



September 23, 2015

2:30 – 4:30 p.m.

Public Health Department Auditorium

300 N. San Antonio Rd., Bldg. 1

Santa Barbara, CA 93110

MINUTES

Attendance: Dona Beal, Hillary Blackerby, Holly Carmody, Catherine Dalton, Devin Drake, Doreen Farr, Eric Friedman, Susan Klein-Rothschild, joyce ellen lippman, Cynthia McNulty, Daniel Nielson, Ernesto Paredes, Brad Parks, Yolanda Perez, Kathleen Riel, Arcelia Sencion, Elizabeth Taylor-Linzey, Christopher Tucker, Erin Weber, Margaret Weiss, Jeanne West, Phylene Wiggins

Special Guests: Charlene Fletcher, Garden Court; Elizabeth Wolfson, Antioch University Santa Barbara

Staff: Barbara Finch and Gloria Munoz

1. Welcome & Introductions

Supervisor Doreen Farr opened the meeting and introductions were made.

2. Public Comment

Susan reminded everyone to complete and share the Santa Barbara Community Health assessment. They would like people to tell them about their own health and about what they see as a priority for improving health in the community. The surveys are available in English and Spanish.

3. Approval of Minutes, July 22, 2015

Hillary Blackerby motioned to approve the minutes from July 22, 2015 and Yolanda Perez seconded the motion. Devin Drake, Eric Friedman, Susan Klein-Rothschild, and Arcelia Sencion abstained from voting; all others voted in favor and the minutes were approved.

4. Update on AAN Presentation to the Board of Supervisors

Barbara announced that the Adult and Aging presentation to the Board of Supervisors will be on Tuesday, November 17th. A draft board letter from the Advocacy Committee was distributed to the group (see attached).

Supervisor Farr mentioned that there have been discussions on how to get the word out about the issues mentioned in the draft letter and how to represent the need for coordination and more funding. She had a meeting with joyce ellen lippman and Susan Klein-Rothschild and one of the things that came up was how helpful it might be if the county was able to add another Public Health Nurse (PHN) to do outreach to homebound seniors. While inquiring to see what the possibilities might be to hire a PHN, Supervisor Farr found out that it has been difficult for the county to recruit nurses and doctors for all the various needs of the county. It is an issue that they are still working on and it seems like it might require a shorter-term solution.

Erin mentioned that at the last AAN meeting there was a lot of energy and momentum around generating awareness for the Board of Supervisors about some of the senior needs that are

Update on AAN Presentation to the Board of Supervisors (continued)

being seen in the County Departments and also among the service providers. She added that because there is a whole host of different issues that could have been highlighted in the report, this is being viewed as the first of many presentations to come. There are many issues that need to be addressed to better serve this population. The first part of the report talks about some demographic and economic issues that we are seeing. The presentation will highlight food insecurity and the need for door-to-door transportation. Some of the key needs that were identified for our county departments were in-home services and medication management, which could be addressed with an additional Public Health Nurse. The need for geriatric psych assessments and intervention services was also raised. Erin was also able to gather information from Emergency Medical Services (EMS) related to the number of ambulance transports for seniors. Erin welcomed any feedback from the members and invited everyone to attend on the day of the presentation.

Joyce Ellen added that they discussed the fact that they are starting with seniors and the goal will be to include a later report on the issues and priorities for adults with disabilities.

Erin added that during the course of having conversations with different community service providers and county departments she found that there is lack of data. She mentioned that this could be something that can be included in the presentation.

Eric mentioned that there are a lot of senior veterans. Asking about status as a veteran is good practice because veterans may be eligible for other benefits that can supplement the work being done by community-based organizations in terms of funding and other medical services. Eric also mentioned that understanding CalFresh is important because it is a good parameter for senior nutrition to know how many seniors are using CalFresh. He added that recently there has been a lot of movement in terms of healthy eating and active lifestyles for all residents of the county and it is important to understand how this impacts seniors. With the amount of funding that goes towards CalFresh, this could be an opportunity to make sure that seniors are getting healthy and nutritious food.

Brad shared that one of the things that he would like to see touched on is the issue with elder abuse and neglect. Over the last two and a half years, the monthly reports to Adult Protective Services (APS) have gone from 140 to 260 per month. The trend is a very steep increase in reports to APS. A significant piece of this is that two thirds of these reports are elderly individuals and one third of them are disabled adults. He added that half of the reports are self-neglect and the other half involves physical neglect and financial abuse. He would like to consider the possibility of looking at APS staff needs overall, not just the Public Health Nurse. Supervisor Farr mentioned starting with the general framework of the issues and trends and specific areas that need attention. Afterwards, the Network can explore ways for the county and county departments to leverage dollars, leverage staff, and leverage partnerships to help address some of the specific needs. She would like to list individual county departments that would be involved in this issue, like Public Health and Social Services; also the Community Services Department, which oversees grants and development funds. She also suggested talking to Alcohol, Drug, and Mental Health Services (ADMHS).

Another issue that was brought up was the lack of services for seniors who have potentially both mental health issues as well as dementia. Erin mentioned that there are seniors who are getting addicted to prescription drugs and don't have any sort of services in their home to

Update on AAN Presentation to the Board of Supervisors (continued)

help them manage their medication. She also saw data from ADMHS that showed that heroin drug use is on the rise.

Barbara mentioned that the Affordable Care Act has some programs that are coming out to address some of these issues. One of those programs is the Health Homes Program, which targets individuals with multiple chronic conditions, including mental illness. This program will be piloted in the Coordinated Care Initiative (CCI) counties starting in January.

Supervisor Farr concluded by encouraging the members to attend the Adult & Aging presentation to the Board of Supervisors on November 17th.

5. Santa Barbara City College Healthy Aging Program

Eryn Eckert and Paula Congleton, from Santa Barbara City College (SBCC), gave a presentation on SBCC's Healthy Aging Program, where people can obtain a Skills Competency Award and an Associate of Arts (AA) Degree (see attached). This certification program started under their Nursing Department, is now under the Health Education Department, and has recently started to branch out into the Kinesiology Department. It is designed for people who are looking for a new career path or transferring to a 4 year college/university majoring in Health and Aging, Kinesiology, Psychology, Social Work or Sociology. It also attracts individuals who work in the area of aging services along with community members who are seeking additional knowledge in this area. The program is based on teaching Evidence-Based Health Promotion (EBHP) among older adults and it provides practical and effective techniques that can be used to prevent disease and support everyday habits for good health.

