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Abstract

Public/private partnerships are essential to the survival of mission-driven non-profits, especially those in aging services. Aging service nonprofits receive less than two percent of all institutional philanthropic dollars, with a largest segment of their funding provided by government entities. Carter Burden Network (CBN) is an aging services nonprofit organization serving community-dwelling seniors in Manhattan, with a concentration of services in East Harlem, Roosevelt Island, and the Upper East Side. The NYC Department for the Aging and other government sources provide 50 percent of CBN's budget. The adage that 'government cannot do it alone' is exemplified through CBN's history of developing new programs through private partnerships, and use of skills-based volunteerism to enhance services. Public/private partnerships have helped CBN strengthen its capacity to expand its service provision and areas. Equally important is CBN's commitment to increase return on investment for public/private partnerships by reducing food insecurity and malnutrition, hospitalization, and social isolation - all with a financial benefit to the broader society.

Keywords

Aging services, older adults, community-based organizations, public/private partnerships, longevity

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Abstract

Public/private partnerships are essential to the survival of mission-driven non-profits, especially those in aging services. Aging service nonprofits receive less than two percent of all institutional philanthropic dollars, with a largest segment of their funding provided by government entities. Carter Burden Network (CBN) is an aging services nonprofit organization serving community-dwelling seniors in Manhattan, with a concentration of services in East Harlem, Roosevelt Island, and the Upper East Side. The NYC Department for the Aging and other government sources provide 50 percent of CBN's budget. The adage that 'government cannot do it alone' is exemplified through CBN's history of developing new programs through private partnerships, and use of skills-based volunteerism to enhance services. Public/private partnerships have helped CBN strengthen its capacity to expand its service provision and areas. Equally important is CBN's commitment to increase return on investment for public/private partnerships by reducing food insecurity and malnutrition, hospitalization, and social isolation - all with a financial benefit to the broader society.

Keywords: Aging services, older adults, community-based organizations, public/private partnerships, longevity

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Public/Private Partnerships Extend Community-based Organization's Longevity

Public/Private Partnerships (PPPs) play a critical role in projects from public infrastructure development (e.g., roads, bridges etc.) to community-based programs and services. PPPs are traditionally contractual agreements between government entities and the private sector, and contribute to the longevity of projects through financial support, mutually agreed upon scope of services, and timelines. This paper focuses on aging services nonprofit organizations and the influence of PPPs on the survival of aging-in-place community-based programs and service delivery through the lens of Carter Burden Network (CBN). CBN is an aging service nonprofit organization serving older adults in New York City.

Background

Carter Burden Network's mission is to promote the well-being of seniors age 60+ through a continuum of services, advocacy, arts and culture, health and wellness, and volunteer programs, all oriented to individual, family, and community needs. CBN is dedicated to supporting the efforts of older people to live safely and with dignity. Established in 1971 by then New York City Council Member Carter Burden, the organization was created to assist the large number of older residents living in his district who were poor, in declining health, and isolated. Since CBN's humble beginnings with a single employee in the Councilman's office, it has transformed into a network of 12 programs in seven locations, and in CY 2019 CBN served 5,623 clients.

In 2016, the organization underwent a rebranding process and changed its name from The Carter Burden Center for the Aging to the Carter Burden Network, in order to reflect its growth in size and scope. It was no longer one center, but a network of centers, programs, and services that work together with government, corporate, individual, and community partners to lead the way in

aging services in New York City. CBN's history is a great illustration of the power of public/private collaboration to lead to organizational longevity. It also contributes to overall quality of life enhancements, which may influence its clients' longevity.

CBN's programs and services are built on a four pillar framework comprised of senior centers, social services, arts and culture, and health and wellness. Technology is a critical component to the overall framework. Each pillar contributes to the organization's capacity to enrich the lives of community-dwelling older adults age 60+. Below are illustrations of the four pillar framework and technology:

Senior center framework. The Senior Center Framework is achieved through CBN's extensive meal service programs operating through its senior centers. Senior centers are at the core of CBN's work. The organization operates four centers in Manhattan – two in East Harlem, including one in a New York City Housing Authority (NYCHA) complex; one on the Upper East Side; and one on Roosevelt Island. The suggested cost of a hot nutritious breakfast (in some instances a plated meal) is 25 cents and \$1.00 for a hot nutritious lunch. One of the East Harlem centers is open seven days per week, and is designated as a one of the NYCDFTA's 18 Innovative Senior Centers.

CBN serves a culturally diverse population of nearly 3,800 senior center members annually, with approximately 400 members served daily. While the neighborhoods served by CBN are socioeconomically disparate, CBN serves low to moderate income and vulnerable seniors, who confront financial challenges, diminishing health, and declining social networks. Food insecurity is a common denominator. As such, CBN's centers provide 113,000 meals annually through congregate meals, thereby addressing nutritional and socialization needs. The centers are also a resource hub for social service, recreational, and health and wellness programs.

