

GRANT HIGHLIGHTS

FEBRUARY 2012

Older Adults Advocate to Improve Subsidized Housing

In 2010, RRF made a third-year grant of \$30,000 to the Metropolitan Tenants Organization (MTO) to continue training low-income senior residents of subsidized housing to become effective advocates for better housing conditions. Funds also enabled MTO staff to advocate at the city and federal levels to protect the rights of tenants and access to affordable housing.

Specific third-year objectives for MTO's Senior Advocacy Initiative included: engage older adult tenants from an additional 10 subsidized buildings in leadership training; enable new senior leaders to solidify relationships with their building managers to improve building conditions; partner with other local advocates to develop housing foreclosure strategies and bedbug infestation fumigation practices; press the U.S. Department of Housing and Urban Development (HUD) Regional Office to hire an ombudsman for tenant complaints; collaborate with national advocates to oppose federal efforts to privatize oversight of HUD properties; and ensure integration of information on the unique needs of older tenants into HUD trainings for property managers.

Many of the objectives were met. However, due to the threat of severe cuts to the HUD budget, much of the project's energy in the second half of the grant period focused on a campaign to protect against budget cuts. HUD cutbacks made it more difficult to gain traction on new initiatives such as the hiring of an ombudsman and the bedbug fumigation program.

MTO provided many examples of effective senior leadership and advocacy to improve subsidized housing. Nearly 300 seniors participated in the Senior Advocacy Initiative. Twenty-one assumed leadership roles in their own buildings and in MTO's larger advocacy campaigns. Improvements were made in at least 10 buildings as a result of senior advocates' efforts. They included construction of accessible doors, sidewalk repairs, installation of security camera systems, implementation of energy efficiency practices, and appliance replacements. Regular meetings occurred between advocates and building managers who demonstrated greater recognition of the value of tenant associations and senior leadership.

Seniors engaged in many advocacy efforts at the city and federal levels. They met with HUD officials in Washington as part of their participation in the National Association of HUD Tenants meeting. Senior advocates were instrumental in organizing and facilitating the Eyes and Ears Conference, a national HUD accountability meeting for a four-state region. At the local level, senior advocates participated in the Chicago Housing Initiative Green Enterprises Program to help train tenants on making their apartments more energy efficient. They were also active with the Grassroots

Collaborative and the Chicago Housing Initiative, two broad-based coalitions working to improve subsidized housing.

The Smart Management Training Program, which involves workshops for managers of HUD-funded buildings, continued. This program was promoted by MTO during an earlier grant period. The training program included 156 managers, double the number in the previous grant period. MTO reported these trainings were improving relations between senior residents and HUD building management companies.

Senior advocates raised concerns with HUD officials about the bedbug infestation crisis, but significant progress had not yet been made. Advocacy efforts continue on this issue, along with efforts to get an ombudsman appointed. Senior advocates will also continue efforts to protect federal housing subsidies.

MTO has demonstrated the value of advocacy efforts by lower-income seniors. The Senior Advocacy Initiative could serve as a model for residents of numerous HUD properties across the country to harness their energies on behalf of their peers. MTO's final report stated that the project is "a testimony that energy, creativity and wisdom are alive and well with our senior population. This entire project was built through the witness and testimony of seniors who demanded they be treated with respect by those managing their HUD-funded housing. Their call to action led seniors across the city to come together and lead other campaigns to improve living conditions in HUD-subsidized housing."

Bazon Center Succeeds in Advancing Implementation of *Olmstead* Case

In 1999, the U.S. Supreme Court decided favorably on the *Olmstead* case. The Court upheld the rights of people with disabilities to receive the public services they need in the "most integrated setting." The Bazon Center for Mental Health Law, which played a significant role in this legal victory, has remained a vigilant advocate for successful implementation of community integration.

