

# GRANT HIGHLIGHTS

## NOVEMBER 2011

### **The Renaissance Collaborative Opens Senior Housing and Wellness Center**

Last year, RRF made a \$12,000 grant to assist The Renaissance Collaborative plan a health and wellness center for its new senior housing facility. The Renaissance Collaborative (TRC) is a nonprofit organization formed by four churches in Bronzeville that have joined together to revitalize their community. TRC's newest initiative was the creation of an affordable housing complex for seniors, known as Senior Village.

RRF funding supported a collaborative planning process to develop health and wellness services for seniors living in Senior Village and the surrounding community. TRC recognized there were service providers in the area that could become partners in delivering appropriate and cost-effective services. TRC hoped to create buy in from service providers by engaging them in a collaborative planning process and obtaining their commitment to provide services on site at Senior Village. TRC used RRF funding to retain a consultant to facilitate meetings with service providers and develop a vision and plan for the Wellness Center.

Senior Village opened as planned in October 2010. The Senior Village includes 72 independent and 48 assisted living units, and 25 units for grandparents raising grandchildren. A month later, the Wellness Center opened on the first floor of the facility.

Overall, the planning process worked well. A vision and long-term goals for a collaborative service provider network were developed. Five providers joined the network and agreed to offer an array of services. They include: Provident Hospital for basic health screenings; Rush University Medical Center for Chronic Disease Self Management classes; University of Illinois Extension for nutrition classes; Body Parts Fitness for exercise classes; and an independent Tai Chi instructor.

At the time of the final report (eight months after the opening of the Wellness Center), 55 of the 71 Senior Village residents had engaged in various health and wellness activities. TRC had begun working on better outreach to attract more participation by non-Senior Village residents. The initial groundwork for the Wellness Center and collaboration among service providers is laudable.

### **Touchette Hospital Expands Seniors I.Q. Program**

In 2010, a \$35,000 RRF grant was awarded to Touchette Hospital for second-year support of its Seniors I.Q. Program. The program provides case management, information and referral, counseling and assistance in obtaining benefits for persons

age 60 and over. It serves as a one-stop shop by coordinating services and referrals and advocating for older persons at accessible locations and in their own homes. The program serves the East St. Louis area where almost all of the participants are African American and low-income (below 200 percent of the federal poverty limit or lower).

During the second year, Seniors I.Q. served 1,152 individuals (402 new and 750 existing members). Overall, the program served 25 percent more than expected. Half of all referrals came from current members, thus attesting to participants' satisfaction with the program. The other half of the referrals came from service providers with which the program partners and from the nine community health centers that are part of Touchette's health system.

Seniors I.Q. made referrals for a wide variety of services that enabled older adults to live independently. It assisted 63 participants to obtain home safety equipment and home modifications such as ramps, railings, and steps, emergency life lines and assistive devices such as wheelchairs, scooters, walkers, and hospital beds. The program transported more than 100 seniors to medical appointments and to group educational sessions. Seniors I.Q. made referrals to diabetes self-management programs, mental health and substance abuse services, and home care. The program conducted monthly educational sessions on health care issues and resources, attended by at least 300 seniors. The programs were conducted at a variety of convenient locations such as senior housing facilities and churches.

Seniors I.Q. staff are certified as benefits counselors by the Illinois Health Insurance Department and the Illinois Department on Aging. The counselors helped enroll more than 400 seniors into benefit programs such as the Low-Income Subsidy, LIHEAP (Low Income Home Energy Assistance Program), Medicare Savings Programs, and Illinois Cares Rx (the state's pharmaceutical assistance program).

Seniors I.Q. is in the process of receiving accreditation from AIRS, the Alliance of Information and Referral Services. This national accrediting organization has a professional membership of 1,200 information and assistance programs. Seniors I.Q. would become the first and only program in the East St. Louis area to receive such accreditation. The rigorous process demonstrates how serious the Seniors I.Q. program is about continuing to improve the quality of its services.

