



ARCHSTONE FOUNDATION



AND THE
GERONTOLOGICAL
HEALTH SECTION
OF THE
AMERICAN
PUBLIC HEALTH
ASSOCIATION
PRESENT

2004 AWARD FOR EXCELLENCE

IN PROGRAM INNOVATION





THE ARCHSTONE FOUNDATION

The Archstone Foundation is a private grantmaking organization whose mission is to contribute toward the preparation of society in meeting the needs of an aging population. Under the leadership of Joseph F. Prevratil, J.D., president and CEO, the Archstone Foundation has awarded more than \$46 million in grants since it was established in 1986. The Foundation's current funding priorities include elder abuse prevention, falls prevention, improving care at the end of life, and responsive grantmaking to address emerging issues within the aging population. In fiscal year 2004, Archstone Foundation provided more than \$4.4 million to grantees in support of its mission.



AMERICAN PUBLIC HEALTH ASSOCIATION

Gerontological Health Section

The American Public Health Association (APHA) is the world's largest and oldest organization of public health professionals, representing more than 50,000 members from over 50 public health occupations. The Gerontological Health Section (GHS) was established in 1978 to stimulate public health actions to improve the health, functioning, and quality of life of older persons and to call attention to their health care needs. GHS members fulfill that mission in part through research and advocacy aimed at reforming governmental health care programs, particularly Medicare and Medicaid. Section members are also active in administration, direct service, research, and education in community health promotion, community organizing, program development and evaluation, and other ways of bringing public health innovations to older persons. GHS is also concerned with the health and social needs of the younger disabled as they make their transition into the health care delivery system organized for the aged.



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AWARD PRESENTATIONS

2004 AWARD FOR EXCELLENCE

AND

WEILER LEADERSHIP AWARD

Presented to

Archstone Foundation

APHA Annual Meeting

Gerontological Health Section Awards Program

Monday, November 8, 2004

4:15 pm

Washington Convention Center - Room 101

FOREWORD

The Award for Excellence in Program Innovation was established by an endowment from the Archstone Foundation to the Gerontological Health Section of the American Public Health Association to recognize best practice models in gerontology and geriatrics. Programs that innovatively link academic theory with applied practice in the field of public health and aging are considered annually for the award. It is our hope that these model programs will be replicated and continue to be evaluated in an effort to enhance services to the aging population throughout the United States.

The 2004 Archstone Foundation Award of Excellence in Program Innovation recipient is:

INDEPENDENT TRANSPORTATION NETWORK – DIGNIFIED TRANSPORTATION FOR SENIORS
Independent Transportation Network

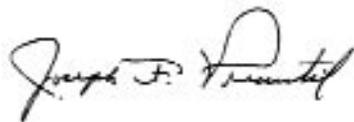
Honorable mention goes to:

MAKING THE LINK – CONNECTING CAREGIVERS WITH SERVICES THROUGH PHYSICIANS
National Association of Area Agencies on Aging

PALLIATIVE DEMENTIA CARE
Madlyn and Leonard Abramson Center for Jewish Life

To Allan Goldman, M.P.H., Chair of the Archstone Foundation Award Selection Committee, and the other members of the selection advisory committee, we extend our deep appreciation for their efforts in reviewing the nominations and selecting the outstanding programs to receive this year's award and honorable mentions. To Patricia Fabian, our appreciation for her work in preparing this program award booklet.

To the winners of the 2004 Archstone Foundation Award for Excellence in Program Innovation, all the nominees, and to all who participated in the award process as applicants or reviewers, we offer our best wishes for continued success in their commitment to develop service models in the field of aging.



