

## **Aging in Place in Bergen County: Challenges and Opportunities According to Key Informant Interviews**

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Volunteers help with painting, gardening, and power washing at S.H.A.R.E. Inc., an affordable senior residence in Ridgewood.

*This report presents information from 30 interviews with key informants regarding challenges and opportunities concerning aging in place in Bergen County, New Jersey. The interviewees represented social service organizations, housing developers and managers, and health care providers. Collectively, the participants identified four major challenges, including the need for: (a) affordable senior housing, (b) better transportation options, (c) greater use of preventive services, and (d) more seamless service delivery systems. The report concludes by presenting participants' perspectives on the importance of investing in the capacity of single organizations, as well as in forging greater connections among organizations to reduce barriers and enhance facilitators for aging in place.*

## Background

Aging in place (AIP) refers to living safely and comfortably in one's own home and community, particularly in the face of later life challenges. Examples of challenges that can threaten AIP include increasing disability, inadequate financial resources, widowhood, and other losses in social support.

While AIP traditionally has been thought of as avoiding relocation to a nursing home, or staying put in one's own dwelling indefinitely, AIP is increasingly discussed as an umbrella term for a variety of phenomena. For example, AIP can include an older adult living in senior housing, who prefers not to move to a higher level of care even when in need of more supports. It also could include an older couple who downsizes by moving from their long-time home to an apartment building in their same community. Gerontologists increasingly emphasize that AIP should be distinguished from "stuck in place" and that a major aspect of AIP as a broad societal goal is to maintain older adults' residential environments in ways that optimize their health, safety, well-being, connection to others, dignity, and choice.



The Mayor of Westwood visits with a client of Pascack Valley Meals on Wheels, which delivers nutritious meals to homebound individuals.



Residents of Bright Side Manor in Teaneck—an affordable assisted living community—provide each other with fellowship.

While there is growing enthusiasm for policies, programs, and services that foster AIP, there also is growing recognition of the grave systems-wide challenges that prevent many individuals and families from doing so. Such challenges include the lack of a comprehensive system of long-term care in the U.S., the design of buildings and neighborhoods that are not amenable to people with disabilities, and institutional barriers to older adults' participation and inclusion within their communities.

Recognizing these challenges, the Henry and Marilyn Taub Foundation (HMTF) began making grants on AIP in 2012. The HMTF is a private, second-generation family foundation, which focuses on two counties in Northeast New Jersey: Bergen and Passaic. In 2014, the Foundation commissioned a study to systematically identify issues around AIP in Bergen County and to learn about past, present, and future strategies to inform its grant-making. This report is formulated to summarize the findings from the study.

## Study Design

Findings are based on 30 key informant interviews with people whose work focuses on Bergen County. As the HMTF is especially concerned with helping those in greatest social and economic need, the study engaged individuals whose work is especially relevant to low- to moderate-income older adults. Organizations recruited into the study were selected based on their reputation as being key stakeholders providing housing, health, and social services for older adults and caregivers in non-institutional and non-medical settings. Organizations also were identified based on Internet searches, participants' recommendations, and through the existing networks of the HMTF.

Table 1 summarizes the characteristics of participants in the study. Nearly half of the sample began their work at the current organization in 1995 or earlier, and participants had an average of 24 years of professional experience in Bergen County and 20 years of work in aging services. Figure 1 displays the 13 municipalities in which the interviews were conducted, with many organizations serving older adults county-wide.

Most interviews ranged in length from 60 to 90 minutes. A semi-structured interview technique was used, whereby the researcher prepared questions in advance, yet had the flexibility to spend more time on issues unique to that interview. All interviews were audio-recorded, transcribed, and then analyzed thematically in a software program for qualitative research. The study received approval from the Rutgers University's Institutional Review Board.

Social Service Provider	50%
Housing Developer/Provider	30%
Health Services Provider	13%
Other Type of Organization	7%
Organization Works Exclusively with Older Adults	33%
Respondents with a Master's Degree	47%
Average Number of Years Working in Bergen County	24.07
Average Number of Years Working with Older Adults	20.39

This summary report presents challenges and opportunities concerning AIP that were most commonly discussed across the interviews. Because the researcher asked somewhat different questions of each interviewee, the study design does not allow for a precise count of every idea discussed across all interviews. Instead, the report is intended to identify, synthesize, and describe the most significant themes that emerged.

