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Community Partnerships for Older Adults: A Case Study

Elise J. Bolda, Jane Isaacs Lowe, George L. Maddox, & Beverly S. Patnaik

ABSTRACT

Over the past several decades, federal policy has made states and communities increasingly more responsible for providing long-term care for older adults. The Community Partnerships for Older Adults, a national program of The Robert Wood Johnson Foundation, saw this as an opportunity to explore new, sustainable ways to meet current and future needs for community-based long-term care. This initiative focuses on collaborative organizational partnerships, a distinctive philosophy of teaching and learning through the exchange of experience between communities, and program learning focusing on known factors promoting organizational sustainability. Using principles that emphasize the development of social capital and collective efficacy, the authors present a case study of the early experiences of this initiative to address the challenges inherent in meeting the growing supportive service needs of older adults. The implications of this multisite community intervention for social work education and practice in aging are discussed.

From their creation in 1965, Medicare, Medicaid, and the Older Americans Act have been the primary federal policy and public funding sources for support to older adults. Federal policy established by this landmark legislation was largely focused on nursing home care, with minimal public funding for home and community-based options. However, this institutional bias of federal policy began to shift in the mid-1980s with the advent of "the new federalism," as responsibility for long-term care began to devolve to states (Caro & Morris, 2003). The new federalism, while leaving the federal government very much involved in Medicare and Medicaid administrative rules, provided communities with the necessity and opportunity to develop home- and community-basedcare. Most notable was the introduction of home- and community-based service waiver options for persons who would otherwise be served by nursing facilities under state Medicaid programs.

More recently, growing demand and shrinking public funding have set the stage for further devolution of long-term care from states to counties and communities. For example, beginning in the late 1990s, Florida, Minnesota, and New York State initiated county planning efforts to address the growing needs of older adults. In 2004, under then-President Dick Kempthorne, the National Governors Association adopted long-term care policy initiatives that include calls for greater involvement of communities. There is certainly some urgency to such initiatives given the stark realities of our rapidly aging society. A number of demographic trends—including the aging of the baby boomers,

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the extension of longevity after age 65, and the greater potential for chronic illness and disability among people living well into their 80s and 90s—will significantly increase the demand for community-based long-term care in the 21st century.

The current long-term care system is not prepared for this challenge. The consequences for vulnerable older people and their family caregivers can be poor quality of life, unnecessary deterioration of health, and onset of secondary disability. With communities across the nation being forced to take a hard look at the needs of an aging population, a much-needed renaissance is springing up to forge community solutions. Thus, the Community Partnerships for Older Adults (CPFOA) program is built on the premise that promoting community partnerships among the public, private, and voluntary sectors and older adults and their families is a powerful tool for bringing about real long-term care change and improvement. Community partnership development serves as a microcosm for the application of community-building concepts and as a model and signal to the larger community encouraging a collaborative approach to addressing the complex issues communities face as they seek to improve and prepare for meeting the needs of their growing older population.

The Genesis of the Community Partnerships for Older Adults Program

Over the past 25 years, The Robert Wood Johnson Foundation (RWJF)[1] has supported initiatives that have focused on expanding home- and community-based services for older persons and persons with disabilities. This body of work has included programs that focus on long-term care policy and financing options and promote consumer-directed services, design of innovative service delivery models (e.g., affordable assisted living, supportive housing, and adult day services), and support for frontline long-term care workforce development. The CPFOA program is a complement to these earlier RWJF program initiatives and grew from the understanding that population aging will be an increasingly dominant driver of public policy and that by acting now there is adequate time to prepare for our aging future.

To foster community partnerships to improve long-term care and supportive services systems, CPFOA provides communities with the opportunity to explore their resources and use their ingenuity to counter one of the worst sequelae of federal aging policy: the fragmentation of support systems borne of the "silo" funding of services. Recognizing that every community is unique in terms of its leadership, perceived need, and resources, these partnerships have the potential to engage all members of the community in working collaboratively and creatively toward developing a vision for current and future long-term care.

Concepts for Organizing Community Partnerships

As the program developed, it has drawn on the community development and partnership literature from the fields of social work, public health, and community and economic development. Current theories of community development that underlie this study, particularly theories of creating social capital, provided the background for this case study. The development of social capital and collective efficacy provide attractive organizing concepts for understanding what we can learn from these literatures about the variability of communities and the formal and informal relationships that shape each community's potential to respond to complex social needs. At their root, collaborative partnerships have as their mission the enhancement of social capital and the development of a sense of collective efficacy to improve their communities.

