

**THE
RETIREMENT
RESEARCH
FOUNDATION**

GRANT HIGHLIGHTS

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National Council on Aging and GreenPath Team Up to Assist Older People with Financial Security Issues

In 2015, RRF awarded a two-year, \$300,000 grant to the National Council on Aging (NCOA) to develop a national tele-counseling model to assist older people with financial security issues, including money management, budgeting, debt management, and housing counseling. NCOA partnered with GreenPath, a highly respected national, nonprofit financial counseling and education organization. Through NCOA's training, incorporation of its economic casework approach and online tools (including Benefits CheckUp and Economic CheckUp), it was anticipated that GreenPath would expand its existing call center to serve greater numbers of older people and serve them more effectively.

Objectives included the development and implementation of a training program for all GreenPath staff on the special economic needs of older people and NCOA's economic casework approach; incorporation of NCOA's online tools into GreenPath's counseling services; creation of a new toll-free number for GreenPath to expedite services for older people; deployment of a marketing plan to educate aging services providers and consumers about the new services; creation of standards of excellence; and implementation of quality control and oversight.

NCOA developed a series of four trainings, including two required courses and two electives. The required trainings focused on sensitivity to working with older people and how to use NCOA's online screening tools with GreenPath clients. As expected, all GreenPath Financial Wellness Experts (counselors), totaling nearly 220 during the grant period, participated in the required trainings, delivered through webinars. The elective trainings focused on public benefits, an introduction to the aging services network and prevention of scams. Results of pre- and post-training surveys indicated that the sensitivity training led to significant increases in Financial Wellness Experts' familiarity with issues involving serving older adults, improved capacity to communicate with and advise/counsel older adults, and greater feelings of empathy for the emotional and physical challenges associated with aging. The training covering the online tools led to significant increases in Financial Wellness Experts' knowledge of how to assist seniors in determining their eligibility for benefits and improving their economic security.

NCOA also collected qualitative data through interviews with Financial Wellness Experts. The GreenPath staff indicated they came to realize their stereotypes about older people's ability to use technology. They reported having more patience and understanding with their older clients after training as well as better ability to refer clients to local community-based organizations to follow through on applying for benefits. Referrals made on behalf of senior clients included state foreclosure and other legal services, assistance with heating/utility costs, employment services, food savings, social services, prescription savings programs, home repairs, income and property tax assistance, military resources, and health insurance.

During the two-year grant period, GreenPath counseled 46,443 senior clients; 60% were women. Areas in which they were counseled included: reverse mortgage, pre-filing for bankruptcy, mortgage delinquency and modification, budgeting, and debt management planning. Outcomes for clients counseled by NCOA-trained GreenPath counselors were positive. Some 53% of the older clients saw a significant positive financial impact. On average, clients experienced increased credit scores, expected to save more than \$400 per month through increased income or decreased expenses, and reported feeling less financial stress. Clients' credit reports at six months post-counseling were compared to credit reports at the time of their initial counseling session. There were modest, but statistically significant increases in their credit scores, with a baseline score of 654 increasing to 659. While the scores increased, they were still relatively low, reflecting the precarious economic status of GreenPath clients.

Slightly more than half of the 46,443 clients (24,806) whom GreenPath worked with during the two-year period (April 2016 to April 2018) were taken through a complete budget analysis. Post-session estimated savings or reduced expenses were calculated. Nearly 4,500 older adult clients were expected to experience \$9,395 per year in economic improvement due to debt management plan counseling. Nearly 20,500 were expected to experience \$5,336 per year in economic improvement as a result of mortgage counseling, pre-purchase mortgage counseling, mortgage modifications, and reduced mortgage delinquency. The remaining clients received other types of counseling such as reverse mortgage counseling, pre-filing briefing for bankruptcy, pre-discharge education for bankruptcy, and student loan counseling. These sessions did not result in a full examination of all income and expenses, and therefore, were not evaluated for economic improvement.

An additional Benefits CheckUp screening was performed on nearly 16,000 older adult clients counseled by GreenPath from October 2016 to February 2018. The value of the benefits these clients were eligible for totaled \$36.3 million. Benefits included the Medicare Part D Low-Income Subsidy, Supplemental Nutrition Assistance Program, Medicare Savings Program, State Pharmacy Assistance Programs, Medicaid, and Supplemental Security Income.

