United Way of Lane County
2010/2011 Strategic/Preventive Proposal

A. Name of Organization: The Gerontology Institute at Sacred Health Medical Center.

1. Contact Person: Dan Reece, Executive Director

2. Address: 1202 Willamette Street,

Eugene, Oregon, 97401

3. Phone: 541-687-6234 Email: dreece@peacehealth.org

B. Name of Proposed Services: The Chronic Disease Self-Management Program (CDSMP)

C. Amount of Funding Requested for a 12 month period: $60,000

The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.

Dan Reece
Signature: Agency Director Date Signature: President, Board of Directors Date

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SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see **Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME** and **HEALTH.**)

1. **Action Area:** (select one)

   ☐ **Education:** Preparing children to succeed in school and life.

   ☐ **Income:** Moving families from poverty to financial stability.

   X **Health:** Ensuring people have basic access to healthcare.

2. **Strategies: Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. *(Note: Strategy or strategies listed must come from Appendix A referred to above.*)**

   Health / Preventive Strategies:
   "Evidence based approach to patient directed chronic disease self-management. "

   The Chronic Disease Self-Management Program (CDSMP) improves the health of persons with chronic conditions by providing them the means to more effectively manage their own health and more effectively use the health care system. CDSMP is an evidence-based curriculum and teaching method developed by Stanford University. CDSMP is the most researched program for patient education and activation, with the most documented positive outcomes.

3. **Provide a *brief* (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.**

   CDSMP groups have 12-15 participants who meet for six, 2.5-hour weekly sessions. The groups are led by trained and supervised volunteers, who themselves have a chronic health condition. The workshops teach life-skills, assist participants in identifying personal health goals, strategies to achieve their goals and strategies to overcome barriers to achieving their goals. The workshops also help participants learn to use health care services more effectively.

SECTION II: SERVICE IMPACT

1. Need, Target Population and Program Description

A. Need/Target Population

The United States population is aging. In 2007 there were 38 million over age 65. By 2030 it is estimated to be 71.5 million. In a 2005 survey, there were 44,675 persons age 65 and older in Lane County, which was 13.6% of the population. By the year 2015, the Lane County 65+ population is projected to be 59,560, or 16% of the population. The incidence of chronic health conditions increases with age. Of persons age 45 to 64, 62% have at least one chronic health condition and 35% have two or more conditions. Of persons age 65 or older, 84% have at least one health condition and 62% have more than one condition. In America 70% of deaths are related to chronic disease. According to

the Centers for Disease Control, 70% of the healthcare dollars in the United States are expended for chronic disease. Those living in poverty, the uninsured and underinsured are especially vulnerable to the effects of chronic disease. According to the Oregon Department of Human Services 1/3 of adults have high cholesterol, 27% have arthritis, 24% high blood pressure. In Lane County between 2005 and 2007 emergency department visits related to asthma and diabetes increased.

The target population for the CDSMP includes all adults with any chronic health condition. Family members, caregivers, and support people are also affected and can benefit from CDSMP. Especially targeted are the underinsured, uninsured, and those with low incomes, both English and Spanish speaking. Rural and underserved communities are also targeted. CDSMP is offered at no charge. Each participant in the English workshop, Living Well with Chronic Conditions, receives a copy of Stanford's book, "Living a Healthy Life with Chronic Conditions," and an audiotape or CD of relaxation exercises. Participants in the Spanish workshop receive a copy of Stanford's book, "Tomando Control de su Salud," and audiotapes/CD's of relaxation exercises, and physical exercise. The CDSMP workshops are offered in a variety of locations, days of the week and times of day to enhance access.

B. Service Description

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

The structure of the CDSMP workshop teaches life skills for individual self-management. A distinguishing characteristic of the Stanford model that drives positive outcomes and provides hope for participants is the use of volunteer peer group leaders who have attended the four-day leader training developed by Stanford. Studies have shown that the skills learned in the workshop impact health care access by improving knowledge of when to contact a healthcare provider, or at what point to access care, e.g. telephone contact, appointment, urgent appointment, or emergency department. More appropriate use of healthcare resources improves access for all (use of out-patient settings rather than emergency or hospital visits) and helps to reduce overall healthcare costs.

Through targeted recruitment, workshop site selection, offering public transportation passes, childcare allowances, and providing workshops in both English and Spanish, the program reduces barriers and improves access to the workshop for low income and rural individuals.

