

GRANT HIGHLIGHTS

MARCH 2015

Rainbow Hospice Develops Comfort Care Program for Nursing Home Residents with Advanced Dementia

In 2011, Rainbow Hospice and Palliative Care (RHPC) was awarded a three-year, \$273,395 grant to develop a specialized program, known as %Comfort Care,+ for persons with advanced dementia and their families. This dementia-specific hospice and palliative care program would become one of only five in the nation, and the first in the Midwest. In the first year, RHPC planned to train its entire staff and direct care volunteers to develop expertise in comfort care for persons with dementia. In the second and third years, RHPC planned to work with four nursing homes (two per year) to improve their care for residents with dementia and their families. The dual goals were to improve care for the growing number of persons with dementia and develop RHPC's expertise so that it would be able to sustain its dementia care program through an increased number of referrals.

RHPC met, and in some cases exceeded, all of the project's objectives. In the first year, RHPC trained 226 of its staff and volunteers (unduplicated count). The training program, which was later used with four nursing homes, consisted of six modules, totaling 12 hours. It was based on a program developed by The Beatitudes and Hospice of the Valley in Phoenix, Arizona, which has used it successfully for several years. RHPC offered each training module at five different times to accommodate staff schedules and grouped participants according to disciplines. Pre- and post-training tests showed significant improvements in attitudes and comfort in caring for people with advanced dementia. The gains were sustained at six and twelve months.

Through RHPC's request for proposal process, four nursing homes were selected to participate in training and consultation. Memoranda of understanding were signed with each. The Abington and Central Baptist Village participated in the second year of the grant and Bethany Terrace and the Moorings of Arlington Heights in the third year. RHPC recruited and convened %Champions+ who were responsible for encouraging participants to complete the training, provided feedback on the program, and kept it on course. Five small groups of Champions (one from RHPC and one from each nursing home), from several disciplines, met together monthly and continue to do so beyond the grant period. The Champions recommended 22 characteristics of a %dementia-friendly+ hospice, which have been used with the participating nursing homes.

As planned, RHPC trained at least 85 percent of all direct care staff at each of the four nursing homes. Each module was repeated a few times to accommodate shift changes. Pre- and post-training tests were administered. Participants showed significant improvements in attitudes and comfort in caring for people with advanced

dementia. In addition to formal training, RHPC medical and nursing staff conducted at least 16 palliative care consultations with each of the facilities.

RHPC used the Artifacts of Change Assessment Tool to evaluate each nursing home at the onset, then at six and 12 months. The tool consists of 46 dementia-specific standards of care, endorsed by the Centers for Medicare and Medicaid Services and distributed by the Pioneer Network. There was considerable progress in meeting the standards, and improvement was maintained by most of the nursing homes.

Although each nursing home set specific goals, many were common to all four. Three of the four nursing homes sustained reductions in the use of psychotropic drugs at 12 months. For one of the homes, usage dropped from a high of 54 percent at baseline to 27 percent at 12 months. A second dropped from 28 percent to 13 percent; and a third from 16 percent to eight percent. Only one nursing home maintained the same usage. The use of analgesia improved significantly for two of the three nursing homes that reported on this particular goal. Completion of POLST forms also improved considerably.

RHPC exceeded its objective of working with at least 60 families of residents from the four nursing homes (a minimum of 15 per site) to educate them about the benefits of palliative care and involve them more in their loved ones' care planning. More than 400 family members attended various educational activities. Education took several different forms, e.g., family-focused groups; lunch and learns; sessions on how to incorporate music and compassionate touch into dementia care; and how to handle challenging behaviors. A more extensive three-part series on dementia for family caregivers was held at one of the participating nursing homes.

RHPC also exceeded its objective of increasing the number and percentage of RHPC patients admitted with a primary diagnosis of dementia. The goal was to increase from 12.4 percent at baseline to 14.4 percent by the end of the grant period. RHPC saw an increase as essential to sustaining its dementia care program. By the end of the grant period, RHPC reported an overall increase of 48 percent in the number of people admitted with a primary diagnosis of dementia, or 17 percent of its total patients. There were 306 patients with a primary diagnosis of dementia vs. 216 at baseline. The number of days of care for patients with this diagnosis rose from 22,592 to 44,454, exceeding the target of 39,169 days.

