

GRANT HIGHLIGHTS

JUNE, 2009

This information comes from Grant Briefs, RRF's bi-monthly internal newsletter. Much of the information is taken directly from grantees' reports and is presented in their own words. We thank grantees and others for their contribution to Grant Briefs.

ReServe Gears Up for Replication in Other Communities

In 2008, RRF made a \$50,000 grant to ReServe Elder Service, Inc. of New York to convene a conference of stakeholders interested in exploring the potential for replication of this encore careers model in their communities. The ReServe Program matches executives and other leadership-level retirees seeking encore careers with nonprofit or government agencies. ReServists work 10 to 15 hours per week and receive an hourly \$10 stipend from their host agencies. Although the stipend is far less than most ReServists earned during their careers, it assures that the host agencies offer meaningful work and that the ReServists take their new positions seriously. ReServe Elder Service handles the payroll and charges the host agency an hourly \$5 administrative fee. Since the program's inception in 2005, more than 700 ReServists have been placed in 194 organizations. They have worked more than 112,680 hours, generating \$4.4 million in market value for which the employers have paid just one-third of this amount. One of the ReServists' most promising positions is that of Health Navigators in which the ReServists assist persons with language, physical, or emotional problems navigate complex health settings and issues.

The two-day RRF-funded ReServe conference attracted representatives of 18 organizations from 11 cities. It demonstrated the growing demand for encore career programs like ReServe and identified several organizations with the interest and capacity to adapt the ReServe model. The conference elicited a wide range of constructive suggestions regarding ReServe recruitment, compensation, training, and sustainability.

The information gave ReServe the impetus to complete a business plan for national replication. The business plan fleshed out criteria for affiliation with the ReServe network, staffing needs, staging, potential costs, and anticipated revenues. In 2009 and 2010, ReServe will develop the tools for replication, including a web interface for matches, marketing materials, and an operations manual. In 2010, ReServe expects to enter into negotiations with a few pilot sites with the hope of launching the first replication by 2011. ReServe plans to have affiliate operations in at least five additional communities within four years.

Following the conference, ReServe hosted periodic conference calls for participants to begin moving the replication process along. Through this process, San Francisco and Chicago emerged as the first two communities ready to establish the

ReServe model. ReServe hopes to receive support from other funders to begin the replication process.

Elder Economic Security Initiative Expands to Nine States

Since 2005, RRF has made two 18-month grants totaling \$499,568 to Wider Opportunities for Women (WOW) in support of the Elder Economic Security Initiative. Ramsey Alwin, who was project director at the time, made a presentation on the Elder Economic Security Initiative at RRF's last Board meeting.

During the first grant period, WOW created the Elder Economic Security Index. The Index is a measure of income adequacy for adults 65 years and older. It captures geographically-specific costs of aging in place under various life circumstances. Using local standard-of-living information, the Index calculates the costs of transportation, healthcare, housing, food, and other expenses.

During the initial grant period, WOW developed a plan for forming partnerships with state coalitions to test, refine, and begin using the Index to change the way eligibility for benefits for seniors would be determined. At the conclusion of the first 18-month period, WOW had just begun to work with a few states to pilot use of the Index.

During the more recent grant period, WOW implemented coalition-building, education, advocacy, and media relations strategies. WOW provided technical support to five states to assist them in building capacity, organizing coalitions, and launching their state-wide Economic Security Index initiative. The five states include Massachusetts, California, Illinois, Pennsylvania, and Wisconsin. Over 300 state and local organizations have joined their statewide coalitions. WOW also further pilot-tested and refined the Index in partnership with the Gerontology Institute at University of Massachusetts Boston, its national research partner. WOW released a county-by-county Index for each of the five pilot states. This information is now publically available on WOW's website.

Work on the Elder Economic Security Index began in earnest in Illinois during this recent grant period. WOW worked with the Health and Medicine Policy Research Group (a current RRF grantee), the lead organization for Illinois. The Chicago Foundation for Women hosted a press briefing with public officials. Experts such as Anna Rappaport, a renowned actuary, helped kick off the initiative. A briefing was also held at the Illinois Department on Aging. There was considerable media coverage of these events. The Illinois initiative has been presented to many audiences, including service providers, policymakers, advocates, and seniors. The Illinois Long-term Care Task Force is considering using the Index as a guide in setting state priorities.

Using RRF's grant as leverage, WOW obtained a five-year, \$3.4 million grant from Atlantic Philanthropies to support statewide coalition building. The first five pilot states raised an additional \$564,000 in local funding to support their efforts. The Elder Economic Security Initiative has now expanded to four additional states: New Jersey, Connecticut, Michigan, and Minnesota.

