

## New Exercise Program Shows Promise For Activities of Daily Living

In 2013, Indiana University received a two-year, \$187,542 grant for research on a new exercise-based intervention aimed at helping older adults maintain their independence at home. The intervention incorporates muscle **s**trength **t**raining plus **c**ontext-specific **a**ctivity **t**raining, referred to as ST+CAT. Although traditional exercise works well on improving physical fitness, it does not necessarily transfer to improvement in performance of activities of daily living (ADL), i.e., feeding, dressing, bathing, toileting, and functional mobility. Loss of ADL functions can trigger nursing home placement.

The goal of the project was to compare the effects of ST+CAT to a traditional intervention, ST (strength training), and to assess the ability of each to improve and maintain ADL functioning. Funding enabled the grantee to expand upon a small pilot by testing the intervention with a larger sample size in a randomized control trial.

The project involved 52 seniors. Half were assigned to a 10-week training course using the new ST+CAT program model. The other half participated in a 10-week training course using a standard ST approach. Each 10-week program included three 50-minute sessions per week that were moderate in intensity. The first four weeks of the program were the same for both groups and involved strength training with progressive resistance exercises commonly used with older adults to improve muscle tone and flexibility (e.g., shoulder extensions in a seated position, knee extensions in a seated position, and hip stretches while standing near a chair). After the fourth week, only the ST+CAT group received training on functional exercises. These included movements associated with the common functions that people engage in over the course of a day, e.g., standing from a chair, lifting a leg to step out of the bathtub, or reaching across the body to put on a shirt. In the sixth week, the ST+CAT group received one-on-one assistance in their own homes, practicing movements and exercises specifically geared toward ADLs such as getting in and out of the bathtub.

Standardized assessments were administered three times over the course of the project: prior to starting the program; at completion of the 10-week training program; and at a follow-up visit six months after completion. The assessment tools included the Timed Up and Go Test and the Box and Blocks Test.

After completion of the programs, there was not a significant difference between the two groups in their ability to perform ADLs. However, at the six-month follow-up, the ST+CAT group showed retention of the ability to perform ADLs, while ADL functioning significantly declined in the ST group. This suggests that, over the long-term, adding context-specific activities training to muscle strength training can help maintain the ability to perform ADLs for older adults at risk of losing independence at home.

Although the cost of delivering ST+CAT was slightly higher than muscle strength training alone, these costs were more than offset by the higher attendance rates and lower adverse events observed in the ST+CAT group.

Indiana University received additional funding to train fitness coordinators from a local senior living community on the ST+CAT program, which is now referred to as the “3-Step Workout for Life.” This will enable the research team to conduct the program with an additional 700 seniors and gain insights on scaling the program.

The project’s findings were presented at three conferences: the Gerontological Society of America, the Summit of Occupational Therapy Scholars, and IAGG World Congress of Gerontology and Geriatrics. The findings were also published in *Clinical Interventions in Aging*.

## **Paramedic Foundation Develops Geriatric Training for Community Paramedics**

In 2015, RRF awarded a one-year, \$60,000 grant to The Paramedic Foundation (TPF) to develop continuing education modules for community paramedics to improve their delivery of care to older adults. The field of community paramedicine is relatively new and growing rapidly. Community paramedics (CPs) typically serve populations such as older adults with multiple chronic illnesses, known for high volume use of health care resources. Use of emergency and inpatient services by this demographic can be averted in many instances. CPs work under the supervision of primary care or emergency physicians and provide a wide range of services including wound care, medication monitoring, blood testing, chronic disease management, assessments and screenings, health education, immunizations, and home safety reviews. They visit patients routinely to stabilize them in the field, maintain their well-being, and connect them with social resources they may need to stay healthy. States are actively working to develop regulations to govern the licensure and certification of CPs. TPF develops, disseminates, and certifies training of CPs and provides technical assistance to states and local governments considering CP programs.

TPF’s goal was to develop web-based content for seven geriatric modules. Initially, the content in the modules was intended for continuing education units for CPs who had already completed their basic CP training. However, TPF took the project further by creating a revised version of the required basic training for all new CPs entering the field. This means that trainees will receive geriatrics content from the first day of training and will gain an understanding of the many health-related social, cognitive, and functional barriers older people face.

TPF created seven training modules. They include: communication with older patients; nutrition and the role of weight loss/gain in care of elders; physical function and sleep; medication monitoring and usage; oral hygiene; social determinants of health in the geriatric population; and mental health and cognitive status.

