

FY17 year-end review: Grateful and Growing

by Executive Director Gina Upchurch



Actors Morgan Freeman and Jack Nicholson starred in the 2007 release “The Bucket List.” The story was about two terminally ill men who met in the hospital and then set out to do the things they had always wanted to do. In so doing, they learned mainly about themselves and what gave their lives meaning. I suppose what most of us learn when

thinking about our bucket list is that we shouldn’t wait to get involved in the things we find meaningful. This brings me to the past year at Senior PharmAssist.

Our doors have now been open for 23 years, and we served more individuals in FY17 than ever before: 2,317. While our “charitable support” continues to grow due to the generosity of new and long-time donors, we are busy looking for ways to “earn income” so that seniors who rely on us for steady counsel can continue to do so—even if charitable giving slumps along with the economy. I feel this is critical. We are trying to generate our own income in two primary ways: by contracting for services and earning money via investments, primarily through our agency fund, the Senior PharmAssist Stewardship Fund.

Our current contracts include our work with the Duke Geriatric Workforce Enhancement Program, Durham County Department of Public Health, the N.C. Seniors’ Health Insurance Information Program (SHIIP), pharmacy training programs at UNC-Chapel Hill and Campbell—when we mentor their students, and occasionally by charging

for in-depth medication reviews with seniors who can afford to pay. We have learned that keeping a nonprofit flexible and responsive to community stakeholders (participants, volunteers, staff, donors, other agencies, providers, et al.) is like playing whack-a-mole. Just when you think something is settled—years of support from a particular funder, etc.—that source disappears and you have to pivot to other partners. Fortunately, in the supportive Durham environment, windows fly open whenever a door closes. This is not by accident but takes all of the stakeholders stepping up to share their opinions and support. Examples include:

- Challenge grants that really stretch us to find new funding
- A participant advisory council that provides genuine feedback on our services
- Medical partners who are willing to take a risk on community-based solutions
- Board members who are prepared to step out of their fundraising comfort zone, and
- Staff members who keep learning new ways to effectively work in the community with a wide range of individuals, who have varied assets and needs.

Senior PharmAssist would not keep growing and learning without these engaged partners. In fact, the agency is an amalgamation of these stakeholders. I want to conclude my year-end report with a glance to the past and hope for the future.

More than 10 years ago, we published our participant outcomes showing significant reductions in emergency department use and hospital stays. For the past several months, we have worked with a graduate student at UNC-CH—Leah Herity—who is in the schools of public health and pharmacy, to review more recent data regarding participant outcomes. While the findings have not been published yet, **we can share that after two years in our program, participants’ rate of ED use and hospitalizations declined by a third.** Couple this with the gratitude that we hear regularly from participants and their families and you know that Senior PharmAssist’s stakeholders can feel good about working on their “be good to Durham and neighbors” bucket list.

Thanks to your generous investment, we made a difference for **2,317** neighbors in Fiscal Year 2017. Of the **374** participants who received all our services, we can report:

Averages

- Age 75
- 12th grade education
- Monthly income of \$1,588 per single; \$2,020 per couple

Percentages

- 71% were single, divorced or widowed
- 54% lived alone
- 60% were black; 36% were white



3 out of **4** were women

FY 2017 by the numbers

We provided services to **2,317** individuals in FY17:

- 555** Almost all had incomes below 200% of the federal poverty level (monthly income of \$2,010/single or \$2,707/couple). We saw these participants several times during the year to provide face-to-face medication therapy management, tailored community referrals and Medicare counseling. Most received our direct financial assistance to pay for medicines and about one-third qualified for Medicaid or Medicare's full low-income subsidy, so they did not need our financial support. We began work with the Duke Geriatric Workforce Enhancement Program and helped six seniors whom we had not worked with before via the Interagency Care team.
- 1,264** Medicare beneficiaries obtained face-to-face counseling to select the Medicare Part D drug plan or private Medicare Advantage health plan that best suited their needs.
- 498** Individuals primarily under 60 were helped with accessing other resources, usually to obtain medicines they could not afford.



Average saved by those we helped switch drug plans for 2017. "Switchers" with the least income saved \$1,606–\$1,743.



Number of hours volunteers contributed this past year, not including board and committee members!

"You guys make my life better physically and financially!"
—Senior PharmAssist participant



Al Stone and Annie Reid have volunteered with Senior PharmAssist for years and are integral members of our large and growing "unpaid" staff!

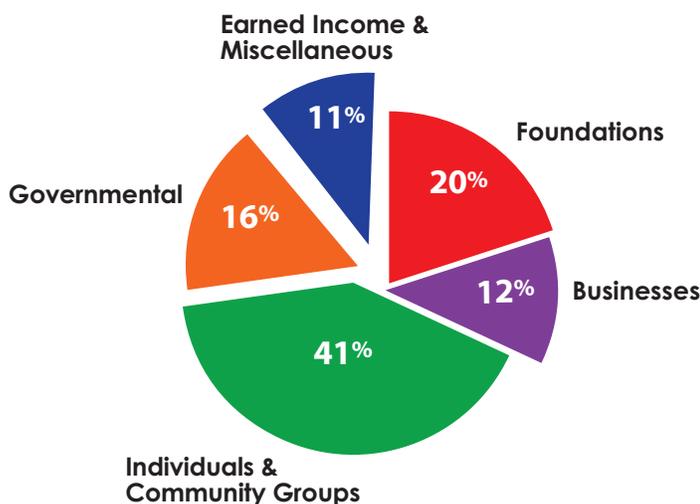
FY17 Operating Budget (unaudited)

July 2016—June 2017

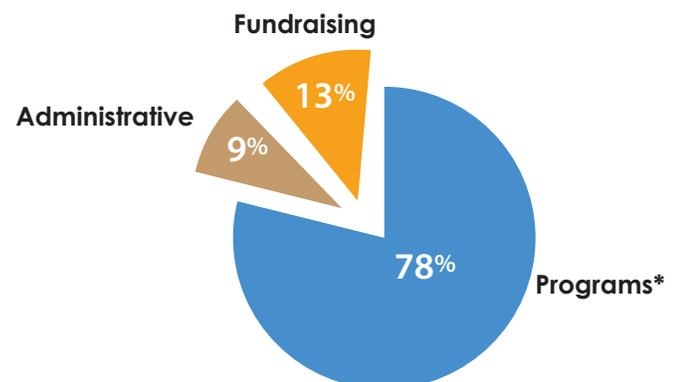
| | |
|-----------------|-----------------|
| Annual Revenue | \$834,800 |
| Annual Expenses | \$761,697 |
| | \$73,103 |

Revenue does not include \$219,419 of in-kind support.

FY 2017 Revenue (\$834,800)



FY 2017 Expenses (\$761,697)



**Includes prescription purchases, medication management, Medicare insurance counseling, evaluation, public awareness & tailored community referral*