

GRANT HIGHLIGHTS

MAY 2013

Marianjoy Rehabilitation Hospital Studies Effects of Balance Training on Stroke Patients

In 2008, RRF awarded a two-year, \$98,175 grant to Marianjoy Rehabilitation Hospital for a pilot study on the effect of an innovative treatment regime known as %Weight Supported Pre-Gait Balance Therapy+ on rehabilitation outcomes for stroke patients. Stroke is the leading cause of serious, long-term disability among adults in the U.S. Of 700,000 Americans who suffer a stroke annually, nearly 400,000 survive with some level of neurological impairment and disability. There are currently limited rehabilitation interventions for individuals who are unable to stand unassisted within a few days following a stroke. The majority of these individuals are unable to participate in gait retraining; most will have to depend on a wheelchair for their mobility.

The Marianjoy research team anticipated that a significant number of stroke patients who could not stand unassisted would be able to learn to walk again after participating in a new balance rehabilitation protocol. If successful, the intervention would be a major breakthrough for these stroke survivors.

The new experimental system included two components: 1) Balance Master, a computerized assessment and retraining technique of sensory and voluntary motor control of balance with visual biofeedback; and 2) Biodex, an unweighting system that uses a harness and lifting device to support the patient. The study involved 28 individuals with acute ischemic stroke (23 males and five females, mean age 63.6 years). The participants were randomly divided into an experimental group and a control group. The experimental group received the computerized balance training protocol combined with body weight support. The control group received conventional treatment. Both groups were tested for motor recovery and functional independence pre- and post-treatment.

After initially testing the intervention on two subjects, the researchers had to redesign certain elements of the unweighting system before proceeding with the study. They found that it was difficult for participants to shift their body weight while being supported by the harness. The Balance Master manufacturer replaced four elements to make the system more accessible for participants. The researchers also found that the unweighting system was not anchored firmly enough to the floor. Four additional stops were added to the frame for better stability.

The duration of treatment was reduced from three weeks to one because the average in-hospital stay was lower than initially expected (between 21 and 25 days). Preliminary data suggested that one-week treatment was sufficient to observe balance improvement. These changes did not interfere with obtaining adequate pilot data.

The study was successfully completed and concluded that early rehabilitation, using partial body weight support while retraining sensory and voluntary motor control with visual biofeedback, could benefit individuals with stroke. Compared to the control group, subjects in the treatment group showed larger gains in gait movement and functional independence. Two tools were used to measure change: the Balance Sub-Scale Score of the Fugl-Meyer Assessment of Sensorimotor Recovery After Stroke and the Gait Sub-Scale of the Functional Independence Measure.

Marianjoy's research opens the possibility of better treatment for a large portion of stroke survivors and provides a basis for future studies to test the technique on individuals with other neurological disorders. The researchers also plan to study the role of post-stroke timing and duration of treatment. Marianjoy has received grants from the Dr. Scholl Foundation and the American Stroke Association to continue this research.

Treasure Coast Hospice Expands Palliative Care Program

In 2011, RRF awarded third-year support of \$156,000 grant to the Treasure Coast Hospice (TCH) to expand its palliative care program for older adults with chronic illnesses. This grant followed a two-year, \$424,000 RRF grant, which enabled TCH to launch the regional palliative care program in collaboration with St. Lucie Medical Center and two nursing homes.

With third-year support, TCH planned to expand the palliative care program to additional hospitals and nursing homes, provide education about the benefits of such care, and serve as a resource to encourage others to initiate such programs outside TCH's service area.

TCH hired an additional nurse practitioner to assist in expanding the program beyond St. Lucie County to Martin County. TCH introduced palliative care to a local health system and an additional nursing home. The TCH palliative care team provided 137 consults, up from 57 in the previous year. There were more than 400 patient visits with the team. As a result, many patients were able to avoid medically futile diagnostic tests and interventions.

The palliative care team faced challenges, including staff turnover and resistance from some hospitals and emergency room staff. Also, although hospitalists were initially receptive and worked collaboratively with TCH's palliative care team,

their requests for consults declined over time. This underscored the need for booster training.

In addition, TCH had difficulty obtaining data from a medical center to determine cost savings from the use of the palliative care services. However, its own data indicated an assumable savings for the hospital, attributed to the transfer of several patients from intensive and progressive care units to a medical surgical unit or from discharge to home or other facilities.

Two Houses of Worship Make Accessibility Improvements

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

First Baptist Church, located in Aurora, is a 275-member congregation with a sizeable Hispanic population. Nearly one-third of the congregation is composed of older adults. First Baptist hosts two additional Hispanic congregations that do not own a facility. It holds many community activities, including two AA groups.

