

Continuity of Care Improves for Chicago's High-Risk Elders

In 2014, RRF awarded a second-year grant of \$79,230 to the University of Chicago (UC) for a home-based primary care program serving medically complex, homebound elders, age 60+, at high risk of hospitalization. UC began the program in 2013 to facilitate enrollment of subjects into its ongoing Comprehensive Care Physicians trial (funded by a Center for Medicare & Medicaid Services' Innovations grant). The program was testing whether assigning complex patients to one doctor to oversee all of their care, even when they are hospitalized, assures sufficient continuity of care to make the service more cost effective by limiting avoidable hospitalizations and emergency room visits.

To address the challenge of enrolling patients who are homebound and unable to get to their doctor, UC launched a home-care arm of the program to bring primary care to underserved homebound patients. RRF funds were used to hire an outreach worker/service coordinator for the home-care arm of the study. A primary care doctor with strong passion about and experience in very low-income and under-resourced communities was also hired. If the program reached 100 patients, the ancillary revenue generated by the patients (for pharmacy, laboratory, emergency room, and necessary hospital stays) would hopefully convince the UC health system to provide continuation support.

The program succeeded in enrolling more than 100 homebound patients. However, the caseload at any one time remained closer to 75 because of the high mortality rate of these very complex patients. Preliminary findings from the larger coordinated care demonstration documented a 15% decline in re-hospitalizations and cost savings. However, the number of UC home-care patients was not large enough to compare the effect of home-based coordinated care vs. care for the larger group of study subjects who received outpatient care in the UC clinic system.

In its final report, UC emphasized the challenge of addressing the social service and emotional needs of the home-care clients and their caregivers. The report indicated staff was overwhelmed by the needs of very low-income families for multiple services, including palliative and end-of-life care, transportation, personal care assistance, and navigation of social, health and rehabilitation systems. The staff was struck by the high burn-out and burden of the caregivers. To deal with these challenges, UC supplemented the program with an additional experienced social worker.

At the end of the grant period, UC committed to continue the home-care program with its own funds. UC joined the Home Centered Care Institute's Chicago area network to learn how the program could be run more effectively.

Low-Income Workers Learn Advantages of Delaying Social Security Benefits

From 2013 to 2015, RRF awarded the National Academy of Social Insurance (NASI) three grants totaling \$215,000, to educate lower-income older workers about the advantages of working longer, when possible, to delay receiving their Social Security benefits. RRF's grants complemented funding NASI received from the Alfred P. Sloan Foundation.

In the project's first two years, NASI created a toolkit of resources for older workers on claiming Social Security and worked with many organizations to reach targeted populations who could benefit the most from NASI's information. The toolkit includes a brief, *When Should I Take Social Security? Questions to Consider*; a short video, *Social Security: It Pays to Wait*; and a fact sheet and brochure, *When Should I Take Social Security?* Based on feedback from organizations using the materials, NASI created additional resources for dissemination in the third year and expanded outreach through in-person meetings, social media, and electronic communication.

NASI developed two new products in English and Spanish. The first is a colorful, 8- to 12-page fact sheet on the advantages of waiting even a few years to take Social Security, using real-life examples with graphics and tables. The second is an infographic for adult children of workers who are thinking about when to claim Social Security.

NASI partnered in outreach and dissemination with the National Urban League, National Women's Law Center, and the National Council of La Raza. It had future plans to partner with the National Association of Social Workers and Generations United. NASI distributed its materials at several conferences, including Latinos for a Secure Retirement; The State of America Retirement: Navigating the Gender Imbalance; the National Savings Forum; and the National Aging and Law Conference. NASI also presented at several webinars and promoted its educational materials through social media. By the end of the grant period, NASI's videos had been viewed 66,000 times; 16,500 copies of the toolkit materials had been downloaded; and nearly 11,500 hardcopies of its publications had been distributed to intermediary organizations and the public.

