How Can We Help Older Residents of Montclair Age in Place?

Funded by Partners for Health

Karen J. Alexander
9/4/2012
Table of Contents

Executive Summary .................................................................................................................................................. 1
Context.................................................................................................................................................................. 2
Process.................................................................................................................................................................. 2
Comparative Demographic Data – 2010 Census ................................................................................................. 5
   Deeper Demographic Look - Montclair ........................................................................................................... 7
Stakeholder Interviews ......................................................................................................................................... 11
   Stakeholder Concerns and Challenges ........................................................................................................ 11
   Stakeholder Suggestions and Program Ideas ............................................................................................... 14
   Community Resources for Seniors .............................................................................................................. 18
   Community Assets ......................................................................................................................................... 19
Listening Sessions .............................................................................................................................................. 20
   Listening Sessions – Concerns and Challenges ......................................................................................... 20
   Listening Sessions – Suggestions and Program Ideas .............................................................................. 21
   Community Resources for Seniors (listed alphabetically) ...................................................................... 21
Emerging Themes from Stakeholder Interviews and Listening Sessions ........................................................ 23
Potential Program Designs for Consideration .................................................................................................. 24
Recommendations/Next Steps ......................................................................................................................... 27
   Appendix A – Stakeholders Contact List .................................................................................................... 28
   Appendix B - Senior Listening Sessions – Contact List - People who expressed interest in further contact..... 29
Executive Summary

In March 2012, with funding from the Partners for Health Foundation, the Eldercare Department of United Jewish Communities of MetroWest NJ undertook a concentrated research effort investigating the feasibility of an aging in place effort for Montclair, NJ. This inquiry capitalized on the experience gained through UJC’s successful implementation of its LIVE (Lifelong Involvement for Vital Elders) program in Parsippany, Caldwell and Verona.

UJC’s Director of Eldercare Services conducted a dozen stakeholder interviews, listening sessions with groups of seniors, site visits, a literature review, analyzed census data and attended community meetings in Montclair to develop an understanding of the community assets and resources for seniors, the challenges seniors face, the demographic context, and potential programmatic opportunities for further consideration.

Through this effort the following themes were identified:

- 9/11 and Montclair Connection train service fostered a discontinuity in age distribution within Montclair, with young families displacing older residents, resulting in Montclair having fewer people age 65+ than in neighboring communities.
- Even people “in the know” are not aware of services or resources for older adults, and there is little targeted outreach towards older residents.
- Services are currently “atomized” – serving small groups of seniors with little or no information or resource sharing.
- There is no central address for seniors, in any physical way, virtually on-line or over the telephone.
- Within Montclair, while “diversity” is welcomed - older residents can feel overlooked.
- “Empty nesters” are not recognized as an “asset” in the community.

Using the “Asset Based Community Development” approach to planning, developed by Northwestern University, and utilized in planning LIVE programs, resources targeting seniors and general community assets were identified, along with challenges that older adults face in Montclair. In addition, program suggestions were gleaned from seniors and stakeholders, and organized along nine topic areas: Transportation, Rx and Healthcare, Housing, Activities, Food, Finances/Employment, Outreach, Safety and Community.

Intriguing ideas were identified, and holistic program models that could incorporate these ideas while responding to expressed challenges and concerns of seniors, were identified. In addition, the report provides demographic context using 2010 census data to look at the concentration of older adults within Montclair and specific neighborhoods with greater densities of older residents.

The report concludes with a discussion of recommendations and potential next steps for the Partners for Health Foundation to consider in creating a healthier community for people of all ages, in Montclair.
Context

Montclair, New Jersey is a mid-sized town of just over six square miles in Essex County, within easy commuting distance of New York City. It is bisected by Grove Street and Valley Road going north-south, and by Bloomfield Avenue, and Watchung Avenue going east-west. Montclair has 42 houses of worship, multiple town centers serving specific neighborhood areas, two movie theatres, and many boutiques, specialty stores, and small businesses. With 37,669 residents, Montclair is characterized by its diversity, a feature that has attracted many to the community. The town is both ethnically and culturally mixed, and proportionally, there are more Muslims, Jews, and Catholics than the country’s average. While the median household income is $92,117 (US Census Bureau, 2008-10 American Community Survey) there is significant range in income levels across Montclair. About 8.1% of households have annual incomes of less than $15,000, while 17.7% have incomes greater than $200,000.

Montclair has an estimated total of 4,229 residents over age 65, representing 11.2% of the total population, and the 2010 Census showed that 21.1% of the households were headed by someone age 65 or older. The area experienced the rapid increase in housing prices that characterized the mid-2000’s, with steady increases in property taxes. Essex County has the highest taxes in NJ; this is a significant economic pressure for many older homeowners. Fewer older adults live alone in Montclair, as compared with other communities in the Partners for Health Foundation catchment area; just 8.7%, as compared with the neighboring communities of Verona (16.2%) and the Caldwells (17.4%).

This project focuses on identifying concentrations of older adults within Montclair, creating strategies for connecting older residents who are at greatest risk emotionally, physically and economically, with services and activities, and engaging well-elders in civic life.

Process

In examining the feasibility of an Aging in Place effort focused on Montclair, the following strategies were employed:

- Identify key stakeholders and informants to invite for initial visioning and data collection effort including social services and program staff, community and senior leaders, elected officials and Town representatives from all levels of government. Twelve “key” stakeholders were identified with Partners for Health Foundation staff, within a larger list of stakeholders for potential future engagement.

- Review current demographic and community data from the 2010 Census, recent town planning efforts, and Essex County Division of Senior Services, to craft a descriptive profile of the population to be served. This analysis was conducted down to the census
tract level to identify particular geographic areas of interest, with significant concentrations of older adults in Montclair.

- Individual interviews were conducted with twelve key stakeholders, and focus groups were conducted with three groups of older residents, engaging a total of 24 seniors. These conversations and group sessions were used to begin community asset mapping, start needs identification and launch leadership development. If the project moves forward, these contacts will be basis for “advisory groups” to work with the program planning effort.

- Two groups of older residents completed brief surveys after participating in focus groups. Participants represented both middle-class older adults and those living in a HUD-subsidized building. These exit surveys provided seniors with an opportunity to further elaborate on their ideas for making Montclair more senior friendly. A total of 19 surveys were completed, and those findings were incorporated into the focus group summaries.