The CDSMP developed by the Stanford University School of Medicine Patient Education and Research Center is recognized internationally as an evidence-based approach to chronic disease self-management. The National Council on Aging (NCOA) has recognized the effectiveness of the Stanford program (in Oregon titled, "Living Well with Chronic Conditions"). Nancy Whitelaw, NCOA Senior Vice-President and Director, Center for Healthy Aging, participated as keynote speaker at the 2009 statewide Living Well Forum.

According to Steven K. Galson, Acting Surgeon General, "Programs such as Stanford University School of Medicine's …significantly increase self-confidence of older adults when it comes to their health and management of chronic conditions," (Public Health Reports, July-August, 2009, v. 124).

The Centers for Disease Control (CDC) reviewed 13 CDSMP studies. Analysis was conducted on eight studies that contained sufficient utilization data. Six studies were domestic and two were from the UK. Two of the six domestic studies targeted Spanish-speaking Hispanics. CDSMP participants were generally 40+ years of age. Sample sizes ranged from a low of 171 to a high of 1,140 with a mean of 682. The review found that CDSMP results in significant, measurable improvements in patient health outcomes and quality of life. CDSMP also saves enough through reductions in healthcare expenditures to pay for itself within the first year.

2. **2010/2011 Service Objectives and Outcomes**

A. **Service Objectives** (# people to be served and/or services provided):

You may choose the 12-month reporting period that best matches your data collection system as long as the period begins in calendar year 2010.

12-Month Service Objectives: 07/ 01/ 2010 through 06/ 30/ 2011
(Month/Day/Year) (Month/Day/Year)

Proposed Service Objectives:

- **Provide a total of twelve, six-week CDSMP workshops.**
- **Eight of the twelve workshops would be conducted in English**
- **Four of the workshops would be in Spanish**
- **Four of the workshops would be in rural communities**
- **There will be a total of 162 participants in the twelve workshops.**

B. **Proposed Services Outcomes** (measurable statement of intended effect on target population.)

Dates should match the service objective dates you specified in question 2 A.

12-Month Outcomes: 07/ 01/ 2010 through 06/ 30 / 2011
(Month/Day/Year) (Month/Day/Year)

Proposed Outcomes and Performance Measures for each proposed service (provide in table format, correlating measures to proposed outcomes)**:**

Example: Note: Table can be expanded as needed to include all information.

Outcomes	*Measures*
Implementation	Number of participants
Access	Number of enrollees
Access for Spanish-speaking clients	Number of participants in Tomando Controld de su Salud workshops
Access for rural clients	Number of participants in rural workshops
Engagement	Percentage of enrollees who complete the workshop
Health Status	Percentage of participant who report improved health status
Exercise	Percentage of clients who report improved use of exercise
Self-Efficacy	Percentage of participants who report improved self-efficacy using health services.
Value to clients	Percentage of participants who say they would recommend the workshops to others.

Note: *Please include a copy of your Logic Model if one was developed. It is* *<u>excluded</u>* *from the 15 page limit.*

3. **Tracking Systems**

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

Participants are asked to complete a 14-item pre-workshop questionnaire (see attachment). Questions address the participants' health status, energy, pain, physical functioning, use of exercise and effectiveness using the health system. Participants complete the same questionnaire at the conclusion of the 6-week workshop. The questionnaire is sent to participants six months after they have completed the workshops.

Participants complete an 8-item program evaluation form during the final workshop session (see attachment). The item primarily linked to the participant's perception of the workshop's value is, "Would you suggest this program to others?"

SECTION III: SERVICE MANAGEMENT

1. **Client Involvement**

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

In 2007, the United Way 100% Access and the Gerontology Institute worked with Williams Research to conduct four focus groups aimed at learning the possible barriers and motivators to attending CDSMP workshops, titled "Living a Healthy Life with Chronic Conditions."

- One group was comprised of uninsured, working adults – who were patients of the "Volunteers in Medicine" (VIM) clinic.
- One group was comprised of Oregon Health Plan members.
- One group was comprised of Individuals who signed up for a recent series of classes and attended at least four (4) classes.
- One group was comprised of Individuals who signed up for a recent series of classes but did not participate, plus some who began the series but did not complete the series.

