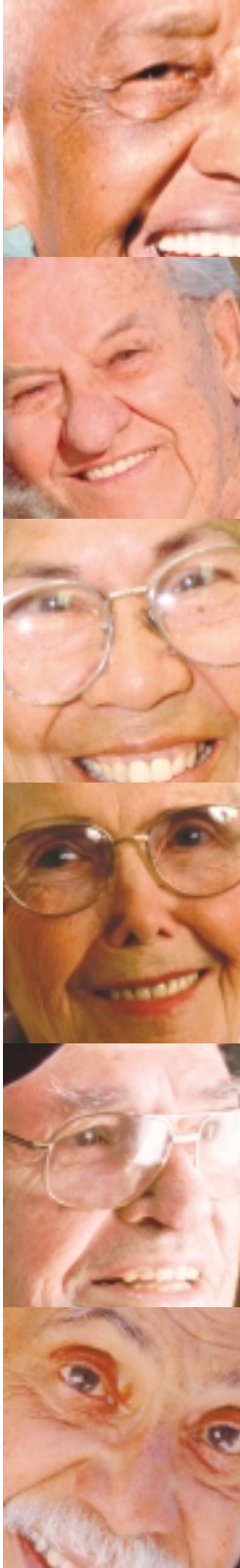


YESTERDAY • TODAY • TOMORROW



**ARCHSTONE**  
FOUNDATION

ANNUAL REPORT 2001



# MISSION STATEMENT



The Archstone Foundation is a private grantmaking organization, whose mission is to contribute toward the preparation of society in meeting the needs of an aging population. Our resources are used to help all generations plan for the aging process and support programs addressing the needs of the elderly in three areas:

- Healthy aging and independence;
- Quality of life within institutional settings; and
- Issues at the end of life.



Hon. John T. Knox, J.D.  
Chairman  
Board member since 1991  
Partner, Nossaman, Guthner,  
Knox & Elliott



Joseph F. Prevratil, J.D.  
President and CEO  
Board member since 1987  
President,  
RMS Foundation



Len Hughes Andrus, M.D.  
Board member since 1993  
Professor Emeritus,  
University of California, Davis



Warner Heineman  
Board member since 1995  
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Mellon 1st Business Bank



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University, Long Beach



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Management Communications



Mark D. Smith, M.D., M.B.A.  
Board member since 1998  
President and CEO, California  
HealthCare Foundation



Hon. Harriett M. Wieder  
Board member since 1992  
President, Linkage

## Message From The Board

Yesterday, today and tomorrow. It was just 17 years ago that the Archstone Foundation was formed with the mission of improving health and health care delivery systems. We have awarded more than 500 grants and committed more than 40 million dollars over those years. In 1996 our focus was refined and targeted to the needs of the elderly, in particular to maintaining their independence in the community as long as possible, improving their quality of life in the long term care setting and improving the experience at the end of life.

Today we are committed to many issues, including supporting caregivers of the elderly, expanding and improving community based long-term care options, and preventing and intervening in elder abuse. We are also committed to maintaining independence and improving health through the aging process, including programs that prevent injury, promote physical activity, emphasize good nutrition and encourage social engagement-all aspects of healthy aging.

In this report we are featuring some of today's grantees. The National Council on Aging's *You're Entitled* initiative created an online resource service that helps the elderly and their caregivers research benefits they are eligible for online. The Family Caregiver Alliance's National Center on Caregiving offers families unbiased information they need on local resources that affect an elder's everyday life. Partners in Care's regional training system for geriatric social work addresses many barriers that have inhibited the quality and accessibility of care for older adults. Also featured is the Hospice Foundation's Education and Training Program designed to introduce the principles of palliative care to elders approaching the end-of-life. The City of Long Beach's Senior Links to Independent Living Program helps at-risk seniors maintain independent living in a safe and healthy environment. Finally, the National Senior Citizens Law Center plays an active role in protecting nursing home residents.

Tomorrow we face many compelling needs, as baby boomers who today are caregivers for many of the oldest elderly, become dependent on caregivers themselves. Our most rapidly growing population in the U.S. are those over the age of 85. In 1990, there were 11 caregivers for each elder over the age of 85. In 2020, we expect the ratio to be six caregivers for each elder and by 2050 we expect just four caregivers for each elder.

