
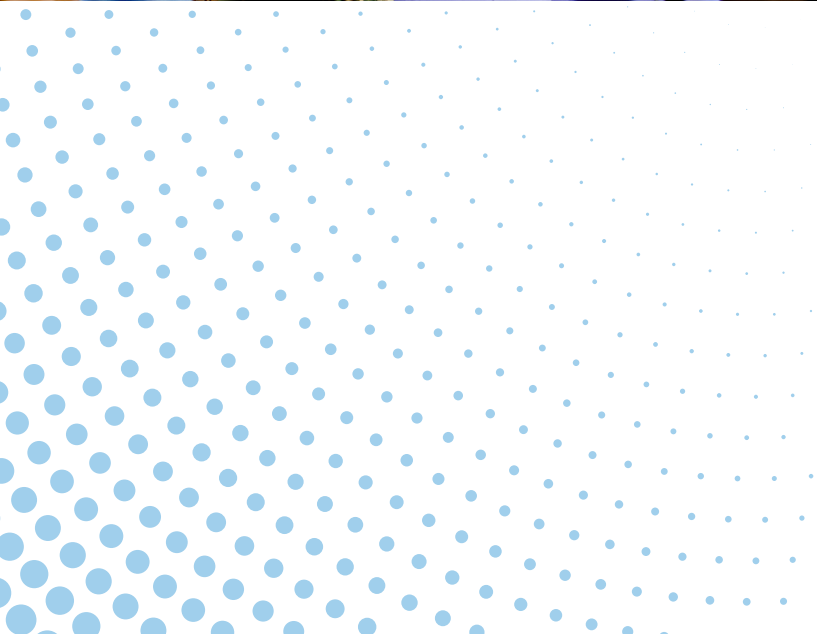




2019 ANNUAL REPORT



LeadingAge
LTSS CENTER
@UMass Boston

Research bridging policy and practice



FROM OUR CO-DIRECTORS

When the LeadingAge LTSS Center @UMass Boston made its debut in May 2017, our goal was lofty: to combine the expertise of applied and academic researchers with the unique perspectives of providers and consumers of long-term services and supports (LTSS).

In 2017, LeadingAge President and CEO Katie Smith Sloan declared that LeadingAge and the University of Massachusetts Boston were committed “to improving the quality, affordability, and accessibility of long-term services and supports through data and evidence of what really works.”

Len Fishman, director of UMass Boston’s Gerontology Institute, looked forward to “being a part of what is destined to become one of the largest and most effective LTSS research centers in our field.”

As this 2019 Annual Report shows, we’ve made a good start toward fulfilling those aspirations.

The LTSS Center is thriving. Over the past 3 years:

We’ve increased the depth of our research agenda. We’re taking our 10-year study of housing plus services models to the next level, delving more deeply into LTSS financing, and exploring new pathways to strengthen the LTSS workforce. We’ve also added new focuses on aging and health, and consumer engagement.

We’ve forged bonds with new partners, including Community Catalyst, a national consumer health advocacy organization, state governments, LeadingAge state partners, LTSS providers, and new funders. These new partners, including states like Massachusetts and Colorado, are helping us expand the translation of our work into better policy and practice.

We’ve expanded our team to include both academic and applied researchers, as well as UMass Boston graduate students who are honing their research skills while gaining an appreciation for our field.

We’ll continue looking for ways to help our nation address the challenges and seize the opportunities associated with a growing older population. We hope you’ll join us in this important work.



Marc A. Cohen, PhD
Co-Director of the LeadingAge
LTSS Center @UMass Boston



Robyn I. Stone, DrPH
Co-Director of the LeadingAge
LTSS Center @UMass Boston

OUR AREAS OF WORK

The LeadingAge LTSS Center @UMass Boston conducts qualitative and quantitative research in six key areas that directly affect the lives of older adults in the United States and around the globe. The LTSS Center works with a broad range of partners to assess the effectiveness of promising strategies, programs, and services for older adults. We share study findings with state and federal policy makers, and with providers of long-term services and supports (LTSS), so they can translate our research into evidence-based action to improve quality of care and quality of life for older adults.



