



**RRF**  
Foundation  
for Aging

# GRANT HIGHLIGHTS

JANUARY 2020

## Community Health Centers Show Growing Interest in PACE

In 2018, RRF awarded a one-year, \$125,675 grant to the National Association of Community Health Centers (the Association) to encourage more federally qualified health centers (FQHCs) to offer PACE, the Program of All-Inclusive Care for the Elderly. PACE provides coordinated, comprehensive, capitated care for low-income older people and adults with disabilities who are eligible for nursing homes but still live in the community. FQHCs seem to be well-positioned to become PACE sites because they share PACE values of providing comprehensive, coordinated care to low-income people and are well connected to providers in their communities that can offer the services PACE clients might require.

The goal of the project was to educate FQHCs about the value added by PACE and help them assess their organizational capacity to develop the financial infrastructure needed to launch the program. The project involved three additional partners: the National PACE Association, a membership association of PACE programs; Capital Link, a nonprofit that helps community-based health centers manage the rapidly changing healthcare marketplace by planning capital projects, financing growth, and identifying ways to improve performance; and the Galway Group, a for-profit consulting firm that offers education about the basic requirements for starting an FQHC-sponsored PACE program, using tools to assess feasibility in given service areas.

The Association held high-level learning sessions for 425 health center attendees. The first training involved 61 people from 40 organizations, representing 15 states, who participated in a webinar on PACE. Of 33 respondents to a post-training survey, one-third (11) reported a high interest in follow-up to learn more about PACE and its potential for their organization. A second training was conducted in-person and involved a forum of panelists who shared their approaches to assessing the market and financial feasibility for PACE and program considerations to address when considering whether or not to implement PACE. Six health centers with multiple staff attended. A third training, done by webinar, was attended by 46 representatives from 25 health centers and one state primary care association.

Following the learning sessions, the Association focused more on health centers that fit the requirements and expectations for PACE. Seventeen organizations from six states (California, Indiana, Illinois, Oklahoma, New York, and Texas) were invited to participate in the next level of training. The training was attended by high-level staff members including CEOs, COOs, CFOs, and Senior Clinical staff.

Six months after the training, 10 participants provided feedback. Nine indicated they were planning to, or are in the process of, applying to become a PACE site. Two

had submitted and/or were approved by their state to move forward. Another two were in active discussions with existing PACE programs about collaborating for new sites. Two were pursuing funding to help support additional technical assistance and feasibility studies.

## **Pension Rights Center Launches Initiative to Protect Retirement Security for Divorced Older Women**

In 2019, RRF awarded a six-month, \$10,000 grant to the Pension Rights Center (PRC) to support the planning phase of an initiative to enhance retirement security for divorced older women. The initiative addresses the challenges they face in receiving a fair share of their spouse's pension or 401(k) benefit upon divorce. The initiative particularly addresses the complexities of securing a Qualified Domestic Relations Order (QDRO).

The plight of divorced women has become an increasingly prominent issue for PRC. One out of every five calls to PRC's helpline involves questions about dividing benefits during a divorce. Gaining access to these benefits has a significant positive impact on the economic security of divorced women. However, acquiring a share of a pension involves a complex and expensive process. Divorced women cannot merely procure a court order; they must also secure a QDRO to claim their benefits. Acquiring a QDRO is difficult; even trained family lawyers are often unfamiliar with the process.

The planning phase of this initiative involved two components. First, PRC organized a series of information-gathering roundtables to expand their knowledge of the issue and synthesize it into a 38-page preliminary report. Next, PRC used the preliminary report as a guide to organize a Strategic Convening where a diverse group of stakeholders worked together to brainstorm and develop solutions.

Through the information-gathering process, PRC identified many stakeholders who educated PRC on the issues and committed to participating in the Strategic Convening. Five information-gathering roundtables occurred; participants at the roundtables included lawyers who represent multiemployer plans such as SEIU and Western Conference of Teamsters; the Administration for Community Living; pension counselors; National Caucus and Center on Black Aging; National Organization for Women; Women's Institute for a Secure Retirement; AARP; the American Bar Association's Commission on Domestic Violence; Legal Counsel for the Elderly; financial services institutions such as TIAA, Bank of America, Fidelity, and Ascensus; 15 QDRO drafting experts from different states; and family lawyers, judges, mediators, and court staff.

