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**On Lok:**  
**An Organizational History of a Pioneering Long-  
Term Care Organization**  
**1971-2008**

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### **Board**

Joseph Barbaccia, MD: On Lok, Inc., and On Lok Day Services Board

Herbert Golenpaul: On Lok Senior Health Services Board

Vera Haile: Former Member of On Lok Board

Regina Liang Muehlhauser: Former President, On Lok, Inc., Board

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Amanda Lehning

## **Introduction**

Mr. Lee is an 89 year-old man who lives in a single-room occupancy (SRO) in San Francisco's Chinatown neighborhood. He immigrated to the United States from China forty years ago, but he has only limited proficiency in English. Mr. Lee never married, and while his job as a clerk in a neighborhood grocery store allowed him to support himself throughout his adulthood, he accumulated very little savings. Mr. Lee was recently hospitalized after suffering a stroke that left him with limited mobility on the right side of his body, as well as slurred speech and some memory problems. Following discharge from the hospital, Mr. Lee was sent to a nursing home, but he was very unhappy there because he did not want to spend the rest of his life in an institution in which none of the staff speak Cantonese.

Sister Mary joined the Sisters of the Holy Family convent when she was eighteen years old. She dedicated her life to serving the poor, but today, at age 75, her health is preventing her from engaging in charitable works. Sister Mary has difficulty walking due to arthritis in her knees, and she was recently diagnosed with coronary heart disease, which leaves her short of breath and dizzy with any physical exertion. Sister Mary wants to remain in her room in her convent in Fremont, but as her health deteriorates it is becoming more difficult for the other Sisters to provide adequate care.

Mr. Rodriguez, age 70, has lived in the Mission section of San Francisco for the past thirty years. A few years ago, he retired from his job as a cook in a local restaurant. His wife, who is ten years his junior, continues to work, and Mr. Rodriguez is lonely during the day. He is in fairly good health, although he was recently diagnosed with Type II diabetes, which brings with it an increased risk of heart disease, blindness, kidney damage, and nerve damage. Mr. Rodriguez would like to find a place where he can go to meet other men his age, particularly

those who share his background and understand the life of a Mexican immigrant in the United States. His physician would like him to find a place where he can engage in physical activity that will stave off some of the common complications associated with diabetes.

Mrs. Costa is a 90 year-old widow who has been living with her adult daughter in the North Beach neighborhood since her husband passed away ten years ago. Mrs. Costa has been showing signs of dementia in recent years, becoming forgetful and experiencing extreme mood swings. After she left the stove on all day a couple weeks ago, her daughter is afraid to leave her at home alone. Mrs. Costa's daughter works full time in a day care center, but she does not make enough money to hire professional help. Mrs. Costa's daughter does not want to place her mother in a nursing home, but she believes her mother requires a higher level of care than is available in her home. She wants her mother to have access to 24-hour care if needed while still maintaining some privacy and dignity.

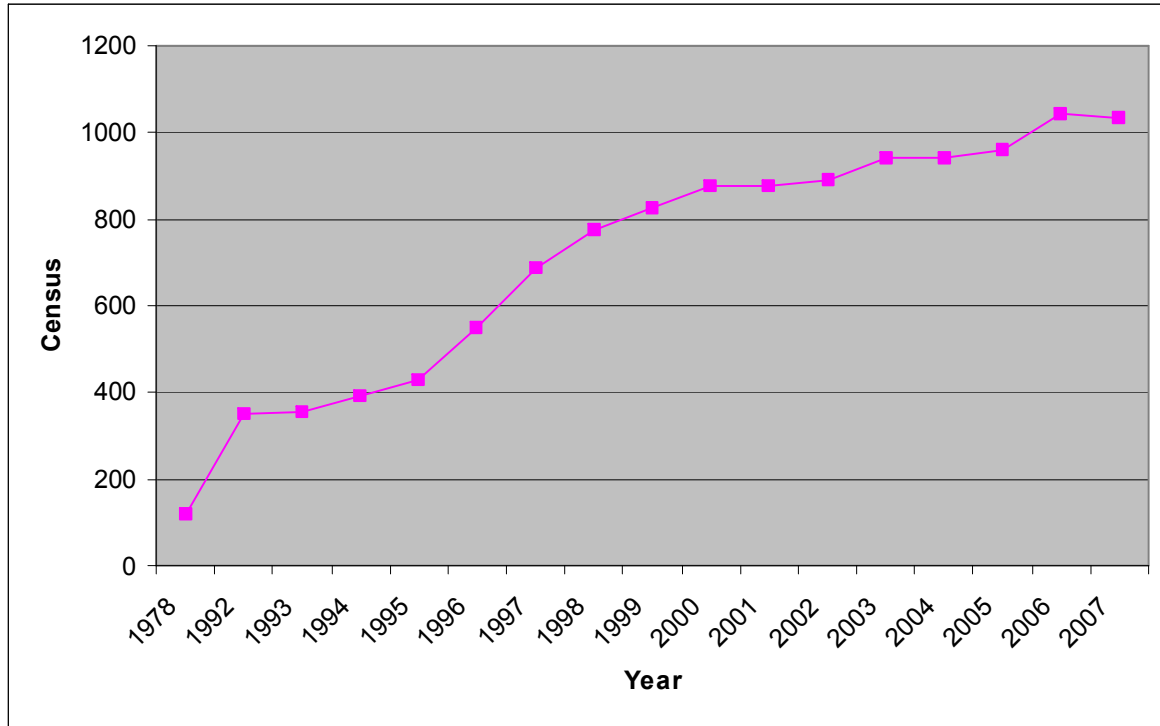
Forty years ago, each of the older adults depicted by these four composite descriptions would have had limited options in terms of accessing the type of care they need. Mr. Lee most likely would have been sent to a nursing home outside of Chinatown, spending the remainder of his life struggling to communicate his needs and wants to care providers who do not understand him. Sister Mary would most likely also find herself transferred from her home at the convent to a nursing home, having only limited contact with the sisters who had been her family for her entire adult life. Mr. Rodriguez would continue to struggle to find a place to spend his days, since a senior center that could provide culturally competent activities to Latino older adults, as well as exercise and nutrition classes, did not exist near the Mission District. Mrs. Costa and her daughter would also be in a difficult situation. Mrs. Costa's daughter would be faced with a

choice of either placing her mother in a nursing home or quitting her job to provide round-the-clock care.

Today, however, there is an organization that can maintain the well-being and dignity of these four older adults, addressing their diverse health and social needs through culturally competent services. On Lok, Inc., is a nonprofit organization providing services to older adults living in the community through four programs: On Lok Lifeways, a comprehensive health plan that provides an alternative to nursing home placement; 30<sup>th</sup> Street Senior Center, the largest multipurpose senior center in San Francisco; On Lok Intergenerational Program, which brings together preschool aged children with older adults; and On Lok Housing, which provides senior housing with co-located services that help maintain independence. What started as a small grass roots organization interested in improving health care to older adults in the Chinatown-North Beach area of San Francisco is now an organization of approximately 600 employees providing services throughout the City of San Francisco and Southern Alameda County, with a national reputation as being the leading innovative provider of care to frail elderly. As shown in Figure 1, On Lok served less than twenty participants back in 1973, but by 2007 On Lok Lifeways had over 1000 frail older adults enrolled in its health plan. In addition, On Lok's 30th Street Senior Services served over 5000 seniors throughout that same year. As shown in Figure 2, while On Lok had expenditures of approximately \$3600 in 1971 during its first year of existence, by 2007 that figure had reached to \$75 million for On Lok Lifeways alone. During this time On Lok's programs evolved dramatically, On Lok has served thousands of older adults since its founding, the majority of whom most likely would have ended up in a nursing home, cut off from their families, communities, and culture. In addition, On Lok has helped other organizations across the country prevent the institutionalization of thousands of older adults in similar situations by

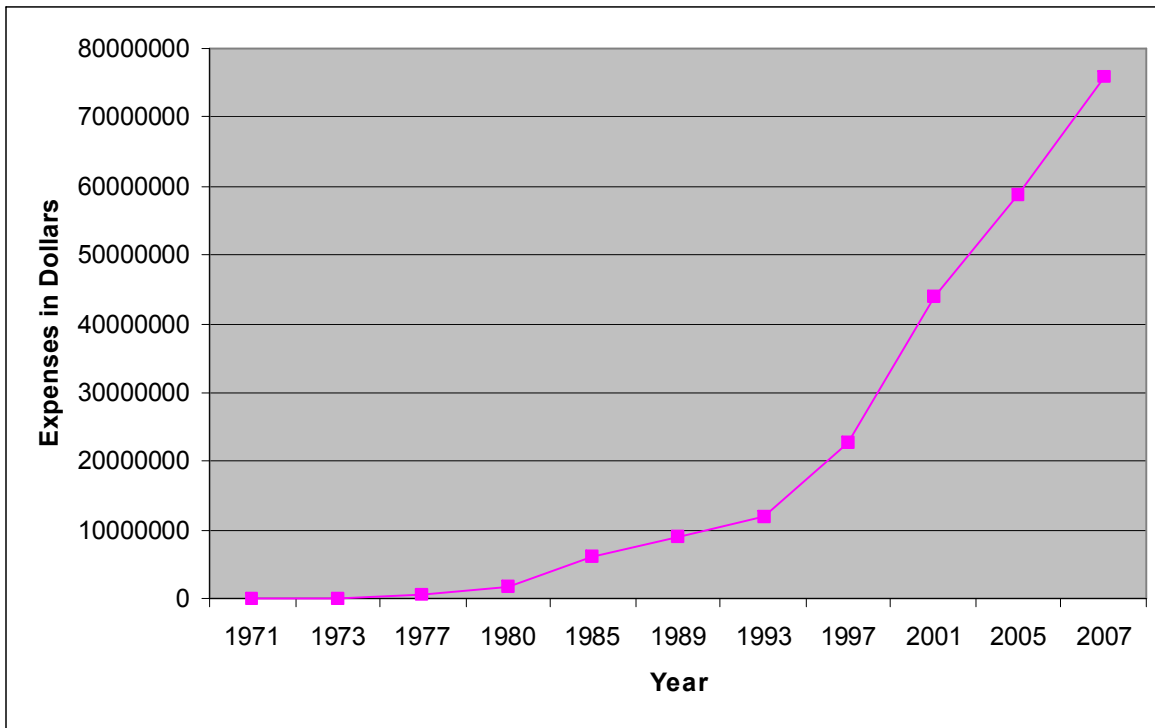
developing an innovative model of care and fighting for the political and financial support necessary for its proliferation.

**Figure 1: Year End Participant Numbers for On Lok Senior Health Services\***



\* On Lok's program for the frail elderly became comprehensive in 1980 and has been known as On Lok Lifeways since 2007.

**Figure 2: Annual Expenditures for On Lok Senior Health Services\***



\* On Lok's program for the frail elderly became comprehensive in 1980 and has been known as On Lok Lifeways since 2007.

This organizational history presents the past, present and future of On Lok, a pioneering organization that has improved the well-being and dignity of older adults in the San Francisco Bay Area as well as transformed the national conversation on long term care for the elderly. It covers the period from the years leading up to the founding of a small organization (first called the Chinatown-North Beach Health Care Planning & Development Corporation) through the first three years of its current Executive Director, Robert Edmondson. It concludes with highlights of recent changes and new directions as On Lok approaches its fortieth anniversary in 2011, including detailed descriptions of the programs and services currently provided by On Lok. It also describes future challenges related to the U.S. health care system and the organization's exploration into new models of care and new geographical areas of service provision.

## **Past**

### *Early History: 1965-1970*

In the mid to late 1960s, two events inspired a group of community leaders to create what would eventually develop into On Lok Senior Health Services. First, Congress passed the Immigration Act of 1965, which abolished national origin quotas and ended years of discriminatory U.S. policy that had encouraged immigration from Western Europe while severely restricting immigration from the rest of the world, such as the Asia-Pacific Triangle. As On Lok's founding executive director Marie-Louise Ansak (2004) recalled, once U.S. immigration law changed, Chinatown began to grow, both in terms of the population and geographic area. Second, San Francisco Mayor Joseph Alioto organized a fact-finding commission to study Chinatown in response to an increase in social problems in the neighborhood (Ansak, 2004). One of the members of this commission was William L. Gee, DDS, a public health dentist, community leader, and member of the Chinatown-North Beach District Health Committee. In 1968, the commission released its report detailing the social problems in Chinatown and offering possible solutions. One major finding was the absence of nursing homes and long-term care services for the growing elderly population in the area (Ansak, 2004). The community was therefore confronted with two problems: 1) an influx of residents who needed to find jobs and 2) an elderly population with limited health care and supportive services. Within a few years, Dr. Gee and other members of the Chinatown-North Beach District Health Committee would begin devising a solution to these two problems.

### *A New Idea: 1971-1972*

On September 16, 1971, members of the Chinatown-North Beach District Health Committee incorporated the nonprofit Chinatown-North Beach Health Care Planning &

Development Corporation. In addition to Dr. Gee, other founding members included: Gail Lee (a community health educator), Maylian Lee (a public health nurse), Dr. Cecilia Johnson (the district health officer in the San Francisco Health Department), Gilbert Lum (the director of the Community Health Center at Northeast Medical Services), Linda Wang (a social worker at Chinese Hospital), and Vera Haile (the supervisor at Self Help for the Elderly). Thus, from the very start a multidisciplinary and community-based group shaped the organization. Dr. Gee became the first Board president. According to Marie-Louise Ansak (2004), Dr. Gee and fellow Board members Maylian Lee and Dr. Johnson made up the leadership group that guided the early beginnings of On Lok.

