ALBERTA ASSOCIATION ON GERONTOLOGY
Futures Policy Forum
Transforming Healthy Aging and Quality of Life for Older Albertans

ENHANCING COMMUNITY CAPACITY & TRANSFORMING HOME CARE & COMMUNITY
SENIORS' SERVICES

A FREE Zoom Webinar, Thursday, October 13th, 2022
12:00 PM - 1:30 PM

Webinar 5 Summary Report for Stakeholder Collaborative Committee, November 16, 2022: Webinar Overview, Reach, Participant Experience, What Matters to Participants, Summary Observations

1.0 WEBINAR 5 OVERVIEW

1.1 Objectives

- To learn about best practice in seniors' care from other countries in the world, including features of their programs, funding priorities and innovative service delivery methods.
- To learn about Denmark's method of delivery of seniors' care using combined integrated housing and home care services model.
- To discuss priority steps needed to transform the seniors' care system in Alberta.
- To learn about Alberta Health's strategy in enhancing and transforming community/home care services and new delivery methods such as self-directed care, new ways of contracting home care.
- To provide opportunities for participants to express their views and priorities on the role of community services in the transformation of seniors' services.

1.2 Presenters and Themes

- ❖ **Webinar Chair, Grace Maier introduced the Webinar,** underscoring its importance given the vision of Alberta's transformation plan to enhance healthy aging and quality of life for older Albertans. This webinar supports Tier 2 expectations to increase the scope and availability of community-based services to improve opportunities for individuals with care needs to age well in community.

- ❖ **Speakers shared their research knowledge and experiences to promote quality of life in services and systems for older adults:**
  - **Rosalie Wyonch, Senior Policy Analyst, C.D.Howe Institute: How Canada Compares with the Rest of the World**
    - -compared to other OECD countries (2019), Canada ranks VERY low for home & community care: we are investing predominately on inpatient acute care
    - -Canada is dead last for the average number of home & community care workers
    - -Since COVID, we have a major problem with turnover: 25% of home & community care workers in Ontario plan to quit over the next year. Need to stop burnout/leaving this sector.
    - -Need to learn from other countries: Denmark (universal access, personalized plans, choice); Belgium (voucher system for home supports); Germany (universal insurance coverage)
  - **Mads Biering LaCour, Director for Elderly and Dementia, Danish Health Authority: Denmark's Seniors' Care System and the Role Played by the Home Care Program**
    - -Key principles of Danish system:
      - a. Universalism (tax-financed)
      - b. Decentralization: National level (guidance); 5 Regions (Responsible for Hospitals & GP's); 96 Municipalities (Responsible for seniors & elderly care)
    - -Strategy for seniors Care: Based on WHO principles for healthy aging
      - a. Home Care: practical help; personal care; food service)
      - b. Rehabilitation (re-enablement)—key focus
      - c. Nursing Homes—for high care needs
      - d. Welfare Technologies & Assisted Living: focus on innovation for independence
    - -Current Discussion areas for their future of Elderly Care
      - a. Interdisciplinary teams (Burgzorg model)
      - b. making workplaces attractive to increase retention/recruitment, decreasing unnecessary documentation and ineffective organization
      - c. Cross-sectoral collaboration
      - d. Increasing rehabilitation and welfare technologies /digital solutions

- **Dr. Samir Sinha, Director of Health Policy Research at the National Institute for Aging, Director of Geriatrics, Sinai Health System and the University Health Network: Proposed Innovations & New Directions for Seniors' Care in Canada**
  -Public priority; to live at home as long as possible
  -Need priority consideration re workforce, both paid & unpaid
  -Need to redefine "long term care" as not care settings but care in a variety of settings
    a."long-term care" is the largest form of hands-on care that is NOT covered by Can.Health Act.
    b. have an aging population with increasing needs BUT long-standing system vulnerabilities
    c.it is possible to age in the right place; we have choices and options; need to act now.
- **Corinne Schalm, Assistant Deputy Minister, Continuing Care Division, Alberta Health: Alberta's Strategy for Integrating Continuing Care Services and Enhancing Home Care Capacity and Innovation**
  -Acknowledged that Alberta spends less proportionately than other provinces and that there are limitations in Home Care, especially in rural
  -Targeting increases in home and community care along with new models to address needs
    a. New Continuing Care Act=one legislative framework (like Denmark)
    b. Home Care Path Forward: increase resources with new initiatives (Enhanced Client Directed Care with Alberta Blue Cross as admin support); Expression of Interest for new approaches to home care delivery; Increasing access to non-medical supports; expanding access to community-based palliative care
   -Future innovations: continuing care homes as community hubs; client-directed care models; enhanced integration among providers
- **Lisa Stebbins, Chief Program Officer, CARYA, Alberta: Vision for an Integrated Community-Based Seniors' Serving Sector**
  -Major need to increase access to reliable non-medial supports in a system which lacks integration. Need to address local context, especially to recognize needs in rural
  -Call for action: shared conversations across community services, health care & housing sectors
  -Shared experience of new WAY IN program with expanding coordinated intake/assessment with increased access to non-medical supports in Calgary. Demonstrated gains for client well being and independence.