Paula added that because falls are a leading cause of injury and loss of independence in older adults, they are trying to prevent falls to keep the older adults out of acute care facilities. One of the required courses teaches Health Promotion and program planning, including regulations that are specific to different types of facilities. Another course talks about behavior changes and some of the modifications that health care workers may need to be aware of as they work with the aging population. This program model could contribute to developing a positive infrastructure for senior services within the community.

Eryn added that she is looking for internship sites, specifically with organizations that are working with seniors and interested in adopting health promotion activities. You can contact Eryn at eryn.eckert.phd@gmail.com or Kathy O'Connor at occonnork@sbcc.edu for any questions on the internships. Spring classes will begin in January of 2016.

6. Antioch University Health Aging Concentration

Elizabeth Wolfson, Program Chair at Antioch University, gave a presentation on the Healthy Aging Concentration in Antioch's Master of Arts in Clinical Psychology Program (see attached). The program's approach emphasizes prevention and supports the strengths of elders and their families. The purpose is to train future practitioners to support a quality lifestyle for older adults and families from an integrative and systemic perspective and it also prepares competent psychotherapists who can provide therapeutic services in the local community and to the larger society.

Elizabeth stated that the aging population is exploding and more adults are living alone than

Antioch University Health Aging Concentration (continued)

ever before. There are not enough professionals with specialized training in meeting the needs of elders and their families. She added that health care is the fastest growing industry in this country projected to add over 4 million jobs between 2012 and 2022. Some of the challenges that they are faced with are lack of resources, lack of experts, promotional challenges, and cultural resistance. Elizabeth concluded by encouraging everyone to take the opportunities that Antioch University offers because the time is ripe.

7. AAN Website Reveal

Dennis Tivey, Department Business Specialist at the Department of Social Services, gave a brief overview on the new Adult & Aging Network (AAN) website. The website showed a redesigned AAN logo and the website includes different tabs that include: agendas and minutes, resources, links, and a blog. The group gave Dennis feedback on changes that they would like to see on the website. The link to the website will be www.sbcaan.org

8. Member Announcements

- joyce ellen lippman announced that there is a Senior Scam on Fraud Alerts workshop on Monday, November 9th from 9:30 a.m. – 11:45 a.m. at the DeWees Community & Senior Center in Lompoc. There is also a Senior Scam Stopper seminar on Thursday, October 22nd from 10:00 a.m. – 12:00 p.m. at the Edwards Community Center in Santa Maria.
- joyce ellen also mentioned that Food, Food, and Food will be at the DeWees Community & Senior Center on Friday, September 25th from 9:00 a.m. to 12:00 p.m. in Lompoc.
- Jeanne West announced that the Senior Expo will be on October 7th at the Earl Warren Showgrounds and they will have free flu shots for everyone that is 65 and over. The Latino Elder Outreach Network will be providing Spanish speaking translators.
- Jeanne also mentioned that the Healthy Aging Forum will be on November 4th from 9:00 a.m. to 12:00 p.m. at the Carrillo Recreation Center.

9. Mid-County Location and Agenda for Future AAN Meetings

Barbara announced that all future Adult and Aging Network meetings will be taking place in mid-county, possibly at the Buellton Senior Center. The next meeting will be on November 18th from 2:30 p.m. to 4:30 p.m. The group decided on the following topics:

- Recap of the Board of Supervisors presentation
- Transitional case management

10. Adjourn

The meeting adjourned at 4:12 p.m.

Respectfully submitted by Gloria Munoz

Recommended Action:

- a) Receive and file a report from the Adult and Aging Network on the status of seniors in Santa Barbara County;
- b) Exempt from CEQA

The purpose of this item is to provide an overview of the status of seniors in Santa Barbara County, including key demographic trends, systemic departmental issues, and gaps in service continuum of care for the rapidly aging population. This report also includes policy recommendations from the Adult and Aging Network (the Network), which is an advisory body to the Board of Supervisors comprised of representatives from the public and private sector.

The following overview of the status of seniors in Santa Barbara County is a compilation of information from various County Departments and Adult and Aging Network membership. County Departments consulted for this report include ADMHS, Public Guardian, Department of Social Services, Fire and Public Health. Multiple conversations occurred with external stakeholders including Area Agency on Aging, Cen Cal Health, Cottage Hospital, City and County Housing Authority, Central Coast Collaborative on Homelessness, Buellton Senior Center, Easy Lift, Santa Barbara Foundation, Community Action Commission and Senior Ombudsman. (Although seniors are the focus of this report, it should be noted that the Adult & Aging Network also monitors and advises on issues pertaining to disabled adults.)

Background

Locally and nationally seniors continue to make up a growing percentage of the total population and these projections are only expected to increase. Roughly 10,000 baby boomers turn 65 each day, and about 10,000 more will cross that threshold every day for the next 19 years, according to the Pew Research Center. Locally it is estimated that 27 percent of Santa Barbara County population will be over the age of 60 by 2030, which is a 61 percent increase from 2010. Despite this projected population increase, funding for senior services remains stagnant, compounded by growing economic instability among the elderly.

The economic downturn was catastrophic for many adults approaching retirement, as some saw their retirement funds diminished, and lost their homes and/or jobs. AARP reports a sobering increase in home foreclosures among those over age 50, including 1.5 million in 2011, which is a 23 percent increase from 2007. Subsequently many Americans 65 and older sustained the largest increases in poverty of any group in 2009, according to AARP.

These alarming trends of older adults struggling to shoulder the cost of retirement hold true in Santa Barbara County, as measured by Elder Economic Security Index (ESSI). ESSI is an assessment tool that calculates the cost of independent living for

elders, taking into consideration household size, health status, geographic location and home ownership. The discrepancy between what the federal poverty indicator considers poverty and the EESI baseline for what seniors need to live in Santa Barbara is significant: 40 percent of Santa Barbara County seniors do not have adequate financial resources to ensure a safe, healthy lifestyle.¹

Many local older adults are falling into poverty, or end up homeless, due in part to increasing ineligibility for federally funded services or lack of access to basic services and programs, which were eliminated due to budget cuts. The 2013 Poverty Report found that one in every 14 seniors in Santa Barbara County live in poverty. The Central Coast Collaborative on Homelessness, Point in Time Count data shows that locally homelessness among seniors has increased from 7.75 percent in 2011 to 10.81 percent of the total homeless counted in 2015.

Food insecurity among the elderly in Santa Barbara County is a growing concern. The 2013 Needs Assessment administered by the Area Agency on Aging indicates that one third of all respondents are currently utilizing services offered at senior centers and nearly one fourth utilize meal and food support.² In comparison to the needs assessment administered in __, recent survey results indicate a very different picture from 10 years ago, as seniors increasingly lack basic resources to live well and cite meals/food as a top need.

