



ALBERTA ASSOCIATION ON GERONTOLOGY

# Futures Policy Forum

*Transforming Healthy Aging and Quality of Life  
for Older Albertans*

## TRANSFORMING TO INTEGRATED COMMUNITY-BASED SERVICES FOR OLDER ALBERTANS



**A FREE Zoom Webinar, Wednesday, May 4th, 2022**

**12:00 PM - 1:30 PM**

**Summary Report to Stakeholder Collaborative Committee June 8, 2022:**

**Webinar Overview, Reach, Participant Experience, What Matters to  
Participants. Summary Observations**

## 1.0 WEBINAR 2 OVERVIEW

### 1.1 Objectives

- To describe the current situation of community-based services for older adults in Alberta.
- To portray the future vision for seniors' services as identified by older adults in Alberta.
- To outline current projects in development towards achieving the future vision.
- To learn from other provinces (British Columbia) on how they plan for and implement an integrated seniors' services system for older adults.
- To learn about international practice on social prescribing and their evaluation

### 1.2 Presenters and Themes (NOTE: Information is based on video recordings & slides; speaker consents in place supporting use of information by AAG)

- **Webinar Chair: Dr. Sharon Anderson, AAG Board Member**
  - Introduced the session by reviewing the tiers for transformation from the MNP Report.
  - This discussion focuses on the importance of strength in community-based services as the key contributor to Tiers 2, Complex Care Provided in the Community for individuals with moderate to complex care needs.
- **Dr. Marie Anne Essam**, Clinical Lead and Ambassador for Social Prescribing, London School of Business and Finance and NHS Pathfinder, UK.: *"Social Prescribing: Shifting from Medical Care to Social and Integrated care"*
  - Defined social prescribing and services provided by such a program.
  - Described social prescribing in action in UK (Link workers situated in primary care) and provided outcomes and learnings for consideration by Alberta
- **Kahir Lalji**, Provincial Director, Population Health, United Way, British Columbia. *"Path for Building a community-based Service System for Seniors in B.C."*
  - Described BC's conceptual framework for an integrated seniors' community-based services system (focus on social determinants of health was key)
  - Described BC's experience in developing this system through high involvement of community agencies and strategic involvement of government through a funders table
  - Described evaluation of progress so far, with demonstrated increases in community-based connections, with targeted increases in funding for community services.
- **Karen McDonald**, Executive Director of Sage, and Chair of Interim Community Leadership Council, Healthy Aging Alberta: *"Developing an Coordinated Seniors' Serving Sector in Alberta"*
  - Described the current state, issues and gaps of seniors' services in Alberta and the different Ministries involved in setting policy and funding community services.
  - Described current activities to connect community-based seniors services into a "Coordinated Seniors Serving Sector"(CBSS), to support service providers and agencies with resources to build their capacity (CORE) and to participate with partners in pilot projects for innovations in service delivery (eg social prescribing, innovations in home care)

## 2.0 WEBINAR REACH

### 2.1 Webinar Registration and Attendance

- **133 people attended the webinar** (out of 288 registered with registration numbers including both preregistered from Webinar 1 & new)
  - 46% attendance rate (normal attendance rate is 30-45%) is still high considering the registration numbers included individuals pre-registered from Webinar 1 negatively skew attendance rate.
  - Reasons for No Show were primarily related to personal scheduling challenges

