COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES AND HOUSING, NEIGHBORHOOD DEVELOPMENT AND THE HOMELESS

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Room 400, City Hall
Philadelphia, Pennsylvania
Tuesday, December 2, 2008
1:20 p.m.

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PRESENT:
COUNCILWOMAN MARIAN B. TASCO, CHAIR
COUNCILWOMAN JANNIE BLACKWELL
COUNCILMAN WILLIAM GREENLEE
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN MARIA QUINONES-SANCHEZ
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN JAMES KENNEY

RESOLUTION 080735 - Resolution authorizing the City Council's Committees on Public Health and Human Services and Housing, Neighborhood Development and the Homeless to hold joint hearings on how the Aging in Place model could strengthen Philadelphia neighborhoods...

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COUNCILWOMAN TASCO: Good afternoon. I'd like to call the joint Committees on Housing, Neighborhood Development and the Homeless and the Public Health and Human Services Committee of City Council to order. Today we're here to have a hearing on Resolution 080735, and we will ask the Clerk to read the resolution.

THE CLERK: Resolution No. 080735, authorizing the City Council Committees on Public Health and Human Services and Housing, Neighborhood Development and the Homeless to hold joint hearings on how the Aging in Place model could strengthen Philadelphia neighborhoods by providing supports and services to seniors in their own homes.

COUNCILWOMAN TASCO: Thank you very much.

This is a resolution that was introduced by Councilman Curtis Jones and supported by all Councilmembers, and as the lead member and is his resolution, he

will carry the day. So I now call on Councilman Jones for comments, opening comments.

COUNCILMAN JONES: Thank you, Madam Chair, Councilwoman Tasco. Councilwoman Blackwell is going to join us.

I want to thank you for having joint hearings on the Committee on Public Health and Human Services and the Committee on Housing, Neighborhood Development and Homelessness.

Senator Edward Kennedy said yesterday at Harvard when he received an honorary degree, Senator Kennedy being one of our more prominent senior citizens in this country, said that our future will live far beyond us, but we will live within the future that we create. And in that spirit, Aging in Place, in my opinion, is a time concept whose time has come.

My mother-in-law, Carolyn Lee, who had a fruitful career in education,

was a teacher in West Philadelphia, lived in the Northwest section of Philadelphia, one day realized that she could no longer drive across Philadelphia to be a school teacher and decided that she was going to call it a career. At that point, she made a decision whether or not to downsize her living quarters and move into an apartment, a small apartment, or to work it out in a way where she could stay in a home around family members, around people who she knew, loved, worked and played around. She decided to stay.

Another member of my family, Curtis Jones, Sr., not to be confused with Curtis Jones, Jr., worked at 8th and Buttonwood as a laborer in the garment industry, worked all his life and was stricken with an aneurysm, which stopped him from being able to go to work every day -- he's probably watching these hearings intently as we speak, so I'd better get it right -- has decided too to not move out of his home in his community

that he has lived in since birth and he decided to stick and stay.

My mother, who worked at the Naval Supply Depot for 44 years, worked there and retired from there, went on to what is called an encore career to be a teacher's assistant, not caring about the money, not caring about anything else, but wanted to fulfill the rest of her career by adding to the lives of young people, and, more importantly, she got bored after retirement and wanted something to do.

I raise these things because this is a growing trend where people who have decided consciously not to go into assisted-living facilities, not to go into senior centers, but to stay in their homes and around their loved ones, in neighborhoods that they grew up in, raised families in and paid taxes, as importantly, in.

As the baby boomers of our generation quickly, quickly move into the

senior realm in the fourth quarter of their life, as our demographics change in Philadelphia and, in particular, the Fourth Councilmanic District, it would be irresponsible of this City, we would not be good stewards if we did not begin to plan to make it more comfortable for our seniors to live and work in place and stay in their homes.

Today's hearings will have a wide range of issues. Some of them will cover non-traditional issues, something old, something new, something borrowed, something blue. We'll look at the issue of healthcare and how it is provided to seniors and take into account new technologies such as telemedicine.

We'll look at crime and how it impacts our senior citizens and whether or not we're doing enough by way of Special Crimes Unit that address white collar and blue collar and violent crime.

We'll look at how our seniors socialize and whether or not it is a

mental health issue. Socialization has, since the beginning of time, been a human factor and important to our growth and development as individuals and as a society.

We'll look at nutrition and whether or not -- I saw an article recently that talked about that one out of 25 households has made a conscious decision to cut down on food intake as a result of the recession.

We'll look at transportation. We'll look at encore careers. We will look at filling the skills gap as we look at an aging population that's going into retirement without a developed workforce to take its place.

My grandfather said that as he is, some day we would be, and he was right. Grand-daddy wasn't wrong.

And with that, I'd like to welcome everyone here and, Madam Chair, say that I'm looking forward to a lot of good questions and a lot of great

answers, and thank you for all attending.

COUNCILWOMAN TASCO: Thank you very much, Councilman Jones. And certainly this is a timely issue for some of us here at this table in reaching that age and have been thinking about some of the same issues that you will discuss today. So it is appropriate.

The City of Philadelphia is a city made up of many older citizens, and whatever this Council comes up with in order to make the quality of their lives better, I think it would be fine, and we appreciate your leadership on this issue.

Let me recognize those who are at this table, which I should have done first. I recognize Councilwoman Blondell Reynolds Brown, Councilwoman Maria Quinones-Sanchez, Councilman Greenlee, Councilwoman Jannie Blackwell, who is the Chair of the Committee on Housing, Neighborhood Development and the Homeless, and Councilman James Kenney. Other Councilmembers, as they come, will

join us during the course of this afternoon.

Are there any comments from members of the Committee who would like to make comments before we begin the hearing?

(No response.)

COUNCILWOMAN TASCO: We will listen to your testimony. We have six panels. The panels will come forth, identify yourself, make your testimony. At the end of the testimony of the panel, the Committee will ask questions based on your testimony and maybe questions that we have that you might not have addressed.

So we first call our first panel, Celeste Zappala, who is Executive Director of the Mayor's Commission on Aging; David Nevison, Associate Executive Director for Planning and Development, Philadelphia Corporation for the Aging.

(Witnesses approached witness table.)

MS. ZAPPALA: Good afternoon.

COUNCILWOMAN TASCO: Good afternoon. Would you state your name for the record.

MS. ZAPPALA: I'm Celeste Zappala. I'm Executive Director of the Mayor's Commission on Services to the Aging, and I am grateful to be here today, Councilwoman Tasco, Councilwoman Blackwell, Councilman Jones and members of the Committee. I hope you have my testimony, and I thought to be brief so that I could give space to all of my colleagues here.

I am Director of the Mayor's Commission on Aging, and we serve older citizens in Philadelphia, and our goal is to try to improve the quality of life for older Philadelphians, and particularly serving low-income seniors who are 55 and older seeking to find employment and training.

The City of Philadelphia offers services to older adults through several

departments, including Recreation, Housing and Public Health and the Office of Emergency Services. Our Commission works collectively with other departments to meet the needs of older adults, as well as working with the Area Agency on Aging and the many non-profit aging organizations, many of whom are here today.

Ensuring that older adults can remain independent and healthy and productive is a goal of all of the organizations that are here. There are numerous committees and task forces that have been working to identify resources within specific communities to assist older adults so that they can remain in their homes or enable them to remain within their familiar neighborhoods.

I'm sure today you're going to hear about the Naturally Occurring Retirement Communities, known as NORCs, and they are places within neighborhoods where many older adults live in

concentration and they wish to stay there and they can be served there through concentrated services in the areas.

I want to tell you that beginning in July, the Commission, my Commission, and more than 25 organizational members have met through the auspices of the Health Department, the Public Health Department, and the Aging Task Force, and its aim is to enable older Philadelphians to remain in the setting of their choice, to improve their quality of life, and to have senior citizens actively participating in services they receive. The Task Force's goal is to enhance the quality of life by utilizing community-based services for the elderly and to prevent isolation by enabling older Philadelphians to stay involved in their communities.

Ensuring that older Philadelphians are free from abuse and neglect and exploitation and abandonment is another goal of the Public Health

Aging Task Force. Strengthening protective services will prevent the abuse of older citizens, and that's essential, as is educating seniors on steps that they can take to ensure their own safety.

Inherent in all of these strategies is the promotion of consumer self-advocacy. And as we in the provider sector consider the needs of elders, the elders amongst us, of which many of us are one, we have to be sure to incorporate their voice, their needs, their strengths and their wishes.

I wanted to say to you that on November 14th, many people here were at the Farnese Symposium: Aging in Place - Can We Meet the Challenge. Many parties were there. And we all know that remaining in a home is often the goal of older adults, and as your resolution states, there are insufficient resources available to sustain necessary physical assistance and home repairs. The

majority of those services are supported by funds from the State, and as we discussed at the Farnese Symposium, the State is and must be an active partner in successfully creating solutions to strengthen these services.

Older adults are a growing resource within our City, and as such, Philadelphia, the city of neighborhoods, can draw on the talents of its long-time residents, as well as work to create comfortable options for their continued presence. Older Philadelphians are as diverse as the City itself. There is no single model that will accommodate the needs of all older adults. However, it is indeed encouraging that the Council will explore and promote solutions through this resolution.

The Mayor's Commission on Services of the Aging will continue to participate in development of solutions for aging in place, grapple with the obstacles, and collaborate with the

ever-growing aging network in Philadelphia as we collectively try to map away to create a healthy, supportive environment for our older citizens.

Thanks for this opportunity to testify. I'll be happy to answer any questions that you might have.

COUNCILWOMAN TASCO: Thank you very much.

The Chair recognizes Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you.

Ms. Zappala, we wanted to acknowledge your leadership and advocacy in many fields.

I see Ms. Zappala around the City in many issues, both dealing with those here and abroad, and we thank you for your commitment to people.

MS. ZAPPALA: Thank you, Councilwoman. I appreciate that.

COUNCILWOMAN TASCO: Proceed.

MR. NEVISON: Shall I begin?

COUNCILWOMAN TASCO: Sure.

MR. NEVISON: My name is David Nevison. I'm Associate Executive Director for Planning and Development of the Philadelphia Corporation for Aging, and it's a pleasure to be here today, and I'm very appreciative of the Council's focus on the needs of older people.

As the Area Agency on Aging for Philadelphia, Philadelphia Corporation for Aging, or PCA, touches the lives of over 100,000 older persons each year and contracts with over 130 agencies to provide health and social services. PCA assesses the needs of older persons, and through planning, advocacy, information and education, contract administration and direct service provision helps address those needs. Thus, the agency is in a unique position to understand the current gaps and coming needs of senior citizens. We are connected to the entire continuum of care, and we serve as a hub for aging services in the community. In

an environment of limited resources and complex needs, it is crucial that services be efficiently managed and coordinated.

Aging services and our understanding of the needs of seniors have grown increasingly sophisticated over the 35 years since PCA was created and in the 34 years since I've been at PCA. However, we are now at a critical turning point. Our population is becoming more diverse in many ways and more complex in terms of its healthcare needs. The need for services is increasing, both because of increasing numbers of seniors and because the numbers of frail elderly with multiple conditions are on the rise.

Philadelphia is in some ways unique and in other ways similar to other urban areas in the State, both large and small. The needs of our seniors are tremendous and growing, beginning with the roofs over their heads. More than 70

percent of Philadelphia's seniors own their own homes, but those homes are crumbling around them. There are insufficient resources for repairs and an inadequate supply of affordable and accessible housing. In fact, elders living in Philadelphia report significantly more need for home repair than those in any of the four surrounding counties.

And while I didn't put it in my testimony, the challenge of seniors heating their homes is really a major challenge for many of them, given there are not always well-functioning furnaces and lack of proper insulation and weatherization.

The proportion of elders living in poverty in Philadelphia is 20 percent, as compared to 11 percent statewide. Older Philadelphians are also much more likely to live alone and to exhibit personal care needs than elders elsewhere in the Commonwealth.

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Philadelphia has a growing minority population, which projections indicate will comprise 60 percent of the older population by 2025. In addition, more than six percent of both our minority and non-minority elders currently experience linguistic isolation. Language and cultural barriers further complicate the service delivery process, and a much larger multi-lingual workforce will be needed than presently exists.

Minority groups on the whole experience higher rates of poverty, lower education levels, inadequate housing and poor nutrition, along with a lifetime history of poor medical care. As this population ages, health deteriorates more rapidly, and individuals are more prone to chronic illnesses, such as cardiovascular disease, asthma and diabetes.

In the coming years, we will have more elders reporting a lengthening

list of chronic ailments. Not only can people live longer with such illnesses as diabetes and COPD and with diagnoses that indicate severe impairment of functional health, such as arthritis, but other disorders such as HIV infection have become chronic illnesses, meaning that the health status of many elders will become increasingly complex. The incidence of dementia is expected to increase as well.

It should be noted that caring for grandchildren has also increased the burden on older people. We estimate that 5,000 elders have cared for a grandchild for six months or more. Of those, 95 percent are members of a minority group, and a third have incomes below the poverty level.

At the same time as we face increasing service challenges, we are encountering serious financial shortfalls. Over the past several years, PCA and its service providers have

experienced effectively flat funding. With the current economic crisis, we are deeply concerned about the prospects for the future. If funding remains flat or diminishes in the face of increasing needs, we will be looking at a disastrous situation. This is complicated by the Pennsylvania Department on Aging's intrastate funding formula, which undervalues the impact of minority status and poverty on service needs in the way they calculate funding allocations.

PCA serves more than 5,100 seniors in the Over 60 Medicaid Waiver program, providing care that enables them to remain at home. However, there are long waiting lists for the Options in Home program, which are supported by the Pennsylvania Lottery. Two years ago, there was a significant Lottery surplus. Instead of using that to adequately fund programs such as Options, legal services and senior centers, the State opted to use the money to balance the budget.

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Research shows that seniors remain healthier longer if they are able to remain in their own homes and in their own communities. It is also more economical for them to do so than for them to move to a nursing home. This means providing sufficient funding for home and community-based services and for the constellation of services in the community.

Older people also need neighborhoods that are supportive of them. We asked our Milestones readers what would make their neighborhood a better place in which to live. Seven hundred older persons responded to the survey and repeatedly asked for safer streets, including better lighting and more police presence, to get rid of gangs, to build better and stronger relations among their neighbors, to see a grocery or restaurant or other business move into their neighborhood and to get rid of the trash and litter they see

every day on their block.

City policies, whether it's zoning or public safety or transportation or taxation, have a profound and unappreciated impact on older people and their ability to function in and feel supported by their neighborhood. Pedestrian issues, like the timing of traffic lights and broken sidewalks, affect walkability and are important quality of life elements. All of these policies should be evaluated with the needs of the elderly in mind.

It is also especially important to educate the community and to develop connections, informal supports and collaborations to strengthen the safety net for all seniors. We need to encourage neighbors to help neighbors and neighborhoods to support their older residents. PCA is working towards these goals through a public education campaign and through initiatives to link senior centers, faith communities, block

captains and other community organizations and to create collaborations that enhance the lives of both seniors and the community as a whole.

Social capital, how one feels about their neighborhood and their community connectedness, has been shown to contribute significantly to the psychological and the physical well-being of older persons, whether they're healthy or frail.

When the growing diversity within the population is combined with the increasingly complex health and social conditions experienced by many elders, we face a very challenging future that will require serious rethinking of current models for care.

In closing, rather than an Aging in Place model mentioned in City Council's resolution, City Council may want to consider an Aging in Community model, which includes the broader

community context in which the older person lives and which has so much to do with their quality of life.

Thank you.

I wanted to indicate that I've added some attachments, including charts from an area plan, which kind of focus on the impact on poverty and race on need, as well as Councilman Jones asked for a breakdown by City Council district. That's a bit of a challenge given the boundaries of City Council districts, but I did include a chart that we just prepared by neighborhoods, by about 24 neighborhoods, with a number of different characteristics that might be helpful, and an ad that will be running in community newspapers that gives an indication of the kind of education that we're going to try to promote about neighbors helping neighbors.

COUNCILMAN JONES: Thank you.

Madam Chair, I'm sorry.

COUNCILWOMAN TASCO: Sure. Go

ahead.

COUNCILMAN JONES: Thank you for working on the demographics I asked for by Council district, but what I've learned as a freshman Councilman, sometimes we ask questions we already know the answer to, and one of them is that the Fourth Councilmanic District has the highest number of seniors of any other Council district, which brought me to the conclusion that we really needed to have these hearings. We share that common interest in seniors, all districts, but in particular in the Fourth District, because of a lot of the gravitation to senior facilities as well as a lot of social agencies that are clustered in the Fourth.

COUNCILWOMAN TASCO: Thank you very much.

I just have one question to ask both of you. Do you provide services in the neighborhoods to your seniors? Do you have neighborhood offices or would

senior citizens have to come downtown to access your services? Both of you.

MS. ZAPPALA: For the Commission, we only have one location. So we are at Broad and Chestnut, and we don't have any office in the communities.

COUNCILWOMAN TASCO: Do you provide programmatic activity in the various neighborhoods?

MS. ZAPPALA: For our Commission, we have an employment program that places low-income elders in community service organizations, and they get job training through that. And then we have an education program for Medicare and Medicaid where we do go out and try to help people at various senior centers.

If you think of the outreach, though, that occurs through the Recreation Department's senior centers, that might be another way to reach people, because there are funded senior centers through the City of Philadelphia and they do have social workers and they

do help and assist people who come into them in the neighborhoods.

COUNCILWOMAN TASCO:

Mr. Nevison.

MR. NEVISON: Most of the services that we're involved in are services provided through agencies with whom we contract. What we do directly is home repair, information and referral, case management, and those services are all centrally housed in one location. We also deliver home-delivered meals out of a separate commissary that's also a central location.

COUNCILWOMAN TASCO: So if someone would want to access -- you have other agencies that you contract with such as?

MR. NEVISON: Yes. I mean, we have over 130 agencies, whether it's operating senior centers or legal services or employment services or a variety of other programs, and in many cases, older people would directly

contact those agencies or they can contact us and we would either refer them or directly connect them with those agencies.

COUNCILWOMAN TASCO: Okay. Thank you.

The Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you.

Good morning to you both. Let me first join Councilwoman Jannie Blackwell in saluting the work of your office, Ms. Zappala. This is a unique opportunity for me to thank both you and the Philadelphia Corporation of Aging. Your representative, Gail Garrett, who for several years now joined with my office in doing exactly what Councilperson Chairwoman Marian Tasco has raised, and, that is, outreach.

By way of background, when I first came here, I discovered by calls on the phone that seniors are actually intimidated to come downtown and walk

this massive building for services that they need. So our way of responding was to take services to them at various senior centers around the City, the largest of which is in Councilwoman Tasco's area where there's always a huge number, and we bring City agency representatives and non-governmental representatives to seniors in the comfort of their senior centers, and that has worked enormously. So I thank your agency reps for that.

And this is a unique chance for me also to say thank you for facility heads like Angela Brown of NewCourtland and others, who allow us to bring this tour of agencies to the community, in the trenches, up close and personal with seniors.

One of my discoveries in doing that has been a lot of what I observed also when I first came around here around services to children and youth: lack of coordination. There's been tremendous

improvement in agencies talking across and with each other and also agencies talking with those outside of government as it relates to serving children. I see similar challenges for this community, and so my question is, what grade would you give your world in how well you coordinate and talk across agencies in government and non-government when it comes to the very issue Councilman Jones has raised? I have a grade I can give based on my experience over the last five or six years, but it's my own editorial grade. What would be yours, since you live and breathe this every single day?

MS. ZAPPALA: You know, I wouldn't give us all more than a C. Because there is this dichotomy of service, because the Area Agency on Aging is not the local government, so it's a difference and a structure that we work across all the time. Sometimes we work real successfully, sometimes we don't.

People often assume that

they're going to get what they need from City government in terms of aging services, but that's not what exists if we have a different setup here in the City.

So I think that the agencies all try to work hard with each other, but I don't think in terms of the grand planning that we could well do together between City agencies, between the State agency, between our non-profits, we could do better. We can do better. And we have more older people to try to support and inform, and just as you've recognized from being out there, what might seem to all of us to be kind of obvious or evident isn't to the person who is in the 12th Floor of the Senior Citizens Building, and how do we get there to make sure that their information and the resources they need are there and do they have a social service person in any capacity that they can turn to.

So I think people are earnest

and they're trying, but we're not there yet, and I know that being with you in those experiences, you can see it in the questions that people ask.

COUNCILWOMAN BROWN: It's extremely evident.

Your response, sir?

MR. NEVISON: I guess maybe a C, because it's obviously one of those things that is never going to be perfect and you have to continue to work on.

