

Jewish Family & Children's Service  
Geriatric Institute

**P**romoting Aging-Friendly Communities in Massachusetts  
**Experiences of a Neighborhood Model in Brookline**

*Many states and communities across the country are experimenting and identifying best practices to support the overwhelming desire of older Americans to stay in their own homes and communities as they age. This report describes one neighborhood-based model designed and implemented in Massachusetts - a multi-partner initiative for strengthening social bonds and building an aging-friendly community.*



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# Executive Summary

The number of older adults in Massachusetts is expected to grow significantly over the next several decades as baby boomers join the aging population. Further, older adults are now living longer than previous generations—many will live into their 80s and 90s and even 100s. We know that the vast majority of midlife and older adults want to remain in their homes as they grow older and be active for as long as possible. Yet for many older adults, especially the very old, their ability to do so will depend on receiving support from family, friends and the community.

In fact, a growing number of communities are exploring the question of how they can be more “aging friendly.” That is, how can local communities provide older adults—of all economic means and with varying health conditions—the resources which allow them to live as independently as possible and participate fully in civic and social life? These features include options such as affordable and appropriate housing, transportation and home care as well as opportunities for meaningful employment and/or civic participation.

Transforming our communities to be more aging friendly will require public-private partnerships or collaborations which bring together the expertise, talent, and energies of government, business, nonprofit and civic leaders as well as local residents of all ages. We know that aging-friendly communities will ultimately create more livable cities for all residents, from the very young to the very old.

Across the U.S. and in Massachusetts there has been a wave of local initiatives and pilot programs to address the desire of people to age in community. Jewish Family & Children’s Service (JF&CS) used its expertise in consumer-driven, community-based models to develop Aging Well at Home in North Brookline (Aging Well ) with support from the Harry and Jeannette Weinberg Foundation. JF&CS set out to learn more about the day-to-day needs and interests of older adults living in this densely populated urban neighborhood as well as the services which help them remain living at home and socially connected.

In designing Aging Well, JF&CS identified three key objectives:

- 1) To offer participants assistance coping with the stresses, demands and hassles of everyday life and/or crises.
- 2) To create opportunities for participants to build connections or relationships with their neighbors to prevent feelings of loneliness or isolation.
- 3) To engage and empower older adults to be active participants in creation of a more aging-friendly community.

Aging Well, with its tagline “Putting Connection Back into Community,” offered project participants services and activities to help make daily life easier, safer, and more satisfying. Sixty-five adults ranging in age from 70 to 100 participated in this free demonstration program. All participants lived in apartments, condominiums or single, two- and three-family homes. (The neighborhood did not have any senior developments.) Aging Well’s emphasis was on increasing seniors’ awareness of and access to community resources as well as strengthening connections between local organizations and agencies; it did not want to duplicate already existing community services. From its very beginnings, Aging Well collaborated with local nonprofit organizations, businesses and residents. The central partnership was with the Brookline Council on Aging whose support was critical to the success of the project.

What this neighborhood experiment triggered was a commitment to build and expand on existing resources in the service of creating an aging-friendly community. Aging Well served as a catalyst for a town wide, sustainable initiative – Brookline Community Aging Network or BrooklineCAN. The success story that is currently unfolding involves two important elements: a dynamic partnership with the Brookline Council on Aging and the development of a multi-generational grassroots movement interested in and willing to assume leadership in moving forward.

This report describes salient features of Aging Well and highlights lessons learned in the creation of Brookline Community Aging Network. As people look for inspiration and practical ideas for their community initiatives, we offer our experience with this project as a resource.

To address its objectives JF&CS drew upon its extensive community-based experience working

with older adults and on two existing programs: the Israeli Supportive Community Program and the U.S. Village Model (also referred to as the Beacon Hill Village Model). Corresponding to the objectives, the three core components of Aging Well became the Community Liaison, the Warm Houses, and the Community Forums Initiative.

The Community Liaison, adapted from the Israeli Supportive Community Program’s Community Father, was the focal point for the seniors’ interaction with Aging Well. This staff person maintained ongoing contact with the participants via telephone calls, home visits and invitations to social events. He was available to help participants problem solve solutions to daily hassles or challenges as well as one-time occurrences. The Community Liaison also reached out to participants during weather crises, such as heat waves or snow storms. The Community Liaison was available from Monday to Friday, from 9:00 a.m. to 5:00 p.m. The range of activities the Community Liaison provided included: information and referral; minor household tasks, repairs, and safety modifications; assistance interfacing with organizations and businesses; transportation; and social connection.

The Warm House program, also adapted from the Israeli Supportive Community Model, offered participants the opportunity to engage with neighbors of all ages in the warmth of a neighbor’s home. Social, cultural, or recreational events in these warm houses ranged from informal coffee gatherings to a formal meal or cultural evening. The purpose of the Warm House program was to create or strengthen connections and bonds, and offer opportunities for sharing life experiences as well as practical information about resources in Brookline. Community Forums were held to solicit the

input and involvement of older residents in shaping the Aging Well neighborhood program. In the latter stages, community forums, themed Envision Your Future, provided a vehicle for reaching out to the entire Brookline community to offer education and the opportunity for involvement in creating a town wide initiative.