TPF successfully raised funds from other sources and more than \$800,000 in contract revenue during the project period. This was seven times the revenue TPF had when it applied to RRF. An example of one of TPF's contracts is with WellCare, an insurer, to evaluate the cost-effectiveness of community paramedicine in serving rural communities where a disproportionate percentage of residents is age 65 or older.

This grant was successful on two fronts. First, the grantee developed a training program with far greater reach than anticipated. Second, the grant helped TPF make significant progress toward organizational sustainability.

## **Two Houses of Worship Improve Accessibility**

Saint Paul's Lutheran Church is a 165-member congregation located in Evanston. Nearly 35% of its members are age 65 or older. Although relatively small, the congregation offers many activities and services for its members and the community. St. Paul's serves as a warming center for people who are homeless, hosts several concerts, and provides office space for Interfaith Action, which operates a weekly soup kitchen, emergency overnight shelter, and other services. The church also hosts several 12-step groups that meet weekly.

In 2014, RRF awarded a \$30,000 grant to Saint Paul's for a vertical platform lift to provide accessibility to all levels of the building. Prior to the grant, it was necessary to descend three stairs to the main hall or ascend a full flight to reach the fellowship room and kitchen. A previously installed chairlift to the upper level had become obsolete.

While planning for the lift, the congregation decided to proceed with its longer-term plan to make the facility energy-efficient, emergency-prepared, and fully accessible. Plans included construction of four accessible restrooms; reconfiguration of hallways, doorways, and offices; and a second accessible exterior entry.

To fulfill this huge undertaking, St. Paul's embarked on its first-ever capital campaign. It received many pledges and a loan from the Mission Investment Fund of the Evangelical Lutheran Church of America. The entire project was successfully completed in slightly more than two years.

Although the lift had been in use for only a few months at the time of the final report, the church indicated that some members with disability issues were returning. Members of its self-help groups with mobility issues were also attending more regularly.

The Evanston Roundtable printed an article on the church's accessibility improvements. It quoted a member of the congregation: "St. Paul's made this substantial investment--a huge financial undertaking for a tiny congregation--out of recognition that the building is not merely the place where we worship. More than that, it is a hub of compassion, service, and civic engagement for the Evanston community."

First United Methodist Church of Oak Park is a 200-member congregation; nearly half of the parishioners are older adults. The church offers many outreach ministries,

fellowship programs, and concerts. On a weekly basis, it serves as a PADS shelter and weekly blood drive center. The facility is designated as an historic landmark.

In 2015, First United Methodist received a \$30,000 Accessible Faith grant to construct two new single-occupancy, accessible restrooms. When completed, one level of the facility would become completely accessible.

The project was successfully completed, although it encountered several challenges and additional cost. During demolition, unanticipated problems caused plans to be altered and orders to be revised. Carpentry modifications were required for the doorway, and the layout had to be changed to allow for more space for wheelchairs. A gas line had to be rerouted, and fire safety elements had to be added.

The congregation decided to hire a professional consulting firm to guide a capital campaign. The congregation's campaign was successful and provided all of the funds needed for the project, including major repairs to the roof and a retaining wall. The church has reached out to inform groups about its accessibility improvements through its bulletins, event advertisements, and newsletters of the United Methodist Church District.

### **Flex Fund Helps Community Adult Day Center Set Organizational Capacity Building Priorities**

In 2016, RRF awarded a \$3,300 Organizational Capacity Building (OCB) Flexible Fund grant to Community Adult Day Center (CADC) in Downers Grove. The goal was to enable CADC to identify its organizational capacity building priorities.

Using the Flex Fund's OCB readiness assessment process, CADC engaged a consultant to conduct interviews with key staff and board members, produce a report summarizing findings and recommendations, and discuss the findings with the staff and board to determine next steps. Through the assessment process, CADC learned three important lessons: 1) to strengthen governance, board members would need to gain a better understanding of their roles and expectations; 2) board and staff members would need to develop specific skills to move CADC to the next level of organizational development; and 3) fundraising is a core responsibility of the board in partnership with the organization's executive director. Next steps were established that would allow CADC to put these lessons into effect. They included the formation of three board committees (governance, finance, and fund development), research and development of an individual giving plan, and completion of a facility needs and safety assessment to determine space and technology needs.

CADC provided very positive feedback on the consultant who performed the OCB readiness assessment. The executive director reported that the assessment process was "educational, informative, and provided breakthrough moments for the board of directors and staff. While there is much work to be done, we have renewed energy to follow a plan of action to move CADC to the next level."

After successfully completing the OCB readiness assessment process, CADC was awarded a \$10,000 grant in 2017 to focus on board development, its highest priority.