The other thing is that you can think of coordination at kind of an agency structural level, but you can also think of coordination from the older person's standpoint, and those aren't the same things.

COUNCILWOMAN BROWN: From what person?

MR. NEVISON: From the older person's standpoint themselves or from their family's standpoint, which is you can have agencies perfectly coordinated, but if it wasn't clear to the older

person how to access the system and to move from one part of it to another, ultimately you wouldn't have achieved your goal. And so I think we have to continue working on both levels.

What we learned when we did our area plan this past spring with focus groups was, when we asked people what was their primary need, it was still information. In spite of all of the advertising, all of the public education, there was still information. And what they said was they needed it from trusted sources. It wasn't necessarily us.

So part of our challenge -- and we've been working on it -- is, how do we get more information down to those trusted sources, to their clergy, to their block captains, to their community organizations, so that when they have a need, they turn to those people.

We've also completely changed our website and developed other kinds of web tools to make it easier for agencies

to communicate with other agencies and for people to understand from each other what's going on so that they learn from one another and we all grow as part of the process.

COUNCILWOMAN BROWN: Not too long ago Secretary of Aging, Ms. Dowd, had a press conference with the Mayor wherein they unveiled, if you will, something like a Benefit Bank.

MS. ZAPPALA: Yeah. It's called BenePhilly.

COUNCILWOMAN BROWN: Much like the Benefit Bank, Council Chair Lady.

And so the discovery in that case was seniors who received a letter from the Mayor were more inclined to respond because of the trustworthy factor than a letter from anyone else in government. And they learned that seniors had been mailed a letter from agency representatives, didn't touch it, but the same letter mailed under the Mayor's signature made a huge difference.

So this issue of trust is extremely important.

Kinship care. You mention that there are 5,000 grandparents. There are about 50,000 grandchildren currently being taken care of by their grandparents right here in Philadelphia today, and so with this growing phenomena, my question is, on this Task Force, is that one of the Task Force's considerations that the Task Force is looking at, Ms. Zappala, along with this issue of lack of coordination, which is blaringly clear, and are those issues on the Task Force in those proceedings?

MS. ZAPPALA: As that Task Force has developed, that has been highlighted, but it hasn't yet, I think, received the kind of importance that it now has nor that it will in the future. The Task Force that the Health Department is moving along has broken into a number of committees, and the issues of grandparents raising grandchildren is

certainly important in that mix, but I don't think that there's any new answers that have been developed yet.

COUNCILWOMAN BROWN: Is this aging in place committee on this Task Force, the aging in place as a challenge, as a --

MS. ZAPPALA: Oh, certainly, yeah. That's kind of the -- I mean, the focus of that Task Force really is similar to what you're exploring and trying to recognize what components are necessary in order to help people to stay in their homes, to sustain themselves healthfully and to meet all those challenges that are coming to them and trying to coordinate with some of the many organizations that do provide services.

COUNCILWOMAN BROWN: My final question, because I'm sure other members of the Committee have questions, what's the status of the Task Force and what next after the Task Force so that we get

something as a result of all that work?

MS. ZAPPALA: Sure. The committees are supposed to reconvene in January, the committees that were established in September, and bring their recommendations back to try to see where that Task Force goes next, and that is, as I said, under the auspices of the Public Health Department.

COUNCILWOMAN BROWN: So there is an expectation for implementation of some of those recommendations?

MS. ZAPPALA: Yes. Yes.

COUNCILMAN JONES: Point of information.

Can you make sure that this Committee is informed, A, of when those meetings are?

MS. ZAPPALA: Sure.

COUNCILMAN JONES: All the members of this Committee. But, B, also progress that you made, to the degree that you are willing to share --

MS. ZAPPALA: Oh, certainly.

COUNCILMAN JONES: -- progress.

MS. ZAPPALA: Sure.

COUNCILMAN JONES: In particular, on this subject matter, aging in place, that we be informed about that.

MS. ZAPPALA: Absolutely. That would be -- maybe there would be a representative from the office who might want to attend. That would be great. Thank you.

COUNCILWOMAN BROWN: Thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you.

The Chair recognizes Councilman Greenlee.

COUNCILMAN GREENLEE: Thank you, Madam Chair.

First, I want to echo what other members have said about thanking you for the many years you have given, both of you, to help us seniors and obviously that means to the citizens of Philadelphia. So thank you.

MS. ZAPPALA: Thank you.

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COUNCILMAN GREENLEE: I have a couple of questions. First, just to piggy back a little bit on what Councilwoman Reynolds Brown said about the grandparents taking care of grandchildren, have you seen any improvement at all? I know one of the complaints you hear sometimes is grandparents have problems getting the necessary benefits, the help, the economic help, in taking a care of grandchildren, maybe because the parent is somewhat still in the picture, even though really they're not, if I'm making you -- you understand what I'm asking?

MS. ZAPPALA: I do.

COUNCILMAN GREENLEE: Have you seen any improvement in that?

MS. ZAPPALA: And I would have to tell you, I'm not the expert on this one. But there are advocacy agencies within the City who work with grandparents. The Philadelphia Citizens for Children and Youth and the Senior Law

Center have both made supporting grandparents and their economic issues a part of their advocacy work.

And, David, do you work with grandparents within --

MR. NEVISON: As part of one of our programs, Caregiver Support program, a section of that is devoted to working with grandparents caring for their grandchildren.

COUNCILMAN GREENLEE: Okay.

MS. ZAPPALA: I think it's an unmet need, though, and something that all the more you see, that there are people who are taking that responsibility and yet not getting the support from the community that they need.

COUNCILMAN GREENLEE: Right. Yeah.

I just had a real broad question and one more specific one. Particularly over the last few years, have you seen any particular issue or problem or one or two of them that have

come out that have made it particularly difficult for people to be able to stay in their homes? Is there anything to either of you that kind of jumps out?

MS. ZAPPALA: Well, here's the thought: We live in this wonderful old city with lots of old houses, and our old housing stock requires a lot of support in order to keep it livable, and there just isn't enough money to do the repairs necessary and the weatherization necessary. As David mentioned, we know that people were struggling to heat their houses, but if they're not weatherized properly, they're just blowing money out the windows, right? So that, I think, is an enormously important issue that we have to think about in our old neighborhoods where we're encouraging people to stay and to live and enjoy their lives, but their houses are in --

COUNCILMAN GREENLEE: Not livable.

MS. ZAPPALA: They're not

livable houses.

And then the other issue that people always talk about is transportation, that people have issues about transportation.

COUNCILMAN GREENLEE: Anything else? Mr. Nevison, anything jumps out to you?

MR. NEVISON: Well, actually, one comment I want to make about housing, which is that, as a comment, 70 percent of seniors own their own homes, but from a broader economic standpoint for the City, a significant proportion of Philadelphia's housing stock is owned by seniors, many of whom are losing the financial, physical or mental capacity to keep those homes up.

So from the standpoint of the condition of Philadelphia's housing stock separate from an issue of the needs of the elderly, that that can be a major challenge for Philadelphia, which is a decline in the general housing stock that

can be very difficult to bring back if it declines below what the house is worth, which can happen very easily with some of these houses.

COUNCILMAN GREENLEE: Sure. Sure.

One last question. In his opening statement, Councilman Jones talked about crime, both white collar and otherwise. Have you seen those kind of concerns increase, decrease, about the same over time?

MS. ZAPPALA: No. I would think in the past five or six years, there's been an increasing fear of street crime, fear of economic crime.

COUNCILMAN GREENLEE: That's what I was really thinking about, the economic crime, because obviously, I mean, a lot of us have -- like Councilwoman Miller and I worked on that whole issue of stolen deeds and --

MS. ZAPPALA: Right. I was just going to mention that.

COUNCILMAN GREENLEE: And it seems like when we deal with that -- and our names have kind of gotten mentioned a lot to come and see -- a lot of those people are seniors. Unfortunately, often times victimized by family members. And I was wondering if you've seen any kind of increase in that, or I guess the flip side, any better solution to them as time goes on.

MS. ZAPPALA: I think that what you mentioned, the issue of other family members, is such a tricky and difficult thing, because a lot of times people who are living alone and have a Social Security check become a target of their own relatives or friends, and it's very hard to intervene in those situations. It's hard to get the older person to admit that they're in a problem.

The Corporation for Aging offers protective services for older adults, and they are able to step into exploitive situations, but sometimes it's

really hard to get that person to recognize that they are being exploited.

COUNCILMAN GREENLEE: And want to admit it publicly that their grandchild or son or nephew or somebody is doing something. Obviously if somebody is stealing their house, obviously they can't live in place, because they don't have a house.

MS. ZAPPALA: Right. It's gone.

COUNCILMAN GREENLEE: Okay. Thank you very much.

Thank you, Madam Chair.

MR. NEVISON: Just a comment about crime, which is, to some degree perception is reality. If an older person is afraid of street crime and they don't go out or they nail their windows shut to help protect themselves and, therefore, can't open the windows in the summertime, then whether there's crime in their neighborhood or not, they're suffering from the effects of that.

COUNCILMAN GREENLEE: They're not really living. Right. Thank you.

COUNCILMAN JONES: Thank you, Madam Chair.

I'm going to yield to my colleague in the Seventh District.

COUNCILWOMAN SANCHEZ: Thank you.

For me, it's some clarification on a few points. As it relates to the Task Force, what has been the role of the Department of Rec's older centers in the formulation of some of these discussions?

MS. ZAPPALA: I would just like to sort of clarify that the Task Force itself started in July and hasn't done a lot yet, and the Public Health Department is sort of moving that along.

But to answer your question, the senior centers across the City are a vital piece of how seniors continue to live healthfully in the City, and they are the outpost of service and relationships.

COUNCILWOMAN SANCHEZ: And communication.

MS. ZAPPALA: And communication. So, yes, the folks are there from the senior centers, but I think that there are many issues -- and I know they're going to be spoken to today -- about senior centers and the support that they need in order to continue those services.

COUNCILWOMAN SANCHEZ: Right. And that's important for us, because that is one direct way that we fund and support seniors maintaining their own homes and living within their communities. So I just want to -- was looking for your perspective on that to see if there's more that we could be doing there.

I notice in your demographic information you only had it broken down between Hispanics and Asians, and I notice that the isolation rate, the linguistic isolation rate was over 50

percent for Hispanic and 56 percent for Asian. Is that broken down any further given the increase of other immigrants into the City, and is that data available anywhere, and if it is, where could we get it to the Chair?

I'm very much interested. I have a growing Brazilian community, Russian community. I'd like to see if the numbers are as startling as those.

MS. ZAPPALA: I'll look to David to answer that.

MR. NEVISON: Well, I'm not sure that it's broken down any further. The reason why there's such a high number for linguistic isolation under white is because of the Russian and Eastern European immigrants, which is sort of one of the challenges when minority is used as a measure of need, and, in fact, there's some groups that from a linguistic and cultural standpoint provide extra challenges to service provision as well. So that's partly why

we kind of highlighted that percentage of linguistic isolation, which is about six percent overall for the entire community.

COUNCILWOMAN SANCHEZ: So in that subgroup, you would include those groups that I'm mentioning, Brazilians potentially, Russians? And I guess that's the point that I'd like to see clarified, just because we have so many different groups, and I'm very concerned of that number being so high, because that means folks can't even communicate. And then comes the question of how are you guys addressing that isolation, that language isolation for these groups.

MR. NEVISON: Well, we're trying to do more through multi-language media, whether it's television or radio or foreign language newspapers. We're trying to hire more multi-lingual staff.

COUNCILWOMAN SANCHEZ: How many languages do you have within your agency?

MR. NEVISON: I'm sorry?

COUNCILWOMAN SANCHEZ: How many

languages are spoken within your agency from your workers?

MR. NEVISON: I don't know. I know it's something that we continue to try to hire people who speak two or three languages. We also have -- I believe we're up to about five interpreters full time --

COUNCILWOMAN SANCHEZ: What languages?

MR. NEVISON: -- who work with -- I know Russian, some of the other Eastern European languages, Spanish and some of the Asian languages. I'm not sure actually which ones.

COUNCILWOMAN SANCHEZ: I'd be interested in those numbers just for information as part of this overall conversation.

You talked about 70 percent of our seniors own homes, and we've also talked about the ones who are raising family. How many of those seniors who own their homes who are living in homes

live with extended families? Do we have any data? Are they living alone or do they have the daughter, the son? Do we have any way of knowing?

MR. NEVISON: Well, we have information on living alone. We probably have some information on extended families. As I ask my Research Director on this, he would answer sort of, it depends, because we have some data, and some of the data that I included is from PHMC's elderly health survey. Now, that's a telephone survey, which tends to under-represent some minorities for people that couldn't really answer survey questions over the phone. And they're aware of that, particularly among the Asian population.

COUNCILWOMAN SANCHEZ: Of the 5,000-plus people that you serve on an annual basis, do you keep that type of information on them?

MR. NEVISON: Oh, yes. There's lots of information on the older people

that we serve, subject to HIPAA regulations, et cetera, but certainly from an aggregate standpoint, we have a lot of information on those people we serve.

COUNCILWOMAN SANCHEZ: As we talk about housing and housing needs, it would be interesting to look at who is living in the household, what other potential sources of income are there, if that becomes a deterrent from them being eligible for other services. And I say that because I know instances where people have -- they do live in the house with the seniors, but they can't report it for failure of some eligibility issues. So I'd just be interested in looking at that.

I know that culturally for other groups, minority groups, you may see more and more extended families, but I'm interested to see if that's actually being reported out or not.

So thank you.

MR. NEVISON: Well, as you continue your work, we would certainly be willing to work with City Council on trying to assemble data from a variety of sources that might be helpful in your deliberations.

COUNCILWOMAN TASCO: Councilman Jones.

COUNCILMAN JONES: Thank you, Madam Chairman.

Couple of things. And I heard some very good comments from my colleagues, and it kind of opens a wide array of issues germane to not only the general public but particularly senior citizens.

What I want to try to get back to is aging in place in the strictest sense, and I want to ask a couple of questions of you two, but any other panelist that comes up that can answer them, feel free.

The question I have is, what is the cost differential between someone

living in an assisted-living facility or a seniors home versus the concept of aging in place? Has there been a study or any quantitative analysis to look at the cost comparisons between the two?

MR. NEVISON: It's $70,000 to $80,000 for a nursing home.

MS. ZAPPALA: And I think assisted living is about 48,000.

COUNCILMAN JONES: That's a fair -- so we're saying --

MR. NEVISON: And then certainly home and community services would be less than that, but, again, it depends on -- that doesn't factor in the cost of the person actually living in the house and so forth.

COUNCILMAN JONES: And I know this will vary and it won't be an exact science, but if you were to quantify what services generally seniors need to live a good quality of life in the fourth quarter, how much does that cost batched together on a deliverable daily basis

versus how much it costs to provide it every day, the $80,000? So in your Task Force, one of the questions I would ask is, how do you analyze that and compare apples to apples? And we need to start doing those kinds of cost comparisons as a city, because we then are armed with data that becomes information on how we plan for a graying Philadelphia. So those are questions of today that need to be answered by tomorrow.

The second thing that I would ask is, who keeps statistics on violent crimes and white-collar crimes towards seniors, and do you have that -- do you keep analysis of that?

MR. NEVISON: We don't keep it. We kind of -- there's some data that we access from the City.

MS. ZAPPALA: I think the District Attorney's Office and the Police Department.

COUNCILMAN JONES: So as we start to quantify where we deploy

personnel and if there are particular types of crimes that are germane to seniors -- and I've heard some horrific stories from seniors where they go to the MAC machine or they're at the grocery store -- there is a predatory pattern for even violent crimes that is germane to that, and if we know where these crimes occur and to whom, we can better deploy resources to protect communities that are graying.

So as your Task Force evolves in its questioning, that's one of the areas I'd like to see you kind of keep track of, so you can kind of tweak us or the Mayor's Office, when needed, on how to deploy resources.

How many seniors are there in the City of Philadelphia?

MR. NEVISON: Somewhere in the neighborhood of a quarter million.

COUNCILMAN JONES: And we provide services to how many? 100,000 was it?

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MR. NEVISON: We touch the lives in one way or another of 100,000. That could be coming to a senior center. It could be calling up for information about services or help with benefits.

COUNCILMAN JONES: So there is a needs gap. What is the needs gap versus the funding for the hundred thousand versus the quarter of a million that exists?

MS. ZAPPALA: Can I just make a point, sir, that all of those people interact with the services of the City of Philadelphia regardless of whether they're getting direct service through PCA and their kind of supportive services, but everybody as a citizen is affected by transportation and --

COUNCILMAN JONES: Let me ask you this. Let me follow that thought through. So every senior citizen in the City of Philadelphia who is hungry gets Wheels on Meals?

MS. ZAPPALA: No, I don't

believe so. I mean, I know what you're saying, but -- no. There is a gap. Certainly there are people who for -- and we found that when we were doing the BenePhilly efforts, that people don't necessarily sign up for all of the things that they're entitled to and the benefits that they could have. Either they don't know of them or they find the system too complicated to approach.

COUNCILMAN JONES: Okay. So there is no senior citizen that is not getting proper healthcare?

MS. ZAPPALA: No, I'm not saying that. I'm not saying that.

COUNCILMAN JONES: So my question is not meant -- I tend to be a little more sarcastic than I should be, and I'll ease up. What I'd like you to contemplate is how we better provide services in particularly those two areas. There should not be a senior citizen in the City of Philadelphia that does not have the nutritional requirements that

they need, period.

MS. ZAPPALA: Right.

COUNCILMAN JONES: There should not be a senior citizen at the point in their life where they need healthcare the most that does not get it. And so the quantitative analysis of how we provide these services is vital now. So as we start to look at testimony about telemedicine and other things, to do cost comparisons is going to steer our ability to apply limited resources within a shrinking budget. So we count on you to ask the tough questions. And sometimes we don't want to hear the answers, but we need to in order to better -- the issue of seniors is going to grow. It's not going to shrink. So we need to be prepared for that planning.

You mentioned in your testimony that you subcontract with 130 agencies. Can you give us a description of some of those agencies? When we talk about 100,000 people with 130 agencies, help me

out to understand that.

MR. NEVISON: We're talking about the City. We fund the Mayor's Commission.

MS. ZAPPALA: They fund us.

MR. NEVISON: We fund the Department of Recreation for a lot of the funding for senior centers, Philadelphia Senior Center, a lot of other agencies to operate senior centers, legal services, transportation.

COUNCILWOMAN BROWN: Any residential programs for seniors?

MR. NEVISON: Residential? No. But we -- oh, well, we do fund certainly home care. A significant part of, probably more than half of our budget in our contracting, is for case management and for providing home care services.

COUNCILMAN JONES: And the reason I kind of want to know that is because, A, know I am so democratic, it's not funny. So it's not in my DNA to want to cut anything. If I had enough money

and if I ran the treasury, I'd fund everything there was. But in limited resources, we have to make tough decisions about duplication, who is doing the better service-providing than others, and that analysis where, again, I'm going count on you for.

So as we start to look at and codify services to seniors, we want to know who has the best mousetrap and who is doing it better than others and what should those others aspire towards. So, again, kind of evaluating the service providers, a report card, if you would, is the kind of thing that we're going to -- I'm going to ask about and I believe this Committee is going to want to do.

A couple of quick things and then I'm going to turn it over to the Chair. You said the number one reason for leaving I heard was sometimes home repair, and I agree with that. A lady in the Haddington area, for lack of a $5,

$10 wax ring around her toilet, had a leak in the toilet that resulted in a collapse of the ceiling, which resulted in the decimation of her kitchen, which meant she had to live.

MS. ZAPPALA: Happens all the time.

COUNCILMAN JONES: We need to provide -- there's a program like The Other Carpenter and some type of handyman programs particularly for senior citizens who for lack of experience -- and one issue that I know my colleague is very keen towards, predatory lending on these home repair shysters that come around and say, Sign here, we'll fix your kitchen, for interest rates that only a loan shark could love, we need to be careful on how we filter our seniors into credible screening houses so that they don't get taken at the end of the day for their number one possession, which is their home.

So we're going to rely on you

back and forth, two-way door, to try to codify all of these services, batch them in one place, get them to the people who have boots on the ground, if you would, in the communities so that people know about it. So we're going to ask the little different question in a different way, and maybe we'll get a different answer as we move on.

Finally, to your knowledge, are there care provider programs that allow for a senior citizen to work with a younger member of their family to live in a duplex or shared multi-unit facility that they sign a social contract, an actual contract to provide services to the elderly person?