To promote GreenPath's new toll-free debt hotline for seniors, NCOA created a communications plan to inform the aging services network about this new, trusted referral source. A new landing page on NCOA's website was developed for

professionals that informs them about reputable debt counseling and provides instructions on how to refer clients to GreenPath. A button with GreenPath's information prominently displayed was added to NCOA's Economic CheckUp site. Postcards with GreenPath's information were mailed to NCOA's partners to distribute to their clients. NCOA also invested in online promotional ads through Google to promote the GreenPath hotline for older adults. NCOA recorded more than 87,000 clicks and reached 9.3 million online users through the ads.

GreenPath will continue to use the training modules with all new Financial Wellness Experts and the online tools provided by NCOA. The senior hotline will continue to be maintained. NCOA and GreenPath are in discussions about additional strategies to assist older people achieve better economic security.

Novel Digital Bingo Program Improves Older Adults' Function and Cognition

In 2015, RRF awarded a two-year, \$92,559 grant to Western Kentucky University School of Kinesiology, Recreation, and Sport to test a digital version of a novel exercise intervention called "Bingocize." The program combines physical exercise, health education, and Bingo and was created to engage older people in exercise by linking it with a favorite, highly social pastime.

In the digital version, called Bingocize 2.0, a leader spins a virtual Bingo wheel as participants watch on laptops or tablets at tables around the room. The spinner has traditional Bingo spaces and other spaces labeled "education" and "exercise." When the spinner lands on "exercise," two randomly selected activities from among 25 programmed into the game appear on the screen. Leaders read the selected exercise and guide participants in completing it; this typically requires about two to three minutes. Exercises cover both endurance and strengthening of all major muscle groups. During each 60-minute session, participants complete a minimum of 20 minutes of exercise. One leader calls the game, and the second helps participants who stretch and walk in place for five minutes as a warm-up before the game. While the spinner returns to Bingo or "education," participants may rest. Spins are controlled by the leader to assure balance among the three program elements.

When the spinner points to "education," a health-related question is displayed and subjects try to answer it correctly. Once all have responded, information is provided to explain and amplify upon the correct answer. The health education component of this project focused on preventing falls and managing osteoarthritis. The program occurred twice per week for 10 weeks.

The project involved a randomized clinical trial in which half the subjects were assigned to health education Bingo versus Bingocize with exercise, using the app version of the program. Specific objectives were to test whether Bingocize 2.0 improves

physical function, health knowledge acquisition and retention, and executive brain function in community-dwelling older adults.

The project recruited 147 participants and randomized 105. This was 20% more than expected. Older people were recruited from senior centers and independent living facilities in 14 Kentucky communities; 85 completed the study. Attendance averaged 94% across the 10 weeks of classes for both groups. Anecdotally, older adults reported that participating helped them make friends, and one group of participants decided to create their own ongoing exercise class to maintain gains.

Statistically significant (.05) improvements in strength were found in the Bingo with exercise group. Improvements, as measured on arm curls and chair stands, reflected better upper body and lower body strength respectively. The improvement in strength was particularly noteworthy because the investigator intentionally used fairly low-intensity exercise to assure participant retention in the program. A next step will be to test an increase in intensity to see if the benefits and/or attrition increase.

Both groups showed gains in health knowledge. The Bingocize group (with exercise) showed significant improvement in a cognitive function called updating, which reflects executive function, compared to no such improvement in the control group.

The Administration for Community Living has given Digital Bingocize 2.0 the highest level of approval as an evidence-based program. This means that service providers may use Older Americans Act Title III B funds to purchase the program. Already, older adults in nine states have begun participating in Bingocize.

The grantee received a \$773,000 grant from the Centers for Medicare & Medicaid Services (CMS) to conduct the program with 1,000 residents in 23 Kentucky nursing homes over the next three years. The project will engage 200 university students to assist with the program. CMS is considering expanding its support to include an additional 20 facilities, which would also involve high school students. Digital Bingocize 2.0 has also been added as a program option in *It's Never 2 Late*, a computer-based program available to 2,500 older adults and people with disabilities in 250 nursing homes, continuing care retirement communities, and adult day centers.