The time to plan for tomorrow is now. It is time to develop training programs for caregivers, to develop new options for community based care, to improve care that the dying receive, and to develop thoughtful policies addressing the needs of the elderly. Through funding innovative programs that address the growing needs of the elderly and their families, we hope to better the lives of this steadily increasing population.

John T. Knox  
*Chairman*

Joseph F. Prevratil  
*President & Chief Executive Officer*

### STAFF

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Vice President and Program  
Officer

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Ken Cecil, C.P.A.  
Accountant  
Corbin & Wertz

KPMG, LLP  
Auditors

# Grant Application Guidelines and Procedures

The Archstone Foundation was created in 1985 as a private grantmaking foundation with a focus on the broad issues of health. The Foundation directs its grantmaking activities toward programs which improve the health and well being of the elderly and their caregivers, in particular maintaining independence in the community for as long as possible, improving the quality of life when in a long term care setting, and improving the end of life experience.

The majority of the Foundation's funds are directed to programs in the Southern California region. Demonstration projects and programs with regional or national impact will be considered from other parts of the country. Proposals are accepted throughout the year, with funding decisions being made by the Board quarterly.

## Application Procedures For Unsolicited Proposals

Initial contact with the Foundation should be in the form of a short proposal, which should include:

- Contact information and a descriptive project title;
- A brief executive summary;
- A brief executive summary;
- Background on the issue or need to be addressed;
- Background of the organization and its capacity to undertake the work;
- A project description, including the goals, objectives, timeline and specific activities to be funded;
- A plan for evaluation and the anticipated outcomes of the project;
- A plan for continuance or self-sufficiency for the project upon the completion of the proposed grant (if appropriate);
- Detailed budgets for the proposed grant and the project overall. Multi-year grants should include annual budgets. Please round requests to the nearest hundred.

One master copy should be submitted with a copy of the organization's most recent IRS determination letter showing the 501(c)(3) status. The most recent 990 return and audit should also be included. A copy on a disk readable in MSWord or Word Perfect is requested. Faxed or e-mailed proposals will not be accepted. The narrative of the proposal should not exceed eight pages.

Unsolicited proposals are accepted on an ongoing basis. The review process is completed once a quarter and generally requires four months from receipt of the proposal to funding. An initial review is made by staff at which time additional information may be requested. Proposals meeting the guidelines and focus of the Foundation are then reviewed by a Proposal Review Committee, which meets once a quarter. This committee will then refer a slate of proposals to the Board of Directors for consideration. The Board meets quarterly to make funding decisions. The Foundation will also periodically issue Requests for Proposals (RFP) on specific topics. These RFPs have a separate review process and timeline.

## Geographical Focus

In recognition of the source of the Foundation's endowment, priority is given to proposals serving the Southern California region. Proposals from other areas are considered if they serve the state as a whole, are demonstration projects with potential for replication in California, or have a regional or national impact. Projects which have the potential to improve practice in the field will also be considered.

## Exclusions

### Support will not be granted for:

Organizations without a 501(c)(3) designation or individuals (although some government-sponsored projects may be considered);

Biomedical research; capital expenditures, "bricks and mortar" or building campaigns; endowments or fundraising events.

### Proposals should be directed to:

Mary Ellen Courtright, M.P.H.  
Vice President and Program Officer  
Archstone Foundation  
401 E. Ocean Blvd., Suite 1000  
Long Beach, CA 90802  
Telephone – (562) 590-8655  
Facsimile – (562) 495-0317  
E-mail – archstone@archstone.org

## Frequently Asked Questions

*What is the maximum number of years a grant can be awarded?*

Funding on any specific project is generally limited to a maximum of three years.

*If my proposal is approved, how soon would I receive funding, and, how are funds distributed?*

Typically, funds will be disbursed within two weeks after receipt of a signed Grant Agreement. Because grants vary in size and timing, some grants are paid quarterly, while others are paid at 90% of the initial payment, and the remaining 10% is paid upon completion of the evaluation.

*What is the average size of a grant awarded?*

The amount awarded varies considerably based on the size and complexity of the project.

*Are there deadlines to submit a proposal?*

Although there are no official deadlines, it is recommended that proposals be received no later than one month prior to Proposal Review Committee meetings. The Committee usually meets in February, May, August, and November. Because the agenda for Proposal Review Committee meetings fills rather quickly, there is no guarantee that proposals received a month prior will be on the agenda for the corresponding meeting. Of course, the proposal would receive priority for the next review process.

