

GRANT HIGHLIGHTS

MAY 2012

National Pension Assistance Resource Center Shares Expertise with Counseling Centers

In 2010, RRF made a \$50,000 grant that enabled the Pension Rights Center (PRC) to meet matching requirements to receive a \$1.2 million grant from the U.S. Administration on Aging. With federal and RRF funding, PRC was able to continue operating National PARC--the National Pension Assistance Resource Center. National PARC provides training and technical assistance to a network of six regional pension counseling and information centers covering 29 states. The centers provide free pension counseling and assistance to individuals in their region. More than half of the clients served by the centers have a household income of less than \$30,000. Since 1993, the counseling centers have recovered more than \$140 million for 35,000 individuals by finding their lost pensions, restoring underpaid benefits, and appealing benefit decisions.

During the one-year grant period, National PARC met all objectives. It conducted an annual 2-1/2 day national conference that brought together 19 attorneys from the six pension counseling sites. Latest developments in the field of pension law were presented by private and government experts, experienced litigators, and representatives from relevant government agencies. Best practices on client intake and case management, media and outreach strategies, and data collection and reporting were also presented. National PARC also provided basic training to five new pension counseling attorneys. All trainings received high ratings.

National PARC delivered timely technical assistance, tailored to individual pension counseling centers' needs, and managed a very active listserv. The centers now routinely use the listserv as a shared learning tool. Pensionhelp.net was introduced this past year. This password-protected website provides pension counseling staff with useful training materials and confidential pension plan documents. National PARC also launched a new Senior Fellows Program, currently composed of six pre-eminent retired pension experts that were recruited to provide high-level technical assistance to the pension counseling sites.

National PARC made several quality improvements this past year. It revised PensionHelp America, its web-based tool that helps people look for lost pensions and find help with pension problems. National PARC also formed a new partnership with the National Council on Aging to link Benefits CheckUp with PensionHelp America. This drove thousands more consumers to PensionHelp America.

National PARC served as the place of last resort for cases outside any of the counseling centers' region and for which other *pro bono* assistance could not be found. It handled more than 50 individual cases and consulted on another 25. Because of the

increased demand for individual casework, National PARC added another attorney. In recognition of this unique and high-quality service, RRF awarded a second-year \$75,000 grant to Pension Rights Center to continue the work of National PARC.

CJE SeniorLife Reaches Out to Orthodox Jewish Community

In 2008, RRF awarded CJE SeniorLife (CJE) a three-year \$150,000 grant to reach out, serve, and engage the Orthodox Jewish community of West Rogers Park and Peterson Park. CJE created a program entitled *La Briut* (Hebrew for "To Your Health!") with the goal of promoting optimal health and well-being among older adults in the two contiguous targeted communities. Prior to the creation of *La Briut*, CJE was not well connected to these heavily concentrated Orthodox Jewish communities. Few Orthodox Jewish older adults used CJE's services.

La Briut is based on the Naturally Occurring Retirement Community (NORC) model. A NORC is a community where people have aged in place and, as a result, has become disproportionately old. West Rogers Park and Peterson Park are NORCs--more than 25 percent of their population is age 65 or over.

La Briut had three objectives: 1) to enhance healthy aging and involvement through community-based services and programs that fit Orthodox Jewish lifestyles and religious beliefs; 2) improve access to supportive services to enhance independent living; and 3) develop a sustainable program model. CJE expected to serve 500 older adults by the end of the third year. The emphasis was on older adults age 75 and over, although the program was open to persons age 65 and over.

La Briut served primarily older Orthodox Jewish women. The mean age rose from 74 in the first year to 79 by the end of the third year. Participants were generally educated with at least some college. Most respondents to annual program surveys indicated they were in good health. However, *La Briut* intentionally targeted several subsets of elderly that were in poorer health. For example, the nurse conducted health education for chronically mentally ill older persons who are clients of the ARK's adult day program. ARK is another non-profit agency serving Chicago's Jewish community. These elders have multiple chronic conditions. In addition, on-site activities were conducted at two apartment complexes where the population is much frailer.