- **Speakers were asked where to start to increase focus on increasing community-based services and home care. Major points:**
  -Need a defined timeline for the journey with consistent application
  -Need much communication with community-based organizations to increase citizen understanding and support: need to recognize that not everyone has a family
  -Need government to demonstrate intention with increased funding & supports for people
  -Need to start NOW

2.0 WEBINAR REACH

2.1 Webinar Registration and Attendance
- **148 people attended the webinar**
  - **Attendance remains high, with this 5th Webinar maintaining consistent attendance @ 150**
  - Reasons for No Show were primarily related to personal scheduling challenges
  - NOTE: Registrants who are unable to attend have access to speaker slides & the video recording within days of the event for their own use according to their schedule.
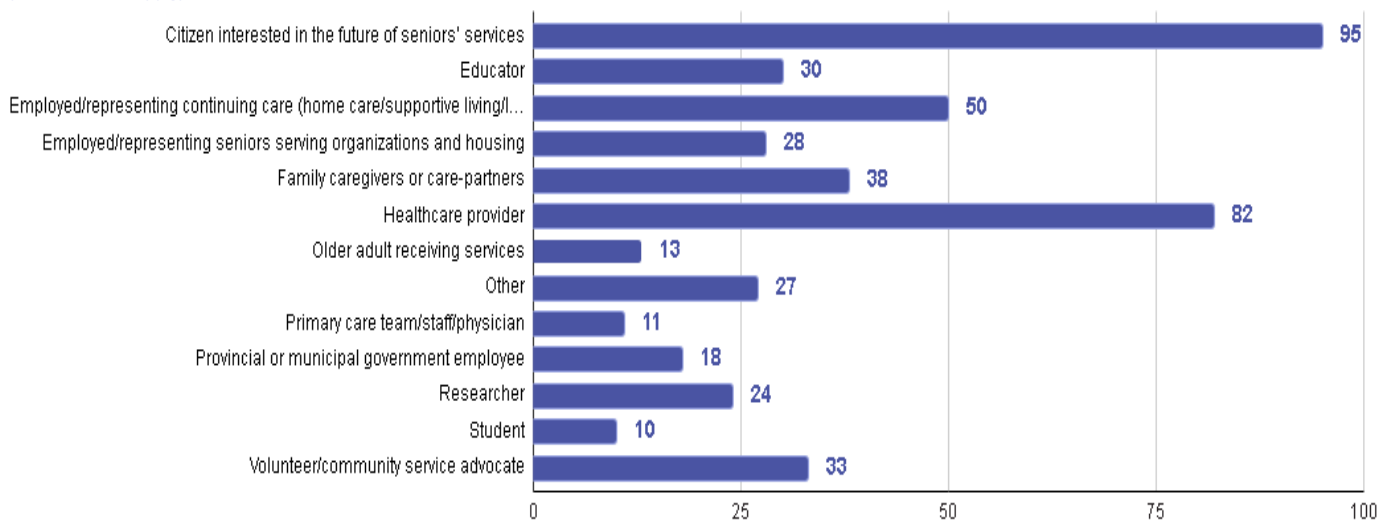
2.2 Geographic Coverage
- Most participants were from Edmonton (39%), Calgary (31%) followed by Sherwood Park, Lethbridge, St. Albert, Red Deer, High River, Medicine Hat—in keeping with population distribution in the province
- Attendance includes individuals from across the province

2.3 Affiliation of Attendees
- **It is encouraging to see great diversity of attendance,** with high percentage of citizens interested in the future of seniors' services as well as health care providers and staff .