In 2011, RRF awarded First Baptist a \$30,000 Accessible Faith grant to install an exterior, enclosed LULA (a limited use/limited access elevator). The LULA would create an accessible entrance and vertical access throughout the building. It was to be the last component of the congregation's five-year All Floors/All Access+ Program. Previous improvements included construction of new restrooms, an accessible fellowship space, and removal of a step from the parking lot.

The LULA was successfully installed without significant problems. The project was completed ahead of schedule and under budget. As a result of this improvement, people with limited mobility can now access the kitchen and the larger dining space that is used for fellowship gatherings. They can more easily get to the space used by the Sunday School, which is very important to many elders. The two Hispanic congregations that use the church have expressed appreciation for the accessibility improvements.

The pastor reported that the mood of the congregation has become upbeat since the project's completion. A celebratory event and special concert were held to honor the project. Members of the congregation stepped up to raise \$77,000 for the project. Rather than characterizing this simply as a capital improvement project, the fundraising campaign emphasized that accessibility is integral to the church's mission. The pastor believed this message helped garner support for the project.

Euclid Avenue United Methodist Church is a 260-member congregation located in Oak Park. Thirty-five percent of the congregation is composed of older adults. Nearly one-third of the congregation is African-American. Euclid Avenue

UMC is an important resource to its community. It serves as a PADS shelter for the homeless, operates a food pantry, and hosts a community chorus.

Members of the church and visitors had indicated they were having difficulty reading programs and following songs and Scripture readings. This led the church to apply for an Accessible Faith Grant for a new projection system. In 2011, RRF awarded a \$10,844 grant for this purpose.

The project was completed on time and within budget. The new projection system involves three components: a single high-quality video projector to show text and images from the rear of the sanctuary; two flat-panel monitors in the choir loft so that members can see the same images as projected (choir members sit in the front of the projection surface); and a portable laptop computer to prepare text and images in advance and provide sound for video clips.

The projection system has been put to full use and was well received. It has stimulated several intergenerational events, including Senior Celebration Month that featured DVDs of church youth interviewing seniors. The church has expanded the number of movie nights it offers the community. It has also produced mission clips to help with fundraising for special projects such as the new multi-media system.

The accessibility project has motivated Euclid Avenue to increase services to a senior living facility in the community and created greater awareness of the work of its Senior Ministry. This project demonstrates a lesson RRF has learned from many Accessible Faith grants, i.e., visible accessibility improvements often increase congregations awareness of the value and importance of full inclusion.

Three Grantees Successfully Complete Organizational Capacity Building Projects

In the past few months, three RRF grantees successfully completed their organizational capacity building (OCB) projects. The purpose of the OCB Program is to encourage nonprofit organizations serving the elderly to improve their management and governance, and by doing so, enhance and sustain their services to the elderly.

Norwegian Lutheran Bethesda Home (Bethesda) received a one-year, \$12,400 organizational capacity building grant in 2011 to create and begin implementing its first planned giving program. Bethesda is a nonprofit, continuing care retirement community for 72 residents who come from Montclare and its surrounding neighborhoods.

During the last few years, the portion of Bethesda's residents on Medicaid has been increasing and the gap between the actual cost of care and amount of reimbursement has been growing. Bethesda has committed to fill the gap through

aggressive fundraising and planned giving. A few years ago, Bethesda hired its first Development Director and a Donor Development Coordinator to achieve its fundraising objectives.

Bethesda used its OCB grant to retain a fundraising consultant to guide the development of a planned giving program. The consultant had previously worked with Bethesda on an annual fund plan, which laid the groundwork for the planned giving program. Bethesda set a four-year goal of securing \$250,000 in planned gifts by 2014.

This OCB project was very successful. Bethesda created a clear case statement for planned giving, produced a brochure and strategy calendar, and identified the first 12 prospective donors. The Development Team strategized with the consultant on matching Bethesda's priorities with prospects' interests. Bethesda secured its first four planned gift pledges. One donor made a significant pledge, and this gift is expected soon. With pledges in hand, Bethesda had already achieved the first three years' goals during the one-year grant period.

Bethesda established a Legacy Giving Society to recognize planned giving pledges at various levels and created a system for gift stewardship. The consultant trained the staff to use tools such as Wealth Engine to identify potential donors. She also educated Board and staff on planned giving strategies and how to approach prospective donors.