## **Nursing Homes Make Environmental Changes to Enhance Person-Centered Care**

In 2009, RRF made a \$98,912 grant to the Pioneer Network in Culture Change to test "Design on a Dollar," a step-by-step process that provides examples of small-scale, practical, affordable environmental changes for nursing homes to help them become more person-centered. Too often nursing homes think that environmental changes will require significant financial investment and involve complete renovation or building entirely new facilities. However, there are many inexpensive ways to make environmental changes that can move a nursing home more toward person-centered care. The Pioneer Network's model, Design on a Dollar, includes more than 300 low-

cost ideas, tips, activities, and website links for homes to use to make low-cost transformations.

With RRF funding, the Pioneer Network pilot tested its Design on a Dollar process with four nursing homes in Illinois: Fairmont Care Center in Chicago, The Holmstad in Batavia, St. Vincent's Home in Quincy, and Sunny Acres in Petersburg. Each nursing home received \$5,000 to assist in the cost of implementing environmental changes identified through an initial assessment process.

All four homes succeeded at making considerable modifications to their facilities, based on the Design on a Dollar model. The final report described these four nursing homes' modifications in great detail. One nursing home made the dining room more home-like, using linens instead of paper, offering more food choices, creating pleasant food aromas, and encouraging residents to choose whom they want to sit with rather than be assigned. A second nursing home made modifications to the nursing station to make it more accessible for residents and developed a playground area for visiting children to increase intergenerational activity and interaction. A third nursing home updated bath and shower rooms to become less institutional. It added privacy with new curtains, and enhanced the areas with vanities with mirrors and towel warmers. It also limited the use of an overhead paging system to improve the noise level. It replaced three noisy alarms on exterior doors with a system that rings only when a resident or unauthorized person opens the doors. The nursing home involved the residents in making several decisions about environmental changes. The fourth nursing home created a more inviting and homelike space by adding photos of residents on the walls and creating comfortable seating areas that encouraged small group conversation.

The project team used a tool with environment domain measures to evaluate changes in the four participating nursing homes. Three of the four homes significantly increased their scores over the baseline assessment. The project found that the process of assessment encouraged the nursing homes to make additional resident care and workplace practice changes beyond what they originally expected. For example, the nursing homes tended to give residents many more choices, including when they wanted to be awakened or go to sleep and changed staffing patterns to assign certified nursing assistants consistently to the same residents.

One of the objectives of the project was to turn the Design on a Dollar process into a model that could be put online for broader dissemination. The Pioneer Network succeeded at creating an online format which can be found on its website at <http://pioneernetwork.net/DesignOnADollar/> (note it requires logging on and becoming a user, but there is no cost to do so).

The Pioneer Network introduced the Design on a Dollar model at several service provider meetings in addition to its own national conference. These included: the Sodexo North America Senior Leadership Meeting; two conference sessions at the AAHSA National Conference; the Eden Alternative International Meeting; the Kentucky Association of Homes & Services for the Aging Annual Meeting; the Association of Health Facility Survey Agencies Annual Meeting, and many others. With its accessible online format, Design on a Dollar has the potential to help many more nursing homes make practical, low-cost environmental modifications to advance person-centered care.

## **Three Grantees Successfully Complete Organizational Capacity Building Projects**

Over the past few months, three grantees completed organizational capacity building (OCB) projects funded by RRF. 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 older adults.

The first grantee, **the Center for Life and Learning (CLL)** operates five days a week, providing adult education, physical exercise, health and mental health promotion, recreation, socialization, and volunteer activities. A nurse practitioner, on site two days a week, conducts health screenings and education and advocates for the health care needs of participants. The services of a professional social worker are also available.

In 2008, CLL received a three-year \$95,325 grant to strengthen member recruitment by developing more flexible and creative programming, using new marketing strategies and materials, and installing a more useful database that would track and evaluate participant activity. CLL recognized it must keep current and adapt to the changing demographics and needs of older persons. By actively marketing its new programs and conveying a more contemporary image, CLL sought to avoid the obsolescence that endangers many senior centers.

