, in encouraging organizations to stretch beyond their normal limits and expectations to plan a better future for the community. On occasion, the funders offered more money to support a larger effort than proposed by the organization, if the plan was sound and the need great. Most organizations were grateful and felt this motivated them to take more risks and achieve greater outcomes. One organization reported, however, that their organization was not ready to expand as quickly as they were encouraged and financially supported to do, and they experienced difficulty in achieving their program goals.

**6. Organizations need to institutionalize the knowledge gained in capacity building efforts.**

Staff and board members who participate in capacity building training gain a tremendous amount of new knowledge. With the high turnover characteristic of nonprofit staff and board members, this knowledge needs to become part of the “corporate” memory to ensure that it is passed on to new staff members. A key to making this happen is for nonprofits to

consciously develop a “culture of sustainability” in the fabric of the organization. In this way, capacity building and sustainability of programs becomes intrinsic to how the organization

operates, just as they were an intrinsic element in the Healthy Aging Initiative. Steps in developing and maintaining this new culture include training board members, as well as staff, on accounting systems, governance, fundraising and program development, and incorporating a commitment to capacity building into the recruitment process for new staff and board members. Another method is to involve staff as facilitators or train-the-trainers to share knowledge throughout the organization.

*“Our first session [with the Fundraising Consultant] was a real eye opener as we learned that we need to build relationships with donors. The idea of funders as ambassadors for our Agency is such a positive concept for us and one that changes the purpose of asking for monies. Our focus is on learning techniques to successfully approach donors and work with the private sector. ... We need a better system of tracking contributions and learning the giving patterns of our donors. We have begun writing fundraising letters on a regular basis asking for specific money amounts, including one weekly letter requesting \$500-\$1000. Our new approach is to follow up with personal phone calls to prospective donors and in some cases meeting with them to present our Program and services. The training is extremely helpful and the Grassroots Fundraising Journal and book Accidental Fundraiser gives our Board and staff not only many strategies for fundraising but worksheets, sample letters and practical tips to follow.”*

– Senior Helpline Services Report, January 2005

The importance of institutionalizing a fundraising program was cited by more than one organization as a key approach to sustainability and capacity building. Often executive directors take sole responsibility for fundraising, forming personal, trusting relationships with donors that pay off for the organization – as long as they remain on staff. The risk of losing that donor if the director leaves the organization is high. Successful organizations have learned to involve all key staff and board members in fundraising, shifting donor loyalty to the organization and its mission from the closely held relationship between the executive director and the donors.

**7. Take advantage of the structure inherent in a community-wide initiative to foster collaboration among multiple players, thereby adding to their overall capacity.**

An initiative such as the HAI has inherent potential for collaboration on capacity building efforts. As an example, the three consultants primarily worked with organizations individually, and did not become a work group themselves. In hindsight, the consultants realized working together as a team to coordinate efforts with organizations would have been beneficial to the funders, the organizations and the community at large. This teamwork would have mirrored and reinforced the model of collaboration in the funding partnership.

**8. Synergy in many arenas can result from combining efforts.**

Organizations involved in the HAI fundraising capacity-building training met on a regular basis. The group had the potential to capitalize on this in-place structure for cooperative efforts on fundraising. Because of the group’s combined efforts in this area, they realized a synergistic effect from their association.

*“FORE has been very successful in establishing a model for outreach into ethnically diverse and underserved communities with the funds from this Initiative. The partners of the Healthy Aging Initiative continue to be our best resource for reaching an underserved audience. In this third year, we found that sites that we have served in the past are now a great resource. With the assistance of our bilingual speakers, we redoubled our efforts to reach ethnically diverse and underserved adults. Over half of the individuals screened are non-Caucasian. The increase was predominantly in the ethnic communities where we have trained speakers: Hispanic, Asian, Russian and Farsi.”*

– Foundation for Osteoporosis Research and Education Report, July 2005

#### **9. Organizations need to develop a new worldview about collaboration.**

Funders contemplating an initiative like the HAI need to look for ways in which they can maximize the outcomes by encouraging collaborative efforts among participants. Many service providers noted that through the networking activities, peers at other organizations became supportive collaborators rather than competitors. For most, this was a radical change in their worldview. Traditionally, nonprofits compete in the community and in a wider national arena for severely limited funds. Most see this as a zero-sum game, i.e., one in which there are finite resources and any resource one group gains equals a loss for other nonprofits. The HAI turned this notion on its head and demonstrated in a telling fashion that, while resources are indeed finite, collaboration can mean more organizations benefiting from the same or increased funding levels than when just one organization receives a single grant.

*“The Healthy Aging Initiative network and other community members have donated their time to translate for and communicate with the large non-English speaking population in East and Central County. We were able to reach, screen and follow up with seniors much more easily because of the trust that the seniors have with the staff at these organizations. In addition, we were able to make more vital connections with the community through word of mouth. This volunteer outreach will continue as we work toward contacting other ethnic groups in addition to Spanish speakers. We attended four senior health fairs drawing ethnically diverse seniors who probably would not otherwise attend a screening at a community center. We have reached Hispanic, Vietnamese, and are scheduling events for Hmong, Afghani and Russian seniors.”*

– Foundation for Osteoporosis Research and Education Report, July 2003

## **Section IV. Impact on Seniors: New Services for Underserved and Isolated Seniors**

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### **Introduction**

The Healthy Aging Initiative's mission focuses on helping organizations serve a community of people who are coping with aging in the face of difficult personal circumstances, lack of adequate resources, and health and economic challenges. The programs funded through the HAI help uninsured and underserved populations gain access to affordable, quality health care, health education and related services to help seniors remain safely and securely in their homes for as long as possible. The HAI is delivering a total package that is greater than the sum of its parts – they are revitalizing an entire community to support healthy aging in place for citizens of all ages.

At the beginning of the Healthy Aging Initiative, the funding partners, in concert with their community partners, articulated five primary desired outcomes. These five outcomes were:

- 1. Increased community-wide access to services for all seniors, regardless of circumstances**
- 2. Increased opportunities for seniors to contribute to and participate in community life as valued participants**
- 3. Increased understanding of diverse circumstances, lifestyles, and cultural backgrounds of seniors**
- 4. Increased number of nonprofit organizations and seniors collaborating to influence attitudes toward aging and older adults**
- 5. Increased opportunities for residents countywide to come together and act as advocates for actions and policies designed to make the community more aging friendly**

The partners assumed at the beginning of the Initiative that, if realized, these five outcomes would produce mutual benefits for clients and organizations in the service area. Moreover, they expected the community as a whole to benefit from on-going programs and new partnerships.

### **Scope of Grants in the Healthy Aging Initiative**

Grants awarded by the HAI to achieve its five primary desired outcomes fall into three categories, outreach, home service and community-based programs. All programs' action plans included strategies aimed at diversifying staff and volunteers and establishing culturally and linguistically competent programs.

- **Outreach Program:** funding to enhance and increase outreach capabilities, to make information and resources more accessible to seniors, especially focusing on linguistically and culturally appropriate health screenings, education and social services.



- **Home Service Program:** funding to increase the number of frail, isolated and disabled seniors needing in-home services and transportation to allow them to access community health care, and social and community services.
- **Community-based Program:** funding to increase the number of seniors served through community collaboratives, health and social services organizations, senior housing complexes, senior’s centers, and faith-based organizations.

These grants funded both start-up programs and the expansion of existing ones. In the “Challenges” and “Mutual Benefits” sections below, some of the specific programs are discussed as examples of how the HAI fostered services for underserved and isolated seniors. Program specific profiles are listed by grantee in the Appendix.

## **Challenges in Developing New Services for Seniors**

The Initiative encountered numerous challenges in its efforts to expand the types of services available to seniors while increasing access and reducing barriers for seniors needing services from existing and new programs. The primary goal was to not only serve more seniors, but to broaden the sector’s ability to serve more diverse types of seniors in the HAI’s target areas. This is a challenging task. Ethnically diverse and socio-economically disadvantaged seniors are the hardest to find and the hardest to reach. For all potential service recipients, lack of transportation was another enormous challenge. Finally, barriers that had always existed between organizations because of their fear of competition had to be overcome to maximize the efforts of organizations providing services.

## **Mutual Benefits for Clients and Organizations in the Healthy Aging Initiative**

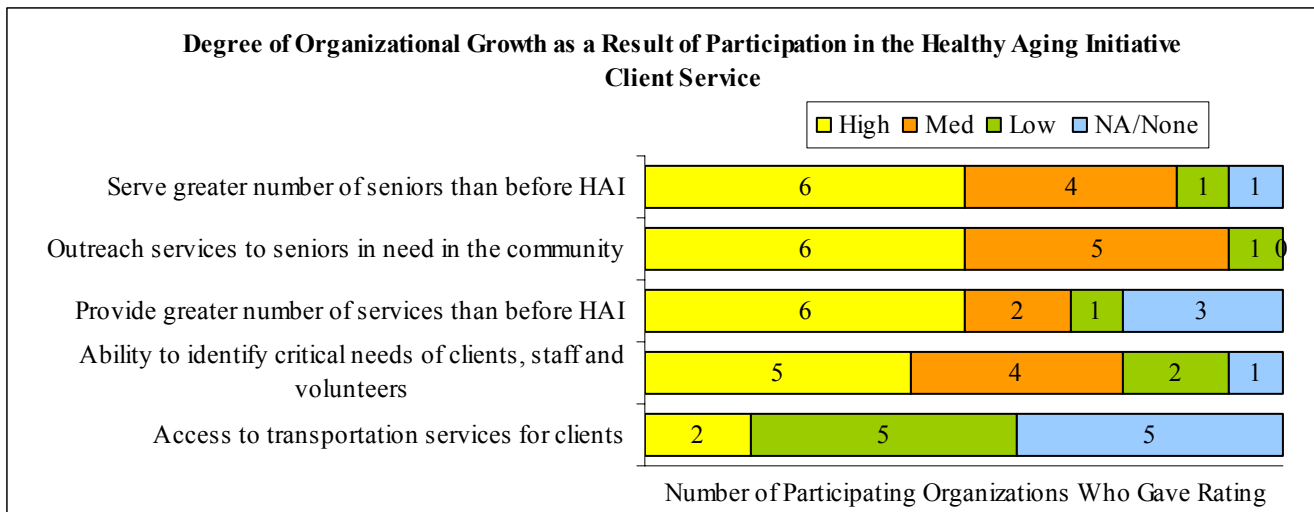
Through its grants, the Healthy Aging Initiative funded 18 programs in Contra Costa County during the Initiative’s six-year history. The increase in number and types of services offered, and increases in numbers and diversity of seniors receiving these services, contributed directly to the achievement of the five outcomes outlined above. In the following sections, specific ways in which the Healthy Aging Initiative successfully achieved these outcomes for the community and for individuals are highlighted.

### **Outcome #1. Increased community-wide access to aging services for all seniors, regardless of circumstances.**

Participation in the Healthy Aging Initiative has significantly increased the number of services offered, as well as the number of seniors and caregivers served, in East and Central Contra Costa County. In a survey of the HAI participants, a large majority of respondents reported increased outreach services, serving a greater number of seniors, an enhanced ability to identify client needs and providing a greater number of services as a result of the Healthy Aging Initiative (see Chart 7 below). Notably lower scores were given to growth in access to transportation, a finding concurrent with the reports of seniors and organizational staff in the focus groups and personal interviews. The focus group respondents allowed that transportation options for seniors with

special needs are better than before the HAI, the problems are far from solved county-wide due to lack of coordination and inconvenient or limited connections between existing transportation services.

**Chart 7. Degree of organizational growth in client service as a result of participation in the Healthy Aging Initiative**



Staff and board members at participating organizations cited a number of areas in which these increased access to services has occurred. More education and knowledge about resources currently available to seniors, and information on how to access these services is much more accessible through a greater variety of means today, compared to before HAI. There are more opportunities for socialization because the organizations serving seniors are purposely plan to meet this need in their program designs; thus, many seniors are experiencing decreased isolation as a result of the programs spawned by the HAI. A last benefit that was mentioned was the increase in access to respite care for family members caring for seniors on a daily basis.