Just recently, the grantee received a \$469,000 grant from the National Institutes of Health to conduct a randomized clinical trial, using the mobile Bingocize app to reduce falls, increase health knowledge, and improve older adults' nutrition. The applicant reported that RRF's early support of this project contributed to the success of their federal grant application.

The Chicago Lighthouse Brings Fit & Strong! to Older People with Low Vision

In 2015, RRF awarded a 13-month, \$60,160 grant to The Chicago Lighthouse for People Who Are Blind or Visually Impaired to adapt Fit & Strong! for visually-impaired

older adults. Fit & Strong! is an effective strength training program for persons with osteoarthritis. The program has received considerable support from RRF.

Older adults with low vision are just as likely to develop osteoarthritis as those with sight. However, individuals with low vision generally find it more difficult to engage in exercise due to difficulty getting to the gym, using gym equipment, and fear of self-injury. The goal of the project was to adapt Fit & Strong! to make it safe and effective for those with low vision.

The Lighthouse convened focus groups with potential participants to learn what would be needed to make Fit & Strong! work for them. Many revisions to the program's teaching methods and training manuals were identified. Examples included the need for an on-site, sighted person to ensure participants used good form; rewriting and then reading clearly all instructions for each exercise; and arranging chairs to help participants remain in place as they exercised. The Lighthouse worked with Dr. Susan Hughes, developer of Fit & Strong!, and her team to revise the program accordingly.

A total of 44 participants enrolled in Fit & Strong! classes; 80% completed them. Those who missed classes cited transportation as the primary problem. Fit & Strong! had a positive impact on the participants, who improved significantly from baseline on two objective measures of strength: the Timed Up and Go, a measure of lower body strength, ($p < .02$); and the 2-Minute Step Test, a measure of aerobic performance ($p = .002$).

The Lighthouse created an audio CD describing all of the exercises and gave one to each participant to encourage them to continue exercising at home. The Lighthouse plans to make presentations on the project at meetings of the National Council on Aging and the National Association of Area Agencies on Aging. The organization hopes to become a permanent site for Fit & Strong! classes. It plans to reach out quarterly to at least four organizations serving older adults with vision impairment to recruit participants for additional sessions.

Occupational Therapy Enhances Caregiving for Older People with Dementia

From 2014 to 2016, RRF awarded two grants totaling \$133,250 to Memory Care Home Solutions (MCHS) to enhance and sustain its social intervention model for caregivers of a loved one with dementia. MCHS serves primarily low-income families in metropolitan St. Louis. MCHS uses a year-long community services model that includes home assessment, a customized care plan, caregiver education, connection to community resources, and assistive and safety devices. Its initial program included a three-hour home visit by a social worker or an occupational therapist (OT), followed by telephone conversations at three, six, and 12 months after the first visit.

The first RRF grant (\$88,000 over two years) enabled MCHS to add four OT visits to the program. The additional OT visits were expected to reduce healthcare and

hospital use and mitigate caregiver strain. The first OT visit occurred shortly after the initial home visit. The four extra OT visits occurred every week or two and were completed no later than eight weeks after the initial home visit. The OT visits were designed to reinforce skills taught to the caregiver at the initial visit. The OT provided more in-depth practical information to the caregiver, educated the caregiver about the impact of the environment on care recipients, and provided training to maximize function and manage problem behaviors of the loved one with dementia.

During the grant period, 373 families received initial home visits, home/patient assessments, and caregiver training from social workers and OTs, plus four additional OT visits. Most of the participants were low-income; 54% had an annual income below \$20,000; 34% had an annual income between \$20,001 and \$39,999. All clients received two attempts at follow-up visits at three and six months. A survey was mailed to them at 12 months.