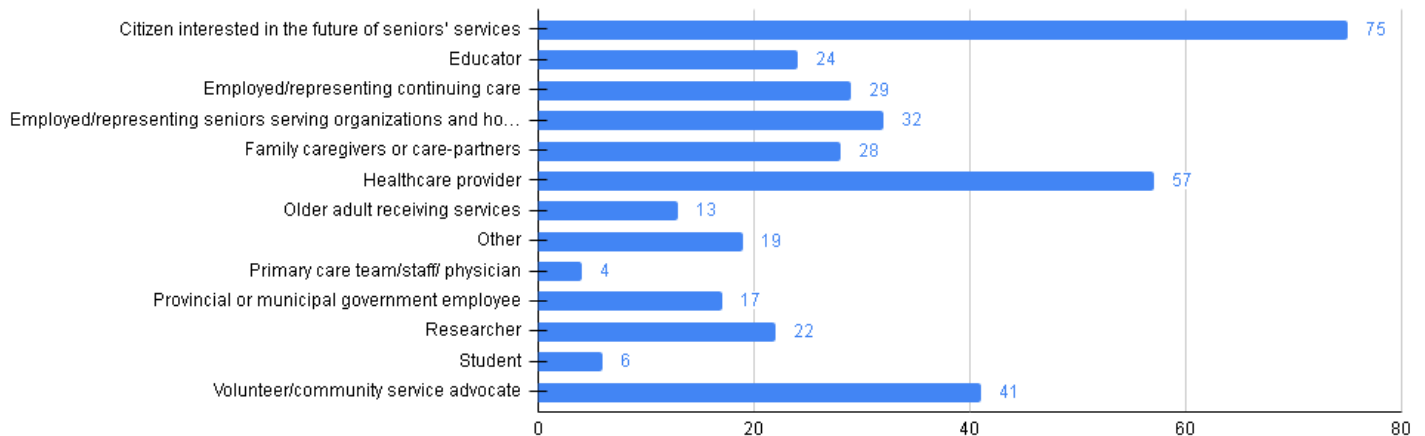
### 2.2 Geographic Coverage

- Most from Edmonton (34%) and Calgary (33%) followed by Lethbridge, Sherwood Park, St. Albert, Red Deer
- Analysis of postal codes shows the following breakdown of attendance:
  - Urban (the large cities) 74%; Sub Urban (around major centers): 13%
  - Rural -8%--an increase from Webinar 1 with 6% (note: 17% of the population of Alberta is Rural)

## 2.3 Affiliation of Attendees

Which of the following best describes you?

(Check all that apply)



## 2.4 Summary re Reach

- Webinar #2 has established a good base for further engagement geographically and by affiliation.
  - It is encouraging to see a continued high number of individuals who rate their affiliation as “citizen interested in the future of seniors’ services”
- The following changes in affiliation from Webinar 1 reflect the subject matter of Webinar 2:
  - Increase in persons employed/representing seniors’ serving organizations
  - Increase in volunteer/community service advocates
  - Decrease in persons employed/representing continuing care
- Physician numbers remain low, despite marketing through their association. This may reflect the busyness of their environments.

## 3.0 WEBINAR EXPERIENCE, PER POST-SURVEY QUESTIONS

--based on 36 replies (27% of attendees)

### 3.1 Preference for Delivery

- Most participants find the 12:00 noon until 1:30PM webinar time of day convenient (94%)
- The 1.5 hours duration of the webinar appears to be an appropriate length (89%), although a number leave after the one hour of presentation. Comments were also made that they would view the recordings when they left early.
- Most participants viewed the webinar alone (90%) than together as a group.

### 3.2 Value of the Webinar

- **Value of Information**—in order of importance
  - Encouraged after hearing about examples of changes in other places that have been successful (86%)
  - Appreciated hearing from Alberta Health that action is beginning (75%)
  - Felt more knowledgeable about plans for transformation of systems and services for seniors in Alberta (75%)
  - Plan to share the information learnt with colleagues (47%)
  - Hearing about work in Alberta to create a voice for community-based services (42%)
  - Did not find value participating in this webinar with an explanation why 2 (3%)

- **Expanding Capacity /Networks for Change: Over 25% of respondents see value in accessing speaker slides & video recordings.**

	Somewhat Likely	Very Likely
I will access these resources to review/refresh the Content for myself	18%	12%
I will encourage colleagues to access these resources	13%	15%
I will encourage others (non-colleagues) to access these resources	12%	15%

