Archstone Foundation: A 30-YEAR REFLECTION
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Archstone Foundation is a private grantmaking organization whose mission is to contribute towards the preparation of society in meeting the needs of an aging population.
We are pleased to have this opportunity to reflect on Archstone Foundation’s past grantmaking and to share our reflections.

We have accomplished much over the past 30 years. We entered our first chapter searching, defining, and even redefining who we are, and what we stand for as a foundation. We have clarified and taken our mission to heart, while continuing to search for new ways to make a difference.

In addition to a name change from FHP to Archstone Foundation, our mission, and the purpose of our grantmaking has also changed. With the strategic decision to concentrate exclusively on aging issues, over time, we have come to have a deeper understanding of the challenges and opportunities before us.

The name Archstone Foundation was selected as it represents the values of building for lasting change and working in partnership. As we reflect on the past 30 years, we can say that Archstone Foundation has stayed true to its mission and values.

Our second chapter was about long-term partnership and commitment – about creating legacy. During economic
challenges and uncertainty, the Foundation began to tackle issues of significance and complexity. Throughout this journey, we were joined by committed partners. Together, we served an important role in convening, promoting, influencing, and supporting systemic and sustainable change on issues important to older persons.

After three decades of operation and 1,077 grants, the Foundation’s grantmaking commitment has surpassed its initial endowment of $47 million, with over $103 million in grants awarded.

Over the years, the Foundation often has taken the time to pause and reflect on its milestones. This reflection guides our grantmaking and investment strategies, and it encourages the Foundation to continue taking a leadership role in the field of aging, and to inspire others to join us in preparing society to meet the needs of an aging population.

We believe that an advanced and compassionate society can, and must, find solutions to large and small-scale problems influencing the lives of older adults. We look forward to what future chapters will bring.

On behalf of the Board of Directors,

Rocky Suares, CFP, Chairman

Joseph F. Prevratil, JD, President and CEO
This report is a reflection upon Archstone Foundation’s 30 years of grantmaking in aging. It is dedicated to all of those who strive to prepare society in meeting the needs of an aging population.
A 30-YEAR REFLECTION
Charting Our Course — Setting a Path

HISTORY OF OUR FOUNDING:
Archstone Foundation was formed in 1985, through the conversion of a non-profit, federally qualified health maintenance organization (HMO), formerly known as Family Health Plan (FHP), Inc., to a for-profit corporation. FHP Foundation became a non-profit grantmaking organization through a $47 million endowment resulting from the conversion agreement between the State of California and FHP, Inc.
At the time of the conversion, the HMO had hospitals in Southern California, Utah, and Micronesia. Accordingly, the Foundation’s initial grantmaking activities focused in those areas.

**FIRST 10 YEARS OF GRANTMAKING**

During the first ten years of grantmaking, FHP Foundation supported broad-based public health and health care delivery issues for the entire life cycle. FHP Foundation accomplished this through: 1) education and training programs; 2) the development and implementation of direct service programs serving vulnerable and underserved populations of all ages; and 3) the development of a sustainable health delivery infrastructure in Micronesia.

**Education and Training**

Initially, the Foundation took a systematic approach to developing a trained and knowledgeable health care workforce by creating three endowed chairs, totaling $4.3 million. The endowed chairs, at universities in California and Utah, created positions within each of the academic institutions to provide leadership in the interdisciplinary study of health and health behavior. Established in perpetuity, the endowed chairs include California State University, Long Beach; University of California, Irvine; and The University of Utah. The Foundation furthered its commitment to education and training during the first ten years by funding scholarships, training programs, and conferences for allied health professionals to improve care for underserved populations.

**Direct Service**

The Foundation focused on supporting direct service programs targeting vulnerable and underserved populations. Examples of these include psychosocial support groups for cancer patients and their families, and access to prenatal care for indigent pregnant women. Because FHP, Inc. served a large Medicare population, the Foundation also invested in direct service programming for adults 65 and older. Investments in aging services included increased access to care, information and referral services, and programming that enabled older adults to live in their homes.

**Micronesia**

Investments in Micronesia seeded the groundwork for the growth of community-based efforts to improve the health care delivery infrastructure for the islands and the health status of island residents. Also supported were: 1) training and education of health providers; 2) the implementation of a dispensary model for the islands; 3) development and installation of
clean water and sanitation systems;  
4) upgraded libraries and laboratories;  
and 5) health promotion activities.

FHP Foundation also supported three 
major initiative areas targeting 
vulnerable populations during the 
first 10 years:

• Educational workshops for caregivers;

• Social marketing campaigns to raise 
  awareness of and promote healthy 
  behaviors; and

• Interactions between youth and 
  older adults through intergenerational 
  programs.

Caregiving
Who Cares for the Caregiver was a 
two-year effort (1992 – 1994) to inform, 
offer hope, and advocate on behalf 
of caregivers through workshops, a 
broadcast documentary, and a national 
conference. The initiative offered 
healthcare professionals insight into 
issues and concerns of caregivers, and 
provided an informational basis for 
the formulation of public policy. The 
Foundation invested $360,564 to support 
three programs benefiting caregivers, 
including the promotion of respite 
services, adult day care, and caregiving 
retreats.

Social Marketing Campaigns
From 1994 to 1998, the Foundation 
invested $1,148,266 to support four 
social marketing campaigns designed 
to increase public awareness through 
culturally appropriate messages, and 
to promote health behavior change. 
Specifically, the campaigns raised 
awareness about fetal alcohol syndrome 
in African-American babies, healthy 
behavior choices among teens, and 
substance abuse among the White 
Mountain Apache Tribe.

“Vision is the art of seeing what is invisible to others.” — Jonathan Swift

Intergenerational
Bridging the Age Gap was a three-year 
initiative (1995 – 1998) to promote 
mutual health benefits for young and 
older adults through intergenerational 
programs. The goal of the initiative 
was to create a better society where 
older people serve as role models for 
youth, and where younger people 
could benefit from the wisdom and 
experience of elders, while providing 
respectful companionship. The 
Foundation invested $274,759 in two 
tergenerational programs.
SETTING A PATH
In 1995, FHP Foundation hired its first President and Chief Executive Officer, Joseph F. Prevratil. As a member of the Board of Directors, and a successful business executive in Long Beach, Joseph Prevratil brought strong leadership, strategic direction, and extensive experience in operations management to the Foundation. As President and CEO, he worked with the Board of Directors to refine its grantmaking direction, guide the Foundation in its daily operations, and develop a knowledgeable and capable staff.

After 10 years of grantmaking, the Board of Directors determined the time was right to review the Foundation’s mission and grantmaking priorities. In 1996, FHP Foundation changed its name to Archstone Foundation to represent its core values of building for lasting change and working in partnership with others. Archstone Foundation’s Board of Director’s also determined that to have greater impact, the Foundation would narrow its focus to concentrate solely on aging issues.

The Foundation’s mission shifted from a broad focus on health and health care delivery to preparing society in meeting the needs of an aging population. The rationale for these changes was fourfold, the: 1) emergence of new, well-endowed California-based health foundations committed to health and health care delivery; 2) rapid growth of the nation’s aging population; 3) growing need for philanthropic support for the aging population; and 4) success FHP Foundation’s funding made in the field of aging, and in the lives of older adults.

Archstone Foundation was one of the original five foundations that seeded the funding and formation of Grantmakers In Aging, Inc., an organization that serves as a national catalyst for philanthropy, with a common dedication to improving the experience of aging. This was a major accomplishment for Archstone Foundation, one that also contributed to the Foundation’s decision to fund solely in the field of aging.