So if I'm a senior citizen and I have a niece or nephew that is just starting out in an apartment above, that a part of the covenant would be that daily they have to make sure that I get my proper nutrition, daily they have to get my medicine in the neat little pill

cases that allow you to know when you're taking them, but are responsible for a checklist of things that daily or weekly they have to provide for them. Does such a service exist or program exist?

MS. ZAPPALA: The State, I believe, is trying to support that kind of possibility for a relationship with caregivers. I don't think it's like totally worked out that that's -- I know in the last meeting we had with State representatives, there was discussion of how -- because that occurs in other places. It occurs in other states, but I don't know that our state has fully supported that idea yet.

COUNCILMAN JONES: Thank you, Madam Chair.

MS. ZAPPALA: Do you think so, David?

MR. NEVISON: Not in the exact sense.

MS. ZAPPALA: Right. Not in the way they do it in Vermont.

MR. NEVISON: There is more and more movement to create more and more options for people -- using other people in the community or using family members, subject to controls to make sure that that is not taken advantage of.

One of the challenges to remember is that most of our money comes from the State, and some of the money that comes from the State actually comes from the feds. So at each stop along the way there are requirements and restrictions and limitations about how those funds are used, including giving older people the choice of home care providers in a way that limits our ability to restrict our funding to specific providers so that consumers have as wide a range of choice as possible.

COUNCILMAN JONES: Last question for me and this panel. If there was another city other than Philadelphia, other than Philadelphia, take us off the consideration, and you had to move

tomorrow and be a senior, what city would it be and why? Other than the weather. Don't tell me the weather in Florida.

COUNCILWOMAN TASCO: In terms of service. Palm Beach.

MS. ZAPPALA: We always say that Pennsylvania is a great place to get old in, because there are a lot of supports. There really are.

COUNCILMAN JONES: Give me your second choice.

MS. ZAPPALA: Vermont. Probably some place in Vermont.

COUNCILMAN JONES: Why?

MS. ZAPPALA: Because I think that their service structure, small state certainly, is maybe a little more -- has that kind of programming that you talked about of trying to bring -- people having a choice of their caretakers and that sort of thing. And the new Acting Secretary of Aging in Pennsylvania is from Vermont, so I kind of have hope things will improve.

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COUNCILMAN JONES: Are you moving to Vermont, too?

MR. NEVISON: I'll move with her, yeah.

I'm a born and bred Philadelphian.

MS. ZAPPALA: Me, too. I couldn't imagine.

COUNCILWOMAN TASCO: Let me just ask a question in terms of the federal requirements or restrictions. Has there been any effort to lobby our local federal congressional representatives to look at the federal laws that hamper your ability to provide services to senior citizens? You talked about money coming from the feds and the State and the restrictions that are placed on some of the funds in terms of the programmatic activities that you would like to provide but can't because of these restrictions. Have we talked to our congressional delegation about that to see that maybe they could do something

about it?

MR. NEVISON: Well, in fact, Pennsylvania is lucky in that the majority of our funds come from the Lottery, that the -- it's a good thing we're not relying on the federal funds, because they haven't increased in probably 15 years. So an increasing share, more than half, maybe more than 60 percent, of our money comes from the Lottery, and so most of the restrictions are really placed by the State on how that money is spent, not by the federal government.

COUNCILWOMAN TASCO: Okay.

MR. NEVISON: And our challenge is how much of that they give us. I mean, that's the bigger challenge than the restrictions on how it's spent. It's how they decide how to allocate that money from county to county.

COUNCILWOMAN TASCO: So it's not solely targeted or solely committed to senior citizen services. There's some

flexibility that it could be used for other things? I notice in your testimony you said --

MR. NEVISON: Balance the budget. Well, what the Governor has done is, since he had to spend the money for seniors, they basically combed the budget and looked for every place where they were using State funds, whether it was the Medicaid match for nursing home or home care or administrative costs for the Department of Aging or other places that were previously funded using regular State funds and they replaced those with Lottery funds, freeing up the State funds to balance the budget.

COUNCILWOMAN TASCO: Do you think that will occur again? Is that going to be the norm?

MR. NEVISON: Well, they may be running out of places to do that with, and I'm not sure that right now there is an additional surplus, but there was a very sizable surplus thanks to Powerball

and some of the other games, and all of that went to the budget balancing at a time that we got 0.8 percent increase over last year.

COUNCILWOMAN TASCO: One of the issues that I hear here is the ability to reach out and provide information to seniors. Have you thought about, Celeste, using the City's website to provide information to seniors? We broadcast here. I don't know how it works, but putting on the website -- not the website.

MS. ZAPPALA: The television part.

COUNCILWOMAN TASCO: PCN and/or the City, 63 or 64, information where seniors could go to access services?

MS. ZAPPALA: You know, we haven't fully utilized that.

COUNCILWOMAN TASCO: I think you should. It's free and it's a way to get into the homes where senior citizens are watching TV. Maybe we could get the

major stations to run a byline, if you want information on senior services, turn to this channel or check your local channel or 64 City channel.

This is a great site. I turn it on occasionally. There's information. Or there may be a City department presenting their budget or program to the Managing Director, which has been interesting to watch. So providing that information -- using that site could be helpful, because a lot of people -- it's just amazing. Because we do this every day, this is what we do, we assume people know. But a lady in church said to me on Sunday, I need to come talk to you, it's personal.

Well, tell me what it's about.

I need some help with my house, you know.

So I told her what to do. And I said to myself, now she's just one of thousands who all the sudden -- never pay attention, because they don't have any

problems with their house. All the sudden you have a problem with your house. Well, what do I do about it.

MS. ZAPPALA: Right. Thank you.

COUNCILWOMAN TASCO: So that might be a place for you to go.

Any other questions?

Councilwoman Brown. And then we're going to go to the next panel.

The first panel always gets all the questions.

COUNCILWOMAN BROWN: Always gets it all.

COUNCILWOMAN TASCO: They get it all.

COUNCILWOMAN BROWN: I wanted to underscore Chairwoman Tasco's recommendation. It's cost free. It is in the business of providing information about City services. And in terms of coordination and connecting the dots for seniors, to the extent that Philadelphia Corporation of Aging can send out regular

bulletin notes that this is available, it just broadens the reach of the awareness of the information.

To Councilman Jones' concern, you say that you track seniors living alone. Did I hear that correctly?

MR. NEVISON: I'm sorry?

COUNCILWOMAN BROWN: That you track seniors that are living alone or that you maintain some kind of database.

MR. NEVISON: No. No, we don't. I mean, the information that we have on seniors living alone is from the census, is from other telephone surveys and so forth. So we don't necessarily know who those people are that aren't currently known to the service system.

That's always one of the challenges with any service system, is to identify people that may not be known to the service system, which is one of the reasons that we've been trying to reach out more to block captains, to clergy and others, both so they can provide

information but also so they can act as gatekeepers and kind of refer people that need help to the aging network. Because there are many people that sort of nobody knows about but may have significant needs.

COUNCILWOMAN BROWN: And for those that you do know about, to what extent is that shared with anybody else in the universe?

MR. NEVISON: I'm sorry?

COUNCILWOMAN BROWN: For those that you do know about, to what extent is that shared with anyone else in the universe? To what extent is that information shared across systems, like the City's Office of Aging or PHDC, which maintains a database of seniors that need weatherization type of concerns?

MR. NEVISON: Well, I think it depends in what context they're known. If they are one of our long-term care clients that are getting home care services, then we've done a detailed

assessment. We've completed referrals to all of the organizations that we think may be appropriate. If they're going to a senior center, then the senior center has done a job of gathering basic information and making sure that person is connected to services.

So to a large extent, once somebody touches the aging network, there is an attempt to try to make sure that they are connected to whatever programs and services would be appropriate for them.

COUNCILWOMAN BROWN: Two more final points. In the children and youth network, to the extent that there's no violation of the, I believe it's, HIPAA, you can punch in a child's name and once the child's name comes up, it will tell you whether it's in foster care, whether it's been through the courts, whether it's a special needs child in the School District, so that there's some level of awareness across systems of what the

needs of that child are. And what I'm suggesting is that an opportunity exists for the aging community to work in a similar fashion, particularly when it comes to the central purpose of the resolution today. So that's food for thought.

Finally to say that you receive dollars from the State, principally through the Lottery. Have you or do you customarily access dollars for weatherization of homes for seniors, since I hear that that's one of the number one needs of seniors who prefer to stay in their homes? Then again, in an effort to connect dots, we know that there are millions of dollars being released for this greening of the Commonwealth, and I know that a large portion of those dollars are being used for weatherization. So the question is, has PCA reached to or accessed those dollars that are being strictly used for weatherization for seniors who want to

stay in their homes?

MR. NEVISON: We haven't. I mean, that's something we certainly can look at.

COUNCILWOMAN BROWN: Please explore.

MR. NEVISON: We've tried to work with other organizations. We also spent funds on home repair, but we haven't been spending any of our funds on weatherization.

COUNCILWOMAN BROWN: I would offer that up as an enormous opportunity where those dollars either have been or are about to be released dealing with any and everything around sustainability and greening, and one of them is weatherization.

Thank you for your testimony.

Thank you, Madam Chairwoman.

COUNCILWOMAN TASCO: Thank you very much.

Any other questions?

(No response.)

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COUNCILWOMAN TASCO: Okay. We'll now go to the next panel. Diana Myers, Intra-Governmental Council on Long Term Care, Pennsylvania Department of the Aging; Lynn Iser, consultant and advocate for Creating Elder Communities.

(Witnesses approached witness table.)

MS. MYERS: Good afternoon.

COUNCILWOMAN TASCO: Good afternoon.

MS. MYERS: My name is Diana Myers, and with me is Lee Howard, my associate. We're going to attempt to use a PowerPoint, give you a chance to turn your heads a little bit instead of looking straight over here.

I am a private consultant. My specialty is housing for special needs populations, including seniors, people with disabilities, the homeless, et cetera. I am not unfamiliar with Philadelphia, having been around Pennsylvania for almost 40 years working

in this field. One of the things that I've done -- and I don't know if you've seen this yet, but I did work on a 1997 report on housing needs of older adults for the City through the Office of Housing and Community Development. This is my only copy, but I'm sure you can get something from the Office of Housing if you don't have it. And there is some really good data in that there, some -- no. This is a different piece. This was an old study. It's 11 years old. It's maybe somewhat out of date.

I've also worked with the Office of Housing and Community Development for over ten years on issues of people with physical disabilities in the City of Philadelphia.

But I'm here today specifically with regard to the study done by the Intra-Governmental Council on Long Term Care. Paul McCarty, who is the Executive Director, was unable to make it today and he asked me, since I was the consultant

that facilitated the work group, if I would be able to come and make the presentation. So I'm going to try to make this brief.

The report, you do have a full copy. That's what you just waved, Councilwoman Tasco. That is the full copy of the report. It's a 35-page report. It was done by 25 people from throughout the State from private and public agencies and working over a year on the topic. So I urge you to read the full report if you want more details. I'm just going to hit some of the highlights today, and at the end of the presentation, there's contact information for both myself and Paul McCarty if you want to follow up in any way.

So the purpose of the Housing Alternatives Work Group, which we affectionately call the HAWG, was to identify and research non-traditional housing options for the elderly and adults with disabilities. So this report

covered also younger people with disabilities, not necessarily totally the population you're looking at. So some of the models and strategies also deal with that population.

It was done. It started in fall of 2006. The Intra-Governmental Council on Long Term Care appointed the Housing Work Group with a goal to expand affordable, accessible housing choices using models that are not currently viable nor widely available in Pennsylvania. And the point here is that there are -- we were not addressing the need for additional resources for traditional housing options, like public housing, Section 8, subsidized housing, home modification programs, the things that you have already been relying on, but what they said is, let's try to maximize choices and try to find things that are non-traditional options that are not currently working for various reasons or not known about and try to give people

more choices.

This is all part of the State's goal of trying to balance the long-term care system. You may be aware of the fact that presently the State's long-term care system, 80 percent of those dollars go into institutional settings, such as nursing homes, and 20 percent into home and community-based services. Their goal is to balance that at 50/50 by the year 2020. So this Task Force's goal was to help them look at home and community-based options for housing that would help meet that goal.

So they set up first a number of selection criteria. There was about 12. I'm just hitting on some of the most key selection criteria that were used to select the strategies and models that we looked at and in depth. And they were looking at, again, given the public and government situations, housing that would either have no cost or reasonable cost to the Commonwealth; solutions that would

have an impact to the greatest number of people or communities throughout the Commonwealth; solutions that would be affordable to the target population.

And, again, in the housing affordability, the rule of thumb is that affordable housing is housing which people spend no more than 30 percent of their income towards housing costs.

And that the options that we looked at be sustainable over the long term.

So we came up with eight models or strategies. Now, again, they're a little bit apples and oranges. These are not all stand-alone housing models that you could develop and use. Some of them are things that you could use in existing housing; some are things that would stand alone. But I'm going to very briefly cover the eight models that we looked at.

The first one is tenant-based rental assistance, which you all probably know as Section 8 or Housing Choice

vouchers, basically where an eligible family is given rental assistance in private housing. This is a wonderful model. It's flexible. It gives the maximum choice to people. And choice was a very, very critical part of this activity of the Task Force, because what we're saying is, again, some of these options might be attractive to three percent of the population or ten percent of the populations, but the idea was that people would have different choices, not just public housing or subsidized housing or the traditional choices, but the things that would be attractive to different people.

Right now there is a pilot going on. The Pennsylvania Housing Finance Agency and the Department of Public Welfare are providing funds specifically for nursing home transition. This is for people who are moving from nursing homes back into the community, and that's a very major both federal and

State initiative at this point. And I believe the City of Philadelphia is due to get 101 tenant-based rental assistance vouchers from those resources to move people from nursing homes. And those monies are either currently available or they're coming down shortly.

This money would be used as a bridge to permanent housing. So if a person is ready to come out of a nursing home but there are long waiting lists for Section 8 or Housing Choice vouchers, this would help them move out immediately, be on the Section 8 list. When their name comes up, that voucher would go back to help another person come out of a nursing home. So it's a bridge program. It's meant to be short term until longer-term assistance is available.

The second is shared housing. There's two kinds of shared housing programs. Shared housing is basically when you have unrelated adults living

together. Those of you who are old enough to remember Maggie Kuhn, this was her idea, and she called it the family of choice, where people would actually live together but not necessarily be related.

There's two shared housing models. One is a group-shared residence where five to ten people would live in a house together, making their household decisions, et cetera. And I'm going to talk about another model later that fits the group-shared residence model. But what I want to talk about now is a match-up program, and that's a program that is really good for a place like Philadelphia, because we have many older individuals who are living in homes by themselves that may be older homes. They do not want to move. However, they may either have some difficulty keeping up the housing costs or they may need some physical assistance in remaining home, some help with shoveling the snow or picking up the leaves or purchasing the

groceries or taking out the trash or whatever. So a match-up program basically provides staff that would help a home provider, which is the person who owns the home, and have somebody else who comes in and lives with them called a home sharer. Generally the home sharer has a private bedroom and they share a common area such as the kitchen, living room, et cetera.

It can be a service exchange. It does not have to be. Very often these are intergenerational. There will be an older adult who owns the home and a younger person can come in. Sometimes it's a student. Sometimes it could be a single-parent household. There are many different examples of this kind of match-up.

The good thing about this program is, it is very inexpensive to administer compared to other housing programs, because there may be just one staff person, you can make a number of

matches.

The thing to remember, however, is that it can be -- it's a fairly low-volume program in the beginning, because you have to build up a certain number of people in your pool until you make good matches, because the idea is that people are matched in terms of the characteristics that they want and the things that are important to them in their households.

Next is clustered housing/clustered services. This is basically -- and this covers a realm of issues, such as service-enriched housing -- these are other terms that you may hear -- service-enriched housing, supportive housing, assisted housing, service-coordinated housing. But it could be for either existing housing or new housing that is linked to the services that an individual needs. So it's not done on an individual basis. It would be done on a larger volume basis so

that it could be more affordable.

The key is, a lot of people do want to live in some sort of an assisted-living model where they have the services delivered to them in their home. Right now that costs about $3,500 a month for obtaining that service. So the critical piece here is how do we make that same option available for low- and moderate-income people who cannot afford $3,500 a month for their housing. So what's being done around the country is many different models of people matching up services. And I believe, for example, the Housing Authority in Philadelphia is bringing in types of services to some of its tenants, for example, but it could be bringing them to a NORC, Natural Occurring Retirement Community, where you would bundle services and bring them in.

There's basically three service models of doing this. One is where you would actually provide on-site staff. Suppose you're looking at an existing

subsidized housing or an existing apartment building somewhere and the housing provider would bring in staff to provide those services needed.

The second one would be to hook up people, link people, either through a service coordinator or some other method, to outside service providers, as needed.

And the third one is to have services co-located in the housing, such as -- right now there's adult daycare centers are locating various meals programs, things like if you've heard of the PACE model or LIFE model that's being used in Philadelphia. They can be located in senior housing or near housing that keeps people where they are.

The next one is housing facility design modification strategy. It's a very long term. It's basically where -- it's a strategy to make building modifications in order to make it easy and safer for individuals to age in place. So basically you're making

whatever changes, mostly physical changes. It could be adding a room for, again, meals, common areas, adding space for staff, dining facilities, et cetera, offices. The apartments, however, are generally still independent again. So this is for somebody who might be living in an independent apartment, for example. There's two models of this. One would be where there's currently people living in an apartment, either senior housing or their own apartment, and the developer or the owner decides they want to convert one floor that people are aging in place. I happen to be on the Board of Federation Housing, and we have a thousand units of housing in Northeast Philadelphia and these folks have been there 20, 25 years, for example, and they are starting to age in place, and we're bringing in services as possible, but it may well be that we want to take a floor from one of those buildings and make sure that that is more like assisted living, so that people can

stay in their homes and receive the services that they need.

The other one would be to take the other end, which is the nursing home, again, since we're trying to take nursing home beds offline -- and the State is doing a lot of different innovative things about trying to do that, by the way. But you want to take nursing home beds offline and make that into assisted living. That has more challenges because it's going to be harder to take something that's institutional and make it more home-like. So that would have to be done in just the right way, but it is also an alternative for converting facilities.

There is a HUD-funded assisted-living conversion program. However -- and three projects in Philadelphia have been funded under that program over the years, but they have all had a very difficult time in making this work, because Pennsylvania did not have, until recently, an assisted living

licensing program. And so it either had to be as a personal care home or a nursing home, and it was very hard to fit in and meet the federal requirements of that program.

So now that Pennsylvania has passed assisted living legislation, this might be a program to keep our eye on, because there are federal dollars that can go to some of the 202 projects, 236, some of the federally funded apartments where seniors are living that could be converted to assisted living.

COUNCILMAN JONES: Point of information. Is that for just conversions or new housing developments?

MS. MYERS: Conversions, this program. They still have the 202 and the 811 programs for new construction.

COUNCILMAN JONES: Thank you.

MS. MYERS: Limited equity housing co-op. This is one of my favorites. It's a little complicated, but it really is a wonderful model

because it provides an opportunity for people to maintain long-term affordability and control of their housing. And basically it's an ownership model in which there is a corporation that owns the building. And in the limited equity one, it's a non-profit corporation, and the shareholders are the residents of the building and they own shares in that corporation. It is a joint decision-making program.

And, again, this is not for everybody, but it's one in which people are comfortable in making decisions about their housing with their neighbors. It allows a smooth succession of ownership, and the value of the -- unlike a regular co-op where the value like we have in Center City Philadelphia, William Penn House or some of those other places where the value of that share would increase with the market, the limited equity are kept affordable because there's subsidies in it, so that when a person leaves,

another low- and moderate-income person can move in that house. And I think there are maybe two or three of those operating in Philadelphia at the current time. But it really is a good model and, again, for long-term control and affordability.

The residents are responsible for all the management decisions, and the co-ops that I'm familiar with range anywhere from the residents doing all of the work, including all the management and housekeeping and so forth and household rules, to their subcontracting all of those services out and everywhere in between. So some of them may contract out certain building maintenance and keep other functions.

The sixth one is enhanced adult foster care, and, Councilman Jones, I think you were sort of walking around the edge of that. This particular one we looked at was from Massachusetts. It's similar to the Pennsylvania dom care

model where an individual would live in their home, they live with a family or another caretaker. The differences are that in Massachusetts the way it's run, some of the costs are reimbursed through Medicaid, which is really a big plus obviously. The care can be either in the consumer's home or in the caregiver's home. It's not always moving to somebody else's house to have to receive this care. You can stay in your house and have somebody move in and provide care to you. And -- the big one, which is what you are talking about, I think -- is, the caregiver can be a family member. In Pennsylvania currently under dom care that's not permitted. So this would be something that we might really want to look at in Harrisburg.

