

Promising Programs

Caregiver support

Family Caregiver Support Program in Pennsylvania

Primary Focus: To assist caregivers of elderly relatives or relatives with dementia

Program Description

The Family Caregiver Support Program was enacted in 1990 to help those who care for dependent relatives aged 60 and over, or relatives ages 18 to 69 with dementia. The program, which is only open to low-income persons, provides services such as family consultation/care planning, care management, emergency response, counseling, support groups and training.

The program takes a cost-sharing approach; income-eligible families may receive up to \$200 per month to help with out-of-pocket expenses such as respite care. Also, one-time grants of up to \$2,000 may be given to qualified families to modify the home or purchase devices to accommodate frail relatives.

Target Population

Pennsylvania residents with a household income level at or below 380% of the poverty level and who live with and care for dependent elderly relatives or relatives with dementia.

Impact

A study by Centers for Medicare & Medicaid Services in Baltimore found that the Family Caregiver Services Program serves approximately 3,500 families at any given time and about 6,500 different families per year. Costs average approximately \$2900 per family for a full year of stay in the program and the average length of stay in the program is a little more than eight months.

Currently, the Pennsylvania Department of Aging is conducting a cost effectiveness study to determine the savings to the state that come from providing services to maintain people in their own homes.

For more information:

Division of Managed Care
Pennsylvania Department of Aging
555 Walnut St., 5th Floor
Harrisburg, PA 17101-1919
(717) 783-6213

<http://www.aging.state.pa.us>

For more information on the study:

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California Paid Family Leave Law

Primary focus: Partial pay for workers on family leave

Program Description

The California Paid Family Leave Law lets Californians take leave from work to care for a seriously ill parent, spouse, child or domestic partner, or to bond with a new, foster, or adopted child – and receive part of their weekly pay. Funded entirely by employees through the state's disability insurance program, the law allows employees to collect up to 55% of their salary for six weeks to care for their loved ones. Enacted into law in August 2002, it became effective in July 2004. California became the first state in the nation to develop a comprehensive paid family leave law.

Target Population

Californians who need to take time off from work to care for ill family members or newborn or newly adopted children

Impact

Researchers at the UCLA Institute of Industrial Relations are currently studying public attitudes toward, and awareness of, the new law, likely utilization rates, and perceptions of the impact on actual or potential leaves on careers and on the health of family members for the California Family Leave Research Project.

Before the law went into effect in July 2004, the Project found that public support for paid family and medical leave is extensive among all segments of the state's population, yet very few Californians are aware of the new paid family leave law. It also found that Californians have often taken family and medical leaves in the past, and many expect to need such leaves in the future.

For more information:

The California Family Leave Research Project

Labor Project For Working Families
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Tel (510) 643-7088
Fax (510) 642-6432

<http://familyleave.ucla.edu/>

<http://www.paidfamilyleave.org>

Cash & Counseling

Primary Focus: A choice-based alternative to traditional Medicaid-delivered services

Program Description

The overall goal of the Cash & Counseling program is to increase consumers' control over their personal care, thereby increasing satisfaction with care and reducing unmet needs without increasing public costs. The program allows elderly and disabled Medicaid consumers the opportunity to receive and manage a cash allowance to purchase personal assistance and related goods and services as an alternative to receiving agency-delivered supportive services. They may purchase personal assistance from sources other than Medicaid providers, such as family members or friends. Consumers receive assistance from money management counselors. The program is supported by the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services and started in 1995.

Michigan's Department of Community Health began a pilot Cash & Counseling program in September 2004 through a 3-year grant from the foundation. That

project will involve 600 consumers from the Michigan MI Choice waiver program to voluntarily work with state agency staff and advocates.

Target Population

Elderly and disabled Medicaid consumers

Impact

Mathematic Policy Research, Inc., with funding from the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, is conducting an evaluation of demonstration programs in three states: Arkansas, Florida, and New Jersey. The evaluation is looking at participation, implementation, benefits to consumers, and effects on public costs. Results from Arkansas indicated that the program greatly increased participants' satisfaction with care and reduced unmet needs. In addition, it did not adversely affect consumer health and safety. This and other promising results from New Jersey prompted expansion of the program to other states. Complete results of ongoing studies can be found on the Mathematica Website.

For more information:

Michigan pilot program:
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Multi-state Evaluation:
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P.O. Box 2393,
Princeton, NJ 08543-2393

www.mathematica-mpr.com/disability/cashcounseling1.asp

Obesity Reduction Programs

Girl's Health Enrichment Multi-Site Studies (GEMS)

Primary focus: Preventing excessive weight gain by African-American girls during puberty

Program Description

GEMS is a collection of studies designed to develop and test interventions to prevent excessive weight gain by African-American girls as they enter and proceed through puberty in four inter-dependent, clinical trials. There is an extremely high prevalence of obesity in black women, which may be contributing to their higher risk for diabetes and mortality from cardiovascular disease; this prevalence is present in childhood. The usefulness and effectiveness of a community-and-family-based behavioral intervention program to prevent and improve known cardiovascular disease risks in this demographic is under study.

Target Population

8-10 year-old African-American girls

Impact

The study began August 1999 and will not be completed until November 2006. The final component is the full-scale implementation of the intervention more broadly.

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GO GIRLS!

Primary Focus: Motivate overweight African-American girls to make healthy lifestyle changes

Program Description

The Go Girls! obesity prevention study in Atlanta addresses the fact that overweight adolescents are at greater risk for many chronic diseases as they grow older. It used motivational strategies aimed specifically at teens and developed appropriate strategies for healthy lifestyles that fit the population despite long-standing cultural attitudes. Researchers met with the adolescent girls twice a week. Girls underwent health evaluations and learned how to alter their physical activity and food intake levels to become healthier. This study was not designed as a rigorous efficacy study, but was developed to answer whether such a project could be carried out in a public housing setting and whether the intervention deserves a more formal evaluation.

Target Population

11- to 17-year-old African-American females who ranged from slightly overweight to 100 pounds heavier than recommended for their age and height.

Impact

Although general health and dietary practices improved in the girls, none of the changes achieved statistical significance. Despite limitations on implementation and its only modest effects, a formal field trial may be warranted, as the program showed promise.

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Hip-Hop to Health Jr.

Primary Purpose: Test the effect of the intervention on change in body mass index in overweight/obese preschool African American and Latino children

Program Description

Obesity is a public health concern, especially among minority children. Effective strategies beginning in the preschool years are needed for overweight prevention. The objective of this trial was to assess the impact of a culturally proficient dietary and physical activity intervention on changes in body mass index (BMI). This was a randomized controlled trial conducted between September 1999 and June 2002 in Chicago. The study did not target overweight children specifically, but instead randomly selected children to prevent further weight gain by already overweight children and prevent future weight gain in normal children. The general intervention strategies were healthy eating educational activities and physical activity.

Target Population

Pre-Kindergarten 3-5 year old minority children in 24 Head Start Programs

Impact

Hip-Hop to Health Jr. was effective in reducing subsequent increases in Body Mass Index (BMI) in preschool children. This represents a promising approach to prevention of minority children becoming overweight in the preschool years.

For more information:

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