The Aging Well experience confirmed four important facts that are essential in planning for an aging friendly community:

- 1) There is a pervasive lack of knowledge about existing community resources and supports for older adults. Even in a resource-rich community with a highly educated older adult population such as Brookline, there is a tremendous need to build awareness about what is available and how to access services.
- 2) Older adults are a diverse group; one size does not fit all when it comes to describing and anticipating their needs and interests. Communities must adapt their structures and services to be accessible to and inclusive of older people from diverse cultural and social backgrounds and with varying health needs and capacities.
- 3) Older adults often lack a readily available family member or friend to help them cope with the hassles of everyday life or provide emotional support and comfort.
- 4) Creating public-private partnerships, including collaborations with local Councils on Aging

and the aging network, enhances the transferability and sustainability of aging-friendly initiatives.

The vast majority of participants viewed their Aging Well experience as positive. Most felt the project contributed to a stronger sense of safety and security in their homes, a greater feeling of confidence they could access needed services or resources, and a stronger connection to their neighbors and neighborhood.

The lasting legacy of the project was the role of Aging Well as a springboard for what is now an exciting town wide program – Brookline Community Aging Network or BrooklineCAN. The town has adopted the Village Model membership framework, but is adapting it to have a much lower membership fee, making it more inclusive. The lower membership fee is seen as achievable through a strong reliance on: (1) existing community resources; and (2) multi-generational civic engagement and volunteerism. In just one year over 300 residents have become members of BrooklineCAN and scores of volunteers are shaping the look and experience of this vibrant organization.

Aging Well captivated the interest and enthusiasm of residents to collaborate with the Council on Aging, JF&CS, and other founding partners to imagine and implement the development of the town of Brookline into an aging friendly community.

# Introduction

Massachusetts, like the rest of the U.S. and many countries throughout the world, is experiencing tremendous growth in its older population. Slightly more than 13 percent of Massachusetts residents are 65 years of age and older. And, an additional 11 percent of Massachusetts residents are baby boomers between the ages of 55 and 64 years of age, poised to be a large group of emerging seniors. By 2030, it is projected that 20 percent, or one out of five Massachusetts residents, will be 65 and older.<sup>1</sup>

America's older population is not only growing in size, it is also increasing in longevity as more people are surviving to their 80s and 90s and even 100s. Persons aged 85 and older—often referred to as the oldest-old—have experienced the most rapid growth of any age group. Today, there are 5.7 million Americans who are 85+ years of age. By 2030, the MA population of 85+ is projected to grow by 34 percent.

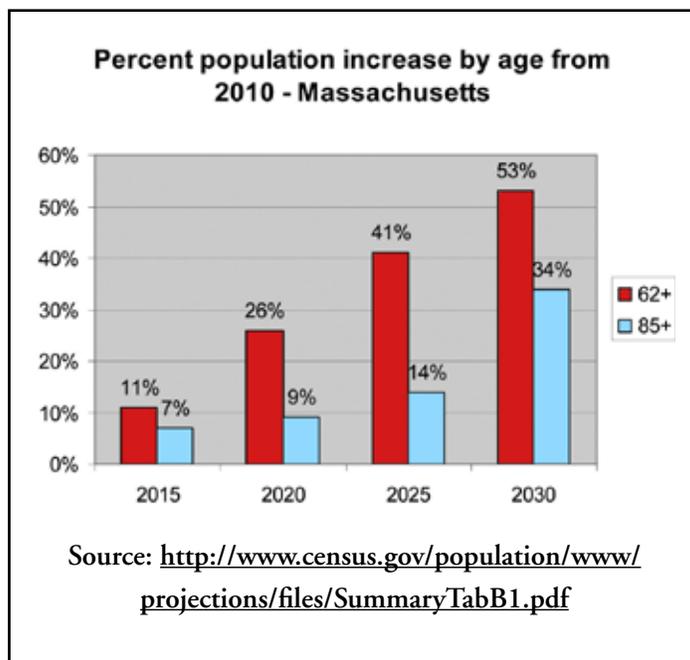
Moreover, as the Table on the following page illustrates, difficulties in performing the tasks of everyday life rise dramatically with age. Among the oldest-old living in the community, for example, more than half need help doing heavy housework, about one-third need assistance with

shopping, approximately one-quarter require help to prepare meals, and about one-fifth need help with managing money.<sup>2</sup> Difficulties in doing everyday tasks are not only caused by physical health problems, they can also be due to memory or cognitive problems. While only about five percent of adults age 65 to 69 experience either moderate or severe memory loss, by age 80 to 84 this figure climbs to almost one in

five persons having at least a moderate memory problem and leaps to almost one-third of elders 85 and older.<sup>3</sup> The reality is that the vast majority, 78 percent, of frail older adults or older adults coping with a severe disability living in the community depend on family and friends (often referred to as informal help) as

their only source of assistance; 14 percent receive a combination of informal and paid (or formal) help; and 8 percent use only paid help.<sup>4</sup>

An increasingly older U.S. population presents opportunities and challenges for federal and state agencies as well as local communities. Consumer preference for home and community based care, states' desire to minimize expensive institutional care, and projected labor shortages are all significant and converging forces affecting aging public policy and practice.