Social Capital

There are multiple definitions of social capital that encompass the relationships, mutual trust and norms of communities and neighborhoods that engender a mutual willingness to take collective action for common good (Coleman, 1990; Kawachi & Berkman, 2000; Putnam, 1993). Although these definitions vary, there is general consensus that social capital is a collective feature of communities, neighborhoods, and societies (ecologic characteristic), in contrast to individual characteristics like social supports and social networks. Social capital, or the absence thereof, has been shown to have a direct influence on community and neighborhood health and well-being (Lochner, Kawachi, Brennan, & Buka, 2003; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1999; Sampson & Morenoff, 2001). Although the mechanisms are not well understood, potential pathways through which social capital may have its impact on individual health have been suggested, including through influence on access to services or through effects on psychosocial processes (Kawachi & Berkman, 2000). The mechanism of influence on access to services is addressed by what has been described as the institutional dimension of social capital that is reflected in the embeddedness of neighborhood groups' linkages with other groups, both within and outside the community (Sampson, Morenoff, & Earls, 1999). Collective efficacy—the mutual belief in the capacity to intervene to achieve common good—adds the dimension of local informal social control to social capital and addresses the psychosocial mechanism through which social capital influences health (Sampson, Raudenbush, & Earls, 1997).

Although there is no single or simple approach to the development of social capital, there is evidence that the

[1] www.rwjf.org.

absence of social capital can be modified (Kawachi & Berkman, 2000). The literature on the development of social capital and collective efficacy reports mixed success and suggests that success will depend on creative linking of local strategies that engage residents, neighborhoods, and local institutions from the bottom up in partnership with broader organizations and systemic policies that foster collaboration from the top down (Sampson & Morenoff, 2001, p. 385). The development of this linkage is a primary objective of the collaborative partnerships promoted by CPFOA to develop the social capital and sense of collective efficacy in communities that underlie innovations in social care that are likely to be sustainable.

From the bottom-up perspective on development of social capital, the social work literature provides an understanding of the interactions of individual and family capacities and needs in the context of challenges and resources of their immediate neighborhood environment (Saleebey, 2004). Chaskin (1997) provides a synthesis of the literature on the dynamics of political, economic, and social pressures on neighborhoods and their inhabitants. Each community's potential or stock of social capital varies. Yet it is clear that community leadership plays a central role in motivating community members and the linking of resources within the neighborhood. Local leadership also plays a pivotal role in creating linkages with resources external to their immediate environment. A key role of organizational leadership is to develop innovative programs of care that come to be perceived as central to community values.

Collaborative Community Partnerships

Bottom-up strategies that foster citizen participation through leadership development and inclusiveness of constituents in problem identification, program development, and organizational decision making are key features of empowerment practices that contribute to the development of social capital (Hardina, 2003). Workbooks for coalition building describe these principles as beginning with identification of shared values, inclusive membership, organizational competence (leadership, democratic decision making, effective internal and external communications, effective use of resources and staffing), good planning, doable action with early success, hope and celebration (to affirm the groups' strengths), time and persistence, and internal review and evaluation to learn from success and failures (Kaye & Wolff, 2002).

From the top-down perspective of developing social capital, the strategic management and community development literature offer definitions, measures, and explanations of the structures, processes, and outcomes of interorganizational relationships and voluntary collaborative alliances that form to address problems too complex to be solved by a single entity (Glickman & Servon, 1998, 2003; Gray & Wood, 1991; Van de Ven, 1976).

Research on effective sustainable organizations has explained why no single organizational form ensures sustained success. Both context and leadership are key factors in sustainable organizations. Communities differ in defining priority problems to be solved, in their traditions of inclusiveness in making decisions, and in resources available to them. In addition, the motivation, resourcefulness, and sustained commitment of leaders vary. The result is that a variety of organizational forms can prove to be successful and sustainable. Recognizing the importance of these varying contextual features, collaborative partnerships appear to be distinctly positioned to create sustainable coordinated services for older adults that for decades have suffered from fragmentation of policy and resources.