Service providers are struggling to keep up with increasing demand for basic services, such as meals, compiled by decrease in local government funding. (County funding for senior services has decreased by _ percentage over the past _ years.) Many seniors who benefit from these services are extremely low income (living on less than \$15,000 per year) and absent these services would be forced to make decisions such as purchasing food versus medication. Home delivered meals and nutrition sites for the very low income have been shown to reduce risk of chronic health conditions and enable local seniors to age in place in their homes as long as possible.³

Lack of affordable, door-to-door transportation is another fundamental gap in the continuum of services for the elderly. Current challenges include lack of availability in remote areas, distance to public transportation, transportation between counties, cost prohibitive fees and inconvenient schedules. Services providers, such as Easy Lift, have similarly struggled to meet increased requests for services, compounded by decrease in revenue. The implementation of the Affordable Care Act (ACA) in 2014 underscored this profound local need, as many previously ineligible seniors

¹ Area Agency on Aging formulated this calculation based on census data and income levels of seniors by using the Elder Economic Security Index

² The survey collected responses from over 2,000 local seniors citizens in San Luis Obispo and Santa Barbara County

³ National foundation to End Senior Hunger

were in need of transportation to medical appointments. Subsequently Easy Lift saw a _ percentage increase in requests for transportation, from _ in __ to __ in __.

Food security, nutrition and accessibility for seniors and the disabled is a high priority for the Adult and Aging Network. The Network recommends the following:

- ❖ Leverage existing funding sources (e.g. Measure A) and partnerships with other jurisdictions to augment existing transportation services. An example of an effective collaboration is the Santa Ynez Valley Transit (SYVT) program, which offers Dial-A-Ride, a demand-response service for seniors and ADA eligible residents. The Cities of Buellton and Solvang allocated their Measure A funds to implement this service which covers Solvang, Buellton, Santa Ynez, Ballard and Los Olivos.
- ❖ Increase county funding for senior meals and nutrition services including Human Services Commission, Community Development Block Grant and Discretionary Funding. (See attachment X for FY 14-15 comparison of County funding requests and allocations.)

County Departments

In addition to analysis of the community service continuum, the Adult and Aging Network has consulted with a variety of County departments, including Department of Social Services, Public Guardian, Public Health, Fire and ADMHS and identified several systemic, cross-departmental deficits and formulated subsequent recommendations.

Apart from the egregious lack of affordable housing for seniors - which the Network will report on at a later date – a noteworthy gap identified by multiple departments is the lack of local geriatric psychiatric assessment and intervention services, including inpatient and outpatient care. There are extremely limited local services for older adults diagnosed with dementia. ADMHS does not typically provide services to individuals who are diagnosed with dementia, because dementia is categorized as a neurological disease, not a mental illness. Transporting clients out of county for these types of assessments and placements is resource intensive for staff and problematic for patients. (ADMHS previously provided specialized services for older adults via the OARRS program, Older Adults Response & Recovery Services. Saint Francis Hospital, which closed in 2003, also previously provided critical specialized services for the elderly, including 14 Geriatric-Psych beds for adults ages 55 and older.)

Seniors also increasingly struggle with drug and alcohol addiction and are finding limited options for services, especially homebound seniors. ADMHS reports a sharp increase in heroin and alcohol as the drug of choice for seniors from 2010 to 2015. Only eight clients reported heroin as the drug of choice in 2010, compared to 37 in 2014. Additionally, many seniors who are addicted to prescription drugs are

frequenting the Emergency Department in order to request refills. County staff also cites the lack of safe detox supervision options for vulnerable older adults.

Not surprisingly the elder population accounts for a high percentage of annual paramedic ambulance transports to local hospitals. Public Health Department Emergency Medical Services data indicates that 10,884 seniors were transported via paramedic ambulance to the hospital in FY 2014-2015, which accounts for 43 percent of total transports. These transports cost the county approximately \$1.4M, as the medical rate for each transport is \$128.00.

The shortage of medication oversight and management and rehabilitation services for seniors in the home is an additional concern among county staff and community providers. The County currently employs one sole public health nurse for Adult Services (including both IHSS and APS). The position provides critically important services for the most vulnerable older adults, including evaluation after physical abuse, medication management, arrangement for caregivers and other basic care, which prevents further deterioration. Community based programs have proven to decrease costly and ineffective hospitalizations by delivering primary care to frail elderly in the home. DASH, Doctors Assisting Seniors at Home, for example, provides mobile rapid response team of doctors and nurses who evaluate and treat seniors before their problems escalate to the point of crisis. The Network recommends investment in similar innovative programs and partnerships which focus on prevention and meet seniors where they are at.

In light of the aforementioned trends and observations, the Adult and Aging Network recommends the Board of Supervisors consider investing in the following:

- ❖ 2 FT Public Health Geriatric Nurses to Support APS & IHSS (providing for one RN in each region, Santa Barbara, Lompoc and Santa Maria)
- ❖ ADMHS Specialized Services for Older Adults, including mobile alcohol and drug treatment programs and treatment flexibility for clients with dementia

Investment in these positions will not only serve an urgent need and save taxpayer dollars in emergency services, but also build a foundation to support the growing aging population.

Conclusion

There are many important shortfalls in the service delivery system for older adults in Santa Barbara County and the Network has only highlighted a few areas of need for the purpose of this presentation. In keeping with the collective advocacy goals of the membership, the Network plans to report back to your board on a regular basis with further recommendations to build a strong and sustainable system of care to meet the needs of the local aging population. Future presentation topics may include affordable housing, caregivers, veteran services and services for the disabled. The Network continues to advocate for the urgent need to restore and

expand eliminated funding and programs for our seniors and looks forward to continuing to represent the needs of the community to your board.

DRAFT

SBCC'S HEALTHY AGING PROGRAM

Certification and AA Degree

Presented by

Paula Congleton, Ph.D. and Eryn Eckert, Ph.D

Healthy Aging and the Perspective you take

- Society imposes age constraints characterized by age-related scaffolding.
 - Young, Middle age, Senior, Old
 - The labels we take on can limit our potential
- How can we influence how long we live?