Meaningful policy changes have begun to occur as a result of the states' use of the Elder Economic Security Index. For example, Area Agencies on Aging are beginning to use their local Index to determine program eligibility. The state of Massachusetts raised the asset limit for Medicaid home and community-based services from \$2,000 to \$10,000, upon review of the Index. The Massachusetts Index showed the significant cost of long-term care and its effect on the cost of living of the elderly.

National Training and Information Center Builds Capacity in Resource Development and Financial Management

In 2005, RRF made a three-year, \$95,000 organizational capacity building (OCB) grant to the National Training and Information Center (NTIC) to make improvements in resource development and financial management. NTIC is a nonprofit organization that builds grassroots leadership and strengthens neighborhoods through issue-based community organizing. NTIC has been a leader in fighting predatory lending on behalf of the elderly.

The objectives of the OCB project included: 1) exploring the feasibility of implementing a dues structure for NTIC affiliates; 2) upgrading hardware and software to improve internal financial management and resource development systems; 3) improving the process for planning and managing special events; and 4) creating a smooth leadership transition plan. The OCB grant enabled NTIC to hire an additional part-time development person and retain consultants to assess and guide improvements in the organization's resource development and communications functions.

Overall, NTIC was very successful in meeting the objectives of its OCB project. NTIC doubled its development staff and is now supporting the positions without RRF support. NTIC successfully implemented a succession plan and transitioned to new leadership. It hired a new Executive Director and a new Development Director. It also recruited a new Director of Organizing and Training Director, both with deep experience.

NTIC updated its financial management systems and laid the groundwork for a new organizational database. It improved its internal financial systems, updated financial controls, and created cost centers that led to better financial planning and budgeting. NTIC also retained an attorney specializing in nonprofit law to assist in creating new monitoring policies and systems.

NTIC began to diversify its sources of funding by expanding its individual and major donor base. It successfully implemented an affiliate dues structure, which raised \$24,000 in its first year. In 2008, NTIC raised \$180,000 in new dollars from eight private foundations. In the first half of 2009, at the time of the final report, NTIC had secured commitments of \$390,000 in new and expanded funding--quite a feat in this tough economy. NTIC also worked with its Board members to increase their support of the organization. A special events team was organized, and plans for a late 2009 major fundraiser are well under way. NTIC also developed a number of earned income

strategies. It expects to raise \$59,000 in 2009, more than double the amount it raised in 2008, from the sale of training and consultative services.

NTIC also conducted an assessment of its governance structure and functioning. As a result, NTIC changed several practices. It established finance and governance committees, trained the Board in fundraising, developed Board giving policies, and involved members in identifying and cultivating donors.

Since the OCB project began, NTIC's budget increased by nearly 50 percent--from just under \$1.4 million to \$2 million. Previously, almost half of NTIC's budget came from the housing and banking industries, which proved to be precarious. Now, progressive private foundations represent the largest portion of NTIC's funding. However, NTIC is gradually growing its individual donor base (now at 20 percent of budget) and its affiliate dues and earned income components to diversify its funding streams. With increasing Board and staff capacity, NTIC is sustaining its growth and achieving greater stability.

Training Package on Person-Centered Activities for Elderly with Dementia Now Available

In 2007, RRF made a 30-month \$173,346 grant to the University of Iowa College of Nursing to develop a training program for nurses, social workers, therapy professionals (recreational, activity, and occupational) and their assistants to provide meaningful activities for nursing home residents with dementia. At the time of the grant, the Centers for Medicare and Medicaid Services had issued new regulations mandating that nursing homes offer diverse, activity-based interventions that are personalized to the interests and needs of individual residents. However, few tools existed at that time to guide nursing home staff.

In response to the federal mandate, The Iowa College of Nursing (part of a network of Hartford Foundation Centers of Excellence in Geriatric Nursing) created a training program, entitled "Dementia Training to Promote Involvement in Meaningful Activities." The training program is now available for purchase at minimal cost. The CD-based training program, which can be used with either Windows or MAC operating systems, includes video presentations, printable handouts, workplace exercises to design person-centered activities for specific older adults, and a detailed trainer's manual.

The training program is designed for use by nursing home staff who are responsible for training and care planning. The trainers are expected to lead nursing home staff teams through the training program. Trainers are encouraged to cover all departments in the nursing home that engage on a daily basis directly with older adults. Teams include nurse supervisors, nursing assistants, care planners, therapists, and social workers.

