



Touching Lives




ARCHSTONE
FOUNDATION

2008-2009 Biennial Report

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The 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.

Message from the Board of Directors

A reduction in the risk of falling through increased strength, balance and mobility – financial assets preserved – dignity and wishes honored at the end of life – these are just a few examples of how the Archstone Foundation is touching the lives of California's older adult population. The theme for the 2008-2009 Biennial Report, *Touching Lives*, seeks to highlight how the Foundation's initiative-based and responsive grantmaking investments have improved the lives of California's aging population.

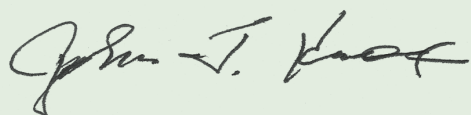
During fiscal years 2008 and 2009, the majority of the Foundation's grantmaking investment was through initiative-based efforts – the Fall Prevention Initiative, Elder Abuse & Neglect Initiative, and End-of-Life Initiative. The Foundation's initial commitment was an investment of \$24 million over five years for these initiative areas. Over the past two years, the initiatives have progressed and matured beyond their mid-point. Each has successfully demonstrated promising practices and the potential for replication of models that will improve the quality of lives of older adults. In this same period, the Foundation considered many unsolicited proposals through its responsive grantmaking program. While the Foundation's commitment to its strategic initiatives has been its first priority, the Foundation continues to fulfill unmet needs through responsive grantmaking.

As California grapples with the implications of the downturn in the economy, the Board is committed to the Foundation's mission to contribute towards the preparation of society for an aging population and has begun a review of its priorities. Future grantmaking will continue to seek to positively touch the lives of older adults. The Foundation will continue to post updated information regarding its funding strategies on its Web site as information becomes available.

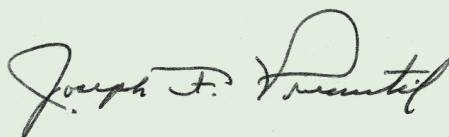
As you read the stories that follow, we hope you will be inspired by how communities that come together can touch the lives of older adults. We thank the individuals who shared their stories with us and also want to thank our grantees and organizational partners for their commitment to providing quality care for society's older adults.

The Board of Directors also wish to acknowledge the many contributions of Jack W. Peltason, Ph.D., who served as a Director of the Foundation from September 1987 to his retirement in March 2008. Dr. Peltason was the former Chancellor of the University of California, Irvine and President of the University of California System. His advice, wit, and wisdom are very much missed.

Sincerely,



John T. Knox, J.D.
Chairman



Joseph F. Prevratil, J.D.
President and CEO

Fall Prevention Initiative

“[InSTEP] made me aware of falling hazards both within my home and in other environments, as well as [taking] steps to prevent them.”

– InSTEP participant



Falls remain a common and often devastating problem for older adults. Studies report that 30-60% of community-dwelling older adults fall each year. The Foundation began a strategic planning process for the prevention of falls among older adults and funded the establishment of the Fall Prevention Center of Excellence in 2005. This investment marked the launch of the Foundation’s Fall Prevention Initiative; a multi-year, \$8 million commitment to reduce falls among older adults in California. During fiscal years 2008 and 2009, the Foundation funded 18 projects in the topic area of fall prevention, including community coalitions, education and training, and community programs.

The InSTEP (Increasing Stability Through Evaluation and Practice) Model Projects are evidence-based, multi-factorial projects that incorporate physical activity, medical management and home assessment at six Los Angeles and Orange County community-based sites. Sites are stratified by level of intensity, referring to the professional level of staff implementing the program and the time and resources allocated to each component. Three of the six sites include a discussion group about various fall prevention issues. Among discussion topics are: reducing fall risks with physical activity, home safety, recognizing symptoms of balance problems, how to talk to one’s doctor, staying independent, medication usage, and community safety. The sessions are meant to provide participants with the opportunity to speak about their concerns, be supportive of one another, and learn from their peers about successful strategies for reaching their goals. For many, the discussion groups are a time to reflect and appreciate the progress one has made.