Social services framework. Equally critical are CBN's robust social services programs, assisting clients through its senior centers, offices, and home visits. Ongoing case management offers comprehensive services including benefits assistance, advocacy, counseling, money management, end-of-life planning, and monthly support/discussion groups. In providing these activities, 18,190 contacts were made with over 1,500 clients across our social service programs in the last fiscal year. Through its Community Elder Mistreatment & Abuse Prevention Program (CEMAPP), designed to combat elder abuse, over 3,900 hours of case assistance were provided to 200 clients throughout Manhattan. This assistance included individual counseling, installation of security devices, legal advocacy, and safety planning.

Health and wellness framework. The Health and Wellness framework is a newer and actively expanding component of CBN's overall service delivery, comprised of programming and research. Health and wellness initiatives offer a full range of health workshops, lectures, physical fitness classes, evidenced-based programs (e.g., Tai-Chi), and health screenings, that contribute to seniors' physical and psychological well-being. In an effort to inform health and wellness programming and services, CBN partners with academic institutions to conduct numerous research projects to better understand client needs, and to share best practices with the aging service provider network.

An illustration of CBN's research partnerships is its engagement with Rockefeller University Clinical and Translational Science Center, Rockefeller University Bio Nutrition Program, and the Clinical Directors Network, to conduct a study on healthy aging. Looking at physiologic data and psychosocial and nutritional information of clients in East Harlem, significant needs were identified, as 83 percent of participants were overweight, 33 percent had a history of diabetes, and 84 percent had high uncontrolled blood pressure. These findings helped

CBN create targeted, culturally appropriate workshops, and to secure its first US Administration on Community Living federal grant, funding an innovative nutritional intervention to reduce high blood pressure by introducing the DASH Diet in congregate meals at two senior centers. The DASH Diet intervention traditionally has not been tested in congregate meal settings.

Additionally, research collaborations include a partnership with the research division of the Visiting Nurse Service of New York. Together, CBN and VNSNY deployed the AdvantAge survey in East Harlem and Roosevelt Island. The customized age-friendly survey helps determine how well communities and organizations are supporting older residents by analyzing quality of life characteristics, particularly health and wellness. Through the East Harlem study, CBN identified fall prevention as a key need and developed an evidence-based comprehensive model to decrease falls through environmental, medical, and preventive approaches. Following the recent conclusion of the survey on Roosevelt Island, CBN is convening town halls with seniors and other Island stakeholders to develop long term collaborative solutions to the key issues identified.

Arts and culture framework. The arts are central to CBN's programming. CBN's signature Making Art Work (MAW) creative arts education program offers classes in painting, ceramics, printmaking, sewing, quilt making, clothing construction, mixed media, dance, and choir. The program's tailored services nurture creative expression and promote psychological and physiological benefits associated with regular artistic practice and expression. In 2019, CBN offered over 2,100 art classes through its four centers, attended by 915 seniors. In 2009, CBN reinforced its commitment to the arts by opening the Carter Burden Gallery. The first of its kind in the nation, the Gallery, located in Chelsea arts district, exclusively exhibits significant and vibrant works of artists over 60, giving a voice to re-emerging older professional artists and

combatting ageism in the art world. In 2019 the Gallery mounted 35 exhibitions, featuring the work of 120 artists.

Technology. Technology education is also a key component of our innovative programming. In 2019, CBN, in partnership with organizations such as Older Adults Technology Services (OATS) and Cornell Tech, provided over 1,200 technology classes and open computer lab sessions attended by nearly 400 seniors. From beginners to advanced, these classes helped seniors leverage technology to advance their education, enhance their connections, and manage their practical needs. Technology education is an effective strategy to help reduce social isolation, particularly for homebound older adults.

In 2019, CBN implemented a technology pilot titled Tech Pals designed to leverage the use of smart screen technology to enhance independence and connectedness for homebound seniors and individuals with disabilities who lived on Roosevelt Island. Tech Pals pilot is housed in the NYCDFTA-supported CBN Roosevelt Island Senior Center, conducted in collaboration with the Roosevelt Island Disabled Association (RIDA). The Tech Pals pilot is funded with generous philanthropic support from New York Community Trust, a community foundation. The pilot provides participants with an Amazon Echo Show (smart screen device) and one-on-one technological support and education to enhance independence and connectedness. Through the Echo Show, participants engage with the NYCDFTA-supported case management team, receive access to a plethora of education sessions, engage in Roosevelt Island Senior Center activities, and engage in a Facebook group created for participants.

CBN's timeline (Figure 1) reflects the start of the organization, as well as the infusion of government, corporate, and philanthropic support over its history from 1971-2019.

Figure 1 here

Historical Context of Aging Services

The previous discussion focused on CBN's history and development. Next we explore the historical context surrounding the funding, development, growth, expansion, and stagnation of program and services for older adults in the US. The context of aging services dates back to the mid-16th century, when the Colonists of Plymouth authorized a governmental entity to offer support to the vulnerable residents of its time, which presumably included older adults (Achenbaum and Carr 2015). Aging services have gone through a metamorphosis from the earliest mid- 16th century concept of care for the vulnerable, with an emphasis on the informal network of families, neighbors, and religious institutions which continues to be a critical source of care for today's older adults.