The founders wanted to address the needs of the workforce as well as the needs of the elderly. The mission of the new organization was to develop and provide comprehensive health services to residents of the Chinatown-North Beach neighborhoods of San Francisco, focusing particularly on those with language, cultural, and financial barriers to adequate care. The new corporation had received a grant of \$2000 from the University of California, San Francisco to explore hiring foreign health professionals, and also decided to study the feasibility of building a nursing home in Chinatown. They hired Marie-Louise Ansak, a Swiss-born social worker who had been working as the staff development supervisor at San Francisco General Hospital, to conduct the study (Ansak, 2004).

As Marie-Louise Ansak began talking with people in the community and consulting with geriatric experts, it became clear to her that a nursing home was not the solution to the health care needs of frail elders in Chinatown and North Beach. She discovered that a majority of the older population in these neighborhoods did not require the level of care provided by a nursing home, but instead needed more community care that could provide meals, social activity, and

medical check-ups. The exorbitant cost of opening a nursing home, as well as the myriad regulations associated with such a venture, also discouraged the Chinatown-North Beach Health Care Planning & Development Corporation from pursuing such a project. The vision of what would become On Lok Senior Health Services, however, came from the work of Lionel Cosin, a physician in England who had started day hospitals for older adults. Marie-Louise Ansak had visited Dr. Cosin in England, and returned to San Francisco very excited about the idea of providing older adults with services during the day and allowing them to return home at night. Roselyn Lindheim, a professor of architecture at UC Berkeley who provided consultation to Marie-Louise Ansak during her initial study, also helped shape On Lok's emerging vision of service provision.

In late 1971, Dr. Gee secured a \$10,700 matching grant from the San Francisco Foundation, which allowed the Chinatown-North Beach Health Care Planning & Development Corporation to hire Marie-Louise Ansak as a consultant, and a year later she became the first Executive Director of the organization (Ansak, 2004). Soon after, the organization started its first program, working with UC San Francisco to train community aides, including foreign health professionals, in nutrition.

In the beginning, the Chinatown-North Beach Health Care Planning & Development Corporation employees, including Mrs. Ansak and her first administrative secretary Diana Yeung (now Diana Eng), worked in a one-room office in San Francisco Health Center #4 on Broadway in Chinatown. The main priority for the organization was to set up an adult day health center for the Chinese, Filipino, and Italian populations in Chinatown-North Beach. Towards that end, with the help of Dr. Richard Kalish, in 1972 On Lok applied for an Administration on Aging (AoA) demonstration and research grant focused on day hospitals and day care centers as

alternatives to nursing homes (Ansak, 2004). On Lok was one of only four organizations across the country that received the grant, the goal of which was to see whether these alternatives were cost effective and could be reimbursed through Medicaid and Medicare.

*Developing the Model: 1972-1975*

In late 1972, the Chinatown-North Beach Health Care Planning & Development Corporation began assembling the pieces required to provide services to frail elders in the Chinatown-North Beach neighborhoods. Marie-Louise Ansak began building up the clinical staff with the hiring of three social workers, including a full time Chinese-speaking social worker, a half-time Italian-speaking social worker, and a half-time Filipino-speaking social worker (Ansak, 2004). Within this time period, the organization adopted the name On Lok Guey, which means happy, peaceful abode in Cantonese, and the service program was designated On Lok Senior Health Services. On Lok took its first tentative step towards providing housing when the Salvation Army asked the organization to operate a board and care home on the third floor of their building, a program known as Sai On (Ansak, 2004). The Salvation Army collected rent, but On Lok admitted residents and provided services. On Lok was also searching for a location for an adult day health center, and eventually settled on 831 Broadway, a burned-out nightclub. The Broadway center opened on March 18, 1973, providing adult day health services to 18 Sai On residents and one other participant, supported by the AoA grant as well as additional funds from Cowell and Bothin, two local foundations. At the time, On Lok's service area consisted of only the northeastern corner of San Francisco (from Van Ness to the Bay to Market Street and up Sutter Street) (Ansak, 2004).

On Lok was one of the first organizations in the country to develop an adult day health center, and the absence of adult day health licensing and regulations gave the staff the freedom to

experiment with a different model of long-term care. According to Marie-Louise Ansak (2004), in the first couple of years, On Lok operated under a permit for public assembly, staying away from health care licensing.

With the AoA research and demonstration grant ending in 1975, On Lok had to devise a funding strategy to firmly establish the adult day health program. In 1974, On Lok retained Rick Zawadski, who had recently received his Ph.D. in social organizational psychology from UC Berkeley, to conduct an evaluation and prepare the final report for AoA. The report proposed that adult day health care could be reimbursed through Medicaid, known as Medi-Cal in the state of California, and On Lok began working with state legislators to get Medi-Cal to cover adult day health care. Willie Brown, then a member of the California State Assembly, introduced legislation in 1974 that set aside \$300,000 for adult day health services through the California Department of Health (Ansak, 2004).

Ruth von Behren, Project Director, Long Term Care Systems Development Project, California Health and Welfare Agency, and health care policy consultant Thomas G. Moore, Jr. played key roles in establishing adult day health care in California. Both Dr. von Behren, who became a national leader in the field of adult day health care, and Mr. Moore, an expert in health systems and the development of community-based health care delivery, would continue to figure largely in On Lok's success over the coming decades. Mr. Moore headed On Lok's Training and Technical Assistance effort from 1980 to 1982. Dr. von Behren joined On Lok's staff in the early 1980s and retired from On Lok in the mid 1990s. Mr. Moore later served on the Board of Directors for a number of years and his father became an On Lok participant.

As the only organization in the state in 1974 providing day health services, On Lok received the contract for the one-year Medi-Cal state pilot project (federal demonstration under Section 1115). With the pilot project, research became an even more important component of the organization, and Rick Zawadski was hired as the Director of Research and Development.

*Towards a Continuum of Care: 1975-1979*

On Lok received two more Medi-Cal demonstration grants between 1975 and 1978, but the need for a more permanent source of funding pushed the organization to advocate for state legislation that funded adult day health centers. In 1975 and 1976, other adult day centers had opened in the state of California, and they banded together with On Lok to advocate for Medi-Cal reimbursement. In 1977, Assemblyman Leo T. McCarthy and Tom Porter, consultant to the Assembly Committee on Aging, held hearings on adult day health care, and legislation passed in 1978 (AB 1611) expanded the adult day health program statewide and recognized adult day health as a Medi-Cal benefit. Dr. von Behren, working closely with On Lok, wrote the regulations for this new program. Henry Mello, Chairperson of the Assembly Committee on Aging, made sure that the state budget included adequate start-up funding for new adult day health centers.

Soon after the adult day health center was established, staff could see clearly that participants needed additional services to supplement adult day health. Thus, On Lok's leadership intensified its efforts to create a more comprehensive model of care, including in-home supportive services, social day care, and housing, and to identify new financing approaches for this comprehensive care.

Supported by two additional grants from the San Francisco Foundation in 1974 and 1975, On Lok started weekend services and developed its first training and operations manuals. On

Lok began providing in-home support services in 1975 with financial assistance from a second AoA grant, which On Lok received through the assistance of then Secretary of Health, Education and Welfare (HEW) Caspar Weinberger. This 1975-1978 Model Project grant also enabled On Lok to provide home-delivered meals, set up a social day care center called Ping On, and develop housing options. In 1978 On Lok received the San Francisco Foundation's John H. May Award, along with \$12,755 in financial support from the Foundation.

As the service system was developing, the On Lok leadership also worked to provide housing for frail elders, recognizing that housing and services had to be administered separately to avoid the regulatory tangles associated with becoming a nursing home (Ansak, 2004). Marie-Louise Ansak (2004) felt that "even though these [were] poor people and they probably never lived in such good places, why shouldn't they live in a decent place for the last few years of their lives?" (p. 131). In 1975, On Lok set up On Lok Development Corporation, a separate non-profit, to obtain financing from the Department of Housing and Urban Development (HUD) to build subsidized housing for impoverished, frail older adults in what would become On Lok House. As the future site of On Lok House, On Lok decided upon 1441 Powell Street, property owned by the Sisters of the Holy Family who had been using it for a childcare program. In 1977, to help On Lok purchase the site, the Evelyn and Walter Haas, Jr. Fund provided \$20,000, and the Levi Strauss Foundation supplied another \$15,000. Board members Dr. Gee and Maylian Lee personally guaranteed that the Sisters would receive their \$300,000 for the purchase the land within six months. On Lok then embarked on its most ambitious fundraising effort to date, raising \$1 million, including another \$150,000 in 1978 from the Haas Fund for On Lok House construction. In 1978, thanks largely to the efforts of local attorney Gary Hoshiyama (a specialist in HUD projects), Jay Constantine (Chief of Staff of the U.S. Senate Finance Committee) and

former HEW Secretary Caspar Weinberger, On Lok received a HUD 202 construction and mortgage loan to build On Lok House.

The On Lok leadership was proving to be adept at enlisting the support of influential policymakers at the state and federal level. Marie-Louise Ansak and Dr. Gee complemented each other, particularly in the policy arena (Townsend, 1982). Marie-Louise Ansak was a fighter who refused to take no for an answer. One long-time volunteer remembered “you talk to her for 15 minutes and she’ll take the shirt off your back” (Personal interview, June 3, 2008). Marie-Louise Ansak (2004) admitted she had a fighting spirit when it came to establishing the On Lok model: “I would always fight when they would say that we had to do a certain thing or so . . . if I really felt that it wasn’t necessary, I would fight tooth and nail that we didn’t have to do it” (p. 34). While Mrs. Ansak was described as a stubborn visionary, Dr. Gee kept a low profile and was able to be quietly bold, getting his foot in the door when necessary in Sacramento and Washington, DC. He forged alliances with Democratic and Republican legislators and showed considerable acumen in protecting his allies and strategies by requesting that names and details not be revealed (Townsend, 1982). He was described as gentle and kind. His insistence that On Lok develop relationships on both sides of the political aisle insured that On Lok did not lose its momentum when the administration changed political parties (Ansak, 2004). The combination of Marie-Louise Ansak’s passion, Dr. Gee’s political savvy, and Rick Zawadski’s research data proved to be an effective team with legislators and regulators at the state and federal level.

By 1978, On Lok had Medi-Cal funding for adult day health care, was about to open a second center on Bush Street to serve the Polk Gulch area in addition to the Chinatown-North Beach community served by its Broadway center, had an AoA model project grant to establish an outpatient continuum of health services (in-home chore services, portable meals, housing

assistance, and a social level of day care), was using a multidisciplinary team to coordinate the whole package of community-based services and had begun construction on On Lok House. Yet key elements still were needed to realize the original vision of a cost-effective continuum of care for the frail elderly.

Thus, On Lok applied for and received a four-year research and development grant from the Office of Human Development Services in October 1978 to implement and study a Community Care Organization for Dependent Adults (CCODA), a program resembling a Health Maintenance Organization (HMO) for older adults eligible for nursing home care. Rick Zawadski and Tom Moore, then a consultant to On Lok, created the conceptual framework for financing such a program over the long run and designed an information system to track service utilization and costs. On Lok sought a waiver from Medicare to provide both medical and social care under a fixed amount of money per month, known as fixed capitation. When the Health Care Financing Administration (HCFA, the predecessor of the Center for Medicare and Medicaid Services, or CMS) was reluctant to allow On Lok to provide services with capitation funding, relationships with policymakers once again played a pivotal role to maintain the momentum. Jay Constantine, HEW Secretary Joseph Califano, HEW undersecretary Hale Champion and Jean Bainter at HCFA helped On Lok secure a four-year demonstration Medicare waiver to develop and test the comprehensive model without the pressure of financial risk. On Lok could behave, internally, as if it were at financial risk as would have been the case with a capitation approach. The organization, however, would neither be subject to the losses that might occur with such financing nor be able to accrue savings if it provided care for less than the capitation rate.

The main objectives of the CCODA project were to develop and operate a care system meeting all health and health-related needs of dependent adults; to assess the impact of prospective, capitated, de-categorized funding; to develop actuarially sound methods of budgeting the medical and social needs of dependent adults; and to produce a cost and utilization yardstick by which to compare the effectiveness of the CCODA with other models (Zawadski and Ansak, 1981).

By February 1979 the entire outpatient system was operational and by the following year the inpatient components were in place to complete the system. By 1980 On Lok was providing or paying for all of the medical care for its participants, including medical care in clinics connected to the adult day health centers, specialist consultations, prescription medications, lab tests, x-rays, hospital care, and nursing home care (Eng, Pedulla, Eleazer, McCann, & Fox, 1997). Staff physicians were now an integral part of the interdisciplinary team, serving as the participants' primary care providers. An essential step towards integrating the medical components into the package was the hiring in 1979 of Harry Lee, M.D., as the first medical director. One of Dr. Lee's responsibilities was to improve relations between On Lok and other medical providers in the community, who suspected the organization was attempting to steal their patients. At the close of 1980, 253 participants were enrolled in the program.

#### *1980-1985: Integrated Care and Financing*

Between 1980 and 1985, On Lok had two main priorities: 1) implement the concept of protective housing co-located with services, and 2) secure permanence for its integrated model of care.

