



ARCHSTONE  
FOUNDATION

AND THE

GERONTOLOGICAL  
HEALTH SECTION

*of the*

AMERICAN  
PUBLIC HEALTH ASSOCIATION

*present the*

2008 AWARD  
FOR EXCELLENCE  
IN PROGRAM INNOVATION



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# AWARD PRESENTATION

ARCHSTONE FOUNDATION

AND

THE GERONTOLOGICAL HEALTH SECTION OF  
THE AMERICAN PUBLIC HEALTH ASSOCIATION PRESENT

## THE 2008 AWARD FOR EXCELLENCE IN PROGRAM INNOVATION

APHA ANNUAL MEETING IN SAN DIEGO, CALIFORNIA  
GERONTOLOGICAL HEALTH SECTION AWARDS PROGRAM

MONDAY, OCTOBER 27, 2008

4:30 PM

MANCHESTER GRAND HYATT

BALLROOM - E

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# 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 2008 Archstone Foundation Award for Excellence in Program Innovation recipient is:*

**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

*Honorable mentions go to:*

**Seniors and Trauma Survivors Empowerment Program (STEP)**

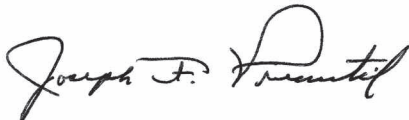
Boat People SOS, Inc.  
Falls Church, Virginia

**People Exercising Program**

Northeastern University, Bouve College of Health Sciences  
Boston, Massachusetts

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 the winner of the 2008 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, J.D.  
President and Chief Executive Officer  
Archstone Foundation



Nancy Miller, Ph.D.  
Chair, Gerontological Health Section  
American Public Health Association

# WINNER

## GUIDED CARE: IMPROVING CHRONIC CARE FOR HIGH RISK SENIORS

Guided Care is a model of health care designed to improve the quality of life, quality of care, and efficiency of resource use for older adults with chronic conditions and complex health needs. The model was developed in 2001 by a multidisciplinary team led by Chad Boulton, M.D., M.P.H., M.B.A., at Johns Hopkins Bloomberg School of Public Health.

A Guided Care nurse, located in the primary care practice, works in partnership with several primary care physicians to provide coordinated, patient-centered, cost-effective care to chronically ill older patients. To become recognized professionally as a Guided Care nurse, a candidate with a nursing degree and a current license must complete an accredited Guided Care nursing course and pass an examination endorsed by the American Nurses Credentialing Center of the American Nurses Association and be awarded a certificate. The course will be offered on-line beginning in April 2009 by the Institute for Johns Hopkins Nursing.

The Guided Care Nurse uses an electronic health record to introduce into primary care the most effective components of case management, disease management, self-management, transitional care, behavior modification, caregiver education and support, and geriatric evaluation and management. Working with the patient, family and primary care physician, the nurse ensures that the healthcare goals are met through conducting eight clinical processes:

1. Assessing the patient at home;
2. Creating an evidence-based comprehensive "Care Guide" and "Action Plan";
3. Monitoring the patient proactively;
4. Empowering the patient and encouraging self-management;
5. Coordinating providers of care;
6. Smoothing the patient's transitions into and out of hospitals and other facilities;
7. Educating and supporting caregivers; and
8. Facilitating access to community resources.



In 2006, a 30-month randomized control trial involving over 900 patients, 300 caregivers, and 48 primary care physicians began in the Baltimore-Washington D.C. area. Seven registered nurses were recruited, hired, trained, and placed into seven different primary care practices. The trial was designed to measure the effects of Guided Care on the quality of care and outcomes of care for patients, families, primary care practices, physicians, nurses, and health insurers. Six-month data from the randomized trial showed an improvement in quality of care, reduction in health care costs, and high job satisfaction among physicians and nurses.

The services of a Guided Care nurse could benefit primary care physicians with at least 300 older adult patients in their practice. The Roger C. Lipitz Center at the Johns Hopkins Bloomberg School of Public Health is working to disseminate Guided Care by forming partnerships with national physician and practice organizations; publishing a book that will serve as an implementation guide; and developing an interactive, online course for nurses interested in becoming Guided Care Nurses. Dissemination efforts are being implemented to make Guided Care a national model for providing cost-effective health care to older adult patients with complex needs.