Findings are presented according to four major themes, each addressing a perceived challenge to AIP. Each theme is developed by first presenting why the issue matters for AIP in Bergen County and then by describing participants' perspectives on past, current, and future strategies to address the issue. The report concludes by presenting participants' perspectives on broad directions for strengthening the capacity of organizations to promote AIP.



Figure 1. Map of Bergen County with gray areas designating municipalities in which interviews were conducted.

# Theme #1: Affordable Housing

## The Issue

Affordable housing for older adults was widely identified by stakeholders as a major challenge to AIP in Bergen County. As one respondent described, “We have people who lived here, owned a home here, raised their children here, paid taxes, and now they reached this age where they can no longer maintain their home, and there is no public housing. There is just not enough for seniors, so they move out of town.” Participants relayed stories of older adults whose searches for affordable housing came up short and ultimately necessitated moving to other locations in New Jersey, Delaware, the Carolinas, and Florida.

Participants explained how the relocation of older adults out of Bergen County creates losses for individuals, families, and communities alike. Individuals lose the social connections that they have developed over time, including proximity to their friends, service providers, and community members. Intergenerational families residing in Bergen County lose immediate access to grandparents and parents, and community members lose long-time neighbors and friends.

Challenges around the supply of affordable housing for older adults were perceived as relevant to both homeowners and renters:

*Homeowners:* Respondents frequently described how older adults find themselves no longer able to afford their own homes, even without any mortgage payments. As one participant explained, “Escalating property taxes for seniors who find themselves on a fixed income make their living situations even more precarious.” Older adult homeowners who wish to downsize also face challenges finding safe and affordable options in Bergen County. Respondents noted the escalating costs of homes in Bergen County, in part, because of outmigration from the expensive New York City market.

*Renters.* Participants commonly discussed that market-rate rentals in Bergen County consume nearly the entirety of income among older adults living off of Social Security alone and that rental subsidy programs are available only for emergency purposes and do not offer long-term solutions.

Participants also described the long waiting lists for federally subsidized housing (whereby people pay 30% of their incomes toward rent, regardless of their income level). Waiting lists for such housing are for years and are often-times closed altogether. As one participant stated: “With (other issues), for a lot people, there is light at the end of the tunnel, but housing, I feel like if somebody calls up, and that’s really all they need, I ache because it’s heart-breaking for me to say, ‘I can’t really help you.’”

In addition to the lack of affordable housing units, informants described the need to have more diverse housing to accommodate the particular needs and interests of older adults. Most prominently, affordable housing for older adults was discussed as not only for people who have economic needs, but also who likely have or will develop complex supportive service needs. As one participant explained below:

***“You have sixty-year old seniors who are very vibrant, still working somewhere, and they don’t need the house they are in, and their income isn’t too high. Yes, they have a need for affordable housing. (This) is completely different from the senior citizen who is living (in public housing) for 14 years because of their indigence, their impoverished state, and their health. You can’t lump them all into one category because there are completely different needs for affordable housing in those cases.”***

Respondents also described the importance of creating housing that is desirable to older adults, such as by being located in safe and convenient locations and offering the types of social environment suitable to their preferences. For example, some participants described how room-sharing is an optimal solution for older adults seeking low-cost housing with additional social contact, whereas others described how many older adults cannot fathom having a roommate after decades of living in their own private residence.

## Strategies Concerning Housing

Strategies to address the need for affordable housing for older adults fell under two categories: (a) supply-focused strategies that focus on the development of affordable units into which older adults can move, and (b) demand-focused strategies that help people maintain their current residences.

*Supply-focused strategies.* Supply-focused strategies refer to creating more units of affordable housing that are appealing to older adults. As one respondent described below:

***“Affordable housing is like the weather; a lot of people talk about it, but not many people do anything about it. We decided there was really only one solution: increase the supply of homes people can afford. It doesn't have to be studied or analyzed. It's that simple.”***

Participants whose work focused on developing affordable housing described financial, legal, and political challenges that slow down the efforts to build more units in Bergen County. Key challenges included:

- *Cost of land:* Land on which to build in Bergen County was perceived as exceptionally expensive. One informant reported that 95 to 98% of land in Bergen County already has been developed, making it essentially necessary for the full or partial donation of land or existing buildings finance the development of additional affordable units (such as vacant church buildings or schools that could be repurposed as housing).