Although not initially planned, RHPC developed four guides that it felt were needed by nursing home staff and families. They include: *Dementia Best Practices Guide*, *Caring for Someone with Dementia*, *Visiting Someone with Dementia*, and *Empowerment through POLST*. RHPC has widely disseminated these guides through its website, the State Office of the Ombudsman, community education events, and conferences.

Once the grant ended, RHPC planned to continue its *Dementia with Dignity Program*, which is the new name for its comfort care program. The organization hired a Director of Dementia Services. The Director has been working with hospice clinical managers and interdisciplinary team members to identify specific skills and additional training needed. Dementia training revisions will focus on communication; use of

sensory interventions; family supports; specialized interventions at end of life; and use of non-pharmacologic approaches. RHPC will require staff to be credentialed on dementia and end of life care proficiencies. The Dementia Champions groups will become more involved in internal and nursing home training. RHPC clinical teams will consider strategies to support best practices in the four nursing homes that participated in the program, and expand to other long-term care facilities in which RHPC cares for patients in the final stages of dementia.

Low-Vision Seniors Improve Orientation and Mobility

In 2013, Second Sense received a third-year grant of \$15,000 to conduct orientation and mobility training for eight to ten older adults with vision loss. The goal of the program was to help these elders develop the skills and confidence to navigate safely from one place to another.

As a result, seven seniors received full orientation and mobility training, and nine received more specific, skill-based training. Clients ranged in age from 65 to 90; the median age was 72. Each client received a comprehensive assessment by the Director of Adult Rehabilitation who gauged each client's current skill level and confirmed the participant's goals. Although unique and specific to each person's environment, the goals generally fell into five categories: self-protective techniques when walking or navigating indoors without a mobility device; human guide techniques; cane use; auditory/tactile skills; and orientation when traveling.

Six of seven clients who received the full orientation and mobility training met at least 75 percent of their goals. One client met only 45 percent. Her goal of using public transportation to get downtown and use airport travel was too ambitious. Seven of the nine seniors who received skill-based training completed all goals. One completed 75 percent, and the other 50 percent. The confidence level for all clients from pre- to post-training increased from 2.7 to 4.1 (five-point scale).

During the three-year period, Second Sense made a number of program refinements. It improved client retention by honing the screening criteria. It also modified the time line to avoid delivering training in the winter months when it was more difficult for seniors with low-vision to participate.

Elderday Center Improves HR Practices

In 2012, RRF awarded a one-year, \$7,519 grant to Elderday Center to support organizational capacity building in the area of human resource (HR) management. Elderday Center is the only adult day center in Kane County's tri-cities area (Batavia, St. Charles, and Geneva). Elderday's objectives were to investigate and deploy an effective HR model for its organization. It planned to review job descriptions, staff roles, and staffing patterns to determine their effect on the agency's overall performance and improve HR policies and procedures (e.g., performance review process, clarification of expectations in the employee handbook, etc.).

With RRF funding, Elderday was able to retain the Executive Service Corps (ESC) to serve as project consultants. ESC's team assessed Elderday's internal data and interviewed the organization's staff and board to understand current HR practices. ESC produced a report with a summary of findings and a set of recommendations for improvements in HR management and reviewed them with Elderday's staff and board. The consultants helped Elderday begin to implement the recommendations.

Elderday joined the Management Association of Illinois, an HR technical assistance provider. An association membership allows access to an HR hotline, which connects nonprofit leaders to HR experts for confidential discussions around complicated personnel questions. It also provides access to standardized templates and tools for HR matters. Elderday used the HR hotline several times on issues such as leaves of absence and workers' compensation. The Association's templates were helpful in supplying appropriate wording on official correspondence with staff around employment terms.

As a result of the grant, Elderday began to handle staffing and personnel issues, in a more formalized manner. The agency focused on several of ESC's recommendations, including updating its employee handbook with clearer guidelines for leave of absence policies and applying the policies to specific situations. It began to standardize the performance review process; revise job descriptions to more accurately reflect the work being done and then use the descriptions in conjunction with the evaluation process. The organization also began to develop a clearer rationale for job-sharing; and restructured staff around program and social work functions. Elderday recruited a new board member with a background in HR to help fill this important gap.

Elderday's Executive Director chose to be matched to an organizational coach. Coaching is a special feature of RRF's Organizational Capacity Building Program. The match turned out to be very effective, with the coach serving as an external, neutral, and confidential resource.