Also at this time, Archstone Foundation’s logo was created to represent partnership and the importance of three generations working together to make the aging process valued in society. The dark green arch represents older people, the medium green arch signifies young and middle-aged, and the light green arch represents children and youth.
1985
Formed FHP Foundation through the conversion of FHP, Inc., an HMO

1986
Awarded first grant to California State University, Long Beach

1992
Funded *Who Cares for the Caregiver Initiative* projects

1995
Launched *Bridging the Age Gap Initiative*, an intergenerational program

1995
Hired first President and CEO, Joseph F. Prevratil
Creating a Legacy — Investing in Our Values

A NEW FOCUS:
With a new focus solely on aging in the second decade, Archstone Foundation’s grantmaking strategies continued to include responsive, initiative-based, and multi-year grantmaking.
NEXT 10 YEARS OF GRANTMAKING

Responsive Grantmaking
Over the next 10 years, Archstone Foundation’s Responsive Grantmaking shifted to responding to the emerging and unmet needs of communities in Southern California. It supported direct service that prepared society in meeting the needs of an aging population, and the education and training of professionals charged with the care of older adults.

Direct Service
Direct service support included efforts to: 1) improve access to health and social services; 2) promote aging in place and caregiver support; 3) improve the quality of nursing home care; 4) develop programs to assist older people living with disabilities; 5) outreach to homeless older adults; and 6) provide mental health services and support to older persons living with dementia.

Education and Training
In July 2001, Archstone Foundation again took a systematic approach to developing a trained and knowledgeable health care workforce by funding its fourth endowed chair, this one in geriatrics, at the University of California, Los Angeles.

Education and training projects also focused on skill development for social and health professionals charged with the care of older adults. The Foundation supported an assessment of the status of the workforce providing services to older adults and of the workforce needs to care for an aging population. The Foundation also supported the development of training programs and resource materials for emerging professionals.

Responsive Grantmaking enabled the Foundation to establish working partnerships with providers and funding partners across California, and the country. Through modest investments in organizations committed to helping others, the Foundation’s Responsive Grantmaking served as a catalyst for change in the lives of older people.

Initiative-Based Grantmaking
Initiative-based grantmaking refers to a targeted investment of a specific issue for an extended period. In the second decade, initiative-based grantmaking offered the Foundation the ability to concentrate its grantmaking efforts on critical social, health, and public health issues in California. It helped establish a network of leaders working in the field of aging, while helping the Foundation to move the field forward. It also enabled the Foundation to promote, influence, and support systematic change leading to sustainable efforts to improve the health of older adults.
**Aging in Place Initiative**

Archstone Foundation invested $782,229 over three years to develop programs and services to address older adults’ desire to maintain independence and age in place. From this work, the Foundation invested an additional $1 million, to support a five-year project to develop a National Resource Center on Supportive Housing and Home Modifications. NRC ensured that older people had the resources and solutions to make their homes safe.

**Long-Distance Caregiving Initiative**

In the late-1990s, the Foundation identified the need for resources and services for long-distance caregivers of older adults. The Foundation invested in a three-year Long-Distance Caregiving Initiative, to support education and training, and awarded eight grants totaling $1,449,232. In 2001, building upon the work of the Long-Distance Caregiving Initiative, the Foundation awarded the Family Caregiver Alliance a three-year grant totaling $780,000 to establish a National Center on Caregiving to serve as a repository of resources for caregivers.

**Adult Day Services Initiative**

For the first two decades, support of adult day service programs was a significant part of the Foundation’s grant portfolio. During that time, the Foundation invested more than $3 million in support of: 1) start-up funding of adult day care and adult day health centers; 2) the expansion of program services; 3) marketing efforts to increase enrollment; and 4) the development of a network of adult day service programs.

In 2005, the Foundation took a systematic approach to addressing the growing concern over reimbursement issues for California’s adult day service programs and invested in a three-year project to support the redesign of the State of California’s adult day services program.

**INVESTING IN OUR VALUES**

In 2002 and 2003, the Foundation again made strategic changes, narrowing its programmatic focus, and further refining its aging strategy, by committing to multi-year, initiative-based grantmaking. The Board of Directors agreed to tackle issues of significance and complexity that would require a financial investment over a longer period than the typical one- to three-year grants. The Foundation identified three priority areas for multi-year, initiative-based grantmaking.

**Fall Prevention Initiative**

Archstone Foundation began its long-term commitment to fall prevention in the mid-1990s when it supported six projects; all included a reduction of falls in their intended outcomes.
Some of the projects addressed the physical environment, others addressed balance and mobility, and all addressed education on risk reduction. In 2000, the Foundation convened the six projects to explore common resources and capacity, and to advance fall prevention efforts systematically in California. Successes of the first convening, led to a second, with an expanded committee of leaders who planned a statewide invitational summit to develop a blueprint on how to reduce the risk of falls in California.

The *California Blueprint* describes state-of-the-art approaches to reducing the risks of falls and challenges to implementing fall prevention. A key *Blueprint* recommendation was the creation of a coordinating center that could serve as a statewide resource, technical assistance and evaluation support, and lead efforts in fall prevention. This strategic recommendation ultimately led to the creation of the Fall Prevention Center of Excellence (FPCE), a nationally recognized consortium of academic and public sector partners in California, located at the University of Southern California, Davis School of Gerontology.

Based on the California experience, and in response to national concerns, the Foundation partnered with the National Council on Aging to develop *The National Action Plan* for fall prevention.

Falls are the leading cause of injury, and death from injury, in adults 65 and older. Consequently, Archstone Foundation launched its *Fall Prevention Initiative* in 2005, to reduce falls among older adults through multi-factorial interventions, including medical assessment, gait and balance exercises, and environmental modifications. The *Initiative* established fall prevention as a key public health priority in the State, educated thousands of consumers and professionals, and supported the evaluation of effective and sustainable fall prevention programs across the country.

Archstone Foundation awarded 36 grants totaling more than $10 million to address many of the risk factors associated with falls.

**Elder Abuse & Neglect Initiative**

The *Elder Abuse & Neglect Initiative*, like the *Fall Prevention Initiative*, utilized a wide variety of targeted strategies, while relying on local, county, state, and national partners. And with elder abuse and neglect, as with many issues that significantly affect older people, there is often a forgotten need to raise awareness – to end the silence.

When tackling issues of significance and complexity, in addition to raising awareness, it is also important to identify strategies and cultivate leadership that effectively can address large-scale challenges. When Archstone
Foundation began its long-term commitment to address elder abuse and neglect, it spent much of its initial investments in an effort to shed light on an issue long hidden in the shadows.

“
There is no giant step that does it, it takes a lot of little steps.” — Peter A. Cohen

From 1991, when it awarded its first grant to support a statewide conference specifically focused on adult abuse, through 2005, the Foundation awarded 37 grants totaling more than $3.7 million. Grant funds during this time supported direct service programs; multidisciplinary teams; and training and awareness for frontline workers, and medical, financial, and legal experts. Archstone Foundation grants imparted a voice to the field of elder abuse and neglect through the support of state and national conferences, projects serving various counties, low-income and diverse older adults, and through direct victim assessments and interventions.

Millions of older adults across the United States are abused or neglected each year, leading to higher rates of hospitalization, nursing home placement, and even death. Beginning in 2006, in recognizing the threat posed to society by elder abuse and neglect, Phase 1 of a two-phase Elder Abuse & Neglect Initiative was launched. The goal of the Initiative was to improve the quality and coordination of elder abuse and neglect services in California. This investment represented the first significant statewide, coordinated effort to advance strategically the field of elder abuse and neglect.

The five-year Initiative provided $8.5 million to fund 22 local, county, state, and national projects implementing specific targeted strategies. Initiative strategies included workforce development through education and training, systems change, multidisciplinary team building, direct service support, evaluation, and convening and technical assistance. At the center of the Initiative was the development of four Elder Abuse Forensic Centers, located in San Francisco, Los Angeles, Orange, and San Diego counties. Forensic Centers presented a new model of multidisciplinary collaboration, and grew out of the need to have educated, responsive professionals advise and assist in complex cases of elder abuse and neglect.

