

Brown University Study Finds Increase in Use of Observation Status by Hospitals

In recent years, there has been a considerable increase in the number of Medicare beneficiaries whose hospital stays were deemed to be “observation care.” Under Medicare regulations, observation care is supposed to include specific, clinically appropriate services. These services may include short-term treatment, assessment, and reassessment while a determination is made if the patient should be admitted as inpatient or is able to be discharged. Because observation care is considered an outpatient expense, it is covered under Medicare Part B. Medicare policy stipulates that observation services should rarely exceed 48 hours, but it does not cap the duration.

Because observation care is considered to be an outpatient service, it does not count towards the three-day inpatient stay that is required to receive subsequent skilled nursing care covered under Medicare. Many patients never realize that their stay was, in effect, labeled as outpatient and that costs for post-acute care will be at their own expense. While hospitals are supposed to notify patients of observation status, often this notice comes too late--on the day of discharge when there is little time to plan for care at home. While patients may appeal the hospital’s decision, they must do so within a short period of time, and the process can take up to 18 months. During that time, the patient’s health can deteriorate, leading to additional hospitalizations.

This past year, concerns by service providers and advocates about the misuse of observation care led to a congressional briefing and a class-action lawsuit filed by the Center for Medicare Advocacy against the U.S. Department of Health and Human Services (HHS), which authorizes observation services. While the HHS Centers for Medicare and Medicaid Services solicited public comments on the issue, it did not make any changes in existing rules and policies governing observation care. The law suit is still ongoing.

In 2011, RRF awarded a \$74,693 grant to Brown University to analyze Medicare claims data from 2007 to 2009 to determine changes in the rate at which hospitals used observation vs. inpatient stays for Medicare beneficiaries. The grant was relatively modest because Brown already owned all the data needed for the study.

The project documented the prevalence rate and trends in the use of hospital observation among the population of Medicare beneficiaries from 2007 to 2009 at the national, state, and regional levels. It included an examination of hospital characteristics associated with the prevalence and growth of observation care during the two-year time frame and estimated its potential impact on Medicare beneficiaries’ access to post-hospital skilled nursing facility care.

Results showed an increase in the number, duration, and ratio of hospital visits coded and billed under the observation category during that period. At the same time, there was a downward shift in inpatient admissions. The ratio of observation stays to inpatient admissions increased by 34 percent--from an average of 86.9 observation events per 1,000 inpatient admissions per month in 2007 to 116.6 in 2009. The overall number of observation visits increased by 25 percent. Increases were found among all racial and ethnic groups. The study was able to rule out any relationship to the aging of the population.

The study also found that Medicare beneficiaries were in observation for longer periods of time--some for more than 72 hours. The prevalence of observation services varied across geographic regions and types of hospitals. Rural critical access hospitals and government-owned hospitals in urban areas with large minority populations were the least likely to provide observation service. Prevalence was also lower at larger hospitals in areas with a greater supply of physicians per capita. Duration was lower at government-owned, for-profit, and critical access hospitals. Duration also varied by state.

Just over six percent of the hospital stays billed as observation resulted in discharge to a nursing home--approximately 62,000 discharges annually. Although not a large percentage, the cost implications and potential compromises in care may be significant.

A paper was published in the June 2012 issue of *Health Affairs*. It received considerable media attention, including coverage by the *New York Times*, *CNNMoney* on line, *MSN Healthday*, *Forbes*, and others. Advocates such as the Center for Medicare Advocacy have been able to use the study to keep the pressure on the Centers for Medicare and Medicaid Services.

Study Shows Mental Health Training Program Improves Occupational Therapists' Clinical Skills

In 2006, RRF made a \$262,150 grant to Wayne State University's Institute of Gerontology to develop a training program to teach allied health professionals (particularly occupational therapists) to assess and facilitate treatment for older adults with mental health problems. Wayne State produced a CD-ROM/DVD-based training program that has been adopted by the American Occupational Therapy Association for continuing education credit. Wayne State tested the training program over a two-month period with 30 occupational therapists (OTs) in Detroit. Another 112 attended a day-long training at the Michigan Occupational Therapy Association meeting. Evidence from the uncontrolled pilot showed that attitudes and knowledge of older adults' mental health problems improved for all trainees. More important, practice patterns of the 30 Detroit-based OTs also showed an increase in screenings for depression, improved charting about mood, and more frequent referrals for mental health care.