By choice or by necessity, most American seniors are “aging in place” in homes and neighborhoods that were not designed to meet the needs of residents with functional disabilities. One key challenge is meeting Americans’ almost universal desire to stay in their own homes and communities as they grow older. Surveys have consistently revealed that almost 9 out of every 10 adults age 50 and older prefer to remain in their home indefinitely as they age. If they need long-term care, older adults would rather get it at home. Even if this option was not possible, almost 85 percent still prefer to remain in their local community as long as possible.<sup>5</sup> Among Americans 65 and older, only 2.4 percent live in senior housing with at least one supportive service available to their residents and only 4.1 percent live in institutional settings, such as nursing homes.<sup>6</sup>

The desire to grow old in familiar surroundings sends a clear message to Massachusetts, as well as to all states, that we must identify cost-effective ways to transform our local communities to be more “aging-friendly.” Together we can make our communities become places which allow people to experience a secure and productive old age and achieve their full potential during their later years.

**The Percentage of U.S. Adults 65 and Older Experiencing Difficulties Performing Activities of Daily Living and Instrumental Activities of Daily Living**

	AGES		
	65-74	75-84	85+
<b>Activities of Daily Living (ADLs)</b>			
Bathing/Showering	6.0	10.9	23.0
Dressing	4.9	6.8	13.5
Eating	1.7	2.4	4.5
Getting In/Out of Bed/Chairs	8.8	13.5	20.3
Walking	17.7	25.9	42.7
Using Toilet	3.1	5.4	10.2
<b>Instrumental Activities of Daily Living (IADLs)</b>			
Using Telephone	4.5	7.7	16.9
Doing Light Housework	8.0	12.6	24.2
Doing Heavy Housework	22.2	32.7	52.0
Preparing Meals	5.5	10.1	22.6
Shopping	8.5	14.8	32.0
Managing Money	3.6	7.1	20.3

U.S. Non-institutionalized Medicare Beneficiaries 65+ in 2006

Source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Health Data Interactive. [www.cdc.gov/nchs/hdi.htm](http://www.cdc.gov/nchs/hdi.htm)

Jewish Family & Children’s Service (JF&CS) understands well how health and housing issues intersect in the lives of older adults. In this brief report, JF&CS shares its experiences in developing Aging Well at Home – North Brookline, a neighborhood-based initiative focused on promoting the well-being and engagement of its older residents. The project served as a catalyst for the creation of an exciting town wide program, Brookline Community Aging Network (BrooklineCAN), also described in the report. This new neighborhood model offers valuable lessons for how we build and promote aging-friendly communities.



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# The Importance of Home and the Desire to Age-in-Place

“Aging-in-place” is a relatively new term adopted by the senior care industry to describe efforts to help older adults live at home for as long as possible. Originally, the central concern was promoting home safety and comfort for seniors who were frail or coping with disabling health conditions. Thus, the focus was primarily on doing home modifications (i.e., grab bars, ample light) and/or bringing services into the home (i.e. meals, personal aides). It is increasingly recognized, however, that the aging-in-place lens needs to be broadened beyond the four walls of older adults’ homes to include opportunities for their engagement in the community.<sup>7</sup>

Housing, or the need for shelter, is one of our most basic human needs; yet for most people housing is about much more than a physical space or structure. The vast majority see a home as having a much deeper meaning. One’s home and neighborhood are a crucial part of one’s identity and evoke a sense of belonging. Our homes and neighborhoods hold countless memories and help us feel our place in the community. We look out our windows and see the gardens we planted so many years ago or wave hello to the neighborhood children we have watched grow up. We form attachments to the places we live; our emotional, spiritual and cultural identities are reflected in our homes and neighborhoods.

A home also offers a safe haven and protection from the intrusion of the outside world. For many older adults, a home is a highly cherished symbol of their independence and human dignity.<sup>8</sup> Thus, it is not surprising that the vast majority of Americans want to age in their homes and communities for

as long as possible. Yet to do so, many older adults, particularly those over age 85, will need the support of family, friends and the community to remain living as independently as possible.

## Promoting Active Aging through Aging-Friendly Communities

Baby boomers are embracing the concepts of “active aging” or “healthy aging.” There is a natural connection between active aging and aging-friendly communities. Aging-friendly communities offer opportunities for older adults to stay productively involved—whether through paid employment, volunteering for an organization, or helping family or friends.

While many local communities offer older adults basic health, fitness, social and nutrition programs, few have developed comprehensive plans (or blueprints) to promote the quality of life and full engagement of older residents. To redesign communities so that they are more aging friendly, localities must first:

- Better understand the challenges their residents face as they grow older;
- Rethink the types of needed local resources and services; and
- Re-assess the aging services in the community and the ways in which older individuals are connected to these resources.

According to the World Health Organization, an aging friendly city is one that “adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.”<sup>9</sup> Simply said, aging-friendly communities offer individuals a place they can live throughout their later years by providing a full range of options to ensure that they experience a high quality of life.