On Lok House opened 54 HUD-subsidized apartments for the elderly and a third adult day health center in October of 1980. It took some negotiating before HUD granted On Lok

permission to reserve all the housing units for frail older adults; as Marie-Louise Ansak (2004) recalled, “we said we wanted to reserve the building for frail people only, and they said to me ‘What is a frail elderly?’” (p. 98). With the opening of On Lok House on Powell Street, combined with the establishment of the Bush Street adult day health center in 1978 and the integration of medical care into the On Lok model, On Lok was growing dramatically.

When the HCFA Medicare waiver demonstration ended in 1982 On Lok once again needed to secure funding sources for the successful integrated model of care. Rick Zawadski and the Research and Development department conducted “program based, policy oriented research” as described in technical reports issued by On Lok during the 1980s. The ultimate goal of On Lok’s research efforts was “to build a body of knowledge based on real world experiences with service systems in long-term care” (Zawadski and Ansak, 1981). On a more immediate and practical level, research was essential to determine the value of the program so it could become permanently funded. For the CCODA demonstration, funding for research and development came from grants from AoA, the National Institute of Handicapped Research, the Evelyn and Walter Haas, Jr. Fund, and the United Way of the Bay Area.

Research data indicated that the CCODA was a successful program and that capitation not only worked for a program serving frail elderly population, but also resulted in a more cost-effective model of care than traditional Medicare or Medi-Cal (Ansak, 2004). The CCODA’s project waivers gave On Lok simplified funding—Medicare had paid for everything—but this was not a sustainable approach, because Medicaid, not Medicare, is the primary public funder of long-term care. As nearly half of the CCODA enrollees (48%) were eligible for MediCal, On Lok began discussions with the State of California regarding Medi-Cal reimbursement in the spring of 1981 (Zawadski, et al., 1985).

In 1982, On Lok applied for two HCFA waivers—one for Medicare and one for Medicaid—to demonstrate that the On Lok model could operate using a combined Medicare and Medi-Cal capitation system. However, according to Marie-Louise Ansak (2004), HCFA decided not to continue funding On Lok due to concerns about the generalizability of the program. Specifically, HCFA attributed the success of On Lok more to the characteristics of residents in Chinatown than to the model itself.

Jay Constantine once again provided invaluable support for On Lok in Washington, and Congressman Henry Waxman (D-CA) and Senator Bob Dole (R-KS) inserted a line into the Social Security Amendments of 1983 (P.L. 98-21) authorizing On Lok to experiment with capitation under Medicare and Medi-Cal for three years. This law mandated HCFA to grant On Lok's request for the waivers to implement a model of risk-based reimbursement for long-term care. On Lok began that demonstration, called the Risk-Based CCODA, on November 1, 1983 (Zawadski, et al., 1985).

Under this risk-based capitation, in exchange for fixed monthly payments from Medicare and Medi-Cal for each participant, On Lok provided all the medical and social care included in its model, assuming the financial risk for any cost overruns (Eng et al., 1997). Initially, On Lok had not expected to take on full financial risk, since Medicare had been willing to share the risk with Medi-Cal and On Lok.

The State of California required that On Lok have substantial financial reserves before it would approve providing Medi-Cal capitated payments. Because On Lok had lived hand-to-mouth over the past decade as it bootstrapped its growth through foundation grants and demonstration projects, the organization did not have significant reserves. At that time, Dr. Gee, Harding Leong and Mrs. Ansak went to a local bank to get a loan for \$300,000 and told the bank

they would give their own homes as collateral (Ansak 2004). The bank provided the loan. On Lok also asked the Robert Wood Johnson Foundation (RWJF) for help. In 1984, after the RWJF Board of Trustees met in San Francisco and visited On Lok, RWJF guaranteed a loan of up to \$300,000 (none of which had to be tapped by On Lok). A grant from the San Francisco Foundation supported activities to transition to the capitated system. One key issue in this transition was covering participants then being served who were not eligible for Medi-Cal (about half of the participants enrolled in the On Lok program at the time). United Way funds helped provide “scholarships” for these participants to subsidize their share of cost. Over time, the program gravitated to serving a dual-eligible population, with very few enrollees ineligible for Medi-Cal.

The capitation payments authorized through the HCFA waivers covered service costs for Medicare and Medi-Cal eligible participants, but did not pay for the required research and evaluation component. The Evelyn and Walter Haas, Jr., Fund provided crucial support in 1983 for research and long-term planning. These funds enabled On Lok to obtain the assistance of Dr. Leonard Gruenberg of Brandeis University and contract with the RAND Institute to establish a fair and adequate rate from Medicare. Substantial grants from the Henry J. Kaiser Family Foundation, RWJF, the Retirement Research Foundation and the John A. Hartford Foundation supported research and development for the Risk-Based CCODA demonstration. The question remained as to whether the On Lok model would only work for a very specific frail elderly population living around Chinatown-North Beach in San Francisco. The research staff shared the first research results indicating that the program could move beyond the local community during a pivotal visit by the RWJF trustees. Once the trustees learned of the promising results, On Lok

and RWJF began discussing the possibility of piloting the model in other locations. In 1985, On Lok obtained a grant from RWJF to conduct a national replication project.

During this same period, On Lok began to look at itself and strengthen its infrastructure. The first planning retreat for On Lok's supervisory staff occurred in the spring of 1985. As a United Way requirement, On Lok completed "Board Self-Evaluation and Agency Planning" in the fall of 1985. Over the next several months, On Lok's first strategic planning effort involving the Board of Directors took place, facilitated by Carol Van Steenberg, a planning and communications consultant who had been involved with the Research and Development department since 1981. It produced three strategies: (1) maintain On Lok's current service program; (2) maintain On Lok's leadership role in community-based long-term care; and (3) expand On Lok's service program beyond the Risk-Based CCODA. Among the tactics identified were obtaining permanent facilities for day centers, housing and administration and funding a risk reserve.

#### *National Replication Through PACE: 1986-1994*

According to one long-time employee, in the mid 1980s the consensus at On Lok was that a national replication was necessary to ensure the organization's long-term survival. A national replication was therefore motivated by two goals: making the organization stronger by making the model stronger, and making an effective model of care available outside of San Francisco. Moving beyond demonstration projects and achieving a more permanent source of funding had been On Lok's goal since its founding. The On Lok leadership worked hard to obtain permanent funding, traveling to Washington and meeting with key legislators (Ansak, 2004). With help from Senators Dole and Daniel Inouye (D-HI) and Congressmen Waxman and

Pete Stark (D-CA), On Lok's Medicare and Medi-Cal waivers were extended indefinitely as part of the Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272).

The first RWJF replication grant was for a one-year project to determine the feasibility of setting up and operating the On Lok model in other parts of the country. Three critical questions needed to be answered: (1) were there organizations interested and able to replicate the model; (2) would there be start-up funding to support development; and, most importantly, (3) would the replication sites have the same Medicare and Medicaid waivers as On Lok to provide program funding. Under this grant, Eileen Kunz joined On Lok's staff as the first employee dedicated to the replication project. Her role was to coordinate the project, working with seasoned On Lok staff and Board members. To find suitable sites for replication, On Lok sent out a request for proposals to approximately 120 organizations across the country (Ansak, 2004). From the many responses received, On Lok selected six non-profit organizations for in-depth feasibility assessments. Together these six organizations represented a variety of auspices and state environments. Each had to replicate the On Lok model in every aspect, as well as to abide by guidelines put forth by its own organization (Ansak, 2004).

In the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509), Congress authorized the same risk-based capitation waivers for up to ten sites working with On Lok to replicate the model. In this legislation, Congress mandated that On Lok would be involved in the selection process. With interested organizations identified and commitment for ongoing funding through waivers established, RWJF in 1987 provided two streams of funding for the replication that totaled \$5.8 million over four years, with On Lok receiving about \$1.5 million and replication sites receiving the remaining portion (approximately \$700,000 per site, contingent on raising \$300,000 in matching funds).

On Lok's RWJF funding supported project management and oversight of the replication endeavor, and the Research and Development department began focusing most of its attention on the national replication. The John A. Hartford Foundation provided a three-year grant of \$609,911 to On Lok for a full program of training and technical assistance for the new sites and to develop a cross-site database to track performance, eventually named DataPACE.

RWJF, as stipulated in their grant to On Lok, made the ultimate decision as to which sites would engage in the replication, and the foundation accepted the six sites recommended by On Lok: East Boston Neighborhood Health Center in Boston; Beth Abraham Hospital in the Bronx, New York; Providence Hospital in Portland, Oregon; Richland Memorial Hospital in Columbia, South Carolina; Community Care Organization in Milwaukee, Wisconsin; and Beinvivir Senior Health Services in El Paso, Texas. RWJF required each site to secure matching funds that demonstrated community commitment. Thus, a number of other foundations became involved in the replication by supporting individual sites. Among the foundations providing the replication sites with their necessary matching funds were the Colorado Trust, the Public Welfare Foundation and the Retirement Research Foundation. Later, as On Lok began to concentrate on bringing up additional PACE organizations in California, beginning with Center for Elder Independence in Oakland and Sutter in Sacramento, other foundations and new grants from previous funders would support the effort. For example, the San Francisco Foundation and the Henry J. Kaiser Family Foundation would support the Oakland site. Retirement Research and Henry J. Kaiser also provided funding to On Lok for technical assistance to the additional replication sites.

In 1988, On Lok named its model "PACE, the Program of All-Inclusive Care for the Elderly."

## Description of the PACE Model

Six principles make up the philosophy behind the PACE model of care (Ansak, 1990), including: 1) a focus on the frail elderly, older individuals with a significant level of impairment for which they will require care for the remainder of their lives; 2) an emphasis on community residence over institutional care; 3) a combination of acute and chronic medical care with social and supportive services; 4) integrated services provided by an interdisciplinary team; 5) integrated funding from Medicare, Medicaid, and, in some cases, the individual; and 6) financial risk, through fixed reimbursement rates, that may result in accruing savings or realizing losses if the cost of care varies from the revenues received.

Individuals who are 55 years or older, live in a specified geographical service area, can live safely in the community, and have been certified by the state Medicaid agency as requiring nursing home-level care are eligible to enroll in a PACE program (Eng et al., 1997). A PACE organization receives a monthly capitation payment from Medicaid and Medicare, with those participants who are not eligible for Medicaid paying that portion of the monthly fee (Eng et al., 1997). The Medicare monthly capitation rate originally was based on the Adjusted Average Per Capita Cost (AAPCC) methodology used to calculate reimbursement rates for Medicare HMOs (Ansak, 1990). While Medicare HMOs in the late 1980s had standardized rates of payment adjusted for demographic factors (including age, sex, welfare status and institutional status), PACE provider payments used a single adjustor of 2.39 to the average Medicare cost. As shown by Leonard Gruenberg of Brandeis University and the RAND Institute in 1983, a multiplier of 2.39 reflected the frailty and high service utilization of PACE participants, as compared to the general Medicare population (Ansak, 1990). The Medicaid monthly capitation rate is based on fee-for-service long-term care costs. There are no co-pays or deductibles, no caps on services, and the PACE organization makes a lifetime commitment to provide services to the participant (Eng et al., 1997). The lifetime commitment discourages organizations from withholding services as a means of saving money, since denying necessary services in the present may result in the participant requiring more expensive services in the future (Eng, et al., 1997). PACE organizations assume full financial risk, although new organizations assume this risk gradually throughout the three-year demonstration period, first sharing the risk with HCFA (now CMS) and the state (Eng, et al., 1997).

PACE programs are unique in that many community services are consolidated in one center, and participants also receive services in many other settings, including their own homes, hospitals, medical specialists' offices and long-term care facilities (Eng, et al., 1997). Each PACE center includes both an adult day health center and a full-service medical clinic, reflecting the model's emphasis on combining medical and social care. Centers are typically open Monday through Friday, although most PACE organizations have at least one center with weekend hours. Each center employs an interdisciplinary team comprised of primary care physicians, clinic nurses, nurse practitioners, social workers, occupational and physical therapists, dietitians, recreation staff, geriatric aides, home health nurses, transportation workers, and a center manager.

The model brings in multiple professional perspectives, and frequent communication among different disciplines leads to the appropriate management of the complex social, home, and medical needs of each participant (Eng, et al., 1997). The entire team assesses each participant prior to enrollment and works with the participant and family to develop a treatment plan. Each participant is then re-evaluated on a semiannual basis by team members, or more often if the situation changes. The PACE model emphasizes preventive care in order to improve health and functioning through the early detection and treatment of acute diseases and chronic conditions over aggressive treatments or invasive testing with limited potential benefits for older adults (Eng, et al., 1997). Members of the interdisciplinary team place a high priority on discussing health wishes with participants as early as possible, and “the experience thus far among PACE staff is that non-emergent discussions of health wishes with patients and family members have resulted in thoughtful reflections on what constitutes quality in the remaining years of life in the frail elderly” (Eng, et al., 1997, p. 228).

In their 1997 article published in *The Journal of the American Geriatrics Society*, On Lok Medical Director Catherine Eng and her colleagues reported that the PACE model resulted in beneficial outcomes for participants. For example, in 1995, the typical participant was 80 years old, diagnosed with almost eight medical conditions, and had limitations in approximately three activities of daily living. Compared to all Medicare recipients, however, PACE participants had a shorter average length of hospital stays and low utilization rates for visits with primary care physicians and specialists. In addition, PACE participants had a lower mortality rate compared to nursing home residents.