For participants across all four focus groups, the challenges of living with chronic conditions were many and varied. Coping with physical limitations was a primary challenge impacting all areas of life; "not being able to do what you used to do" was a major adjustment, evoking feelings of "loss" for many. Chronic conditions were described as "emotionally and physically draining for everyone" close to the patient, not just participants themselves. Other common challenges were: managing "constant" and "continual" pain; the lack of "acceptance and understanding" from others – family, friends and health professionals; and, gaining "access to (affordable) health care" services.

The reactions of these participants to the "Living a Healthy Life with Chronic Conditions" program were highly favorable overall. Those who attended four or more classes were particularly favorable but so too, for the most part, were those who attended fewer than four classes. Non-participants also reacted very favorably to the program concept and materials.

There were ten potential program improvements recommended for consideration. Some of the recommendations were implemented. Others could not be implemented, due to restrictions associated with our CDSMP license with Stanford University on modifying the program.

In addition to the focus groups, all participants complete a program evaluation. These evaluations have been used to provide helpful feedback to the group leaders.

It should be emphasized that a core component of the program's teaching model is the use of peer group leaders who themselves have a chronic health condition. Many of the group leaders have been from the program's target populations, including 8 bi-lingual leaders.

2. <u>Coordination/Collaboration</u>

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

The Gerontology Institute (GI) has worked under a service contract with the United Way of Lane County (UWLC) 100% Access Coalition for the past four years to offer the CDSMP throughout the community. An implementation group meets regularly with representatives from Public Health, Riverstone Clinic, PacificSource, UWLC, GI, and Cottage Grove Hospital. By collaborating with community agencies and organizations the program has been able to secure program venues at no cost. Sites have included Centro Latino Americano, St. Paul and St. Mark Catholic churches, Eugene Family YMCA, Valley River Baptist Church, Calvary Open Bible Church, LCC Cottage Grove, Cottage Grove Hospital, Viking Sal Senior Center, Willamalane Adult Activity Center, Creswell Public Library, Center for Community Counseling, Metropolitan Low Income Housing, McKenzie Willamette Medical Center, St. Vincent de Paul Low Income Housing, Head Start, Goodwill Industries, and Volunteers in Medicine.

The CDSMP has developed an extensive mailing list of individuals, agencies, and health care providers and utilizes public service announcements in newspapers to publicize workshops. In order to facilitate referrals from providers, tear off referrals pads were developed and distributed. A Spanish language phone line is maintained.

Participation with the Oregon Department of Human Services (DHS) "Living Well Network" has helped sustain and support the Lane County program. By submitting demographic data on participation, for each six week workshop, the Lane County program receives ten free books, either "Living a Healthy Life with Chronic Conditions," or "Tomando Control de su Salud." This is invaluable in sustaining the program at no charge. DHS has recognized and designated the program in Lane County as a regional training center with access to grant funding to support Master Trainers for training volunteer group leaders. The Lane County program has also been a major participant with DHS in the development of Quality Assurance and fidelity tools for statewide use, and for three consecutive years has been invited as a presenter at the state wide Living Well Forum.

3. <u>Diversity / Accessibility</u>

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural /urban location.

As described above, CDSMP workshops are held in venues specially designed to enhance access for low-income, rural and Spanish-speaking participants. Workshop sites have been identified in the Junction City, Cottage Grove and Creswell communities. CDSMP has been offered at the Metropolitan

Low-Income Housing site in the Bethel area. There are two sites in Springfield, Willamalane Adult Activity Center and Calvary Open Bible Church on 11th St. The CDSMP coordinator works with social service and health care providers who focus on the target populations. We enlist their help in recruitment and publicity. There are currently 8 Spanish-speaking group leaders. Participation in workshops the Spanish language and rural workshops has been strong, as has the percentage of these participants who have completed the program.

4. <u>Use of Volunteer and Partnership Resources</u>

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

The Gerontology Institute uses over 20 senior volunteers to support all of our programs. CDSMP group leaders are volunteers. There are currently 21 group leaders trained. They are provided a small stipend to help offset their costs. Group leaders devote a substantial amount of time, not just to conduct workshops (15 hours over 6 weeks), but also to complete an extensive training program and to participate in supervision with our nurse program coordinator.