However, to be viable for broader dissemination and replication, Wayne State recognized that a more practical train-the-trainer approach needed to be developed and

tested on a larger sample of occupational therapists. In 2010, RRF awarded Wayne State a two-year \$207,637 grant to develop the train-the-trainer program and test it in a randomized clinical trial.

Wayne State successfully developed and delivered a train-the-trainer program focusing on improving clinical OTs' assessment of mental health in older adults. A comprehensive two-day train-the-trainer curriculum was developed. The trainers were relatively experienced OTs with a mean of 10.75 years of experience. A total of 66 OTs (seven more than originally projected) were trained by the OT trainers.

The study involved a randomized controlled trial (intervention vs. control group) and a longitudinal within-group research design to evaluate the effectiveness of the train-the-trainer program on the knowledge, clinical skills, and clinical practice of OTs. The project used a wait-list control and enrolled OTs in the control group into the training after the first chart reviews. There were three waves of chart review data gathered: at baseline for both groups; at first follow-up immediately before the control group converted to training; and second follow-up (long-term impact for initial treatment group and short-term follow-up for second training group).

Results exceeded expectations. The training group demonstrated significant improvement from baseline and significantly more knowledge than those in the control group. Several months later, the training group demonstrated excellent retention of knowledge learned. After the control group was trained, it demonstrated significantly better knowledge as well.

Clinical practice changes were measured by blinded chart reviews, conducted by expert OTs. The results were similar to the knowledge testing. Compared to the control group, the training group demonstrated significantly more mental health assessments and referrals for treatment. There were no cases of chart-documented assessments at baseline. After training, there were documented assessments in 35 percent of cases. Treatment was noted in 33 percent of the cases identified for depression. Improved levels of assessment and facilitation for treatment remained even after the initial follow-up. Following the same pattern, once the control group was trained, assessment and treatment practice behaviors increased significantly. In addition, OTs' enthusiasm for the train-the-trainer program, as determined by satisfaction ratings and in meetings with participants, was very high.

The project's findings were presented at local and national conferences. Two papers have been submitted to OT journals. It is anticipated that they will be accepted. HCR ManorCare has indicated that it wants to make the train-the-trainer program a national model for its 280 post-acute rehabilitation facilities. It would train 48 OTs to screen 6,000 older patients over an 18-month period for depression and cognitive decline. Wayne State has applied to another foundation to implement this project.

As a result of this well-implemented study, the train-the-trainer model is now an excellent addition to the initial training program and can be considered an evidence-based OT model for mental health practice.

Four Houses of Worship Make Accessibility Improvements

Over the past few months, four houses of worship successfully completed accessibility improvements with funding from RRF's Accessible Faith Grant Program.

Oak Lawn Bible Church is a 150-member, low-income congregation. While relatively modest in size, 30 percent of its members are seniors. The church offers several activities for both the congregation and community. It hosts a large food pantry and provides weekly worship space for two other congregations that do not have a facility.

RRF awarded a \$21,733 grant to Oak Lawn to provide accessibility to the building's three levels. Twenty-five years ago, the church had installed a vertical platform lift, but it became obsolete and did not meet current accessibility standards. With an Accessible Faith Grant, the church was able to install a new vertical platform lift, including lighter and wider hoistway doors.

The project was completed ahead of schedule and under budget. Originally, the church expected that a sump pump pit would be required because of moisture found during construction. However, the source of water was discovered to be a floor drain, and it was rectified at much less expense.

In his final report, the reverend indicated that the completion of the project was very timely. Several congregants had recently experienced surgeries or injuries and would not have been able to use the stairs. The completion of the lift also encouraged the congregation to make other improvements, such as painting to create a "warm, welcoming feeling throughout."