The preliminary report provided considerable background, explaining how QDROs work and the challenges divorced women face in getting them executed correctly to protect their share of the divorced spouse's pensions and 401(k) plans. The report helped shape the Strategic Convening. The 75 attendees included representatives from corporations, financial institutions, judges, legal and financial

professionals who advise or represent employers and plans, and organizations that advocate on behalf of older women and survivors of domestic violence.

The day-long Strategic Convening included four, 75-minute panels representing the range of stakeholders who were identified through the information-gathering phase. It covered topics such as how to reach out and educate people about QDROs; how to increase access to QDROs through Model QDROs and other solutions; and how to improve the QDRO submission process. Each panel was followed by discussion and break-out strategy sessions based on interests and expertise. The number of stakeholders engaged in both the information-gathering roundtables and the Strategic Convening exceeded the organization's original expectations.

The success of the planning phase provides a solid foundation for the next part of this initiative, which includes writing a report incorporating lessons learned from the Strategic Convening and organizing working groups around increasing public awareness of, and access to, QDROs. Solutions discussed in the working groups included developing and disseminating public awareness materials and training and educational opportunities targeted to attorneys and financial institutions. PRC will create a new section on its website to educate and inform the public about the issue. This planning grant helped PRC leverage additional funding and build momentum for a broad-based effort to make access to retirement savings vehicles easier for divorced older women, who are one of the groups most at risk of economic insecurity later in life.

## **The Village and Chicago Innovation Introduce Co-Mentoring**

In 2018, RRF awarded a one-year, \$50,000 grant to The Village Chicago (formerly Lincoln Park Village), to establish an intergenerational co-mentoring program called Ageless Innovators. The program was developed in partnership with Chicago Innovation to address the growing need for meaningful, productive, and mutually beneficial relationships between diverse age groups, particularly in the workplace.

Ageless Innovators promotes an understanding of the benefits of age diversity in the workplace, facilitates the development of new professional skills among older and younger adult participants, and creates a lasting intergenerational community. Partnership with Chicago Innovation was crucial to the project's success as a means of engaging and connecting entrepreneurial individuals of different ages.

Unlike traditional mentoring programs, Ageless Innovator's co-mentoring model involves mutual engagement that considers each participant to be a mentor and recognizes that people of all ages have something to teach and learn. The program is the first of its kind to connect leaders across generations and across businesses through reciprocal engagement and mentoring.

The project enrolled 25 co-mentor pairs, exceeding the goal of 20. Pairs were matched based on a survey of each enrollee's characteristics, preferences, and goals. Co-mentors spanned four generations, from Millennials to Traditionalists, and represented various types and sizes of organizations, including government, nonprofit organizations, corporations, and start-ups.

The project encouraged participants to spend 10 hours in one-on-one co-mentorship sessions over six months. The Village also hosted group events to encourage community bonding and knowledge-sharing. These included a kickoff event, roundtable discussions, and small-group meetings. During the first roundtable discussion, The Village staff collaborated with program participants to create the *Guide to Intergenerational Relationship-Building*, an educational booklet that describes best practices for building cross-generational relationships.

Post-program surveys indicated a positive change in the attitudes of younger participants towards older people in the workplace. Participants indicated that they plan to use the lessons they learned from Ageless Innovators to start intergenerational mentoring programs and workshops geared towards bridging generational divides at their workplaces. The project also generated significant media coverage, reaching a large audience through radio interviews and news articles and spreading messages about the importance of addressing ageism in the workforce beyond the program's participants.

The Village and Chicago Innovation plan to expand the Ageless Innovators program by increasing use of the media. They will also use lessons learned to create a training program that will help companies manage an intergenerational workforce. The Village will host an event to highlight the accomplishments of the program's participants. At the close of the grant period, the next cohort of Ageless Innovators had already been recruited, with interest exceeding expectations.

## **Veggie Van Expands in Florida's Palm Beach County**

In 2018, RRF awarded an eight-month, \$37,048 grant to the Community Caring Center of Palm Beach County (CCC) to expand its Veggie Van Project into other parts of the county. CCC delivers fresh produce, as well as hot and frozen meals, and offers a friendly visitor program for Palm Beach County's older residents. Many have multiple chronic conditions and experience social isolation. The project's goal is to ensure older people are able to live long and healthy lives in their own homes. Since the project's inception in 2013, all but one participant have been able to continue living independently.

