

Greater Chicago Food Depository's Choice Markets Improve Food Security for Low-Income Seniors

From 2010 to 2013, RRF awarded three grants, totaling \$375,000, to the Greater Chicago Food Depository (GCFD) to launch the first Choice Markets for older adults in the City of Chicago and suburban Cook County. The markets were placed in strategic community-based sites such as senior centers and township centers that could be readily accessed by low-income elders. GCFD began by piloting the markets at four sites. By the end of the third year, GCFD had expanded to seven such markets, which are still in operation.

Older Adult Choice Markets provide distributions of fresh produce and shelf-stable food items to older adults twice a month. They also promote wellness by providing health and nutrition tips and consultations. The Chicago Partnership for Healthy Promotion, a health and wellness provider, held monthly cooking demonstrations at each site. The markets thus became both an access point for food and a venue for socialization. GCFD also used the sites to enroll eligible older adults into the Supplemental Nutrition Assistance Program and connect seniors to other food assistance resources.

During the three-year period, GCFD's Older Adult Choice Markets provided 84,356 food distributions to seniors. Each served an average of 225 seniors on a regular basis. GCFD chose foods that met the special needs of older adults such as low-sodium options and selections that were appropriate for seniors with dental issues. GCFD also increased fresh fruit and vegetable options.

GCFD contracted with the Social Impact Research Center of Heartland Alliance to conduct annual client surveys and identify communities with the greatest food insecurity. GCFD evaluated the performance of each Older Adult Choice Market, and as a result, switched some of the sites and added a few more in high-need areas.

GCFD took advantage of many opportunities to highlight the issue of hunger among Chicago's elderly. It participated in the *Hunger in America Study 2014*, a national, quadrennial study conducted by Feeding America, the national network of food banks. The study provided an updated snapshot of the communities and clients served by GCFD and highlighted the needs of special populations, including older adults and veterans. GCFD expects to use the results of the study to plan future strategies to combat hunger among older adults.

Jewish Vocational Service Runs Successful Job Training and Placement Program for Older Adults

In 2013, the Jewish Vocational Service and Employment Center of Chicago (JVS) received a third-year grant of \$43,200 to continue a job training and placement program for older adults, initiated with RRF support. During the first two years of funding, the program, entitled the *Premier Employment Network* (PEN), was offered only to seniors participating in the JVS Senior Community Service Employment Program (SCSEP). The third-year plan was to restructure and expand the program.

PEN was a six-week job readiness program that helped seniors prepare for their job search. It included sessions on writing a basic resume, networking, interviewing, and dressing appropriately. Following the six-week program, participants met with an employment specialist, individually and in small groups, to practice newly acquired skills. RRF's funds were used to hire the employment specialist, who managed the program, counseled the seniors, and built relations with employers.

In the third year, as planned, JVS restructured the PEN Program and moved it, along with the employment specialist, to the JVS Career Moves Department, which serves adults across the entire agency. JVS was motivated to restructure PEN because of potential cost savings and because elders who remained in SCSEP but had not yet participated in PEN were unlikely to benefit as much from the program as other older adults served by JVS.

The restructuring turned out to be very strategic. Fifty-three seniors completed PEN, participated in other workshops, received individual counseling and support, and got jobs--slightly above the projected 50. Sixty percent found full-time positions, and 40 percent found part-time jobs. Fourteen of those who got jobs were career changers. Jobs varied from accounting, banking and finance, to education, health care, and retail. Six seniors were placed in nonprofit organizations. Another 72 seniors completed PEN but had not yet secured employment by the end of the grant period. JVS will continue to work with these job seekers.

The employment specialist developed partnerships with 29 new employers who agreed to hire older workers. While only four of the 53 seniors served by the project ended up in positions with these employers. The relationships will continue and hopefully provide viable job opportunities for PEN participants in the future.

This grant demonstrated the value of a sustained employment training and placement program for older adults who have been out of the workforce for a long period of time and may need to gain skills and regain confidence. JVS' successful restructuring of the program also demonstrated the value of deploying different business approaches to remain financially viable in this time of budget constraints.