And fourth, during, again, the dom care model, you're responsible 24 hours a day for somebody. Under this model, there are respite programs available, adult daycare and things that

people would not have to be on site 24 hours a day, which would probably be good for both the caregiver and the person provided for.

The next one, building technology. This is building an assistive technology. These are technological things that help people to age in place, and there's some incredibly exciting thing going on, particularly in Philadelphia and in Allegheny County in Pennsylvania. I'm not going to speak too long, because I understand people from NewCourtland are here. They're going to speak about this.

There is a group in Allegheny County called Blueroof Technology where they are using technology in manufactured housing, and they're putting in and they have four different levels of things, and these are wonderful things, like monitoring of the pantry. If you don't open your cabinets and then people can see that you're not opening your

cabinets, perhaps you're not eating, that they can really stem any possible health problems later on. And I believe NewCourtland has things or some of the medical monitoring where you get your blood pleasure and other things over the computer and somebody is keeping it somewhere for you. So they are remote monitoring of people's health and safety basically. Very exciting things. To me, this is really one of the things that I think can just make a dramatic difference in aging in place.

The last one is the Abbeyfield Homes. This is -- we had to put in one foreign model. This is very popular in Britain, in England. They are small home-like settings. Remember when I talked about a group-shared residence of shared housing? That's really what this is. And the difference between a group home and shared housing is that shared housing is choice. People choose who they live with. They make their own

household policies, et cetera. They run the household. It's not some third party who is giving the key and doing whatever. This is somewhere in between, because they have an on-site housekeeper that serves two meals a day, et cetera. But, again, it's a good use of large renovated homes in residential areas.

There can be zoning issues. However, a number of years ago we worked on a specific zoning model in Lower Merion Township, because Lower Merion at the time had a lot of students that were sharing and they wanted to kind of avoid that but they wanted to provide an opportunity for seniors, and we actually developed a specific zoning ordinance for seniors living together in group-shared residences.

COUNCILMAN JONES: That sounds familiar in my district. That sounds like a part of my district.

MS. MYERS: There you go.

So that might be something to

consider. And there was a study done by Dartmouth on whether this was a good model to replicate in the United States, and they basically said be cautious, because it relies a great deal on volunteers and things, but I do believe in the right community this could be a good option.

So that's the end of the State study on what we did. I took the prerogative, knowing since I've been around here a long time, to make some recommendations from me, Diana Myers only. This has nothing to do with the State. And my suggestions would be either to form a task force or -- it sounds like you already have some good task forces. You might want to just assign this to one of your existing task forces to review some of these models and determine what would be good in Philadelphia, which ones you could use. And the full report has a bunch of very specific recommendations for moving next

steps for each of the models.

I would go with tenant-based rental assistance. Keep a close eye on the nursing home transition, see how that's working, and then maybe figure out how that model could be expanded to people who are living at home but are cost burdened, people who are paying 50 and 60 percent of their income for housing. Not people moving out of nursing homes, but people who are already living in the community and are facing economic hardship, but get some -- and usually those people, it's a small amount, it's not a large amount of money. It could be a matter of a hundred dollars a month to enable that person to stay in the community with the right rental assistance.

Secondly, shared housing. I would consider -- and, again, Philadelphia had a shared housing match-up program in the '80s and '90s, and I think -- my personal opinion is

that there was many issues with it, but I think probably a lack of leadership really caused it to go under. But I think it was a good model. And, again, it's not for everybody, but given that it's low cost, I would consider maybe looking at that again. Montgomery County is about to start a pilot, and there's also existing programs right now in Chester County and Delaware County. So you could look at those.

Two more suggestions on the housing facility design modification. Now that the State has passed assisted living legislation, I would take another look at that, see what's happening with the three projects in Philadelphia that were already funded and try to grab some more of that federal dollars to convert appropriate properties in Philadelphia. I would be careful, however, to limit the number of units to be modified if you're looking at an independent housing, because there's a psychological thing

here about, well, if 50 percent or 60 percent of the units are for frail people and assisted living, if I'm independent, I don't want to -- I may see it as a place for frail, elderly and not want to move in. You may impact the number of independent. So you would probably want to keep it to 25 percent or something like that of a facility.

And the building technology -- again, I'm very enthusiastic about that -- I would look at having the Office of Housing and Community Development provide some incentives to fund -- the projects that they fund through Community Development Block Grants and HOME dollars and other federal dollars and State dollars and City dollars for housing, that they give some sort of incentive to those projects to incorporate technology in the appropriate projects. Because we're all getting older. We're facing the -- I think I'm right on the cusp of the baby boomer, so I'm like my foot is

there already. So I think we really ought to be preparing for the future, as Councilman Jones said. And here's some information for contacts.

COUNCILWOMAN TASCO: Thank you very much. Very interesting.

Any questions?

COUNCILMAN JONES: No. I just want to say this was well put together. It gave us a lot of food for thought. Do not mistake the lack of questions for lack of interest. But it was well put, and it gives us some starting points on how we should encourage the Task Force -- and I hope they're still here -- to see some of the things. You've done a lot of the legwork, groundwork and gives us a good beginning point.

So thank you. And I've already instructed my staff to tackle you on the way out so that we can stay in touch.

MS. MYERS: Okay. Great. Feel free.

COUNCILWOMAN TASCO: Thank you.

Certainly the information is very helpful to us as we deal with housing issues. New ideas can flow to other organizations that are doing it. We have this Affordable Housing Trust Fund. So that information can flow to them in terms of how they look at elderly populations. So we may not have a lot of questions, but we're gathering a lot of information. So thank you.

MS. MYERS: Thanks.

COUNCILWOMAN TASCO: Yes. Ms. Isner, is it?

MS. ISER: It's Iser.

COUNCILWOMAN TASCO: Iser. Would you present your testimony, please.

MS. ISER: Thank you. Thank you for the opportunity to address the Council hearing.

I want to share what I've learned in the last two decades as a teacher, a consultant and an advocate for conscious aging and for creating communities for elders and specifically

about elder co-housing, which is an additional model to what has been just presented.

I also live, Councilman Jones, in your district, the Fourth District. So I'm pleased to be here.

You should have a document entitled "A Vision for an Elder Friendly Community in Philadelphia and an Introduction to the Elder Co-Housing Model." I'm not going to read it. It's a background for what I shall be speaking about, and I hope that it might inform your decision-making.

I want to focus on three aspects that I touched on in this document. One is what I mean by an elder-friendly community, the importance of the elder years, and what co-housing can offer as one model for creating positive elder communities.

When I speak of an elder-friendly community, I am focused on the social interactions and meaningful

activities which engage older persons' minds, hearts and spirits, in addition to the needed services that are provided to care for them. I am looking at what really forms community and what makes the community a place for people to actively remain engaged and have neighbors and have social contacts.

This expands the idea of Aging in Place that was referred to in the resolution to Aging in Community, which is now being seen nationally as very important, and then goes even further to focus on creating opportunities for engagement, inclusion and reciprocity. This means building interdependent relationships with others, which is the basis of what meaningful activities are really about.

So I am moving a little bit away from the service model and encouraging us when we talk about creating an elder-friendly community to think about beyond just providing

services. When I think you asked earlier what would be the cost of providing services, I think it's difficult to assess that cost now, and I think it's going to be really impossible in the future when this growing age wave is much larger. And I say that not with fear of the growing age wave, but with an idea of looking at it differently.

I've listed some values of what I see as an elder-friendly community, and that's on the bottom of your first page. They're gleaned from my research. There's many other cities and regions that are exploring the same issues, and the World Health Organization issued a document a year ago called Age Friendly Cities that looked at many of these same questions. And I looked at not only providing services, transportation, housing, social services, medical services, but also looked at what helps people to be included, what provides respect for individuals, what provides

ongoing educational opportunities.

It's a rather extensive list, but if we're going to undertake the creation of an elder-friendly community, why not be bold. Why not ask for all that would make such an initiative truly exciting and challenging. That would make an elder-friendly community not only good for elders, but it would make it good for the whole City.

I call your attention to the fourth value. This is exploration that is focused on the development of purpose and meaning within one's life, along with the exploration of spirituality. This does come from the Conscious Aging movement. The elder years are now called the third age by gerontologists. It's a specific time of life that has unique opportunities and purposes. Part of it is to review and assess one's life, to naturally reflect on what has been and what still needs doing.

When you referred to your

mother going back and becoming a teacher's aide because she was bored, she was probably bored, but she might have had a desire to work with children or might have been something that said, now that I don't have to do what I've been doing, I want to do something different. For whatever reason that desire rose in her. And what did it give to her as a sense of satisfaction or usefulness or did she transmit to other people, what does it serve not only as a model for yourself and other family members. That's part of the process of growing older, where have we been and where are we going.

Part of it is harvesting wisdom, creating legacies that are borne of desire and passion and interest, from skills learned and acquired through a lifetime. Elders are amazing resources. They have unique experiences and assets that they are able to offer to individuals and to their communities.

This contradicts the typical model of old age being a time of decline and uselessness, of elders being a drain on our economy and on our lives. It just is not so. There is a lot of information out now about positive aging, about positive -- about successful aging and about all that elders can give back. I've referred to some of that in the document in front of you and some of the studies that are being done.

How do we best encourage ourselves -- and as I look around this room -- and elders to engage in these activities of growing older? How do we best affirm who they are and provide them with the opportunities to grow into who they still want to be? How do we use this vast age wave, not to fear the age wave but to build a better Philadelphia?

Creating an elder-friendly community is one means to open up to these opportunities. So I take it very seriously about what you mean as an

elder-friendly community.

Another is to provide innovative options that will allow elders to flourish and to grow in supportive environments. And I think you pointed to many of them in your open presentation, and I was really interested in the one from England.

Elder co-housing developments are one such option, and they do come from Denmark. Elder co-housing is a new housing model which offers older adults new opportunities to live in communities that are safe, affordable and socially, intellectually and spiritually engaging. Co-housing residents are consciously committed to living as a community. The physical design encourage both social and counter and individual space. Private homes contain all the features of a conventional home, but residents also have access to extensive common facilities, such as open space, courtyards, perhaps playgrounds and

definitely a common house.

Co-housing integrates the values of an elder-friendly community. People help each other out. There is reciprocity. People work together to build, maintain and manage their homes. There is engagement.

There are structured and unstructured opportunities for socializing, learning new skills and exploring interests. When a person needs assistance, the community can help, or a service provider is called to provide what is beyond the scope of the community.

Co-housing has developed the concept of what builds community. It's a model for intentional living. It's useful in retrofitted settings, in new construction, and I believe that the principles of co-housing, of how to live together, can be used in retrofitting existing living arrangements such as apartment buildings.

I hope that as the Council moves forward and adopts the concept of an elder-friendly community for the City of Philadelphia, it will also intentionally focus on co-housing and other innovative models for how elders and all citizens can live in communities that revive and embrace the values of social connection, interdependence and healthy living.

Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Any questions?

COUNCILMAN JONES: No. Just an additional comment, that your concept of not just aging in place, I think I get it, that we need to just be more inclusive in our design of regular communities and not just batch together services and walkability and engagement and other non-deliverables but yet important concepts need to be inculcated into the design.

MS. ISER: Exactly. And also I think that we need to look at aging as not something that begins when someone is debilitated or in need of services and frail, but aging is a process that begins when somebody is quite younger, maybe at 50 or 60, and are beginning to think, how do I want to live my years as I get older, and then how to build ties within a neighborhood, how to build the kind of connections that will help to support them and sustain them, not only physically but socially and emotionally and spiritually, as we have meaningful engagement and connections with other people.

COUNCILMAN JONES: Is there a juxtaposition to your issue of the amount of senior assisted living in a community? You had a formula of 20, 30 percent, not more than, if I recall.

MS. MYERS: I mean, again, I personally think that intergenerational models are really powerful and that

warehousing seniors in large communities by themselves is not -- at least not the way I think my generation wants to age.

There's some -- I didn't talk about this, because it wasn't part of the study, but there's something called Generations of Hope, which is an intergenerational model in Illinois where they have families who are adopting children from the foster care system living with seniors, and the seniors provides six hours of volunteer service a week in return for reduced rent. And not a single person, senior, from that community has ever gone to a nursing home, because they take care of them there, and they take care of the kids when they come home from school if the parents are working and so forth. So that model -- the houses are interspersed. It's not like a big senior building somewhere. They're right next door to the families.

So I think those kinds of

models are elder-friendly communities.

MS. ISER: Right. I was a single mother until my son was 17. So I spent many years raising a child by myself. Many times I wished that there was somebody that could just come on over for a few hours and play cards while I ran out and did grocery shopping or just got off by myself for a while. How do we -- and I would have been more than pleased for myself or my son to go pull their trash cans out to the street or change their light bulbs or hang their picture on the wall or whatever it is. How do we build this kind of reciprocity, understanding that even a frail person can be engaged with people in their neighborhoods, and that brings meaning to their own lives.

COUNCILMAN JONES: It's amazing that other cultures get it, and we tend to have the opposite perspective on aging as many of them do. As people progress, they become elders in society and valued

for their resource and longevity and knowledge base, and we kind of tend to move them towards obsoletion -- obsoletion --

MS. ISER: Whatever it is, you don't want to be there.

COUNCILMAN JONES: Obsolescence.

MS. MYERS: I think the key is to foster those interactions, and I think that's what Lynn is talking about, and some of these housing models by being in the community do that.

COUNCILMAN JONES: Thank you.

COUNCILWOMAN TASCO: In my neighborhood and a lot of neighborhoods in Philadelphia, it would take a lot of support, agency support or community organization support, to foster that kind of interaction, because most of the people live in their homes. I live in a neighborhood that's aging. And so who takes the lead to provide that service to that community? It's just not that easy

to -- I mean, it is a need and as I sit here and I think about how can I engage someone or some group in my neighborhood to begin to develop activities and programs for the seniors, there is the recreation center, there is the Senior Citizen Center, but everybody does not go. And there are seniors in their homes who probably would like to have something to do, but it takes a lot more organizing to do that.

When you think of the urban area, it's different than maybe the suburban area in trying to foster these relationships. I mean, there are a lot of issues around just the relationships. We don't even see people talking to each other anymore in the neighborhood. Not just senior citizens, but anybody. In the old days, people were out, they were walking, they were talking.

So you may have a neighbor who is in trouble and you don't know it, because there's no communication. How do

we foster that communication to build a support system for those neighbors who need it.

I have neighbors who are losing their homes who don't talk to anybody, and you find out they've lost their home in foreclosure because they don't feel comfortable talking to anybody about it to get the help that they need.

So as I listen to your models, I think they're fine. How do we take your models and try to incorporate them in an urban setting?

MS. MYERS: I think you're raising really excellent points, but I think it was going to require like a real major paradigm shift in thinking, and that support may be needed at first, but I think once the culture changes, our whole expectations are different. But once those things start to happen, those linkages occur, the interactions occur, I think they take on a life of its own, and the outside professional support, so to

speak, can draw back.

There's a lot of good things showing circles of support for people with developmental disabilities, where at first you may have a professional, but then they develop supports, friendships in the community and so forth, and over time the professionals step back.

So with those kind of supports that you're suggesting, I think it might happen. The interventions might be necessary in the beginning, but I think over time there's culture shift.

COUNCILWOMAN TASCO: I don't want to seem doom and gloom, but we went from that neighborliness and the caring for the people in the neighborhood to being behind closed doors because the increase in crime and drugs.

MS. MYERS: Yes.

COUNCILWOMAN TASCO: So you may trust the mother or you may trust the next-door neighbor, but the son may not be trustworthy or the daughter may not or

the uncle or somebody in that household may not be trustworthy. How do you know that? Just because of the influences of the drugs in our community.

MS. MYERS: Yeah.

COUNCILWOMAN TASCO: Those are realities we have to face as we work. It doesn't mean that we don't try. So I'm not saying that we won't try, but we may have to find another model that fits the inner city.

MS. ISER: I agree with you completely and I agree with Diana. I think that we need to find another model. I think you're pointing out the important questions. We need to create a new vision of what it's like to live in an urban community.

The questions of safety can only be addressed by people taking care of each other and watching out for each other. So if we're going to say safety is about buying bigger locks and having thicker doors, that's not going to work.

The question of safety is only about knowing your neighbors and being able to get together and point to the people that are causing the disruption.

The question of taking care of each other can only be done collectively. We are just not going to have enough people or enough financial resources to take care of all the needs of people as they grow older, and yet we can take care of each other. There's no reason we can't live in a shared housing situation. There's no reason you can't have people in an apartment building that are understanding that they want to care for each other and agree to bring somebody breakfast who needs a little bit of help for a while. That doesn't mean that you do their personal care or do their laundry or do their cleansing, but it does mean that there are things that we can do for each other, and in doing so -- what was it I learned as a child? It's better to give than to receive. We all

get that feeling of, I like doing this. How do we open up those opportunities to do for each other so that we are building a stronger community? Not just a better system for delivering services. And that system does need to exist and we do need to have a good system, but with that, we need to have the supports that go along with this so we can care for each other.

COUNCILWOMAN TASCO: Thank you.

COUNCILMAN JONES: I just want to say thank you and that you added an important component and ingredient to the topic today, and, that is, the kind of thing that binds -- the ties that bind, and it isn't locks and it isn't just services. It is caring for one another as neighbors.

MS. ISER: Thank you.

COUNCILMAN JONES: Thank you.

COUNCILWOMAN TASCO: Our next panel, Cathy Brewington, Charles Day, Robert Abdullah and Tania Rorke. I hope I got all those names correct.

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(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Who is going to speak first? Are you part of this presentation?

MS. BREWINGTON: Cathy Brewington.

COUNCILWOMAN TASCO: You're part of the video?

MS. BREWINGTON: No.

COUNCILWOMAN TASCO: Okay. Who is here who is going to make the PowerPoint presentation?

MR. DAY: Me.

COUNCILWOMAN TASCO: Oh, okay. We'll let you testify first. You start.

We'll let him start and make the PowerPoint presentation and then we'll move forward.

Mr. Day.

MR. DAY: Shall I go ahead?

COUNCILWOMAN TASCO: Yes, please do.

MR. DAY: Thank you. Good

afternoon, Councilmembers and visitors. I'm Charles Day, a resident of East Falls and Chair of the East Falls Village Steering Committee of the East Falls Community Council.

We're exploring the possibility of creating a non-profit organization to serve the needs of residents of East Falls who are age 50 and above. We envision being able to meet a wide range of needs, a one-stop shopping approach, which would facilitate aging in place in the community, essentially a bottom-up effort, accomplishing as much of this as possible through the participation of volunteers from the community. We're talking about a grassroots effort arising within the community which finds leadership and membership in the community, raises most of its operating funds from members in the form of dues or contributions, has minimal staffing and makes good use of volunteers. It should be affordable to a wide range of incomes

and it should have a way of assisting membership for people with limited incomes.

We understand this kind of organization works well in communities where there is a strong sense of neighborhood identity, coupled with a strong desire on the part of residents to stay in their homes and/or in the community at large as they age. We believe that East Falls meets these qualifications.

We've adopted the name "Village" in our committee's title because it reflects the key idea that we are about building a community, not simply providing services. Further, we've learned from the experience of other projects that many older people resist participating because they don't like being labeled old. In a sense, you might say they're ageist. I reluctantly include myself among them. References to elders, seniors, aging, retirement and

similar words fail to convey this sense of community and may actually turn away the healthy, vigorous component of older individuals needed to energize such a community.

What is needed is to develop a sense of community appealing to the many older persons who are healthy and vigorous and thereby to energize the community while providing a lifeline for those who may be in need of it.

The benefits of this approach are a better chance to retain in the City people with moderate or middle incomes and above, to maintain the City's economic base and tax base, and provide citizens with a better choice than the active adult communities and continuing care retirement communities that are springing up in the suburbs.

As part of our exploration, we conducted a community survey in October, and I'd like to just share some of the results with you.

This was a low-budget effort, paid for by committee members out of their own pockets, aimed at getting enough replies back to paint a picture of community concerns. Using the services of student volunteers from Philadelphia University, we distributed several thousand questionnaires door to door throughout the neighborhood, asking respondents to mail them back or drop them off at the library. We received 134 replies. All but eight were from ages 50 or older.

Here's a summary of what they told us: 79 percent plan to stay in their own homes, plus another five percent said they were unsure, and here are their current needs to stay safe and comfortable. These are in priority order. They told us they need assistance with yard work; help with handyman kinds of chores; healthy life-style programs; help with heavy cleaning; a referral list for professional services and contractor

services, featuring providers who have earned the community's trust; help with wills, living wills, estate planning, tax preparation and similar items.

