

GRANT HIGHLIGHTS

FEBRUARY, 2010

This information comes from GrantBriefs, RRF's bi-monthly internal newsletter. Much of the information is taken directly from grantees' reports and is presented in their own words. We thank grantees and others for their contribution to Grant Briefs.

Easter Seals Builds Bridges Between Hospice and Adult Day Services to Improve Palliative and End-of-Life Care

In 2007, RRF made a two-year \$219,724 grant to National Easter Seals, to bridge gaps in knowledge and collaboration between adult day and hospice/palliative care services. The objectives of the project were to: 1) adapt and develop tools to help staff of adult day services integrate palliative and end-of-life care into their centers; 2) encourage collaboration between adult day and hospice services to result in more comprehensive care for people at end-of-life; and 3) identify and begin addressing funding, regulatory, and other barriers to collaboration between adult day services and hospice care.

Easter Seals began by forming a National Advisory Committee with leaders from adult day services and hospice care. The Committee helped Easter Seals forge strong relations with key groups such as the U.S. Department of Veterans Affairs, Alzheimer's Association, National Adult Day Services Association, American Association of Homes and Services for the Aging, and National Hospice and Palliative Care Organization, as well as direct service providers that could advance the project. The Committee provided input on training materials and encouraged sites to pilot test them.

Easter Seals conducted a national questionnaire and led focus groups of adult day and hospice/palliative care providers to determine the level of awareness of, and experience with, each others' services and to drive the development of appropriate cross-training strategies. The survey found 43% of adult day services were somewhat familiar with hospice, but only 17% had ever recommended a participant for hospice services. Only one-third indicated high capacity to provide pain and symptom management and said they receive an average of less than two hours of training per year on end-of-life issues. Respondents identified several barriers to integrating end-of-life care into adult day services, including lack of knowledge about pain symptoms, lack of appropriate licensure or certification to administer pain medication and treatment, and unavailability of private space. Only one-third of hospice survey respondents indicated they had engaged in activities with adult day service programs. Even fewer had referred patients to adult day program and indicated they had experienced barriers in trying to do so.

Incorporating this feedback, Easter Seals developed training materials in modular format with two sets of curricula: one for adult day services and the other for hospice

providers. It piloted the training with nine adult day services in five states and seven hospices in four states. Evaluation of the training included examining changes in organizational self-assessment responses from 60 days pre-training to 30 to 45 days post-training. Results included an increased awareness of end-of-life issues and hospice and adult day services, enhanced levels of practice, and greater interest in collaboration across all sites. Using the results of the survey, Easter Seals was able to motivate state adult day and hospice associations to draft memoranda of understanding to build awareness across services, encourage cross-training and cross-marketing, and develop collaborations among service providers. Examples of collaboration include the decision by a hospice and adult day care service in Illinois to create a model “continuity of care” program for their developmentally disabled and dementia populations and a partnership in which an adult day center will house a pain management clinic run by a hospice.

The project’s training toolboxes include some modules that are common to both adult day services and hospices and others that are more industry-specific. The adult day services toolbox includes seven modules: introduction to hospice, collaboration with hospice, advance planning, grief and bereavement, pain management, end-of-life care for people with developmental disabilities, and end-of-life care for people with advanced dementia. The hospice toolbox has four modules introducing adult day services and giving examples of collaborative practices. Modules on pain management, advance planning, and grief and bereavement were not necessary in the hospice toolbox. The training materials include booklets and a CD with PowerPoint presentations plus an organizational assessment and pre- and post-tests. They are comprehensive and easy to use plus very distinctive looking. Easter Seals has been working with national provider associations to market the materials. It has also posted the materials on Easter Seals’ website (www.easterseals.com/seniors).

During the course of the grant, several barriers to collaboration between adult day services and hospices were identified. In large part, barriers are due to the different reimbursement streams and regulations for the two industries. The project identified restrictions such as ineligibility of hospice patients for paratransit services (which many adult day services depend on), restricted licensing for pain management, and limitations on use of end-of-life directives in adult day settings. Easter Seals plans to continue a dialog with the Centers for Medicare and Medicaid Services to clarify and resolve some of these issues.