*“Our program has become more sound, established and well known as a result of our latest efforts and ability to outreach and market the program. Now that the goal of licensure has been achieved the program will have the State’s seal of approval, be listed in their directory and listed as such in other referral organizations directories, thereby providing more consumer access to and knowledge that we exist and can assist families and their loved ones on what can be a very difficult and challenging journey.”*

– Contra Costa Jewish Community Center Capacity Building Grant Report July, 2003

A powerful example of a new program funded by the Healthy Aging Initiative to increase access to underserved and ethnically diverse seniors, is the Multilingual Senior Connections Program of the Jewish Family & Children’s Services Center of the East Bay (JFCS). Its purpose is to provide health navigation services, case management, and socializing opportunities for non-English-speaking seniors. To assist in this effort, the organizations approached the ethnic

communities to find individuals with the requisite language skills to work with non-English speakers. Hundreds of Bosnian, Afghan, Russian and Latino seniors have received services through the program. One of the staff who serves as an interpreter noted that the kind of assistance the JFCS is able to provide in the Multilingual Senior Connections Program is

essential to non-English-speaking seniors because of the “bureaucracy of the medical system where the language is so complicated.”

A gentleman from Bosnia has been in the U.S. for four years and came to California to be near family members. A victim of the atrocities of the civil wars following the break-up of the former Yugoslavia, his most pressing need is for psychiatric services. Through the assistance of counselors at JFCS, he has received psychological counseling, medicines, and a place to interact with other seniors in the community. He says that without the services available at JFCS, “...I would feel like I was in prison. I’ve been coming here since 2002. I was suffering from depression and needed help from a psychologist and medical care. I heard about the agency from others and have been able to get the help I need here.”

A woman from St. Petersburg, Russia has been in the U.S. for several years but her English is still not adequate for dealing with the intricacies of communicating with medical personnel. When she needed more help than her primary care physician could provide, she needed someone to help her communicate this to him. “My primary care physician didn’t refer me to a specialist and I need help in choosing among various medical solutions.” In addition to receiving help with her medical needs, she comes to JFCS for social interactions as well. “I participate in Russian social gatherings. I also participate in educational programs.”

The walls of the JFCS conference room display fabrics, pictures, and artifacts from a myriad of cultures, all donated by grateful participants in the origination’s Multilingual Senior Connections Program.

– Clients, Jewish Family & Children’s Services of the East Bay

## **Outcome #2. Increased opportunities for seniors to contribute to and participate in community life as valued participants.**

The Healthy Aging Initiative modeled achievement of this outcome in the deliberate design of the Initiative, including asking that there be reciprocal input between seniors and the organizations providing services. This, and the on-going networking among the organizations, accounts for much of the success the Healthy Aging Initiative had in raising awareness of aging issues in Contra Costa County and in increasing the number and level of programs addressing those issues. One organization in the Initiative, La Clínica de La Raza, illustrates how one organization proactively involved seniors in their community.

La Clínica’s experience working in east and central Contra Costa County demonstrated that Latino seniors face heightened risk of isolation due to cultural and linguistic barriers, limited transportation, and debilitating health issues. Core components of their program, *La Escuela*

*para Promotoras*, included leadership development training, community organizing, meeting preparation, and basic presentation skills, and were designed to address these issues directly. Once they completed the training the Promotoras, or volunteer health promoters, conducted outreach and facilitated health education presentations in the community. These presentations all were intended to enhance the health and well-being of seniors in the areas of diabetes, nutrition, dental care, vision, heart disease, and others.

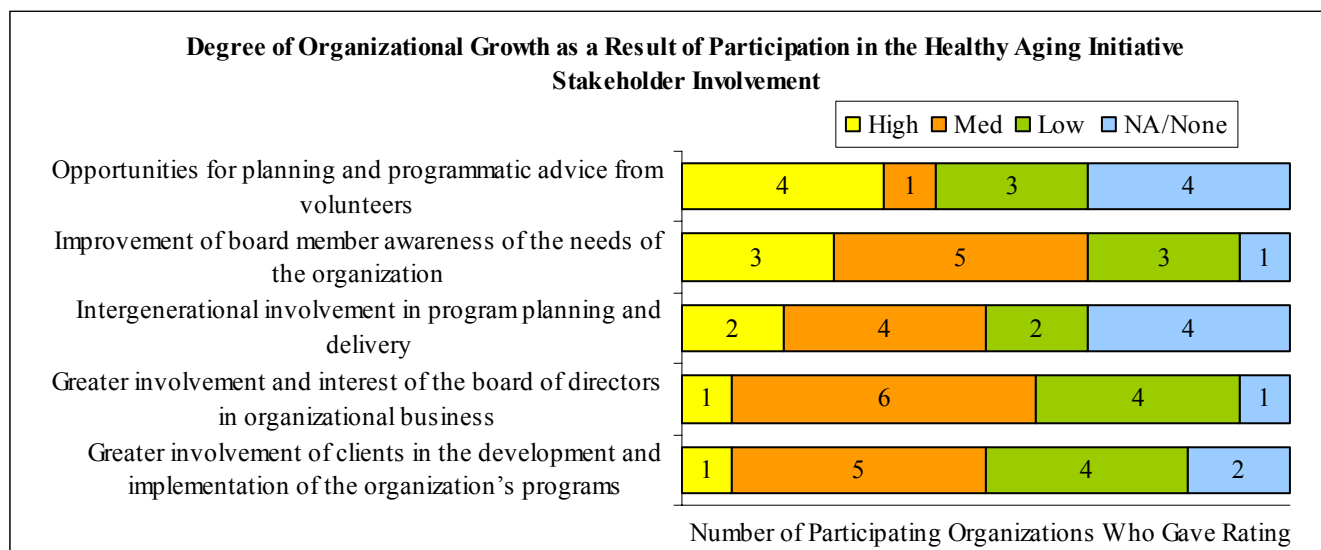
Two key features of this successful program stand out as examples for other organizations: successful partnership development and effective recruitment tactics. First, the program built partnerships with community organizations, such as local senior centers, churches, medical and dental clinics, and other Latino seniors groups. In addition to providing venues for presentations, these partnerships sites served as recruitment sites for additional Promotoras.

*“Health educators and promotoras have begun to build strong connections with other organizations and have already increased referral options by learning about local resources. However, there is limited availability of culturally and linguistically accessible services among the group. La Clínica is working to encourage more organizations to build their capacity to adequately serve the Latino population.”*

– La Clínica de La Raza Annual Report

Respondents to the HAI survey, when asked about their participation levels in the Initiative, reported increased opportunities by other organizations to involve clients in the development and implementation of their organizations’ programs. In the chart below, more than two thirds of the respondents said they involved all stakeholders, including board members, clients and volunteers to a greater degree as a result of the HAI.

**Chart 8. Degree of organizational growth in stakeholder involvement as a result of participation in the Healthy Aging Initiative**



The ways programs are run are just as important as the programs themselves. One of the core values for conducting programs serving seniors, according to a staff member, is that “seniors deserve and benefit from being valued and respected participants in programs.” Staff training in client service and the strict attention to enhancing quality of life for seniors is evident in the conduct of the funded programs.

Family members and caregivers note the impact of social programs on the health and well being of their loved ones. The Chinese-American Senior Center is a new program, funded by the HAI, to meet the culturally specific needs of its target audience. At the Center, according to one participant, “Chinese seniors have found dignity. They are treated like family [and] they call each other ‘brother’ or ‘sister.’ They have found their heaven.” While there were other programs similar to those offered at the Center, none of them were specifically designed for Chinese-only speakers.

Wendy’s mother attends classes and social activities at the Chinese-American Senior Center, the first one in Contra Costa County. Her mother lives in a senior home where there are no organized activities for the residents. Residents there tend to stay at home and watch Chinese soap operas and are isolated because limited English language skills and no transportation.

*“My mom is 82 years old. She is very quiet and shy and goes by herself on BART to Chinatown [in San Francisco]. Now she and her friends go two days a week to the senior center for activities like exercise and health lectures. They all enjoy going there. Their faces have totally changed. I’m happy for my mom and all the other seniors.”*

-- Family Caregiver, Chinese-American Senior Center

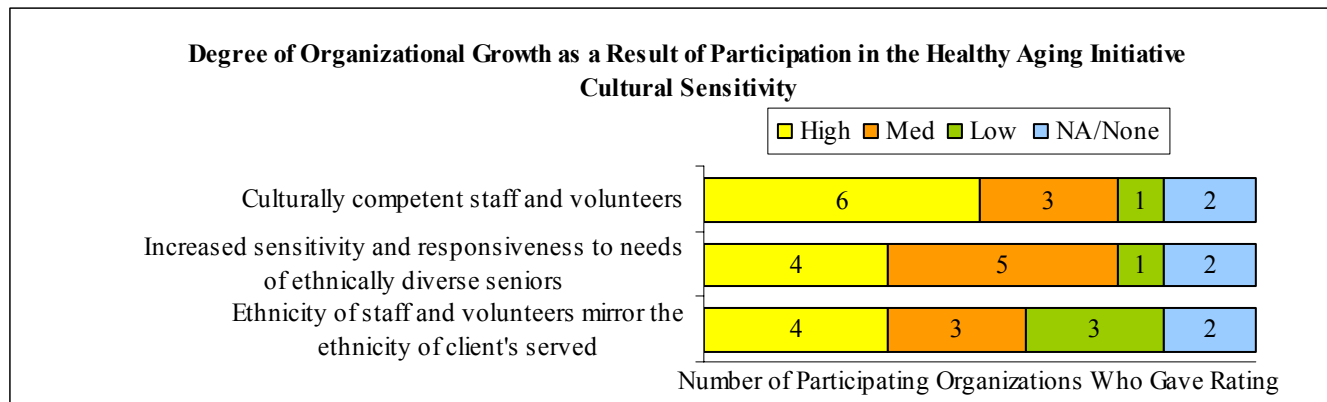
In some cases, the senior clients themselves want to express their appreciation by volunteering for the programs that benefited them. The earlier example of Las Promotoras Program at La Clínica de La Raza is a good example of Spanish-speaking senior volunteers assisting their Spanish-speaking peers in getting the medical care they need. As one volunteer said, “Those who speak English get the cake but those who speak just Spanish are left out [of receiving medical services]. They don’t participate because of the barriers in language. I can read English – and almost everything comes in English – but what about those who can’t read English?” By bridging the language barriers for those eligible for benefits but uncertain of how to access those benefits, Promotoras help to extend medical care to seniors in need. In turn, their advice has been sought by La Clínica, and thus by the Healthy Aging Initiative, to find additional and better ways to serve this group of underserved seniors.

Another example of seniors providing valuable assistance to other seniors is Pittsburg Pre-School & Community Council’s “Seniors on the Go” program. This program engaged 32 stipended volunteers for home visits and support for isolated seniors in east Contra Costa County. One volunteer was such a dynamic leader in getting others involved that she received a “Most Inspiring Resident of the Year” award from Satellite Homes and a humanitarian service award from the Center for Applied Local Research in Richmond.

**Outcome #3. Increased understanding of diverse circumstances, lifestyles, and cultural backgrounds of seniors.**

Another key goal of the HAI was to provide culturally appropriate programs for the ethnically diverse population of Contra Costa County. As the chart below shows, most the HAI participants realized improved development of culturally competent staff and volunteers, as well as increased sensitivity and responsiveness to the needs of ethnically diverse seniors.

**Chart 9. Degree of organizational growth in cultural sensitivity as a result of participation in the Healthy Aging Initiative**



An example of success in this area is the Southeast Asian Senior Peer Companion Program of Catholic Charities of the East Bay. Through this program, close to 200 Vietnamese seniors participate in weekly programs that provide health screenings and opportunities to socialize in a safe, welcoming environment. Not only are most of the clients unable to read or write English, many of them do not read and write their native language. They also are unfamiliar with American culture and the way of life in the U.S. Since approximately half of the Vietnamese seniors in Contra Costa County cannot leave their homes without help (and many do not have children or families nearby), the Senior Peer Companion Program was created.

Eighteen (18) Senior Peer Companions made 2,340 home visits to homebound Vietnamese seniors to assess their health status, make referrals for services as needed, and socialize with the seniors during the four year funding period. Peer Companions receive training on the aging process, nutrition and health-related issues, SSI benefits for refugees, and understanding the qualifications for Medicare and MediCal benefits. Beyond helping their clients navigate the government and medical bureaucracies, volunteers provide transportation to medical appointments, take clients to social gatherings, and visit the refugees in their homes. As the program’s director put it, “[The Peer Companions] get seniors out of isolation when they drive them somewhere. [Being unable to drive] is like temporary jail because they can’t go anywhere.”

