

PHILANTHROPY AND GERIATRICS

An Overview of Funders and Funding

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On January 1, 2006, the first of 77 million Baby Boomers turns 60. The doubling of the numbers of Americans over 65 between 2000 and 2030 will pose both challenges and opportunities for our country. Clearly philanthropy, both Jewish and secular, will play a critical role in shaping a societal response. This article examines trends in philanthropy and geriatrics, looking at both the dollars awarded and the programs and institutions that have emerged as critical change agents.

COUNTING THE DOLLARS

America is a most generous nation, its philanthropy far exceeding that of any other country. Americans donated more than \$240 billion in 2002, \$183.7 billion in the form of individual contributions and \$26.9 billion in gifts from foundations.

Foundation giving by the nation's more than 66,000 grant-making foundations increased by 6.9 percent in 2004, from \$30.3 billion to an estimated \$32.4 billion, fueled in part by increased earnings in the stock market and a higher level of new gifts. Total foundation assets in 2003 were up 9.5 percent over 2002, totaling \$476.7 billion (Foundation Today Series, 2005). Although there are no firm data, it is estimated that approximately 10,000 of these foundations are Jewish (Solomon, 2005; Tobin, Solomon, & Karp, 2003).

Of this total, independent foundations, including family foundations, comprise about 89 percent of all foundations and account for roughly three-quarters of the giving. Over the past six years, the number of family foundations nationwide increased more than 60 percent. Corporate foundations make up 3.8 percent of all foundations and give 11.4 percent of total gifts, representing roughly 26 percent of all corporate contributions. Community foundations represent another 1 percent of all foundations and 3.8 percent of total gifts—which represents the largest in-

crease in any sector, 8.6 percent over the prior year.

Although the Jewish community comprises only 2.5 percent of the overall population of the United States, 22 percent of all gifts of \$10,000,000 or more come from Jewish givers. Yet only 9.6 percent of the Jewish gifts went to Jewish institutions (Tobin, Solomon, & Karp, 2003). (Gary Tobin has written extensively on the "Americanization" of Jewish philanthropy, informed by the exceptional American values of freedom, religiosity, entrepreneurship and generosity; Karp, Tobin, & Weinberg, 2004.) Note, however, that only 6.3 percent of these Jewish mega-gifts went to health organizations, and none went to human services.

American philanthropy, growing out of the voluntary association movement, has always addressed the needs of the aged in the form of grants to the poor and the construction of old age homes. By 1900, religious bodies provided 40 percent of all programs in the United States that benefited the elderly (Achenbaum, 1992). By the 1930s and 1940s, foundations had become increasingly interested in studying aging, spearheaded by grants from John D. Rockefeller and Josiah Macy, Jr. (Greenberg et al., 1991). In 1950 the National Council on the Aging (NCOA) was established by the Ford Foundation. According to the Foundation Center's statistical services database, the percentage of a national sample of more than 1,000 foundations that listed aging as a target populations

Table 1. Grants to aging as a target population

Year	\$ Amount of Grants	% of Total Grant Dollars to All Population Groups	Number of Grants	% of Total Number of Grants to All Population Groups
1998	\$179,858	1.9	2,171	2.2
1999	\$247,680	2.1	2,302	2.1
2000	\$279,110	1.9	2,634	2.2
2001	\$341,641	2.0	3,083	2.5
2002	\$274,176	1.7	2,957	2.3
2003	\$231,567	1.6	2,889	2.4

for grants remained relatively constant, at around 2 percent of overall giving (Table 1). However, many grants from foundations support multiple populations and are not included.

Analyzing the same sample of foundations by subject areas, the two areas most related to aging services are Health and Human Services, though grants in these areas include many nonaging grants, such as reproductive health and criminal justice. Table 2 reflects an overall growth, in dollars and as a field of interest, in health care.

In looking at grants by field-specific recipient type, the same sample awarded grants

in 2003 as shown in Table 3. By contrast, educational institutions received the greatest share of grant dollars, capturing more than a third of all the dollars granted. It is also informative to look at some of the types of support this sample group of foundations awarded in 2003 (Table 4).

The Foundation Center also reported on the top 50 U.S. foundations awarding grants for the aging (Table 5). In each of the years reported, the foundation granting the largest amount was the Robert Wood Johnson Foundation, followed by the John A. Hartford Foundation and the Harry and Jeanette Weinberg Foundation.