An example of Bazon's successful advocacy was the recent settlement of the Illinois case, *Williams v. Quinn*. This case challenged the state's segregation of individuals with mental illnesses who reside in intermediate care nursing facilities known as IMDs ("institutions for mental diseases"). Six years ago, Bazon in partnership with Access Living and Equip for Equality, filed a class action complaint that alleged the state of Illinois was violating federal law by needlessly segregating and inappropriately warehousing some 4,300 people housed in IMDs. An estimated 30 percent of these residents are age 65 and over. These facilities provide few services, afford no privacy or dignity, and do not comply with Pre-admission Screening and Resident Review requirements. IMDs also rob the state of federal Medicaid reimbursements for medications and health care that could be used for these residents if they were receiving services in a community-based setting. Bazon estimated Illinois could save upward of \$10 million over the next few years by transitioning residents out of IMDs and into the community.

In 2010, Bazelon believed a settlement would soon be reached, but there was some critical additional legal work that was needed. RRF awarded a \$5,000 grant to continue working on the case. Indeed, a settlement was successfully reached. Bazelon is now partnering with the U.S. Department of Justice to ensure the state of Illinois complies with the settlement by designing an appropriate community reintegration program. This means 4,300 residents will be offered the option of moving into scattered-site supportive housing over the next few years.

Rural Wisconsin Caregivers Gain Additional Assistance

In 2009, RRF awarded a \$10,000 grant to A Day in Time, the only social model, dementia-specific adult day service in rural Walworth County, Wisconsin. The purpose of the grant was to increase awareness and educate caregivers of individuals with memory loss about dementia.

The project was successful in its community outreach and in providing educational opportunities for caregivers. Outreach methods included presentations at civic clubs, information placed in church bulletins, mailings, and postings in grocery stores, podiatry offices, pharmacies, gas stations, and senior citizen movie theatre events. Staff visited with hospital social workers, physicians' offices, schools, brain fitness clubs, nursing homes, senior apartment buildings, and home health agencies to build awareness of services and resources for caregivers. A Day in Time staff wrote four articles on Alzheimer's disease for the county-wide *Senior Review* newspaper. More than 20 community newspapers featured the agency's services.

A Day in Time conducted four caregiver conferences and two smaller educational programs. The programs attracted a total of 165 caregivers. RRF funds enabled A Day in Time to provide on-site respite care for 22 persons with dementia, thus enabling their caregivers to attend the sessions. This was the first time caregivers in this rural county received such support.

A Day in Time made good use of pre- and post-conference surveys. For more than 60 percent of respondents, this was the first time they had attended an Alzheimer's caregiver program. Satisfaction with the conferences was very high, and almost all agreed they learned something new and useful.

A portable, comprehensive caregiver resource library was designed for use at caregiver sessions and as an exhibit booth. A Caregiver Resource Manual, with handouts and brochures, was also developed.

A Day in Time became a real advocate and leader in the area of dementia care. The organization decided to convene the Walworth County Aging Task Force to meet challenges such as the broad geographic area (a 50 mile radius from one end of the county to the other), transportation barriers, lack of dementia care services, and limited communication among the 10 municipalities. A Day in Time plans to continue its caregiver outreach, conduct family conferences along with respite care, and coordinate senior transportation efforts through the Task Force.

Wesley Village Designs and Opens Kentucky's First "Small Home" for Memory Care

In 2008, RRF awarded a one-year \$75,000 grant to Wesley Village, a faith-based senior living community near Lexington, Kentucky, to cover the pre-development costs of its "Small Homes for Memory Care" project. The goal was to design and build four small homes to provide Wesley Village residents suffering from dementia with the best possible quality of life. The "small home" model involves person-centered care provided in a self-contained functioning unit. It is staffed by a team that is empowered to make daily decisions about work flow and house operations. The objective is not to create a small institutional setting with homelike features, but to create a home using only those institutional elements required for licensure and certification (e.g., regulated kitchen features and fire safety systems). Wesley Village planned to build facilities that would accommodate up to 12 residents each.