5. <u>Budget</u>

A. Complete the budget form (Appendix B) included separately.

B. Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

A randomized control study with over 1,000 subjects who had a mix of chronic health conditions was conducted over a three-year period. The study found that subjects who participated in the CDSMP, compared to those who had not, demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, less limitations in social activities. The CDSMP participants spent fewer days in the hospital, and there was a trend toward fewer outpatient visits. The study data yielded a cost to savings ratio of approximately 1:4. The cost of this proposal to United Way would be approximately $370 per participant, including books, materials, and assistance with transportation and childcare if needed. This would be less than the average cost of one Emergency Department visit and far less than one day in the hospital.

Persons who are healthier and have a stronger sense of self-efficacy will not only require fewer high-cost health services, health care providers and staff will be more effective working with them. Poor health is also associated with adverse economic consequences, e.g. personal bankruptcies. Many clients of local social services agencies have chronic, unstable health conditions. Over time, improving their health will lessen their need for social services resources. Improved healthy living will not only impact workshops participants, it can also improve the health of their families, e.g. improved diet.

C. If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

(NA)

6. **Follow-Up**
If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

☐ Yes ☐ **X No**

CDSMP has not previously been funded through United Way allocations. The program has been provided under a subcontract with 100% Access, largely based on grants to100% Access.

7. **Governance, Management & Organizational Capacity**
Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. ***Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.***

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

The Gerontology Institute is a service line of PeaceHealth Oregon Region, a private non-profit health care organization serving communities in Oregon, Washington and Alaska. PeaceHealth's mission includes promoting personal and community health. Dan Reece, Executive Director and Dr. Ron Stock, Executive Medical Director share administrative responsibility for the Gerontology Institute. They report to Tim Herrmann, Regional Vice President for Hospital Operations, who reports to PeaceHealth Oregon Region CEO, Mel Pyne. The PeaceHealth Oregon Region Board of Governance is comprised of members of the general community and the medical community.

The Gerontology Institute provides geriatric medical services, conducts research, training and education. Medical services includes the Senior Health and Wellness Center, a geriatric primary care clinic designed using the chronic care model; outpatient and inpatient geriatric assessments; a community geriatrics program, which provides physicians and nurse practitioners for patients in local Skilled Nursing Facilities and Residential Care Facilities. Our HeartLine emergency response service provides in-home safety for over 1000 clients throughout Lane County. The Gerontology Institute is the administrative sponsor for the local affiliate of the OASIS Institute, a senior education and enrichment program with approximately 9,000 Lane County members. OASIS provides over 300 classes each year, many of them health related. OASIS has a small staff and is largely supported by dozens of active volunteers.

The Gerontology Institute has been conducting Chronic Disease Self Management workshops for over six years. The program was originally funded by a grant from the Robert Wood Johnson Foundation. During the two-year RWJ grant period, workshops were provided for over 400 participants. The Nurse Program Coordinator, Beverly Cridland became a certified Master trainer though Stanford University. She is regarded as one of the foremost experts on CDSMP in the state. She has group leader training under a service agreement with the Oregon Department of Human services. She has consulted with DHS on the development of quality assurance standards for CDSMP.

Since March 1, 2006 the Gerontology Institute has provided CDSMP workshops focused on low-income, underserved populations, under a service agreement with the United Way of Land County 100% Access Coalition. These workshops have largely been funded by grants from Oregon-based foundations. United Way of Lane County has reports summarizing the results of this work for the funders. In summary, participants in these workshops have found them to be very valuable in improving their health and sense of self-efficacy.

This proposal includes a 0.6 FTE Nurse Program Coordinator who will have direct day-to-day responsibility for implementing the program, including training and supervision of group leaders, collaborating with partner organizations, planning and scheduling workshops. A 0.1 FTE Administrative Assistant will support the Nurse Program Coordinator. The Nurse Program Coordinator reports directly to the Gerontology Institute's Executive Director. There are currently 21 group leaders trained to conduct CDSMP workshops, 8 are Spanish-speaking. There are two group leaders per workshop. The budget includes a $100 stipend for each leader, plus mileage expense. The budget includes assistance for clients to address barriers in attending, e.g. bus tokens and child care vouchers.

8. Policy Adherence

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.

Appendix A
UWLC 2010 Strategic/Preventive Goals and Funding Strategies for Education, Income & Health

EDUCATION

Vision: All children in Lane County are safe, healthy, cherished and enter school ready to learn

Action: Preparing children for success in school and life.