An Active Aging Framework

- Active aging
 - A model of viewing aging as a positive experience of continued growth and participation in family, community, and societal activities, regardless of physical and cognitive decline



Curriculum Focus

1. Recognition of aging as a highly diverse process
 - Chronological age is not a reliable predictor
2. Accident Prevention
 - Age-related changes increase the possibility of accidents & injury
 - Fall Prevention Program
3. Increased health promotion
 - Health maintenance & Patient Protection
4. Behavior Change
5. Program Planning Models & the Health Care system
6. Work Experience

SBCC Healthy Aging Program

- **This program is designed for individuals who are:**
 - Looking for a new career path
 - Transferring to a 4-year college or university and majoring in Healthy Aging or emphasizing the field of Psychology, Social work, or Sociology
 - Pursuing training in health-related fields like Nursing
 - Working in the area of aging services and seeking additional knowledge
 - Caring for aging friends or relatives

**Antioch University
Santa Barbara**



M.A in Clinical Psychology Program

~~~~~

## **Concentration in Healthy Aging**

*Present Purpose/ Future Plan*

**Presented by:  
Elizabeth Wolfson, PhD, LCSW  
Program Chair**



# M.A in Clinical Psychology Program

Graduate Program in preparation for: MFT, LPCC, MA Psychologists  
with option for Concentrations in  
Healthy Aging (since 2011)- Latino Mental Health (Since 2009)

- Prepares competent psychotherapists who can provide therapeutic services in the local community and to the larger society.
- Emphasizes academic, practical, and personal knowledge that will enable each graduate to become competent in diagnosis, treatment planning, and psychological interventions with individuals, couples, and families.
- Multicultural competence and ethical practices are also emphasized.
- Instructors are active professionals working in community settings, with contemporary knowledge of the skills required to practice as a Marriage and Family Therapist (MFT) or Licensed Professional Clinical Counselor (LPCC) in agency or private practice settings.



## Concentration in Healthy Aging: Mission-Purpose

- Through specialized coursework and training, students gain knowledge about the physical, social, and psychological aspects of aging and learn prevention and intervention skills to support the needs of older adults and their families.
- The purpose is to train future practitioners in supporting a quality lifestyle for older adults and their families from an integrative, systemic perspective that considers mind, body and spirit within the larger context of one's life.
- The approach emphasizes prevention and supports the strengths of elders and their families.

# The aging population is exploding

- There are currently 70 million boomers in their fifties and sixties
- by 2030, (when the last of the baby boomers are 65) 20 percent of the population will be over 65 (compared with 13% in 2005).
- By the year 2030, it is estimated that 25% of California's population will be over the age of 60.
- California has the largest older adult population in the country.



# Never before have so many people been so old

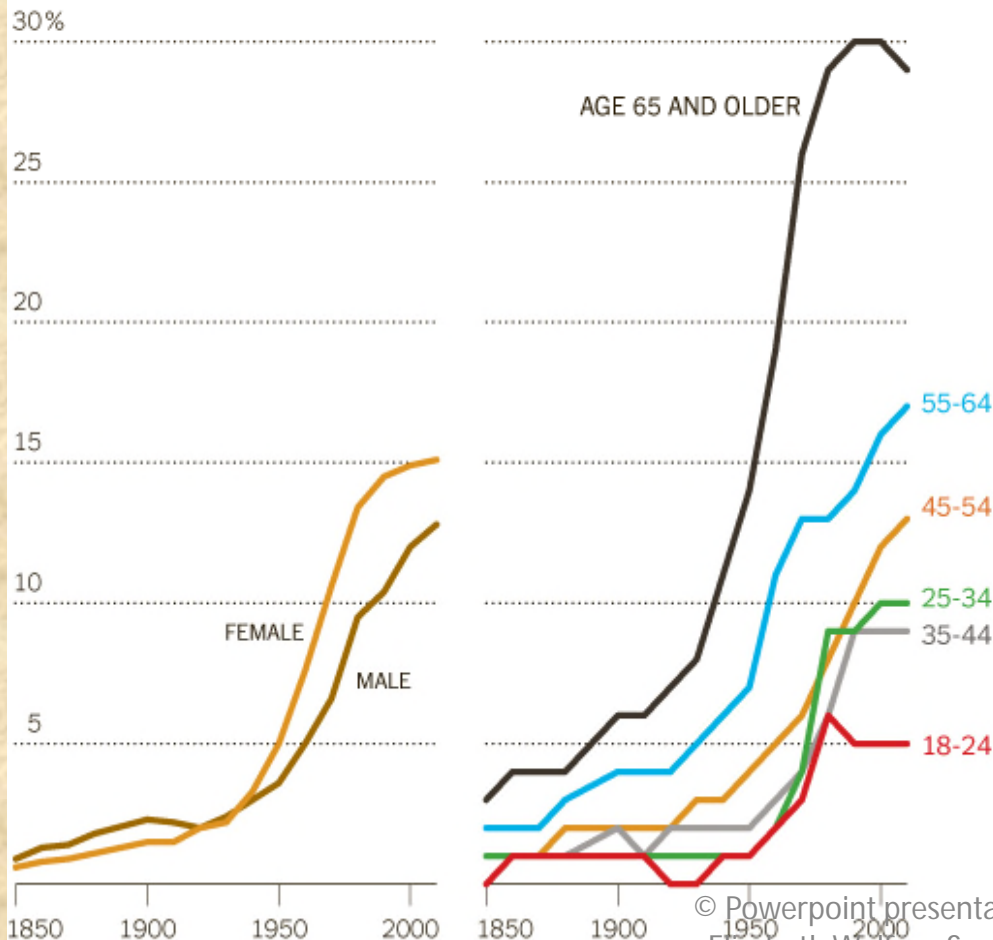
- There are now 38 million US citizens over the age of 65.
- Every day 10,000 people turn 65 and this will continue for the next 18 years.
- People are living longer: 30 years longer than they did a century ago (on average until 76)

# More adults are living alone than ever before

## More on Their Own Here ...

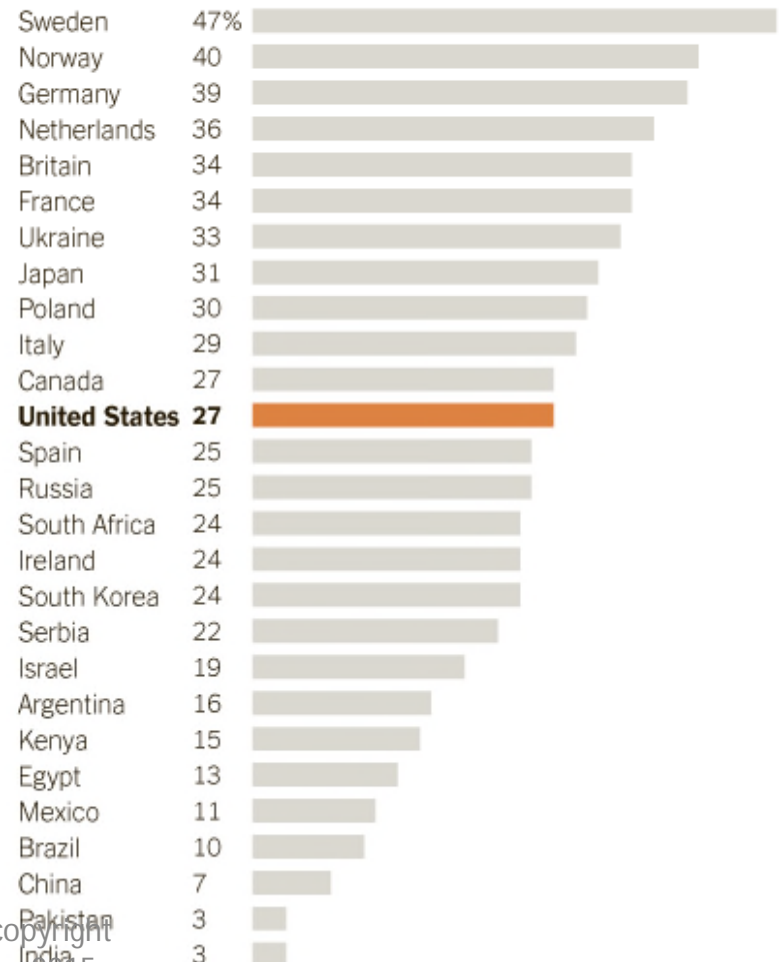
Percent of adults who live alone, by gender and age, 1850-2010.

[Close Window](#)



## ... And Even More Abroad

Percent of households with only one occupant.





# "90 is the new old age"

## Life Goes On, and On . . .

**A** FRIEND calls from her car: "I'm on my way to Cape Cod to scatter my mother's ashes in the bay, her favorite place." Another, encountered on the street, mournfully reports that he's just "planted" his mother. A third e-mails news of her mother's death with a haunting phrase: "the sledgehammer of fatality." It feels strange. Why are so many of our mothers dying all at once?

As an actuarial phenomenon, the reason isn't hard to grasp. My friends are in their 60s now, some creeping up on 70; their mothers are in their 80s or 90s. Ray Kurzweil, the author of "The Singularity Is Near: When Humans Transcend Biology," believes that we're close to unlocking the key to immortality. Perhaps within this century, he prophesies, "software-based humans" will be able to survive indefinitely on the Web, "projecting bodies whenever they need or want them, including virtual bodies in diverse realms of virtual reality." Neat, huh? But for now, it's pretty much dust to dust, the way it's always been — mothers included. (Most of our fathers are long gone, alas. Women live longer than men.)