CLL made excellent use of the grant to build its capacity in the areas of program development and marketing/communications. It used the expertise of a variety of consultants to explore curriculum options, develop communications materials, train staff to assume responsibility for marketing functions, and install and teach staff to use a new database.

CLL overhauled its program and used many new strategies to introduce it to current members and new participants. CLL transformed its programming from members-only activities to both member and a la carte offerings. Its men-only programs increased. By the close of the grant period, the number of male participants had doubled to 74. CLL also began offering intergenerational seminars. While CLL is still contending with declining annual membership, the number of a la carte participants continues to grow. Its overall participation increased 42 percent over the course of the grant.

Over the next few years, CLL is committed to continue to experiment with creating a balance between member and a la carte programs. Its new database should help CLL to track participation and retention better and plan accordingly.

To help with program redesign, CLL surveyed and conducted individual interviews with all segments of its participants. It also sought feedback on plans to increase prices. CLL recently instituted a 10 percent increase in program fees--the first increase in six years.

During the grant period, CLL developed partnerships with several senior buildings and condos in the neighborhood. These relationships are gradually yielding

new participants. CLL developed professional-looking marketing materials and began using Constant Contact, an inexpensive way to do outreach through email.

CLL successfully installed a customized database to gather information on participants' interests and demographics. It hopes to be able to track participant patterns as it tries different strategies to move a la carte participants to full CLL members. CLL also developed its internal capacity to continue its marketing activities. It formed an ambassadors group of older adults who do outreach on behalf of the Center. It also has an active curriculum development committee. It has made outreach and marketing a part of the function of each staff member, thanks to excellent training by its marketing consultant.

The second OCB grantee, **Career Resource Center (CRC)**, had a similar focus on marketing and communications. Located in Lake County, CRC provides employment counseling and technical support for adults throughout their job search, including networking opportunities, Internet access and training, interview coaching and practice, and referral to employment opportunities and other resources. More than one-third of its clients are age 56 or older. CRC has become an even more important resource since the economic downturn has taken a real toll on older workers. Older persons who have lost their jobs remain out of work much longer than younger workers and have less time to recover lost wages. During the economic downturn, many commercial employment organizations that tend to take advantage of unemployed adults have come on the scene and are, in a sense, competitors to CRC. This made CRC aware of the need to be clearer in its communications and more professional in its marketing approaches.

In 2008, CRC received a three-year \$59,000 OCB grant to assess its current marketing practices and develop a three-year marketing/communications plan; develop communications materials; expand the use of the website to enhance the capacity to communicate electronically with all constituents; and develop a corps of volunteers to handle ongoing marketing and communications tasks. The overall goal was to develop the capacity to incorporate marketing functions into its daily operations.

CRC enhanced its Marketing Committee, which is composed of Board members and volunteers. The Committee attracted very skilled and experienced individuals, including writers, a corporate marketing manager, and a corporate web developer. CRC's consultant conducted an assessment of the organization's marketing practices and guided the development of a three-year plan.

The plan emphasized greater use of online communications. The website was significantly enhanced with the addition of advisor profiles, client success stories and testimonials, volunteer profiles, photos, and an expanded calendar of events. The website now has the capacity to take online registrations for CRC's programs. CRC began using Constant Contact to announce events and considerably expanded its distribution lists. CRC now updates its marketing plan on a regular basis.

CRC now has a whole new, updated look and presents a much clearer message. Materials included a new brochure, electronic newsletters, a LinkedIn profile, a promotional video, and more. Its calendar of events now goes out to 745 referral

organizations and another 1,600 individuals. Outreach is more than double what it was a few years ago. The cost of communications has been greatly reduced by relying on Constant Contact rather than regular mail.

CRC expanded its volunteer corps to assume many marketing tasks. Computer technicians, database managers, network facilitators, and data entry volunteers assist. CRC has increased its client base over the last few years by 22 percent. Volunteers increased by 10 percent.