*I run a local service program for seniors in another state, would I be eligible for funding?*

Probably not. Funding for direct service delivery programs is generally limited to Southern California.

*If we have previously received a grant from Archstone Foundation, are we eligible to apply for another grant?*

Yes, you are eligible to apply for another grant.

# EXERCISE



***For Lucinda Mease, a Maryland woman caring for her mother-in-law who had had a stroke, the need for information was sudden and immediate. "I was pulling my hair out," she says. Without insurance coverage for medications, Lucinda could not afford the cost (\$150-200 per month) of the prescriptions her mother-in-law needed. With stress levels high, the family was struggling with the multiple demands of caregiving, family and jobs.***

***Lucinda says, "I found out about Family Caregiver Alliance through Stroke Connection Magazine," (published by the American Stroke Association). "First I called and spoke with (Information Specialist) Theresa Markle," she remembers "Then I called all the numbers in the magazine!"***

***"Theresa opened all these doors for me," Lucinda says. "I started attending a support group. My mother-in-law started day care. Theresa gave me information on free medication programs... She was just always there for me, never said she was too busy. I call her my 'guardian angel'." Now, Lucinda freely shares her information with other caregivers—those caring for loved ones with Alzheimer's disease, or Parkinson's, or arthritis or ALS—who might need the same kind of assistance. "You have to ask for help," she advises. "Don't give up—there's all sorts of support. You just have to find it."***

## FAMILY CAREGIVER ALLIANCE

Caregiving, once one of the most personal of problems, is increasingly a public issue. Well into the 21st century, caregiving for aging relatives and persons with disabilities will be a major part of the American family experience.

Being a caregiver entails enormous emotional, physical and financial hardships, even though the job is willingly undertaken and often a great source of satisfaction. Caregivers commonly experience strain, fair to poor physical health and high rates of depression. Worries about paying for care especially plague middle-income families who are not eligible for public benefits, yet cannot afford the out-of-pocket costs of care. Half or more of family caregivers juggle work, family and caregiving responsibilities, resulting in work disruptions and lost productivity. The demographic transformation and changing patterns of family life now underway will only intensify demands on family caregivers.

For families providing assistance to loved ones with chronic or disabling health conditions, one of the most critical needs is simply for reliable, credible information.

The National Center on Caregiving (NCC) was established in 2001 by Family Caregiver Alliance to stimulate development of effective policies and programs nationwide that support and sustain family and informal caregivers.

With a grant in the amount of \$780,000 from the Archstone Foundation, Family Caregiver Alliance's National Center on Caregiving offers families all over the country the kind of current, unbiased information they need—on local resources, diagnoses, financial issues, hospice, nursing homes, hiring help in the home—and the dozens of other topics that affect their everyday lives. The questions come in over the phone, in letters or as e-mails to the San Francisco-based agency, and for many people, the answers they receive may change their lives.

By providing a conduit of high quality information, the National Center on Caregiving promotes sound policy development, effective service delivery, better media coverage and improved response to caregivers' needs.

According to NCC Deputy Director Lynn Friss Feinberg, the need was clear. "There was never really a focal point for service providers, practitioners and state policy makers to get real, timely information about caregiving and long-term care. Programs—when they exist—vary from community to community and state to state. The number of inquiries we were receiving from families was increasing exponentially. At the same time, the media was paying new attention to caregiving issues, as Baby Boomers and their parents move into caregiving roles. There was a broad-based need for this central source of information and technical assistance."

Long recognized as a pioneer in the field, Family Caregiver Alliance—currently celebrating its 25th year of service to caregivers—brings to the NCC a formidable portfolio of applied research, advocacy, national forums, education and training, and large-scale replication of model programs. Distinguished by its many years of experience, FCA's approach unites research and public policy with innovative, proven services.

The National Center on Caregiving serves as a public voice for the dedicated and deserving family caregivers who provide 80% of the long-term care in the United States. The Center's goal is ambitious, to be sure: to advance the development of high-quality, cost-effective policies and programs for caregivers in every state in the country. The need grows day by day.

