



National Center for Healthy Housing

Request for Partners Aging Gracefully in Safer and Healthier Homes

Project Purpose

The National Center for Healthy Housing (NCHH) is seeking partners for our project titled “Aging Gracefully in Safer and Healthier Homes,” which will improve the quality of life for low-income older adults so that they may safely remain in their homes.

Problem Statement

By the year 2030, it is estimated that the older adult population (age 65-plus) in the U.S. will double to more than 70 million individuals. Policymakers and practitioners are beginning to grapple with the need for housing that matches this important demographic, which will constitute approximately 20 percent of the U.S. population.

Aging in place is a fact, not a goal. Numerous studies show that the older we are, the more reluctant we are to move away from our homes. The question at hand is really about the quality of life as people age in place. Disabilities, particularly among low-income urban people of color, create limitations in multiple basic or instrumental activities of daily living (ADLs or IADLs). These limitations are the leading modifiable predictor of nursing home admission. Moving to assisted living residences can be a huge financial burden on an older adult, his or her family, or both. By keeping older adults healthy, safe, and independent at home, we are able to save them money, which can then be used for other needs. In addition, many of the improvements that would be offered to the older adults in our program will improve the quality of their homes, addressing deferred maintenance issues, and therefore may improve home value and increase home equity.

We are quickly moving into unexplored territory because people have never lived as long as they are now living. The challenge ahead of us is to support aging in place for the unprecedented numbers of older Americans seeking to live healthy and contributing lives in communities that serve all ages. Americans are aging in traditional homes, neighborhoods, and communities that were designed for yesterday’s demographic realities, not those of today or in the future.

Seizing the Opportunity

Although researchers are still assembling the evidence for housing-related interventions to improve health, much is already known. Millions of new homes are built and renovated each year that are not taking advantage of opportunities to enable older adults to age in place. NCHH has just completed its next three-to-five-year strategic plan, which identifies a number of strategies around improving the quality and appropriateness of housing for older adults. We

propose a multisite demonstration project to deliver improvements to the homes of low-income older adults with the goal of improving their health, safety, and quality of life.

The purpose of the Aging Gracefully in Safer and Healthier Homes project is to enable low-income older adults to remain safely in their homes with a demonstrable improvement in their quality of life. To accomplish this, NCHH is proposing a demonstration program focused on improving respiratory health, mental health, and reducing home injuries for older adults through an integrated home repair and visitation program. We will collaborate with three to five local partners who will collectively address hazards in 70 homes of low-income older adults over 24 months. The primary goal of the project is to demonstrate how structural repairs and environmental improvements to homes can be combined with clinical care and health education for older adults in order to maintain or improve their health and quality of life, as well as lengthen the period of time that they can safely live in their homes. The project will deliver benefits for up to 700 older adults and produce scalable results.

Scope of Work

Building on two decades of experience coordinating multipartner and multisite collaborative, NCHH will serve as the project coordinator and impact evaluator. NCHH will issue sub-awards to partners for the implementation of the program. To be eligible, each partner will need to address health and safety hazards in at least 70 homes of older adults (60 years of age or older) who are either at risk of falls or have either not-well-controlled asthma or cardio obstructive pulmonary disease.

NCHH anticipates making awards to partners with considerable experience delivering similar programming so that the majority of the investment will go to the service delivery, impact evaluation, and dissemination of the findings. The multisite approach will enable NCHH to uncover and elevate models that work in different geographic regions and with varying partners. NCHH will facilitate a learning community among the partners through which information can be shared and disseminated more broadly. Through other funding, NCHH already collected the protocols for assessing home hazards (both safety and environmental health) and is beginning to assemble the evidence-based interventions for addressing those hazards. NCHH will make these protocols available to the learning community of sub-recipient partners, but also will provide the opportunity for local innovation in the event that a sub-awardee has successfully piloted another valid approach.