CCC used RRF funds to expand the Veggie Van to serve a senior residential community for people age 55 and older. The goal was to provide weekly Veggie Van deliveries to 100 older residents. CCC planned to identify new clients by connecting with partner agencies focused on aging issues, using physical advertisements such as door hangings, and word-of-mouth.

CCC's progress was delayed because outreach strategies were not as successful as anticipated. To meet the challenges, CCC created a Community Liaison position, held by a resident, who was responsible for promoting the program within the community. As a result, CCC began to make headway. By the end of the grant period, an average of two to three new clients per week began enrolling in the program, and CCC expected to meet its projections.

CCC summarized the lessons learned from the project in an operations manual. The organization plans to use the manual as a guide as it continues to expand its programs into other Palm Beach County communities.

### **UIC Creates Online Training Program for Fit & Strong!**

In 2017, the University of Illinois at Chicago (UIC) School of Public Health received a one-year, \$50,000 grant to develop and test an online version of its training program to certify instructors for Fit & Strong!. This evidence-based program reduces pain and improves mobility in older people with osteoarthritis or other forms of lower extremity pain and weakness. By creating an online training, Fit & Strong! will be included in the National Parks and Recreation Association's (NPRA) dissemination of evidence-based best practices in health promotion. NPRA received a five-year contract from the Centers for Disease Control and Prevention to deliver evidence-based health promotion programs to 500,000 new participants in at least 25 states. However, NPRA required that all programs offer online training to reduce cost and provide easier access for trainees. Prior to this grant, instructor training for Fit & Strong! had only been conducted in person. RRF funds supported the translation of Fit & Strong! training content into an online format as well as testing online trainees to assure strong program fidelity.

A five-module, online training program was created. Two cohorts of trainees, totaling 76 instructors, completed the online training. They represented 43 unique sites in 27 states. The number of states with new sites that offer Fit & Strong! increased from nine to 38 by the end of the grant period.

To assess the fidelity of training, UIC required program sites with online trainees to send a video of one of their early classes. Only one site was found to have significant fidelity issues. Online trainees at the other sites demonstrated a level of fidelity that was equal to those who trained in person.

Fit & Strong! has demonstrated much stronger outcomes than many other similar health promotion interventions. The availability of online training should result in more rapid expansion of Fit & Strong! and help greater numbers of older people who suffer from the debilitating effects of osteoarthritis.

### **University of Washington Trains Occupational Therapists in Motivational Interviewing**

In 2018, RRF awarded a one-year, \$59,997 grant to the University of Washington to train occupational therapists (OTs) to use "motivational interviewing" as a tool to build collaborative partnerships with their older clients and empower clients to take control of their wellness and participation in the community. The goal was to develop and evaluate a structured, applicable, and sustainable curriculum to enhance motivational interviewing use in clinical practice with older clients.

Motivational interviewing is an evidence-based practice used to strengthen a person's motivation and commitment to behavior change by helping resolve ambivalence about change. It can be particularly useful for older people because they often have multiple medical problems and treatment regimens. It has been helpful for clients with physical and mental health issues. However, OTs rarely are trained in motivational interviewing techniques.

A structured and replicable curriculum was successfully created to enhance and maintain OTs' ability to use motivational interviewing techniques. The program included a two-day, in-person training for 21 OTs; two online booster sessions; and online learning resources. The project included an evaluation of participants' competence and confidence in using motivational interviewing. Nineteen OTs who participated in the training completed the evaluation. Results showed that all of the OTs who attended the in-person training completed the first online booster, and 79% completed the second booster.

Evaluation included a series of Video Assessment of Simulated Encounters for each trainee. The results highlighted the importance of providing booster sessions to improve OTs' competency. The total and sub-scores did not improve immediately after the in-person training, but the follow-up showed that the training had a large effect on all motivational interviewing skills after the booster sessions. This finding was also supported by the Motivational Interviewing Treatment Integrity Tool. Results of the Pittsburgh Rehabilitation Participation Scale showed that the training had a large effect on how OTs perceived their clients' participation in treatment sessions. It indicates that by using their new skills, OTs may have been able to better support their clients' motivation to engage in their treatment sessions.

The project produced PowerPoint slides and a participant handbook that can be used for future trainings. A publicly available website ([www.miforots.com](http://www.miforots.com)) was created. The grantee will continue to share motivational interviewing materials through this website.