# HOSPICE FOUNDATION

According to a 1996 nationwide Gallup Survey, nine out of ten adults would prefer to be cared for at home if terminally ill with six months or less to live. The majority of adults would be interested in a comprehensive program of care; such as hospice or a senior life care community. When asked to name their greatest fear associated with death, respondents most often cited "being a burden to family and friends." Pain was the second most common fear.

The Hospice Foundation was established in 1987 to support TrinityCare Hospice's longstanding tradition of providing hospice services to all who need them without regard to their ability to pay. Today, it supports a variety of programs including charity care, Hospice Patient Volunteer training, grief support services and other community services. The Hospice Foundation relies on the generosity of community organizations, corporations, foundations and individuals. With the assistance of a grant in the amount of \$50,000 by the Archstone Foundation, the Hospice Foundation has implemented Phase II of the End of Life Education and Training Program at Westminster Gardens senior life care community. The research done in Phase I, which was also funded by the Archstone Foundation, clearly showed that nursing staff and elderly understand durable power of attorney and DNR (do not resuscitate orders). However, they do not know how to follow through or implement decisions to ensure the care they would want at the end of life.

Phase II of the End of Life Education and Training Program is designed to initiate discussions on end-of-life issues and to introduce the principles of palliative (comfort) care to residents who, regardless of their present health status, are nearing the end of their lives. Project elements include studying and assessing the end of life concerns of senior life care community residents and their families, educating the staff about optimal end of life care, and training health care professionals in the role of palliative care in managing chronic and acute conditions.

One of the problems most often found is that senior life care programs have not adequately studied the elements that lead to the "best death possible" for elderly residents facing end of life issues nor is their staff adequately trained to offer or access quality palliative care.

TrinityCare Hospice staff believes the solution to this pressing problem is a multifaceted project that seeks to understand the concerns of seniors; to assess their knowledge of end of life issues; to introduce the elements of palliative care to residents or retirement or senior life care communities; to study the results of this dialogue with them and their families (if available); and to train and educate retirement community staff on ways to improve end of life care.

The goal of the end of life project is to educate and effect positive changes in individual and collective attitudes toward the end of life healthcare issues with both residents and medical staff in senior life care communities. An ancillary goal will be to evaluate the use of senior life care communities and retirement communities as appropriate venues through which to reach the elderly population on end of life issues.

While the primary goal of health care is to cure disease, there are times when that is no longer possible. When the focus of care shifts from cure to comfort, hospice offers the expert medical care and human compassion needed by most patients and families. Pain is relieved and symptoms are kept under control allowing the patient to be better able to participate in daily life at home with their family and friends. Hospice affirms life and neither hastens nor postpones death.

***"We enter the lives of individuals faced with the realities of loss, death and grief to offer expert care and education while respecting each person's choices, values and beliefs."***

***- Trinity Care Hospice Mission***

***Mr. Morrison, a resident of Westminster Gardens suffered from a dual diagnosis of bipolar disease and Parkinson's. He and his wife, Tina, lived in the retirement community where she cared for him and was the designated Power of Attorney. Tina participated in the EOL training and felt emotionally supported and confident in her knowledge of navigating the difficult maze of healthcare.***

***Mr. Morrison was admitted to a psychiatric hospital for an extended stay. After being stabilized, he returned home. His wife was not able to care for him so he was transferred to a skilled nursing facility. His condition worsened and the wife asked for hospice services. The facility's medical director refused to grant an order for hospice.***

***On that same day the patient was found to be very ill and transferred to a hospital under the medical director's order. The wife was not notified. When at the hospital the facility doctor ordered multiple aggressive tests, again without notifying the wife. The husband died that day and his wife was distraught because of the lack of communication. Her concerns were brought to the hospital's bioethics committee. The bioethics committee encouraged the wife to file a complaint with the Physician's State Licensing Board. The case is still pending."***



# CAREGIVING



# NUTRITION



# PARTNERS IN CARE FOUNDATION

The Partners In Care Foundation has spearheaded the creation of the Geriatric Social Work Education Consortium, and its successful planning period.

The Consortium is an interorganizational collaboration of Partners In Care Foundation; four accredited social work graduate programs in the Southern California Area; four of the region's premier geriatric social work service agencies which serve as Sponsoring sites for the project's four new Centers of Excellence; and selected geriatric health and social service providers (Associate sites).

