

Wisconsin Rural Hospital Flexibility Program
Rural Communities Grant Program 2007-08

GRANT APPLICATION COVER SHEET -- Attachment A

Project Title: ___Fall Prevention Intervention_____ Amount Requested: _____\$9200.00_____	
Planning Grant <input checked="" type="checkbox"/> or Implementation Grant ___ (select one)	
1. Applicant Organization (entity with which the grant contract is to be executed)	
Legal Name <u>MAHLN (Merrill Area Healthy Lifestyle Network)</u>	
Address <u>601 South Center Ave</u>	
<u>Merrill, WI 54452</u>	
Phone <u>715 / 539-2475</u> FAX <u>715 / 539-2462</u>	
2. Administrator, Executive Director, or CEO	3. Contact Person for Application
Name ___ Susan Coady _____	Name _____ same _____
Title <u>Director / President of MAHLN</u>	Title _____
Phone <u>715 / 539-2466</u>	Phone _____
Email <u>Susan.Coady@ministryhealth.org</u>	Email _____
4. Person authorized to sign the grant contract	5. Federal ID # of applicant organization:
Name _____ same _____	<u>75-3230994</u>
Title _____	

I certify that the information contained within this application is true and accurate to the best of my knowledge. I submit this application on behalf of the applicant organization.

Signature	Date
-----------	------

Executive Summary

The Merrill Area Healthy Lifestyle Network is an affiliation of local agencies committed to the promotion of health and wellness in our community. We are applying for this grant to fund further investigation and the initial steps in a program designed to help our aging population maintain a higher level of functional mobility. Maintaining good functional ability will decrease injury from falls, decrease the level of daily assistance required and improve general quality of life and satisfaction with participation in community activities.

Funds are needed to provide staff support for teaching classes in nutrition, exercise and balance to a larger percentage of our population. Currently a small number of people attend programming at the Health department and get good information about nutrition and agree to participate in a walking program using pedometers. They support each other and encourage increasing levels of activity. But there is no specific exercise program provided and many are unable to travel to the Health department to attend the classes.

We wish to investigate providing a therapy directed exercise program on balance to the participants in the Public Health department class and to take both components to at least one of the local high rise apartment buildings. We would like to pilot this program with the eventual goal of increasing the sites and thus, increasing the number of participants. Cost is an issue for many of our elderly and having a free program is the optimal choice. If all development and pilot studies can be covered by a grant, the long range cost of the program will be manageable (and perhaps covered by additional grants).

Coalition Information

The Merrill Area Healthy Lifestyle Network has been working for approximately three years to identify and educate our community on healthy choices. The network is an affiliation of various agencies within our community. These include Good Samaritan Health Center, Lincoln County Department of Public Health, UW-Extension, Lincoln County Commission on Aging, Marshfield Clinic, HAVEN (Household Abuse Victim Emergency Network), Merrill Area Public Schools, Church Mutual Insurance Company and community stakeholders.

Our Network meets as a full group on a monthly basis. We established a Mission and created subcommittees to work on specific goals. These subcommittees meet at various times to work on their tasks and then report to the group as a whole. All projects/goals are supported by all members and crossover between subcommittees occurs.

The major participants in this project will be Good Samaritan Health Center (primarily the Rehab Services department), the Lincoln County Department of Public Health and the Lincoln County Commission on Aging. Other agencies will provide support as needed.

This is the first time the Commission on Aging has had an opportunity to work with our group. They will be a valuable addition since several of our subcommittees are working toward goals that impact the elderly. We are looking forward to working with the local Senior Center and the high rise apartments where many of our more vulnerable elderly reside. These citizens are an underserved portion of our population since they are often unable to take advantage of wellness offering due to transportation limitations.

In the past MAHLN has assessed the health and wellness of our local business and industry and have promoted community exercise options. This year we sought to pull together the information collected in the last two years on the needs of our community and establish a Mission for the coalition with specific goals to direct our efforts. We attempted to create goals that directly assist/impact the goals of the Healthy People 2011 study completed by the Department of Public Health.

Additional subcommittees are working on an Activity guide to promote all the exercise and activity options available to Lincoln County residents, a promotion campaign in our industries to provide and encourage healthy nutrition, the certification of our city as a Bike Friendly City and improving access to local businesses and agencies by all citizens (snow removal and safe crosswalks predominate).

Problem / Need

Recent census studies in the Merrill area show that our community, like many in the United States, is aging. In the city of Merrill some are returning to retire in our small town while the young go off to college and to jobs in larger cities. So we find increased numbers of older folks living alone without a strong support system of adult children and/or extended family. The more independent these individuals can be in their own home environments, the better.

Aging brings with it a number of changes in our physical abilities. Our visual acuity decreases and we have difficulty seeing in dark hallways or in areas where light and shadow mix. We begin to lose strength in the major muscle groups; we lose flexibility and joint range of motion. Our senses of taste and smell decrease. Overall metabolism changes with a gradual slowing down as we limit our activity levels. Many people begin to isolate themselves as getting around becomes more complicated which unfortunately tends to hasten the above negative changes.