Learning Focus: Understanding Sustainability of Partnerships

What is it about community partnerships that increase their potential for successful and sustainable results in light of the differences among communities and the variability of structures and process used to build social capital for community problem solving? Mitchell and Shortell (2000) have developed and illustrated the concept of organizational centrality that forecasts the sustainability of collaborative community partnerships. As conceptualized by Mitchell and Shortell (2000), the three key concepts are governance, management, and centrality. The importance of governance is in ensuring that organizations are sensitive to the diversity and complexities of their community, its values, and preferred strategies for decision making that tend to generate conflicts of interest. Their emphasis on governance makes the connection between organizational leadership and the visions and values that are intended to enhance community well-being. Effective governing boards are expected to display a key characteristic of leadership for ensuring organizational sustainability: They listen to and learn from the community and the partnering organizations.

Partnership management implements these intentions, with particular emphasis on inclusiveness and volunteerism. The value of management in the Mitchell and Shortell (2000) framework is in ensuring that the partnership thinks of itself as a dynamic, developing entity that learns and adapts with the community. In effect, the partnership management itself illustrates the potential for social capital development. The third component, achieved through success in governance and management and arguably the most important dimension of partnership sustainability, is centrality. The concept of centrality, as used by Mitchell and Shortell (2000), focuses on the effectiveness of community education, the embeddedness of the partnership in the community and its civic leadership, integration within the civic agenda, the community's ownership of the partnership, and efficient and effective implementation of promised service

programs. The logic of this argument is that evidence of organizational centrality forecasts sustainability of organizations. In the CPFOA program, interest in the documented centrality of community initiatives is perceived as an opportunity to define key elements of the legacy of community partnerships that indicate that they have made a difference in providing community care for older adults and why.

The Community Partnerships for Older Adults Program

Structurally, CPFOA uses two phases. The first is the awarding of grant funds and technical assistance to competitively selected communities. The second phase is the dissemination of information and resource materials gained through the experience of the competitively selected communities. As of spring 2005, 11 communities have 18-month grants to develop strategic plans for the improvement of supportive systems for older adults in their community, and 8 communities have begun 4-year grants to implement their plans for improvements to meet the needs of current and future older adults. The dissemination phase of CPFOA was launched in 2004 with Internet access to information and resources materials derived from experience with the first group of development grant communities. This resource will grow with experience of the partnerships as they implement their strategies for improvements and through the exchange of information with other communities throughout the country.

The CPFOA program has a distinctive philosophy, one of teaching and learning and timely provision of technical assistance. Interaction among community partnerships occurs through periodic face-to-face meetings, regularly scheduled conference calls, and an interactive Web site. Originally developed in North Carolina by the Duke Long Term Care Resources Program's Teaching Communities Initiative with the support of the Kate B. Reynolds Trust, this philosophy is built on the belief that, in a democratic society, communities have much to teach and learn from one another about effective responses to common problems. Regular interaction among communities working with apparent success to create innovative, sustainable responses to community problems has a notable authenticity on which expert advice is built.

In this brief introduction to CPFOA, only selective illustration of organizational development and experience is possible. From these examples, however, it is possible to give the flavor of this initiative and the teaching and learning philosophy at work.

Teaching and Learning

At their initial gathering, program grantees were assured of technical assistance from resources locally identified or through the National Program Office. It quickly became apparent that the most useful teaching and learning would occur as partnership leaders shared their experience in identifying and solving the issues of partnership governance, management, and program development encountered in their communities. In addition, in their meetings and conference calls, they are indeed sharing their experiences through spirited exchanges. These are now occurring through unscheduled exchange between communities, regularly scheduled conference calls, annual meetings, and whenever and wherever more than one community is in close proximity. Partnership leaders from the eight communities have observed that they are increasingly comfortable and more open in their exchange since they completed the final round of competitive selection and have begun implementing their strategic plans. Nonetheless, the teaching and learning spirit of the program has been evident among sites from the start. For instance, during the first meeting of the initial group of competitively selected communities, participants began to explore the challenges they would face in including members of diverse communities in their partnerships' development and their communities' strategic thinking about priorities and approaches to improving their long-term care and supportive services systems.

Since that time, we have learned a great deal from these community partnerships. As of February 2004, we have begun to learn from the early experience of the first eight partnerships that are now implementing their improvement strategies. Each partnership has responded to the challenges of establishing communication with traditionally hard-to-reach populations, identifying and developing older adult leadership, and managing the myriad issues and opportunities that arise while maintaining focus on priorities identified by their community. Partners are taking each other seriously, listening to and engaging all sectors of their community, and pursuing opportunities to teach and learn with partnerships working in communities in other states. Partnership leaders are making a discovery frequently made by teachers: Teachers who learn to listen to those being taught have the opportunity to learn from those they teach.

