



**Archstone Foundation and
The Aging & Public Health Section of
The American Public Health Association**

present the

2016

**Award for
Excellence in
Program
Innovation**



**APHA Annual Meeting
Denver, Colorado**

| | |
|---------------------------------------|-----------|
| FOREWORD | 2 |
| 2016 AWARD WINNER | 4 |
| 2016 HONORABLE MENTION | 12 |
| CALL FOR NOMINATIONS | 18 |
| SELECTION COMMITTEE | 20 |
| SECTION LEADERSHIP | 21 |
| PAST AWARD WINNERS | 22 |
| AGING & PUBLIC HEALTH SECTION MISSION | 24 |
| ARCHSTONE FOUNDATION MISSION | 24 |

award presentation

Archstone Foundation and
The Aging & Public Health Section of
The American Public Health Association

present the

2016

**Award for
Excellence in
Program
Innovation**

APHA Annual Meeting

Denver, Colorado

Aging & Public Health Section
Awards Program

Monday, October 31, 2016

12:30 - 2:00 pm

Colorado Convention Center
Room 103

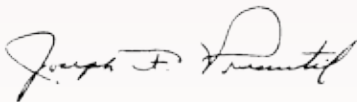


foreword

The Award for Excellence in Program Innovation was established by an endowment from Archstone Foundation to the Gerontological Health Section, now known as the Aging & Public 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 this award. It is our hope that these model programs will be replicated and will continue to be evaluated in an effort to enhance services to the aging population throughout the United States.

To Irena Pesis-Katz, PhD, 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 program to receive this year's award.

To the winner of the 2016 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 and public health.



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



Caryn D. Etkin, PhD, MPH
Chair, Aging & Public Health Section
American Public Health Association

*The 2016 Archstone Foundation
Award for Excellence in Program Innovation Winner is:*

SUPPORT AND SERVICES AT HOME (SASH)

Cathedral Square Corporation
South Burlington, Vermont

The 2016 Honorable Mention Recipient is:

**COMMUNITY AGING IN PLACE -
ADVANCING BETTER LIVING FOR ELDERS (CAPABLE)**

Johns Hopkins University School of Nursing
Baltimore, Maryland

award winner

Support And Services at Home (SASH)

Cathedral Square Corporation
South Burlington, Vermont



BACKGROUND

Cathedral Square (CS) is a non-profit organization created in 1977, and located in South Burlington, Vermont. CS develops and operates communities for older adults and individuals with special needs. For over 39 years, CS has upheld its mission of “healthy homes, caring communities and positive aging.”

In 2008, CS began developing the Support And Services at Home program (SASH) out of concern that frail residents residing in their housing communities were not able to access or receive adequate supports to remain safely in their homes. SASH was designed along with CS residents to connect them with community-based support services and promote greater coordination of health care.



SASH extends the work of the Vermont Blueprint for Health's Community Health Teams and primary care providers (PCP) by providing targeted support and in-home services to participating Medicare fee-for-service (FFS) beneficiaries. Although SASH was developed for residents of affordable congregate housing, all Medicare FFS beneficiaries in Vermont are eligible to participate.

PROGRAM

SASH officially launched in July 2011, and expanded into other affordable congregate housing sites and communities across Vermont. It was designed to create linkages among a diverse team of service, health care, and housing providers; thereby, enabling better care coordination, improving health, and decreasing health care expenditures.

SASH coordinates social service agencies, community health providers, and nonprofit housing organizations to support "Vermonters" who choose to live independently at home. Individualized on-site support and community-wide evidence-based group programs are provided, or coordinated, by a SASH Team of a Wellness Nurse and a trained Care Coordinator.



SASH, and SASH Teams, are accessible statewide through an established network of non-profit, mission-based housing organizations. SASH serves older adults and individuals with special needs, who receive Medicare support, and who live in congregate housing or the surrounding community. Today, SASH touches the lives of approximately 5,000 individuals.

SASH participants benefit from a collaboration of local community partners working together to achieve comprehensive health care, enabling them to remain in their homes and communities. Additional SASH benefits include:

- ▶ Improved quality of life;
- ▶ Comprehensive health and wellness assessments;
- ▶ Individualized Healthy Living Plan;
- ▶ Cost savings through preventative health care;
- ▶ Check-ins and health coaching;
- ▶ Access to a Wellness Nurse;
- ▶ Planning for successful transitions when needed;
- ▶ Guide to help navigate long-term care;
- ▶ Informed team to help in a crisis;
- ▶ Access to prevention and wellness programs; and
- ▶ Medication management assistance.