- Background review included an interview with Emily Greenfield, PhD (Rutgers University) regarding effective programs already in place, site visit to “Secure @ Home” in Mercer County, and participation in a national “Aging Across the Generations” conference sponsored by the New York Academy of Medicine. In addition, attending relevant local meetings including Montclair CARES; Eat, Play Live Better annual meeting, and television taping of Senior “News and Views” focused on Aging in Place and senior housing in Montclair.

- Draft Summary Memo #1 included detailed census data, preliminary findings on community assets, and perceived gaps and expressed unmet needs among older residents. Projected program designs were also identified. These findings were reviewed with Partners for Health staff on July 3. Preliminary discussion revealed that there were multiple issues and potential program directions, based on early findings.

- It was agreed that this final memo for this first phase of the project would include more detailed information gleaned from stakeholders, identified themes and program ideas, along with recommendations for reviewing potentially implementable efforts and developing consensus with a broader audience of stakeholders, seniors, and community leaders – potentially including Foundation Board Members and Township Council.

The next sections of this report detail the findings from each of the strategies discussed above.
### Stakeholder Meetings Conducted

<table>
<thead>
<tr>
<th>Organization</th>
<th>Representative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Department - Health Educator</td>
<td>Erica Abbruzzese</td>
<td>4/3/12</td>
</tr>
<tr>
<td>Mountainside Hospital - Community Affairs</td>
<td>Florey Cruz-Cerpa</td>
<td>4/4/12</td>
</tr>
<tr>
<td>South End Gardens</td>
<td>Diann Brochu</td>
<td>5/15/12</td>
</tr>
<tr>
<td>YMCA of Montclair – Senior Program</td>
<td>Carol Kearny</td>
<td>5/18/12</td>
</tr>
<tr>
<td>United Way - Pantry Partners</td>
<td>Eileen Sweeney</td>
<td>5/18/12</td>
</tr>
<tr>
<td>Former Montclair Social Services Director</td>
<td>Bebe Landis</td>
<td>5/18/12</td>
</tr>
<tr>
<td>Public Library Board / Mayor</td>
<td>Jerry Fried</td>
<td>5/21/12</td>
</tr>
<tr>
<td>United Way of Montclair (former ED)</td>
<td>Cindy Villarosa</td>
<td>5/23/12</td>
</tr>
<tr>
<td>Montclair Town Clerk</td>
<td>Linda Wanat</td>
<td>5/24/12</td>
</tr>
<tr>
<td>Montclair Adult School</td>
<td>Suzy Kass</td>
<td>6/11/12</td>
</tr>
<tr>
<td>Senior Advisory Council – Pine Ridge Resident</td>
<td>Sharon Sandusky</td>
<td>6/12/12</td>
</tr>
<tr>
<td>Mental Health Association of Essex County</td>
<td>Bob Davison, Marvin Gorsky</td>
<td>6/21/12</td>
</tr>
</tbody>
</table>

### Group Discussions with Senior Groups

<table>
<thead>
<tr>
<th>Organization</th>
<th>Topic &amp; Attendance</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verona Park – Walking Group</td>
<td>Wellness, activities available (4)</td>
<td>5/18/12</td>
</tr>
<tr>
<td>South End Gardens Residents</td>
<td>Listening Session (6)</td>
<td>6/11/12</td>
</tr>
<tr>
<td>YMCA Senior Planning Committee</td>
<td>Listening Session (12)</td>
<td>6/12/12</td>
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</table>

### Resource Meetings Attended

<table>
<thead>
<tr>
<th>Organization</th>
<th>Topic</th>
<th>Date(s)</th>
</tr>
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<tbody>
<tr>
<td>Secure at Home – Judy Milner</td>
<td>Review program model</td>
<td>3/26/12</td>
</tr>
<tr>
<td>NAACP /PFH</td>
<td>Coordination</td>
<td>3/27/12</td>
</tr>
<tr>
<td>Montclair CARES Committee</td>
<td>Social Services Coordination</td>
<td>5/7/12,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6/20/12</td>
</tr>
<tr>
<td>Eat Play Live Better – Committee</td>
<td>Annual Update/Briefing</td>
<td>5/9/12</td>
</tr>
<tr>
<td>Montclair Senior Advisory Council</td>
<td>“News and Views” TV Taping – Housing and Aging in Place</td>
<td>5/24/12</td>
</tr>
<tr>
<td>Neighbor to Neighbor – Karen Lore &amp; Paula Pieces</td>
<td>Potential program model</td>
<td>6/25/12</td>
</tr>
</tbody>
</table>
### Comparative Demographic Data – 2010 Census

The table below summarizes the age 65+ and 85+ population in the Essex County communities served by Partners for Health Foundation.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>07003</td>
<td>Bloomfield</td>
<td>47,312</td>
<td>5,664</td>
<td>12.0%</td>
<td>967</td>
<td>2.0%</td>
</tr>
<tr>
<td>07004</td>
<td>Fairfield</td>
<td>7,440</td>
<td>1,525</td>
<td>20.5%</td>
<td>230</td>
<td>3.1%</td>
</tr>
<tr>
<td>07006</td>
<td>Caldwells</td>
<td>24,812</td>
<td>4,223</td>
<td>17.0%</td>
<td>909</td>
<td>3.7%</td>
</tr>
<tr>
<td>07009</td>
<td>Cedar Grove</td>
<td>12,411</td>
<td>2,947</td>
<td>23.7%</td>
<td>752</td>
<td>6.1%</td>
</tr>
<tr>
<td>07021</td>
<td>Essex Fells</td>
<td>2,091</td>
<td>342</td>
<td>16.4%</td>
<td>48</td>
<td>2.3%</td>
</tr>
<tr>
<td>07028</td>
<td>Glen Ridge</td>
<td>7,618</td>
<td>730</td>
<td>9.6%</td>
<td>102</td>
<td>1.3%</td>
</tr>
<tr>
<td>07042</td>
<td>Upper Montclair</td>
<td>25,599</td>
<td>2,856</td>
<td>11.2%</td>
<td>408</td>
<td>1.6%</td>
</tr>
<tr>
<td>07043</td>
<td>Montclair</td>
<td>12,128</td>
<td>1,373</td>
<td>11.3%</td>
<td>189</td>
<td>1.6%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>All Montclair</td>
<td>37,727</td>
<td>4,229</td>
<td>11.2%</td>
<td>597</td>
<td>1.6%</td>
</tr>
<tr>
<td>07044</td>
<td>Verona</td>
<td>13,584</td>
<td>2,653</td>
<td>19.5%</td>
<td>546</td>
<td>4.0%</td>
</tr>
<tr>
<td>07048</td>
<td>West Orange</td>
<td>46,182</td>
<td>7,365</td>
<td>15.9%</td>
<td>1,751</td>
<td>3.8%</td>
</tr>
<tr>
<td>07068</td>
<td>Roseland</td>
<td>5,819</td>
<td>1,282</td>
<td>22.0%</td>
<td>157</td>
<td>2.7%</td>
</tr>
<tr>
<td>07110</td>
<td>Nutley</td>
<td>28,315</td>
<td>4,107</td>
<td>14.5%</td>
<td>690</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td></td>
<td><strong>20,849</strong></td>
<td><strong>3,023</strong></td>
<td><strong>14.5%</strong></td>
<td><strong>565</strong></td>
<td><strong>2.7%</strong></td>
</tr>
</tbody>
</table>
The table below summarizes the age 65+ and 75+ households in the Essex County communities served by Partners for Health Foundation, including those households of older and oldest adults, living alone. Frailer, older elders would be at greatest risk for potential isolation, depression, and vulnerability.