Support for aging services from the passage of the Social Security Act in 1935, to the Congressional appropriation in 1952 which provided the first federal funds to support social programs and services before the establishment of the Older American Act (OAA) legislation in 1965. The enactment of the Medicare and Medicaid legislation under the 'Great Society.' OAA is the bedrock of the aging services network, and it created the Administration on Aging (AOA), an agency in the US Department of Health and Human Services. The aging services network is comprised of programs and services specifically designed to support older adults' capacity to remain in the community (VCU Libraries Social Welfare History Project 2020).

AOA is one of the nation's largest providers of home-and community-based care for older persons and their caregivers. It seeks to provide a coordinated and cost-effective system of long term care which helps seniors age in place. Elected officials initiated landmark legislative actions to address the humanitarian crisis of food insecurity, shelter, and housing (VCU Libraries Social Welfare History Project 2020), which are the basic tenets of Maslow's (1943) Hierarchy

of Need (Figure 2) to address the growing rate of poverty in older adults and children. CBN's programs and services align with fulfilling each of the five levels of needs described throughout the chart below.

Figure 2 here

The OAA disburses funding to the states' aging services units, which is then shared with Area Agencies on Aging. The latter offers direct services or contracts with local groups to deliver health services, meals and nutrition services, caregiver support, and senior employment as well as adult day care and other services (National Association of Area Agencies on Aging 2017). In New York State, the Office on Aging receives the federal funds, which are passed through to the NYCDFTA. CBN contracts with NYCDFTA to provide the mandated programs and services under Title III such as congregate meals (breakfast and lunch at the senior centers), case management, social services, assisted transportation and elder abuse protection. It has been estimated that by 2030, the population age 60+ in the state will exceed 25 percent of the population (New York State Office for the Aging 2019).

Funding for Aging Services

Federal funding for aging services has not kept pace with the rapidly growing needs of the burgeoning 60+ population (O'Shaughnessy 2011). Figure 3 reports results of an 18 year retrospective examination of Annual Funding Appropriations for the Older American Act programs from 2001-2019 (Fox and Houser 2019).

Figure 3 here

'Overall, annual OAA discretionary funding has declined over the 10-year period from FY2010 to FY2019 (not adjusted for inflation). Since FY2010, total OAA funding levels have

remained below the FY2010 level when discretionary funding was at its highest amount of \$2.328 billion' (Fox and Houser 2019). In 2011, the first of the baby boomers turned 65. Concomitantly, the US life expectancy increased from age 68.14 in 1950 to 78.93 in 2020, a 16 percent increase (Macrotrends 2020).

Carter Burden Network Public/ Private Partnership Initiatives

CBN is keenly aware that limited government funding has not kept pace with inflation. The growing needs of the burgeoning older adult population and the limited philanthropic support for aging services are now driving forces for development of innovative public/private partnerships to address the needs of older adults. According to a report by the Silver Century Foundation, '[e]very year, American grant makers donate tens of billions of dollars to nonprofits, to help make the world a better place. Yet only one percent of those dollars goes to aging-related projects, according to the Foundation Center, which analyzed grants of over \$10,000 made in 2015 by 1,000 of the largest US foundations. By contrast, 28 percent goes to projects for children and youth' (Hubbard 2018).

Giving USA, a nonprofit organization, reported in 2017 that nonprofit aging services organizations that provide community-based services and long-term care facilities represented about six percent of nonprofit organizations in the country that filed tax returns, while approximately 24.5 percent of American households are headed by someone 65 or older (Giving USA 2017).

John Feather leads Grantmakers in Aging, the national society of grant making foundations and other organizations that work to improve the lives of older people. Dr. Feather stated, 'As the number of older Americans is set to double to more than 20 percent of the population in the next

twenty years, the percentage of charitable giving in aging has remained the same' (Feather 2015: 68).

The impetus for CBN's three strategic public/private partnership initiatives was funding inequities in aging services, and a desire to meet the demands of a growing older adult population living longer with multiple chronic health conditions and inappropriate housing. These initiatives address the mind, body, and spirit of seniors at CBN through its senior centers' nutrition meal programs, creative arts, and health and wellness programming to promote positive health outcomes and contribute to older adults' overall well-being. While aging service funding remains stagnant overall, CBN was an early adopter of public/private partnerships as a strategy to best serve the needs of the older adults. To illustrate, three of CBN's public/private initiatives—senior centers, creative arts collaborations, and health and wellness are discussed below.

Senior centers. The creation of CBN was based on a public/private collaboration from its inception in 1971 when Council Member Carter Burden, an elected official, and his private family foundation, formed a partnership to address the needs of older vulnerable constituents that were food insecure and inappropriately housed (e.g., multiple floor walk-up apartments, insufficient income for food and medication). Recognizing food insecurity as a critical challenge of his district's older adult population, Councilman Burden partnered with Jan Hus Church and Church of the Epiphany in 1975 to develop the Carter Burden Luncheon Club. The opening of the Luncheon Club in 1975 occurred at a time in US history when Congress was passing legislation to address the needs of the vulnerable older adult population. For instance, the Nutrition Services Program was enacted between 1973 and 1975.