With RRF funding, Wesley Village was able to contract with Jude Rabig, RN, PhD, a nurse and gerontologist who has successfully assisted more than 20 organizations create small homes. Expert consultation is essential for a project like this one because of the need to resolve complex regulatory issues, provide input to architects, and ensure that technology complements service delivery.

Dr. Rabig facilitated many meetings with regulators and Wesley Village administrative staff, including the Kentucky Cabinet for Health and Family Services, the Office of the State Fire Marshall and local Fire Chiefs, the County Health Department Inspection Team, and the President of the Kentucky Association of Homes and Services for the Aging. Kentucky officials admitted there were problems with current nursing home practices and were more receptive than expected to reforms. Dr. Rabig was invited to train state surveyors on new and innovative small home practices.

Dr. Rabig effectively conveyed the small home conceptual framework to the project's architects. Without briefings on the essential components of the model, the architects might have misconstrued the model to be simply a mini-nursing home.

Getting the technology right was also essential. An electronic medical record system had to be designed to ease the burden of documentation and enable staff to spend more time providing direct care to residents. To reduce the visibility of more traditional nursing home equipment such as obstructive computers and oversized nursing stations, Dr. Rabig assisted in selecting a system that uses hand-held devices. She helped select software and trained staff to use it.

Unfortunately, the economic downturn required that Wesley Village scale back its plan to construct all four small homes at once. However, the first of the four small homes was completed in September 2011 and now houses 10 residents. The 9,000 square foot facility, built on one level, includes all private rooms located around a central great room and kitchen. It has a 5:1 resident-to-direct care staff ratio.

Wesley Village was recognized as the Jessamine County Business of the Year for its efforts to stay on the cutting edge of long-term health and memory care. Wesley

Village's CEO also received a leadership award from the Kentucky Association of Homes and Services for the Aged. Both awards acknowledged Wesley Village's development of the state's first small home for memory care. Wesley Village has announced its commitment to completing the other small homes.

Although only the first of the four homes has been built at this point, all of the pre-development work has been completed. This means that all of the design, architectural work, and technology plans can be applied to the other facilities as Wesley Village raises additional funds for the other small homes.

Wesley Village extensively disseminated information about small homes and person-centered care. Senator Mitch McConnell's top aide met with Dr. Rabig to learn more about these issues. Wesley Village hosted 21 small home presentation events for local, state, and federal public officials, church leaders, health care providers, academic researchers, and prospective donors. Wesley Village presented the small home video to the Kentucky Annual Conference of the United Methodist Church, which was attended by 1,200 delegates. These efforts helped build important relations with regulators and others who will likely be more receptive to small homes in Kentucky.

This project was important because it supported the first small home in Kentucky and helped introduce a promising long-term care model to new audiences, including policy makers and regulators, service providers, consumers, and donors.

Three Houses of Worship Enhance Accessibility

Over the past few months, three Accessible Faith grantees successfully completed their projects.

Saint Catherine of Siena-Saint Lucy Parish is a Roman Catholic Church located in Oak Park's Historic District. Forty percent of its 2,000 members are age 60 or older. The church received a \$30,000 Accessible Faith Grant to create an accessible entrance to its facility. Prior to receiving the grant, the church had been using a temporary, unsafe and outdated wooden ramp at another entrance. Many people feared using it.

With an Accessible Faith Grant, the church had an accessible ramp constructed at the front entry. The ramp is a good architectural fit with the building. This is particularly important because the church must comply with Historic District requirements.

The pastor reported there has already been a slight increase in attendance. A few parishioners with disabilities had been waiting for the ramp to be completed so they could return, and they now have done so. The pastor noted that "the parish prides itself on being welcoming and open to all, though inaccessibility was a major stumbling block" before the grant. Once the project was completed, the church distributed a welcoming flyer announcing the accessibility improvement to local homes and apartment buildings where large numbers of persons with disabilities live.

