

FY11 United Way Final Report

Program: Adult Care Centers and Health Services
Agency: JABA
Date: August 5, 2011

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

Program: Adult Care Centers (ACC) - Hillsdale and Louisa

JABA's Adult Care Centers provide a safe, protected daytime environment for adults with special needs who are unable to be alone during the day. Most of our members live at home with family who must work during the day or who need respite from the responsibility of caring for their loved ones 24 hours a day. Our members are treated with dignity and are engaged in a service which offers healthcare, purposeful therapeutic activity and vital socialization within an informal group setting.

The staff in the centers is dedicated and committed to offering a caring environment with a culture that promotes quality person centered care utilizing an interdisciplinary team approach. Services include healthcare screening; health promotion; therapeutic recreation; speech, occupational and physical therapy; exercise and leisure programs; companionship and socialization; assistance with activities of daily living (personal care); enhanced nutrition (featuring local foods when available) and medication management. To date 153 clients have attended JABA's two Centers during FY 11.

While day care is the least expensive of the community based services, there are many families who need financial support to participate. Without the funds available through the United Way, caregivers and members would face long days at home. At our current level of funding, there are still unmet needs. There are approximately eight - ten members who would attend more days during the week if there was more scholarship funding.

Highlights of program enhancements which will assist us in surpassing our goals include but are not limited to:

- o Care plan goals for all members are monitored by staff on a monthly basis;
- o Over 60% of our members are currently part of the "Walking Club" to increase mobility;
- o Our support group participation continues to expand;
- o Half-day and drop-in services continue to be available for members;
- o Saturday service continues from 9 AM to 3 PM, serving an average of 8 clients per day;
- o Intergenerational activities occurred on a daily basis with the Montessori School at the Hillsdale Center and JABA's new Shining Star Pre-School at the Louisa Center. JABA opened the Shining Star Pre-School in October, 2010, and as of this report, we are fully enrolled to our licensed capacity of 32 children. We look forward to expanding out intergenerational activities when JABA will open a second pre-school, Shining Star at Hillsdale in September 2011

Program: Health Services

From July 1, 2010 through June 30, 2011, JABA Health Services has provided direct health services to 566 clients. Services are provided at 8 community centers, 4 senior living sites and the Westhaven community. A falls prevention program was extended to all public

housing residents and the residents of Midway Manor. Home inspections were completed and assistive devices were made available as needed. This program was funded by a Community Development Grant (CDBG) from the City of Charlottesville. The Health Services program continues to provide health screenings, minor treatment, health promotion and counseling, as well as care coordination to older adults, thereby providing an opportunity for more active, healthy lifestyles. The ultimate goal is to assist older adults to age in the places of their choice.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaborations or referrals with other community programs in meeting a client's multiple needs.

Hillsdale Adult Care Center:

M. has attended the JABA Adult Care Center at Hillsdale since 2004. She was born with cerebral palsy which makes walking and talking difficult for her. When M. first came to our center, her grasp of numbers and letters was minimal. Anything dealing with math, reading or writing was very frustrating for her. M. had the benefit of a public education and a loving, caring family, but her social contacts were limited and her encounters with men were sometimes uncomfortable.

M. has experienced tremendous personal growth through her participation in the center's activities program and with the help of our volunteer department. Weekly sessions with a volunteer tutor have provided M. with enough understanding of numbers and letters to enable her to participate in bingo (she is an avid player) and in word games with the other members. The arts and crafts program gives M. the opportunity to explore her creative side and develop her fine motor skills. M. enjoys singing, dancing, exercise, and attending bible study. M proudly signs her name on all of her art projects.

At the age of 33, M. is an attractive, smart, outgoing young woman who brings a bright shining smile and infectious positive attitude to JABA's Adult Care Center. Thanks to the generosity of the United Way, M. is able to attend the ACC on a regular basis while her mom goes to work.

Louisa Adult Care Center:

Mr. S. attends our ACC program five days a week. He recently joined our program back in April. He originally lived in Maryland with his parents until his mother suffered from a stroke. She was no longer able to care for Mr. S. so he came to Louisa to live with his sister. His sister is a teacher at one of our elementary schools. She heard about us in the community and was excited to have her brother attend our center. Because of her job there would be no one at home during the day to give Mr. S. the care that he needs. Mr. S. has been diagnosed with Alzheimer's and cannot be left alone. It is because of centers like ours that family members can maintain some sort of normalcy and still know that their loved one is well taken care of everyday. Mr. S. enjoys coming to the center and is very helpful throughout the day. He has adapted well to the recent change in his life and seems to enjoy living with his sister. He also seems to be enjoying his time here at the center. We are able to provide him with the person centered care he needs while his sister is providing higher education to the children in our community.