The Luncheon Club served a vital role in addressing food insecurity by offering hot lunches to the seniors on the Upper East Side. Shortly thereafter, CBN received funding from the

NYCDFTA, one of 622 Area Agencies on Aging nationwide. Since then, CBN has opened three additional senior centers: Leonard Covello NYCDFTA-designated Innovative Senior Center (open seven days a week); Lehman Village Senior Center housed in a New York City Housing Authority building for low income residents; and Roosevelt Island Senior Center. CBN also operates four of NYCDFTA's 250 senior centers throughout New York City.

CBN also received support for the Luncheon Club through the federal Title III C Nutrition and Meals Services, and it continues to receive funding to support its three senior centers serving roughly 113,000 hot breakfast and lunch meals daily. For some seniors, the meals at the senior center may be the only meal of the day. In addition to nutritious meals, CBN also offers creative arts programming.

Creative arts collaboration. Making Art Work (MAW) and CBN's range of programming and services provide outlets for creative expression during difficult times and vital coping skills to respond to challenges. MAW is partially funded by NYCDFTA, and additional support for the Creative Art Center at the Leonard Covello Senior Center was donated by Macy's. Every year, the Covello Senior Center hosts its annual fashion show, with clothes made by the seniors in clothing construction classes. Macy's provides support for the fashion show through its employees, who volunteer their time for make-up and clothing adornment. In 2019, CBN offered 2,100 art classes through its four centers, attended by 900 seniors. A major recent endeavor of MAW was the Love Wall project, where participants created over 250 handmade ceramic tiles over a one-year period, reflecting the theme of love from the artists' unique perspective. The arts have the power to foster a connected, resilient, and welcoming community for all.

In 2009, CBN opened the Carter Burden Gallery. This group has not received any government support, but it has received private support from the Macquarie Group, an international financial firm, as well as the Thompson Family Foundation and Ford Foundation.

Health and wellness initiatives. CBN has developed a Health and Wellness Initiative Framework (H&WF) designed to address the increased longevity of older adults and the desire of more than 90 percent of older adults to remain in their homes and communities. CBN is committed to providing health and wellness programs and services that promote positive health outcomes, which contribute to older adults' capacity to live independently and with dignity in their communities. The Framework is focused on disrupting the social determinants of health including food insecurity, social isolation, health illiteracy, and income inequality.

Through specifically designed programs and services with community partners, the H&WF engage the older adult's mind, body, and spirit at senior centers and community settings throughout CBN's catchment areas. The Framework consists of the following components: education, advocacy, research, community partnerships, technology, funding and physical fitness.

CBN partners with large healthcare systems serving its catchment area such as the New York City Health + Hospitals (NYC H+H), one of the country's largest public hospital systems; the Lenox Hill Hospital Northwell Health System; and New York Presbyterian Hospital. Northwell Health is New York's largest private employer and health care provider. The New York–Presbyterian Hospital is a nonprofit academic medical center in New York City affiliated with two Ivy League medical schools: Columbia University Vagelos College of Physicians and Surgeons, and Weill Cornell Medical College. Each of the health care providers offers critical health education on topics including diabetes and cancer, and conducts health screenings.

Metro East 99th Street Hybrid Adult Day Program and the DASH (Dietary Approaches to Stop Hypertension) Diet Intervention are H&W initiatives highlighted in this section to illustrate public/private collaborations. The two initiatives seek to help improve health outcomes and contribute to overall quality of life through education, screenings, services, and programming.

Metro East 99th Street Hybrid Adult Day Program: In 2014, CBN received its first New York State Department of Health funding to support the Metro East 99th Street Hybrid Adult Day Program (Day Program) Demonstration Project through the Balancing Incentive Program (BIP) under the New York State Medicaid Redesign Team to reduce the state's Medicaid expenditures. This approach serves frail adults age 60+ with developmental, cognitive, or physical impairments, providing clients with socialization, supervision, and monitoring, personal care, and nutrition in a protective setting.

The Day Program was developed to examine the effects of community-based programming on post-nursing home transitions for a mixed-age, chronically ill tenant population into independent living. According to the *Genworth 2014 Cost of Care Survey* (Genworth Financial 2014), the median cost for nursing home stays in New York was \$124,100 annually (semi-private room) and \$130,670 annually (private room). The median cost for Adult Health Day Care was \$16,900 annually, and the Social Adult Day model, even less.

Metro East 99th Street Project was a newly constructed apartment building in 2014 that accepted tenants as former in-patients from the decommissioned Goldwater Skilled Nursing Facility and Hospital on Roosevelt Island. Eligible patients from Goldwater were given an opportunity to apply for an apartment at Metro East, which was an innovative collaboration between NYC H + H, Housing Preservation & Development (HPD), New York State Homes and Community Renewal (NYHCR), New York State Department of Health-Office of Health Insurance, New York State Medicaid Redesign (MRT), New York City Housing Authority (NYCHA), NYCDFTA, and SKA Marin, a private developer and property manager of Metro East 99th Street. It was a newly constructed 176 apartment unit of affordable housing for tenants that transitioned out of long-nursing home stays after five to 22 years of placement.

The Day Program and services were critical to the tenants' successful transition into independent living and sustained housing. The Day Program model was an interdisciplinary approach that addressed the mind, body, and spirit of this vulnerable population, and it was designed to enhance the impact of community-based programs and service interventions in an effort to reduce health care costs, improve health outcomes, and enhance quality of life for previously institutionalized individuals (National Adult Day Services Association 2020).