SASH participation is voluntary and free of charge. Individuals who believe they, or someone they know, can benefit from SASH are welcome to submit a referral form, or contact one of the 54 statewide SASH offices. Every SASH participant has a Care Coordinator to: 1) help recognize their needs; 2) arrange for health care providers to serve those needs; and 3) offer health maintenance and preventative programs. As a population health model, SASH participants also become part of a community or a “panel” of 100 participants created specifically to support and empower each individual.

OUTCOMES

Successfully Linked Housing and Health Care Sectors to Enable At-Risk Adults to Live at Home. SASH created a new advocacy role for housing providers by having them monitor the health and well-being of their residents, and by formally connecting them to PCPs and community-based health and social service organizations. Currently there are over 100 housing-based SASH staff embedded in 140 affordable housing “hubs” throughout Vermont.

Created a Population Health Approach to Provide Efficient and Targeted Delivery of Health Promotion and Wellness Programs to Vulnerable Adults. SASH Teams support defined “panels” of 100 participants with varying health needs. Prepared with current and accurate assessment data, SASH Teams provide appropriate evidence-based programs to meet the defined needs of their participant panels. Currently, 50 housing-based SASH staff are trained leaders in evidence-based programs and provide close to 100 classes each year at SASH sites.



Slowed Health Care Expenditure Growth. Independent evaluation of SASH has shown a reduction in the cost of total Medicare expenditures by \$1,536 per SASH participant per year.

Improved Health Outcomes. Annual incidents of falls among SASH participants were reduced from 29% (2014) to 25% (2016), a rate below the World Health Organization's reported fall-rate of 32% - 42%. Immunization rates for SASH participants have increased from 42% (2015) to 61% (2016) for flu, and shingles vaccine rates have increased from 20% (2014) to 34% (2016). A focus on stroke and heart disease prevention through better hypertension management has increased the proportion of SASH participants having regular blood pressure checks from 49% (2015) to 59% (2016).

PARTNERSHIPS

SASH is a partnership model that relies on formalized regional connections among numerous organizations. SASH collaborative partners comprise 65 partner organizations, including Home Health Agencies, Hospitals, Area Agencies on Aging, Community Mental Health, Housing, Universities, such as The Center on Aging at the University of Vermont, Primary Care Practices, and Community Health Teams.

SASH has been supported by The Center on Aging at the University of Vermont since its inception. Since 2010, The Center on Aging has funded an annual fellowship bringing medical and nursing students into the program to assess residents, create health promotion programs, and develop and maintain a Directory of Evidence-Based Practices.

SASH is currently funded by the Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention, and the state of Vermont (Department of Disabilities, Aging and Independent Living, and the Department of Vermont Health Access). SASH was intentionally designed to utilize Medicare, state and federal Medicaid, and state and federal housing funds to create a model that could be replicated in any state. The initial pilot was funded by the Vermont Health Foundation and the Vermont State Legislature.

DISSEMINATION

SASH dissemination incorporates a variety of strategies. For community outreach and program referrals, SASH relies on the support of its partners - PCPs and community-based organizations.

SASH is highlighted on its own website, Cathedral Square's, and the websites of the 22 other housing organizations that operate SASH programs across the state. It has been promoted and highlighted on Vermont Public Radio and also featured on National Public Radio's show, "Here & Now."



Educational outreach is used to engage student interns and University faculty at SASH sites. Students play an important role in building capacity to complete annual participant assessments and provide presentations on health topics. SASH program leadership have presented the model and its outcomes on many national webinars.

SASH program leadership is planning to develop a manuscript for a peer-reviewed journal that will showcase specific SASH outcomes, such as decreased hypertension rates, proven when using the SASH housing-based platform of health coaching and care coordination.

Legislative testimonies are routine and highlight SASH outcomes and justification for funding. Press releases from the Vermont Governor's office also help to disseminate the impact of SASH and substantiate the use of Medicaid/Medicare dollars.

The Department of Housing and Urban Development's (HUD) Supportive Services Demonstration for the Elderly is providing \$15 million to replicate a model built on SASH principles at 40 HUD housing communities in 8 - 12 states. In addition, nonprofit senior housing providers in Rhode Island and Minnesota are working to replicate SASH, and the National Center on Healthy Housing is developing tools needed to foster rapid replication.