Two Grantees Effectively Use RRF's Organizational Capacity Building Program

RRF's Organizational Capacity Building Program (OCB) helps nonprofit senior service organizations improve their management and governance, and by doing so, enhance and sustain their services to the elderly. Grants are awarded for capacity building activities such as strategic planning, financial management, and board and resource development. Nonprofits serving the elderly may apply for standard OCB grants, which are generally larger and for a longer period of time (at least a year), or Flex Fund grants, which are smaller (up to \$5,000) and can be applied to a more-immediate need. Recently, two grantees successfully completed their OCB projects.

Hands On Suburban Chicago (HOSC), formerly The Volunteer Center of Northwest Suburban Chicago, connects individuals with volunteer opportunities in the northern and western suburbs of Chicago. It also provides a variety of services and programs to equip individuals, nonprofits, and businesses with volunteer and nonprofit management-related resources. Much of HOSC's focus is on older adults. It conducts an annual event that mobilizes volunteers to paint homes owned and occupied by low-income older adults and operates the Retired Senior and Volunteer Program, which links 900 older persons with meaningful volunteer opportunities.

During the past few years, HOSC has been hit hard by both government funding cuts and payment delays by the state of Illinois. HOSC realized it needed to reduce reliance on government funding and raise awareness of its fee-based services and increase revenue from, non-government sources.

In 2012, HOSC received a one-year, \$45,000 organizational capacity building grant (OCB) to improve its marketing capacity. Funds were used to hire a Director of Marketing to create and implement a marketing plan and oversee the development of new marketing materials and tools. The goal was to raise at least \$165,000 in earned revenue. With enhanced marketing and a focus on earning potential, HOSC aimed to re-position itself for future sustainability.

HOSC's marketing efforts have been paying off. At the start of the grant, HOSC had 47 paying nonprofit partners. These organizations pay an annual membership fee for which they receive discounts on HOSC workshops and services. By the end of the grant period, the number of paying memberships increased to 125. By the end of the grant period, HOSC had raised 54 percent of its budget from fees, surpassing its projection of 50 percent. The percentage of HOSC's budget from government sources decreased, primarily because of the successful shift in focus on earned income.

The success of this grant can be attributed in large part to HOSC's excellent groundwork. It had a variety of well-developed programs with revenue-generating potential and had gathered data about changing revenue streams. The organization's leaders took steps to reduce costs and had a plan for remaining financially viable.

Centers for New Horizons (CNH) is a long-established, multi-service organization, located in Bronzeville on Chicago's south side. Its services for older

adults include Elder Abuse Protection and information and assistance for seniors in low-income public housing. CNH also facilitates the Wazee Elder Council, a leadership group that addresses issues of concern for seniors in the community. CNH serves 400 elders annually.

As was the case with Hands On Suburban Chicago (reported on above), CNH has been under considerable financial stress. It contended with reductions in government funding and contracts that did not cover the full cost of services. The staff and board wanted the assistance of an external consultant to expedite an organizational assessment, provide objective feedback, and assist the staff and board to identify next steps.

This past summer, RRF awarded a \$5,000 OCB Flex Fund grant, which enabled CNH to hire a consulting team from the Executive Service Corps (ESC) to perform the organizational assessment. The ESC team reviewed CNH documents and conducted interviews with the agency's board and staff; helped establish and facilitate discussions with board/staff workgroups; and produced an action plan with recommendations for organizational improvements. The workgroups built buy-in to implement the "Urgent Action Plans."

CNH took immediate steps to begin putting the consulting team's recommendations into effect. It restructured and added a new director-level staff member to oversee day-to-day operations. This enabled CNH's President to refocus on external affairs. CNH instituted weekly management meetings to closely monitor funding and programs.

CNH felt that the Executive Service Corps consultants were a good fit with the organization. CNH's President and the Board Chair favored the team approach and saw value in getting multiple perspectives. It is hoped that the OCB Flex Fund grant will help CNH move toward greater financial sustainability.