There is great potential to improve end-of-life care for older adults through collaboration between adult day services and hospice, including enhanced referrals on both parts, cross-training and cross-marketing opportunities, more comprehensive care plans, and possible reductions in barriers attributed to funding and regulatory silos. Easter Seals has committed to continue to foster collaborations through its affiliate network and the cross-industry relations it developed during the project. Its policy staff will continue to advocate for needed reforms identified through the project.

St. Louis Alzheimer's Association Trains Hospitals to Improve Care of Patients with Memory Loss

The Alzheimer's Association's St. Louis Chapter received a \$90,000 RRF grant to finalize, implement, and more broadly disseminate a training program it designed to improve the care of hospitalized persons with Alzheimer's disease or other forms of memory loss. The St. Louis Chapter recognized that hospitalized persons who have dementia face increased risks of adverse outcomes such as falls, delirium, and infection. In response, it developed and field-tested a training program to educate hospital professionals from various departments (nursing, emergency, rehabilitation, etc.) about simple changes that can improve care. Examples include reducing the lighting, having fewer staff in the room at any one time, putting reminders on doors of patients with memory loss, and reducing patient agitation by implementing family recommendations. Pilot testing of the training revealed promising results and led the St. Louis Chapter to apply to RRF to continue the project. RRF funding enabled the St. Louis Chapter to make final revisions to the training curriculum, expand training to more area hospitals, evaluate it, develop procedural changes for adoption of practices to improve care, and disseminate the program to Alzheimer's Association chapters nationwide.

With input from an expert advisory panel, the St. Louis chapter made final revisions to the training program. It produced training materials in a variety of forms, including written, CD, and PowerPoint. The training materials accommodate different learning preferences and overcome the challenge of scheduling training.

The St. Louis Chapter used the materials to train staff at five hospitals--one more institution than projected. It trained 540 individual hospital clinical staff--almost twice the projection of 300. Pre- and post-training evaluations revealed significant improvements in trainees' attitudes toward caring for persons with dementia and increased confidence in providing care.

Three of the five hospitals implemented practice changes, including: use of activity kits to help hospitalized persons who have dementia remain engaged and alert; use of hospital gowns of different colors to identify patients with dementia; and recruitment of volunteers to visit patients with dementia. Although the St. Louis Chapter hoped to see more extensive system changes at the hospitals, it realized that such changes will occur slowly and more incrementally.

During the course of the grant, the St. Louis Chapter worked with nine Alzheimer's Association chapters to teach them how to use the training program with local hospitals in their areas. The chapters had learned about the training program through presentations made by the St. Louis Chapter at national meetings. The St. Louis Chapter won a John A. Hartford/Atlantic Philanthropies' Practice Change Fellowship that provided an additional \$90,000 for the project. The additional funds are enabling St. Louis Chapter to work in greater depth with 77 Alzheimer's Association Chapters to expand use of the training program with many more hospitals across the country.

This project could potentially contribute a great deal to improving the care of older patients with dementia. If Medicare stops payment for avoidable admissions, hospitals will be looking for ways to do a better job of caring for patients in order to prevent iatrogenic complications that lead to revolving door admissions. Hospitals will welcome cost-effective strategies such as those offered by this training program.

Alivio Develops Model Senior Health Advocate Program

In 2006, RRF made a three-year \$115,586 grant to Alivio Medical Center, a bilingual, bicultural federally-qualified community health center serving Chicago's lower west and southwest side neighborhoods, including Pilsen, Little Village, and Back of the Yards. The grant enabled Alivio to expand its Senior Health Advocate position to full-time and begin implementing a five-year plan to improve the health and well-being of Latino seniors. The objectives of the Senior Health Advocate Program included conducting Benefits CheckUps on seniors, developing and disseminating Spanish language outreach materials about public health programs, conducting health workshops, educating professionals about the importance of primary care medicine for older Latinos, and working with the media to publicize the program.

Alivio's Senior Health Advocate Program provided Benefit CheckUps for 1,500 seniors, far exceeding the projected 327. The program incorporated a variety of outreach activities, including dissemination of at least 10,000 copies of Spanish informational materials and participation in 88 health and wellness events to promote Alivio's services for seniors. Alivio conducted 55 community workshops (43 more than anticipated) and reached 1,023 participants. It engaged 590 professionals in 56 training events--well beyond the target of 150. As a result of such extensive outreach, Alivio was able to help more than 3,200 seniors with applications for Medicaid, the Medicare Savings Program, Illinois Cares RX (the state's prescription drug program), and other benefits.