Which of the following best describes you?
(Check all that apply)

Category	Value
Citizen interested in the future of seniors' services	95
Educator	30
Employed/representing continuing care (home care/supportive living/l...	50
Employed/representing seniors serving organizations and housing	28
Family caregivers or care-partners	38
Healthcare provider	82
Older adult receiving services	13
Other	27
Primary care team/staff/physician	11
Provincial or municipal government employee	18
Researcher	24
Student	10
Volunteer/community service advocate	33

2.4 Summary re Reach
- **Webinar #5 demonstrates the power of this medium in reaching a broad audienc**e.

- **The diversity of attendance is encouraging given the topic and the importance of engaging a wide range of citizens and organizations to understand these new directions & opportunities to be involved in the way forward.**

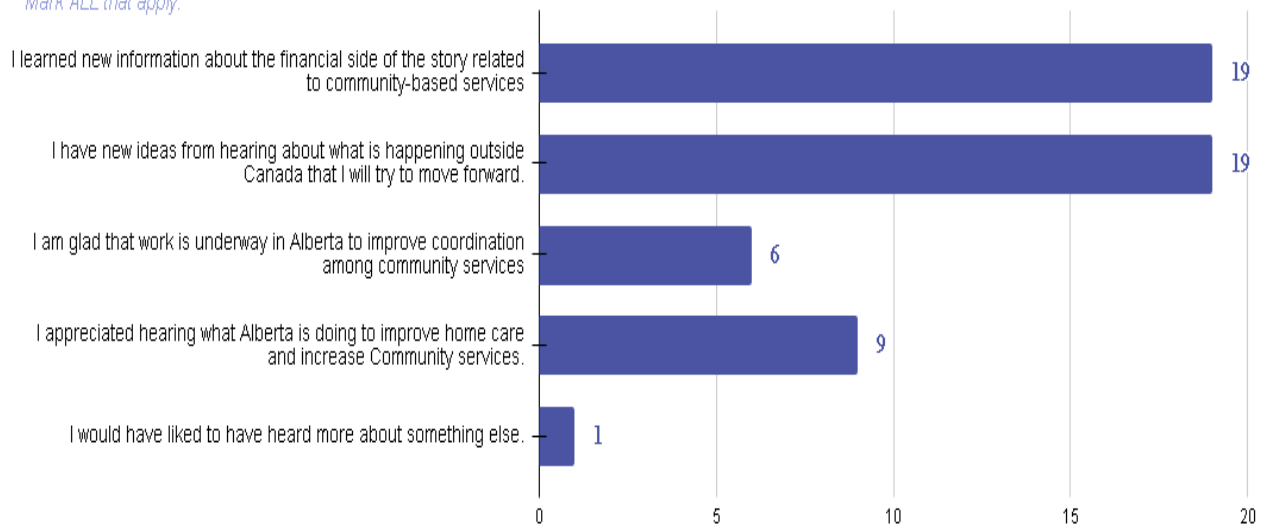## 3.0 WEBINAR EXPERIENCE, PER POST-SURVEY QUESTIONS
.. 36 responses as of November 1st (24% of attendees)

3.1 Value of the Webinar
- **Participation in Webinar**
  - Most attendees viewed the webinar on their own**.**
- **Value of Information**—is described in the schematic that follows.
  - **Participants place high value on the educational aspects of the webinar, both in terms of learning about the system AND what is happening in Alberta.**

4

Which of the following describes the value you received from participating in this webinar?

Mark ALL that apply:

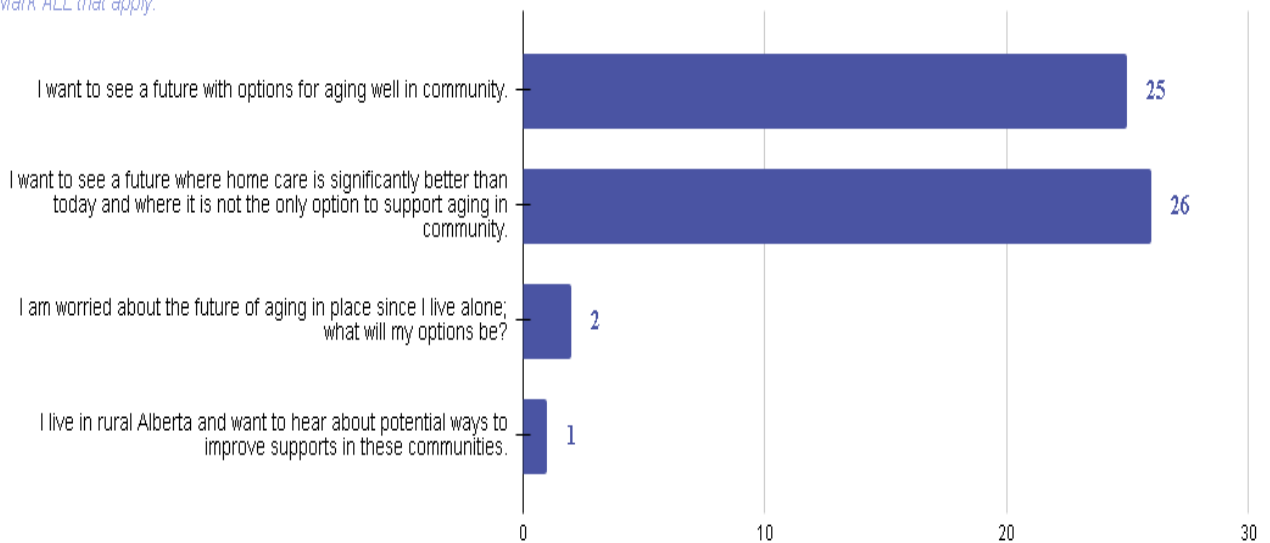| Response	Count
I learned new information about the financial side of the story related to community-based services	19
I have new ideas from hearing about what is happening outside Canada that I will try to move forward.	19
I am glad that work is underway in Alberta to improve coordination among community services	6
I appreciated hearing what Alberta is doing to improve home care and increase Community services.	9
I would have liked to have heard more about something else.	1

3.2 Motivation for Attending this Webinar

o **Developing momentum for change from the perspectives of what people want to see for their futures is an important driver for systemic change.**

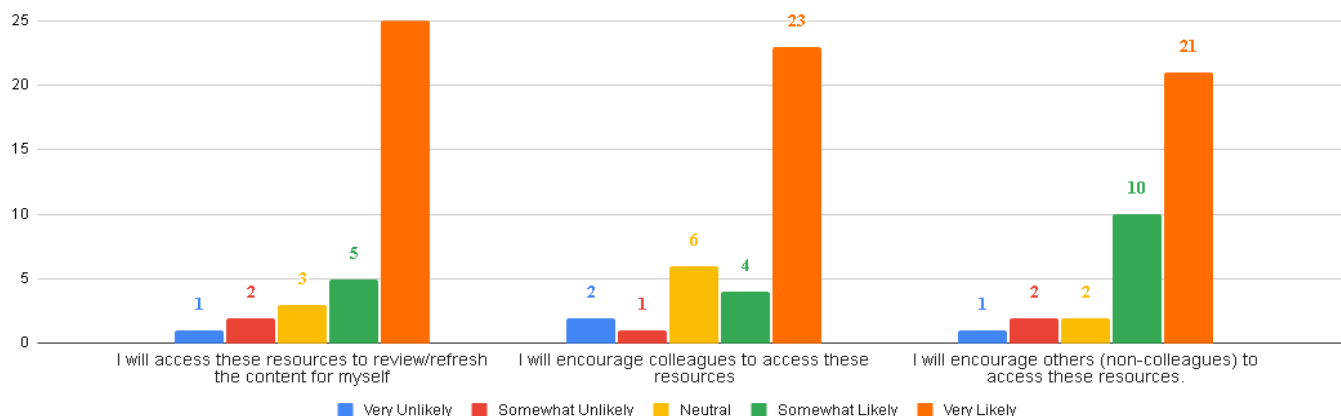**Which of the following describes your motivation for attending this webinar? (Mark ALL that apply:)**

Mark ALL that apply:

Response	Count
I want to see a future with options for aging well in community.	25
I want to see a future where home care is significantly better than today and where it is not the only option to support aging in community.	26
I am worried about the future of aging in place since I live alone; what will my options be?	2
I live in rural Alberta and want to hear about potential ways to improve supports in these communities.	1

3.3 Expanding Capacity /Networks for Change

o **Respondents clearly see value in accessing speaker slides & video recordings. The intent to share these materials was significantly higher than in previous webinars. Calls were received immediately after the webinar for the speaker slides.**

As mentioned during the webinar, speaker lides and the webinar recording will be available on AAG's website; the recording will be available on AAG's YouTube channel. We would like to know how webinar attendees might make use of these recordings.