However, a number of limitations associated with the PACE model. It requires a significant investment to start up such a program and it does not fit the needs of all frail elderly. It is difficult to recruit middle-class older adults who do not qualify for Medicaid and therefore are responsible for a substantial portion of monthly costs. In addition, some potential enrollees are reluctant to leave their current primary care physicians and specialists for PACE providers while others prefer home care rather than coming to an adult day health center to receive many services (Eng, et al., 1997).

By 1988, after years of developing and refining the model, On Lok had firmly established its program of care and, in collaboration with the initial replication sites, developed a set of guidelines and requirements (the rudiments of what would become the “PACE Protocol”) that has remained in place to the present day. In 1988, Rick Zawadski left the organization and John Shen, Ph.D., became the Director of PACE, leading On Lok’s efforts to provide technical assistance to new PACE organizations.

Under Dr. Shen's leadership and with experienced program staff (including Kate O'Malley, Wanda Chin and, on a part-time basis, Jennie Chin Hansen and Dr. Catherine Eng), On Lok provided technical assistance to the developing programs and arranged for key staff from replication organizations to come to On Lok for intensive training programs. In addition, On Lok coordinated all cross-site educational, public policy and data collection activities. Replication staff (including Eileen Kunz, Christine van Reenen, and later Ann Iversen) worked closely with HCFA's Office of Research and Demonstration staff, replication sites and their respective State Medicaid agencies to formulate the necessary requirements and protocols, including individualized Medicaid rate-setting methodology and waiver applications to allow organizations to request Medicare and Medicaid waivers. Dr. Marlene Clark led the research team to train replication staff on the collection of the PACE common data set and to develop DataPACE, a software program that facilitated cross-site data collection and reporting. On Lok also assisted additional organizations interested in replicating the model, expanding beyond the initial six funded by the RWJF.

In 1990, the first replication sites began operating with Medicare and Medicaid waivers, and they successfully completed the demonstration period in 1993, when they took on the full financial risk and began operating on their own. Also in 1990, Congress passed legislation increasing the number of organizations that could obtain PACE demonstration waivers from ten to fifteen.

In 1991, On Lok sought additional funding from RWJF to support development of a PACE consortium. After protracted negotiations, RWJF awarded On Lok \$676,396 over a three-year period. The PACE consortium, made up of representatives from all PACE organizations, was intended to assume the leadership, training and educational role provided by On Lok. One of

the guiding principles behind the replication project was what Marie-Louise Ansak (2004) referred to as “each one, teach one” (p. 79), which called for each PACE organization that completed the demonstration to provide technical assistance to new sites. By the end of this grant period (1994), On Lok had used the demonstration sites’ experience to refine the PACE Protocol (originally developed in 1990 as a required document to begin the waivers), begun work to create four technical assistance centers and conducted an independent quality assurance survey across all PACE sites, a step toward accreditation of the PACE model. On Lok also had regularly convened meetings of the PACE Consortium to foster collaborative planning. In 1994, On Lok spearheaded the incorporation of the National PACE Association (NPA) as a California nonprofit membership corporation. NPA’s first president was Judy Baskins, the director of the Columbia, South Carolina PACE organization. To manage its day-to-day operations, NPA contracted with On Lok. In 1994, the Retirement Research Foundation gave On Lok a three-year grant to accelerate work with the first replication sites to help them learn how to provide technical assistance to others. By 1997 five replication sites were also technical assistance providers, using the manuals and other tools supplied by On Lok.

#### *Balancing Local and National Growth: 1986-1994*

In the mid 1980s, On Lok was striving to achieve a balance between disseminating the PACE model nationwide through the replication project and maintaining its commitment to provide quality care to the frail elderly in San Francisco. During the years that PACE proved itself and took hold in many states and communities through On Lok’s leadership, On Lok was not simply marching in place in San Francisco.

On Lok recognized that its San Francisco participants needed more housing options, for On Lok House already could not accommodate the number of frail participants who needed

supportive housing and enrollment in the comprehensive service program was growing. Marie-Louise Ansak (2004) was adamant that On Lok devise a strategy to provide additional housing without involving HUD again, given the difficulties experienced with federal-agency regulated housing.

In 1987, On Lok embarked on the Campaign for Dignity fundraising effort, with a goal of \$2.5 million to purchase and renovate a building located at 1000 Montgomery. Again, Gary Hoshiyama was instrumental to seeing this project come to fruition, as was collaboration with Gordon Chin and the Chinese Community Housing Corporation (now the Chinatown Community Development Center). The campaign exceeded its goal, thanks in part to a challenge gift of \$250,000 from the Evelyn and Walter Haas, Jr., Fund. (Between 1977 and 2003, the Haas fund gave On Lok more than \$1.3 million.) In March of 1989, On Lok opened the 1000 Montgomery center, which included 35 housing units for the frail elderly and a fourth adult day health center. In 1990, On Lok started Generations at 1000 Montgomery, an intergenerational program run in collaboration with Wu Yee Children's Services that brings together the frail elderly and pre-school children. The Generations day care center was open to the children of On Lok staff.

The Haas Fund also played an important role in strengthening On Lok's infrastructure, supporting the development of On Lok's first strategic planning effort and encouraging Mrs. Ansak and Dr. Gee to broaden On Lok's base of community support. An active effort was made to recruit new board members and to create an auxiliary-type organization to help with fundraising and community outreach. To fulfill that role, in 1987 the Friends of On Lok formed under the leadership of a highly respected community volunteer, Beatrice Wong. Still very active

the Friends of On Lok has 204 dues-paying members who organize fundraising events, volunteer at the On Lok centers, and educate their neighbors about On Lok and the services it provides.

In response to the growing number of services it offered, in 1988 On Lok embarked upon an ambitious organizational analysis, with the help of Scott Townsley from Third Age Consulting, that resulted in changing the corporate structure and creating five affiliated non-profits in 1990. On Lok Inc. (OLI) was established as the parent organization, responsible for fundraising, the national replication, and maintaining the broader vision of On Lok (Ansak, 2004). OLI is the sole member of the other corporations. On Lok Senior Health Services (OLSHS) managed On Lok's PACE program, which at the time included centers on Broadway, Bush Street, Powell Street, and 1000 Montgomery, and all the components of the PACE model. On Lok Day Services (OLDS) was created to manage a day health program that On Lok operated for a short while at 1000 Montgomery (in addition to the PACE program there) and to oversee Generations. Including both a PACE program and a day health program in the same location proved difficult, and the day health program eventually closed. Since 1995 On Lok Day Services has served as the corporation affiliated with the 30<sup>th</sup> Street Senior Center, described in detail below. The On Lok Development Corporation, originally created to develop HUD-subsidized housing on Powell Street, was renamed On Lok House, Inc. (OLHI). Finally, to own and operate the new housing units created at 1000 Montgomery, the organization started On Lok Community Housing, Inc. (OLCHI).

On Lok was committed to making its model available to residents across the city of San Francisco, but the leadership recognized that it made more sense to partner with an organization already providing adult day health services to frail elders than to engage in competition. In 1989, with funding from the San Francisco Foundation and support from civic leader Adele Corvin, the

San Francisco Adult Day Services Network, a coalition of adult day health programs in the city, sponsored a program to explore whether other adult day health centers in San Francisco could partner with On Lok in replicating PACE. At the end of that project, only the program sponsored by Mt. Zion Institute on Aging (IOA) expressed an interest in working with On Lok. In 1994 On Lok began to subcontract with IOA to expand the PACE model in San Francisco. IOA, like On Lok, had created one of the first adult day health centers in the nation, and On Lok helped IOA convert their existing program into a PACE program, adding in-home services, a medical clinic, and an interdisciplinary team approach to care management. In August of 1996, IOA began providing PACE services through its arrangement with On Lok in the Western Addition, Richmond, and Sunset neighborhoods of San Francisco.

Seeing the lack of interest among other San Francisco day health providers to pursue PACE and being urged by the State of California to expand PACE citywide, On Lok decided in 1991 to increase its own capacity to serve frail San Franciscans who needed more than adult day health. The Broadway center was becoming inadequate to serve as the headquarters for the growing numbers of administrative staff, while the Bush Street center lacked the housing that was now viewed as a vital adjunct to the model. On Lok also was facing an enormous increase in cost for the Bush Street space because the landlord wanted triple the rent to renew the lease. These factors motivated Marie-Louise Ansak to search for a property to buy and renovate.

In 1991, the Pacific Bell switching station at the corner of Bush and Larkin came on the market, and Mrs. Ansak believed it would be the ideal location for apartments for frail elders and state-of-the-art facilities for On Lok Senior Health Services. Once again, On Lok engaged in a \$2.5 million fundraising campaign, this time called the Celebration of Life campaign, and the Haas, Jr., Fund provided another \$250,000 challenge grant. Joan Annett, then of Ziegler

Securities and later affiliated with Cain Brothers, helped On Lok secure bond financing through the California Health Facilities Financing Authority and the California Health Facility Construction Loan Insurance Program. The Kresge Foundation also provided a major capital grant (Ansak, 2004). Marie-Louise Ansak exhibited considerable skill in raising funds throughout her tenure as the executive director of On Lok. As she remembered, “that’s my claim to fame . . . But I hate it . . . I had to learn that actually I give them an opportunity because they can be associated with On Lok” (2004, p. 129).

In the midst of planning the new building at Bush and Larkin, founding Executive Director Marie-Louise Ansak was approaching her 65<sup>th</sup> birthday, the date at which she had previously decided to retire from On Lok. Staff and board members have described Marie-Louise Ansak as a trailblazer, a passionate woman who created On Lok from almost nothing. Many staff and board members believe that Marie-Louise Ansak deserves primary credit for the growth and success of On Lok in its first twenty years of existence. Almost from its inception, Marie-Louise Ansak made On Lok her life. She was a visionary who was ahead of her time. She introduced several innovations into services for the frail elderly, including the On Lok model itself, spearheaded the early introduction of a computerized tracking system, and purchased property before skyrocketing property values in San Francisco would make such a proposition financially untenable. She took enormous risks with the organization, and almost always the risk paid off. One former staff person described Marie-Louise Ansak as “completely decisive and never hesitant to take a risk, which was very inspiring when we were in uncharted waters” (Personal interview, June 11, 2008).

Marie-Louise Ansak inspired a mixture of admiration and trepidation among her staff. On the one hand, she was compassionate towards her staff, and her dedication to the participants and

her hands-on management approach elicited deep respect from her employees, particularly the direct care staff. As a trained social worker, Mrs. Ansak made social work values the core of the organization. She embraced a social work empowerment perspective in which service providers collaborate with participants in defining problems, establishing goals, and devising strategies to achieve those goals. She brought the same empowerment perspective to her approach to management, and made it a priority to integrate staff input into the policies and procedures of the organization. At the same time, however, as Mrs. Ansak (2004) recalled, “there was no question ever; I mean, it’s a big joke at On Lok. They always knew who the boss was.” (p. 67). She was driven by the needs of the organization as a whole and her vision of what the organization should be. She had high standards and could be very particular; staff was always aware if Marie-Louise Ansak was not pleased.

For Marie-Louise Ansak, retiring as the Executive Director meant embarking on a new journey traveling the world on her sailboat *Dessert First*. The shuttling back and forth to Sacramento and Washington, DC to fight for On Lok’s survival and growth had taken its toll. On Lok was changing and Marie-Louise Ansak (2004) felt that her trailblazing spirit and impatience with rules and regulations that did not benefit the elderly were no longer needed in an organization that sought to fit into the health care system to ensure its survival. In August of 1993, Marie-Louise Ansak retired as planned, and the board, following her recommendation, selected Jennie Chin Hansen as the new Executive Director. Kate O’Malley returned from the PACE replication staff to the service program to take over as the Director of On Lok Senior Health Services, the position previously held by Ms. Hansen.

Jennie Chin Hansen, the daughter of Chinese immigrants, had a bachelor’s and master’s degree in nursing. She had worked as a community nurse in San Francisco’s Chinatown, a

county public health nurse in Idaho and taught at San Diego State University prior to coming to On Lok's Research and Development department in 1980. Her first position with the organization was supposed to last for only 18 months, and entailed doing comparison group assessments of On Lok participants and similar frail individuals in the community along with studying the concept of housing and services as developed at On Lok House. She continued in Research and Development for almost two and half years until she was invited to become the Deputy Director of Operations, a position she kept until 1990 when she was promoted to Director of On Lok Senior Health Services, the second-in-command post in the organization. While in that position, she assumed the role of Executive Director for six months while Marie-Louise Ansak was on sabbatical in 1985. According to one board member, when Marie-Louise Ansak retired on her 65<sup>th</sup> birthday in August of 1993, she felt comfortable leaving the organization because she believed she had found a competent successor in Jennie Chin Hansen.

Marie-Louise Ansak, however, continued to have an active role at On Lok after her retirement, returning after a six-month retirement absence to put the finishing touches on the renovation of the Larkin-Bush building. In addition, a by-laws change made her a member of the OLI board for life. This resulted in some confusion as the organization experienced a transition in leadership from 1993 to 1994. Staff continued to see Marie-Louise Ansak once again on a daily basis at a time when On Lok's board and staff were having to absorb a great deal of change. In January of 1993, the beloved founding president of the Board, Dr. Gee, had died. He had ceased being president of a Board a few years earlier, but had been designated as honorary president and had remained on the boards on On Lok, Inc. and On Lok Senior Health Services until his death. Harding Leong, a long-time board member and community leader, had succeeded Dr. Gee as president of the OLI board. Mr. Leong, who often spent time at On Lok bringing

checks and visitors, eased the transition in leadership but the loss of Dr. Gee and the “moving on” of Mrs. Ansak were felt deeply.