But not all changes are inevitable and many can be slowed with only a little intervention. Those who stay active, who challenge their joints and muscles, lose ground much more slowly than those who do not. And beginning an exercise program, even if inactive for a while, can bring back much of the lost function. Studies have found that even beginning an exercise program in the eighth decade will gain the participant increased range of motion and increased muscle strength.

Falls occur because a person's center of gravity moves outside their base of support. Base of support is influenced by the flexibility and response of joints and muscles in the lower extremities, particularly the ankle and hip. If the ankle is stiff, it won't be able to adjust to a moving center of gravity, won't be able to respond to the leaning in a direction away from center, and the person will fall. If the muscles in the hip and trunk are not strong enough to hold the body as it moves away from center, if the leg cannot move out quick enough in response to an abrupt change in center of gravity, the person will fall. Targeted exercise programs can improve these functions and improve the chances that a person will respond fast enough and effectively to a loss of balance to prevent a complete fall.

Merrill needs such a program now. We should be addressing balance and functional mobility skills in the "younger" older adult. This isn't just a problem for the frail elderly. 81% of hospitalizations due to falls in the studied timeframe (2000-2004) were in people ages 55 and older. The number of hospitalizations should decrease if these people increase their functional mobility and decrease the fall occurrence.

ATTACHMENT B
Work-plan Reporting Format

Project Goal:	Improve function mobility in the elderly population by offering exercise instruction with emphasis on balance
Outcome measure:	Decreased falls resulting in hospitalization; increase confidence per report of participants

Objective 1:	Modify existing nutrition and activity program offered through Public Health		
Outcome measure:	Program offered weekly; once at Public Health and once at alternate site		
Activity	Timeframe	Responsible Person	Measures and Anticipated Outcomes
1.1 Choose alternate site to offer second weekly class which will serve those unable to come to the Public Health office	End of Aug	Shelley Hersil Susan Coady Donna Winker	Site chosen
1.2 Promote class to non-traditional participants	Mid Sept	Susan Coady Donna Winker	Promotions placed in chosen site; provide follow up personal contacts
1.3 Create intake questionnaire on functional level and degree of confidence in balance skill; to be completed by each participant	Mid Sept	Susan Coady Cindy Koehler Shelley Hersil	Questionnaire created and completed by each participant

Objective 2:	Add therapy directed class with emphasis on balance and coordination		
Outcome measure:	Class offered weekly; once at Public Health and once at alternate site		
Activity	Timeframe	Responsible Person	Measures and Anticipated Outcomes
2.1 Create exercise program	End of Aug	Susan Coady Cindy Koehler	Program created
2.2 Provide therapy staff to teach class each week at each site	Beginning in September	Susan Coady Cindy Koehler	Staffing pattern established
2.3 Provide functional assessment and provide exit questionnaire to be completed by participant at end of program	Beginning in September	Susan Coady Cindy Koehler Shelley Hersil	Functional assessment and questionnaires completed by all participants. (goal is to see increased confidence and greater functional skill)

Evaluation

Evaluation of participant success/improvement will involve before and after assessments. The information gathered will be a combination of records maintained by the participants, self reported function and skilled objective assessments completed by trained staff within the Public Health department and the therapy department at Good Samaritan Health Center. Records will be kept outlining level of activity prior to beginning the program and level of activity after. All types of activity will be included ranging from daily living skills such as doing laundry to voluntary exercise such as number of steps completed in a walking program. These records will be self reported by the participants. Participants will complete the perceived confidence scale evaluation which determines a person's confidence in various functional skills such as rising from a seated position, climbing stairs and use of shower or tub.

During the course of the program, participants will be counseled on healthy nutrition choices and activities involving food preparation will be included. Support and advice is given for gradual increasing of activity through walking programs. Ongoing monitoring of this increase is kept and shared with the group, creating an encouraging support group.

Objective procedures will include range of motion measurements of each of the lower extremity joints, strength testing of the major muscle groups and functional balance skills with single limb and vision obstructed.