Health Services:

Esmont

Mrs. X is an 87 year old widowed female, is a greatly respected, longtime member of the Esmont community center. Over many years, she has managed hypertension and Type 2

diabetes quite well and received primary medical care from one of the physicians at the nearby community health center. She also has a history of coronary artery disease and is followed by a Martha Jefferson-associated cardiologist. Her blood pressure is usually approximately 120/70 and fasting blood sugar is usually close to 100. The nurse practitioner sees this client virtually every week. During the spring of 2011, it was noted that her blood pressure and blood sugars were becoming elevated (on one day, 176/82 and random blood sugar of 274). She was referred to her primary care provider immediately on this day - but the client later confessed to the NP that due to the costs of medical appointment - as well as transportation with the higher cost of gas, she needed to prioritize which appointments she could keep and which ones she had to cancel/postpone. She had to decide between her cardiologist and PCP and had put off both for a short while before beginning with the PCP follow-up and medication changes. She stated that it was the NP's assessments and concern that convinced her to go to her PCP. This is an example of the importance of the JABA Health Services and the regular availability of our care and intervention to assure appropriate care and follow-up.

Scottsville

Mrs.Y. is a 72 y.o. widowed female, a resident of the Scottsville School Apartments and a dedicated volunteer at the JABA Community Center in Scottsville. During 2010-2011, she has been treated for lung cancer and peripheral arterial (PAD) disease by two different Martha Jefferson-associated specialists. She has experienced several complications of both, including chronic cough and hemoptysis (blood in sputum) as well as leg/groin pain related to her PAD. Under her vascular surgeon's supervision, she has increased her level of exercise to try to counteract her lower extremity pain and increase perfusion in an attempt to avoid surgery. This intervention has been moderately successful. During all of this, however, she has remained one of the most active and reliable participants on the vital Kitchen Committee in Scottsville. This small group of center participants assures that the large group of Scottsville clients receive their meals efficiently and in a timely manner. She has also recently experienced a notable weight loss that has been a source of concern. The JABA NP has communicated regularly with her oncologist about this issue, and among her physicians and the NP, it was determined that she was exercising diligently but not consuming enough calories. She has now resumed a better diet, including some high-calorie, high-nutrient foods and has stabilized her weight and recently gained back two pounds. While her chronic disease issues are still of great concern, she has been able to maintain her energy level, receives close medical supervision and continues to enjoy her dedicated activity at the center.

3. Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year to date.

Projected Number of Intended FY11 Primary Beneficiaries:	<u>161</u> Adult Care Centers <u>555</u> Health Services	Actual Number of Primary Beneficiaries:	<u>153</u> Adult Care Centers <u>556</u> Health Services
---	---	--	---

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
<p>Adult Care Centers (ACC): At-risk elderly live as independently as possible in their chosen residences.</p>	<p>Caregivers report being able to continue with life responsibilities and leisure activities due to the respite provided through ACC.</p>	<p>-To date, staff has provided 755 hours of support group, individual counseling and assistance with paperwork for Social Services and Veteran’s Administration to caregivers. - The Annual Satisfaction survey was distributed in February to 59 caregivers. 75% were returned.</p> <ul style="list-style-type: none"> • 100% agreed or strongly agreed that they were able to continue working or pursuing other life activities because of the Adult Care Center program, • 100% felt confident in the staff’s ability to care for their loved one. • 100% felt that their loved one was safe while at the Center. • 89% felt there was good selection of activities from which to choose. • 93% of those completing the survey also completed to portion on the psychological impact of caregiving as compared to 29% last year.
	<p>ACC clients who meet the criteria for institutionalization (needing assistance with 2 or more activities of daily living and qualify for nursing home placement)</p>	<p>For 12 months, 31 clients who need assistance with 2 or more activities of daily living and qualify for nursing home placement remained at home for 10,651 days.</p>

	are able to remain at home.	
	All assessed clients will have completed care plans that include measurable personal goals.	153 clients (100%) have completed care plans including measurable goals which are monitored by staff on a monthly basis.
Health Services: At-risk elderly with chronic diseases like high blood pressure and diabetes manage their illnesses and maintain their health, thereby avoiding exacerbation of their diseases(s) that result in the need for tertiary levels of care.	Clients whose blood pressure and/or blood sugar was monitored demonstrate positive outcomes in managing their chronic disease(s).	86% of the 435 clients whose blood pressure was monitored and 69% of the 124 clients whose blood sugar was monitored demonstrated positive outcomes in managing their chronic diseases (showed improved, stable or normal levels). (unduplicated #'s)
	Through group education, one-on-one health education and health counseling, clients learn to manage their chronic disease(s) and maintain their health.	734 clients improved their knowledge of their disease(s) and general health issues. (This includes clients who attend sessions at three senior living sites, two public housing sites and receive one-on-one counseling and who attend health promotion sessions at the community centers.) (not unduplicated #'s)

4. Impact Report. We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

Community Needs or Issues Your Program Addresses -- please include at least 3 local issues/statistics and cite your source

Based on 2010 Census data for the Planning District, 13.68% of the population (32,103) is 65 years of age and older. This is a 25% increase in people 65+ since 2005. Forty eight percent are male and 52% are female, of which, 25% live alone. Of those 65 and older, 36.96% have a disability or chronic illness. Newly reported this year, we found that 3.18% of total households have at least three generations living under the same roof.