Patients transitioning from long-term care facilities were the focus of the New York State Department of Health Nursing Home Transition and Diversion Medicaid Waiver Program's strategic plan. The goal was to reduce the state's Medicaid expenditures with appropriate housing that promoted independent living with dignity, and increased access to community-based services that helped individuals to live independently, which was a part of the community transition strategy. The strategy was predicated on the 1999 Olmstead Decision to increase access to community-based services and programs that support community living and eliminate segregation of person with disabilities (US Department of Justice, Civil Rights Division 2020).

In addition, the Day Program was designed to collaborate with Managed Long-term Care plans to create a sustainable financial reimbursement structure commensurate with the delivery of programs and services. The Day Program assisted in the reintegration of extended nursing home stay residents into independent living as a part of the community-based continuum of long-term care services.

CBN also partnered with Vital Care, Inc. a telehealth company to assess the effectiveness of the Day Program through an evidence-informed strategy, measuring the ongoing metrics against the baseline to determine outcomes. The approach uses a tablet device and a web based program designed to educate, monitor and measure biometrics (blood pressure, weight, and oxygen levels).

The Day Program demonstrated a 30 percent reduction in the rate of hospitalization for the 68 Adult Day members that participated in the remote community-enabled Telehealth Program. All attended the Day Program. The Telehealth Program had a 70 percent retention rate, which was the highest of all Day Program activities. The rate of hospital avoidance was self-reported. At each Telehealth engagement, questions were asked about doctor visits and hospitalizations. Hybrid Social Model Adult Day provided a variety of services/activities.ⁱ

The Day Program was one of a set of cost-effective strategies to reduce Medicaid expenditures for high health care users living with multiple chronic health conditions by using cost efficient community-based programs as opposed to expensive institutional care for individuals who are capable of living independently with appropriate housing. The Day Program was considered a best practice model in the transition of institutionalized individuals' re-integration into community living in an affordable housing development without a supportive housing designation. Although there were extensive public/private partnerships, and extensive efforts by CBN to secure funding from the philanthropic sector, it was not able to extend the longevity of the demonstration Day Program. The affordable housing building 301 East 99th Street remains a thriving part of the East Harlem community.

DASH (Dietary Approaches to Stop Hypertension) diet intervention: CBN formed a partnership in 2015 with The Rockefeller University Center for Clinical Translational Science Center (CCTS) and Clinical Directors Network (CDN) to conduct an academic community-based research study about seniors aging in place. The CCTS two year-funded *Healthy Aging Study* was conducted by the partnership from 2016-2018 to assess the health status and health priorities of seniors receiving CBN services at two of the East Harlem locations: one a congregate meal site, and the other a social model adult day program. The study revealed a prevalence of hypertension of 83 percent,

with 23 to 46 percent meeting age-adjusted criteria for uncontrolled hypertension depending on the guidelines (Kost et al. forthcoming a).

These study findings were the impetus for further exploration of factors that contribute to overall health, such as food, physical fitness, and more. CBN provides congregate meal services by offering daily breakfast and lunch meals at senior centers, providing an opportunity to explore the impact of diet on health outcomes, and to learn about implementation challenges. Figure 4 below describes the project and reveals the percentage of blood pressures within the normal range and those determined to be considered uncontrolled. The study findings revealed that of 217 seniors in the study, 84 percent had high uncontrolled blood pressure (Kost et al. forthcoming a). The results of the *Healthy Aging Study* prompted CBN and its partners to create a nutritional intervention to improve dietary habits for seniors and address hypertension.

Figure 4 here

Nationally, cardiovascular disease (CVD) poses significant health risks for seniors, with two-thirds of those age 60 to 79, and approximately 85 percent of those age 80+ having one or more CVD risk factors. Blood pressure is one of the major modifiable risk factors for cardiovascular morbidity and mortality, with even moderate reductions playing a major role in preventing cardiovascular events. In 2018, CBN, in partnership with The Rockefeller University Clinical and Translational Science Center (CCTS) and Clinical Directors Network (CDN), was awarded a two-year US Department of Health and Human Services/Administration on Community Living Innovation in Nutrition grant to address seniors' cardiovascular risk through implementation of a dietary intervention at two of its senior centers—the Leonard Covello Senior Program in East Harlem and the Carter Burden Luncheon Club on the Upper East Side.

A community academic partnership was developed to implement nutritional and social behavioral interventions to reduce hypertension among seniors aging in place through DASH (Dietary Approaches to Stop Hypertension) Diet Intervention (Kost et al. forthcoming b). The project implemented the National Heart, Lung and Blood Institute's (NHLBI's) DASH (Dietary Approaches to Stop Hypertension) diet, through meals provided at senior centers; it also studied the impact of implementing this intervention in senior centers on blood pressure control. The DASH diet has been tested by two major studies backed by the National Institutes of Health (NIH), demonstrating ability to lower blood pressure in as little as 14 days (US Department of Health and Human Services 2006). The DASH diet is plant-focused, rich in fruits, vegetables, and nuts, with supplementary inclusion of non-fat and low-fat dairy products, whole grains, poultry, fish, lean meats, and heart healthy fats. The DASH diet had not been previously been tested in the setting of congregate meals among community living seniors. The project also offered educational workshops on blood pressure, nutrition, exercise, home blood pressure self-monitoring, and medication adherence, and their relations to cardiovascular health. Nutrition demonstrations with ingredients from the farmers' market and food pantry will show seniors how to maintain the DASH diet at home within their budget (Kost et al. forthcoming b). Results are anticipated soon.

