

GRANT HIGHLIGHTS

JUNE 2011

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

University of Georgia Studies ElderSpirit Community

In 2005 with support from RRF, the Federation of Communities in Service developed ElderSpirit, a 29-unit co-housing community in Abingdon, Virginia. Co-housing is a type of collaborative housing in which residents actively participate in the design and operation of their own community. ElderSpirit consists of 16 units that rent at a monthly price of \$300 to \$485, and 13 homes ranging in price from \$90,000 to \$113,000. It is a shared community with a philosophy of neighbors helping neighbors. It has a strong emphasis on spirituality although it is non-denominational. Since its opening, ElderSpirit has generated considerable interest from groups seeking to replicate this co-housing model. In response, the Federation of Communities in Service has provided technical assistance to many communities in their planning for replication.

In 2007, RRF made a three-year \$92,388 grant to the University of Georgia Research Foundation to evaluate the ElderSpirit Community. The goal was to determine if ElderSpirit, as an intentional co-housing community, has met expectations and maintained or improved quality of life for its first residents. The project explored whether, and in what ways, a sense of community has evolved among the residents of this intentional community, how living "in community" has affected communal coping and quality of life for residents, and how non-kin support has been cultivated.

This longitudinal study was conducted over a three-year period. It used an ethnographic and open-ended approach of in-depth interviews to gain an understanding of how the community was chosen and interpreted by the residents. Interviews were conducted as a baseline and repeated annually for three years with 43 residents. This included 34 of the 39 initial residents and an additional nine residents who moved in later.

The project produced a 100-page final report with qualitative and quantitative data on the initial, intermediate, and longer-term experiences of the ElderSpirit residents. The study found nearly 100 percent satisfaction and self-reported good quality of life among the residents. They reported benefits of not being isolated at this stage of their lives. Satisfaction levels improved over time as residents indicated they had to "get to know one another" well enough to allow initial irritations about fellow residents to resolve themselves. The sense of community, availability of mutual support, and the physical town and surroundings received the highest ratings.

The study asked residents which aspects of ElderSpirit they felt contributed to quality of life. The key aspects included an ability to remain independent and to manage for oneself, living with friendly and compatible people, an opportunity for meaningful activities and learning, having someone to call in case of an emergency, and the communal way in which decisions were made. Surprisingly, physical and mental health as well as functional status of residents remained constant over the three-year period under study.

Of 32 residents studied in 2010, 70 percent said ESC met or exceeded their expectations, while 30 percent said that it did not quite meet all of their expectations. All but one resident rated the experience positive enough to recommend co-housing to others.

The study provided many observations about ElderSpirit as an evolving housing model. It noted that it took two years for start-up administrative and organizational issues to be sufficiently addressed to allow residents to begin to have a sense that the community was functioning as they had hoped and to be able to relax and enjoy their lives there. The administrative and organizational issues took significant committee work among the initial pioneers. The report makes several recommendations on ways to handle specific organizational challenges.

The study noted that combining public funds to subsidize lower-income renters with private financing of home purchasers created tensions within the community. It recommended future developments rely solely on one or the other financing option. The report recommended that communities like ElderSpirit require new residents to be completely or largely independent when they move in to assure a balance of those needing help and those able to provide it in the future. However, this approach would likely preclude the use of federal housing subsidies, which would prohibit discrimination based on level of disability. Also, without mixed financing, this co-housing model would not be available for lower-income elders.

The study recommended residents be required to sign admission agreements as a way of documenting their agreement with the idea of communal support. The agreements should specify the level of participation expected of residents.

The project produced a series of recommendations that will benefit new communities considering various co-housing models. For those interested in the ElderSpirit model, the report may particularly help avoid certain problems (even with regard to layout and use of space) and provide realistic expectations about the start-up experience. A paper based on the study was published in the *Journal of Housing for the Elderly*. The study has also been presented at national conferences such as the Gerontological Society of America.

