

GRANT HIGHLIGHTS

MARCH 2019

Illinois Launches Secure Choice Savings Program

In 2015, RRF awarded a third-year, \$50,000 grant to the Sargent Shriver National Center on Poverty Law (Shriver Center) to continue to lead the advocacy efforts to assure smooth implementation of the Illinois Secure Choice Savings Program. Two previous grants totaling \$100,000 enabled advocates to educate stakeholders about the benefit of the program, leading to legislation that created Secure Choice.

Secure Choice is a state-sponsored retirement program through which workers whose employers do not currently offer a retirement savings program will have the opportunity to have a portion of their paychecks deducted into individual portable retirement accounts. It applies to businesses that have been in operation for more than two years and employ 25 or more full- or part-time workers year-round. The program has the potential to benefit 2.5 million Illinois private sector workers.

At the time the legislation passed, Secure Choice was the first program of its kind in the nation. Since then, at least 25 states have begun to work on similar programs. Some states have now passed legislation and are in early implementation.

Shriver Center's third-year goal was to protect and guide the new Secure Choice law during the early implementation phase. Objectives were to collaborate with the Offices of the Treasurer and Governor to develop a budget and implementation plan for Secure Choice; provide technical assistance and connect the State with strategic advice regarding implementation, including working with the U.S. Department of Labor (DOL) as needed; educate businesses, employees, and the public about the benefits of the program; and promote it to advocates and policymakers in other states.

The State piloted Secure Choice in the spring of 2018 and began full roll-out in November. The Shriver Center, in partnership with Heartland Alliance, played an important role, leading to the successful launch. Shriver took the lead with the U.S. Department of Labor to settle ERISA issues regarding employer liability and submitted comments on proposed DOL rules guiding Secure Choice implementation. Final rules ultimately allowed Illinois to move forward but caused some delays in the process.

Heartland took the lead on submitting comments in response to the State's proposed administrative rules for Secure Choice. Some of its suggestions were included in the final rules, which helped make the program more equitable and accessible to low-income workers. As a result of its input, eligibility for the program was made clearer and information about inclusion of self-employed workers was added.

Heartland Alliance created fact sheets and FAQs about the program, and attended Secure Choice Board meetings to give input and report developments to other

advocates. Information was translated into several languages, including Spanish, Polish, Arabic, Traditional and Simplified Chinese, and Tagalog. Heartland also made several presentations at community meetings and partnered with the Consumer Financial Protection Bureau to conduct trainings on the program for advocates and service providers that work with consumers who would benefit by enrolling in Secure Choice.

Much of the project's efforts focused on outreach and education, leading up to the program's launch. In preparation for the launch event in the fall of 2018, Heartland coordinated meetings and calls with other advocacy partners, including Woodstock Institute and Small Business Majority (two groups that RRF supported for their work on Secure Choice), as well as Illinois AARP. Heartland suggested speakers, promoted outreach and registration, and ensured that key advocacy groups were invited.

Webinars and presentations were conducted, and then posted on Heartland's website. They were shared through social media, newsletters, and listservs. The total reach was estimated to be 15,500 people. Shriver and Heartland have been sharing information about the program nationally through their networks.

After three years, Secure Choice finally launched. In November and December 2018, the first wave of employers came on board. The first payroll deductions for employers began in January 2019. It is too early to assess the program's uptake. However, the partner organizations and the Illinois Asset Building Group (a state-based coalition of some 50 groups that advocate for policies that support a permanent path toward economic stability for Illinois families), will be monitoring the program and will continue to give feedback to the State Treasurer's Office.

Secure Choice did not have any easy journey, and Shriver Center, Heartland, and the other advocates had to demonstrate flexibility, patience, and tenacity. Due to the two-year state budget crisis, many programs like Secure Choice were put on the back-burner while the State Treasurer's Office contended with the impasse. The federal government also held up implementation based on ERISA concerns, and advocates had to build relations with new staff in the DOL after the 2016 election.

Fortunately, Secure Choice has finally become a reality and many more workers will now have a path toward savings and a more secure retirement. Illinois advocates will be sharing lessons they learned with many others that are following in our state's footsteps.

Lutheran Social Services Addresses Food Insecurity of Older People in Northeast Florida

In 2017, RRF awarded a third-year grant of \$18,000 to Lutheran Social Services of Northeast Florida (LSS) to address food insecurity for more than 2,500 low-income, older people. This followed two previous grants totaling \$33,000. With the initial grant, LSS created a new Serving Our Seniors (SOS) model to improve its efficiency by targeting older people in greatest need. SOS began by serving older people who reside

in 22 Supportive Housing for the Elderly buildings. These buildings are available for people age 62 years or older who qualify per definitions set by the U.S. Department of Housing and Urban Development as having low, very low, or extremely low income (80%, 40% or 30% of median, respectively). SOS worked with the buildings' service coordinators to identify residents in greatest need and set up food distribution events in the buildings.