Addressing significant issues often requires systems change. Systems change projects reviewed and provided recommendations for improving systems and infrastructure in which
elder abuse cases could be handled within California, and established a repository of resources and best practices. Infrastructure development and systems activities consisted of identifying local agencies and professionals to provide comprehensive, coordinated services, and working with identified agencies and professionals to develop seamless service networks.

Additional components of the Initiative included leadership development within the state, and a crosscutting evaluation of the Initiative to capture lessons learned. The University of California, Irvine, provided convening and technical support to foster a learning collaborative across the projects. The Measurement Group conducted an Initiative-wide evaluation.

**End-of-Life Initiative**

Archstone Foundation began its journey to improve end-of-life care in 1988, with a grant funded to support advance care planning. Between 1988 and 2005, the Foundation awarded 49 grants, totaling more than $4.2 million, to improve advance care planning; increase access to hospice care and services; educate and train professionals; and support direct service programs that improve quality of life and offer dignity to dying patients.

Early funded projects included programs to support volunteer-based companions, the expansion of community outreach and hospice services to underserved populations, hospice therapies and programs, and resource materials and training to improve care for older people nearing the end of their life. Other funded projects focused on public education and conference support for hospice and palliative care providers.

Palliative care is specialized medical care for people with serious illness. It focuses on providing relief from symptoms and stress of the illness, with the goal of improving quality of life for the patient and their family.

In May 2004, the National Consensus Project for Quality Palliative Care identified spiritual care as one of eight domains essential to providing “quality” palliative care. In 2006, the eight domains were reviewed and vetted; additionally, studies have consistently documented the desire of patients with serious illness to have spirituality included as part of their end-of-life care.

This background, and the National Consensus Project endorsing the eight domains of care and preferred practices, set into motion the need to recognize spirituality as a component of quality palliative care. It also helped set the stage for Archstone Foundation’s continued support to ensure that older people who die at home, or within an institutional setting, are able to do so with dignity.
1996
Changed name to Archstone Foundation and solely focused on issues of aging

1997
Funded Aging in Place Initiative programs

2000
Convened six projects to explore common resources and needs to advance fall prevention efforts in California

MILESTONES: OUR SECOND DECADE

2002
Commissioned a review of Adult Day Service programs supported by the Foundation to determine unmet need in California

2006
Launched initiatives in Elder Abuse & Neglect and End-of-Life Care
Upholding a Legacy — Expanding Our Reach

Fall Prevention, Elder Abuse and Neglect, and End-of-Life continued to be at the forefront of Archstone Foundation’s grantmaking into its third decade. Midway through, the Foundation began to conclude its support and transition its long-term initiatives to becoming legacy areas.
Fall Prevention Initiative

Contemplating next steps for California to better address falls, the Foundation again gathered a group of thought leaders. The 2007 California Fall Prevention Summit informed the Fall Prevention Center of Excellence (FPCE) on how to update and expand its statewide strategy focused on sustaining and replicating promising fall prevention programs. It also offered recommendations on policies impacting fall prevention. Following the Summit, the FPCE published the *Proceedings of the 2007 California Fall Prevention Summit: Progress, Challenges & Next Steps*, a complete findings report on the work of the Summit and next steps.

Elder Abuse & Neglect Initiative

In the third decade, Phase 2 of the *Elder Abuse & Neglect Initiative* continued to address unmet needs, capitalize on lessons learned, refine best practices, and implement systems change. In 2010, the Foundation supported a statewide summit, to identify areas of opportunity to improve the coordination of protective and prevention services. Also in 2010, a special double issue of the *Journal of Elder Abuse & Neglect* was published to describe the work of the Initiative and its evaluation results.


End-of-Life Initiative

Based on its history of success with funding in the area of end-of-life care, and the outcomes of the National
Consensus Project for Quality Palliative Care, Archstone Foundation invested in a five-year, multi-million dollar End-of-Life Initiative. The Initiative sought to change the culture of dying in California by building a strong quality palliative care foundation that would lead to improved patient care, management of symptoms, and increased quality of life.

Archstone Foundation approached its End-of-Life Initiative using the following strategies: education and training of nurses, physicians, and social workers; direct service support through the expansion of palliative care services in hospitals and long-term care settings; and the inclusion of spirituality at the end of life.

Education and training efforts focused on various audiences and approaches. To educate and train health professionals in palliative care, the Foundation supported the End-of-Life Nursing Education Consortium (ELNEC), a train-the-trainer model to better understand the impact of providing palliative care services in hospitals.

In June 2007, funding for five Hospital-Based Palliative Care Service Innovation Projects was approved to implement and enhance palliative care services in hospitals, in Southern California, that serve older adults living with complex chronic and advanced illnesses. Funding included additional support for the University of California, San Francisco’s Palliative Care Leadership Center to provide technical and evaluation assistance to the hospital project sites.

The UCSF Palliative Care Leadership Center continues to build the statewide Palliative Care Quality Network (PCQN), comprised of hospital-based palliative care services. The PCQN is a continuous learning collaborative committed to improving the quality of palliative care services provided to patients and their families. It provides hospitals with the tools, data, and support needed to demonstrate value, build strong teams, and promote resilience in clinicians.

In September 2008, the City of Hope National Medical Center (City of Hope), working in partnership with the George Washington University’s Institute on Spirituality and Health, was funded to convene national thought leaders to advance the quality of spiritual care as part of palliative care services. The Spiritual Care Consensus Conference was held to identify points of agreement about spirituality, as it applies to health care, and to make specific clinical recommendations to advance the delivery of quality spiritual care in palliative care. At the Consensus Conference, a working definition of spirituality for health care was agreed upon:
“Spirituality is that aspect of the human experience that refers to the way individuals seek and express meaning and purpose and experience connectedness to the moment, to self, to others, to nature, to significant experience, or to the sacred.”

Results of the Consensus Conference were published in the Journal of Palliative Medicine, in an article titled, “Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference.”

In 2010, based on recommendations from the Consensus Conference, the Foundation launched the Spiritual Care Demonstration Projects, and funded nine sites, including technical assistance provided by the City of Hope, and an external evaluation conducted by Vital Research. The goal was to increase knowledge, develop leadership, promote spiritual care models, and formulate measurements and best practices to improve the quality of spiritual care within hospital-based palliative care programs. In 2012, a report describing the projects was published in the Journal of Palliative Medicine.

EXPANDING OUR REACH

In 2012, the Board of Director’s began once again to reflect on how the Foundation could expand its reach, while continuing to make a difference in the lives of older people. After careful consideration of evolving issues affecting older adults, available resources, and staying true to its mission and past work, the Foundation redirected its funding to three new priority areas: enabling older adults to remain in their homes and communities; improving the quality of life for older adults suffering from depression; and developing and implementing innovative responses to the family caregiving needs of older adults. Since 2012, the Foundation has supported innovative models, programs and services, and education and training programs in support of its current funding priorities.