GOAL:
By 2020, the majority of children entering public school in Lane County demonstrate basic literacy proficiency and adequate social/emotional development.

Target Population(s)*:
Underserved, underrepresented families with children ages 0 to 6 years and expectant parents, including but not limited to:

- Low income, homeless and families living in poverty
- Ethnic minority communities (including English Language Learners)
- Single parents
- Teen parents
- Children with disabilities
- Families dealing with Mental Illness/Substance Abuse/Domestic Violence
- Foster Children
- Foster Parents

** Special consideration will be given to services provided in rural communities and in the Fairfield/Malabon and Brattain/Maple neighborhoods as part of Success By 6®'s neighborhood projects.*

Note: Proposals may be for individual strategies or any combination of strategies.

Education Strategies:

- Research-Based strategies to increase the early literacy/language and social/emotional development of high-risk children.
- Research-Based Parent Education, Support & Coaching to increase target populations' parental involvement and ability to support children's early literacy/language and social/emotional development.

Agency Capacity Building:

- Open to consideration

Note: Proposals that have the potential to impact multiple action areas (Education, Income and Health) will receive extra points in the scoring process.

Appendix A *(Cont.)*
UWLC 2010 Strategic/Preventive Goals and Funding Strategies for Education, Income & Health

INCOME

Vision: Working families and individuals between 100% and 200% of Federal Poverty Level (FPL) become self sufficient.

Action: Moving families from poverty to financial stability.

GOALS:

- ***By 2020 an increase in the % of households between 100 – 200% of FPL that can pay their bills for two months or more after losing their main source of income.**
- ***By 2020 an increase in the % of households over 200% of FPL.**

Target populations:
Families and individuals with incomes between 100 – 250% of FPL (primarily low income working families) and youth at high risk of a life of poverty.

Income Strategies

- **Improved Financial Literacy** for target population, may be imbedded in or combined with debt management, credit repair, foreclosure prevention, or renter-rehabilitation type programs, and should include connecting with the financial mainstream.
- **Strategic expansion of free Tax Sites** that promote the use of EITC and Childcare Tax Credits. Prefer that sites emphasize linking tax preparation with related financial services. Funds may support site-development, site infrastructure needs and/or expanded and specialized volunteer recruitment.
- **Pilot a one-stop "prosperity center"** for the adult target population that combines employment, training, banking and financial literacy services, income supports and social service referrals as needed in one convenient/logical location.
- **Building Assets** of target youth or adults by Individual Development Account use or other savings strategies.

Preventive Strategies:

- Services and supports that **increase high school graduation rates** among high risk youth.
- **Youth pregnancy prevention.**
- Programs to **promote career and post secondary training and education for high risk youth**.

Agency Capacity Building:

- **Prosperity Planner training** for agency staff – Workforce Partnership is the preferred strategic partner to manage this training.
- **Poverty 101 training** for agency staff and community – A Financial Stability Partnership (FSP) member organization would be the preferred strategic partner to manage these trainings.

Notes:

1. Proposals that have the potential to impact multiple funding strategies (Education, Income and Health) may receive extra points in the scoring process.
2. Proposals will be welcomed for individual strategies or any combination of strategies. Recommend that applicants incorporate the use of the Prosperity Planner as a complement to most strategies (available at www.prosperityplanner.org, log in as "guest"). Training for staff on the use of this tool will be available.
3. Community Outcomes are focused on 200% of poverty as a measure that can be reliably tracked over time. It is our intention, however, to serve individuals and families who are under 250% of poverty.

Appendix A *(Cont.)*
UWLC 2010 Strategic/Preventive Goals and Funding Strategies for Education, Income & Health

HEALTH

Vision: Increase access and reduce barriers to health care for people below 200% of FPL

Action: Ensuring people have basic access to healthcare

GOAL: By 2020, connect an additional 15,000 uninsured or underinsured Lane County residents to a community-based system of healthcare

Target Population:
Families and individuals with incomes below 200% of FPL who are uninsured or underinsured

Scope:
Funding for patient direct care services will be provided through the Basic Needs Investments funding mechanism (*not* the Strategic Investments). Healthcare for the purposes of United Way Community Investments is defined as Physical Health, Mental Health, Substance Abuse, Dental Services, and Prescription Support

Health Strategy:
- Any strategies that are designed to increase the number of patients existing safety net clinics can serve will be considered.
- Individual agency proposals and/or joint proposals will be welcomed.

