

ARCHSTONE FOUNDATION

AND THE
GERONTOLOGICAL
HEALTH SECTION

OF THE
AMERICAN
PUBLIC HEALTH
ASSOCIATION

PRESENT

2003 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 \$40 million in grants since it was established in 1986. The Foundation's current funding priorities include elder abuse prevention, falls prevention and responsive grantmaking to address emerging issues within the aging population. In fiscal year 2003, Archstone Foundation awarded 23 new grants and provided more than \$4.5 million 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) which is celebrating its' 25th anniversary this year, 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 PRESENTATION

APHA ANNUAL MEETING

Gerontological Health Section Awards Program

Monday, November 17, 2003

FOREWORD

The Award for Excellence in Program Innovation was established by a grant 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.

The 2003 Archstone Foundation Award of Excellence in Program Innovation recipient is:

ALZHEIMER'S HEALTH EDUCATION INITIATIVE

Alzheimer's Association Los Angeles, Riverside and San Bernardino Counties Los Angeles, California

Honorable mentions include:

ELDER SAFE PROGRAM

Washington County Sheriff's Office Hillsboro, Oregon

SENIOR HEALTH ALLIANCE PROMOTING EXERCISE (SHAPE)

Center for Research on Health and Aging University of Illinois at Chicago Chicago, Illinois

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.

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, Director of Special Programs at the Center for Health Care Innovation, our appreciation for her work in preparing this program award booklet.

To the winners of the 2003 Archstone Foundation Award for Excellence in Program Innovation, the twenty-nine 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
President and Chief Executive Officer
Archstone Foundation

Connie J. Evashwick, Sc.D. Chair, Gerontological Health Section American Public Health Association

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2003 Award for Excellence in Program Innovation

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2003 Award for Excellence in Program Innovation

TABLE OF CONTENTS

		Page
Award for Excellence in Program Innovation	Alzheimer's Health Education Initiative Alzheimer's Association Los Angeles, California	1
Honorable Mentions	The Elder Safe Program Washington County Sheriff's Office Hillsboro, Oregon	3
	The Senior Health Alliance Promoting Exercise (SHAPE) Center For Research on Health and Aging, University of Illinois at Chicago Chicago, Illinois	4
Section Leadership		5
Call for Nominations		6

2003 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION WINNER

ALZHEIMER'S HEALTH EDUCATION INITIATIVE

The Alzheimer's Health Education Initiative is a consumer-directed intervention that seeks to improve health care for people with dementia by increasing disease specific knowledge and enhancing consumer-physician communication.

BACKGROUND

Dementia is an increasing medical problem in the US. Alzheimer's disease, the most common type of dementia, currently affects an estimated 4.9 million Americans, a number expected to reach 14 million by 2050.

The need to couple consumer-directed strategies with physician-driven care has become more obvious. Evidence from a growing body of literature suggests that consumer involvement in the management of chronic illnesses like dementia may be beneficial. However, research indicates that a significant communications gap exists between consumers and providers, particularly with regard to Alzheimer's care. *The purpose of this project was to create information and tools that would enable consumers and providers to improve communications about managing dementia.*

THE PROGRAM

The Alzheimer's Health Education Initiative is a consumer-directed intervention that seeks to improve dementia health care by increasing disease-specific knowledge and enhancing consumer-physician communication. Funded by the State of California Fiscal Year 2000/2001 Budget Act, this 3-year, \$1 million initiative is currently being implemented by the California Department of Health Services and California Alzheimer's Association chapters.

PROGRAM COMPONENTS

This program consists of several components:

- *Physician Guidelines.* Under the leadership of the Alzheimer's Association, established physician dementia practice guidelines were translated into easy-to-understand educational materials in English and Spanish.
- ∉ Informational Booklet. "Working With Your Doctor When You Suspect Memory Problems/Que hacer cuando sospecha problemas de memoria" provides consumers with information on the diagnosis, treatment, and management of dementia. The booklet also includes a list of community resources.
- ## 90-Minute Companion Workshop. The workshop, available in both English and Spanish, concentrates on developing the strategies and communication skills consumers need to form partnerships with doctors to manage the illness. A video with vignettes features a "typical" office visit followed by a visit employing the enlightened strategies taught in the workshop.

 ### 100-Minute Companion Workshop.

 ### 200-Minute Compa
- *Trainer Tool Kit.* The trainer tool kit was developed by the Alzheimer's Association chapter staff trainers. The kit contains background information on the project, tips on marketing the consumer workshop, the workshop script and video, and evaluation materials.

IMPLEMENTATION

The initiative was launched in September 2001. Twenty California Alzheimer's Association chapter staff members were trained over two days to disseminate the project materials statewide. Quality and consistency between chapter trainers is maintained through biannual workshop monitoring and feedback sessions, trainer retreats and continuing education, conference calls, and data review. Initial project goals included disseminating 20,000 informational booklets and conducting 200 workshops for 4,000 consumers (patients and caregivers) statewide over a 2-year period, ending June 30, 2003.

Alzheimer's Association chapter trainers formed partnerships with community agencies to reach people with dementia and their care partners. The project marketing materials were shared with community partners, who actively recruited community members to their locations for workshops. Workshops were held in a variety of community settings (e.g., senior centers, churches, adult day centers, support groups, hospitals). Each workshop participant received a "Working With Your Doctor" booklet. Booklets were also more widely distributed statewide to physicians, Area Agencies on Aging, mobile community vans, Alzheimer's diagnostic centers, and other service providers.

OUTCOMES

The evaluation included pre-and post-workshop questionnaires, mailed follow-up surveys, and telephone follow-up calls. Initial data indicate that workshop attendees improved their communication with doctors and made positive behavior changes over time as a result of what they learned in the workshop. Workshop participants were willing to be more active partners with the doctor, and nearly 70% believed that their ability to get what they need from the doctor improved. A comparison of participants' interaction with the physician during appointments with their physicians found marked improvement in understanding and assuming responsibility for physician directives.