Results at six months indicated positive effects for care recipients and caregivers. Care recipients had a 76% decrease in hospitalizations and 57% decrease in emergency room visits (far better than the projected 10% reduction). There was a 70% decrease in 911 calls. Almost 90% of caregivers reported the intervention helped them feel less stress overall; 49% reported feeling less stressed in managing dementia behaviors; 70% indicated they were more confident in their caregiving. Almost all reported increased knowledge of dementia symptoms and care strategies. Nearly 75% said they used strategies to reduce social isolation; 80% used strategies to address home safety; and 72% used community resources.

The third-year grant (\$45,250) enabled MCHS to continue the enhanced program. MCHS served far more families with more OT visits than anticipated during this grant period. The solid outcomes from the first two years continued for both the care recipients and the caregivers.

With third-year funding, MCHS was able to develop the infrastructure for, and test the feasibility of, invoicing Medicare for outpatient OT services provided in patients' homes. The goal was to have MCHS' services integrated as part of the therapeutic services provided to people with dementia covered under Medicare Part B. The process was complex and involved enrolling in the Medicare program, identifying changes needed in MCHS' information technology structure, securing a technology consultant to assist with changes to MCHS' equipment and systems, and writing policies and procedures for security, confidentiality, and billing. The OTs were trained on the new procedures and the tools for assessment, clinical care, and documentation. The Operations Director and Program Assistant were trained on OT billing and revenue management.

Because the Medicare credentialing process took longer than expected, services for only 14 families were billed through Medicare Part B during the grant period. The remaining 154 families were either covered by another health insurance source or received the visits at no cost to them. However, moving forward, the Medicare

reimbursement process will now cover the OT services. With diversified revenue streams, MCHS has created a more sustainable model and the new OT services have become an integral part of its program.

Two Grantees Benefit from RRF's OCB Flex Fund

The Jane Addams Senior Caucus and Hanul Family Alliance recently completed projects through RRF's Organizational Capacity Building (OCB) Flex Fund. RRF's Flex Fund awards short-term grants up to \$5,000 to enable grantees to respond to immediate capacity building needs. The funds can be used for readiness assessments to identify and prioritize capacity-building opportunities or for targeted consultations on particular capacity building issues.

In 2017, RRF awarded a six-month, \$5,000 OCB Flex Fund grant to the Jane Addams Senior Caucus (JASC) in partial support of its strategic planning process. The \$15,750 project was also supported by two other foundations. JASC is an independent, grass roots senior citizen advocacy group that focuses on issues such as affordable housing, health care, and public safety. It is one of the only senior-driven advocacy groups in Chicago.

The OCB grant enabled JASC to hire a consultant to guide JASC through an extensive planning process. The consultant conducted an environmental scan, a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis, and stakeholder interviews. JASC engaged more than 80 leaders, caucus members, and staff in visioning sessions, held two retreats, formed six work groups, and gathered feedback from stakeholders, including key allies and donors, in shaping the priorities of the plan. A new vision statement was created: "Jane Addams Senior Caucus envisions a world where all seniors can age with dignity and safety, free of violence, economic insecurity, ageism, sexism, racism, and other forms of oppression. A world in which all seniors are guaranteed quality affordable housing and health care and have the resources and supports to thrive, contribute, and reach their potential." The plan identified six priority goals to grow and diversify JASC's base and geographical reach and set strategic directions and action steps within each area, to be accomplished by 2021.

As part of its planning process, JASC established guidelines and criteria for use in helping the organization decide which new opportunities and community campaigns it should take on (referred to as "What to say yes and no to"). It developed a practical tool referred to as the "litmus test," which includes a series of questions to help weigh the merits and fit of new opportunities that may arise as JASC grows and opportunities change. This tool could be adapted by other organizations, and RRF may suggest that other OCB grantees try it where appropriate.

In 2018, RRF awarded a \$5,000 grant to Hanul Family Alliance to retain a consultant to help the organization explore strategies to expand its home care program to cover private pay clients. Hanul provides comprehensive community-based services

to meet the needs of Korean-American seniors and families to enhance their quality of life. It serves more than 7,500 older people annually through home care, congregate and home-delivered meals, health and wellness offerings, case management, benefit assistance, and English as a Second Language courses.

