

**Jewish Family & Children's Services and**

**Abramson Senior Care**

**Project Proposal**

**Caregiver Counseling and Education Program**

**Date: March 7, 2025**

**Organization: Jewish Family & Children's Service of Greater Philadelphia**

**TIN & Formal organization name: 23-1352026 (see above)**

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**Amount requested: \$30,000**

**Project title: Caring for the Unpaid Caregivers of Older Adults living with chronic disease**

**Summary Description (maximum 25 words):**

A caregiver counseling and education program uniquely tailored to support unpaid caregivers with managing the physical, emotional, and mental demands of their caregiving role.

24 words

**(1) What is the problem you have identified?**

Demographic forecasts show that by 2030, seniors (65+) will be 20% of the US population. The greater Philadelphia region has the largest growing urban aging population in Pennsylvania. There is an anticipated gap in senior care as trending is indicating alarming shortages of healthcare professionals to care for this population. A record number of nursing home closures, combined with the ongoing healthcare staffing crisis, will result in more seniors aging in place with less availability of help.

Abramson Senior Care (Abramson) and Jewish Family & Children's Service of Greater Philadelphia (JFCS) share a commitment to address the challenges faced by seniors and families in the journey of healthy aging in the Philadelphia region. Through ongoing dialogue and collaboration, a common theme we have identified requiring attention is the enormous role of family as unpaid caregivers in assuming essential healthcare services and supports. Often, following acute health crisis situations, families are suddenly thrust into a caregiving role without adequate time to prepare. There are increased caregiving responsibilities while having to balance work, personal care or other family responsibilities. Families experience a myriad of challenges in getting care they need for a loved one and lack expertise in: (1) coordinating their loved one's care; (2) how to navigate the complex healthcare system; (3) knowledge of available resources and benefits.

There is growing evidence that the stresses of caregiving negatively impact both the physical and mental health of unpaid caregivers. Caregivers often experience higher levels of stress, burden,

and duress from the daily challenges of caring for a loved one with chronic health conditions. Additionally, there are limited resources in the post-covid era in the Philadelphia region that address both education and support needs of unpaid caregivers.

## **(2) What is the solution you propose to address the problem?**

Abramson and JFCS share a strategic direction to advance health equity within a “healthy aging” model of care. The entities formalized their referral relationship in 2013, recognizing the power of their collective strengths and expertise for care delivery, service provision, and to capitalize on opportunities for developing innovative programs that address the challenges of aging.

Respective organizations have garnered many successes in improving health outcomes, reducing healthcare disparities and championing equitable care for vulnerable populations. JFCS’ continuum of older adult services includes caregiver support, counseling and mobile therapy, programs that address the unique needs of neurodivergent older adults, hoarding support, and socialization opportunities. Abramson brings access to primary healthcare, nurse practitioner, healthcare management, dementia and chronic care programs and caregiver education.

With that in mind, we propose the development and implementation of a holistic caregiver counseling and education program to improve the mental and physical health of unpaid caregivers of older adults with chronic illness. By working together, we will develop a sustainable caregiver training model designed to empower unpaid family caregivers with the right knowledge, education, and skills to care for their loved one with chronic illness.

## **(3) What actions will you take?**

- a. Develop a caregiver counseling and education pilot program and formulate curriculum with learning objectives, materials and accompanying resources. This will cover a wide range of topics such as physical health support, mental health support, work/life balance, financing care, community resources and support. The curriculum design will draw from the expertise of each organization (mental health, financial, aging, care management) using an adult habilitation framework.
- b. Recruit one pilot group of Family Caregivers to participate in this new training; with a goal of up to 15 participants in the first year. This training will be offered at no cost as an incentive for workshop participation.
- c. Create a seamless referral system that is easy for participants to use. This will involve extending invitations to current unpaid family caregivers of seniors living with chronic illness, initiating marketing initiatives, such as, promoting the pilot program to our community partners and publicizing to the community using email campaigns, website and social media.

- d. Engage two workshop facilitators to create a dynamic, engaging and supportive learning environment. Workshops will be co-facilitated by staff from both organizations incorporating the expertise for mental health/senior health.
- e. Construct surveys and competency assessments to evaluate the impact of the caregiver counseling and education program.
- f. We will use an implementation framework, such as, Agile or Plan Do Study Act (PDSA) in order to continuously learn the best practices for facilitating this type of caregiving series. For example, we will start with a virtual format but trial offering at different times to increase accessibility. Also, it will be important to maximize on access and benefit so that the caregiver program is worth the caregiver's time which is already limited. From the start we will embed sustainability strategies, such as, training additional facilitators so that in Year 2 so we can expand the reach of the program to reach greater numbers of unpaid caregivers.
- g. We will improve access to affordable healthcare for caregivers, recognizing the physical and mental health toll of caregiving. Caregivers identified as being at heightened risk for burden/duress will be referred for individual mental health counseling or health care management. We will streamline referrals to JFCS mobile mental health and/or Abramson's mobile health teams.

