

GRANT HIGHLIGHTS

MARCH 2018

OHA Strengthens Oral Health Education Program

In 2017, Oral Health America (OHA) received a \$66,736 grant for third-year support of its Get Smart About Your Mouth (GSAYM) Program. Launched in 2015 with RRF support, GSAYM engages dental hygienists in the delivery of a community-based, oral health education program for older adults. The program's goals are to increase dental hygienists' knowledge and ability to deliver oral health education to low-income and culturally diverse, older adults in community settings; and empower older people to engage in better daily oral health care by improving their knowledge of good oral hygiene and its connection to overall health. The program began with a pilot in Chicago. By the second year, it had expanded to four additional areas: Minneapolis, Portland, Nashville, and Michigan (statewide).

The focus of the third year was on modifying and strengthening GSAYM's delivery model, leading to quality improvements, better program outcomes, and longer-term sustainability. An assessment of the program's first two years identified several challenges that led OHA to revise the program's infrastructure. OHA found a mismatch between the availability of dental hygienists and the optimal times to deliver the program. Most of the OHA-trained dental hygienists tended to work full-time and were not available to facilitate workshops during the times preferred by older adults. OHA also found the training to be too dependent on in-person delivery; many hygienists had work or other conflicts that prevented them from attending. In addition, the aging services providers that were responsible for coordinating the workshops had not been given sufficient authority or adequate funding to do so.

To address these challenges, OHA made several important revisions during the third year. OHA strengthened its partnership with aging services providers in the five states in which the educational program was delivered. Partners included the DuPage County Health Department/Dental Clinic, Area Agencies on Aging in Michigan and Minnesota, Oregon Health & Science University and a community action program in Oregon, and FiftyForward (a large, multi-purpose aging services provider) in Tennessee. Memoranda of understanding were strengthened and specified both the providers' and OHA's responsibilities. Additional funding was given to each partner to contract with dental hygienists who were paid to deliver the training. OHA required the contracted hygienists to take additional training on GSAYM. The training was done through webinars, thus reducing training costs.

As a result, far more workshops and trainings occurred with much less cancelation by hygienists. The variety of sites where workshops were held increased, including park districts, Chicago Housing Authority sites, and dental clinics. Nearly 2,700 older adults participated in 170 workshops. OHA made some curriculum

revisions and refinements of the pre- and post-test instruments as a result of feedback from an advisory group.

OHA also expanded GSAYM beyond the targeted five states and engaged dental hygienists and other health professionals, including community health workers and dental students, in the delivery of the program. OHA became a consultant to A.T. Still University's School of Dentistry and Oral Health in St. Louis (an RRF grantee) on a dental health initiative for older adults. The organization trained 84 third- and fourth-year dental students on GSAYM. Students volunteered at GSAYM workshops as part of their community engagement rotation. They conducted oral health screenings and provided fluoride treatments for workshop participants.

OHA also entered into an agreement with the Gary and Mary West Senior Dental Center in San Diego to train its dental hygienists on GSAYM. All patients will be required to participate in a GSAYM workshop before receiving dental treatment at the Center. At the close of the grant, 20 workshops had been held for 137 older adults.

OHA plans to expand the program further to Buffalo, New York, through a collaborative agreement with the University of Buffalo's School of Dental Medicine, which will conduct 20 GSAYM workshops for 450 older adults at 10 community sites. The Office of Erie County Senior Services has agreed to identify Area Agencies on Aging as host sites for GSAYM. As a follow-up to the workshops, onsite oral health screenings/risk assessments will be conducted for participants.

OHA will also test the delivery of GSAYM with other health workers. It has developed a relationship with the Minnesota Community Health Worker Alliance through which three of the Alliance's community health workers will be trained to deliver GSAYM workshops. Risk assessments will be conducted during the workshops. This component will be funded by Delta Dental of Minnesota.

OHA made progress in creating an online training platform for GSAYM. In January 2018, oral health professionals began receiving online training and CEUs through Colgate's Oral Health Network for Professional Education and Development. The online program includes three sequential modules. The first is an overview of older adults and cultural competence. The second includes social and behavioral theories, communication with older adults, and group facilitation skills. The third presents the GSAYM curriculum practicum to prepare learners to teach the GSAYM workshop. OHA hopes this training strategy will help expand GSAYM.

OHA is in the process of conducting research to evaluate the oral health literacy and oral health status of older adults, age 60+, using the GSAYM curriculum. This is an attempt to achieve evidence-based status for the program. OHA is conducting the study in partnership with the Colgate Palmolive Dental Health Unit at the University of Manchester, UK. Area Agencies on Aging will be able to use federal funding to support implementation of GSAYM in their communities if the program is recognized as "evidence-based." The promising partnerships developed by OHA may help sustain and expand the GSAYM moving forward.