In fact, aging-friendly communities have physical and social features that benefit people of all ages, including older persons, children, and families. This is why some prefer to speak about creating “livable communities” or “lifelong communities.” For example, a safe, well-maintained sidewalk benefits older adults who like to walk for exercise or who no longer drive. At the same time it helps a young father or mother pushing a stroller or a child walking to and from school. Access to affordable housing, public transportation, quality healthcare, and green space are highly desired by all age groups. Multigenerational communities are, quite simply, more vibrant communities.

Importantly, aging-friendly communities view older adults as assets rather than a drain on local resources. Not only do seniors personally gain, but the communities also reap the benefits of seniors’ contributions. Seniors are able to bring their experiences, wisdom, expertise and time and energy to improve the quality of life of their towns and cities. Ultimately, aging-friendly communities promote opportunities for individuals of all ages to construct meaningful lives.

As states and localities work to create aging-friendly communities, it is crucial that older adults be contributors to these efforts. This requires a shift away from a view of older adults as clients or passive recipients of services to a view

of older adults as problem solvers, change makers and participants. Aging-friendly communities are about empowering older adults and reaching out to traditionally excluded groups such as those defined by a particular income level, race and ethnicity, level of English language proficiency or sexual orientation. Yet, while simply stated, achieving this goal—or fitting together all the pieces—is challenging!

## Promoting Aging-Friendly Communities in Massachusetts

Massachusetts is engaged in a number of initiatives to promote healthy aging. Working together, the Massachusetts Department of Public Health and the Massachusetts Executive Office of Elder Affairs, for example, created the Healthy Aging Program. This project offers a series of community-based health promotion and disease prevention programs for older adults such as My Life, My Health: Living with Chronic Conditions, A Matter of Balance, and Healthy Eating for Successful Living for Older Adults.

The Tufts Health Plan Foundation<sup>10</sup> is an important advocate in the state, supporting programs focused on healthy aging in areas such as vibrant lifestyles, caregiver support, intergenerational support, and fall prevention. The Foundation champions the view of older adults as resources who must be nurtured to ensure they are productive, healthy, and vibrant contributors to the Commonwealth’s communities. While their support targets community-based programs that focus on changing individuals’ behaviors, they have also partnered with the Massachusetts Health Policy Forum to create a broader systematic approach for a statewide Health Aging

Initiative. This work complements Governor Deval Patrick's March 2010 call to action to make Massachusetts a model state for healthy aging. In doing so, he presented an Aging Agenda, which was guided by nine core principles focused on transforming our state's cities and towns.<sup>11</sup>

These core principles included:

- A society that understands the positive aspects of aging and the importance of interdependence.
- Economic security through adequate earnings, savings, and basic financial skills.
- The best possible physical, cognitive, and mental health.
- Affordable housing, accommodating the changes in physical abilities.
- Managing one's own life and fully participating in community life for as long as possible.
- Affordable, consumer-directed long-term services and supports.

- Adequate transportation options.
- Meaningful caregiver supports.
- Access to social assistance services and protection against abuse and neglect.

Governor Patrick wisely noted that the achievement of this goal would require forging a strong partnership between seniors, the private sector, and local and state government.

The JF&CS Aging Well at Home – North Brookline project anticipated these statewide principles for aging well in the community and helped set the stage for transforming Brookline into a model town for healthy aging.

# The Aging Well at Home in North Brookline (Aging Well) Project

This project was an opportunity for JF&CS to use its expertise in consumer-driven, community-based models and leverage its unique resources as a human services organization to: 1) learn more about the neighborhood environment and the day-to-day needs and interests of older adults and the services that could help them remain at home and connected to their community; and 2) demonstrate different approaches to improving quality of life for an increasingly diverse and multi-generational older population.

Nonprofit organizations have often provided local leadership in the development of innovative models to support older adults' desire to remain in the community as they grow older. Since 2005, JF&CS has been bringing services to apartment complexes with high concentrations of elderly residents, often referred to as Naturally Occurring Retirement Communities or NORCs.<sup>12</sup> In 2007, through funding from the Harry and Jeanette Weinberg Foundation, JF&CS began a three-year project, Aging Well at Home in North Brookline (Aging Well), which offered the opportunity to develop a broader neighborhood-based initiative to support the ability of residents aged 70 and older to remain in their homes and stay connected to their community.

Brookline, a town bordering Boston, MA with close to 59,000 residents, is an appealing place to live, especially as people get older. Residents often identify themselves with one of the 20 or more neighborhoods or squares found in the town. Excellent transportation, educational, cultural, and health care services are nearby. It has a rich service environment for those who want

to continue living independently in their homes. There is a strong Council on Aging with innovative leadership that offers many social, personal and practical services that enable people to stay at home. Despite these existing options and opportunities, based on client interviews, only a limited number of those eligible for services actually know about and use them.

A neighborhood of North Brookline was targeted by JF&CS for its dense senior population, low to moderate incomes, and the absence of designated senior housing. According to the 2000 Census data used in developing Aging Well, more than half of seniors in this North Brookline neighborhood had "low incomes" (<80 percent of the area median income) and one-third had "very low incomes" (<50 percent of the area median income). The Census data also revealed that almost 6 out of 10 of the neighborhood seniors had a disability and/or lived alone. As this neighborhood lacks subsidized senior housing, older residents live in market-rate apartments, condominiums or single-family houses. The majority of the neighborhood seniors were white and about one quarter were Asian.