The Senior Peer Companions in Contra Costa County are mostly male (70%) and receive small stipends for their work with their peers. Even though the stipends were less than \$3.00 per day, several Peer Companions felt the stipend was a clear acknowledgement of the importance of the work they are doing and of the contribution that they as individuals are making to the community. Peer companions are respected members for their community, offering help that is described by clients as “above and beyond” that expected of Peer Companions.

*“Everything is completely new for the refugees. Most have never been in a foreign land and the culture and way of life is completely different. They feel lost and need help in many ways. We encourage them to go to group like ours. They need help to accommodate, adapt themselves to life in the new country.”*

– Catholic Charities of the East Bay, Southeast Asian Senior Peer Companion

As significant as the HAI’s achievements are for seniors and for organizations serving seniors, its achievements in changing community awareness and attitudes towards aging are just beginning to be realized. In the next several years, the on-going outcomes of the HAI will become increasingly apparent but even at this point one can observe a number of community changes directly attributable to the Initiative.

- **Increase in number of senior volunteers.** More seniors are volunteering when asked, many of whom had never volunteered before. The sustainability and success of many programs depend heavily on these volunteers to provide services to more vulnerable peers, e.g., the Senior Helpline Services, Rides for Seniors program.
- **Intergenerational involvement.** High schools in the area, and elsewhere in the country, are learning more about aging and adults. Students come from their schools to volunteer with seniors, engendering more compassion for and understanding of the needs of seniors by teenagers. For example, in the John Muir Health Caring Hands program, a choral group visits senior centers and takes the residents out for the day.
- **Community outreach for seniors.** Over the last several years, caregivers received the kinds of help with senior relatives that enhance the quality of life for both the caregiver and the senior. Respite centers, senior centers, and the community as a whole are recognizing the need for this community outreach.

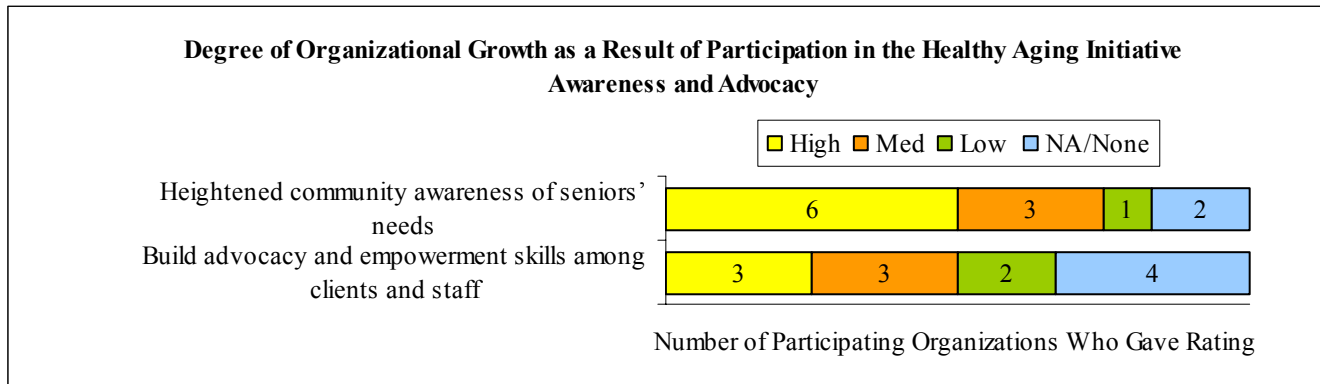
Kim takes care of her 92-year-old grandmother. The Millman Respite Center where she takes her grandmother is an hour’s drive from her house and with five children; this was too difficult to fit into her schedule. She found out about the Senior Helpline Services Rides for Seniors Program from the Millman Respite Center and now Rides for Seniors volunteers pick up her grandmother for the trip to the adult day program.

*“[My grandmother] has a new reason to live. Before she started going to the Millman Respite Center, she wanted to die. Now I know she is cared for. She’s gained more weight, her health has come back, and she looks forward to every day.”*

– Family Caregiver, Contra Costa Jewish Community Center, Millman Respite Center

As shown in chart below, a majority of survey respondents reported heightened community awareness of seniors’ needs as a strong area of growth. Moreover, they said their participation in the HAI built advocacy and empowerment skills among clients and staff, a necessary foundation for continuing community change.

**Chart 10. Degree of organizational growth in awareness and advocacy as a result of participation in the Healthy Aging Initiative**



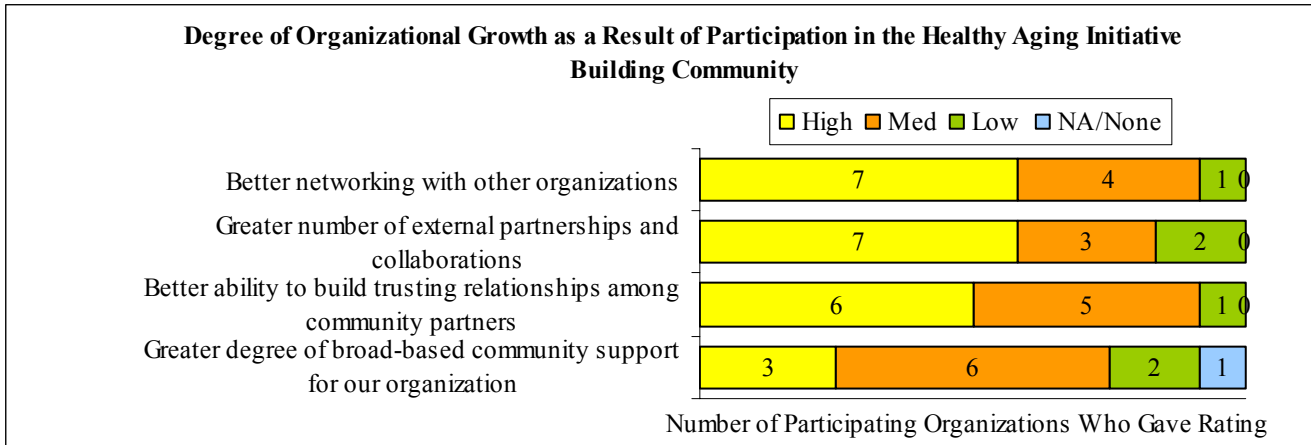
**Outcome #4. Increased number of nonprofit organizations and seniors collaborating to influence attitudes toward aging and older adults.**

The Healthy Aging Initiative emphasized collaboration during its six year tenure and as a result has successfully changed the environment for participating nonprofits serving seniors in Contra Costa County. Progress toward this goal is evident in the two entities which were formed through the Initiative and which have found ways to continue independently as the Initiative comes to a close – the Partnership for Healthy Aging and the East County Healthy Aging Collaborative. In Section V below, Impact on the Community: Sustainable Community-wide Partnerships and Activities, the on-going efforts by nonprofit organizations serving seniors through these two entities are described.

Building a community to support healthy aging and creating lasting, meaningful community change is dependent on weaving a strong network among collaborative partners. When the original organizations came together to create the Healthy Aging Initiative, they began by opening “their hearts and their minds” to the possibilities of a better place for an aging population – which, ironically, included themselves. The survey results shown in Chart 11 below reinforce the information heard in the in-depth interviews and focus groups. The great majority of respondents gave high and medium ratings to all dimensions assessed in the “building community.” They cited “better networking with other organizations” as a direct result of participating in the HAI. The majority also mentioned more external partnerships and collaborations, building trusting relationships, and more widespread community support for their organizations.



**Chart 11. Degree of organizational growth in building community as a result of participation in the Healthy Aging Initiative**



The impact of these improved relationships was cited several times in the focus groups and in-depth interviews as central to the significant improvement in the ability of community organizations to address the full range of clients’ needs in a more holistic manner by referring seniors to the programs and services of other participating organizations. This change began happening early in the process when the original organizations began informal sharing of information and has continued to be seen in the new organizations that have been formed as a result of the Initiative.

**Outcome #5. Increased opportunities for residents countywide to come together and act as advocates for actions and policies designed to make the community more aging friendly.**

A county-wide program, Contra Costa For Every Generation (CCEG), brings together representatives of the three sectors – nonprofits, for-profits, and government – to act as advocates for policies designed to make Contra Costa County a more aging-friendly area. In Section V, we look in more detail at the goals and achievements of this collaborative effort stemming from the Healthy Aging Initiative.

*“If we can make Contra Costa a good place for people to live as they age, it will be a good place for all of us at every age. To do that, we must ensure that every public policy decision – housing, transportation, hiring practices, education etc. – takes into account the choices [that] our share of the 76 million ‘Baby Boomers’ will want and need to make as we age.”*

– Grantee Organization Executive Director

## Lessons Learned about Creating an Impact on the Lives of Seniors

### 1. **Build reciprocal communication and opportunities for active participation into the programs design and delivery to increase the acceptance of and use by individuals served.**

A traditional Chinese proverb says that “Giving is a bigger blessing than receiving.” For many seniors in American and other cultures, asking for and accepting help from non-family members is difficult and, in some cases, shameful. If, however, there is a built-in mechanism by which seniors can give as well as receive benefits, many are happy to participate. In the HAI, there were two mechanisms for seniors to give back: 1) participating in activities and events where seniors can offer advice on services, the best methods for designing and delivering those services, and how program design, structure and delivery impact their ability to benefit from the programs provided, and 2) volunteering in programs themselves.

A second and perhaps unexpected, reciprocal relationship evolved with caregivers and the organizations whose services their family members participated in. A number of caregivers reported that they now volunteer in the organizations where their family members go.

Joyce’s husband suffered two strokes and he had dementia. After moving from Oregon to be near their children, Joyce searched for an adult daycare center for her husband. A neighbor told her about the Contra Costa Jewish Community Center Millman Respite Center.

*“I would take him there at 10:30 am for three days a week and pick him up at 2:30. That gave me four hours of time just for me. It was so wonderful. He would rather be there than home with me. He looked forward to going – he thought he was going to class. He loved the people and felt like they were there for him. Now I volunteer there one day a month. Someone volunteered there when my husband was there and now I do that for someone else. I owe them.”*

– Family Caregiver, Contra Costa Jewish Community Center, Millman Respite Center

Anthropologists have found that reciprocity is a fundamental form of exchange in societies around the world. When there is balanced reciprocity, as in the Healthy Aging Initiative, individual relationships are strengthened and so is the society in which those individuals live. While most funding initiatives emphasize what the funders are giving the grant recipients, and the grant recipients emphasize what they are giving those receiving services, the HAI took the unique approach of balancing the give and take among all three groups.

### 2. **Remain “customer centric” in living out the shared vision and core values of the created by the founders of the Healthy Aging Initiative.**

The most successful organizations in the Healthy Aging Initiative had a noteworthy commonality – they stayed true to the original value that serving seniors was their reason for being and the needs and interests of seniors in Contra Costa County must drive the design and delivery of all services. One organizations’ annual report aptly captures the spirit of these values:

*Our Agency's lessons learned in reaching seniors within the community:*

- 1. Organizations serving seniors need information with periodic contact and reminders to make appropriate referrals to our program on a regular basis.*
- 2. More seniors respond to in-person contact, such as presentations at senior centers and living complexes than to written ads, brochures, or articles.*
- 3. An agency should not assume that a referring family member is correct in his/her assumptions about what the senior wants.*
- 4. Almost every initial encounter with a senior, who appears to meet the criteria for the program, should be viewed as an opportunity to describe and offer it to that senior.*

– Senior Helpline Services Report, January 2003

### **3. Tap into the diversity of seniors in the community in order to find the “hidden” underserved seniors and to develop culturally appropriate programs.**

The isolation of many seniors living in their own homes makes it very difficult for social service organizations to contact them, assess their needs, and then offer the kinds of programs that meet those needs. The problem is compounded by ethnic diversity in a community like Contra Costa County where cultural and language barriers exist for many seniors needing transportation, medical services, and adult daycare, as well as recreational and cultural activities. The HAI circumvented this potential problem by seeking the help of seniors who are friends and neighbors from the communities the Initiative served.