Joseph F. Prevratil, JD
President and Chief Executive Officer
Archstone Foundation



Steven Wallace, PhD
Chair, Gerontological Health Section
American Public Health Association

2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

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2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

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2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION WINNER

INDEPENDENT TRANSPORTATION NETWORK *Dignified Transportation for Seniors*

The Independent Transportation Network (ITN)[®] is a non-profit, community-based transportation service for seniors and the visually impaired, operating since June 1995. ITN uses automobiles and both paid and volunteer drivers to provide door-through-door and arm-through-arm service 24 hours a day, 7 days a week, to more than 1,000 people (mean age 82) in the Greater Portland, Maine area. Sustained entirely by user fares and voluntary local community support, the Independent Transportation Network provides more than 15,000 rides per year without relying on taxpayer dollars for operating or capital expense. Rather, ITN uses information system technology and database management to efficiently manage innovative payment plans to channel revenue from such ITN initiated programs as CarTrade (seniors trade equity from no longer used vehicles for rides), gift certificates from adult children, Ride & Shop and Healthy Miles (merchants and health care providers help to pay for rides), Transportation Social Security (volunteer credits for driving others) and the Road Scholarship Program for low income riders. In 2003, the Federal Transit Administration awarded a planning grant for a staged national rollout of ITNAmerica[™], an affiliated system based on the ITN model.

Most older Americans depend on the automobile for transportation. This dependence poses serious safety and mobility problems for diminished capacity older drivers, who rely on the private automobile for access to the necessities of life. The problem is compounded by where older people choose to live. Three out of four seniors live in rural or suburban communities that lack the density for traditional mass transit. Older people who stop driving become dependent on favors from family and friends. This state of dependence can last a decade or more. Women who stop driving outlive their decision by ten years; men by six. Those who continue to drive face limited mobility (driving only in daylight hours, fair weather conditions, familiar neighborhoods, non-rush hour traffic) and the highest fatal crash rate of any group except teenagers. By the year 2020, the fatal crash rate for seniors will exceed 18,000 annually. That is greater than the annual number of people dying from alcohol related crashes now. The projected cost to solve this problem is not small. Four round trips per week for 25 percent of the over 75 population will exceed \$50 billion annually by 2030. As policy makers face the cost to support essential health and welfare needs for the aging population, a broad and creative approach to the cost and delivery of alternative transportation is necessary.

ITN began as a graduate school project at the Edmund S. Muskie School of Public Service, where it was developed as a Capstone thesis, *Diminished Capacity Older Drivers: Letting Go of the Keys*. Over the years approximately \$2,000,000 has been raised from private foundations, government agencies, and other donors for the research and development of ITN and ITNAmerica.

External funding for the model was entirely expended by June 2001. Since that date, the Maine model has run without public funds for either operating or capital expense. The transition from grant support to 100% community support was not easy, and ITN slipped into the red until January 2003. Since that time, the model has operated in the black, delivering more than 15,000 rides in 2003 to approximately 1,000 members in the greater Portland community. The ITN's base of community support continues to grow and diversify.

As a market-based, consumer-oriented transportation alternative, ITN places no restrictions on rides. Seniors go where they please, when they please, and with whom they please. The following table shows the many purposes ITN serves:

ITN RIDES BY PURPOSE JUNE 1996 TO DECEMBER 2003*		
<i>DESCRIPTION</i>	<i>TOTALS</i>	<i>%</i>
Medical	21315	38%
Consumer	11844	21%
Social	7127	13%
Other	5064	9%
Lifelong Learning	3768	7%
Employment – Paid	2195	4%
Church/Synagogue	2022	4%
Employment – Volunteer	1913	3%
Intermodal transportation	583	1%
Total	55831	100%

*Excludes return trips home

ITN has written a handbook, *How to Start an ITN in Your Community*, to help others evaluate their communities for replication. With development funds from the Great Bay Foundation for Social Entrepreneurs and the Susan V. Burden Foundation, ITN has built an enterprise software program that captures the entire business and logistics model. It can be loaded onto a desktop computer and used to replicate the ITN.

For Further Information Contact:

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2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

HONORABLE MENTION

MAKING THE LINK – CONNECTING CAREGIVERS WITH SERVICES THROUGH PHYSICIANS

Making the Link is designed to (1) increase awareness among physicians of the health implications of caregiving and enhance their ability to connect caregivers with services and (2) support AAA and Title VI outreach to caregivers.