To learn more about the program and its resources, please visit [www.guidedcare.org](http://www.guidedcare.org).



**For further information contact:**

**Chad Boulton, M.D., M.P.H., M.B.A.**

Professor and Director

The Roger C. Lipitz Center for Integrated Health Care

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# HONORABLE MENTION

## SENIORS AND TRAUMA SURVIVORS EMPOWERMENT PROGRAM (STEP)

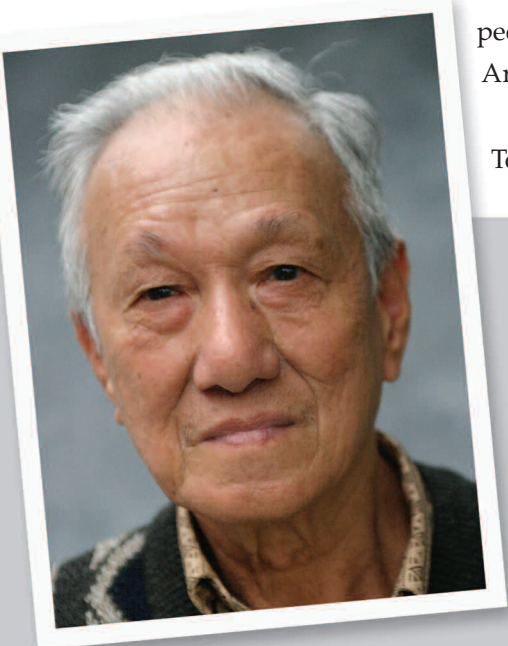
The Seniors and Trauma Survivors Empowerment Program (STEP) is a community-based program helping Vietnamese older adults and their families recover from postwar trauma. The goal of STEP is to increase community capacity in meeting multiple mental health needs of the Vietnamese population. By involving individuals, families and mental health agencies, STEP provides a system of wrap-around support for the community's older adults.

FOUR CORE ELEMENTS OF STEP	
Peer support groups and peer companion training	Older adult trauma survivors are trained to mentor peers.
Family-based interventions	Family, caregivers, and community members are provided with the knowledge, resources, and support needed to enhance the quality of life of older adults.
Faith and community-based organization involvement	Boat People SOS collaborates with organizations through educational workshops and cultural activities.
Mental health care counseling	Confidential and effective mental health services are offered to older adults.

Older adults with acute mental illnesses are referred to the local Community Services Board's network of five mental health centers for counseling where Boat People SOS certified medical interpreters assist in communicating with Vietnamese patients. Clients are evaluated by a clinical psychologist and referred to appropriate services.

The first STEP Conference was held in 2007 and provided a forum for disseminating the STEP model to 300 attendees. Further dissemination has occurred through Vietnamese print, radio, and television mass media outlets. In addition, a replication manual has been developed to assist service providers to incorporate STEP in refugee, immigrant, and minority communities. To date, five peer support groups have been formed in the states of Louisiana, Mississippi, Arizona, Colorado and North Carolina.

To learn more about the program and its resources, please visit [www.bpsos.org](http://www.bpsos.org).



### For further information contact:

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E-mail: [xuan.le@bpsos.org](mailto:xuan.le@bpsos.org)