Support Group Leaders Improve Capacity to Serve Older People with Low Vision

In 2016, RRF awarded \$32,115 to Second Sense for third-year support of the Vision Exchange Program, which strengthens support groups for older adults with low vision by building the capacity of the group leaders who facilitate them. Led by a Rehabilitation Specialist, Vision Exchange is a free service that provides in-person and remote training and technical assistance for group leaders and facilitates peer exchange of advice and support through an interactive listserv. Second Sense launched Vision Exchange in 2014 with RRF funding; the second- and third-year grants supported the program's expansion.

Through participation in Vision Exchange, group leaders increased their knowledge about vision loss and its impact on older adults; learned where and how to access ideas and resources for support group topics; improved their ability to discuss rehabilitation and related resources; made optimal use of materials; and improved their group facilitation skills. As a result, group members became more engaged, increased their attendance at support groups, and demonstrated more knowledge about low vision resources.

Currently, 161 support group leaders are members of Vision Exchange. They come from 36 states (plus one from Canada and another from France). Membership is defined as any group leader who has signed up on the website, joined the listserv (email discussion group), or received remote assistance or direct training services from Second Sense for either themselves or their group.

Second Sense staff provided direct training on vision rehabilitation topics to 31 local groups and individual technical assistance to the group leaders. For groups receiving direct support, membership increased by 124%; attendance by 74%, and group discussions focused on vision rehabilitation by 35%. Attendance at sessions focusing on vision rehabilitation was 68% higher than for other sessions. Peer exchange of advice and support among group leaders has improved significantly. Some 65% of all emails are now initiated by group members rather than Second Sense staff, with an average of five responses to each email question. That compares favorably to 98% initiated by staff in 2016.

During the third year, Second Sense hired an orientation and mobility specialist, who conducted mobility workshops on human guide techniques for five groups and provided 247 hours of mobility training for 26 seniors. Due to a higher-than-expected demand for services, Second Sense added a second vision rehabilitation teacher. A total of 100 older people received 399 hours of individual training on daily living skills; 40% of these trainees came from Vision Exchange groups.

A volunteer handled the evaluation of Vision Exchange. The volunteer collected attendance data from Vision Exchange group leaders and followed up with group members and those who received individual training. The majority of clients who received skills training indicated they met their goals. Client anecdotes, which showed the positive impact of the training, were included in the evaluation.

Second Sense disseminated information through its listserv, using it extensively to field questions and provide technical assistance. Its website, www.second-sense.org, also contains information on Vision Exchange and a wide variety of resource materials. New resources were added to the Second Sense website, including a series of videos that may be viewed individually by the support group leader or within a group setting as part of the group's discussions. The program manual, developed in the second year, continues to be downloaded.

Florida NICHE Program Improves Geriatric Nursing Care

In 2013, RRF awarded a two-year grant of \$86,811 to the University of Florida Foundation, on behalf of the Shands Teaching Hospitals and Clinics, to fund implementation of the NICHE training program (Nurses Improving Care for Healthsystem Elders). NICHE provides evidence-based clinical protocols for the staff of health care institutions to improve geriatric care; state-of-the-art training, tools and resources; an online leadership training program; an online knowledge center with training, education, and organizational tools; and a benchmarking service.

Shands' primary objective in implementing NICHE was to train and educate geriatric nurses to improve the quality of life for older adult patients. As a result, it was expected that patients would maintain their cognitive/physical functioning while in the hospital; receive assessments that could lead to early identification of conditions; get assistance in transitioning from hospital to home to maximize independence; and experience a reduction in unplanned readmissions to the hospital.

As a result of the grant, Shands was able to strengthen its infrastructure in several ways. Its multidisciplinary steering committee of trained healthcare professionals expanded to include other divisions. An older adult community education program was developed and sustained. Shands identified community partners and built sustainable relationships in educating older adults. It engaged short- and long-term care facilities to develop staff educational programs and initiatives focused on improving outcomes for older patients. Shands also organized an in-state network of NICHE providers.

Shands integrated basic gerontology education with employee orientation. It conducted training for geriatric resource nurses and geriatric patient care associates and offered a class on Caring for Older Adults in the Critical Care Units. These trainings led staff to assume greater leadership roles and raised expectations in the promotion and implementation of geriatric best practices.

Shands strengthened service delivery through the implementation of geriatric standards of care. It established the NICHE Elder Care Volunteer program in three hospitals to provide multi-sensory stimulation, diversional activity, and meaningful conversations to aging patients. Shands also designed older adult-specific care plans that can be individualized. In addition, Shands successfully established metrics to evaluate outcomes of program implementation and conducted a hospital-wide re-assessment.

Shands took steps toward implementing a Transitional Care Model by integrating admission, readmission, length of stay, and discharge as part of its discharge planning structure. Shands achieved “Exemplar” status from the NICHE national training program in recognition of the progress it made.

Center of Concern Expands Services for Older Adults

In 2016, RRF awarded a one-year, \$36,850 grant to the Center of Concern. Located in Des Plaines, IL, Center of Concern is a social service agency assisting seniors and people with disabilities. RRF funding allowed the organization to establish a dedicated Senior HelpLine as part of its phone system, as well as a Senior Helpline “button” on its website. These technology improvements provide direct access to in-house senior support services and referrals to community resources.