Essential Features

All 24 partnerships were selected based on essential features of their work. The communities chosen shared evidence of leadership dedicated to the development of partnerships designed to improve the quality and accessibility of long-term care in communities. Each promised to develop a strategic plan for moving from where they were to where they wanted to be in the future. In addition, all provided a sense that they understood the value and importance of engaging more than the usual suspects in the process of framing their community's vision of the future, defining priorities, and selecting strategies to help them achieve their goals.

Table 1. *CPFOA Partnerships Selected for Implementation Awards*

Partnership	Location	Applicant Agency	Older Adult Population
Aging Atlanta	Georgia – Atlanta Region	Atlanta Regional Commission*	350,000
Aging Futures	New York – Broome County	Broome County Office for Aging*	41,500
Boston Partnership for Older Adults	Massachusetts – City of Boston	Veronica B. Smith Multi-Service Senior Center (affiliate of Boston Commission on Affairs of Elderly*)	79,600
Care for Elders	Texas – Houston/Harris County	Sheltering Arms Senior Services	350,000
Connecting Care Communities	Wisconsin – Milwaukee County	Milwaukee County Department on Aging	153,000
Maui Long Term Care Partnership	Hawaii – Island of Maui	Hale Makua	17,700
Successful Aging through Long-term Strategic Alliances (SALSA)	Texas – El Paso County	Rio Grande Council of Governments*	150,000
San Francisco Partnership for Community-Based Care and Suport	California – San Francisco County	San Francisco Department of Aging*	136,000

*Designated Area Agency on Aging.

The eight partnerships that are now implementing their strategic plans are the basis for this case study. These communities were selected because they exhibited evidence of growing leadership and broad participation in the development of their community's vision and plans for the future. Each presented viable opportunities to improve the availability and quality of community-based long-term care for older adults in their communities. Before examining these diverse CPFOA sites and how they are working from the bottom up and top down to focus attention on long-term care in their communities and develop the social capital and collective capacity needed to address supportive services improvements for older residents now and in the future, it is informative to briefly review the varying contexts within which these partnerships are working. Of note are the variations in implementation communities with regard to their (a) sociodemographic diversity, (b) partnership genesis, and (c) community history of organizational cooperation.

The eight communities currently working with CPFOA to implement their strategic plans for long-term care and supportive services systems improvements are listed in Table 1.[2]

Sociodemographic diversity. The eight CPFOA sites vary in the size and diversity of their older adult populations. They range from rural communities with fewer than 20,000 older adults to major metropolitan areas with more than 350,000 older residents. The racial and ethnic diversity of communities ranges from those with multiple generations of Asian, Pacific Islanders, Latino, and African American residents or more recent immigrant elders to communities in which the majority of older adults are either Hispanic/Latino or White.

Partnership genesis. Each of the eight partnerships has grown from different starting points. One partnership began working as a group well over a decade ago, building bridges and instituting incremental improvements to integrate systems of support for older adults. Others have grown from informal cooperative efforts, in which subsets of the current partnerships have worked together for years. Four of the partnerships formed more recently. One coalesced in response to community dialogue about the need for additional services and concern for older adults lingering in acute-care hospitals as a result of the lack of services. Others have emerged from coalitions of local organizations seeking maximal efficiency in their use of scare resources to meet growing social needs.

Each partnership has a fiduciary relationship that serves as their applicant agency. Most have chosen their designated area agency on aging or a closely related entity. Not surprisingly, there is variability here as well. Two applicant agencies are free-standing nonprofit providers of senior services, including home- and community-based and nursing home services.

Community history of organizational cooperation. The cooperative history of these eight communities varies dramatically, and each partnership reflects its community's culture and history. Two partnerships operate in communities with a long history of cooperation that is reflected in their pronounced preference for reliance on social norms and informal understandings among public and community organizations. In contrast, one community has a long tradition of competition, and the partnership operates in an environment of strong divides and political jockeying that contributes to a reluctance to collaborate. The remaining five partnerships fall along the spectrum of cooperation from strong positive to strong negative historical experiences with cooperative relationships. One or two partnerships fall in the center of this spectrum, which is best defined as a community in which there has been relatively little communication about long-term care issues or older adults, and the current or recent memory of cooperative efforts is not evident.

[2] A more detailed description of these sites can be found at http://www.cpfoa.org.

