PARTNERSHIP DEVELOPMENT GRANT APPLICATION (CATEGORY B)

1. Name of Applicants:
   Academic Researcher(s):
   Diane K. King, PhD; Leslie A. Wright, MA; Kaiser Permanente Colorado (KPCO), Institute for
   Health Research

   Community Partner(s):
   1. Ken Helander, MA; Hope Wisneski, LCSW; Gay, Lesbian, Bisexual & Transgender (GLBT)
      Community Center of Colorado ("The Center");
   2. Cathy Grimm, LCSW; Jewish Family Service of Colorado
   3. Jessica Haxton, LCSW; Institute of Gerontology, University of Denver Graduate School of
      Social Work

2. Title of Project: Building Partnerships to Translate the Naturally Occurring Retirement
   Community (NORC) Model to address Health and Social Service Gaps for the Gay, Lesbian,
   Bisexual and Transgender (GLBT) Senior Population residing in and around Capitol Hill
   neighborhood, Denver, Colorado

3. Applicant Organization:
   o Kaiser Permanente Colorado Institute for Health Research (Lead)
   o Gay, Lesbian, Bisexual, & Transgender Community Center of Colorado ("The Center")
   o Jewish Family Services of Colorado
   o University of Denver, Graduate School of Social Work

4. Applicant Category (check one): ☐ Community Organization or Member is project lead
   ☑ Academic Researcher is project lead

5. Application Type (check one):
   ☐ Category A – Joint Pilot Project (for an Existing Community-Academic Partnership)
   ☑ Category B – Partnership Development (check one):
     ☑ Have already identified a NEW partner
     ☐ Have not yet identified a partner (and will work with PACT Council and Staff to
       identify a partner after grant award)
6. Brief Abstract of Project (200 words or less): Briefly describe the project focus, desired outcomes, your partnership, and proposed next steps.

Gay, Lesbian, Bisexual, or Transgender (GLBT) persons, estimated to represent 3-8% of the total population, face social and institutionalized barriers to accessing healthcare and social services as they age. Our focus is to identify health services gaps and access barriers faced by GLBT elders by bringing together partners interested in aging and GLBT issues. Once formed, the longer-term translational outcomes the partnership will address are how to adapt and implement an evidence-informed integrated supportive services model called a NORC (Naturally Occurring Retirement Community), to serve the needs of this highly vulnerable, often hidden target population. The NORC model has been successfully used nationwide to help seniors access the health and social resources necessary for them to ‘age-in-place’ and has been shown to maintain older adult independence, increase life satisfaction, and sustain neighborhood stability. Proposed steps are to convene partners to identify key stakeholders including health and social service providers, decision-makers and GLBT elders/caregivers, whose input in designing the NORC will be critical; facilitate stakeholder meetings to discuss the issue, identify service gaps and provider training needs, understand barriers to access/service delivery; and to develop a joint partner proposal to design, implement and assess implementation, sustainability, and NORC-related performance outcomes.
7. Narrative (limited to five single-spaced pages, Arial, 11-point font, 1-inch margins):

a. Focus of Partnership Development:

Health disparity addressed by the new Community-Academic partnership. Studies suggest there is a lack of culturally competent health and social services available for Gay, Lesbian, Bi-sexual and Transgender (GLBT) seniors nationwide. According to the Policy Institute of the National Gay and Lesbian Taskforce Foundation\(^1\) there are 1 to 2.8 million seniors in the 65+ age group. Due to a number of unique factors, GLBT seniors are disproportionately more likely to live alone than heterosexual seniors and are at a much higher risk for poverty, homelessness, social isolation and premature institutionalization.\(^2\) GLBT seniors are often childless or estranged from family members, setting up a scenario where older adults are the sole support of other older adults, often providing care for same-sex partners without the legal benefits or social approval conferred on spouse caregivers. It has been empirically supported that in many instances social services sustain homophobic and heterosexist beliefs that provoke fear and anxiety in GLBT seniors when accessing services such as housing and healthcare.\(^3\) Thus, it is not uncommon for GLBT seniors to avoid accessing services altogether, even when it puts their health, safety and security at risk.\(^4\)