WORKFORCE
Exploring strategies for strengthening
the LTSS workforce



HOUSING PLUS SERVICES
Assessing the role of housing plus
services models in affordable senior
housing developments



NURSING HOMES
Identifying evidence-based practices
to enhance nursing home quality



FINANCING
Finding new approaches to financing
long-term services and supports



AGING AND HEALTH
Building a robust evidence base
for healthy aging



CONSUMER ENGAGEMENT
Engaging older adults in our work,
and encouraging other LTSS
organizations to do the same



SPONSORED RESEARCH



The LTSS Center made significant progress on many research fronts during 2019.

We continued our work on the **Implementation Team** for the U.S. Department of Housing and Urban Development's Integrated Wellness in Supportive Housing (IWISH) program, a randomized control trial testing a service-enriched housing model for older adults with low incomes.

We also **analyzed health and economic data** from the 2014 and 2016 Health and Retirement Study for the National Council on the Aging, managed a major **survey of LeadingAge members**, and worked with Generations United to **develop an implementation toolkit** for intergenerational programming in affordable senior housing.

We're proud of this and other work carried out by the LTSS Center and its fellows. In particular, we invite you to review findings from six projects that stood out for us in 2019.



RESEARCH PROJECTS

- 1 **Exploring Financing Options For Services in Affordable Senior Housing**
- 2 **Evaluation of "Right Care, Right Place, Right Time"**
- 3 **Managing Workforce Ageism**
- 4 **Climate Change and Older Adults**
- 5 **Enhancing the Role of Home Care Workers**
- 6 **Evaluating the Geriatric Substance Abuse Recovery Program**

Exploring Financing Options For Services in Affordable Senior Housing

OUR IMPACT: Numerous studies demonstrate that bringing health and supportive services to affordable senior housing communities can help older residents remain healthy and independent while reducing their use of costly health care services. In 2019, the LTSS Center completed work that could help make this promising model more widely available.

A large and rapidly expanding population of older adults with low incomes faces the challenge of finding affordable, safe housing that can accommodate their changing needs as they grow older. Many of these older adults experience multiple chronic illnesses or functional limitations. These personal challenges often translate into higher costs for public programs like Medicare and Medicaid.

Research by the LTSS Center and others suggests that housing plus services models could represent a potential solution to these challenges. Yet, there is a pressing need for sustainable financing options to support these models.

To help meet this need, staff from the LTSS Center, the National Well Home Network, and Harvard Medical School conducted a yearlong exploration of potential financing options to support housing plus services models. The exploration, described in a 2019 report entitled, [Exploring Financing Options for Services in Affordable Senior Housing Communities](#), focused on strategies for financing housing plus services through the Medicare and Medicaid programs.

During their exploration, researchers conferred with providers, payers, and policy makers who identified the need for multiple financing solutions for housing plus services models. Options include market-based approaches that could be implemented quickly, but would not reach all residents in a housing community, and regulatory approaches that could offer broader opportunities to support and scale the model, but would be complex and time-consuming to create.



Alisha Sanders
Director of Housing and Services
Policy Research

// WORDS FROM ALISHA

There's still lots of investigation to be done around all the potential financing options for housing plus services models. And none of those options will be easy to implement. But we've made a good start, thanks to the enthusiasm of our stakeholders and their commitment to keep working with the LTSS Center on this effort. //

Exploring Financing Options For Services in Affordable Senior Housing

What financing mechanisms can support the development and implementation of housing plus services models?

Features of the Model We Explored

Delivery Location: Independent, affordable senior housing communities

STAFFING:



Full-time service coordinator and part-time wellness nurse

SERVICES:



On-site team helps residents connect with services and resources

Benefits Associated with Housing Plus Services

FEWER hospital stays:



Residents in housing communities with on-site service coordinators were **18% less likely** to have a hospital stay during the year.