The church has already seen a slight increase in attendance at worship services and Bible study. A new Wednesday morning study group has been added. It is primarily attracting older persons who have not previously been associated with the church. Other new programs are under consideration.

Epworth United Methodist Church is the first church in Kane County to receive an Accessible Faith Grant--the result of expansion of the Accessible Faith Grant Program from three to six metro Chicago counties. Seniors comprise 40 percent of this 484-member church. Located in Elgin, the church has a growing Hispanic membership, now at about 20 percent.

Epworth UMC received a \$19,812 RRF grant to renovate the men's and women's restrooms on the main floor of the building for accessibility. The grant also enabled the church to purchase ten additional headsets for its assistive listening system.

The project was successfully completed but incurred additional costs when the plan had to be revised to provide adequate space. The existing men's and women's restrooms had to be flipped to provide sufficient wheelchair access and accommodate wall-mounted toilets. The congregation conducted additional fundraising to meet the higher costs.

In his final report, the reverend indicated that there was much enthusiasm by the congregation and community for the accessibility project. In addition, there have been many inquiries about accessibility from other Methodist congregations that convene and use Epworth's facilities for their meetings. The Children's Theatre of Elgin began renting the church's space for rehearsals, thus providing additional revenue for the church.

English-speaking seniors now attend the Spanish service because the new listening devices enable translation. More members with hearing loss are attending various services. The church is sponsoring additional programs with outside speakers and hosting more United Methodist events and denominational trainings because of both the accessible restrooms and the enhanced listening system.

Notre Dame de Chicago is a 1,100-member, Roman Catholic Church in Chicago's Old Italian neighborhood. Constructed in 1887, the church building is listed on the Illinois and National Registers of Historic Places. Notre Dame de Chicago's parish is quite diverse, including large numbers of Hispanics, Filipinos, and whites. Approximately 35 percent of the members are seniors. The church has many activities for older persons in addition to worship services, Bible study, and prayer groups. It hosts concerts by UIC, sponsors immigration services, and hosts many community groups.

Prior to receiving a \$30,000 Accessible Faith Grant, there were no accessible entrances into the main facility or parish hall where many of the activities occur. With the grant, an Archdiocese loan, and considerable fundraising, the church successfully completed an accessible entrance to both buildings and provided access to all levels. The project was completed on time although there were delays in the process to receive a city building permit.

The pastor reported that weekly attendance at masses had already increased significantly with 30 to 40 more people attending regularly. He provided several examples of long-term parishioners who had become inactive due to the church's inaccessibility but were now returning. In addition, other sacramental events such as baptisms and funerals have seen much higher attendance by seniors. Some families had previously moved wakes and funerals to other churches because of Notre Dame's inaccessibility. The pastor also expects more use of the church's facilities for concerts, tours, and other activities.

Saint Paul's Lutheran Church of Evanston is a modest-sized, 156-member congregation. Thirty-five percent of its members are seniors. Known for its excellent acoustics, Saint Paul's hosts many music programs for the community. It also hosts Interfaith Action, which operates a community shelter and food program at the church. Participation was hindered by the lack of an accessible entry to the building.

With a \$30,000 Accessible Faith Grant, Saint Paul's was able to have an exterior ramp constructed at the main entrance of the church. The project was completed earlier than anticipated and within budget. Because the building is located in a designated historic district, the design of the ramp had to be modified to blend with the neighborhood. The ramp was beautifully designed and integrates well with the existing

building. The project director reported, "It completely transformed the appearance of the facade from a cramped, narrow entry to an open and welcoming one." It now conveys "a church of open doors."

The project director described the positive effects of the accessibility improvements on the congregation. It has helped people who "cherish their independence" to walk into the church unassisted. The project also apparently brought great pride to the congregation due to its ability to raise an additional \$35,000 despite its small size. The project's success has apparently inspired the congregation to tackle other capital improvements, including making the restrooms accessible and refurbishing the kitchen, which offers a weekly soup kitchen for more than 100 people. The report's final statement summed up the value of the Accessible Faith Grant Program. It said, "Embracing the needs of older members was an important statement about who we are as a community. Everyone is valued."