*“Thanks to the early support of the HAI, FORE was able to start the most effective elderly screening program, and set a role model for early intervention in osteoporosis. The white paper, funded by the Healthy Aging Initiative, is designed as an advocacy tool, targeted directly toward policy makers and private health funders. It provides evidence that osteoporosis prevention is critical in older adults, particularly low-income and ethnically diverse, and that community-based education and osteoporosis screening is a cost effective way to engage older adults in behaviors that could reduce their risk of fractures.”*

– Foundation for Osteoporosis Research and Education Report, 2006

### **4. Programs are enriched by the involvement of seniors with relevant life experiences and knowledge of their own needs.**

One goal of the HAI was to raise awareness of aging issues. Part of their strategy was to involve those who have firsthand knowledge of those issues – the seniors themselves. Concomitant with this first-hand knowledge of aging issues is a wealth of life experiences and knowledge that the HAI funders and partners tapped into. In a youth-oriented culture such as the U.S., there is a tendency to, at best, ignore and, at worst, dismiss the wisdom of more senior members of society. In the Healthy Aging Initiative, the funding partners deliberately capitalized on what could be termed “the wisdom of our elders” to enrich their programs and increase their degree of success. A basic requirement for being funded was making a commitment to involving senior clients and their families in the organization’s planning and program delivery.

*“We were able to get organizations that had [previously] served a white middle-class and white upper-class population...[to serve] populations that were immigrant populations, didn't speak English, had transportation issues, and other issues with access [due to] financial wherewithal, levels of trusts, things of that nature.”*

– Funding Board Member

## Section V. The Impact on the Community: Sustainable Community-wide Partnerships and Activities

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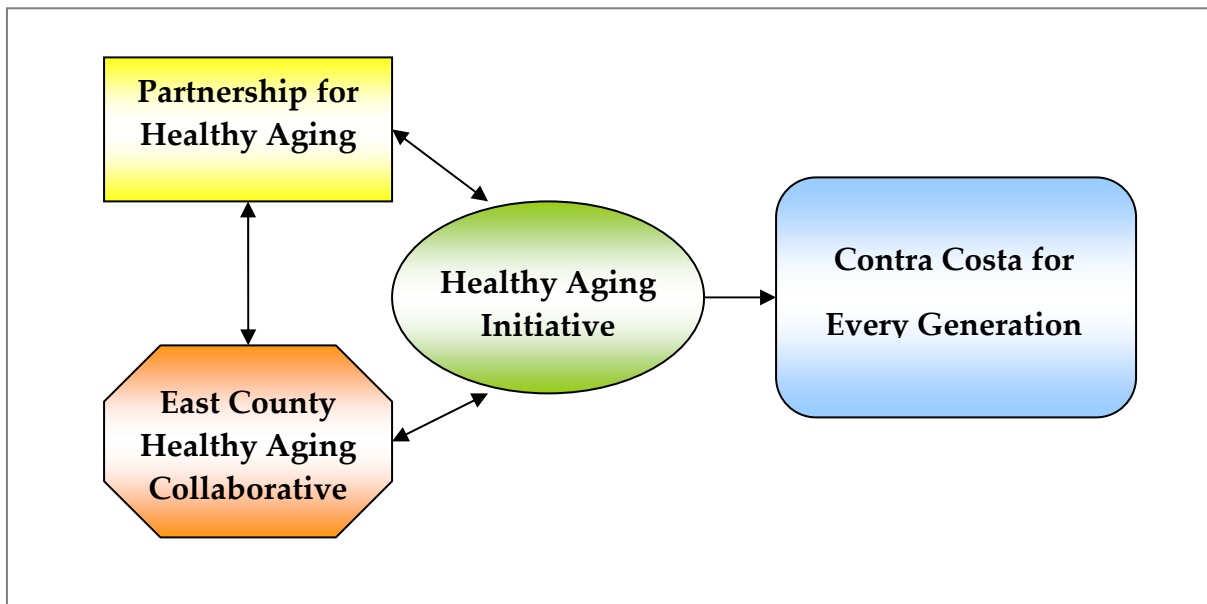
### Introduction

From its inception, the Healthy Aging Initiative fostered partnerships among organizations in Contra Costa County serving seniors. One of the major assumptions for action was that organizations serving seniors benefit from cooperating and collaborating with each other to enhance the effects for the entire community. The funding partners, and the advisory group they convened, insisted that an essential ingredient in bringing about lasting community-wide change was the formation of partnerships among the appropriate organizations.

The Healthy Aging Initiative, with its continued emphasis on collaboration, has successfully changed the environment for participating nonprofits serving seniors in Contra Costa County. Progress toward this goal is evident in the two entities which were formed through the Initiative and which have found ways to continue independently as the Initiative comes to a close – the Partnership for Healthy Aging and the East County Healthy Aging Collaborative. Contra Costa for Every Generation (CCEG) is the third community entity that was spawned in part from the Healthy Aging Initiative.

The diagram below illustrates the key position that the HAI has played in linking the Partnership, the Collaborative, and Contra Costa for Every Generation.

**Chart 12. Linkages among organizations in Contra Costa County spawned by the Healthy Aging Initiative**



## The Partnership for Healthy Aging

*“The Partnership for Healthy Aging actually came out of the Healthy Aging Initiative. One of the goals of the Healthy Aging Initiative was to get directors and key people from nonprofits who serve seniors together...communicating and knowing each other and trusting each other and setting up referral systems and networking.”*

– Joint Grant Committee Member

A network like the Partnership for Healthy Aging provides a venue for getting to know peers and their services and thus fosters information exchange and access to senior programs beyond individual organizations. After serving as an networking and advisory group to the funders during the planning process for the Initiative, the core network of organizations convened by the funding partners grew and continued to meet quarterly to encourage coordination and efficiency among the area’s nonprofits serving seniors.

*“In the beginning each agency and/or program had an opportunity to do a presentation ... [so] we understood what the agency has to offer. ...It enabled me to meet other colleagues that were doing similar work as we were doing... and we quickly became a part of a community that had services for the population that we serve.”*

– Partnership Member

Their activities included meeting for networking purposes, information sharing, learning how to use each other’s services, and developing professional relationships.

*“[The Network gave me] the opportunity to become part of a community of providers that was developing a strong commitment to serving seniors...I also remember at the beginning, walking in the room and thinking, ‘I don’t know anybody here.’ Then, after a little while, ‘I know everybody here.’ It was a huge thing.”*

– Partnership Member

As the Partnership for Healthy Aging developed, they requested opportunities for continuous learning, and the funders responded by arranging for experts to facilitate sessions on topics of importance to the organizations, such as fundraising and strategic planning. They also began to seek each other out as peer mentors for advice and assistance on common issues they were faced with or had previously experienced.

*“Something that I didn’t anticipate, that was a mentoring role both for me to be a mentor and me to receive mentoring. We were all at different stages with our professions and our organizations ... It was a tremendous help to have peers out there who knew things I didn’t know and to help me and then there were others that I was able to help.”*

– Partnership Member

Important outcomes of the Partnership for Healthy Aging has been the cross pollination of best practices, experience, support, referrals and sharing of resources such as volunteers, meeting space and sometimes staff.

*“[We would not have been] very successful in finding venues to take our program to if it hadn’t been for the partners and the Partnership. They were the ones who introduced us to their communities of older adults and allowed us give back.”*

– Partnership Member

Over time, as trust and familiarity with their colleagues developed, and with the encouragement of the funding partners to assume leadership of the group, members of the Partnership began to explore how they could take a more proactive role in building capacity in the group and plan for future activities. In 2005, after taking control of the convening process themselves, a small nucleus of members met to decide how to make the group more permanent. They determined that becoming a 501(c)3 would provide a stable organizational structure and give the group the necessary credentials to apply for and serve as fiscal agents for grants.

As the Healthy Aging Initiative ends, members of the Partnership are in the process of defining exactly what role the group will assume. One member describes it as a “bifurcated view of what we’ll be.” Two major roles are contemplated. The group will probably serve as a formal association for executive directors. As such, they will create a professional association of peers with a virtual library containing information vital to organizations serving seniors. A second role is acting as an advocate for best practices among service providers, and perhaps assuming a more formal role by providing certification for these providers.

*“The Partnership actually allowed us to realize where the gaps in services are, and where the strengths are, and how to focus strengths together and better work together in the community.”*

– Partnership Member

The values and goals that were central to the Healthy Aging Initiative remain strong in the new entity – helping nonprofits work effectively together to better serve the communities’ seniors.

*“The nonprofits [in our community] are recognizing that there are services that each other can provide to their own constituencies and stakeholders that really helps them raise the level of awareness of nonprofits [in general] in the community.”*

– Partnership Member

## The East County Healthy Aging Collaborative

A second long-range outcome of the Healthy Aging Initiative is the East County Healthy Aging Collaborative, a group of three nonprofits working together with pooled resources to enhance the level of services to seniors. In addition, this Collaborative forms temporary alliances with other nonprofits, through its funding mechanism, to augment programs for seniors.

*“It was a light bulb for me. At first I worried how much it would cost – then money was not as important and it became about the services that were needed. The organizations knew each other and trust was established and I wasn’t afraid that some agency would take away from us.”*

– Member of the East County Healthy Aging Collaborative

During the six-year Initiative, the funding partners deliberately encouraged the development of collaborative efforts by offering grants to organizations willing to work together to create an improved network of outreach, in-home and community-based support senior services. As the funding partners realized, a collaborative effort is different than funding individual organizations; rather, it involves developing a new service “system” that did not exist before.

The East County Healthy Aging Collaborative is a direct outgrowth of the Partnership for Healthy Aging and a direct recipient of the HAI’s funding for this new model of service systems. Initially, eight organizations met to identify ways to work collaboratively to increase access to services for seniors in East County. Through a strategic planning process, three senior service provider organizations – Pittsburg Pre-School & Community Council, La Clínica de La Raza, and Jewish Family & Children’s Services of the East Bay – formed the nucleus of the new collaborative. This nucleus of organizations will focus on the design and implementation the Collaborative, while the other organizations will contract for referrals. The funding partners have provided a \$500,000 grant and helped secure comparable funding from The California Endowment for three years from 2006 to 2009.

Like the Partnership for Healthy Aging, the East County Healthy Aging Collaborative operationalizes a core value of the funding partners, i.e., seniors in Contra Costa County benefit when organizations serving them cooperate and collaborate. By joining forces, three organizations are expanding their reach to underserved seniors in two cities, Pittsburg and Bay Point, by increasing awareness of aging issues, assessing needs for services, increasing the numbers served by the organizations, and facilitating referrals among organizations.

The objective of the East County Healthy Aging Collaborative is to provide community members a number to call for help, access to services provided by the three organizations,



and referrals to other service providers. The goal is for seniors to be aware of the Collaborative as a “system” to help them get all the services they need.

The short term goal is to reach 500 seniors in underserved cities by identifying needs, locating the seniors, developing resources, and pulling together the coordination of services. Outreach workers have been hired to go into the community to talk with seniors and determine their needs. The Collaborative leaders would also like to involve community members as volunteer advocates or in other volunteer roles and activities, like Contra Costa for Every Generation or local and state level legislative issues. Volunteers will increase their ability to serve the area of low-income, diverse, vulnerable, and hard-to-reach seniors. The leaders are also committed to involving seniors as advisors on important decisions.

The long term goal is to develop a coordinated system of care for underserved seniors, a “one-stop-shop” concept similar to On Lok SeniorHealth, a certified Program of All-inclusive Care for the Elderly (PACE), which provides long-term care for eligible seniors living in San Francisco and Fremont, California. The goal is to provide one telephone number and a connection with one person who can assess services needed and then help manage or broker all the services a senior may need. The partners believe this direct connection will yield more positive results than a cold referral to one or more organizations with no guidance for the person seeking the referral. Although the strategy for the pilot phase is to focus on specific issues in two cities, Pittsburg and Bay Point, the Collaborative leaders would like to create a model to replicate throughout the county and tie into the activities of Contra Costa for Every Generation, a community-wide Initiative.

*“We want seniors to be aware of the services. We hope they’ll end up seeing this is a system where they can get their needs met. We want to change the whole way people see getting services [and to do this we] need to communicate to other organizations, other service providers.”*

– Member of the East County Healthy Aging Collaborative

Collaboration in a new model requires establishing a process that evolves over time. Two elements the Collaborative partners deem critical in this model are a full-time dedicated coordinator and a team approach where case managers go into the community together. Each organization has a case manager who works as part of a team with the other organizations’ case managers. One of the biggest start-up commitments has been the amount of time required of staff involved in the design and implementation of training as they begin to understand their roles and how to do their work.