SLOWER growth in Medicare:



Urban participants in Vermont's Support and Services at Home (SASH) program experienced a **slower growth** in annual total Medicare expenditures.

HIGHER value health care usage:



Participants in Pittsburgh's Staying at Home program were **significantly more likely** to visit the dentist, use health care services outside a hospital, and report health improvements.

INCREASED ability to reach high-risk people:



The Portland (OR) Housing with Services initiative was **able to reach** residents with prior high use of hospitals and/or emergency departments.

Evaluation of "Right Care, Right Place, Right Time"

OUR IMPACT: LTSS Center researchers have spent the last decade building an evidence base for housing plus services models that aim to help older adults live safely in their affordable senior housing communities while maintaining their health and quality of life. That research, which has influenced policy and practice at the federal and state levels, continued in 2019 with our evaluation of "Right Care, Right Place, Right Time."

Right Care, Right Place, Right Time (R3), a housing plus services initiative in Massachusetts, had a positive impact on the health care utilization of program participants, according to a 2019 study by the LTSS Center. The [18-month demonstration program](#) featured two onsite wellness teams, each consisting of a wellness coordinator and a nurse who coordinated a package of enhanced services for residents of five affordable senior housing communities operated by Hebrew SeniorLife, a LeadingAge member in Boston.

The R3 program had two primary goals: to help residents of senior housing live independently for longer, and to lower health care spending by reducing unnecessary hospital, emergency department, and nursing home utilization.

LTSS Center researchers compared the health care utilization of R3 program participants with the experience of more than 9,000 residents in three control groups not receiving the housing plus services intervention. They found that hospital admission, emergency department admission, and hospital readmission rates were positively affected by the program and tended to grow more slowly for R3 participants than for members of the control group.

During focus group interviews, R3 participants identified additional benefits associated with the housing plus services program. First, participants said, R3 was a good source of information that helped them identify and arrange available services and supports. Second, the program gave participants someone to talk to and helped them feel cared about.



Marc Cohen
LTSS Center Co-Director

// WORDS FROM MARC

There were statistically significant changes in health care utilization over the study period that we believe can be attributed to the program, the so-called R3 effect. Being able to document these changes is so important as we try to encourage providers to implement housing plus services models, and as we work with policy makers to garner sustainable funding for these models. //

Evaluation of "Right Care, Right Place, Right Time"

Evaluating the impact of Hebrew SeniorLife's "Right Care, Right Place, Right Time" (R3) program on utilization of services, including hospitalization and emergency room use

Features of the R3 Program

2 ON-SITE
wellness teams



5 AFFORDABLE
housing communities



- Teams consist of a wellness coordinator and a wellness nurse
- Teams identify, coordinate, and enrich services within a housing community

R3 Outcomes for the Intervention Group:



REDUCED RATE of growth in health care utilization:

- Fewer hospital admissions
- Fewer emergency department (ED) admissions
- Fewer hospital readmissions



PREVENTED unnecessary transports to the ED:

- Reduced ambulance transfer rate

Residents said R3:

- Helped them identify and arrange services and supports
- Gave them someone to talk to
- Helped them feel cared about
- Built important relationships between program staff and residents



Managing Workforce Ageism

OUR IMPACT: Ageism perpetuates powerful and pervasive stereotypes that demean the individual and impact quality of life. However, aging services professionals are in a unique position to positively influence perceptions about aging. The LTSS Center took steps in 2019 to disrupt ageism by evaluating the effectiveness of a training program designed to help staff of aging services organizations recognize and change their ageist attitudes.

In 2018, researchers at Virginia Commonwealth University (VCU) in Richmond, VA, used a grant from LeadingAge to develop a video-based workforce training program focusing on ageism. During 2019, researchers from the LTSS Center and VCU [worked together to evaluate](#) whether that training program had any effect on workers' self-reported attitudes about aging, and their behaviors, job satisfaction, and intent to leave the job. The evaluation study was funded by the Retirement Research Foundation.