### 3.3 Participant Comments

- Inspiring & right on track (many comments); a very stimulation & promising webinar; most inspiring presentation (especially Dr. Essen) I ‘ve attended in the last year. An important discussion for family caregivers.
- Need to shift from conversations about the “tsunami of older adults”. Highly recommend the book, The Overselling of Population Aging: Apocalyptic Demography, Intergenerational Challenges & Social Policy
- Would like to hear more from Karen about what is happening in Alberta
- Thank you to AAG for arranging this webinar.
- Only 2 comments that webinar was not of value: Reasons given:
  - Questions not answered (provided input on other questions and comments at the end of survey)
  - BC & UK have implementation plans that are more appropriate than Alberta’s AUTHORITARIAN Ministerial approach (snatch away funding arbitrarily); privatization approach; lack of consistent funding for municipalities

### 3.4 Summary: Value of Webinar for Learning & Engagement (Aim 1)

- Webinar was valued by respondents with stated value to new learning and motivation for change
- Participants value Webinar content with a mix of Alberta content and speakers with experiences outside Alberta.
- Webinar attendance competes with busy schedules; Drop off in in last 0.5hour challenges engagement in questions & may be contributing to low returns in the post-occupancy survey completion.

## 4.0 WHAT MATTERS TO PARTICIPANTS

### 4.1 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** as follows:

IMPORTANCE OF CHANGE (WITH # OF RESPONDENTS)						
OPPORUTUNITIES	Unsure	Not Important	Less Important	Important	Very Important	Very Important & Urgent
Developing a provincial focus & voice for an integrated community system			2	3	10	21
Acknowledging the importance of non-profit organizations & volunteers who provide many supports for well-being (eg seniors centres, meals on wheels, day programs, hospice programs, volunteer drivers)			2	5	10	19
Implementing social prescribing models across the province			1	3	9	21
Developing new models for community-based services, evolving home care to include a broader range of supports for aging in place	1			5	4	26
Encouraging community leadership to develop action plans for healthy aging & wellbeing in rural & urban communities	1		1	3	11	20

Providing more options for community-based Housing with care	1		3	6	8	19
Improving connections among community-based seniors services				5	9	21
Improving connections between my physician and community services	2		4	4	7	19
Addressing issues of stigma & vulnerabilities as one ages & inclusion across diverse populations	1		1	8	10	16
Thinking creatively about how services will be funded by government &/or paid for by users				3	9	24

- **None** of the 36 participants ranked any of the 13 priorities as **not a priority**.
- **Responses are skewed to “Very Important & Urgent” Change; Priorities in consecutive order are:**
  - Developing new models for community-based services, evolving home care to include a broad range of supports for aging in place
  - Thinking creatively about how services will be funded by government &/or paid for by users
  - Developing a provincial focus & voice for an integrated system
  - Improving connections among community-based seniors services
  - Implementing social prescribing across the province
  - Encouraging community leadership to develop action plans for health aging & wellbeing in rural & urban communities
  - Improving connections with my family physician
  - Acknowledging the importance of non-profit organizations & volunteers who provide many supports for well-being (eg seniors centres, meals on wheels, day programs, hospice programs, volunteer drivers)
  - Developing new models for community-based housing with care
  - Addressing issues of stigma & vulnerabilities as one ages & inclusion across diverse populations
- **Priorities ranked as “Very Important” focus on developing an environment for change, with 4 top priorities:**
  - Encouraging community leadership to develop action plans for healthy aging & wellbeing in rural and urban communities
  - Developing a provincial focus & voice for an integrated community system
  - Acknowledging the importance of non-profit organizations and volunteers who provide many supports for wellbeing
  - Addressing issues of stigma & vulnerabilities as one ages & inclusion across diverse populations.