3.4 Participant Comments—from Q & A content

o **Webinar Value**

- Feedback shared in the foregoing graphics describe great value from the webinar.
- Comments from participants reinforced this value:

  -*"Than you everyone: very inspiring with hope for innovation in Alberta for older Albertans"*

  -*"Thank you to AAG for all that you do; job well done"*

- **Observations re the Way Forward**: **Webinar participants call for action (per Webinar Chats)**

  -*Question*: Given that continued efforts to "fix" the continuing care system & home care over the last 40 years have not improved access, appropriateness, care quality or continuity, why does no one acknowledge that it is the current system that is the problem?

  >>Answer: Dr. Sinha: The "system" is not a system; there is little agreement on priorities. The results is incremental improvement & adaptations that fail to scale up to the whole system. The "tyranny of the urgent "is a common phrase resulting in difficulty for systemic innovation.

  -*Question:* I agree there are many research studies, case studies& proven pilot projects that have been done that show the need for community-based services—the cost alone of providing support & care in the community vs. institutional care has been well-documented. AND yet there are no changes visible at the community level. How can front-line workers in a community influence leader to make the changes needed to actually provide the staffing and funding needed to support seniors to live well at home

  >>Answer: Not answered; evidence for frustration in rural Alberta

  -*Question:* Based on recent COVID experience at LTC homes, I think many seniors are now scared of having to be institutionalized. Denmark's efforts to keep people at home is good—BUT Canada absolutely need to ensure LTC upgrades.

  >>Answer: Alberta just released a call for proposals to upgrade or replace existing continuing care homes. Using the Danish example, we should not build more beds but instead make improvements to existing LTC resources while also directing as many patients as possible to home and community care.

Question: Re New Self-managed Home Care, invoicing system is good but Blue Cross only pays a portion of what the provider does. So for low income caregivers, there is an additional expense. Why is Blue Cross not covering the full costs of home care in the invoicing system?
>>Answer: Alberta Blue Cross to investigate

-Question: How are we integrating other community-based practitioners into seniors-based care & home care? I have a specific example. I was recently hired as a 15 month community recreationist through COVID funding. Hugely successful. A formal proposal was submitted to AHS to make the position permanent. It was denied—why?
>>Answer: These are challenging questions. I urge you to keep asking.

-Question: Have family caregivers been explicitly considered in social prescribing & better navigation systems?
>>Answer: Implementation is in early days. This is a key area to assess.

-Question: How is Alberta supporting primary care?
>>Answer: Alberta Health has just released an initiative to address this: Modernizing Alberta's Primary Health Care System (MAPS) https://www.alberta.ca>modernizing-albertas-primary-health-care-system.aspx

3.5   Summary: Value of Webinar for Learning & Engagement (Aim 1 for the webinar series)

o **Attendees valued the opportunity to learn from speakers, with their very relevant content. There is broad reach and momentum to move forward.**

o **The importance of this topic was underscored by participant comments and the high indication of intent to share materials from the Webinar with colleagues.**
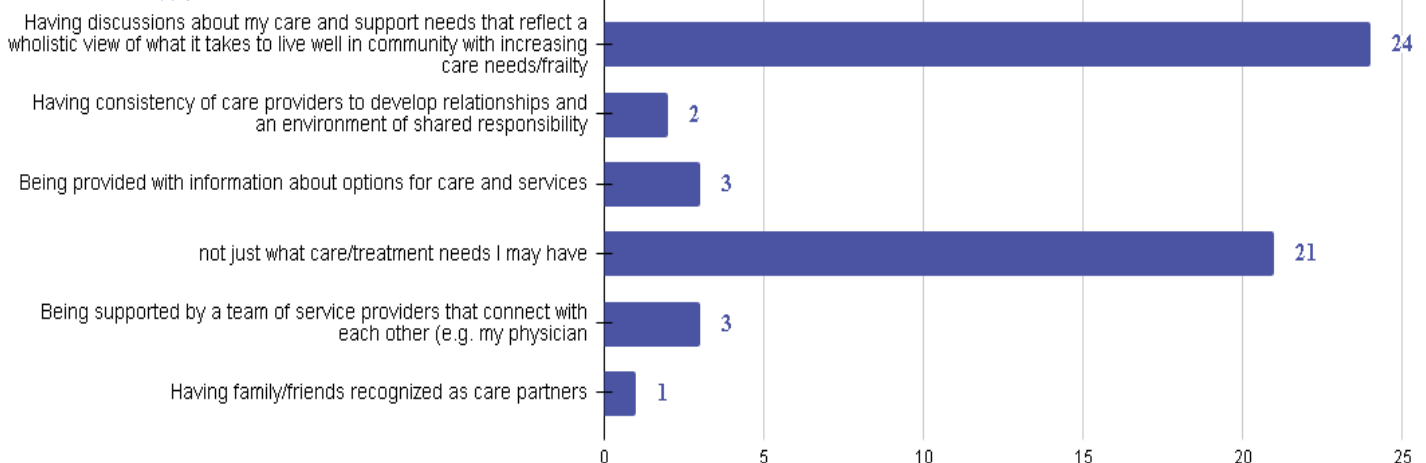
4.0 WHAT MATTERS TO PARTICIPANTS