The ageism intervention is a 1-hour in-service training for people working with older adults in a variety of settings. At the heart of the training is a 10-minute video that participants view and then discuss with the help of a facilitator. The training curriculum is designed to help participants recognize ageism, understand how ageism is communicated and transmitted, and view examples of how to disrupt ageism in personal, professional, and organizational practice. Researchers presented video training sessions to direct care workers and supervisory staff at 15 intervention sites. Participants completed written surveys immediately before, immediately after, and three months after the intervention.

Survey findings showed that the video training program helped to improve participants' knowledge about ageism's harmful impact on health and longevity. After the training, participants reported decreases in their ageist behaviors and in their anxiety about their own aging. They also reported making concrete plans to change their ageist behaviors.



Alexandra Hennessa
Research Assistant

WORDS FROM ALEXANDRA

There's evidence that negative attitudes about one's own aging are correlated with adverse health outcomes. People who have positive perceptions of aging live more than seven years longer than people with negative perceptions of aging. Our goal was to measure whether video-based ageism training helps workers become more aware of how they perceive their own ageist beliefs so they can, hopefully, modify those perceptions.

Managing Workforce Ageism

Evaluating the effectiveness of a video-based workforce training program focusing on ageism

Training Components

1 HOUR
in-service



Training for people working with older adults in a variety of settings

PARTICIPANTS:



Administrators (8%), RNs (11%), CNAs (14%), and management (15%)

10 MINUTE
video



Followed by targeted review and discussion

Goals include helping participants:

- ▶ Recognize ageism
- ▶ Understand how ageism is communicated and transmitted
- ▶ View examples of how to disrupt ageism

Response of Training Participants



What increased?

- ▶ Knowledge about ageism's harmful impact on my health and longevity



What decreased?

- ▶ Anxiety about my personal aging
- ▶ Anxiety about how other people perceive my value and worth as an older adult
- ▶ My self-reported ageist behaviors



What did participants say?

- ▶ "It's important to change my attitude about aging."
(71%)
- ▶ "I'm confident I will change my attitude toward my own aging."
(72%)



What will participants do differently?

- ▶ Be mindful of the words I speak
- ▶ Help residents develop a sense of purpose
- ▶ Be more positive about my own aging
- ▶ Avoid stereotypes
- ▶ Be a catalyst for attitude change in my workplace

Climate Change and Older Adults

OUR IMPACT: The LTSS Center laid important groundwork for future research to support the development of policy and practice aimed at alleviating some of the physical, social, and emotional damage that vulnerable older adults experience due to climate change.

The quantity of greenhouse gases in the atmosphere has risen to record levels in the past century, according to the United Nations. The LTSS Center and the Sustainable Solutions Lab (SSL) at the University of Massachusetts Boston set out in 2019 to determine how the corresponding change in the global climate is affecting the older adult population.

LTSS Center researchers in Boston and Washington, DC [explored the health impacts](#) of environmental hazards and climate change on older adults, their level of preparedness for natural disasters and environmental hazards, and the preparation and response of service providers that assist older adults who are impacted by natural disasters.

The project's final report, which will be released in 2020, suggests that the bulk of research on the impact of climate change addresses the needs of the general population. There is much less research on the impact of climate change on older adults living with multiple chronic conditions and functional limitations.

These individuals, many of whom receive long-term services and supports (LTSS) in the community or in residential care settings, are significantly more vulnerable to the effects of climate change than younger adults and healthy older adults. Additional research is needed to help LTSS providers and local emergency management officials help these older adults prepare for, survive, and recover from climate-related weather events.



Kathrin Boerner
Associate Professor of
Gerontology at UMass Boston

WORDS FROM KATHRIN

// A simple response to an impending disaster—the order to evacuate in advance of a hurricane, for example—is not so simple for older adults with chronic conditions. If they are socially isolated, first responders may not even know they need assistance. Not all shelters can accommodate them and address their medical needs. A loss of electricity could cause their health to deteriorate rapidly. As researchers, we have a critical role to play in identifying evidence-based policies and practices that service organizations can use to support this very vulnerable population in the wake of climate change. //

Climate Change and Older Adults

Exploring how climate change affects older adults and how agencies could help them prepare for natural disasters and extreme weather events

How does climate change affect older adults?

