

GRANT HIGHLIGHTS

August 2011

Advocates and Funders Collaborate on Illinois Health Care Reform Implementation

Soon after the Patient Protection Affordable Care Act (commonly referred to as health care reform legislation) was passed, Chicago area funders and leaders of key advocacy organizations convened to determine how best to coordinate efforts to ensure the state of Illinois would implement the law to the greatest benefit for its citizens. Several funders agreed to expedite support for a coordinated planning and advocacy effort, which the advocates dubbed *Starting Strong*. The leadership team of *Starting Strong* is composed of five policy/advocacy groups: Sargent Shriver National Center on Poverty Law, Health & Disability Advocates, AgeOptions, Health & Medicine Policy Research Group, and Illinois Campaign for Better Health Care. The team appointed the Shriver Center to lead the coordinated effort.

The purpose of the *Starting Strong* Project is to disseminate important information to vulnerable Illinoisans; train and provide technical support to providers so they can best serve their constituencies; and provide expert policy analysis to state policy decision makers so they can make cogent decisions that maximize Illinois' limited resources in implementing health care reform. The team began with a planning process and engaged the law firm of Kirkland & Ellis on a *pro bono* basis to assist with a legal analysis and time line of the Affordable Care Act. The firm provided a basic blueprint for implementation of the law, indicating key decisions and actions the state of Illinois would need to act upon and the time frame for each. The team analyzed issues relevant to particular populations such as seniors, children, persons with disabilities, and those with specific diseases such as AIDS.

RRF made a \$5,000 grant to the Shriver Center to support the planning process. RRF wanted to assure that an aging lens would be applied to health care reform during the planning process. The Shriver Center allocated RRF's funding to Health & Disability Advocates to create an action plan specifically for aging: *Key Elements of the PPACA Timeline and What It Means for Older Adults in Illinois, 2011-2014*. It has been incorporated into the full working plan. The aging piece focuses on how to integrate older adults into the high-risk pool and Insurance Exchange; changes related to Medicaid, Medicare, and long-term care (home and community-based waivers); and the prevention/wellness components of the law. Health & Disability Advocates presented the aging component of the plan to the Make Medicare Work Coalition, the Governor's Conference on Aging, and the National Association of Social Work/Illinois meeting.

In addition to RRF, five other funders contributed to the planning process: Community Memorial Foundation, Polk, Michael Reese Health Trust, Ravenswood, and The Chicago Community Trust. A website, Illinoishealthmatters.org, was launched with additional support from The Chicago Community Trust. The website serves as a trusted

resource for consumers, policymakers, service providers, advocacy groups, funders, small businesses, and the media. The website is maintained by Health & Disability Advocates.

The planning process underscored the need for strong advocacy/policy groups with deep technical knowledge and ability to get the ear of decision makers. The planning process also served as a catalyst to bring key advocacy leaders together. They have agreed to continue the working group. The funders have agreed to meet with the working group on a quarterly basis.

Four Churches Complete Accessibility Improvements

Over the past two months, four Roman Catholic churches completed accessibility improvements to their facilities with funding from RRF's Accessible Faith Grant Program (AFG). The AFG program awards funds to houses of worship to make accessibility improvements that will make it easier for older adults and people with disabilities to participate.

The first, St. Gertrude Parish, is a 2,700-member parish in Franklin Park. Approximately 40 percent of the parish is at least 60 years old. Both secular and non-secular activities are held in the church's convent building. Activities including blood drives, a stroke-prevention program, fellowship events, and twice daily masses. Prior to the Accessible Faith Grant, this building's only entry involved stairs that had deteriorated and were unsafe and there was no ramp.

A \$20,385 Accessible Faith Grant enabled the congregation to rebuild the stairs at the front entrance of the convent building to meet safety and accessibility codes and to construct a new ramp for persons who are unable to use the stairs. The project was successfully completed and on time.

Costs were slightly higher than anticipated because the sandy ground caved in as digging began. Deeper excavation was required to get to a solid base. The congregation also decided to add lighting to improve visibility of the ramp and entry. However, the congregation saved \$600 when the Village of Franklin Park waived the building permit fee. The congregation had also built in a contingency fund. Thus, the net cost over-run for St. Gertrude's was modest.

The congregation has already seen attendance at daily mass and special masses rise by 10 to 20 percent. It expects to see similar improvements in participation rates at many other activities. In addition, some groups serving people with disabilities have expressed interest in using the convent building because they have noticed the ramp.

The second congregation, Our Lady of Peace Church, is a 2,000-member, parish, located in South Shore. Twenty percent of this congregation is composed of older adults. At the time of applying for an Accessible Faith Grant, the church had just welcomed a new pastor, Fr. Mark Kalema. He has helped the congregation focus on the importance of inclusion.

