

Family Alliance Opens Second Adult Day Services Site

In 2015, RRF awarded a one-year, \$50,000 grant to Family Alliance for expansion of adult day, memory support, and behavioral health counseling programs in Huntley, the southern part of McHenry County. Family Alliance has operated a site in Woodstock for several years, but it was difficult for many clients and their families to travel long distances to get there.

Family Alliance leased an unused administrative building originally owned by Del Webb Sun City and renovated it to comply with requirements of the Illinois Department on Aging and Veterans Administration (VA). The Huntley site mirrors the full complement of services that Family Alliance operates at its Woodstock site.

The Huntley site began offering services two days per week. Within nine months it expanded to five days per week, as anticipated. Census gradually grew to 20 per day, but was below projections of 25 to 30 per day. While the program had a high intake rate, it also had a high discharge rate. Family Alliance found that clients often enrolled in the program too late and could not be maintained for a prolonged period of time.

Family Alliance enhanced its program by adding music therapy, a multiple sclerosis support group, and several caregiver support programs. The agency gradually increased fees from private payers and secured higher subsidies from the VA and the Illinois Department on Aging. It also successfully negotiated contracts with Managed Care Organizations and long-term care insurance plans. The diversification of revenue sources enabled Family Alliance to reduce reliance on foundation support. The agency also secured funding for a fully integrated electronic health record system to assist with documentation, billing, and scheduling.

The program faced challenges such as delays in leasing negotiations and renovations, and in securing contracts with the state and VA for reimbursement of services, which deterred client recruitment. These problems were eventually resolved. However, Family Alliance, like so many of RRF's grantees, continues to contend with a delay in payments from the Illinois Department on Aging as a result of the state budget impasse and has had to deploy a number of strategies to handle cash flow for both of its sites.

National Academy of Medicine Studies Cognitive Aging

In 2013, RRF awarded a \$75,000 grant to the National Academy of Medicine (NAM, formerly known as the Institute of Medicine) in partial support of a study to assess the public health dimensions of cognitive aging. The study, *Cognitive Aging*:

Progress in Understanding and Opportunities for Action, defined cognition (a term that includes memory, decision making, processing speed, wisdom, and learning) and the cognitive aging process.

NAM's study report described the key features of cognitive aging, risk and protective factors that influence it, and its impact on daily life. The report included a series of recommendations to help older adults maintain and improve cognitive health, including ways individuals can reduce risks for cognitive decline and actions that health care providers can take to address it. The report called for the collection and dissemination of population-based data on cognitive aging; development of consumer-relevant criteria for evaluating cognition-related products; and creation of financial, transportation, and technology products to accommodate cognitive changes. The report also called for effective education to help the public understand the difference between cognitive aging and dementia.

In issuing the report, the NAM Advisory Committee on the Public Health Dimensions of Cognitive Aging called for society's commitment to cognitive aging as a public health issue that requires prompt action across many sectors. The report can be found at www.nap.edu/read/21693/chapter/1.

RRF's funds primarily supported NAM's extensive dissemination efforts. The report was converted into a widely distributed book. Several separate guides were also produced, including action guides for individuals and families, health care providers, and communities. Online resources related to older adult driving and safe medication use were also produced.

Virtual Group Provides Support for Isolated Widow/ers

In 2013, RRF awarded a one-year, \$44,980 grant to the University of Arizona to develop and assess an internet-based, real-time social support group for isolated older adults who had been widowed in the past three years. The intervention would provide grief education and support from peers for widow/ers, while in their own homes in the evening hours (the most difficult time for widow/ers). Specific aims of the project were to determine whether virtual support groups for recently bereaved widow/ers reduced grief, loneliness, and depression and whether virtual support groups created healthier behaviors among participants, compared to control groups.

The virtual online support group differed in two ways from current online support groups. First, the interaction between widowed individuals was in real time. All participants were present at the same time and conversation across the group was in real time. Second, an avatar (a pictorial representation of the participant) was used for the virtual support group.

The study was conducted with a total of 42 participants, average age 67. Five groups of three to four widow/ers participated in the virtual support arm of the study. They used the Second Life (www.secondlife.com) internet platform. The groups met twice weekly for an hour during a two-month period. The first hour of each session included education on grief, social cognition, coping strategies, and health behaviors.

The second hour provided an opportunity for peer interaction and support. The active control website group included eight weeks of education materials on grief.

The effectiveness of the intervention was measured, using several self-reported scales: the Perceived Stress Scale, the UCLA Loneliness Scale, Geriatric Depression Scale, Inventory of Complicated Grief, Yearning in Situations of Loss, Grief Cognitions Questionnaire, and Life Event Scale-Revised. Statistical analyses found significant improvement on scores for grief, loneliness, and depression for both the control and trial groups.