One of the keys to Alivio's success was its ability to partner with several organizations that share expertise and resources. The head of Alivio's Senior Health Advocate Program has become very involved with the Make Medicare Work Coalition and chairs its Latino Outreach Committee. She is also working with Oro, a new group of Latino elder service providers launched by AgeOptions. She has developed a partnership with Rush to bring the BRIGHTEN Program (initially funded by RRF) to Alivio for elder depression screening and treatment. She has also involved student interns from the Chicago School of Psychology. These resources are helping sustain the Senior Advocate Program.

There are several challenges in providing services to Latino elders. There is a lack of government information written in Spanish to inform seniors about enrollment requirements and eligibility and a shortage of Spanish-speaking government workers. Many Part D prescription drug plans have outsourced their call centers to Spanish-speaking countries, but those handling the calls often have limited understanding of U.S. systems. These issues have required continued advocacy by Alivio.

The Senior Health Advocate Program has served far more seniors than anticipated, forged valuable partnerships, and created a model that has gained Alivio a national reputation as a leading advocate for Latino elderly. Through the program, Alivio has been transformed in the way it thinks about, plans, and provides services to older adults and their families. As Alivio's Executive Director stated, "Latino seniors now have a place where they know that they will find someone who understands their culture, speaks their language, and will provide services with efficiency and respect."

Housing Action Successfully Advocates for Senior Housing

Housing Action Illinois (HAI), the only statewide affordable housing advocacy group, received a one-year \$50,000 RRF grant to promote affordable housing for low-income elders and persons with disabilities. HAI met with success despite huge budgetary pressures on the State. The year 2009 was a tough one for advocates. It was considered a victory when they could preserve legislative and administrative progress made over the last few years and avoid program cuts.

By educating policymakers about the needs of the elderly, HAI was successful at maintaining affordable housing in the state capital budget with a \$130 million line item. This included \$30 million set aside for Veterans and persons with disabilities. HAI also worked successfully to prevent cutbacks that would have eliminated the Personal Assistant benefit and lowered the asset limits for eligibility for home care services.

HAI was instrumental in educating legislators on the need to protect seniors from discrimination by assisted living facilities on the basis of disability. HAI effectively used a RRF-funded study by John Marshall Law School documenting such discriminatory practices. HAI also provided technical assistance to Access Living that resulted in a successful application for bridge rental assistance funding under the economic stimulus program. The funding enabled 30 people at risk of homelessness and long-term institutionalization to live independently in the community.

Study Shows Cognitive Rehabilitation Can Increase Functional Abilities in Persons with Alzheimer's Disease

In 2005, RRF made a three-year \$132,164 grant to the Johnnie B. Byrd, Sr. Alzheimer's Center & Research Institute in Tampa to conduct research to determine whether booster sessions of cognitive rehabilitation, in conjunction with medication, could decrease the rate of cognitive and functional decline in persons with Alzheimer's disease. The plan was to involve 240 subjects (80 per year) who had been diagnosed with mild or very mild Alzheimer's disease and had been on a maximum stable dose of one of three AChEIs (donepezil, rivastigmine, or galantamine) for at least three months before the study.

The rehab intervention involved 15 sessions (each 45 minutes long) twice a week over a two-month period. Cognitive rehab tasks involved use of a memory notebook and orientation training, visual tracking, auditory reaction, making change for a

purchase with different currency denominations, face-name association, and menu-driven automated telephone and voice mail messaging. Subjects were studied at completion of the two-month period and again at six and 12 months. Subjects were randomly assigned to the intervention group (medication and cognitive rehab) or the control group (medication only, no cognitive rehab).

There were some promising findings. At initial follow-up, subjects with mild cognitive impairment who received the training exhibited higher face-name association performance and increased functional abilities to navigate telephone menu systems than did those in the control group. Subjects with less severe cognitive deficits at baseline had over 20% greater training gains. However, subjects in the intervention group did not show improvement on standard neuropsychological measures of memory, attention, language skills, reasoning, or processing speed. Thus, the effects of training were specific to the training tasks and did not generalize to neuro-psych measures. Further, subjects in the intervention group did not demonstrate improvement on practical tests such as using an ATM or a calculator to solve math problems. Those who had never performed the task before had great trouble improving their skills on these types of tasks. At six- and 12-month follow-up, subjects with cognitive rehab training were able to recall face-name associations better than those in the control group. However, improvements on phone navigation tasks were not retained at later follow-up.