Our Lady of Peace's facility is used for several senior activities. It also hosts a Haitian Catholic community, holds several community events, and is the site of an alternative high school. At the time of application to the AFG program, the church was not accessible because of several steps between the entrance and sanctuary and another set of steps to the lower level meeting room.

RRF made a \$19,650 Accessible Faith Grant to Our Lady of Peace to install an interior inclined platform lift that provides access to both levels of the facility. The project was successfully completed although it ran into some obstacles, such as a change in the vendor's personnel and the need for special-order equipment, that caused delays and a slight cost over-run.

Fr. Mark's final report emphasized the genuine pride exuded in completing a long-awaited and anticipated project. He indicated that completion of this project has encouraged our parishioners with new energy and vitality. The church feels very much alive and ready for new projects. The report shared several lessons it learned during this project and is applying them to its new five-year strategic plan. Additional remodeling related to accessibility has been included in the plan. The church has already begun refining the entrance to the new lift.

The church held a special event to bless the lift and kick-off an official campaign to reactivate membership. The Cardinal attended the event. The church has also announced the lift on its website and stressed improvements in accessibility.

The third AFG grantee, Our Lady of Sorrows Basilica Parish, is a small, 300-member parish located on Chicago's west side. Half of its members are seniors. Although small, the congregation has many activities for seniors and hosts several outside groups. Catholic Charities operates a daily food pantry in the church facility. The food pantry serves at least 100 older adults.

Prior to receiving an Accessible Faith Grant, the church had no accessible route to the lower level of the parish hall where many of the activities occur. RRF made a \$22,500 grant to the congregation to create an accessible entrance with a sloped sidewalk off the parking lot and install a platform lift at the entrance.

The project was successfully completed on time, and within budget. Although Our Lady of Sorrows is a low-income congregation, it was able to raise its 50 percent of the project's cost from contributions made by service organizations and from a program of the Archdiocese of Chicago that gives awards for inclusion projects.

Saint Hedwig Catholic Church, the fourth Accessible Faith grantee to complete its project, is a large, 1,850-member congregation located on Chicago's northwest side. More than one-third of its members are seniors.

Prior to the Accessible Faith Grant, the church entrance had a wooden ramp that was in disrepair and there was no accessible entrance to the pastoral center. A \$30,000 AFG grant enabled St. Hedwig to install a permanent concrete ramp and construct an exterior vertical platform lift. The lift provides an accessible entry and

access to both levels of the pastoral center. The project was completed on time and even came in slightly under budget.

Three Service Providers Benefit from RRF's Flex Fund

Last year, RRF's Board approved up to \$50,000 for grants of up to \$5,000 each, under the Foundation's Organizational Capacity Building Program, to fast-track two forms of assistance to Chicago area nonprofits serving older adults. They include: 1) the OCB Readiness Assessment that helps nonprofits prioritize capacity-building opportunities and identify appropriate first steps; and 2) OCB Targeted Consultation to help nonprofits make use of technical assistance for addressing short-term issues such as legal matters, budgeting, accounting, and personnel issues. A Trustee Committee works with RRF staff to review applications for the Flex Fund.

Hanul Family Alliance received \$4,000 from the Flex Fund for an OCB Readiness Assessment to identify and prioritize organizational capacity building needs and create an action plan. Hanul (formerly the Korean American Senior Center) provides comprehensive social services such as benefits access assistance, home care services, and nutrition programs. Its two offices are located in Chicago's Albany Park neighborhood (the heart of Chicago's Korean Town) and Mt. Prospect.

Hanul worked with one of RRF's readiness assessment consultants to: 1) conduct assessment interviews with 12 key staff and board members; 2) produce a report summarizing findings and recommendations; and 3) discuss the report and potential next steps with Hanul's staff and Board. As a result of the assessment, Hanul recognized the need for better staff/Board communication. The assessment process resulted in identification of a few high-priority organizational capacity building needs that had not been on the organization's radar screen. These included HR management and program evaluation, along with the previously identified need for improved resource development.

Hanul has already taken initial steps to implement some of the recommendations. Its Board members are beginning to take a more active role in fund development. Hanul has invested in a Donors Forum membership and is trying out a donor management software program (Donor Snap). It is seeking bids from consultants to work in the area of HR management.

Seniors Assistance Center (SAC) received a \$3,000 grant for a readiness assessment through the OCB Flex Fund. SAC provides home delivered meals, transportation, case management, and information and referral assistance to seniors living in Norridge, Harwood, Heights, and Norwood Park Township. SAC was experiencing considerable strain as a result of state and local funding cuts. It recognized the need for a more sophisticated infrastructure to sustain services to the elderly.