Hospitals Trained to Develop Palliative Care Programs

In 2007, RRF made a one-year \$50,000 grant to the Medical College of Wisconsin Palliative Care Leadership Center to encourage the development of palliative care programs in hospitals and academic medical centers. Palliative care focuses on managing pain and providing comfort for those with chronic conditions and life-threatening conditions. Only about 30 percent of all hospitals have palliative care programs.

The objective was to train 14 hospital teams from across the country during the one-year grant period. RRF's grant provided a portion of the match required for a three-year \$375,000 grant from the JEHT Foundation. JEHT provided the funds as expected although the foundation closed shortly thereafter.

The Palliative Care Leadership Center exceeded expectations. It trained 41 hospital teams from 21 states and all parts of the country. The increase in participation is attributed in part to the Center's new partnership with the Veteran's Administration.

The training involved two days of intensive workshops on all operational aspects of a palliative care program--from initial development to sustainability. It covered personnel, financing, and marketing. After training, each hospital team received up to 18 months of mentorship.

It was too early to report on the number of new in-hospital palliative care programs that were developed by this cohort of trainees. However, the Center reported 75 percent of teams previously trained had implemented a palliative care program within two years of training. This bodes well for the 41 hospitals trained during the grant period.

Two New "NORC" Programs Established in Sarasota, FL

In 2008, RRF made a two-year \$90,441 grant to the Jewish Family and Children's Services of Sarasota-Manatee (JFCS) to establish two new "NORC" Programs for seniors in the southern part of Sarasota County. "NORC" stands for Naturally Occurring Retirement Community. A NORC is a building or a neighborhood in which large numbers of adults have lived over a long period of time and naturally age in place. NORC programs empower residents to become actively engaged in their community by providing meaningful activities to enhance social interaction, help maintain health and wellness, and provide information and assistance.

RRF funding enabled JFCS to add two new NORC sites to the four it was already operating in other parts of Sarasota County. The new sites are home to lower-income seniors and located in an area where there are fewer services. They include Villa San Marcos, a Section 202 subsidized senior housing development, and Villa San Carlos, a mobile home park. These two sites have a combined population of 150 low-income seniors.

JFCS successfully met all of the project's objectives. A total of 135 seniors participated in the NORC programs. This included at least 60 percent of Villa San Marcos residents and 70 percent of Villa San Carlos. NORC activities included social events, outings, educational programs, and information and assistance. A part-time NORC Coordinator worked with small groups of residents, facility managers, and resident volunteers to plan activities of interest to the seniors.

At Villa San Marcos, an active, all-volunteer resident council was formed. The group partnered with the Venice Regional Medical Center and Senior Friendship Centers (a former RRF grantee) to offer wellness programs, health education, meals, and computer classes. It ran Matter of Balance, an evidence-based fall prevention program and a mental health support group, staffed by a JFCS social worker. The council continues to plan gatherings even though funding has ended.

At Villa San Carlos, NORC staff assumed more responsibility for organizing activities since no resident council was formally established. A small informal group of residents volunteered to organize potluck dinners and social activities. JFCS partnered with Peace River Hospital to offer wellness programs, and volunteers led a falls prevention class. The JFCS social worker provided individual mental health counseling.

JFCS was skilled at breaking down ethnic barriers that had developed between Latino and Caucasian residents. The increase in participation over the course of the grant demonstrated greater cohesion among the elders and helped prevent isolation that otherwise may have occurred. The addition of counseling services, which are not always easily accepted, and the commitment by JFCS to continue these services is noteworthy. The partnership with other nonprofits, which will continue offering services to seniors from these two sites, is also promising.

“CARE” Helps St. Louis Elderly Prevent Frailty and Disability

In 2006, the School of Medicine of Washington University in St. Louis was awarded a two-year \$55,000 grant to conduct Project CARE (**C**ollaborative **A**ssessments to **R**evitalize the **E**lderly) as an enhancement to its Community Outreach Program. CARE is an interdisciplinary program that delivers educational and lifestyle modifications for community-dwelling elders to prevent frailty and disability. CARE targets three risk factors for frailty and disability: impaired mobility/balance; low bone density; and low mood.