Overall, the results of the study indicate that persons with Alzheimer's disease can learn and increase learning over time. While training on functionally relevant skills seems promising, it will require more booster sessions and selection of tasks for which subjects have had prior experience. The combination of cognitive rehab interventions with advances in drugs is promising for future treatment of Alzheimer's disease.

This study was the first to attempt to train on a broad array of functional skills. It helped identify methods that will be optimal for future trials such as spaced retrieval, procedural and motor memory, and errorless learning. It also identified the need for more than two weekly sessions of cognitive rehab training. The researchers are now developing cognitive training computer software that can be used on a daily basis in the home setting.

The project had difficulty recruiting the targeted 240 subjects. This was due to the heavy time commitment, lack of incentives (e.g., the provision of drugs like Aricept), severe weather conditions during the initial recruitment period, no reimbursement for transportation, and difficulty of caregivers to commit to all the sessions. More than 30% of participants dropped out over the course of the study. Only 72 subjects ended up completing it. Despite this, the results of the study were promising enough to enable the researchers to obtain a grant from the National Institutes of Health. The grant will allow them to examine the effects of combining cognitive training with physical exercise on functional ability of persons with mild cognitive impairment.

Family Service Builds Capacity to Serve Lake County Seniors

With a two-year \$75,000 RRF organizational capacity building grant, Family Service: Prevention, Education & Counseling NFP has made significant progress in building and sustaining senior services in Lake County. RRF's grant supported the implementation of Family Service's three-year strategic plan, which heavily focused on stabilizing its senior services. Family Service applied for RRF funding because it recognized the need to support and deliver services to Lake County's growing senior population in an environment of reduced funding. The county's 65+ population has grown to 84,000, an 11% increase in the past decade. At the same time, the agency has experienced a significant reduction in United Way funding for senior services.

With partial support from RRF, Family Service was able to hire a full-time Development Director and a full-time Supervisor to coordinate senior services. The Development Director worked with the agency's Board to attract six new members and solidify its Development Committee (providing job descriptions, goals, and objectives). The Development Director also worked with Taproot Foundation (a pro bono consulting firm) to create talking points and key messages, produce new brochures, and establish a marketing calendar. With better prepared Board members and clearer messages, Family Service was able to attract support from nine first-time supporters--five corporations and four foundations. The agency turned a \$54,000 deficit into a slight surplus during the two-year period.

Development efforts paid off for senior services. New grants and contracts for senior programs totaled \$303,000 over the two-year period. The Baxter Foundation provided \$100,000 for mental health services for low-income seniors residing in seven low-income housing facilities in northwestern Lake County. West Deerfield Township contributed \$20,000 for expansion of senior services. Family Service also raised \$26,000 in new funds to maintain services that would have been reduced due to United Way cutbacks. The Northeastern Illinois Area Agency on Aging designated Family Service as the Lake County provider of mental health and caregiver services and awarded service contracts accordingly. The AAA also awarded \$25,000 to Family Service to study the unique needs of Latino seniors living in Highwood and to customize and coordinate services with other providers. Thus, Family Service effectively used RRF funds to make improvements in its fundraising and marketing capacity and enhance and stabilize services to seniors--an important achievement especially in these tough economic times.

SPAN USA Advances Public Awareness and Policy to Prevent Senior Suicide

In 2007, RRF made a one-year \$43,275 grant to Suicide Prevention Action Network USA (SPAN USA) to build awareness of senior suicide issues and advance public policy that promotes suicide prevention. While persons age 65 and over comprise 12% of the U.S. population, they account for 16% of the nation's suicides. Suicide rates are higher among older adults than any other age group. Although suicide has been recognized as a national public health problem for almost a decade, it has

only been a few years (when the 2005 White House conference on Aging declared mental health a top ten national priority) that the issue of senior suicide has begun to gain attention.