## **Milwaukee's Latino Families Receive Caregiving Support**

In 2014, RRF awarded a one-year, \$21,700 grant to the United Community Center (UCC) in Milwaukee to implement a caregiver support program, entitled United Latino Caregivers (*Los Cuidadores Latinos Unidos*). The program serves family caregivers of Latino elders with Alzheimer's disease or other forms of dementia. Its purpose is to increase the likelihood that an older adult with dementia can continue to live at home by addressing the mental, emotional, and physical challenges caregivers face as a result of their caregiving responsibilities.

In 2012, UCC piloted Los Cuidadores Latinos Unidos (LCLU) with two years of funding from the Endowment for Advancing a Healthier Wisconsin. UCC worked with the Medical College of Wisconsin to design the new program and did initial testing. The program incorporated the Savvy Caregiver model, a series of caregiver workshops developed by the Alzheimer's Association and implemented around the country. UCC used the Spanish-language version of Savvy Caregiver and added more culturally appropriate elements (e.g., a broader inclusion of extended family, in-home connections, and links to the Latino community). Components included an assessment of caregiver needs, initial consultation by a bilingual family social worker with the family caregiver, four individual coaching sessions, a series of educational workshops, respite activities, in-home visits, and follow-up consultations. RRF's grant provided the bridge funding UCC needed to maintain the program's momentum while it applied for another round of support from the Endowment.

The objectives during the grant period were to recruit and enroll additional Latino family caregivers into the program; provide caregiver services using the LCLU model; and collect data and lessons learned to leverage support and position the program for expansion with Endowment funding.

UCC faced challenges in recruiting the projected number of caregivers. It enrolled 13 caregivers, eight of whom completed the entire program. The grantee noted that client retention is a common challenge among Latino caregivers due to demands on their time. For those who completed the entire intervention, 100% reported a decrease in their burden of care via pre- and post-assessments. In addition, 75% reported an increase in social connectedness and support, and 63% indicated a decrease in depression symptoms.

Unfortunately, UCC was not awarded a subsequent multi-year grant from the Endowment, as it had hoped. Even though this was disappointing, the project did make a difference in the lives of the Latino caregivers served during the grant period.

## **CLESE Assists Ethnic Service Providers to Navigate the Managed Care Environment**

In 2015, RRF awarded a \$35,000 grant to the Coalition of Limited English Speaking Elderly (CLESE) to assist ethnic service providers with Community Care Program (CCP) contracts as they transition to the state's evolving managed care system. During the grant period, Illinois' transition to a managed care delivery system for low-income elderly (i.e., those who are dually eligible for Medicare and Medicaid) continued to pose significant problems for these service providers.

CLESE trained and provided technical support to 28 ethnic service providers. It also educated managed care organizations (MCOs) about the needs of, and barriers faced by, ethnic elders in accessing services and fostered relations between MCOs and the providers to improve care coordination and support for ethnic elders. CLESE also served as a resource to MCOs to overcome language barriers and improve cultural competency. During the grant period, CLESE's member agencies provided health insurance counseling to more than 6,200 older adults in 11 languages.

CLESE conducted 12 consultations with ethnic service providers about billing, denials of claims, Medicaid eligibility, enrollments, and client transfers. However, the providers continued to struggle with delays in payments from MCOs. Although the MCOs promised payment within 60 days, delays were significantly longer.

CLESE represented the ethnic service providers in meetings with the Illinois Department on Aging and the Department of Healthcare and Family Services. However, the state budget stalemate, coupled with MCO problems, nearly pushed many of the ethnic service providers to the breaking point.

CLESE conducted four education sessions to inform ethnic elders about enrollment in the Medicare/Medicaid Alignment Initiative and Medicaid Managed Long-Term Services and Supports programs. These are two different managed care programs with different sets of providers, requirements, procedures, etc. CLESE also made two presentations to ethnic providers during CCP supervisors' training.

CLESE continued to provide interpretation services for MCOs through its Language Access Center. During the grant period, CLESE used 80 independent interpreters to provide services for five MCOs. The interpreters assisted nearly 3,200 ethnic elders.

As a result of this project, CLESE gained expertise in working with MCOs and helped build the capacity of ethnic service providers to do their own negotiating and dispute resolution. However, the managed care environment remains in constant flux. CLESE will continue to play an important role in building the capacity of the ethnic service providers to deal with these changes.

## **Central Florida Elders with Disabilities Receive Adaptive Equipment and Home Modifications**

In 2015, RRF awarded a \$27,299 grant to the Center for Independent Living in Central Florida to serve 27 low-income older adults who were on a wait list for home modifications. The goal was to reduce the wait list by nearly 20% and increase the total number of clients served from 123 to 150.