Older adults are the fastest growing segment of the U.S. population. Thus, the provision of accessible services for seniors that support their ability to remain in their own homes (“age in place”) is critical.\(^5\) The state of Colorado is one of the top seven states most affected by the aging population trends. Current projections speculate that over 700,000 older adults will be living in the state by 2010.\(^6\) A survey conducted in the spring of 2004 revealed multiple challenges for systems of care for older adults\(^7\) including services related to physical and mental health, in-home support, caregiving, transportation, and housing. All of these challenges indicate a high need for well-coordinated, accessible and effective support service systems for older adults that will maximize their health outcomes and help them age safely in their homes.\(^8\)

There are an estimated 320,000 GLBT persons in Colorado and Denver ranks 7th in the Nation for percent of GLBT households. However, since census data and assessment surveys do not include categories for sexual orientation and gender identity, determining the number of seniors in need of services is challenging.\(^9\) For this reason, the opportunity to form a research-community partnership with the GLBT Community Center of Colorado (The Center) will be invaluable to identifying and including the GLBT community in the design of relevant, safe and accessible services for GLBT seniors. The Center is recognized as a place to locate information, make social connections and find resources within the GLBT community, and is conveniently situated within the Capitol Hill neighborhood in downtown Denver. Capitol Hill Neighborhood has been identified as the focal point for the partnership work because of its known concentration of GLBT elderly. However, these geographic boundaries are flexible and may change based on information gained through the partnership activities proposed.

The translational research addressed by the partnership. The desire of seniors to stay in their homes as long as possible has given rise to naturally occurring retirement communities (NORCs)\(^8\), i.e., buildings, neighborhoods, or communities that have naturally developed a high proportion of elderly residents. This, coupled with decreased funding by the Federal Government to support senior housing emphasizes the need for supportive, assistive services for seniors available in the communities in which they live.\(^9\) The mere existence of NORCs should not imply that communities with high concentration of seniors are designed to maximize senior health.\(^10\) The New York City Department of Aging provides an award-winning example of how NORCs that ranged from multi-age housing units to neighborhoods with large concentrations of seniors were linked to supportive services programs (SSP) in order to provide many of the benefits associated with senior housing.\(^11\) The NORC-SSP model uses a partnership approach that includes city and state funders, philanthropic organizations, housing,
social services, health care, transportation, cultural organizations, city planners and seniors to
design, finance, and implement the NORC-SSP. The NORC-SSP approach promotes service
integration and proactive engagement of seniors in developing communities that will support
their needs into the future. Formal research studies to develop best practices that result in
measureable performance-based outcomes of NORC-SSP models designed to reach specific
senior populations are greatly needed. The partnership, once formed, will identify appropriate
outcomes and implementation/maintenance process measures, and will conduct prospective
intervention research to assess performance of the NORC over time.

b. Desired Outcome(s): The table below summarizes our plans for the 12-month grant period
along with specific milestones to be accomplished. The shaded boxes below the Timetable
(Quarters) heading reflects the quarters (approximately 3-month periods) in which the activities
would be accomplished. Since the action steps and milestones listed below are objective and
trackable, we will be able to report our progress and adjust our action plan as necessary.

<table>
<thead>
<tr>
<th>Action Plan &amp; Milestones</th>
<th>Timetable (Qtrs)</th>
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<tbody>
<tr>
<td>(developed jointly by research/community partners)</td>
<td>1st</td>
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<tr>
<td>A. Convene Partner Meeting</td>
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<td>1.) Vision &amp; Mission for Partnership established</td>
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<td>2.) Partner Roles defined</td>
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<td>3.) Key Stakeholders Identified (e.g., sectors, service providers, GLBT elders)</td>
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<td>4.) Stakeholder Meeting content planned</td>
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<td>5.) Invitations Extended</td>
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<td>B. Partners hold 3 stakeholder meetings (i.e., 1. GLBT older adults; 2. providers; 3. decision-makers) and 1 town hall meeting at The Center</td>
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<tr>
<td>1.) Assets, service gaps, provider training, and access barriers identified</td>
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<td>2.) Data transcribed &amp; summarized</td>
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<tr>
<td>3.) Town Hall meeting to report back to GLBT community &amp; stakeholders, validate interpretation and discuss ideas for next steps</td>
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<td>C. Partners develop NORC implementation proposal</td>
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<td>1.) NORC Steering Committee established</td>
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<td>2.) NORC design ideas developed</td>
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<tr>
<td>3.) Grant proposal submitted</td>
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c. Applicant Background and Skills:
Both the research and community partners listed in this application have diverse backgrounds,
skills and previous experience related to the work proposed in this application as well as
working within community-academic partnerships. The research lead Diane King, PhD is a
health and behavioral scientist and has published on the relationship of the built and social
environment on health behaviors such as physical and social activity for older adults. Dr. King
is currently the primary investigator for the LiveWell Colorado community grants program
evaluation efforts, and has expertise in applying the RE-AIM framework to evaluate the impact
of implementing community-based behavioral interventions. Dr. King works closely with
KPCC’s Community Benefit department, LiveWell Colorado, and grantees from the 25 state-
wide communities that have received LiveWell planning and implementation grants to
implement HEAL policy, environment, and program changes. Dr. King was also a co-investigator for a research study called Taking Neighborhood Health to Heart that was structured around an academic/community partnership. Leslie Wright, MA is a project manager in Behavioral Health Research at KPCO. Her projects focus on translating evidence based clinical and behavioral outcomes into the community setting in partnership with community members. Ms. Wright is a master level facilitator for the KPCO Diversity and Health series. She serves on the Denver GLBT Commission, focusing on the Healthy Living Work Group and has served on the boards of The Center and the Gay and Lesbian Chamber of Commerce.