## **Hope Meadows Strengthens Organizational Partnerships**

In 2018, RRF awarded a one-year, \$38,902 organizational capacity building grant to Hope Meadows. The goal of this project was to engage a research fellow who would develop a plan to meet the needs of older residents within this intergenerational community.

Hope Meadows was the first planned intergenerational community to provide housing and support to foster care families who wanted to adopt their foster children. The community offered low-rent townhomes for older people who wanted to become engaged with these families. In return for volunteering six hours every week, older residents paid \$350 or less per month for a three-bedroom unit (the rent is now \$500, although many still pay the lower amount). Six years ago, Hope Meadows decided to relinquish its license as a child welfare agency and reduce its staff considerably due to changes in the priorities of the Illinois foster care system that negatively affected the organization's funding. Today, Hope Meadows is home to 73 residents; 42 are in their

late 70's and 80's. As the residents age, Hope Meadows has recognized the need to provide support to ensure that the older members of its community continue to thrive.

RRF funds enabled Hope Meadows to collaborate with the Stevenson Center of Illinois State University to place a gerontology fellow in residence at Hope Meadows for an 11-month period. The objectives of the project were to have the fellow observe the intergenerational community environment; investigate and propose strategies and best practices to improve community life for older residents; evaluate volunteer practices and the impact of the volunteer experience on the older residents; and produce a report with recommendations to be shared with the entire Hope Meadows community.

During the grant period, the fellow observed residents at several events, conducted interviews with active volunteers, and maintained a field journal. He also engaged a community facilitation specialist from the University of Illinois Extension Service to conduct three group discussions about potential improvements to community life with Hope Meadows residents, staff, and board members. At the end of the fellowship, he developed a report on his experience and the results of the project.

The most successful strategy was the identification of, and initial steps toward, organizational partnerships that will bring new resources and engagement opportunities to Hope Meadows' older residents. Several were instituted during the grant period, including training high school students who learn and perform home construction and modifications to achieve energy efficiencies and safety and security enhancements for the residents under a grant from the Community Foundation of East Central Illinois. Other partnerships included resurrection of an intergenerational computer lab; an on-site fall prevention clinic conducted by the Mobility and Fall Prevention Research Lab at the University of Illinois; creation of an on-site food pantry, managed and operated by a team of older residents who completed certification training in food handling and storage; and nutrition education classes. A promising strategy involves exploring the possibility of offering a home healthcare model operated by a local nonprofit retirement village in Urbana. The model provides access to affordable home care by allowing recipients to pay only for specific tasks rather than the caregiver's time. The fellow also developed a partnership with a local nonprofit services provider to assess residents' needs and help with care planning.

Hope Meadows plans to align its volunteer program with the norms and practices of other volunteer sites that engage older people, which the research fellow recommended after discussing the issue with several peer organizations. Other next steps include furthering Hope Meadows' promising partnership with Clark-Lindsey and sharing the research fellow's final report with the Board of Directors in order to facilitate discussion of necessary changes.

## **Congregate Dining Means More Than a Meal**

From 2016 to 2018, RRF awarded three grants totaling \$60,000 to the National Association of Nutrition and Aging Services (the Association). Funds were used to promote the benefits of socialization in the Older Americans Act Congregate Nutrition Program. The project involved both research and advocacy.

During the three-year grant period, the Association conducted a comprehensive review of the literature on the impact of the Congregate Nutrition Program on social connectedness. The Association conducted site visits to more than 20 congregate dining sites and surveyed more than 1,000 older adults who use the program. The survey data showed that friendships created through the Congregate Dining Program are more important to many of the participants than even the nutrition provided. According to survey results, 88% of respondents said socialization is encouraged; 80% said they have more friends than before participating; and 59% said their physical health improved since visiting the site.

The Association used the data, along with case examples, to advocate for reauthorization of the Older Americans Act and an increase in funding for meals programs under the Act. The Association had individual meetings with members of Congress and testified before the House Ways and Means Committee. The Association launched a creative advocacy campaign in which congregate dining participants were given a paper plate on which they wrote about ways the program helps with social and physical well-being. The plates were mailed to 19 Congressional representatives in seven states, including California, Illinois, Kentucky, Massachusetts, New Hampshire, North Carolina, and Ohio. A few of the congregate dining sites made videos of interviews with participants and shared them with members of Congress.

This well-orchestrated advocacy campaign made good use of research and creative education strategies. The House reauthorized the Older Americans Act (known as the Dignity in Aging Act of 2019, HR4334) last fall. The legislation remains on the Senate's legislative calendar.