Web-based Intervention Tested for Working Caregivers

A two-year, \$216,925 RRF grant was awarded to the University of Miami to test the effectiveness of a multi-component, technology-based, psycho-social intervention for working caregivers of older adults. The project's goal was to understand the needs of working caregivers and evaluate the feasibility and impact of a technological approach on caregiver physical and emotional health and well-being.

The intervention involved use of a website, incorporating materials from the REACH Program (Resources for Enhancing Alzheimer's Caregiver Health), and TeleReach; a computer/telephone system for family caregivers of dementia patients. In addition, the intervention involved use of a second, dedicated caregiver website with an email/forum component, skill building modules, educational seminars, information/tips, recommended reading list, and events calendar. Five structured telephone support group sessions were also included.

The study design was a two-group, randomized trial comparing the intervention group to an information-only control group. Caregivers were assigned randomly to one of the two groups. The control group received standard information about caregiving, aging, and other information typically available from human resources, social services, or health agencies.

In the first phase of the project, the research team conducted two focus groups with a total of 23 University of Miami employees who were working caregivers. During the second phase, the two-group, randomized trial was conducted and data were analyzed. Seventy caregivers participated, and almost all were working full-time. The participants ranged in age from 38 to 62 years old. They all lived with the care recipient and 96 percent were daughters serving as caregivers for an aging parent. The average age of the care recipients was 77 years old.

Baseline data indicated that caregiving responsibilities negatively affected the ability to begin the workday, stick to a work schedule, keep focused on their work, think clearly while working, and concentrate. Following the five-month intervention, there was a trend toward a decrease in burden for the intervention group compared to the control group, although not at a statistically significant level. Those in the intervention also experienced greater improvement in work scheduling compared to the control group.

Caregivers in the intervention group reported significant benefits from their participation in the program. Seventy-one percent reported that they benefited by understanding caregiving and its responsibilities vs. 26 percent in the control group. Ninety-three percent said the program enhanced their ability to care for their loved one; 72 percent said it made their lives less stressful. All indicated that the program gave them an opportunity to share their feelings about being a caregiver. Eighty percent said the telephone support groups were of great value.

Caregivers gave the website very high ratings. Ninety-six percent said it was useful and contained easy-to-understand information. The educational seminars, resource guide, information/tips, recommended reading list, and the group forum were found to be the website's most valuable components.

This project showed the potential value of interventions that can help working caregivers care for their loved ones without adversely affecting their own physical and emotional well-being and work performance. With the increase in numbers of working caregivers, such interventions will become even more important in the future.

Advocates Promote National Focus on Dementia Care

In 2013, RRF awarded a seven-month, \$50,000 grant to the University at Buffalo School of Nursing Institute for Person-Centered Care to develop a national advocacy campaign. The goal of the campaign is to ensure that emerging national policy appropriately addresses the care needs of persons with dementia and their caregivers. The project was a partnership between the University of Buffalo, which handled the research component, and the Consumer Coalition for Assisted Living, which led the advocacy efforts.

Recognizing that the growth in the older population means an increase in number of persons with dementia, Congress passed the National Alzheimer's Project Act (NAPA) in 2012 to create and implement a national plan to address this challenge. NAPA formed an Advisory Council to develop recommendations for federal and state action. The passage of NAPA was largely the result of effective advocacy by the Alzheimer's Association. In recent years, the Alzheimer's Association has narrowed its focus to promoting research for a cure and improving treatment of Alzheimer's and has moved away from its former emphasis on providing support for persons with dementia and their caregivers. NAPA's emerging work plan and selection of Advisory Council members reflect this same shift. NAPA's plan also focuses exclusively on Alzheimer's disease and excludes other forms of dementia. This is in contrast to seven other countries whose national plans have a broader focus on all forms of dementia.

When the Alzheimer's Association changed its direction, no national organization was left to represent the voices of patients and families who need immediate help while the search for a cure ensues. This RRF-funded project aimed to fill this gap by creating a national Dementia Action Alliance that would work to achieve a balanced national plan--one that places an equal emphasis on systems of care and on cure and treatment. The goal of the project was to increase awareness and invite the engagement of persons with dementia in a process by which they could share their needs, experiences, and recommendations, and create a structure to advocate effectively on behalf of individuals with dementia and their caregivers.

