AAG Cultural Change Project

Wellbeing and Living Well for Older Albertans

Cross-Sector, Community-Focused Collaboration and Service Integration

Now is the Time!

ALBERTA ASSOCIATION ON GERONTOLOGY
Improving the Lives of Older Albertans

Healthy Aging Alberta | A network of community allies for older adults.

Report of the AAG/HAA Initiative, "Mapping Cross-Sector Applications of HAA's Healthy Aging Framework" Endorsed by Stakeholder Collaborative Committee, September 20, 2023

NOW IS THE TIME!

Alberta has a vision for the future: This is our opportunity.

- "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 health care access". (MNP, *Improving quality of life for residents in facility-based continuing care in Alberta*, 2021, p. 42 with expanded vision and policy tiers for system transformation for a sustainable system)

Alberta must move forward in new ways to create and sustain a community services system.

- **Aging demographics.** Alberta has a future of an aging population, with major implications not just for increasing numbers of older persons, but also for significant impacts on the availability of health and social supports, human resources, and supporters like family caregivers.
- **Changing public expectations.** They are here today and will continue to gather momentum, with expectations to age well in communities and to be involved in shaping their futures.
- **Community-focused system.** Evidence and insights from International, national, and provincial leaders call for a community-focused system anchored in social determinants of health as fundamental to a future of healthy aging and sustainability of publicly funded health and social services with a growing and aging population. Community capacity with connected services contributes to appropriate use of healthcare.
- **Reorientation of ways of thinking and acting**. Futurists call for fundamental re-orientation of the way we think and act as health and social services:
- **Focused on patients /citizens in communities.** "Our healthcare system was designed around the system, the payers, the buildings, the clinicians. Well, the centre should be the patient/citizens in communities. They are the reasons we have healthcare". (Dr. Khayat in her presentation with Debbie Gamble, "Presentation on Trust and Digital Health" quoted in Linked In, May 4, 2023; changes in wording to include "citizens in communities" approved by Dr. Khyat)

Cultural Change Project shows readiness and identifies a path forward to connecting and optimizing community-based services, housing, and community-focused health services.

- **Start turning tiers for transformation in a Person & Community-Focused Ecosystem.** We start by turning the tiers for transformation from the MNP report into a Person & Community-Focused Ecosystem which becomes a shared framework for community member and cross-sector engagement which values all contributors and enhances planning, policy and program development, and program delivery in rural, small urban, urban communities across Alberta.
- **Move forward with new language for inclusivity, community-focused engagement and connectors, service collaborations.** We move forward with new language for inclusivity, community-focused engagement and connectors, service collaborations strengthened by shared intentions for wellbeing and living well, and policies that enable community-focused development and person-centred service delivery.

- **Create new opportunities with a collaborative approach.** We have new opportunities with a collaborative approach: "… bringing… people together in constructive ways with good information … will create authentic visions and strategies for addressing the shared concerns of the organization and the community" (quote attributed to D. Chrislip on page 2 of document, Collaboration; A spectrum of Approaches" by Liz Weaver, Tamarack Institute)

We can begin today to mobilize this ecosystem and integrate the principles of Healthy Aging Alberta's Healthy Aging Framework and Alberta Health Services' Connecting People and Communities for Living Well through multi-party and multi-year leadership.

- **Develop and profile community exemplars**. We will develop and profile community exemplars-- across communities in rural Alberta, small urban centres, geographic areas of focus/neighborhoods within larger urban centres. This will advance our learning and mark progress.

Delivering on Alberta's Opportunity: **We can be a leader in developing a community-focused system that supports individual and community well-being.**

- This complements other system change initiatives (e.g., MAPS, evolving the focus of Alberta Health Services for a regionalized approach).