Both the Career Resource Center and the Center for Life and Learning demonstrated the value of finding economical ways to market their programs and services and wisely used consultants to train their staff and volunteers to assume responsibility for ongoing marketing functions.

**H.O.M.E. (Housing Opportunities and Maintenance for the Elderly)**, the third grantee, received a three-year \$153,052 OCB grant to make improvements in their resource development capacity. H.O.M.E. assists low-income elderly with access to adequate and appropriate housing by assisting with the logistics of moving and providing affordable housing options. The OCB grant enabled H.O.M.E. to focus on cultivation of major donors by installing and using more sophisticated development software, enhancing its website, and adding staff to better meet its fundraising needs.

One of H.O.M.E.'s new strategies was the creation of special appeals to attract lapsed donors. Its new fundraising software (Raiser's Edge), purchased through the RRF grant, allowed H.O.M.E. to sort and analyze donor giving histories. During the last two years of the grant, H.O.M.E. raised \$66,491 from previous donors. H.O.M.E. also upgraded its website and added the ability to accept online donations. As a result, there was a large increase in traffic to the website. An unsolicited \$20,000 donation came in as a result of a new donor's Internet search and visit to H.O.M.E.'s website.

During the grant period, H.O.M.E. experienced a transition in executive leadership just at the time it was facing the challenges of the economic downturn. The new Executive Director and H.O.M.E.'s Board had to make tough decisions as major gifts fell off. As a result, one of H.O.M.E.'s longstanding programs was cut and major donor fundraising goals had to be revised. H.O.M.E. was able to raise \$210,530 from major donors (gifts of \$1,000 or more) in the last two years of the grant and increase the average size of a gift by 50 percent.

H.O.M.E. used a portion of its OCB grant to add a Development Associate. The additional position freed up the Director of Development and Executive Director to spend more time directly cultivating relations with individual donors, especially those with major gift potential. This was especially important, given the economic downturn. H.O.M.E. has been able to sustain the Development Associate.

Often nonprofits engaging in capacity building find that other organizational needs emerge in the process. H.O.M.E. recognized the need to develop a new strategic plan for the organization. It was able to retain a well respected, experienced consultant, who agreed to donate his time to guide H.O.M.E.'s strategic plan.

## **Counseling Center of Lake View Benefits from RRF Flex Fund**

RRF's Organizational Capacity Building Program's new Flex Fund enables nonprofit organizations serving the elderly to obtain one of three forms of assistance on a fast-track: 1) an OCB Readiness Assessment to help them prioritize capacity-building opportunities and identify appropriate first OCB steps; 2) targeted consultation to help address short-term issues such as legal matters, budgeting, and accounting; or 3) specific emergency needs.

The Counseling Center of Lake View (CCLV) received a \$5,000 RRF grant from the Flex Fund to engage in an organizational readiness assessment. CCLV provides recovery-oriented mental health services to older adults in community-based settings. CCLV retained one of RRF's Readiness Assessment consultants to conduct interviews with key staff and board members. The consultant produced a report summarizing findings and made recommendations, and discussed the report with CCLV to help consider next organizational capacity building steps. The report and recommendations particularly emphasized CCLV's resource development needs and the importance of diversifying its funding base, as well as the need for technology improvements.

One particularly valuable lesson CCLV learned during the assessment process was the importance of enhancing its technology infrastructure. Although CCLV had been generally aware of the challenges presented by its limited technology, it was not aware of how much it detracted from the organization's ability to bill efficiently and receive revenue for its services. The assessment process brought this issue to light as a key priority for CCLV, given the recent shift by the government to a fee-for-service reimbursement system. This shift has particular relevance for older adults because 94 percent of its senior services are funded through the new reimbursement system. CCLV is now better positioned to address its technology and related staff training needs more effectively.