Extreme heat and extreme weather events (hurricanes, earthquakes, and flooding) are associated with:



- ✓ **HIGHER RISK** of hospitalization
- ✓ **INCREASED RISK** for mortality, during and after the event
- ✓ **WORSENING** mental health
- ✓ **DISRUPTION OF SERVICES** for older adults with chronic illness

What factors reduce the chance that older adults will survive a climate event?



- ✓ **HIGHER PREVALENCE** of certain diseases and medical conditions
- ✓ **FUNCTIONAL LIMITATIONS**
- ✓ **SOCIAL ISOLATION**
- ✓ **FINANCIAL INSTABILITY**
- ✓ **LACK** of resources and support
- ✓ **DEPENDENCE** on care staff to meet basic functional needs

Why aren't older adults prepared for disasters?

- ⚠ **DON'T HAVE A DISASTER PLAN**
- ⚠ **DON'T PARTICIPATE** in disaster preparedness educational programs
- ⚠ **AREN'T AWARE** of relevant resources
- ⚠ **FALSELY THINK** they are prepared

How can community agencies HELP elders survive disasters?

-  **HELP OLDER ADULTS** prepare an emergency kit
-  **INVOLVE OLDER ADULTS** in emergency planning
-  **OFFER EDUCATION** on disaster planning and preparation
-  **COLLABORATE** with other agencies to help vulnerable older adults

How can long-term care agencies help elders survive disasters?

-  **DEVELOP** emergency plan policies and protocols
-  **TRAIN STAFF**
-  **PROVIDE** post-disaster support

Enhancing the Role of Home Care Workers

OUR IMPACT: Over many years, LTSS Center researchers explored and evaluated promising strategies for recruiting, training, and retaining a quality workforce in all care settings. This year, the LTSS Center laid an important foundation for future research by exploring the intriguing possibility of creating an enhanced role for home care workers.

As the U.S. older adult population continues to grow, the delivery of long-term services and supports (LTSS) has increasingly shifted from nursing homes into the community. This trend has increased the demand for home care workers. By 2030, the nation will need between 2.3 to 2.4 million new workers to meet the demand for services.

Home care aides currently provide 60-80% of all hands-on care in the home, in addition to offering critical social, behavioral, and emotional support to care recipients and their families. Most important, they know the care recipient, and what is going on in the home, better than anyone else.

Following up on a recommendation from the [California Future Health Workforce Commission](#), the LTSS Center spent 2019 examining the valuable role home care aides could play if their responsibilities were expanded. Researchers explored state efforts to expand nurse delegation laws to allow workers to complete advanced tasks, and evaluated the basic and continuing training and certification that home care aides need to succeed in advanced roles.

The LTSS Center also identified a pressing need for new research and demonstration projects designed to document the impact of the enhanced home care aide on quality of care, and to explore how best to develop, implement, and evaluate critical training and supervision standards.



Natasha Bryant
Managing Director/Senior
Research Associate

WORDS FROM NATASHA

“ We learned that good training and supervision are critical prerequisites to strengthening and expanding the role of the home care aide. We need more research—and more rigorous evaluation of pilot programs—to demonstrate that enhanced roles make a difference for worker and client outcomes, and to help us sustain this enhanced model over the long term. ”

Enhancing the Role of Home Care Workers

A literature review exploring ways to enhance the responsibilities of home care workers while strengthening the workforce and improving job quality