TABLE OF CONTENTS
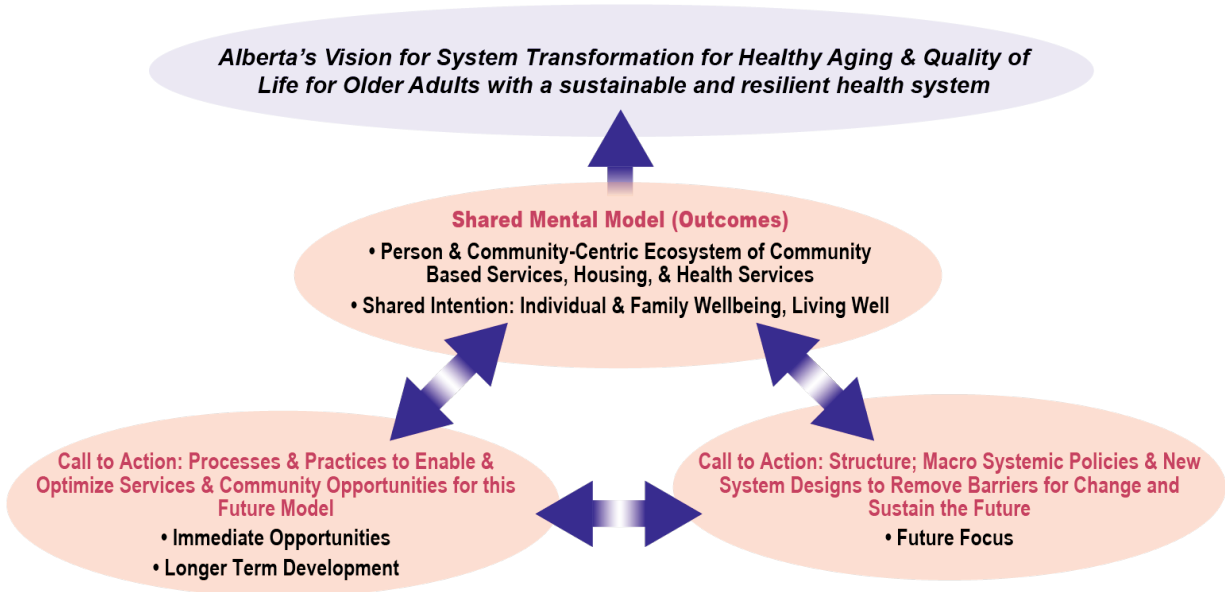
EXECUTIVE SUMMARY

Alberta Association on Gerontology (AAG)'s Culture Change Project with funding received from Alberta Health, is focused on developing resources to support Alberta's transformation journey.

This project, "Mapping Cross-Sector Applications of Healthy Aging Alberta (HAA)'s Healthy Aging Framework (HAF)," focused on strategies related to transformation of the community services system. It was undertaken jointly by AAG and HAA during the months of March to August 2023 and engaged representatives from community-based seniors services, housing, community -focused health services, caregiver support organizations, and the Ministries of Health and Seniors & Community & Social Services in learning about the HAF and identifying opportunities for shared mental models and process/practice change. On project initiation, an additional opportunity was identified to build on AHS' demonstration initiative, "Connecting People & Community for Living Well" (CPCLW).

- A 5-step process for input involved over 24 unique individuals from these sectors in focus groups, 35 individual contributions in the June 14th application forum, 15 contributors to the June 27th synthesis workshop, approximately 25 participants in digging deeper conversations, and review with HAA's Leadership Council. Some individuals participated in more than one event,
- Participants expressed satisfaction with their involvement, value from the learning and a commitment to move forward with the opportunities for cross-sector work.

The following logic model was used to describe results from the Report in a management model to focus attention on the overall goal of Alberta's vision and guide implementation of the opportunities for change with the two deliverables from the project: Deliverable 1, a Shared Mental Model and Deliverable 2, the Call to Action.

Schematic 1: Logic Model for Cross-Sector Collaboration for Value-Adding Community Services for a Growing and Aging Population

Alberta's Vision for System Transformation for Healthy Aging & Quality of Life for Older Adults with a sustainable and resilient health system

Shared Mental Model (Outcomes)
- Person & Community-Centric Ecosystem of Community Based Services, Housing, & Health Services
- Shared Intention: Individual & Family Wellbeing, Living Well

Call to Action: Processes & Practices to Enable & Optimize Services & Community Opportunities for this Future Model
- Immediate Opportunities
- Longer Term Development

Call to Action: Structure; Macro Systemic Policies & New System Designs to Remove Barriers for Change and Sustain the Future
- Future Focus

Deliverable 1: A Shared Mental Model, a Person and Community-Centric Ecosystem of Health and Social Supports, with goals for wellbeing and living well for older persons.

New language and framework for action shifts from past service-based focus to picturing a future ("if you can't see it, you can't have it") that:

- **Translates planning expectations from the MNP Policy tiers of focus and investment to a community -centric depiction of services and relationships**, depicted by 3 ellipses of reducing size from Tier 1 (Living in community with wellbeing and minimal health needs) to Tier 2 (living in community with wellbeing and moderate /complex needs) to Tier 3 (living in care homes with complexity and end of life care), with Primary Health Care as an important partner. Technology innovations cut-across all sectors, connecting individuals, enabling new approaches for individual wellbeing and monitoring impacts.
- **Anchors development of common intentions and service planning** with understanding and engagement of community members and community goals within geographic communities (and neighborhoods) and across sectors. Invites new models of service delivery, valuing current and potential contributions of the range of resources.
- **Challenges practice and policy development for wholistic thinking** for strength of all.

Schematic 2: Person and Community Focus EcoSystem of Health & Social Supports Focused on Wellbeing

Person and Community-Focused Ecosystem of Health & Social Supports, Focused on Wellbeing

Living in Care Homes with Wellbeing & Complex Care Needs

Living in Community with Wellbeing & Moderate to Complex Care Needs
(Housing Options, Continuing Care Community Services, New Models of Support-social & non-medical)

Living in Community, with Wellbeing and Minimal Care Needs
Housing Options, CBSS (not-for-profit services), FCSS, voluntary/citizen-engaged/age-friendly community initiatives
AHS/Healthier Together, Transportation

Technological Innovations

Across all Sectors

Partners in Care

Primary Health Care - (enabling wellbeing & living at one's best through prevention & treatment)

Health Home

Emergency Care, Ambulatory Care, Treatment & Hospital Care

Community Planning; Businesses, Services & Community Activities Supporting Individuals across the Life Span.