Altarum Institute Promotes Improvements in Care Planning

In 2013, RRF awarded a \$15,000 grant to Altarum Institute (a health systems research and consulting organization) to assess the status of care planning in the U.S. and develop and test care planning models in actual practice settings. The project began with an environmental scan. Through its scan, the project's team concluded that care planning is under-developed and disorganized and the field lacks tested and proven, efficient and effective care planning systems. Particularly, the field lacks patient-driven care planning models.

Several care plans were identified and strengths and limitations analyzed. They included PACE, Life Course at Alina in Minneapolis, and others. Based on its findings, Altarum's team began to build its own theoretical model for care planning. The model includes a list of domains for comprehensive assessment, desirable elements, and a care plan flow chart. The team has begun identifying healthcare systems in which to test its model.

During the grant period, Altarum's team had extensive involvement with the VA and its geriatric clinic. The team observed care planning sessions, learned about software problems, and identified VA regulations that impeded better care planning. The team conferred extensively with the VA staff to improve care planning.

Altarum's team also conducted a study of Georgetown Retirement Home to learn the priorities of frail elders who reside there and determine how these priorities should be reflected in care planning. The study contributed to a comparison of different care planning approaches and settings. At the end of the grant period, Altarum was pursuing ways to continue its work in care planning.

Bazon Center Monitors Illinois Class Action Case on Community Integration for Adults with Mental Illness

In 2013, RRF awarded a \$7,500 grant to the Judge David L. Bazon Center for Mental Health Law to monitor implementation of the settlement of the *Williams v. Quinn* case. *Williams v. Quinn* was a class action case involving community integration claims on behalf of nearly 4,000 individuals with mental illness who reside in Illinois institutions for mental diseases (IMD). An IMD is a type of intermediate care nursing home. With previous RRF support in 2010, Bazon and its partners won a settlement which requires Illinois to provide options for permanent supportive housing with services for IMD residents. Many of these residents are older adults who have languished in IMDs for several years and would probably have benefited by living in the community with supportive services.

The purpose of RRF's grant was not only to enable Bazon to ensure that Illinois is complying with the court settlement, but to use the Illinois experience to inform similar actions in other jurisdictions. Many states have pending cases, and advocates have been watching and learning from the *Williams v. Quinn* case.

Bazon has continued to be an effective advocate by vigilantly monitoring the state's implementation of the court's mandate. Nearly 1,000 adults previously living in IMDs have transitioned out and are living with supportive services in the community. Bazon has noted system improvements such as better assessment of class members and the state's expansion of the types of community-based mental health services it covers. Skills training to help individuals with mental illness who need daily living skills has also been enhanced, and peer support is offered at drop-in centers. Physical and mental health care for individuals with mental illness and complex medical needs is integrated better.

However, the need to continue monitoring the state's compliance is evidenced by certain practices that persist. One of the greatest challenges has been to ensure that class members receive accurate information about their options and are not intimidated by the staff at IMDs. Nearly half of the class members have declined to exercise their right to be assessed for community living options. One of Bazon's trial experts examined outreach practices and interviewed class members who had refused assessment. The expert made several recommendations to improve outreach to IMD

residents. As a result, the state has begun to recruit ambassadors, former IMD residents who have successfully moved into supportive housing, to enhance outreach and encourage their peers to exercise their options.

A second challenge has been overcoming the apparent resistance by class members/guardians to an assessment of their wards. Bazelon has contacted many guardians to explain community living options and clarified the assessment process. Several guardians have begun to support their wards' exercise of rights related to this decree. During the next few years, Bazelon will continue to ensure full implementation of the settlement in this landmark case.

Nova Southeastern University Tests Intervention to Reduce Sleep Disturbances of People with Dementia

In 2012, RRF awarded an 18-month, \$126,353 grant to Nova Southeastern University (NSU) to test a non-pharmacologic intervention that would improve sleep among individuals with dementia. The objectives were to demonstrate a significant improvement in patient sleep and a reduction in caregiver depression and burden. The project planned to enroll at least 46 caregiver/patient dyads, with the expectation that at least 30 dyads would complete the program. The project involved a pre-post study design in which each patient and caregiver served as his or her own control.