Two Grantees Complete OCB Flex Fund Projects

As part of its Organizational Capacity Building (OCB) Program, RRF created the Flex Fund 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. Flex Fund grants are for a maximum of \$5,000. Two RRF Flex Fund grantees recently completed their projects and demonstrated the value of these relatively modest, short-term capacity building grants.

Escorted Transportation Service Northwest (ETS) is a small and relatively young nonprofit organization that provides a single service--transportation to and from non-emergency medical appointments for frail older adults. All of the drivers are volunteers. They provide personalized service, such as escorting seniors to and remaining with them during appointments.

The budget of ETS is under \$100,000, and it has only two paid staff. At the time of application to the Flex Fund, ETS had recently hired a new Executive Director to replace its founder who had served in that position for the first five years of the organization's existence. The founding Executive Director (ED) had asked to move into the role of Program Director.

The new Executive Director was ready to tackle many organizational capacity building needs but did not have a sense of priorities, i.e., whether she should focus first on resource development, board development, and/or strategic planning. Thus, ETS was an excellent candidate for a Flex Fund grant for an organizational readiness assessment.

ETS was awarded a grant of \$3,000 and retained one of the Foundation's OCB consultants. Over a six-month period, the consultant conducted an organizational assessment for ETS. This involved interviews with ETS staff and Board, use of an

organizational assessment tool, and a review of ETS' principal documents such as bylaws, insurance policies, etc. The consultant provided a summary of the interview findings and reviewed her recommendations with the ETS staff and Board.

As a result of the assessment, ETS staff has now determined its organizational capacity needs and priorities. The primary focus was determined to be Board development, with resource development coming next.

ETS took immediate steps in response to the consultant's assessment and recommendations. Board term limits were temporarily suspended to enable the organization to review each member's commitment and start with a clean slate. Board members signed commitments with much clearer expectations. Board meetings were increased from quarterly to bi-monthly to ensure greater Board engagement. All of ETS' current forms, insurance policies, and other legal documents were submitted to a *pro bono* attorney for review. Staff job descriptions were re-written. This is especially important because the former Executive Director, who moved into the Program Director position, announced plans to retire at the end of 2013. This meant that ETS had to prepare for a search to fill this important role.

ETS staff and Board members were very satisfied with the assessment process and its results. In her final report, the new Executive Director stated, "The consultant's 'bird's eye view' was the perfect way to gather information from Board members and staff, prodding when necessary, acting as 'bad cop' when appropriate, while always adding valuable commentary and guidance. Having someone from the outside looking at an organization can--and did--provide truly valuable insight."

Chicago Commons Association (Commons) is one of Chicago's oldest settlement houses. Commons operates a large Senior Care Program that provides in-home services for 1,000 south side seniors. Services include personal care, housekeeping, medication reminders, meal planning and preparation, shopping, and laundry.

Commons sought a grant from RRF's Flex Fund to implement a plan to make business improvements to its Senior Care operations. It received \$5,000 from RRF's Flex Fund for consultation to improve its staff's capacity to use data and technology that would improve the efficiency and quality of its home care services.

First, Commons retained a consultant to prepare the senior home care staff to accept changes that would occur if improvements were made in the program's management information system. The consultant conducted a series of staff workshops to create a culture of change. The workshops helped the staff understand and welcome the benefits of reducing paperwork and streamlining electronic information management. Commons' staff and the consultant worked together to use information generated by the agency's improved database to create standardized dashboard reports on quality of care.

Second, Commons' database vendor provided hands-on staff training, both in small groups and with individuals. Support from the vendor enabled Commons' staff to use the management information technology more effectively.

Commons reported impressive efficiency improvements. For example, the number of days from new referrals to first day of service was reduced from thirteen days (prior to consultation and training) to eight days. The goal is to reduce the lag time even further to six days. Commons saw a lower percentage of billings rejected by the State--down from two percent prior to the project to 1.5 percent thereafter. Commons expects even further reductions in rejected billings as quality improvements continue. The utilization rate (actual units of service compared to the total maximum possible units based on care plans) improved from 85 percent to nearly 90 percent. These improvements should put Commons in a better position to handle the transition to managed care, which is expected to occur very soon. This project was a good example of the value of the Flex Fund in helping an organization to acquire the necessary technical skills on a tight time line.

