

## **Kenwood Oakland Community Organization Protects Housing for Bronzeville's Older Residents**

From 2016 to 2018, RRF awarded three grants totaling \$90,000 to Kenwood Oakland Community Organization (KOCO) to advocate for the preservation and improvement of affordable senior housing in Bronzeville. This near south side community runs from 35<sup>th</sup> to 47<sup>th</sup> Streets, and Lake Shore Drive to Cottage Grove. Bronzeville is home to 20,000 residents. More than 90% are African American; most are low-income; and half are age 55 or older.

Shortly before applying to RRF, KOCO began organizing older people in two Chicago Housing Authority (CHA) senior buildings to address substandard conditions. In 2016, KOCO began more formal organizing efforts. During the three-year grant period, KOCO recruited, trained, and engaged 126 older people as leaders of their buildings. Nearly 40% became "core leaders" who organize tenants and participate in Seniors for Justice, a group that works on community issues across generations.

KOCO has now built a leadership base in 15 senior buildings. In the third year alone, KOCO added six new buildings, representing 1,069 additional housing units, and doubled the projected number of buildings. When added to the previous two years' efforts, KOCO's community organizing efforts covered nearly 3,300 senior housing units.

The older residents organized around several issues, including security and safety, access to common spaces in buildings, and the need for repairs and mold remediation. Through a petition and letter-writing campaign to CHA, older residents got Oakwood Shores Senior Apartments to reopen a common area so that residents now have a place to congregate. Residents won protections against Drexel Square Apartments' attempts to retaliate against senior leaders who pressured for action to stop drug sales on the premises, repair elevators, and initiate pest control. Senior leaders used several strategies, including tenant organizing, tracking complaints, engaging the aldermen, and partnering with the Sargent Shriver National Center on Poverty Law (an RRF grantee) for legal protection. By engaging local elected officials, tenants were able to win 24/7 on-site security at multiple buildings in the Paul G. Stewart housing development. By combining media coverage with their organizing pressure, tenants won the replacement of a negligent management company in several buildings.

KOCO is committed to continuing tenant organizing and leadership development. In addition to addressing conditions in senior buildings that continue to need improvements, older residents will address two ongoing issues: access to public transportation and rent control. During the three-year grant period, older residents pressed the Chicago Transit Authority to re-open a bus line that had previously served

the area near some of the senior buildings. They will use a variety of advocacy strategies, including gaining support from city officials for a Community Benefits Agreement with the Obama Presidential Center, which would include transit demands.

The rent control campaign will continue. Some 20 groups have joined with KOCO to organize around rent control, which includes senior and multi-family buildings. The issue of rent gauging gained media attention when one of the tenant councils rallied around a resident whose rent had doubled. As a result of the alderman's engagement and pressure from the press, the tenant's rent was reduced and frozen for two years. While the resolution did not address the greater rent control problem, it did motivate other organizations to join the rent control campaign.

### **City of St. Louis Passes Property Tax Levy to Fund Services for Older People**

In 2016, RRF awarded a one-year, \$28,146 grant to Lutheran Senior Services, as fiscal agent for Seniors Count of Greater St. Louis. Seniors Count is a community initiative whose mission is to educate citizens in the city of St. Louis, and St. Louis and St. Charles counties about the everyday needs of older people. It is a formal coalition of more than 30 local agencies, hospitals, commissions, and organizations that are committed to raising awareness of serious gaps in funding and delivery of services to older people who wish to continue living in their community.

When applying to RRF, Seniors Count was in the midst of a public education campaign to highlight the need for local tax revenue to support organizations providing community-based services for older people. A referendum, called the Senior Citizens Service Tax Fund, was being considered by voters in three of Missouri's largest municipalities in and around St. Louis. These three areas had not yet taken advantage of a Missouri law that allows municipalities to enact a property tax levy to fund senior services. In the counties that take advantage of the property tax levy, a huge resource helps provide a continuum of affordable services to enable older people to stay in their homes.

Seniors Count had received significant funding from the Missouri Foundation for Health and Daughters of Charity Foundation to lay the groundwork for its advocacy campaign. However, as the project advanced and ballot deadlines approached, Seniors Count realized it needed to ramp up its outreach efforts. It approached RRF for support for additional administrative staffing and the campaign's educational materials.

Seniors Count used several strategies to build public awareness about the need for a tax levy for senior services. It recruited nearly 50 volunteers and trained them to become spokespersons. The volunteers made 237 presentations to a variety of organizations across three counties, including civic and community groups, houses of worship, and businesses (surpassing the projection of 150 presentations). Seniors Count also made excellent use of social media, achieving more than 3.7 million impressions. There were 26 newspaper stories and 11 radio and TV interviews. Informational flyers reached 93,000 households across the three target areas.