Here's what they anticipate needing, also in priority order: Transportation within the community and to shops and other services; shopping assistance; meals; laundry and housekeeping; home modification for safety and physical factors; personal care assistance and case management; handyman and heavy cleaning services again; and organized activities.

There was also, some might say, random additional comments in the "add your own personal comments as you wish." The need for walkability and safe streets came up frequently; desire for shuttle transportation around the neighborhood, including the SEPTA station; parking at the train station and in the business district; the need for occasional organized trips to museums, sports

events, restaurants, et cetera; and concern that disability payments are not keeping pace with rising taxes, cost of living and medical costs.

In East Falls now we're turning our attention to conducting a feasibility study to determine whether and how to proceed.

There are many things that government might be doing to facilitate aging in community. Some of them cost a lot of money; some not so much. Here are some of the "not so much" recommendations for your consideration: Support development of models for aging in community that can be replicated. And I know you're working on that today. Provide technical assistance, information share and workshops about what is learned; provide awards and recognition for successful community organization efforts for businesses that are supportive, for hospitals and for non-profits; promote caregiving both as a

profession and as a form of volunteer service, something to be proud of, take pride in; ensure neighborhoods are accessible, curb cuts, sidewalks, signage, traffic controls, snow and trash removal; increase transportation options for older people, for example, by adjusting bus routes to promote access to neighborhood facilities; facilitate restoration of buildings that could be used for multi-family residences. We've heard more about that already today. Work to enhance safety in our neighborhoods and our gathering places. Interestingly today, I have a news release from the Philadelphia Police Department talking about a safer seniors public education campaign which is about to begin. And promote a major strength of Philadelphia; namely, its wonderful neighborhoods.

In summary, in a period of financial shortages, use the powers of government that do not cost a lot of

money and harness the energies of its residents and businesses in this important effort.

Thank you.

COUNCILWOMAN TASCO: Thank you very much for your testimony. You're doing just what Ms. Iser talked about in terms of moving your community to dealing with the seniors in the community. We thank you for your testimony.

We'll hold the questions until we finish.

Ms. Brewington, would you come forward since I asked the East Falls group to go before you. Thank you.

MS. BREWINGTON: Good afternoon. My name is Cathy Brewington. I'm here representing Haddington Multi-Services for Older Adults. Ms. Geneva A. Black, our Executive Director, she's unable to be here today, so she asked me to come in her stead.

I am here today to represent the elderly population we serve. Our

service area is both North and Southwest Philadelphia. The membership of our agency is about 5,000 members and more. We operate a senior center where we serve seniors age 60 and over. We offer congregate meals, socialization, recreation, counseling and education, transportation.

We have an in-home support unit where we coordinate services for homebound seniors, such as chore services. We have information and referral services, minor repairs we may do and accessibility of railings, hot water heaters, and we assist seniors with delinquent energy bills through discretionary funds that we receive through the Philadelphia Corporation for Aging.

We have another program known as the Survival of Caregivers. It's short abbreviated SOC. This program was designed to educate caregivers on how to access available resources and assist

seniors through the maze of caregiving.

All of these programs and services are designed to assist the elderly to remain in their own homes, in their own environment, versus going into a caring facility where it is a known fact that the elderly deteriorate faster if they are living in unfamiliar surroundings. And the City can help by doing -- Ms. Black has written down several suggestions that we feel as though would benefit the seniors.

If the City could assist with home repairs in a more expedient way. In a lot of cases seniors do expire as a result of waiting for City services.

We would like to suggest cutting the bureaucracy. We assume that certain questions and certain eligibility requirements are not necessary. We also must remember also that we're dealing with seniors.

We suggest that more accessibility to energy assistance

hotlines might be a little bit more created in such a way that there's no waiting and no listening to busy signals and waiting long periods of times listening to the computerized messages and the computerized prompts, which is very confusing for seniors.

We believe that a better relationship with the senior programs in centers in the City of Philadelphia and a better understanding of services that we provide. The City should establish a partnership with senior centers and senior programs.

Ms. Black -- and she stated this -- that some of you in City Council are age eligible for services or will be, and she says you ought to think about how you could improve City services to the elderly.

Thank you.

COUNCILWOMAN TASCO: She's taking advantage of knowing us for so many years. And she's right, and that's

why we're here.

Thank you so much for your testimony. I have a question for you, but we're going to let everybody testify and I'll come back with the questions. So don't leave.

MS. BREWINGTON: Okay.

COUNCILWOMAN TASCO: Next? Who is next? Young lady, you may move over here. Are you going to testify?

MS. RORKE: Yes.

COUNCILWOMAN TASCO: You may move over here.

MR. ABDULLAH: My name is Robert Abdullah. I'm with A Place Like Home Adult Daycare Center. First of all, I'd like to say I'm very excited to be here, and thank you very much for having a setting where we can talk about some of the issues in our community.

We believe that A Place Like Home Adult Daycare Center can be one of the solutions to strengthen Philadelphia neighborhoods by providing healthcare and

support services to seniors who desire to age and live with dignity in the comforts of their own homes.

I'm not sure that a lot of people understand what adult daycares are, so the question is, what is an adult daycare center? An adult daycare center is a medical facility where activities-of-daily-living services are provided to guests or consumers five to eight hours per day. These services include nursing, medical care -- sorry; personal care, nutrition, education, social and recreational activities. An adult daycare center is also licensed and inspected annually by the Pennsylvania Department of Aging.

Who attends the adult daycare centers? Typically those seniors over 62 who are nursing home eligible or dependent on others due to mental and/or physical disabilities, seniors who can no longer be left alone at home, seniors who have been discharged from the hospital or

need nursing care, seniors who need stimulation through socializing with others, and young adults that may have had a stroke and have some form of dementia.

Some of the benefits that I think -- since we're here talking about crime in the neighborhoods, I'm going to share my testimony with Carmen Martinez, who is part of our Caregivers Program and whose mother attends our center.

We believe that if seniors are more aware, if they receive adequate healthcare and -- well, I'll just read it.

Attendance of adult daycare centers can greatly reduce crime and a number of illnesses faced by seniors. For example, seniors who attend three to five times per week is far likely less to become a victim of crime, because they're not at home as often, so it limits the opportunity of a crime. They change their daily routine. They're not just

sitting at home or maybe just going out to the corner and going back home. See, I also believe that because we do understand that home healthcare is important, but I also believe that home healthcare or home care or healthcare should not just be restricted to the home. Our adult daycare center is "a place like home" where they can come and they can receive those type of services in a community-type setting.

More people know their whereabouts. Our seniors are educated about the pros, about the cons and scams. We talk about white-collar crimes, and we offer a safe environment.

The health benefits is daily health monitoring, because we have a nurse on staff and we have a facility doctor, nutritional meals, and they get to socialize with their peers.

I know this year with the presidential election, it gave us a lot to talk about. We talk about not just

the presidential election, but what's going on in your house, in your community, what's going on with your home, because we have someone who is not a licensed social worker, but is like a social worker there, so we can address a lot of issues and concerns that the seniors have at home.

Also, there's heat in the winter and there's cool in the summer, and we all know that's a problem too with our seniors that live at home. And a lot of our seniors don't come out because they're afraid. They're afraid of the crime, or a lot of our seniors have a lot of pride. They might not ask for help. When you're in a setting, such as I believe like A Place Like Home, you talk to people, you talk to your peers, you talk to like our administrator, who is Janet Glenn, who is a block parent from the community. Our people are all from the community in our neighborhood. We like to think that our adult daycare

center is not just a medical facility but a community center. And I invite any of you. I know, of course, Councilman Jones has been there plenty of times, but I invite any of you to come out and see the facility.

I did throw some pictures in the statement just so you can have an idea of what the center looks like. But it also provides peace of mind for the caregivers, and it prevents premature nursing placement.

And just a quick fact. When Councilman Jones spoke about money that goes on along with care, and from the resolution, we see that for assisted living, our annual fee for one person could be about, I think it was, $32,400, and for nursing home care, $84,000. For someone to attend an adult daycare for a month, it's about a thousand dollars, and that's five days a week. And if you look at the savings for ten people over a period of one month for adult daycare,

you will pay $10,000. For assisted living you would pay 26,000. For a nursing home you would pay 75,000. Over a six-month period, 60,000 for adult day, 159,000 for assisted living, and 450,000 for a nursing home. And then since we always know that money is always an issue, especially for healthcare, especially for our seniors, and we know that there's roughly 250,000 seniors in the City of Philadelphia, which is a large number, one of the largest, if not the largest in the State of Pennsylvania, and I believe any study and any professional will tell you that most seniors over the age of 65 have some type of disability. I'll use a conservative number. Forty percent. I've read studies that were higher than that, but we'll go at the low end, 40 percent. And if adult daycare is preventive healthcare, even if you delay someone from going to a nursing home or to assisted living, you're saving over a

six-month period of time -- say if my mom, we can delay the process of her going into assisted living for six months and say we have -- I'll take another number, say a round number. If we have 250,000 people and we'll take a thousand people out of 250,000 over the age of 65 and say we can delay them from going into an assisted-living facility, we save the State close to $16 million in six months. And if you're talking about nursing homes, you're talking about $39 million in six months of a savings that you can give to the City or to the State.

And as Councilman Jones says -- and we all know this to be a fact -- our district is one of the highest senior population districts in the City. We have over 10,000 people over the age of 65 and 4,500 people over the age of 75, with just two adult daycare centers in our district. In my center, we have, I believe, 30 people in my center. Something is missing there.

But I can say this before I let Carmen speak: I'm a community-based person. I've worked in community development, community centers pretty much my professional life and my entire professional life. My center -- I've opened my doors up to anyone who wants to do anything positive in our community, not just for seniors.

I don't know where the answers are as far as the funding source, but my center is open. Any way we can be of assistance to the City -- let me change that. Any way we can be of assistance to the seniors in our community and to the City to do the things that you're trying to do, my doors are always open.

Carmen.

COUNCILWOMAN TASCO: Thank you very much.

MS. MARTINEZ-SKINNER: Good afternoon. My name is Carmen Martinez-Skinner and I'm the Vice-President of the Caregivers

Association for A Place Like Home Daycare. Our address is 5610 Lancaster Avenue. So you're more than welcome to come.

Also, we have some representation today from our center, some of our seniors and some of our families and our caregivers.

COUNCILMAN JONES: Stand.

MS. MARTINEZ-SKINNER: Could they please stand. Could our family stand.

(Applause.)

MS. MARTINEZ-SKINNER: Okay. Thank you.

I'm going to just talk a little bit about the features and benefits of adult daycare and what it's like at A Place Like Home. They need a voice, and some of us kind of are the voices for them, for those who can't explain everything they want to say. So I'm going to try to do some of that for you.

Adult daycare provides a safe

facility from five to eight hours per day and on the weekends to give our loved ones a place away from home to be able to socialize with their peers. Adult daycare allows them to be medically treated with trained personnel that can look after their medicines and make sure they are properly being administered. Also, find out if they are up to date on their shots, doctors' appointments and if they're in need of any additional medical assistance, a facility that looks good and has a friendly environment so seniors can get the individualized attention that they need most of the time.

Adult daycare provides seniors with not having to be bothered with people who prey on the elderly for money and because they can. This type of facility allows them to get a nourishing breakfast and lunch every day. In some cases, they are not eating at all. The facility gives our loved ones an opportunity to talk, discuss and listen

to their peers who have traveled the world, who have been to war to their peers -- I'm sorry; who have been to war, who have been executives and anything else most of them can remember and share about themselves.

With the assistance of Para-Transportation, they're able to come and return back home safely every day. The Para-Transportation system has trained personnel that become friends to our loved ones and are very caring and concerned about them. Those of us who have to work can be assured that our loved ones are being cared for in a facility that is safe, clean and friendly.

It won't be for everybody, but the elderly that we care for should be given the opportunity to have a place in their neighborhood or near their neighborhood that provides them with a safe environment and peace of mind for the family or caregiver.

Most important, it gives them something to look forward to. If not every day, maybe a couple days a week, that they can go to a place where they will be able to paint, dance, play pinochle, listen to Nat King Cole, sing gospel and even help someone else at the center that might need some assistance. Our loved ones still have something to give and share. This is the benefit of adult daycare.

Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Could I just ask you -- I was going to ask you about transportation, but then you said the transportation service picks them up.

MS. MARTINEZ-SKINNER: Yes.

COUNCILWOMAN TASCO: How many adult daycare centers? Do you have any idea how many are in the City?

MR. ABDULLAH: There's 18.

COUNCILWOMAN TASCO: Total, in

the entire City?

MR. ABDULLAH: There are 18 adult daycare centers in the City, but from the funding, the funding source for adult daycare that I'm aware of from the 2007 budget from PCA, is about $978,000, which is a minimum amount for the number of seniors that we have in the City and which I believe could benefit from the services of adult daycare.

COUNCILWOMAN TASCO: Now, do they pay? Do the senior citizens pay?

MR. ABDULLAH: A lot of the people that attend my center pay out of pocket. I would say about half of the people that we have pay out of pocket and the rest are covered probably by PCA through Medicaid.

COUNCILWOMAN TASCO: Oh, okay. But there is a fee for participating?

MR. ABDULLAH: Yes.

COUNCILWOMAN TASCO: Okay.

MR. ABDULLAH: The fee is -- Janet, correct me if I'm wrong -- for a

full day $52 and for a half day $31.

COUNCILWOMAN TASCO: Right.

Okay. As you were talking about seniors and being preyed upon, I think we have to go back to the "just say no." Anyone ask you anything, just say no.

MR. ABDULLAH: Yes, ma'am.

COUNCILWOMAN TASCO: You won't get into trouble. Don't let me think about it. I don't want to be bothered. Just say no.

Thank you so much for your testimony, and it seems that you must have a good daycare center. Curtis Jones here represents you.

Okay. Next. Thank you.

COUNCILMAN JONES: They actually play pinochle.

MS. RORKE: My name is Tania Rorke and I would like to thank you for allowing me this opportunity to speak to you today on behalf of Penn's Village.

Penn's Village is an innovative, non-profit organization

founded to enhance the lives of residents in Old City, Queen Village and Society Hill as they grow older or have special needs. We provide support, services and programs that enable our members to live healthy and meaningful lives in their own home. We are a true Aging in Community organization. And if you look at our brochure, which I believe you all have a copy of, you'll notice on the front our motto is "Neighbors Helping Neighbors."

Penn's Village began offering services in June of 2008. We have a growing menu of services, all member driven. Our members' needs determine the services that we provide. These services include, but are not limited to, transportation, including rides to the doctor's office, grocery store, senior centers, cultural events, airport and other local destinations; household and convenience services, such as picking up prescriptions, groceries or laundry; running errands; mailing packages;

watering plants; taking out trash; walking or caring for pets on short absences; computer problem solving and in-home computer training; home repair and adaptation; home maintenance; meal preparation and delivery; paperwork; bill paying; sweeping or shoveling of sidewalks; lifting of heavy items and changing light bulbs.

We provide information and events, such as trips, activities, educational seminars, programs, dining groups, book clubs, medical discussions and support groups. For health services we have timely access at both Pennsylvania and Thomas Jefferson University Hospitals; referrals to preferred nursing and home care agencies; companion care; explanations of medical benefits; information on prescriptions; spiritual healing; advocacy; exercise classes and personal training.

We offer volunteer opportunities to our members and others

in the community through Penn's Village or other volunteer organizations.

We provide information services so that if a member has a question, a problem, needs information, we'll help locate that answer or solve their problem.

We provide peace of mind. We do regular check-ins or look-ins for those with distant relatives or those who live alone in this area. We provide companionship and also advocacy.

All of these services can be accessed by calling one number. Our goal is to provide the highest level of customer service and satisfaction.

Penn's Village is a "volunteer first" organization. We provide all of the above services using talented and carefully screened volunteers. Services provided by the volunteers are at no additional charge to a member. However, when a volunteer is not available, arrangements are made for services to be

provided by carefully vetted providers. Services will be completed by these providers often at specially negotiated rates. If a member prefers to use only providers and not volunteers, we will happily set that up. Our members' wish is our priority.

Following a visit from any volunteer or provider, members are called to check on their satisfaction, and any follow-up is performed, if necessary.

Penn's Village offers three types of memberships. We offer charter memberships available at $2,000 for a household and $1,300 for an individual. That is a two-year membership, and it also includes a tax-deductible donation.

We have regular memberships available for $750 for a household and $500 for an individual. In the near future -- and we are currently doing this now on a limited basis -- we hope to offer a membership assistance program for those residents who want to join Penn's

Village, need its services but cannot afford the full membership. We have one member who is 96 years old, and when you think of $500 for a membership fee, if you divided that into an hourly cost and the cost of transportation, she would only be able to get approximately 12 trips to the grocery store. We've taken her every week to the grocery store since she's become a member, all for her $500.

Penn's Village has established strong strategic partnerships with both Pennsylvania Hospital and Thomas Jefferson University Hospitals. As strategic partners, the hospitals provide a liaison to Penn's Village to facilitate appointment scheduling, billing issues and act as an advocate for Penn's Village members should problems arise or should they find themselves in the ER or hospitalized at either institution. The hospitals also provide health education programs and sponsor special events.

We recently, in November,

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offered two free flu shots in our communities, all donated by Thomas Jefferson University Hospital and sponsored by Penn's Village.

How did all of this begin? On February 9th of 2006, residents from Society Hill read an article titled "Aging At Home: For a Lucky Few, A Wish Come True" in the New York Times. This article was about a wonderful new organization at that time in Boston called Beacon Hill Village. Beacon Hill Village is a membership organization founded in 2001 by a group of long-time Beacon Hill residents as an alternative to moving to retirement or assisted-living communities. In response to all the calls Beacon Hill Village received as a result of that article, they created a manual on how to create your own village. Residents from Society Hill were among those who called Beacon Hill, and residents from Old City, Queen Village and Society Hill formed a

steering committee and met to discuss the concept and in June of 2006 purchased Beacon Hill's manual. In May of 2007, we attended a conference put on by Beacon Hill Village, entitled "Building Blocks: How to Make Your Own Neighborhood into a Village." We then surveyed our communities to see if there was interest in a village and to find out what services people would be interested in.

In early October, we visited Capitol Hill Village, another village located in Washington, DC, to learn what they were doing. On October 30, 2007, we incorporated and became Penn's Village. The rest is our history.

Today, Penn's Village has been providing services for six months. We have growing membership. We have 39 members at this time averaging an age from 40 to 96. We have 29 volunteers. Our members have a financial diversity ranging from or bringing in less than $700 a month to over $100,000 a year. We

now receive an average of 97 requests a month for services from our members. Ninety-eight percent of those have been completed by volunteers.

We have collected over $25,000 in membership fees and donations and have received grants and other donations totalling over $75,000. We have applied for 501(c)(3) status from the IRS, but more importantly, we have made a significant and meaningful difference in the lives of the members of our community and their loved ones.

We are grateful to Beacon Hill Village for creating this model. There are now more than 20 Villages across the country and the world. The first thing that one learns when looking at villages is that no two villages are the same. Every village is a reflection of the community it serves. Penn's Village is no different. We do not think of ourselves as an Aging in Place organization. We truly think of

ourselves as Aging in the Community organization.

While Penn's Village currently serves primarily Old City, Queen Village and Society Hill, we do accept members from outside of these communities. We are in discussions over the possibility of expanding our geographic boundaries to include all or most of Center City.

We look forward to working with the City of Philadelphia, the Philadelphia Corporation for Aging, the Philadelphia Senior Center, AARP and any other interested individuals looking to create a village in their area to enhance the lives of the aging in our communities. After all, it takes a village.

The heart of Penn's Village is a neighbor-to-neighbor endeavor, and we so appreciate your interest and the opportunity to testify here today.

COUNCILWOMAN TASCO: Thank you very much. That certainly is a great

idea, and it kind of picks up on what Ms. Iser said about the neighborhood. And I'm going to take this and give it to my CDC and tell them to start something like this in my area, one of my areas, because some of the services you provide are certainly services that the seniors who are living in their homes could provide. It's very -- it sounds very exciting.

Any questions?

COUNCILMAN JONES: Yeah. I just want to say thank you to everyone, because it gives me hope for the future. And Geneva is right, eventually we all are going to need these services at some point in time.

A couple of things, though. What are impediments that you see that we can address? The Chair was wise to put you in groups of service providers versus administration. Even though we're not against them, it's a separate panel. And I want to know, can we help you with marketing? Is it across-the-board fair

process by way of marketing what your services are, and is that a problem that we can address, and, if so, tell us what's going on with you in your realities.