4.1 Reflections: What Does "Aging Well in Community, with Care Needs, Mean to YOU"?

o **Respondent input shows an overwhelming priority being on having discussions about care & support needs that reflect a wholistic view of what it takes to live in community with increasing frailty AND this should not be just about what care/treatment needs.**

--This continues the theme from Webinar 4 related to what "quality of life means to individuals" with an emphasis on understanding needs from the perspective of the individual, even to living with risk.

What does quality of life mean to you?
Mark ALL that apply:

Response	Count
Having discussions about my care and support needs that reflect a wholistic view of what it takes to live well in community with increasing care needs/frailty	24
Having consistency of care providers to develop relationships and an environment of shared responsibility	2
Being provided with information about options for care and services	3
not just what care/treatment needs I may have	21
Being supported by a team of service providers that connect with each other (e.g. my physician	3
Having family/friends recognized as care partners	1

4.2 Priorities for Change

Survey respondents placed a check mark in the box that best described their view of the priority for each of the change topics being discussed in Alberta and ranked their priorities for action and opportunities for change. *Rankings are provided in the table that follows.*
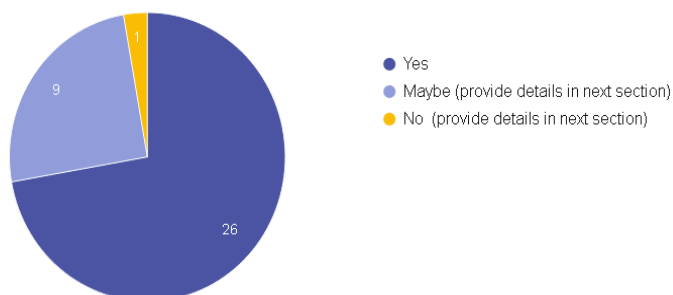
OPPORTUNITIES FOR CHANGE	IMPORTANCE—Column re Not Important)deleted since not used				
	Un-sure	Lesser Impor-tance	Impor-tant	Very Important	Very Important & Urgent
Addressing current service delivery issues in Home Care (lack of access, multiple care givers)	2		3	11	20
Being clear about how to find information & how to access community supports, with opportunities for self-management	2	4	6	8	24
Developing new approaches for assessing needs for homes and care that recognize a wholistic view	3	2	1	13	17
Thinking creatively about the financial implications for individuals with increasing care in one's living environment	2	1	4	15	14
Expanding funding for community-based services to complement Home Care (eg day support, respite, home maintenance, recreation, social engagement)	3		4	6	23
Improving connections between family physicians & other community-based services	2		5	9	20
Implementing new service delivery models to meet different client needs & community opportunities, including collaborations across a range of services & congregated living environments	3		5	9	19
Acknowledging the importance of non-profit community-based organizations & volunteers who provide many supports for well being, with funding to support community-based service coordination	2	4	2	11	17
Optimizing technology for healthy aging in community, addressing quality of internet support across the province & different capabilities of individuals to use technology	4	1	5	13	13
Thinking creatively about how family care partners can be involved as partners and supported financially	1	3	5	14	13

- o **Rankings are skewed to Very Important and Very important and Urgent, indicating the importance of this subject and urgency for action. These results suggest 4 PRIORITY STRATEGIES FOR ACTION:**
  1. **Addressing current service delivery issues, especially addressing issues related to home care access and continuity** --supporting the actions currently underway by Alberta Health

  2. **Placing a priority on the implications for individuals with these changes,** including:
     a. Developing new approaches for assessing needs for homes and care that recognize a wholistic view
     b. Being clear about how to find information & how to access community supports, with opportunities for self-management
     c. Thinking creatively about the financial implications for individuals with increasing care in one's living environment