A mobile program, CARE deploys teams of geriatricians, nurses, social workers, pharmacists, students, and volunteers to senior housing and community centers. The program involves staff, students, and volunteers from Washington University School of Medicine and its Occupational and Physical Therapy Department, Barnes Jewish College School of Nursing, St. Louis College of Pharmacy, and George Warren Brown School of Social Work.

CARE uses validated assessment tools such as the mini-Physical Performance Test, an x-ray absorptiometer for bone density, and the Patient Health Questionnaire-9

for mood assessment. Following the initial assessment, the CARE team develops individualized CARE plans for each participant, specific to his/her targeted conditions. Assessments are repeated over an 18-month period at regularly scheduled intervention visits. During these visits, the team reviews with the participants a set of recommendations and strategies to reduce frailty and disability. Participants are given tools and supplies such as calcium and vitamin D for bone density, an exercise manual and resistance bands for mobility/balance, and educational information for lifestyle modification. Participants who screen positive for depressive symptoms are offered problem-solving therapy, delivered by a trained counselor in the privacy of their homes.

During the grant period CARE followed two cohorts of participants over an 18-month period: 66 in the first cohort and 21 in the second. The mean age of the participants was 77 years old. Ninety percent were women and 49 percent were African-American. Most were low-income and lived in HUD-subsidized senior housing.

Assessments found that CARE made a positive difference in the health of its older participants. There were similar results for both cohorts. CARE intervention resulted in maintenance of bone density and improvement in physical performance. Preserving bone density is of particular note because the average rate of bone density loss for this age group is two to four percent per year.

Participants showed improvements in their mini-Physical Performance Test scores. Further, mood assessment showed positive results. Nearly 29 percent of the first cohort and 34 percent of the second cohort with depressive symptoms showed improvements. Two-thirds of those receiving problem solving therapy improved.

The project surveyed participants about their opinion of the CARE Program. Many responded positively with comments such as "I love it because I didn't think anybody cared about my health, and "CARE comes to us, gives us time, and talks to us in understanding language."

As a result of the grant, the Community Outreach Program has developed a nine-month program based on the same structure as the 18-month program. At the close of the grant, the program had already enrolled three senior sites for assessment and follow-up and had plans to participate in many local health fairs and senior expos.

The project was successful at implementing a very cost-effective method of geriatric assessment and intervention that promises to help community-dwelling seniors at risk for frailty live as independently as possible. The project also provided valuable on-the-ground experience for students in the health care professions.

St. John Evangelical Lutheran Church Improves Accessibility

St. John Evangelical Lutheran Church is a 900-member, low-middle income congregation located in Forest Park. Approximately 25 percent of the congregation is composed of older adults. The church provides several fellowship and volunteer activities for its members. It also serves as a PADS site (overnight shelter for people who are homeless).

In 2009, St. John Church received a \$30,000 Accessible Faith grant to install an enclosed platform lift that would provide access from the parking lot to the sanctuary and the second floor. Prior to the Accessible Faith grant, there was no accessible means of getting to the second floor, which has the gym, kitchen, and offices. Many events, as well as the PADS shelter, are located on the second level.

The installation of the platform lift was completed on time and even came in under budget. The congregation was able to save by putting the project out for several bids and selecting a reputable lift manufacturer whose price was 37 percent lower than the others.

Seventeen years ago, St. John Church had started a special fund for this lift project but had not made much progress. The Accessible Faith grant was just the catalyst the congregation said it needed to complete the fundraising. In just three months after the grant was announced, the congregation raised the remaining funds it needed to complete the work.

Two Grantees Succeed at Organizational Capacity Building

RRF's Organizational Capacity Building Program (OCB) continues to help nonprofits serving the elderly strengthen and sustain their operations. Two OCB projects were successfully completed over the last few months.