It's the ones who aren't dead who should baffle us. My own mother, for instance, still goes to the Boston Symphony and attends a weekly current events class at Brookhaven, her "lifecare living" center (can't we find a less technocratic word?) near Boston. She writes poems in iambic pentameter for every occasion. At 94, she's hardly anomalous: there are plenty of nonagenarians at Brookhaven. Ninety is the new old age. As Dr. Muriel Gillick, a specialist in geriatrics and palliative care at Harvard Medical School, says, "If you've made it to 85 then you have a reasonable chance of making it to 90." That number has nearly tripled in the last 30 years. And if you get that far . . . it's been estimated that there will be eight million centenarians by 2050.



JULIETTE BORDA

wants to end up — as Jaques intones in "As You Like It" — "ation" was born — boomers saddled with the care of ag-





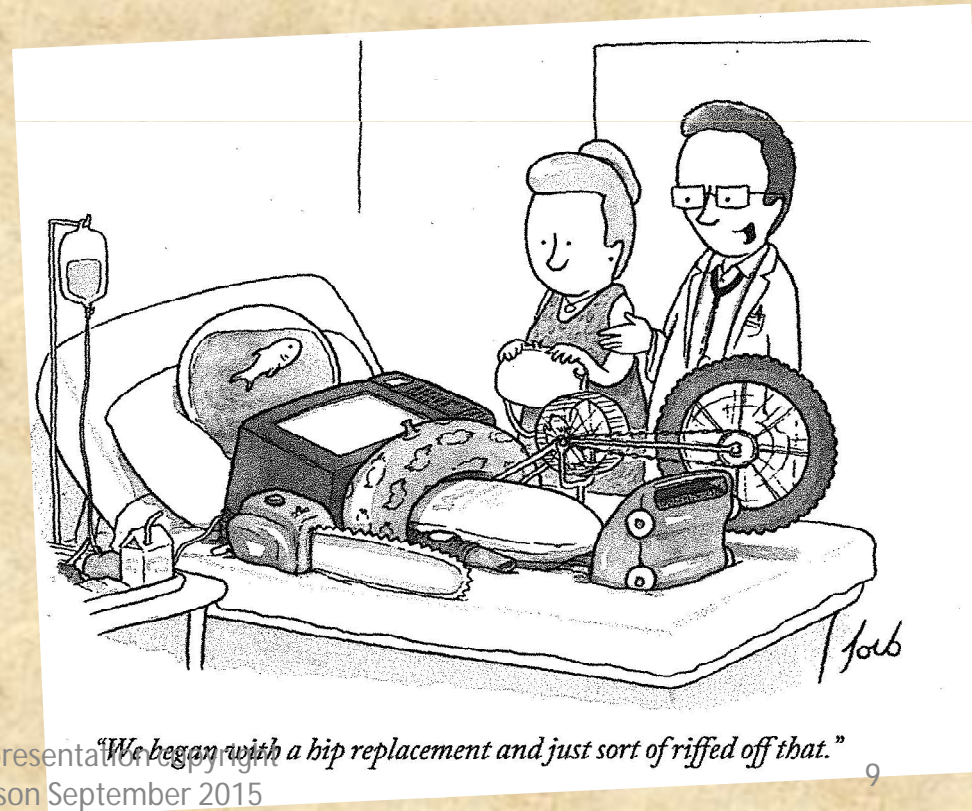
*"He's angry about getting old."*

*"He's angry about getting old"*

© Powerpoint presentation copyright  
Elizabeth Wolfson September 2015

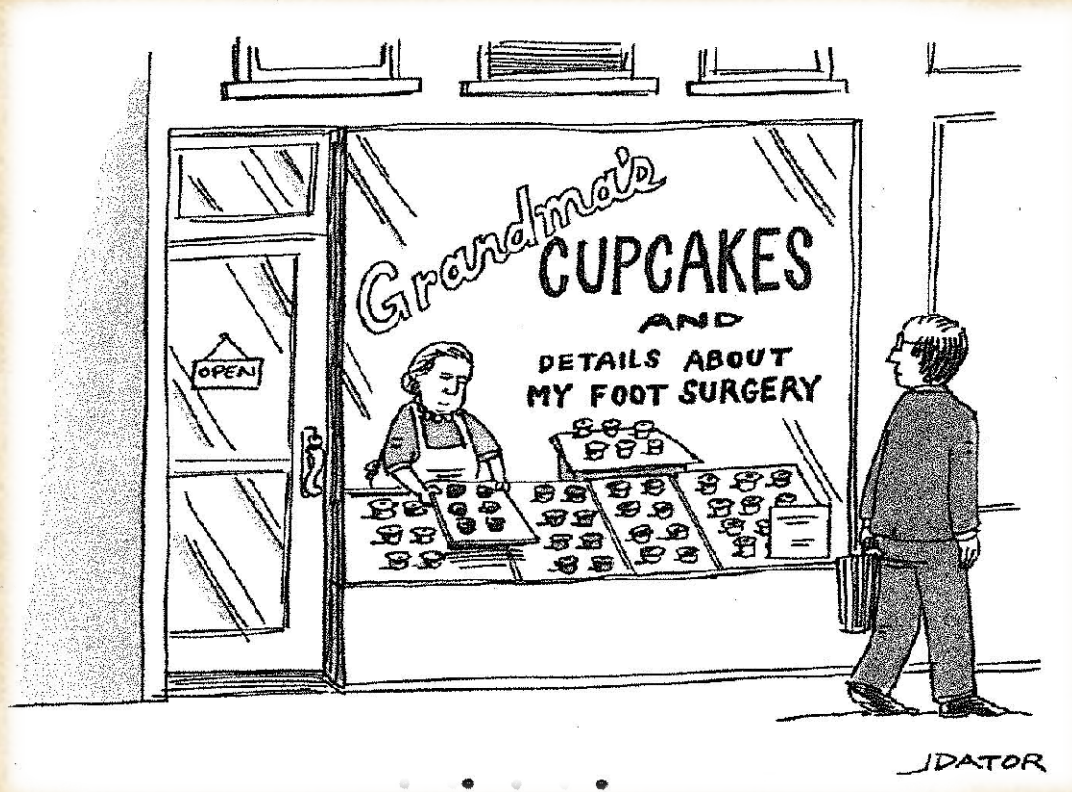
# What are the consequences of new medical advances?

*"We began with a hip replacement and just sort of riffed off that"*





# The new "retirement"





# More elders are raising grandchildren

## Aging Into a Life Unexpected

Older Americans have always had a hand in rearing grandchildren. But more and more, their roles have expanded beyond dispensing advice and the occasional treat, because Grandma and Grandpa's house is home.

In 2010, seven million grandparents in the United States were living with grandchildren under the age of 18, according to census data. About 2.7 million of those grandparents were the primary caregivers



of one or more grandchildren. Of the primary guardians, 63 percent were female.

Census data from this year show that 10 percent of children under 18 live with at least one grandparent. Statistics on great-grandparents — including the number raising great-grandchildren — are hard to come by. But the trend is hardly uncommon.

The articles below profile the lives of two great-grandmothers and one grandmother raising young children, having taken over the roles of guardian, diaper changer, mother and father, after events like abandonment, teenage pregnancy, death and neglect.

Their roles bring unexpected blessings and challenges. But dwindling or limited financial resources, and health and longevity issues loom large.



MICHAEL KIRBY SMITH FOR THE NEW YORK TIMES

Kathy Mallon, 64, and her great-granddaughter, Tianna, playing on the beach in Rockaway Park, N.Y.

## Raising a 3-Year-Old Who Had a Rough Start

By JENNIFER MASCIA

Elizabeth Wolfson September 15

## Seeking the Help of Saints To Care for Her Grandchildren

By MATHEW R. WARREN

"If I became super-rich, I'd give my grandma a million dollars so she could buy herself anything that she wants," Edward Cruz, 10, said.

For Edward, the road to enriching his grandmother could be the soccer field. He wants to be a professional goalkeeper, and maybe one day play for his favorite team, Manchester United.

Edward and his sister, Guadalupe Cruz, 5, live with their grandmother Rosa Alberto in the Mott Haven section of the Bronx. Ms. Alberto adopted both children after their mother, Rafaela Torres, died of leukemia two years ago. Their father, Ms. Alberto's son, has been mostly absent from their lives, she said. So at 52, she is raising her two grandchildren on her own.

For two years, the mother of Edward and Guadalupe was in and out of the hospital, and Ms. Alberto helped cared for her. Before she died, she asked Ms. Alberto to take custody.

"I promised I would never leave them," Ms. Alberto said in Spanish. "I promised I would do everything I could to see that they get ahead in life."

After his mother's death, Edward stopped speaking and fell behind in school. Ms. Alberto sought counseling for him at Abraham House, an affiliate of Catholic Charities Archdiocese of New York that provides services to criminal offenders and their families. Ms. Alberto had participated in the pastoral program at Abraham House for 15

take classes in art, music and dance, Guadalupe's favorite. She would like to be a ballerina. Edward keeps a close eye on his little sister, just to make sure she is O.K.

"I don't want to lose her," he said.

Edward hones his skills as a goalie in scrimmages during gym class at Hostos-Lincoln Academy of Science's middle school, or in the park with friends. He tries to emulate the goalies he sees on television, like Manchester United's David de Gea. Ms. Alberto wants to place Edward in a children's soccer league, but the cost would strain her tight budget.

Ms. Alberto, who is originally from Oaxaca, Mexico, takes two trains and a bus five days a week to her job as a housekeeper for a family in Brooklyn. She earns \$250 a week. On weekends, she makes traditional Mexican cakes and sells them in a park. On a good weekend, she can bring in an extra \$150. She also receives \$360 a month in food stamps.

"What else can I do? I don't know how to read," Ms. Alberto said. "Where's the rent going to come from?"

Ms. Alberto pays \$1,480 a month in rent and sleeps on a mattress on the floor in the children's room because she rents out a room in their apartment to a couple for \$600 a month. In August, after the children outgrew the bed they shared, Ms. Alberto turned to Catholic Charities Archdiocese of New York, one of the seven agencies supported by The New York Times Neediest Cases Fund,