The training program includes a review of the activity regulation of the Centers for Medicare and Medicaid, methods to promote compliance, and the benefits of

individualized activities for older adults with dementia. The program teaches the relationship between individualized activities and behavioral and psychological symptoms of dementia. It reviews methods for selecting appropriate activities based on individual preferences, needs, characteristics and abilities of the residents. The program also emphasizes the importance of teamwork.

Northfield Church Completes Accessibility Improvements

Last year, the North Northfield United Methodist Church received a \$22,700 Accessible Faith grant to make its men's and women's restrooms accessible. Prior to the grant, the church's facility had no accessible restrooms, and the existing stalls were too small to accommodate even a walker. The absence of accessible restrooms limited participation of the elderly and persons with disabilities in worship services and activities. While this 114-member congregation is relatively small, the elderly represent at least half of its members.

The restroom renovation project was completed on time and came in \$5,000 under budget at \$40,000. The congregation saved money by using volunteers and securing building materials from a neighboring church that had supplies leftover after completing a construction project.

The church used an excellent architect who was referred by another RRF Accessible Faith grantee. The architect encouraged the church to be energy conscious. Low-flush ADA-approved toilets were installed, and the restroom walls were insulated. Energy-efficient ceiling lights were installed, and an automatic sensor was put on the light switch.

North Northfield Church has demonstrated a real commitment to accessibility. Previously, it constructed an accessible entrance and platform lift between the two levels, added a new curb ramp, and repaired outside walkways to make a safer path of travel. By adding renovated restrooms to these other improvements, the church should be able to attract groups that have been looking for accessible facilities. This includes a Korean-American congregation, blood donation organizations, a community senior group, and others.

UC Develops Decision-Support Tool for Managing Diabetes

With an \$88,453 RRF grant, the University of Chicago (UC) has completed the development of a web-based decision-support tool to assist older diabetics and their physicians make informed choices in managing this disease. Treating diabetes effectively is vital to avoiding or delaying dangerous complications for persons of any age, but it is particularly challenging for older patients with co-occurring illnesses. With new clinical guidelines that urge tighter blood glucose control, the challenge of diabetes management has become even greater. Tighter control (i.e., hemoglobin A1C levels less than seven percent) requires complex drug protocols that address blood sugar, blood pressure, and cholesterol. It often calls for more frequent use of insulin. This

regimen can be difficult for older patients and contribute to adverse clinical outcomes, especially for seniors who already take many medications and/or risk falling if their blood sugar level becomes too low. The proposed decision-tool is designed to consider each patient's unique circumstances, educate doctors and patients about different treatment approaches, and weigh the risks and benefits of each.

RRF funds were used for the first phase of UC's work, which involved developing the basic content and functions of the decision-tool. Later phases, to be supported by other funding sources, will include patient and physician testing of the tool and a pilot that incorporates the system in doctors' practices.

UC has successfully completed the developmental phase. The website has been constructed and is now being cleaned. It has the capacity to gather clinical data on diabetics for prognostication and screening, incorporate educational resources on geriatric diabetes, elicit patient goals for care and preferences for possible outcomes, and present personalized benefit and risk scenarios for treatment choices.

Calculations are made using epidemiological research algorithms. This is a form of Monte Carlo simulation, based on existing software called "@RISK." A geriatric life expectancy model is integrated into the algorithms. RRF funding enabled UC to identify and modify educational materials about geriatric diabetes for upload to the website. Funds also enabled UC to conduct research on the types of variables that should be included in the decision analytic algorithms. The variables that were chosen include age, gender, duration of the disease, blood pressure, cholesterol, body mass index, smoking history, function, and co-morbid illness.

Next, UC will convert the website into large text, add pictures to increase its appeal, test it in clinical practice, and evaluate its impact on clinical outcomes for patients. RRF's funding helped UC obtain a three-year award from the American Diabetes Association to undertake small scale clinical studies. Such studies will hopefully provide sufficient data to position UC to obtain a larger federal grant from the National Institute for Diabetes, Digestive and Kidney Diseases.

ElderSpirit Housing Expansion Faces Economic Constraints

The Federation of Communities in Service, Inc. (FOCIS) recently completed its third and final year of RRF funding to promote replication of its ElderSpirit housing model. ElderSpirit is a community of late-life spirituality and mutual support. Located in Abingdon, Virginia, ElderSpirit consists of affordable owner and rental units for 39 older residents of various religious backgrounds. The residents, along with 50 or more elders from the surrounding area, participate in community events such as an annual retreat, neighborhood gatherings, and face-to-face reflection groups. Three years ago, RRF provided a two-year grant of \$123,770, followed by a one-year grant of \$58,284, to promote expansion of the ElderSpirit model.