Maria, a 74-year-old woman, has been active in her community. She utilizes public transportation to attend meetings and civic events. However, over time she noticed that she had limited range of motion and was not as flexible as she had previously been. Maria was not able to bend over to pick things up off the ground without losing her balance. She required assistance from family and the kindness of strangers to assist her if she dropped something. During a visit to her local senior center, she read about the InSTEP program and began thinking about her restricted movements and potential risks for a fall. She asked to participate in the program. Maria was assessed for program enrollment the next day and began participating in the 12-week exercise program. One morning, while waiting for the bus to the senior center, she dropped her bag and without thinking about it, she automatically bent over and picked up her bag without assistance. At the next InSTEP class during the discussion group, Maria shared her story and was overwhelmed with emotion as she discussed how the benefits of the exercise program had improved her range of motion and balance, offering her a new lease on life – one of increased independence.

ORGANIZATIONS AWARDED GRANTS IN FISCAL YEAR 2008:

Alzheimer's Family Services Center	County of Ventura Area Agency on Aging
Area 4 Agency on Aging	Healthy Aging Association
Area Agency on Aging Serving	Hospital Consortium of San Mateo County
Napa and Solano	Jewish Family Service of Los Angeles
Caring Choices	National Council on the Aging
County of Mendocino	ONEgeneration
County of San Diego, Aging	Rebuilding Together, Orange County
& Independence Services	United Seniors of Oakland and Alameda County
County of Santa Barbara	

FISCAL YEAR 2009:

American Society on Aging
University of California, Los Angeles
United Seniors of Oakland and
Alameda County

Elder Abuse & Neglect Initiative

“The medical evaluation and expert opinion provided by the Los Angeles Elder Abuse Forensic Center was a key factor in our successful criminal prosecution.”

– Detective Pareto, LAPD



Elder abuse is a crime without boundaries; crossing all racial, social, class, gender, and geographic lines. To address this growing problem, in 2006, the Archstone Foundation launched a multi-year, \$8 million Elder Abuse & Neglect Initiative with the goal of improving the quality and coordination of elder abuse and neglect services in California. During fiscal years 2008 and 2009, the Foundation renewed its commitment to the Initiative and approved a total of 21 grants.

The Los Angeles County Elder Abuse Forensic Center is a multidisciplinary team of professionals that protects vulnerable elders and dependent adults from abuse and neglect. The team meets once a week to discuss complex cases of elder abuse and create an action plan. The team consists of the following core members: geriatrician; neuropsychologist; district attorney; city attorney; law enforcement; Adult Protective Services; mental health services; Victim-Witness Assistance Program; Bet Tzedek Legal Services; Office of the Public Guardian; USC School of Gerontology; and Ombudsman. Additional members from the Coroner's Office and the Regional Center are included on a case-by-case basis. Once a case is discussed, an action plan is developed that focuses on three key areas: 1) ensuring the safety of the victim and their property; 2) collecting comprehensive and accurate information needed for prosecution; and 3) providing supportive services.

The team often makes house calls to medically assess potential cases of elder abuse and the needs of older adults. Such was the case for Betty. Betty is an 81-year-old widow living alone in Los Angeles. Her closest relative, a cousin, lives in Colorado. Betty signed over her Power of Attorney to a newly-made friend, Kathy. Although Kathy was supposed to be caring for Betty, she isolated her from other friends and would not allow Betty to contact her cousin. She also used Betty's savings to purchase a car for her own use.



During this ordeal, Betty made an audiotape, which was later found by the police, calling for a review of her financial accounts and an autopsy of her body in the event of her death. After receiving a report of suspected abuse from Betty’s cousin, Adult Protective Services made a referral to the Los Angeles Elder Abuse Forensic Center and the team decided an immediate response was necessary to perform an evaluation of Betty’s capacity and physical health. The evaluation showed moderate dementia, unsafe living conditions, and after a review of her assets, a pattern of financial abuse.