The project involved a series of surveys, using a consensus process, to generate a list of priorities for each area around which NAPA had created workgroups. The areas included: federal funding; research; education and training; caregiver support; long-term care; and advocacy and awareness.

Survey results showed that there were two top priorities: 1) support for caregivers (e.g., financial compensation and increased funding for respite, case management and counseling) and 2) increased support of long-term care services in home, community, and institutional settings (e.g., workforce issues and regulation of long-term care facilities). The next priority was for funding of research on factors that make caregiving most challenging and on technological approaches to care. Next came support for education and training, and advocacy to build awareness of the needs of individuals with dementia and their caregivers.

The project's leaders presented these findings at the July 2014 NAPA Advisory Council meeting. They also underscored that Alzheimer's is only one form of dementia, and that a sole focus on this disease would leave out many individuals with other forms of dementia and their caregivers. There is some evidence that the Advisory Council has begun to recognize that it is not in lock-step with most Americans' feelings on dementia needs and priorities. At its following two meetings, NAPA's Advisory Council devoted its agenda specifically to dementia care, reflecting a more balanced approach. The Dementia Action Alliance is ensuring at least three new dementia care stakeholders attend each quarterly NAPA Advisory Council meeting to help demonstrate that many people are committed to dementia care and are paying attention to the work of the Council.

The project's third objective was to create an infrastructure to continue effectively advocating for federal attention to the needs of individuals with dementia and their caregivers. Six national organizations formed the Dementia Action Alliance (Consumer Coalition for Assisted Living, LeagingAge Georgia, CareGivers United, Planetree, Eden Alternative, and the Society for Post-Acute and Long-Term Care Medicine). Each contributed to the cost of producing a short video featuring caregivers and their loved ones. This video is being used in a social media campaign to raise funds for the Alliance's future work.

Study Identifies Training Needs of Aging Services Workforce

In 2012, RRF awarded an eighteen-month, \$77,848 grant to the Council on Social Work Education for an assessment of the competencies and training needs of the aging services workforce. The project was a collaboration between the Council on Social Work Education's Gero-Ed Center, the National Association of Area Agencies on Aging, and the National Resource Center on Participant-Directed Services.

The project's goal was to gather data on the competencies and professional preparation of social work staff (i.e., positions such as social workers, case managers, and intake specialists) to plan future training initiatives. The impetus for the project came from the recognition that the aging network has been undergoing unprecedented changes, associated with factors such as the roll-out of the Affordable Care Act, creation of the Administration on Community Level (the structural merging of aging and disability programs at the federal level), and budget constraints impacting the delivery of services. These changes are calling for new ways of conducting business and enhanced social work skills and knowledge.

The project began by holding focus groups with leaders of selected Area Agencies on Aging to gather insights about the current level of geriatric competency in the workforce and to identify areas to assess further. Next, an electronic survey was distributed to representatives from all 629 Area Agencies on Aging. There were 416 responses from 224 AAA directors and 192 direct service staff. Results indicated that training resources are scarce. Eight-two percent of respondents reported that less than five percent of their Area Agency on Aging's annual budget is used for staff training and development. This expense is often the first to go when budget cuts occur. Respondents indicated that person-centered practices and participant direction are training areas of greatest need. They indicated a preference for small group, in-person training formats, but recognize that newer "hybrid" formats combining online and in-person discussions would probably be more realistic, given resource limitations.

A research brief summarizing the findings was produced and shared through listserv blasts and presentations at the Council for Social Work Education's annual meeting, the American Society on Aging Conference, and the National Association of Area Agencies on Aging Conference. The grantee also shared findings with the U.S. Administration of Community Living and the U.S. Health Resources and Services Administration. A series of post-survey teleconferences with the aging network were conducted to discuss reactions to the findings and implications for future training.

As a result of the project, the grantee and partner organizations gained a deeper understanding of specific training needs within the aging services workforce. They have committed to ensuring that training opportunities are more appropriately targeted. Already, the National Association of Area Agencies on Aging has added resources to its training portal and is planning training topics related to identified needs for its annual conference.