#### **(4) Describe the population to be served.**

Both organization's missions reflect a commitment to serving frail and low-income seniors and families from under-resourced communities in southeastern Pennsylvania. Diversity, equity and inclusion principles are embedded in the philosophy of both organizations. The missions are rooted in Jewish values, but populations served reflects a rich diverse tapestry of racial, religious, ethnic, economic, and gender identities.

In the Philadelphia region, health data demonstrate higher than national average rates of comorbidities - over 95% of those served in our population have two or more chronic conditions such as dementia, mental health needs, heart disease and diabetes, and are challenged with multiple stressors, including obesity, pain, mobility declines, isolation, and financial instability, which contributes to housing and food insecurity.

Over a year ago, Abramson partnered with a regional primary care provider to implement a Centers for Medicare & Medicaid Services (CMS) Chronic Care Management Program (CCM). Care management services include quarterly health and wellness visits, monthly care monitoring, care plans, and psychosocial supports) provided through an interdisciplinary team (certified nurse practitioner, social workers, and care managers). Abramson operates a wellness clinic within the KleinLife community center as well as dispensing services at 14 adult day centers throughout Philadelphia. To date over 450 low-income seniors have been enrolled in this CCM

program. The population to be served will be culled from unpaid caregivers of seniors enrolled in this CCM program as well as collaborating with community partners for referrals.

**(5) Are there partners/collaborators for implementation or funding-who? Has the solution been tried by other organizations?**

We will collaborate with new and existing community partners to develop referrals and to support implementation of the caregiving program. We will access community resources that provide participants with support in managing their caregiving roles and responsibilities. For example, we will call on housing and finance community partners to incorporate topics for practical guidance and advice such as home repair, financing costs of care, etc.

We will steward existing donor base from both organizations, such as Bernard & Etta Weinberg Fund and BNY Mellon and other private donors to cultivate multi-year expansion and sustainability funding support.

Both Abramson and JFCS have experience with incorporating caregiver support programs within their care delivery programs. This new initiative to develop a caregiver counseling and education program will advance the capacity for increased dialogue and communication to address the multi-faceted and complex needs of unpaid caregivers in local communities. This will lay the foundation for spearheading a broader community-based collaboration to strengthen the pivotal role of family caregiving in the healthcare system.

**(6) How will you know your actions are having an impact? How will you measure outputs and outcomes?**

An outcome measurement framework will be built into the curriculum design to measure the impact of improving quality of life and reducing stress for caregivers. We will disseminate a post-survey following the completion of caregiver education and education program to evaluate the impact of the caregiving program. Outputs and outcomes will measure:

- Caregiver Demographics and Characteristics: Gender, religion, race, family caregiver, length of time caring for loved one, amount of time caring for loved one weekly basis, level of support from others, level of importance of caregiving series.
- Goal Attainment: how well they felt the programs had an impact on areas like, increased knowledge of the diagnosis, increased sense of community, improved emotional wellbeing, and accessibility of the programming.
- Quality of Life: degree to which the program reduced caregiver stress and burden, enhanced confidence and developed new strategies to alleviate stress.
- Quality of Session/Presenter: Effectiveness in meeting objectives, knowledge of subject matter, rating of training, and responsiveness to questions.
- Quality of Caregiver Assistance: Degree to which information presented was relevant to caregiving situation, information help in caring for loved one.

**(7) Include a simple program budget in the same pdf with expected income and expenses (eg. staff, program supplies, travel, etc)**

<u>Expense</u>	<u>Revised Amount</u>	<u>Staff/Resources</u>	<u>Notes</u>
Salary and Benefits	\$ 20,500	(1) JFCS Facilitator (2) ASC Facilitator	Curriculum/module development Constructing post-survey Marketing materials and logistics planning New workflow processes for participant recruitment. Pilot program
Management/Overhead	\$ 5,500	JFCS/ASC	Operations/Grant oversight SurveyMonkey.com technology to support agile processes for intake and assessment.
Technology	\$1,500	Technology resources	Zoom technology to support virtual training.
Consulting	\$ 0		
Marketing & Recruitment	\$1,500	Constant Contact	Marketing material development for participant recruitment Big Page Marketing
Materials & Manuals	\$ 500	JFCS/ASC Facilitators	Material for participants
Food & Beverage	\$ 500		For in person
<b>Total</b>	<b>\$ 30,000</b>		