Two Grantees Complete Resource Development Projects

Two RRF grantees recently completed successful one-year organizational capacity building grants to develop and begin implementation of resource development plans.

Elderday Center is the only adult day center in the tri-cities area of Kane County (Batavia, St. Charles, and Geneva) and an important service to the community. Following completion of an organizational readiness assessment, funded through RRF's OCB Flex Fund, Elderday received an \$11,000 OCB grant in 2011 to focus on resource development. This capacity building need emerged as the highest priority, identified through the OCB organizational assessment.

The OCB grant enabled Elderday to retain a consultant to lead the resource development assessment and planning effort. The project was successfully completed. It resulted in the creation of a case statement/case book, an evaluation of current fundraising efforts, and creation of a three-year Resource Development Plan. The comprehensive Resource Development Plan included a detailed analysis of Elderday's current financial status and a set of realistic recommendations with benchmarks. It also included many examples of best practices in resource development.

Elderday recruited four new Board members and began ongoing training on resource development with its entire Board. At each meeting, the Board focuses on one component of its Resource Development Plan. The Board has formed new committees, based on priorities identified through the resource development planning process. Elderday has taken several steps to build greater community awareness. They include inviting existing and potential donors to agency events and speaking at funder events.

Elderday launched its first annual appeal during the grant period. It realized a 22 percent return rate on more than 300 appeal letters. This was a very good first step toward improving this important component of fundraising. The organization has identified new foundations to approach as well. The Executive Director indicated that

Elderday has a much stronger foundation for development efforts moving forward. She stated that the process “has allowed us to become proactive rather than reactive.”

During the grant period, Elderday experienced turnover in its Executive Director position. The new Executive Director requested an OCB coach, which is an option the Foundation offers and pays for over and above the grant. The OCB coach proved to be very valuable in guiding initial implementation of a donor relations/engagement plan, helping train staff on approaching foundations and donors, and establishing the next set of priorities.

DuPage Senior Citizen Council (DSCC) operates the only daily Senior Nutrition Program in DuPage County. Annually, the organization serves nearly 3,500 seniors with congregate and home delivered meals. For the past few years, DSCC has faced increasing financial pressure due to growth in the senior population (especially those age 85 and over and low-income), and extensive delays in payment by the state. With nearly 80 percent of its funding from government sources, DSCC knew that it had to diversify its revenue base.

In 2010, RRF awarded DSCC a \$32,840 organizational capacity building grant to retain a consultant who it had successfully used in the previous year for reorganization of its Board. The OCB project involved the creation and initial implementation of a strategic fundraising plan and the restructuring and strengthening of the Development Department.

The consultant successfully guided DSCC’s staff and Board through the strategic fundraising process. A comprehensive strategic development plan was produced. It involved a SWOT analysis (strengths, weaknesses, opportunities and threats), specific goals for each area of resource development, and a consolidated development calendar with assignments.

The plan's overall goal is to reduce government dependence, strengthen individual giving, and grow DSCC’s two signature fundraising events. DSCC hired a part-time Development Associate who has been especially helpful with DSCC’s fundraisers.

As part of its strategic fundraising plan, DSCC increased the number of Board members from seven to thirteen. With the addition of its new members, DSCC acquired many of the skills it needed in the areas of marketing and community connections.

Public Action Foundation and Illinois Alliance for Retired Americans Educate Seniors on Social Security

In 2011, RRF awarded a \$22,150 grant to the Public Action Foundation to work with the Illinois Alliance for Retired Americans on educating seniors about the history, purpose, impact, and financial structure of the Social Security Program. The six-month project had three objectives: 1) build a broader base of support for the Social Security Program; 2) develop new leadership for the Alliance by building a core group of seniors

as trainers/leaders on this issue; and 3) use the educational sessions to build the membership of the Alliance and its credibility as a voice for seniors.