  3. **Having a broad focus to developing new approaches to service delivery**
     a. Expanding funding for community-based services to complement Home Care (eg day support, respite, home maintenance, recreation, social engagement)
     b. Acknowledging the importance of community -based services with funding to support community-based service coordination
     c. Improving connections with family physicians and other community-based services
     d. Implementing new service delivery models to meet different client needs & community opportunities, collaborating across a range of services & congregated living environments

  4. **Developing new supports for individuals and organizations**
     a. Thinking creatively about how family care partners can be involved as partners & supported financially
     b. Optimizing technology for healthy aging in community, addressing quality of internet support across the province & different capabilities of individuals to use technology

- o **The number respondents who were unsure of the importance of a particular area was unusual across all webinars to date and signals the importance of education and further engagement of citizens.**

4.3 Summary—What Matters to Participants (Aim 2 for the webinar series)
- o **As a summary question, survey respondents were asked the following macro policy question: *Do you think the public will support placing priority on home and community services instead of building more long-term care beds?***
- o **Reponses in the diagram that follows below indicate that most respondents   are in support.**

Would you support a shift FROM financial accountability with line by line accountability for use of public funding according to predefined staffing /programming TO accountability for quality of life outcomes with more flexibility in using funding to meet client needs in new ways?

- Yes
- Maybe (provide details in next section)
- No (provide details in next section)

Specific comments regarding each of the directions follows:

1. For those Choosing YES:
- If you show the cost of LTC vs Home Care/aging in place, it's a convincing argument.
- People would support having seniors aging in place if they were assured that necessary & appropriate help would be available & affordable to seniors.
- This is what people want—especially after seeing the suffering in LTC facilities during COVID
- Hope so> Am 84 & do not want to end up in a LTC warehouse
- This affects everyone. Problem now is communication, transparency & accountability.
- Educating the public about the financial benefits of home and community care is crucial to obtaining their support. The benefit to seniors and families will be an important factor.
- No-one is expressing LTC as a first option. Everyone would rather stay in their home until that is impossible.
- It's time to acknowledge the LTC model is no longer working. The Boomer generation is not prepared to live in institutional settings & will make their voices heard.

2. For those Choosing MAYBE:
- Encourage building of accessible housing instead of maximal profit rental spaces.
- Continued community living as one ages is dependent on many inputs including transportation. Complex in smaller communities.
- It will depend on how it is presented. ie cost-effective for high quality of care. I'm concerned about the Denmark model & the negative perceptions of nursing homes. I think lodge-type facilities offering access to varying levels of support, with full nursing home beds as a separate wing on-site might be interesting models.
- Public (ie taxpayers) are probably not aware of the benefits & cost savings associated with improving home & community services vs increasing LTC beds. Danish example needs to be shared.
- More education is needed
- Concurrent with increasing community-based services, it is critical to improve sub-standard care homes. Need to plan for better beds (indeed different approaches that optimize care homes in a community context) BEFORE adding more beds. This strategy is of equal importance in strategies to transforming the overall system.
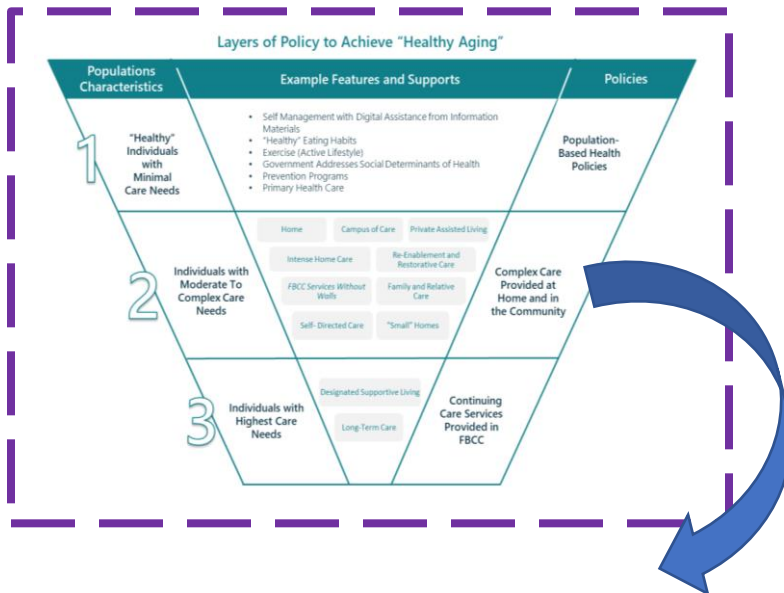
3. For those Choosing NO:
- I think people think funding should go to LTC after the detrimental impact COVID had/still has on LTC. There should absolutely be increased funding for LTC. We also need more funds in community supports such as recreationists, OT & home care to keep people healthy & keep people in communities. I don't think these has been enough education on how crucial preventive health is.