In July of 1994, the Bush-Larkin building, officially named the William L. Gee Center, opened on time and under budget. It contained the new administrative headquarters, 42 housing units, a therapy pool, and two PACE centers, including the Jade Center, geared towards a monolingual Chinese-speaking population, and the Rose Center. With the new space provided by the Gee Center, the Bush and Broadway centers closed that same month.

On Lok was entering a new phase in its development. One staff member viewed Marie-Louise Ansak’s years with On Lok as the organization’s childhood, reflecting an explosion of energy, curiosity, excitement, passion, and fun. On Lok, however, was constantly required to prove itself to state and federal policymakers and regulators in order to survive. The organization required the leadership of a decisive, passionate Executive Director who could think outside of the box and was willing to fight for the organization. By the time Jennie Chin Hansen took the reigns in 1993, On Lok had reached its adolescence. On Lok was still growing, but it was an established program, with a successful track record of providing quality, cost-effective services to frail elderly living in the Chinatown, North Beach and Polk Gulch communities. The task at hand was to solidify permanent funding for On Lok and PACE while maintaining the philosophy and principles underlying the organization’s approach to long-term care services.

Jennie Chin Hansen brought a very different style of leadership to this second phase of On Lok’s development. While Mrs. Ansak engaged in a more directive approach to management, staff and board members described Hansen’s style as more collegial and collaborative. While Marie-Louise Ansak was a trailblazer who railed against rules and regulations that did not benefit the elderly, Ms. Hansen described herself like this: “I show respect for institutions and

find opportunities for change from within” (Keating, 1998, p. 39). Over her twelve years as Executive Director, Jennie Chin Hansen would successfully steer On Lok through its second phase of development.

*On Lok Comes of Age: 1995-2005*

The rate of organizational growth increased over the course of Jennie Chin Hansen’s tenure as Executive Director. According to Ms. Hansen, her focus at the time was “making sure culture and philosophy and principles were maintained as we brought on new staff and grew to new locations” (Personal interview, May 9, 2008). Other organizations across the country continued to replicate the PACE model, and On Lok sought continuously to balance its national and local responsibilities.

On Lok had always been a unique community-based long-term care provider in terms of its relationships with influential policymakers at the state and federal level, and these increased under the leadership of Jennie Chin Hansen. On Lok had already established strong relationships with California state legislators and regulators, but at this time they stepped up their efforts at the federal level with the Health Care Financing Administration (HCFA, and now known as CMS) and politicians by pushing for legislation to make PACE a permanent part of Medicare and Medicaid.

With the formation of the National PACE Association in 1994 and the proliferation of PACE sites across the country, governmental advocacy and technical assistance became a responsibility shared across programs. Jennie Chin Hansen spent a great deal of her time in the 1990s working with federal legislators and their aides on PACE-related legislation, and she was supported in her efforts by PACE colleagues throughout the United States. By 1996, more than 60 organizations in 26 states were interested in developing PACE programs, and by 1997 five

PACE replication sites were providing technical assistance, continuing the tradition of each one, teach one.

Hard work at the federal level appeared to have paid off when Senators Dole and Inouye, longtime supporters of the On Lok model, introduced S. 990, The PACE Provider Act of 1995. The legislation called for the expansion of the number of waivers available for new PACE programs and granted permanent provider status to organizations that successfully develop and implement the PACE model. In 1996, Jennie Chin Hansen testified before the House Ways and Means subcommittees on aging and health to argue for permanent government funding for PACE sites across the country. While the 104<sup>th</sup> Congress ended in late 1996 without passing any PACE-related legislation, a refined version of the PACE Provider Act was introduced in the House of Representatives on April 28, 1997, by Republican Congressman William Thomas, with Democratic Congressman Pete Stark as one of the co-sponsors. With the added and unusual collegial bipartisan support of Representatives Thomas and Stark, On Lok and the PACE model achieved a tremendous success, namely the passage of The Balanced Budget Act of 1997 (P.L. 101-33) in which the PACE model was finally designated as a permanently recognized provider type under Medicare and states were given the option of paying a capitation rate for PACE services through Medicaid. While this law did not automatically confer permanent provider status on PACE organizations then operating under demonstration waivers, it did include provisions to enable them to become permanent providers. In addition, the new law encouraged the expansion of the PACE model by authorizing up to 20 new PACE providers per year and including a provision allowing up to 10 for-profit organizations to implement the PACE model as a research and demonstration project (Keating, 1998).

The National PACE Association was developing into a self-sufficient organization. On Lok staffed NPA through a management contract for its first four years, relying on individuals who had been involved in the replication, including Eileen Kunz and Christine van Reenen, who had moved to the Washington, DC area, and hiring new staff to implement NPA-specific projects. By 1998, with the PACE Provider Act enacted, the NPA was ready to become independent from On Lok and able to take care of its own day-to-day operations. Most of the On Lok staff who had been working on NPA tasks under the management contract became NPA staff and the NPA group moved into separate offices a few blocks from the Gee Center in San Francisco. The NPA Board of Directors hired the organization's first executive director in 1998, moved its offices to the Washington, DC area in 1999 and in 2000 selected Shawn Bloom as NPA's Executive Director, a position he continues to hold today.

With the passage of the Balanced Budget Act, HCFA Central Office staff responsible for the Medicare and Medicaid program undertook the task of developing the regulations that would implement the PACE permanent provider provision. On November 24, 1999, the PACE Interim Final Regulation was published delineating the regulatory requirements for operating PACE and the application process to become a PACE organization. The PACE Regulation raised considerable concern since the requirements were more rigid than those under the demonstration.

Immediate issues for On Lok in the PACE Regulation related to its IOA subcontract, the use of community physicians and its immediate expansion activities. The section of the PACE Protocol that allowed an IOA-type of contracting was not included in the PACE Regulation and this placed On Lok, the prototype for PACE, in a difficult position. The section related to flexibility limited the use of contracts with community physicians to rural areas. On Lok was currently operating a small pilot using community physicians in San Francisco and had planned

to offer this service delivery approach elsewhere as the service locations expanded.

Furthermore, HCFA issued a policy letter that precluded further expansion until demonstration sites moved into permanent provider status in compliance with the new PACE Regulation. This halting of expansion was a significant concern since two new centers in San Francisco, the Mission Street Center and IOA's Geary Street Center, were in the process of being renovated and discussions were underway with a number of non-profit organizations to expand to Alameda and Santa Clara counties, using the IOA-type of contracting.

On Lok worked closely with the other PACE demonstration sites and NPA to educate policymakers on the negative impact of these developments. HCFA clarified that On Lok could move forward on previously approved expansion activities and there was Congressional support for clarifying the PACE federal authority in these areas. As a result, the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (P.L. 106-554) included amendments for PACE that: (1) extended the time the PACE demonstration sites had to move into permanent provider status by one year, (2) allowed the continuation of operational practices that were in existence at PACE demonstration sites in July 2000, and (3) clarified the Secretary's ability to grant waivers in certain areas and specifically related to the use of community physicians. On Lok was able to grandfather in the IOA subcontract as an existing operational practice but was not allowed to use this model elsewhere until the PACE Regulation was amended. The second interim final regulation was published on October 1, 2002 and made specific changes to the PACE Regulation in these areas. In late 2003, the Centers for Medicare & Medicaid Services (CMS) and the state of California designated On Lok as a permanent provider.

The 1997 federal legislation was a milestone for the PACE replication project, but On Lok and the NPA knew that additional support was necessary to encourage more organizations to

adopt the model. While developing a PACE site, on average, costs less than building a nursing home, start up costs are still substantial, and in 1997 were estimated to be approximately \$1.5 million (Eng, et al., 1997). In 2000, the John A. Hartford Foundation and RWJF provided grants to NPA to begin the PACE Expansion Initiative. The grant provided the NPA with resources to develop and deliver technical assistance in the areas of communications, operations, public policy, and financial analysis (National PACE Association, 2002). Finding financing for a new PACE program was a major focus of the initiative. To give financial lenders greater confidence in PACE's financial stability, the NPA drafted a set of standardized cost, expense and financial performance measures (National PACE Association, 2002). As new PACE organizations developed through this initiative, NPA's membership grew, further solidifying the NPA's long term viability as the principal forum for the exchange of PACE best practices, for supporting PACE development, and for addressing policy issues related to PACE (National PACE Association, 2002).

At the same time that On Lok was transitioning its role on the national stage to NPA, it was increasing its role at the state and local level. Up until the mid-1990s, On Lok centers were serving a primarily Chinese population, and had yet to venture very far from the Chinatown-North Beach area. In 1995, however, On Lok accepted the opportunity offered by California Pacific Medical Center to take over the senior services programs at 225 30<sup>th</sup> Street. More than 2,000 primarily Latino older adults living in the San Francisco Mission and Noe Valley neighborhoods were attending senior center, adult day health and social day care programs at this location when On Lok assumed responsibility for it. On Lok's intention was to transform the existing adult day health program into a PACE center, while maintaining the services for other more active seniors. Bringing up the new PACE center proved to be a challenge for On Lok,

particularly since it was so far from the clustered sites of Powell Street, Montgomery, and Gee centers. In addition, On Lok had not been involved with a senior center population since the Ping On social day program, which had been closed many years earlier. By 1996, however, the 30<sup>th</sup> Street PACE center opened and, combined with the centers operating through the subcontract with IOA, made On Lok's health plan officially a citywide program. That same year, On Lok named its health plan On Lok SeniorHealth. In 1997 On Lok SeniorHealth's enrollment reached 600 participants.

In the late 1990s, On Lok reached an agreement with the Sisters of the Holy Family to create a unique center across the Bay from San Francisco in Fremont on the campus of their mother house. On Lok had formed a relationship with the Sisters in the 1970s when the organization purchased land for On Lok House at 1441 Powell Street from them. The Sisters had operated a childcare center at this location for many decades. The Sisters of the Holy Family were facing a dilemma. Many of the Sisters living at the convent located at 159 Washington Boulevard in Fremont required care as they encountered the physical and cognitive declines that often accompany aging. It was becoming more difficult to rely on younger Sisters to provide care due to declining numbers of younger women entering the order (Silber, 2006). The convent was therefore sending some of the Sisters to nursing homes, but the high costs associated with such institutional care took money away from the Sisters' mission to serve the poor and the needy (Silber, 2006). In 1997, the treasurer of the Sisters of the Holy Family learned about a convent in Milwaukee whose sisters were being served by a local PACE program, and they soon approached On Lok about setting up a new On Lok SeniorHealth center in Fremont. It took five years to create this center. Not only did the Sisters need to raise enough money to renovate a wing of the convent, On Lok had to learn how to operate in a new county (Alameda County) and

build relationships in that community. The Fremont center opened its doors in 2002 and began providing care for both the Sisters of the Holy Family and the Dominican Sisters of Mission San Jose. In 2004, the Fremont center began serving community participants not living in either convent.

On Lok always had embraced sharing its innovations to improve care for the elderly and these innovations included more than the PACE model. Tracking and using information to plan and deliver care and to inform policy decisions had been a commitment and strength of On Lok since its beginning. According to Marie-Louise Ansak (2004), in 1977 On Lok was the first organization in Chinatown to develop and implement a computerized tracking system. With this early commitment to computerized systems as a foundation, Dr. John Shen and Dr. Catherine Eng worked closely with On Lok MIS staff in the early 1990s to develop and implement the Care Management Information System (CMIS), an electronic medical records system to document the interdisciplinary team's decisions and support care coordination and program operations. CMIS launched in 1994 and proved to be very effective. In 1996, the John A. Hartford Foundation provided On Lok with a grant to develop and disseminate the Integrated Chronic Care Information System (ICCIS), building on CMIS and opening its architecture. The Hartford Foundation also committed financial support in 1997 to implement a Geriatric Interdisciplinary Team Training (GITT) initiative. The foundation's GITT initiative funded demonstration projects across the country in an effort to develop and disseminate models of team training for future geriatric health care professionals. Over the three year grant period, On Lok worked with IOA, UC San Francisco, UC Berkeley, St. Mary's Medical Center, San Francisco State and Samuel Merritt College to train medical residents, geriatric nurse practitioner students, graduate students in social work, and graduate students in physical and occupation therapy.