Public Action and the Alliance fulfilled the project's objectives. They recruited and trained a core group of 12 new leaders. These seniors received content training on the Social Security Program and leadership and presentation skills. The new leaders conducted seven educational sessions (one more than anticipated) in the targeted areas: Aurora, Elgin, Peoria, Rockford, Schaumburg, Waukegan and Elmhurst. The sessions were held in libraries, senior centers, and community centers and used an engaging PowerPoint, prepared by Midwest Academy. The sessions covered how Social Security works, dispelled myths about insolvency, and provided information about how various proposals would affect Social Security, Medicare, and Medicaid benefits. After presenting the PowerPoint, the leaders discussed ways the audience could become involved with the Alliance and expand their civic engagement.

Compared to the pre-test (a quiz given as people came into the educational session), post-tests showed improvements in knowledge about the Social Security Program. For example, in the pre-test, questions on the solvency of Social Security were incorrectly answered by almost two-thirds of the participants. In the post-test, only four percent answered incorrectly. The leaders discussed the quiz at the end of each session.

The Alliance captured email and other addresses on seniors who attended, and it developed relationships with 15 new senior organizations. At the close of the grant, the Alliance had already engaged several seniors who had not previously been involved. They attended Springfield Day with the Alliance, collected petitions, and participated in media interviews.

Washington University in St. Louis Studies Effectiveness of Home Modifications

In 2008, RRF awarded a two-year \$127,645 grant to Washington University in St. Louis to conduct a feasibility study of the effectiveness of home modifications on improving daily activity performance, physical activity, and community participation among chronically diseased elderly with mobility impairments. This was a proof of concept study. The goal was to gather necessary data for a large-scale, multi-site, randomized controlled trial of home modifications for disabled older adults. The Principal Investigator's (PI) plan was to request funding for the larger study from the National Institute on Aging.

The RRF-funded study was part of the PI's Career Development Award from the Center for Disease Control. The study had four objectives: 1) improve the objective assessment of physical activity and community participation in the targeted older adult population, using actigraphy and global positioning systems; 2) determine the sustained effect of home modification by conducting a matched controlled trial on a sample; 3) share findings with the community through a stakeholder meeting; and 4) begin to develop a model for a national home modification program.

The study involved two cohorts totaling 53 participants (13 more than the target 40). After receiving a comprehensive in-home assessment, participants were randomized to an immediate active treatment group that received a tailored intensive home modification intervention targeted at improving daily activities, or to a control group that received social visits by an occupational therapist (and no home modification). Both groups were followed for six months, at which point all baseline measures were repeated. At the conclusion of the follow-up period, the control group from the first cohort was offered home modification treatment as part of the second cohort. These participants were then matched with a second wait list control group.

For both cohorts, the ability to perform daily activities and the presence of in-home barriers were measured, using the In-Home Occupational Performance Evaluation (I-HOPE). Activity level was measured by a SenseWear Pro3 Armband. This is a monitor worn on the upper arm that uses multiple sensors to gather physiologic data and calculate energy expenditure for tasks. The monitor was supposed to collect data over a 48-hour period. GPS technology to measure community participation was added for the second cohort. This involved the use of BlackBerry phones with tracking devices and the Physical Activity Location Measurement System (PALMS) that calculated the number of trips taken by a participant, the duration, distance, and the average speed of each trip.

The two treatment groups received a tailored home modification intervention with training on how to use the environmental enhancements. Interventions addressed between five and eight problem activities. Most frequently installed modifications included grab bars, hand railings on stairs, “toilevators,” step modifications, emergency phone systems, tub/shower benches, and various can/jar/bottle openers. Participants received an average of six visits over the course of treatment.

The two cohorts were similar in characteristics. More than 80 percent were female, and two-thirds lived alone. They had more disabilities than the general older adult population (age 65+). All had difficulty performing at least one daily activity.