La Briut met or exceeded all objectives. Older adults gained health and wellness benefits and supportive services and developed a peer network and stronger connections to the community. By the end of the third year, a total of 873 seniors had participated in *La Briut*. Attendance at more than 400 health and wellness and socialization sessions totaled nearly 4,500. There was very consistent attendance, with half of the participants attending three or more events annually.

An Orthodox Jewish nurse was recruited from the community. She conducted health screenings and education. Evidence-based programs such as Matter of Balance and Take Charge of Your Health were conducted regularly. CJE made referrals to several community resources as well as its own services, including counseling, kosher

home-delivered meals, transportation, pharmaceutical relief, health care through the ARK, and many social and recreational opportunities.

CJE's Schanfield Research Institute evaluated *La Briut* through annual participant surveys and assessment of program outcomes. The Institute also surveyed a sample of *La Briut* participants who had been in the program for three years. In each consecutive year, a larger percentage of respondents indicated they had learned something about health and aging (87.2 percent by the third year). Pre- and post-tests of Matter of Balance participants showed improvements in balance. In Take Charge of Your Health, individual action plans were completed. The evaluation showed a statistically significant improvement over the three-year period in participants' level of confidence in their ability to change health behavior. The percentage of respondents who agreed with the statement, "I have made changes in my health behavior" rose from 46 percent to 67 percent from year one to year three.

Seventy-two percent of participants perceived they had gained an opportunity for expanded involvement with other people in the community. In addition, CJE's services database indicated at least 140 *La Briut* participants received CJE services. Referrals went both ways--CJE counselors referred several seniors to *La Briut* programs as well.

One of the strengths of *La Briut* was its ability to develop a partnership with the Horwich Jewish Community Center (JCC). *La Briut* staff interpreted the needs of Orthodox Jews to JCC staff, and the JCC responded by adapting programs accordingly. JCC staff labeled special kosher refreshments at its events and set up segregated (male/female) seating. By the third year, JCC and *La Briut* participants were crossing over programs, and Horwich and *La Briut* staff were coordinating program schedules.

Another key strength was CJE's strategic outreach to the Orthodox Jewish community. *La Briut* successfully engaged key Orthodox Rabbis and lay leaders in the community in its outreach efforts. CJE also formed an Advisory Council of elders and leaders who helped establish trust, provided introductions to the community, and afforded CJE the credibility it needed.

Staff used the findings from *La Briut* evaluations to make mid-course corrections. For example, in the first year *La Briut* was not attracting as many older, more isolated persons as intended. Staff adjusted by reaching out to the ARK's clients and targeting certain senior buildings where the population was considerably older and frailer. By the third year, almost 75 percent of those who were served were widows and less socially connected.

La Briut is an excellent example of a program with great cultural sensitivity. Individuals with different levels of observance were accommodated. Kosher foods with different certifications were labeled, and programs were scheduled to avoid daily prayer times and minor fast days.

CJE plans to continue *La Briut* with additional funding from the Jewish Federation and by building and more extensively involving a corps of volunteers that was formed during the grant period. Also, the Horwich JCC will run a number of programs initially

created by *La Briut* staff. CJE continues to raise funds from individual donors to sustain the program.

Gerontological Society of America Marks 50th Anniversary of U.S. Senate Special Committee on Aging

In 2011, RRF made a \$10,000 grant to the Gerontological Society on Aging (GSA) to produce a special issue of the *Public Policy & Aging Report*. The publication was produced to mark the 50th Anniversary of the U.S. Senate Special Committee on Aging. The purpose of the publication was to educate the legislative and policy community on Capitol Hill about the critical role the Committee has played in advancing legislation to meet the needs of older Americans.

Entitled *America's Opportunity: The Potential of an Aging Society*, the report highlighted accomplishments of the U.S. Senate Special Committee on Aging and presented future opportunities and challenges of an aging society. Articles were written by non-partisan experts and focused on housing policy, older workers, societal adaptation, and intergenerational cohesion. Health and long-term care issues were integrated into each article.