Over the course of the grants, LSS continued to improve the SOS model. Responding to service coordinators' suggestions, the SOS program began a rotating system of distribution to older people in need. It ended up serving three times as many residents as it had served in previous years. In 2018, an average of 915 bags of food (329,021 lbs.) was distributed monthly to nine housing facilities. Nearly 2,750 residents were served by the program.

LSS also improved communication with the building coordinators. It provided an orientation for incoming coordinators, followed by regular check-ins, and scheduled food drop-offs when coordinators were available. These strategies improved relations and contributed to lower turnover of coordinators.

LSS surveyed older residents and service coordinators to gain feedback on the SOS program. Among 222 older residents who responded, 82% indicated they were satisfied/very satisfied with SOS; 77% said the program improved their finances; 74% said it improved their health. Of six service coordinators who responded to the survey, all were satisfied/very satisfied with SOS and said that the program increased their residents' access to food. They were satisfied with the food delivery logistics; four felt the food was appropriate, and five were happy with the food selection.

LSS attended Senior Roundtable meetings and built relationships with key leaders at Feeding Northeast Florida, Hunger Fight, and Farm Share. LSS learned that both of these organizations were considering starting their own food programs for older people. After discussing collaboration options, both agencies decided to support the LSS program rather than duplicate services. At the close of the grant, planning for a collective partnership was under way. If the partnership is successful, the number of older people to be served will increase by at least 35%.

Through its networking, SOS also came to the attention of First Coast No More Homeless Pets. As a result, LSS deliveries regularly include dog and cat food for residents who have pets. This saves money these residents would otherwise have to spend on pet food.

LSS continues to refine the SOS model. In 2019, LSS plans to transform its food delivery program into a client-choice pantry. Instead of receiving pre-packaged bags of food, clients will be able to "shop" in the pantry for items they want and need and avoid foods they do not like or that are detrimental to their health.

Miami-Dade United Way Advocates for Referendum to Support Services for Older Floridians

In 2017, RRF awarded a \$65,000 grant to the United Way of Miami-Dade for the planning phase of an advocacy campaign to win voter approval for a tax-levy referendum to fund services for older residents of Miami-Dade County. This is the first of a three-phase effort that involves: planning; a public campaign to gain approval for placing a special referendum on the ballot; and a local awareness campaign to gain residents' approval of the referendum in 2020. The ultimate goal is to win support for the Senior Trust, which will enable a pool of funds to be used to increase availability of services, promote system-wide quality and equitable access to care, encourage innovation, build cross-sector collaboration and planning, and fund ongoing advocacy on behalf of older people. It is estimated that the levy would be \$0.50 for every \$1,000 of assessed property value. Owners of median-valued homes would pay between \$39 and \$46 annually and \$110 million per year would be raised.

The need for the levy is due to stagnant or dwindling local, state, and federal funding, just as the region's older population is rapidly expanding. There are nearly 14,000 older people on the wait lists of local service providers. This figure is projected to increase by 30% as the population ages.

An Older Adult Advocacy Task Force was formed and a political strategy consulting firm was retained to develop an advocacy plan. The firm had previously been involved in the successful levy for children's services in Miami-Dade County.

The first activity involved polling county voters to identify messages that would make an advocacy campaign successful. A survey of 604 voters was completed. Results indicated that support for older people was not top-of-mind. However, once questions were asked specifically about older people, support for them was strong across all demographic groups. Some 94% of respondents felt that support for older people was very (77%) or somewhat (17%) important.

A "Stand Up for Older Adults" forum attracted 92 participants from 49 organizations. The forum presented the results of the survey, demographics on the aging population of Miami-Dade County, a session on Reframing Aging, and lessons about how to craft a message supporting a levy.

Task Force members and the consulting firm worked together to develop a detailed advocacy plan. It called for three sets of activities: awareness raising, identifying key champion and barrier legislators, and building communications capacity of Task Force members to prepare them for interviews with key legislators. By the end of the grant period, work had begun on phase two with the identification of the key legislators and candidates and communications training for teams who will interview them. Crafting the messaging, based on principles outlined in the Reframing Aging report, is under way. Communications will include information about the financial and health effects of caregiving to convey the message that a senior levy would go beyond helping only older people. Research is under way to help the group present a cost-benefit case in favor of the levy. The team has begun scheduling interviews with key

policymakers to raise awareness, establish relationships, and open the door for future dialog.