In late 1997, On Lok decided that it would be wise to be licensed as an HMO in the state of California, even though On Lok earlier had advocated successfully to exempt PACE organizations in the state from this requirement. In the 1980s, in conjunction with its Medicare and Medicaid demonstration, On Lok had obtained an HMO license, referred to as a Knox-Keene license, because it was first mandated in the Knox-Keene Health Care Service Plan Act of 1975. A Knox-Keene license ensures that health care service plans meet minimum standards and gives them the right to conduct business in the state of California. On Lok had found that having this license created a great deal of paperwork and imposed numerous regulations on On Lok. Never one to put up with onerous regulations and unnecessary bureaucracy, Marie-Louise Ansak convinced the state legislature to enact a law exempting all PACE sites from the need to obtain this license and On Lok relinquished its Knox-Keene license. By the mid-1990s, John Shen, the director of the PACE national replication project, advocated for On Lok to once again become a licensed health plan so it could pursue a variety of health care programs and not be limited to the PACE model. By this time, according to a staff member who worked on the licensure, the California Department of Corporations (now the Department of Managed Health Care), having experienced major problems with some HMOs, had become much more selective in terms of who could receive such a license. Completing the application this time around was a huge effort for On Lok, spanning two years and requiring enough paperwork to fill up ten binders. In 1999, On Lok received a Knox-Keene license, establishing On Lok SeniorHealth as a health plan specially designed for frail older adults who prefer to remain in the community. This license positioned On Lok for growth in other areas, and to this day On Lok remains the only PACE organization to possess such a license in California.

In the first years of the twenty-first century, On Lok was one of the biggest and most influential health and social service organizations in San Francisco. Almost since the organization's inception, it had been striving to move beyond the "soft money" of pilot programs and demonstration grants and foundation initiatives. After securing passage of the Balanced Budget Act of 1997 and the passage of AB 798 to make PACE a permanent State Medi-Cal option in California in 2003, On Lok had become a permanent provider under Medicare and Medi-Cal. On Lok, through its subcontract with IOA to provide PACE services in two other San Francisco sites and its addition of 30<sup>th</sup> Street, was now a citywide program. From its humble beginnings operating an adult day health center in a rented building in Chinatown, it now owned a senior center, housing for frail and low-income elderly, and four adult day health centers that each included a medical clinic and in-home services in San Francisco. In addition, On Lok had ventured across the Bay to Fremont, opening its first PACE center outside of the city. Nationally, the PACE replication project had taken on a life of its own: in 2002, the National PACE Association had 55 organizational members at different stages of development, and it had provided information and technical assistance to 477 prospective PACE organizations (Bloom, 2002). By 2003, key leadership staff was now in place at On Lok, including Sue Wong as the Chief Financial Officer, Catherine Eng as the Medical Director, Eileen Kunz as the Director for Policy and Government Relations, Amy Shin as Health Plan Director and Grace Li as Director of Program Operations.

After twelve years as Executive Director, Jennie Chin Hansen decided in 2005 that it was time for her to leave the organization. Ms. Hansen believed that her best work was at the national level, getting federal legislation passed that established the PACE model as a permanent provider type under Medicare and Medicaid as well as fostering the developing of the National PACE

Association. She had cultivated a national profile for both the PACE program and On Lok. In 2004, Nancy Pelosi, then a member of the House of Representatives and today the Speaker of the House, said “Jennie has greatly influenced how our nation has come to regard care for the elderly. She has shown us the richness of caring for our seniors” (Jensen, 2007, p. 17).

The success of On Lok’s PACE center in Fremont suggested that the next step in On Lok’s development was providing its innovative model of care to other communities in the Bay Area. There was also discussion about developing other models of care beyond PACE to meet the needs of frail elderly. According to Ms. Hansen, “I began to feel that I was not the right leader for On Lok at this time in its history, and I thought that I should step aside – both to ensure leadership that would optimize the organization’s well-being and so that the work could continue to thrive and flourish” (2007, p.3). The Board was surprised when Ms. Hansen announced her decision to step down, since she had been with the organization for nearly 25 years and had shown absolute dedication to the On Lok mission. Recalled one board member, “organizations need different leaders at different times” (Personal interview, June 17, 2008), and the time had come to bring in a different leader.

Working with Regina Liang Muehlhauser, On Lok, Inc. Board President, Jennie Chin Hansen spent the next nine months planning for her transition and the recruitment of her replacement.

## **Present**

### *A New Time of Growth: 2005-Present*

Finding a new executive director for the organization proved to be a lengthy and challenging process. Regina Liang Muehlhauser, who had served on the board since 1987 and had succeeded Harding Leong as the President of OLI in 1999, headed the search committee.

The committee, which included Board members and representatives from the On Lok staff, decided to conduct an external search, hiring an executive recruiter who specialized in staffing the leadership of nonprofit organizations. The committee sought someone who had an understanding of the frail elderly and could recognize the importance of combining the medical and social aspects of care. They wanted someone who had experience guiding an organization through a time of growth and could appreciate the importance of diversity to On Lok. The search committee was looking for someone who could combine management skills and managed care experience with compassion for the elderly and would not be afraid to take a risk. The founders had taken enormous risks and some board members believed On Lok had become a risk-averse organization that was “marching in place” (Personal interview, May 27, 2008).

According to members of board, it took two search committees and almost an entire year before On Lok hired a new executive director. When Ms. Hansen left On Lok as planned at the end of 2004, the Board of Directors named Sue Wong as Acting Executive Director. As On Lok’s Chief Financial Officer, Ms. Wong had worked across all of On Lok’s corporations and was deeply knowledgeable about On Lok, having joined the staff in 1978. She served in this role, as well as CFO, for nearly six months, while the search continued.

The search culminated in the hiring of Robert Edmondson. Mr. Edmondson had received his bachelor’s and law degrees from Stanford University. Prior to coming to On Lok, Robert Edmondson had served as the President and CEO of Bridgeway Plan for Health in San Francisco and Omni Healthcare in Sacramento. His experience working in Brazil, first for Aetna International and later for a hospital where he developed a business plan to set up a model for health care in that country, was particularly relevant cross-cultural experience and paralleled the experiences of On Lok participants who were also living outside their native homeland. In Brazil

he had developed an appreciation for a broader approach to health care than that typically taken in the United States. He worked with physicians that did not focus solely on the physical symptoms of the patient, but were trained to formulate a diagnosis and treatment plan that also takes into account the social and environmental aspects of the patient's life. His background in law and knowledge of Medicare and Medi-Cal appealed to the search committee. He was able to articulate a vision of On Lok that could take the organization in new directions without losing the core principles on which it was founded. He was also good at listening to the board and staff to learn about what makes On Lok a unique organization and demonstrated the capacity to sustain the On Lok culture and mission.

On May 23, 2005, Robert Edmondson became the third Executive Director of On Lok. His first task was to learn about the culture of On Lok and the intricacies of the PACE model. His second task was to develop a road map for On Lok's future. He began working with staff to develop a strategic plan and with the Board of Directors to articulate a vision that culminated in a plan that was approved by the Board on October 20, 2006. It called for On Lok to continue to be the local and national leader in promoting the health and well-being of older adults by addressing the following four goals by the year 2011: 1) growing and enhancing existing services, 2) diversifying services beyond the PACE model, 3) providing national leadership to improve quality of life for older adults, and 4) strengthening financial and organizational infrastructure. In the less than two years since the plan was finalized, On Lok has engaged in activities that are moving it closer to reaching these goals.

To increase existing services for the first goal, the timing was right for On Lok to invest in another PACE center. On Lok purchased a building in Santa Clara County and is currently developing a center that will serve the frail elderly in San Jose. On Lok expects the San Jose

center to open in November of 2008. The majority of current board members and staff support this expansion and are already evaluating future sites, such as one in Fresno and a second site in Fremont.

The second goal is to diversify services and sources of revenue by developing a new model of care and providing technical assistance to new PACE sites. The leadership of On Lok had been attempting for years to provide services beyond the frail elderly population. The PACE model works well for the poorest and the frailest older adults who qualify for both Medicare and Medi-Cal but appears to hold limited appeal to the middle-income elderly, those who do not qualify for Medi-Cal but do not have the resources to pay for the services out of pocket. Under Jennie Chin Hansen, On Lok intensified its efforts to reach a broader population, using funding from the Archstone Foundation, the Haas Fund, the San Francisco Foundation, and The California Endowment. On Lok had interviewed more than 450 seniors and 50 housing providers, through the Archstone grant, to explore the feasibility of delivering services to at-risk residents in assisted living and board and care facilities, and contracted with the consulting firm Broadlane to do consumer research about providing a modified package of services to middle income elderly. No clear way emerged to address the barrier of the costs of services and the reality that across different settings for long-term care, middle-class older adults are generally forced to “spend down” their assets until they qualify for Medicaid coverage. Few older people buy long-term care insurance and most long-term care insurance products are not set up to cover a comprehensive, community-based program like PACE. For the few participants who have had a long-term care insurance policy, On Lok has had to work out the benefit and reimbursement with each insurer on a case-by-case basis. Trying another approach in 2004, On Lok used a grant from The California Endowment to identify and develop new products for the organization,

with the help of IDEO. Over the course of this grant, which continued into the beginning of Robert Edmondson's term as executive director, On Lok explored various options and then focused on developing a Medicare Advantage Special Needs Plan (MA SNP). Ultimately On Lok decided that the timing for such a product was not right.

Because the majority of adults over the age of 65 have at least one chronic condition, and 57% report having at least one disability (Administration on Aging, 2007), a wide swath of the elderly population in the Bay Area could benefit from On Lok's services. Thus, On Lok remains committed to developing one or more new models of care to complement PACE. According to some staff and board members, one barrier to providing care to other elderly subpopulations is the current investment of the staff and board in the innovative and effective PACE model, which may prevent them from developing and embracing alternative models.

The goal of diversifying services and sources of revenue also involves giving technical assistance to other PACE sites. While On Lok's role in the direct development of new PACE sites shrunk in the late 1990s, On Lok is once again providing technical assistance and leadership to organizations trying to become PACE providers. In 2006, Gretchen Brickson, who had been a social worker at On Lok in the 1980s and the administrative director of the San Francisco Adult Day Health Network that explored expanding PACE citywide in the early 1990s, returned to On Lok in the newly created position of Director of Technical Assistance. On Lok created a new division called *PACEpartners*, a Technical Assistance Center recognized by the National PACE Association. *PACEpartners*, under Ms. Brickson's leadership, guides organizations through PACE development. On Lok also took a leadership role in the formation of CalPACE, the first statewide PACE association in the country. CalPACE incorporated in 2007 and is now comprised of all five PACE organizations operating in California. This association was formed

as a way to coordinate education and advocacy efforts, and build relationships with state regulators. Under a management contract, On Lok staffs CalPACE.

The third goal is to continue to be a national leader in meeting the needs of older adults, and this involves engaging in research and training; strengthening public relations and marketing; and continuing policy efforts at the local, state, and national level. To assist in its efforts to provide research and training, On Lok created the On Lok Institute. Its focus will be to provide training to both On Lok staff and other aging services providers, sponsor conferences, and conduct clinical, programmatic, and policy research. On Lok no longer employs a staff of researchers, but is moving towards collaborating with academic institutions to produce research that will lead to improved health and well-being among the elderly.

To strengthen marketing efforts and public relations, Mr. Edmondson commissioned Brand Guidance Design Intelligence (BGDI) to conduct a branding study of the organization. The purpose of the study was to understand how various groups perceive On Lok, whether misperceptions existed that could impede future success, and to recommend changes to align the public image of On Lok with the organization as it currently operates. BGDI conducted internal interviews with On Lok board and staff and talked with family members of participants as well as prospective participants who decided not to enroll in the program. The branding study led to the creation of a new logo and new marketing materials. On Lok PACE service was given the new name of Lifeways. Today, the On Lok marketing department's representatives actively do outreach and education in the community about On Lok's services and these efforts are bringing many new participants into the program. However, some staff members still feel that On Lok needs to improve its visibility in the community and its referral sources. For example, a common misconception among community members is that On Lok is a transportation organization,

because many people know the name On Lok only through the teal-colored vans that travel throughout the Bay Area bringing participants back and forth to the Lifeways centers.

On Lok also continues to be a leader in policy advocacy for older adults, and has recently expanded its efforts to develop relationships with local policymakers and focus on community relations. The tradition of working at the state and federal level to the exclusion of the local level began with On Lok's founding executive director, who resisted working with the San Francisco public health department and other city agencies because she recognized that financing for long term care came predominantly from Medicare and Medicaid (Ansak, 2004). According to Marie-Louise Ansak (2004) "one of the smartest [moves] was that we never went to the local politicians and the local establishment to get money. We didn't have to." (p. 150). Mayors Feinstein and Moscone had been emotionally supportive of the program, but other than some funding for housing, the city did not provide any financial support (Ansak, 2004). Jennie Chin Hansen developed more relationships with the city of San Francisco, but as executive director her time to devote to this relationship-building was limited, particularly since she was working so hard at the state and federal levels. During Jennie Chin Hansen's period of leadership Eileen Kunz was promoted to the role of the Director for Policy and Government Relations, a newly created position devoted to policy analysis and advocacy at the city, state, and federal levels.

A two-year project, funded in 2004 by The California Endowment, focused on finding ways to streamline regulatory requirements for PACE providers in the state. The Regulatory Integration Project brought federal and state regulators together with representatives of PACE organizations and consumer groups to identify strategies for addressing regulatory issues. This project laid the groundwork for the formation of CalPACE, The project had an important success in 2005 with the passage of AB 847, which allows the Department of Health Services to

negotiate and grant exemptions from existing regulations and licensing requirements to the California PACE organizations.

In 2007 On Lok hired Cheryl Phillips, MD, to serve as the Chief Medical Officer, a new position that involves not only overseeing internal clinical operations, but also helping policymakers and regulatory bodies to understand the clinical context of geriatric long term care, particularly as it relates to On Lok and PACE. Dr. Phillips is seen as a national leader in geriatrics and is President-Elect of the American Geriatrics Society.