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Town</th>
<th>Total Households</th>
<th>HH 65+</th>
<th>% HH 65+</th>
<th>HH 65+ Alone</th>
<th>% HH 65 Alone</th>
<th>HH 75+</th>
<th>% HH 75+</th>
<th>HH 75+ Alone</th>
<th>% HH 75 Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>07003</td>
<td>Bloomfield</td>
<td>18,385</td>
<td>4,425</td>
<td>24.1%</td>
<td>1,666</td>
<td>9.1%</td>
<td>2,368</td>
<td>12.9%</td>
<td>1,057</td>
<td>5.7%</td>
</tr>
<tr>
<td>07004</td>
<td>Fairfield</td>
<td>2,637</td>
<td>1,087</td>
<td>41.2%</td>
<td>312</td>
<td>11.8%</td>
<td>570</td>
<td>21.6%</td>
<td>212</td>
<td>8.0%</td>
</tr>
<tr>
<td>07006</td>
<td>Caldwells</td>
<td>9,375</td>
<td>2,908</td>
<td>31.0%</td>
<td>1,631</td>
<td>17.4%</td>
<td>1,698</td>
<td>18.1%</td>
<td>808</td>
<td>8.6%</td>
</tr>
<tr>
<td>07009</td>
<td>Cedar Grove</td>
<td>4,523</td>
<td>1,631</td>
<td>36.1%</td>
<td>619</td>
<td>13.7%</td>
<td>929</td>
<td>20.5%</td>
<td>398</td>
<td>8.8%</td>
</tr>
<tr>
<td>07021</td>
<td>Essex Fells</td>
<td>725</td>
<td>239</td>
<td>33.0%</td>
<td>75</td>
<td>10.3%</td>
<td>116</td>
<td>16.0%</td>
<td>45</td>
<td>6.2%</td>
</tr>
<tr>
<td>07028</td>
<td>Glen Ridge</td>
<td>2,510</td>
<td>539</td>
<td>21.5%</td>
<td>169</td>
<td>6.7%</td>
<td>281</td>
<td>11.2%</td>
<td>106</td>
<td>4.2%</td>
</tr>
<tr>
<td>07042</td>
<td>Upper Montclair</td>
<td>10,696</td>
<td>2,179</td>
<td>20.4%</td>
<td>951</td>
<td>8.9%</td>
<td>1,149</td>
<td>10.7%</td>
<td>516</td>
<td>4.8%</td>
</tr>
<tr>
<td>07043</td>
<td>Montclair</td>
<td>4,377</td>
<td>998</td>
<td>22.8%</td>
<td>359</td>
<td>8.2%</td>
<td>523</td>
<td>11.9%</td>
<td>228</td>
<td>5.2%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>All Montclair</td>
<td>15,073</td>
<td>3,177</td>
<td>21.1%</td>
<td>1,310</td>
<td>8.7%</td>
<td>1,672</td>
<td>11.1%</td>
<td>744</td>
<td>4.9%</td>
</tr>
<tr>
<td>07044</td>
<td>Verona</td>
<td>5,467</td>
<td>1,875</td>
<td>34.3%</td>
<td>884</td>
<td>16.2%</td>
<td>1,097</td>
<td>20.1%</td>
<td>593</td>
<td>10.8%</td>
</tr>
<tr>
<td>07052</td>
<td>West Orange</td>
<td>16,783</td>
<td>5,123</td>
<td>30.5%</td>
<td>2,119</td>
<td>12.6%</td>
<td>2,987</td>
<td>17.8%</td>
<td>1,503</td>
<td>9.0%</td>
</tr>
<tr>
<td>07068</td>
<td>Roseland</td>
<td>2,345</td>
<td>914</td>
<td>39.0%</td>
<td>326</td>
<td>13.9%</td>
<td>478</td>
<td>20.4%</td>
<td>190</td>
<td>8.1%</td>
</tr>
<tr>
<td>07110</td>
<td>Nutley</td>
<td>11,301</td>
<td>3,086</td>
<td>27.3%</td>
<td>1,139</td>
<td>10.1%</td>
<td>1,700</td>
<td>15.0%</td>
<td>713</td>
<td>6.3%</td>
</tr>
<tr>
<td>Average</td>
<td>Nutley</td>
<td>8,015</td>
<td>2,168</td>
<td>27.0%</td>
<td>889</td>
<td>11.1%</td>
<td>1,198</td>
<td>14.9%</td>
<td>547</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
Deeper Demographic Look – Montclair

Identify Census Tracts within Montclair with greatest concentrations of older adults, excluding the tracts that are home to:

- Montclair Senior Housing Corp. - South End Gardens, 430 Orange Road (Tract 172)
- The Montclair Inn, 27 Hillside Ave (Tract 169)
- Pine Ridge of Montclair Apartments, 60 Glenridge Ave (Tract 167)
- First Montclair House, 56 Walnut Street (Tract 165)

Tracts 170, 164 and 163, highlighted below, might be most appropriate for a targeted Aging in Place effort. These census tracts have a higher density of the age 65+ population, within the low overall density of seniors within Montclair. Also, these targeted census tracts also do not have any dedicated senior housing in place. Note: minor variances on population totals due to Zip Code analysis vs. Tract level analysis. Variance is <0.9%.