With RRF funding, SPAN USA engaged in several education and advocacy efforts around senior suicide prevention. It created a brochure on senior suicide that has been well received. The Department of Veterans' Affairs ordered 5,000 copies, and SPAN USA distributed another 15,000. The brochure is now available as a free electronic download from its website (<http://www.spanusa.org>). SPAN USA also held an informational webinar on senior suicide prevention.

SPAN USA was able to take advantage of a window of opportunity as Congress debated the Mental Health Parity Act. The debate generated significant interest by policymakers on the topic of senior suicide and motivated many of them to take advantage of the educational opportunities provided by SPAN USA. The organization produced more than 900 advocacy messages to legislative leaders over the period of the debate. Its work contributed to passage of the Mental Health Parity Act of 2008. This law eliminates Medicare's imposition of a 50% co-insurance rate on outpatient mental health services, compared to 20% for outpatient physical health services. This should result in more older adults seeking the mental health care they need.

During the grant period, SPAN USA merged with the American Foundation for Suicide Prevention (AFSP). This strategic partnership will extend SPAN USA's expertise in senior suicide prevention to the network of AFSP chapters.

Private Philanthropy Saves Red Tape Cutter Program

For the past 17 years, AgeOptions has operated the Red Tape Cutter Program in Cook County. The program assists low-income older adults to apply for benefits such as Supplemental Security Income, Low-Income Heating Assistance, Medicaid, and assistance from 25 other programs. Aptly named, the Red Tape Cutter Program helps cut through bureaucratic red tape that so often serves as a barrier to benefits. During fiscal year 2009, 100 Red Tape Cutter volunteers assisted 7,752 low-income Suburban Cook County elderly to receive a total of almost \$20 million in benefits.

In partnership with The Chicago Community Trust, RRF was an initial funder of the Red Tape Cutter Program. After a few years of AgeOptions' pilot testing the program, its success led the state of Illinois to decide to fund the program. For 12 years, the state provided AgeOptions with funding for the Red Tape Cutter Program at an annual level of \$250,000. However, a few months ago due to severe budget constraints, the state cut the program completely. This was despite the program's modest cost and huge return on investment.

Fortunately, The Chicago Community Trust has come to the rescue of the Red Tape Cutter Program. The Trust has generously provided AgeOptions with \$500,000 for 2010. Half of the grant will be used to operate the Red Tape Cutter Program. The other half will be divided among 18 Suburban Cook County community-based organizations to help older adults purchase medications, pay utility bills, buy necessary

assistive devices, and pay for other needs. During 2010, AgeOptions will be working feverishly to educate legislators about the value of the Red Tape Cutter Program in the hopes the state will restore funding next year.

RRF-Funded Research on Cardiovascular Drugs and Dementia Attracts International Attention

The December 2009 issue of Grant Highlights reported on RRF's \$176,000 grant to Boston University School of Medicine to enable PI Benjamin Wolozin to assess the potential for blood pressure drugs known as angiotensin receptor blockers (ARBs) to prevent and treat dementia. Recently, the *British Medical Journal* reported on Dr. Wolozin's promising findings that people treated with ARBs are less likely to develop dementia. When ARBs are combined with another type of blood pressure tablet, called angiotensin converting enzyme inhibitors or ACE-inhibitors, the effect is even stronger.

The findings have been receiving attention worldwide. Reuters reported the findings, along with Yahoo News and Bloomberg.com, Fox News, Good Morning America, and MSNBC. Coverage has extended to Thailand, throughout Europe, and Canada. Dr. Wolozin has been seeking funds for the necessary next phase of research on his promising work. Hopefully, the coverage will aid his search.

Mental Health Services Expand for Boca Raton Seniors

Ruth Rales Jewish Family Service received a two-year \$57,728 RRF grant to conduct outreach on mental health issues and aging in the Boca Raton area. The funding enabled the agency to place a licensed clinical social worker in each of three area senior centers on a part-time basis. The social worker assisted individual clients, conducted support groups, and provided educational programs for seniors on mental health topics.

During a two-year period, the social worker counseled 365 seniors. As a result, 215 referrals were made for more extensive mental health services. Ninety-five percent of the referrals resulted in clients' receiving the services they needed. The social worker conducted seven mental health support groups, reaching 325 seniors. Support groups focused on topics such as bereavement, caregiving, second marriages, and parent-adult child relationships. Members reported feeling they were better able to manage their challenges as a result of participation. The social worker also conferred with other local service providers on 38 older adult cases.