The Community partners also bring strong expertise with regard to GLBT issues, senior health, and setting up the NORC model. Ken Helander, M.A., has worked with older adults and their families for nearly thirty-three years. His broad experience includes direct clinical service and program development with senior programs in community mental health centers in Colorado (Larimer County, 1977-1981) and Anchorage, Alaska (1981-1987, 1995-2002). More recently, Mr. Helander was the manager of an On Lok Senior Health PACE (Program of All-Inclusive Care for the Elderly) center in San Francisco. Mr. Helander is a trained mediator and co-founded ELDEResolutions, which provides services for Denver area elders and families in conflict. He currently serves as the Elder Programs Coordinator for The Center, with the goal of connecting aging service providers and GLBT elders. Hope Wisneski, LCSW is Deputy Executive Director of The Center. She is passionately committed to creating safe space for marginalized voices to be heard, and is active locally and statewide in creating public policy, programs, and coalitions that address issues of social justice. She serves on an advisory boards for the American Society on Aging, the University of Denver, Susan G. Komen for the Cure, and Johnson and Wales University. Cathy Grimm, LCSW has been involved in the field of geriatrics for over 20 years. Ms. Grimm is currently the Director of Jewish Family Service of CO. Senior Solutions and Care Connection departments where she coordinates, develops and implements programs and services for seniors and adults with disabilities or chronic illness. She also is the Director of Senior Connections, a NORC program, established at three sites in the Metro Denver area. Ms. Grimm served as a delegate to the 2005 White House Conference on Aging. She is currently an invited and active participant in the United Hospital Foundation’s NORC Action Blueprint Project. Ms Grimm is also active on a local and state level with issues directly affecting seniors. Jessica Haxton, LCSW has eight years experience in health related social work; hospice and home care. She is currently a PhD Candidate at the University of Denver Graduate School of Social Work (GSSW). Through her affiliation with the Institute of Gerontology, Ms. Haxton worked as project coordinator with community non-profit organizations that serve the social and health needs of older adults—surveying and training these organizations in capacity building for evidence based practice. She has experience in qualitative and quantitative methods, interview and survey methodology, data collection and analysis.

d. Your Ideas About Engagement:
All partners, both research and community, will be engaged in this project from the writing of this application, to the planning and implementation of all partnership development activities and post-funding period activities. Some examples of specific roles for our community partners are as follows: 1) The Center will make its resources available for the purposes of this project. This includes the ability to access individuals and group members of the GLBT community through its data base and mailing lists (approximately 6,000 names). These persons are identifiable by many different parameters and demographic characteristics, enabling targeted messaging. The Center is committed to the development of programming and services that build community and respond to the needs of older GLBT persons. The Center's elder programs offer a place and structure to bring people together toward a more effective and intergenerational GLBT community, as well as connecting elders with providers who are prepared and committed to
serve the GLBT community. The Center will therefore provide a welcoming meeting space for a variety of stakeholders and also administrative support for implementing planning and stakeholder meetings. Importantly, The Center will provide assistance in interpreting the information collected during the stakeholder meetings. 2) Roles for the KPCO research partners, Ms. Haxton from University of Denver and Ms. Grimm from Jewish Family Service, will be to help plan content for the partnership and stakeholder meetings to assure adequate data are collected to inform the development of the NORC. 3) KPCO research partners may also co-facilitate partnership and stakeholder meetings, and will collect, transcribe and summarize stakeholder meeting data. Research partners will assist in progress reporting, design of the pilot research, and other intermediate and longer-term research initiatives as agreed upon by the partnership and stakeholders.