Conclusion

Public/private partnerships can be critical for longevity of community-based organizations focused on aging services. CBN has worked with a network of public/private partners for the past 49 years, staying committed to its philosophy of collaboration and partnership as a driving force for sustainability of the organization, while contributing to the overall longevity of the older adults served. CBN's programs and services illustrate the value of partnerships as a conduit for

sustainable programming, evident by its four senior centers that address the issues of food insecurity and social isolation, and its contribution to overall improved quality of life of its clients.

One of CBN's client that attended the Leonard Covello Senior Center recently said:

‘When I first came to the Covello Senior Center, I wasn't active, didn't exercise, [and] was depressed and lonely. Covello has helped me to be more active, more outspoken, and more energetic through exercise programs, awareness, walking classes, and better eating habits. Now, I'm a totally new person – more healthy [healthier], more active, and more aware.’ *Covello Member and Active Zumba Participant*

In order for CBN and its colleagues in the aging service network to address the growing demands of the aging population, increased funding is required from government, corporations, and private philanthropy. Aging is everyone's business, so it will take a network of funders to help offer vulnerable older adults the safety nets necessary to remain independent in their homes and communities. The public/private partnerships of CBN and other nonprofit aging service providers do offer a return on investment. For each of the nearly 6,000 seniors served and the 113,000 meals provided annually, CBN is contributing to a reduction in health care costs by improving health outcomes and reducing hospitalizations. Evidence of effectiveness was provided through the Metro East 99th Street Hybrid Social Model Adult Day Program, and additional data will be available following evaluation of the DASH Diet intervention and its attempt to lower high blood pressure. The creative arts program also contributes to reduced social isolation, is a social determinant of health. Through internal studies, the art programming has been shown to increase self-efficacy, reduce anxiety, and enhance social connectedness.

As discussed, funding for aging services has not kept pace with inflation or the increasing longevity of millions of older adults. Accordingly, public/private partnerships extend the life of

the aging service network and the longevity of non-profits organizations like Carter Burden Network with the intent of improving the quality of life of older adults, especially significant today with the increasing life expectancy of older persons. Other nonprofit organizations similar to CBN, such as Westchester Public/Private Partnership Services for Aging Services (WPP) located in Mt. Vernon, New York, recruits corporations to contribute unrestricted funds, underwrites specific programs, and donates in-kind services that expand needed services for the older adult population (Westchester Public/Private Partnership for Aging Services 2020). LiveOn NY (2015), a non-profit membership organization that uses direct assistance, and innovative programs, to help serve millions of older New Yorkers

Public/private partnerships are equally important to other organizations, including Generations United a nonprofit organization, which focuses on intergenerational collaboration and a multi-sectoral approach to support successful aging in place (Generations United 2020).

Without public/private partnerships, CBN and similar community-based organizations around the country could not provide the safety net services needed to help the millions of older adults to age in place. These include congregate meals offered at senior centers, assisted transportation, health and wellness education programs, physical fitness programs, case management and social services, in-home visits, and elder abuse protective services. Any reduction or the elimination of public/private partnerships could increase the risk of disrupting current and future aging services delivered by the community-based nonprofit sector.

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Endnotes

¹Personalized plan of care, meal services, intergenerational Technology training, cultural activities (on and off site), cooking and nutritional training sessions (e.g., grocery shopping, meal preparation), current issues discussion groups, book club, horticultural programs (e.g., partner with a local elementary school), media art classes, and Telehealth program.