- *Complexity of funding sources:* Public housing typically involves integrating various funding streams, including multiple sources of public and private dollars. Obtaining these various funds and ensuring their timely receipt to have sufficient cash flow for projects at various stages of development requires significant organizational effort and expertise. Developers of affordable housing described the grit and perseverance of leaders needed to overcome the hurdles to see a project through. As one respondent stated, “It takes all the energy, conviction, and focus to get something built in New Jersey.”

- *Lack of top-down or bottom-up pressure to build:* While stakeholders in this study described their deep appreciation of the need for affordable senior housing, they recognized the overall absence of other key parties, who could accelerate efforts to enhance its availability. These parties included the U.S. Department of Housing and Urban Development, as well as more local levels of government. Respondents also identified private residents as being unaware or complacent around the need for affordable housing in their communities, with one participant describing the “not-in-my-backyard mentality,” whereby people support new developments, but not in their own immediate vicinity.

Nevertheless, there was some recognition that the New Jersey Supreme Court's recent ruling on municipalities' obligation to develop affordable housing might lead to a growing number of politics exploring affordable housing projects. Participants also anticipated that as more municipalities successfully complete projects, nearby municipalities might similarly seek opportunities to do the same in their communities as part of a “me too” phenomenon. Some informants described ways in which older adults are an attractive population for new affordable housing, as supporting the development of senior housing is generally viewed as politically positive, and that older adults are perceived as creating less strain on municipal budgets than young families with children because of the costs of supporting public education.



A volunteer from CHORE, which assists clients with minor home repairs, installs a grab bar in a shower.

## Strategies cont.

*Demand-focused strategies.* Participants described strategies to maintain people in their own homes, focusing largely on programs that aim to enhance their economic security so that older adults have financial reserves to cover the costs of maintaining their current homes. Described below are examples of such efforts.

*Home Repair and Maintenance Services:* These programs involve connecting older homeowners in need of assistance with below-market-rate home repair services. For example, the CHORE program, which is part of the Volunteer Center of Bergen County, manages a corps of volunteers that assists older adults with tasks such as replacing light switches, adding grab bars to showers, and installing window air conditioner units.

*Subsidized Programs for Home-Delivered Long-Term Services and Supports:* Participants described programs that can help older adults avoid having to move for skilled nursing care when they have high levels of clinical need and limited financial resources. Examples of such programs include the Visiting Home-maker Home Health Aide Service of Bergen County's CHEER Program (which involves volunteers providing regular assistance with household activities, such as grocery shopping) and the PEER program through the Bergen County Division of Senior Services (which provides publically subsidized home health services while a person transitions to Medicaid funding). Respondents expressed concerns, however, regarding the long-term availability of these programs, including wait lists for CHEER and the phasing out of the PEER program by the end of 2015. Participants also described in great detail their problems with linking participants to Medicaid Long-Term Services and Supports (MLTSS), especially given the transition



United Way breaks ground on a *Very Special Homes* community for both seniors and individuals with developmental disabilities.

from a county-based system to a private managed care system as of July 1, 2014. Informants expressed frustration with issues such as the long length of time that it takes a newly enrolled person to receive services through MLTSS, changes in the role and level of service provided by care managers, and the effect of MLTSS on the quality of care. In light of these challenges, several participants described the use of placement in Medicaid-funded skilled nursing as a strategy for addressing the lack of affordable, supportive housing.

*Bank-Involved Programs:* Participants described the role of financial institutions in helping older adults preserve their resources to cover the costs of AIP. Examples of financial services included reverse mortgages (which allows older homeowners to tap into their home equity to cover other expenses) and Miller Trusts (a new program in NJ whereby older adults can preserve some of their savings while still enrolling in MLTSS). Informants described their observations of the complexities of connecting older adults with these services, often referring them to qualified experts—such as lawyers—to fully understand the advantages and disadvantages of these programs.