According to the Alzheimer’s Association, based on the national population statistics, one-in-ten of those 65 and older are affected and one-in-two of those over 85 years of age have some form of dementia. By the year 2050, the number of persons with Alzheimer’s or a related dementia is projected to triple locally as well as nationally. According to the state statistics, the Alzheimer’s Association estimates that 13.3% of individuals over 65 in Planning District 10 are living with Alzheimer’s.

Based on 2010 Census data and the Virginia Atlas of Community Health, the following is a picture of the health of seniors in Planning District 10.

	Albemarle	Charlottesville	Fluvanna	Greene	Louisa	Nelson
Population 65+	14,124	4,017	4,022	2,345	4,796	2,988
% increase in population 65+ since 2005	43%	-11%	47%	70%	50%	27%
# With Physical Disability	2,881	976	298	257	456	335
# With Mental Disability	1,003	394	32	16	62	48
% With Hypertension	27%	21%	29%	25%	30%	31%
% With Diabetes	8%	6%	9%	7%	9%	9%

Demographic forces are reshaping how our health delivery and caregivers’ support systems must operate. Between 2005 and 2010, the number of people 65 and older in the population grew 25%, while the total population in Virginia only grew 13%. Between 2010 and 2030, the 65+ population will double. The fastest growing segment of the adult population is among people over the age of 65, particularly that segment over the age of 85. In our area, this group is expected to increase by 50% between 2010 and 2020. More than one third of those aged 85 and older need regular care to remain in their homes. Almost half of those age 65 and older are limited in some way, and one out of every five persons needs assistance with major activities of daily living.

Meeting the needs of those cited above is currently being addressed by caregivers who often must also maintain employment or who themselves are elderly. The combination of working and providing care to those in need has a profound impact on the well-being of the caregiver. Currently, approximately one-in-four local full-time employees provides some level of eldercare. Without support, caregivers are at risk for losing their employment, disrupting family life and stability and/or experiencing significant illnesses that make it difficult or impossible for them to continue to provide care. There is an increasing need for adult day care services. Furthermore, elder caregivers often have their own health issues, putting them at risk for further illness or injury.

Compounding the problems of caregivers is that as the aging population grows, the number of professional and family caregivers is shrinking. Baby boomers are the first generation to outnumber their children’s generation. Twenty percent of boomers have no children, and 25% have only one child. There will be fewer adult children to help provide the care of their aging parents.

At-risk elderly need assistance with basic activities of daily living, without which they are at risk for institutionalization. Health care monitoring is critical to manage serious, chronic

conditions. Regular monitoring leads to access to medical care that is preventative, not emergent, which is costly and without good follow-up.

Many elderly are at-risk due to minority status and/or low income. They are increasingly at-risk for malnutrition, social isolation, displacement due to a lack of affordable housing, premature institutionalization, and any number of ailments commonly associated with advancing age and a lifetime of inadequate access to healthcare and other services.

Your Program's Solutions that United Way Community Impact Funds Support Adult Care Centers:

- The annual caregiver survey was distributed and tabulated in February, 2011. (see results above).
- To date, staff has provided 755 hours of support group, individual counseling and assistance with paperwork for Social Services and Veterans Administration to caregivers.
- For 12 months, 31 clients who need assistance with 2 or more activities of daily living and qualify for nursing home placement remained at home for 10,651 days.
- 153 clients (100%) have completed care plans, including measurable goals which are monitored by staff on a monthly basis.

Health Services:

- 86% of the 435 clients whose blood pressure was measured and 69% of the 124 clients whose blood sugar was monitored demonstrated positive outcomes (improved, stable or normal levels) in managing their chronic diseases.
- 734 clients improved their knowledge of their disease and general health and wellness issues—398 clients attended health promotion sessions held at the community centers and senior living sites. 336 unduplicated clients received individual counseling and medication management.

Financial Impact of Donations -- (i.e., \$3/week provides...; \$5/week provides...; \$10/week provides...; \$20/week provides....)

\$3/week (\$156) provides: Seven hours of training for family caregivers of members attending Adult Care Centers, providing support, education and counseling to ease the burden of around-the-clock caregiving.

\$5/week (\$260) provides: One hour a month of disease prevention education at one of JABA's eight senior community centers and three senior living sites or two public housing sites, benefiting all of the clients who attend.

\$10/week (\$520) provides: Two hours a month of nursing services in one of JABA's senior community centers or senior living sites to monitor the health of the clients attending the center.

\$15/week (\$780) provides: One and one half hours a month of one-on-one health promotion/disease prevention counseling at one of JABA's eight community centers and four senior living sites, and the Westhaven Clinic helping individuals make informed decisions about their health.

\$25/week (\$1300 per year) provides: Thirty-two days of care at JABA's Adult Care Centers through a part-time scholarship which directly benefits the individual attending and one or more family members and/or caregivers.

\$30/week (\$1560 per year) provides: One hour a week of in-home follow-up by the nurse practitioner for clients in their homes. This can be a result of a primary care physician referral or a condition identified by the nurse or other staff member while the client is attending the senior community center.