Responsive Grantmaking continues to serve as the Foundation’s strategy to address the emerging and unmet needs of California’s diverse aging population, and those who serve them. It provides an important platform for the Foundation to fund direct service and workforce development projects in support of its three priority areas. Responsive Grantmaking also offers the opportunity to contemplate, incubate, and raise awareness of important issues in the field of aging, while engaging partners who might also support these issues.
MILESTONES: OUR THIRD DECADE

2009
Hosted consensus conference, *Improving the Quality of Spiritual Care as a Dimension of Palliative Care*

2011
Funded nine villages to expand the Village Movement in California

2011
Declared Fall Prevention, Elder Abuse & Neglect, and End-of-Life as legacy areas

2014
Launched *Depression in Late-Life Initiative* to improve depression care for older adults

2016
Supported the California Taskforce on Family Caregiving
Grantees Making a Difference —
PAST & PRESENT PARTNERSHIPS

In total, the Foundation has awarded 1,077 grants to 434 organizations. Our work would not be possible without our partners, both past and present. Archstone Foundation recognizes and thanks the following organizations for their contributions to 30 years of success, and for the work they do to improve the lives of older people:

| AbilityFirst |
| Acacia Adult Day Services |
| Access Center of San Diego |
| Affordable Living for the Aging |
| Age Well Senior Services |
| Alliance for Aging Independently |
| Alliance for Aging Research |
| Alliance for Leadership and Education |
| Alliance on Aging |
| Alliant International University |
| AltaMed Health Services Corporation |
| Alzheimer's Association |
| Alzheimer's Association, Salt Lake City Chapter |
| Alzheimer's Association, San Diego Chapter |
| Alzheimer's Association, Ventura County Chapter |
| Alzheimer's Disease and Related Disorders Association, Northern California |
| Alzheimer's Disease Association, Greater Phoenix Chapter |
| Alzheimer's Family Services Center |
| Alzheimer's Greater Los Angeles |
| Alzheimer's Orange County |
| Alzheimer's Services of the East Bay |
| American Academy of HIV Medicine |
| American Association of Bioethics |
| American Bar Association on Law and Aging |
| American Heart Association |
| American Lung Association of Long Beach |
| American Managed Care and Review Association |
| American Medical Student Association Foundation |
| American Parkinson Disease Association, Inc. |
| American Public Health Association |
| American Public Welfare Association |
| American Red Cross, Bonneville Chapter |
| American Society on Aging |
| Americans for Better Care of the Dying |
| The Amyotrophic Lateral Sclerosis Association |
| The Angel’s Depot |
| Area 1 Agency on Aging |
| Area 4 Agency on Aging |
| Area Agency on Aging Serving Napa and Solano |
| Arizona Health Decisions |
| Arthritis Foundation, Pacific Region, Inc. |
| Arts and Services for Disabled, Inc. |
| Ashby Village |
| Assistance League of Southern California |
| Association of Academic Health Centers |
| Avenidas |
| Baylor College of Medicine |
| Bayside Community Center |
| Benjamin Rose Institute on Aging |
| Berkeley Repertory Theatre |
| Bernal Heights Neighborhood Center |
| Bet Tzedek |
| BREATHE California of Los Angeles County |
| Brentwood Biomedical Research Institute |
| California Commission on Aging |
| California Council on Gerontology & Geriatrics |
| California Dental Association Foundation |
| California Department of Aging |
| California Department of Health Services |
| California District Attorneys Association |
| California Health Advocates |
| California Health Decisions |
| California Medical Association Foundation |
| California Pools of Hope, Inc. |
| California State University, Bakersfield Foundation |
California State University, Dominguez Hills Foundation
California State University, Fullerton
California State University, Long Beach Research Foundation
California State University, Los Angeles Foundation
California State University, San Marcos Foundation
Camarillo Hospice Corporation
Canine Companions for Independence
Canvasback Missions
Capital Impact Partners
Caregivers - Volunteers Assisting the Elderly
Caring Choices
Casa Colina Centers for Rehabilitation Foundation
Casa Teresa
Catholic Charities of Los Angeles, Inc.
Catholic Community Services of Utah
Catholic Social Services
Cedars-Sinai Medical Center
The Center for Aging Resources
Center for Community Solutions
Center for Elders’ Independence
Center for Healthy Aging
Center for Oral Health
Center for the Partially Sighted
Central Coast Commission for Senior Citizens
Chapman University School of Law
Charles R. Drew University of Medicine and Science
Chi Eta Phi Sorority
Choice in Dying
Christian Outreach in Action
Chuuk Catholic Mission
City College of San Francisco
City of Claremont
City of Hope National Medical Center
Coalition for Compassionate Care of California
Coalition of Orange County Community Clinics
Coda Alliance
College of Micronesia
College of the Canyons Foundation
Community Care
The Community Foundation for the National Capital Region
Community Health Improvement Partners
Community Hospital of Long Beach
Community Information Exchange
Community Nursing Services
Community Partners - California Elder Justice Coalition
Community Partners - California Senior Leaders Alliance
Community Partners In Caring
Community Senior Services
Community SeniorServ, Inc.
Community Services Council
Compassion and Choices
Costa Mesa Senior Center
Council on Aging Silicon Valley
Council on Social Work Education
County of Mendocino
County of Nevada, Human Services Agency
County of San Diego, Aging & Independence Services
County of Santa Barbara
County of Santa Clara
County of Sonoma, Human Services Department
County of Ventura Area Agency on Aging
County of Ventura Human Services Agency
County San Bernardino Arrowhead Regional Medical Center
Dayle McIntosh Center for the Disabled
Death with Dignity National Center
Didi Hirsch Community Mental Health Center
Direct Relief International
Downey Regional Medical Center-Hospital, Inc.
Downtown Women’s Center
East County Jewish Community Center
Easter Seals Southern California, Inc.
Ebeye Community Health Center
El Sol Neighborhood Educational Center
Elder Financial Protection Network
ElderHelp of San Diego
The Elizabeth Hospice Foundation
Enterprise Community Partners, Inc.
Episcopal Community Services of Arizona
Evans Group
Families USA Foundation
Family Caregiver Alliance
Family Health Centers of San Diego
Family Service Agency of Santa Barbara
Family Service Association
Family Service of Long Beach
Family Violence and Sexual Assault Institute
Federated States of Micronesia
Feedback Foundation
Fifty Plus Fitness Centers
Film Arts Foundation
Friends of Alzheimer Caregivers
Friends of Oakland Seniors
Friendship Adult Day Care Center
Galilee Center
Gay & Lesbian Elder Housing
George Washington University
Gerontological Society of America
Golden Rainbow Senior Center
Grandparents As Parents
Grantmakers In Aging, Inc.
Grantmakers In Health
HandsOn Central California
Health Care Council of Orange County
Health Reform Action Project
Health Research and Educational Trust
Health Research Association, Inc.
Healthy Aging Association
Heart Touch Project
HELP of Ojai
Horn of Africa Community
Hospice of Pasadena, Inc.
Hospice of Santa Barbara
The Hospice Foundation
Hospital Consortium of San Mateo County
Human Options
Humboldt Senior Resource Center
Hunger Action Los Angeles
Huntington Memorial Hospital
Info Link Orange County
Institute for the Future
Institute on Aging
Interfaith Action for Aging
Interfaith Volunteer Caregivers
International City Theatre
International Documentary Association
International Society of Technology Assessment
Irvine Adult Day Health Services, Inc.
Jacobs & Cushman San Diego Food Bank
Jamboree Housing Corporation
James L. White Jewish Community Center
Jesuit International Volunteers
Jewish Community Center of Long Beach
Jewish Family & Children’s Services of Long Beach
Jewish Family & Children’s Services of San Francisco
Jewish Family Service of Los Angeles
Jewish Family Service of the Desert
Jewish Family Services of Salt Lake City
Jewish Family Services of Santa Monica
Jewish Federation of Greater Santa Barbara
Jewish Free Loan Association
Judicial Council of California
Junior League of Salt Lake City
Kaiser Permanente, Bellflower
Kaiser Permanente, San Diego
KCET
KOCE Foundation
Korean Health Education, Information & Referral Center
Kosrae Community Action Program
KRCB Rural California Broadcasting Corporation
LA Net Community Health Resource Network
Latino Health Access
Laura’s House
Legal Aid Foundation of Santa Barbara County
Legal Assistance for Seniors
Legal Services for Seniors
Legal Services of Northern California
Lestonnac Free Clinic
Life Steps Foundation, Inc.
LifeCare Community Services Council
Lifelong Medical Care
Little Tokyo Service Center, Inc.
Long Beach City College Foundation
Long Beach Council of PTAs
Long Beach Department of Health and Human Services
Long Beach Links to Life
Long Beach Public Library Foundation
Long Beach Senior Services Fund
Long Beach Stroke Activity Center
Long Term Care Services of Ventura County, Inc.
Los Amigos Research and Education Institute, Inc.
Los Angeles County Adult Day Care Council
Los Angeles County Medical Association
Los Angeles Jewish Home for the Aging
Los Angeles Regional Foodbank
LTSC Community Development Corporation
Marimed Foundation
Marshall Islands Youth to Youth in Health
Mary Health of the Sick
Mary Knoll Sisters of Yap
Maternal Outreach Management System
McDonald Memorial Hospital
The Medical University of South Carolina Foundation
Memorial Medical Center Foundation
Menorah Housing Foundation
Micronesia Maritime and Fisheries Academy
Micronesian Seminar
Minnesota Medical Foundation
Mizell Senior Center
Monterey County Ombudsman, Inc.
Motion Picture & Television Fund
Mount Sinai School of Medicine
National Academies of Sciences, Engineering, and Medicine
National Adult Family Care Organization
National Adult Protective Services Association
National Alliance for Caregiving
National Association of RSVP Directors, Inc.
National Center for Healthy Housing
National Center for State Courts
National Committee for the Prevention of Elder Abuse
National Committee to Preserve Social Security and Medicare Foundation
National Council of Jewish Women Los Angeles
National Council on Aging
National Foundation for Depressive Illness
National Foundation of Dentistry for the Handicapped
National Governors Association
National Health Foundation
National Hispanic Council on Aging
National PACE Association
National Public Radio, Inc.
National Senior Citizens Law Center
Neighbor to Neighbor: CYCIC
North County Seniors in Action
Oasis Institute
Olive View-UCLA Medical Center Foundation
On Lok, Inc.
ONEgeneration
OPICA Adult Day Care Center, Inc.
Orange Caregiver Resource Center
Orange County Bioethics Network
Orange County Community Foundation
Orange County Council on Aging
Orange County Human Relations Council
Oregon Health and Science University
Organization of Nurse Executives
Pacific Island Health Officers Association
Pacific Missionary Aviation
Palau Catholic Media Center
Palau Community Action Agency
Palau Health Services
Palomar Pomerado North County Health Development, Inc.
Partners in Care Foundation
Pasadena Senior Center
Pathways Volunteer Hospice
People Coordinated Services of Southern California, Inc.
Persephone Productions, Inc.
Playwrights Project
Plumas Rural Services
Pohnpei Community Health Center
Pomona Valley Community Services
Ponape Agricultural and Trade School Education Foundation
Project Angel Food
Promotion of Economic Agriculture and Community Endeavors
Providencia Saint Joseph Foundation
Providencia Speech and Hearing Center
Psychiatric Clinic for Youth
Public Health Institute
Public Interest Center on Long Term Care
RAND Corporation
Rebuilding Together Long Beach
Rebuilding Together Orange County
Rebuilding Together San Francisco
Recording for the Blind and Dyslexic
Redwood Senior Homes and Services Corporation
Rehabilitation Center for Brain Dysfunction
Republic of Palau
Research and Education Institute at Harbor-UCLA Medical Center
Revisions Resources
Riverside County Regional Medical Center
Riverside Hospice
Robert F. Kennedy Medical Center Foundation
Rota Health Center
Rural Elders, Inc.
Saban Community Clinic
St. Barnabas Senior Services
Saint Fidelis Friary
Saint Joseph Center
Saint Joseph Foundation
Saint Joseph Hospital of Orange
Saint Mary Medical Center Foundation
Saint Vincent Medical Center
Sally’s Fund, Inc.
Salt Lake County Aging Services
The Salvation Army
The San Bernardino County Department of Aging and Adult Services
San Diego County District Attorney’s Office
San Diego Hospice Foundation, Inc.
San Diego State University Research Foundation
San Fernando Valley Community Mental Health Center
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<tr>
<th>San Francisco Adult Day Services Network</th>
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<tr>
<td>San Francisco Village</td>
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<td>San Marcos Project CARE</td>
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<td>Tides Center - California Health Report</td>
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<td>Travelers Aid Society of San Diego, Inc.</td>
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<td>YMCA of Greater Long Beach</td>
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<td>Young at Heart Project</td>
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<td>YWCA of San Gabriel Valley</td>
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<td>Zen Hospice Project</td>
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For more information on specific funded projects, please refer to Archstone Foundation’s grants database at www.archstone.org.
In 2016 – 2017, Archstone Foundation continued support for its three main priority areas of *Aging in Community*, *Depression in Late-Life*, and *Family Caregiving*. It also continued its support for *Responsive Grantmaking*. Over the past two years, the Foundation awarded 35 new grants with payments totaling more than $8.9 million for new and continuing grant projects.
Aging in Community