The equal engagement of both research and community partners is critical to the success of the proposed project. Development of trust among the GLBT community will take time, thus an active long-term commitment, a common mission, clear understanding of roles, and shared ownership of both community and research objectives is mandatory to success.

e. Your New Partnership:
The partners involved in this application, represent diverse service and academic organizations who share a common vision for creating communities that support the ability of older adults to remain healthy and independent in their own home. Our partners are also interested in addressing the issues of specific elderly populations who experience health disparities. GLBT seniors are unique in that they represent many different communities (so may experience racial and ethnic disparities) yet they also share the common experience of heterosexism that cuts across all cultures.

How long we've known our partners. While some of the partners listed in this proposal were acquainted with each other through our respective social and professional networks, we only recently met together to discuss our common interests. We have not previously worked together on a common project and are looking forward to developing a partnership that will include specific opportunities for conducting much needed translational research.

What we each are looking for in a partner. From a research partner perspective, our community partners will be able to help us reach and communicate with the target population (i.e., GLBT seniors), are credible and trusted within the target population's community, are willing to engage and share ownership of the partnership mission, goals and activities, and are able to play an active role in helping to make interventions sustainable. The latter may be accomplished through influencing a variety of organizations to participate and integrate the research findings into their own work, or through bringing policy-makers and other decision-makers to the table. From a community partner perspective, our research partners will be committed to our community members, as opposed to collecting data and departing after the study is completed. They will be credible and respected within the scientific community, have knowledge about our community, and will be willing to listen, learn and set goals collaboratively, so that the data collected will be usable in helping to find solutions and attract more resources to help address our community issues. Our research partners will help us report the research findings to our stakeholders, and provide assistance to help us obtain future grant funding.

f. Proposed Next Steps:
Our plans upon completion of the one-year partnership development grant. An important partnership development activity that will drive the next steps over the coming years is to establish a steering committee that includes members of the GLBT senior and service provider community, and that will work with our partnership to set appropriate goals and strategies going forward. Our first step will be to develop a joint partner proposal to design/adapt and pilot a NORC-SSP model that will address the needs of the GLBT community.
**Key short-term goals** will be to assess reach, implementation feasibility, SSP participation (adoption), and satisfaction among GLBT older adults and service providers. **Intermediate goals for continuing the Community-Academic Partnership.** After the pilot is completed, results would be reported to stakeholders and an intermediate-term study will be conducted to assess key performance outcomes of the NORC (e.g., utilization rates among different racial and ethnic GLBT elders, institutionalization rates, and other measurable outcomes). A study of the role that the NORC may play in expanding other important health indicators of aging such as access to physical activity venues, access to nutritious food, social connectedness, and environmental support would also be of interest. It will also be important to continuously assess how well the partnership is working with regard to communication and engagement of its members, and to formalize protocols for handling turnover and training of new partners. **Long-term goals** would be to integrate the mission and activities of the partnership into existing organizations, such as Jewish Family Service, The Center, Kaiser Permanente, University of Denver, and other appropriate stakeholders to assure the continued sustainability of the NORC and support ongoing research. As the nation continues to age, our ability to adapt evidence-informed, community-driven health and social service models to older adults will be extremely important. **It is a vision of our partnership that the knowledge gained through adapting the NORC model to the needs of the GLBT community will inform the translation to other segments of the older adult population that experience similar disparities.**

References

7. CCOA. About the Aging Population. Colorado Commission on Aging. Available at: www.cdhs.state.co.us/aas/commissiononaging_index.htm.
VII. Budget and Budget Justification

Building Partnerships to Translate the Naturally Occurring Retirement Community (NORC) Model to Address Health and Social Service Gaps for the Gay, Lesbian, Bisexual and Transgender (GLBT) Senior Population Residing in and around Capitol Hill neighborhood, Denver, Colorado

<table>
<thead>
<tr>
<th>Proposed Budget</th>
<th>Amount to Support Academic Research Partner</th>
<th>Amount to Support Community Partner (must be at least 50% of total requested funds)</th>
<th>Total</th>
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<tbody>
<tr>
<td>Personnel (salary and benefits)</td>
<td>2,000</td>
<td>6,000</td>
<td>8000</td>
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<tr>
<td>Research/Evaluation Costs</td>
<td>Included in above personnel time for research partner</td>
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<tr>
<td>Food</td>
<td></td>
<td>840</td>
<td>840</td>
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<td>Travel</td>
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<td>Consultants</td>
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<td>Other (e.g., supplies, materials) [includes copying and postage for mailings]</td>
<td>1,160</td>
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<td>1,160</td>
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<tr>
<td>Total Requested Funds</td>
<td>2,000</td>
<td>8,000</td>
<td>10,000</td>
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Budget Justification