MR. ABDULLAH: I think one of the obstacles for adult day is a lot of citizens, whether they are social workers or they're administrators in senior housing complexes, understand what adult daycare is. And I addressed this -- of course, as you know, I spoke to the PCA President, Mr. Williams, and I have also reached out on the State level, because for someone to be in an adult daycare center, they have to be nursing home eligible, but they also -- the second part of that, or clinically disabled, that they have a tendency to forget about that part.

One of the great things about adult daycare is, the new Secretary of Aging, Michael Hall, he wants to focus on dom care and adult daycare. He wants to

transition people out of the nursing homes and back into the communities.

So education is probably one of the biggest hurdles. Advertisement, as you know, is probably something that we need to do better with. But A Place Like Home is a center. We are a for-profit. And I say that to say that as a for-profit, that means that all the money to develop that center, I raised that money. I raised it through people that invest in the community. I didn't want to be a not-for-profit or a non-profit because I wanted to take the money and distribute it the way that I wanted to, and the way that I wanted to do it was to pour it back into the community, at least a percentage. When I raised the money, I asked my investors to take a portion of it and put it back into the community, because healthcare in our community is not just for seniors, it's for all of us. Like, for example, I figure that the money you can generate through adult

daycare, you can put back into the communities and create nurses or doctors, find students who -- we got Overbrook High School right next to us. Students who want to be involved in healthcare, let them come and volunteer at the center. They have a passion for healthcare? Well, A Place Like Home or -- A Place Like Home is part of a human interest group whose stated mission is to help in the underserved communities and health and wellness. If we can take that money and provide a scholarship to someone that's going to medical school or to nursing school or even home health, that's what we're all about.

So money is an issue. Advertising is an issue. And without the money, you can't advertise properly. So it's like the chicken and the egg dilemma for us.

COUNCILMAN JONES: We have to work on that, because don't your participants have to be referred or do

they -- they volunteer to be a part of your program, and if they don't know about it, then they don't take advantage of it, and it's kind of the chicken or the egg concept. You have to let people know about it in order for them to make a conscious decision to participate.

MR. ABDULLAH: They have to know about it, then they have to be referred by their doctor or PCA, and then you have to be eligible for the funding. We get plenty of people -- and Janet could be my witness to this. We get plenty of people who walk through the doors who want the service, who need the service, who can't afford the service.

COUNCILMAN JONES: Are you a part of any task force the City has put together, any of you?

(All witnesses shaking head no.)

COUNCILMAN JONES: Well, okay. Let me put a note and pin in that, because if you're not a part of the Task

Force, what is the task and who is the force?

COUNCILWOMAN TASCO: I'm surprised that Haddington is not. Certainly not to belittle or say that you're not, but they've been in business for a hundred years or more.

MR. ABDULLAH: Yes, ma'am.

COUNCILWOMAN TASCO: At least I know Ms. Black for a hundred years.

You tell her that.

But Haddington has been around a long time, and I just wanted to ask you a question. As a result of the programs you run in Haddington and you provide services in the homes of the senior citizens, do you see a lot of the senior citizens staying in the neighborhood out there?

MS. BREWINGTON: Yes. A lot of our seniors do remain in the neighborhood. We have had a lot of death recently, but everybody basically is stable. It's like a family, a community

kind of setting where people just enjoy being in that environment, being in that surrounding.

So we do offer a lot of services, but our biggest problem and our biggest concern is our transportation. We have lots of seniors who would like to do and go places, like visit some of the museums and cultural centers in the City. We're funded by the Philadelphia Corporation for the Aging. We receive our transportation allotments from PCA. But we limit our transportation to medical emergencies, seniors who are having financial difficulties and can't afford to pay for transportation themselves.

We also -- transportation is also connected with CCT also. We have seniors who are members of CCT, so they have -- they can get their transportation.

We provide some of their transportation and costs, and they

provide a small, a very minimal fee, like $1, towards their transportation. And if we had more funding so that they could go to their different social, cultural activities, that would be really great. That would improve their environment and their living. And also we have seniors who sing, we have a choir, and they would like to go and sing more often than they do, but they're unable because of the problem with transportation.

So there's a lot of things that we need in our senior center, but, again, the finances are not always there, even though we are funded, but we're not funded enough. That's why we do fundraising. We do fundraising, and we have volunteers who help us out a whole lot.

And task force, that's something that we need to investigate, because I'm sure if there was a task force, I'm sure we would know about it or would want to know about it or want to

participate in it. I'm not familiar with that, so I would like to know more about that.

COUNCILWOMAN TASCO: Well, certainly this Task Force comes out of the City's Commission on the Aging and Celeste --

MS. ZAPPALA: It's out of Public Health.

COUNCILWOMAN TASCO: Public Health. Well, we need to incorporate some of these providers and certainly to get some information.

MS. ZAPPALA: Ms. Black is on my Commission.

COUNCILWOMAN TASCO: Right. So certainly should be inclusive of some of these agencies who have testified here today so that they can have input in terms of their interaction with senior citizens in their communities.

Okay. Well, thank you all so much.

Oh, yes. I'm sorry,

Councilman.

COUNCILMAN GREENLEE: Thank you, Madam Chair.

Just quickly. Two quick ones. Ms. Brewington, in your statement I know you said these are Ms. Black's points about how the City can help, but you might be able to answer this. In number two where you say cut the bureaucracy, trust me, we all have that problem. We have that problem in our offices. But you say you assume some of the questions and requirements are not necessary. Do you have one or two quick examples, particularly of requirements that would not be -- that particularly come to seniors or don't seem to make sense to you?

MS. BREWINGTON: Well, you have a whole lot of requirements, especially if you're going to apply for oil or if you're going to use the Heater Hotline and you need to buy or purchase a hot water heater, you have income

requirements in order for seniors to be eligible for these things. If they didn't have to go through so much of that eligibility requirement, maybe they can get help, because that's why they're calling. Even though they might have family members living in the household, sometimes there are problems where some of the family members aren't able to help that senior. Sometimes their income might interfere with their eligibility for some of those services.

So some of those questions, I know you ask them and I know that they might seem to be important, but sometimes they do cause that senior to be ineligible for services.

COUNCILMAN GREENLEE: I guess --

MS. BREWINGTON: But they need it. But there's no help in the family. Even know they have a whole house full of people living with them, there's still no help and the heater is still broke.

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COUNCILMAN GREENLEE: I guess I understand that, and I'm not trying to defend the City in this, but I guess as far as income requirements, there probably has to be something. I mean, it would be great if we didn't have to have any, but we probably have to have some, because there's only so much money to go around. So I guess as far as the income requirements, they're probably hard not to ask for. Now, maybe they should be a little broader and maybe take in more things. I can understand that. But as far as income requirements, I think that would be tough to do away with, if you will.

MS. BREWINGTON: Well, you have not only income, you have health requirements also. There could be a whole series, depending on what the need is or what the request for service is.

So that's a general statement, because I would have to be a little bit more specific in terms of what is it that

you're applying for and then what questions.

COUNCILMAN GREENLEE: That's the kind of thing I was trying to get, because I'm sure there are those things, but that's something we might be able to help with, if maybe you can get back to the Chair.

MS. BREWINGTON: And then those hotlines are really horrible. You know, you call and you try to get some services on those hotlines and you get a prompt to --

COUNCILMAN GREENLEE: You don't like those where you have to push 6 and then push 3?

MS. BREWINGTON: Well, I don't mind it, but the seniors do.

COUNCILMAN GREENLEE: Nobody likes them. Nobody likes those. No, you're right, but I'm sure it's more frustrating.

MS. BREWINGTON: You got to call security and you got to go through

all of that, and you never get anybody on the line. You get an operator that's a computerized source.

COUNCILMAN GREENLEE: No. I agree, and I'm sure they're frustrating for everybody, but I'm sure they're more frustrating for seniors. I understand what you're saying. Okay. Thank you.

Thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you.

I am going to call Panel 4, but I ask you to excuse me. I have a meeting in my office, and I will come back as soon as that meeting is over, but Councilman Jones is going to continue.

Panel 4, Robert J. Groves and Renee Cunningham Ginchereau.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Thank you very much and welcome. He'll take over.

COUNCILMAN JONES: State your name for the record, please.

MR. GROVES: My name is Robert

J. Groves. I'm the CEO of the Philadelphia Senior Center.

COUNCILMAN JONES: Please provide your testimony.

MR. GROVES: It's heartening and timely that City Council should focus on aging in place within Philadelphia. As one of the State's largest and its oldest senior center, Philadelphia Senior Center, or PSC, and the thousands of older adults we serve have a vital stake in this, and in 2009, we celebrate our 60th year of service.

We consider ourselves a senior-serving organization. We have three physical centers and we have three major community and home-based programs. We serve over 5,000 adults and their families each year. And it's a very diverse group, I can assure you.

In the short time I have here today, I'd like to make three major points. And you do have my full testimony and I'm kind of summarizing it.

The first is the importance of reducing senior isolation. The second is the value of services that occur in senior centers, and the third is to suggest some supports and services that can help seniors right in their home.

When considering the importance of aging in place, I urge you to purge from your minds any singular vision that may be there of older adults just happily sitting around in their living room or at a dinner table surrounded by a loving and smiling family and friends. While this can be one element of good aging in place, there's far more to it, as you've heard and you know. For example, we know that many thousands live alone in the City and see friends or relatives less than once a week, if at all. In fact, over 100,000 seniors 60 and over in Philadelphia live alone.

I also ask you to purge from your minds another narrow image, one in which an older person is just sitting at

home and this array of services is being brought to them while they sit there. Again, this can be one element of good aging in place, but it is also limited.

These two narrow visions really leave out a crucial factor, an older person's need for purpose, community and structure in their lives. And I fear that the critical importance of these things is often left out of the aging in place discussion.

When I first began work at Philadelphia Senior Center, I did not quite understand why someone 69 years old would want to take one of our classes in Spanish or French or a class taught by one of our seniors on the U.S. Constitution. After awhile the answer became very obvious. Most of us need to have personal goals to have fulfilling lives, no matter what our age. We like to be working towards something, and the Senior Center's classes in any area, language, computers, fitness, foreign

language, art, all of which we have, provide participants with something to work toward, a personal goal that makes getting up each day worthwhile.

By providing over 70 activities each week, Philadelphia Senior Center, like all other senior centers, enables thousands of older adults to have a real community and structure for their day and purpose. Through our social services, which I won't describe in length here, we are a gateway to all other benefits and community services seniors might need.

Because of what I see each day in our centers, I often say I work for a depression-prevention machine that offers people many opportunities for purpose, community and structure. And we have a sideline product too as it turns out in stroke rehabilitation and knee surgery recovery. That's because a major part of the rehabilitation and recovery often takes place when seniors who have recently had these problems come to our

centers and are helped by others and get through the day not in isolation but within the context of all that goes on there and among their friends. So there are many stories that could be told about their lives that relate to these factors.

Without senior centers, Philadelphia would immediately find itself with over 22,000 very isolated, inactive, older adults on the fast track to depression and ill health, who will need more expensive care and face earlier death. The families of those seniors would also suffer, because they will have lost a critical resource that allows an older person in the family to be productively engaged each day while younger members work and deal with children and other responsibilities.

And we are also incorporating a new paradigm in our senior center in our center culture, one in which sees seniors not only persons in need of service, but also as people who can serve the

community in return. Our burgeoning older population does not have to just be seen as people who need things and need services. They do need things, they do need services, but they also can be seen as a community resource when you're looking at the broad picture.

At PSC, we're starting the Ready to Serve civic engagement program. We are beginning or starting some elements already, some such as training adults to mentor ex-offenders coming out prison or to be pen pals with people who are still in jail. We're starting a Green Team to deal with some environmental issues. And we are also having seniors who are computer savvy work with us in our financial management program, which I'll describe later, to help other seniors pay their bills from their homes.

In a related and important vein, Laura Gitlin and colleagues at Thomas Jefferson University's Center for

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Applied Research on Aging and Health have done some work that shows clearly the many benefits older adults receive from the very type of activities they engage in at senior centers, and she mentioned six specific types. I've referenced this research at the end of my testimony, which I think you have, but it does give you a picture of the value of centers across the board in terms of physical and mental health.

So I urge you in any strategy for promoting positive aging in place, please remember the reduction of isolation and its importance and affording adults opportunities for personal growth and community service that gives life meaning.

In my remaining time, I'd like to switch gears and outline the importance of a couple of services we provide to folks in their homes, and I bring them up because I think they're replicable.

One service is unique to us, our financial management service. It's an extremely valuable resource to positive aging in place, because it enables needy seniors to manage their very often limited income in the most efficient and effective way. Services are provided to any senior in the City and the region.

Older persons often living alone may have trouble staying within a budget on a fixed income, as well as keeping track of and paying their bills. This may be due to inability to get transportation to the bank, vision or health problems, periodic hospitalizations. Also involved may be some deterioration in their ability to understand bill notices and terminology, but these folks may be otherwise very well functioning, but actually face evictions from their apartments, foreclosures on their homes, shut off of utilities and even homelessness because

of issues around paying bills and keeping a budget with their limited means.

Our program has looked at these challenges and serves about 100 seniors a year currently in their homes, and in our current state of the economy, these problems are being exacerbated by greatly escalating costs of just about everything. So for many low-income clients of financial management service, it's even more crucial that these funds be managed effectively.

When we first meet many of our clients, about 50 percent of them have already received a shut-off notice for a utility when we first meet them. So what we do is, we get them set up in situations so that they can stay in their home, and I'll give you one example. Ms. A is an 80-year-old double-leg amputee, one of our clients, living alone, who is referred to our financial management service by another organization because she had received

shut-off notices from the gas and electric company. When she started with the program in March 2008, she owed approximately $1,800 to PGW, 600 to PECO and 140 to Verizon. Once enrolled in the program, our counselor was able to prevent the termination of her services by interceding with these vendors and we were able to get her placed on the low income programs through PGW and PECO. Today her bills are current. She has an average of 600 available in her bank account at the end of the month. She has stated many times how grateful she is, and for the first time in many years, she was able to take $100 from her bank account and splurge for herself on her birthday. And, in fact, this was about the first time she had been able to put together a savings account, because we gave her that help.

As noted earlier, we are now trying to expand that program. We can't afford to do it by just hiring more

staff. We are training seniors to work as the financial counselors to expand that program, and we'd like to do that in multiple languages ultimately as well. So we have six seniors signed up who are getting started in that right now.

The second program I want to mention that we provide and is not unique to us but I think is important has somewhat been alluded to, but we call it SOS, Services on Site. We have social workers who coordinate and directly provide services under contract with 12 publicly subsidized senior apartment sites in Philadelphia. These sites have over 1,600 residents. Social workers act as counselors regarding public benefits, community services and personal issues. They intervene on behalf of tenants when they're in danger of eviction or have other issues with building management. They arrange for services, such as home and personal care, and connect seniors to PCA and other community supports.

So a key element that I'm recommending to you in any strategy for aging in place is the very simple fact of having the availability of service coordinators who can assist seniors in some way, as our SOS workers do. One place to start is to encourage all senior housing developments, subsidized or otherwise, to have social service coordinators available to residents so they can deal with their issues.

In summary, I hope City Council can consider the full range of issues when considering successful aging in place. Any recommendations should incorporate the role of the more than 25 multi-purpose senior centers in Philadelphia. We are experts in collaborating and pursuing all available resources.

Also, PSC and other centers have been in dialogue with representatives of the NORCs that you have been talking with here today, and to

date, our experience is that they essentially need and want to implement many of the same social and community services we offer, and we're very happy and feel confident we can work with them.

Thank you.

COUNCILMAN JONES: Thank you for your testimony.

MS. GINCHEREAU: Good afternoon. My name is Renee Cunningham Ginchereau and I'm Associate Director at Center in the Park, a nationally accredited seniors community center in Northwest Philadelphia. On behalf of my center and the Board of Directors, the staff and the 6,000 members that we serve, it's my pleasure to thank City Council, especially the Committee Chairs and their staff and the members of the joint committees, for providing us the opportunity to speak today about a topic that's of critical importance to our participants, who range in age from 55 to 98.

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In June 2006, a former City Managing Director was quoted in the Philadelphia Inquirer as saying that, quote, "Aging priorities were never on the radar at high-level meetings" in all his years in City government. We're happy to see what we hope is the beginning of a significant shift in the direction of support for community-based aging services and are happy to be afforded the opportunity to be a part of this process.

Senior centers are often the point of entry to aging services in Philadelphia and across the Commonwealth and the country. We provide education, information, referrals, socialization, nutrition, opportunities for civil engagement, health promotion, fitness, chronic disease, self-management programs. Center in the Park's 40-year history of providing comprehensive programs and services in the areas of lifelong learning, arts and humanities,

health promotion and fitness, social services and housing, civic engagement, socialization and intergenerational programs is evidence of the importance of senior center activities and are supported by recent research, which has shown positive correlations between mastery and activities in meaningful social interactions and positive health outcomes.

In 2006, the Creativity and Aging study conducted by the National Endowment for the Arts and George Washington University reported that older adults who participate in community-based cultural programs appear to be reducing the factors that drive the need for long-term care, as there is a positive correlation between participation and programs like ours and maintaining independence.

Additionally, a 2003 study found statistically significant correlations between attending health

promotion programs and practicing healthy behavior and between spending time at a senior center and having a healthy mental outlook.

As important as the quantitative data and outcomes are, and especially at Center in the Park where our mission dictates that we listen to the voices of our members, it is our members who really dictate the importance. "The Center has been a blessing for my loneliness and depression, and the people here have made me feel as if I found a home. I praise God for Center in the Park." This is a quote from one of our members at our Thanksgiving luncheon last week.

As a provider of home and community-based services to older adults, our mission also values and promotes the Aging in Place model and concept. People want to live in the communities that they call home. They want to live safely and independently in their own homes and in

their own neighborhoods. This is not an outlandish request and is a hope that most of us have. With adequate resources, flexible community-based supports and proper coordination, this is a more than achievable goal.

In some respects, the Aging in Place model is already a reality. With additional resources, this model can be expanded and implemented citywide through existing channels like Center in the Park and other senior centers that have their fingers on the pulse of the older adults in their communities.

As an example, OHCD has recognized the critical role senior centers can play in addressing the complex housing needs of older adults by funding three senior centers, including Center in the Park and Philadelphia Senior Center, to provide housing counseling specifically for older adults.

As you may be aware, 78 percent of older adults over the age of 60 own

their own home and 22 percent are renters. Fifty-three percent of older adults in homes live in homes more than 60 years old, according to Philadelphia Health Management Corporation. And according to OHCD's Year 34 Preliminary Consolidated Plan, 46 percent of Philadelphia's elderly homeowners and 60 percent of elderly renters live on a low income.

Older adults' housing needs are often complicated by issues including financial constraints, physical health issues, environmental factors, financial literacy, cognitive and psychological factors and the emotional significance of home. This has been amplified during the recent foreclosure crisis, as the senior center housing counseling agencies have been called upon to assist older adults facing foreclosure who are eligible to participate in the City's Foreclosure Diversion Program.

Senior centers are uniquely

equipped to assist older adults with navigating through homeownership issues, tenant issues, and with providing financial literacy and consumer education to enable aging in place. In order to provide effective housing counseling for older adults, it's necessary to address the needs of the whole person and to take into account functional disabilities, cognitive deficits, credit and financial difficulties, family dynamics and then older persons' desire to age in community and stay in their own neighborhoods.

CIP provides this specialized assistance by offering a holistic array of programs and services designed to serve the whole person and access to resources available within the aging system. However, there exists the critical need for increased affordable housing production, as the demand for subsidized senior housing units greatly exceeds the supply. Similarly, the demand from senior homeowners for

assistance with home repairs far exceeds the resources and scope of existing programs.

In order for older adults to age in place safely and independently and within their limited financial means, they need access to information, increased affordable housing options, and assistance adapting and maintaining their current housing.

Ben Franklin said an ounce of prevention is worth a pound of cure. If energy and resources can be committed to strengthening senior centers, there will be a reduction in long-term care waiting lists, increased utilization of short-term and preventative services and programs, and a healthier, more engaged older adult population in the City.

As mentioned earlier, there's a growing evidence that participation in senior centers' activities has a positive measurable effect on the health and wellness of older adults, decreasing

depression and isolation and increasing their longevity and active participation in their communities. As community centers, we're a natural conduit for work to be done in the neighborhoods. Senior centers are a well-known, trusted and valuable resource in their communities. In many cases, we're the initial point of contact with the aging system for older adults and their families. Our numbers reflect this, as Center in the Park alone registers 40 new members every month. With the new generation of participants beginning to access aging services and programs, we have reached a critical juncture.

If we are to meet the needs of this changing and growing population, we will need to work together towards our common goal. We're ready to come to the table as significant contributors to the long-term care equation and look forward to working together to make Philadelphia a more hospitable place to age.