<table>
<thead>
<tr>
<th>Census Tract #</th>
<th>Total Population</th>
<th>65+ Population</th>
<th>65+ Pop %</th>
<th>Senior-Oriented Housing in Tract</th>
</tr>
</thead>
<tbody>
<tr>
<td>172</td>
<td>2,986</td>
<td>419</td>
<td>14.0%</td>
<td>South End Gardens, 3400 Orange Rd. - 100 units</td>
</tr>
<tr>
<td>171</td>
<td>2,211</td>
<td>161</td>
<td>7.3%</td>
<td>Montclair Inn, 27 Hillside - 22 units</td>
</tr>
<tr>
<td>170</td>
<td>3,082</td>
<td>369</td>
<td>12.0%</td>
<td>Cranetown Apts, 77 Orange Rd. (general housing)</td>
</tr>
<tr>
<td>169</td>
<td>2,942</td>
<td>290</td>
<td>9.9%</td>
<td>Pine Ridge Apts, 60 Glenridge Ave. - 47 units</td>
</tr>
<tr>
<td>168</td>
<td>3,293</td>
<td>310</td>
<td>9.4%</td>
<td>1st Montclair House, 56 Walnut St. - 130 units</td>
</tr>
<tr>
<td>167</td>
<td>2,362</td>
<td>257</td>
<td>10.9%</td>
<td>BelleAire Condos, Commonwealth Garden Apartments</td>
</tr>
<tr>
<td>166</td>
<td>2,915</td>
<td>261</td>
<td>9.0%</td>
<td>1st Montclair House, 56 Walnut St. - 130 units</td>
</tr>
<tr>
<td>165</td>
<td>3,942</td>
<td>537</td>
<td>13.6%</td>
<td>BelleAire Condos, Commonwealth Garden Apartments</td>
</tr>
<tr>
<td>164</td>
<td>3,724</td>
<td>503</td>
<td>13.5%</td>
<td>1st Montclair House, 56 Walnut St. - 130 units</td>
</tr>
<tr>
<td>163</td>
<td>3,657</td>
<td>487</td>
<td>13.3%</td>
<td>1st Montclair House, 56 Walnut St. - 130 units</td>
</tr>
<tr>
<td>162</td>
<td>3,462</td>
<td>381</td>
<td>11.0%</td>
<td>1st Montclair House, 56 Walnut St. - 130 units</td>
</tr>
<tr>
<td>161</td>
<td>3,143</td>
<td>291</td>
<td>9.3%</td>
<td>1st Montclair House, 56 Walnut St. - 130 units</td>
</tr>
<tr>
<td>TOTAL</td>
<td>37,719</td>
<td>4,266</td>
<td>11.3%</td>
<td></td>
</tr>
</tbody>
</table>
Stakeholder Interviews

Interviews were conducted with twelve opinion leaders identified and vetted by the Partners for Health Foundation staff. Additional opinion leaders were also identified, and may be scheduled for subsequent contact and potential involvement, as the project evolves beyond a preliminary planning stage. The full roster of stakeholders and their contact information is included as Appendix A.

Interviews lasted a minimum of 45 minutes; some conversations spanned over an hour and a half, and were generally held at the stakeholder’s office or a mutually convenient location. Meetings were conducted from early April through late June.

The attached summaries capture the themes, perspectives and most frequent observations that emerged in those conversations. The goal of multiple stakeholder interviews was to see if consensus emerged regarding the challenges, community resources and available assets, and the potential program opportunities for an Aging in Place effort based within Montclair.

The following discussions of concerns/challenges and program suggestions summarize the ideas gathered from all of the interviews. Related ideas have been presented together, to facilitate further consideration in a holistic and synthesized manner.

Stakeholder Concerns and Challenges

Transportation

Overall concerns were expressed related to mobility, flexibility and reducing isolation. While Montclair has many smaller centers, no one center includes all of the supports and services a senior household might need. Similarly, seniors without access to appropriate transportation are at greater risk of isolation and loneliness.

The town senior bus was frequently raised, as it is difficult to provide reliable, on-time service along a single route in a long, narrow town. Keeping the bus in a state of good repair was also raised. While it was perceived as helpful to have a senior bus, there are no medical trips provided by the Township – a limitation. In addition, many stakeholders did not have a clear idea of the schedule or route.

General public transit was perceived as inadequate – without crosstown service on Bloomfield Avenue, no circulator service in town, and limited weekend service. Lastly, there is not enough handicapped parking.
Prescriptions/Healthcare

Themes of access to care were expressed in terms of daunting paperwork, cost of receiving care, and physically getting to the doctor’s office.

Concerns regarding mental health issues were raised: depression, the stigma of seeking counseling, and the high level of alcoholism among widowed men was raised in discussions with the Mental Health Association staff.

Lastly, there is a perceived “disconnect” between the Township and Mountainside Hospital – the relationship and coordination between these two institutions could be strengthened.

Housing

The social impacts related to a shortage of affordable housing were expressed as the following concerns: gentrification displacing the African American community, subsidized senior buildings as insular, and the influx of “newer” residents brought by increased train service and housing values has destabilized neighborhoods – older residents don’t know their neighbors anymore.

The pressure to leave Montclair due to high taxes, and a perceived inequity of school costs driving up property taxes was raised – with empty nesters moving to less expensive, but nearby towns, like Little Falls and Verona.

Growth as a driving value over diversity, the importance of maintaining community character, and the need for careful planning, were also raised in terms of six-story buildings, parking decks, and large condos replacing single family homes, and the Assisted Living development slated for the center of town without a connected nursing home facility.

Activities

Comments focused on perceived inventory and access.

The range and diversity of available activities was brought up – along with the “lack” of specific offerings: feel-good activities, and low cost art, tai chi, yoga, dancing, oral history, etc. Related was a lack of budget for activities at senior buildings, and information about activities appropriate for older adults not being well-disseminated or centralized. Also, senior-focused activities have been discontinued, such as the now-dormant “Senior Space” at the library and the Senior Contact program at Mountainside Hospital. These losses add to the sense of scarcity.