University of Iowa Educates Nursing Home Social Workers

While the Council on Social Work Education, reported on above, was studying social work training needs across settings, the University of Iowa School of Social Work focused its efforts on training social workers in long-term care settings. Its project was engendered by the findings of a 2008 national study of nursing home social work directors, which pointed to the lack of adequate preparation for social work staff in long-term care settings. The study found that most nursing homes employ someone, at least part-time, to perform social work functions. Most of the social work staff had only a bachelor's degree. Only 39 percent were licensed in social work, and 68 percent reported no access to relevant continuing education. New responsibilities, such as performing the federally-mandated psychosocial assessment on nursing home residents and requiring conversations about their end-of-life care preferences, make continuing education for long-term care social workers even more important.

In 2012, a group of gerontological social workers, led by the University of Iowa, responded to the gaps in training by designing and implementing ten webinars to enhance social work practices in long-term care settings. The webinars had more than 1,100 viewers, indicating a high interest in practice-focused training.

As a result of the high interest, RRF awarded a 15-month, \$26,358 grant to the University of Iowa in 2013 to expand the content and number of webinars. During the grant period, 27 new webinars were created and delivered. All of them were free and archived on the University of Iowa's website for later viewing. Effective marketing occurred through the two national nursing home associations, the National Association of Social Work, and the Veterans Administration.

The webinars had a total of 2,199 attendees; 1,685 attended live webinars, and 514 viewed the recordings at a later date. Attendance ranged from a high of 274 for the webinar on guardianship to a low of 32 for one on research. Many participants viewed multiple webinars. They can be viewed at:

<http://clas.uiowa.edu/socialwork/nursing-home/webinars/recordings-past-webinars>.

Webinar topics included: substance abuse in the nursing home; family conflict; guardianship; interdisciplinary teamwork; case management and coordination; understanding stages of dementia; non-pharmacological approaches to managing problem behaviors; ethical decision making in the context of death and dying; person-centered care; discharge planning and follow-up, among others. Each webinar paired a national speaker with a social worker in long-term care to present a relevant case. The University of Iowa was able to attract highly respected experts in the field, including Rosalie Kane, University of Minnesota; Barbara Frank, Pioneer Network; June

Simmons, Partners in Care; Erica Wood, National Senior Citizen Law Center; and several others. The University offered social workers a certificate of completion. In some states, the certificate can qualify social workers for Continuing Education Units. Participants could also present the certificate to their employer as evidence of professional development.

This project produced an important set of high-quality educational webinars with ongoing availability for viewing. This investment will continue to pay benefits by offering highly relevant information to build the knowledge and skill sets of long-term care social workers.

State Courts Gain Education on Issues of Aging

In 2011, RRF awarded a two-year, \$186,603 grant to the National Center for State Courts (NCSC) to enhance its Center for Elders and the Courts. With a first grant in 2010, NCSC launched the Center, which has become the primary resource on issues related to aging for state judiciary and court managers. The Center has two major components: 1) a website with extensive information on elder abuse standards, guardianship issues, monitoring procedures, and model programs, and 2) the Elder Abuse Curriculum for State Judicial Educators.

The Center for Elders and the Courts website (www.eldersandcourts.org) transformed a previous scattering of resources into a clearinghouse of court-related information and resources on aging issues such as elder abuse and guardianship. The website includes a navigable U.S. map with links for each state and relevant resources.

With RRF support in 2012, NCSC revised the website. A White House event on Elder Abuse and Financial Exploitation promoted it through a live webcast. In 2013, the website received 21,635 unique visitors, and in the first quarter of 2014 there were nearly 5,000 unique visitors. The Center's listserv now has more than 150 members and has improved resource-sharing, particularly on adult guardianship issues.

NCSC successfully created an online version of its Elder Abuse Course. Although the grantee believes that in-person training would be more desirable, it recognized that economic realities, such as the reduction in funding to state court systems, called for alternative training options. A free distance learning course is accessible to judges and court staff at any time.