The perceived confidence scale instrument used will be the Balance Self-efficacy Scale created by Kathleen Deyo, a specialist in Neurological, Vestibular and Balance Rehabilitation. (attached)

ATTACHMENT C

	Staff A (approximately 5 hours/week)		\$1,820.00	
	Staff B (approximately 5 hours/week)		\$3,160.00	
	Staff B (approximately 2 hours/week)			\$840.00
	Start up / Development			\$2,065.00
		Subtotal	\$4,980.00	\$2,905.00
	(b) Fringe Benefits			
	40% of salary		\$728.00	
	29% of salary		\$916.40	
	34% of salary (average)			\$987.70
		Subtotal	\$1,644.40	\$987.70
	(c) Travel (\$.485/mi)			
	average 15 mi/wk		\$87.30	
		Subtotal	\$87.30	
	(d) Equipment			
	portable weights, balls, etc.		\$1,170.00	
	nutritional models		\$357.00	
			\$1,527.00	
	(e) Supplies			
	handouts / exercise programs		\$120.00	\$40.00
	copies		\$15.00	\$65.00
		Subtotal	\$135.00	\$105.00
	(g) Other Costs			
	promotion of program / ads		\$400.00	\$200.00
	incentives / prizes		\$450.00	
		Subtotal	\$850.00	\$200.00
	Total expenses from grant		\$9,223.70	
	(2) Expenses Paid by Matching/In-Kind Funds			\$4,197.70

Appendix

Letters of Support

Kathy Brecke, Foundation / Community Outreach Director at Good Samaritan Health Center

Donna Winker, Director of the Lincoln County Commission on Aging

Shelley Hersil, Director of the Lincoln County Department of Public Health

Bios / Resumes of Key Project Staff

Shelley Hersil, Director of the Lincoln County Department of Public Health

Donna Winker, Director of the Lincoln County Commission on Aging

Cindy Koehler, Supervisor of PT at Good Samaritan Health Center

Susan Coady, Industrial, Wellness and Rehab Services at Good Samaritan Health Center

Memorandum of Understanding for Merrill Area Healthy Lifestyle Network

Bios / Resumes

Shelley Hersil, CHES

Shelley Hersil is the Lincoln County Health Officer. She graduated from The University of Wisconsin-La Crosse with a bachelor's degree in Community Education. She has worked as a Community Educator in southern Wisconsin for her first years after graduation. After moving to Merrill, she continued as a Community Educator for Lincoln County Health Department. She was named Director of the agency in 2006.

Donna Winker, CSW

Donna graduated from UW-Superior with her degree in Social Work. She has worked in nursing home environments providing assistance to patients and their families. For the last 10 years, she has been the director of Lincoln County Commission on Aging. She has recently added the supervision of the long term support unit at Lincoln County Social Services to her work.

Cindy Koehler, PT

Cindy graduated from UW - Madison. She began providing physical therapy services to patients at Good Samaritan Health Center in 1988. Cindy has experience in all types of patients from pediatrics to geriatrics. Her interest in improving function in the elderly led her to co-create the Defending Your Edge program at Good Samaritan to assess function and the response to exercise.

Susan Coady, PT, MBA

Susan received her degree in physical therapy from Northern Arizona University and her MBA from Southern Illinois University. She has experience with all age groups but her primary interest is in neuro and wellness. Her responsibilities at Good Samaritan include supervision of Industrial, Wellness and Rehabilitation Services. She participated in the Defending Your Edge development and assists with many Health and Wellness programs.

Memorandum of Understanding

This Memorandum of Understanding (MOU) establishes a coalition between the following organizations: Good Samaritan Health Center, Lincoln County Department of Public Health, UW-Extension, Lincoln County Commission on Aging, Marshfield Clinic, HAVEN (Household Abuse Victim Emergency Network), Merrill Area Public Schools, Church Mutual Insurance Company and community stakeholders.

I. MISSION

The Merrill Area Healthy Lifestyle Network is a community based organization that enhances community environments and promotes increased awareness and practice of healthy lifestyles.

II. PURPOSE

This coalition will share information and undertake projects which lead to healthier life choices by our community. The special emphasis of this group is on nutrition and activity, but other areas of health, such as safety, financial security and family development, may be included as appropriate. Our goal is multi-dimensional with health and wellness being defined in terms of body, mind and spirit.

Each organization and/or agency represented covers the cost of the member participation. No monies are exchanged between the partners of this coalition to cover staff expenses, etc.

III. RESPONSIBILITIES

Each organization/agency will have a representative to attend meetings and participate in coalition activities. These representatives agree to:

- attend meetings monthly
- attend separate subcommittee meetings as appropriate
- assist with data collection and provide information pertaining to their area of expertise
- participate in events organized by the coalition
- promote health and wellness within their own organization/agency and within the community

Individual citizens are welcome to participate, representing the community at large.

IV. TERMS OF UNDERSTANDING

This MOU is for a period of 3 years from the effective date and may be extended by mutual agreement of the participating organizations/agencies. It shall be reviewed annually to ensure that it is fulfilling its purpose and to make any necessary revisions.

Any member organization/agency may temporarily suspend participation if need arises. Termination of participation may occur if an organization/agency is no longer involved in health and wellness projects or is unable to provide a representative. New members are welcomed at any time.

Authorization

The signing of this MOU is not a formal or legal undertaking. It is a commitment to a shared mission. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU.

On behalf of the organization/agency I represent, I wish to sign this MOU and contribute to its further development.

_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date
_____	_____
name / organization	date