An analysis of the Pittsburgh Sleep Quality Index found that widow/ers in the online social support group showed significant improvement in sleep, but those in the active control website group did not. Qualitative responses showed that the participants in the virtual support groups found them meaningful. Respondents indicated they would not have attended in-person grief support groups.

The project's team was in the process of preparing a manuscript for submission to an academic journal and planned to present at the American Psychosomatic Society Annual Conference. The team developed relations with Tucson hospices and plans to work collaboratively on the development of a web-based, psychoeducation program.

Members of Alliance for Retired Americans Learn to be Effective Communicators on Retirement Security

In 2015, RRF awarded a second-year, \$80,000 grant to Social Security Works (SSW) to continue training staff and volunteers of the Alliance for Retired Americans to become more effective in sharing their stories of retirement security challenges with the media. SSW is one of the nation's leading organizations informing policymakers and reaching the media about retirement security for older adults, particularly issues surrounding Social Security. The project is a collaboration between SSW and the Alliance for Retired Americans, a national advocacy organization that represents more than 4 million retirees across the U.S. The Alliance has 33 state chapters and 1,600 local affiliates.

During the grant period, SSW provided media training to 1,414 staff and volunteers of the Alliance and the United Auto Workers. At least half were trained through SSW's train-the-trainer format. SSW also created an online resource page that hosted a webinar and provided downloadable training materials to reinforce the trainees' learnings.

All trainees completed a survey of their training experience. The survey found that, on average, confidence in speaking to elected officials increased to slightly more than 50% confident. The majority of those speaking to media indicated their confidence increased from negative to positive.

A second objective was to increase the amount and accuracy of media coverage. During the grant period, the Alliance held more than 100 events and earned 115 media

hits. The number of events and amount of media coverage increased by nearly 250% over the first year.

SSW found that Alliance members were not as comfortable as expected in using technology for follow-up training. SSW is considering alternative ways to communicate effectively with large numbers of older adults so they can continue to be prepared for the inevitable debate over the future of Social Security.

Hektoen Institute Expands Elder Mistreatment Study

In 2013, the Hektoen Institute for Medical Research received a two-year, \$80,000 RRF grant for phase 2 of a study of elder abuse victims treated in Chicago-area Level 1 Trauma units. Phase 1, conducted in 2008 with RRF support, studied only physical abuse cases. Phase 2 involved a multi-center study of victims of elder mistreatment, cared for in five major Chicago-area hospitals and focused on both physical abuse and caregiver neglect, resulting in hospitalization.

The goal of the Phase 2 study was to gain a better understanding of the magnitude, nature, determinants, and outcomes associated with severe cases of elder mistreatment. The study began by screening an inpatient discharge database to identify potential cases of mistreatment. The complete medical record for each potential case was abstracted into a new database and linked with other data, including investigations by Adult Protective Services, nursing home investigations by the Illinois Department of Public Health, and death records from the National Death Index. Because physical abuse and neglect cases differ substantially, the two populations were analyzed separately.

A total of 111 suspected physical and sexual abuse cases were analyzed. The majority of cases occurred in community settings; 16% occurred in nursing homes. Neglect cases (20%) represented the largest percentage of cases. Psychological and/or emotional abuse represented 13%, sexual assault 10%, and financial exploitation 4%. Two-thirds of the victims were female; nearly half were African-American. Nearly one-third of the victims had documented substance abuse; nearly half were diagnosed with either mental illness or dementia; one-fourth were determined by hospital physicians to be mentally incompetent or unable to care for themselves. After the hospitalization, nearly 40% of those living in the community returned to the residence where the alleged perpetrator lived. More than half of the patients abused in a nursing home returned to the same facility.

Only 26% of the abuse cases were reported to Adult Protective Services, compared to 37% in the first study. This is disturbing because 52% of the abuse cases experienced multiple incidents of abuse based on medical history narratives, history of hospital visits, and Adult Protective Services investigation data.

It was more difficult to identify cases of neglect. The two raters, both experienced geriatricians, differed significantly in their clinical views on what constituted neglect. In response, the research team developed a scale for clinical signs of neglect. The scale addresses the fact that clinical signs of neglect do not present with a single

diagnosis, but rather involve a complex constellation of clinical signs of varying degrees of severity, such as skin integrity, nutritional status, injuries caused by falling, and poor medical care. Rather than defining each patient as positive or negative for neglect, each would fall along a continuum on the scale.

A total of 1,623 neglect cases were analyzed. Nearly 75% of these cases lived in a facility such as nursing home, rehabilitation facility, long-term care hospital, or hospice. Only 6.5% of these cases were investigated by Adult Protective Services, despite the fact that nearly 25% had high scores on the clinical signs of neglect scale. The two geriatricians who reviewed a random set of cases indicated they would have reported anywhere between 33% and 50% of them to Adult Protective Services.