NCSC partnered with the University of California Irvine School of Medicine's Center of Excellence on Elder Abuse & Neglect to develop and deliver the online course. It includes 10 hours of video training and features expert online presenters. The course officially launched in the spring of 2014. It may be viewed at <https://courses.ncsc.org/course/Elders>. In the first six months, nearly 1,300 of the Center's website users signed up for the course. NCSC sent an evaluation survey to each course registrant who completed at least two hours of the training. At the time of the final report, the data were being analyzed.

Because of concerns about power of attorney abuses, the Conference of Chief Justices/Conference of State Court Administrators Joint Committee on Elders and the Courts asked NCSC to explore strategies that state courts could use to deter such abuses. NCSC held brainstorming sessions with experts to explore the role of state courts in this area. The experts included probate judges; attorneys specializing in trusts, estate, and elder law; county offices of the public guardian; and law professors. NCSC produced a report and presented findings to the Joint Committee. NCSC distributed the report to all members of the Conference of Chief Justices and the Conference of State Court Administrators. The report may be found on NCSC's website at <http://www.eldersandcourts.org>.

The Center for Elders and the Courts--with its excellent website, online course and other tools--serves as a valuable educational resource for officials who make important decisions about caring for elders who are at risk of becoming victims of abuse.

Helpline Improves Access to Legal Services for Older Adults

Prairie State Legal Services (PSLS) recently completed its third-year of RRF funding to create a toll-free helpline to improve access to legal services for low-income older adults. Since 2011, PSLS received three RRF grants, totaling \$99,200 to create, implement, and refine the Older Adult Legal Helpline. As virtually the only nonprofit legal services provider in the 36-county area of northern and central Illinois, PSLS needed to find a more timely and cost-effective way to respond to the huge number of requests it receives from elders.

Prior to 2011, elders used the PSLS general telephone system to contact PSLS staff. Although the system offered seniors the option of going into a separate queue, many elders did not follow this instruction. The wait time was often very long, and as a result, nearly 40 percent of older adults abandoned the calls, and many never called back.

With RRF-funding in 2011, PSLS created a separate, toll-free Helpline specifically for older adults. The organization hired a non-attorney intake specialist to work 24 hours per week and designated an attorney to work 28 hours per week exclusively on calls from older adults.

In each of the three years of the grant, the number of older adult callers who reached PSLS staff increased--from 7,199 in the first year, to 7,604 in the second year, and 9,249 during the last eleven months. These numbers grew by more than 100 percent over the year prior to the senior helpline. The wait time to access staff has decreased considerably even with a huge increase in the number of senior callers.

The call abandonment rate has been reduced to 20 percent, compared to 32 percent in the period prior to the senior helpline. The abandonment rate for the senior helpline is lower than the rate for other PSLS phone queues.

During the grant period, 30 percent of all calls related to non-foreclosure debt and creditor/collection problems. Other common issues involved landlord problems (16 percent); health care and medical issues such as Medicaid eligibility and long-term health care (10 percent); estate planning and advance directives (10 percent); and guardianship (four percent).

PSLS routinely surveyed its callers to determine satisfaction with the use of the Helpline and the legal services provided to them. Responses were consistently positive. At least 90 percent indicated their call was answered within a reasonable time; the legal assistance through the Older Adult Legal Helpline was valuable; and they would refer others with legal problems to the Older Adult Legal Helpline.

PSLS continues to work on further reducing the abandonment rate and wait time. The agency has begun experimenting with an online intake option and plans to test triaging so that calls of a more critical nature (such as possible elder abuse or exploitation or threats of immediate discharge from a nursing home) get through immediately.

One of the project's objectives was to use external *pro bono* attorneys to handle the huge volume of calls and the extra time that senior cases often take. PSLs hired a Pro Bono Coordinator who linked the agency with the Pro Bono Network in Oak Park, through which attorneys volunteer three hours a week advising senior callers. Members of the Lake County Bar Association have also begun volunteering as telephone counselors.

PSLS' Older Adult Legal Helpline has greatly improved access to legal services for low-income older adults. PSLs will continue to operate and refine the Helpline.