The referendum passed in the city of St. Louis, resulting in at least \$1.9 million per year for aging services organizations. A new organization, the St. Louis Senior Tax Fund, has been established to manage the funds. The first wave of funding was released in 2018. It focused on economic stability and falls prevention. The 2019 funding wave will focus on social isolation and homemaker services.

Passage of the levy in the city of St. Louis represents a huge victory for aging services providers, especially at a time when sustainability of services is so difficult. Although the referendum did not pass in the other two targeted areas, it came very close in St. Louis County where it lost by only 1%. The goal of Seniors Count is to get a tax levy referendum on the ballot in St. Louis County in 2020.

Seniors Count learned several lessons that will be used in future campaigns, including the importance of: a very focused agenda and saving the big push to 12 weeks before the referendum; planning such campaigns to coincide with non-presidential election cycles so there is less “noise” to break through; and sufficient staffing, especially during the last 12 weeks when there are more media requests to answer and more volunteers to manage.

## **Heart2Heart Expands Social Connectedness for Broward County Nursing Home Residents**

From 2015 to 2017, RRF awarded three grants totaling \$119,904, to Heart2Heart Senior Outreach of South Florida (H2H) to expand the recruitment, training, and connection of volunteers to lonely, older people living in residential settings. During the three-year period, H2H established the C.A.R.E. (**C**onnect, **A**dvocate, **R**espond and **E**ngage) model of volunteer recruitment and leadership development. The model is based on partnerships with churches that “adopt” and commit to serving one or more residential care centers. The churches agree to appoint a Volunteer Leader to oversee its volunteers. The leader assists with recruitment, conducts ongoing trainings, promotes timely reporting of volunteer hours, and supports volunteers who may be experiencing grief over the death of an older person whom they had befriended. H2H also used a smart phone application so that volunteers could easily report hours and submit brief stories about their visits.

During the three-year grant period, H2H expanded its partnerships with 27 additional churches. A total of 204 new volunteers were recruited and matched with 421 older residents in 30 residential care facilities. H2H began participating in a qualitative study by Walden University to determine the effects of volunteer visitation on lonely residents.

H2H developed SEMcare (The **S**ocial **E**motional **M**odel of Care), an interactive training program for their volunteers. SEMcare provides ideas and activities for volunteers that touch on the physical, psycho/spiritual, social/emotional, and cognitive/mental dimensions of well-being. H2H presented the SEMcare model at the 2019 American Society on Aging annual conference.

## Indiana University Studies Nursing Homes' Experience with Advance Care Planning

In 2017, RRF awarded a two-year, \$161,779 grant to Indiana University School of Medicine to augment a National Institute of Health-funded study of the implementation of POLST in Indiana nursing facilities. POLST is an advance care planning tool, which stands for **P**hysician **O**rders for **L**ife-**S**ustaining **T**reatment.

Preliminary findings from the NIH study indicated that POLST orders do not always align with current treatment preferences and could result in patients receiving care that does not reflect their wishes. However, the study only allowed data to be collected from patients with a POLST form. A lack of benchmark data about discordance in patients without POLST forms (e.g., standard practice) made it difficult to assess whether POLST is better or worse than the standard of care.

RRF funding enabled Indiana University to run a companion study of nine Indiana facilities that do not use POLST. The goal was to compare their experiences with facilities that use POLST. The investigators hypothesized that discordance between stated and documented preferences would be much greater in non-POLST facilities than in POLST-using facilities.

The investigators gathered data from 38 older patients and 45 surrogate decision-makers in nursing facilities that did not use POLST. Patients or the legal surrogates of incapacitated patients were interviewed about their current treatment preferences. The preferences were compared with the orders documented on file in the nursing facility. Discordance between existing documentation and current treatment preferences occurred in 66.3% (44 of 83) cases in the non-POLST facilities. Discordance was found in 40% of cases in POLST facilities. While significantly lower, this rate is still high.

The study compared discordance about resuscitation wishes and preferences for hospitalization and/or intubation. In the non-POLST sample, 20.5% had discordant documentation about resuscitation preferences and 56.8% for hospitalization and/or intubation wishes. This compared to 14.9% discordance on resuscitation preferences and 36% on hospitalization and/or intubation for POLST users.

When discordance was identified, interviews were conducted with participants to identify reasons for discordance. Key patterns included failure to let staff know preferences; non-documentation or incorrect documentation of expressed preferences; and a change in mind due to better information or an altered medical condition.