The consortium graduate social work education partners include: University of California, Los Angeles; University of Southern California; California State University Long Beach; and California State University, Los Angeles. The Center of Excellence Sponsoring Sites are: Center for Healthy Aging; Jewish Family Service of Los Angeles; Huntington Memorial Hospital's Senior Care Network; and the VA Greater Los Angeles Health Care System Geriatric Research, Education and Clinical Center. The twelve Associate Sites encompass a wide array of providers, from an internationally respected tertiary care hospital to strong ethnic-specific geriatric social work agencies.

The Archstone Foundation awarded a three year \$450,000 grant, matching a John A. Hartford Foundation grant, to the project. This grant has provided implementation support for a regionally based model of comprehensive, integrated field and academic graduate social work education.

The Consortium is structured to accomplish the following goals: 1.) To increase the number, qualifications, leadership, and diversity of geriatric social work students; 2.) to develop integrated curriculum to teach geriatric social work competencies and best practices in both academic and field settings; 3.) to develop four Centers of Excellence in Geriatric Social Work Field education with dedicated field faculty; 4.) to evaluate, institutionalize, disseminate, and sustain an innovative consortium model for geriatric social work education.

Students are recruited through Internet, university recruitment activities, press releases and articles, mailings, and face-to-face solicitation at university- and agency-sponsored events.

Students experience a major change in practicum education: exposure to the full continuum of care through coordinated primary and secondary field placements. The primary experience takes place at a Center of Excellence and is focused on depth of learning with a single full time supervisor. The secondary experience is a rotation through one of the Associate Sites designed to provide the student with specialty learning.

For the first time, full time positions have been established for geriatric social work field education. All field training is coordinated by a Field Education Committee consisting of Field Liaisons, Field Instruction Coordinators (each of whom are agency-based with dual appointment as Field Faculty at a university), selected Preceptors and Project Leaders. Group learning focused on geriatric social work competencies developed by the project will be strengthened and integrated through the project's shared, advanced orientation and didactic attended by all of the Center of Excellence students together and taught jointly by leading academic experts and practicing social workers.

By creating a sustainable regional training system for geriatric social work, the project will address many barriers, which have inhibited the quality and accessibility of care for older adults.

***We measure our impact in things great and small, and often that are beyond words as:***

***...the grief and tears shared between client and student over multiple losses***

***...the members of the new student-established Bereavement Support Group that dispels isolation and brings solace and healing***

***...the lonely vets who gather for the Comprehensive Care Clinic each week, replacing misguided ER visits with positive companionship***

***...the old eyes that light up when a student brings flowers and caring***

***... and the young eyes lit when reporting their loss of fear of older adults***

***...when students are angered by the effects of inconsistent system of care on their clients, challenged by clients who will not act in their own best interests, frustrated by being young and untrustworthy in an older adults' view, and ultimately,***

***... the resulting depth of compassion, forgiveness, understanding, and humility that is the personal outcome of the experience.***

## SENIOR LINKS

In the City of Long Beach, 16% of the population is aged 55 or over. Nearly 34% of the City's seniors live alone and 30% report having a condition limiting their activities of daily living (Census Data, 2000). One fifth of seniors in 1996 were classified as poor or nearly poor. The City's Department of Health and Human Services, Nursing Division was concerned about vulnerable seniors and in 1998, created the Senior Links to Independent Living Program. The goal is to maximize the ability of at-risk Long Beach seniors to maintain independent living in a safe and healthy environment. This is achieved in a three-pronged approach: community awareness, telephone help-line, and professional intervention.

Community presentations are made to potential gatekeepers. This population includes police, fire, postal carriers, churches, utilities workers, and neighborhood groups. Anyone who has concerns about a senior can be a gatekeeper. Information given, including written material, is culturally sensitive and language appropriate.

Seniors-at-risk may be reported to the Senior Links telephone help-line. When need is established, a home visit is made. A Public Health Nurse and a Social Worker provide an in-depth assessment of the physical and psycho-social needs of the senior, as well as a safety assessment of his environment.

Next, a plan is made in collaboration with the senior (and family), based upon identified needs. Linkages are made to other community services. Short-term case management (up to 6 months) is provided to stabilize the situation, and if longer-term case management is necessary, a referral is made to the appropriate agency.

Many community agencies refer clients to Senior Links for case management. Such agencies include the City's Senior Police Partners, Senior Mobile Van, Senior Centers, mental health agencies, and Adult Protective Service. Oftentimes multiple agencies stay involved, especially when abuse and fraud are involved.