The first, the Norwood Seniors Network Association, operates long-term care facilities and community-based programs on the northwest side. Its newest is the Norwood Senior Center, a "satellite" senior center run in partnership with the city of Chicago.

RRF made a relatively modest \$2,500 OCB grant to the Association shortly after it opened the Norwood Senior Center. The Center wanted to develop a business plan to get off on the right foot and secure its future. The Center used RRF funds to obtain consultation from the Executive Service Corps (ESC) on identifying the appropriate market for clients in its target area; possible services and programs; strategies for engaging clients and community partners; and setting financial objectives for sustainability.

ESC consultants produced a preliminary business plan for the Center. The plan outlines specific objectives the Center can strive to meet in marketing, fundraising and programming. The plan recommended priorities for early implementation of recommendations. It suggested establishing an advisory board to provide oversight and set program criteria for the Center and securing an intern to assist with implementation. It recommended testing the concept of a concession stand as a potential revenue source and securing corporate sponsorships. It also provided suggestions on ways to establish the satellite as a public center for the community.

The Center's staff has begun implementing several of the recommendations. It has successfully recruited an advisory board and a student intern from North Park

University. The Center has submitted a permit application to operate a food concession stand. A marketing brochure has been printed. The Center has successfully secured its first corporate sponsorship, resulting in \$7,000 from Resurrection Medical Center. A website has been created (www.npseniorcenter.org) as well as a Facebook page.

The Center worked with an OCB coach during the course of the grant. The Director reported the coach was a very helpful part of the grant. The coach “asked good questions, helped identify resources, and kept the discussion focused on goals.”

The Center commended ESC’s consultation. The Norwood Senior Center’s Director noted ESC consultants were very committed to the project, met the timeline, produced high caliber work, and provided valuable expertise from a “for-profit” vantage point. He said “this is just what the organization needed at this time.”

The second was a three-year, \$93,610 Organizational Capacity Building grant to the Northwest Side Housing Center (NWSHC). The goal of the grant was to help NWSHC build its organizational capacity in resource development, marketing, and technology.

With RRF funding, NWSHC was able to hire a part-time development director for the first time. During the grant period, NWSHC raised \$637,000 from 12 new funding sources. This included \$325,317 from government sources, \$226,522 from private foundations, and \$85,500 from corporate funders. NWSHC also raised \$28,000 from individuals through annual campaigns and fundraising events. The Center plans to sustain the development position without RRF funding.

NWSHC’s marketing efforts were successful at increasing the visibility of the organization. With RRF funding, NWSHC designed and launched a website, available in English, Spanish, and Polish. It also created a new logo and designed and printed a brochure and other marketing materials in English and Spanish. It invested in printing equipment so it can continue to produce materials in-house. The equipment was purchased with funds from another donor.

NWSHC experienced a 1200 percent increase in clients during the grant period. The growth could be attributed in part to the organization’s more active marketing, as well as its move from a church basement to a store front along a main street that improved its visibility. However, a major factor in its growth can be attributed to the availability of critical foreclosure and housing counseling assistance NWSHC was able to provide because of increased government and private funding.

NWSHC also improved its board development during the course of the grant. The size of the Board increased from five to eleven, and committees were formed. NWSHC also established an expectation that all members of the Board make a financial contribution. As a result, 100 percent now contribute.

In its final report, NWSHC emphasized the value of OCB coaching. It provided many examples of assistance provided by the coach and encouraged other OCB grantees to avail themselves of this OCB Program feature.

The report also noted the importance of the timing of an OCB grant. In this case, the OCB grant was awarded right before the escalation of the foreclosure crisis. RRF funding enabled NWSHC to position itself as a key provider of housing services in the community and enabled it to take advantage of significant funding opportunities at the time. This included federal stimulus money and funding from the U.S. Department of Housing and Urban Development and Illinois Housing Development Authority. NWSHC was also able to attract private funders interested in foreclosure and other housing counseling services the Center was able to provide.