# 50 years: Rolling Stones Beach Boys

# Jubilees And Living Histories

BEN RATLIFF

## Jubilees And Living Histories

IN April 1962, the Beach Boys recorded "Surfer Girl" and "409" at Western Recorders in Los Angeles; the demo tape soon became their first single on Capitol Records. The following month El Gran Combo formed out of the remains of Rafael Cortijo y Su Combo, a brilliant band that had come to symbolize the new Puerto Rican popular music: black, working-class, Cuban-influenced, tight and urban but rustic at the middle. In July Mick Jagger, Keith Richards and Brian Jones gave their first performances, as the core of a band called the Rolling Stones, at both the Marquee and the Ealing Jazz Club in London. And in November the Chieftains, a group of musicians who sought to play traditional Irish music in a new way—in precise, small-group arrangements—started rehearsing at the house of Paddy Moloney, the group's leader.

These are some of the bands positioned to turn 50 in public this year and promote their golden jubilees down to the ground, through tours or new recordings or both. (All but the Stones have announced their plans.) Your automatic response might be the fact-checking ones: "Fifty years? Is that correct? How many original members remain?" The second might be emotional: "They're only in it for the money," or "Good for them, they don't want to stop." The third—and this is where the response gets interesting—may be: "That's quite a list. Wonder what they have in common?"

These are among the first living pop bands to turn 50. Popular musicians have become a different species, healthier and more adaptable. So have their audiences. (So have their lawyers and publicists.) There was a time when pop was predicated on the notion of being disposable; listeners revised their tastes quickly. Now we keep our teenage ears into retirement age.

But we also listen more broadly too, with more power to contextualize, because of music's easy availability online, and because pop artists are putting more broadly referential art in front of us. So as an experiment, at least, let's respond to the 50th-anniversary series of these four bands differently from how they might like us to: not by seeing them as singular phe-

Continued on Page 24

# Arts & LEISURE

# 50

Four Bands Born in 1962  
Share More Than Longevity  
As They Keep Making Music



The Rolling Stones



The Beach Boys



The Chieftains



El Gran Combo

## 2012 Jubilees And Living Histories

From Page 1  
omena but an interesting one. The groups began amid redefinition, industrialization, liberation: 1962 was a particularly rich-soil year. For the Chieftains it meant the lessening of Ireland's economic and cultural isolation. For the Stones it meant teenagers with spending money; Britain's post-austerity explosion of style. For the Beach Boys it meant California culture, when hot rods, surfing and summer kicks entered the mainstream. And for El Gran Combo, staying put while many fellow Puerto Rican musicians had moved to New York, it meant a rapidly modernizing island, and a fully formed Afro-Puerto Ri-



From top: Mick Jagger, still playing his trade with the Rolling Stones in 2006; El Gran Combo at the Puerto Rican Day Parade in New York in 2011. Far right, El Gran Combo's first album, from 1962.

From top: Mick Jagger, still playing his trade with the Rolling Stones in 2006; El Gran Combo at the Puerto Rican Day Parade in New York in 2011. Far right, El Gran Combo's first album, from 1962.

From top: Mick Jagger, still playing his trade with the Rolling Stones in 2006; El Gran Combo at the Puerto Rican Day Parade in New York in 2011. Far right, El Gran Combo's first album, from 1962.

From top: Mick Jagger, still playing his trade with the Rolling Stones in 2006; El Gran Combo at the Puerto Rican Day Parade in New York in 2011. Far right, El Gran Combo's first album, from 1962.

From top: Mick Jagger, still playing his trade with the Rolling Stones in 2006; El Gran Combo at the Puerto Rican Day Parade in New York in 2011. Far right, El Gran Combo's first album, from 1962.

their mixture of blues and Antillean rhythm, probably gave Mr. Jagger that about maracas. But their greater act of creation may have been their invention of the perfectly two-faced rock band: just toward its sources, vulgar toward its at once, arched up and on the hustle. "Wh they started playing as an interval band the Marquee," the British writer Nik C recalled in a recent conversation, "there was a lot of talk that they were trash."

This was in contrast to Cyril Davies, tradition-minded harmonica player 10 years their senior, whom London blues aficionados regarded as the real deal. "An though the Stones were in love with Mickey Waters and Jimmy Reed," Mr. Cota continued, "it was implicit from the beginning that they were not averse to more it has been ever so.