There was significant improvement in performance of daily activities and satisfaction with performance for the two intervention groups, whereas it remained the same for the two control groups. Performance is defined as one’s ability to do activities of daily living (e.g., getting on and off the toilet, in and out of the shower, and dressing). However, the study did not find clinically significant changes in activity level for either group. Thus, there was no conclusive evidence that home modifications improved physical activity levels.

For the second cohort, the use of GPS monitoring was added to determine whether home modification improved community participation. The project lost data due to technology problems. However, it was able to gather data for a continuous 24-hour period for a small subset (a matched group of 18). Changes were calculated on the time spent at home, the number of destinations visited, the average duration at a destination, and the total distance traveled. The data showed an increase in community participation, compared to the control group. The intervention group visited more places at further distance. However, given the technology problems and the small sample, a

more robust study will be needed to determine any real link between community participation and home modification.

The project's team met with a group of 15 St. Louis area stakeholders, including occupational therapists, home modification service providers, social workers, independent living specialists, housing experts, and representatives from the local Area Agency on Aging. The group reviewed the study and identified key issues that need to be addressed to develop a better home modification service model. The stakeholders noted that there is little guidance for best practice in home modification delivery; the service is rarely provided as a fall prevention strategy or to avoid institutionalization. They noted that home modification demand is far greater than the capacity of organizations to meet it. Funding and program restrictions prevent optimal service delivery.

The project concluded that home modifications can improve the performance of, and satisfaction with, daily activities among a group of older adults with chronic conditions. It showed that it may be possible, with improved technology, to objectively measure activity level and community participation. The PI, Dr. Susan Stark, who is a well-respected occupational therapy researcher, is pursuing a number of future studies. They include: piloting the use of cell phone devices to collect additional information on community participation; testing a peer volunteer program to encourage older adults to accept home modifications; and conducting a clinical trial on home modification and fall reduction. Washington University in St. Louis has received two major grants related to fall prevention that use the assessments developed by the RRF-funded project. Two related research projects are pending--one with the Centers for Disease Control and the other with the National Institute on Aging.

Dr. Stark has submitted manuscripts on the project to *The Gerontologist* and the *Journal of the American Geriatrics Society*. She presented findings at the 2012 meeting of the Gerontological Society of America, the Occupational Therapy Science Summit, and the European OT Congress. She also conducted an eight-hour webinar for OTs to train them on home modification assessment and intervention.

UC Berkeley Continues Mills Longitudinal Study

University of California Berkeley's Institute of Personality and Social Research received a three-year \$158,736 grant to continue the Mills Study. This is a longitudinal study of a sample of women who were first enrolled in the study in 1958 or 1960, when they were seniors at Mills College in Oakland, California. The women, who were age 21 at the time, were invited to participate in a longitudinal study of women's adult development. This is an important project, both because women's lives have generally been understudied and because it underscores that successful aging can take many paths.

The Mills College sample initially included 123 women. After the initial data collection period, the women were interviewed and assessed again at age 43, 52, and 61. Assessments include psychological inventories, demographic information,

extensive open-ended questions, in-depth interviews, chronology charts of major life events, ratings of questions about many areas of life, and cognitive tests.

RRF's grant enabled UC Berkeley to extend the Mills Study further by following up on the women again at age 70. The specific goals were to: 1) study the diverse paths middle-age women took to achieve different kinds of well-being in old age; and 2) determine how these women's health, interpersonal, psychological, and economic factors in middle age (in their 50s and 60s) were associated with maintaining, catching up, or falling behind in their well-being at an older age. Three types of data were collected and compared to the existing longitudinal data: measures of psychological well-being; information about the participants' life paths since the age 61 follow-up; and demographic information.

Of the initial sample of 123 women, 108 are still alive. UC Berkeley was able to gather data on 100 of these women at age 70. The study found that there are three basic personality traits that predicted 50 years of women's work experience and retirement. These traits included measures of "extraversion," "conscientiousness," and "openness." The study found that the women who scored high on openness were least likely to be economically secure in retirement because their life choices favored interesting experiences over financial security. It found that women who scored high on extraversion wished to have an impact on the world outside their homes. They tended to enter the labor force earlier than their peers and enjoyed working. At 70, many of these women had delayed retirement. Those who had retired were doing more volunteer work than those who scored low on extraversion. The women who scored high on conscientiousness were found to have delayed their careers to support their husbands and the interests of their children. They married hard-working men and retired at a conventional age.