A readiness assessment consultant conducted interviews with eight staff and Board members and produced a report with observations and recommendations. Through the process, SAC reported the Board's increased awareness of their

governance role; the organization's understanding of the importance of a thoughtful Board recruitment and orientation process; and the need to avoid a culture of crisis management. SAC's Board decided to devote a portion of each meeting to a review and further discussion of the readiness assessment recommendations.

The GRANDFamilies Program of Chicago was the first RRF grantee to use the Flex Fund's Targeted Consultation component. Founded in 2003, GRANDFamilies is dedicated to improving the quality of life for grandparents raising their grandchildren. It offers support groups for grandparents, provides case management and referral services, and helps locate affordable family housing. The agency targets Chicago's south side.

A \$1,500 grant from the Flex Fund enabled GRANDFamilies to engage a consultant for technical assistance on financial management. The consultant worked with the agency's Executive Director and Board to review financial controls and current financial statements; provide training on budgeting; help establish appropriate cost allocations; and create appropriate financial reporting systems.

The financial management consultant helped GRANDFamilies achieve all of its objectives. The consultant helped GRANDFamilies produce a multi-tiered financial management and cost allocation template, which should help the organization in reviewing its status on a quarterly basis and determining whether it is on track.

GRANDFamilies's Board and staff now have an increased understanding of proper financial management standards for nonprofits. They have established procedures and tools to arrive at financial decisions with greater clarity. This is particularly important during this difficult economic climate for nonprofits.

Due to the Board's better understanding of the organization's financial realities, it set a goal of raising \$10,000 in new funds. Board members initiated contributions and the agency met its goal. Also, as a result of financial reviews, GRANDFamilies increased its scrutiny of grants and contracts to determine the costs associated with each.

GRANDFamilies's Executive Director provided feedback on the new OCB Flex Fund. She stated, "This is long overdue and I hope it continues. During these economic times, organizations need targeted assistance with professionals with proven track records in specialty fields such as financial and nonprofit management." She commented on the consultant: "The experience has been rewarding and we have learned so much. It pays to work with someone who knows his craft and is committed to the work of nonprofits."

"Matter of Balance" Comes to Broward County, Florida

In 2009, RRF made a \$30,000 grant to the Areawide Council on Aging of Broward County (the Area Agency on Aging for this area) to replicate "A Matter of Balance" in Tamarack, Florida. RRF's funds matched funds from the Health Foundation of South Florida. The goal was to involve 300 older adults in A Matter of Balance.

A Matter of Balance is an evidence-based falls prevention program, developed and tested in a randomized clinical trial at Boston University, and now being replicated across the U.S. The principal objective of A Matter of Balance is to reduce seniors' fear of falling. The fear actually increases the risk of a future fall because it causes seniors to reduce their activity levels significantly. Inactivity causes weakening in leg and trunk muscles needed for balance. A Matter of Balance teaches people about the adverse cycle while giving them skills to overcome their fear, including: ways to make their home environment safer, how to fall so as to minimize injury, and simple strength exercises to improve balance. A Matter of Balance is a group program, led by trained, older volunteers. Groups meet for 1-1/2 hours once a week for eight weeks.

A total of 287 Broward County older adults participated in A Matter of Balance, representing 96 percent of the goal. This was quite an achievement, considering a number of challenges the project faced. Most significant, the economic downturn negatively affected the ability of the City of Tamarack to meet its commitment to the project. The City had committed to be the principal resource for recruiting sites interested in hosting A Matter of Balance workshops but had to redirect resources because of cutbacks. The grantee was able to resolve these problems by training more of its own staff to take on additional tasks, including more extensive outreach.

The grantee faced a second problem--the turnover of Matter of Balance Program Coordinators within its agency. These Coordinators were master Matter of Balance trainers who were to train older adult volunteers to lead the workshops. However, with a little more time, the remaining Matter of Balance trainers were able to prepare sufficient volunteers to lead the programs. Because the grantee assumed additional responsibilities, it actually benefited by receiving more publicity than it expected and establishing direct relationships with collaborating organizations.

The Areawide Council persevered, and the project was a success. The agency not only helped a large number of older adults with fall prevention, but also was able to connect many of the seniors to needed services. Prior to participation in Matter of Balance, many participants were unaware of the benefits and availability of services. This is one of the added benefits of replicating programs such as Matter of Balance.