Making the Link serves family caregivers throughout the U.S. by bringing together two distinct but complementary systems – the aging network and health care providers. Additionally, it assists (1) Area Agencies on Aging (AAAs) and Title VI – Native American aging programs by strengthening their ability to identify and serve family caregivers, and (2) physicians and their staff by making them aware of local services for their caregiving and aging patients.

While physicians may recognize that some of their patients are caregivers and need help, physicians and their staff do not have sufficient time to address the needs of their caregiving patients or the caregivers of their patients. Since the implementation of *Making the Link* in October, 2002, more than 200 AAAs and a limited number of Title VI programs have been involved in reaching out to local physicians. Area Agencies on Aging made contact with over 1,000 physicians; 180 clinics and group practices; and 60 other health professionals and medical organizations. Additionally, among the agencies responding to the evaluation of the first year, 61% indicated that caregivers contacted their agencies as a result of a physician referral. To facilitate these activities, n4a has:

1. Developed an extensive set of materials and strategies contained in a “Project Toolbox” that is distributed to all participating agencies. The centerpiece of the toolbox is a *Physician Outreach Strategy Guide* that guides participants through seven key steps in engaging physicians: Identify Physician Partners; Get Your Foot in the Door; Work with the Staff; Begin the Relationship; Maintain the Relationship; Identify Caregivers; Attract the Media.
2. Developed a sample *Physician Resource Kit* that participating agencies customize and produce for their physician partners (solo and group practices). Along with materials describing the benefits of participation to the medical practice and information on the health care-caregiving connection, physician partners receive copies of a *Caregiver Self-Assessment Questionnaire* produced by the American Medical Association and a caregiver tip sheet prepared by n4a. These tools provide an effective and simple way for the physician and his or her staff to identify caregivers and refer them to the local agency for services.
3. Provided participating agencies with ongoing training and technical assistance, including (a) a series of teleconferences, (b) a program listserv used by participants to exchange information and ideas and by n4a to provide new strategies and material to participants, and (c) one-on-one coaching by n4a’s *Making the Link* team.

For Further Information Contact:

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2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

HONORABLE MENTION

THE PALLIATIVE DEMENTIA CARE PROGRAM

In 2002, the Madlyn and Leonard Abramson Center for Jewish life, a national leader in geriatric care, education, and research, initiated one of the first interdisciplinary nursing home based palliative care programs in the country. Palliative care is well recognized as the most cost effective and foremost practice to provide for a dignified death free from unnecessary suffering. Palliative care includes the control of pain and other symptoms by addressing the psychological, social and spiritual needs and is part of a seamless continuum of services that adjust to meet a patient's and family's changing needs. Although palliative care is increasingly common in hospice and acute care settings, regulatory, financial and educational barriers often bar nursing home residents from access to palliative care services.

The Palliative Dementia Care (PDC) Program is located on the Center's campus, which includes a 324-bed nursing home facility, 48-suite assisted living community, an adult day care program, and services for caregivers in the community. An interdisciplinary team drawn from all departments on the Center's staff developed the PDC Program. The goal of this charitably funded program is to help nursing home residents live as independently as possible with good quality of life, while treating their physical, emotional and spiritual needs from the point of diagnosis of serious disease, through end-of-life and grieving. The PDC consultation team meet regularly to discuss each resident's and family's needs. Family members are invited to attend these sessions. Participants receive the services in the comfort and privacy of their living quarters at no extra cost. The Center tailors the program to each resident's and family's unique situation. Innovative aspects include:

1. Strong system-wide support: The PDC Team members are specially trained and knowledgeable about the unique needs of families and resident in regard to end of life issues.
2. Emphasis on advance care planning: Careful thought and consideration are given to each resident's and family's goals and preferences for end-of-life care.
3. Innovative services to improve resident comfort and dignity: Complementary therapies such as massage, guided imagery, healing touch, aromatherapy or music therapy are offered to promote a sense of physical comfort and well-being.
4. Ongoing continuing education: Frequent training in intimate small group settings are conducted to help disseminate knowledge of palliative care techniques and pain management among long-term care staff who often lack specific training in this area.
5. Development and use of quality measures to monitor end-of-life services: Regular and ongoing evaluation measures the quality of care during the dying process and bereavement period. Outcomes include alleviation of symptom burden, attention to psychological and spiritual needs, prevention of unnecessary hospitalization and invasive procedures, timeliness of hospice referrals.

