



HOW LOCAL COUNCILORS CAN ACT TO PROMOTE ALTERNATIVES TO INSTITUTIONS

THE EXAMPLE OF PACE, BURLINGTON

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Not everyone can afford to live in an expensive retirement home operated by a big corporation, nor do many want to. For those on fixed incomes, especially those living in community housing operated by municipalities, there is a program that can build in the supports older adults need to age in place and locate them right in their own municipally-operated apartment buildings.

WHAT IS PACE?

PACE (Program for All-Inclusive Care for the Elderly) is a Federal and State program originally developed in the U.S. by the Chinese community in San Francisco. It provides comprehensive, integrated, and highly coordinated care to frail older adults, and operates on a hub model where multi-disciplinary teams bring a range of health and social services to individuals living in specific buildings, naturally occurring seniors' communities, or local communities where elders and/or people with disabilities live.

After a visit to the United States, Burlington Councillor Paul Sharman began promoting this model in his city as a way to prevent older adults from being institutionalized. The goal was to offer care and support to individuals by identifying and responding to physical, mental, and social "flags" before crises occurred that might result in hospitalization.

Another goal was to offer a community-based transitional care program to provide an enhanced care environment post-hospitalization, and to assist in the case of declining health prior to hospitalization. The idea was that an integrated team of medical and social care professionals could meet the health, wellness, social, and housing needs of older adults of lower income by avoiding care silos and fragmented care delivery.

Burlington's PACE Program

PACE operates at 410 John Street in Burlington which has 120 housing units and 140 tenants some of whom rely heavily on health care interventions. A collaboration of community agencies provides medical, health, wellness, social services, and caregiver support to PACE members who live in the building. An active volunteer program is also part of the continuum of services.

The ground floor of John Street is being renovated to make space for agencies to provide services on-site through a wellness hub in the building.

In December, 2019, the wellness community hub was launched with providers engaging in interdisciplinary meetings and coordinated care planning, providing services to 47 members.

During the pandemic several additional programs were introduced including:

- Grocery delivery and a food security program;
- Daily wellness checks and monthly virtual wellness clinics;
- Virtual social events – coffee meetings, crafts, music trivia, game nights etc
- Vaccine clinics were held on-site;
- Digitization of hub services to users and loan of tablets and remote Wi-Fi for tenant units;
- This was accompanied by education on use of technology, such as use of Zoom;
- Education provided by Halton Regional Police Services concerning cybercrime and online security.

Initial evaluation of the program has been very positive with 100% of participants feeling that their overall health and well-being has improved after receiving co-ordinated support rather than agency by agency support, and 100% gained new knowledge and skills. U.S. research studies of PACE back up these strong results. In South Carolina, research showed that PACE participants had longer survival rates and lower long-term mortality rates compared to others receiving disabled waiver programs over a five year period. This benefit was reported to be more apparent in “moderate-to-high-risk admissions” (National PACE Association, n.d; . Wieland et al, 2010).

Careful implementation of PACE programs ensures a client-directed (where the person is in charge) not a client-centered (where staff are in charge) philosophy in order to safeguard people’s autonomy and self-determination.

Burlington is looking at possible expansion of these wellness hubs to other buildings, and a working group has been formed to guide the longer term implementation.

THE NEED TO ADVOCATE FOR PACE PROGRAMS ACROSS ONTARIO

This is the kind of model that needs ongoing, stable government funding, to allow expansion of services tailored to the needs of individuals living in buildings with wellness hubs.

Active and ongoing advocacy with elected officials, government funding bodies, and various service organizations is required to ensure that this type of residential alternative is available to individuals of any age in Ontario requiring assisted living services and supports.

SSAO members are urged to advance this model with elected officials in their local areas as well as MP's as an alternative to the warehousing of older adults and people with disabilities in long-term care institutions.

For video on this PACE program please go to:

https://www.youtube.com/watch?v=Q_26GhSiKs

For more information about this PAC E program please see:

<https://local-news.ca/2021/12/17/pilot-program-launched-in-burlington-aims-to-help-seniors/>

and

[https://edmweb.halton.ca/OnBaseAgendaOnline/Documents/ViewDocument/HC-16-19 -
Proposed Community Hub 410 John Street - HC-16-
19 revised.doc?meetingId=3448&documentType=Agenda&itemId=86440&publishId=38250&is
Section=false](https://edmweb.halton.ca/OnBaseAgendaOnline/Documents/ViewDocument/HC-16-19_-_Proposed_Community_Hub_410_John_Street_-_HC-16-19_revised.doc?meetingId=3448&documentType=Agenda&itemId=86440&publishId=38250&isSection=false)

Please note: PACE Independent Living Services, founded in 1981 as Participation Apartments Metro Toronto, is another model that supports people in the community, but is not the same as the PACE Program being described in this article, which originated in the U.S.

Please see: <https://www.pace-il.ca/history>

REFERENCES

National PACE Association. (n.d.), PACE research. <https://www.npaonline.org/policy-advocacy/state-policy/research>

Wieland, D., Boland, R., Baskins, J., Kinosian, B. (2010). Five-year survival in a Program of All-Inclusive Care for the Elderly compared with alternative institutional and home- and community-based care. *The Journals of Gerontology: Series A Biological Sciences and Medical Sciences*, 65 (7): 721-26. <https://pubmed.ncbi.nlm.nih.gov/20354065/>