## **The Roots of the Aging Well Model**

In designing Aging Well, JF&CS identified three key objectives:

- (1) To offer older adults assistance coping with the stresses, demands and hassles of everyday life and/or crises;
- (2) To create opportunities for older adults to build connections or relationships with

For a 92-year-old widower, access to discounted transportation and help with shopping were important contributions to his quality of life. “I didn’t know I could take a taxi for a reduced rate until it came up in conversation at the Warm House. Then Dave helped me fill out the application.” He also helped me find help with shopping through the Senior Center. I’ve lived here my whole life and didn’t know these services were available.”

their neighbors to prevent feelings of loneliness or isolation; and

(3) To engage older adults as active participants in creation of a more aging-friendly community.

Focusing on these objectives, JF&CS drew upon its experience working with older adults in the community and on two existing programs in developing Aging Well: the Israeli Supportive Community Program<sup>13</sup> and the U.S. Village Model<sup>14</sup> also referred to as the Beacon Hill Village Model. Each model is described briefly below.

The Israeli Supportive Community Program is a neighborhood-based, membership organization which supports seniors’ ability to continue to live in their homes even as their functional abilities (or their capacity to do the tasks of everyday life) decline. To achieve this goal, the Supportive Community Program works to reduce fragmentation and gaps in needed services by bringing together informal supports (i.e. family, friends, neighbors) and formal care providers (i.e. health care, social work services) to create a secure environment for the senior.

Today, there are 220 Supportive Communities, serving over 40,000 seniors in Israel. Typically, each Supportive Community seeks to have 200 members who pay a monthly membership fee of approximately \$35.00. The Israeli government subsidizes the membership fee of lower-income seniors; this subsidy accounts for approximately 50 percent of the program’s memberships. The Village Model was first developed in Boston when a small group of long-time residents of the city’s Beacon Hill neighborhood came together to explore creating an alternative to moving into retirement communities or assisted living as one ages and requires more supportive services. The group’s idea was to tap into existing local resources to either organize or provide an array of services which allow seniors to live safe, healthy and productive lives in their own homes. Incorporated in 2001, today Beacon Hill Village has more than 400 members aged 50 and older who pay annual fees of either \$640 for an individual or \$890 for a household. (Some resources are available for reduced membership fees for lower-income seniors.) Members either receive services directly from Village staff or volunteers or are linked to services vetted by the Village.<sup>15</sup>

Almost immediately after its launching, the Beacon Hill Village began to attract public attention and praise. One question which leaped to the forefront was whether the Village Model could be replicated in communities that were not as affluent as Beacon Hill. (This concern was further heightened by the fact that the next group of communities to launch Villages were some of the country’s wealthiest.) Yet, the Village Model has continued to spread across the country; currently, 56 communities have active Villages and another 86 communities are in the development phase. As the Village movement has matured, adaptations of the model are emerging (many that incorporate volunteer activity).<sup>16</sup>

The Supportive Community Program and the Village Model were attractive to JF&CS because of: (1) their neighborhood focus; and (2) an emphasis on purposively linking informal and formal services. Based on its own work, JF&CS was well aware that older adults' needs often "fell between the cracks" of formal care agencies. Further, JF&CS knew that many of seniors' unmet needs involved relatively simple tasks such as rearranging pots and pans to lower, more accessible kitchen shelves or explaining how to program a cell phone. Finally, although many older adults continue to stay in their homes and communities as they age, they still experience the loss of long-term friends and neighbors. JF&CS recognized that these seniors are at increased risk of becoming socially isolated, negatively affecting health and well-being. JF&CS was aware, however, that there would be challenges in translating the Supportive Community Program to the U.S. given not only cultural differences but also significant differences in the two countries' health and social services systems. And, while JF&CS found the central premise of the Village Model attractive—that is, you get to stay in your own apartment or house and any services you need come to you—they recognized it would require moving away from a model in which members' annual dues support a significant part of the services.

## **Aging Well Project Overview and Core Components**

Aging Well described itself as a neighbor-centered program linking seniors to services and activities that help make daily life easier, safer and more satisfying. Participants were recruited from 700 neighborhood residents aged 70 and

older who received a letter of introduction, a one-page descriptive flyer and a follow-up phone call. Specific services described in the flyer were: help with household and personal tasks, socializing with neighbors, referrals to all kinds of resources, nutrition consults, and home safety assessments. Following an interview and brief assessment process, involvement in the program, which was free, "entitled" those who participated access to any and all of the services described above. Those services were generally coordinated and/or provided by the Aging Well staff either in-person or via telephone and email and offered 9:00 a.m. – 5:00 p.m., Monday – Friday. Ongoing evaluation of the implementation process and participant surveys were conducted to describe and measure outcomes including satisfaction, decreased isolation and stress, and increased knowledge of community resources.

To address its key objectives, the Aging Well program design featured three corresponding core components: the Community Liaison Person, the Warm Houses program and the Community Forums Initiative.