## **University of Iowa Identifies Ways to Improve Over-the-Counter Hearing Aids**

In 2017, RRF awarded an 18-month, \$114,521 grant to the University of Iowa to study ways to improve the effectiveness of over-the-counter (OTC) hearing aids in addressing presbycusis, or age-related hearing loss. Presbycusis is very common; one in three persons between the ages of 65 and 74, and half of people age 75 or older have difficulty hearing. However, many older people do not use hearing aids because of the high cost of the devices and their testing and fitting. Manufacturers are now producing lower-cost OTC hearing aids, but most of these devices are "one size fits all." They tend to amplify low frequencies rather than the higher ones lost in presbycusis.

The study by the Department of Communication Sciences and Disorders was designed to identify a set of four presets that would significantly improve the efficacy of OTC hearing aids; identify the best method for older people with hearing loss to select a device and test the comparative improvement in hearing under laboratory conditions; and assess the effectiveness of OTC aids, set to identified presets, under real world conditions. Subjects were to wear the devices in their daily lives for four weeks and report results.



The study produced four presets that were considered a good fit for 68% of the 267 subjects who participated. The study also found that the “select by self-hearing test” was the selection method that resulted in the best hearing and was indistinguishable from the results using an audiologist fitting.

The project compared real world speech recognition, subject ratings of hearing aid benefit, and willingness to pay. A single group crossover design was used in which three conditions were compared: an OTC aid set to the presets identified in the first study; the aids set to the standard OTC presets of a popular OTC aid; and the aids configured by audiologists using best practice verification. The study found no significant differences in real life situations between aids configured by the audiologists and aids configured to the presets established in the first phase of the study.

The University of Iowa will be sharing the results of its research with the hearing aid industry, including directors of research and development at companies currently producing OTC hearing aids. Results will then be shared with manufacturers of traditional hearing aids that may be planning to enter the OTC market. Findings will also be shared with the Personal Sound Amplification Performance Criteria Committee of the Consumer Technology Association, which establishes standards for OTC amplification devices.

This was a timely study, given passage of the Over-the-Counter Hearing Aid Act of 2017. The Food and Drug Administration (FDA) has been given three years to create a plan to regulate such devices. Hopefully, the results of this study will inform FDA regulations.

## **University of Southern California Tests State-Specific Training on Home Modification**

In 2017, RRF awarded a one-year, \$67,312 grant to the University of Southern California (USC) to develop and test an innovative state-specific training program to help providers facilitate older persons’ ability to live as independently as possible. Professionals who play a role in home modification face challenges in navigating their state’s complex and rapidly changing home- and community-based care systems that affect the delivery of home modification services. Providers need to become better informed about their state’s home modification policies, funding sources, and effective service delivery strategies.

USC created HOMES, the Home Modification Education for States program. Three state-specific online HOMES Certificate Programs were developed. Each consisted of five, two-week online courses in which students spent four hours per week accessing online lectures from experts in the field. Topics included home modification terminology, assessment, state-level funding and policies, products, design, raising awareness, coalition-building, and ethical issues. Interactive assignments among students and instructors evaluated learning. A final assignment after each course allowed the content to be applied directly to the students’ work. For example, students

were asked to create testimony to a state legislature, develop a home modification plan with blueprints and products, and locate funding sources in the community.

Before launching the program, a one-hour training webinar was conducted in the three states for representatives from key groups such as Area Agencies on Aging, Centers for Independent Living, remodelers, and service coordinators. The webinars were designed to provide information about fundamental home modification issues and generate interest in the HOMES Certificate Program.

USC trained a total of 59 individuals; 53 completed the entire course. Participant feedback was very positive. Not only did participants gain knowledge that they can apply specifically to their work, but they built relationships with their peers that will be maintained through social media-based alumni networks. Students reported that the three topics they found most helpful were home modification funding sources, products, and assessment tools.

The project provided important lessons about barriers to implementing successful home modifications for older people. Challenges include changes and complexities in state home- and community-based care systems; lack of supportive home environments; limited consumer awareness and acceptance of home modifications; lack of coordination in service delivery; limited funding sources; and the varying quality of professionals working in this field.

USC successfully used its experience with this project to obtain a three-year, \$750,000 grant from the Administration for Community Living. The grant will enable USC to use the lessons it learned as the HOMES Certificate Program expands to other states.