GSA widely distributed the report to 2,500 key decision-makers in the public and private sectors, attendees at the reception in honor of the Committee's 50th anniversary, 535 Congressional Offices, and 150 national foundations. The report was shared with 4,000 GSA *Public Policy & Aging* e-newsletter subscribers and posted on GSA's website, Twitter feed, and Facebook page. Several other publications and websites also mentioned the report.

The need to keep aging issues on policymakers' radar is more important than ever in light of the age wave and federal budget cuts threatening the safety net for older adults. Because it built good relations with the staff of the U.S. Senate Special Committee on Aging in producing the report, GSA is now better positioned to serve as an important resource to policymakers.

Two RRF Grantees Partner to Produce Toolkit on How Medicare Works with Employer-Based Health Insurance

In 2010, RRF made a \$15,000 grant to the Medicare Rights Center (MRC) to create and disseminate information about how Medicare works with other types of health insurance coverage, particularly workplace coverage. The project was a partnership between MRC and AgeOptions (Suburban Cook County Area Agency on Aging).

MRC and AgeOptions successfully produced a comprehensive toolkit, entitled *How Medicare Works with Employer-based Health Insurance: a Guide for Employers, Professionals and Consumers*. The toolkit untangles a very complex set of issues that

surround the transition in and out of Medicare and other insurance coverage. If not handled correctly, such transitions can result in steep penalties.

The toolkit includes: 1) training slides (two sets, one basic and one more detailed) for professionals and consumers who want to know how their current or former employer coverage will coordinate with Medicare; 2) a set of frequently asked questions; 3) case scenarios; 4) specific handouts on Medicare Part B; and 5) a glossary of terms.

MRC and AgeOptions tested the materials in two training sessions before making final revisions. One of the sessions was an in-person training, and the other was a webinar. Participants included senior benefits specialists, benefits managers, and directors of insurance companies, municipal offices, labor organizations, public utilities, and universities. Ninety percent of respondents to an MRC survey indicated the training was “useful” or “very useful.”

MRC and AgeOptions announced the availability of the toolkit to a wide audience. The two organizations participated in several conferences to educate about the content of the toolkit. They jointly issued a press release and fielded questions from several reporters. They shared the information with staff and volunteers of the State Health Insurance and Assistance Program at its national conference and presented at the National Council on Aging/American Society on Aging conference.

MRC’s national hotline staff immediately put the information to use. MRC’s Seniors Out Speaking Network, composed of volunteers who help their peers with Medicare issues, also began using the toolkit right away. MRC plans to continue reaching out to Area Agencies on Aging, Union benefit funds, small business associations, Chambers of Commerce, and allied organizations such as AARP, the Center for Medicare Advocacy, and the National Senior Citizens Law Center.

St. John UCC Completes Accessible Faith Grant

In 2010, RRF made a \$30,000 Accessible Faith grant to St. John United Church of Christ. Located in Arlington Heights, this UCC church has nearly 300 members; 43 percent are age 60 or over. Prior to receiving the grant, the church had no accessible restrooms in its fellowship hall where many activities and community events involving older adults are held.

The original plan called for making an existing single-occupancy restroom accessible. However, as plans proceeded, the congregation came up with the idea of converting a large storage room into two gender-specific restrooms. The project was modified accordingly and completed within the original time frame.

While the church lost some of its storage space and had to raise additional funds for a more expensive project, the trade-off seems to have been well worth it. The final report included many examples of benefits that the restrooms provide for people with mobility problems as well as parents enjoying the additional space to tend to their children, and grandparents visiting in the pre-school.

North Shore Senior Center Helps Elders Gain Public Benefits

In 2010, due to budgetary constraints, the State of Illinois eliminated the Red Tape Cutters Program for seniors. For several years, the state had provided funding to nonprofits to help seniors cut through the bureaucratic red tape to apply for benefits. The program helped seniors gain access to benefits such as the Low Income Home Energy Assistance Program, SNAP (Food Stamps), Supplemental Security Income, and health care assistance through Medicare, Medicaid, Medicare Savings Programs, and prescription drug coverage.