Wisconsin Institute for Healthy Aging Expands Referral System for Health Promotion Programs

In 2015, RRF awarded a second-year grant of \$64,334 to the Wisconsin Institute for Healthy Aging (WIHA) to expand its partnership with health care clinics, with the goal of increasing referrals of older adult patients to evidence-based health promotion programs. WIHA is a regional training center and technical assistance provider for evidence-based, healthy aging programs in Wisconsin, including the Chronic Disease

Self-Management Program, Healthy Living with Diabetes, Stepping On (a falls prevention workshop series), and Powerful Tools for Caregivers (a caregiver support program). In the first year, WIHA began building the partnerships, finalized the project's design, and formalized referral systems with six clinics.

The partnering health care providers agree to engage their patients in active dialogue about the various health promotion programs; facilitate patient participation by writing a "prescription" for the program or signing-off on a referral form. WIHA links the patients systematically with a community-based partner that coordinates scheduling and transportation; and updates the physician about patient participation.

During the second year, WIHA successfully formalized partnerships and developed tailored referral procedures with 10 clinics/health plans, including six that renewed from the first year and four new ones. The clinics cover both rural and urban parts of Wisconsin and serve diverse low-income seniors, including Latinos, African Americans, Native Americans, and Caucasians. More than 250 seniors were referred and engaged in full rounds of the healthy aging workshop series. There were 24 full rounds of evidence-based workshop series completed during the grant period.

WIHA was selected by the Administration for Community Living (ACL) to be one of 11 community-based organizations from across the country to participate in ACL's Business Acumen Learning Collaborative. Through this intensive learning experience, WIHA developed a "value proposition," which it used successfully in approaching healthcare systems and third-party insurance companies about business development opportunities. As a result, WIHA established contracts with three insurance companies and now receives revenue for the workshops it delivers to individuals insured by these companies.

IL Pioneer Coalition Educates Consumers on Culture Change

In 2014, RRF awarded an 18-month, \$50,000 grant to the Illinois Pioneer Coalition (IPC) to expand a successful consumer education campaign on culture change. IPC's mission is to encourage and enable nursing homes to shift their culture of care from one that is depersonalized to one that is more life-affirming, engaging, and person-centered. IPC holds local, regional, and statewide trainings and develops and disseminate educational resources. With an earlier RRF grant, IPC developed a booklet, *Your Way: How to Find Dignity and Choice in a Nursing Home*. The booklet takes consumers through the process of considering whether they need nursing home care and, if so, how to find a person-centered provider. IPC trained facilitators and culture change leaders from four communities to use the guide in community presentations. The earlier project reached nearly 1,650 consumers, substantially exceeded its objective of 950. A survey of consumers found that the booklet was used in visits to nursing facilities, in talks with families about nursing home choices, and in conversations with others about the issues.

The continuation grant enabled IPC to take its educational campaign state-wide. IPC reached all 102 counties in Illinois; disseminated 4,320 copies of the *Your Way* booklet, and increased exposure among care managers who then had conversations

with consumers about their long-term care options. IPC also helped prepare nursing home providers for consumers who would be better educated about culture change and encouraged the providers to engage in culture change. IPC found that 81% of individuals who received the book said they would be using it in the next six months.

IPC held presentations in libraries, senior centers, doctors' offices, meals programs, and Area Agencies on Aging and their networks. The aging services network assisted with distribution of flyers about the booklet. Sixteen groups held community meetings with elders, trained care managers, and distributed flyers to home delivered meals recipients. IPC also received news coverage, and the Greater Illinois Alzheimer's Association included a story on the project in one of its monthly audio conferences. Public advertising of the booklet continues, and a public relations specialist has been improving web exposure to the project by using Google Analytics and YouTube videos.

The goal of reaching out to long-term care providers to encourage culture change practices was the most challenging to meet. Few chose to come to IPC's presentations, although IPC did reach Sunrise Senior Living, which has 18 locations, Heritage Enterprises with 48 facilities, and Legacy Healthcare with 35. Telligent, the quality improvement organization for Iowa and Illinois, sent a letter to every nursing home in Illinois to make them aware that consumers would become better educated about culture change, which should serve as an incentive to facilities to engage in person-centered care.

University of Iowa Studies Disaster Preparedness for Older Adults

In 2014, RRF awarded a one-year, \$96,180 grant to the University of Iowa/College of Public Health to study the functioning of the public health network system for disaster preparedness and response for community-dwelling elders in Eastern Iowa. In Iowa, 15% of the population is age 65 and older; nearly half live alone; 145,000 have disabilities. The need for a disaster response system is critical. The long-term goal of the project was to develop a model to improve disaster outcomes among rural older adults to be shared nationally.