## Theme #2: Transportation Options

### The Issue

Another area that participants identified as a major barrier to AIP in Bergen County was transportation options for people who no longer drive. Informants described their experiences working with older adults who lost their ability to drive not only because of health problems (e.g., visual impairment and declining cognition), but also limited incomes (e.g., covering the costs of car insurance). Respondents distinguished the serious ramifications of this loss in Bergen County, which is a largely suburban region, from more urban environments, where there is greater walkability from residential to recreational to service settings, as well as greater availability and use of mass transit.

Participants stated that transportation is not just a matter of convenience, but something that is critical for health and overall well-being. Transportation was described as a resource that provides access to a variety of health-promoting resources, including fresh and nutritious food, social and cognitive stimulation in the community, timely medical appointments, and access to enrollment in some public benefits programs. More broadly, maintaining older adults in their own homes and communities without high-quality transportation options demonstrates the hazard of AIP becoming “stuck in place.”

Informants further explained how affordable transportation options are intricately connected to other aspects of service delivery for older adults. For example, participants described how transportation options influence the delivery of home health care. As many nursing aides are dependent on public transportation, it is challenging to service home-health clients who reside in areas of Bergen County that are not accessible by mass transit.

Utilizing transportation services was viewed as especially challenging for older adults with limited English proficiency, as transportation services largely require real-time conversations between drivers and passengers. As one participant described: “They can’t communicate with the coordinator when they want to know if the bus is late. And when they are on a trip they want to make sure that the (transportation system) is going to pick them up. (The doctors’ appointments happen) when their older children



are at work so they cannot coordinate. So it is very difficult for their older children to call the (transportation providers).”

Participants stated that older adults who cannot drive their own personal vehicle are largely dependent upon family caregivers, friends, and neighbors. Several informants also noted that formal service providers stretch their roles to accommodate clients’ transportation needs. They stated that giving clients rides often went beyond what they were supposed to do, but that because of the gravity of need, they provided transportation assistance. Other strategies to overcome challenges regarding limited transportation options were described in terms of the various formal transportation systems intended to provide older adults with mobility options beyond their own personal vehicles. However, respondents also readily explained ways in which these systems are limited in their usability and effectiveness (see next page). This overarching theme is reflected in the quote below:

*“You keep trying to tell people when it’s time to stop driving and what do we offer them in return? Well, there is a bus that is going to come in an hour. Go stand out there on the street corner two blocks away, and no, you are not going to the mall. You are going to Shop Rite and then home. We just don’t take care of transportation.”*

## Limitations of Current Transportation Systems

Respondents identified four formal systems of transportation intended to be of service for people who do not drive, while also describing their limitations.

*Municipal systems.* Participants noted that while some municipalities offer transportation services for older adults, others do not. Even within municipalities with such services, participants identified common limitations. First, there was a perception that municipal services are limited to particular hours on particular days of the week. There also was a perception that rides back are scheduled according to the availability of the driver, rather than the needs of the consumer. As one participant stated:

***“They’ll drop you off at 9 o’clock, and they’ll say, ‘We’ll pick you up at 2 o’clock.’ Well, you’re done at 10:30, and the best they can do is come back at 2 o’clock in the afternoon! Even for seniors who might have more free time, it’s still, ‘Why do I have to spend five hours for a one-hour thing?’”***

Participants also described how the fixed routes of transportation services were especially problematic for older adults with mobility problems. As one respondent stated, “If you figure somebody has macular degeneration, hip problems, knee problems, what difference does it make if the bus is one block away or ten blocks away? They can’t do it.” They also expressed the desire for municipalities to better partner with each other to cover an expanded geography for their transportation services.

*County systems.* Bergen County Community Transportation also was mentioned as another system intended to help older adults in need of greater mobility options. However, the county transportation system was viewed as limited in several respects. First, participants commonly noted that it requires people to schedule their rides one to two weeks in advance. Many participants discussed situations in which people had unanticipated, time-sensitive transportation needs. There also were perceptions that the county system was limited in the types of trips that it will

provide, although some participants described that the county recently had expanded options.