## **Two Churches Complete Accessibility Improvements**

**Trinity United Lutheran Church** was one of two churches to complete accessibility improvements over the last few months. A 177-member, ELCA church in Waukegan, Trinity United serves a relatively low-income Caucasian and Hispanic population. More than half of its members are older adults. The church also hosts a second Latino congregation. Prior to receiving an Accessible Faith grant, Trinity United had no accessible restrooms and had been experiencing declining participation.

With a \$12,500 Accessible Faith grant, Trinity United was able to convert a closet into an accessible unisex single occupancy restroom. The project was completed early and within budget. Although the pastor indicated it was too early to determine changes in the level of participation, he indicated he is hopeful that the accessibility improvements will bring back members and outside groups.

**Our Lady of Humility** was the second congregation to complete an Accessible Faith grant. Located in Beach Park, a relatively low income part of Lake County, Our Lady of Humility is a Roman Catholic Church with 5,000 members. Twenty-five percent of the members are age 60 and over. The parish is quite diverse. Three assisted living facilities are located near the church and bring their residents to many activities there.

With a \$5,488 Accessible Faith grant, Our Lady of Humility installed powered handicapped-accessible doors to the church. It also decided to replace an existing ramp to the entrance. The original ramp was poorly configured and had slick tiles that were dangerous. The church constructed a new, heated concrete ramp that will be safer and easier to maneuver in all types of weather. The parish raised \$74,000 more than anticipated as its members became more committed to accessibility and the project broadened in scope.

## **Chinese Mutual Aid Expands Senior Program**

In 2007, RRF made a three-year \$165,000 grant to Chinese Mutual Aid Association (CMAA) to establish a multi-purpose center in Chicago's Uptown community and provide a comprehensive senior program for older, ethnically diverse immigrants and refugees. CMAA's objectives were to lease or purchase additional space for senior services and activities, develop working relations with academic and health care institutions, and expand culturally sensitive program offerings.

Due to the deteriorating economic climate and lack of appropriate space in the Uptown area, CMAA was not able to lease or purchase new space during the grant period. However, the organization had begun working with the Illinois Facilities Fund to identify prospective properties in the community and had sold a building to be in a better position to obtain dedicated space for its senior program. At the end of the grant period, CMAA had been negotiating with the City of Chicago to extend services to an additional site in Edgewater.

Despite the delay in securing new space, CMAA succeeded in expanding services and programs for ethnic seniors. At the start of the grant, CMAA had a small Golden Age Club with rather limited offerings, used by approximately 200 seniors. By the end of the grant, 939 seniors had participated in recreational activities; 1,125 had engaged in cultural enrichment celebrations.

CMAA began a health education and screening program for seniors. Over 1,100 older adults participated during the grant period. Workshops covered topics such as diabetes prevention and management, oral health care, vision, foot care, heart disease/stroke prevention, and Medicare fraud. CMAA developed new partnerships with several health care and academic institutions, including University of Illinois Chicago, Loyola, University of Chicago, and DePaul. Northwestern University conducted a survey of seniors, translated into Chinese and Bosnian, to provide baseline data and guide future programming.

In early 2011, CMAA installed a new electronic constituent relationship management system and trained its staff to use it. The new system should help CMAA



gather data on its donors and formulate fundraising strategies that will hopefully sustain its greatly expanded senior program.

## **Heartland Health Focuses on Oral Health Needs of Elderly**

In 2009, Heartland Health Outreach (a partner agency of Heartland Alliance for Human Needs & Human Rights) received a \$16,000 RRF grant for its oral health surveillance and health promotion project, entitled "Chicago Senior Smiles." The goal of the project was to: 1) identify unmet oral health needs of seniors; 2) establish oral health promotion/disease prevention priorities; 3) develop recommendations to address unmet needs based on community resources; and 4) strengthen partnerships to improve oral health outcomes and reduce oral disease disparities among targeted vulnerable elders.