The project focused on two counties (Johnson and Linn) and worked with two disaster-response coalitions that were formed in response to Iowa floods in 2008. Though both coalitions and their 45 organizational members work to help their communities in disasters, their exact roles and awareness of local residents were not apparent.

The project identified and surveyed the disaster-response organizations in the two counties, assessed the number of collaborations that organizations had and the level of collaborations. The project found that whereas disaster assessment and information exchange was strong, other forms of collaboration such as equipment sharing and support for older residents were weaker. Although 75% of the 45 organizations in the two coalitions work regularly with seniors in their communities, only 20% reported helping older adults with emergency preparedness.

Preliminary findings were shared with participating coalitions. A list of local organizations involved in disaster-related activities to serve community-dwelling older adults, their roles and contact information, was distributed to all local organizations serving older adults. The project developed a toolkit to be used by service providers to help older adults develop emergency plans. Manuscripts were prepared for publication to disseminate findings nationally. At the close of the grant, most of the organizations had agreed to continue to strengthen their partnerships.

Broadcast on Family Caregiving Expands Reach to Hispanics

In 2014, RRF awarded a 16-month, \$51,000 grant to Terra Nova Films to disseminate a pre-recorded town hall meeting to the nation's major urban centers that have large Hispanic populations. A year earlier with RRF support, Terra Nova worked with Univision, the Spanish-language television network, to produce the 58-minute broadcast, entitled "A Town Hall Meeting on Family Caregiving for Alzheimer's Disease in the Hispanic Community." The goal of the project was to reach as many people as possible by airing the Town Hall meeting on television stations across the country.

The project successfully reached the intended audience. A total of 67 stations broadcast the program. Four live town meetings with expert panelists were held in Texas, one of the targeted states. The meetings attracted a total of 174 attendees and 7,430 viewers. The production was honored with the Chicago/Midwest television Emmy for "Outstanding Achievement for Public Affairs/Current Affairs Programming-Program/Special."

The documentary was broadcast by networks across the states at different times. Terra Nova estimates the broadcasts reached nearly 100 million people but acknowledges that the estimates are based on the demographics of viewers, rather than on hard numbers. Data regarding whether viewers watched the entire program or only a portion of it were not available.

H.O.M.E. Re-establishes Residential Moving Program

In 2015, RRF awarded a second-year, \$60,000 grant to Housing Opportunities and Maintenance for the Elderly (H.O.M.E.) to continue rebuilding its Moving Program, which it had suspended during the economic downturn. The Moving Program helps elders with a move to a different living space, including downsizing from a larger to a smaller home, from a walk-up building to one with more accessibility, or from independent living to supportive housing. H.O.M.E. had operated the service for more than 25 years but suspended it in 2009 due to funding challenges and the program's increased infrastructure costs.

With RRF's support, H.O.M.E. was able to re-design the Moving Program to create one with more flexibility and lower overhead. H.O.M.E. now provides

moving coordination and support to the senior, but subcontracts with pre-selected commercial movers to perform the actual move. This structure greatly reduces H.O.M.E.'s cost of service delivery since it does not incur the fixed expenses for vehicles, drivers, and moving personnel.

H.O.M.E. successfully established partnerships with two commercial moving companies, Big "O" Movers and Two Men & A Truck, which are available on an as-needed basis. H.O.M.E. hired a part-time Moving Coordinator who provides individualized assistance during the moving process. It established a sliding-scale, fee-for-service to maximize revenue opportunities, while respecting some seniors' limited ability to pay.

During the grant period, the program moved 46 seniors. An additional 24 seniors began the process of scheduling a move and received home visits from the Moving Coordinator to prepare and organize the move, but they dropped out of the program before the move was completed. The drop out was due to delays by the Chicago Housing Authority, which made scheduling difficult, and emergencies related to sudden evictions, unanticipated health changes, and other crises.

The goal was to achieve high satisfaction ratings by at least 75% of clients. According to survey responses, 83% of clients rated their move as more satisfactory than previous moves. Another goal was to have all clients fully ready on moving day, with belongings packed appropriately, paths clear in and outside clients' homes, and logistics and payment details in place. All clients met H.O.M.E.'s moving day readiness criteria.