To improve On Lok's infrastructure, the fourth goal in On Lok's current strategic plan, entails maintaining On Lok's strong financial condition, continuing organizational development, and expanding the current workforce. Fundraising has become much more sophisticated, and the current goal is to raise \$2 million annually in support of the organization. Strategies to reach such a fundraising goal include continuing to receive the foundation financial support that has proved instrumental throughout On Lok's history, cultivating major donors, and increasing forms of planned giving, such as gift annuities and charitable trusts. On Lok recently introduced a new payroll system, is improving its data management tools and has increased its financial reserves.

Workforce development and expansion is a major challenge for any organization providing health care and social services to older adults and On Lok is no exception. As the Baby Boom generation, defined as those born between 1946 and 1964, approaches the age of 65, newspapers across the country have been warning of an impending geriatric workforce shortage crisis. The number of older adults requiring geriatricians, nurses, physical and occupational therapists, social workers, and direct care providers (called geriatric aides at On Lok) will dramatically increase at the same time that many members of the healthcare workforce reach the age of retirement. On Lok has a reputation of being an excellent employer, and throughout its

history has employed a staff that is deeply committed to the organization and the older adults who participate in its programs. The challenge for On Lok is to continue employing a stable, qualified workforce that will maintain that culture of caring. Strategies to achieve these workforce goals include developing a plan to attract well-qualified candidates to all levels of the organization, engaging staff in the organization's planning process, and providing staff with the skills they need to successfully perform their job duties through the On Lok Institute.

### *Current Structure and Services of On Lok*

Today, On Lok looks very different from its original incarnation as the Chinatown-North Beach Health Care Planning & Development Corporation. It is a complex organization comprised of multiple affiliated programs providing multiple services.

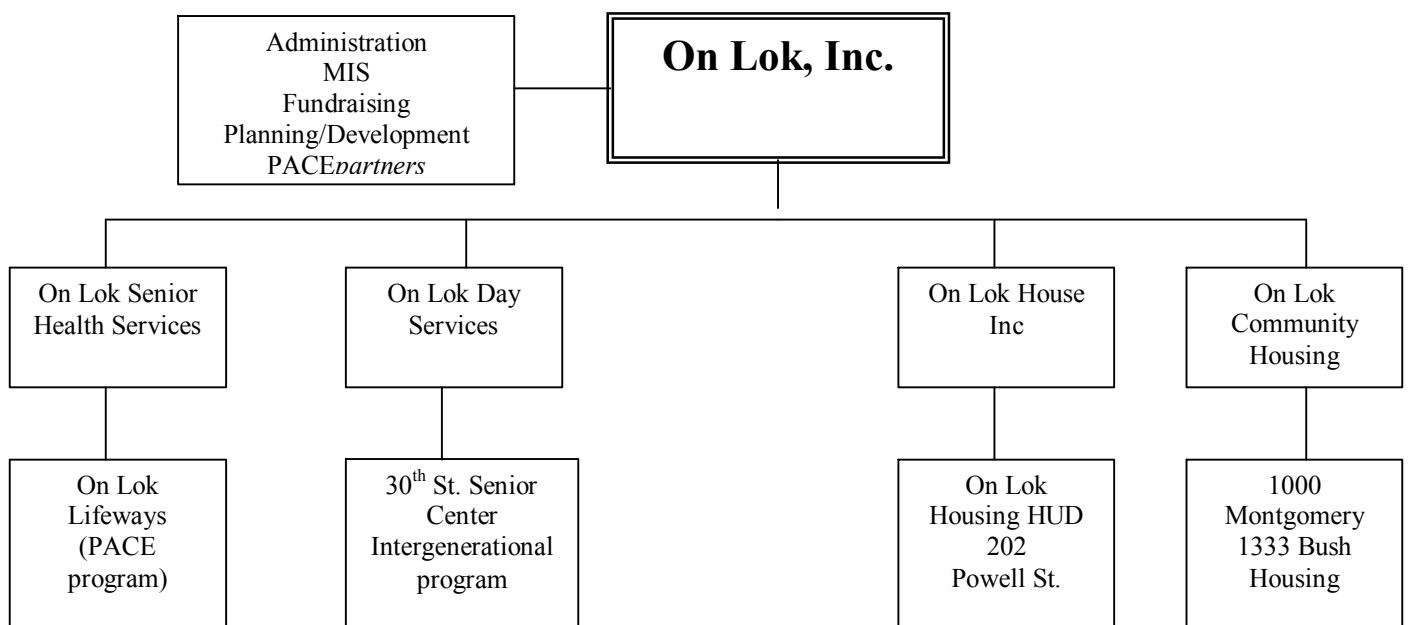
### Board of Directors

On Lok has become a much more formal organization over the years as reflected by the changes made to the Board of Directors. For the first fifteen years of On Lok's existence, the board was comprised of the same individuals who had played a major role in the formation of the Chinatown-North Beach Health Care Planning & Development Corporation, including Dr. Cecilia Johnson, Gilbert Lum, Gail Lee, Vera Haile, Linda Wang, and Dr. Gee as President (Ansak, 2004). As Mrs. Ansak recalled in her 2004 oral history, "people are adamant that in nonprofits, the board of directors should rotate every so often, at predetermined times. But Dr. Gee didn't subscribe to that. I finally kind of encouraged him." (p. 138).

In the mid 1980s On Lok expanded its board and began recruiting new members who could appreciate a broader vision of the organization as it created new centers in San Francisco and embarked on national replication of PACE (Ansak, 2004). The Board changed dramatically in 1990, when On Lok underwent a governance and corporate restructuring to create five boards

to provide guidance to the five affiliated nonprofits. Figure 3 provides an organizational chart that illustrates the relationship between the various boards and programs. Since On Lok, Inc. serves as the parent corporation of all the nonprofits, each board has at least one representative that also sits on the board of On Lok, Inc.

**Figure 3: On Lok Corporate Structure**



Regina Liang Muehlhauser, who joined the board in 1987 and succeeded Harding Leong as President of On Lok, Inc.’s Board of Directors in 1999, saw the need for a more formalized board. She recalled that at her first board meeting back in the 1980s half of the members arrived late, Marie-Louise Ansak ran the meeting, and there was a one-sheet agenda. During her tenure as President she brought more structure to the proceedings by applying the lessons she had learned as a Bank of America executive and a board member of other successful nonprofits. She believed the primary responsibilities of board members of a nonprofit organization include

providing pro bono services, providing financial contributions, and helping the organization achieve its mission. She reinstated a term-limit policy, called for ongoing strategic planning, and requested annual board member financial contributions if they could afford to do so. She also made it a high priority to recruit new board members from the community who would be a valuable addition to the organization's leadership in order to represent the fields of medicine, law, finance, insurance, grantmaking, public health, and academe. The board is also required to include a prescribed number of members who are age 55 and older. Board recruitment is now a formal process, recruits participate in an interview with board members before they are formally invited to join the board, and have a one-year initial term after which they may be re-elected to three three-year terms.

Without question, the role of the board has changed since the 1980s. In earlier years, the board had been much more involved in the day-to-day operations of the organization, but as On Lok has brought on professional staff with clearly defined roles, that type of involvement is no longer necessary.

At the end of 2007, Regina Liang Muehlhauser retired from On Lok's Boards of Directors and Teveia Barnes succeeded her as President of the On Lok, Inc. Ms. Barnes is a partner with Foley & Lardner, a national law firm, and a member of the firm's Finance & Financial Institutions and Bankruptcy & Business Reorganization Practices. She also serves on Rice University's Board of Trustees and is President and Executive Director of Lawyer for One America, a national nonprofit organization that provides pro bono legal services to the working poor and aims to ensure economic self-sufficiency in underserved communities. Ms. Barnes first joined On Lok's Board in 2001 and served as President of On Lok House, Inc. before assuming the presidency of On Lok, Inc. in 2008.

## On Lok Programs

On Lok, Inc.'s mission is "to maintain and develop health care models for the well-being and dignity of the elderly and chronically ill through education, advocacy, innovation in services and financing, while advocating for quality and affordable care". To achieve its mission, On Lok administers five different programs, including On Lok Lifeways, the 30<sup>th</sup> Street Senior Center, On Lok Intergenerational Program, On Lok PACE*partners*, and housing (i.e., On Lok Community Housing and On Lok House).

The mission of On Lok Lifeways is to provide quality and affordable health care services for the well-being of the frail elderly. As of March 2008, 1038 frail elders in the Bay Area participated in On Lok Lifeways, which is On Lok's PACE program. The average age of a Lifeways participant is 84 years, and 78% of the participants are female. Although more than half (54.3%) of participants are Chinese, today the program provides care to a racially and ethnically diverse population of adults 55 and older, including Caucasian (17%), Latino/Hispanic (12.3%), African American (5.8%), Filipino (5.3%), and Korean (2.8%). Lifeways participants are not diverse, however, in terms of their socioeconomic status and level of frailty. Ninety-four percent of participants are poor enough to be eligible for complete coverage by Medicare and Medi-Cal (an additional 2% are covered by Medi-Cal only, while 4% are covered by Medicare only). The On Lok Lifeways model is aimed at helping older adults at risk of nursing home placement remain in the community as long as possible, and participants are struggling with significant health problems. For example, in March of 2008, participants had been diagnosed with an average of 14.2 medical conditions and were dependent in approximately 2.9 activities of daily living (e.g., eating, getting in and out of bed, getting around inside, dressing, bathing and using the toilet).

On Lok now has eight Lifeways centers and nine interdisciplinary teams, including the Fillmore and Geary centers owned by IOA at which On Lok subcontracts with IOA to provide services. The Jade and Rose Centers are part of one larger center, the Gee Center, but have separate interdisciplinary teams. Participants usually come to the centers two or three days per week. Table 1 provides a list of the centers, the neighborhoods in which they provide care, and the number of participants currently enrolled:

**Table 1: Lifeways Centers 2008**

<b>Center</b>	<b>Service Area</b>	<b>Number of Participants (3/08)</b>
30 <sup>th</sup> Street Center	Noe Valley, Diamond Heights, Excelsior, Glen Park, St. Mary's Park and Mission	178
Mission Street Center	Mission and Excelsior	44
Fillmore Center (IOA)	Western Addition	112
Montgomery Center	North Beach, Telegraph Hill, and Chinatown	68
Geary Center (IOA)	Richmond and Sunset	107
Powell Center	Chinatown and North Beach	137
Jade Center (at the Gee Center)	Chinatown, Polk Gulch, South of Market, Japantown	149
Rose Center (at the Gee Center)	Polk Gulch, South of Market, Japantown	149
Fremont Center	City of Fremont, Newark and Union City	94

The 30<sup>th</sup> Street Senior Center is the largest multipurpose senior center in San Francisco, with more than 5,000 older adults participating. The co-located Lifeways center occupies the second floor while the 30<sup>th</sup> Street Senior Center is on the first and third floors. Older adults who attend the Senior Center are generally more independent and in better health than On Lok Lifeways participants, although approximately half could be classified as frail elders and have at least three chronic health conditions. The average age of a Senior Center attendee is 78 years, and 67% are Latino/Hispanic, 19% Caucasian, 10% Asian, and 1% African American. The goal

of all the programs at the 30<sup>th</sup> Street Senior Center is to promote the health and independence of attendees so they can remain in their communities for as long as possible. The Senior Center includes an art room, a billiards room, a hair salon, classrooms for lectures and other instructional programs, including English as a Second Language and Citizenship class, and a garden, just to name a few of the activities available to participants. It also provides the Always Active program to help older adults remain healthy through physical activity through services including health assessments, exercise workshops, exercise classes, and a personalized wellness plan developed with input from the participant's primary care physician. Recently, 30<sup>th</sup> Street Senior Center became the lead partner in a joint venture with the San Francisco Senior Center and the University of San Francisco (USF) to take the Always Active program citywide, through cooperating senior centers across San Francisco. In addition, to meet the needs of the high percentage of Spanish-speaking participants at the Senior Center, there is a Bilingual Case Management Program that provides services such as home-delivered meals, transportation, referrals, and advocacy to isolated and homebound elders. The Institute on Aging (IOA) also provides services at the Senior Center through the Mission Resource Center, with free information and referrals to help older adults and their families with everything from medical issues to legal advice.

The first floor at 30<sup>th</sup> Street is home to the 30<sup>th</sup> Street Nutrition Program that provides congregate meals at seven locations throughout San Francisco, including the dining room on the first floor of the 30<sup>th</sup> Street center. The program delivers meals to homebound seniors six days per week, including therapeutic meals for seniors who have special dietary requirements. In addition, the program works with the department of Consumer Education, Health and Nutrition at the City College of San Francisco to offer nutrition classes.

On Lok has always promoted social interaction between children and frail elderly participants, and today it provides the Generations Intergenerational Program at 1000 Montgomery. On Lok and Wu Yee Children's services collaborate on this program that involves 24 pre-school aged children and seniors at the Montgomery Lifeways center. On Lok employs an Intergenerational Aide to coordinate the program. The children visit with participants three times per week for approximately thirty minutes, and they spend their time gardening, playing board games, working on puzzles, painting, and other quiet activities. On Lok also has an Intergenerational Program Coordinator who plans and implements activities at all On Lok-operated Lifeways centers. These activities involve children of many ages—from toddlers to high school students.