Saint Adrian Church is a 600-member Roman Catholic Church located on Chicago's southwest side. The church sponsors several activities for older persons and hosts many community organizations. Catholic Charities provides immigration counseling there. The Southwest Organizing Project, a very active community organization, also meets there.

Prior to receiving an Accessible Faith Grant, the church was inaccessible because it has three steps up to the entrance. With a \$25,948 Accessible Faith Grant, the church was able to have an exterior ramp built at the front entrance. It also had the interior lobby floor repaired to eliminate large, unsafe cracks and holes, and it made an existing restroom accessible.

All components of the project were successfully completed. The ramp fits well with the architectural design of the building. Unfortunately, the project did run into additional expense due to an increase in the cost of materials and more significant structural cracks in the floor. The parish was able to raise the additional needed funds to complete the project over a 14-week period. This was quite a feat and a testament to the commitment to accessibility by the parish.

Our Lady of Mercy used an \$11,150 Accessible Faith Grant for an inclined platform lift that would provide access to upper level meeting rooms. An 11,000-member Roman Catholic Church located in Albany Park, Our Lady of Mercy has almost 3,000 senior members. The church hosts many activities for older persons, including classes in English as a Second Language, food programs, and legal services. Providing access to meeting rooms was essential to increasing participation in such programs.

The inclined platform lift was successfully installed with no significant problems. The project was completed ahead of schedule and stayed within budget.

Families USA Closes Health Assistance Partnership but Delivers Important Medicare Advocacy and Tools

Ten years ago, Families USA established the Health Assistance Partnership to provide training and technical assistance to Medicare counselors of the State Health Insurance and Assistance Programs (SHIPs). There are 1,300 local SHIP offices across the country, staffed by 12,000 counselors (primarily senior volunteers). SHIP volunteers provide information, counseling, and assistance to Medicare beneficiaries on a wide range of health insurance issues, including Medicare, Medicaid, long-term care insurance, and prescription drug coverage. They assist individuals to resolve claims and billing problems.

Through the Health Assistance Partnership, Families USA collected and analyzed SHIP data, identified Medicare systemic issues that emerged from the SHIP volunteers' experiences, and developed workable solutions at the national level. Families USA also assisted SHIP personnel to counsel and advocate for their individual clients. In 2008, RRF awarded Families USA a two-year \$300,087 grant in support of

the Health Assistance Partnership after its major funder shifted priorities and ceased funding the program. In 2010, RRF awarded a final third-year grant of \$100,000 for this project. The goal was to continue to build the capacity of the Health Assistance Partnership and the SHIPs to identify and resolve systemic issues within the Medicare Program, especially those that would affect Medicare beneficiaries as a result of health care reform.

Unfortunately, Families USA's attempts to obtain additional sources of funding for the program were not successful, and the organization had to scale it back considerably. Families USA decided to transfer the work of the Health Assistance Partnership (HAP) to a newly created Medicare and Long-Term Services and Support Team and essentially close down HAP as a separate entity. Families USA focused less on direct technical assistance to the SHIP programs and more on a national advocacy role. It began working more through a SHIP Advisory Group, which includes representatives from each SHIP region. The Advisory Group became the SHIPs' liaison to Families USA and served as the on-the-ground reconnaissance team by relaying issues emerging from the SHIPs.

Although HAP closed, Families USA did some very important work. It took the lead among its peer advocacy organizations in three areas. First, it worked with the Centers for Medicare and Medicaid Services (CMS) and the new Medicare Medicaid Coordination office on dual eligible issues (dual eligibles are low-income elderly and people with disabilities who are eligible for both Medicare and Medicaid). Families USA coordinated advocates' responses to the Alignment Initiative Request for Information. Through a formal response, Families USA advocated for access by low-income beneficiaries to the full range of Medicare and Medicaid services. It addressed the ongoing problem of low enrollment rates within the Medicare Savings Programs and the need to start planning for how Medicaid beneficiaries will transition to Medicare coverage beginning in 2014 (under the Affordable Care Act). The extent to which CMS incorporates these important points into various care integration demonstration projects will remain to be seen.