## **Project Addresses Nursing Home Residents' Trauma in Transferring when Facilities Close**

From 2015 to 2018, the National Consumer Voice for Quality Long-Term Care (Consumer Voice) was awarded three RRF grants totaling \$330,070 to address the issues of trauma associated with the transfer of nursing home residents whose facilities are closing. With growth of the assisted living industry and rebalancing of long-term care funding away from institutional settings to home- and community-based services, the nursing home closure rate has increased dramatically. For many nursing home residents, transfers are traumatic, resulting in increased mortality risk in the first months following a move. Poorly executed transfers exacerbate this trauma, particularly for frail residents and their higher acuity, long-stay nursing home population.

Consumer Voice began with research that uncovered problems in the ways closures are identified and managed by the federal and state systems. Problems include the failure of facilities to provide timely notice of closure to state officials; ineffective oversight of closures by regulatory agencies; states' unclear closure processes, roles, and tasks; and lack of inclusion of all appropriate state agencies in the closure process.

Consumer Voice used the findings to identify areas in which it could advocate for improvements with the Centers for Medicare & Medicaid Services (CMS). Consumer Voice worked with the CMS Consortium for Quality Improvement and Survey and Certification Operations as well as regional CMS administrators who frequently interact with state survey agencies. The organization encouraged CMS to provide clarity to states about federal requirements and reevaluate closure processes. CMS expressed interest but has not yet acted upon the recommendations.

When CMS did not act upon oversight improvements, Consumer Voice created a set of five action briefs to help state officials tackle the issue more effectively. The action briefs covered strategies such as ways to develop a coordinated state relocation team; the value of a state manual describing the closure process for use by agencies, providers, and consumers; the need to include the state ombudsman in closure plan review prior to approval; requirements for both the closing and receiving facilities to institute ways to mitigate transfer trauma; and ways to more proactively help residents find a new place to live. Consumer Voice shared the briefs with all state survey agencies, state Medicaid agencies, and state long-term care ombudsmen, as well as with CMS national and regional offices.

Although it was disappointing that CMS did not move ahead on many of Consumer Voice's' recommendations, there were significant, positive changes on the part of several states that Consumer Voice assisted in improving the process and outcomes of nursing home closures. Rhode Island created a set of sample state guidelines on closures, including a notice of rights and a sample closure plan. Iowa developed a closure team intervention process. Michigan developed a fact sheet on closure and a closure plan checklist for providers. Tennessee created a relocation manual. Consumer Voice also developed sample letters and closure information cards for residents and families for several states. In a survey of the states that Consumer Voice assisted, 50% reported that the organization's briefs and other materials were the impetus for positive changes in the way closures were handled.

## **Online Tool Developed to Prepare for Disasters**

In 2017, RRF awarded a one-year, \$99,989 grant to the University of Iowa to develop an online disaster preparedness tool to help community-based service providers assist older people with their personal emergency plans. The project's long-term goal is to minimize negative consequences of disasters and support the ability of older residents to continue living in the community. Older people are more vulnerable than younger populations in disaster situations. This is partly due to functional limitations, lack of social support, difficulty maintaining medical regimens, and limited knowledge about preparedness. Rural communities face significant challenges during disasters because of reduced capacity and resources, geographic isolation, and a limited public health workforce infrastructure. Of Iowa's rural emergency service providers, 80% are volunteers and must serve large and sparse geographic regions with limited staff and equipment.

This project built upon a 2014 RRF grant to the University of Iowa in which a tool known as Disaster PrepWise was developed to help community-based providers work

with older adults to prepare for emergencies. In testing the tool with providers and a sample of older people from two counties, the project's team learned that the tool was successful in helping older people create an emergency preparedness plan. However, program participants suggested that Disaster PrepWise could be shared more easily if it were available as an online digital tool.

Following this suggestion, the research team successfully developed and tested an electronic version of Disaster PrepWise. The tool contains five program modules: Complete a Personal Household Assessment; Develop a Personal Emergency Network; Develop Emergency Information & Important Documents; Keep a 3-5 Day Supply of Medication and Medical Supplies; and Build an Emergency Supply Kit. A Special Considerations section contains additional content and materials that are pertinent to certain individuals and situations: Alzheimer's and Dementia; Car & Travel; Preparing Your Home; Emotional Well-Being; Pets & Service Animals; and Work and Public Settings. The final section includes additional resources that apply to different types of disasters to help individuals assess their own risks and learn what to do before, during, and after each of these situations. The section covers floods, severe weather (extreme heat/cold), fires, tornadoes, hurricanes, earthquakes, hazardous materials, pandemics, radiation, and tsunamis.