For Further Information Contact:

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2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

HOW TO CONTACT US

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GERONTOLOGICAL HEALTH SECTION (GHS)

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Steven Wallace, PhD
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Allan Goldman, MPH
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2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

CALL FOR NOMINATIONS

As of November 1, 2004, the Gerontological Health Section of the American Public Health Association will accept nominations for the 2005 Archstone Award for Excellence in Program Innovation. The award was established in 1997 to identify best practice models in the field of health and aging, and to provide recognition and an opportunity to highlight the work at the annual meetings of the American Public Health Association.

Programs that effectively link academic theory to applied practice in the field of public health and aging are given priority. Nominees should also have documented results, but have been in operation less than 10 years.

In two single-space typed pages, please describe the program to be nominated. The narrative should include information about the problem being addressed, the population served, the project's design, partnerships or collaboration, whether funded by grant or internally, cost per service unit and measurable benefits and outcomes. Only one program may be nominated per agency or organization. Please include contact information, including email and website addresses and submit an electronic copy of the nomination on disk readable in MSWord or Word Perfect.

An independent panel will review all nominations. The criteria for award selection will include:

- Creativity in project design;
- Documented outcomes and benefits of the program;
- Replication potential; and
- Dissemination strategy.

The winner is expected to attend the 133rd Annual Meeting of the American Public Health Association in New Orleans, LA November 5–9, 2005, and make a presentation in a special Gerontological Section Award Session. In recognition of this achievement, and to assist with the travel expenses, the winner will receive a \$500 cash award. Honorable mention may also be awarded to one or more nominees submitting distinguished programs as judged by the review panel.

Nominations are due by April 1, 2005 and may be sent U.S. Mail or emailed to:

Allan Goldman, MPH
Chair, Archstone Awards Committee
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PAST WINNERS AND HONORABLE MENTIONS

1998

A Matter of Balance: Intervention to Reduce Fear of Falling
Competence with Compassion: An Abuse Prevention Training Program for LTC Staff
Mammography Optimum Referral Effort (MORE)
Member-to-Member
The Alabama Stroke Project

1999

Senior Wellness Project
Strengthening Geriatrics Training for Primary Care Medical Residents
Geriatric Evaluation Networks Encompassing Services (GENESIS)
Partners for Healthy Aging
Aging Senior Strength Training Task Force

2000

Experience Corps
Assistive Equipment Demonstration Project
Aging and Memory Center
Pathfinders
Diabetes Care Monitoring System
Medication Assistance Program

2001

Groceries to Go
Centralized Geriatric Nursing Assessment Service
The S.A.G.E. Project
Senior Wheels

2002

Kinship Support Network
Senior Navigator.com
Take Charge of Your Health for Older Adults
Elder Rehab by Students Program

2003

Alzheimer's Health Education Initiative
Elder Safe Program
Senior Health Alliance Promoting Exercise (SHAPE)

INNOVATIONS IN SENIOR SERVICES

Highlights and Lessons Learned A Five-Year Review 1998-2002



Award for Excellence in Program Innovation Winners

Selected by: American Public Health Association, Gerontological Health Section

Funded by: Archstone Foundation

The Gerontological Health Section (GHS) of the American Public Health Association (APHA) and the Archstone Foundation are pleased to announce the release of a five-year compendium of APHA Award for Excellence in Program Innovation winners. The document showcases 24 organizations that have won the award and shares lessons learned as they apply to public health and aging initiatives.

To view the compendium, please log-on to www.archstone.org and go to the publications section. If you would like a copy of the publication, please contact the Archstone Foundation at either www.archstone.org or by calling (562) 590-8655.

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