Seniors Team Up with *The Chicago Reporter* to Win Illinois Nursing Home Reforms

In 2010, a \$15,000 discretionary grant was made to Community Renewal Society from Trustee Watkins to address significant disparities in the quality of nursing home care between predominantly black and white nursing homes in Illinois. In 2009, the Senior Action Network, an advocacy group of the Community Renewal Society, alerted *The Chicago Reporter* to poor conditions in nursing homes serving primarily low-income blacks. *The Chicago Reporter* investigated the problem by analyzing records from the federal Nursing Home Compare ranking database, Medicaid and Illinois Department of Public Health data, and records of the Clerk of the Circuit Court of Cook County. *The Chicago Reporter* issued a special report revealing that Illinois has the most poorly rated predominantly black nursing homes in the country. In Chicago, the worst possible

rating was given to 57 percent of majority black nursing homes, compared to only 11 percent of majority white nursing homes. On average, predominantly black nursing homes in Chicago had more medical malpractice and personal injury lawsuits. Nearly 85 percent of majority black nursing homes in Chicago received the lowest mark for nursing staff hours. Only 21 percent of white nursing homes got the lowest mark. Controlling for poverty did not eliminate these inequities.

The report found great disparity in staffing levels of black vs. white nursing homes and shaped its advocacy campaign around the need for more highly trained staff and mandatory staffing ratios. The Senior Action Network widely disseminated *The Chicago Reporter's* special issue as it built strong relations with several other advocacy groups, including the Jane Addams Senior Caucus, Illinois Citizens for Better Care, AARP, and National Citizens Coalition for Nursing Home Reform (now National Consumer Voice for Quality Long-Term Care). The Senior Advocacy Network trained nearly 100 leaders from 32 religious congregations on how to talk with policy makers about needed improvements in nursing home quality and staffing requirements.

At the request of the Senior Action Network's coalition, the Illinois Senate held a hearing on racial disparities in nursing home care. The Governor's Nursing Home Safety Task Force also held a hearing. Using their new advocacy skills and the solid investigative research of *The Chicago Reporter*, older adults represented the Senior Action Network and testified at both hearings. They also met individually with legislative leaders to educate them further about the need to address racial disparities and the understaffing of Illinois nursing homes.

The Senior Action Network and its coalition won a major victory when legislation was passed to overhaul the system of admission to nursing homes and set higher nursing home quality and staffing requirements. Included in the new law is the provision requiring the presence of RNs at all nursing homes and the mandate that each resident receive a minimum of 45 minutes of daily care from an RN. Improving staffing should help address the disparities in quality care between black and white nursing homes. The Senior Action Network is continuing to monitor implementation of the law through the Joint Committee on Administrative Rules.

Study Identifies Sustainability Strategies for Hospital Elder Life Program

Delirium, characterized as an acute decline of cognition and attention, is a frequent and costly complication of hospitalization for older persons. It often initiates a cascade of events resulting in functional decline, increased morbidity, higher hospital costs, and increased rates of institutionalization and mortality. The Hospital Elder Life Program (HELP) is an innovative model of care that has been proven to prevent delirium and functional decline in hospitalized elderly. Using staff and trained volunteers, interventions are introduced to reduce the risk of delirium, including orientation, therapeutic activities, early mobilization, vision and hearing protocols, and

sleep enhancement techniques. From 1990 to 2003, RRF invested in the successful development and dissemination of the HELP Program.

In 2007, RRF made a three-year, \$225,000 grant to Hebrew Senior Life Institute for Aging Research to conduct a study to examine and understand the processes and procedures that enable successful HELP sites to create and sustain system change. The quality study was to accomplish two objectives: 1) examine in detail how sites were successful in implementing HELP and increasing system change at their institutions; and 2) explore how sites sustained HELP and weathered critical challenges such as staff turnover, loss of key champions, or administrative reorganization.

This study is significant, first, because it provides practical information for current and future HELP sites such as strategies for program survival and practical tools such as an annual reporting template. The lessons are particularly important now as programs face increased scrutiny by hospital executives and other decision makers looking for ways to cut costs. On a larger scale, the study provides valuable lessons and approaches that may translate to the sustainability of many other complex clinical innovations.

The study involved qualitative interviews with 62 persons from 19 HELP sites in the U.S. and Canada. Interviews were conducted with frontline staff and with administrators and managers who have decision-making authority over the HELP budget.