To learn more about the SASH Program, please visit
www.cathedralsquare.org and/or www.sashvt.org



Kim Fitzgerald

Chief Executive Officer

Cathedral Square

412 Farrell St., Suite 100

South Burlington, Vermont 05403

Email: Fitzgerald@cathedralsquare.org

Phone: 802-859-8808



Molly Dugan

Director

Support And Services at Home (SASH)

412 Farrell St., Suite 100

South Burlington, Vermont 05403

Email: Dugan@cathedralsquare.org

Phone: 802-859-8803

honorable mention

Community Aging in Place - Advancing Better Living for Elders (CAPABLE)

Johns Hopkins University School of Nursing
Baltimore, Maryland



JOHNS HOPKINS
SCHOOL *of* NURSING

BACKGROUND

Disability in older adults is a major public health problem, particularly among low-income, urban individuals of color. Over 90% of adults 65 and older prefer to live at home. However, researchers and policymakers, who have studied approaches to avoid nursing home utilization, have determined that limitations in multiple activities of daily living (ADLs - e.g., toileting, dressing, feeding), and instrumental activities of daily living (IADLs - e.g., bill paying, meal prep, medication management), are leading modifiable predictors of nursing home admission.

The annual cost of nursing home care for individuals 65 and above in the United States (U.S.) is over \$150 billion annually. Nursing home utilization is a burden on patients who prefer to live independently, family caregivers, and on society, which bears up to 70% of the cost through Medicaid, Medicare, and Veterans Administration.



PROGRAM

Johns Hopkins School of Nursing (JHU), developed and tested Community Aging in Place - Advancing Better Living for Elders (CAPABLE) in 2009, to help seniors reduce ADL limitations; and thereby, the likelihood of nursing home care. CAPABLE is a multi-component, low-cost intervention that integrates home repair, nursing, and occupational therapy (OT) to improve daily function and well-being. CAPABLE supports older adults who live at home (owner-occupied or rental), and face a high risk of hospitalization or nursing home admission due to reduced activity and falls.

The program consists of up to 10 in-home visits over five months (six with OT and four with a registered nurse), and a \$1,200 budget for home repairs and modifications from a licensed handyman. The OT and registered nurse (RN) work with each participant to identify areas of functional limitation and set self-care goals tailored to the participant's interests. Using semi-structured interviews and brainstorming techniques, the clinicians help participants recognize barriers to achieving their goals and implement strategies to overcome the challenges. The OT also performs a home assessment to identify environmental safety concerns within the home and creates a work order for the handyman. Home repairs, modifications, and assistive devices support goal attainment and promote continued independent functioning. By individualizing the fit between the older adult and their



home environment, functioning, as measured by ADLs and IADLs, is expected to improve.

CAPABLE addresses both the home environment and the strengths and resources of the older adult so they may remain independent. It is person-directed – older adults choose the functional goals they want to work on; and in consultation with the OT and RN, they decide how they would like to address them. By focusing on the self-identified needs of older adults, and making small adjustments to their living environment, CAPABLE makes it more likely that older adults can remain in their homes longer, thus improving health outcomes and decreasing medical costs.

OUTCOMES

Evaluation of CAPABLE, funded by the Centers for Medicare & Medicaid Services (CMS), indicated that 75% of its participants improved their self-care abilities over the course of five months. On average, ADL limitations decreased from difficulty with 3.9 ADLs at baseline to 2.0 at the five month follow-up. IADL limitations were also reduced from difficulty with 4.1 to 2.9 activities. Results remained constant across different age and racial groups. Depressive symptoms also improved in 53% of the participants and home hazards decreased from an average of 3.3 hazards to 1.4 at five months.

The average cost of delivering CAPABLE, including clinical visits, mileage, care coordination, supervision, and home modifications and repairs, was \$2,825 per participant in the CMS trial. Preliminary data shows a cost savings to both Medicaid and Medicare, due to fewer inpatient hospitalizations and nursing home admissions, compared to a comparison group.

PARTNERSHIPS

CAPABLE collaborates with Civic Works, an AmeriCorps program and urban service corps for Baltimore, Maryland. They provide job training in the AmeriCorps program (<https://civicworks.com/>). Civic Works has provided the handyman services for CAPABLE. Partnerships with the Baltimore City Health Department, Maryland Department of Health and Mental Hygiene, Baltimore Department of Housing and Community Development, Meals on Wheels, and local senior centers, were integral to recruiting functionally limited older adults in the community.