## 4.2 General Feedback

**Are there concerns or suggestions for action that you would like to share with us regarding Alberta’s journey for change toward a vision of healthy aging and quality of life for older adults? Information below also captures written questions and answers from the Q & A box during the presentations.**

**A The following areas were identified as implications for INDIVIDUALS with the proposed changes:**

- **Community Readiness:** Question openness of the community to adopt this model where there are immigrant populations. Answer: not a barrier since have opportunity to specialize with any group.
- **Current services issues:** (a) Difficulty in finding a physician—need more complete information from AHS/PCN’s re physicians in a community; (b) many outreach services still involve people travelling to a centre—need more telephone /web services



- **Worries:** (a) When we say older adults prefer to stay in community, that it won't mean we rely more on family caregivers without proper supports & resources; (b) That there will be a political strategy to give preference to private pay services at the expense of public ally funded services; (c) want to see more public ally funded, public ally delivered services –not sure when you ask about non-profit & volunteer involvement if that is a red herring.
- **Privacy & Confidentiality:** confidentiality often used by medical professionals when they refuse to provide me with my own medical records—seems like a travesty when they are claiming that a patient violates her own confidentiality when she asks for her records
- **Information about services:** It would be helpful to hear more specifics about what/who the sectors & community partners are. Need education for older adults regarding available services and how to plan for their future – financially & for well-being—as one ages
- **Administrative processes** are problematic between Alberta Health and Alberta Blue Cross. Difficulty to get benefits; not clear what one really has (eg for travel)
- **System Redesign/Red Tape:** Hope you are linking care & supports for all ages: A universal basic income would make more sense than all the paperwork for different benefits. (provincial + federal)
- Thank you for pursuing change.

**B. The following areas were identified as implications for ORGANIZATIONS identify potential exemplars and reinforce the need to move forward in new ways:**

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- **Momentum:** Excited to see the momentum & looking forward to learning how community-serving organizations will be engaged moving forward. Change starts in the community with collaboration across sectors. Suggest check our Calgary Zone to see if Seniors Resource Nurse + collaboration with City, AHS & CBSS is still working.
  - **Implications for education:** (a) Is there appetite/opportunity for secondary schools to have sessions with students re “ageing”; (b) post-secondary—what are the opportunities for practicum education: UK—community-based services and primary care services are terrific locations for clinical placements—go for it.
  - **Primary Care Concerns:** Questions re plans in Alberta to address access issues and improve effectiveness of PCN model; Question re the indicators & measures to record, monitor & report on the progress, successes or failures in meeting the gaping chasm in access to primary care. UK experience: work with early adopters to change the system.
  - **Link Model:** (a) Given issues with physician availability, what other medical health professionals can initiate prescribing—in UK, anyone can refer, including self referrals. (b) Is there a typical background for a Link Worker in UK?—it's a people job; recruit for character traits as much as expertise & experience & train for the rest; need to form a community of colleagues
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**C. The Following areas identified as implications for GOVERNMENT reinforce the need for action and the importance of moving forward with concrete change (not more of the same)**

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- **Social Determinants of Health:** must inform enhancing community supports
- **Scope of Services:** (a) More in-home supports (b) Dental care & dental hygiene need to be included as a social determinant of health as many vulnerable older adults fall through the cracks as their income is just below the threshold for gov't subsidized benefits. Preventive dental care prevents emergent visits to hospital. Should be included in social prescribing
- **Home care redesign** needs to include new models for providing support to lodges for team-based care integrated with Lodge programs, rather than current task focus.
- **Primary Care:** (a) Critical to strengthen this service & effectiveness of PCN's; (b) need to ease the search for GP's by providing more helpful information to the public
- **Social prescribing** current focus is for seniors. Should this expand >>Potential exists across all ages.
- **Privacy & Confidentiality:** Questions re privacy legislation & interplay among community members receiving services, volunteers participating in these programs & formal agencies and care providers: UK- confidentiality is

a part of every conversation & collaboration. Once people learn to trust community organizations more, once the governance matures, there is less risk.