All partners, both research and community, will be engaged in this project from the writing of this application, to the planning and implementation of all partnership development activities and post-funding period activities. Some examples of specific roles for our community partners include identification and communication to invitees (particularly GLBT elderly) for planned stakeholder meetings, coordination and hosting of stakeholder meetings held at The Center, and assistance in interpreting the information collected during the stakeholder meetings. Roles for the KPCO research partners, Ms. Haxton from University of Denver and Ms. Grimm from Jewish Family Services will be to help plan content for the stakeholder meetings to assure adequate data are collected to inform the development of the NORC. Research partners may also co-facilitate partnership and stakeholder meetings, and will collect, transcribe and summarize stakeholder meeting data. Research partners will assist in design of the pilot research, and other intermediate and longer-term research initiatives that are agreed upon by the partnership and stakeholders as important.

Academic Research Partner Budget Justification

Diane K. King, PhD, KPCO (Project Lead, 3.0% FTE; Dr King will provide services on an 'in-kind' basis). Dr. King will oversee all aspects of the project as described in this application, in addition to working closely with partners on the tasks identified in the Action Plan & Milestones. She will provide direction in design of stakeholder meetings, participate in meetings and provide insight on summarization and reporting of feedback. She will monitor the accomplished activities and undertake corrective measures to meet these timeframes and assist in obtaining future research funding for the partnership. Total amount requested is $0.00

Leslie A. Wright, MA, KPCO, Project Manager, 2.2% FTE. Ms. Wright will assist in partner and stakeholder meeting coordination, co-facilitation, and data capture and summarization. She will provide project management expertise including timeline and budget tracking, as well as coordinating IRB requirements. She will act in a liaison capacity for the research and community partners. Ms. Wright’s FTE for research and evaluation are included in the Academic Research Partner Personnel costs. Total salary requested is $2,000.
Community Partner Budget Justification

**Ken Helander, MA**, The Center, Elder Programs Coordinator. Mr. Helander will be the lead Center associate on this project. Mr. Helander will manage outreach to community stakeholders, coordinate all meetings (2 Partner, 3 Stakeholder, 1 Town Hall), oversee design, publication and distribution of meeting notices, assist in data interpretation, and organize and arrange meeting space(s), set-up, and food. Mr. Helander will also provide assistance as needed on development of subsequent research proposals. Total salary requested is $6,000.

**Hope Wisneski, LCSW**, The Center, Deputy Executive Director. Ms Wisneski will support Mr. Helander in securing Center space and resources, as well as provide guidance and assistance in accomplishing project activities and milestones. She will also be instrumental in engaging stakeholders. Total amount requested is $0.00.

**Cathy Grimm, LCSW**, Director, Jewish Family Services of Colorado - Senior Solutions and Care Connection. Ms. Grimm will provide in-kind consultation to the partnership and assist with subsequent GLBT senior services and NORC research proposals. Total amount requested is $0.00.

**Jessica Haxton, LCSW**, Institute of Gerontology, University of Denver Graduate School of Social Work. Ms. Haxton will provide in-kind support including consultation in design and conduct of stakeholder meetings and interpretation and summarization of feedback. Ms. Haxton will also assist in subsequent research proposals. Total amount requested is $0.00.

**Research/Evaluation Costs**
These costs are included in the Academic Research Partner personnel costs.

**Food**
The research proposal calls for $840 for light refreshments at four stakeholder/town-hall meetings. Approximately seven attendees are expected to attend each stakeholder/town-hall meeting. The expenses are estimated at approximately $30 per person per meeting.

**Travel**
None

**Consultants**
None

**Other**
The research proposal requests funding for The Center to cover expenses primarily related to communication of partnership activities, including stakeholder invitations and postage; creation and distribution of flyers; placement of meeting announcements in community newspapers, etc. Total amount requested is $1,160.

**Facility and Administration Costs**
The Center and the Kaiser Permanente Institute for Health Research are providing space, computer and meeting facilitation materials (note pads, paper, etc) at no cost.