Three strategies emerged as effective in justifying the HELP program to key decision-makers. First, successful sites interact meaningfully with decision-makers, both formally and informally. They establish a champion with influence. HELP champions sit on relevant hospital committees, attend meetings with hospital leaders, and participate in internal and external public relations efforts. Second, sites document day-to-day operational successes and estimate their impact in terms of metrics that resonate with decision-makers. They document program impact in terms of costs savings and patient satisfaction. They learn what specific measures matter to the key decision-makers and focus on these outcomes. Many successful programs rely on volunteers and staff in other departments to help gather this information. Third, sites gathered support from staff who are critical to administrative decision-making, particularly nursing staff and physicians. They build institutional support by participating in training sessions, grand rounds, and other activities. The study underscored the importance of HELP program staffs refraining from criticizing nurses and avoiding seeming to serve as their supervisors. They are careful to provide tangible support to clinical staff charged with the care of patients experiencing delirium and build rapport and insight.

The project's PI, Sharon Inouye, MD, MPH, has begun to disseminate the study. A paper has been accepted for publication by the *Journal of the American Geriatrics Society (JAGS)*. She has presented her work at several professional meetings. Physicians have been showing particular interest, possibly because they know that delirium is a risk factor for readmission, for which hospitals could face penalties. They may see HELP as a tool to reduce unnecessary readmission for this condition. Dr. Inouye has also placed all HELP program manuals and papers on the web at no cost.

Nearly 600 downloads from unique hospital sites occurred in the first three-months of postings. She has identified HELP sites that have sustained their program for more than three years and are willing to serve as mentors for other sites. She has created a Google Group through which HELP adopters may pose questions and engage in self-help.

The PI has also begun to study sites where the HELP Program has closed. This information may help newer sites by providing specific steps to avoid pitfalls. This portion of the work is expected to be completed this summer.

Three RRF Grantees Receive Recognition

Over the last few months, three RRF grantees have received prestigious awards or recognition. The first is ElderSpirit, a model of collaborative housing in which residents actively participate in the design and operation of their own community. Located in Abingdon, Virginia, ElderSpirit consists of 29 units (rental and owned). RRF supported the pre-development of this community six years ago.

ElderSpirit tied for second place in Virginia's statewide contest for best practices in aging. It was recognized for fostering a livable community for older adults. Robert Blancato, President of the Commonwealth Council on Aging and former member of the White House Council on Aging, presented the award.

ElderSpirit also won a Lifetime Achievement Award from the National Cohousing Association. Ten residents of the ElderSpirit Community traveled to the Cohousing Conference in Washington, DC to receive the award. The two awards came just as the ElderSpirit community was celebrating its fifth anniversary and made the celebration much more memorable.

The second grantee to be recognized recently is David Gutmann, MD, PhD. Dr. Gutmann received the Distinguished Lifetime Achievement Award from the American Psychological Association Section on Clinical Geropsychology. Now retired, Dr. Gutmann for many years trained clinical psychologists in aging at Northwestern University. In 1980, RRF made an eight-year grant of \$725,667 to establish the Northwestern training program. Several graduates joined Dr. Gutmann at the awards ceremony and provided updates on their work. They are among many who trained under Dr. Gutmann and continue to work in the field of geropsychology. Some of Dr. Gutmann's students have set up training and aging service programs like the one RRF supported at Northwestern; others are working in different geropsych settings. Dr. Gutmann has left an amazing legacy.

The third grantee, Susan C. Miller, PhD, MBA, has been selected by the Gerontological Society of America's Social Research, Policy and Practice Section to present her abstract, "Understanding Adoption of Culture Change Practices in U.S. Nursing Homes: Mixed Methods Approach," at the Ollie Randall Symposium. Each year, this Section accepts one abstract for presentation at the annual meeting under the name of Ollie Randall, one of the former giants in the field of aging.

Dr. Miller is an Associate Professor of Brown University's Center for Gerontology and Health Care Research. In 2008, RRF made a three-year, \$289,434 grant to the Center for the project that Dr. Miller will present at the upcoming meeting of the Gerontological Society of America. Dr. Miller and her team are studying the extent to which adoption of long-term care culture change is occurring nationally and assessing its quality of life and quality of care outcomes. The study involves a mailed survey to a random sample of 3,714 U.S. nursing homes larger than 30 beds.

In addition to studying the extent of culture change, Dr. Miller and her team are examining how adoption varies by facility and market characteristics; the nature of changes in care practices; the barriers to and enablers of culture change; and the strategies homes use to overcome culture change challenges. The study will be completed at the end of 2011. The selection by the Gerontological Society of America of Dr. Miller's abstract attests to the importance of her work and recognizes how far culture change has come in the last decade.

Note: RRF staff takes much of the information for GrantBriefs from grantees' final reports. Staff often asks questions and holds discussions with grantees to get a more complete understanding of the results of grants and to understand challenges grantees faced. While we encourage candor, we recognize that grantees tend to report results in the most positive way.