The percentage of California’s older adult population is growing faster than the rest of the country, with individuals 65 and older making up nearly 4.1 million, or 11.2% of the total population. Not surprising, studies show that nearly nine of 10 older adults prefer to age at home, and in their communities.

Understanding the wishes of older people, and in recognizing their contributions to society, Archstone Foundation continued to fund innovative models, programs, and services that enable older people to remain in their homes and communities. In fiscal years 2016 – 2017, grants funded include areas such as housing, nutrition, transportation, and health and wellness, among others. The Foundation also began to examine more closely those organizations working at a system-level, through state, county, and even national approaches.

Two system-level funded projects included coalition efforts to unite aging service organizations, to be the voice for their members, and to work on behalf of older people and their families. The first coalition effort was to support the Los Angeles Aging Advocacy Coalition’s (LAAAC) Summit on Aging, held to educate legislators, stakeholders, and aging service providers on emerging
aging issues. The second was for the planning, development, and implementation of a California Village Coalition.

The Foundation continued to support innovative nutrition and food access programs serving older people. One such program was the expansion of Hunger Action Los Angeles’ (HALA) Market Match. Market Match provides healthy food access for low-income consumers at farmers markets. Recently, HALA expanded its services beyond Market Match and began to explore a delivery option for older adults who cannot participate due to mobility, transportation, or other issues.

Another nutrition and food access program funded, SONDAS (Solving Obesity and Nutritional Disease Affecting Seniors), of the Jacobs & Cushman San Diego Food Bank, offers a two-pronged education and nutrition approach. The first is a six-week course where older adults meet once a week for an hour to receive education and bilingual tools, designed specifically on how to eat healthy and be active, while staying within a limited-budget. In addition, participants receive fresh, nutritious produce every other week during the course. The second educational approach is the “Fast-Track”, which takes place once a month at five to seven senior food distribution sites. Fast-Track educates older adults for 10 minutes, while waiting for their food box.

The Foundation also continued to support programs in rural areas that enable older people to remain in their homes and communities. Examples include the Redwood Coast Program of All-Inclusive Care for the Elderly (PACE) in Humboldt County, and Help of Ojai, a transportation program serving older people in surrounding unincorporated areas of Ojai Valley.

In addition, Archstone Foundation continued to support shared infrastructures that enable a wider adoption of evidence-based programs and foster sustainability of community agencies as they collaborate with health care and governmental organizations.

Nearly 90% of people over age 65 want to remain in their homes and communities.
San Francisco Village, on behalf of all California villages, received funding for three years to design, implement, and launch a statewide California Village Coalition (CVC). Villages provide affordable supports and services through nonprofit, grassroots, membership organizations created and governed by older people for their own neighborhoods. The CVC will advocate for middle class solutions, and give a voice to the positive impact villages can have on local communities, social capital, and public health.

A strong, unified, and visible village profile in California will also strengthen their value proposition, enable the Village model to grow, and develop advocacy capacity to advance the Village Movement statewide. With the establishment of the CVC, villages will continue to build on Archstone Foundation’s initial pioneering work to expand and strengthen villages in California, and address the challenges of long-term village sustainability.
Depression in Late-Life

Depression among older adults is a serious health problem that often leads to unnecessary suffering, impaired functioning, increased mortality, and excessive use of health care resources. It is estimated that 20% of older adults in the community, and as many as 50% of older adults in nursing homes experience depression.