Families USA worked with state advocates to ensure consumer input and transparency in states' plans to integrate care for dual eligibles that will be supported by the new Medicare-Medicaid Coordination Office of CMS. Families USA provided state advocates with training tools and technical assistance. It co-hosted a webinar on Medicare and Medicaid integration efforts, along with the National Senior Citizen Law Center, and produced excellent Power Points. More than 300 advocates participated in the webinar. Families USA also made presentations to the SHIPs and arranged a meeting between advocates and staff of the Medicare-Medicaid Coordination Office. Families USA reported that staff of this new office seems to be incorporating more beneficiary protections into the upcoming integrated care models and ensuring appropriate oversight.

Families USA took the lead in advocating for incorporating consumer perspective into the development of ACOs (Medicare Accountable Care Organizations). Created under health care reform, ACOs are groups of providers held accountable for improving health care quality while lowering the rate of growth in health spending. ACOs share in the Medicare savings they achieve. Families USA coordinated a common comment to

the rules to ensure final regulations on ACOs contain strong beneficiary protections. The comment emphasized the need to ensure participation of beneficiaries and stakeholders in the governing bodies of ACOs; adequate advance notice by ACOs of provider rights and financial incentives; adoption of patient-centered care criteria; protection against dumping high-risk patients; and establishment of strong grievance and appeals processes and public accountability standards. Its comments were used as a model for other groups' submissions. Families USA also conducted webinars and conference calls, held formal presentations on ACOs for advocates, and presented information on this subject through SHIP Advisory Group conference calls.

Iowa's Senior Advocates Fight Factory Farms

With initial RRF support four years ago, Iowa Citizens for Community Improvement (a statewide, multi-issue community organization) launched the Rural Seniors Environmental Health Justice Project. The goal of this project is to empower rural elders to improve their quality of life and protect their property from the negative impact of concentrated animal feeding operations (CAFOs). Commonly referred to as "factory farms," these are large, absentee, corporate-owned livestock facilities that concentrate animals and their waste into small spaces. Located next to family farms generally owned by seniors, these large-scale hog facilities emit toxins into the soil, air, and water. They endanger the lives of the residents and reduce the value of their properties.

In 2010, RRF awarded a \$40,000 grant to Iowa CCI for the fourth year of this project. Objectives were to continue to identify and involve seniors in organizing activities related to factory farming; conduct leadership and training to increase seniors' skills in addressing these issues; and improve the responsiveness of regulators and policymakers to specific factory farm issues facing seniors.

Iowa CCI continued to use a three-pronged advocacy approach: local campaigns against factory farms, better enforcement of current laws, and strengthening of policies and regulations. Iowa CCI met most of its objectives although it reported that state government was even more influenced by large corporate interests and less prone to provide consumer protection. State legislators made many more attempts to reduce regulations and protect large-scale factory farms that would put elder family farmers at greater risk.

Iowa CCI exceeded senior leadership development objectives. It involved 250 seniors in 38 trainings, surpassing the projection of 150 seniors and 12 trainings. Iowa CCI now has a core group of 45 to 50 senior leaders. More than 1,000 seniors were involved in local factory farm campaigns. They attended local and statewide events and meetings, sent emails, made phone calls to decision makers, and signed petitions to protect family farmers.

Iowa CCI was successful at protecting previous gains and thwarting attempts to reduce regulations that would have undermined consumer protection. It successfully fought legislative efforts to ban videotaping or photographing inside or around factory farms. It also defeated attempts to award \$15 million in guaranteed loans to factory

farms. It beat back attempts to protect the factory farm industry from certain types of lawsuits and to strip rulemaking power from the Environmental Protection Commission.