Based on the intervention of the Forensic Center, Betty’s cousin acquired the role of a conservator and a full police investigation was conducted. The in-home isolation ended, and Betty renewed her contact and visitation with friends and family. In 2008, the District Attorney’s Office charged Kathy with elder financial abuse and was able to recover \$1.25 million in restitution for Betty.

ORGANIZATIONS AWARDED GRANTS IN FISCAL YEAR 2008:

Administrative Office of the Courts
Area Agency on Aging
Serving Napa and Solano
Bet Tzedek
City College of San Francisco
City of Long Beach
Conejo Valley Senior Concerns
Council on Aging Silicon Valley
County of Santa Clara
Institute on Aging

National Adult Protective Services Foundation
San Diego County District Attorney’s Office
San Diego State University Research Foundation
The San Bernardino County Department
of Aging and Adult Services
University of California, Irvine
University of California, Los Angeles
University of Southern California
WISE & Healthy Aging

FISCAL YEAR 2009:

American Society on Aging
California District Attorneys Association
Central Coast Commission for Senior Citizens
Legal Assistance for Seniors

End-of-Life Initiative

“Palliative care honors the unique journey of each family as they confront the difficulties of advanced illness and the mystery of death. As with Rachel’s family, we take their lead and walk with them each step of their journey.”

– Carri Miller, RN, CHPN



End of life refers to a prolonged, uncertain period of health difficulty in an individual’s last years of life. In 2006, the Foundation launched its End-of-Life Initiative, a multi-year, \$8 million investment with the goal of improving end-of-life care for older adults in California. During fiscal years 2008 and 2009, the Foundation’s efforts focused on: 1) training nurses, physicians, and social workers in palliative care; 2) expanding palliative care services in hospitals and long-term care facilities; and 3) integrating spiritual care into palliative care services.

The following story illustrates how these investments intersect and are shaping how older adults are cared for as they approach the end of their lives. Through the Foundation’s support of the City of Hope National Medical Center’s End-of-Life Nursing Education Consortium (ELNEC), a train-the-trainer program, 900 California-based nurses have been trained in palliative care. Each trained nurse is working to improve the quality of care in their respective organizations. One of these ELNEC-trained nurses working at St. John’s Medical Center, one of five hospitals receiving Foundation funding to support their palliative care service, used her knowledge to assist Rachel, an 84-year-old woman experiencing kidney failure.

Over a four-month period, Rachel’s health had been declining. She had visited the hospital’s emergency department six times to address various medical issues. On her sixth visit, she was admitted to the intensive care unit with a primary diagnosis of renal failure. During the palliative care team’s daily rounds through the unit, the ELNEC-trained nurse reviewed her chart. She contacted Rachel’s physician and together they arranged a family conference to discuss Rachel’s goals of care, also known as advance care planning.



The medical team explained Rachel’s prognosis to her and her family and helped them identify how she wanted to be cared for. Rachel and her family decided to proceed with a palliative care approach to make sure she was pain free during the period of time she had left. Rachel was transferred from the intensive care unit to a special comfort care suite where she was surrounded by her family and provided specialized care by the palliative care team. The palliative care nurse monitored and treated her pain while providing ongoing communication with Rachel’s primary care physician.

The chaplain met with the family and provided spiritual care to address their anxiety. The chaplain encouraged the family to share stories that expressed Rachel’s meaning in their lives. The family’s Jewish faith was also addressed as they discussed burial rituals and plans as the feast of Passover approached. During Rachel’s final days, she was able to enjoy music provided by a music therapist before dying peacefully, surrounded by her family. The palliative care team (physician, nurse, social worker, and chaplain) supported the family during this difficult time and helped them realize that Rachel’s dying process was in accord with her life-story. Rachel was a strong, independent woman who did things in her own way even as her life came to a close.

