

National Home Care Medicine Registry Created

In 2013, RRF awarded a second year grant of \$98,803 to the University of California, San Francisco, in partnership with Johns Hopkins University, to create a national home care medicine registry and test it in three home care practices. A registry is an organized system for collecting uniform data for pre-defined scientific, clinical, or policy purposes. The registry gathers data for understanding clinical practice patterns, patient outcomes, safety, and comparative effectiveness. The data provide feedback to registry members to enable ongoing quality improvement.

In the first year, 15 home care medicine practices convened to develop a framework for the project, identify quality metrics, and survey house calls practices to learn their care delivery models. They came up with a set of recommended metrics for promoting cross-practice quality research and gained commitment from the practices to participate in a National Registry through which practice-based and field-level cost-effectiveness studies could be launched.

Second-year objectives were to design the features of the registry database and operations; create a data dictionary (a listing of the different variables or measures to be included); establish a user interface through which registry members enter and send data and receive automated reports; and set procedures for integrating data collection into care processes. Other objectives included clarifying a set of care quality reports to be sent to registry member practices; specifying business rules for assuring registry member practice compliance and responsiveness; testing registry software at three sites; and collecting initial benchmarking data.

All of the objectives were met with the exception of completing testing at all three sites. One of the sites dropped out due to a change in ownership. However, a third site was added, and testing will be completed soon. The project has raised an additional \$1.3 million to continue its work. Information about the project has been broadly disseminated. Four articles have been published, four more are in process, and 14 presentations were made. The Wall Street Journal also carried an article on the project.

Saint Anthony Hospital's Senior Wellness Program Serves Spanish-Speaking Elderly

In 2014, RRF awarded a third-year, \$15,000 grant to Saint Anthony Hospital to expand its Senior Wellness Program to Spanish-speaking elders. Saint Anthony is a 151-bed, faith-based nonprofit, acute care, teaching hospital, on Chicago's southwest

side. Its Senior Wellness Program serves Archer Heights, Brighton Park, Little Village, McKinley Park, New City, and North Lawndale.

The Senior Wellness Program ensures that older adults have a home base for medical services and patients keep their appointments and receive needed care. The program helps seniors understand Medicare and assists them in applying for eligible programs. It also provides health education through the Senior Breakfast Club.

As a result of considerable community outreach, the number of senior participants increased to 750; there were 53 new Spanish-speaking clients. The Senior Wellness Program facilitated approval of 86 applications for health and prescription drug benefits, including Medicare subsidies for nearly 50 low-income seniors. Two Breakfast Club meetings were conducted in Spanish for 85 seniors. The number of seniors receiving case management services rose from 17 in 2014 to 166 in 2015.

During the past few years, the number of senior participants increased more than six-fold. The number of Spanish-speaking clients grew dramatically, from 15 to 224. With the addition of a bilingual community resource educator and active outreach, the Senior Wellness Program has been quite effective in connecting and encouraging seniors to use every possible resource to remain healthy and active. The hospital is committed to continuing the program.

Johns Hopkins Launches RRF Scholars Program in Behavioral Intervention Research

With a \$15,000 grant, the Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing held its first RRF Scholars Program in Behavioral Intervention Research this past summer. The program trains and mentors scholars in developing, testing, and implementing novel behavioral interventions that have the potential to change practice and improve health outcomes for older adults and their families. The program uses the participants' research interests as the structure for training them to become better clinical investigators in aging.

RRF provided funding for nine scholars to attend the Center's two-week training program. These scholars were part of a larger cohort of 54 pre- and post-doctoral students and faculty from a variety of disciplines, including audiology, health education, nursing occupational therapy, social work, sociology, medicine, public health, and human development.

Five days were allocated to training and the other five days focused on networking, mentoring, and project development work. Sessions addressed advanced methodological designs, dissemination and sustainability, and logistical considerations in intervention research such as team-building, staffing, and manual development. Participants received guidance in developing a competitive application to test their intervention. Sessions were highly interactive with small group discussions and consultations with experts.

Sixteen participants responded to an initial follow-up survey; 75% felt they had made progress on advancing their protocol. Two-thirds indicated they had concrete plans to submit proposals for funding within the next six months to sources such as the National Institutes for Health and the American Occupational Therapy Association Foundation. The Center plans to do additional follow-up to assess further progress.