The North Shore Senior Center (NSSC) was one of the Red Tape Cutter program sites. NSSC had annually received more than \$120,000 to assist seniors in its geographic area. When the state eliminated the program, the Chicago Community Trust stepped in to help agencies like NSSC fill the gap caused by state cutbacks. RRF also provided \$30,000 to help NSSC fill the gap in services for the North Shore.

During the 2010-2011 grant period, NSSC filed 1,261 applications for clients. Seniors acquired benefits valued at more than \$1.1 million. Because there is no restoration of the Red Tape Cutters Program in sight, the NSSC Board recently committed to raise an additional \$500,000 to prepare for the increased demand for services by seniors and their families jeopardized by state cutbacks.

Guild for Blind Completes Website and Information System

In 2008, the Guild for the Blind received a one-year \$22,208 Organizational Capacity Building grant to improve its information system by enhancing technology and staff training. Plans called for creating a new integrated database that would improve staff efficiency in managing and sharing client data across programs. The new data base would enable the Guild to move toward a case management delivery system and improve the recording, tracking, and reporting of program outcomes. The grant would also enable the Guild to improve its website, thus better communicating with current and prospective clients, donors, and members, and to train staff to maintain it.

Within the one-year time frame of the grant, the Guild progressed well in the overhaul of its website. The Guild added several new features, including navigation schemes for different target audiences (e.g., people with vision loss, family members, and donors) and including interactive features and video and digital recordings. All staff was trained on maintaining the website, and a marketing plan was implemented to announce it.

The development of the database, the other component of the grant, posed several challenges, which took more time than anticipated to resolve. Although the Guild signed a contract with a technology firm that was recommended by several nonprofits, the company gave the Guild poor advice on software, performed poorly, and finally went out of business. A coder who agreed to complete the work on a *pro bono* basis for the Guild also failed to live up to expectations.

Fortunately, in 2010 the Guild was able to obtain additional funding from the American Recovery and Reinvestment Act and engaged Switchfast Technologies. Switchfast successfully developed an Access database with a web interface and was able to meet the Guild's expectations.

While the project ended up requiring more time, the Guild seems to have succeeded in getting the database it needed. It estimates 60 hours in volunteer time will be saved in data entry. Front desk volunteers will be able to schedule adaptive technology tutors, log in tutoring clients, and manage the open lab log-in, thus freeing up tutors' time. Staff will achieve efficiencies (estimated at saving over 100 hours per year) that result from consolidating data that previously had to be retrieved from many different spreadsheets. Billing data will be easier to track. Client outcomes will be easier to track because the Guild will be able to retrieve more accurate information on exactly which services each client participates in and more detailed reports on client progress.

Despite doing its homework in vetting the vendor and having a detailed contract with benchmarks, the Guild faced problems that were out of its control. Kudos to the Guild for persevering through a series of technology problems and finally getting the new information system it needed.

Kentucky Transportation System for Seniors Thrives

In 2010, RRF made a third-year grant of \$30,000 to ITN Bluegrass, a Lexington, Kentucky nonprofit organization, to provide community-supported, affordable, quality transportation for seniors who want to remain independent but can no longer drive. ITN Bluegrass is an affiliate of ITN America (Independent Transportation Network). ITN Bluegrass began in 2007 with previous RRF funding of \$90,000.

Each ITN affiliate operates on its own but is linked to ITN America through a common database and website intranet. ITN uses a combination of volunteer and paid drivers. Volunteers receive small stipends to cover costs but also earn credits either to "buy" rides for others or to bank for their own future use. Seniors who donate cars earn free rides for life. An ITN can keep donated cars for use by paid drivers or sell them for income. Seniors pay an annual membership fee of \$50 and anywhere from \$1 to \$3 per ride. Transportation is available 24 hours a day, seven days a week.

ITN Bluegrass increased rides from 4,600 at the beginning of the grant period to 12,349, exceeding projected 12,000 rides. It also increased the number of riders who are ITN Bluegrass members from 175 to 318, exceeding the 301 projection. It increased the number of volunteer drivers from 52 to 87, exceeding the goal of 85.