	1971-1989	1990-1999	2000-2005	2006-2012	2013-2016	2017-2019
Milestones	<ul style="list-style-type: none"> • Councilman Carter Burden establishes agency: 1971 • Walk-in unit: 1971 • Homebound unit: 1973 • Yorkville Luncheon Club launched in collaboration with Jan Hus Church of the Epiphany: 1975 • Graduate MSW Student Program: 1975 • Crime Victims Assistance Program: 1978 • Volunteer Services: 1979 	<ul style="list-style-type: none"> • Volunteer Services for the Elderly of Yorkville (VSEY) merger: 1993 • Assumed sole sponsorship of the Yorkville Luncheon Club and renamed it the Carter Burden Luncheon Club: 1997 • C.V. Starr Adult Day Services: 1999 • Opened new Headquarters at 1484 1st Ave. in collaboration with the New York Presbyterian Wright Center: 1999 • VOLS Legal Clinic: 1999 	<ul style="list-style-type: none"> • Graduate MSW Student Program now in-house: 2001 • Hunter Nursing Student Program: 2001 • Graduate Occupational Therapy Program: 2001 • Community Elder Mistreatment and Abuse Prevention Program (CEMAPP): 2003 • Begins catering home delivered meals with the Stanley M. Isaacs Neighborhood Center: 2004 	<ul style="list-style-type: none"> • Cultural Connections: 2006 • Friendly visiting program expanded in collaboration with City Meals: 2006 • Mental Health Services hosted in collaboration with SPOP: 2006 • Social Service Unit (Homebound and Walk-in Units): 2008 • Expansion of Case Management Unit in collaboration with Lenox Hill Neighborhood House and Search Care: 2008 • Gallery 307: 2009 • Making Art Work: 2009 • Elder Craftsman merger: 2009 	<ul style="list-style-type: none"> • Carter Burden/ Leonard Covello Senior Program: 2013 • Carter Burden Gallery: 2013 • Metro East 99th St. Adult Day Program: 2014 • Caregiver Resource Program: 2015 • Lehman Village Senior Center (Covello satellite): 2015 • Roosevelt Island Senior Center (Carter Burden Luncheon Club satellite): 2016 • Collaborations initiated with Cornell Tech and Rockefeller University: 2016 	<ul style="list-style-type: none"> • The Carter Burden Center for the Aging launches its new brand identity and becomes the Carter Burden Network: 2017 • CBN Headquarters relocates to 415 E. 73rd St: 2017 • CBN receives its first federal grant from the Dept of Health and Human Services Administration for Community Living (ACL) to implement the DASH diet at two of its centers: 2018
Participants	75-400	500-2,500	2,500-3,000	3,500-4,000	4,000-5,000	est. 5,000
Volunteers	15-20	25-1,500	1,200-2,000	2,000-2,700	3,000-3,500	est. 3,500
Budget	1971- \$45,000 1980- \$279,717 1981- \$353,272	1990- \$756,000 1992- \$910,725	2000- \$2,200,000 2001- \$2,650,000	2006- \$3,165,000 2011- \$3,532,800	2013- \$3,942,800 2016- \$7,742,264	2017- \$8,205,196 2018- \$8,003,000 2019- \$8,672,324

Figure 1. Carter Burden Network Timeline

Source: Carter Burden Network (2020).