Often, planned giving efforts result in an increase in annual giving. Fortunately, this was the case for Bethesda. The number of Bethesda's annual giving donors grew from 122 in 2011 to 195 in 2012, with many more gifts from former family members, vendors, and volunteers. Bethesda also strengthened its partnership with churches and obtained a few additional grants. It launched an informal "adult day club" (similar to a social model adult day service) with funding from a foundation and churches.

When Bethesda's CEO arrived five years ago, she committed to creating a fundraising culture and hired the home's first development team. With top leadership behind it, a solid development staff, and a skilled consultant, this OCB project had most of the ingredients for success. Bethesda has recognized the need to continue to build the Board's capacity to become more involved in development. Recruitment of new Board members with experience and interest in fundraising will continue to be one of Bethesda's highest priorities.

Aging Care Connections (ACC) received a one-year, \$49,830 OCB grant in 2011 to plan and launch the first capital campaign in its 42-year history. RRF funding enabled ACC to retain a professional fundraising consultant to help the organization establish a realistic plan for the capital campaign and guide its initial implementation.

ACC provides a continuum of programs and services for older adults and their families in 22 southwest Cook County communities in the townships of Lyons, Riverside, and Proviso. ACC's essential services include case management, transportation, caregiver support, chore housekeeping, telephone reassurance, and respite care. ACC also assists in elder abuse and neglect cases, helps seniors access public benefits, and offers mental health and wellness services. ACC serves approximately 8,000 clients annually.

ACC's capital campaign included two goals: 1) to enhance the organization's infrastructure and 2) to meet ongoing program costs. ACC had initially set a campaign target of \$1.4 million in pledges over a one-year period. However, after a preliminary analysis, the fundraising consultant advised that this goal was too ambitious, given this would be the agency's first experience with a campaign of such magnitude. The goal was lowered to \$1 million, with a stretch goal of up to \$1.2 million.

ACC completed several campaign activities, including: interviews with current and prospective donors to explore the feasibility of various giving levels; recruitment and convening of a volunteer Steering Committee; development of a Campaign Action Plan with specific activities and a timetable; production of a base for support and collateral campaign materials; training of Board and Steering Committee on effective approaches for cultivating and soliciting high-level donations; and the formal launch of the campaign.

ACC met or exceeded each of its fundraising targets. It had aimed for a 25 percent increase in new donations and a 30 percent increase in upgraded donations. It obtained 36 percent of campaign donations from new donors; 64 percent of existing donors increased their contributions over past giving. ACC set a target of at least 10 gifts of \$10,000 or more. ACC secured 17, five-figure gift pledges; the largest single gift was \$200,000. At the end of the grant period, ACC was four months away from the campaign's official conclusion, yet it had already raised pledges totaling \$914,833, achieving 91 percent of its \$1 million goal. Additional pledge requests totaling more than \$100,000 were still pending.

ACC completed the initial phase of its building renovations during the grant period. With some of the initial donations, ACC made upgrades to the building's entryways, bathrooms, private client consultation rooms, and staff working spaces. Such visible improvements may have helped boost other donations.

ACC postponed the formal launch of the campaign because the planning phase took longer than expected. Because ACC had never before undertaken a capital campaign, more time was needed to prepare the Steering Committee, Board, and staff. Additional meetings and trainings were added on prospect identification, techniques for requesting support, and other skills. The formal end date of the campaign was extended by six months.

ACC had some pleasant surprises during the campaign. ACC received a \$175,000 capital grant from the Harry and Jeanette Weinberg Foundation. ACC also successfully parlayed the interest of several new donors into campaign leadership roles. ACC forged new relations with a marketing firm that resulted in a pro bono campaign brochure. The firm is now working with ACC on an ongoing basis.

The capital campaign has helped ACC sustain its programs for the near future. Perhaps more important however, the campaign has expanded the organization's view of fundraising to one that is a shared responsibility across the agency. With the development department's acquisition of new tools and know-how, it will be able to help a much more committed group of volunteers to maximize fundraising opportunities.

Northwest Side Housing Center (NWSHC) received a one-year, \$20,000 OCB grant to develop a three-year strategic vision and plan for the organization. NWSHC was established 10 years ago to respond to the surge in predatory lending and mounting home foreclosures on Chicago's northwest side, especially affecting the community's older residents. It is the area's only local housing-related service.

NWSHC has now completed its first formal strategic planning process. RRF funding enabled NWSHC to retain a consultant to guide the organization through the planning process. NWSHC formed a Task Force of staff, Board, and constituents to work with the consultant. The Task Force conducted a SWOT analysis (strengths, weaknesses, opportunities, and threats). After a thorough review of NWSHC's current mission, vision, and keys to success, it reached consensus on values for the organization. It developed outcomes for the next three years, including identification of program offerings and the needed infrastructure. An action plan and timeline were created to guide NWSHC's work from 2012-2014, with detailed steps for the first six months. A formal written strategic plan was produced and approved by the Board.