Through this project, RRF learned the value of retaining a strategic consulting firm with a history on a similar effort; the importance of reframing an issue and developing a cost-benefit case; and recognition that caregivers are a strategic audience that needs to be reached to broaden support. While this project is expected to take a long time, Miami-Dade is well on its way to joining the increasing number of communities that have passed referenda to raise public dollars in support of services for older people.

LAF Assists Older People with Financial Stability

In 2017, RRF awarded a \$40,000 grant to LAF (formerly known as the Legal Aid Foundation). This grant supported the Consumer Law Project, which protects older people from predatory lending and abusive debt collection practices and preserves their critical assets. The grant enabled LAF to continue serving older people after the City of Chicago rescinded a promised grant due to budget constraints.

LAF served nearly 500 older people, exceeding the projection of 260 clients. LAF saved more than \$5 million for older clients by securing reductions in monthly mortgage payments preserving home equity, decreasing debt obligations, getting unlawful contracts rescinded or revised, and protecting wages and assets. Slightly more than 100 clients received services for advance directives. One way of helping older people become more financial stable is by ensuring they have appropriate documents in place if they become incapacitated.

LAF created a new clinic model to increase efficiency in delivering advance directive services. Clinics were held in clients' neighborhoods to make them more accessible. Volunteer attorneys, trained by LAF, met with clients during one-hour appointments to complete the advance directives. LAF also began offering home visits to clients with particular needs.

LAF expanded its outreach and developed partnerships during the grant period. It led two workshops, one in English and the other in Spanish, on healthcare power of attorney and living wills for Rush Generations at Rush University Medical Center. Two follow-up advance directive clinics were also held at Rush. LAF participated in several other events sponsored by the Village of Bridgeview, Claretian Associates, Southeast Chicago Senior Coalition, and the Chicago Department of Family and Support Services.

LAF reported that there has been an uptick in financial exploitation against older people, perpetrated by caregivers or family members, especially around identification theft and unauthorized ATM, debit card, credit card, and electronic transfers. LAF also noted that it has become more difficult to assist with reverse mortgage cases due to depletion of the Illinois Hardest Hit Fund, which had previously helped older people to qualify for financial assistance.

Naples Senior Center Adds In-Home Case Management to Dementia Outreach and Support Program

In 2017, RRF awarded a third-year grant of \$53,750 to the Naples Senior Center (NSC) to support the in-home case management component of its Dementia Outreach and Support Program. A few years ago, NSC began its Dementia Outreach and Support Program with half-day respite support groups for older people and a monthly support group for caregivers. With RRF funding, the program expanded to include in-home case management to enable older people with dementia to become more comfortable in their home environment and experience less behavioral disturbance, as well as help caregivers reduce stress and increase coping skills to manage daily challenges. The in-home case management program began with a full-time case manager, but beginning in the third year, NSC added a second half-time position to meet the increased demand for services.

NSC provided case management and home safety checks for 38 new clients with dementia and 34 caregivers, exceeding projections of 30 each. NSC also conducted three “boot camps” (intensive half-day, education and support sessions) for 76 caregivers, along with respite services for their loved ones during the sessions. By the end of the grant period, NSC was providing in-home case management for 65 clients with dementia.

Most clients who are receiving in-home case management are low- to moderate-income and in their late 80’s or early 90’s. Many of the caregivers are as frail as the individuals for whom they are caring. As a result, a higher level of service has been required. For example, NSC has been providing emergency respite care for individuals with dementia when their caregivers have been hospitalized. NSC has also found that more clients with dementia are living alone than they anticipated. As a result, NSC staff has been making more frequent home visits, sometimes more than once or twice a month.

New clients were linked to 128 additional services. The most common linkages were made around nutrition (food pantry and food stamps), long-term care services and supports (e.g., Medicaid, emergency respite, and home care), NSC’s dementia respite groups, paratransit, emergency financial assistance, assisted living and memory care facility referrals, and legal services. NSC also provided financial assistance to 70% of the clients, e.g., grocery store gift cards, gas cards, bus or taxi fare, and help with utility bills, repair services, medical bills, durable medical equipment and home health care. In-home case management has now become a core component of NSC’s Dementia Outreach and Support Program.

North Shore Senior Center’s Senior Options Program Adds Nurse Consultation Services

In 2014, RRF awarded a \$35,000 grant to North Shore Senior Center (NSSC) to launch Senior Options. The fee-based program provides long- and short-term professional care management for older people whose income or asset levels exclude

them from participation in government-provided or managed care services. NSSC expected that revenues generated by Senior Options would cover a portion of the unreimbursed costs of the agency's social services for older people with lower income.