The study made recommendations on training medical staff in hospitals to improve screening of suspected cases of neglect. The study recommended that, because of potential disagreement between specialists, multi-disciplinary teams should be formed to discuss and evaluate potential cases of neglect.

The project's findings underscored the challenges in identifying suspected cases of physical abuse and neglect, especially for the vast majority of cases that live in facilities rather than personal residences. The project's next steps involve converting the clinical signs of neglect scale into a software application that can be integrated into existing electronic health records systems used by hospitals. This would help improve reporting of suspected mistreatment cases to Adult Protective Services and other investigative bodies and, in turn, enhance law enforcement's ability to identify and prosecute perpetrators of mistreatment.

New Hot Shot Vehicle Delivers Meals to Rural Elders

In 2015, RRF awarded a \$45,227 grant to the Sarah Bush Lincoln Health Center to replace an unreliable truck in need of expensive repairs with a new vehicle called a Hot Shot. The Health Center is a regional acute care hospital in rural Coles County, Illinois. It operates the Peace Meal Senior Nutrition Program, which provides congregate and home-delivered meals for 4,500 seniors in 14 counties south of Champaign.

The Hot Shot was purchased at the expected cost and is saving the program nearly \$3,000 in annual repair and fuel costs. It carries both cold and hot products safely and brings nutrition and social connection to 65 low-income elders and three congregate dining sites daily.

Seniors served by the program are among the most vulnerable. More than half live alone; 70% are age 70 or older; 60% report that the meals they receive account for more than half of their daily food intake.

Villages Test National Data Infrastructure

In 2014, the University of California, Berkeley received an 18-month, \$75,015 grant to create an infrastructure for evaluating and comparing Villages. The Village model is an emerging, community-based, elder initiative that enables older persons to continue to be actively engaged in their community. Villages are grassroots, consumer-driven, membership organizations that provide opportunities for engagement and support services, such as transportation, household help, and companionship. In 2014, at the time of the grant, 25,000 seniors were members of Villages, which were expanding at a rapid pace.

The Villages vary by types of services they provide, their use of staff vs. volunteers, the populations they serve, the nature of partnerships, budgets, and funding sources. A composite national data infrastructure was envisioned to help the Villages learn which elements contribute to improving the quality of life for their members. Specific objectives of the study were to: 1) assess the feasibility of creating a national data archive to capture Village organizational and member characteristics; 2) identify barriers to Villages participation in the national data archive and refine procedures and metrics; and 3) develop a replicable evaluation toolkit.

The project succeeded at developing the data entry tool and involving an appropriate number of Villages in testing its feasibility. Twenty Villages participated in the study, representing various sizes, economic and ethnic diversity, staffing, and locations. Once the data entry tool was developed and refined, webinars and individual consultation were provided to teach the Villages how to use the tool and how to view and interpret their Village-specific results. An evaluation toolkit was developed, along with a set of recommendations for scaling evaluation procedures and data structures for the Villages nationally.

The project concluded that a national data archive was feasible. The University of California, Berkeley has begun to help Villages implement the evaluation toolkit nationally and plans to conduct a National Village Survey.

ElderServe Enhances Friendly Visitor and Telecare Programs

In 2015, RRF awarded a \$31,770 grant to ElderServe to hire a part-time social worker to enhance its Friendly Visitor and TeleCare Programs. ElderServe is the oldest and largest nonprofit agency serving older adults in Louisville. It serves nearly 2,500 seniors annually; 75% are low-income and 33% are African American.

ElderServe's Friendly Visitor and TeleCare Programs link volunteers to elders to reduce their social isolation. Prior to receiving RRF funding, ElderServe had hired a Volunteer Coordinator to revitalize and expand these programs. The addition of a social worker would enable ElderServe to conduct in-home assessments, assist with goal-setting for participants of these programs, and connect them to additional internal and external services.

The newly-hired social worker completed assessments on all new Friendly Visitor and TeleCare clients and conducted re-assessments on several participants. ElderServe provided additional assistance to 84 program participants, including referrals to health and social services, safety planning, assistance with prescription drugs and assistive devices, linkage to social opportunities, and access to benefits.

During the grant period, 48 new clients joined the two programs: 23 in Friendly Visiting, 9 in TeleCare, and 16 in both services. The number of Friendly Visiting volunteers doubled. The number of TeleCare volunteers increased by 20%.

ElderServe began administering the UCLA Loneliness Scale with new participants. At the time of the final report, ElderServe had administered the scale and completed a six-month follow-up on 14 new clients. At six months, scores were lower for 72% of the clients. Scores dropped from 26 to 23 (a score of 26 indicates ~~very~~ very high loneliness+).

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.