The project faced a challenge in finding nursing facilities that were not already using POLST. They initially relied on a database created two years earlier that identified whether or not skilled nursing facilities were using POLST. In the intervening two years, many more facilities adopted POLST.

Findings from this study will be presented at the annual conferences of the American Association of Hospice and Palliative Medicine and the American Geriatric

Society. The investigators are also preparing manuscripts for submission to various medical journals. Dissemination of the findings will hopefully raise awareness of the need for more frequent updating of documentation around end-of-life preferences.

## **Washington University in St. Louis Adapts “Stepping On” for Older Cancer Patients**

In 2015, RRF awarded a two-year, \$184,225 grant to Washington University in St. Louis to develop and evaluate a version of the evidence-based fall prevention program, “Stepping On,” for older people with cancer. Fall prevention is important for older cancer patients because they tend to fall more often and incur more significant injuries.

Several modifications were made to the Stepping On program to accommodate cancer patients. Content was added on topics such as chemotherapy-induced peripheral neuropathy and the relationship between chemotherapy side effects (i.e., nausea, vomiting, and diarrhea) with blood pressure, anti-hypertensive, and other cardiac medications. The program de-emphasized exercise progression because patients commonly reported finding it difficult to advance.

A series of eight group programs was offered over a seven-week period for eight to ten older patients and their caregivers. In total, nearly 50 patients and their caregivers participated; 78% of the participants completed all of the sessions. Given the patients’ medical condition, this was a significant accomplishment. The investigators learned that caregivers are often as frail, or frailer, than those for whom they are caring, and found that caregivers benefited from participation in the program.

Participants reported that they changed behaviors to reduce their risk of falling. A sub-sample of participants in the final two waves (nine patients and five caregivers) received a pre-post gait and balance analysis. This provided a more objective measure of change. Results for the sub-sample showed a statistically significant ( $p < 0.001$ ) improvement in balance on the Mini-Balance Evaluation Systems Test.

The project saw a culture shift on the part of oncologists who previously paid limited attention to falls. The clinical oncology teams continued to refer patients even after enrollment in the program had been completed. As a result, the grantee decided to submit a proposal to the National Cancer Institute for a phase 2 randomized trial. Older adults with cancer will be randomized to the adapted Stepping On program, or to the adapted program with added in-home medication reconciliation and personalized exercise advice, or to a control group.

The project’s investigators presented the findings at the 2017 and 2018 International Society for Geriatric Oncology (ISGC) meetings and at Barnes-Jewish Hospital. They have also submitted abstracts to the 2019 ISGC meeting.

## University of Iowa Studies Use of Medical Cannabis Among Older People

In 2017, RRF awarded a one-year, \$119,395 grant to the University of Iowa College of Public Health to conduct research on the use of medical cannabis among older adults. Information about cannabis use has been scant for this segment of the population, including user-reported benefits or negative effects that could harm the health of older patients.

The project enrolled 296 individuals, both users and non-users of medical cannabis. Thirty focus groups were held around the state. Almost all (293 of 296) of the participants also responded to a survey. However, not all answered every question. Only 150 answered the question of whether or not they use medical cannabis; 54% reported that they used it in the past year for medical purposes. Most of the sample (88%) said they would consider using it if needed. The most reported common uses of cannabis were for back pain (49%), arthritis (45%), anxiety (38%), depression (33%), and dementia (23%).

Only 29% of those with a medical cannabis card said that their primary care provider recommended cannabis, even though 74% had asked their doctor about it. The majority (55%) said they had to find their own recommending provider. Of the medical cannabis users, only 39.5% reported that their personal doctor even started a conversation with them about cannabis. Of those reporting use of medical cannabis, 87% reported improvements in overall health, well-being, and quality of life. Small percentages reported experiencing increased anxiety, distress, or fatigue.

Reported behavioral outcomes were primarily positive. Some reported that cannabis led to increased participation in wellness activities such as yoga (39%) and recreation and health promotion activities (52%). On the negative side, some reported experiencing a decrease in social connectedness (3%) and productivity (5%), and an increase in emergency/urgent care visits and overnight hospital stays (3%).

Moving forward, the investigators will be turning their attention to the role of the physician in relation to patients' use of medical cannabis. They will be examining the provider-patient relationship, the provider's knowledge and attitudes toward cannabis, and barriers to becoming a recommending physician. The University of Iowa College of Public Health has received a contract from the Illinois Department of Public Health to examine the Opioid Alternative Pilot Program and the Medical Cannabis Pilot Program. The study will uncover how older people find a medical director to approve their application, how much counseling they receive, or any financial barriers they experience in participating in the program. Such information will help identify viable ways to improve and/or expand these programs.