CAPABLE has received funding from the National Institute of Aging, John A. Hartford Foundation, Robert Wood Johnson Foundation, CMS, and the Hillman Foundation.



DISSEMINATION

CAPABLE was recently highlighted as one of two models to scale in the Bipartisan Policy Center report, "Healthy Aging Begins at Home." Reports on CAPABLE have been published in Health Affairs, the Journal of the American Geriatrics Society, Public Policy and Aging Report, Nursing Clinics of North America, Patient Education and Counseling, OT Practice, Geriatric Nursing, Contemporary Clinical Trials, and the Journal of Professional Nursing.

Sarah L. Szanton, PhD, ANP, FAAN, Associate Professor, Johns Hopkins, has presented on CAPABLE to national stakeholders, including the U.S. Federal Reserve.

The National Center for Healthy Housing (NCHH) is testing CAPABLE in Greensboro, NC, Bethlehem, PA, and Wilkes Barre, PA. The NCHH, with Archstone Foundation support, is seeking a CAPABLE partner in California. CAPABLE is also funded by the AARP Foundation to develop a business model that would enable joint scaling of CAPABLE with the AARP Foundation.

CAPABLE is also being tested within the Michigan Home and Community-Based Services Waiver in the cities of Flint, Detroit, and Saginaw, hoping to expand to all of Michigan if nursing home placement is less in the CAPABLE group than in the comparison group.

To learn more about the CAPABLE program, please visit <http://nursing.jhu.edu/capable>.



Sarah Szanton, PhD, ANP, FAAN

Associate Professor, Principal Investigator
Johns Hopkins University School of Nursing
525 N. Wolfe Street Room 424
Baltimore, Maryland 21205

Email: sszanto1@jhu.edu

Phone: 410-502-2605

call for nominations

As of **November 2, 2016**, the Aging & Public Health Section of the American Public Health Association will accept nominations for the 2017 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 eligible for nomination. Nominees should also have documented results, but have been in operation less than 10 years. Preference will be given to nominees who have not received prior awards or special recognition.

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, funding, and measurable benefits and outcomes. Only one program may be nominated per agency or organization.

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;
- ▶ Evidence of collaboration and partnerships; and
- ▶ Dissemination strategy.

The winner is expected to attend a special Aging & Public Health Section Awards Program at the 145th Annual Meeting of the American Public Health Association in Atlanta, Georgia, November 4 - 8, 2017. In recognition of this achievement, and to assist with the travel expenses, the winning organization will receive a \$500 cash award. An honorable mention may also be named as determined by the review panel.

Nominations are to be submitted electronically, no later than **Friday, March 31, 2017** to:

Irena Pesis-Katz, PhD

Chair, Archstone Foundation Awards Committee
Senior Director, PHM Informatics and Payment Innovation
Associate Professor, Clinical Nursing and Public Health Sciences

University of Rochester Medical Center
135 Corporate Woods
Rochester, NY 14623
E-mail: Irena.PK@URMC.Rochester.edu
Phone: 585-758-0022

selection committee

Sato Ashida, PhD

Assistant Professor
Community and Behavioral Health
University of Iowa
College of Public Health

Mary P. Gallant, PhD, MPH

Associate Professor
Associate Dean for Academic Affairs
School of Public Health
University of Albany, SUNY

Allan Goldman, MPH

Adjunct Professor
Rollins School of Public Health
Emory University

Yue Li, PhD

Associate Professor
Department of Public Health Sciences
University of Rochester

Irena Pesis-Katz, PhD (Chair)

Associate Professor
Senior Director, PHM Informatics
and Payment Innovation
University of Rochester Medical Center