Senior Options services include individual assessment in the client's home; care planning, monitoring and problem solving; education; and client advocacy. The assessment covers instrumental activities of daily living, physical, cognitive, and mental health; fall risk; advance directives; social and recreational engagement; and transportation. The care manager visits regularly in the home and by phone, monitors and arranges medical appointments facilitates communication between family members, and offers 24/7 emergency support. The program also provides money management services, guardianship, and short-term assistance such as home safety assessments and consultation.

In 2016, NSSC received a \$50,000 grant to add a nurse to the Senior Options' care management team to assist with more medically complex cases. The nursing services would include clinical assessments, monitoring medication use, interfacing with physicians on health status and during hospitalizations, and evaluating skilled care and home care options for clients. The nurse would also provide training and support to other members of the care management team.

NSSC faced challenges in hiring and retaining a nurse, given the competition for RNs but worked around the problem by contracting with NShore Patient Advocates (NShore). The contract included providing nursing support to the staff in assisting with decision-making for clients with complex medical issues; providing staff education on age-related health issues; acting as a liaison during hospitalizations; and supporting transitions into nursing and rehabilitation facilities. During the one-year contract, NShore conducted 12 seminars for Senior Options staff on topics such as medication management, Parkinson's disease, Diabetes, Kidney Function, the Respiratory System, Skin Care, and Professional Advocacy. All staff attended, and surveys indicated high satisfaction with the sessions. NShore held regular monthly meetings with Senior Options' staff to review clients' health status. On several occasions, NShore nurses accompanied and advocated for clients at physicians' offices, in the hospital and ER, and at rehab centers.

The contractual service actually worked out better than the original plan, and Senior Options has decided to continue this arrangement. The Senior Options' staff reported that the collaboration with NShore exceeded its expectations, and a real sense of team has developed. The model has been more cost-effective than hiring a nurse as part of the staff. Because NShore has a pool of nurses with various backgrounds, Senior Options staff has been able to benefit from different skill sets, while still providing continuity to clients. The addition of nursing support has also proved to be a distinguishing feature and helped with Senior Options' marketing.

Senior Options has expanded its services during the past year. It added PEARLS (Program to Encourage Active and Rewarding Lives), an evidence-based depression management program. Two additional psychotherapists were trained as PEARLS counselors. In-home sessions and group psychotherapy were added. Senior

Options hired more money managers to meet the growing demand for services. It also added legal guardianship and/or estate services.

In 2018, Senior Options served 351 clients. This represented a 27% increase over the previous year. Senior Options provided 3,156 hours of service, representing a 56% increase. Senior Options is on its way to meeting the goal of generating sufficient revenue to begin covering NSSC's unreimbursed service costs.

American College of Cardiology Disseminates *Essentials of Cardiovascular Care* for Older Adults

In 2015, RRF awarded a 28-month, \$175,000 grant to the American College of Cardiology (ACC) to disseminate its updated curriculum, *Essentials of Cardiovascular Care for Older Adults* (ECCOA), to ACC chapters in 10 states with large older populations (Florida, Illinois, Michigan, New York, North Carolina, Ohio, Pennsylvania, Texas, West Virginia, and Wisconsin). ECCOA is a case-based, 15-module curriculum developed and written by eminent cardiologists and geriatricians, covering topics in geriatric cardiology, including pharmacology, physiology, syncope, heart failure, disease prevention, and others. The curriculum was developed in response to a national mandate to improve the understanding and care of older people put forth in the Accreditation Council for Graduate Medical Education post-graduate training and Cardiology Fellowship Guidelines. An interactive, web-based curriculum, ECCOA prepares cardiovascular professionals to: 1) describe the physiologic changes and how they affect the presentation and management of cardiovascular disease (CVD) in older adults; 2) explain how age-associated changes affect the dosing of cardiovascular drugs and learn to reduce adverse drug events and polypharmacy; 3) recognize important geriatric syndromes and challenges commonly seen in CVD patients and learn management strategies; 4) analyze evidence-based care specific to older patients with an array of CVD problems; 5) discuss elements and appropriateness of patient-centered care, complicated decision making, palliative care, and end-of-life care; and 6) examine previous strategies and how the roles of exercise, diet, and cardiac rehabilitation differ in older patients.

ACC planned to use ECCOA to present a series of focused, practice-relevant education modules in collaboration with selected ACC chapters; disseminate ECCOA to ACC chapter members who provide care to older adults on a day-to-day basis; and develop a mechanism to recognize participants who completed these educational sessions. The target audience was cardiovascular physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others providing care to CVD patients.