The project began by forming a Chicago senior work group, including Heartland Health Outreach dental staff, an oral health researcher and epidemiologist, and the Illinois Department of Public Health Acting Dental Director. The project selected 10 project sites in three communities: Englewood, Humboldt Park, and Rogers Park. The project involved oral health screening on 125 older adults, including individuals living independently, in assisted living, and in nursing homes. Of the 125 seniors surveyed, the mean age was 73 years. Fifty-six percent were African American; 14 percent Caucasian, and 30 percent other. Approximately 25 non-English speaking Hispanic seniors (primarily from Humboldt Park) were surveyed and instructed in Spanish.

Chicago Health Outreach's licensed provider staff performed an in-mouth screening on each participant. The project used the Illinois Department of Public Health's screening tool for seniors so that Chicago data could be compared with statewide data. Each screened participant received individualized oral hygiene instruction and counseling and was given toothbrushes, dental floss, and any needed dentifrice aide. Proper brushing frequency and technique were re-enforced, particularly with seniors showing evidence of dry mouth. All participants were screened for oral cancer. Those reporting or suspected of tobacco use were provided with information on decreasing their risk for oral cancer and dental diseases.

The project staff helped guide many seniors to obtain needed dental services in locations as close to their homes as possible. CommunityHealth, a free, non-profit clinic for the uninsured, and UIC College of Dentistry were two main referral sites. At each of the 10 sites, linguistically, culturally appropriate oral health promotion/disease prevention information was given to staff for broader distribution.

The project uncovered significant unmet dental needs. Forty-four percent of participants indicated they had not visited a dentist in at least three years. Only 12 percent reported having had an oral cancer screening in the last year. While none of those screened were diagnosed with oral or pharyngeal cancer, five had other types of oral lesions and were referred to UIC College of Dentistry for evaluation and follow-up care. More than 40 percent had untreated decay. Forty-six percent were described as having fair oral hygiene; and 26 percent, poor oral hygiene. More than half required referrals for treatment or comprehensive evaluation.

The project produced four principal recommendations: 1) educate primary care providers on the importance of periodic dental examinations; 2) develop and provide an accurate list of dental providers that accept insured and uninsured seniors; 3) provide educational resources to senior centers, senior housing, and nursing homes about oral health; and 4) advocate for changes in Medicare, Medicaid, and private insurance to cover oral health treatment of the elderly.

Chicago Health Outreach will reconvene the senior work group and staff from the Illinois Department of Public Health Oral Health Division to examine project data and compare it to statewide data. The group will consult with experts in elder care to understand the needs and challenges that arose from the study and consider strategies to optimize oral health for seniors.

The oral health needs of low-income Chicago elders are significant, and there are limited oral health care resources to meet the need. Poor oral health exacerbates chronic disease and affects nutrient intake. Many medications taken by older persons affect oral health and increase the risk of oral disease. This project could help build awareness of the need for education, prevention, and treatment of oral health care, especially for low-income elderly. RRF hopes Chicago Health Outreach will continue its public awareness and advocacy efforts on this important subject.

### **Center of Concern Sees Elders' Rising Emotional Insecurity**

In 2010, RRF made a one-year \$30,000 grant to the Center of Concern in Park Ridge, Illinois to expand mental health services for isolated older adults. Services included case management, geriatric counseling, friendly visiting, and telephone reassurance. The final report documented not only the success of the project, but also underscored growing emotional stress faced by seniors as they face ongoing challenges from the nation's economic downturn.

During the course of the grant, the Center of Concern's 275 volunteers and three social workers answered more than 5,000 telephone reassurance calls and made nearly 2,000 friendly visits. Social workers made 235 home visits to more than 20 current clients with emotional problems during the year. In addition, 32 new clients were assessed for mental health problems, and 203 received ongoing case management. The Alzheimer's Support Group grew in size, serving 31 individuals per meeting, on average, up from 25 in previous years. The Center recruited 34 new volunteers, bringing the number to 300. All new volunteers are trained by Senior Support Program Social Work staff. In addition, volunteers gather twice annually to share best practices with one another.