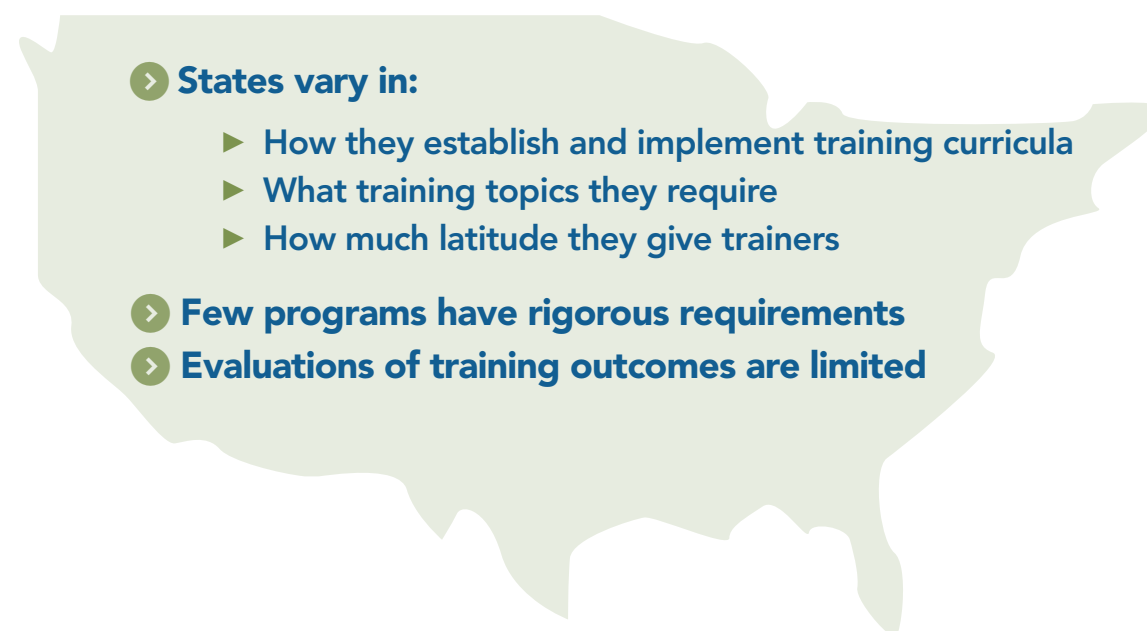
What We Found

ENHANCED HOME CARE WORKERS CAN BECOME:



- ✓ Part of home-based care teams
- ✓ Skilled care providers
- ✓ Peer mentors and health coaches
- ✓ Specialists in areas like dementia care
- ✓ Sources of critical information about care recipients

The current status of state-based training:



NEXT STEPS:

- › Scale up and test promising models for enhanced workers
- › Create an evidence-based case for sustained investment in these models
- › Partner with key stakeholders to support training and career development



Evaluating the Geriatric Substance Abuse Recovery Program

OUR IMPACT: About 17% of older adults in the U.S. have alcohol and/or drug use issues that put them at greater risk for serious health complications. In 2019, the LTSS Center shined a spotlight on this often under-acknowledged health crisis, and prepared a forthcoming guide to help post-acute providers address that crisis.

The Geriatric Substance Abuse Recovery Program (GSARP) at The New Jewish Home, a LeadingAge member in Manhattan, offered short-term rehabilitation patients an opportunity to be screened for issues associated with alcohol or prescription drug use. If the screening uncovered a substance use issue, the older adult was then invited to receive substance abuse counseling for the remainder of the post-acute stay.

A 2016 study by the Research Institute on Aging at The New Jewish Home found that GSARP helped participants avoid a drug or alcohol abuse relapse after they left the rehabilitation setting.

A [2019 follow-up study conducted by the LTSS Center](#) found that GSARP also improved rehabilitation outcomes for program participants. In a major finding, researchers determined that the vast majority of GSARP participants (90%) were discharged to their homes after rehab, an outcome that indicates a highly successful rehabilitation experience. Only 71% of individuals who did not participate in the GSARP program had a similar positive outcome.

The 18-month LTSS Center study was supported by a grant from the Catherine Weldon Donaghue Medical Research Foundation awarded to The New Jewish Home.

The study also yielded profiles of post-acute patients who participated in GSARP and those who declined to participate. Researchers found that patients were more likely to participate if they were younger and widowed, did not belong to a minority group, or did not experience pain.