### **Community Liaison Person: One-to-One Assistance with the Hassles of Everyday Life**

The Community Liaison, adapted from the Israeli Supportive Community Program's Community Father, was the focal point for the seniors' interaction with Aging Well. This staff person maintained ongoing contact with the participants via telephone calls, home visits and invitations to social events. He was available to help participants problem solve solutions to daily hassles or challenges as well as one-time occur-

rences. The Community Liaison also reached out to participants during weather crises, such as heat waves or snow storms. The Community Liaison was available from Monday to Friday, from 9:00 a.m. to 5:00 p.m.

The range of activities the Community Liaison provided included:

**(a) information, referral, and assistance with follow-through**

The Liaison's activities included linking participants with organizations such as the Council on Aging, the Area Agency on Aging, Veterans Services, Food Stamp Program, the Legal Assistance Bureau, Computer Training Programs, and Senior Driver Evaluation Programs. Oftentimes, the Community Liaison researched and explained the needed resource to the participant.

**(b) household tasks, repairs and safety modifications**

The Community Liaison performed a wide range of minor household tasks, including reorganizing to make household items more easily accessible or reducing clutter. Safety modifications, such as grab bars and raised toilet sets, were also a concern. There was fairly high demand for help resolving technology problems such as nonfunctioning cable television, cell phones, and computers. Snow removal and the salting of sidewalks were a great concern to participants during the winter months.

**(c) assistance interfacing with organizations and businesses**

At times, the Community Liaison not only provided seniors with needed referrals, but also interacted with the organizations or businesses

on behalf of participants. For example, the Liaison might call a company (i.e. cable service, pharmacy) and help a senior understand her options, offer aid in appealing a service denial, or clarify delivery and payment options. Many times, seniors wanted assistance from the Liaison in the completion of required forms and paperwork as well as assurance about discarding unsolicited mail they received.

**(d) transportation**

Transportation was a frequently received request, often related to health care, such as medical appointments, pharmacy, rehabilitation center, and hospital. Other requested trips were to places such as the supermarket, bank, post office, and voting sites.

An 85-year-old single woman enjoyed Warm Houses and the Envision Your Future educational programs; she thought she had no need of the Community Liaison's services until she broke her right wrist and began to experience additional medical needs. The Community Liaison helped with food shopping until her wrist healed and she allowed him to secure electrical cords to minimize fall hazard. They shopped together for a hearing enhanced phone and the Community Liaison assisted her in programming numbers and learning to use the phone.

**“I guess I needed more help than I thought I did!”**

**(e) social connection**

Check-ins by the Liaison, whether in person or by telephone, also was an important contact for some of the participants. The Liaison was available to visit and chat about current and past life issues, share both happy and sad news, and provide an ear for stories the participants wished to share. The Liaison also arranged neighbor-to-neighbor assistance, creating new bonds or connections for participants.

**Warm Houses:  
Building Neighbor-to-Neighbor Connections**

The Warm House program, also adapted from the Israeli Supportive Community Model, offered older participants the opportunity to engage with neighbors of all ages in the warmth of a neighbor's home. Events in these "warm houses" ranged from informal coffee gatherings to a formal meal to a day or evening social, cultural, or recreational event. The purpose of the Warm House program was to create or strengthen connections and bonds, and offer opportunities for sharing life experiences as well as practical information about resources in Brookline.

In the earlier stages of the Aging Well Program, the Community Liaison and program volunteers provided leadership for the organization of the Warm Houses. Over time, Aging Well staff transferred the responsibility for the organization of Warm House events to the neighborhood residents. A member-to-member directory and a telephone tree were created to help participants in these efforts.

**Community Forums:  
Older Adults Creating an  
Aging-Friendly Community**

Community Forums were held to solicit the input and involvement of older residents. These events became an important mechanism for empowering seniors and actively engaging them in the shaping of the Aging Well neighborhood program. In the project's early stages, focus group participants voiced strong support for the proposed Aging Well program and were especially attracted to its potential to "fill gaps" in services.

Participants also strongly endorsed the peer support model as a strategy to address seniors' social isolation. Concerns were also raised about the challenges of overcoming seniors' reluctance to ask for help. These early forums also identified a small, core group of older residents who were interested in the Aging Well program as a vehicle to helping other seniors living in their neighborhoods.

In the later stages, the Aging Well project, in partnership with the Council on Aging and public library, conducted four town-wide forums, Envision Your Future, at which residents learned about universal design and adapting home environments, the upside of downsizing, various housing options, and the home as an asset. These forums, attended by multiple generations of older adults (i.e. ages 60 – 100) served to educate participants about possible living options as well as to encourage them to recognize they have a voice in shaping their own and the town's future.

One of the few married couples participating in Aging Well benefited from all the resources the project offered. They hosted and went to several Warm Houses, attended educational events and found great support from the Community Liaison. He ensured that the husband, 84 and with Alzheimer's disease, received a Wander Alert Bracelet through the Brookline Police, connected the wife, age 80 to additional support services through the Council on Aging and Area Agency on Aging, and handled small household repairs such as replacing the ink cartridge on their printer and putting a sliding shower door back into alignment. Wrote the wife,

“...a deep heartfelt thank you...for allowing us to take advantage of your readiness and knowledge in our times of need.”