The Center served 82 elders, thus reducing the wait list considerably more than anticipated. Home modifications ranged from the installation of outdoor switchback ramps able to withstand hurricane winds, to the widening of doors to accommodate wheelchairs. The Center also made lower-cost modifications such as installing grab bars and shower transfer seats for seniors who could use them safely until more extensive remodeling became necessary.

Because several clients were able to contribute to the costs, the Center stretched RRF funds to serve far more clients. The Center also recruited two firms that provided *pro bono* design services. In addition to expanding services, the Center indicated that the project helped streamline various processes. Because the Center gained a better appreciation of seniors' home modification needs, it decided to make its "aging in place program" the primary focus of its fundraising. Hopefully, this effort will keep the wait list to a minimum and allow more seniors to continue living independently in the community.

## **OHSU Promotes Quality Improvement in POLST**

In 2014, Oregon Health & Science University's Center for Ethics in Health Care received an 18-month, \$139,920 grant to ensure the high quality of POLST programs across the nation. POLST (Physicians Orders for Life Sustaining Treatment) enables patients who are approaching death to clarify their end-of-life care wishes and have those wishes converted into a medical order that emergency personnel must honor.

This project was a follow-up to a three-year, RRF Special Initiative grant that catalyzed the expansion of POLST programs. The sheer volume and speed of the growth of the POLST movement made it difficult for the National POLST office to keep track of states' programs and their adherence to quality. The goal of the follow-up grant was to enable OHSU to assess the fidelity with which states are implementing the POLST model and to provide technical assistance when improvements were needed.

OHSU provided extensive technical assistance to several states to improve fidelity. As a result, three more states received endorsement by the national POLST office. This means that these three states were implementing POLST with full fidelity. There are now 22 states with nationally-endorsed POLST programs.

OHSU established tools to inform and connect POLST leaders and state programs. An online, password protected private messaging forum was created. The forum enables state offices to get assistance from the national office as well as from their peers. The forum has nearly 60 threads, discussing funding opportunities, training

requirements, and more specific questions about POLST such as issues related to patients with pacemakers, use of electronic signatures, etc. The forum has reduced phone call volume to the national office, which allows the staff to devote more time for technical assistance to states and other activities.

Along with POLST expansion has come an increasing effort by detractors to block POLST's progress. OHSU worked on improving the consistency of messaging about POLST for the media and to respond to detractors. A media toolkit was created with templates for press releases, a speakers' bureau, lists of talking points, FAQs, and a list of experts that states can contact if they are uncertain about responding to questions from reporters. OHSU also created POLST policy documents to share with legislators and coordinated responses to leaders in the field of Emergency Medical Services who challenged the POLST Program. OHSU presented at several national meetings, including the American Academy of Hospice and Palliative Medicine and the Social Work Hospice and Palliative Care Network.

During the course of the grant, the National POLST Office separated from OHSU and established itself in Washington DC. This was a strategic move to reflect the national advocacy agenda for POLST. The National Office was successful in raising additional funds to help sustain the POLST movement.

### **Center for Medicare Advocacy Addresses Coverage for Medically Necessary Oral Health Care**

In 2015, RRF awarded a \$40,000 grant to the Center for Medicare Advocacy (CMA) to address the need for Medicare coverage for medically necessary oral health care. While the Medicare Act never intended to provide coverage for routine dental care, it appears that the Medicare law did intend to cover "extreme" dental and oral medical treatments for life threatening conditions. However, such claims are routinely denied. The appeals process is difficult, usually requires various levels of appeals, and generally fails to result in coverage.

The project involved CMA's use of the "extreme case" issue to begin building momentum toward the longer-term goal of gaining Medicare's inclusion of coverage for preventive oral health care. The timing was thought to be ripe because, under health care reform, there has been a growing awareness of the value of coverage for preventive care. There is also a growing body of research indicating the increased risk of oral health problems, such as edentulism (total tooth loss), oral cancer, and periodontal disease among older adults.

CMA carried out all of the planned advocacy strategies and produced even more educational materials, held more meetings, and contributed to the building of stronger collaborations than anticipated. CMA produced a very informative legal memo laying out the law and legislative history on Medicare coverage for non-routine oral health procedures. This memo was considered a "game changer" by many advocates because it helped collaborating organizations, convened by Oral Health America and DentaQuest, develop strategies to build momentum toward preventive coverage. The



paper was shared with the Centers for Medicare & Medicaid Services (CMS), partner organizations, and Congressional leaders. CMA created a section on its website dedicated to oral health.