5.0 SUMMARY OBSERVATIONS: WEBINAR 5 UNDERSCORES IMPORTANCE AND OPPORTUNITIES FOR INCREASING INVESTMENT TO STRENGTHEN HOME CARE & COMMUNITY -BASED SERVICES

Alberta's opportunity for change (MNP report) relies heavily on a range of changes and increased investment to shift services to Tier 2:

> **ALBERTA'S OPPORTUNITY: VISION** *Albertans are supported to be healthy and active in their community, with an improved quality of life, and they are engaged, empowered, and enabled to live in inclusive communities with social connectedness and healthcare access.*

Learning in Webinar 5 and participant responses support the Alberta's plan for transformation to shift the emphasis in service delivery and investment to a stronger community-based system (Tier 2) —with caveats for action to address issues for facility-based care in Tier 3.

Webinar 5 also provided additional perspectives related to anchoring priorities for service delivery and system changes in perspectives of individuals impacted:

What do citizens want to see in a transformed system (reflections re aging well in community):

- ***What does "aging well in community, with care needs mean to you"?***
  - ***Having discussions about my care & support needs that reflect a wholistic view about what it takes to live well in community with increasing care needs/frailty***
  - ***Being provided with information about options for services, not just what care/treatment needs I may have***
  - ***Being supported by a team of service provides that connect with each other (including my MD)***
- ***Priorities for change build on these expectations with the need to pay attention to:***
  - Developing new approaches for assessing needs for homes and care that recognize a wholistic view
  - Being clear about how to find information & how to access community supports, with opportunities for self-management
  - Thinking creatively about the financial implications for individuals with increasing care in one's living environment
  - Thinking creatively about how family care partners can be involved as partners & supported financially
  - Optimizing technology for healthy aging in community, addressing quality of internet support across the province & different capabilities of individuals to use technology

From both respondents and speakers, addressing current service delivery issues is uppermost for people seeking supports and services to address continuing care needs

  a. home care access & consistency of caregivers

  b. public trust/image of LTC homes concurrent with growth of the community-based sector

  c. workforce challenges

From both respondents and speakers, we have learned that moving forward with system change will be multi-faceted:

a. Developing & implementing a wholistic plan and investment for Tier 2 development that includes all sectors, health care, community-based services, and community-based housing in order to support people to age in community

--with new opportunities to leverage value of continuing care homes as part of the service ontinuum

--with consideration for the financial implications for persons with lower income and impact on family caregivers.

b. Developing new models of service delivery, that promote community-oriented planning and coordination and new models for system navigation and service coordination.

--like the demonstration initiatives for Social Prescribing and coordination of non-medical support

--looking to use technology in new ways to support individuals and care partners and connect teams

c. Seeking opportunities to connect with Alberta Health's new initiative related to Primary Health Care, particularly to improve connections among family physicians and community-based services that focus on wholistic approaches to living well in community.

d. Supporting the journey of change with public education regarding the changes

THE TIME TO ACT IS NOW.

AAG's Future Policy Forum Initiative will build on findings from Webinar 5 with the following initiatives:

1. To support Tier   and the Transformation Agenda:

- o **Upcoming Webinars**: Valuing Care and Family Caregivers (January 18th); Innovation in Technology for Healthy Aging (February 22nd), and Innovation in Community-Based Housing (March 16 th)
- o **Workforce Think Tank** –Dec 2022

2**. To complement the service education focus above with opportunities to broaden shared understanding or values, language, practices with engagement of citizens and service providers across sectors, with engagement initiatives:**

- o In Winter/Spring 2023 regarding cross sectoral development of concepts and principles for healthy aging, building on the leadership of Healthy Aging Alberta
- o In Fall 2023 with learning and reflection regarding attitudes, values and implications for healthy aging with an aging demographic and increasing diversity.