## The Aging Well Project Experience

The heart of the Aging Well project was about “making connections” for seniors—whether to local community agencies, organizations or businesses, and/or to the individuals and families living in their neighborhoods. Aging Well did not want to duplicate existing community services and resources; rather, its emphasis was on increasing seniors’ access to these resources through education, outreach, advocacy, and/or providing transportation. Thus, from its very beginnings, Aging Well collaborated with local nonprofit organizations, businesses and residents. The central partnership was with the Brookline Council on Aging whose support was critical to the success of the project. In total, 65 older North Brookline residents chose to sign up for Aging Well. Their

average age was 81 years old, with the youngest participant being 69 and the oldest one being 95. Most (85 percent) were Caucasian or white females. Not surprisingly, 70 percent were not currently married and slightly more than half (53 percent) lived alone. Most had lived in their homes a very long time; the average length of residence was slightly more than 26 years. More than half (53 percent) lived in either condominiums or apartments; the other 47 percent lived in single-family houses, duplexes, or triplexes.



Initial outreach efforts identified considerable interest in the Aging Well program; the key challenge was turning interest into enrollment. (This is similar to what the U.S. Village Model and some of the Israeli Supportive Community Programs faced.) Subtle ageism in our society can lead to an “I’m not ready for this type of service yet—I’m too young” response. The strong need for personal autonomy and independence can result in an “I don’t need this type of program now” response as well. Responses such as these underscored for JF&CS the importance of adapting Aging Well to be attractive to both the young-old and the old-old as well as acknowledging that baby boomers will bring new perspectives or views of aging. When it comes to older adults, “one size does not fit all;” there is a need for flexibility in program design. Post-enrollment interviews with the participants revealed the vast majority viewed their Aging Well experience as positive. As the table below shows, most felt the program had contributed to a stronger sense of safety and security in their homes, a greater feeling of confidence that they could access needed services or resources, and a stronger connection to their neighbors and neighborhood. Comparisons of participants’ stress levels from entry into Aging Well to nine months later revealed, on average, significant declines.

**Four major lessons emerged from the Aging Well demonstration project that helped to inform its transition into a town wide model:**

**1) There is a pervasive lack of knowledge about existing community resources and supports for older adults.**

Even in a resource rich community with a highly educated older adult population there is tremendous and ongoing need to build awareness about what is available and how to access it. The Community Liaison and Warm House events were

essential in providing crucial information about invaluable resources such as the Brookline Elder Taxi System (BETS) which provides discount taxi vouchers for income eligible older adults or the SHOP program which is a free food shopping program matching older adults with high school students.

**2) Older adults are a diverse group; one size does not fit all when it comes to describing and anticipating seniors’ needs and interests.**

It is important to develop an aging-friendly community model that has the flexibility to respond to older adults’ different circumstances and needs. In Aging Well, we learned that the young-old (persons in their 60s and 70s) and the old-old (persons in their 80s and older) often have different interests in, and resource requests from, the program. This was brought home by a mother and daughter who lived together and participated in the program. The daughter in her 70s and the mother in her late 90s each had different needs and expectations that did not always fit a pre-conceived notion.

**3) Older adults often lack a readily available person to help them cope with the hassles of everyday life or provide emotional support and comfort.**

In the absence of immediately available or close-by family or friends, the Community Liaison was there to build a relationship that allowed seniors to feel comfortable asking for help with day-to-day challenges. Over time, several participants who became more frail sought out help with chores which were becoming increasingly difficult. Utilization of the Community Liaison highlighted the importance of developing a neighborhood-based mechanism to identify ongoing ways to help older adults with the stresses and hassles of everyday life. An ongoing challenge is how to

### Participants' Perceptions of the Benefits of the Aging Well Program

The Aging Well at Home program has made me feel...	Percentage who strongly agree	Percentage who agree	Percentage who strongly disagree	Percentage who disagree
more connected to my neighbors and my neighborhood	65	22	10	3
safer in my home and in my neighborhood	34	37	22	7
more confident that I can get assistance in locating the community resources or services that I need	53	27	13	7
less alone in my neighborhood	45	30	22	3
more secure that I can manage living in my current home	30	46	17	7

develop a Liaison-type service that is accessible to seniors of all economic levels.

#### **4) Creating public-private partnerships, including collaborations with local Councils on Aging and the aging network, enhances the transferability and sustainability of aging-friendly initiatives.**

An important goal of Aging Well was to address gaps rather than duplicate existing services. Soliciting the input and ongoing involvement of service providers, municipal departments, and businesses ensured that Aging Well efforts focused on a coordinated approach. Further, the close partnership with the Council on Aging allowed the Aging Well project to align itself with the broader strategic goals of the town. This paved the way for the powerful, productive, and inclusive town wide model that is emerging.