CMA held meetings with CMS, medical personnel, and oral health advocates. CMA also met with the CMS Innovation Office to explore the integration of oral health into existing and contemplated demonstrations and statutory authorities. Using its legal memo and cases it gathered, CMA worked with members of the oral health coalition to draft a letter to Congress on Medicare coverage of medically essential oral health care. CMA met with congressional staff on legislative options. As a result, 15 U.S. Senators and 30 U.S. Representatives co-signed CMA's letter, which was sent to the CMS Administrator. However, despite these advocacy efforts, CMS did not change its interpretation of Medicare law to include medically necessary oral health care coverage.

CMA also continued to pursue legal action against CMS through its case, *Lodge v. Burwell*. In the fall of 2016, CMA presented oral arguments, but later that year the Court issued a decision that denied a motion for summary judgment and granted the government's motion. CMA is considering an appeal.

CMA gathered more than 100 stories of individuals needing medically necessary oral health care. Its staff began to assist more than 20 individuals to get medically essential oral health care covered. Most of the cases were still ongoing at the end of the grant period.

Given the current political climate, it is unlikely that the needle will move on oral health coverage in the near future. However, through its focus on medically necessary coverage, CMA advanced the arguments and produced excellent information that will have a longer shelf life. The grant also resulted in CMA building relationships with oral health stakeholders, thus bridging the gap between the aging and oral health networks. CMA helped to build a broader coalition of providers, advocates, and experts on oral health. It worked closely with Oral Health America, co-leader of a collaborative effort that includes the American Dental Association, Families USA, Dental Lifeline, Pacific Dental, Liberty Partners, the Santa Fe Group, Justice in Aging, Medicare Rights Center, American Dental Hygienists Association, and Pacific Dental Services. The coalition will continue to work on winning coverage for medically necessary oral health care in the short-term and more comprehensive coverage in the long-term.

## **Video Phones Enhance Hospice Care for Rural Elders**

In 2013, Hospice Care Plus (HCP) was awarded a one-year, \$22,000 grant to purchase video phones for use with elderly patients living in isolated areas of Appalachia. HCP is the only hospice care provider serving a six-county area of the Appalachian region of central and eastern Kentucky. The primary purpose of the grant was to enable HCP to improve patient care by providing more rapid assessments and interventions for its rural elderly population. About 35% of HCP's elderly patients live in this isolated area, which is difficult and time-consuming to reach.

Prior to the grant, HCP faced the challenge of providing high-quality, round-the-clock care for patients in the most remote corners of its service area when they require help after hours or between scheduled visits. It could easily take up to two hours from the time a patient would call HCP to the time a nurse could actually see the patient to assess the situation, recommend a course of action, and provide comfort. Although many times an in-person visit is truly needed, HCP recognized that adding a visual component to a patient's initial call could result in a more comprehensive assessment. In some cases immediate assistance or relief could be provided by talking through care with visual prompts instead of, or in preparation for, a visit.

HCP purchased 24 video phones. HCP chose a videophone model that turns on and off with a single button on the patient's phone, allows for clear, two-way, visual connections, and is very user-friendly. Land-based phone lines remain the main form of communication in this area. Cellular phones and the internet are highly unpredictable, as well as unaffordable for many of HCP's patients.

Most of the phones were divided among HCP's three geographic services areas and used by patients on a rotating basis. During the grant period, 24 families used the video phones for durations ranging from one week to four months. Other phones were used by the three regional hub offices for communication with the families and field staff. Two phones were passed back and forth between the "on-call" triage nurses for their shift, and one was available to float between locations as needed.

Most of the families who used the video phones indicated that they gained more immediate and comprehensive responses to their needs. Patients and their families appreciated that when a symptom changed, they got a prompt, face-to-face response and clear instructions that they might not have received using a regular phone. Prompt instructions on changes in medications, not only helped reduce physical pain, but eased emotional burdens as well.

There was an unanticipated benefit from the video phones. Newly hired nurses used a video phone in their initial weeks on the job to confer with the hub office or medical director when a question about patient care arose. This helped ease the trepidation of new HCP nurses, who had more frequently worked in hospital settings with easier access to colleagues.

By the end of the grant period, HCP reported a savings of nearly \$5,000 in staff and travel costs. Without compromising care, HCP found that some patients' concerns could be addressed through the video phone, which alleviated or delayed the need for a separate trip to the remote service area. As use of the video phones becomes more standard across the agency, HCP expects to become even more adept at using them for patient care, and anticipates seeing even further savings.

*Note: RRF staff takes much of the information for Grant Highlights directly 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.*