# HONORABLE MENTION

## PEOPLE EXERCISING PROGRAM

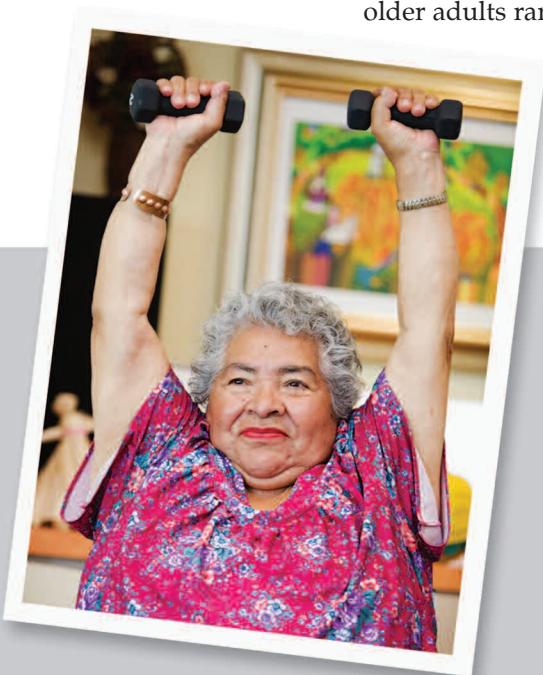
The People Exercising Program is a community-based strength training, balance and flexibility exercise class. The program is disseminated by both health professionals and peer leaders who are trained and certified at day-long interactive workshops. Leaders are provided with the needed tools to start, teach, and evaluate the program's success. The involvement of peer leaders uniquely offers advantages over traditional exercise programs. These benefits include the ability of peer leaders to serve as role models for other older adults and the opportunity for greater program implementation.

The People Exercising Program, formerly known as the Strong Living Program, began at the USDA Nutrition Research Center on Aging, located at Tufts University, in Boston, Massachusetts. Continuing under its new name, the program is part of Northeastern University, Bouve College of Health Sciences, where it is run as an ongoing research study and public health initiative. The goal of the program is to increase access and opportunities for older adults to participate in low-cost, effective exercise programs in their local communities.

Classes are offered at senior centers, community centers, churches, and municipal buildings. Exercises are performed with low-cost dumbbells and ankle weights and have varying levels of difficulty to accommodate a wide range of fitness abilities. The program is offered in 12-week sessions that meet twice a week for approximately 1 hour.

The People Exercising Program has demonstrated success in helping older adults maintain independence by increasing muscle strength and improving balance and mobility. Equally important to the physical benefits are the social and emotional support provided to both older adults and leaders who participate. As of 2007, nearly 100 self-sustaining classes have been established and more than 2,200

older adults ranging from 50 to 97 years of age have enrolled. Approximately 80% of all leaders who completed the training workshops have established program sites and are teaching classes. These results and additional details of the program have been published in the Journal of the American Geriatrics Society.



### For further information contact:

**Drs. Jennifer Layne and Carmen Castaneda-Sceppa**  
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# PAST WINNERS

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



# CALL FOR NOMINATIONS

As of November 1, 2008, the Gerontological Health Section of the American Public Health Association will accept nominations for the 2009 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 the 137th Annual Meeting of the American Public Health Association in Philadelphia, Pennsylvania, November 7-11, 2009 at a special Gerontological Section Award Session and attend the awards ceremony. In recognition of this achievement, and to assist with the travel expenses, the winning organization will receive a \$1,000 cash award. Honorable mention(s) may also be awarded to one or more nominees submitting distinguished programs as judged by the review panel.

Nominations are to be postmarked by April 1, 2009 and may be sent or E-mailed to:

**Allan Goldman, M.P.H.**

Chair, Archstone Foundation Awards Committee

Planning and Policy Development Specialist

Georgia Department of Human Resources

Division of Aging Services

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Phone: (404) 657-5254

E-mail: [abgoldman@dhr.state.ga.us](mailto:abgoldman@dhr.state.ga.us)

## SELECTION COMMITTEE

### **Pat Alt, Ph.D.**

Professor  
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Towson University

### **Larry Branch, Ph.D.**

Professor, College of Public Health  
University of South Florida

### **Lucinda Bryant, Ph.D.**

Assistant Professor  
Department of Preventive Medicine & Biometrics  
University of Colorado Denver

### **Rick Fortinsky, Ph.D.**

Professor  
University of Connecticut Center on Aging

### **Allan Goldman, M.P.H. (Committee Chair)**

Assistant Director  
Georgia Division of Aging Services

### **John Prochaska, M.P.H.**

School of Rural Public Health  
Texas A&M University

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## 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 healthcare delivery system for the aged.

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## 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 \$66 million in grants since it was established in 1986. The Foundation's current funding priorities include elder abuse and neglect, end-of-life issues, fall prevention, and responsive grantmaking to address emerging issues within the aging population. In fiscal year 2007, Archstone Foundation provided approximately \$4.9 million in support of its mission.

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