Home care is Hanul's signature program and its largest source of revenue. Historically, this service has been funded through the Illinois Community Care Program, which is limited to Medicaid-eligible clients. As such, it serves low-income older people or those who demonstrate particularly high need. Hanul wanted to explore the feasibility of a new enterprise that would offer home care to older adults who are not limited to the Community Care Program's eligibility threshold and would be able to pay for the service. The OCB grant enabled Hanul to engage a consultant to explore a private-pay home care business model.

The consultant worked with Hanul's staff and Board to develop a preliminary business plan and pro forma financial model that incorporated several important considerations, including challenges/risks Hanul would face entering a competitive marketplace, populated by many for-profit home care agencies; the advantages Hanul, as a nonprofit provider, could bring to the marketplace; preliminary metrics for financial and operational benchmarks for use in anticipating and assessing growth of the new venture; and suggestions for market positioning, staffing, and performance targets. The plan included considerations such as upfront costs and total investment required as well as the financial risks and benefits of entering this market.

As a result of the planning, the consultant recommended that Hanul move forward with a private-pay venture through a two-pronged pilot. The first phase would involve initial implementation to test the business model laid out in the plan. After a formal evaluation of the costs/benefits of the first phase, Hanul's Board could decide whether or not to move ahead with a second pilot phase. The aim would be to determine whether the venture could produce sufficient revenue to break even by the end of the third year. At this point, Hanul is considering various options.

Meals at Home Improves Fundraising through OCB Grant

In 2017, RRF awarded a one-year, \$28,820 Organizational Capacity Building (OCB) grant to Meals at Home (MaH) to improve its fundraising. MaH's focus was on expanding its base of individual donors and corporate sponsors. MaH delivers nutritious meals and provides supportive services to homebound older people, individuals with disabilities, or people who are unable to care for their nutritional needs. The organization serves the communities of Evanston, Skokie, and New Trier Township. It serves approximately 110 individuals each month; 80% are age 65+. With a small budget (just under \$300,000) and small staff (one full-time and three part-time), MaH depends on a corps of 275 volunteers to carry out its program.

Before submitting its grant request, MaH worked with a consultant to create a preliminary fundraising plan. The organization realized it would need to strengthen its infrastructure if it were to succeed in implementing the plan. With RRF funding, MaH was able to hire a part-time development coordinator for the first time in its history. It also updated its fundraising technology to improve efficiency and donor tracking capacity.

MaH was successful at putting essential building blocks in place for effective fund development. It standardized procedures to acknowledge gifts and recognize donors. It installed a new database and fundraising software to track donations more efficiently, segment donors for targeted solicitations, pinpoint prospects for increased giving, and retrieve lapsed donors. It selected Network for Good as its database and Flipcause, an integrated fundraising software program that allows online fundraising. It established expectations for all Board members' financial contributions.

MaH successfully met most of its objectives, and in some cases exceeded them. In FY 2018, MaH raised \$96,033 from individual donors; this compared favorably to \$57,000 raised in the prior fiscal year. Revenue from foundations, corporations, and organizations totaled \$207,862. This included \$100,000 from Glenbrook Meals at Home when MaH assumed administrative responsibilities for this similarly-focused organization. With \$107,862 raised from foundations and corporations, MaH far exceeded the \$69,000 figure from the previous year. MaH also netted \$56,360 in special events revenue, slightly exceeding its \$55,000 projection and more than doubling its previous year's figure.

MaH's Board demonstrated a much stronger commitment to the organization. Board members took a leadership role in MaH's 2017 IL Give Campaign and raised more than \$25,000 (including RRF's \$5,000 match). This was more than double the \$11,000 MaH raised in conjunction with its 2016 IL Give Campaign.

MaH intentionally focused on engaging its volunteers as donors. Volunteers were targeted for an additional challenge grant solicited for IL Give. Lists of volunteers were analyzed for major gift prospects. MaH is currently cultivating these prospects.

The addition of the development coordinator to manage MaH's basic fund development operations has freed up time for its Executive Director to work on major donor cultivation and new strategic directions. The Executive Director is now leading MaH's exploration of partnership options for more efficient and cost-effective approaches to food production. RRF awarded an OCB Flex Fund grant in partial support of this effort.

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