*NJ Transit.* NJ Transit is the State’s public transportation corporation and operates statewide. While participants did not necessarily identify the use of NJ Transit trains and buses as a service that older adults typically use, some did reference Access Link. Access Link is NJ Transit’s para-transit service, which is in compliance with the Americans with Disabilities Act (ADA) of 1990. Participation in the program is based on eligibility. The program involves cars and shuttles providing curb-to-curb service at pick-up and drop-offs located within a three-quarter mile radius of a NJ Transit bus route. While informants identified the strengths of this system—including the ability to travel larger distances, the greater ease of making a reservation through the system, its relatively low user fees, and the ability to use it for any type purpose (e.g., medical, social)—they also described its limitations, including the potential for long and circuitous routes, a large pick-up window, as well as its only servicing locations that already are relatively close to NJ transit bus routes.

*New models and private companies.* This category of service refers to efforts among independent non-for-profit and private corporations to offer expanded transportation options for older adults. Examples of such services include programs that organize volunteer drivers, as well as taxi companies offering discounted services for older adults. Some participants expressed enthusiasm for the greater involvement of private companies in addressing transportation issues. One participant stated, “I do think there is both a frustration and also an acceptance that there are only X number of public dollars period. That is not a growing entity, (yet) the need continues to grow. So what are the options? Public-private partnerships, where the public part is doing theirs and the private entity is doing their thing.”

Informants also identified challenges concerning these services. Issues concerning volunteer driver programs included the organizational costs of maintaining vehicles, perceptions around liability and insurance, and a shrinking pool of volunteer drivers. Respondents also described the lack of long-term sustainability among transportation programs that tried to start up or expand in Bergen County in the past, as well as concerns regarding their affordability for older adults on limited incomes, especially for longer trips and more frequent use.

## Theme #3: Preventive Services

### The Issue

Another theme concerning participants' perspectives on AIP in Bergen County was the need for greater use of preventive services. Preventive services is an umbrella term that refers to services and supports that, if utilized at the right time, could forestall or prevent more costly and serious problems in the future. As one participant summarized, "I think we as a society need to catch problems early before they really magnify, watching those things before they grow too big."

Several participants recounted stories of specific clients in dire situations—such as people who repeatedly rotate in and out of emergency rooms—who could break this chronic pattern if they were to receive better preventive care. Others described how their organizations' services prevent the amplification of health problems that could ultimately result in older adults having to move into an environment with a higher and more expensive level of

care. For example, one participant, who facilitates exercise classes at a community center, recalled an 80-year-old woman who fell at home while gardening. "The doctor said to her, 'It is unbelievable how quickly you are healing,'" which the participant attributed to the woman's participation in the center's bone strengthening and aerobic activities. Another representative from a senior center explained the organization's goal as "for people to come here, enjoy themselves, to keep them active, and to keep them out of nursing homes."

Examples of preventive services included traditional public health and health promotion activities, including community health education (e.g., outreach on falls prevention); chronic disease self-management programs; activity groups; flu shots and immunizations; primary care screenings; and even volunteering. Participants further described the preventive value of other types of services that might otherwise be considered for more clinically acute populations. One common example was mental

health services and specialized case management for people with mental health issues—with the idea that if providers could more effectively treat common emotional problems, such as anxiety and depression, older adults would be less likely to self-neglect over time and accumulate problems that culminate in their having to move.

Other types of preventive services included Medicaid long-term services and supports, especially in terms of home health services. Although designed for people who already have a high level of functional limitations, the program was perceived as being preventive in keeping clients from having to enter a skilled nursing facility.



Residents of Garfield convene at a community garden.

## Barriers to Accessing and Using Preventive Services

Challenges concerning the use of preventive services was largely addressed in terms of access. Described below are four categories of access identified as barriers contributing to the limited use of preventive services.

*Consumer awareness.* In general, participants perceived that many preventive services are available in Bergen County, but that people simply are not aware of them. Many described the need for additional outreach and education on available resources. Respondents noted the importance of these efforts especially for older adults “falling through the cracks.” Participants described these older adults as largely confined to their homes and not being connected with community organizations and informal social networks through which they can receive information about services and supports. As one participant recalled:

***“We have something like (Super Storm) Sandy, and we find out there’s a 100-year-old person in a home with no heat for four days. We have worked with our local Office of Emergency Management to identify those folks, and what are those factors that keep that person so isolated? They don’t participate in the typical senior activities so that we can reach out to them. That’s a group that I’m most concerned about: the people who are not showing up.”***

Informants described the importance of connecting with municipally based providers, such as police officers, public health workers (while also noting that municipalities have lost funding for public health providers), fire departments, as well as neighbors and family members, to better engage these isolated older adults in the utilization of preventive services.