Thank you for your time.

COUNCILMAN JONES: Thank you for your testimony. Two quick questions. Are either of you a part of the Task Force?

MR. GROVES: I am aware of it. I attended its first meeting in the summer, but I have not gone back to it. There has been a recent cancellation, I think, of one of the meetings.

MS. GINCHEREAU: No.

COUNCILMAN JONES: Food for thought.

I'm hearing so many inspiring issues coming from this community, and it has changed my thought and way of thinking. There are certain themes that I've kind of got now and that we -- yes, it's aging in place, but it's not just aging in place. It's aging within a designed community that allows us to age in place, and that the big issue also is isolation and preventing that and utilizing social engagements to find a

whole plethora of other issues that may be affecting a senior. You find out if he's eating or she is eating by virtue of the fact that they come out every day, that their health is being maintained because you see them, and those are interactions that are valuable. It reminds of a real good grandson or granddaughter if you can get them, but if not, this seems as a valuable substitute.

One other thing, and I haven't heard this from any of the testimony, career options. Talk about people who have had valuable careers and enriching professional lives, but is there a placement for them part time, full time within your scope of services?

MS. GINCHEREAU: We actually have a very good relationship with the Mayor's Commission on Aging and also NCBA, National Caucus for Black Aged, and through those programs, we have been a training site for countless years, as long as probably we've been around, and

have been able to hire quite a few folks who are older adults into our workforce.

MR. GROVES: We currently have four employees who have retired from previous jobs as full-time or part-time employees. Also, our civic engagement work that we recently started, for instance, on the environment, people that -- one of the people leading it has their Master's degree in biology and has decided to get involved in this Green Team, and another gentleman who recently retired from Red Cross is involved in leading it. They're not being paid, but I guess what our civic engagement, the point is that when people can afford it, we are trying to provide them with volunteer opportunities that are truly longer term and in depth and have almost a professional substance to them if they want to get into it.

COUNCILMAN JONES: Councilwoman Sanchez.

COUNCILWOMAN SANCHEZ: You

mentioned the foreclosure piece, and bells started ringing for me. How are your agencies interacting around the foreclosure issue with seniors? Have there been any problems with them accessing the same resources? We're going to be in the next three or four years making sure that we're being as aggressive as we can for prevention purposes and so forth.

So what's the assessment so far and do we need to be doing other things?

MS. GINCHEREAU: So far what I would say, we've had quite a few clients go through the Diversion Program. We're part of the hotline as well, and so it's been -- we've actually had quite a few seniors come to us through the hotline that are not eligible for the Diversion Program.

COUNCILWOMAN SANCHEZ: Why? Is there an income piece? What's the reason?

MS. GINCHEREAU: Sometimes it

is an income piece. But what we have found, though, is that we're able to do a significant amount of housing counseling with folks who may not be eligible for the Diversion Program but that we may not have gotten access to otherwise.

COUNCILWOMAN SANCHEZ: Is that something that you're going to be looking in terms of in the future? Because I foresee this being a bigger issue with the economic crisis. So you currently don't get any funding for that type of housing counseling?

MS. GINCHEREAU: We have a housing counselor through a contract with OHCD, and for every one that we have, we could use two more.

COUNCILWOMAN SANCHEZ: Okay.

MR. GROVES: I would just add to that, the small amount of money we've been getting from OHCD each year is crucial to keeping our housing counseling going, and if you are trying to help seniors get counseling in a City budget

crisis situation, you might consider thinking about protecting those small contracts that senior centers have that do housing counseling, because we really couldn't afford to do it without those OHCD contracts.

COUNCILMAN JONES: Thank you so much for your testimony.

MS. GINCHEREAU: Thank you.

COUNCILMAN JONES: Will the Clerk call the next panel.

THE CLERK: The Ralston Center, Neighborhood Interfaith Movement and Journey's Way, Interac.

COUNCILMAN JONES: While we are getting our next panel situated, we received information from the Pennsylvania Uniform Crime Reporting System, which states that in the category of 60 to 64 in Pennsylvania, there were 14,916 cases of crime against seniors. In the category 65 and older, there were 29,276 cases of crimes against seniors. In Philadelphia, in the category from 60

to 64, there were 2,486 crimes against seniors. In the category of 65 plus, there were 5,534 criminal acts against seniors.

That says a lot about society when we pick on folk who are in their senior portion of life to utilize them as victims of crime.

COUNCILWOMAN SANCHEZ: Those are citywide?

COUNCILMAN JONES: Those are citywide numbers and juxtaposed against Commonwealth of Pennsylvania numbers.

Thank you. State your name for the record.

MS. PHILLIPS: My name is Barbara Phillips.

COUNCILMAN JONES: Can you speak in the mike, pull it a little closer to you.

MS. PHILLIPS: My name is Barbara Phillips. I'm Director of Development at Ralston Center.

Many people are not aware of

Ralston Center. It has been dealing with issues of aging for 192 years. I have not myself been at Ralston Center for quite that long.

Sarah Ralston, our founder, was a very interesting woman. She was the daughter of a mayor of Philadelphia, Mr. Clarkson, who served five terms, from 1792 to 1796, and she was the wife of Robert Ralston, who was active in the China trade and an eminent citizen of Philadelphia around the 1800s.

So I mention this just as a way of saying that Ralston Center has been dealing with issues of aging for quite a long time.

I've given you written testimony, which you can read, so I'm just going to highlight a couple of the points out of that testimony that have not been covered by some of the other testimony this afternoon.

A couple of years ago, the Ralston Board of Managers was looking for

a difficult project, and they landed on this notion of aging in place. And I was going to read you all of this testimony, but I won't since we've been here for such a long time this afternoon.

In this book is demographic information on 20 different demographic indicators for 69 different neighborhoods in Philadelphia clustered into 15 sectors. And we did that research with an organization based in Exton called Third Age, which is a national consulting practice on issues of aging. And so through them, we have had access not only to some very smart people, but also because of their national practice, we've been able to gain familiarity with what's going on around the country.

So early on when we looked at this notion of what is aging in place and what are the characteristics, the first thing that we noticed is that there is a very large component of any population that is what we've taken to calling in

shorthand the gap population, people whose incomes, household incomes, are maybe between $20,000 and $40,000. And if your income is below $20,000, you're eligible for PCA services. Everybody is eligible for PCA services, but there are certain income caps that we have heard people talk about.

If your income is higher, you can access a variety of private services. You may not know exactly what those services are, but you can access those services because you can afford to pay for them. But then there are all these people in the gap, and what are they going to do? They need the same sorts of access to transportation and housekeeping and yard work and meal preparation, et cetera, et cetera, all the things that other people have listed, but where are they going to get them? So we decided that we would focus on the gap population.

Secondly, in doing a series of

focus groups, one of the things that came to the fore very quickly is that it's very, very difficult to understand the realities of aging. I described the work that I was doing to my 85-year-old mother, who said, That's so interesting, dear. I would love to be involved in something like that when I'm old.

You hear that over and over and over again.

So services like Beacon Hill Village, one of the huge problems an organization that depends on membership for a portion of its operating income or the majority of its operating income, a big problem that they face is that, Because I don't understand when I'm going to be old, I can't make a decision about what day to begin paying for services or when I should move to an assisted-living facility. So I put it off and put it off and put it off.

We heard in one of the focus groups from a woman who lives in Mount

Airy. She's 96. She lives alone in her own home, fabulous-looking woman, and when we pressed her a little bit on the question of what she might need, she thought and said, well, you know, now that she was 96, maybe she could use a little help with housecleaning.

So, in fact, were there services available to her, she would avail herself of them. But as has been brought out by other people who have spoken this afternoon, where do you find somebody? How do you know that somebody's services are going to be the level of quality that you require, that you can trust them to come into your home, et cetera, et cetera?

Another thing that we looked at in tackling the topic was that Philadelphia is hugely rich in services, and I think you've seen just a bit of it this afternoon. So there really is not a need for reinventing wheels, but there is a strong need for knitting things

together, coordination, catalysts around various issues, and because Ralston has been around so long, that catalyst role is one that we can take. And we have, unlike some organizations that have to run a complex program, what we're doing at the moment is sort of -- all the things are in their boxes and they're going along well, so that the Managing Director and I can spend a fair amount of our time sitting in a room thinking about how some of these problems would be solved.

Out of the focus groups, a number of things that we discovered are that many of the programs that are currently available are not actually consumer focused. They're organization focused. And when you look at the characteristics of the soon-to-be seniors, you see that they're not really going to be quite as willing as some of the currently seniors or currently older people to take one size fits all. They

haven't been accustomed to one size fits all, and they don't want one size fits all, and, in fact, one size doesn't fit all. So that consumer focus is going to be important.

It's also going to be critical that whatever gets knitted together is affordable, particularly to people in the gap population.

Skipping over a lot of what we did, what we have now come to with our partners at NIM is, we're preparing to launch a pilot project in Germantown and Mount Airy. Those neighborhoods were selected because that is where there is the largest group of gap population seniors in an area that is highly diverse and where there are also existing services so that one really doesn't have to start from scratch. And we have a financial model that at least on paper looks like one can deliver to the seniors in those neighborhoods all the services that have been described by Penn's

Village, for example, but with an initial investment of only $350,000, and there is a break-even point at 24 to 36 months at which the thing runs. It doesn't need fundraising. It doesn't need more contributed income. And that has been really the big problem that organizations like Beacon Hill Village have run into. They cannot get enough memberships paying enough money to run the program, so they're subsidized memberships. And I think the last time I looked, it was somewhere between 55 and 60 percent of their annual operating budget has to be raised. And we're looking for something that is going to be a different model.

The notion is that once this project, this pilot project, is successful, we would be able to replicate it in other neighborhoods around Philadelphia and around the country and the world perhaps.

Thank you.

COUNCILMAN JONES: Thank you.

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We will hold questions until all the panel testifies.

Would you state your name and move the mike a little closer to you.

MS. BRUNN: My boss speaks first.

COUNCILMAN JONES: Oh, okay. That's wise. I need to tell that to my staff.

MR. STERN: Well, I will actually be brief. I'm George Stern, the Director of Neighborhood Interfaith Movement, and I just want to emphasize that we changed our name from Northwest Interfaith Movement to Neighborhood Interfaith Movement a few years ago, and the reason was that we always operated as a very grassroots, neighborhood-based organization, and we have a history of bringing other organizations together in order to tackle community issues from as broad or as many perspectives as possible.

So, I mean, for example, you'll

know of some of these. It is through NIM's auspices that Northwest Victim Services, Northwest Meals on Wheels, Central Germantown Council, Interfaith Housing on Chelten Avenue and Northwest Philadelphia Interfaith Hospitality Network got started, because we brought people together. And I want to emphasize the importance of looking at creating communities that are senior friendly, but in talking about looking at them neighborhood by neighborhood. I don't want to too closely define what a neighborhood is, but we heard before reference -- I think maybe you made it -- to trust. People trust organizations that they know that are in their neighborhoods. NIM, because we're also -- we are made up of about 60 religious organizations, Christian, Jewish, Muslim, Unitarian, a lot of people know who we are, they trust us. They will call us when they might not call another organization, and they would

also -- I also want to emphasize the importance of providing services to individuals by people, not by push buttons on a phone, particularly for senior citizens.

We also have to realize that in our neighborhoods, there are not only people who can afford things, but people who cannot. They don't have access to computers. They can't look up things on the Internet.

So we have always operated for 40 years on the assumption that it's important to create community, look at a community holistically and try to be as inclusive and as grassroots as possible.

If you don't -- we actually brought folders that have our testimony in it, all of the details, but Linda Brunn, who is our Director of Adult Programs, will fill you in a little bit more on some specific things that we've been working on using the principles that I mentioned in serving older adults.

COUNCILMAN JONES: Thank you.

MS. BRUNN: My name is Linda Brunn. I'm Director of Adult Programs at Neighborhood Interfaith Movement. And I'm just going to highlight a few things.

When I came to NIM three years ago, NIM already had a tradition and a group that it was working with called Seniors Partnering Across the Northwest, and it started out as a group of consumers, as well as agencies that serve older people, who were just literally meeting, looking at issues, looking at ways to solve problems and ways to address issues that affected people as they were aging, and it was based on the idea of aging in community.

One of the things that's come out in all the testimony that we've been hearing is that there are a lot of different ways to come about looking at aging in place, aging in community, and you can start here or start there and you still end up in the same place.

One of the things that this group became very sensitive to was this issue of how do people find what they need when they need it. And we have lots of help lines in the City. We have lots of organizations set up to give information, but somehow people do not necessarily find it helpful to start at the beginning of a bureaucracy and try to get through it to answer questions.

We started with the idea that if we were going to set up a NORC or a way for people to age in place, that we would need to first address this issue of how do we find the resources and help people to find them. Again, the idea of not inventing the wheel, just because we live in a very rich environment in our Northwest community.

We have a resource directory that just covers the Northwest, and it covers the City and State and federal programs as well. The importance of this is that it covers things that are

informal as well as formal.

One of the things that we felt as we began a communication, consultation and information line was that it needed to include informal resources and knowledge at the neighborhood level. We recognized that informal connections and relationships which can be identified only at a neighborhood level can be as critical as formal services in making it possible for an individual to age in place. And one of the ways we came to this was out of our work with congregations, who themselves are communities that families and older persons draw on, and we wanted to build on the communities that they represent.

The other thing we wanted to be sure was that people would receive a personalized response. When they call the Resources for Older Adult Living, our consultation line, they get a person. If they don't get a person, they get a call back within five minutes, if possible.

Many times we don't know the right question to ask. An example would be we've had a caller, for instance, who called and said, I need help with fixing my roof, but I don't have money because my mortgage isn't paid, and it goes on. You peel the onion and you start to find out that it's a big set of issues and there's several places that the woman needs to be helped to find, and she needs coaching as well, because it's not easy to negotiate these resources in the community.

The other thing that came out of this group that's been meeting for a long time was this idea that we needed to raise at a community-wide level this whole issue of what it means to age in a community. We worked with Nancy Henkin at Temple's Intergenerational Program, who calls it a community for all ages, where people are dialoguing across systems, all the stakeholders in a community and the citizens, about how

could this community support us all and how can we build community together. And we had a forum last May where, again, our community partners that helped us to found ROAL and others that we invited came together and talked about for a whole day what would a community for all ages look like, with a heavy emphasis on what would it look like as we age, what do we want it to look like. There is a brochure about that in your packet.

Many of the issues that were raised are citywide. Many of them are also peculiar to our neighborhood. But the concerns that were raised that can be addressed by City government or another level of government included accessible housing; zoning that is responsive to the needs of older adults, including the capacity to have shared housing, community housing, co-housing; reliable transportation and accessible social services. Specifics included -- again, the list you've been hearing from

everyone else is the same -- home maintenance, pedestrian-friendly sidewalks and traffic signals, safe indoor community/outdoor community gathering places. One of the things that people were reflecting on, that if you have a walkable neighborhood, one of the purposes of going out is to find other people to chat with, but you don't always want to stand up, you need a bench, and wouldn't it be nice if it's in a little pocket park or there's a coffeehouse that would welcome you and not have just rock and roll music on so you can hear each other talk.

A lot of what we discovered was that although many of the things that were talked about cost money and needed really an overhaul in how we thought about it, that the other critical piece was, again, what Lynn Iser started introducing and that has been coming up over and over, is this issue of how you build interpersonal community and

support. And the thing that does come up when you hear about the programs like Penn's Village or the East Oak Lane project that's developing is the need for citizens to get together and begin to solve problems on their own and involve government and other resources as they're able. This doesn't happen just like magic. It takes leadership. It takes staffing. It takes people following through. It takes people making a hundred phone calls. And if you don't have some organization or entity in the community able to keep following up and holding the thing together and encouraging the leadership that does evolve, then it probably won't happen. And we need to think about how we can make that happen in communities where it's not already happening.

One promising new program to meet unmet needs in our community is the one that Ralston Center and we are partnering again around, which talks to

the gap population. NIM is still very concerned about the folks that will not be able to even afford the gap population or who are awaiting the services that are addressed to the gap population or on waiting lists for PCA and have houses falling down around them. So we are looking at developing and beginning to develop a volunteer program to start to encourage neighbors to help one another.

Our specific suggestions are these: This hearing is a good start on what should be an intense continued focus on how to harness the City's resources to create a city which will support its older citizens.

We have been blessed with the Mayor's Commission on Aging, which works to connect resources overall and to educate the community about older adult needs. This Commission needs to be protected and funded so that it can strengthen its role in bringing about better coordination of City services for

our aging population.

The Commission should be empowered to initiate planning for services not provided by the City or through the Philadelphia Corporation of Aging or other City departments and programs. It should establish and oversee collaborative mechanisms to assure the right mix of quality community-based services available.

That Commission should be charged with planning with the City departments a coordinated, cross-department approach to health, transportation, recreational, zoning, housing and environmental infrastructure.

I was pleased to hear of the existence of this Task Force, but I think -- and it's probably a good start, but my guess is it's being attempted with departments that are already overstretched in terms of their current mandates.

City Council members can

participate actively and take leadership in each of their districts to bring together knowledgeable citizens in private and public organizations that work with older adults and to identify neighborhood-specific needs which can be addressed by City departments and neighborhood organizations.

Sometimes when the Mayor comes or one of the Councilpeople or a State legislator, the complaints and the issues come up and you see the legislator say, Take care of that, to somebody, and they get back to them. But we need systematic approaches. We don't need just that person being responded to. We need it really addressed systematically at a neighborhood level. And we welcome continuing to dialogue with you and others, and thank you for your time.

COUNCILMAN JONES: Thank you for your testimony. We want to try to -- we have one more panel after this. We're doing fairly well.

State your name for the record.

MS. ESKIN: Good afternoon. My name is Sheila Eskin. I'm a volunteer peer counselor and on the Advisory Council for Journey's Way and for programs and services for people 55 and older. I'm reading remarks written by Cindy Wishkovsky, Director of Journey's Way, who is unable to be here today.

I would like to commend Councilman Curtis Jones and his staff for initiating this dialogue and for City Council for holding this hearing. This is an important conversation about making our City's communities and neighborhoods places where people can age vitally. I appreciate having the opportunity to present testimony on aging in place in our community.

This is a long dialogue, and I thought that I would try to cut it down because of time.

In the Northwest area where Journey's Way is located, 20 percent of

our community is already over age 60. We have developed numerous service programs that address the needs of our aging community. Many of our specialty programs extend throughout Philadelphia. The services that are offered through Journey's Way include The Center, housing counseling, affordable housing development, adult day services and the geriatric counseling services, a nationally recognized mobile geriatric mental health service, and our new service, Neighbor to Neighbor program, that assists people aging in place.

We have over 3,000 older adults and their families that were served by our agency this past year, and over 520 volunteers have assisted a small staff in meeting its mission to help older adults live life to the fullest as they age in their communities.

A recent needs assessment by the Green Tree Community Health Foundation identified this area as one of

the Northwest Philadelphia neighborhoods with the greatest number of older people living alone and in poverty with an annual income of less than 10,000 a year. It was also identified as having high numbers of adults with disabilities who are no longer able to work. Sixty-four percent of the elders are women, and one quarter of all elderly live alone. Other communities served by Journey's Way include East Falls, Nicetown and the near area of Germantown, which also have high numbers of older adults living to maintain their independence in the community.

COUNCILMAN JONES: For brevity, we want to kind of summarize.

MS. ESKIN: Yeah. I am trying to do that.

COUNCILMAN JONES: Because I read through it. It was eight pages. Everything will be on the record. You submitted it, so it will be on the record.

MS. ESKIN: I realize that.

Okay.

COUNCILMAN JONES: So speak from your experience a bit and as a counselor.

MS. ESKIN: There is an adult daycare program for the seniors. There's a supportive environment for older adults. The senior volunteers work in people's houses as volunteers for many different services, like cleaning, putting up winterization projects, taking people on rides to the doctor's so that -- they use their own cars. This is their transportation, and there's no charge to the client, to the elderly people.

And the agency has made significant investment in having a Pensdale Village, which is a HUD 202 project. It was opened four years ago. And at this point, they're starting another project, HUD project, for elderly to increase affordable housing, and

unfortunately, we haven't gotten the funding that is needed to continue this project because of unexpected financial difficulties at this time.

We also need good transportation. Journey's Way subsidizes anyone who is coming to the center with CCT Connect, and the clients come and pay a dollar each way and Journey's Way pays the rest of the charges. The ride is $4 and Journey's Way pays the rest.

In summary, here's what the City can do to help people age vitally in our community: Advocate to rebalance public expenditures so that community-dwelling elders have more support in their neighborhoods. What Journey's Way hopes to do is to help senior citizens with many different kinds of supports and also to recognize that seniors give so much back to the community.