ITN Bluegrass increased the number of donors who became members from 74 to 132 and the number of business supporters from 12 to 15. While these results fell somewhat short of projections, it is commendable that ITN Bluegrass accomplished as much in the area of resource development as it did, given the poor economy.

Next to the original ITN site in Portland, Maine, ITN Bluegrass has the highest volume of rides given. ITN Bluegrass is much farther along than several affiliates that have been in existence for a much longer period of time. Although ITN America is a strong transportation program that provides organizational plans and resources to assist local affiliates like ITN Bluegrass, it still takes at least five years for an organization to achieve the volume of business and stability that ITN Bluegrass has achieved in only three years of operation.

Chinese American Service League Implements Healthy IDEAS

With a \$65,000, third-year RRF grant, the Chinese American Service League (CASL) succeeded in fully implementing Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors). This is an evidence-based mental health program for older adults, recommended by the Center for Disease Control. Healthy IDEAS includes five steps: screening and assessment for depressive symptoms; educating senior and family caregivers about depression and treatment; referring and linking seniors to medical and mental health care services; using behavioral activation to empower seniors to make changes; and assessing senior's progress.

CASL met all of the objectives it proposed to accomplish over a three-year period. In the first year, it translated all of the Healthy IDEAS screening, assessment, and educational tools into Mandarin. It revised the materials for a lower educational level as appropriate for CASL clients (many of whom had little formal schooling in China). CASL's Healthy IDEAS project director and its Adult Day Services nurse completed the master trainer's course, required by sites that want to replicate the program. These two staff members then trained 19 CASL social workers to administer assessments. CASL also engaged a Mandarin-speaking geriatrician from Rush University Medical Center to help CASL approach Chinese speaking physicians who care for its depressed clients.

In the third year, CASL fully implemented Healthy IDEAS. CASL social workers screened 549 seniors (average age 79). This exceeded the goal of 400. A total of 193 were further screened, using the Geriatric Depression Scale. Of those, 144 scored 5 or below and 49 scored 6 or higher (mean score of 3.89 and median of 3). Females were far more likely to score higher. A score of 6 or higher is the cutoff for psychoeducation and behavioral activation. A total of 13 suicide screenings were also administered. Two showed signs of suicidal thoughts and were referred to their physicians for immediate attention.

Education services were provided for 96 seniors--49 with scores above 6 and 49 additional clients who CASL staff believed were at risk despite scoring lower on the Geriatric Depression Scale. CASL referred 15 clients to health care or other services. Forty-two seniors received behavioral activation, with 35 completing all phases of the intervention.

CASL held booster trainings for 30 of its staff and conducted basic training for five new staff. CASL also shared its experiences with member agencies of the Chinese Immigrant Services Agency Network International, the National Senior Community Service Employment Program, and the National Asian Pacific Center on Aging. In partnership with the national Healthy IDEAS Program office, CASL held a conference call with staff of six organizations in Los Angeles. As a result, these organizations plan to implement Healthy IDEAS with Asian populations in the LA area in 2012. CASL has shared its translated tools with these organizations.

As the first social service agency to implement Healthy IDEAS in the Chinese language, CASL has the opportunity to assume a leadership role in helping others implement this evidence-based program within their Chinese community. CASL has long been nationally recognized for its innovative approach to the delivery of culturally and linguistically appropriate services. In fact, earlier this year, CASL's President and founder, Bernie Wong, received the President's Champion of Change Award in a White House reception.

WISER Provides Financial Education for Latinas

Women's Institute for a Secure Retirement (WISER) was awarded a one-year, \$32,785 RRF grant to develop a partnership with MANA (a national Latina organization) to help low-income older Latinas take steps to strengthen their long-term financial security. The plan was to train national leaders of MANA and four local MANA chapter leaders to deliver an adapted version of WISER's signature financial training program. MANA leaders would also be trained to become continuing resources for older Latinas in their communities.