A challenge the organizations have faced is how to coordinate time spent by staff working on the collaborative in order to balance this work with their regular organizational responsibilities. When multiple organizations are involved, there is also a need to help staff understand whom to report to, and how to differentiate between when they are acting on behalf of their collaborative and on behalf of their own organization. These issues are under discussion.

## **Contra Costa for Every Generation**

A third collaborative venture, Contra Costa for Every Generation (CCEG), stems in part from the community-wide change efforts of the Healthy Aging Initiative. Begun July 1, 2005, CCEG, a movement, focuses on advocating for positive, long-lasting community changes to improve the quality of life of all citizens as they age – and making everyone in the community responsible for these changes. The planned, intentional inclusion of every sector of the county – private, public and nonprofit – assures the actions taken address the needs of all socio-economic levels, geographical areas and the nonprofit, public, and business sectors.

This venture represents a unique approach to creating community change in which the HAI funders, CHF and Soda Foundation, have played a leadership role for other funders, including The California Endowment, The California Wellness Foundation, and Contra Costa County Employment & Human Services.

Unlike the other two partnerships (Partnership for Healthy Aging and East County Healthy Aging Collaborative) described here, CCEG is focused on “building community.” The community’s architects are its residents and their visions are secured and maintained through a development and empowerment process. CCEG offers the community an opportunity to coalesce around solving issues of aging, increasing community awareness and advocacy and developing civic engagement as a means to involving residents in productively addressing community needs.

CCEG’s guiding principles are:

- Building a community based on respect, mutuality, interdependence, and coexistence of all generations.
- Making an ongoing commitment to addressing the needs of our aging community.
- Providing choice and quality options.
- Recognizing and embracing diversity.
- Respecting aging as a lifelong process.

## **Lessons Learned about Community Networking, Partnerships and Community Change Efforts**

While the formal Partnership for Healthy Aging is still in its nascent stage, members of the group have already formulated lessons for similar groups contemplating organizational partnerships and community change.

### **1. Partnerships are more productive when partners help create the group’s goals and agree on why they came together.**

As with any organization, shared mission and goal statements, especially in a group where membership fluctuates, are essential. When the funders of the Healthy Aging Initiative began convening the advisory group, important initial activities focused on

defining and documenting the state of the community as well as the problems faced by the aging population and the organizations designated to help meet those needs. The investment of time to seek the input and guidance of the advisory group leaders set a sound foundation for productive collaboration and targeted action plans.

**2. All successful collaboratives require a designated leadership group.**

When CHF and Soda Foundation elected to launch a strategic grantmaking initiative to effect lasting community change, they also decided to provide the initial leadership necessary to sustain the effort. The success of the endeavor can be seen in the outcomes realized from the expansion in the range of programs, the strengthened community organizations, and in the way Contra Costa County has awakened to the need to support healthy aging in the community. As the six-year funding process has drawn to a conclusion, the decision to support the construction of a 501(c)3 Partnership for Healthy Aging organization indicates that the funders understand that no community change initiative will survive without designated and purposeful leadership. In supporting the new Partnership for Healthy Aging, the funders are handing over the reins of the change process to community leaders who have proven themselves over time.

**3. Congruent with the Healthy Aging Initiative's core goal of fostering collaboration, members of the Partnership emphasize the need to work together cooperatively rather than as competitors.**

The funders invited the Partnership for Healthy Aging members to join a “community movement” that was larger than any of them individually and allowed each organization to contribute their unique strengths and talents. As they got to know each organization’s capabilities and to understand their shared passion for serving seniors, the Partnership realized the synergy of working together rather than independently. Recognizing the each member must also stay true to their own missions, the program grants and capacity building awards were designed to build internal organizational capacity while engaging them in the greater community endeavor.

**4. Successful partnerships make an upfront commitment to a long-range, unfolding process of change while addressing the need to put tangible activities in place to support on-the-ground service delivery.**

As with any evolutionary process, developing a community network for change requires time to build trust, to know what services are available and which are lacking, to revise plans as experience dictates, and to understand the needs of a diverse community. In the nonprofit world, there is constant competition for staff attention, time and effort; so systematically planned change coupled with assessment of the outcomes will reduce the possibility of missteps along the way. Activities planned and implemented in a sequential manner will ensure programs are put in place and assessed to see if they are working before moving on.

The other side of this “sound planning versus tangible activity” coin can be seen in looking at two of the grantee organizations that did a lot of planning but never succeeded in delivering on their service mission. They neglected to engage their target audience in the planning process (so were not truly grassroots). They also delayed delivery of services as they invested time in creating the organizational structure. In the end, they demonstrated that they held a lot of meetings and produced a lot of administrative documents, but few if any clients were served. One focus group member noted, “We sure did a lot of planning, and not much doing.”

## **Healthy Aging Initiative as the Keystone in Sustainability**

As the Partnership for Healthy Aging and the East County Healthy Aging Collaborative move into the next phase of their development, the impact of the Healthy Aging Initiative on Contra Costa County continues. A critical element in the HAI’s long-range plan was to help build sustainable services and make lasting, community-wide changes as a result of the six-year funding program. The on-going partnerships among organizations serving seniors ensure that this sustainability is entrenched in the nonprofit infrastructure of the county.

In most networks, removing the linchpin like the HAI would mean the network falls apart or functions less effectively. A strong testimony to the nature of the changes the Healthy Aging Initiative has helped to establish emerges when members of both the Partnership and the Collaborative express confidence that, even without the HAI support in the future, their partnerships will endure. They are certain that they will be successful in fundraising and obtaining other grants to continue the work that the HAI’s support has cultivated.



## **APPENDICES**

## Acknowledgments

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We would like to acknowledge the contributions of the funding board members of the John Muir/Mt. Diablo Community Health Fund and Y&H Soda Foundation, particularly their insights and involvement throughout the funding process.

We appreciate the interest and commitment of the nonprofit organizations that participated in the Healthy Aging Initiative, particularly the advisory group that provided insights for the design and implementation and then continued their input and networking through the Partnership for Healthy Aging. We encourage nonprofit organizations to keep us informed of their continued growth and progress towards the goals and objectives established by the Initiative.

A special thank you to the organizations that hosted focus groups for the evaluation and for the staff that helped coordinate the participants. A complete list of funding board members and participating nonprofit organizations is included below.

### List of Contributors to the Evaluation of the Healthy Aging Initiative

#### **John Muir/Mt. Diablo Community Health Fund**

2006 Board: Nick Adler, Linda Best, Bruce Cockerham, Grace Ellis, Gladys Grassini, Mary Lou Laubscher, Tom Noble, Barbara Smith, and, Joan Weber.

Past Board: Joe Anthony, Ruth Epstein, Bob Schroder

Staff: Lillian Roselin

President and CEO: Grace Caliendo

#### **Y & H Soda Foundation**

Board: Jim Dye, Al Dossa, Alan Holloway, Rosemary Soda

Executive Director and CEO: Judy Murphy

#### **Independent Capacity-Building Consultants**

Kim Klein, Fundraising

Arlene Mose, Accounting Systems

Marilyn Snider, Strategic Planning

#### **Participating Nonprofit Organizations**

##### **Alzheimer's Association of Northern California: *Esperanza y Ayuda***

Staff: Bill Fisher (Executive Director), Deanna Randall (East Bay Site Director)

Board: Suzanne Swift

##### **Catholic Charities of the East Bay: *Southeast Asian Senior Peer Companion Program***

Staff: Solomon Belette (Executive Director), Bau Ta (Director of Southeast Asian Senior Services Program)

Board: David McCosker

Clients & Volunteers: Tien Pham, Boa Le, Tan Hoang, Giai Van Bui, Chinh Nguyen, Tuong Vo, Bang Nguyen, Ky Doan, Tran Chinh, Cuong Ngo, Nguyen Nhu Tien

**Contra Costa Jewish Community Center: *Millman Respite Center***

Staff: Michelle Godino (Program Manager)

Board: Virginia Peiser

Caregiver: Joyce Starr

**Culture to Culture Foundation, Inc.: *Chinese-American Senior Center***

Staff: Chia-Chia Chien (President & CEO), Joyce Cheng, Patrick Hsu

Board: Chia-Chia Chien

Adult Child/Caregiver: Wendy Lee, Chi Yang

**Diablo Valley Foundation for the Aging: *Money Management Program***

Staff: Sandra Medvedoff (Executive Director)

Board: Janet Abrams

**East County Healthy Aging Collaborative**

Collaborators: Frances Greene (Executive Director, Pittsburg Pre-School & Community Council); Viola Lujan (Regional Director, La Clínica de La Raza); Barbara Nelson (Director of Refugee & Immigrant Services, Jewish Family & Children's Services of the East Bay)

**Foundation for Osteoporosis Research & Education (FORE): *Senior Osteoporosis Screening Project***

Staff: Kathleen Cody (Executive Director), Beverly Tracewell (Director of Research & Programs)

Board Member: Marlene Cowan

**Holy Shepherd Lutheran Church: *Lamorinda Adult Respite Center***

Staff: Reverend John Valentine (Executive Director), Marvelyn Davis (Program Director)

Board: Mary Moore

Caregiver: Diane Panfili

**Jewish Family & Children's Services of the East Bay: *Multilingual Senior Connections Program***

Staff: Barbara Nelson (Director of Refugee Programs) & Ted Feldman (former Executive Director)

Board: Ben Hamburg

Staff: Mahboba Satar, Carlos Torres, Lila Katz, Zenaida Burgos

**La Clínica De La Raza: *Senior Health Promotoras Program***

Staff: Viola Lujan (Regional Director), Arturo Castillo (Director Promotora Program)

Promotoras: Maria Luz Mendoza, Beatrice Esparza, Graciela Guevara

**Ombudsman Services of Contra Costa, Inc.: *Money Management Program***

Staff: Etta Maitland (Executive Director)

Board: Tom Henry

Volunteers: Lillian Ponce, Al Herring, Sherman Geeser, Dave Kerley, Janice Semanick, Vernetia Pree, Teresita Mendoza



### **The Partnership for Healthy Aging**

Partners: Frances Greene (Executive Director, Pittsburg Pre-School & Community Council); Viola Lujan (Regional Director, La Clínica de La Raza); Barbara Nelson, Director of Refugee & Immigrant Services, Jewish Family & Children's Services of the East Bay); Solomon Belette (Executive Director, Catholic Charities of the East Bay); Kathleen Cody (Executive Director, Foundation for Osteoporosis Research & Education); Geoffrey Payton (Program Manager, Pittsburg Pre-School & Community Council); Elaine Welch (Executive Director, Senior Helpline Services)

### **Pittsburg Pre-School & Community Council, Inc.: *Seniors on the Go***

Staff: Frances Greene (Executive Director), Patti Sparks (Program Coordinator)

Board: Ike Muonekwu

Advisory Committee: Matilda Andrews, Edward Bleher, Connie DeMesa, Donna Pettaway, Willie Mae Terry, Janice Wirtz

### **Pittsburg Pre-School & Community Council, Inc.: *Seniors for Children***

Staff: Frances Greene (Executive Director), Geoffrey Payton (Program Manager)

Mentors: Fredrica Allen, Janelyn Russo, Judy Wright, Cleo Day

### **Rehabilitation Services of Northern California: *Adult Day Services Network of Contra Costa***

Staff: Gary Osterhaus (former Executive Director)

Board: Diane Wong

### **Senior Helpline Services: *Reassurance Program & Rides for Seniors Program***

Staff: Elaine Welch (Executive Director)

Board: David Zeising

Volunteers: Carol Agness, Helen Stimson, Juan Huerta, Sue Stoney, Gregory Yim, Scott Walker  
Adult Child/Caregiver: Kim Miller

### **Volunteer Center of Contra Costa: *Home Safety for Seniors Program***

Staff: Linda Groobin (Program Director)

## Profiles of Funded Programs

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Although organizations receiving grants were required to submit mid-year and final reports following a specified format provided by the funders, the census of clients reached, served, volunteers recruited, etc. were not always consistent across the funded program reports submitted. For example, in some cases it was unclear whether reported numbers were cumulative or independent of previous reports. The evaluators have done their best to interpret the report data for the numbers of clients served listed in these profiles. The grant progress is reported by Grant Year (GY) noted in the reports and used by the funders to track grant allocations.