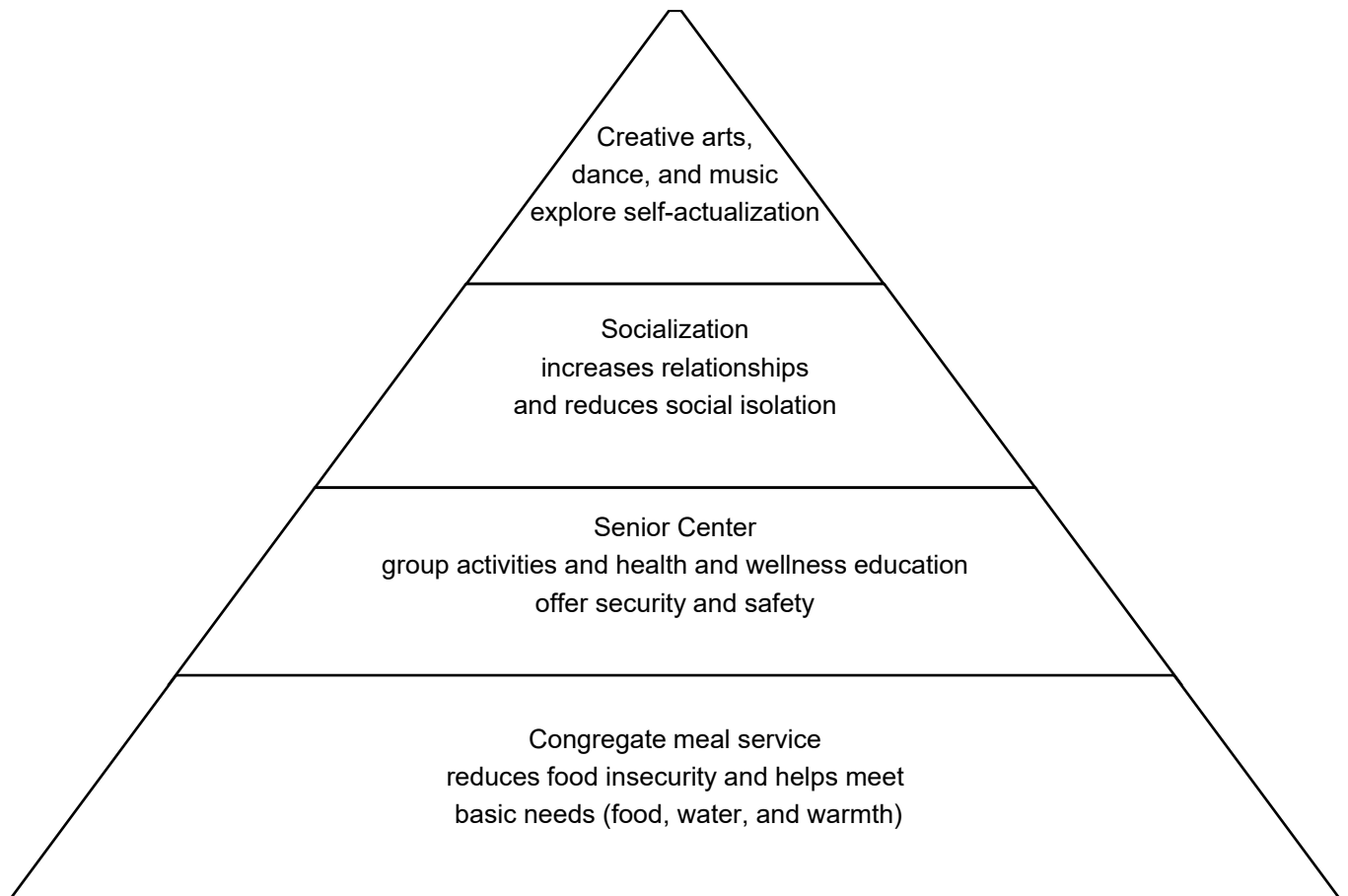


Figure 2. Carter Burden Network programs and services offered based on the tenets of Maslow's Hierarchy of Needs

Source: McLeod (2018).

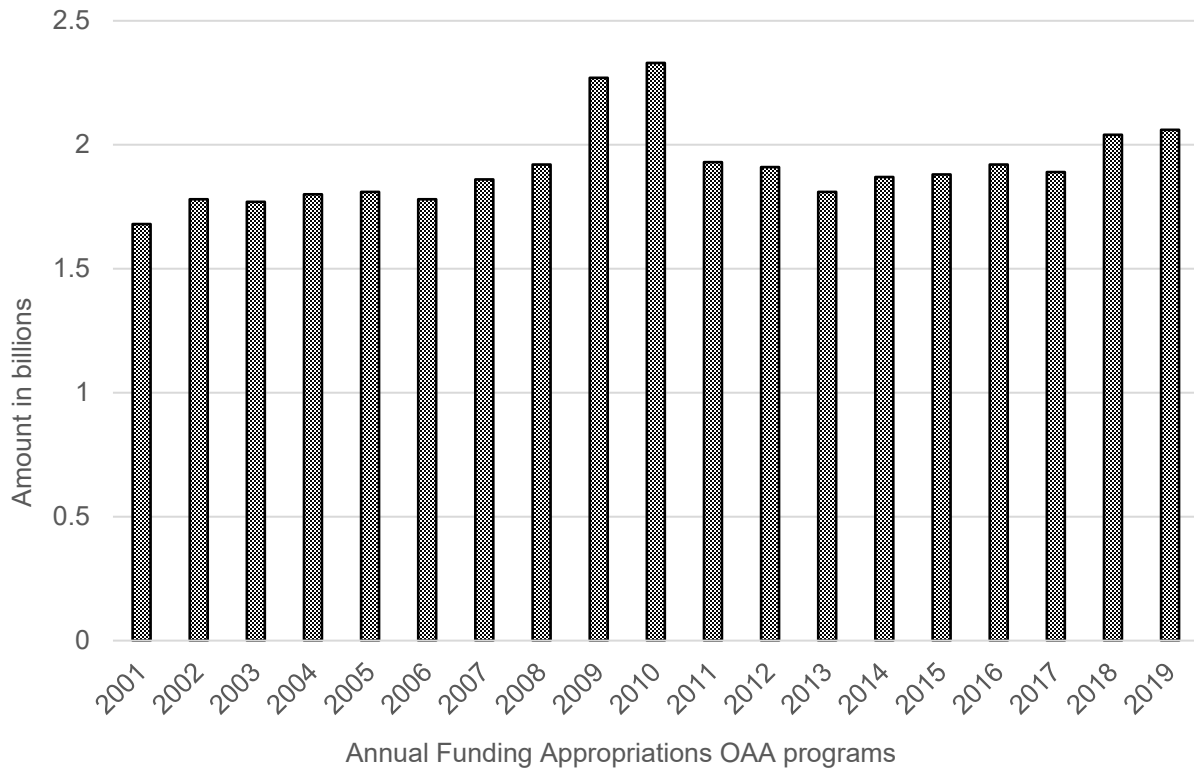


Figure 3. Annual Funding Appropriations for the Older Americans Act Programs, 2001-2019

Source: AARP Public Policy Institute (2019).

RU/CBN/CDN^a- Carter Burden Healthy Aging Study Pilot 2016-2018	
<p>Purpose: To collect information on the health of CBN seniors to assess the impact of services on health</p> <p>Method: Pulse, blood pressure, walk/balance test, surveys on health, nutrition, and social factors, etc.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Enthusiastic enrollment of 218 seniors • 99% completed the study • An important finding about blood pressure 	<p>Blood Pressure in CBN Pilot Population (n=217)</p> <p>17% Normal blood pressure</p> <p>16% Elevated blood pressure (SPB 120-129 mm Hg)</p> <p>23% Hypertension stage 1 (SPB 130-139 mm Hg)</p> <p>42% Hypertension stage 2 (SPB >140 mm Hg)</p> <p>2% Hypertension crisis (SPB >180 mm Hg)</p>

Figure 4. Healthy Aging Study: Blood Pressure in CBN Pilot Population

Note: ^a Research for the Healthy Aging Study was conducted via partnership between Rockefeller University Clinical Translational Science Center, Carter Burden Network, and Clinical Director Network.

Source: Kost et al. (forthcoming a).