The need for financial security for older Latinas is underscored by alarming statistics. The poverty rate for single Latinas age 65 or over is 43.7 percent (compared to single African-American women at 32.5 percent and white women at 15.3 percent). On average, Latinas depend on Social Security for more than 60 percent of their family income. Eighty-six percent of Hispanic women receive no income from private pensions or annuities.

WISER successfully adapted and translated its training program, *Your Future Paycheck*, for use with Latinas. It included topics such as the need for retirement planning; Social Security benefits; pension basics; managing and stretching income (budgeting and savings basics); and investment basics.

WISER trained more MANA leaders than originally planned. It held two half-day trainings for 29 chapter leaders at the 2010 and 2011 annual MANA conferences. Due to high interest, six MANA chapters' leaders were selected for training--two more than anticipated. Chapters included Houston, Fort Worth, Virginia, DC/Maryland, Albuquerque, and Kansas City.

A total of 280 Latinas participated in MANA-led workshops. In addition, 130 participated in workshops led by WISER staff at the annual conferences. One MANA

participant arranged to have her employer, Altair Strickland, host an additional on-site workshop for more than 30 Latina employees.

Workshop participants turned out to be younger than the intended audience. They ranged from mid 20's to late 50's. WISER was clear on the intended audience when planning with MANA leadership and the chapters did target older women in their outreach. The participants did indicate in feedback that they planned to share the information with their mothers and other older relatives. WISER received more than 50 postcard responses and nearly all indicated they had shared the information accordingly. WISER reached many more older Latinas at MANA's two national conferences where attendees were primarily in their 60's and 70's.

WISER provided its materials to all MANA chapters to encourage others to sponsor workshops. WISER will continue to participate in MANA's annual conference and future regional workshops. Success with MANA has led to WISER's plans to collaborate on additional workshops with LULAC, the League of United Latin American Citizens. The nation's oldest Latino advocacy organization, LULAC tends to have older members. WISER is preparing a series on Latina retirement issues for the National Association of Hispanic Publishers. WISER will be reaching its intended audience through these other strategies.

St. Louis University Trains Aging Services Providers in Mobility Counseling

RRF made a one-year \$53,877 grant to St. Louis University to develop a training program for aging services providers on a unique person-centered approach to mobility management. Losing the ability to drive or "hanging up the keys" is a significant concern for many older adults as they strive to maintain their independence. Loss of mobility as a result of driving cessation can lead to increased depression and social isolation. The goal of this project was to provide practitioners with the knowledge, skills, and tools to address issues older adults face as they experience health and functional changes that result in mobility loss.

St. Louis University met all of the project's objectives. First, it refined a tool, known as Assessment of Readiness for Mobility Transition (ARMT). Initially created with funding from the National Center for Senior Transportation, this tool measures older adults' experience with mobility transitions. St. Louis University used the tool as the basis for developing a training program for service providers to guide older adults in understanding their thoughts and feelings regarding age-related mobility changes. The program helps practitioners work with older adults to create strategies to meet their unique mobility needs. The curriculum was developed with input from both service providers and older adults and includes video-taped assessments with older adults and real-world scenarios. The training resources were put online. They are housed by the University of Missouri, St. Louis, a collaborator on the project. They can be found online at www.umsl.edu/mtci/.

Nearly 50 social service professionals participated in a two-day mobility counseling training program. Another 200 attended conferences where the project team made presentations about mobility and the availability of the training resources.

Mobility changes and cessation of driving are real quality-of-life issues for older adults. Now service providers have useful assessment and counseling tools to help them guide elders through these highly emotional issues.

Study of Emergency Department Experience of Elderly Underscores Need for Improvements in Transitional Care

In 2009, RRF made a one year \$163,775 grant to the University of California, Los Angeles School of Nursing to study emergency department (ED) visits by older adults (age 65 and over) at a major medical center in LA. The long-term goal, beyond the scope of the RRF-funded study, was to develop a model intervention for EDs to use to improve the quality and safety of transitional care for vulnerable community-dwelling elders who seek and receive ED care. To develop the intervention, it would first be essential to understand the characteristics of those receiving care in the ED. The project was based on literature that suggests a high rate of ED use among the elderly. Large numbers of elders are directly discharged to home with a high rate of adverse events occurring.