Efforts are made to connect seniors with health care, regardless of their insurance status. Many seniors are without medical care because they are uninsured, under-insured, or insured without access. Senior Links staff helps establish linkages to primary care providers.

The Senior Links Program provides case management opportunity to medical and nursing students. They visit clients in the community setting and participate in the assessment and the plan of care.

The Senior Links to Independent Living Program is in its third year of operation with the assistance of a \$100,000 grant from the Archstone Foundation. The tiny staff of three (Public Health Nurse, Social Worker and Community Worker) continues to advocate for identified seniors in need. More than 200 seniors in the Long Beach area have been successfully case-managed by the Senior Links Program.

***Ms. M. was a wealthy, 72-year-old lady. She had income from a pension from her late husband, social security, a trust account, and insurance benefits. However, her only source of social contact was telephone calls from her sister, who lived out of state. Her two Persian cats were her only companions. Her neighbors became concerned about her deplorable living conditions and they reported her to the City's Environmental Health Program. The City referred her to Senior Links because she seemed to be depressed and isolated. When Senior Links staff visited her, they found her environment to be unsafe, unsanitary, and extremely cluttered. There were piles of old newspaper, boxes, and cases of cat food. Kitty litter was scattered on all the floors throughout the house. Dust and white cat hairs were everywhere. Ms. M. had difficulty trusting others and refused to let housekeepers into her home. Eventually, the Senior Links nurse was able to convince Ms. M. to allow the housework to be done. When a fall caused her to be hospitalized, her nephew and sister got involved. They worked with Senior Links staff to re-locate her to an appropriate residential facility. Today Ms. M. is living independently with minimal assistance in a senior complex with her two Persian cats. She is eating well, taking her medicine, and making new friends.***

# HEALTH PROMOTION



# INJURY PREVENTION



## NATIONAL SENIOR CITIZENS LAW CENTER

For approximately 100,000 Californians, home is a nursing home. But, unfortunately, many of these nursing homes leave a great deal to be desired. Multiple federal reports have concluded that California's nursing homes provide a disturbingly low quality of care.

In an effort to improve conditions for nursing home residents, the California Legislature in 2000 passed significant legislation to increase resident rights and to improve enforcement of applicable law. Upon enactment of this legislation and with the assistance of a grant in the amount of \$151,300 from Archstone Foundation, the National Senior Citizens Law Center (NSCLC) began working to assure that the law's provisions were actually implemented, and that the implementation was done in a timely, effective way.

NSCLC set up regular meetings with representatives of the California Department of Health Services to discuss issues relating to the law's implementation and enforcement. As a result of these meetings, the Department has modified its position on certain issues, and resident advocates have increased their ability to represent resident interests.

Nursing homes have been known to discriminate against residents who have heavy care needs and/or receive reimbursement through the Medicaid program. Too often these residents are "dumped" by the nursing home which sends a resident to the hospital and then refuses to readmit him or her. To address this problem, the new California law gives a dumped resident the right to seek readmission to the nursing home through an appeal hearing conducted by the Department of Health Services.

The right to a hearing, however, is effective only if a resident knows enough to request one. After an NSCLC attorney learned from a state hearing officer that only one or two readmission hearings had been requested in the first half of 2001, NSCLC began an informational campaign to inform residents and interested professionals (primarily hospital discharge planners and social workers) about residents' new right to a hearing. The results were immediate, and NSCLC received a significant number of telephone calls from hospital discharge planners who were seeking help for hospital patients who had been dumped by nursing homes. As a result of the information provided by NSCLC, those patients were able to seek a hearing and subsequently obtain readmission to their nursing homes.

NSCLC conducted education on resident rights in both Northern and Southern California. These educational sessions provided participants with a detailed outline of the particular topic, along with a comprehensive consumer guide to the laws protecting nursing home residents.

NSCLC surveyed existing research on nursing home staffing levels, and recommended an increased minimum staffing level for California nursing facilities. A later study revealed a disturbing failure of California's nursing homes to even satisfy current minimums: forty-two percent of inspected nursing homes failed to meet the state's mandatory minimum.

The lives and problems of nursing home residents are too often hidden from view. The funding provided by the Archstone Foundation has helped in a significant way to protect those residents and improve their quality of life.