Recognizing the number of older adults suffering from depression, and the opportunity to test new models of care, Archstone Foundation launched its Depression in Late-Life Initiative. The Initiative aims to improve the quality of life for older adults suffering from depression by funding an adaptive version of the Collaborative Care model.

Collaborative Care is an evidence-based systematic approach to the treatment of depression in primary care settings. It integrates primary care physicians, care managers, and consultant psychiatrists into patient care to more proactively manage mental health disorders. Collaborative Care has been studied in over 80 clinical trials as a means to effectively treat depression.

As part of Archstone Foundation’s Depression in Late-Life Initiative, seven California sites began a pilot program in July 2015, called Care Partners. The pilot program uses an adaptation of Collaborative Care that includes primary care clinics,
community-based organizations, and/or family as integrated components of the care team. Phase 1 of the Care Partners program was funded through June 2017, and supported care teams at the following sites:

- Department of Veterans Affairs (VA), McClellan Outpatient Clinic;
- El Sol Neighborhood Educational Center;
- Family Health Centers of San Diego;
- Institute on Aging;
- LifeLong Medical Care;
- Sonoma County Human Services, Adult & Aging Division; and
- University of Southern California.

A common initiative strategy used by Archstone Foundation is to create learning communities through the use of technical assistance, training, and evaluation. As part of the Depression in Late-Life Initiative, the University of Washington and the University of California, Davis are providing technical assistance, training, and evaluation.

At the close of Phase 1, promising new models of care to address depression are emerging. More than 265 older patients have been enrolled at Care Partner sites.

Of those enrolled, 66% have experienced a 5-point or greater reduction on their Patient Health Questionnaire (PHQ-9), which is considered a clinically significant reduction in symptoms of depression. Next steps for the Depression in Late-Life Initiative include a Phase 2 continuation funding opportunity for the Care Partners sites.

In January 2017, the Centers for Medicare and Medicaid Services (CMS) created billing codes for primary care practices to bill CMS for evidence-based services. As health systems move to integrate behavioral health into primary care, they will look to adaptive evidence-based models like Collaborative Care, and to CMS guidelines for opportunities to improve patient care.

1 in 5
One in five older adults suffer from depression.
The Sonoma Care Collaborative Project (SCCP) is a collaboration between a community-based organization, Sonoma County Human Services Department, and a primary clinic, the Petaluma Health Center. SCCP treats older adults with depression symptoms, using the Collaborative Care model of service. The SCCP provides individualized care by a clinic-based team and an embedded home visiting Care Coordinator employed by Sonoma County.

By seeing patients in the clinic and in their homes, and by using the Collaborative Care model, the SCCP care team is able to evaluate and address the full range of each patient’s needs. At the end of two years, more than 70 patients have been treated; those patients have reduced their PHQ-9 scores, on average, from 15.8 at intake to 5.4 upon completing the program.
Family Caregiving

Caregiving is an issue that touches almost every life in America. Nearly 44 million adults in the United States are providing personal assistance for family members with disabilities or other care needs. Of those, more than 34 million care for frail elders.

Despite its central role in the health, home, and community care of older adults, family caregiving has not been addressed effectively in public and private sector efforts to improve care. Likewise, health care and long-term services and supports often exclude caregiving in the planning and implementation of new delivery systems. Given projections of a future gap between the number of family caregivers needed, and those available, it is critical to address caregiving-related issues facing society.

Archstone Foundation has a long history of supporting family caregiving through program development, respite services, and training programs. Recognizing the vitally important role family caregivers play in society, the Foundation has funded new and continuing grants that support family caregivers. One such program is the Alzheimer’s Greater Los Angeles, Savvy Caregiver Express (Savvy Caregiver). Savvy Caregiver is an evidenced-based educational series, designed to train family caregivers to handle the stress of caring for family members with cognitive impairment.
Additional grants targeted at training and support for caregivers included programs at Horn of Africa Community, On Lok, Inc., and OPICA Adult Day Care Center, Inc.

The Foundation also supported the development of web-based platforms to support family caregivers. One web-based platform includes the Benjamin Rose Institute on Aging’s Online Resource for Comparing Evidence-Based Dementia Caregiving Programs (Online Resource). The Online Resource is a collaboration with Family Caregiver Alliance and three funding partners, designed to assist health and social service organizations to compare, select, and implement evidence-based programs for dementia caregiving.

Another caregiving project supported by Archstone Foundation includes a multi-year grant to the National Academies of Sciences, Engineering, and Medicine, to conduct a consensus committee study on family caregiving for older adults. The collaborative project involved more than 14 funding partners. As a result, a report entitled, Families Caring for an Aging America, highlighting the work and recommendations of the committee, was released in September 2016.

The report describes an urgent need for action, and recommends the creation of a National Family Caregiver Strategy. Suggestions for the National Family Caregiver Strategy include ideas such as:

- Effective mechanisms to ensure that family caregivers are routinely identified in the delivery of services to older adults with impairments;
- Payment reform to motivate providers to engage family caregivers effectively;
- Training of health care and long-term services and supports providers to engage caregivers; and
- Dissemination and funding for evidence-based caregiver services.

Archstone Foundation hopes that other foundations, health systems, and public and private sectors will work together to implement the recommendations of the National Academies of Sciences, Engineering, and Medicine in the coming years.

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In California there are over 4.5 million family caregivers.
Archstone Foundation, in partnership with AARP California, provided a two-year grant to the University of Southern California, Leonard Davis School of Gerontology, to support the California Task Force on Family Caregiving (Task Force). The Task Force, authorized by the California Assembly Concurrent Resolution (ACR) 38, and appointed by the California Legislature, is a 12 member task force that seeks to improve outcomes for California’s 4.5 million family caregivers and their care recipients.

The Task Force is examining issues relative to the challenges faced by family caregivers and opportunities to improve caregiver support, reviewing the current network and the services and supports available to caregivers, and plans to make policy recommendations to the Legislature. This experience may also serve as an example to other states interested in supporting a task force or coalition on family caregiving.
Responsive Grantmaking

For 30 years, Archstone Foundation has utilized Responsive Grantmaking as an important strategy to meet the emerging and unmet needs of California’s aging population and those who serve them.

Responsive Grantmaking provides a platform for the Foundation to support direct service, education and training, and policy-related projects. Historically, Responsive Grantmaking has provided the Foundation the opportunity to contemplate, incubate, and raise awareness of important issues in the field of aging, while identifying partners who might also support the issues.

Two of the Responsive Grantmaking projects supported over the past two years addressed important workforce issues and the need to “reframe” them. ReFraming Aging and ReFraming Elder Abuse are two distinct, yet related projects that seek to update and “reframe” the public discourse about two important issues that affect older adults – ageism and abuse. Both projects are a collaboration of leadership and funders, and are designed to:

• Bring together and unify the strength and voice of prominent leaders in the field;

• Glean information on and clarify, via expert research, the public’s and media’s current beliefs; and
• Lay the foundation for a systematic approach to more effectively engage the public, media, and policymakers in the future.

Archstone Foundation also continues its commitment to strengthen aging and philanthropy through its Responsive Grantmaking. Grants were awarded to Grantmakers In Health and Grantmakers In Aging to fortify their partnership efforts and ensure aging and health are common denominators.

To mark Archstone Foundation’s 30 years of grantmaking, the Foundation also increased its endowment fund to support, in perpetuity, the Archstone Foundation Award for Excellence in Program Innovation. The annual award is created in partnership with the Aging and Public Health Section of the American Public Health Association (APHA). Given at the APHA Annual Meeting and Expo, the Award for Excellence recognizes innovative service delivery programs for older adults — 2017 marks the 20th anniversary of the award.

Also in celebration of 30 years of grantmaking, Archstone Foundation funded the Gerontological Society of America (GSA) for “The Age Stage,” an innovative arts and humanities program, held at the 2017 IAGG World Congress in San Francisco. The Age Stage featured performers 60 years and older, and highlighted performances and presentations centered on and about age.