Leadership Academy Trains Mid-Career Nurses

In 2011, the International Honor Society of Nursing Foundation received a two-year, \$136,035 RRF grant to conduct a third round of the Geriatric Nurse Leadership Academy. The Academy is an intensive, 18-month leadership development program for nurses who are working with older adults and who show promise as future leaders in the field. Assisted by a personal mentor and academic faculty guide, each Academy "fellow" develops his or her leadership knowledge, skills, and abilities, and designs and implements a project to change practice at his/her organizational "home base."

The Academy, which was initially funded by the John A. Hartford Foundation, has a rigorous structure and clearly defined expectations for participating nurses, mentors, and faculty guides. It requires a high-level of commitment and participation from all who are involved. Participants meet with their mentor in pairs on a weekly basis and in small groups on a monthly basis. The entire group gathers for three in-person forums that incorporate leadership development seminars and team building.

Having successfully completed two rounds of the program, the International Honor Society of Nursing Foundation requested RRF's support for the third cycle. This round was to focus particularly on nurses from Midwestern states, which had been

under-represented in earlier rounds. The objective was to recruit, train, and support 12 nurses to serve as Academy fellows over an 18-month period and engage 24 professionals as mentors and faculty leaders.

Eighteen applications for the Leadership Academy were received from nurses across the country. Twelve were accepted as fellows. Half of those accepted came from the Midwest (Illinois, Indiana, Kentucky, and Ohio). While the program had hoped to attract larger numbers from the Midwest, it was more important to have the right mix of skill and interest levels among participants than to be constrained by geographic boundaries.

Two fellows dropped out of the program due to personal and professional challenges. Ultimately, ten fellows completed the program; five were from the Midwest. The grantee estimates that nearly 6,000 individuals were reached through the fellows' organizational projects.

The grantee included a separate evaluation report with its final report. The evaluation examined elements such as quality of/satisfaction with the program; leadership development of fellows; impact on organizational sites; and career trajectory of fellows. The evaluation indicated that fellows, mentors, and faculty were generally satisfied with the program's implementation. Pre-, mid- and post-tests on leadership development (based on a model by leadership development experts Kouzes and Posner) showed increases in each leadership category for the fellows.

Model Geriatric Specialty Clinic Serves Martin County, FL

In 2012, RRF awarded a second-year grant of \$124,828 to the Council on Aging of Martin County for support of the highly successful Kane Clinic, a geriatric specialty clinic located within a senior center in southeastern Florida. The clinic was developed in partnership with Martin Health System, the only hospital in the area. It delivers primary health care, provided by a board certified geriatrician, and is located within the Kane Center, a state-of-the art facility that serves as a one-stop shop for services for area seniors.

The clinic's second-year objectives were to increase access to health care services for at least 450 seniors and create a replicable model for other aging services providers in small communities. During the grant period, the clinic enrolled 1,297 patients, almost three times more than projected, and conducted 3,160 patient visits.

The clinic provided each patient with a comprehensive geriatric assessment, including an evaluation of need for community-based services to enhance, maintain, or improve the patient's health, mobility, and socialization. The initial patient visit was conducted by either the geriatrician or geriatric-certified advance practice nurse. It included a detailed history and thorough physical examination. It included an analysis of functional status related to activities of daily living and need for family support; physical status check on mobility, gait, and fall history; mental status check of memory, dementia, and thought content; medical status check of bladder or bowel continence,

osteoporosis, and age-related sensory deficiencies; and advanced care planning related to living wills, durable power of attorney, and health care proxy.

The clinic has made excellent use of its location within the Kane Center. It has linked patients to the Center's adult day services, nutrition program, and care management. Information and referrals have been made to support groups, caregiver counseling, elder law attorneys, and organizations such as the Alzheimer's Association and American Parkinson Disease Association. Clinic staff has also assisted patients to obtain private duty home health services and medical supplies, helped with long-term care placement, and navigated state and federal benefits.

The clinic staff also provided on-site services to elders participating in Kane Center's programs. The staff provided health screenings, evaluated and treated minor emergencies, and filled orders for physical therapy for clients with mobility issues.