Because most of the clients were very low-income, they could only cover 10% to 20% of their moving costs. H.O.M.E. is committed to maintaining this important service. With commercial movers unlikely to provide *pro bono* services, H.O.M.E. will be looking at fundraising strategies to subsidize the program with increased fees paid by higher-income clients.

Kenosha Seniors Receive Vouchers for Healthy Foods

In 2015, RRF awarded a seven-month, \$24,575 grant to the Racine Kenosha Community Action Agency (RKCAA) to expand its Senior Fruit and Vegetable Voucher Program. This program provides access to locally grown fresh fruits and vegetables for low-income older adults living in Kenosha, Wisconsin. RKCAA's goal was to strengthen its network of partners to promote and distribute the vouchers so that 300 low-income older adults would receive them, and achieve a 90% redemption rate (i.e., actual use of the vouchers).

During the grant period, RKCAA provided vouchers to 287 low-income seniors to purchase locally grown, fresh produce. Although slightly below its goal of 300, the program served almost twice as many seniors as in the previous year

and increased the average redemption rate to 84%. Almost all of the seniors redeemed at least a portion of their vouchers. RKCAA expanded its outreach and forged new partnerships with three organizations.

St. Julie Billiard Completes Accessibility Improvements

In 2015, RRF awarded an \$18,204 Accessible Faith grant to Saint Julie Billiard for physical accessibility improvements. Located in Tinley Park, this large Roman Catholic parish has nearly 11,500 members. More than 50% of the parishioners are seniors. The parish engages older adults in several fellowship, social, and service programs. It also hosts regional ministry trainings, programs for the deaf and community concerts.

The church's main facility includes the sanctuary, parish hall/youth center, a great room, and the parish offices. Prior to receiving an Accessible Faith grant, the entry doors leading to the four areas were too heavy to be opened independently by many older adults or people with disabilities. The parish used the grant to purchase and install automatic door openers for the exterior and interior doors of all six entrances to the main facility. The project was successfully completed on time, with a slight cost overrun of \$2,500. The parish covered the additional cost through fundraising.

In the final report, Saint Julie Billiard's project director advised other congregations to make accessibility their highest priority because "not only does it insure safety, but it also creates a sense of community, appreciation and positive reactions."

Washington University St. Louis Identifies New Volunteer Recruitment Approaches for Senior Nutrition Programs

Recruiting Boomers as volunteers has become a major goal of the National Association of Area Agencies on Aging, especially for home-delivered meals programs. These programs report that many long-time volunteers are aging out and that it has become challenging to recruit younger volunteers. Although much has been written about engaging Boomers in volunteerism, most of the information collected has been anecdotal. No published studies have systematically designed and tested strategies to see if they were effective.

In 2013, Washington University in St. Louis (Wash U) received a 22-month, \$140,084 RRF grant to investigate motivators for volunteering in service to seniors, especially for home-delivered meals programs. The first objective was to develop and test five or six targeted recruitment messages and images that appeal to potential volunteers for Missouri Mid-East Area Agency on Aging's nutrition

programs. Wash. U. exceeded the objective by testing 14 messages and getting reactions from 274 adults, age 50 and over; 25% were black, and 20% lived in rural areas. The only message that really resonated with the respondents was the ability to help people in the volunteers' own community. Images that were chosen emphasized the intergenerational nature of volunteering. The potential volunteers also indicated they wanted to learn about the agency seeking volunteers and would use the organizations' websites to do so. This would be problematic for many senior centers that have sparse websites, if any, and ones with limited presence on the internet.

The second objective involved developing a computerized process called Make It Your Own (MIYO) through which local programs could tailor and print their advertisements by choosing from the messages and images that appear most effective and adding local specifics. Eight of 17 senior centers that were offered MIYO opted to use it to personalize their message and images. They reported the system was helpful as few had their own staff with graphic design skills. The centers that chose not to use the system indicated they were not at a point where they needed new volunteers but were trained on how to use it for the future.