Preventive Strategies:
- Evidence based approach to patient directed chronic disease self-management

Agency Capacity Building:
- As above and/or including systems reform

Note: Proposals that have the potential to impact multiple funding strategies (Education, Income and Health) may receive extra points in the scoring process.

APPENDIX B
BUDGET

Attached separately as an Excel spreadsheet.

Exhibit A

United Way of Lane County

Best Organizational Practices and Management

Agency Name: The Gerontology Institute at Sacred Heart Medical Center.

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with Yes **or** No. If No, **provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)**

ORGANIZATIONAL MISSION AND DIVERSITY	Yes	No	Other/Explain
A. Mission			
1. Our agency has a written mission statement that reflects our purposes and values.	X		
2. The board regularly reviews our agency's mission statement.	X		
3. Our agency engages in annual planning that helps define organizational and divisional goals.	X		
B. Diversity			
1. Our agency's governance and operations strive to be inclusive of all parts of our community.	X		
2. Our agency strives to reflect the diversity of the community we serve.	X		
3. Our agency has a written policy and practice of non-discrimination in the following areas:			
a. Employment (recruitment, hiring, assignment, promotion, discipline, termination)	X		
b. Board and committee participation	X		
c. Volunteer selection	X		
d. Service delivery	X		

FINANCIAL MANAGEMENT	Yes	No	Other/Explain
A. Audit			
1. Our agency has an annual audit or review done by an independent certified public accounting firm.	X		
2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board.	X		
B. Financial Transactions and Controls	**Yes**	**No**	**Other/Explain**
1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount.	X		
C. Money & Investments	**Yes**	**No**	**Other/Explain**
1. Bank deposits are FDIC insured and account balances are at or below the $250K limit.	X		Most PeaceHealth assets are not in bank

			accounts. They are in a variety of investment instruments. PeaceHealth aims to minimize bank account balances and all accounts are with highly credit worthy institutions. Due to normal cash flow, there are short periods when back account balances can exceed the FDIC threshold.
2. The board has adopted an investment policy that is regularly reviewed.	X		
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	X		
D. Capital Equipment	**Yes**	**No**	**Other/Explain**
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	X		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.	X		
E. Accounts Payable	**Yes**	**No**	**Other/Explain**
1. The board has approved a written purchasing policy.	X		
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	X		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	X		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.	X		
5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee.	X		
F. Employees Expense/Reimbursement	**Yes**	**No**	**Other/Explain**
1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff.	X		
2. There is a travel and employee expense reimbursement policy approved by our board.	X		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.	X		
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	X		
G. Budgeting and periodic financial reports	**Yes**	**No**	**Other/Explain**
1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds.	X		
2. The executive director prepares an annual comprehensive operating budget and capital budget,	X		

presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved.			
3. Substantial changes in the budget are presented to the board for approval.	X		
4. Our board, or the financial committee: a. Reviews the financial statements (statement of activities, statement of position) on a quarterly basis b. Receives explanations of major variances. c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program. d. Reviews source and amounts of funding by function.	X X X X		
GOVERNANCE	**Yes**	**No**	**Other/Explain**
A. Board of Directors			
1. Our agency has a governing board of citizen leaders.	X		
2. Our board is a volunteer group serving without compensation.	X		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	X		
4. Our board ensures the creation of and approves agency policies and procedures.	X		
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	X		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	X		
7. Our board meets at least quarterly. Indicate how often:___________	X		
8. Our agency creates and maintains permanent board minutes.	X		
9. Our agency ensures continuity by having overlapping board member terms.	X		
10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise.			
11. Our board has a process for handling urgent matters between meetings.	X		
12. Each board member has contact information for the entire board.	X		
13. Our board evaluates the executive director on an annual basis.	X		
14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage_100%_			
B. Bylaws and Policies	**Yes**	**No**	**Other/Explain**