Through its Responsive Grantmaking strategy the Foundation continued to support direct service programs like AbilityFirst, in addition to education programs like those offered by the Center for Elders’ Independence. Support for direct service programs helps to secure the much-needed aging services network, while education and training programs support the need for a knowledgeable workforce to care for older people.
“Both direct service, and education and training, remain the mainstay of the Foundation’s Responsive Grantmaking.”

— Joseph F. Prevatil, JD, President and CEO, Archstone Foundation
## Organizations Receiving Grants — 2016 - 2017

Archstone Foundation awarded a total of 35 new grants during fiscal years 2016 and 2017. In addition, the Foundation continued to support multi-year grants awarded in prior fiscal years, these organizations are listed under continuing grants in the list below.

### NEW GRANTS

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<td>Warm Water Aquatics Program: $10,000</td>
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<tr>
<td>Alzheimer's Greater Los Angeles</td>
<td>Regional Implementation and Evaluation of Savvy Caregiver Express: $100,000</td>
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<tr>
<td>Alzheimer's Orange County</td>
<td>Expansion of Adult Day Care Services: $15,000</td>
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<tr>
<td>American Public Health Association</td>
<td>Expansion of the Archstone Foundation Award for Excellence in Program Innovation: $50,000</td>
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<tr>
<td>American Society on Aging</td>
<td>Generations Journal on Family Caregiving: $15,000</td>
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<tr>
<td>Benjamin Rose Institute on Aging</td>
<td>Online Resource for Comparing Evidence-Based Dementia Caregiving Programs: $200,000</td>
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<td>California State University, San Marcos Foundation</td>
<td>Extending the Reach and Impact of Education &amp; Training in Palliative Care and Aging: $450,000</td>
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<td>Center for Elders' Independence</td>
<td>2015 Bay Area Senior Health Policy Forum: $7,500</td>
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<td>Christian Outreach in Action</td>
<td>Caring for the Caregiver Program: $33,259</td>
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<td>City of Hope National Medical Center</td>
<td>Communication Training for an Expanded Workforce in Palliative Care: $375,000</td>
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<td>Family Service Agency of Santa Barbara</td>
<td>Senior Service Program: $70,000</td>
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<td>Gerontological Society of America</td>
<td>IAGG 2017 World Congress - The Age Stage: $15,000</td>
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<td>Grantmakers In Aging, Inc.</td>
<td>ReFraming Elder Abuse - Phase II: $136,950</td>
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<td>Grantmakers In Health</td>
<td>Engaging Philanthropy in Aging: $150,000</td>
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<td>HELP of Ojai</td>
<td>Senior Transportation Program: $15,000</td>
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<td>Horn of Africa Community</td>
<td>Family Caregiver Training Program: $15,000 / $30,000</td>
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<td>Humboldt Senior Resource Center</td>
<td>Redwood Coast PACE: $109,686</td>
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<td>Hunger Action Los Angeles</td>
<td>Market Match: $50,000</td>
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<td>Family Violence Prevention Program and Consumer Protection: $15,000</td>
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<td>National Foundation of Dentistry for the Handicapped</td>
<td>Inland Empire Donated Dental Services Program Expansion: $15,000</td>
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<td>OPICA Adult Day Care Center, Inc.</td>
<td>Caring for the Caregiver: $50,000</td>
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<td>Rebuilding Together Long Beach</td>
<td>Make A Difference Day 2016 &amp; National Rebuilding Day 2016: $15,000</td>
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<td>Health and Safety Home Repairs for Low Income Seniors: $25,000</td>
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<td>California Village Coalition: $35,079</td>
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<td>St. Barnabas Senior Services</td>
<td>Los Angeles Aging Advocacy Coalition’s 8th Annual Summit on Aging: $15,000</td>
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<td>California Task Force on Family Caregiving: $180,000</td>
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<td>University of Washington</td>
<td>Elder Abuse Forensic Center Service Advocate: $70,000</td>
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## CONTINUING GRANTS

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<td>Alzheimer's Greater Los Angeles</td>
<td>Savvy Caregiver Express: $112,112</td>
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<td>American Academy of HIV Medicine</td>
<td>HIV &amp; Aging Consensus Project: $50,000</td>
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<td>American Society on Aging</td>
<td>Generations Publications and Webinars: $115,000</td>
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<tr>
<td>The Angel's Depot</td>
<td>Senior Emergency Meal Box Program: $190,000</td>
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<td>Arthritis Foundation, Pacific Region, Inc.</td>
<td>Keep Moving, Stay Strong: $113,502</td>
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<tr>
<td>Baylor College of Medicine</td>
<td>A Participant-Centered Treatment for Anxiety in Low-Income, Older Minorities: $92,632</td>
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<td>BREATHE California of Los Angeles County</td>
<td>COPD Program: $5,000</td>
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<tr>
<td>California Council on Gerontology &amp; Geriatrics</td>
<td>2015 CCGG Annual Meeting: $10,000</td>
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<td>California State University, Bakersfield Foundation</td>
<td>Project Esperanza: $63,087</td>
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<tr>
<td>California State University, San Marcos Foundation</td>
<td>CSU Institute for Palliative Care: $450,000</td>
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<td>Capital Impact Partners</td>
<td>Villages Model Sustainability Project: $80,000</td>
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<tr>
<td>Center for Oral Health</td>
<td>Oral Health Care Needs of California's Older Adults: $150,000</td>
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<td>Chapman University School of Law</td>
<td>Alona Cortese Elder Law Center: $50,000</td>
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<td>Christian Outreach in Action</td>
<td>Senior Programs: $10,000</td>
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<td>City of Hope National Medical Center</td>
<td>COMFORT Communication Training Program: $440,774</td>
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<td>Coalition for Compassionate Care of California</td>
<td>Faith Leaders Outreach: $90,867 7th Annual Palliative Care Summit: $10,000</td>
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<td>College of the Canyons Foundation</td>
<td>Geriatric Nursing Faculty Development Initiative: $149,215</td>
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<td>Community Information Exchange</td>
<td>Care Coordination Network Evaluation: $50,000</td>
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<td>Community Partners - California Elder Justice Coalition</td>
<td>Blueprint: Improving California’s Response to Elder Abuse, Neglect, and Exploitation: $15,000</td>
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<td>Community Partners - California Senior Leaders Alliance</td>
<td>Senior and Policymaker Education Summit: $80,000</td>
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<td>County of Sonoma, Human Services Department</td>
<td>Care Partners: Sonoma Care Collaborative Project: $300,000</td>
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<td>El Sol Neighborhood Educational Center</td>
<td>Care Partners: San Bernardino Depression in Late-Life Program: $300,000</td>
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<td>Family Caregiver Alliance</td>
<td>Caregiver Assessment 2.0: $150,000</td>
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<td>Family Health Centers of San Diego</td>
<td>Care Partners: Community Collaborative Care Program: $300,000</td>
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<td>Family Service Agency of Santa Barbara</td>
<td>Senior Services Program: $35,000</td>
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<td>Galilee Center</td>
<td>Senior Services Program: $50,000</td>
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<td>Grantmakers In Aging, Inc.</td>
<td>ReFraming Elder Abuse: $74,000 ReFraming Aging: $75,000 / $174,550</td>
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<td>Grantmakers In Health</td>
<td>Strengthening Healthy Aging Philanthropy: $113,100</td>
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<td>HELP of Ojai</td>
<td>Senior Transportation: $15,000</td>
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<td>Human Options</td>
<td>Safe Options for Seniors Program: $40,000</td>
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<td>Humboldt Senior Resource Center</td>
<td>Redwood Coast PACE: $293,573</td>
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<td>Hunger Action Los Angeles</td>
<td>Market Match: $49,875</td>
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<td>Institute on Aging</td>
<td>Friendship Line: $150,000 Care Partners: Collaborative Home-Based Care for Late-Life Depression: $300,000</td>
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<td>Jacobs &amp; Cushman San Diego Food Bank</td>
<td>SONDAS: $225,498</td>
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<td>Jewish Family &amp; Children’s Services of Long Beach</td>
<td>Active Adult Community Connection Program: $71,743</td>
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<td>LA Net Community Health Resource Network</td>
<td>Project ECHO LA™ Geriatric Knowledge Network: $276,958</td>
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<td>Laura’s House</td>
<td>Project to End Family Violence in Later Life: $25,000 / $25,000</td>
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<td>Legal Services for Seniors</td>
<td>Legal Outreach: $50,000</td>
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<td>LifeLong Medical Care</td>
<td>Care Partners: LifeLong Collaboration for Depression Care Project: $300,000</td>
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Long Beach City College Foundation  
Brain Fitness Courses: $20,000  