Fifty seniors received counseling in one-on-one sessions. The Center of concern found seniors were experiencing a higher level of anxiety and depression than the Center had seen in the past; thus seniors needed more counseling sessions than anticipated. Many more clients were counseled due to anxiety over housing and financial security. In addition, the Center found the average age of its clients to be rising. This means clients are facing higher levels of frailty and struggling with independent functioning, thus complicating their emotional well-being.

The Center of Concern is seeing rising need, just as it is facing reduced government funding. To compensate, the Center has more actively engaged professionals as volunteers in service to senior clients.

### **TimeSlips Goes Online**

The University of Wisconsin-Milwaukee's Center on Aging and Community received a \$19,500 RRF grant in partial support of its project to develop TimeSlips Online. The Center was able to leverage RRF's grant and funds from two other foundations to secure a \$100,000 matching grant from the Langeloth Foundation for this project.

TimeSlips is a person-centered care initiative that allows people with Alzheimer's disease and related dementias to express themselves without relying on failing memories. It is an innovative approach that uses creative storytelling to engage vulnerable older adults and help them communicate with each other and their caregivers. TimeSlips emphasizes improvisation and being "in the moment" instead of focusing on remembering details from the past. It has been used successfully by trained staff in nursing homes and senior living facilities.

A new website, [www.timeslips.org](http://www.timeslips.org), was designed, tested, and refined. A training curriculum was created to accompany the online program. A process was developed for individuals and facilities interested in being certified in the TimeSlips' approach through additional training and participation. In the first month (September), 401 individuals registered to become official users of the new website. Twenty-four organizations created links to TimeSlips' site from their organizational websites to direct additional traffic to it.

Twenty individuals completed TimeSlips' online training program, and one facility has scheduled a group training to become a certified TimeSlips facility. The Center has gained media attention for TimeSlips Online. In November, the Today Show was scheduled to air a segment on TimeSlips in conjunction with an Alzheimer's awareness piece.

The project faced some technology challenges in developing the website. The first version, which was tested with potential users, was too cumbersome. The final version is much more user friendly. The site has great potential to provide an easy, ready-to-use resource for activity staff of long-term care facilities and adult day service centers to use in engaging persons with dementia.

### **National Council on Aging Tests Online Readiness Assessment Tools for Adopting Evidence-Based Programs**

With a three-year, \$280,028 RRF grant, the National Council on Aging (NCOA) developed and tested online Readiness Assessment tools that assist nonprofit organizations evaluate their potential to be successful at adopting certain evidence-

based healthy aging programs. RRF funds supported NCOA's development of Readiness Assessment tools specifically for two programs: Healthy IDEAS and Matter of Balance. Healthy IDEAS is a screening, intervention and referral program targeting depression. Matter of Balance is a falls prevention program targeting fear of falling.

The Readiness Assessments lead nonprofit organizations through a set of questions about whether they have specific resources and organizational commitments needed for a specific program to be implemented effectively. By completing the tool, nonprofits which may be unprepared quickly recognize that they will waste precious time and funds attempting to start a program they are likely to be unsuccessful in implementing and sustaining. They also learn about changes they may need to make if they truly wish to adopt the program successfully in the future. The national program offices responsible for disseminating these evidence-based programs benefit by having nonprofits screen themselves in or out. Such screening allows the national program offices to focus their time more efficiently by assisting only those agencies that are most capable of successful program adoption.

The national program office for each of the healthy aging interventions shared with NCOA the minimum criteria for successful replication of its program. NCOA then drafted, tested, and revised the Readiness Assessment tool for each program. The web links to these Readiness Assessment tools are available on each program's website, as well as on the "Improving Health" page of the NCOA website at <http://www.ncoa.org/improving-health/innovation-readiness.html>.

When a nonprofit organization that is a potential program adopter clicks the link for the Readiness Assessment on the home page for the Healthy IDEAS or Matter of Balance websites, it is taken to the NCOA hub that converts the answers into a three-page readiness report. The report is emailed to the national program office that then contacts the applicant to discuss results. NCOA keeps cumulative statistics on use of the Readiness Assessments for each program.