The study involved an analysis of data from an electronic, administrative database of visits by persons age 65+ to Cedars Sinai Medical Center Emergency Department from July 1, 2007 to May 30, 2009. The final sample consisted of 18,468 patients ranging in age from 65 to 108 (mean = 78.3 years); 37 percent were between 65 and 74 (the “younger age group”) and 63 percent were 75+ (the “older age group”). Fifty-seven percent were female. The older age group had significantly more females than males. The 18,468 patients had 31,872 ED encounters during that period. The project also studied chart abstractions and included qualitative interviews with elders who received care in the ED, their caregivers, and a focus group of ED providers.

The study found elders in the older age group were more likely to be admitted. They had longer hospital stays and were more likely to be transferred for follow-up care in a long-term care setting. The study underscored the need for more geriatrically-oriented services and resources, better forms of inter-site communication, better geriatric education for ED providers, and more attention to issues of transitional care. The study indicated that those who were sent home from the ED had geriatric syndromes which were probably not addressed. These included delirium/confusion, dehydration, malnutrition, frailty, incontinence, recurrent falls, and chronic pain.

Of major concern was the apparent failure of the ED to identify cases of elder abuse. In the entire data set of over 30,000 encounters, there was only one use of the elder abuse code despite the large number of recorded fractures and contusions in upper portions of patients’ bodies (noted to have forensic significance in several studies of elder abuse). Data showed few referrals were made to community resources.

The study pointed to a great need for ED improvements regarding treatment of older adults and assistance with transitions during their medical journey. The project team disseminated findings at two national Gerontological Society of America conferences. The findings will also be presented at the International Nursing Research Conference in Australia this summer.

This is a timely study as there seems to be growing interest in creating geriatric emergency departments (geri-ED) in an attempt to improve care for those whose conditions are often complicated by multiple medications or cognitive issues. Dr. Ula Y. Hwang, a researcher at Mount Sinai Hospital in New York, which established one of the first geri-EDs, noted that the typical emergency room tends to focus on speed of care. This can lead to mistakes with elderly patients. Being treated in the ED is often the start of a downward slide for older patients. Within three months of being sent home, up to 27 percent have another emergency, are admitted to the hospital, or die.

Impact of *IN2L* Tested on Nursing Home Residents

With two-year funding of \$99,800, the Avila Institute conducted a formal evaluation of the outcomes for its nursing home residents who were using *It's Never Too Late (IN2L)*. This is an inexpensive, easy-to-use hardware/software system that offers point and touch, individualized interfaces for nursing home residents to access activities they enjoy. Personal "entry pages" present elders with pictures to touch to launch software or start programs with their favorite activities. The system also provides staff with training resources on best practices in long-term care. Therapy staff can use IN2L to access software applications for rehabilitation of memory, small motor skills, upper or lower extremity strengthening, and other best practices.

In the first year, Avila systematically studied how IN2L was being used for persons with dementia in three of its nursing homes that had the system. The Institute interviewed staff about perceived benefits and ways to make the system easier to use. It conducted life history interviews with elders in the three nursing homes where the research would take place. It used these interviews to begin developing personal interfaces for the elders that would be in the study's treatment group. It installed two donated IN2L systems in nursing homes where the treatment group subjects lived and started collecting baseline data on outcomes. It developed a draft training manual to teach nurses, therapists, and care staff about ways to personalize use of IN2L activities for persons with dementia.

In the second year, Avila Institute hired Philip McCallion, Ph.D., Director of the Center for Excellence in Aging Services at State University of New York at Albany, to lead the research project. The goal was to analyze whether *IN2L* reduces depression symptoms and agitation in its users. The objective was to compare changes for residents living in two homes using the system with residents in a third home where the introduction of *IN2L* was delayed. All three study facilities were in Staten Island or Queens, NY and had residents of similar backgrounds.