So that's how I've summarized it, but I left a lot out.

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COUNCILMAN JONES: Thank you so much.

Does the panel have any questions for the witnesses?

COUNCILWOMAN SANCHEZ: Yeah, I did.

On the proposed project by the Ralston Center around a self-funded project, have you guys come up with kind of a business plan of what the fee for services would be for some? I'd like you to submit that the Chair. I think it's something that is a great interest in terms of how you create a menu of options of kind of secured services. So I'd be interested in looking at that business plan, if you could submit it to the Chair.

COUNCILMAN JONES: Thank you.

We have one more panel to come up.

Will the Clerk read the names of the people providing testimony.

THE CLERK: Judee Bavaria from

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Presby's Inspired Life and Angela Brown, Director of Public Relations, NewCourtland.

(Witnesses approached witness table.)

COUNCILMAN JONES: Okay. So we have just NewCourtland.

THE CLERK: It's just NewCourtland? Okay.

COUNCILMAN JONES: Thank you for your patience. Please state your name for the record and provide your testimony.

MS. BROWN: Good afternoon. My name is Angela Brown. I'm the Director of Public Relations for NewCourtland, and I've actually invited my colleague, Jim Reilly, up. He is the Director of Telehealth Technology. So in the event you have some detailed questions that I'm not able to address as it relates to the ways that we are providing technology throughout the network, he could help me out.

So Shoshana told me to bring it on home. So everybody with me?

NewCourtland is a non-profit provider. Many people don't know that we have more than a century of history here in Philadelphia providing services to a disadvantaged population. And then in 1995, we actually narrowed our services to specifically meet the needs of seniors in Philadelphia, specifically low-income seniors in Philadelphia, through community services, affordable housing, nursing homes and innovative programming, innovative programming like our Comfort and Joy intergenerational program, which has won all types of awards and enables seniors residing in skilled nursing facilities the opportunity to still play a role in the community, as well as our recently launched Living Well, Learning Well community education outreach where many of the organizations that were represented here today actually have provided great partnership for us to meet

the needs of seniors in Philadelphia that are living independently, not necessarily directly under our care, but we want to make sure that they have the resources in place now so that they do not end up in nursing homes, though we're proud to stand behind the nursing homes that we do have in our network.

And I also wanted to thank you for providing this opportunity for us. I actually had a seat on that Task Force, went to two meetings and then it was disbanded, is my understanding. So I'm hoping that there's an opportunity for us to aggressively move the initiatives that were identified on that Task Force forward.

NewCourtland is committed to caring for thousands of seniors that they meet the needs of today, but not just the seniors that we care for today, but the thousands more that we anticipate serving as Philadelphia's aging population continues to grow.

Also, on behalf of NewCourtland's President and CEO, Gail Kass, and its Board of Directors, all the seniors that we serve, I want to thank you for this opportunity to both hear and express some of the ways that we could empower seniors to age in place. I certainly have learned some things today.

I'm going to leave out a lot of my testimony, because PCA covered a lot of it.

Philadelphia's senior population absolutely is aging, which demands that those vested in their long-term care, and the way that that care is delivered, mature as well, and NewCourtland, along with many of its peers that were represented here today, has anticipated this growth, as well as its related challenges. And nonetheless, we maintain a commitment and are poised to meet the needs of Philadelphia's aging population.

Since narrowing our mission in

1995 to meet the needs of this low-income Philadelphia, beginning with our venture into nursing homes when we salvaged a variety of nursing homes in Philadelphia that now 1,500 seniors now call home, NewCourtland has since witnessed the landscape of senior services evolve and, accordingly, has evolved with it, balancing its quality care delivered in institutional settings, such as the seven nursing homes in its network that employ nearly 2,000 people -- I don't think people know that either -- with home and community-based services, including Courtland at Home, which is our home healthcare agency certified, NewCourtland LIFE, and affordable housing, innovative long-term care that combined to meet the needs of more than 2,000 seniors in Philadelphia and is distinguished by blending the compassion of a highly trained staff with assistive technology -- that's the buzz word of the hour -- that anticipates and adapts to

the needs of today's seniors while providing them with a choice about how and where to receive the care they need.

Two factors we envision contributing to this growth obviously is, people are living longer, thankfully, but to care for one of the nation's largest and faster growing populations, an enhanced focus on services for older adults is essential, if we are to effectively address the health and associated economic challenges of an aging society desiring to age in place, especially when the cost of providing healthcare for an older American is three to five times greater than the cost for someone younger than 65. And our current system is designed just to react to treatment, and NewCourtland, our nursing homes, 90 percent of them are reliant upon Medicaid in order to get this care that they need. Our NewCourtland LIFE program, which I'll talk briefly about, 100 percent of the participants are low

income, and they are solely reliant on Medicaid in order to get the care that they need.

There are some challenges that we have getting some of the reimbursements that we need to deliver the care consistently, specifically in the realm of remote monitoring, and hopefully with your assistance, we'll be able to make some changes. Because we desire to continually remotely monitor specific populations, and we think that they should reimburse us for providing that type of service so that we can identify trends that if ignored could potentially lead to a more costly intervention and negative quality of life implications.

Consequently, the solutions NewCourtland proposes to meet the growing needs of seniors is a dramatic increase in the availability of services for seniors in their own homes or communities, as well as affordable senior

housing, both supported by the fully reimbursable technology to enable seniors to live as independently as possible for as long as possible.

An example of a home and community-based service that enables seniors in our network to age in place is the LIFE program. It's modeled after the nationally recognized PACE program. I don't know that all are familiar with that. In Pennsylvania it's actually known as LIFE, Living Independently for the Elderly. Community services like this actually offer seniors certified nursing home eligible the opportunity to live in their own home or community with the support of an interdisciplinary team that manages every aspect of their care, ranging from prescription coordination, transportation to and from their medical appointments, clinical care, physical therapy, recreation and home care support. It's only one of three LIFE providers here in Philadelphia, and it's

anchored by an adult day center that actually operates out of the Germantown House, a senior complex that's managed by Philadelphia Housing Authority, another great partner of NewCourtland, but it exclusively serves those adults that are 60 and older, deemed nursing home eligible, and they have to reside in a 12 zip code area, which NewCourtland LIFE covers the Northwest. There are a host of seniors in Northeast Philadelphia that do not have a LIFE provider, and we're hoping that we'll have the opportunity to change that.

Additionally, NewCourtland LIFE participants benefit from an [m]Power system. It's actually an electronic cognitive fitness system employing touch-screen technology to stimulate the minds and enhance the memory of the users, as the majority of NewCourtland LIFE participants are diagnosed with some form of dementia. And that's a direct reflection of an aging population.

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Reported, there's 5.2 million people actually living with Alzheimer's, and approximately one in eight baby boomers they project -- that equates to about 10 million people -- are expected to develop the disease in their lifetime. So that has significant ramifications on Medicare and Medicaid, the funding available to the State to deliver those services here in Philadelphia.

And as Pennsylvania forges ahead with its quest and need to rebalance long-term care by offering more home and community-based services, the City of Philadelphia and those committed to the seniors who reside here must address the lack of affordable and accessible housing with the appropriate support services to age in place.

One quick testimony about a NewCourtland LIFE participant who actually benefits from the technology. Lives in her own apartment, actually is enrolled in the NewCourtland LIFE

program. The home care coordinator is her first point of contact in the event there's any medical emergencies. Her home is actually outfitted with sensor technology, and she has one of the old "I've fallen and I can't get up." That's one portion of the technology, but it's certainly evolved and is much more sophisticated than that. But on this particular occasion, she didn't have her pendant on to alert people in the event of an emergency. She went into her bathtub and was not able to get out of the bathtub. The NewCourtland LIFE home care coordinator was able to identify the lack of inactivity because of the sensor technology that she had employed in her home, went upstairs, knocked on her door, wasn't able to get in, was able to then go identify the property manager, who broke down the door, and they were able to rescue her out of her bathtub with the support of the NewCourtland LIFE program that's supplemented by that type of

sensor technology.

Conversely, my husband's grandmother is residing in one of our nursing homes, and I'm proud of the fact that she's in one of our nursing homes, but had she been enrolled in the NewCourtland LIFE program and since we've learned she's actually in that zip code area, she would not have had the illness that she had. She would not have ended up in the hospital and stayed for the multiple days that she stayed there. She would not have been rushed and discharged to her home, where she certainly was not able to move about. Her bathroom was on the second floor. It was not a good situation. And so we had to put her in a nursing home, where she continues to remain, but had she been in the NewCourtland LIFE program with the support of sensor technology, we would have been able to not just respond, but we would have been able to anticipate and perhaps prevent a lot of that activity.

To broaden opportunities for seniors desiring to live as independently as possible, the NewCourtland network offers a variety of housing options with access to home and community-based services on every step of the continuum of care. HUD 811 we heard briefly talked about. That's a way that family caregivers can live in the home of their loved one that perhaps has dementia or Alzheimer's, which is a form of dementia, and they could live there 24/7 and be compensated for providing care in a HUD 811 situation.

We're proud of --

COUNCILMAN JONES: 811 was that?

MS. BROWN: Yes, HUD 811.

And we have a state-of-the-art campus in Germantown, and I would invite you to come and take a tour.

Our HUD 202 Apartments, as well as the apartments on the historic campus of Kearsley Retirement Community --

people don't know that that's actually part of the NewCourtland network. It's actually managed by Courtland Management Services. Those enable independent seniors to live on their own as well. These housing residents also benefit from the technology that NewCourtland employs, specifically sensor technology.

And we're very big on evidence-based research. We have great partnerships with technology providers, and the University of Pennsylvania School of Nursing actually has named a center after us. So we've done lots and lots of pilots before we actually provide the service throughout our network, and to date, we actually are in a position to partner with other agencies so that we can take those pilots outside of our network. We know that they work, and now we can expand them and provide more services to seniors in Philadelphia so that we can monitor activities of daily living, vital signs, to manage and watch

for trends and chronic and acute conditions, while ensuring a sense of safety, who for those -- I'm sorry. Go ahead, Jim.

MR. REILLY: And medication.

MS. BROWN: And medication management for those who benefit from this service. And we would appreciate the City of Philadelphia expressing its ongoing support it has in many ways for qualified senior housing developers -- and NewCourtland is one -- that are equally skilled in providing care for those. We're proud that we're getting ready to open NewCourtland Square, which is a partnership with DPW and the Nursing Home Transitions program that was testified about earlier today. NewCourtland Square is a transitional housing site that is going to accommodate 26 seniors that are going to have built-in support services, such as what is offered at NewCourtland LIFE, and have access to technology.

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COUNCILWOMAN SANCHEZ: Point of information. Are those homeless?

MR. REILLY: No. They're coming from a nursing home.

MS. BROWN: They're coming from a nursing home.

MR. REILLY: Transitioning back into the community.

MS. BROWN: And another unique story is a couple, the wife was living in a nursing home and her husband was still out in the community. Now with this transition into NewCourtland Square, they're able to reunite and live together. So a great way for seniors to age in place.

We seek the support of the State of Pennsylvania via tax credits. So hopefully you can help us with some letters of support so that we can do some additional development. Councilman Greenlee, I've been to his office bothering him about that, and I'm so grateful for the support that he's

demonstrated to us to date.

In recent years, the State of Pennsylvania has really, really been very aggressive in the need to rebalance long-term care, and we've been working diligently to ensure that that happens. So we recognize that technology is solutions available now and successfully implemented throughout our network, not only offer great promise to improve quality of care, but are absolutely essential to respond to the quantity of care needed as the 65 and older population increases and the nursing workforce decreases.

I didn't really hear anybody talk to the need for more nurses in Philadelphia's workforce.

However, in the meantime, technology solutions can affordably allow for improved prevention through earlier detection of disease, assistance with adherence to a care plan, increased support for family and professional

caregivers, decreased hospital visits so seniors can continue to age in place the place that they call home, all at a fraction of the cost -- and we actually are willing to submit additional support that identify this -- all at a fraction of the cost of delivering care in an institutional setting.

However, technology in our mind is just an extension of, not a replacement for, the aging services nursing workforce. Yet, in light of the increasing demands of the nation and Philadelphia's senior population, there is a decrease of educators in addition to nurses that are available to train qualified nurses. So there's a gap between the supply and the demand, and we only expect that it's going to widen. But because NewCourtland anticipates and meets the needs, we are planning to open an LPN school in 2009 on our Germantown campus. There is a 41,000 square foot community center that we now are going to

convert into an LPN school, and, again, we would love your support via letter to enable us to move forward.

In conclusion, while technology is a much-needed resource to support seniors aging in place, NewCourtland embraces the responsibility to recruit and train a qualified nursing workforce by opening a state-of-the-art LPN school. We again solicit the partnership of the City of Philadelphia to assist us in developing the next generation of nurses to ensure the healthcare needs of Philadelphia seniors are met along every step of the continuum.

Again, we thank you for the opportunity to testify today. We commend Councilman Curtis Jones and Councilwoman Jannie Blackwell, in her absence, the joint Committees on Housing, Neighborhood Development and the Homeless and Public Health and Human Services for their leadership and foresight to convene this public hearing today to identify the

appropriate support and services Philadelphia's deserving senior population needs in order to age in place.

So we invite you to visit our website, hear more about how we are delivering services to seniors in Philadelphia, enabling them to age in place, and partnership, partnership, partnership.

I don't know if that was five minutes.

COUNCILMAN JONES: I'm ready to clap, too.

MS. BROWN: Did I bring it home, Shoshana?

COUNCILMAN JONES: Other than Ms. Rafferty, I don't know anybody who could speak in a consistent caveness that quickly and get through a text that fast other than you. If you are looking for a back-up job, you can do that.

MS. BROWN: I promise I had a voice before I came.

COUNCILMAN JONES: Do the members of the Committee have any questions?

Councilman Greenlee.

COUNCILMAN GREENLEE: Just a quick statement. I certainly back up what you just said, Mr. Chairman, and you can see why I became a supporter when Ms. Brown came in. But even more important, or just as important, let me say, is the -- we also have spoken to people who have partaken of the services, and they are maybe the greatest salespeople, because they have told us how important and how vital NewCourtland was to them. So I want to say congratulations on that.

MS. BROWN: And your Chief of Staff is also such a vital resource. She's constantly referring constituents to our office and we're steadily placing them.

COUNCILMAN GREENLEE: She will do that, yes.

MS. BROWN: Yes, she does, and we're happy to accommodate her.

COUNCILMAN JONES: Yes.

MS. REILLY: I had a brief conversation with Shoshana and I heard the Councilwoman mention the homeless. Angela, we do -- and she is aware of this -- we have a relationship with the Bethesda Project in Philadelphia where we actually monitor five sites for them, provide nursing and high-tech monitoring for wellness for a group of a couple hundred men, which is really going well. We started in April of this past year, and we have given them the opportunity to monitor their own weights, blood pressures and such. The house monitors or house managers get to view it on a portal, gather data for their doctor visits or physician visits and get them hopefully on the right track.

Also, I would like to add that Pennsylvania is one of the only states that has thrown their hat into the ring

from PDA, and now authorized last November reimbursement through PCA for these technologies that we employ today. NewCourtland has been working with some developers and some manufacturers for the last three years maturing devices that fit what the senior population needs. We are now ready and have operationalized this sometime ago and now are deploying this not only in our state but in other states. Utilizing our knowledge and our relationships in this industry, I think we can take this to a new stratosphere.

There was a lot of great testimony today by some grassroots organizations. You heard the big numbers. We need scalable solutions that can wrap our arms around biggest pieces, biggest chunks first, and then tighten it up to address some of the other issues.

The chronically ill, they say once you get to 50 years old -- I am a nurse, by the way. Once you get to 50 years old, you will have a chronic

disease or the beginnings of a chronic disease. Every ten years after that, you will get another one.

Technology in medicine has allowed us to --

COUNCILWOMAN SANCHEZ: Shoshana just got --

MR. REILLY: I just want to tell you, the technology in the last 20 years has allowed us to live longer. The reasons we have these issues today --

COUNCILMAN JONES: You just brightened everyone's day.

MR. REILLY: So wellness is another issue. If I can implore this Council anything that we do need, connectivity to our technology is the most crucial piece. We were working with Philadelphia, the Internet company that was --

COUNCILWOMAN SANCHEZ: Wireless Philadelphia.

MR. REILLY: Yes, Wireless Philadelphia for a while trying to get

affordable realtime connections, because the faster we can connect, the better we can watch what's going on. If we do store and forward through phone lines, it's not very dependable and it's old information.

So if I can say to you one thing that we all need, is the affordable access to connectivity at DSL speed or better.

COUNCILMAN JONES: For people who are going to view this later on, I think it's important to note that what we're talking about is the ability from your home to be monitored by a nurse, professional or a doctor and get your vitals, things like blood pressure and things like that right from the convenience of your home.

MR. REILLY: Right.

COUNCILMAN JONES: And I think it's essential when we think of, yes, I want the interaction at a rec center or a doctor's office, but when a senior at the

most important points, when they need that kind of monitoring can get it almost instantaneously, it's the minutes that count.

I had an uncle who had a stroke, who sat in a room way too long and could never fully recover because of the amount of time that lapsed between his initial stroke.

So these technologies will allow us to live longer, live better and for people to know -- and electronic interaction is better than no interaction.

MR. REILLY: I agree with you. You know, one of our biggest claims of fames right now is, we have integrated numerous vendors or numerous types of technology into one box, if you will, and we cannot only see now your vital signs, we can see your behaviors, we can see your movement, your sleep patterns, we can see when you took your medication, all in one dashboard view. That's the

power play here, and that's on an open, non-proprietary infrastructure.

A lot of my competitors out there -- and I'm not trying to market this to you -- are going to come with proprietary solutions that don't talk to other solutions. It's like having a Mac talk to a PC. It just doesn't work. So we need to have open platforms. We need to have good connectivity and we need to embrace these technologies.

COUNCILMAN JONES: Dr. Schwarz, if you're out there listening, I want you to know that the Fourth District does not have a health center publicly owned by the City, and so, therefore, I want a demonstration project in the Fourth to kind of look at that and how this can work in recreation centers and also in individual homes, particularly senior citizens.

MR. REILLY: I do believe -- I'm not trying to just throw everything out there -- that there's a place for

this in schools to monitor childhood obesity and such. Start today. I mean, I have the ability to do that today. So these are not the future. This is not smoke and mirrors. We do this every day. That's my job.

COUNCILWOMAN SANCHEZ: Thank you.

MS. BROWN: Thank you.

COUNCILWOMAN SANCHEZ: Yes. I wanted to thank you, Councilman Jones. It's been a lot of incredible information, and I just kind of outlined some next steps that I think would be important so we can kind of leave out of here with an action, and one of the actions that we absolutely need to support and as the Chair -- or the person who called this, I think it's important that this Committee send a letter to the Mayor and Dr. Schwarz summarizing the work of some of the presentations that were made about what the City can be doing, and that this be part of the

City's charge to a funded task force that is coordinated not by a depleted department, but whether that is a task that the Commission on Aging can take or not, that we commit to a process for the Task Force to continue its work and really take this dialogue to the next level.

So I'd like to recommend that you draft something that this Committee submit to the Mayor and Dr. Schwarz so that we can concretely be assured that we're going to have a continuous process on this.

COUNCILMAN JONES: Thank you, Councilwoman. We will take that under advisement and make sure you see a draft of that.

I want to thank you for your testimony, and I want to before we recess -- because we're not going to close this. We're going to recess at the call of the Chair. I think we've gotten enough information to warrant us to

continue forward, and if the Task Force is willing, we want to work with them on broadening our horizons and also our view, because it definitely did that for me. Aging in place is between now evolving to aging in a community, and I get it and this Council gets it.

Couple of things we also got, that we want to do a follow-up and we want to make sure that that's ongoing. We don't want to hand it off. We want to give it a hand and continue it. And those were valuable suggestions. I learned about not just Gap Kids now, but gap seniors that fall between the income gap that are not poor enough to receive low income services and not rich enough to afford those services independently on their own income. So these are things that have stuck with us.

So we're going to recess at the call of the Chair and thank everyone -- two Chairs. Thank you. For the two Chairs, and say that we are going to call

upon you as we evolve this thing called Aging in Place and Aging in the Community.

Thank you.

MR. REILLY: Thank you.

MS. BROWN: Thank you.

(Joint Committees on Public Health and Human Services and Housing, Neighborhood Development and the Homeless recessed at 5:25 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter on December 2, 2008, and that this is a true and correct transcript of same.

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MICHELE L. MURPHY

RPR-Notary Public

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