By early 2003, over 34,000 booklets had been distributed to people with dementia and their care partners. Over 4,000 consumers had attended nearly 250 workshops statewide. Due to the success of the California pilot, the National Alzheimer's Association selected this project for replication in 30 states beginning in July 2003.

The Alzheimer's Health Education Initiative represents an important first step toward understanding the impact of consumer activation on dementia health care outcomes.

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2003 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION HONORABLE MENTION

THE ELDER SAFE PROGRAM

The Elder Safe Program is a dynamic partnership of the Washington County (Oregon) Sheriff's Office, the District Attorney's Office and Disability, Aging and Veteran's Services that prevents or mitigates the impact of elder crime and abuse.

BACKGROUND

Only about 20% of elder abuse is reported. Many barriers exist to elders reporting crime or abuse, including lack of understanding of whom to call, inadequate training among criminal justice professionals, and inadequate laws. Elder Safe took a multi-faceted approach that created a paradigm shift in how the community treats elder abuse.

THE PROGRAM

The program began in spring 2000 with funding from the Victims of Crime Act to develop a victims' assistance program for people 65 and older. Victim services include: follow-up; information and referral in person, by phone, or by email; mental health referrals; criminal justice advocacy; court accompaniment; assistance with corrections systems; and personal advocacy. Victims receive follow-up services either by mail or via telephone. Elder Safe uses community volunteers who receive a criminal background check, at least 40 hours of training or coaching, a comprehensive victim assistance manual and regular feedback and training.

Elder Safe also coordinates the Elder Abuse Multidisciplinary Team and offers elder crime prevention and public and law enforcement education. Elder Safe has sponsored several large seminars for law enforcement, prosecutors, social workers, mental health professionals and the faith community, drawing upon local experts and resources. Elder Safe and its partners have also participated in video education projects for professionals and older adults, including community access through cable television.

OUTCOMES

Elder Safe has tripled its capacity in just three years. Program location at a law enforcement agency allows staff to fully document elder crime statistics, the number of victims served, and the types of services offered. Elder Safe assisted about 120 elder crime victims in 2000 and nearly 500 in 2002. Through a multidisciplinary team approach, prosecution referrals have increased from 1 in 1998 to 67 in 2002. In 2002, about 10 volunteers donated more than 1,700 hours. Brochures on Elder Safe, elder abuse restraining orders, and how to report abuse or crime have been distributed throughout the county. In 2002, more than 1,000 seniors of the population of 40,000 seniors accessed either victim assistance or adult protective services. Overall, Washington County is serving more elder victims of crime or abuse than ever before and understanding the scope and nature of these problems better in order to improve design intervention and prevention.

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2003 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION HONORABLE MENTION

THE SENIOR HEALTH ALLIANCE PROMOTING EXERCISE (SHAPE)

SHAPE is a volunteer consortium of government, education, research, non-profit, and health care organizations dedicated to serving older adults in Cook County Illinois, by raising awareness of the importance of physical exercise.

BACKGROUND

Both the "Surgeon General's Report on Physical Activity and Health" and the "Healthy People 2010 Objectives" encourage older adults to engage in moderate amounts of exercise to achieve health benefits. Yet, seniors still remain inactive. Many factors influence older adults to avoid or limit physical activity, including health status, socioeconomic status, age, and gender. Communities can promote physical activity by providing community-based exercise programs specifically designed for older adults that offer aerobic, muscle-strengthening, and flexibility components.

THE PROGRAM

SHAPE has identified three initiatives to promote physical activity among older adults in Cook County. The Get in Shape Chicago! Senior Health and Fitness Walk is an annual walk and health fair held in May on National Senior Health and Fitness Day to promote awareness of the importance of exercise and healthy lifestyles for older adults in Cook County. In the fourth annual walk in May 2003, over 3,000 seniors participated.

A second SHAPE initiative is <u>www.SHAPEChicago.com</u>. The SHAPE interactive website is a resource for older adults, caregivers, physicians, and other providers in the Chicago area who want to learn more about fitness for older adults. The website is also being used to both conduct and to disseminate findings from the SHAPE survey and resource guide.

The third SHAPE initiative is the Get in Shape Chicago! Physical Activity Survey. The survey asks community agencies about the types of activity programs they offer for persons 62 years and older. The responses are used to create a directory of programs that is made available to seniors and health care providers. The survey results are also used for an assessment of community fitness needs.

OUTCOMES

More than a dozen community partners dedicate time and effort to SHAPE initiatives. Thousands of seniors have participated in physical activity programs as a result of SHAPE. Over 2000 directories have been distributed. Gaps in the availability of fitness programs throughout the areas have been identified. SHAPE participates in the Healthy Aging Research Network created by the Centers for Disease Control.

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2003 Award for Excellence in Program Innovation

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2004 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

CALL FOR NOMINATIONS

As of November 1, 2003, the Gerontological Health Section of the American Public Health Association will accept nominations for the 2004 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.

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. Please include 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 Washington, D.C. November 6 – 10, 2004, and make a presentation in a special Gerontological Section Award Session. Honorable mentions may also be awarded to those nominees submitting distinguished programs as judged by the review panel.

In recognition of this achievement, and to assist with the travel expenses, the winner will receive a \$1,000 cash award. Each honorable mention will receive a \$250 cash award.

Nominations are to be postmarked by April 2, 2004 and should be sent to:

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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 <u>www.archstone.org</u> and go to the publications section. If you would like a copy of the publication, please contact the Archstone Foundation at either <u>www.archstone.org</u> or by calling (562) 590-8655.