	Yes	No	Other/Explain
1. Our agency has written bylaws.	X		
2. Our agency provides each board member a copy of the bylaws.	X		
3. Our bylaws state the requirements for a board quorum.	X		
4. Our board regularly reviews the bylaws.	X		
5. Our agency has written operational policies and procedures.	X		
6. Our board has approved a code of ethics for both staff and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices.	X		
7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur.	X		
8. Our board ensures that the agency has personnel policies and written job descriptions.	X		
C. Board Committees	**Yes**	**No**	**Other/Explain**
1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making.	X		
2. Our agency's board members serve on at least one board committee.	X		
3. Our agency committees meet on a regular basis (monthly or quarterly).	X		
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.	X		
D. Compliance with legal requirements	**Yes**	**No**	**Other/Explain**
1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements.	X		
2. We have been the subject of a governmental investigation in the last 24 months.		X	
E. Insurance	**Yes**	**No**	**Other/Explain**
1. We have liability insurance covering volunteers, staff and board of directors.	X		
2. We have general liability coverage.	X		

Agency Name: **The Gerontology Institute**

Prepared By (Name): **Dan Reece, LCSW**

Title: **Executive Director**

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Date: **02/23/2010**

Exhibit B

United Way of Lane County
Policies and Certification Documents

"I hereby certify that

________The Gerontology Institute ______
(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Signature, Agency Director: _____________________________________

Print name: Dan Reece______________________________________

Date: 02/23/2010____

Strategic/Preventive Investment Application

Proposed Services BUDGET

(fill in the yellow cells)

Agency Name:

The Gerontology Institute

Proposed Services:

Chronic Disease Self Management Program (CDSMP

	Prior 12 Months	Future 12 Months
REVENUE/SUPPORT		
United Way Funding/Request (do NOT include Donor Designations)		$60,000.00
Public Support: Contributions/Fundraising Events (include Donor Designations)		
Government Funding: **DHS group leaders training support**		$4,000.00
Foundation/Corporation/Other Grants or Major Gifts		
Program Service Fees or Membership Dues		
Other Revenue: **Gerontology Instituttе support**		$6,339.00
Total Revenue	**$0.00**	**$70,339.00**
	Actual	**Estimated**
EXPENSES		
Personnel Related		$58,291.00
Client Assistance		$3,000.00
Other Direct Program Expenses		$6,048.00
Administrative Overhead		$3,000.00
Total Expenses	**$0.00**	**$70,339.00**
NET (should be zero)	**$0.00**	**$0.00**

What percent of your **agency** budget do these proposed services represent?		2%
What percent of your **agency** revenue is the United Way request?		2%
Number of employee FTE's (full-time equivalents) in proposed services?		0.70
Percentage United Way request to overall proposed services revenue	#DIV/0!	85%
Administrative overhead percentage applied to proposed services	#DIV/0!	4%

Completed by:

Dan Reece, Executive Director

LOGIC MODEL FRAMEWORK TEMPLATE

IMPACT	Improved community health and lower health care costs.
OUTCOME	Persons with chronic health conditions are actively engaged in managing their own health. Focus on uninsured, low-income, underserved, rural and Spanish-speaking populations
MILESTONE^	Persons with chronic health conditions complete CDSMP workshops
EVALUATION*	Pre-workshop participant survey, post workshop survey, 6-month post workshop survey.
METRIC*	Percentage of participants reporting improved health status (Target 80%) Percentage reporting improved interactions with health providers (Target 90%)
OUTPUT	12 CDSMP workshops with 12-15 participants each, totaling 162 participants
ACTIVITY	Participants will attend six, 2.5 hour sessions.
INPUT	**Existing**: 0.6 FTE Nurse Program Coordinator (previously 100% Access funded) 0.1 Administrative Assistant 13 English and 8 Spanish-Speaking volunteer peer group leaders. **Needed**: 0.6 FTE Nurse Program Coordinator 0.1 Administrative Assistant 13 English and 8 Spanish-Speaking volunteer peer group leaders.
STRATEGY	Provide Stanford University's evidence-based Chronic Disease Self Management Classes
INDICATOR	25% of Oregon adults have high blood pressure and 1/3 have high cholesterol
CONDITION	Growing percentage of older adults with chronic health conditions and related costs.

Metric and evaluation (*) sections required, but will not contribute significantly to overall score during this funding cycle. Demonstration of outcome measurement will be required in future funding cycles (e.g., data results, copies of survey instruments). If the agency currently does not conduct data collection to measure outcomes, document this as “In Development” in the metric and evaluation section of the Logic Model.

Milestone (^) section required only if short-term and long-term outcomes are measured.