*Public funding.* Limited public funding for preventive services also was viewed as another problem of access. For example, respondents described limitations to Medicare funding for some preventive health services, such as dental care, glasses, hearing aids, as well as key home- and community-based services, such as home health and adult

day services. Regarding Medicaid-funded long-term services and supports, a participant stated her perception that the high-level of clinical need required to access this program makes it seem “like the government says, ‘I’m not going to give you help until you get sick enough to die.’ That’s what (the older adult clients) feel like.” Similarly, participants described the requirement to already be evicted from one’s apartment to gain access to the Bergen County Housing Authority’s homeless shelter as another example of the perception that public funding prioritizes people in crisis rather than preventing problems. Overall, respondents expressed the need for informing policymakers on ways in which investing in preventive health services can potentially save costs relative to more intensive services after a crisis already has occurred.

*Physical accessibility.* Participants also described the need to consider issues around physical accessibility when trying to engage a greater number of older adults in preventive health services. Examples of enhancing the physical accessibility of services included improving transportation routes to make service provision sites more accessible (e.g., adding a NJ Transit bus stop in front of a senior center), expanding the provision of preventive services in locations where older people already congregate (e.g., local libraries), and offering more preventive health services in people’s homes. Several informants commented on the need for a greater number of geriatricians and other primary care physicians to do home visits for homebound clients, as well as the especially large need for mental health professionals to provide counseling in people’s homes.

*Self-imposed restrictions.* Participants collectively described how issues around accessing preventive services were exacerbated by many older adults’ resistance to accepting preventive services, even when services were otherwise affordable and accessible. Respondents identified a variety of reasons as to why older adults refuse services, including their thinking that they can manage without, their not appreciating the value of preventive services, stigma around receiving help (especially from publicly subsidized programs), their perceptions of services as not being tailored enough to meet their preferences, mistrust or unfamiliarity with providers, and difficulty spending their fixed financial resources on things that they are unaccustomed to having to purchase. Regarding this last point, one participant said, “They want their money for a rainy day; they don’t understand that the rainy day is already here.”

## Theme #4: Fragmented Service Delivery

### The Issue

Participants mentioned a wide variety of services that can help to promote AIP. Table 2 lists some of these services. While recognizing the value of particular types of services, informants commonly described limitations around the levels and types of services that a single organization can provide. These limits constrain the organization's ability to comprehensively address the needs of all older adult clients over time. As an example, a healthcare provider described that many of the older adults with whom she works have unmet social service needs—an issue that goes beyond the expertise and availability of her organization, yet which she recognizes as critical for their aging in place. As another example, one participant commented: “There are so many people who receive Meals on Wheels, but has anyone gone into the home to do a full risk assessment or a basic medication safety (check)? Are they emptying their medicine cabinet? Is there adequate lighting? To me, it would be such a simple, well maybe it's pie in the sky, (but) to bundle other support services into that population who has already been reached out to.”

Reasons for the limits to the range and types of services that providers can offer include licensing restrictions, their receipt of grant monies intended for a specific purpose, as well as staff members' training, job descriptions, and avail-

**Table 2. Examples of Services that Can Promote AIP**

<p>Home health Homemaker services Home repair Adult day services Legal and financial assistance Health promotion activities Primary care Mental/behavioral health care Medication management Care and case management Information and referral Socialization activities Nutritional supports</p>
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ability. For example, case management organizations described not having the appropriate staff to do legal and financial counseling, as well as the need to limit their services to older adults who are homebound when utilizing county funds for case management. Senior centers described their inability to have enough staff to provide older residents with one-on-one assistance with particular tasks, such as getting to the bathroom. The theme of limits around service provision was especially prevalent in interviews with housing providers. Most providers represented “independent” senior housing, which meant that they were not licensed to provide medical services, such as medication management. Even among those who recognized the need for greater services for older residents, housing developers placed boundaries on their role. For example, one developer said: “I don't think (developing affordable) assisted living would be in our mission. That is not to say that down the road, things may get incredibly creative, but from a public housing standpoint, the mission right now is to create affordable housing. We are not in the medical service provision.”