Los Angeles Jewish Home for the Aging  
Brandman Centers for Senior Care PACE: $100,000  

The Medical University of South Carolina Foundation  
The National Elder Mistreatment Outcomes Study: $215,090  

National Academies of Sciences, Engineering, and Medicine  
US Family Caregiving Study: $400,000  
Elder Abuse Discussion Papers: $100,000  

National Adult Protective Services Association  
25th Annual Conference: $15,000  
National APS Training Certificate Program: $149,061  

National Alliance for Caregiving  
Caregiving in the US: $50,000  

National Center for Healthy Housing  
Aging Gracefully: $133,552  

National Foundation of Dentistry for the Handicapped  
Donated Dental Services Program: $15,000  

National Hispanic Council on Aging  
Benefits Education for Frail Hispanic Older Adults: $104,608  

On Lok, Inc.  
Caregiver Support Program: $45,385 / $45,333  
8th Annual Conference: $10,000  

OPICA Adult Day Care Center, Inc.  
Adult Day Care Program: $50,000  

Oregon Health and Science University  
POLST: Advanced Technical Assistance: $110,000  

Partners in Care Foundation  
Improving the Health of Older Adults Using Integrated Networks: $225,000  
Evidence-Based Leadership Council Continuation: $400,239  

Pathways Volunteer Hospice  
Pathways Life Legacy Program: $50,000  

Project Angel Food  
Medically Tailored Meals: $50,000  

Providence Speech and Hearing Center  
Hear For All Program: $50,000  

Public Health Institute  
Creating Support Networks for Chronically Ill Patients and Their Caregivers: $100,000  

Rebuilding Together San Francisco  
Home Safety: $10,000  

Saban Community Clinic  
Integrative Health Care Program for Seniors (IHCPS): $50,000  

St. Barnabas Senior Services  
Wellness and Longevity Program: $110,000  

The Salvation Army  
San Pedro Sage House: $20,000  

Sarah House Santa Barbara  
A Place Called Home: $100,000  

Second Harvest Food Bank of Orange County  
Brown Bag and Garden Programs: $50,000  
Senior Concerns Caregiver Support Center: $100,000  

South Asian Helpline And Referral Agency (SAHARA)  
Wellness Assistance: $45,000  

Stanford University  
Building Better Caregivers: $300,000  
Tides Center - California Health Report  
Aging Beat: $75,000  

Travelers Aid Society of San Diego, Inc.  
SenioRide Program: $59,788  

University of California, Berkeley  
Documenting the Value of California Villages: $116,496  

University of California, Los Angeles  
Non-Pharmacologic Dementia Interventions for Caregivers: $14,995  
Creating Caring Connections: $49,991  
Identifying Places to Build Parks for Community Elders: $27,376  
Improving Caregiving for Dementia (I_CareD): $448,800  

University of California, San Diego  
Home Visit Program: $122,968  

University of California, San Francisco  
Palliative Care Quality Network: $300,000  

University of Southern California  
Educating Caregivers to Prevent Elder Abuse: $219,293  
Cuerpo Sano, Mente Sana: $121,927  
National Elder Abuse Training Initiative: $217,682  
LA County Elder Abuse Forensic Center Service Advocate: $106,944  
Care Partners: Bridges to Advance Late-Life Adult Depression: $400,000  

University of Washington  
Care Partners: Innovations Bridging Clinics and Communities to Advance Late-Life Depression Care: $2,510,239  

Venice Family Clinic  
Senior Health Care Services: $33,000  

Visiting Nurse and Hospice Care of Santa Barbara Foundation  
Advance Care Planning Center: $191,400  

Volunteers of America Northern California & Northern Nevada  
Senior Safe House: $14,600  

The Foundation’s audited financials and funding guidelines may be viewed upon request.
Imagining Beyond

As we pause to reflect on the past three decades, we also look forward to the future.

Archstone Foundation is thankful for its many partners who have joined us over the past 30 years, and we look forward to strengthening those partnerships in the decades ahead. We also look forward to meeting and working with new partners. The success of our mission relies on the success of our partners.
The Foundation’s success also relies on an effective grantmaking strategy. This strategy must be flexible enough to meet the present and emerging needs of an aging population, and the ever-changing demands of society, while bringing to bear resources, strategies, and leadership to tackle issues of significance and complexity.

In 2012, after 25 years of supporting pioneering work in fall prevention, elder abuse and neglect, and end-of-life care, and following an in-depth review of its philanthropy, the Foundation began to conclude its support for these three initiative areas. Although there is still much important work to be done, Archstone Foundation is no longer accepting unsolicited proposals in these legacy areas. The Foundation is now focused on its current funding priorities.

From inception, the majority of the Foundation’s grantmaking has been responsive, unsolicited requests from the community designed to improve the lives of underserved, vulnerable, and aging populations. Responsive Grantmaking will continue to be a grantmaking strategy used in the years ahead. It provides the flexibility for the Foundation to meet emerging and unmet needs, and it offers opportunities for both large and small grants.

The Foundation will also continue its grantmaking in its current three priority areas:

• Enabling older adults to remain in their homes and communities;
• Improving the quality of life of older adults suffering from depression; and
• Developing innovative responses to the family caregiving needs of elders.

While the specific approaches and strategies to funding each of the priority areas will vary over time, the Foundation’s commitment to them remains. In the years ahead, the Foundation will continue to use past strategies that have proven to be effective, such as education and training, supporting direct service, convenings, advocacy, and dissemination, among others, to build upon its current three priority areas.

Addressing system-level challenges, innovation, workforce preparation,
working in collaboration with others, and demonstrating impact are all important if we are to truly prepare society in meeting the needs of an aging population.

The progressive aging of our nation and the world will continue into the foreseeable future, requiring a continued commitment by the philanthropic sector. As Archstone Foundation prepares for its fourth decade, five principals will continue to guide its grantmaking. The Foundation will continue to:

- Provide leadership in the field of aging within the philanthropic sector;
- Support those who are low-income and underserved;
- Integrate lessons learned into more effective grantmaking;
- Facilitate collaboration among organizations and stakeholders; and
- Utilize education and training as a keystone strategy for preparing a much needed workforce.

Also, as we think about areas in which the Foundation may have the most impact, we are certain the Foundation will continue to support innovative programs that develop and test new models, and advocate for systemic change that can lead to a lasting impact on society’s aging population.

We look forward to working in partnership and sharing successes that help to prepare society in meeting the needs of an aging population.

“Yesterday is gone. Tomorrow has not yet come. We have only today. Let us begin.” — Mother Teresa
Leading the Way —
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Over the years Archstone Foundation has relied on the council of:

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*Long Beach, CA*

**Windes, Audit | Tax | Advisory**
*Long Beach, CA*

**Lawrence H. Nagler, JD**
*Nagler & Associates*
*Los Angeles, CA*

**Russell Investments**
*Seattle, WA*
Caring for our seniors is perhaps the greatest responsibility we have. Those who walked before us have given so much and made possible the life we enjoy. — Joe Hoeven