The grants enabled FOCIS to refine the ElderSpirit community model and develop a response and resource team to encourage replication. Resource materials,

including a comprehensive resource guide, presentation and discussion guides on building community and spirituality were developed.

During the final year of the grant, FOCIS continued its outreach and provided training and technical assistance to groups interested in replication. The ElderSpirit team presented the model at two national meetings, held an annual retreat, hosted 10 site visits at Abingdon, provided technical assistance to 16 groups, conducted five workshops at different sites in North Carolina, and answered numerous phone inquiries. It updated the ElderSpirit website, developed worksheets and tools for use by other groups, and studied the first replication under development in Asheville, North Carolina.

FOCIS tracked 14 groups that were planning to replicate the ElderSpirit model. In addition to the first site that is nearly completed, eight others continue to work on adapting the model. However, five have dropped out. Two terminated due to the economic downturn. Three did so because support they had hoped to receive from religious judicatories was not forthcoming. Seven groups, all within North Carolina, have received small seed grants to continue developing the model.

Three ElderSpirit communities are under construction or close to it. Three groups are adapting an intentional late-life spirituality focus to a naturally occurring retirement community (NORC). This means they are using existing rental buildings rather than constructing new units. New renters are creating an ElderSpirit organization and reaching out to existing residents to join with them.

In its final report, FOCIS discussed the difficulty of attracting older persons to ElderSpirit communities in these tough economic times. Older persons are generally dependent on selling their homes, many of which have been devalued, in order to commit to moving into an ElderSpirit community. Given these conditions, it is a major accomplishment that three ElderSpirit projects are under construction or near completion. As the economy turns around, ElderSpirit will be ready now that it has the tools and has built the capacity to work with communities that are interested in this promising option for aging in place.

Catholic Charities Helps Parishes Serve and Involve Elders

Under RRF's former Congregation Connection Program, Catholic Charities of the Archdiocese of Chicago received a four-year \$325,000 grant to enable parishes to identify and address the needs of older adults in their congregation and surrounding community and to provide avenues for elders to fulfill the spiritual need to give and receive.

Catholic Charities was very successful in assisting 10 parishes to create programs involving older persons. Four of the parishes are located in Lake County, two in Western Cook County, two in South Cook County, and two in Chicago. Most of the programs have continued to sustain their operations without RRF support through dues, fundraisers, and community and parish donations.

Each of the 10 parishes formed a senior group to help foster community and involve older adults. In total, 1,842 older adults participated in social and volunteer activities. Seniors provided 4,100 hours of volunteer service. They engaged in a wide variety of activities--from learning how to use computers, to working with children, engaging in health screenings, and visiting homebound elders. Catholic Charities estimated that at least 80 percent of the parishes involved in the Congregation Connection Program would not have formed a senior group without the technical and small seed support provided by RRF funding. The cost per senior participant was a modest \$175.

While most of the programs are ongoing, they will continue to face a number of challenges. Even though the programs have modest budgets, the parishes face the challenge of raising sufficient funds during this tough economy. Providing transportation is also a constant struggle. The parishes face the ongoing challenge of recruiting new members and dealing with the loss of others due to death and illness.

Benjamin Rose Institute Explores Capacity of Persons with Cognitive Impairment to Take Role in Their Care Planning

In 2005, RRF made a 30-month \$245,119 grant to the Benjamin Rose Institute (BRI) to building on a longitudinal study focused on family decision making in everyday care from the perspectives of both the family caregiver and the care recipient. BRI had been examining issues of caregiving of families with Alzheimer's disease with regard to autonomy, decision making, caregiving stress and wellbeing, and service use.

RRF's grant enabled BRI to examine the relationship between cognitive impairment and the ability to provide consistent and reliable information. The ultimate goal of BRI's work is to enable the care recipient to be able to play a role in his or her own care despite cognitive impairment. BRI recognizes that the diminished role that persons with cognitive impairment often play in making decisions about their own care can contribute to stress on the part of both care partners.

BRI's study involved two in-person interviews, conducted one week apart, with 324 individuals over age 50. The interviews included 220 cognitively intact persons and 104 persons with cognitive impairment. The interviews were designed to: 1) determine how reliability and consistency of persons with cognitive impairment varies based on the type of question asked (fact-based, state-dependent, and experience-based); 2) explore how cognitively impaired and intact samples differ in their ability to participate in research interviews and answer questions reliably; 3) examine the utility of a multi-method assessment to determine the ability to respond reliably to interview questions; and 4) develop guidelines and strategies that help caregiving families and service providers improve communication between care partners.