Table 2. Grants for health and human services

Year	Recipient Type	\$ Amount of Grants	% of Total Grant Dollars to All Population Groups	Number of Grants	% of Total Number of Grants to All Population Groups
1998	Health	\$1,602,137	16.5	11,816	12.2
	Human Services	\$1,455,932	15.0	22,923	23.6
1999	Health	\$1,981,949	17.2	12,776	11.8
	Human Services	\$1,869,291	16.2	26,905	24.9
2000	Health	\$3,089,922	20.6	14,517	12.1
	Human Services	\$2,169,075	14.4	29,140	24.3
2001	Health	\$3,434,967	20.5	15,550	12.5
	Human Services	\$2,312,124	14.8	30,933	24.8
2002	Health	\$2,920,053	18.3	15,188	11.9
	Human Services	\$2,349,813	14.8	33,250	26.0
2003	Health	\$2,798,070	19.5	14,604	12.1
	Human Services	\$2,232,212	15.6	30,960	25.6

Table 3. Grants by specific fields of interest

Recipient Type	\$ Amount of Grants	% of Total Grant Dollars to All Population Groups	Number of Grants	% of Total Number of Grants to All Population Groups
Disease-specific health associations	\$ 168,734	1.2	1,954	1.6
Hospitals and medical facilities	\$ 867,204	6.0	4,169	3.5
Human service organizations	\$1,536,334	10.7	23,384	19.4
Medical research	\$ 326,055	2.3	760	0.6
Mental health providers	\$ 145,377	1.0	1,897	1.6

In contrast, the top 50 U.S. foundations awarding grants for health (a category that may include grants for age-related illnesses depending on how each foundation chose to categorize its grants) awarded 4,463 grants in 2003, totaling \$1,972,960,354. In that year the average size of a health grant was \$442,000 compared with \$140,230 in the field of aging.

Although these numbers are large, they are dwarfed by government spending. In 2003, \$107 billion was spent on nursing home care, and the Medicare program spent \$76 billion in 2002. The U.S. Administration on Aging projects a budget for 2006 of \$1,369,202,000, which is distributed to area agencies on the aged. The AOA dollars reach more than 16 percent of all Americans over the age of 60.

There is, unfortunately, no specific reporting on the amount of Jewish federation

total grants on behalf of the aged. In addition, most federations provide unrestricted grants to multi-population agencies, such as family service agencies and community centers. Of the \$850 million allocated by the federations, approximately half remains domestically, and of that it is believed that about 30 percent goes for aging-related programs and services, though it is, at best, an educated guess by professionals in the field.

CURRENT TRENDS AND PRIORITIES

Several significant priorities are emerging from the community of foundations that focus on aging-related issues.

This past summer's hurricanes Katrina and Wilma dramatically showed the mortal dangers faced by those living alone, renewing a focus not only on disaster preparedness

Table 4. Grants by type of support

Type of Support	\$ Amount of Grants	% of Total Grant Dollars to All Population Groups	Number of Grants	% of Total Number of Grants to All Population Groups
General support	\$3,119,210	21.8	30,326	25.1
Capital support	\$2,434,341	17.0	11,493	9.5
Program support	\$6,309,248	44.0	46,849	38.8
Research	\$1,667,818	11.6	6,099	5.1

Table 5. Grants by the top fifty U.S. foundations awarding grants for aging

Year	\$ Amount of Grants	Number of Grants
1998	\$137,354,893	982
1999	\$189,676,872	859
2000	\$210,662,736	986
2001	\$261,744,602	1,245
2002	\$195,369,822	1,108
2003	\$160,002,532	1,141

but also on other consequences of social isolation. In Chicago, in July 1995, more than 700 persons, many of them poor elders living alone, died in a one-week period as a result of a heat wave. A March 2005 study by United Neighborhood Houses in New York City, "Aging in the Shadows," highlights these very grave risks to the health and well-being of those aged who are alone, particularly those elderly who are also living in poverty.

The recent focus on NORCs (naturally occurring retirement communities) has led to an expansion of this model to include horizontal NORCs (as opposed to the vertical model of services in high-rise buildings) that bring services to neighborhoods where adults have aged in place, as well as the notion of grants to promote "elder-friendly" communities. In Brooklyn, the Jewish Community House received foundation support to replicate the supportive community model of service delivery to at-home aged, which was developed by JDC/Eshel in Israel (see articles by Altman and Brodsky in this issue).