The participants included family caregivers whose loved ones attended adult day care programs in Broward County, Florida. Prior to participating in the program, the caregiver met with the Sleep Educator for 20 to 30 minutes to complete the enrollment forms, which included an informed consent, a sleep disorders Inventory to assess frequency of nighttime disturbances, and a pre-intervention survey to assess caregiver depression and burden. The intervention included six group sessions, offered weekly at the adult day care center, based on the caregivers' schedules. It involved a combination of bright light exposure, exercise, and sleep practice. The Sleep Educator made follow-up phone calls every two weeks to offer support, assess progress, and answer questions. Tools were adapted from NITE-AD, a curriculum developed by Dr. Sue McCurry, and the *Manual for Cognitive Behavioral Therapy for Sleep Problems in Patients with Dementia*, by Drs. William Wohlgemuth and Raymond Ownby.

Unfortunately, this promising project faced challenges in enrolling participants despite the good intentions of partner organizations, including a local senior center, a continuing care retirement community, and the Alzheimer's Association, that had agreed to assist with recruitment. NSU was only able to enroll 14 participants, or seven dyads, which included Hispanics, African Americans, Caucasians, and an Asian. The average age of participants was just over 71.

The project used a variety of tools such as the CES-D, the Zarit Burden Survey, and the Sleep Disorders Inventory to measure changes in sleep disturbances and effect on caregivers. Given the limited number of participants, the project could not draw any real conclusions. However, there was some improvement in patients' sleep disorders

following program participation as well as improvement in caregiver depression scores. There was no evidence of improvement in caregiver burden scores.

Study Indicates Federally Qualified Health Centers Provide Cost-Effective Primary Care to Low-Income Elderly

In 2012, RRF awarded a \$71,532 grant to Brown University to conduct research on the complex question of whether, and to what extent, federally qualified health centers (FQHCs) deliver quality care to high-need dual eligible patients. Dual eligibles are low-income elderly and people with disabilities who receive both Medicare and Medicaid to pay for their health care. They are typically among the sickest, poorest, and most expensive to treat.

Historically, FQHCs have not served large numbers of older adults. However, numbers are expected to increase significantly as states look for ways to reduce Medicaid expenditures and will likely depend on FQHCs for help. Thus, the timing was ripe for this research.

The research involved three steps. In the first, the 2007 to 2009 Medicare Enrollment File and Part B (outpatient) Medicare claims data were analyzed to identify dual eligibles who used FQHCs and those who did not. FQHC users were defined as any patient with at least one FQHC visit during a given calendar year. Users and non-users were compared on age, sex, race, geographic area of residence, urban vs. rural location, and prevalence of chronic conditions.

In the second step, Medicare Part A Claims Area Resource File data were searched for total emergency room visits and hospitalizations associated with diagnostic codes for ambulatory care sensitive conditions in FQHC users vs. non-users. In the third step, Medicare data were linked with data about the communities where subjects lived. The investigator completed multiple regression analyses with the number of FQHC visits as the independent variable to control for individual and community characteristics that shape hospital service use. Comorbidity, age, sex, and race were studied. Health system characteristics and community variables were controlled for area income; proportion of non-white; proportion of uninsured; urban vs. rural; number of non-federal, office-based primary care physicians; number of short-term general hospital beds; and number of FQHCs.

The study found that more than 10.2 million dual eligibles were living in an area of the U.S. that had an FQHC. Receiving care in a FQHC was found to be associated with 30 percent lower chance of being hospitalized for an ambulatory care sensitive condition and a 14 percent lower chance of an emergency room visit for such conditions. The same probability was found to be true for non-elderly dual eligible patients, although their benefit was somewhat lower than that of elderly duals. The finding held whether use of an FQHC was measured as any single visit within the study period, or defined as a total of all FQHC visits. The percentage of all primary care visits that dual eligibles have at an FQHC remains unanswered. A much larger dataset

would be required to study this question. The investigator plans to apply for federal funding to undertake this larger study.

The study also found that there are 3.1 million dual eligibles who live in an area with a FQHC but do not use this resource. If they did, it would prevent an estimated 25,568 emergency room visits and 47,291 hospitalizations for ambulatory care sensitive conditions. The investigator drew these conclusions by examining some variables to measure comparability. After controlling for environmental differences, he found that one subgroup of older adults who used FQHC services had lower health services use associated with ambulatory care sensitive conditions than the same subgroup who did not use an FQHC.

This project was an important first step in studying the important, but complex question of whether FQHCs deliver quality care to high-need, dual eligibles. Papers have been submitted to peer-review journals. Findings will be shared with advocacy groups and entities that shape health policy for dual eligibles and FQHCs, including the Centers for Medicare and Medicaid Services and the Health Research and Services Association.