Issues of access get expressed in terms of affordability, the physical accessibility of activity locations (including houses of worship), transportation, and whether or not sites are perceived as welcoming or primarily focused on serving a specific group of seniors. For example, the YMCA seniors’ membership and the adult school are seen as “expensive.”
Food

Access to low-cost food, fresh produce, affordable restaurants, and educating seniors on healthy meal preparation were all expressed as concerns. Also, the subsidized senior meal program at the hospital is not well-publicized.

Financial/Employment

Taxes are a major concern, in addition to equity among age cohorts, balancing school costs with seniors’ needs. People are aging in place with limited resources, doing the best they can. However, there is an, “overlooked” older middle class, and the concern expressed was that their needs are not part of the discussion in town. Many residents of the subsidized senior housing are too proud to accept entitlements – cutting them off from supports that might make their financial situation more stable.

Outreach

Three themes emerged in the area of outreach: efficient and effective communication, targeting older residents as an audience, and well-informed leadership.

The lack of centralization or coordination at the Township regarding senior programs and activities hampers the ability of older residents to get the help they need. There is no single go-to person or entity. Further, some technologies prevent effective connections, including poorly structured firewalls for Township emails, resulting in resident messages sometimes not reaching Township staff.

Older residents are not a targeted audience – seniors are not visible in community life as a group, as the Town’s focus rests primarily on families with school-age children. Thus, Township leaders are not well-informed about the needs of older residents, and with the dissolution of the Town’s social services department a few years ago, there is no central resource to educate them.

Safety

Safety concerns were straightforward -- traffic is too fast, and streets are not in good repair, resulting in worries about older pedestrian safety.

Community

Communities are strengthened and reinforced over time. Montclair has experienced a lot of destabilizing forces, and without a central address for seniors, a facilitative structure for senior services, or a community center, it is difficult to foster connectedness. Some seniors seek that community in other towns – going to Caldwell, Verona and Livingston for programs and activities. For Boomers, many of whom are also caregivers, the community issue is also one of accessing resources and supports, and preventing burnout. Lastly, the frequent political change in Montclair means that personal relationships seem to “stand in” for a consistent municipal infrastructure.
Stakeholder Suggestions and Program Ideas

Transportation

Suggestions related to transportation fell into three categories: bus service, walkability and new services, as summarized below.

Revisit senior bus service routes, stops and schedule, to improve reliability and access to specific locations including the MSU campus and senior housing buildings.

Walkability is an asset on Bloomfield Avenue, and could be improved on Park Street, to stimulate business and increase tax revenues.

Work with local taxi companies to establish a senior “discount fare” for shorter trips in town. Also, if the new Assisted Living is providing transportation to residents, can it offer it to nearby neighbors, too?

Prescriptions/Healthcare

Communication could be improved around publicizing screenings, clinics and health-related events; also, many local pharmacies deliver (Grove, Glen Ridge, Terry’s on Valley Road), but people don’t know this.

Educate the community about depression not being a normal part of aging, Alzheimer’s Disease, and memory loss.

Housing

Housing suggestions were plentiful, and were grouped into categories of program locations, housing rehab and re-use, and social connectedness related to housing changes.

Stakeholders identified particular areas for possible program focus including BellAire Condos (at 560 Valley Road – near train, shopping, bus, bank, CVS, church), Claremont Avenue SRO’s, garden apartments, and the new Assisted Living building planned for downtown.

In terms of housing rehabilitation and reuse, there were suggestions about increasing access to home repair and improving home safety, along with establishing “nanny pods” -- accessory dwelling units that enable multiple generations to live in the same home, but not under one roof; and, buying and rehabilitating older homes for communal living – an adaptation of the Montclair Inn model. It was noted that these types of innovative strategies would also potentially bring positive visibility to aging in Montclair.

Lastly, stakeholders had suggestions about connecting older residents better to the Town, through outreach to engage new, but older residents who have moved to Montclair to be closer to adult children, and by creating a community that engages Boomers – realizing there is a fiscal benefit to the town in holding onto Empty Nesters.
Activities

Capitalizing on the varied assets of Montclair was a theme that ran through suggestions about activities, as summarized below.

Offering affordable, accessible, low-cost, “feel good” activities for older adults was raised in many interviews. Specific suggestions included: art classes, local history classes, programs with local authors, reminiscence and storytelling, and exercise classes in more venues across Montclair.

Meaningful and intellectual activities were also recommended, including Scrabble tournaments between senior buildings, continuing education programs, and purpose-driven activities like teaching classes to others and mentoring youth.

Capitalizing on the assets of Montclair was another frequent theme: utilizing the Art Museum, Adult School, YMCA and Library were raised, along with scholarships for seniors to participate in the Y.

Stakeholders had a number of specific suggestions about the Library: reinvigorating the “Senior Space” by lowering stacks to be more accessible, grouping furniture for casual chats, refreshing the information available there, and adding programming targeting seniors. The newer “T’ai Chi and Tea” programs on Tuesdays at the Library, being hosted by Terra, did not come up in discussions, although the book club co-sponsored with Recreation Department was noted, and could be publicized more.

Lastly, activity suggestions that related to collaboration with the faith-based community included having churches and senior clubs coordinate, to open up and share programs. A network could be established among houses of worship serving seniors. In addition, it was noted that Tony’s Kitchen could also be enhanced as a potential program site, as it serves a lot of seniors.

Financial/Employment

Creating a senior-friendly downtown effort with the Business Improvement District, to attract older shoppers and meet their needs more effectively was suggested. At the same time, actively market Montclair as a great location for Empty Nesters who want cultural offerings and other quality of life assets, like shopping, museums, access to NYC, etc.

Outreach

There were a few areas of general consensus that emerged: the need for more structured outreach and communication, the possibility of intergenerational programming, and increasing the visibility of older adults within the community. Each is discussed below.

Outreach structures could be created using a hub and spoke model, with a central resource center providing information, referrals, and assistance. Emanating from that center would be
linkages with the Health Department, Mountainside Hospital, senior housing buildings, and other agencies that routinely interact with seniors across the community to help with dissemination. Agency-based dissemination would be complemented by Channel 34, print materials, and centralized, web-based information. Lastly, outreach activities would be publicized and conducted in multiple sites, to help improve access to services and information throughout Montclair.