Iowa CCI trained seniors to monitor the ban on spreading manure on frozen or snow-covered ground. This was the first winter in which the Department of Natural Resources (DNR) had to implement the ban so it was important for advocates to be vigilant in their monitoring. DNR kept its commitment to keep Iowa CCI informed of factory farms attempts to seek exemptions from the ban.

Iowa CCI advocates continued to monitor factory farm permits. DNR used feedback from Iowa CCI in denying construction permits. Three factory farms were stopped from construction as a result of Iowa CCI's advocacy efforts. DNR imposed steeper fines on more farms than in previous years.

Iowa CCI's advocacy campaign received good media coverage. Seniors were quoted in 73 different news stories in statewide publications and national online news. The Associated Press picked up several of these stories. There was considerable radio coverage throughout the year as well.

While Iowa CCI's advocacy campaign has met with success, factory farms pose tough and complex challenges that require constant vigilance and creative advocacy approaches. RRF funding enabled Iowa CCI to empower seniors--those most affected--to deal more effectively with policymakers and regulators on the issues. The project emphasized the importance of ensuring that older persons have the appropriate technical and leadership tools to become their own best advocates.

Loyola School of Nursing Completes Online Palliative Care Education Program for Nurse Practitioners in Nursing Homes

In 2010, RRF awarded a second-year grant of \$92,146 to Loyola University School of Nursing to complete the development, implementation, and evaluation of an online educational program for nurse practitioners (NPs) to direct and deliver high-quality palliative care to residents of nursing homes and their families. The educational program was to be tested on NPs in HCR-Manor Care nursing homes across the U.S. In the first phase, Loyola developed three online educational modules that provided basic knowledge of palliative care, measured improvements in knowledge, described participant characteristics, and examined the relationship of these characteristics to exam scores.

The project's second year objectives were: 1) to develop and deliver two text-based case study modules – one on pain management and the other on end-stage dyspnea (shortness of breath); 2) create two interactive case scenarios for the modules with embedded test questions; and 3) confirm the effects of the first year's educational intervention by comparing NPs' intended actions to evidence-based best practice behaviors.

The project was successfully completed. A total of 69 NPs completed both the first and second year of the program. This met projections. The average of participating NPs was 48. They averaged 20.5 years as an RN and nine years as an NP.

Two complex case studies were created and added to the curriculum. The cases were adapted from the graduate curriculum of ELNEC (the End-of-Life Nurse Education Curriculum) and from evidence-based clinical practice guidelines. Two interactive, multi-media scenarios were created to accompany the case studies. Interactive scenarios are a type of simulated learning experience. The scenarios include virtual patients' stories, presented by a virtual NP. The scenarios enable complicated concepts to be simplified graphically and ideas that are not easily represented in text or audio alone to be better visualized. They allow for an authentic replication of the patient's situation and avoid photographing or videotaping dying patients while they are experiencing troublesome symptoms.

Each case study and scenario prompts participants to apply knowledge to specific aspects of the case. Ten multiple choice questions are included in each interactive scenario. The questions are based on available scientific evidence regarding pain and dyspnea management near the end of life. A discussion board (facilitated by the PI) poses questions about the patient's case.

The final report included many examples of NPs' detailed responses to the questions as they pertained to practice behavior. They covered palliative care goals for the patient, use of pharmacologic and non-pharmacologic treatment, use of interdisciplinary approaches, and communication strategies with the patient and family. NPs provided true-life narratives from their practice settings to illustrate ways in which they incorporated the training into their work.

To measure learning between the end of the first and second years, total pain and dyspnea test scores were correlated with results from the first year's post-test scores. Positive correlations were evident, demonstrating a link of information learned in the first year to intended behaviors reflective of evidence-based recommendations for assessment and management of pain and dyspnea after the second year. Differences in participant characteristics were found to have minimal to no effect on test scores.