Rehabilitation Institute of Chicago Provides Measurement Tools for Clinicians Treating Older Adults

In 2011, RRF awarded a three-year, \$146,454 grant to the Rehabilitation Institute of Chicago (RIC) to increase the number of outcomes instruments in the Rehabilitation Measures Database (RMD) that are relevant to older adults and educate clinicians on the selection and administration of appropriate assessment instruments to use during their rehab work with elders. As a result of the grant, RIC completed 103 new instrument summaries and added them to the RMD. The summaries addressed conditions including osteoarthritis, cognitive impairments, cardiopulmonary disease, Parkinson's disease, urinary incontinence, and balance deficits or falls. RIC also updated 61 instruments that were already in the RMD to include older adults.

Creation of the instrument summaries involved collaboration between RIC, academic facilities and professional organizations. Physical and occupational therapy students at eight universities created instrument summaries as class assignments. These summaries were edited by RIC staff before being added to the RMD. The Texas Physical Therapy Association and the Evaluation Database to Guide Effectiveness Groups also assisted RIC with instrument summaries. RIC collaborated with the Musculoskeletal Outcomes Research Collaborative on summaries specifically for spinal stenosis/low back pain.

RIC conducted three webinars and archived them on the RMD. The first was on fundamentals of measurement in rehabilitation for older adults. The hour-long presentation demonstrated the selection of instruments from the RMD and interpretations of scores by considering information on measurement properties of validity, reliability, and clinical utility. The second was on demystifying Rasch analysis for clinical application. Rasch analysis is increasingly used in research to determine

psychometric properties of assessment instruments but is unfamiliar to many clinicians. The third webinar, presented by an occupational therapy professor at University of Illinois Chicago, focused on using client-centered practice and Patient Reported Outcome Measures (PROMs). PROMS provide clinicians with an efficient method to assess a patient's perspective of his/her own progress. PROMS are the focus of many research studies and are used in some clinical practice settings but are relatively new to rehab. In total, nearly 750 clinicians participated in the webinars. Webinar evaluations were overwhelmingly positive, and many clinicians have been using the archived versions of the webinars.

RIC also held a one-day workshop for 56 clinicians on measuring rehab outcomes in older adults. It offered an opportunity for more in-depth education on integrating measurement into clinical practice. All participants rated the workshop as either excellent or good.

RIC published a manuscript on the development of the RMD in *Archives of Physical Medicine & Rehabilitation*. The team produced a brochure for use at future professional organization conferences. RIC has also used Facebook, Twitter, and other social media to announce the addition of the RMD's new and updated instruments.

During the past three years, there were more than 80,000 unique users of the RMD. Every month, more than 250,000 pages are accessed, totaling more than 4 million pages viewed. This project has far-reaching and positive implications for improving the use of measurement in rehabilitation practices with older adults.

Asian Elders Receive Colorectal Cancer Education and Screening

In 2014, the Asian Health Coalition received a third-year, \$30,000 grant to continue outreach and education about colorectal cancer for Cambodian, Laotian, Korean, Vietnamese, and Chinese elderly. Throughout the year, the agency provided colon cancer workshops in partnership with local community-based organizations to 212 seniors (exceeding the target of 200). The workshops were presented by volunteer gastroenterologists from the University of Chicago, with language assistance by bilingual community health workers. The majority of the attendees were foreign-born adults with limited-English proficiency; one-third did not have even a high school education; 57 percent were female; the average age was 62 years. Prior to attending the workshops, 71 percent of participants indicated they did not know what colorectal cancer screening was, and only 45 percent reported hearing of the disease. Participants who had heard of the disease before were seven times more likely to have had a prior colon cancer screening. This suggests the value and importance of education to increase awareness about the disease and screening participation rates.

At the workshops, all participants were provided with no-cost fecal occult blood-test kits (FOBT) and had four weeks to return their FOBT card. The participants were also given bilingual brochures about colorectal cancer screening options. Sixty-four percent returned their FOBT card during the four-week period. One Korean elder was

found positive. A community health worker helped navigate the elder to the University of Chicago Comprehensive Cancer Center for follow-up diagnostics.

RRF's grant was instrumental in helping the Asian Health Coalition secure a federal research grant (R24) from the Agency for Healthcare Research and Quality to reduce health disparities and increase appropriate and recommended cancer screenings among high-risk populations. The agency forged strategic partnerships with ethnic organizations that have credibility among limited and non-English speaking elderly and gained the assistance of their community health workers. It also formed relations with the Touhy Health Clinic and Heartland Health Centers, which will have long-term benefits in gaining access to affordable healthcare for this high-risk population.