Different Choices

Despite this contextual diversity, the partnerships illustrate that, although communities operate in widely varying contexts, collaboration can flourish, albeit in many different ways. Evidence of growing, sustainable partnerships and the inevitable variability suggested by organizational theory can be observed in the choice of techniques used in their early community building for strategic planning. Some of these techniques are highlighted to illustrate approaches used to

1. learn about community,
2. share what is learned,
3. foster dialogue, and
4. define priorities.

That these partnerships are reading their communities is also reflected in the long-term care priorities adopted and the strategies chosen to implement change.

Community Building for Strategic Planning

To learn about the community, partnerships have engaged in primary data collection to hear community views. They have trained older adult volunteers who have canvassed door to door in targeted areas. They have conducted focus groups with various stakeholder groups and have worked with university partners and student interns to conduct community surveys and interviews with civic leaders, local businesses, and long-term care facility residents and underserved populations within their communities. Secondary data have been obtained from partners, Medicaid, the U.S. Census, and surveys conducted by others. These data have been analyzed using a variety of methods, ranging from univariate reports of utilization to sophisticated multivariate analyses using geographic information system (GIS) software.

To share what is learned, partnerships have consolidated volumes of existing reports and plans to describe long-term care and the situations of older adults in their community. The compendia have attracted media attention, are used by partnering agencies as reference documents, and are being used by local foundations for planning how to invest in their community. Community maps prepared by university and community development partners have been used to target neighborhood risk profiles and to match risk with service availability. Maps have been used in public meetings to explore crime rates and acquaint neighborhood groups with needs of older adults.

To foster community dialogue, partnerships used study circles, ongoing focus groups, town hall meetings, and discussions or talk sessions at regional and neighborhood gatherings. Partnerships have sought new members and developed orientation and mentoring relationships to ensure that new members have a "safe" way to get answers to their questions and enter into a conversation that is ongoing. Partnerships are taking the table to the community to hear from and work with traditionally underserved groups in their communities.

To define community priorities for long-term care and supportive services systems improvements, these communities have used both small-group and community-wide events. Communities used town meetings, surveys, or other means to generate lists of concerns and then proceeded to narrow the lists and rank their priorities using large- and small-group decision-making tools, including facilitated breakout session or electronic polling at community-wide meetings. In preparing their community's strategic plan, most partnerships established review criteria to select the top priorities from among the myriad issues and ranked lists developed with their community. Examples of the criteria used by partnerships for final selection of priorities and strategies include size of the group impact, immediacy of the problem-time horizon, anticipated consequences of failure to act, political and economic feasibility, expectations of sustainability, and other principles and considerations defined by the partnership.

Long-Term Care Priorities Adopted

Each community independently defined priorities and strategies for improvements, yet several common challenges and needed changes have emerged across communities. There has been universal recognition of the need for improved communication about available home- and community-based long-term care services. This recognition locally was reinforced by data and information supplied to partnerships from a random digit-dial telephone survey of community residents aged 50 and older, with oversampling of persons defined as at risk (Black & Brown, 2004). These surveys provided information on pronounced differences in awareness about long-term care options across the eight communities and some striking similarities. For example, among vulnerable respondents (defined as persons age 75 or older and persons ages 60–74 who self-rate their overall health as fair or poor or who have chronic illnesses), more than 60% did not know that Medicare does not pay for personal care services or that Medicaid does pay for such services. Approximately 30% of vulnerable respondents were not aware of personal service or door-to-door transportation services in their communities, and nearly 20% would not know where to go to obtain information on personal care services.

All other information gathering was conducted by individual community partnerships and is reflected in the array of substantive long-term care issue areas tagged as priorities for improvement. Personal safety concerns, volunteerism, developing older adult leaders, housing, and transportation were identified as priority issues in most communities. Caregiver supports and paraprofessional workforce development initiatives are priority concerns for multiple communities. Support for older adults with depression or other mental health problems can be found in priorities for four of these communities, whereas the interface between community and hospital at the time of admission and discharge are among priorities for two communities.

Strategies Chosen

The strategies for improvement being pursued by communities are further evidence of partnership responsiveness and sensitivity to their community. Several communities are developing strategies for improved communication between providers of long-term care services using electronic communications or interface protocols for care coordination.

Communication strategies to improve access to information about long-term care services include traditional newsletters and public speaking engagements and a variety of database development activities. Partnerships are demonstrating growing sophistication in their methods and success in social marketing. Several communities have worked with media partners to secure weekly radio shows and columns in daily newspapers. Partnership priority topics have been the subject of local television programs, with half-hour shows discussing the issues or educating community members. In response to a coordinated campaign addressing one partnership's chronic disease management goal, more than 420 viewers called in to request informational packets on stroke prevention and local support services during a 2-hr community telephone bank that aired on a local television station. Other communications activities include creative use of public access television and coordinated print and air media campaigns.