On Lok PACE*partners*, described earlier, helps organizations become vital PACE providers. Its clients include nonprofit organizations just beginning to explore the model, current PACE providers who need help with specific functions, and the National PACE Association to develop curricula to train new PACE providers.

On Lok provides housing through two separate nonprofits: On Lok House, which is HUD-subsidized housing for low-income seniors, and On Lok Community Housing, which oversees housing at 1000 Montgomery and 1333 Bush Street. On Lok House, located at 1441 Powell Street, has 54 studio apartments regulated by the HUD 202/8 program, which provides rent subsidies for very low-income older adults. HUD has designated this housing facility for frail seniors. There are currently 71 residents living in On Lok House, 70 of which are enrolled in the Lifeways program and attend the Powell Street Lifeways Center on the first floor of the building. Residents live in single or double rooms that include a private bathroom and a kitchen area with a sink, stove top, and small refrigerator. On Lok House includes an activity room on

the fifth floor (originally a greenhouse) and an outdoor patio area, and residents enjoy views of the city and the bay. Residents pay approximately \$237 per month, depending on their income. On Lok House operates the housing facility in accordance with HUD requirements. Residents who are enrolled in On Lok Lifeways receive home care services, as needed, as well as outpatient social and medical services from the On Lok Lifeways clinic/adult day health center located downstairs. On Lok House also rents one housing unit to On Lok Lifeways, which uses it to provide temporary support to participants who live in the community and require some extra assistance as they transition from a hospital back to their own home.

On Lok Community Housing manages the housing in two locations: 1000 Montgomery and the Dr. William L. Gee House. Both locations are single room occupancy (SRO) hotels located above Lifeways centers. 1000 Montgomery has 35 rooms and currently houses 34 residents, all of which participate in the Lifeways center downstairs. Residents of two rooms share a bathroom, and each floor includes a dining area and a small kitchen. Similarly, the Dr. William L. Gee House at 1333 Bush currently provides housing for 50 residents in 42 rooms, with 32 of the residents participating in the Jade Center and 18 enrolled in the Rose Center located on the first floor of the building. Most residents share bathrooms and each floor has a living room and dining room.

### **Future Challenges**

As On Lok approaches its fortieth anniversary, it faces several challenges in maintaining its mission of providing health and social services that promote the well-being and dignity of older adults and the chronically ill. Some of these challenges, besides developing new models to provide care to those who are not low-income frail elderly and addressing a potential future

workforce shortage, include: 1) depending on government funding in the form of Medicare and Medi-Cal, and 2) balancing growth with the maintenance of the founding core values.

On Lok receives the bulk of its funding through the federal and state government, and in fiscal year 2006-2007, 65% of Lifeways revenues came from Medi-Cal and 33% came from Medicare. On Lok spent years trying to become a permanent provider under Medi-Cal and Medicare, beginning in 1974 when the California State Assembly allocated \$300,000 through the California Department of Health for adult day health services and reaching its goal in 2003 when the Centers for Medicare & Medicaid Services and California designated On Lok as a permanent Medicare and Medi-Cal provider. The benefit of being an approved Medicare and Medi-Cal provider of a comprehensive service package can be seen in program growth and the dramatic increase in On Lok Senior Health Services over the course of the organization's history. In 1974, On Lok's care consisted simply of day health services to 80 enrollees; in 2007, On Lok's Lifeways program cared for well over 1,000 very frail older people and provided them all medical services, including hospitalization and specialty care, nursing home care if they needed it, home care and day health services.

With the security of public funding comes numerous regulations and requirements. On Lok provides all necessary health and social care to community-dwelling frail elderly through a monthly capitation payment from Medi-Cal and Medicare. Under the monthly capitation, On Lok provides some services to its participants that are traditionally not covered through these public health insurance programs. The PACE model provides preventative and chronic care through an interdisciplinary team: however, the larger health care system emphasizes acute care and places sole authority in a physician. Some within On Lok believe PACE should be placed in its own reimbursement category, rather than subject to the same regulations as other Medicare

Advantage plans or Medi-Cal providers. To date, On Lok has successfully made the case at the state and federal level that it is different from other health plans and should therefore be treated differently, but there remains the feeling that too many cumbersome regulations that are not appropriate to its model of care are applied to On Lok. In addition, as Medicare and Medi-Cal become more complicated, the regulations imposed on their providers, including On Lok, become more difficult to manage and increase overhead costs.

As the U.S. economy enters a recession in 2008 and the state of California faces an estimated \$16 billion budget shortfall, there is apprehension that future On Lok reimbursement rates will be cut, especially since states often adopt cuts to their Medicaid programs in economic downturns when revenues decline and Medicaid enrollment rises (Kaiser Commission on Medicaid and the Uninsured, 2008). In fact, the Governor of California's 2008-09 budget proposal included a proposed rate reduction to Medi-Cal providers. On Lok and other established PACE providers typically have had a 5% operating margin, and future expansion or improvements in services may be curtailed if reimbursement rates drop. PACE providers are required to assume the financial risk for their health plan, and rate cutbacks may discourage other organizations from developing PACE sites.

A second major challenge confronting On Lok in 2008 is keeping the core values and strengths of the On Lok culture intact as it expands into new geographic regions and new models of service delivery. This challenge is not unique to On Lok, and is not even unique to this period of On Lok's development. While there is not yet unanimous agreement as to the future of On Lok among current board members and staff, the vast majority of the leadership believes the organization should grow to meet the needs of the increasing elderly population who can benefit from On Lok's services. The main debate focuses on how the organization should grow, not if

the organization should grow. First, some worry that as On Lok becomes larger, it will lose sight of some of its core values. Second, some people believe that the organization is growing too fast. There is a feeling that one of the strengths of On Lok is community ownership of the organization, and it takes time to cultivate community ties in new geographic regions. For example, when On Lok first moved into the building on 30<sup>th</sup> Street in 1995, many people in the surrounding communities thought it was a residential home for the elderly. Members of the staff and board worked very hard to educate the community about On Lok, and opened up the center to other community groups, who now hold regular meetings in the building and its garden. Today there is a reciprocal relationship between the community and the 30<sup>th</sup> Street center, with On Lok contributing to the community and the community contributing to On Lok. A third debate centers on the best use of On Lok's reserves: should On Lok devote this money to developing new centers, or should it put this money back into existing services, such as hiring more physicians and direct care staff?

These debates will no doubt continue into the future, but there is a general sense that On Lok has the responsibility to provide its innovative model of care to as many frail elderly as possible. The key may lie in measured growth that allows the organization to maintain a consistency in services. Measured growth involves the careful assessment of community needs for the On Lok model. For example, before On Lok decided to create a new Lifeways center in San Jose it conducted research on communities in the Bay Area. Consistency in services involves continuing to employ, effectively train and oversee interdisciplinary team members and program managers who are dedicated to the model of care and the organization's mission. Finally, measured growth involves balancing business decisions with the core values of On Lok, a difficult balancing act for any successful nonprofit.

On Lok is well prepared to meet these major challenges. Throughout the organization's history, it has contended with rules and regulations that never quite fit its unique model of care. It has dealt with these challenges by taking risks, being creative, and developing relationships with foundations, policymakers and regulators. There is every indication that On Lok will employ the same successful strategies in the future. Throughout its history On Lok has also worked hard to hold on to its mission and core values as it increases the number of participants in its programs. Over the past thirty-seven years, On Lok has remained deeply devoted to its mission "to maintain and develop health care models for the well-being and dignity of the elderly and chronically ill through education, advocacy, innovation in services and financing, while advocating for quality and affordable care". As the health care world at large is now talking of "new systems" such as Pay for Performance, Medical Homes, Care Coordination, Care Transitions and Electronic Medical Records, On Lok will need to show that all these "new" ideas are already integrated into On Lok and PACE. Each of these concepts is alive, well and in standard practice in On Lok's long-standing program. There is every indication that On Lok will adhere to and succeed with its mission for decades to come.

In summary, On Lok has had a tremendous impact at the local, state, and national levels since its founding in 1971. At the local level, On Lok has been an absolutely vital service for frail older adults who wish to remain in the community. Reflecting its origins in the Chinatown-North Beach area, it has been particularly successful in meeting the needs of low-income, frail elders in the Chinese community. As On Lok, however, spread across San Francisco and into other cities in the Bay Area, it has been equally successful with other racial and ethnic groups. As one current staff member succinctly put it, On Lok is "the best deal in town" (Personal interview, June 10, 2008). At the state and federal level, it has changed the way many people,

including some with a great deal of political power, think about long term care for the elderly. When On Lok created the Program of All-Inclusive Care for the Elderly, it introduced an innovative approach to providing care to frail elders with multiple chronic health conditions. It showed that such a program could survive and thrive with monthly capitation payments. It provided a framework for others for integrated financing of Medicare and Medicaid. It introduced an interdisciplinary team model that fosters communication and collaboration among various disciplines that can lead to improved outcomes in the geriatric population. It advocated for federal funding to create PACE replication sites across the country, and provided the leadership and technical assistance necessary to bring about their fruition.

Dr. Gee and the other founding members of the Chinatown-North Beach Health Care Planning & Development Corporation never could have imagined what their organization would look like in thirty-seven years. In 1971, they started a small nonprofit with two goals: providing comprehensive health services to older adults in the Chinatown-North Beach area of San Francisco facing financial, cultural and language barriers to quality health care; and providing employment opportunities for foreign health professionals. The original idea of achieving these two goals by building a nursing home was not desirable, but the alternative model of long-term care that Marie-Louise Ansak and other early leaders at On Lok developed over the next few years proved to be a superior solution. What would eventually be named the Program of All-Inclusive Care for the Elderly (and On Lok Lifeways) was an innovative model of care combining monthly capitation payments from Medicare and Medicaid, service delivery in a day health center and full service medical clinic, in-home services, and an interdisciplinary team. As On Lok led the effort to replicate the PACE model across the country, it also expanded its own service area, moved into new neighborhoods in San Francisco, such as the Western Addition and

Richmond, and later outside of the city into Fremont and San Jose. In addition, On Lok began experimenting with other services beyond the PACE model, such as the 30<sup>th</sup> Street Senior Center.

On Lok today faces the challenge of providing quality care to improve the well-being of older adults from a wide variety of socioeconomic and racial/ethnic backgrounds. The nation as a whole is struggling with this same challenge, and there are calls across the country for an innovative approach to long-term care to meet the needs of an increasing elderly population. An observation not to be underplayed is that On Lok started from the local community that was facing a set of issues particular to its monolingual immigrant population, and then moved to change health care delivery and financing systems on a national and more universal population scale. It is not often that policy and system change stems from grassroots efforts. Policies usually are created by those at the top, with attempts to modify programs at the local level. Given all the concern today about access and health disparities, this program and model merits special attention. It has shown how cultural sensitivity and appropriateness as well as program effectiveness and accountability can be achieved. It is working with multiple ethnicities, mainstream or not. Thanks to its success over the past thirty-seven years, On Lok will be able to play a leadership role at the local, state and national level to devise strategies to continue meeting this challenge. On Lok has spent its entire existence changing the way people think about long-term care for the elderly, and there is no doubt that it will continue to do so in the future.

## References

- Ansak, M.L. (1990). Consolidating care and financing: On Lok's model. *Generations, Spring*, 73-74.
- Ansak, M. (2004). *Founding and Directing On Lok Senior Health Services, 1971-1996*, an oral history conducted 1996-97 by Leah McGarrigle, Regional Oral History Office, The Bancroft Library, University of California, Berkeley.
- Eng, C., Pedulla, J., Eleazer, G.P., McCann, R., & Fox, N. (1997). Program of all-inclusive care for the elderly (PACE): An innovative model of integrated geriatric care and financing. *Journal of the American Geriatrics Society*, 45, 223-232.
- Hansen, J.C. (2007). An encore journey: One professional writes her second act. *Aging Today*, 28, 3-4.
- Hansen, J.C. and Van Steenberg, C. (2005) Keeping PACE with older adults. The Program of All-Inclusive Care to the Elderly *American J Nursing*, 105, 92
- Jensen, J.J. (2007, Fall/Winter). Can nurses solve our nation's greatest problems? *BC Nursing Voice*, 15-20.
- Keating, S. (1998, Fall). In the valley of the shadow. *Boston College Magazine*, 36-45.
- National PACE Association (n.d.). What is PACE? Retrieved on June 14, 2008 from: <http://www.npaonline.org/website/article.asp?id=56>.
- National PACE Association (2002). PACE Expansion Initiative Interim Progress Report: 1/1/2002-6/30/2002. Retrieved on June 15, 2008 from: <http://www.npaonline.org/website/download.asp?id=163>
- PACE Partners (n.d.). On Lok PACE Partners: Creating the best in senior health care. Retrieved on June 25, 2008 from: <http://www.pacepartners.net/>.
- Silber, J. (2006, January 2). Healthy habits: Holistic health system began in Bay Area, spread nationwide. *Contra Costa Times*.
- Townsend, J, Health Services Integration Lessons for the 1980s, Volume III: On Lok Senior Health Services, A Case Study. Washington, DC: Institute of Medicine, 1982.
- Zawadski, R.T. and Ansak, M. *On Lok's CCODA: The first two years*. Technical Report No. 300. San Francisco: On Lok Senior Health Services, 1981.
- Zawadski, R.T., Shen, J., Yordi, C. and Hansen, J.C. *On Lok's CCODA: A research and development project, Final Report, 1978-1983*. San Francisco: On Lok Senior Health Services, 1985.