The social worker conducted 58 educational seminars on topics similar to those covered in the support groups. The seminars reached 3,555 older adults with an average of 62 persons per session. Staff also attended 16 health fairs to bring attention to mental health issues and increase awareness of the availability of help. Nearly 3,300 individuals came to Ruth Rales' booths at the health fairs. In addition to successful outreach and expansion of mental health services for seniors, the project also had a

ripple effect within the organization. The increased demand for mental health services contributed to the agency's decision to open its own senior center.

Woodstock Institute Studies Older Persons' Need for Credit and Financial Services

With a \$50,000 RRF grant, Woodstock Institute conducted research and produced a report on the credit and financial service needs of older persons. The project involved a review of existing literature on the economic vulnerability of older persons, identification of financial products and their benefits and risks for the elderly, and recommendations for alternative products and policy reforms. Woodstock's report, entitled "Improving Economic Security Later in Life," is posted on its website at www.woodstockinst.org.

The report highlights the increasing economic vulnerability of older persons, especially in light of recent declines in the value of their home equity and stock portfolios. In 2009, only 25 percent of retirees surveyed by the Employee Benefit Research Institute indicated they felt "very confident" in their ability to provide for basic needs in retirement. In comparison, in 2007, 40% had indicated such confidence.

With limited opportunities to create additional income, older persons are increasingly turning to debt products to meet financial needs. Unfortunately, many of these products are high-cost, and they risk stripping the wealth from older persons. Some of the products are offered by loosely regulated financial service providers although others are offered by the larger banks. The report examines and provides warnings about three higher-cost financial products: subprime mortgages, high-cost short-term consumer loans, and checking accounts with high-cost overdraft fees.

The report examines lower-cost alternatives developed to meet the needs of older persons more affordably. These include reverse mortgages, small-dollar loans, and debt card-based transaction accounts. The report provides examples of products and features that would make these alternatives more appropriate for older persons.

The report concludes with a series of recommendations for financial institutions, regulatory agencies, and policymakers to promote more appropriate financial products for older persons and increase access to these resources. It recommends the creation of an independent agency to investigate and regulate financial products and legislation to protect the security of federal benefits for older persons.

Study Compares Use of Health Services by American and Canadian Older Adults

With a \$65,009 RRF grant, Portland State University conducted a comparative study of health care utilization by near-elderly and elderly populations of the U.S. and Canada. Data came from the new Joint Canada-U.S. Survey of Health. This survey is the first to gather comprehensive data on health status and access to health care, using

a single questionnaire and a standard survey approach for both countries. The study of elderly and near-elderly in the two countries included a comparison of use of overall health services, preventive health care, and mental health services; perceived barriers to health care; perceptions of quality of care; and assessments of health care satisfaction by those with and without a regular doctor. The sample included 3,505 non-institutionalized Canadians and 5,183 non-institutionalized Americans over age 18. Older adults were over-sampled to assure reliable estimates about health in older persons. Characteristics of the older U.S. respondents closely matched those from U.S. Census Bureau surveys.

The study found basic differences between the factors that drive health services in the two countries. Income drives health services in the U.S. In contrast, need drives health services in Canada. Four findings were highlighted. First, older Americans with incomes in the highest 40% were found more likely to have seen a specialist in the preceding 12 months than their peers with lower incomes. In Canada there was no relationship found between income and specialist visits. In Canada, poor health status was found to be the strongest determinant of specialist visits. Second, health-related quality of life in the U.S. was found to be related to income, but no such relationship was found in Canada. Third, the study found a direct, inverse relationship between income and presence of hypertension in the U.S. but not so in Canada. Fourth, older Canadian women were found to be less likely to report having had a pap smear or mammogram in the past 12 months than were U.S. women, but more likely to report having a regular doctor.

Surprisingly, the study found no differences in the utilization of mental health services between Canadian and American older women. With the lack of parity in reimbursement for mental health services (prior to the new Medicare law that will correct this), it was expected that mental health service utilization would be lower in the U.S.

PI Mark Kaplan produced four papers accepted for publication. A fifth is under review. Dr. Kaplan also made three presentations at the Gerontological Society of America.