At a series of open meetings in 2010 at the home of a North Brookline community leader, an academic in the field of aging with a strong commitment to community involvement and productive aging, participants explored ways to incorporate

and expand upon elements of Aging Well. These meetings provided the critical link to a transition of Aging Well into a sustainable town wide model – Brookline Community Aging Network (BrooklineCAN). BrooklineCAN has developed in many unanticipated ways from the initial discussions that focused on how to sustain the services offered by Aging Well. Brookline-

CAN builds on the multi-partner collaboration and grassroots efforts of Aging Well, and combines forces with a strong, progressive, and vibrant Council on Aging (COA), to promote services and activities that will enable independent living and increase opportunities for older residents to engage fully in the town's social, cultural, and civic life. It capitalizes on the COA's expertise and resources in ensuring the well-being of frail elders while extending the reach of the COA to younger generations within the older population.

In building BrooklineCAN, Brookline has chosen to adopt the Village Model membership framework, but is adapting the model (like many of the newer villages) to have a much lower membership fee level (\$25), making it more inclusive.

BrooklineCAN feels it can achieve this lower membership fee structure through: (1) use of the wealth of resources and strong service base already available in town; and (2) adoption of a strong emphasis on multi-generational civic engagement and volunteerism.

# Transitioning to Brookline Community Aging Network (BrooklineCAN)

Membership is open to anyone regardless of age. In fact, the central feature of a roving marketing display for BrooklineCAN is a mirror above which is written “Who can belong to B-CAN?” Much has been accomplished in a short time by the BrooklineCAN Steering Committee and sub-committees (membership, education, communications, member discounts, livable community, contractor referral service, volunteer development) that have attracted a dedicated and growing cadre of volunteers. In its first year, BrooklineCAN has already recruited several hundred members. Over 50 merchants and business people have become a vital part of this exciting town wide initiative by offering discounts to members.

With a keen sense of the multiple generations that now constitute the older population, BrooklineCAN is developing ways to connect with potential and existing members using both web-based and paper communication. As programs and events are created there is recognition that they be offered during the day and in the evening to accommodate the growing number of working members. The BrooklineCAN website ([www.brooklinecan.org](http://www.brooklinecan.org)) accomplishes a primary goal of the organization - highlighting the critical services and activities of the Council on Aging while also expanding information to attract a broader constituency interested in what Brookline, and BrooklineCAN specifically, offers its aging residents.

The Education Committee is offering a broad range of educational programs which include the continuation of the Envision Your Future series initiated by Aging Well. Programming addresses the needs and interests of a diverse population of older adults.

Though not part of the original aims of BrooklineCAN, the organization is now aligning itself with the age-friendly cities movement. The Livable Community Action Committee (LCAC) is already busy working on a number of projects to enhance community life for all residents. They developed a guide to rental and condominium apartment buildings with elevators and a directory of restrooms accessible to the public. The committee is active in addressing the adverse impact of new water rates on low-income older home owners and the special difficulties experienced by older people in using new parking meters. The LCAC is also encouraging members to participate in design review meetings for playgrounds slated for renovation.

As a founding partner of BrooklineCAN, JF&CS is a member of the Steering Committee and continues to offer its resources to help build membership and an intergenerational network of volunteers. With its myriad services for older adults and their families, including a Visiting Nurse Association (VNA) based in Brookline, JF&CS is excited by the opportunity to contribute to the growth of BrooklineCAN.

In advancing the lessons learned from Aging Well, BrooklineCAN is challenged, in particular, to:

- Continue its already impressive efforts to reach out to be inclusive of as wide a representation of Brookline residents as possible;
- Capitalize on the existing services of the Council on Aging as well as foster neighbor-to-neighbor activity as a way of

promoting cost-effective connections that help manage day-to-day chores addressed by the Community Liaison; and

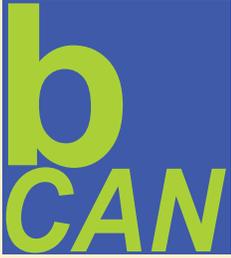
- Nurture and sustain the exceptional volunteering capacity of proactive residents

Discussions are already underway that involve a two-pronged approach. One would be the development of a neighborhood-based volunteer BrooklineCAN ambassador initiative. The second is an expansion of the Council on Aging's Home and Escort Linkage Program (HELP) to include a wider range of services. HELP, a 20-year-old program, provides an alternative to private home care and state funded services by offering vetted affordable, reliable, and flexible

services such as light housekeeping, laundry, meal preparation, grocery shopping, errands, medical escort companionship/respite care, odd jobs/organizing, heavy cleaning, yardwork/home maintenance.

The Aging Well project and the spark it ignited to develop BrooklineCAN offers a wonderful example of the tremendous opportunity to rethink the way we live and design our communities to meet the needs not only of older adults but residents of all ages. Other communities also have untapped grassroots potential in re-imagining the way we live. Now is the time to act!





A key aspect of our evolution has been our effort to attract a broad membership that includes those who are entering old age. We want to serve the vulnerable people who were central to the Aging Well at Home program but we also want to involve those who are fully capable of participating in community life. The discount program, the livable community advocacy activities, and the effort to develop attractive volunteer opportunities are all intended to attract a younger population.

~Ruthann Dobek & Frank Caro  
Steering Committee Co-Chairs

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The JF&CS Geriatric Institute works to improve the quality of life in advanced age through the translation of medical, psychological, and socio-cultural research into community-based services. The Institute is particularly interested in linking discrete research findings to create and implement practical applications.

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