On the surface the Chieftains were like the others. They didn't sing and had sex appeal; they set down when they played and used a bodhran, a single frame drum, instead of a drum set. Like the Stones they studied their sources; indeed the Stones they wanted to make an oral music more streamlined and precise, less boisterous. But as with El Gran Combo they began as an ambitious defector from another important group, Coolahan Chieftains. In that ensemble and on their own they aimed to move traditional Irish music away from the common modes, like the céilidh dance band, with parts played in unison—which, with its violins and flutes has a distant Afro-Cuban analogue: the Cuban charanga orchestra. And the got the audience they sought: they were courted by the new British bohemia. (The Stones loved their early records.)

The Beach Boys—down to one original member in 10 years, Mike Love, the lead singer—have just reunited with Brian Wilson and Al Jardine. They've had steady work through the years at other resorts, casinos and the Reagan Library but new their great hit album "Smile," officially released last year—44 years off schedule—may yet be understood as one of the greatest pop records ever made: a puzzle of mini-episodes, their influence rippled in strange directions; their more experimental records lie under the one that, big melody treasury of the indie-rock band Animal Collective, and it's only a short hop from there to nonmusician study pop like Coldplay's "Mylo Xyloto." They

## MENEAME

will begin a 50-date tour including Brian Wilson, starting in April at the New Orleans Jazz & Heritage Festival, and release new material this year. El Gran Combo, with two original members, performed more than 200 times last year and has never stopped recording. Four of its albums went in No. 1 on the Billboard Tropical Album chart over the last decade. In 2012 the band will tour again: dates, beginning in May, through the efforts of both Mr. Ithier and its current pianist and musical director, Willie Sotelo. Its records, like "Soy Yo Soy Salva Yo He Paraiso," are still excellent: precise and strong, even if their broadening of style strayed in the 1980s, when salsa rumba and reggaeton emerged. (The key to longevity, Mr. Ithier said in a phone interview, is "discipline and organization.") As the scholar Frances Aparicio wrote in her book "Listening to Salsa," "Among Puerto Ricans, 'El Gran Combo' is not a traditional group but musical tradition."

Likewise, the Chieftains ended up embodying the roots-music history they set out to make, through constant availability for film soundtracks and musical collaborations. (Mr. Moloney once described them as "more a corporation than a band, perhaps jockeys, perhaps not.") Their new record, with a coral of rock and indie guests including the Carolina Chocolate Drops and the Decemberists, comes out Feb. 21 on Hear/Concord. They'll tour the United States in February and March.

Above from top, the Stones in 1963; the Chieftains in the late '60s or early '70s; the Beach Boys in 1962. Right, Brian Wilson at the 1962 Puerto Rican Day Parade in New York. Far right, El Gran Combo's first album, from 1962.

FROM TOP: JOHN SHIPPY/REDFERNS/GETTY IMAGES; CAPTAIN PHOTO; AP/WIDE WORLD; GARY WAGNER VIA GETTY IMAGES; OSMAR ESCOBAR; ILLUSTRATION BY ANDY CHEN





*"Don't freak out-its just a save-the-date"*

# We are always preparing for death





# Who are the Caregivers?

- Kids/Spouses/parents across all racial and ethnic groups.
- primarily women (75%)
- The "average" U.S. caregiver is a 49-year-old woman who works outside the home and spends nearly 20 hours per week—the equivalent of another part time job—providing unpaid care to her mother for nearly five years.
- 50% of all women provide eldercare at some point in the life course. And the average woman today can expect to spend more years caring for an older family member than for her children

# Caregivers in the workforce

- 42% percent of U.S. workers have provided care for an aging relative or friend in the past five years.
- In 2011, 17% of workers in the United States provided eldercare.
- About half (49%) of the workforce expects to be providing eldercare in the coming five years.
- Some 20% of all female and 16 percent of all male workers in the United States are currently family caregivers.
- 61% of family caregivers age 50 and older are currently employed either full-time (50%) or part-time (11%).
- Nearly one in four (22 percent) middle-aged and older workers (ages 45 to 64)—typically caring for a parent—report being family caregivers: the largest of any age group in the labor force.



# What is the need and how is it being met?

There are not enough professionals with specialized training in meeting the needs of elders and their families.

Training Programs in the US:

- 29 MA or MS in Gerontology Programs
- 3 Family Studies Programs focusing on Gerontology
- 15 Certificate Programs in Gerontology
- 1 MA Counseling Program with focus on Gerontology
- 1 MA Clinical Psychology Program with Concentration in Healthy Aging (AUSB)

# Development of Concentration in Healthy Aging

- 2010- Started with an idea building on current trends: Integrative, comprehensive Care, systemic models, holistic approaches, positive psychology
- developed curriculum and courses, hired instructors
- 2011- first year we had 12 students
- 2012-11 new students
- 2013-19 new students
- 2014-14 new students