First steps included creation of a revised mission statement, along with a litmus test or set of guidelines for deciding priorities for new programs and partnerships. During the planning process, NWSHC also addressed important HR issues. It recognized that the position of Executive Director needed to expand from part- to full-time to meet the increased scope of work. As a result, NWSHC's Board engaged in a succession plan, and successfully hired and transitioned to its first full-time Executive Director.

To begin to meet program needs identified by the strategic plan, NWSHC reached out to several new partners to expand its visibility and capacity. As a result, NWSHC gained new financial support, including grants from the National Community Reinvestment Coalition and two local foundations. NWSHC also began refining its marketing messages and strategies to communicate better with various stakeholders.

After a thorough vetting process, NWSHC was very pleased with its selection of a planning consultant. The organization expects to bring the consultant back for a follow-up session one year into the plan's implementation.

NWSHC took advantage of RRF's coaching option, which is an added feature offered through the OCB Program. NWSHC selected a coach it had worked with on previous OCB grants. The organization reported that it had a very positive coaching experience and cited the importance of the trust NWSHC had developed with the coach, her knowledge of the organization's history and culture, and ability to guide them in effectively using a consultant. The coach was also very helpful in transitioning the new Executive Director and helping prepare him to expand the role of the Board from service to fundraising.

NWSHC was wise to recognize the need for formal strategic planning at a critical juncture in its development. The foreclosure crisis had spurred considerable growth of the organization in both number of clients and budget size, largely due to an infusion of government funding for housing counseling. Keeping up with the growing demand for service during the foreclosure crisis meant there was little time for planning. However, NWSHC recognized its need to pause and take stock of itself so it would have a clear vision and road map for the future once the housing crisis subsides.

National Academy of Social Insurance Conducts Long-Term Care Policy Internship Program

In 2010, RRF made a \$50,000 grant to the National Academy of Social Insurance (NASI) in partial support of its 2011 and 2012 Long-Term Care Internship Program. The purpose of this unique program is to develop young professionals in aging and long-term care policymaking.

Interns are recruited from several disciplines, including actuarial science, administration, economics, gerontology, political science, public policy, health policy, and social work. Each year, five to seven internship positions are offered in a variety of policy settings in Washington, DC. During the 12-week internship, NASI provides weekly seminars and field trips, matches the interns to mentors selected from previous graduates of the program, and facilitates the presentation of interns' work at conferences of aging policy professionals. NASI also connects the interns to a broader network of established professionals during and after the internship.

Interest in NASI's internship program remained high. A total of 143 individuals applied for a position. The pool of applicants was diverse, including a number of international and minority candidates. Of the pool, 57 were found to be qualified. NASI selected 14 (seven for each of the two years).

NASI offered a wide variety of internship placements. They included: The U.S. Senate Special Committee on Aging, U.S. Department of Health and Human Services/Office of Assistant Secretary for Planning and Evaluation, Center for Medicare Advocacy, National Council on Aging, Urban Institute, National Health Policy Group, Council on Accreditation of Rehabilitation Facilities, and PHI (formerly the Paraprofessional Health Institute).

NASI continued to evaluate the internship experience, focusing on the interns themselves and field supervisors. Feedback was very positive. NASI has been tracking the career paths of its interns. Of 71 interns from 1993 to 2010, 39 provided information about their current activities. Thirty-one of 39 indicated they have continued to be involved in aging or long-term services and support activities.

Western Illinois AAA Expands Matter of Balance Falls Management Program

In 2011, RRF awarded the Western Illinois Area Agency on Aging (AAA) a \$35,900 grant to expand the Matter of Balance Program throughout its 10-county service area of west-central Illinois and to develop the infrastructure for long-term program sustainability.

A Matter of Balance (MOB) is an evidence-based program that focuses on older adults who have fallen and tend to fear a recurrence. Their fear often results in limitation of activities, causing physical weakness and social isolation. Reduced activity may increase the risk of falling by allowing core muscles needed for balance to atrophy. MOB uses small group workshops, led by a pair of trained older adult volunteer coaches, to teach these seniors practical coping strategies to reduce their fear and engage them in a healthier level of activity.

Prior to receiving RRF funding, the AAA received a small grant from another foundation to train three of its staff as Master Trainers for MOB. The trainers prepared 19 older adults to be volunteer coaches. The trainers began working with other providers to adopt the program in their settings. During this initial period, the AAA learned many lessons about the characteristics of successful volunteer coaches and how to structure sessions appropriately for rural areas. A significant demand for hosting MOB workshops occurred throughout the region, which led to the request to RRF for expansion funds. The goals were to increase the program geographically, especially to more rural areas of its region; develop a strong cadre of trained coaches; and build a strong foundation, administratively and programmatically for the future.