The project measured NPs' perceived confidence in evaluating and managing palliative care patients. Confidence was measured at the beginning and end of the first year and the end of the second year. Improvement in confidence level was significant.

The project also measured perceived change in NP practices beyond intended behavior. At the conclusion of the first year, 92.7 percent of participating NPs indicated they had changed their practices as a result of the program. At the conclusion of the second year, this finding was slightly reduced to 86.2 percent (not a statistically significant difference). Several participants stated they responded "no" to this question at the end of the second year because they had already changed their practices by the end of the first year.

The participants rated all aspects of the program very high--from the test and scenarios modules, to the discussion board and course materials. Nearly all participants rated achievement of learning objectives for each module very high.

The PI has made several presentations to encourage wider use of the training program. She presented at the Gerontological Society of America, the Chicago Chapter of Hospice and Palliative Nurses Association, and Loyola University Health System's learning series, the Annual Assembly of the American Academy of Hospice and Palliative Medicine and the Hospice and Palliative Nurses Association meetings in Colorado. In the fall, the PI will present the program at the International Congress on Palliative Care in Canada.

The training program will be housed at Loyola's School of Nursing but available at no cost. It will be introduced to NP Program Directors at other Jesuit schools of nursing through the Jesuit Distance Education Network. Loyola's online graduate-level palliative care course, which attracts NPs from across the country, will also incorporate components of the training program.

A few health systems have begun using the training program with their NPs. Advocate Hospice & Palliative Care Team has begun to incorporate the materials into a system-wide Palliative Care Program within its Geriatrics Clinical Team. This includes four physicians and 14 NPs who provide care in 24 nursing homes. Advocate expects to disseminate the program system-wide. HCR-Manor Care plans to use the program to orient all new NPs.

This training program has the potential to improve significantly the knowledge, confidence level, and practices of Nurse Practitioners in long-term care settings.

Nurses Benefit from Structured Wellness Program

In 2008, RRF awarded a two-year \$130,135 grant to Catholic Community Connection to implement and evaluate a structured wellness program for 100 nurses. Sponsored by the Diocese of Cleveland, the Catholic Community Connection is an alliance of 15 health and human services providers in northeast Ohio and includes hospitals, nursing homes, adult group homes, a college, and the Cleveland area Catholic Charities.

The goal of the project was to educate and train nurses in the methods and philosophies of "whole person care." The intervention model, known as *Abundant Life*, promotes care of the body, mind and spirit. It creates awareness of dignity and fullness of life and promotes love and respect for the elderly. *Abundant Life* teaches participants to understand basic physical, psychosocial, and spiritual dimensions of personhood. It aims to empower nursing staff with the knowledge and skills to understand their personal impact on care and care delivery. The hypothesis is that, if individuals care for themselves holistically, they will be better able to care for others in the same way.

The project's objectives included: 1) educate 100 nurses in the *Abundant Life* model of whole person care; 2) support staff in implementing and sustaining the

program; and 3) conduct an outcome evaluation of the *Abundant Life* model of care to determine patient and staff satisfaction and improved quality of life. RRF funds were used for the education and implementation components. Funding was secured from the Sisters of Charity Foundation of Cleveland for the outcome evaluation component.

The project involved the nursing staff from seven facilities in Northeast Ohio. They included five long-term care or continuing care retirement communities, a hospice, and an inner-city acute care hospital. *Abundant Life* educators conducted a two-day workshop, using a published curriculum. The curriculum focused on wellness through human dignity and wholeness, dimensions of wellness, healthy communication and relationships, understanding and responding to spiritual pain, and wellness practices.

The project successfully met all objectives. More than 100 nurses participated in the training from March 2009 to December 2010. Monthly wellness sessions held at each organization provided support to participating nurses who implemented *Abundant Life* in their settings.