Intergenerational programming was identified as a way to reduce isolation, create community linkages and help residents from varying age cohorts establish relationships with one another. Suggestions included involving seniors in school-based activities, public art, collaborations with MSU, and involving seniors in ongoing health and wellness programming; for example, community gardens could engage seniors in a “master gardening” role.

Lastly, the issue of “visibility” was raised – creating Senior Ambassadors to be peer experts in their communities and share information, briefing the Town Council on issues of concern for older residents, having a regular piece in the Montclair Times on senior activities, and incorporating older, disabled adults in the current “I am Montclair” public education effort regarding people with disabilities, were all suggested as ways to raise awareness of older residents in Montclair.

**Safety**

Pedestrian safety suggestions included enforcing the 24 hour show shoveling ordinance in the winter, providing adequate street lighting at night, controlling traffic speeds, and repairing sidewalks in poor condition. Uneven sidewalks are a tripping hazard for all pedestrians, but especially for older walkers.

The Montclair Police Department has been trained to deal more effectively with people with mental illness, this model that could be expanded to include seniors. There are many female officers, who are already good at communicating effectively with older residents. In addition, older residents could be visibly incorporated into a community-wide safety effort.

**Community**

Community discussions were wide-ranging, with diverse ideas presented. However, within those interviews four groups of ideas emerged: creating a place for seniors, building on shared experiences as a base for building stronger community, intergenerational opportunities, and the role of Town leadership could play in creating community.

A “place” for seniors included the possibility of a multi-generational community center, as well as looking to the new Assisted Living facility being built as a possible “host” for community space. The need for a central address for seniors, whether physical or possibly virtual, was clearly articulated.
Shared experiences can also be a basis for creating community. Examples given included faith and spirituality, regularly occurring weekly programs at the Y, or the shared challenges of caregiving. Shared experiences foster community-building.

Intergenerational offerings could capitalize on the school-age focus of many families and residents, while involving older residents, too. Sharing, teaching, tutoring and mentoring are all roles for older adults within existing schools and community-based programs, and help community members across age cohorts have something in common. Programs in the African American community, like the Kihana Kheper “Rites of Passage” programs depend upon older participants, and could be expanded or replicated.

The role of Town leadership in fostering community includes exploring projects like “Neighbor to Neighbor” a volunteer-based program run by the Township of Bloomfield, including a senior focus within the Annual Day of Service, seeking ways to make older adults more visible in community celebrations, parades, and gatherings, and finally, it was suggested that Montclair hire a grant writer to help secure resources for expanded programming – for people of all ages.
Community Resources for Seniors

Montclair Health Department - staff and clinics
United Way: Deb Day – Caregivers, Eileen Sweeny – Pantry Partners
Mountainside Hospital – Stroke Center, Social Workers, Parish Nurses
Senior Citizen’s Advisory Committee – Seniorama
Toni’s Kitchen – Patricia Moulton

Senior Housing Buildings/Staff
- 1st Montclair House – Neva Henderson
- Montclair Inn
- Pine Ridge
- South End Gardens – Diann Brochu

Houses of Worship
- Unitarian Church
- St. James Episcopal
- B’nai Keshet /Temples
- 1st Congregational
- 1st Lutheran
- AME
- Baptist
- Central Presbyterian
- Elm Street Church
- Immaculate Conception
- Jehovah’s Witness
- Our Lady of Mt. Carmel
- St. Cassian Parish
- St. Peter Claven

Carol Kearney/YMCA
Bebe Landis (was resource in the past)

Partners for Health Foundation
AARP - Local Chapter
Arts Council (was resource in the past)
Renee Baskerville – 4th Ward
COPE Counseling
Family Service League
Home Corps
Interfaith Hospitality Network
Mental Health Association of Essex County
Steve Woods – Town Transit System
Community Assets

Library
Senior Advisory Council – Annual Seniorama and News and Views television show
Health Department – visiting nurses, screenings and clinics
Adult School
Art Museum
Blue Wave – Marcya Marley
Empty Nesters – pay taxes, but don’t cost the town a lot
Mountainside Hospital
Transportation Hub and Senior Bus
Wally Choice Community Center – Glenfield Park
Activist Nature of Town
Annual Day of Service (with schools)
Clergy Associations- MAACA and Montclair Clergy Association
Community Band
Community Gardens and Farmstands
“Culture”
Food Bank
Houses of Worship (see above)
Montclair Police Dept. trained to deal with mental illness, many female officers good with elderly.
Montclair State University
“Mother” Conner lives in South End Gardens – community leader
New Council & Mayor Jackson
Nonprofit Roundtable (Montclair CARES)
Parks
Pharmacies that deliver
Plenty of doctors
Red Hat Clubs
Senior Buildings and apartments with senior concentration: downtown and BellAire Condos
YMCA
Listening Sessions

Sessions were conducted with older residents of Montclair, members of the YMCA Walking Group, South End Gardens residents, and the steering committee for Senior Programming at the YMCA. The groups discussed concerns, community resources, and their suggestions for what could make growing older in Montclair better. Key observations gleaned from those three sessions are summarized below. Appendix B includes the contact information from the 14 participants interested in further information regarding this project.

Listening Sessions – Concerns and Challenges

Transportation

- If you live off the main route, it is hard to get places on senior bus.
- Non-drivers can’t get around, no way to get to gathering places. Loss of mobility when cannot drive at night or at all.
- Walkability is a problem – no sidewalks, overgrown trees, no lights at night in some areas (Upper Montclair)
- All day parking not available – it is a hardship for seniors and volunteers. Ticketing is aggressive.
- Weekend mobility – NJ Transit bus service to Newark only Saturday AM. No weekend bus service from town.
- People don’t know what is available.
- Essex County Senior Transportation staff members are rude on the telephone.

Rx/Health

- Losing autonomy, getting sick, being dependent on others.
- New Assisted Living coming to town – will that help?

Housing

- Living alone, need to plan ahead for that.
- Home modifications, safety improvements needed, handyman services – where to get them?
- Housing costs high – rents high, not enough affordable housing.
- Hard to find affordable housekeeping help.

Activities

- No one place with recreation and help for seniors available.
- No coordination between different senior activity sites.
Finances/Employment

- Taxes are too high, cost of living too high – people sell their houses and leave.
- Paperwork for insurance, benefits, entitlements, etc. is overwhelming

Safety

- Pedestrian safety with poor sidewalks, overgrown trees, congestion, traffic speed, no lights at night.
- Slips and falls at home - need alert system.
- Street crime in the immediate area (South End Gardens).