A total of 90 nursing home residents were enrolled in the study. At the same time, Avila Institute trained one more staff person than anticipated in each of the three

facilities, for a total of 18 across the three sites. This should assure continued use of the systems by the three sites over the longer term.

A two-group, three-facility quasi-experimental design involving a cross-over, wait-listed control group was conducted. Three measures were used: Kane's quality of life index; Cohen-Mansfield's Agitation Index; and the CES-D for measuring mood and depression.

Results showed a significant reduction in agitated behaviors among subjects in the control group, once they converted over to the intervention. While no other outcomes were statistically significant, the control group did show trends for improvement on several other measures.

The sample broke into thirds in terms of level of *IN2L* use among participants. One third used the system less than the desired time of once a week. One third used the system once a week and the other third used it two or more times per week. Use was higher in the control group, and scores for agitation improvement were most notable once the control group crossed over into the treatment design.

The final report suggested results may have been stronger had the informed consent process not led to enrollment of higher functioning and more contented subjects. Fewer with dementia were enrolled, and baseline measures on depression, quality of life and behavior were all higher than facility staff indicated would be representative of the general pool of residents.

In conjunction with the study, Avila developed a training program to teach its nursing homes how to use *IN2L* to improve resident outcomes. The program focused on creating "personal stories" for each interested elder and sharing them with all staff. The 18 staff used the personal stories of residents as a tool to enlighten other staff about person-centered care.

The report shared many lessons about the use of technology. Lack of Wi-Fi connectivity and access to the system, especially if there is only one in a facility, can pose challenges. *IN2L* is moving toward smaller, more portable systems that will enable nursing homes to make them more easily available to staff and residents.

ElderPoint Ministries of Greater Lakeland Expands

In 2011, RRF awarded a \$10,000 grant to ElderPoint Ministries of Greater Lakeland, Florida for program expansion. ElderPoint is a small nonprofit organization (with a budget of \$80,000) that operates a mobile food pantry to provide fresh produce and supplemental groceries each month to low-income elderly. ElderPoint also provides home maintenance and repair services. It primarily serves seniors living in HUD-subsidized apartments. ElderPoint depends on a corps of 200 volunteers from 15 houses of worship that serve on a regular basis and hundreds more that provide more intermittent services.

ElderPoint requested funding because it anticipated greater demand for supplemental food as two Lakeland agencies substantially cut services or raised eligibility from age 65 to 70. ElderPoint considerably expanded to meet the need. In 2011 it went from serving 500 elderly per month to 700. In the first quarter of 2012, the number almost doubled to 1,300 seniors. ElderPoint added a new partnership with a supplier that acquires large donations of fresh items that need to be dispensed quickly such as yoghurt, other dairy items, and deli-style salads. Thus, for much of the year it was able to provide both monthly supplements and weekly fresh items.

ElderPoint was able to attract five additional food drive supporters, including three churches, an insurance company, and a home builder. ElderPoint credited the RRF grant with helping it attract additional funders, including the Community Foundation of Greater Lakeland and the City of Lakeland.

During the grant period, ElderPoint agreed to be the lead agency for the Bluebird Mobility Network, the new Polk County volunteer transportation program. Five agencies formed the Network, including senior communities, religious congregations, and a large senior service provider. These agencies provide access to vehicles, volunteers, and riders. The program began in 2011 and provided 425 rides during that time. In the first quarter of 2012, the program provided 330 rides, thus on course to more than quadruple riders by the end of the year. The program trained 40 volunteer drivers.

The Network conducted community outreach events in several sites throughout the county. The events featured CarFit, a program developed by AARP and AAA that properly fits seniors to their vehicles and teaches safe driving. These community events also attract local businesses. The strategy seems to be working to inform seniors about Network and to build supporters. The Florida Commission for the Transportation Disadvantaged gave ElderPoint the Innovation of the Year award for its leadership in organizing the Bluebird Mobility Network.

Note: RRF staff takes much of the information for GrantBriefs 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.