Partners will have 24 months to deliver the services. NCHH expects that partners will have programs “shovel ready,” so that no time will be lost creating the necessary collaborations or on program and materials development. As part of our learning community and technical assistance, NCHH will work with the sub-grantees to bring “payers” to the table for the demonstration program (hospitals, Medicaid-managed care organizations, accountable care organizations, insurers). NCHH will partner with these institutions to demonstrate the return on investment for the program. The payers will provide the cost data and NCHH will collect from the partners the service delivery costs. The purpose of this effort is to create a sustainable stream of funding for integrated home visiting programs for older low-income adults.

If we can demonstrate cost-neutrality or a positive return on investment, then we may be able to implement similar approaches in jurisdictions around the country. We estimate that partners will spend \$1500 per unit for the housing repairs. Each site will be expected to deliver services to 70 homes. We anticipate three to five sites, based on the proposal process. In addition, NCHH will provide approximately \$25,000 per partner per year for staff time to oversee and evaluate the project. Because the program will build on existing service delivery strategies, we do not anticipate having to pay for significant salary expenses associated with the service delivery. Instead, we will be investing in the housing interventions, impact evaluation, and translation of the findings into widespread practice.

Partners will be asked to focus on reducing morbidity and mortality resulting from one or more of the following health conditions: home injuries, asthma, COPD, hypertension, isolation/mental health. Partners will be asked to collect Quality of Life measures and will be expected to deliver interventions that improve quality of life and extend the period of time individuals can remain in their homes. NCHH and the health care payers will collaborate to analyze health care utilization and costs.

PERIOD OF PERFORMANCE:

Partners will have 24 months to deliver services. Please list the start and end date of your project.

We have an anticipated start date of November 1, 2014 for this project.

Proposed Budget

Please see Attachment 1 for the categories to be included in your brief budget for the project. Because NCHH is anticipating building on existing programs and activities to incorporate the health and safety measures, we do not anticipate spending grant dollars on clinical care or medical case management. NCHH anticipates funding the staff needed to coordinate the 24-month program and the interventions (up to \$1,500 per unit) needed to supplement existing home repair or weatherization programs to achieve improvements in health outcomes. For example, the Community Aging in Place—Advancing Better Living for Elders (CAPABLE) project in Baltimore combines case management services with a minor home repair program to improve quality of life for older adults (see http://nursing.jhu.edu/faculty_research/research/projects/capable/). Using this example, NCHH grant funds would be dedicated to the health and safety upgrades (over and above the minor repair program activities) and to staff salaries for coordinating the program and participating in the program impact evaluation. We are interested in whether our budget estimates (\$25,000/year and \$1,500/unit for health and safety interventions) are reasonable. Your budget proposals will assist us with evaluating the appropriateness of our estimates.

Qualifications and Personnel

Successful sub-recipient partners will consist of collaborations between clinical partners, such as occupational therapists and other health care service providers, along with housing repair organizations, such as nonprofit housing, weatherization, or volunteer repair programs. Experience collecting health and housing data is critical. Site-specific programs will be

developed with participation by low-income older adult residents. Please identify the key project partners and staff and their relevant experience and qualifications.

Examples of Prior Work

Please provide up to three examples of similar projects including the grant/contract amount, the funder or client for whom the work was performed, and a brief summary of the findings. Partner proposals should not exceed five pages. Brevity is encouraged.

Due Date:

5:00 p.m. EST on June 23, 2014.

Please submit completed proposals via e-mail to:

Rebecca Morley

Executive Director

National Center for Healthy Housing

Phone: 443.539.4159

rmorley@nchh.org

Attachment 1: Budget Template

Please include estimates of the following expenses for this brief proposal. Note that this is an initial estimate to assist NCHH with estimating the total project budget. If selected, you will receive additional time to refine your budget.

PROJECT EXPENSES:

1. Salaries and Wages
2. Fringe Benefits
3. Consultant Fees
4. Travel
5. Supplies and Materials
6. Services
7. Other Costs
8. Total Direct Costs (items 1-7)
9. Indirect Costs
10. Total Project Costs (Direct and Indirect)

PROJECT FUNDING FOR ENTIRE GRANT PERIOD:

1. Requested from NCHH:
2. Cost Sharing:
 - Applicant's Contributions:
 - Federal:
 - Third-party Contributions:
3. Total Project Funding (NCHH Funds + Cost Sharing) =