The study produced several key findings that will inform BRI's family system approach to decision making. The study found that the ability to answer a question consistently across a one-week period differed depending on the type of question asked for both persons with and without cognitive impairments. Both groups answered more

reliably to fact-based questions than to general preference and experience-based questions. This implies that the nature of the information being asked may influence the reliability of responses across time more than the absence or presence of cognitive impairment.

The study found that persons with cognitive impairment scored significantly lower on three different types of cognitive status measures (the Mini-Mental State Examination, self-report, and interviewer observation) than cognitively intact persons. For persons with cognitive impairment, the ability to respond consistently may have more to do with whether the question is gauging static or fluid information, or seeking affective or strictly executive information.

The study demonstrated the need to consider nuances when determining if a person with dementia is able to state preferences reliably, especially regarding future care. Such nuances are not captured by standard dementia screening tests that look exclusively at fact-based information. The findings, which were consistent with BRI's previous work, suggested that persons with early to moderate cognitive impairment are able to express their preferences for care, participate actively in research, and answer research questions with a high degree of accuracy and reliability. Over time, however, as cognitive abilities deteriorate, the individual is less likely to be able to provide clear and reliable responses to questions about care preferences. Therefore, it is important for family members to engage persons with cognitive impairment early on in the disease process so that their wishes and preferences can be understood and certain types of caregiving stress can be avoided.

BRI developed and widely distributed several educational materials from this research project. They include research interviews and measures developed specifically for the project, an interviewer training manual, and informational newsletters. BRI has been working with the Cleveland Alzheimer's Association and Area Agencies on Aging to develop an educational brochure for families and practitioners on effective techniques for families to use in making care decisions.

BRI has received additional funding from the National Institute of Mental Health and the Administration on Aging to continue related studies and develop an intervention to improve cognitive function in persons with mild cognitive impairment and other early-stage memory loss.

Provena Nursing Homes Engage in Culture Change

In 2005, RRF made a three-year grant of \$300,000 to Provena Senior Services, a subsidiary of Provena Health System, to expand the number of its nursing homes undergoing culture change. The term, "culture change," refers to the process of transforming a nursing home from a more traditional acute care medical model to a "person-centered" care model. Nursing homes that engage in culture change are committed to greater resident autonomy or exercise of personal choice; consistent staffing; improved communication between residents and staff; a less bureaucratic organizational approach; and a more home-like environment.

In 2004, before RRF funding, two of Provena's nursing homes had been selected for a national demonstration program on culture change sponsored by the Centers for Medicare and Medicaid Services (CMS). The two homes include St. Joseph in Freeport, Illinois and Sacred Heart Home in Northwestern Indiana. RRF's grant was to enable Provena to continue the culture change process in these two nursing homes and to prepare their leaders to serve as trainers for two more Provena facilities that would begin the culture change process.

Provena hired Action Pact, the nation's leading culture change consulting firm, to train change agents at St. Joseph and Sacred Heart. These first two nursing homes made significant progress toward culture change during the grant period. Care was reorganized into households, dining was decentralized, and significant progress was made in staff cross-training and reorganization. Although St. Joseph could not do the physical remodeling that Sacred Heart did, it used a transformational approach termed, "a household without walls." It worked toward the goal of natural wake-up although it was difficult to achieve and required significant staff retraining. Staff from the Activities and Housekeeping Departments were reassigned to households, and the management level positions in these units were eliminated. Staff from Laundry, Maintenance, Social Services, and Activities were also assigned to different households. Resident-directed care has now been firmly established. Staff routinely ask residents their preferences and honored them as much as possible. The Sacred Heart facility also made significant progress.

Provena's next two nursing homes, Cor Mariae Center and St. Anne Center, have begun the culture change process. The concepts of change have been introduced. Cor Mariae has established a working group, and goal statements have been completed. Some physical plant renovations have been achieved, e.g., restrooms have been made more homelike. Action Pact consultants held a weeklong in-service training for Cor Mariae's staff.

At St. Anne Center, culture change is also occurring. The facility's trainer has become certified as a Culture Change Nurse Coordinator. All staff have learned about Resident Choice programming. St. Anne has focused on improving the bathing experience and improving dining. The facility's staff developed a DVD to show life in a culture changed home compared to that of a traditional home. The DVD is widely used for training across the Provena system.