St. John's Lutheran Church Improves Accessibility

In 2014, RRF awarded a \$30,000 Accessible Faith grant to St. John's Lutheran Church to construct a vertical platform lift. Located in Hebron, St. John's is a 250-member congregation, composed of a high percentage of low- and low/middle-income seniors. In addition to many fellowship activities and worship opportunities, the church conducts the Celebrating Seniors Program for its members and the community. The program provides social activities and weekly health screenings such as blood pressure checks, foot care, and consultations with a registered nurse.

Located in a rural community, St. John's provides the largest public meeting space in the area. Thus, accessibility is especially important. Prior to receiving RRF funding, there was no accessible route to the building's three levels. The Accessible Faith grant partially supported construction of a vertical platform lift to provide access to all levels.

The project was completed successfully and ahead of schedule. In addition to the platform lift, other improvements were made such as construction of an overhang to shelter from bad weather, repairs to the sidewalk area outside the entry, and accessible entry doors. The cost of the project increased slightly, but the congregation secured a grant from the McHenry County Community Foundation and conducted other fundraising to cover additional expenses.

There have already been immediate benefits from the accessibility improvements. The Salvation Army has begun serving congregational meals twice weekly, and Celebrating Seniors activities have had an increase in attendance.

Jewish Family & Community Service Volunteers Address Social Isolation of Southwest Florida Seniors

In 2014, RRF awarded a third-year grant of \$31,543 to Jewish Family & Community Services of Southwest Florida (JFCS) for its Senior Outreach and Support Program (SOS). This volunteer-based, multi-faceted program addresses social isolation of frail seniors in Naples and surrounding areas. RRF helped JFCS launch the program, which is now stable and self-sustaining.

Recipients of JFCS services are primarily low-income; 70% live at or below the poverty level; 75% are female; and 70% live alone. SOS volunteers themselves are primarily older adults, ranging in age from 60 to 88. The program therefore provides a social outlet and sense of purpose for the volunteers in addition to benefiting its elderly

clients. Nearly two-thirds of new volunteers were referred to the program by current volunteers; more than 80% of the volunteers have become JFCS donors.

In the third year, just as in the previous two, JFCS exceeded objectives. By the end of the grant period, JFCS had recruited 158 volunteers (the projected goal was 130); the retention rate is more than 90%. At least half of the SOS volunteers serve in more than one capacity. By the end of the third year, SOS volunteers served nearly 800 seniors (far exceeding the projected goal of 310).

Volunteers: provide friendly visiting for frail homebound seniors; drive seniors to life-sustaining and quality-of-life appointments; do telephone reassurance; and assist at the JFCS Naples Senior Center. The Senior Center, the first in the Naples area, opened in 2014, thanks to a successful capital campaign led by a SOS volunteer.

More than one-third of the volunteers serve as friendly visitors--typically a difficult volunteer position to fill. Nearly 25% serve as drivers and escorts to appointments. Volunteers also serve in the congregate meal program at the senior center, lead senior center activities, assist in the food pantry, and provide one-on-one assistance to seniors in two, dementia support groups.

Volunteers have become the backbone of the Senior Center, which has nearly doubled in space and grown exponentially in membership and programming. Three years ago, the Center provided its first congregate lunch to 22 seniors. On average, 185 seniors now gather for a congregate meal each week. Thirty volunteers serve meals on a rotating weekly basis.

The success of SOS can be attributed in part to the support provided to the volunteers, including careful screening, orientation, and ongoing training. There are monthly education and peer support meetings and regular recognition events. JFCS annually surveys its volunteers; 97% reported satisfaction with their volunteer experience, and 93% indicated they plan to continue in their volunteer roles.

This professionally managed volunteer program is now well established. In the first year of the program, the manager served half-time. By the end of the third year, the position had become full-time. The program is now supported by JFCS's general fundraising and a grant from Volunteer Florida.

Deterioration in Perceptions of Quality of End-of-Life Care

In 2014, RRF awarded a one-year, \$107,179 grant to Brown University School of Public Health Center for Gerontology & Healthcare Research to study whether perceptions regarding the quality of end-of-life care, from the point of view of close relatives of Medicare beneficiaries who have died, has improved or worsened over the past 15 years. The research was conducted by Joan Teno, M.D., one of the nation's leading experts on end-of-life care. Dr. Teno analyzed 2011 and 2012 National Health and Aging Trends Study data and claims data from the Medicare Beneficiary Summary file and compared them to her follow-back survey of family members.