*Robert, 72 years old, lived in a Southern California nursing home for four years, and during that entire time shared a room with the same roommate. Robert's great-granddaughter attended school down the street from the nursing home, so Robert's family visited frequently.*

*Then Robert needed treatment and was moved to an acute care hospital for ten days. When the hospital was prepared to release Robert, the nursing home refused to accept him back, due to a dispute between the facility and the Medicare program. Robert's granddaughter searched frantically for solutions, but without progress: the hospital insisted that Robert would have to be moved immediately, and the nursing home continued to refuse readmission. Under duress, the granddaughter prepared to move Robert to a different nursing home, further away, because the situation appeared to be hopeless.*

*Because nursing home residents are vulnerable to abuse and injury, the National Senior Citizens Law Center (NSCLC) and the Archstone Foundation established a project to protect the legal rights of California's nursing home residents. In this case, NSCLC had educated social workers and ombudsman coordinators on new readmission rights of nursing home residents; an ombudsman coordinator informed Robert's granddaughter of Robert's right to an appeal; and within a day or two after an appeal was made, the nursing home agreed to accept Robert back.*

## THE NATIONAL COUNCIL ON THE AGING

Despite the efforts of many communities across the country, inadequate access to public benefits remains a serious national problem that affects millions of older people. There are hundreds of benefits programs that are not reaching the low-income seniors for whom they are intended.

Over five million Americans who qualify for any number of government health benefits, aren't getting what they're entitled to. Many individuals and their families, simply aren't aware of such benefits, or how or where to apply for them.

The National Council on the Aging changed all that by developing the national service initiative, "You're Entitled."

BenefitsCheckUp.org is a first of its kind, web-based service designed to help seniors, their families and caregivers find the right benefits programs to meet their needs. Developed by the National Council on the Aging in Washington, D.C., the site contains a fast, free and confidential screening tool that helps determine eligibility for nearly 1,000 state and federal programs and provides detailed instructions on how to apply for them.

For example:

- More than three million seniors are eligible for, but do not receive food stamps.
- 1.2 million elderly are eligible for but do not participate in Supplemental Security Income program.
- As many as three million eligible seniors do not participate in Medicaid.

Many middle- and upper-income seniors are also missing out on:

- Veteran's programs
- Property tax relief
- Nutrition Programs
- Educational Benefits

The National Council on the Aging launched BenefitsCheckUp.org on June 5, 2001. Since that time over 350,000 people have completed the service and nearly 150 million media hits have been generated.

A participant fills out an on-line questionnaire that takes about seven minutes to complete. The computer program is a database containing the rules and other information for more than 1,100 federal and state benefits programs available throughout the country. The service matches information about this person with the rules for all the major benefits in that state and a personalized report tells them about the programs for which they appear to be eligible and how to go about applying for help.

This service is free to the public. The Archstone Foundation provided a grant of \$300,000 and it is also funded by AOL Time Warner Inc., New York Life, Lucent Technologies, the Merck Company Foundation, and the National Institute on Aging.

It is estimated that 3 million people will access the service directly through the Internet and 1.8 million more will be served by more than 1,800 local community organizations that NCOA is mobilizing to participate in this effort. According to a study released by America Online, more than 70 percent of older Americans are letting their fingers do the walking for them on the Internet.

This new site contributes towards preparing society for the growing needs of an aging population and improving the quality of life for so many American families.