The online tool is designed for agency staff to complete with an older individual by inputting answers and information requested for each module. After completing the modules, a personal emergency plan report is developed and mailed to the participant. Tutorial videos for each module, explaining how to fill out the forms with key preparedness messages, have been developed for families that may wish to self-administer the tool.

To complement the tool, the project developed Disaster PrepWise implementation protocols for local service providers. A Community Toolkit was created that outlines step-by-step instructions on how to implement the program and use the online tool. A Stakeholder Advisory Board was created to provide guidance on steps to disseminate Disaster PrepWise through existing service delivery systems within the community. Two ways of implementing the program were identified: through an aging services provider at senior apartment complexes and through Medical Reserve Corp volunteers in partnership with the county public health department.

University of Iowa tested the online tool with 38 individuals from 30 households. One month after receiving their personalized disaster preparedness plan, 33 people from 26 households completed a follow-up survey. Preliminary results suggested an increase in preparedness behaviors. In addition, exit surveys were completed by staff and volunteers of partnering agencies that used the tool to identify challenges, benefits, and areas for improvement for future implementation and dissemination.

The research team has widely disseminated information on Disaster PrepWise. The team presented at the Iowa Governor's Conference, a local disaster coalition meeting, the State of Iowa's Annual Trauma Conference, the Expert Panel meeting convened by the Iowa Institute for Public Health Policy and Practice, and the Gerontological Society of America's annual conference as part of a presidential symposium. The team plans to prepare short reports for community-based

organizations and disseminate findings through additional scientific presentations and publications.

## Legal Aid Chicago Influences Reverse Mortgage Policy Change

In 2018, Legal Aid Chicago (LAC) received a one-year, \$25,000 grant to support civil legal services for older people experiencing consumer problems and those in need of advance directives. Effective legal services are crucial to the economic stability of low-income older people, a population often targeted by corrupt businesses and scam artists who offer fraudulent services.

LAC's goal was to help 150 older people solve consumer issues and become more financially stable. By the end of the grant period, the organization had served 375 older people with 399 legal issues, far exceeding its objective. It provided advance directives for 138 older clients, including Transfer on Death Instruments when appropriate; more extensive legal services on consumer issues, including representation in court, for 63 clients; and advice and brief services for another 187.

A large part of achieving financial stability for seniors involves ensuring that they have advance directives in place if they were to become incapacitated. LAC's Advance Directive and Property Transfers (ADAPT) project, which began in the prior grant period, became an established part of the organization's general legal services. ADAPT provides durable powers of attorney for healthcare and property, living wills, and transfer on death instruments, which allows a homeowner to pass real estate to a named beneficiary without going through probate and without affecting title during the older person's lifetime. LAC established special ADAPT clinics and trained volunteer attorneys to meet with clients at the clinics. It also strengthened its referrals to *pro bono* attorneys for individuals needing additional services beyond what ADAPT can offer, including guardianship proceedings or will drafting.

In 2018, LAC saw an increase in housing cases, including several older people who faced the loss of their homes due to various types of fraud. The organization also litigated several reverse mortgage cases involving "surviving spouses" who were originally taken off of the mortgage in order to issue a larger, more profitable reverse mortgage to the client's older spouse. Although both spouses were assured they could live in the home until death, reverse mortgage companies have been foreclosing on the surviving spouse who did not sign the mortgage. A HUD assignment program is supposed to help surviving spouses avoid foreclosure, but the requirements for the program are difficult to meet. Three LAC clients were denied HUD assistance because of failure to meet arbitrary deadlines of which they were not aware. LAC took the cases to court and won. Consequently, HUD agreed to accept LAC's clients into the program.

These cases were the first of their kind and have resulted in national impact. LAC's success has encouraged advocates nationally to file the same type of suits against HUD. As a result, last summer HUD issued a new Mortgagee Letter, which

widely expanded the assignment program to keep surviving spouses in their homes. Five additional LAC clients will benefit, and thousands will benefit nationally.

Legal Aid Chicago will be sustaining its services for older clients. It will continue to hold advance directive clinics. It will also work on making services more accessible, including offering home visits to those who are unable to come to an LAC office or clinic.

*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.*