The staff shared its model of a geriatric specialty clinic, integrated with a senior multi-service provider, to encourage other aging services providers in smaller communities to replicate it. Presentations were made at the Florida Council on Aging conference. The model will also be shared at the Florida Association of Senior Centers' annual conference. The clinic staff is also preparing articles for the Florida Department of Elder Affairs newsletter and the National Council on Aging's National Institute of Senior Centers.

Three Houses of Worship Make Accessibility Improvements

Over the last few months, three Chicago-area houses of worship improved their facilities' accessibility with support from RRF's Accessible Faith Grant Program

Saint Frances of Rome Parish is a 3,000-member, Roman Catholic Church, located in Cicero. Thirty percent of its members are age 65 or older; most are Hispanic and low-income. The parish holds many worship and fellowship activities in the facility. In addition, the town of Cicero uses it for neighborhood watch meetings, and the Cicero-Berwyn-Stickney Anti-Hunger Foundation meets there.

Because of structural damage to the original church facility, it was razed several years ago, and all worship services and activities were moved to the elementary school building. However, the school building has three levels with several stairs between them, thus limiting access.

RRF awarded a \$30,000 Accessible Faith Grant to the parish to install an inclined platform lift in the school building, thus making all levels accessible. The project was successfully completed, although it cost more than anticipated due to additional expenses such as more complicated electrical work and installation of new smoke and fire detectors.

The project director indicated that, as soon as the platform lift was operating, more seniors began attending events. The first was the parish's Mardi Gras fundraising event, which helped raise funds for the accessibility project. With its new appreciation

of the value of accessibility, the parish has decided to invest in other improvements such as bathroom renovations.

RCCG Jesus House Chicago (Redeemed Christian Church of God) is a Pentecostal Church, located in Albany Park. Its 450-member congregation is almost entirely African and primarily low-income. Although only ten percent of its members are older adults, the congregation sponsors many programs that are well attended by its senior members and elders from the community. Activities include regularly scheduled health fairs and English as a Second Language classes, and meetings of the Albany Park Neighborhood Council and Neighborhood Community Initiative.

RCCG had previously installed a chairlift, which had to be taken out of service when the city required the church to reconstruct a rear stairwell and add a landing in that space. As a result, the main worship, meeting, and activity areas became inaccessible.

RRF awarded a \$30,000 Accessible Faith Grant to RCCG to install a Limited Use/Limited Application elevator (LULA) to provide access to these areas. The project was successfully completed although additional costs were incurred for plumbing and pipe work.

Despite the low-income level of its members, the congregation was able to raise the additional funds needed to complete the project. RCCG has seen a return of many elders who had stopped attending programs. In addition, elderly parents of church members have started attending.

Calvin Christian Reformed Church is a 230-member congregation, located in Oak Lawn. More than half of its members are low-income, older adults. In addition to many worship and fellowship activities, the church serves as a weekly shelter site and hosts many community groups for social and recreational purposes.

A \$20,000 Accessible Faith Grant enabled the congregation to construct its first accessible restrooms--one for women and the other for men. The project was successfully completed and even ahead of schedule.

Appalachian Elders Benefit from Home Improvements

In 2013, RRF awarded a ten-month, \$34,000 grant to the Christian Appalachian Project (CAP) to enable low-income seniors in seven distressed Eastern Kentucky counties to receive home repairs. To be eligible, a senior homeowner must be at least 60 years old, have an income below 50 percent of the area median income, and/or be diagnosed with a disability. Once an application is received, repair needs are assessed and scored. Projects are completed on the basis of severity of conditions and availability of manpower, materials, and funding. Emergencies are handled immediately. Annually, CAP volunteers repair approximately 100 homes; 20 percent are usually owned by seniors. RRF funds enabled CAP to complete 34 home repairs for 21 low-income older, disabled Appalachian residents--one more homeowner than anticipated.

Two-thirds of the senior homeowners received new ramps, which allowed them to enter and exit their homes safely. Three of these elders were confined to wheelchairs. Eleven elders had repairs made to their porches, including fixing broken steps and railings, and securing parts that were falling down. Other repairs included installation of new windows and leveling or replacement of floors. On average, senior homeowners received \$1,619 worth of repairs.

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. While we encourage candor, we recognize that grantees tend to report results in the most positive way.