



A Grant Partnership That Reduces Barriers for Seniors

In fall 2018, the Massachusetts Attorney General's Office (AGO) announced their Social Determinants Partnership grant opportunity. This grant program utilizes funds secured by the AGO through various healthcare-related settlements to invest in partnerships. The program's goal is to reduce health disparities affecting underserved communities by addressing social determinants of health, such as health care services, availability of resources to support community living, transportation options, public safety, and social support. Upham's PACE and ESAC (Ecumenical Social Action Committee) partnered to apply for this innovative project that fits nicely with our model of care.

This past January, the AGO announced that ESAC, in partnership with the Upham's PACE program, was a recipient of the grant. This grant offers PACE the opportunity to improve the role that the Interdisciplinary team and the PACE center, plays in the plan of care for older adults choosing to age in place in the community. In collaboration with ESAC, Upham's PACE has incorporated aspects of the CAPABLE program (Community Aging in Place--Advancing Better Living for Elders) which applies an enhanced home modification program into PACE well-established clinical processes. CAPABLE is "a program that was developed at Johns Hopkins School of Nursing for low-income seniors to safely age in place. The approach team consists of a nurse, an occupational therapist, and a handyman to address the home environment and uses the strength of the older adults themselves to improve safety and independence."

For the next three years, the PACE Quality Department will internally oversee the management of the grant and liaise with ESAC for its implementation. While Upham's PACE will implement the health care assessment elements of the CAPABLE model, ESAC will implement the modification of the patient's home. The first goal of the CAPABLE grant implementation is to identify and enroll 80 eligible PACE participants in 24 months. The grant implementation started at the 1140 Dorchester site this past spring. To date, a referral count of 13 participants has enrolled in the project. The approach team has made significant efforts to initiate referrals.

*An 81-year-old, legally blind, wheelchair bound participant of PACE since 2011. He is taken by ambulance to all his scheduled medical appointments and the PACE center three days per week for the past 5 years, because there is no ramp from his front door to the sidewalk. The current cost of transportation via ambulance is more than \$900 per week. The cost to install a ramp and shore up the front porch was \$1600. A chair car costs less than \$150 per week. In an average year, **a one-time investment of \$1600 has resulted in a savings of at least \$36,000.***

The home modification combined with his home services has significantly enhanced his quality of life. He now attends the center on the regular transportation schedule in the company of other participants of PACE 4xweek. When at the Center, he has been able to increase his participation in the activities and skilled therapy. By removing the stressor of having to be transported via ambulance, he and his caregivers report him jovial and engaged and no longer eager to go back to bed when at home. He now also has the option to leave the house and participates in leisure activities with family.

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