Three significant findings emerged from Dr. Tenoc's analysis. First, perceived quality of end-of-life care has actually declined, rather than improved. This is especially true for symptom control. Second, there was neither perceived improvement nor decline in the perceived ability of the healthcare system to address spiritual and emotional needs of terminally ill patients. Third, close relatives of loved ones who had received hospice and palliative care reported more positive experiences than those whose loved ones had not received such care. This third finding underscores the need to increase awareness among terminally ill patients and their families of the benefits of hospice and palliative care services and encourage their earlier use.

Dr. Teno developed a set of quality measures to document potentially burdensome care transitions at life's end. She found that high percentages of vulnerable elders who died had experienced one or more of three burdensome transitions. The three transitions include: 30-day hospital readmission; multiple hospitalizations in the last 90 days of life; and a move to a different care setting within the last three days of life. More than 25% of bereaved family members and close friends of the decedent reported that their loved ones experienced one of these burdensome transitions shortly before death. In each case, families of loved ones with one or more of these transitions reported negative feelings regarding quality of end-of-life care for their loved ones. They reported not being kept informed about all care decisions, unmet spiritual support, and lack of respect for their loved one.

Dr. Teno prepared several papers for publication and presentation. An article was published in the August 2015 issue of the *Journal of Palliative Medicine* (The Care for the Dying Improving in the U.S.?). An abstract has been accepted for presentation at the 9th World Research Congress of the European Association for Palliative Care this summer.

The National Health and Aging Trends Study will continue at least until 2021, and Dr. Tenoc's work will form the basis for continued research. With enormous changes in the delivery of healthcare and the rapidly aging population, tracking trends will become increasingly important in shaping the quality of end-of-life care.

American Medical Directors Association Updates Clinical Practice Guidelines

In 2013, RRF awarded an 18-month, \$95,183 grant to the American Medical Directors Association Foundation (AMDA) to update and disseminate clinical practice guidelines for diabetes, chronic obstructive pulmonary disease (COPD), and heart failure for use by professionals working in long-term care settings. The goal is to improve the quality of care delivered to patients in long-term care facilities who have a history of these conditions by guiding care decisions and defining the roles and responsibilities of appropriate care staff around these medical conditions.

Annually, AMDA's Clinical Practice Committee investigates the current medical research for specified clinical conditions; independently evaluates each of the AMDA guidelines against established criteria; and ranks the guidelines according to the

urgency of their need for update. AMDA's clinical practice guidelines are used by thousands of long-term care providers nationally. The guidelines are distributed by Quality Improvement Organizations and are included in the Agency for Healthcare Research and Quality's National Guideline Clearinghouse.

AMDA achieved its objectives. It successfully organized working groups to revise, evaluate, and finalize the new guidelines. It conducted a survey to gauge AMDA members' use of the guidelines. The clinical practice guidelines were seen as extremely important by 54% of respondents, and 58% indicated the guidelines should be targeted to non-physician providers as well. The survey informed AMDA about ways different healthcare practitioners use the guidelines and the relevance of various topics. Members indicated that the important education/information resources were guidelines in post-acute/long-term care settings, transitions of care tools, and mental health resources. Subject areas considered most important included delirium, dementia, falls and fall risk, pain management, pressure ulcers, and acute change in conditions.

AMDA disseminated the new guidelines to approximately 5,600 members through its professional journal. Additional dissemination will occur this spring. AMDA will inform approximately 30,000 long-term care health professionals through emails to its membership and the National Association of Directors of Nursing Administration in Long Term Care.

Project Tests Use of Senior Volunteers in Facilitating Sleep Intervention for Older Adults

In 2014, Education, Training and Research Associates (ETRA) received a third-year grant of \$69,950 to explore the feasibility of using senior volunteers to implement a sleep intervention for older adults with mild cognitive impairment who live in residential care facilities for the elderly. The project built upon RRF's previous two-year grant to ETRA for an existing cognitive behavioral therapy (CBT) intervention for insomnia. The two-year study assessed if CBT adaptations, such as repetition and increased opportunities for practice, could help older adults with mild cognitive impairment and sleep disorders.

During the first two years, ETRA revised and adapted the CBT manual and gathered recommendations from professionals and frontline staff on program adaptations and intervention delivery. It conducted an efficacy trial to test the adapted manual and intervention (a six-week interactive "Sleep Class") on 28 residents with mild cognitive impairment living in independent and assisted living facilities. Participants were enrolled and randomized into treatment or active control groups. Recipients of the adapted CBT intervention showed improvements in both objective and subjective ratings of sleep quality. Group attendance was excellent, and there was little attrition. The intervention was met with high levels of acceptability by residents and staff.