### Outreach Programs

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#### **Alzheimer's Association of Northern California: *Esperanza y Ayuda***

- Grant goal:** To establish the Esperanza y Ayuda program reaching out to Latino families with seniors in central and east Contra Costa County to offer culturally and linguistically appropriate information about Alzheimer's disease, referral to adult day services and respite for caregivers.
- Grant progress:** GY2002: Developed an outreach and education program in collaboration with other organizations and hired a full-time bilingual Latino Outreach Specialist.  
GY2003: Expanded the program to include Latino families in Brentwood and the Monument Corridor of Concord.  
GY2004: Trained other organizations to identify families needing education, dementia-related information and referral to other services, and respite assistance. Increased partnership development.
- Clients served:** In grant year 2003, 1,408 clients were served, each receiving two to three contacts on average. In grant year 2004, 1,013 clients were served with 3,968 individual contacts over the year.
- Outcomes:** Outreach efforts successfully reached Latino families in east county communities and informed them about community-based services for family members with dementia. This new program has been sustained and has survived the loss of the original Latina program coordinator that has been replaced by a Latino program coordinator.

#### **Foundation for Osteoporosis Research & Education (FORE): *Senior Osteoporosis Screening Project***

- Grant goal:** To support FORE's program of reaching out to seniors with limited access to health services in central and east Contra Costa County to offer osteoporosis screening and assessment, assistance in gaining access to free or low cost pharmaceutical programs and referral to their primary care physician for treatment.
- Grant progress:** GY2002: Established collaborative relationships to make the project successful.  
GY2003: Continued expanding the program to reach more Latinos in Brentwood and the Monument Corridor of Concord to increase awareness about osteoporosis. Offered culturally and linguistically competent education, dementia-related information and referral to other services, and respite assistance for families.

GY2004: Staff continued to network with other organizations and conducted a series of community forums to reach more Latino families to increase awareness and knowledge of osteoporosis and resources available.

GY2005: Provided training for other organizations, to increase their capacity to identify families afflicted with this disease and provide appropriate services.

GY2006: Built self sufficiency by involving more community partners to support the program.

**Clients served:** Over the course of grant period, more than 5,849 men and women were educated, 4,200 were screened and 2,518 (over 60% of the 4,200 screened) were found to be at risk for osteoporosis and fractures. Clients unable to afford calcium supplementation were provided supplements free of charge through the FORE program.

**Outcomes:** This new program screened seniors for osteoporosis, offered osteoporosis education programs, provided free calcium supplementation as needed and made physician referrals as needed. These were seniors who had never been screened, came from diverse populations groups, many of whom were limited-English speaking. Greatest strength was the ability to network with and work within existing networks of organizations committed to meeting the needs of Latino families affected by or concerned about osteoporosis. From five years of screening, FORE has produced a white paper on osteoporosis in Contra Costa that is intended to be a call to action for health care providers to screen more of their patients and mitigate the effects of this needlessly debilitating disease.

#### **La Clínica de La Raza: Senior Health Promotoras Program**

**Grant goal:** To expand the school for Latino health promoters to include seniors conducting outreach and offer health education to other seniors and connect them to La Clínica's health services.

**Grant progress:** GY2003: Recruited and trained seniors as Promotoras to conduct outreach and health education within Pittsburg and the Monument Corridor in Concord.  
GY2004: Continued networking with other service organizations to increase the Latino seniors reached.

**Clients served:** Through the efforts of 29 trained Promotoras in the community outreach program, Promotoras reached 481 underserved, low income Latino seniors, 62% more than expected at the outset of the program. La Clínica's patient population of seniors 55+ expanded to 269.

**Outcomes:** The existing Promotora Program was expanded to include seniors and has conducted outreach to several hundred seniors in the Latino community. The senior program continues to exist.

#### **Pittsburg Pre-School & Community Council, Inc.: *Seniors on the Go***

**Grant goal:** To establish a program offering social opportunities; exercise; health education, navigation, and screenings; nutrition; case management; and in-home support for isolated seniors in east Contra Costa County.

**Grant progress:** GY2001: Launched a new three days per week program providing social activities, health screening, education and referrals to community services.

GY2002: Expanded the program to five days, added a case manager and stipended outreach workers to reach seniors in nearby neighborhoods and to enhance access for seniors to health screenings support services.

GY2004: Formed a Senior Advisory committee that increased the number of new programs offered and increased participation in education and support programs, availability of bus transportation, social events. A consultant worked with staff to broaden their role and restructure the committee.

GY2005: Community Outreach became a central part of the year's efforts. Continued services of information and referral, exercise programs, health screenings, friendly visiting, transportation for medical appointments, grocery shopping, community service, and social outings. Case management and community outreach efforts sought to identify those needing community support services and regular visits to remain safely at home.

**Clients served:** By the end of the grant period, Seniors on the Go engaged 89% of the residents from Columbia Park Manor, a senior housing residence, and surrounding communities in one or more activities over multiple years, averaging approximately 160 seniors and up to 32 volunteers per year in a variety of services and activities. Community outreach to isolated, frail and home-bound seniors identified 100 to 150 seniors per year in need of supportive and case management services.

**Outcomes:** This new program has reached hundreds of low income and isolated seniors in Pittsburg. Success in identifying the number of isolated seniors needing help spawned the three year interagency collaboration, the East County Healthy Aging Collaboration.

## **Home Service Programs**

### **Catholic Charities of the East Bay: Southeast Asian Senior Peer Companion Program**

**Grant goal:** To bring the successful in-home Alameda County Southeast Asian Peer Companion Program to aging Vietnamese residents in east and central Contra Costa County. Senior Companions offer culturally and linguistically appropriate health screenings and education, social activities, and case management.

**Grant progress:** GY2001: Trained stipended Peer Companions to provide services to monolingual Southeast Asian seniors through culturally sensitive outreach, case management, senior peer counseling, social activities, and respite for caregivers.

GY2002: Increased the number of seniors receiving case management support and reduced expense of peer companion stipends through the introduction of a new approach – using volunteers as phone friends to make daily contacts with the seniors. Stipended Peers Companions also began donating a portion of their time each week, as well, to assist in reducing the cost of the program.

GY2003: Increased case management services, health education and social activities for Vietnamese seniors.

**Clients served:** Almost 200 Vietnamese seniors utilize the weekly programs of health screenings and opportunities to socialize. 18 Senior Peer Companions made 2,340 home visits to homebound Vietnamese seniors to assess their health status, make referrals for services as needed and to socialize with the seniors.

**Outcomes:** The program, new in Contra Costa, continues to provide social outlets, health screening and education, and case management to Vietnamese elders.

### **Ombudsman Services of Contra Costa, Inc.: *Money Management Program***

**Grant goal:** To expand in-home bill paying assistance provided by volunteers for seniors in central and east Contra Costa County.

**Grant progress:** GY2004: Focused on outreach with a targeted letter campaign, hired a full-time coordinator and two part-time outreach workers. Partnered with AARP to send out a volunteer appeal letter and recruited 14 new volunteers, three Spanish speaking, to serve 13 new clients.

GY2005: Reorganized staff hours, utilized a team of volunteers to cover administrative work, in order to support the growth in volunteers and clients.

**Clients served:** Starting with 21 clients, the program was expanded in Antioch and a new program established in Pittsburg. At the end of the grant period, 43 volunteers served 57 clients.

**Outcomes:** The existing bill paying assistance program was to be expanded, but did not succeed in bringing in a significant number of new low income seniors. The organization received several grants that were intended to work together: program expansion grants, planning grant to focus on how to enhance the value of money management services, and a challenge grant to develop a donor base to fund in part the annual cost of the expanded program. The organization did not use each of these grants to their fullest or exactly as given, which diluted their effect, and was required to return over \$18,000 in funding.

### **Senior Helpline Services: Reassurance Program & Rides for Seniors Program**

**Grant goal:** Establish and grow two countywide programs for seniors: The Reassurance Program matching volunteer phone friends with home bound seniors and the Ride for Seniors Program matching volunteer drivers with seniors that need transportation to medical appointments and shopping.

**Grant progress:** GY2001: Expanded the Reassurance program through the recruitment of 89 new volunteers and personal outreach.

GY2002: Shifted focus from program growth to financial stability given reorganization and staff reductions.

GY2003: Increased Reassurance Program Director from part-time to full-time to support program growth.

GY2004: Expanded the new Rides for Seniors program's screening and training for drivers and developed an effective method for scheduling transportation services.

**Clients served:** Starting with 21 clients, the Reassurance program increased to 139 volunteer phone friends serving 171 seniors over the three-year grant period. In 2006, a new program, Rides for Seniors, received Healthy Aging Initiative funding, and by the end of the year, 89 volunteers gave over 3,000 rides to 147 seniors (averaging 250 rides a month).

**Outcomes:** The survival and growth of this organization and its two programs is one of the most unexpected achievements from the Healthy Aging Initiative. This organization started out with a different name (Contact Care), and a board divided about the organization's purpose and fundraising. With the departure of the executive director and the Healthy Aging Initiative grant in 2001, the organization began addressing the issues dividing them. The new organizational path began with change to a new name, a new and energized board, two thriving programs for seniors, and a new executive director.

### **Volunteer Center of Contra Costa: *Home Safety for Seniors Program***

- Grant goal:** To establish a home safety program for low income seniors utilizing student and adult volunteers.
- Grant progress:** GY2002: Assessed risk management and liability issues, developed a network of community partners, defined roles and responsibilities of program participants, and finalized the program plan, budget and materials.  
GY2003: Recruited volunteers and clients through collaboration with other organizations serving seniors.  
GY2004: The program closed, unable to meet service goals given the challenge of scheduling client services at preferred times with limited daytime student and adult volunteer availability. Sustainable funding was not secured.
- Clients served:** With 30 new referrals, four key providers, 24 student and 10 adult volunteers speaking English, Spanish and Tagalog served senior clients in the community.
- Outcomes:** The organization started up the new program and succeeded in recruiting volunteers that went into the homes of several hundred seniors to perform much-needed basic safety inspections and installed basic safety items such as slip mats under carpets, light bulbs, etc. The organization's board and staff choose not to fundraise for contributions to sustain part of the annual program budget, which resulted in no further funding from the Healthy Aging Initiative. At that point the organization closed down the program.

### **Diablo Valley Foundation for the Aging: *Money Management***

- Grant goal:** To expand in-home bill paying services provided by volunteers for low income seniors in central Contra Costa County.
- Grant progress:** GY2003: Expand the program by developing a volunteer advisory committee to help recruit volunteers and clients. Unable to meet client service goals, funding was not continued beyond the first year.
- Clients served:** Served eight low-income clients in Central Contra Costa.
- Outcomes:** This new program failed in its outreach to serve low income seniors to receive assistance at no cost from a volunteer in paying bills on time, and was not funded beyond year one.

## **Community Based Services**

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### **Contra Costa Jewish Community Center: *Millman Respite Center***

- Grant goal:** To expand and enhance services at the Millman Respite Center in central Contra Costa County, including obtaining licensing as a social adult day care program.
- Grant progress:** GY2001: Qualified for licensure by developing and implementing policy and procedural changes and meeting other state requirements.
- Clients served:** Expanded services from 14 clients a day, three days per week in July 2002 to 20 a day, five days per week in 2003. 50 new participants were admitted as openings became available.

**Outcomes:** The existing respite center was expanded, its services enhanced and licensing was obtained. JCC administrators used two challenge grants to develop a donor base that is providing some of the funding needed to support the respite center's annual budget. The center continues to operate.

**Culture to Culture Foundation, Inc.: *Chinese-American Senior Center***

**Grant goal:** To establish the first Chinese-American Senior Center in central Contra Costa County offering culturally and linguistically appropriate social, exercise, and health screenings and wellness programs for aging Chinese-American seniors.

**Grant progress:** GY2003: Established trust with families and elders through cultural classes and a low-key approach to addressing mental health issues.  
GY2004: Opened a second site to expand program to include additional days per week and added a support group for singles.  
GY2005: Expanded awareness of service needs through partner relationships and media outlets.

**Clients served:** As a startup program, membership grew to 506 members by the end of the three-year grant period.

**Outcomes:** Over 500 seniors use this new program that has expanded to four days per week at two locations. A donor base was developed that provides some of the funding needed to support the center's annual budget. The program continues to exist.

**Contra Costa Interfaith Supporting Organization: *Health-Interfaith Partnership***

**Grant goal:** To establish in congregations in central and east Contra Costa County a program of health screenings and health education for isolated seniors.