> In contrast, one community has a long tradition of competition, and the partnership operates in an environment of strong divides and political jockeying that contributes to a reluctance to collaborate.

Neighborhood strategies were initially anticipated in two communities, but these subarea or subpopulation approaches are becoming nearly universal as partnerships listen to and work with their community members to implement their strategies and begin to learn more about such approaches from one another. The definitions of neighborhood are distinctly varied and include both functionally and geographically defined groups. Functionally defined neighborhoods include business districts, ethnic groups, and lesbian, gay, bisexual, and transgendered communities. Geographic neighborhoods are defined by political boundaries, GIS-targeted census tracks, and traditional historical neighborhood identities.

Partnerships are operating in different environments, on different issues, using different strategies that are evidence that "no one size fits all." At the same time, they have adopted a common lexicon and debate and explore governance issues and conflict resolution by exchanging ideas, materials, and experience. Each community has shown leadership in multiple areas, no one community "has it all figured out," and all are learning from one another. Perhaps most importantly, they are no longer expecting solutions from "out there." CPFOA partnerships have begun to counter the challenge of the new federalism's fragmentation of policy and funding with organizational partnering. In that response, they are also demonstrating the usefulness of a teaching and learning philosophy in which they benefit from shared experience in program development. They are recognizing that they can and are shaping the long-term care delivery system in their own communities and are gaining confidence and insights from their exchange with one another.

Implications for Social Work Education and Practice in Aging

Social workers are central to the provision of services that are provided by many of the community partnership organizations in this program. They also are leaders in many of the community partnerships and bring to their work not only a strong commitment to improve services for older adults and their families but also skills in organizing and building collaborative relationships, program planning and design, and advocacy for policy and systems change. Further, from their direct practice experience, they draw on individual and family stories about the failures of long-term care or the possibilities for new models and use this knowledge to inform the collective work of the partnership.

The practice environment of the 21st century is increasingly more complex as the federal government continues to devolve responsibility for aging and other services to the states and the states look to communities for solutions. Dramatic changes in the economy, in demographics, and in service delivery require that social workers become active participants in community solutions for complex social problems. The growing trends toward community practice provide an ideal opportunity for social workers to maximize their skills and knowledge in community capacity building, social and economic development, social capital, empowerment, and advocacy (Moxley, Gutierrez, Alvarez, & Johnson, 2004). By becoming active participants in community partnerships that seek to change long-term care systems to better meet the needs of older adults and their families, social workers can use these skills to implement and evaluate models and interventions that work.

Yet, although the growth of older adult population will continue at unprecedented rates, the supply of social workers

with aging knowledge and skills lags behind the stated need (Scharlach, Damon-Rodriguez, Robinson, & Feldman, 2000). A growing literature suggests that social workers at all levels of practice need basic aging practice competency. All social workers—regardless of whether they are practicing in child welfare, health care, school-based, or other settings—will increasingly be working with older adults, including grandparents raising grandchildren, older adults as volunteers in schools, and multigenerational families. To strengthen and prepare social workers for practice with older adults, the John A. Hartford Foundation launched a Social Work Initiative[3] in 1998 that develops faculty leaders in gerontological social work education and research, builds training partnerships with schools of social work and field agencies, creates gerontological curricula and other teaching tools, and implements a National Center for Gerontological Social Work at the Council of Social Work Education. This initiative is helping to build the field of social work practice in aging.

The ultimate goal of social work community practice with older adults, whether in an organization or on the street, is to use both direct and macropractice skills to improve their quality of life and to develop a service delivery system that is responsive to the needs of this vulnerable and diverse population.

Conclusions

CPFOA partnerships are striving to keep their focus and be responsive to their communities. They are acutely aware that their success in making improvements rests on their success in listening and responding to what their community is seeking. Although the experiences of these varied communities in program development are not identical, using a common framework for program assessment that focuses on factors that forecast sustainability, the CPFOA communities are providing a useful test of organizational partnering in responding to the challenge of communities to accept additional responsibility for home- and community-based care of older adults in the long term. They are striving for a legacy that builds sustainable systems with the social capital they have generated. By keeping their "eye on the ball" of future improvements, actively engaging all members of the partnership, and identifying outcomes of interest to their community, it is reasonable to expect they will have a positive impact on their communities.

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