A total of 707 clinicians completed all 15 modules. An additional 400 clinicians completed 10 of the 15 modules by the end of the grant period, with the expectation that most of them would finish all of the modules at a later point. Clinicians from chapters in nine states engaged in the training. Fifty-six percent of the clinicians who completed all 15 modules came from four states: California, Michigan, New York, and Pennsylvania.

Continuing education credits were provided to physicians and nurses who completed the curriculum. At the close of the grant, ACC had begun working with the University of Florida to accredit pharmacists who complete ECCOA and expected this would be accomplished soon.

Rush Program Empowers Older African American Women to Adopt Healthier Behaviors

In 2017, Rush University Medical Center (Rush) received a third-year grant of \$50,000 to continue the Health Legacy Program (HLP), which RRF helped launch. HLP is a comprehensive behavioral health intervention program, conducted by Rush in partnership with churches and community organizations on Chicago's west and south sides. The program empowers older African American women who have, or at risk for developing, chronic health conditions to adopt new habits and behaviors that promote an active and healthy lifestyle.

The program's four components include health education; exercise; nutrition and meal planning assistance; and group support. Participants complete the "Take Charge of Your Diabetes" evidence-based education curriculum; engage in a cardiovascular exercise program (Zumba Gold or Chair Zumba); learn about healthy food choices, participate in a meal together, and receive individual nutrition counseling. Participants also meet together with a clinical psychologist who facilitates discussion about overcoming barriers to lifestyle and behavior changes. Participants share personal stories and solve problems together. Each completes a personal health pledge and journal with objectives and a record of progress. The program meets twice a week over a six-week period; each session is two hours long. A total of 213 women participated from six sites, with two additional sites scheduled just after the grant period ended; 74% completed the program (completion rates across sites ranged from 73% to 100%).

A variety of screening tools were used multiple times to assess the participants to determine and reduce risk factors impacting their health and health outcomes. These included a pre- and post-questionnaire, a form, completed by a nurse, which measures physical activity and records weight and blood pressure, and a social determinants screener. Results were promising, and follow-up a few months later showed continued positive effects. At the end of the six-week program, 98.5% reported they had a greater understanding of effective health self-management. They answered "yes" to eating better, checking food labels, practicing portion control and buying healthier food (projection was 90%). Nearly 90% reported having a regular exercise routine by the end of the program (projection was 80%); and 76% maintained their baseline weight or lost weight (projection was 75%).

Rush reached out to all eight sites that hosted HLP in 2017. Six sites (75%) scheduled a Rescreen and Reconnect Day. A total of 69 HLP graduates participated (65% of 2017 graduates) and completed a brief health questionnaire, assessing program satisfaction and lifestyle changes. While Rush is still analyzing some of the data, there are some promising findings. More than half reported they continue to lose weight, and another 25% are maintaining weight. All reported one or more program-

acquired health habit such as regular exercise and eating better. All reported they maintained satisfaction with HLP.

By the end of the three-year grant period, HLP had been offered at 30 community sites. A total of 737 older African American women participated; 632 graduated. The program accomplished an average completion rate of 85%. This is higher than the average national rate for evidence-based self-management programs.

Rush continues to offer HLP. The program is expanding its reach beyond churches to include social service organizations and senior housing sites. Researchers from Rush's Department of Preventive Medicine are continuing to analyze HLP data and Rush plans to revise the program facilitator's manual, both with the aim of sharing and replicating the program outside of Rush.

Two RRF Grantees Become Benefits Enrollment Centers

In December 2018, the National Council on Aging announced that 25 new organizations will be awarded grants to become Benefits Enrollment Centers (BECs). These centers provide personalized assistance to low-income Medicare beneficiaries who want to access programs to help pay for health care, prescription drugs, food, utilities, and other benefits. This represented a significant expansion, bringing the number of BECs to 87. BECs serve Medicare beneficiaries in 43 states.

Two local RRF grantees are among the new BECs: Howard Brown Health and the Northwest Side Housing Center. In 2018, RRF awarded a grant to Howard Brown Health to expand and enhance services to older people who are lesbian, gay, bisexual, transgender or queer. RRF has made several grants to Northwest Side Housing Center, most recently for its age-friendly banking program.

BECs are funded through the Medicare Improvements for Patients and Providers Act, administered at the federal level by the U.S. Administration for Community Living. National Council on Aging runs the national resource center that selects and provides local BECs with technical assistance. Since the program began in 2009, BECs have assisted more than 500,000 older people and younger adults with disabilities to increase their monthly budgets. Benefits are calculated at more than \$1.2 billion.

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.