## **Social Work Staffing Improves Psychosocial Functioning and Discharge Outcomes for Patients in Skilled Nursing Facilities**

In 2017, RRF awarded a one-year, \$49,321 grant to Miami University to use national data to determine if the increased presence and level of social workers at skilled nursing facilities (SNFs) improves psychosocial functioning and discharge outcomes of SNF patients. SNFs provide rehabilitative services, often required after a hospitalization. SNF patients who have poor psychosocial functioning are less likely to have a successful rehabilitation and more likely to be re-hospitalized or transition to long-term care. Increasing the staffing of social workers might improve patients' quality of life, help them transition back into their homes instead of nursing homes, and reduce healthcare costs to the Medicare and Medicaid programs.

The objectives of the study were to examine how the presence and level of social workers affect psychosocial functioning of SNF patients in terms of depressive symptoms, cognitive or other behavioral problems, and discharge outcomes, including hospital re-admission, transitioning to long-term care, and discharge to the community. Data were drawn from several sources, including the Centers for Medicare and Medicaid Services, the Minimum Data Set from 2011 through 2015, Certification and Survey Provider Enhanced Reports, Area Health Resource Files, and self-collected state policy variables. Together, these built a patient-level dataset that includes all newly admitted Medicare post-acute patients in SNFs.

The study found that increasing the level of almost all types of staff in SNFs improved deficiency outcomes, but there was significant variation in which type of staff contributed to the most improvement. The study found that, even after accounting for wages, increased staffing of social services was the most cost-effective way to improve deficiency outcomes. Increased activity staff was the second most effective. Increasing the level of social service staff was more than twice as cost-effective as increasing nursing staff. The study found no association between social service staff qualifications and the number of deficiencies.

While staff qualifications in social service departments did not lead to improvements in deficiency outcomes, the study found that they did matter for outcomes of post-acute care patients. Using a greater proportion of social workers was found to have some effects on psychosocial functioning, such as better management of behavioral symptoms (e.g. rejecting care, wandering, behavioral symptoms directed at others, symptoms leading to harming oneself). Patients also were less likely to be prescribed antipsychotic medications. A greater proportion of social workers led to better discharge outcomes – with post-acute care patients more likely to be discharged home within 30 days, compared to remaining in the skilled nursing facility or being re-hospitalized.

The investigators had two papers accepted for publication in peer-reviewed journals, *Medical Care Research and Review* and *Industrial and Labor Relations Review*. A third paper is under review at the *Journal of American Medical Directors*

*Association.* The investigators also wrote a policy brief that will be published on the Scripps Gerontology website. A press release will be shared with a broad network of professionals in aging.

## **Advocates Win Passage of Illinois Medicaid Omnibus Bill**

Since 2017, RRF has awarded three grants totaling \$150,000 to the Legal Council for Health Justice (LCHJ) to protect the rights of low-income, older people in Illinois to receive medically necessary care through the Community Care Program (CCP) and Long-Term Services and Supports (LTSS). Vulnerable older people are currently subjected to extraordinarily long and illegal delays in the processing of Medicaid applications by the Illinois Department of Healthcare and Family Services (HFS). These delays hinder the Community Care agencies from serving eligible seniors; diminish the willingness of nursing homes to accept them; and increase evictions of residents due to pending Medicaid applications.

LCHJ has been building strategic partnerships and using impact advocacy to address the state's processing delays and has been working on the campaign to reform Illinois Medicaid. LCHJ served as the voice for older Medicaid recipients in the reform efforts. The organization contributed to the research on best practices in the Medicaid determination and redetermination process and helped educate Illinois policymakers on the consequences of the Medicaid backlogs for older people.

On August 5<sup>th</sup>, Illinois advocates and some three million Medicaid recipients won a huge victory when Governor Pritzker signed the Medicaid Omnibus bill (SB1321) into law. Effective immediately, the law calls for a major overhaul of the Illinois Medicaid program. It will make the processing of Medicaid applications, redeterminations, and payments to providers more timely and decrease the number of claims denials.

Key state agencies, including the Departments on Aging, Healthcare and Family Services, Human Services, and Innovation and Technology, will engage in cross-agency efforts to eliminate the application backlog that has grown to more than 120,000 and improve access to healthcare. The law requires a full review of the Medicaid redetermination process, leading to automatic renewal and assurance of continuity of care. An ex parte determination and redetermination process will be established so that eligibility data from other public programs can be used to streamline applications.

*Note: Most of the information for GrantBriefs comes directly from the 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.*