Karon L. Phillips, PhD, MPH, CAPS

Senior Manager, Community Impact Strategies
Community Preservation and
Development Corporation

section leadership

SECTION CHAIR

Caryn Etkin, PhD, MPH

CHAIR - ELECT

Mary Gallant, PhD, MPH

PAST CHAIR

Daniela Friedman, MSc, PhD

SECRETARY

Annie Nguyen, PhD, MPH

GOVERNING COUNCILORS

Steven Cohen, DrPH, MPH

Karen Peters, DrPH

Junling Wang, PhD

SECTION COUNCILORS

Kenneth Kwan Ho Chui, PhD

Kenneth Chui, PhD

Idethia Shevon Harvey, DrPH

Yu Kang, PhD

Leann Liu, MD, MS

Lesley Steinman, MPH, MSW

APPOINTED OFFICERS

Pat Alt, PhD

Katherine Anthony, MA

Anita Franzione, DrPH, MPA

Peggy Keller, MPH

Marquita Lewis, MPH, MS

Carolyn Mendez-Luck, PhD

Mary Beth Morrissey, PhD, MPH, JD

Emily Nicklett, PhD, MSW

Karon Phillips, PhD, MPH, CAPS

Andrea Portillo

Mathew Lee Smith, PhD, MPH, CHES, CPP

Kathy Sykes, MA

past award winners

2015

**UCSD Student-Run Free Clinic
Project Eldercare Program**
University of California, San Diego
La Jolla, California

**Eastern Virginia Care
Transitions Partnership**
Riverside Health System
Newport News, Virginia

2014

Mobile Medicare Health Clinics
University of the Pacific
Thomas J. Long School of
Pharmacy and Health Sciences
Stockton, California

2013

Age-Friendly New York City
A Partnership between
the Office of the Mayor,
the New York City Council and
the New York Academy of Medicine
New York, New York

2012

**Livable Community
Collaborative City of Kingsport**
Kingsport, Tennessee

Healthy Steps in Silicon Valley
The Health Trust
San Jose, California

2011

**Program to Encourage Active and
Rewarding Lives for Seniors
(PEARLS)**
University of Washington Health
Promotion Research Center (HPRC)
Seattle, Washington

2010

**Area Geriatric Education
Scholars Program for
Upper Peninsula Youth (AGES)**
Upper Peninsula Health
Education Corporation
Marquette, Michigan

2009

**PREPARE: Disaster and
Emergency Preparedness
for Long-Term Facilities**
Mather LifeWays
Institute on Aging
Evanston, Illinois

2008

**Guided Care: Improving
Chronic Care for
High Risk Seniors**
The Roger C. Lipitz Center
for Integrated Health Care
Department of Health Policy
& Management
Johns Hopkins Bloomberg
School of Public Health
Baltimore, Maryland

2007

**The Dancing Heart: Vital Elders
Moving in Community
Memory Loss Program**
Kairos Dance Theatre
Minneapolis, Minnesota

2006

Brain Get Your Mind Moving
New England Cognitive Center
Hartford, Connecticut

2005

**Legacy Corps for Health and
Independent Living**
University of Maryland,
Center on Aging
College Park, Maryland

2004

Dignified Transportation for Seniors
Independent Transportation
Network
Westbrook, Maine

2003

**Alzheimer's Health Education
Initiative**
Alzheimer's Association
Los Angeles, California

2002

Kinship Support Network
Edgewood Center for
Children and Families
San Francisco, California

2001

Groceries to Go
Elder Services Network
Mountain Iron, Minnesota

2000

Experience Corps
Johns Hopkins Medical Institutions,
Center on Aging and Health
Baltimore, Maryland

**Assistive Equipment
Demonstration Project**
University of Massachusetts,
Gerontology Institute
Boston, Massachusetts

1999

Senior Wellness Project
Northshore Senior Center
Seattle, Washington

1998

**A Matter of Balance:
An Intervention to
Reduce Fear of Falling**
Boston University, Royal Center
for Enhancement of Late-Life Function
Boston, Massachusetts



Aging & Public Health Section

The American Public Health Association (APHA) champions the health of all people and communities. Members represent all 50 states, 40 countries, and all public health disciplines. The Aging & Public Health Section, originally known as the Gerontological Health Section, was established in 1978. The mission of the Aging & Public Health Section is to promote the health and well-being of individuals as they age by improving health, function, quality of life, and financial security. Section members fulfill this mission through research, practice, education, and advocacy, all of which impact aging services, communities, health systems, policies, and public health programs.



Archstone Foundation

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, Archstone Foundation has awarded more than \$102 million in grants since it was established in 1985.

*"We offer our best wishes
for continued success
in your commitment
to develop service models
in the field of aging."*



401 E. Ocean Blvd., Suite 1000
Long Beach, CA 90802-4933
Phone: 562-590-8655
Email: archstone@archstone.org

www.archstone.org