The third-year study built on this research by exploring the feasibility, implementation fidelity, and effectiveness of using trained senior volunteers from the community to implement the sleep intervention. Trained volunteer facilitators were expected to achieve levels of implementation fidelity comparable to the clinicians who

implemented the intervention during the initial, two-year study. At post-intervention, residents with sleep disturbances who participated in the intervention were expected to show significant improvements in objective measures of sleep-onset latency, wake time after sleep-onset, total sleep time, and sleep efficiency, as measured by an actigraph. Residents were also expected to show significant decreases in reported frequency and severity of insomnia symptoms, compared to the control group, as measured by the Insomnia Severity Index.

Although fewer volunteers were trained, they did implement the intervention. Measures of the project's implementation fidelity showed no difference in levels of implementation between the first wave of the program and the second, volunteer-facilitated wave.

Post-intervention program assessments, including self-evaluation and the Insomnia Severity Index, showed that the seniors who participated fully in the Sleep Classes experienced improved sleep. The study also revealed that participants who had more prominent sleeping issues were more likely to drop out prematurely. However, the sample size was not adequate to determine significance.

The project showed positive preliminary results and indicated that the sleep intervention could likely be administered by volunteers. These preliminary results point to the possibility of a sustainable, replicable model for delivery of the sleep intervention. Stanford University (host of the Chronic Disease Self-Management Programs) recruited the project's PI to continue this important work.

Chinese Elderly Benefit from Matter of Balance

In 2014, RRF awarded a third-year, \$65,000 grant to Chinese American Service League (CASL) for Matter of Balance (MoB). Support for the program over three years totaled \$195,000. MoB is an evidence-based program to help reduce fear of falling; stop the cycle of falling; and increase activity levels among community-dwelling older adults. In the first year, CASL translated the MoB Coach Handbook into Chinese (Cantonese and Mandarin) to facilitate the program's lay volunteer model. The Handbook was used in the second and third year of the program.

The third-year goal was to recruit and train six to eight additional seniors as MoB coaches. The coaches would help teach new MoB Courses. The new coaches would work either with Master MoB trainers or experienced coaches who were trained during the second year. CASL planned to offer nine MoB courses, with eight classes per course, for 90 seniors. As with the previous two years, the goal was to have at least 80% of the participants complete the course and achieve an 80% attendance rate.

CASL recruited and trained an adequate number of volunteer coaches, but a couple had to drop out. Nevertheless, CASL was able to achieve its goals because it had trained several staff members to supplement the volunteer coaches.

Nine MoB courses were offered to 100 seniors. Ninety-two seniors completed the classes, with an 80% attendance rate. Thus, CASL exceeded its projected numbers. CASL attributed high attendance to the participants' enjoyment in practicing MoB exercise and interactive activities. They particularly enjoyed role plays, leading exercises for their peers, and discussions in which they shared their experiences and knowledge.

As in the first two years, participant surveys provided positive results following the classes. Participants indicated they were more comfortable talking about fear of falling (93%); changed their environment to reduce fall risk factors (88%); felt comfortable increasing their activity (97%); and planned to continue exercising (100%).

Over the three-year period, CASL delivered 21 courses in total, with at least eight classes each year. A total of 243 seniors participated, (exceeding the goal of 170). Nearly 90% completed the course (exceeding the 80% goal), and attendance was 80% (meeting its target).

CASL used several strategies to promote MoB in the Chinese community. It produced flyers in Chinese and English and posted them in senior housing, on site, and on CASL's website. During National Fall Prevention Awareness Day, CASL held a "Take a Stand to Prevent Falls" event for nearly 100 seniors. A video which was produced in conjunction with the "Take a Stand to Prevent Falls" event, won third place in the 2015 Falls Free Video Contest sponsored by the National Council on Aging; the video can be viewed at <https://www.ncoa.org/healthy-aging/falls-prevention/falls-prevention-awareness-day/2015-falls-free-video-contest-winners/>.

Information about MoB appeared in the Chinese newspaper and the Pine Tree Senior Council's newsletter. The program was also promoted at CASL's Adult Day Services. CASL shared its experiences and the translated Coach Handbook with agencies that are members of the Chinese Immigrant Service Agency Network International and the National Asian Pacific Center on Aging.

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.