The Online Assistance Tool targets family caregivers and seniors and provides 24/7 assistance through Center of Concern’s website. Services are provided by an experienced case manager who directs users to local resources from independent, nonprofit, social services agencies. The dedicated Senior HelpLine similarly provides access via the telephone to independent information sources and referrals.

During the grant period, Center of Concern discovered that the name, Senior HelpLine, hindered client access. Clients viewed the Senior HelpLine as a resource for urgent issues and, therefore, continued to call the Center’s main phone number for information and referrals. As a result, the name of the program was changed to Senior Ask. Center of Concern also learned that its clients were significantly more inclined to access services through the Senior Ask telephone line than through the website.

Although website usage was lower than expected, Center of Concern successfully created an online resource directory that allowed its staff to efficiently assist Senior Ask callers. As a result of increased marketing and awareness campaigns, the organization has experienced a significant increase in calls.

Nursing Home Residents Participate in Pioneer Network’s Annual Meeting

In 2017, a \$10,000 grant was awarded to the Pioneer Network in Culture Change to enable eight nursing home residents to participate in its 2017 annual meeting. The Pioneer Network is recognized as the national leader of the culture change movement. It hosts the nation’s leading conference dedicated to culture change (i.e., an environment where elders’ individual voices are solicited, welcomed, heard, and respected). The nursing home residents served in many roles at the conference, including participating in concurrent sessions and giving speeches at plenary sessions. The Pioneer Network telecast the remarks of one of the participants, Dr. Carter Cartlett Williams, because she was unable to attend in person. Dr. Williams, who is 90+ years

old, was married to the first head of the National Institute on Aging. She and her husband were among the pioneering founders of the culture change movement.

Several of the conference sessions included intergenerational themes. They included resident-led initiatives to bridge the gap between generations; an exercise to help employees of all ages gain insight into the world of older adults living in their community; and a service model in which residents volunteer to prepare and serve food to people in shelters and at a soup kitchen. One of the plenary sessions featured an 18-year old future leader of the culture change movement; she credited her experiences helping to care for her grandmother for fostering her interest in the field of aging. During the sessions, participants engaged in an exercise that demonstrated the value of elder wisdom and received a book about an intergenerational classroom project.

St. John's Episcopal Church Improves Accessibility

St. John's Episcopal Church is a 225-member congregation located in Chicago's Irving Park neighborhood. Although older adults comprise only 10% of its membership, the church hosts several community groups involving elders, including the Coalition to Save Our Mental Health Centers and self-help groups.

In 2015, RRF awarded a \$30,000 grant to St. John's to construct a vertical platform lift that would provide an accessible entrance and accessibility for all levels of the building. Prior to the grant, there was no accessible entrance to the main church building. Once inside, there was no accessibility to the upper level sanctuary or lower level fellowship hall. The church was losing members and external groups due to inaccessibility.

St. John's successfully completed the project. The congregation was able to keep architectural and design fees low because of *pro bono* services offered by church members. However, an unanticipated need to add support beams in the church's vestibule area increased the project's cost. The congregation successfully raised funds to cover all of the costs and has sufficient pledges to pay back the funds it borrowed from an endowment by this summer.

Because the project has only recently been completed, the church has not yet noted an increase in attendance or the addition of any new groups. However, the congregation expects that members who have stayed away because of inaccessibility will return. The congregation also plans to invite new organizations to use its space.

Advocacy for Older Americans Act Nutrition Programs Pays Off in Federal Spending Package

In 2016 and 2017, RRF awarded two grants of \$20,000 each to the National Association of Nutrition and Aging Services Programs (NANASP), the lead organization advocating for community-based senior nutrition programs. The first grant enabled NANASP to study the impact of congregate dining sites on socialization, with the

intention to educate legislators about the congregate nutrition program's dual role of nutrition and social connection. The project involved field testing two questionnaires, one for congregate dining site providers and the other for participants. Following field testing, the final survey received responses from 57 congregate dining program providers and 2,305 program participants. The responses underscored the importance of congregate dining. Nearly 90% of participants responded that socialization is encouraged; 80% responded that they have more friends than before visiting the congregate dining site. Nearly 60% said their physical health has improved since participating in congregate dining; 46% said they attend the site almost every day.

The second grant supported the gathering of additional data and included site visits to congregate dining sites. NANASP invited members of Congress and their staff to the site visits. NANASP also met individually with members of Congress to share the project's findings and educate the policy makers about the program's dual roles of nutrition and social connection.

NANASP's advocacy strategies seem to have paid off. On March 23, 2018, Congress passed, and the President signed, the \$1.3 trillion spending package that will fund the federal government through September 30, the remainder of the 2018 budget year. The legislation included a \$59 million increase in funding over the previous year for the Older Americans Act Nutrition Program: \$40 million for congregate dining and \$19 million for home-delivered meals. This is an especially strong endorsement of the congregate dining program, thanks in part to the work of NANASP.

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.