Community

- No place to gather – senior groups are atomized at Red Gross, Glenfield Park, Upper Montclair.
- YMCA is expensive – many cannot afford to join.
- Need sense of belonging to something, but there is no community/senior center.

Listening Sessions – Suggestions and Program Ideas

Transportation

- Bus service to malls and shopping
- Parking tickets with “grace period” for senior volunteers
- Buses to Essex County cultural programs like, “Music in the Parks”
- Weekend public transit - bus service to Newark on NJ Transit 34, all day Saturday and Sunday; need weekend transportation to worship
- Education on available transportation resources for seniors

Prescriptions/Healthcare

- Medical trips to out of town locations
- Friendly visitors for seniors to ward off isolation, also to provide help

Housing

- Promote senior living in center of town, where it is walkable.

Activities

- Offer a variety of programs in senior buildings, classes at community sites
- Offer senior activities in Public Library – revitalize “Senior Space”
- Coordinate senior activities for multiple senior buildings together
- Offer senior computer classes at YMCA - perhaps with kids or teens, and at other locations, similar to what is offered at Wally Choice Community Center.
Food

- Offer community kitchen at senior building
- Provide subsidized, scheduled group meals at senior buildings
- Start “Dine Around” meals at various buildings or local restaurants to provide senior group meals and deals.

Outreach

- One call-in number for seniors looking for help, with a live person answering the line, like 311 in NYC; need one place to get questions answered.
- Disseminate consolidated senior information in newspaper, postcard, or with recycling schedule
- Broadcast “News and Views” in the evening on Channel 34 – reach more people
- Network social workers and senior staff between locations – share information and resources

Safety

- Telephone reassurance and check-in service
- Improve sidewalks, would reduce fear of falling and increase seniors’ sense of safety
- Have more visible police presence on the street near senior buildings.

Community

- One central Community Center to serve seniors is needed; could be shared with youth.
- Connect with other senior groups for fellowship – visit one another
- Transportation to church on Sunday
- Publicize availability of Senior Scholarships for Y memberships

Community Resources for Seniors (listed alphabetically)

- Church organizations, bulletins and clergy (especially in African American community)
- Day Care Programs e.g. “Premiere” and “Greenwood” that come to South End Gardens
- Essex County Senior Services Book
- Library
- Mountainside Hospital – Florey Cruz-Cerpa
- Outreach at South End Gardens - Diann Brochu
- Police are now visible in Canterbury Park
- Red Cross – Medical transportation with volunteers, Wednesday afternoon social programs
- Senior Care – reopened privately with new owners, 4 hours per day
- Senior & Social Service Organizations
- Town Hall
- United Way
Emerging Themes from Stakeholder Interviews and Listening Sessions

- “Empty nesters” older residents less expensive for town to retain as taxpayers than to absorb costs of families with school-age children. (Jerry Fried)

- Need for central address for seniors – to get help, services, information, etc. Could be physical, virtual, telephone, all three.

- Impact of 9/11 and Montclair Connection on homeowners in 2000’s – homeowners displaced by young families entering area and driving up demand for homes and prices. Created a discontinuity in age distribution – older homeowners cashed out; “extra” kids drive up demand for public services, fewer people age 65+ in Montclair (and also Glen Ridge) than neighboring towns.

- Information not centralized or readily available, people who are, “in the know” don’t know where to go or what is available; this is especially true after Town reduced staffing in social services, two years ago.

- “Atomized” groups of seniors in different locations are being helped by individual organizations, e.g.: YMCA, Red Cross, senior apartment building, Wally Choice Community Center, etc. No cross-fertilization, no mechanism for facilitating information or resource sharing.

- “Diversity” welcomed, but ageism is still prevalent - older residents feel overlooked, and there is little targeted outreach to older adults through civic, cultural or educational avenues, e.g. Town website, Adult School, Art Museum, Public Library, etc.
Potential Program Designs for Consideration

**Classic NORC (site based)** - NORCs are geographically defined either by the dimensions of an apartment building complex or by the boundaries of a neighborhood. While NORCs were first identified in urban settings, they can be found in communities large and small and in all geographic settings.

- Classic NORC - Also called a “housing-based,” “vertical,” or “closed” NORC, a classic NORC may be a single age-integrated apartment building, a housing complex with multiple buildings under common management, or an area where a number of apartment buildings are clustered together.

- Neighborhood-based NORC. Also known as a “horizontal” or “open” NORC, a neighborhood-based NORC is typically an age-integrated neighborhood of one- and two-family homes.

Many communities have developed NORC supportive service programs (NORC-SSPs or just SSPs), to server senior residents by providing social and health care services tailored to their specific needs. These community-based programs are often partnerships of housing/neighborhood organizations, residents, health and social service providers, and other community stakeholders. While each NORC program may provide a unique scope of services, all NORC programs share one goal—maximizing the health and well-being of resident seniors so they can maintain their independence and comfortably remain in their homes as they age in place.

NORC programs are generally supported by some mix of public and private funding, combining revenue and in-kind supports from government agencies, housing partners, philanthropies, corporations, community stakeholders, and residents. NORC program services may include case management, health care management, recreational and educational activities, transportation, and volunteer opportunities for senior residents. A hallmark of the NORC program model is its flexibility in identifying and providing the kinds of services needed by the community and the seniors who live there.

http://en.wikipedia.org/wiki/Naturally_occuring_retirement_community

**Ambassadors** - The Pima Council on Aging (PCOA) Ambassador Program provides a unique opportunity for adults of all ages to serve as information specialists who provide accurate information about aging issues and referrals to a network of community resources serving older adults and their caregivers. More than 130 Ambassadors have been trained and work serve in more than 240 settings throughout Tucson and Pima County. The PCOA Ambassador Program is a unique, free service for older adults who may need assistance but don’t know whom to ask. PCOA Ambassadors provide one-to-one confidential consultations in a variety of settings including senior residential communities, faith-based organizations, civic groups, or neighborhood associations.