The outcome evaluation was conducted by Robyn Stone, PhD, and Christina Puchalski, MD, experienced evaluators with the Institute for the Future of Aging Services. A nonequivalent control group design was selected for the study with a convenience sampling method. Each nursing staff member in the intervention group attended the two-day workshop. They were provided with facilitated monthly wellness sessions, and received a booklet and three textbooks. Members of the control group were nurses working in the same seven organizations who did not participate in the *Abundant Life* education or wellness sessions.

The evaluation found that nurses in the intervention group noted improved listening and communication patterns, increased trust of co-workers, and stronger peer support. They also reported improved health and stress management, an increased awareness of the spiritual dimension in their lives, and recognition of the need to address body, mind, and spirit when caring for their patients. Patient care outcomes were based on comments made by nursing personnel in focus groups and by monthly wellness session facilitators. Participating nurses felt they were more compassionate, patient and understanding of residents in long-term care facilities where they work. They realized the need to “be present and engaged” with their patients. There was no statistical difference in staff retention between the intervention and control groups.

The evaluation concluded that participation in the two-day education and monthly wellness sessions had a positive effect on the lives and well-being of the participating nurses. They reported a significant shift in the way they defined wellness, and consequently, how they began integrating care for the body, mind, and spirit into their lives more effectively.

The evaluation was limited in its ability to determine patient/resident outcomes. Because the Institutional Review Board would not approve patient interviews, the evaluation had to be directed more at nursing staff wellness and quality improvement and indirectly at patient outcomes.

The project was widely disseminated through conferences such as the Institute for the Future of Aging Services/Leading Age, Catholic Health Association, and the National Association of Catholic Nurses. Many articles, website blasts, newsletters, and promotional materials were produced.

The project's team built relations with many organizations that are now incorporating the *Abundant Life* content into their work. For example, Notre Dame College of Ohio piloted the integration of *Abundant Life* content into a professional transitions course for senior nursing students. Kent State University School of Nursing and Notre Dame College collaborated in exploring applications of the model to their nursing curricula. Two of the participating seven organizations (Mount St. Joseph Nursing Facility and The Village at Marymount) decided to use the *Abundant Life* education model with their entire staff. The Avila Institute of Gerontology in Germantown, New York conducted two *Abundant Life* education programs for its staff, and the head of the Institute became an *Abundant Life* educator.

Transportation Assistance Helps Florida Elders Age in Place

The Ruth Rales Jewish Family Service of South Palm Beach County (JFS) offers a variety of services to enable seniors to “age in place” (remain living independently in the community). JFS recognizes that transportation is a key to helping elders live independently.

With a \$9,497 grant, JFS was able to hire a part-time transportation program coordinator to expand its “Kibbitz & Ride” program. The coordinator used a variety of strategies to improve access to transportation, including expanding the number of rides by increasing the pool of volunteer drivers and managing a transportation voucher system.

JFS provided 1,323 rides for 110 seniors. With transportation, seniors were able to get to medical appointments and engage in social programs. The number of rides slightly exceeded the target but the number of seniors fell somewhat short. However, there was still a 1,200 percent increase in riders.

The number of volunteer drivers exceeded expectations. JFS began with 15 volunteer drivers. During the grant period, it expanded its pool to 40 drivers and fully trained all of them on safety procedures. JFS also established a transportation voucher system for residents of its HUD low-income housing facility. While transportation was accessible to the seniors in this building, the bus fare was prohibitive. Vouchers enabled the seniors to shop for groceries, go to medical appointments, and engage in social activities with their peers. A total of 1,555 vouchers were provided, surpassing the target of 500.

JFS made some modifications in program fees and structure to help sustain the program. It increased the annual membership fee (\$50 per year), which equates to \$1.44 per round-trip ride, and slightly reduced the mileage reimbursement rate for volunteer drivers. Recognizing transportation as an essential service, JFS plans to continue to maintain the part-time transportation coordinator position

Note: RRF staff takes much of the information for GrantBriefs 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.