Participants viewed limits to the variety of services that organizations provide as resulting in potential service gaps, as well as jeopardizing older adults' effective use of service delivery systems as a whole. Respondents described how systems-level issues—such as difficulty navigating multiple organizations providing different services, administrative burdens, and varying eligibility requirements for programs—could result in older adults' avoidance of reaching out for help to community-based organizations altogether. In general, respondents described the need for developing a “continuum of service that makes sense and not so much confusion.” As one participant stated:

*“The whole notion of continuum of care to me is a beautiful thing. In Bergen County, there are something like a million people. So it's not like there aren't enough clients to go around. (We need to focus on) really defining what you do best, really understanding where each agencies' strengths lie, and also (servicing) this enormous geographic area.”*

## Strategies to Overcome Fragmentation

Participants described several strategies that they use, or could use, to address the boundaries of their services.

*Linkage.* The most common strategy that informants stated using to address older adults' need for additional services beyond those provided by their organization was by linking them to an outside service entity. This oftentimes included the organization simply providing information about other organizations, while in some cases it involved one organization contacting another organization on clients' behalf. Overall, participants described the importance of having a personal, caring, and trusting relationship with older adults. As one informant commented: "Yes, there are people who come here who shouldn't be here, and we can't provide for them. So you need somebody who goes to the person and says, 'How did you get here? Who is taking care of you?' Someone who is able to ask those questions, not just say, 'We can't take care of you.' You need to hire people who take a personal interest in the individual people and their well-being." They also described the importance of providers having personal relationships with each other so that (a) they are more aware of high-quality resources to which they can refer clients, and (b) they can refer clients to specific individuals, as opposed to organizations more generically, which can help to facilitate clients' engagement.

*Role of navigators and service advocates.* Many participants expressed the importance of professionals whose role it is to help consumers to connect with community resources. Informants described a range of activities that this role involves, including looking up and sharing information about resources with consumers, assisting with applications for entitlement programs, and advocating on clients' behalf when issues arise with other service providers.

Respondents commonly described how such professionals work with family caregivers. As one participant said, "What I observe is that it's surprisingly challenging for family members to access the information and guidance that they need. I get a lot of calls from family members that are just so out there on their own." The work of navigators oftentimes was described as being done in partnership with family members. For example, one participant described her work in coaching family members on how to help their older loved ones become enrolled in Medicaid.

On the flipside, participants identified older adults without readily accessible caregivers as an especially challenging, yet important, subgroup with whom to work. Providing services to these clients oftentimes took more time, stretched the boundaries of the staff's roles, and was more intensive in terms of number of service needs, as well as the complexity of the issues. Respondents noted the need for a higher level of staff resources to do case management with clients whom do not have informal caregivers.

*Integrative service models.* Many participants expressed enthusiasm for deepening interorganizational partnerships beyond service linkage "to spread out and wrap around across a continuum." For example, one participant described this idea as follows: "I would like to see a multi-disciplinary team (for) vulnerable older adults...to provide things in home that aren't traditionally in-home things, like mental health care, even things like dental care, hearing aids, and eyeglasses."

Participants referred to some examples of integrative service programs already in existence in Bergen County, such as the newly created Portable Assisted Living Services program, which involves partnerships among multiple provider organizations to better meet the needs of residents in publicly subsidized senior housing. Respondents also expressed curiosity toward national models that seek to integrate services and service providers, such as the Program of All-Inclusive Care for the Elderly (PACE), accountable care organizations, and medical hot-spotting initiatives.

At the same time, informants also noted potential disincentives to developing interorganizational service entities, such as the perceived loss of direct control over the quality of services when partnering with others, concerns regarding privacy of clients' information, and the added layers of bureaucracies when having multiple organizations administratively involved. Participants also described the importance of maintaining the mission-driven purpose of partnerships, as opposed to becoming wholly focused on financial and legal considerations. They further expressed challenges around the time that it takes to make new programs sustainable: "I think the worst thing that could happen is somebody comes along and says, 'I'll fund you for a year' and then so long. To take the time to develop something like that is going to take longer than a year to really get the pieces in place."

## Directions for the Future

In addition to identifying major challenges to AIP in Bergen County, respondents also noted the importance in investing in organizations to overcome these challenges. As a whole, participants described the importance of activities focused on singular organizations, while also supporting the potential in the inter-connections across organizations.