Verena Cimarolli
Senior Health Services
Research Associate

WORDS FROM VERENA

Typically, people in the GSARP program have a long history of alcohol issues, and it really impacts their health and increases the risk of accidents and injury. When the substance abuse issue behind the accidents is not addressed, then the same people may keep coming back to rehab. But when nursing homes help older adults address these underlying misuse issues, they can possibly prevent those readmissions, and really help their post-acute patients.

Evaluating the Geriatric Substance Abuse Recovery Program

Exploring whether the Geriatric Substance Abuse Recovery Program (GSARP), offered in a post-acute rehabilitation setting, improves rehabilitation outcomes for program participants

Post-Acute Care Outcomes

How GSARP program participants compare with those who refuse to participate:

90% of GSARP participants were discharged home **vs** **71%** of refusers

Program participants had **2.2** higher odds of going home than program refusers

35% of participants were discharged back to the hospital vs. **65%** of refusers

GSARP: A Profile of Participants

- > Participation decreases with advanced age.
- > Minorities are 60% less likely to participate.
- > Widowed patients are 3 times more likely to participate than never married.
- > Patients reporting pain at admission are 45% less likely to participate in GSARP.



THOUGHT LEADERSHIP

The LeadingAge LTSS Center @UMass Boston works hard to ensure that our study findings don't sit on a shelf. Our goal is to translate those findings into policy and practice so our research can improve the lives of older Americans.

We work closely with other researchers in the LTSS field to ensure that, together, we are moving our field forward through enlightened policy making and evidence-based practices. We are committed to disseminating our findings widely so that practitioners in the LTSS field have the information they need to implement evidence-based practices in a variety of settings.

During 2019, we worked toward these goals on several fronts:

Leadership Development

LTSS Center Co-Director Robyn Stone served on the steering committee for an invitation-only **Vision 2025** symposium in June. LTSS providers, and university educators and deans, drafted a plan for developing 25 robust college-based programs, and 1,000 paid internships, to train executives and managers in our field by 2025.

We put those Vision 2025 aspirations into practice by working to engage LeadingAge members in UMass Boston's Gerontology Master's Program, and by including UMass Boston students in our research. Those students helped us reach out to providers during the 2019 LeadingAge Member Survey, study the impact of climate change on older adults, and assess the needs of residents living in service-enriched housing. In return, we hope we've given those students a passion for applied research that will remain with them for the rest of their careers.

LTSS Financing

LTSS Center Co-Director Marc Cohen played a significant role in elevating the national conversation about the urgent need to find sustainable financing mechanisms for long-term services and supports (LTSS). Cohen led a 16-member working group that produced a detailed report to help state leaders identify key issues involved in developing a social insurance program to address LTSS needs. The working group's research was published by the **National Academy of Social Insurance**.

Cohen also shared **his expertise on LTSS financing** with readers of **Generations**, and in testimony before the **U.S. Senate Finance Committee's Subcommittee on Health Care**.

Caregiving for People Living with Dementia

Robyn Stone is sharing her insight and expertise about **dementia care** as a member of a committee, sponsored by the National Academies of Science, Engineering, and Medicine, which will guide a study on "Care Interventions for Individuals with Dementia and Their Caregivers." Stone is also serving on the 2020 steering committee for the National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers.

Peer-Reviewed Research

The LTSS Center continues to play an active and respected role in the field of aging research.

Center researchers offered a **record 21 presentations** at the prestigious 2019 Annual Scientific Meeting of the Gerontological Society of America (GSA). In addition, we helped **two prominent journals** in the health care field—the *Journal of the American Geriatrics Society (JAGS)* and *Health Affairs*—address workforce issues.

Robyn Stone, a member of the National Academy of Medicine, was named as a senior associate editor of *JAMDA: The Journal of Post-Acute and Long-Term Care Medicine* this year. Marc Cohen continued in his role as research director at the Center for Consumer Engagement in Health Innovation at Community Catalyst.