This study is important, especially because it includes analyses of health services utilization by the near-elderly as well as the elderly. The findings could contribute to the debate about the value of extending Medicare coverage to the uninsured population age 55 to 64, which is one of the issues being considered under health care reform.

Kudos to RRF Grantees for Achievements

Over the past few months, several RRF grantees have been recognized for excellence in service and contribution to the field of aging. Kudos goes to the Women's Health Foundation for receiving the Power of Partnering Innovation Award from Novartis Pharmaceuticals. The award includes 165 hours of hands-on consultation in skill-building to help the organization achieve sustainability and increase its effectiveness in health care and advocacy.

Women's Health was recognized for its groundbreaking wellness programs that combine specialized fitness and education to prevent, manage, or alleviate bladder symptoms. Its Total Control Platinum Program, a chair-based version of its exercise program especially designed for seniors, was noted. RRF made a \$23,675 grant in support of this program. Women's Health has a current RRF grant to disseminate information on pelvic health.

Congratulations to the National Senior Citizens Law Center (NSCLC) for receiving major multi-year support from Atlantic Philanthropies. The grant will enable NSCLC to expand its campaign to protect low-income older persons' access to affordable health care and augment work it has been doing with RRF support. NSCLC will work with local and national advocates to identify legal issues restricting older persons' access to health care and deploy a variety of strategies, including impact litigation when necessary. It will issue regular alerts to local advocates about common violations of the law and create trainings and educational materials that flag legal issues for non-legal advocates. With huge pressures on states to cut Medicaid expenditures and on the federal government to find Medicare savings, the elderly poor risk reductions in benefits.

The Atlantic Philanthropies' award comes on the heels of NSCLC's significant victory in protecting California's elderly against reductions in adult day health services. NSCLC had filed a class action law suit on behalf of 8,000 Californians, primarily older adults, to block cuts in adult day health services announced by the state. The suit alleged such cuts violated the Americans with Disabilities Act and federal Medicaid law. The U.S. District Court of Northern California blocked the cuts to protect older adults who depend on adult day health services to avoid nursing home placement.

Kudos goes to the Sargent Shriver National Center on Poverty Law as the Chicago regional recipient of the Federal Deposit Insurance Corporation (FDIC) Chairman's Award for Innovation in Financial Education. FDIC made the awards to the Shriver Center and four organizations from other regions for their dedication to empowering consumers to make informed financial decisions. The Shriver Center was particularly noted for its Community Investment Unit that advocates for policies to expand asset-building opportunities. The Community Investment Unit develops matched savings accounts and delivers a financial education curriculum for low-income people. The Shriver Center has a current \$35,000 RRF grant to advocate for the preservation of affordable housing for seniors.

Congratulations to the Executive Service Corps of Chicago (ESC) on the celebration of its 30th anniversary. ESC marked the anniversary with a series of events, including a luncheon to honor exceptional volunteers and a national meeting of ESC affiliates. The three-day meeting brought together 43 ESC leaders to share lessons about effective service delivery and plan collaborative programming.

During its 30th anniversary year, ESC expanded its succession planning practice, its newest service. ESC launched the Interim Director Program as one component of this practice area. The program matches experienced retired nonprofit executive directors with agencies that need interim management while searching for a permanent executive director. ESC has trained two groups of Interim Directors and now

has a corps of 30 ready for assignments. Fifteen nonprofit agencies have taken advantage of the service. RRF was one of the initial funders of the Executive Service Corps and has supported the development of many of its innovative services over the past 30 years.

Finally, kudos goes to the Pioneer Network for its upcoming coverage in *U.S. News & World Report* and *msn.com*. The extensive coverage will provide an in-depth description of culture change and person-centered long-term care. It provides extensive coverage of the Evergreen Retirement Community in Oshkosh, Wisconsin as an example of a progressive nursing home. It features the work of the Pioneer Network, an advocacy group leading the movement toward person-centered care.

Since 2001, RRF has been supporting the Pioneer Network and other organizations that promote person-centered long-term care. Currently the Pioneer Network has a \$98,912 RRF grant to create and disseminate information on small-scale affordable environmental changes that will enhance person-centered care in long-term care facilities. It is heartening to see the increased visibility of the work of the Pioneer Network and the promotion of person-centered care.