*Within organizations.* Regarding strategic developments within organizations, informants commonly recognized the need for organizations—especially in the nonprofit sector—to transform their business models to not only survive, but also to thrive in today’s fiscal and political environments. Many respondents described their anticipation of growing demand for services as the population ages, while at the same time recognizing that public dollars for such services likely will dwindle or, at best, remain stagnant. In light of these circumstances, participants described the need to develop new strategic directions for enhancing the capacity of their organizations to meet the needs of older adults, especially with the goal of diversifying their budgets beyond public grants and contracts.

Respondents gave varied accounts of how much strategic planning their organizations already had done in anticipation of increasing demand in the face of shrinking public funding. For example, one participant described how his organization had a history of capping the total percentage of its budget from public sources to incentivize the organization to diversify its funding sources, while another participant described how the organization had only just begun discussing these issues at recent staff meetings.

In general, informants identified challenges around developing new revenue sources specifically for older adults. For example, there was a sense from some participants

that whereas private funders are attracted to grant-making for children and young families, there is less interest in older adults. This perceived lack of funding for older adults led some participants to describe that their organizations were moving into other areas, where funding opportunities seemed more readily available. Respondents also discussed the need to re-formulate their fundraising strategies, such as moving away from large events with declining attendance to greater efforts to engage private individual donors. Furthermore, informants discussed challenges around charging market-rate fees for older adult users of services. One participant commented that this model of revenue development was easier among families with young children, “If your child has a need, typically you would do anything to get that child what they need. As it refers to the seniors, it is harder.”

*Across organizations.* Respondents also described the importance of strengthening connections across organizations, such as to advocate for public programs and services that are germane for vulnerable older adults’ health and well-being. In general, respondents were enthusiastic about furthering the development of a coalition of stakeholders on aging in Bergen County that could collectively identify needs, share information about resources, forge greater inter-organizational partnerships, and connect with people in positions of power to make systems-level changes. For example, one participant articulated the value of people coming together to address MLTSS issues: “Instead of pointing a finger (at the managed care organizations) and saying, ‘They are not doing that,’ ‘What a mess this is,’ maybe we are missing something? So have them come in and maybe walk us through this. And if that doesn’t work, then there needs to be more advocacy.”

Participants identified the need to engage a wide variety of stakeholders. For example, informants expressed enthusiasm around additional efforts to engage acute medical centers, especially as today’s regulatory environment increasingly emphasizes large healthcare systems’ role in promoting the health and wellness of their local community beyond “the walls of the hospital.” They further described the critical importance of facilitating consumer engagement—looking to older adults themselves as partners and leaders in processes of systems change. Older adults were viewed as especially important for ensuring that efforts among professionals reflect the actual desires and preferences of older adults themselves.



# Conclusion

In conclusion, while the challenges to AIP in Bergen County—as with other counties—are grave and persistent, both the process and outcome of this project suggests promising possibilities for effective and strategic action for the future. The continued investment of time, energy, and resources of the Henry and Marilyn Taub Foundation (HMTF), along with those of other collaborative and committed stakeholders, indicates that there is great potential for Bergen County to become an even better place for all whose lives and communities are touched by aging and to inspire forward-thinking initiatives around AIP. The information in this report can be used by the HMTF, its growing network of grantees, and others in Bergen County and beyond to better craft efforts concerning AIP as a multi-faceted and critically important goal for individuals, families, and society as a whole.



A client smiles at the Bergen Family Center, which provides services such as care management and an adult day center.

## *Summary of Key Challenges to Aging in Place in Bergen County*

### *Affordable Housing*

- *Lack of affordable housing contributes to later life exodus from the county*
- *Developing additional units is challenging, but necessary and possible*

### *Transportation Options*

- *Ability to get out into the community is key to older adults' health and well-being*
- *Current transportation systems each have limitations in terms of their usability among older adults*

### *Preventive Services*

- *More timely and appropriate utilization of services can prevent undesired relocation*
- *There are key barriers to access, such as costs and consumers' awareness of services*

### *Fragmented Service Delivery*

- *Service providers are limited in the range of services that they alone can provide*
- *Strategies to overcome fragmentation include referrals, service coordinators, and integrative service models*

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