University of Minnesota Investigates "Small House" Nursing Homes

In 2010, the University of Minnesota's Center on Aging was awarded an 18-month, \$149,999 grant to study and describe "small house" nursing homes in the U.S. The study defined this type of long-term care facility as a licensed nursing home composed of one or more self-contained, distinct small houses, each with no more than 17 residents per house; private rooms and bathrooms; direct care staff permanently assigned to houses; and meals prepared in residential kitchens in each house. The Green House model is one subset of the small house nursing home.

The goal was to create a typology of existing models of small house nursing homes and ultimately be able to determine the most successful ways to configure and operate long-term care facilities for optimal care. The study included small house nursing homes in the U.S. that were in operation in December 2012. Systematic information was collected on 46 small house nursing homes and described by their sponsorship, scope and scale, staffing patterns and roles, target population, programs, and physical settings. On-site case studies were conducted on 10 small house nursing homes--two more than anticipated. The case studies focused on the role of certified nurse assistants, resident activity, food and meals management, financial planning, relationship to regulatory authorities, and design and use of physical plants. Although not originally planned, a photographic essay was created for each case to provide a consistent examination of physical plant features.

The study presented small house nursing home ideas about person-centered care, and ways to merge high quality healthcare with a good quality of life. It documented how physical environments of small house nursing homes influence behavior of both staff and residents. The study revealed considerable variation in programs, even among Green Houses. For example, more than a dozen variations were found in approaches to preparing and serving meals. Formal care planning, management of activities, and many other parameters were described.

The grantee has begun to disseminate the study. The project's team presented findings to the Gerontological Association's 2013 Symposium and was preparing

several articles on the study. Episcopal Church Homes decided to build the first Green House in Minnesota and used the findings to inform its planning.

Terra Nova Disseminates Caregiving Information to Spanish-Speaking Households

In 2012, RRF awarded a \$68,500 grant to Terra Nova Films to disseminate information about its parallel English and Spanish websites, which provide educational material for family caregivers. The project particularly targeted Spanish-speaking households to increase their awareness and use of Terra Nova's Spanish website (videoasistencia.org).

Terra Nova Films is the leading producer and distributor of videos on aging. Its websites are unique in their use of videos to focus on the challenges faced by caregivers. The videos are simple, short, and direct and can be easily accessed at any hour of day or night. They use a documentary format with real people and their actual situations to assure caregivers that they are not alone in what can be isolating, difficult, and stressful circumstances.

Terra Nova held a smaller town hall meeting, including an expert panel and 50 participants. Despite extensive outreach, Terra Nova had difficulty recruiting participants due to the difficult nature of discussing Alzheimer's disease and to the concerns of some individuals related to immigration issues. Although smaller than originally planned, the audience was quite vocal and created a very engaging event.

Terra Nova filmed the meeting and purchased an hour on Univision for the broadcast. The show, entitled "Compassion for Those We Love: A Town Meeting on Caregiving for Alzheimer's in the Hispanic Community," reached 5,000 viewers. The meeting also streamed on TeleChicago in Spanish and reached at least 1,000 viewers. Terra Nova has retained ownership of the broadcast for future outreach and screenings in Chicago and nationwide. Two PBS channels have scheduled it, and at least five Alzheimer's Association Chapters planned to use it.

Terra Nova produced a four-page, Spanish-language educational brochure on Alzheimer's disease for caregivers and created PSAs in Spanish and English for use throughout Chicago. ABC7Chicago has committed to run the PSAs this year. In November 2014, Terra Nova's production received an Emmy Award at the 56th Annual Chicago/Midwest Emmy Awards.

PATH Improves Community Response to Elder Self-Neglect

In 2011, Personal Assistance Telephone Help, Inc. (PATH) received a two-year, \$50,598 grant to develop a self-neglect response system for older adults in McLean County, Illinois. PATH focused on seniors with self-neglect who were living in sub-standard housing and/or living with hoarding behaviors. The purpose of the project was to research best practices and tools and develop and implement a model to address

self-neglect. PATH expected to serve 10 to 12 people a year. Cases would be referred by first responders, service providers, and community residents.

Self-neglect is defined by the State of Illinois as a condition that is the result of an eligible adult's inability, due to physical or mental impairments or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety.