The AAA trained 29 new MOB volunteer coaches--four more than expected. Coaches led MOB in nine of the 10 targeted counties. Three counties just to the south of the region were added as well. A total of 162 seniors enrolled in 15 MOB classes . about 20 percent less than expected. Given the explicit focus on rural

areas where the population is relatively light, the goal of 225 seniors may have been a stretch. However, MOB interest remains high. Two additional classes were underway at the conclusion of the grant, with waiting lists for more classes. A wide variety of sites where seniors congregate served as MOB hosts. They included YMCAs, churches, senior housing sites, parks and recreation departments, community colleges, senior centers, and assisted living facilities.

By the end of the grant period, 84 seniors--slightly more than half of the enrollees--completed at least five of the eight MOB sessions. This met the national MOB Program criteria for completion. All completers reported feeling less fearful about falling and indicated they made changes in their behavior and environment to lessen the risk of falling.

The AAA recognized that trained volunteer coaches who remain committed to the program are essential to the success of MOB. Thus, the agency made recruitment, training, and retention of the coaches a priority. The AAA expanded the group of coaches to include some employees of partner organizations. The agency believes that such professional commitment to the program will help with support and retention of the volunteer coaches.

The AAA gained an understanding about which locations and communities work best for MOB classes. It has begun to build a network of partner agencies specifically for MOB. It created a comprehensive toolbox to assist host sites in administering the program and to ensure consistency. The toolbox includes numerous checklists, coaches folders for each class, and information pieces about MOB. The AAA also designed an easier process for entering data once the class is complete.

These structural improvements will be applied to other evidence-based programs that the AAA decides to deploy throughout its region. The MOB sustainability plan also calls for working with managed care organizations to help manage chronic conditions and promote wellness.

Chinese American Service League Completes Translation and Implementation of Healthy IDEAS

In 2011, RRF awarded \$35,000 to the Chinese American Service League (CASL) to complete implementation of the Mandarin-language version of the Healthy IDEAS depression screening and treatment program for older adults. The first RRF grant (\$50,000) in 2009 enabled CASL to translate the training program and client materials into Mandarin, the primary written dialect of Chinese, and to pilot test them. The second grant (\$65,000) in 2010 enabled CASL to train its social work staff on Healthy IDEAS and screen the first 439 seniors for depression. Third-year funding enabled CASL to screen additional seniors; enroll into Healthy

IDEAS those who screen positive for depression; train new staff to implement the program; and offer booster training for previously trained staff.

Clients screened positive for depression receive weekly telephone and/or in-person visits with their social worker. The visits include psycho-education to help clients recognize and accept their depression and understand that it is reversible. The intervention also includes behavioral activation, which engages clients in activities they enjoy. The program continues for eight weeks, followed by monthly review for up to six months.

During the three-year period, 1,097 seniors were screened--almost 150 more than CASL originally proposed. Of these, 82 scored high enough on the Geriatric Depression Scale to be considered severely depressed. In 2012 alone, 376 clients were assessed (average age of 78). Of these, 10 percent (37) had GDS scores above 6, which indicates severe depression (scores averaged 8.04, median of 8).

In 2012, CASL began post-testing clients who had been treated with the behavioral activation therapy. Scores declined to five or below for the first 10 who completed treatment. Twenty-two clients were still receiving behavioral activation. Five clients had died.

The incorporation of Healthy IDEAS into CASL's elder services has resulted in routine depression screening for all of CASL's senior clients. Rescreening occurs every six months. Of 433 seniors reassessed during 2011 and 2012, 14 who previously had not screened as depressed scored 6 or higher on the Geriatric Depression Scale and became candidates for Healthy IDEAS.

During the grant period, CASL made some modifications to its delivery of Healthy IDEAS. It recognized that some staff members were more skilled at behavioral activation than others and decided to split the assessment and intervention functions among staff. CASL continues to train new staff on Healthy IDEAS. It delivered 15 trainings in 2012. It also continues to offer booster training for existing staff twice a year.

This grant had a significant impact on both CASL's senior clients and the agency itself. It changed the way CASL approaches depression screening and treatment. CASL has made a real commitment to the continuation of the use of Healthy IDEAS through its approach to training and delivery of the program. CASL has also made a great contribution to the field by translating Healthy IDEAS for other providers serving Chinese American elderly.

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