- FA 2015-8 new students

By June 2017 we will have 64 graduates in Healthy Aging



# 2013- Symposium on Healthy Aging

- *“You are doing some extraordinary things there-- I could see it from the students... My congratulations on this event.”* **H.R. Moody Director of Academic Affairs, AARP (Keynote Speaker)**
- *“Excellent job of putting it all together.”*
- *“What an impressive group of attendees and fellow speakers...The weekend seemed to be a great success. Congratulations on bringing the program to fruition. (Panel Presenter)*

# Healthy Aging Concentration: Structure and Approach

- 96 units of coursework over two years
- 12 units foundational coursework in the concentration
- Training and supervision in a clinical field placement includes experience with elders and their families
- Experiential learning including specialized projects
- Guest speakers, visits to facilities
- Capstone (culminating paper/project)



# Healthy Aging Concentration: Content

Focus on elders in their environment as well as partners, children, grandchildren, and all those affected by aging through:

1. Theories: (Role Theory, Activity Theory, Critical theory, Gero-transcendence Theory, Continuity Theory, Age Stratification Theory, Social Exchange Theory, Life Course Perspective, Social Phenomenology,)
2. Policies: social and economic policies (healthcare, mental health, elder services, workforce, caregiver concerns)
3. Multicultural perspectives and critical thinking: examining beliefs, assumptions and biases
3. Application of theories and approaches that dovetail with content of the overall MACP curriculum as applied to this population

## Interventions to support emotional, psychological, and spiritual health

- Encourage elders to be activists in their own lives, acknowledge realities of aging, develop coping skills and explore opportunities
- Facilitate flexibility to re-examine fixed patterns, habits, beliefs and values
- Support the optimization of wisdom that is increasingly accessible
- Support practices that center, heal, and help connect to the present and the authentic self in ways that engender creativity, productivity and connection to others
- Help prepare for losses and death



## Caring for the Caregivers

- About one in 14 U.S. children (7 percent) live in a household headed by a grandparent- a of total 5.4 million children (up from 4.7 million in 2005)  
US Census Bureau
- U.S. children living in a grandparent's household has climbed steadily, more than doubling from 3 percent in 1970 to 7 percent in 2010.

The Concentration in Healthy Aging is preparing a cadre of future practitioners with expertise in providing psychological services and support to children, teens, spouses and other loved ones impacted by an elder and/or by caregiving.

# Where are the jobs?

## 2013:U.S. Bureau of Labor Statistics 30 fastest growing jobs in the nation

- Health care is the fastest growing industry in this country projected to add between 2012-2022 over 4 million jobs- more than any other industry

### Antioch Graduates with Healthy Aging expertise will work in:

- Hospitals, rehabilitation, elder facilities (assisted living, dementia/Alzheimer's, respite care)
- Outpatient (family service /social service agencies, mental health centers)
- Comprehensive Behavioral Health Care Facilities
- Everywhere that caregivers and family members live and work



# Opportunities: The time is ripe

- Population growth and needs have outstripped services and availability of trained professionals to help
- Increased government and other funding
- Growing interest and support amongst baby boomers as activists
- Growing industry in healthcare
- ACA changes in mental health services-spiking attention to integrated /comprehensive care/behavioral health models

# Concentration in Healthy Aging: Future Directions- Opportunities and Challenges

## Opportunities

- **Certificate Program**
- **Online certification**
- **HA/LMH dual options**
- **Expansion of Healthy Aging training sites**
- **Grants**
- **Community Collaborations**
- **Advisory Groups**
- ***Antioch University Educational Resource Center for Healthy Aging***

## Challenges

- **Lack of experts (in the field and in the Program)**
- **Lack of resources to bring in experts and mentors to support student training**
- **Promotional challenges in reaching out to potential students nationwide**
- **Cultural resistance (ageism)**



# Student Comments-Class of 2015

- *“My Healthy Aging- Antioch experience has only deepened my passion for working with seniors and their families”- N.N*
- *“Thank you for a very special past two years at Antioch. It is here at my beloved Antioch that I have gained tremendous personal and professional growth, particularly around the senior population and their families. I am blossoming into the person I aspire to become -MT*
- *“I loved this experience and the members of my cohort. It was such a rich environment and learned so much from my peers about healthy aging and diversity. I really look forward to continuing my learning process around healthy aging” - JS*

*"For the unlearned old age is winter:  
for the learned it is the season of harvest" (The Talmud)*