HELP – The Hospital Elder Life Program - An innovative program designed to improve the hospital experience of older patients. Volunteers visit with patients to maintain their cognitive and functional status. Volunteers offer therapeutic activities, exercise, and assistance with meals. Volunteers must be able to commit to a minimum of three hours per week for six months. HELP is currently available at Hackensack University Medical Center and Morristown Memorial Hospital.


“LIVE LITE” Adapted Community Resource Model – LIVE (Lifelong Involvement for Vital Elders) works with local leaders to direct community energy toward making the host site a better place in which to grow older. The program orchestrates recreational activities and personal development opportunities that help older adults stay active and involved in their communities, so that older adults can “age in place” better and continue to contribute to their communities well into their golden years. The activities organized by LIVE include yoga, tai chi, walking clubs, health workshops, and employment counseling. The first LIVE programs were set up in 2004 in Parsippany, New Jersey, with subsequent sites in Caldwell (2008) and Verona (2010). LIVE site coordinators conduct listening sessions with older residents, plan services and facilitate service delivery partnerships that include non-profits, public libraries, Offices on Aging, community centers, municipalities, houses of worship, area universities and hospitals. Through this broad network, LIVE brings collaborative resources and new programs to targeted populations. Resident Councils with members from various religious, cultural and ethnic groups advise LIVE program staff. A recent AP article featuring a program description of Verona LIVE can be found at the link below.


Village with geographic center in Upper Montclair and/or downtown Montclair – Villages are membership-driven, grass-roots organizations, run by volunteers and paid staff. Villages coordinate access to affordable services including transportation, health and wellness programs, home repairs, social and educational activities and trips. Many Villages offer vetted and discounted providers for targeted services. Villages are based on the needs of the community, and the Village members. Two local examples of “Village” programs are, “Secure @ Home” in Princeton and Gramatan Village in Bronxville, NY. A link to each program site is below.

http://www.jfcsonline.org/secure@home.html

http://www.gramatanvillage.org/
“Red Tape Cutters” - The Red Tape Cutters/Advocate program is a benefits advocacy program designed to help older persons understand and access benefits and services. It can help seniors with learning about government or public benefits eligibility, organizing paperwork or submitting applications; and, advocate if a senior is denied a benefit without sufficient explanation. The Benefits Check-Up (BCU) assessment provides a personalized computer review of services for which a senior may be eligible. Specially trained volunteers then assist individuals who need additional help through the process of applying for benefits. The program is administered by Catholic Charities in Chicago. There is no charge for services.

http://www.catholiccharities.net/ccnw/programs/red_tape_cutters_advocate

Special Needs Registry – Increase awareness of the emergency registry, and expand outreach to target frail elders living in their own homes in Montclair. Develop more “general” language for community education efforts.

Recommendations/Next Steps

- Brief Partners for Health Board members on key findings, themes and possible aging in place program designs that respond to the unique environment of Montclair – its geography, demography, challenge, assets, incorporating ideas expressed by stakeholders and seniors.

- Educate Town Leadership (at the Township’s request, through Linda Wanat) regarding key themes, challenges, and ways the Township might work to retain older residents, not only as a way foster community stability, but also as sound fiscal strategy.

- Share recommendations and possible program designs with a network of potential service providers – through Montclair CARES structure, an offshoot of Eat, Play Live Better, or in collaboration with another entity, such as the two Clergy Associations, United Way Caregiver Coalition, or by invitation. Ask for feedback, to incorporate into refined design.

- Expand conversation with additional groups of seniors, to include service clubs, Teachers Group, Association of University Women, etc. Use paper surveys to standardize input, help focus program design further. In small groups, conduct another Listening Session or two, for additional discussion and feedback.

- Revisit LIVE programs in Verona and Caldwell, determine if there are potential collaborative opportunities along the, “Bloomfield Avenue Corridor” to incorporate into program design.

- Partners for Health could establish an opportunity for community-based agencies to propose specific projects that address the expressed challenges and concerns of seniors and stakeholders, and incorporate multiple Montclair assets in their design – fostering collaboration within the approach.

- Approach could include expansion of existing efforts, such as Eat, Play, Live Better… Longer, or completely new initiatives, such as an inter-faith Ambassadors program, creation of a central Information and Referral agent for seniors, or a place-based program centered on areas with concentrations of seniors, such as BellAire Condos or downtown.

- Incorporate aging in place themes into ongoing efforts, including intergenerational programming, working proactively with collaborators to articulate how they serve residents of all ages, and bring senior and Boomer health issues into focus within targeted health and wellness efforts.
# Appendix A – Stakeholders interviewed

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<thead>
<tr>
<th>Organization</th>
<th>Name</th>
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<tbody>
<tr>
<td>Former Township Staff</td>
<td>Bebe Landis</td>
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<tr>
<td>Former UW</td>
<td>Cindy Villarosa</td>
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<tr>
<td>Health Dept. - Health Educator</td>
<td>Erica Abbruzzese</td>
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<tr>
<td>Mental Health Association of Essex Co.</td>
<td>Bob Davison</td>
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<tr>
<td>Montclair Adult School</td>
<td>Suzy Kass</td>
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<tr>
<td>Mountainside Hospital - Community Affairs</td>
<td>Florey Cruz Cerpa</td>
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<tr>
<td>Public Library Board</td>
<td>Jerry Fried</td>
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<tr>
<td>Senior News and Views - Pine Ridge Resident</td>
<td>Sharon Sandusky</td>
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<tr>
<td>South End Gardens</td>
<td>Diann Brochu</td>
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<tr>
<td>Town Clerk</td>
<td>Linda Wanat</td>
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<tr>
<td>UW - Pantry Partners</td>
<td>Eileen Sweeny</td>
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<td>YMCA</td>
<td>Carol Kearny</td>
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Appendix B - Senior Listening Sessions – Contact List - People who expressed interest in further contact.

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<thead>
<tr>
<th>Senior Listening Session Participants, Interested in Further Contact</th>
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<tr>
<td>Margo</td>
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<tr>
<td>Mary Ann</td>
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<tr>
<td>Dolores</td>
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<tr>
<td>Mary</td>
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<td>Pat</td>
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<td>Sandy</td>
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<tr>
<td>Perry</td>
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<td>Marjorie J.</td>
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<td>Luria</td>
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<td>Regina</td>
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<td>Elizabeth</td>
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<td>Mollie</td>
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<td>Marcia S.</td>
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<td>Toni</td>
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<td>Mafolde</td>
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