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VILLAGES NETWORK AND PARTNERS IN CARE—EXCHANGING TIME AND CREATING COMMUNITY FOR OLDER ADULTS

Barbara Huston and Susan Poor

Partners in Care

Barbara Huston

In 1993, aging parents and the intergenerational interaction histories inside their own families inspired Barbara Huston and two other Masters candidates to start-up Partners in Care (PIC) in Baltimore. Since then, “age wave” statistics have confirmed their wisdom: by 2030, 21% of the population will be 65; individuals living to 85 and older will triple; and, the category of “Older Adult” will span 50-110 years of age. The 2008 US Census Bureau reported that as our population ages it grows poorer and more than half of the women in that category live “at” the poverty level. Further, the State of Maryland, comparable to states across our country, is in the midst of resource ebb impacted by federal, state and county deficits.

Fortunately, there’s contravening good news: a reduction in income in no way means a reduction of skills. *Partners in Care* challenges the deficit tide and lack of traditional funding by melding the tenets of Time Exchange to create not only partners in care but an entire culture of care environment. Their thinking comes from a proactive place of surging abundance, one that defines *value* as skills and talent inside the community. Following are the Time Exchange tenets upon which Partners in Care relies: asset mapping (all time is equal)—recognizes each member’s talents and actively seeks each member’s participation; reciprocity is intentional—reciprocal transactions within communities and across geographic boundaries create a safety net; and, co-production creates social capital—“parity not charity” affirms independence with dignity. Thus far, they’ve clocked 29,643 invaluable reciprocal hours.

PIC’s Mission Statement echoes each of those tenets: Partners in Care Maryland empowers older adults to remain independent in their own homes. Through our time exchange members, we recognize and utilize the unique gifts and talents of older adults, enabling them to contribute to the community in meaningful ways and the well-being of each other.

Operationally, applicants are interviewed and oriented individually in their homes. Each is asked about talents, needs and connections. Matchmaking is monitored and computerized. Feedback is ongoing, traveling both ways. They are not a hierarchal organization, all activity is member driven and there are 10 FTEs in-house (6 full-time). Since opening Partners in Care doors, Barbara Huston has maintained an open door policy, encouraging everyone to share information, whether good or bad.

Partners in Care provides non-emergency medical transportation (NEMT) to members unable to manage public transportation. A niche provision, it allows members mobility independence and access to multiple destinations. Actually it accounts for 54% of PIC service matches; to date, they have recorded as many as 8,249 trips. For members in need of repairs and maintenance for safety, security, neighborhood

Participants

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“health” and peace of mind, their *repair with care* initiative most often addresses small jobs overlooked by contractors or maintenance/yard work requiring many hands. In this category, they’ve tracked 501 tasks. CEO, Barbara Huston, asserted that everything they do at each of four PIC sites in Maryland is meant to foster member trust. The safety net they are intent on providing includes, though is not limited to: emergency kits for seniors that are put together by community boy scouts and elementary school children and delivered by community college students; access to Friends of Arundel Seniors (FOAS); and lower rates for Lifeline purchase thanks to PIC partnerships.

B. Huston told us that taking care of members ensures taking care of Time Banks. She gave us a short list of the ways they’ve been filling in “the gaps” for seniors: “warm houses,” advocacy, wisdom work teams, and their own boutique (thrift store). Members can earn Time Dollars by opening up their homes for “tea and cookies.” Sometimes folks bring a favorite fruit and a story describing why, it isn’t unusual for reminiscent stories of all kinds. There are “art with a heart” themed gatherings where artists come prepared for leading a group project. The PCI boutique, which accounts for 25% of Partners in Care’s income, allows members to shop and earn time credits working there. Non-members who shop their boutique are also afforded the opportunity of getting to know what Partners in Care is all about: exchange time, create community, “ride the wave.”

Villages Network

“Villages: A Powerful Option for Aging in Community” Susan Poor

Susan Poor is Senior Policy Advisor with the national Village to Village Network (www.vtvnetwork.org) and NCB Capital Impact’s Center for Long Term Supports Innovation within the Community Solutions Groups, founder and board member of San Francisco Village.

The common thread shared by three organizations is that each is committed to helping people and communities reach their highest potential. NCB Capital Impact, a community development financial institution, is a mission-driven non-profit committed to helping people and communities reach their highest potential at every stage of life. It provides wide-range innovative lending and technical assistance. S. Poor’s division within NCB, Center for Long Tem Supports Innovation within the Community Solutions Group, addresses aging in community models and provides specific consulting and technical assistant to organizations helping older adults remain their homes and communities.

Villages are community-based membership organizations that empower older adults to remain in their homes and neighborhoods as they age, pursuing interests, activities, and volunteer opportunities of their choice while receiving the supports and services they need to remain active and involved. Besides the usual and customary reasons why communities need multiple affordable housing and services choices, the initial and primary importance of Villages was the fact that there is no policy to support middle income citizens staying in their homes as they age. Villages are a one-stop shop for: social, cultural, educational programs; health and wellness activities; assistance with day-to-day supports (transportation, grocery shopping, home maintenance thru volunteer and paid providers); volunteering, civic engagement, and member-to-member assistance

The “Village Model” concept began in 2002 in Boston when Beacon Hill Village was created. While the model changes constantly, S. Poor’s presentation addressed “today’s” definition. Currently there are 65 Villages open and over 115 communities are in the development phase. It is popular because of its “upstream” community building and connection. It has a health/wellness and civic engagement focus (including mutual assistance and reciprocity). It’s entrepreneurial, therefore, promotes opportunity to leverage resources. While partnerships with TimeBanks occur only in particular Villages in three states (MI, AZ and CA), Village hallmarks and guiding principles appear in sync with principles of co-production making them intuitively ideal candidates for TimeBanking partnerships nationwide.

Like TimeBanking, the reasons for their importance are appreciable: they focus on needs across income levels; provide non-medical supports that can make medical care effective (transportation, advocacy, companionship, meal preparation, etc.); provide early care management, before professional assistance is needed (several are looking at hospital-to-home transitional support); help people become connected to a trusted provider before a crisis; can be a huge support to families trying to be long-distance caregivers; complement other community services; finally, they have potential to support housing and health reform initiatives, e.g., Money Follows the Person, Person-Centered Medical Homes, Independence at Home, Community First Option, Transitional Care, Community Living Initiative/Housing with Services.

Nearly all older adults (93%) would like to stay in their homes and neighborhoods for as long as possible, surrounded by familiar physical and social environments. And, critical to successful aging are two, basically different, coined concepts: “aging in place” and “aging in community.” “Aging in place” means receiving services and supports you need and choose, regardless of your residential setting. Its underlying motivation is reactive; its goals are to avoid institutionalization; responsibility for it is individual; service delivery is unidirectional; its perceptual view of aging is avoidance; the role of elders in this phase is as care participant. “Aging in community,” however, is being connected to services, social and non-medical supports and the larger community so you CAN *age in place*. “Aging in community” strategies proactively link community features with services; foster interdependence; they are communal; view aging as an opportunity; deliver services that are reciprocal; and, make the role of elders participatory.

The Village to Village Network (VtV), launched in January 2010, is a result of NCB Capital Impact’s partnership with Beacon Hill Village. An online technical assistance center and learning community, it is intended to support ongoing and future Village development. Created in direct response to a high demand for information, VtV is a national, membership-based, peer-to-peer operation. While too new to have produced much evidence-based data, from other models, however, we have learned that social connections—friends, family, neighbors or colleagues—improve our odds of survival 50 percent; there are solid data on positive health impacts and increased longevity related to social networks, social capital and reduced institutionalization and isolation.