**Grant goal:** GY2001: Developed a comprehensive plan for a parish nurse program.  
GY2002: The Partnership became a 501(c)3 with a board of directors, hired director and staff.  
GY2003: Established Health Cabinets within congregations, yet not as quickly and readily as planned.

**Clients served:** Although 21 parishes were contacted, at end of grant period, only four congregations were involved in establishing Health Cabinets and three more were showing some degree of interest but were not organized to establish Health Cabinets.

**Outcomes:** This new program, launched into incorporation by CCISCO, failed to start up its program of health screenings and information for seniors through congregations and was finally refused funding. In the planning phase, a great deal of effort was expended to design an action plan and an 501(c)3 organization, but the plan and its implementers failed to build community ownership in a grassroots organization created to serve their clients and meet their needs.

### **Elder Abuse Prevention: *Fraud Fighter Program***

**Grant goal:** To expand the organization's Fraud Fighter Program in central Contra Costa County.  
**Outcomes:** This new program failed to start up and the organization closed its doors after years of financial missteps and inadequate governance.

### **Holy Shepherd Lutheran Church: *Lamorinda Adult Respite Center***

**Grant goal:** To enhance the adult day program for seniors in the early to middle stages of Alzheimer's disease.  
**Grant progress:** GY2001: Enhanced the professional development of staff, volunteers and advisory board members to improve the program, particularly in the activities offered. Established a formalized training program, staff joined professional associations, attended development seminars and participated in advisory group meetings.  
GY2005: Expanded program to four days a week, equipped the center to meet licensing requirements, and enhanced an outdoor area for use on a regular basis.  
**Clients Served:** By the end of the grant period, the center's client capacity increased to serving 32 seniors.  
**Outcomes:** The adult day program for seniors with dementia obtained licensing in late 2006.

### **Jewish Family & Children's Services of the East Bay: *Multilingual Senior Connections***

**Grant goal:** To establish a culturally and linguistically competent program for Russian, Afghan, Bosnian, and Latino seniors in central and east Contra Costa County offering navigation through health services.  
**Grant progress:** GY2001: A coordinator, bilingual navigators, and volunteers were recruited and received cultural training.  
GY2002: Launched the Mental Health Gateways Program to address clients' need for mental health intervention services.  
GY2003: Collaborated with multiple senior service organizations. Six locations hosted culturally appropriate social support groups and activities.  
GY2004: Hired a Latino Senior Advocate for the Monument Corridor location.  
**Clients served:** Numerous multicultural seniors were reached with this program by the end of the grant period: 110 accessed mental health services; 277 received help through culturally appropriate social or educational programs; the Health & Human Services Navigation and Advocacy Program reached 118; 89 volunteers were mobilized; and the Multilingual Information & Referral phone lines handled over 600 calls.  
**Outcomes:** Several hundred Bosnian, Afghan, Russian and Latino seniors received health navigation services, case management, and socializing opportunities through this new program. The organization is using a three year challenge grant to raise \$150,000 in donations to help support the annual program budget.



## **Pittsburg Pre-School & Community Council, Inc.: *Seniors for Children***

- Grant goal:** To establish a program in east Contra Costa County for conducting and sustaining the intergenerational mentoring program.
- Grant progress:** GY2002: Focused on planning and implementation, starting with 11 mentors working with 21 children.  
GY2003: Expanded to 15 senior mentors working with 30 children.  
GY2004: 29 seniors mentored 42 children; a new effort this year included adding the participation of parents in the mentoring process.  
GY2005: 76 seniors volunteered, mentoring 78 children in seven schools; shifted to a self-directed team approach at each school, eliminating the need for paid staff to direct the projects. Each team elected a team leader and participated in training. This shift spun off “Cops Helping Elementary School Students” (CHESS), a program engaging police officers in mentoring children at the schools with 13 officers paired with 13 children. Continued to seek and secure funding with the goal to become self sufficient through individual donations, garden plot sponsorships, selling harvested produce at farmer’s markets, and other foundation grants.  
GY2006: 74 senior mentors served 89 children in four schools. Continued CHESS and spun off “Seniors And Kids Earth” (SAKE) program focusing on gardening and nutrition education.
- Clients served:** By the end of 2006, this new program connected 120 senior mentors with 250 elementary school children attend schools in Pittsburg and surrounding communities.
- Outcomes:** Program progressively grew in efforts to recruit and train seniors 55+ and match them as mentors to at-risk children by creating a way for older adult to directly affect a child’s emotional well being, self confidence and academic achievement. Building on the success of this program, two spin-off programs were designed and implemented. The Seniors for Children program also applied for two challenge grants to develop a donor base to provide continued funding for the annual program budget.

## **Pittsburg Pre-School & Community Council: *East County Healthy Aging Collaborative***

- Grant goal:** To develop a three-year interagency plan of action for implementing the collaborative.
- Grant progress:** GY2003: Started with 11 organizations collaborating to develop a strategic plan; three key organizations emerged as leading service organizations with the plan to bring in others later as referral sources to support the effort.  
GY2003: Completed the mission statement, strategic plan and goals for the program planning and implementation.  
GY2004: Contracted with a facilitator, proposal writer and an administrative support person. Produced a proposal for one major funder to support the action plan and attracted \$1.5 million to support the collaborative over a three year period.
- Outcomes:** From a year-long planning process emerged a plan of action for a new three year program collaboration between Pittsburg Pre-School & Community Council, La Clínica de La Raza and Jewish Family & Children’s Services of the East Bay, which received \$1 million in funding from two \$500,000 grants from the Healthy Aging Initiative and California Endowment. The collaboration started in 2006 and ends in 2008.

## **Rehabilitation Services of Northern California: *Adult Day Services Network of Contra Costa***

- Grant goal:** To establish the countywide network providing management and technical assistance to adult day services providers.
- Grant progress:** GY2001: Convened organizations and consultants to identify program models and a strategy for establishing the network. A series of planning meetings resulted in a document “Draft Contra Costa Adult Day Services Network Work Plan Priorities” containing information on which to base planning, program model design and implementation, and strategies for reaching underserved communities.  
GY2002: Established the governance structure, board formation and secured tax exempt status. The governance structure for the Network included adult day service organizations staff and executive directors as well as other professionals with an interest in adult day services. The tax exempt status was secured and meeting activity centered mainly on board formation and organizational activity. Near the conclusion of the grant period, some funds were rescinded due to inability of the Network to reach the agreed upon goals.
- Clients served:** Although 30 organizations/consultants were on the mailing list of the network, planning meetings were sparsely attended and sustained interest was difficult to generate.
- Outcomes:** In response to gaps in adult day services, the intent for this new project was to help increase capacity within existing nonprofit adult day services programs and to offer would-be nonprofit adult day services programs the assistance needed to start up. The Healthy Aging Initiative funding enabled the formation of the new corporation, the hiring of staff and the provision of assistance to existing programs. The goal that the organization was unable to achieve was to help new adult day services programs get started.

## Evaluation Methodology

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The John Muir/Mt. Diablo Community Health Fund and the Y & H Soda Foundation funding partners commissioned an evaluation of the six year Healthy Aging Initiative in Contra Costa County. Holmes Research & Consulting, LLC, Phoenix AZ were contracted to document the goals accomplished, lessons learned, and outcomes achieved by the Healthy Aging Initiative during the development and implementation of the Initiative; to assess the effect of the Initiative on the capacity of participating nonprofit organizations; and to assess the effect of the funded services on the lives, health and well being of seniors.

Starting in the fall of 2006, the evaluators gathered data using multiple methods. A combination of in-depth interviews, focus groups, facilitated work sessions, meeting observations, a quantitative survey, and grantee report reviews were used to collect data for the evaluation of the Healthy Aging Initiative. The evaluation research methodology consisted of the following data collection activities:

1. In-depth interviews (75 minutes each) with current and former foundation board members from John Muir/Mt. Diablo Community Health Fund and the Y & H Soda Foundation (September, 2006; n= 20).
2. Work Sessions: Collaborative discussions (two hours each) with each board around specific topics related to the evaluation (October, 2006; n=16).
3. Focus Groups: Guided discussions (90 minutes each) with grantees, organizational board members, volunteers, seniors and caregivers/adult children around specific topics related to the evaluation (November, 2006; 17 groups of 4-6 participants each; total n= 79).
4. Meeting observation of the final joint funding board (October, 2006).
5. In-depth interviews with three independent consultants who worked with organizations on capacity building in the areas of financial systems; fundraising; and strategic planning (October-November, 2007; n=3).
6. Report Review: Interim and annual reports from funded agencies submitted during the Initiative's six year funding period were reviewed (April, 2007).
7. A paper and pencil survey was administered to the participating organizations through the mail. (March-April, 2007; n=12).

The data collected was analyzed and synthesized to create this report. In addition, the Healthy Aging Initiative Logic Model, shown on page 5, was created to capture the critical elements and processes of the Initiative.

## **Glossary of Healthy Aging Initiative Terms**

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**Community change** – goal of the Healthy Aging Initiative was to effect community-wide change, rather than just changes in individual organizations and in number of services offered to seniors

**Capacity building** – increasing the skills and abilities of nonprofit organizations, staff members, and board members to provide appropriate services to clients and to improve the effectiveness of the organization’s operations.

**Contra Costa for Every Generation (CCEG)** – a collaborative, county-wide movement involving representatives from the three sectors, i.e., government, nonprofit, and for profit. Focus is on advocating for positive, long-lasting community changes to improve the quality of life of all citizens as they age.

**East County Healthy Aging Collaborative** – group of three nonprofits working together with pooled resources to enhance the level of services to seniors in their areas of Contra Costa County. Utilizes temporary alliances with other nonprofits to augment programs for seniors.

**Funding partnership** – collaborative venture between two foundations (John Muir/Mt. Diablo Community Health Fund and Y & H Soda Foundation) to leverage their available resources for developing services to the aging population in Contra Costa County.

**Joint grant committee** – group comprised of representatives from the two funding partners’ boards that reviewed grant proposals, made recommendations to full boards, and conducted site visits to grant recipients.

**Nonprofit Advisory Group** – initial group of nonprofit organizations convened by founders of the Healthy Aging Initiative to advise funders on needs for services to aging population. Also referred to as the “networking group” of nonprofits.

**Partnership for Healthy Aging** – group that evolved from the original Nonprofit Advisory Group convened by funders.

**Sustainable programming** – basic tenet of the Healthy Aging Initiative. Organizations receiving program grants from the HAI had to obtain other sources of funding to replace the HAI grants within a specified time period.

## About the Evaluators

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### **Holmes Research & Consulting, LLC.**

115 E. Mountain Sky Avenue  
Phoenix, AZ 85048  
Phone 480-460-3805  
Fax 480-460-3807

**Carolyn A. Holmes**, M.Sc.N., Ph.D. is the president of Holmes Research & Consulting, LLC, a consulting firm that specializes in social science and market research as well as program evaluations focused primarily on the field of aging. Dr. Holmes' work includes the design of decision support systems for National Council on Aging's Diffusion of Innovation model; formative and summative research and program evaluation (e.g., The Healthy Aging Initiative in Contra Costa County, CA, "Covering Kids and Families" Coalition in the State of Nevada, and New York State Medicare Savings Program Coalition); and community development and change model program design and implementation related to older adults (e.g., *RespectAbility's* new Models of Significant Service program at NCOA); She also has provided consulting and research services for projects such as the CDC funded Diabetes Educational Outreach Strategies (DEOS) program for Indian elders; Centers for Medicare and Medicare Services (CMS) including communications testing, formative research, social marketing campaign and coalition design, training and evaluation. Dr. Holmes received her Ph.D. in Social Psychology and the Sociology of Health and Aging from the University of Michigan and her Masters degree in Nursing Education from the University of Western Ontario. She is a registered nurse with a BA in nursing and psychology.