- **Time for change is NOW**—with Continuing Care Act. Let’s Move; Let’s get going—too many excuses in the past. (Watch why change fails: [https://www.you-tub.com/warch?v=\\_ejhExAqao](https://www.you-tub.com/warch?v=_ejhExAqao))
- **Future Orientation:** Alberta does not have an Independent Office of a Senior’s Advocate as in BC, not even a dedicated Advocate as we had in 2016. Should this change?
- **Need one government ministry** with responsibility for community-based health & community services

#### 4.3 SUMMARY—WHAT MATTERS TO PARTICIPANTS (AIM 2)

- **Priority rankings, combined with general input, suggest priorities for action which are well aligned with the priorities of Healthy Aging Alberta (HAA) and actions plans identified by Government.**  
*...investing in these areas with funding and demonstration projects will be key signals that change is happening and that leaders are serious about the vision before us.*

PRIORITIES FOR CHANGE	HAA	Govt
<p><b>*Creating the environment for a future with a strong community-based system, building on evidence of positive outcomes from BC</b></p> <ul style="list-style-type: none"> <li>➤ Developing a provincial focus &amp; voice for an integrated system</li> <li>➤ Encouraging community leadership to develop action plans for health aging &amp; wellbeing in rural &amp; urban communities</li> <li>➤ Improving connections among community-based seniors service organizations</li> <li>➤ Acknowledging the importance of non-profit organizations &amp; volunteers who provide many supports for well-being</li> </ul>		ASH
<p><b>*Expanding community service options to meet needs in new ways, building on impact from BC and UK</b></p> <ul style="list-style-type: none"> <li>➤ Developing new models for community-based services, evolving home care to include a broad range of supports for aging in place</li> <li>➤ Implementing social prescribing across the province</li> <li>➤ Providing more options for community-based housing with care</li> </ul>		AH AH AH/ASH

- **There is one area of high importance to respondents where action plans are not yet clear: Strengthening Alberta’s primary care system.**
- **There are three other areas from comments that need to part of system planning for near-term success:**
  - **Thinking creatively about how services will be funded by government &/or paid for by users**  
 --With care to recognize the range of financial abilities & vulnerabilities
  - **Addressing Caregiver supports** as equally important to services for individuals with needs.
  - **Striving for simplicity of administrative processes and clear and complete information** about proposed changes, available services, benefits, etc . Policies & practices related to privacy & confidentiality need underpin change.
- **Perspectives have also been offered for long-term planning:** Structure of government to support an integrated health & community system, as envisaged by MNP & resources for provincial focus on seniors

## 5.0 SUMMARY OBSERVATIONS: WEBINAR 2 CONTRIBUTIONS TO DEVELOPING A COMMUNITY AND CULTURE OF CHANGE

- **System-Wide Learning is Occurring and is Valued (Aim 1)**
  - Current webinar structure is supported by feedback. There is significant reach across the province
  - Participants report value in Webinar information & ability to access speaker slides & the video recording for sharing with colleagues.
  - Based on input, future webinars should continue mix of Alberta exemplars & voices plus learning & experiences beyond Alberta (expertise; successes to learn from). Strive to profile evidence of impacts (wellbeing, return on investment) to strengthen case for change.
  
- **The Journey is Beginning (input to inform the way forward—Aim 2)**
  - The work of HAA is applauded: including their work to coordinate the community-based sector, healthy aging framework anchored in social determinants of health, and system mapping/regional coordination.
  - Investment to increase community-based services is beginning and key to a future that supports shifts in service
  - An important outstanding question relates to primary care development.
  
- **AAG/Futures Policy Forum Builds on Webinar 2 Input**
  - **AAG Marketing** will be reviewed to see if there are opportunities to increase reach
  - **Future Webinars create opportunities to expand learning and participant input:**
    - Webinar 5: Strategies for a Strong Community-based Service System
    - Webinar 6: Innovation in Housing Options
    - Webinar 7: Strategies for Caregiver Support
  
- **Co-Creating and Connecting Efforts for Change**

Speaker and respondent input underscored the importance of collaborative and connected approaches to being able to create new ways of moving forward and facilitating implementation.

  - Momentum is building in the province: Opportunities to profile initiatives are important.
  - AAG commits to this philosophy in implementing the above webinars and other initiatives
  - AAG's FPF Stakeholder Collaborative Committee offers a unique opportunity to develop a network of change champions with expertise and energy for community development and collective impact. This will be the focus of conversations starting Fall 2022.