To date, 320 organizations started the Readiness Assessment for Healthy IDEAS. A majority did not complete the survey because they realized they did not have the resources or commitment for the program. The success of the assessment process is evident from the fact that, of 97 agencies that completed the Healthy IDEAS assessment tool, 75 successfully adopted the program. For Matter of Balance, 135 agencies began the assessment, 29 completed it, and 10 sites adopted the program.

The Healthy IDEAS national office is currently building on the NCOA project by conducting a long-term follow-up evaluation to see if adopters who completed the Readiness Assessment more efficiently and effectively implemented the program, compared with those who adopted the program without first completing the assessment. The evaluation will not only compare outcomes for older participants in the two groups, but will also track long-term sustainability of the program.

## **Cornell U. Launches Alzheimer's-Friendly Virtual Home**

With a three-year, \$204,203 RRF grant, the Weill Medical College of Cornell University developed the Alzheimer's-Friendly Virtual Home, a web-based educational tool that illustrates solutions to home safety and functional problems for people with Alzheimer's disease. The tool, known as ThisCaringHome, is available on the Internet at <http://www.thiscaringhome.org>. The objectives of the tool are: 1) to increase caregiver understanding of how various Alzheimer's disease stages affect function and safety of the person with the disease, thus helping caregivers learn what to expect, and how to take preventive measures; 2) to increase the care recipients' well-being and ability to function and be safe, as the caregivers change the environment; and 3) to reduce caregiver stress through the use of the educational materials.

During its development phase, the interactive website was tested by 25 caregivers recruited from the New York Chapter of the Alzheimer's Association and New York Presbyterian Hospital. The caregivers viewed the website for at least 10 minutes every month for six months and read a weekly email tip (a standard feature of the website). They completed an online questionnaire at the beginning, three months, and six months of use. The questionnaire included commenting on any changes the caregiver made on meal preparation, dining, bathing, toileting, bed area/transferring, chair/sofa area transferring, getting around the house, wandering, taking medications, and engaging in leisure activities. Caregivers were asked if they had made any environmental changes or in the way activities were performed to improve care recipient's function/safety and if those changes had an effect on the care recipient's safety/function as well as on caregiver stress levels.

Eighty-three percent of the participating caregivers found ThisCaringHome helpful. The longer they used the website, the more helpful it became. Ninety-two percent were either very or extremely satisfied with the website. Ninety-five percent rated the content and visuals as good, very good or excellent. Seventy-three percent said they were likely or extremely likely to continue using the website as a caregiving resource.

Over the six month period the participating caregivers reported making 115 changes to their caregiving and to the home environment as a result of what they learned from ThisCaringHome. Following the six-month study, nearly two-thirds of the caregivers scored higher on the Positive Aspects of Caregiving Scale--an overall 74 percent increase from baseline. Although using the website improved their caregiving, the caregivers did not show a change in scores regarding their own stress, strain, or depressive symptoms.

After the website was launched, 150 users from 29 states provided feedback through an online survey; 37 percent were adult child caregivers and 35 percent were spouses. A large majority found the website very helpful in finding needed and useful information and improving caregiving skills. Eighty-five percent indicated they were likely to continue to use ThisCaringHome as an ongoing information resource.

The project team broadly disseminated information on this very powerful online educational tool. The website was introduced at a number of professional conferences.

Corporations have been linking the website to health management portals for their employees (e.g., IBM and LifeCare the largest employee assistance company in the U.S.). The website is linked to other sites such as Alzheimer's disease and Educational and Referral (ADEAR) and the Alzheimer's Association. ThisCaringHome's materials will soon be included in the Alzheimer's Toolkit for Caregivers, which will be published in 2012. ThisCaringHome has received several awards, including the 2009 E-Healthcare Leadership Distinction Award for Best Interactive Website from strategic Health Care Communications and the 2010 National Alzheimer's Caregiver Award from the National Caregiving Alliance and MetLife Foundation.

*Note: RRF staff takes much of this information 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.*