PATH far exceeded its objectives. The agency received 71 referrals and worked with 48 cases during the two-year period. PATH developed a process to assess executive functioning in self-neglect cases. The agency also implemented practices developed by hoarding experts, Steketee and Frost, and used their manual, *Treatments That Work: Compulsive Hoarding and Acquiring*. PATH obtained guardianship for four cases. Almost 40 percent (19 cases) were able to stay in their homes with services as a result of PATH's interventions.

With RRF funding, PATH was able to hire a project coordinator. This gave PATH's staff more time to spend with its clients. Since most clients refuse assistance on the first visit, there is great value in developing a relationship through continuing visits. Self-neglect situations can take months to improve, so a long-term commitment is important. In one case, it took PATH 18 months to create tolerable living conditions for a client. PATH worked with city officials to get them to delay a condemnation notice so that the client could continue living at home while PATH tried to assist.

PATH developed excellent relations with local government code enforcers who contacted PATH when they found older adults living in horrible conditions. PATH and city agents conducted joint visits. By educating city staff and the city attorney, legal interventions became more limited and government employees' workloads lessened.

PATH's willingness to use several strategies, tailored to individuals' unique self-neglect situations, and its multi-disciplinary approach involving the judicial and healthcare systems contributed significantly to its success. Because PATH was so effective, the city of Bloomington provided funding for the project's continuation.

Hospital Discharge Meal Program Serves Florida Elders

In 2012, RRF awarded a one-year, \$35,000 grant to NU-HOPE Elder Care Services to expand its Hospital Discharge Meal Program. NU-HOPE is a multi-service provider for seniors in Highlands County, Florida (Central Florida). Through the Hospital Discharge Meal Program, NU-HOPE provides nutritionally appropriate and easy-to-prepare meals for patients for one to two weeks after they have been discharged from the hospital. The program also increases patient and caregiver awareness of, and access to, community-based supportive services. The program is designed to serve vulnerable seniors to help them recover from their hospital stay and avoid hospital readmission that could result from lack of nutritious food and/or community supports. Prior to receiving the grant, NU-HOPE had been running a

successful pilot in two small hospitals and wanted to expand the meal program to a larger hospital.

During the grant period, NU-HOPE expanded to two additional hospitals: Florida Hospital Heartland and Highlands Regional Medical Center. The program served 353 seniors and provided nearly 4,800 meals. NU-HOPE also provided information on community services to 140 seniors.

The project successfully navigated challenges such as dealing with larger, more complex health systems with different structures and cultures. It also found many patients were initially resistant to the program. However, hospital staff assured the patients that the program's intention was to increase their independence. With reassurance, and as the program became better known, acceptance improved.

The Hospital Discharge Meal Program is continuing. Communication between NU-HOPE and the hospitals continues to improve and become more formalized. NU-HOPE has begun to develop a private-pay model to provide meals to more residents throughout Highlands County.

St. Gertrude's of Franklin Park Improves Accessibility

In 2013, RRF awarded a \$16,000 Accessible Faith Grant to St. Gertrude's Parish to renovate two restrooms. Located in Franklin Park, St. Gertrude's is a Roman Catholic Church with nearly 3,250 members. Nearly half of the parishioners are age 65 or older, and most are low to low/moderate income. The parish is diverse, with a large number of Hispanics.

One of St. Gertrude's facilities is a former school building. Because this building has the largest meeting spaces, it is the location of most of the social and fellowship activities, even some of the special worship events. Prior to the Accessible Faith grant, there were no accessible restrooms in this building, which prevented participation by some parishioners and community groups.

One men's and one women's restroom were successfully renovated. The project's cost rose slightly because a wall between the two restrooms had to be rebuilt. However, the increase was covered by the project's contingency fund, which is a required line item in Accessible Faith budgets.

St. Gertrude's pastor reported that the accessible restrooms have contributed to a significant increase in participation at services and other activities. He particularly noted increased participation in the English and Spanish language Neocatechumenal Way (parish faith formation group) and the Senior Club. New services and programs have begun, including a twice monthly service in Spanish, which attracts 150 to 250 seniors. In his report, the pastor stated, "Surprisingly, the accomplishment of the project brought the greatest change in the social life of our community, and he provided many examples of renewed fellowship. He also identified new organizations that have begun to use the building, including a nonprofit theatre group, a Polish-language school, and the Village of Franklin Park.