Stakeholder Outreach

LTSS Center researchers spent a good deal of time during 2019 sharing their research and their unique perspectives with a variety of audiences, including state policy makers. Marc Cohen participated in roundtables in state capitols across the country to raise awareness and offer strategies for public financing of LTSS. Robyn Stone **shared strategies for strengthening the LTSS workforce** with lawmakers in several states.

In addition, LTSS Center staff have discussed their research with medical directors, physicians, and other practitioners working in post-acute and long-term care settings. We've introduced the housing plus services concept to **nonprofit hospitals** seeking to meet federal requirements that they spend surplus funds on goods and services that address a community need. We've **traveled to South Korea** to share our strategies for facilitating healthy and meaningful aging among older adults living in community, and organized an **LTSS Workforce Summit** at the Global Aging Network's Biannual Meeting in Toronto.



LOOKING AHEAD TO 2020

As 2020 dawns, the LTSS Center is excited to embark on several new initiatives.

Working with Community Catalyst

We'll be working closely with our partner, the Center for Consumer Engagement in Health Innovation at Community Catalyst, to:

- Explore potential opportunities for **combining affordable senior housing with integrated care models** to support vulnerable older adults with low incomes. Arnold Ventures is supporting the project.
- Study how **six states** are exploring social insurance initiatives to help finance long-term services and supports (LTSS). The study is funded by the Robert Wood Johnson Foundation.

Engaging with Consumers

We're taking our consumer-focused work to the next level by hosting the Sages' Symposium to Expand Research Readiness. The event is part of our ongoing work with the Bureau of Sages, an initiative designed to help researchers listen to the voices of frail older adults. The work is funded by PCORI.

Working at the State and Local Level

We're also expanding our work at the state and local level by:

- Helping Colorado describe its direct care workforce and identify best practices for strengthening that workforce. The state's Department of Health Care Policy and Financing funded the project.
- Refining the work that Connecticut Community Care is doing to bring onsite services to residents of three affordable senior housing communities in Danbury, CT. The project is funded by a grant to LeadingAge Connecticut from the John H. and Ethel G. Noble Charitable Trust.

- Assessing the need for services and supports among residents living in four housing communities managed by the Cambridge (MA) Housing Authority (CHA). The project is funded by Mount Auburn Hospital and CHA.
- Evaluating a pilot for a substance abuse recovery support program designed by Wellspring Lutheran Services, and helping the organization seek funding to comprehensively evaluate the program's expansion. Wellspring is a LeadingAge member based in Flint, MI.





2019 FUNDERS

The research agenda of the LeadingAge LTSS Center @UMass Boston is supported through funding opportunities and partnerships with private foundations, government agencies, quasi-governmental entities, and major corporations.

The LTSS Center is most grateful to the funders, listed below, who have supported our work this year. We welcome additional funders to join us in helping our nation address the challenges and seize the opportunities associated with a growing older population.

- › AARP
- › Arlington Retirement Housing Corporation
- › AXA Insurance
- › Arnold Ventures
- › The Blue Cross Blue Shield of Massachusetts Foundation
- › B'nai B'rith Housing
- › Cambridge Housing Authority
- › The Patrick and Catherine Weldon Donaghue Medical Research Foundation
- › The Gordon & Betty Moore Foundation
- › Hebrew SeniorLife
- › The Human Rights Campaign Foundation
- › JeJu National University, South Korea
- › Joan Anne McHugh Nursing Academy
- › LeadingAge

- › Long-Term Care Partners
- › Massachusetts Department of Housing and Community Development
- › MassHousing
- › National Council on Aging
- › New York Zen Center For Contemplative Care
- › Patient-Centered Outcomes Research Institute (PCORI)
- › National Academy of State Health Policy
- › National Institutes of Health
 - ▶ National Institute on Aging
- › National Research Foundation of Korea
- › The Retirement Research Foundation
- › The Robert Wood Johnson Foundation
- › SEIU Northwest Training Partnership
- › Tufts Health Plan Foundation
- › University of Massachusetts Boston
- › U.S. Department of Housing and Urban Development (HUD)





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