**Linda B. Catlin**, president and principal of Claymore Associates, Inc., has over 25 years experience in organizational consulting, human resources, management training, and educational administration. Her experience includes positions as associate dean of instruction at the Dallas Community College District, administrative director for the Biochemistry Department at Southwestern Medical School/University of Texas Health Science Center, and training director at Shepard's/McGraw-Hill. Since 1992 she has been an independent consultant working with organizations in healthcare, the nonprofit sector, and private industry. Ms. Catlin is the co-author of *International Business: Cultural Sourcebook and Case Studies* (2nd edition, Cincinnati: ITP/South-Western Publishing Co.), a collection of original case studies and exercises on the cultural factors of international business. Her work also appears in two edited volumes, *Ethics in Nonprofit Management* and *Experiential Activities for Intercultural Learning*, and in *Physician Executive*. She is a member of American Association of Healthcare Consultants, American College of Healthcare Executives, American Evaluation Association, Society for Applied Anthropology, and National Association for the Practice of Anthropology. Ms. Catlin has an undergraduate degree in European history and French and a master's in public administration. She completed doctoral level coursework in cultural anthropology at Wayne State University.

**Maria T. Kopper**, is a Research Associate with Holmes Research & Consulting, LLC. Prior to working on social service and nonprofit related research, she has had experience in political polling, testing government media campaigns, media tracking, and consumer research projects using various statistical methodologies. Ms. Kopper received her BA in Economics from the University of Michigan.

## Healthy Aging Initiative Survey

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On behalf of the John Muir/Mt. Diablo Community Health Fund and Y.& H. Soda Foundation, Holmes Research & Consulting is conducting this survey. We will collect and summarize the data about the Healthy Aging Initiative in a report that will be presented to the funding partners and to the participating organizations. Please complete this survey for the following grants you have received:

If you have questions, please leave a message for Carolyn Holmes (800) 209-8573 or send an email to [Carolyn@holmesresearchconsulting.com](mailto:Carolyn@holmesresearchconsulting.com) with a phone number, dates and times you can be reached.

Thank you in advance for your time and attention to this important evaluation.

Sincerely,

Carolyn Holmes, President  
Holmes Research & Consulting, LLC.

***Please complete the following contact information in case we have questions:***

Name of Organization: \_\_\_\_\_

Name of Person Completing Survey: \_\_\_\_\_

Position or Title: \_\_\_\_\_

Length of time in Current Position or Title: \_\_\_\_\_

Length of time with Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Healthy Aging Initiative's Program Grants**

- Q1. What was the primary purpose of the program grant you received? *(Circle one only)*
- To enhance or expand existing program/effort
  - To create an entirely new program/effort
- Q2. Funding was provided to organizations for programs that met one or more of the following objectives. Please select the option that describes the primary purpose for your funded programs listed on the cover page. *(Circle one or more responses.)*
- Outreach Program
  - Home Service Program
  - Community-based Program
  - Capacity Building
- Q3. Which of the following best describes the primary focus of your program? *(Circle one only.)*
- Addressing basic needs: Housing and safety; nutrition; information and referrals.
  - Optimizing physical & mental health and well-being: Promote healthy behaviors and provide access to preventive health services and medical, social and palliative services.
  - Maximizing independence: Mobilize resources to facilitate “living at home”; transportation; and family and caregivers support.
  - Promoting social & civic engagement: Promote active engagement in community; opportunities for meaningful paid and voluntary work; and make aging issues a community-wide priority.
- Q4. What is the current status of the program funded by the Initiative? *(Circle one response only.)*
- In operation, but not at level expected
  - In operation, at the level expected
  - In operation, exceeding the level expected
  - No longer in operation, could not be sustained by other funding sources
  - No longer in operation, not supported by organization
  - No longer in operation, completed objective and no longer needed
  - Other (please specify) \_\_\_\_\_
- Q5. The Healthy Aging Initiative participants and funders set the following overall goals for the Initiative. Which of these did your organization achieve as a result of the funding from the Initiative? *(Circle one or more responses.)*
- Increased the **total number of seniors** being served by our organization
  - Increased the **total number of programs** for seniors in the community, particularly to underserved seniors and neighborhoods
  - Increased the **number of culturally appropriate programs** for seniors (such as those for whom English is a Second Language) that enabled them to receive needed services
  - Increased the **number of seniors receiving culturally appropriate services** by helping to overcome economic, cultural and/or linguistic barriers
  - Improved seniors’ **access to services** through outreach efforts, particularly in underserved seniors and neighborhoods
  - Increased **opportunities for seniors to contribute** to programs with valued responsibilities, as board members, staff and volunteers.
- Q6. How long have you personally been involved with the Healthy Aging Initiative? \_\_\_\_ years
- Q7. How long has your organization been involved with the Healthy Aging Initiative? \_\_\_\_ years

Q8. The following list describes many different ways that organizations grow and build their capacity to achieve their missions. Please indicate the degree to which your organization grew in the following areas as a result of your participation on the Healthy Aging Initiative. *(Circle only one for each row.)*

<b>Degree of Organizational Growth as a Result of Participation in the Healthy Aging Initiative</b>					
a. Enhanced leadership skills within the organization	None	Low	Medium	High	N/A
b. Succession planning for organizational leadership and board	None	Low	Medium	High	N/A
c. Flexibility to make course corrections in program plans as needed	None	Low	Medium	High	N/A
d. Culturally competent staff and volunteers	None	Low	Medium	High	N/A
e. Opportunities for planning and programmatic advice from volunteers	None	Low	Medium	High	N/A
f. Ability to identify critical needs of clients, staff and volunteers	None	Low	Medium	High	N/A
g. Heightened community awareness of seniors' needs	None	Low	Medium	High	N/A
h. Better marketing and public relations skills	None	Low	Medium	High	N/A
i. Ability to fundraise more successfully	None	Low	Medium	High	N/A
j. Better follow-through on program planning and commitments	None	Low	Medium	High	N/A
k. Ethnicity of staff and volunteers mirror the ethnicity of client's served	None	Low	Medium	High	N/A
l. Improvement of board member awareness of the needs of the organization	None	Low	Medium	High	N/A
m. Access to transportation services for clients	None	Low	Medium	High	N/A
n. Greater degree of broad-based community support for our organization	None	Low	Medium	High	N/A
o. Improved governance skills	None	Low	Medium	High	N/A
p. Ability to meet annual funding goals	None	Low	Medium	High	N/A
q. Clarity of organizational mission and vision	None	Low	Medium	High	N/A
r. Increased sensitivity and responsiveness to needs of ethnically diverse seniors	None	Low	Medium	High	N/A
s. Staff have a greater sense of ownership over work	None	Low	Medium	High	N/A



<b>Degree of Organizational Growth as a Result of Participation in the Healthy Aging Initiative</b>					
t. Outreach services to seniors in need in the community	None	Low	Medium	High	N/A
u. Better networking with other organizations	None	Low	Medium	High	N/A
v. Greater confidence in ability to achieve organizational goals	None	Low	Medium	High	N/A
w. Ability to sustain the program after funding concluded	None	Low	Medium	High	N/A
x. Improved efforts at evaluating our processes and outcomes	None	Low	Medium	High	N/A
y. Greater involvement and interest of the board of directors in organizational business	None	Low	Medium	High	N/A
z. Increased board training opportunities	None	Low	Medium	High	N/A
aa. Provide greater number of services than before the HAI	None	Low	Medium	High	N/A
bb. Greater number of external partnerships and collaborations	None	Low	Medium	High	N/A
cc. Greater comfort with risk taking in organizational management and decision making	None	Low	Medium	High	N/A
dd. Better strategic planning for your organization, with incremental, planned growth	None	Low	Medium	High	N/A
ee. Better fiscal management of the organization	None	Low	Medium	High	N/A
ff. Greater involvement of clients in the development and implementation of the organization's programs	None	Low	Medium	High	N/A
gg. Increased staff training opportunities	None	Low	Medium	High	N/A
hh. Serve greater number of seniors than before the HAI	None	Low	Medium	High	N/A
ii. Better ability to build trusting relationships among community partners	None	Low	Medium	High	N/A
jj. Ability to adapt to changing external and internal circumstances	None	Low	Medium	High	N/A
kk. Regularly tracking outcomes compared to set goals	None	Low	Medium	High	N/A
ll. More consistency and regularity in record keeping	None	Low	Medium	High	N/A
mm. Intergenerational involvement in program planning and delivery	None	Low	Medium	High	N/A
nn. Increased volunteer training opportunities	None	Low	Medium	High	N/A
oo. Build advocacy and empowerment skills among clients and staff	None	Low	Medium	High	N/A

**Capacity Building Grants: Strategic Planning Consultation**

Q9. The following skills were part of the training many organizations gained as a result of the strategic planning capacity building grants. Please indicate the skill level your organization attained as a result of working with the strategic planning consultant. *(Circle only one for each row.)*

<b>Level of Skill Attained as a Result of Strategic Planning Consultation</b>					
a. How to develop a shared vision	None	Low	Medium	High	N/A
b. How to develop a set of shared core values	None	Low	Medium	High	N/A
c. How to set goals and objectives	None	Low	Medium	High	N/A
d. How to create an action plan	None	Low	Medium	High	N/A
e. How to assign responsibility for organizational goals	None	Low	Medium	High	N/A
f. How to track progress	None	Low	Medium	High	N/A
g. How to assess progress in order to identify areas for improvement	None	Low	Medium	High	N/A
h. Other (please specify): _____	None	Low	Medium	High	N/A

Q10. In what ways are strategic planning skills being used in your organization today?

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Q11. Is someone specifically assigned to manage the strategic planning function in the organization?

Yes >> Name: \_\_\_\_\_ Position: \_\_\_\_\_

No >> Please give reason: \_\_\_\_\_

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Q12. Please describe how progress is tracked, if at all:

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Q13. What do you consider to be the most important benefit(s) resulting from the strategic planning capacity building grant?

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**Capacity Building Grants: Accounting Systems Consultation**

Q14. The following skills were part of the training many organizations gained as a result of the financial capacity building grants. Please indicate the skill level your organization attained as a result of working with the accounting systems consultant. *(Circle only one for each row.)*

<b>Level of Skill Attained as a Result of Accounting Systems Consultation</b>					
a. How to read & analyze cash flow statements	None	Low	Medium	High	N/A
b. How to create cash flow statements	None	Low	Medium	High	N/A
c. How to read & analyze financial statements	None	Low	Medium	High	N/A
d. How to create financial statements	None	Low	Medium	High	N/A
e. How to relate organizational or program activities to the bottom line	None	Low	Medium	High	N/A
f. How to incorporate financial considerations when making decisions	None	Low	Medium	High	N/A
g. Other (please specify):	None	Low	Medium	High	N/A

Q15. In what ways are accounting systems skills being used in your organization today?

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Q16. Do you produce monthly balance and income statements?

- Yes  
 No [SKIP Q17 AND GO TO Q18]

Q17. Who reviews the monthly balance and income statements?

- Executive Director  
 Financial Officer  
 Board of Directors

Q18. Do you produce, maintain and monitor cash flow projections?

- Yes  
 No [SKIP Q19 AND GO TO Q20]

Q19. Who REGULARLY monitors the cash flow projections?

- No regular reviewer  
 Executive Director  
 Financial Officer  
 Board of Directors  
 Other (Please specify: \_\_\_\_\_)

Q20. What do you consider to be the most important benefit(s) resulting from the accounting systems capacity building grant?

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**Capacity Building Grants: Fundraising Circle Grant/Fundraising Challenge Grants**

Q21. The Healthy Aging Initiative funders selected your organization to participate in a fundraising training program to learn new skills in raising money and to create and implement donor campaigns. Please indicate the skill level your organization attained as a result of working with the fundraising consultant. *(Circle only one for each row.)*

<b>Level of Skill Attained as a Result of Fundraising Consultation</b>					
a. How to quickly explain a program	None	Low	Medium	High	N/A
b. How to identify prospects	None	Low	Medium	High	N/A
c. How to ask for donations	None	Low	Medium	High	N/A
d. How to write an appeal letter	None	Low	Medium	High	N/A
e. How to hold effective fundraising events/parties	None	Low	Medium	High	N/A
f. How to build a donor base	None	Low	Medium	High	N/A
g. How to track fundraising efforts	None	Low	Medium	High	N/A
h. How to secure and build donor loyalty for the organization	None	Low	Medium	High	N/A
i. How to diversify funding sources	None	Low	Medium	High	N/A
j. How to work collaboratively with other organizations to fundraise	None	Low	Medium	High	N/A
k. Other (please specify):	None	Low	Medium	High	N/A

Q22. In what ways are fundraising skills, attained from the HAI grant, used in your organization today?

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Q23. What do you consider to be the most important benefit(s) resulting from the fundraising grant?

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Thank You! The information you provide will enable your community, the organizations that serve seniors, and the funders to see what differences the Initiative has made for Contra Costa County.