ORGANIZATIONS AWARDED GRANTS IN FISCAL YEAR 2008:

- City of Hope National Medical Center
- Health Research and Educational Trust
- Sepulveda Research Corporation
- Southern California Cancer Pain Initiative

FISCAL YEAR 2009:

- City of Hope National Medical Center
- Mount Sinai School of Medicine
- Sepulveda Research Corporation
- Southern California Cancer Pain Initiative
- University of California, San Francisco

“The experience has made my life so much more exciting and rewarding.”
– PACE participant



Responsive grantmaking is the Foundation’s strategy to direct resources to emerging and unmet needs within the field of aging. As the Foundation’s three strategic initiatives (fall prevention, elder abuse, and end-of-life issues) have been phased in, the amount of responsive grants made has declined. During fiscal years 2008 and 2009, the Foundation awarded five grants totaling \$373,651 through its responsive grantmaking program.

With responsive grantmaking, the Foundation is able to attend to critical issues, such as the lack of coordinated care among providers in the existing health care system. Even with family or caregiver support, few older adults can navigate the complex and costly network of health care services. Often the only alternative is a nursing home – an expensive and often undesirable option.

In 2008, St. Paul’s Senior Homes & Services opened the fifth Program of All-inclusive Care for the Elderly (PACE) in the State of California. The Foundation’s investment of \$323,651 over three years provided support for start-up of the program in San Diego. The PACE model of care offers a continuum of services and resources frail older adults require to live independently in their own homes. St. Paul’s PACE provides frail seniors the necessary support to avoid institutionalization and remain in their own homes while utilizing an interdisciplinary team that includes physicians, pharmacists, nurse practitioners, nurses, care managers, social workers, therapists, dietitians, home care aides, and access to transportation and meals.

At the age of 78, Susan enrolled in the PACE program. Five years prior to her enrollment, she experienced a severe stroke that left her with limited mobility, including the inability to communicate, use her left arm, or use



her legs. Her family had significant difficulties caring for her and considered nursing home placement. During this period of time, St. Paul's PACE had just opened and the family was informed about this option. Susan was enrolled and offered a solution that enables her to live at home and receive the medical care she requires.

Susan attends St. Paul's PACE three days per week. As a PACE member, Susan also benefits from the daily in-home services she receives that assist her with transfers in and out of bed, toileting, bathing, and dressing. At the PACE site she receives physical and speech therapies, well-balanced meals, and has made friends and participates in the program's social activities. She reports that the program has changed her life, her family's life – she feels less of a burden – and she states that the therapies have increased the strength in her right arm. Another benefit of Susan's participation in PACE is the support and respite for her family caregivers. The time she spends at the PACE site enables them to attend to other family matters.

ORGANIZATIONS AWARDED GRANTS IN FISCAL YEAR 2008:

Acacia Adult Day Health Services
International City Theatre
St. Paul's Retirement Homes Foundation

FISCAL YEAR 2009:

Alzheimer's Disease and Related Disorders
Association, Northern California
California Commission on Aging

Listing of Organizations with Continuing Grants

During 2008 and 2009 the Foundation continued to support multi-year grants awarded in prior fiscal years. The organizations with continuing grants during this reporting period include:

ORGANIZATION	EAN	EOL	FP	RGM	FY 2008	FY 2009
Administrative Office of the Courts	•				•	
Alliance for Leadership and Education				•		•
Alliant International University				•	•	•
Alzheimer's Association, Los Angeles Chapter				•		•
Alzheimer's Family Services Center			•		•	
Area 1 Agency on Aging			•			•
Area Agency on Aging Serving Napa and Solano	•		•		•	
Arthritis Foundation Southern California Chapter				•	•	•
Bet Tzedek				•	•	
Brentwood Biomedical Research Institute		•				•
California Coalition for Compassionate Care		•			•	•
California Council on Gerontology and Geriatrics				•	•	•
California State University, Fullerton			•		•	•
California State University, Long Beach Foundation				•	•	•
Caring Choices			•		•	
Catholic Charities of Los Angeles, Inc.				•		•
City College of San Francisco	•				•	
City of Hope National Medical Center		•			•	
City of Long Beach	•				•	
Council on Aging Silicon Valley	•				•	
County of Nevada, Human Services Agency			•		•	
County of Santa Barbara			•		•	
County of Santa Clara	•				•	
County San Bernardino Arrowhead Regional Medical Center	•				•	
Elder Financial Protection Network	•				•	
Health Research Association, Inc.		•			•	•
Institute on Aging	•				•	
Jewish Family Service of Los Angeles			•		•	
Kaiser Permanente, Bellflower		•			•	•
National Academy of Sciences				•	•	
National Adult Protective Services Foundation			•		•	
National Council on the Aging			•		•	
ONEgeneration			•		•	
Partners in Care Foundation				•	•	
Rebuilding Together, Orange County			•		•	
Rebuilding Together, Long Beach				•	•	
Riverside County Regional Medical Center	•				•	
Saint Joseph Center				•	•	
Saint Mary Medical Center Foundation			•		•	
San Diego County District Attorney's Office	•				•	
San Diego Hospice and The Institute for Palliative Medicine		•			•	•
San Diego State University Research Foundation	•				•	
San Francisco Adult Day Services Network			•		•	
Sepulveda Research Corporation		•	•		•	
Southern California Cancer Pain Initiative		•			•	
St. John's Healthcare Foundation		•			•	
The Saban Free Clinic				•	•	
United Seniors of Oakland and Alameda County			•		•	
University of California, Irvine	•				•	•
University of California, Los Angeles	•	•	•	•	•	•
University of California, San Francisco		•	•		•	•
University of Illinois				•		•
University of Southern California	•		•		•	•
Venice Family Clinic				•	•	
WISE and Healthy Aging	•			•	•	

** A detailed grants listing may be viewed on the Foundation's Web site at www.archstone.org.

EAN – Elder Abuse & Neglect EOL – End-of-Life FP – Fall Prevention RGM – Responsive Grantmaking FY – Fiscal Year

Funding Priorities and Guidelines

The Foundation's funding priorities reflect the desire to prepare society for an aging population. Building upon aging trends, research, and program innovation, the Foundation's mission is accomplished through strategic initiatives and responsive grantmaking. The Foundation's funding priorities during 2008–2009 were Fall Prevention, Elder Abuse & Neglect, End-of-Life Issues, and Responsive Grantmaking.

Strategic Initiatives

Announcements of funding opportunities within the Foundation's three strategic initiatives (fall prevention, elder abuse and neglect, and end-of-life issues) will be presented through the issuance of a competitive request for proposals that may be found on the Foundation's Web site and announced in public releases. If you would like to be notified of future funding opportunities, please contact the Foundation.

Responsive Grantmaking

Responsive grantmaking is the Foundation's strategy to direct resources to emerging and unmet needs within the field of aging. The Foundation's responsive grantmaking process accepts unsolicited funding inquiries on an ongoing basis. Initial contact should be in the form of a letter of inquiry. Detailed requirements for a letter of inquiry submission can be found on the Foundation's Web site – www.archstone.org.

Geographic Focus

In recognition of the source of the Foundation's endowment, priority is given to proposals serving the southern California region. Proposals from outside southern California may be 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 that have the potential to improve practice in the field of aging may also be considered.

Exclusions

The Foundation will not consider support of:

- Organizations without 501(c)(3) designation or individuals;
- Biomedical research;
- Capital expenditures, bricks and mortar, or building campaigns; and
- Endowments or fund-raising events.

Review Process

Letters of inquiry are reviewed regularly. If the request matches the Foundation's funding priorities, the requesting organization may be invited to submit a full proposal for funding consideration.

Letters of Inquiry should be directed to:

E. Thomas Brewer, MSW, MPH, MBA
Director of Programs
Archstone Foundation
401 E. Ocean Boulevard, Suite 1000
Long Beach, CA 90802
Telephone: (562) 590-8655

Board of Directors



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