The third objective was to test whether the new messaging increased volunteers by 10% (from 1,263 in 2012 to 1,398 in 2014). Although Wash U. completed the analysis, the data were not strong enough to draw conclusions. The project team did compare the number of available volunteers in the year prior to the project to the number at the end of the project for seven centers that provided reports. Four saw an increase in the number of drivers, and six saw drivers increase the number of hours they volunteered. Four saw an increase in volunteers involved in meal preparation and serving, and in clerical roles. Three, however, saw a decrease in drivers, although two of these had an increase in the average hours of driving per volunteer.

The study found that the seven centers that used MIYO selected the images and messages that the research had indicated were most influential. This indicated that the research itself was helpful. The project identified the limited technology capacity that many small community-based senior nutrition programs have to develop and maintain effective, accessible websites. When potential volunteers search them to determine whether they want to volunteer, what they see may often be confusing and discouraging. Wash U. shared these findings with the National Association of Area Agencies on Aging and the national Meals on Wheels Program.

CJE SeniorLife Expands Healthy Living Education Program

In 2016, with a \$49,121 RRF grant, CJE SeniorLife's Center for Healthy Living expanded its health promotion workshops for older adults. The goal of the Healthy Living Program is to help community-dwelling older adults, especially those

living with chronic conditions, to maintain or enhance their health and quality of life. Healthy Living offers evidence-based health promotion programs, using certified trainers. Programs include Healthy Eating for Successful Living, Take Charge of Your Arthritis; Matter of Balance; Take Charge of Your Diabetes, Healthy Steps in Motion, Yoga, and Total Memory Workout. CJE expanded the offerings after an evaluation determined that the Center's workshops had reached capacity and had to go beyond the optimal number of participants (15) or create wait lists.

CJE increased the number of community partners that offered workshops from four to nine (exceeding the goal of six). The workshops attracted 126 older adults. Some workshops had no uptakes, including Healthy Steps in Motion, Healthy Eating for Successful Living, and Chair Yoga. CJE indicated that shorter programs, rather than series, attracted more participants.

CJE gathered considerable information about the workshop participants. The average age of participants was 79; 55% lived alone, 79% were female, and 65% were college graduates. Most of the participants had three or more chronic conditions. Pre- and post-test instruments, which were standard for the programs, were used to determine participant outcomes. CJE met anticipated outcomes. Participants who attended at least 60% of the sessions reported a gain of at least one outcome indicator specific to their workshop.

Presence Saint Joseph of Joliet Pilots Mental Health Program

In 2015, Presence Saint Joseph Medical Center of Joliet (PSJMC) was awarded a one-year, \$59,895 RRF grant for a pilot program to conduct early identification and management of depression for geriatric patients. A year before, PSJMC had designated one of its hospital wings as an Acute Care for the Elderly unit (ACE), the first of its kind in Illinois. The unit has 30 single rooms, offering geriatric-friendly environmental modifications and amenities. More than 20 RNs have, or were working toward, geriatric certifications. During the grant period, the program was rebranded, as SOAR, the Senior Outpatient Assistance & Referrals, which apparently increased interest.

The goal of the RRF-funded pilot was to improve or stabilize the mental health of each geriatric patient, hopefully making it more likely patients would be able to implement their hospital discharge care plans and effectively utilize family and community supports. The hospital anticipated a 50% decrease in 30-day readmissions for patients enrolled in the program.

PSJMC met its projections and screened 100 patients, age 65 and older, with symptoms of depression. Upon discharge, 96% of patients were stable or improved, based on the Geriatric Depression Scale. The social worker was successful in identifying a wide range of community resources for patients and formed strong relations with collaborating organizations; 88 referrals were made.

As a result, high-need patients received critical services, including one patient who was able to avoid becoming homeless. Installation of a wheelchair ramp reduced isolation for another. Guardianship procedures were facilitated for another who received assistance in moving to a memory care unit.

PSJMC found that hospital readmission rates stayed the same. In its final report, PSJMC indicated that it felt isolation, rather than depression, may be a greater contributor to poor health outcomes and readmissions. The program may revise enrollment criterion to focus on isolation as well as depression.

PSJMC has a clear commitment to delivering better care for older adults. The pilot program, which continues, was recently named an “Exemplar Program” by the American Nurses Credentialing Center.

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.