The data provided evidence that individual difference in aging well may combine with new situations occurring in middle age to provide opportunities for catching up and increasing their sense of well-being. The study separated women who experienced illness into two groups, depending on the timing of their first illness: the early-onset illness group (i.e., the first illness occurred from 52 to 60) and the later-onset illness group (occurred from 61 on). Both groups had low life satisfaction and poor regulation of emotion at the time of their worst health. Ten years later, their health problems persisted but their life satisfaction and emotion regulation returned to the normal range. However, the groups differed in personality, life circumstances, and how they regained life satisfaction. The early-onset illness group regained well-being through the development of generative interests (concerns for helping people). In contrast, the later-onset illness group tended to regain it by developing new relationships or recovering creative interests.

The study showed that marital satisfaction increased with age. Marital satisfaction increased early in women whose children left home while the mother was in early middle age, and later in women whose children left home in later middle age. The implication is that marriage gets better once the stresses of actively parenting have been overcome.

The study also explored patterns of change in purpose during retirement. Although the longitudinal analyses confirmed the general trend of loss of purpose from age 61 to 70, the decline held for only half of the women. The other half either stayed stable or even regained a greater purpose in life.

This important study concludes that older adults differ from each other in many ways, and new situations occurring in middle age may offer opportunities for catching up and increasing their sense of well-being. These findings should be taken into consideration in the design of approaches to serve older persons.

The study has been broadly disseminated through published articles, lectures, reports, and posters. The publications are listed on the Institute of Personality and Social Research website at millslab.berkeley.edu.

Older Adults Receive Orientation and Mobility Training

In 2011, RRF awarded a \$15,000 grant to Second Sense (formerly known as Guild for the Blind) to provide orientation and mobility training to ten older adults with recent vision loss. This program teaches seniors skills and techniques to enable them to navigate more safely from one place to another. The program's coordinator meets with each participant to discuss his/her motivation and mobility goals. Once individual goals are established, the participant is matched with a Certified Orientation and Mobility Specialist. The Specialist provides approximately 30 hours of individual training, usually in the participant's community. Examples of mobility techniques for which training is provided include: self-protective techniques to avoid injury when moving around indoors without a mobility device; human guide techniques (verbal and non-verbal techniques to use when depending on an escort); use of a cane for detecting information about the environment; auditory and tactile skills; and orientation strategies (how to plan travel routes and keep one's sense of direction while traveling).

The grant enabled Second Sense to provide up to 270 hours of Orientation and Mobility training for ten seniors who live in Cook, DuPage, or Lake County. The seniors ranged in age from 67 to 96 years old; the median age was 84. Seven of the ten seniors completed the training. Three could not complete all 30 hours due to health issues or waning commitment. Of the seven who completed the training, four met all their goals. Others met between 30 percent and 60 percent due to barriers such as resistance to the use of the cane, health setbacks, or balance problems.

The final report provided examples of the progress participants made. One of the men had been afraid to leave his house and was embarrassed to use his cane. After completing the training, he not only accepted the need for using the cane, but also felt more comfortable discussing his blindness with others. He now uses his new skills in his position as a hospital chaplain and travels easily around his Hyde Park neighborhood.

The project underscored the importance of helping clients recognize goals that may sometimes be unsafe. One 90-year old participant was considered too frail to meet her goal of being able to use public transportation. The mobility instructor helped the

participant feel less guilty about her limitations, and together they revised her goals. The woman now walks independently to certain destinations, including her hairdresser, the mailbox, bank, and other familiar locations within her neighborhood. She now uses senior transportation or accepts travel assistance from friends to meet other needs. In 2012, Second Sense was awarded a second \$15,000 grant to work with ten more low-vision elderly.

Note: RRF staff takes much of the information for Grant Briefs 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. While we encourage candor, we recognize that grantees tend to report results in the most positive way.