Catholic Charities Helps Elders Improve Nutrition

Catholic Charities recently concluded three years of RRF-funding for its Senior Home Care Nutrition Outreach and Education project. Catholic Charities' Home Care program provides aides to seniors who need assistance with meal preparation, housework, laundry, shopping, or personal care. With RRF's support, Catholic Charities provided training about proper nutrition and healthy meal preparation to home care aides and the elders they serve, with the goal of improving the nutrition of the elders.

The Nutrition Project began in 2011 with the hiring of a part-time Nutrition Educator who developed and provided basic training about senior nutrition and healthy meal preparation to the agency's home care aides. More intensive training was provided to home care aides who were selected to serve as Nutrition Specialists. One Specialist was assigned to each service area. The Specialists conducted home visits with participating seniors and their assigned aides. During the visits, nutritional assessments were administered and information was provided about the importance of healthy eating. Instructions, recipes, and tips for preparing nutritious meals were offered. The Nutrition Specialists conducted a minimum of two follow-up visits over four months to answer any questions, check on how the nutrition instructions were being implemented, and complete a follow-up assessment.

During the three-year period, Catholic Charities assessed 1,850 seniors for their nutritional needs. Of this group, 808 seniors received individualized nutrition consultations from one of the Nutrition Specialists. On average, these seniors experienced a 14 percent drop in their nutritional risk level, as measured by a nutrition assessment tool that had been developed in conjunction with the Nutrition Screening Initiative, a collaboration of the American Academy of Family Physicians, the American Dietetic Association, and the National Council on Aging.

All 800 of Catholic Charities' home care aides received hands-on training about senior nutrition and healthy meal preparation. A series of nutrition-related workshops was held each year and focused on the nutritional needs of older adults, monthly recipes, and tips for preparing healthy meals. In the third year, cooking demonstrations were added to help with visual learning.

Catholic Charities also extended the reach of the program to seniors who live independently. The agency's staff realized that many low-income seniors were living in food deserts where there was limited access to traditional grocery stores or low-cost healthy alternatives. Using the training program it developed during the first two years, Catholic Charities held nutrition workshops at two of its senior centers and 16 of its senior housing sites. It also distributed copies of the Senior Nutrition Cookbook, developed during an earlier phase of the program. In addition, participants also received information about food banks and soup kitchens in their area. The Nutrition Specialists' role was expanded to help these seniors enroll in benefit programs like the Supplemental Nutrition Assistance Program (food stamps).

In the third year of the project, Catholic Charities wanted to follow-up on 558 homebound seniors served by the Nutrition Specialists during the first two years to determine whether these elders had maintained their nutritional status over time and

provide additional assistance if needed. The agency faced several challenges in reaching and re-engaging many of these seniors. Catholic Charities found that 13 percent of these seniors had left the Home Care Program due to death, illness, or other reasons. Another 24 percent indicated they were unavailable for a nutrition follow-up visit or declined the offer. Of the 350 seniors who were re-engaged, two-thirds showed that their health had either improved or been maintained since participating in the project.

Catholic Charities is committed to continue building awareness of senior nutrition and healthy eating within its senior programs and incorporating components of the project into ongoing operations. When home care aides pick up their pay checks, healthy snacks and a senior-friendly recipe are provided to spark new ideas for their work with clients. The agency has incorporated the Nutritional Risk Assessment Tool into the standard intake procedure for all new home care clients. The food resource information, tailored to zip codes, and the Senior Nutrition Cookbook are available at all Catholic Charities senior centers and housing sites.

During the grant period, Catholic Charities launched Crisp! Mobile Grocery, a new social enterprise to boost nutrition and healthy eating among low-income individuals. Crisp! is envisioned as the Peapod of Food Deserts. It delivers fresh fruits, vegetables, meats, and other nutritious groceries to individuals who live at least a mile away from a grocery store and often must rely on unhealthy food options closer to home. The food is sold at heavily discounted prices, and food stamps can be used as payment. By the end of the grant period, Nutrition Specialists had enrolled 150 seniors in Crisp! and helped them establish accounts that can automatically re-order low-cost, nutritious food for in-home delivery. This social enterprise not only helps resolve lack of access to nutritious food, but serves as a source of revenue to support Catholic Charities services.

Note: RRF staff takes much of the information for Grant Highlights directly from grantees' final reports. Staff often asks questions and holds discussions with grantees to get a more complete understanding of the results of grants and to understand challenges grantees faced.