Caregiving, particularly for those who care for Alzheimer's patients, is also a major priority among grant makers. The provision of social (i.e., non-medical) day care to dementia patients, offering temporary respite to caregivers, is a service that many foundations have funded, hoping to see increased government support for this area.

Geriatric mental health issues are also

of increasing interest, particularly to the Jewish community. Recent studies show that Jewish elderly suffer disproportionately from depression. Mental impairment may also create a need for such services as daily financial management and programs that combat or treat physical and/or financial abuse of the aged (see article by Solomon on elder abuse in this issue).

As foundations become more sophisticated in their planning and prioritization, many grant makers are talking about a philanthropic model for capturing a social return on investment (ROI) in their grant making. The National Council on Aging used this leveraging effect to gain support for their efforts to increase entitlements outreach through a combination of sophisticated databases and user-friendly Web-based utilities. Foundation professionals have noted that the increased emphasis on pre-grant strategic planning and prioritization by foundations has created a sea change in successful grant writing—where grant seekers must increasingly demonstrate to foundations how the proposals they submit for consideration will help the *funders* accomplish their articulated philanthropic objectives.

The Jewish federations around the country fund many of these emerging areas, but struggle to find a balance between supporting the infrastructure of Jewish institutions in their community, the critical needs of the most vulnerable aged, and programs that enhance the lives of the elderly. An increasing number of federations have planning and allocations committees that focus on these issues. *The Continuum of Care in the 21st Century*, an "action guide" published by the United Jewish Communities in 2001, provided federations with a comprehensive approach to planning for a continuum of services in local Jewish communities.

Federations differ from foundations not only in their commitment to maintaining critical infrastructure but also in that they see themselves as playing a central role in promoting interagency communication and co-

ordination, including the provision of Jewish information and referral services. In addition, federations have a greater sense of religious and communal obligation to the elderly poor and vulnerable in their communities. They will therefore fund basic, concrete services, such as cash relief, kosher and holiday meals, home care, and transportation. Jewish dollars are needed because so many Jewish aged fall in the "near-poor" category, in which needy individuals are just above the strict financial eligibility levels of governmental entitlement programs. Most federations also promote volunteer programs that offer friendly visiting, telephone reassurance, and shopping and escort services, including transportation for cemetery visits.

Increasingly, federations serve as a bridge between social services and Jewish community institutions such as JCCs and synagogues. This focus on Jewish community building also has led to funding for community-based Jewish chaplains and spiritual care centers. The renewed emphasis on spiritual care in turn has shaped federation grants directed to end-of-life care, ensuring that Jewish chaplaincy and services that are culturally and religiously competent are available to Jews who are terminally ill.

Another specifically Jewish focus is on programs that address the very complex needs of the Jewish aged who are also émigrés and/or Holocaust survivors and therefore require significant additional supports as they grow older and frailer.

THE BOOMER BUBBLE

The approaching bubble of aging Baby Boomers, who will start turning 61 in 2011, will dramatically increase the number of aged, doubling the number of those over 65 in the 30-year period between 2000 and 2030. The number of adults over age 85 will more than quadruple during this time.

For the government and for our society, this rapid growth presents fierce challenges for the Social Security system, long-term care, and other social supports. The Congressional Budget Office reports that spending on

Medicaid, Medicare, and Social Security doubled from 17 percent of *all* federal spending in 1966 to 43 percent in 2006; it projects that percentage to swell to 55 percent by the year 2046.

At the same time, many foundations are examining the opportunities presented by the growing numbers of active, healthy aged who can contribute meaningfully to society (see the article by Schneider et al. in this issue). In addition, inadequate retirement planning, failed pension plans, and other factors will necessitate continued employment for a large percentage of those over 65, thereby necessitating new flexible workplace initiatives to accommodate what will inevitably be a huge spike in the number of older workers. Civic Ventures has galvanized the foundation world and challenged it to initiate and fund new programs that harness this population to engage in new modes of later life work, volunteering, and other activities that are socially and individually beneficial. The state of Massachusetts recently passed legislation offering property tax credits to the aged who work in a number of governmentally sanctioned projects (State of Massachusetts, 2002).

This demographic challenge will test the commitment and creativity of all funders. Civic Ventures, in collaboration with Atlantic Philanthropies and the John Templeton Foundation, recently announced "The Purpose Prize," cash awards of \$100,000 to be granted to five exceptional individuals over the age of 60 who launched new, innovative projects after their 50th birthday. These winners will serve as living proof that aging does not equal stagnation and decline and that later life can be a time of innovation, productivity, and creativity.

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