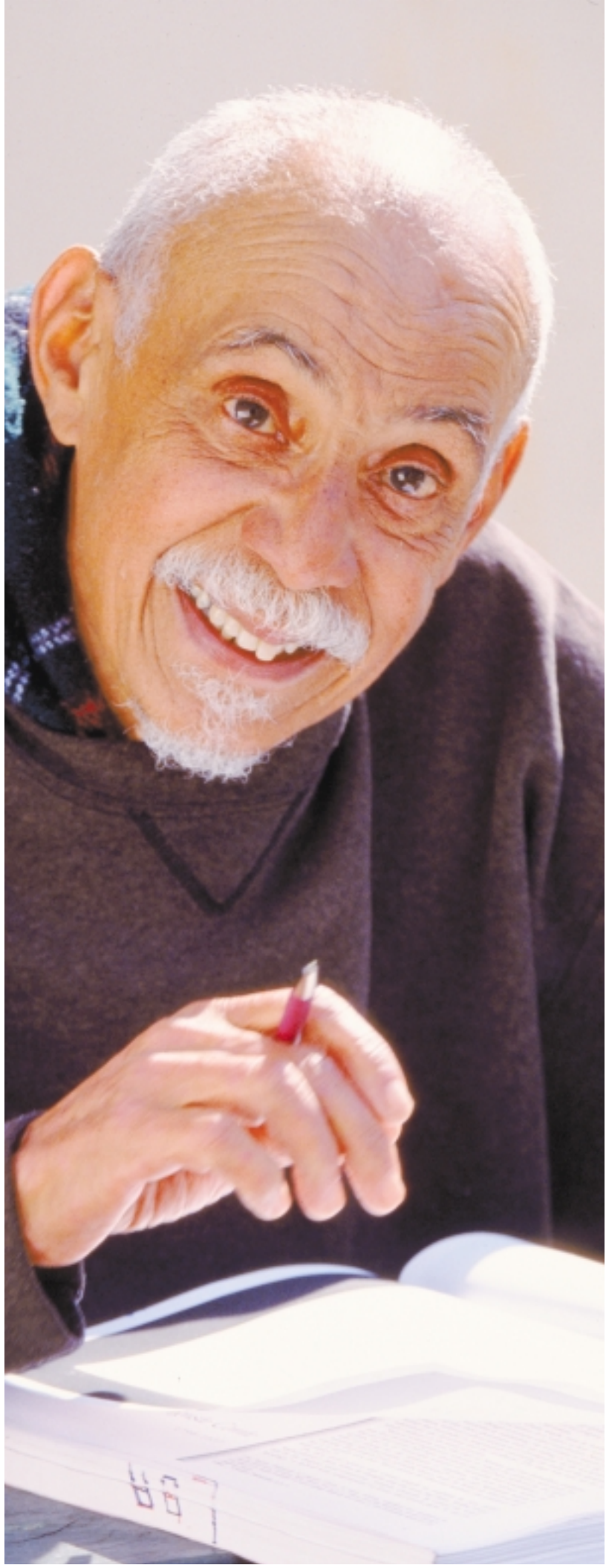
***Every weekend for two years, Mrs. Burnett of Burbank, California drove 130 miles to San Diego to care for her elderly father, who suffered from various ailments. During the week, Mrs. Burnett and her sister shared the expense of a home health aide. This situation was wearing Mrs. Burnett down both physically and financially. It wasn't until Mrs. Burnett was referred to the web site developed by the National Council on Aging, [www.BenefitsCheckUp.org](http://www.BenefitsCheckUp.org), that she was able to find some financial and emotional relief.***

***She visited the web site and was surprised to learn that her 69 year-old father was eligible for free home health assistance under Medicaid. Mrs. Burnett enrolled her father in the service and today, the county sends a home health attendant to her father's house for six hours a day, three days a week, to help with essentials tasks such as bathing and cooking, and keep him company. He also has a county nurse who visits once a week to check his blood pressure and monitor his heart beat.***

***Mrs. Burnett still makes the drive to see her father on the weekends, but now she rests knowing her father in being cared for during the week, free of charge.***



SOCIAL  
ENGAGEMENT



**Resources:****FAMILY CAREGIVER ALLIANCE**

Family Caregiver Alliance  
690 Market St., Ste. 600  
San Francisco, CA 94104  
(800) 445-8106  
email: [info@caregiver.org](mailto:info@caregiver.org)  
[www.caregiver.org](http://www.caregiver.org)

Eldercare Locator  
National Association of Area  
Agencies on Aging  
927 15th Street, NW, 6th Fl.  
Washington, DC 20005  
(800) 677-1116  
[www.n4a.org/locator.cfm](http://www.n4a.org/locator.cfm)

ADEAR  
(Alzheimer's Disease Education  
& Referral Center)  
P.O. Box 8250  
Silver Spring, MC 20907  
(800) 438-4380  
[www.alzheimers.org](http://www.alzheimers.org)

Stroke Connection Magazine  
American Stroke Association,  
a division of American Heart Association  
7272 Greenville Ave.  
Dallas, TX 75231  
(888) 4-STROKE

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[www.picf.org](http://www.picf.org)

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City of Long Beach, Department of  
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