Optimizing this ecosystem in communities is the challenge.

- **Healthy Aging's Healthy Aging Framework offers a typology** to understand and develop services to strengthen determinants of healthy aging—see schematic on the next page. This framework of common language is the foundation for engaging community members and service providers and planning needs to strengthen determinants of aging.
- **Connecting People and Communities for Living Well have developed a methodology** for engaging community members in developing community capacity for wellbeing.
- **Work related to "Age Friendly Communities" shares the intentions of wellbeing and living well overlaps** with these strategies.

Table 1: Healthy Aging Framework, Healthy Aging Alberta

Healthy Aging Alberta: Healthy Aging Framework (HAF) for Wellbeing					
Source: Healthy Aging Alberta					
Physical & Mental Health	**Social Environment & Engagement**	**Social Support**	**Personal Wellbeing**	**Physical Environment**	**Safety & Security**
▪ Physical Health & Wellness ▪ Physical Fitness ▪ Healthy Life Choices ▪ Mental Health & Wellness ▪ Brain Health	▪ Social Engagement ▪ Participation & Engagement ▪ Outdoor Activity ▪ Diversity & Inclusion ▪ Volunteerism	▪ Information & Referral ▪ Social Support Services ▪ Caregiver Supports	▪ Resiliency ▪ Emotional Wellbeing ▪ Personal Services ▪ Food & Nutrition	▪ Transportation ▪ Housing ▪ Home Supports	▪ Personal Safety ▪ Financial Security ▪ Vocational Training & Support

Deliverable 2: Identification of cross-sectoral opportunities to apply the Healthy Aging Framework (and its clusters of Determinants of Healthy Aging).

- With the Ecosystem as the foundation, five Calls for Action describe the use of this Framework and align initiatives to develop practice and processes for person-centered, community-focused collaboration toward an integrated system of community services.
- Timeframes reflect the opportunity to build on existing initiatives or urgency for attention to remove barriers (immediate opportunities), followed by aligning ongoing Ministry initiatives, and capitalizing on a range of sector-specific and community initiatives underway or that emerge with this Report.
- Alberta is in a midst of a range of system change initiatives, hence the need to monitor opportunities to build in learning from this Report in these changes now and for the future.
- An overview of the Call to Action follows in Table 2 (further defined in Section 5).

The Outcomes of Working Together

The outcome of working together using the concepts and action plan of this Report will be:

- **Embedded language and shared frameworks** that support meaningful conversations within communities, across sectors, by system and community leaders, and across ministries
- **Enhanced and sustainable service delivery** in communities
- **Optimized capacity for individual and family wellbeing and community prosperity**, with enhanced community ownership and involvement
- **Policy evolution** that removes barriers and catalyzes new ways of working
- **Appropriate use of publicly funded health and social services**

Table 2: Overview of the Call to Action

Call to Action ...and intended impact	Practice/Process Change		Structural Change: Future Focus	
	Immediate Opportunities	Longer-Term Development	Systemic Policy	System Redesign
1. Build Common & Plain Language Within & Across Sectors *...use language for a Person & Community Centric System*	Evolve language for older adults/persons, socialize HAF, develop common definitions for wellbeing	Use HAF as clarified through this work to enhance system understanding & integration of Determinants of Aging	Person-centric needs for eligibility for publicly funded services (no just age 65)	
2. Identify, Integrate & Connect Aligned Resources Across Sectors *...mobilize collaboration*	Coordinate the HAF & CPCLW frameworks & efforts. Use Ecosystem & HAF to support Social Prescribing, implementation of Healthy Aging Asset Index & models for non-medical support. Connect with Age Friendly Initiatives, AHS Healthier Together.	Update the HAF within the Ecosystem Model to become more robust & inclusive. Use the "updated HAF" & ecosystem model as a catalyst for cross-sector conversations & collaborative action. Strengthen connections with FCSS & municipalities	Expand the conversation beyond CBSS, housing & health sectors to other sectors (e.g., Financial Supports)	
3. Draw on Ecosystem & HAF to Develop Shared Intentions & Impacts *...develop common intentions & impact statements for system change within and across sectors*	Continue use of HAF to support HAA program & project development. Explore alignment with Ecosystem & HAF across existing sector initiatives & profile community exemplars, paying attention to the journey of change targeted impacts	Align key concepts of Ecosystem & HAF with Recovery Oriented Systems of Care & Family & Community Support Services. Support organizations & collaboratives to use Ecosystem & HAF to develop clarity of intended change/gaps & evaluation of impact. Work with vulnerable & marginalized populations to identify & respond to need for supports & services	Citizen-centered delivery, with program access determined by need, not by the age of the individual	
4. Improve Navigation /Assessment Tools for Older Adults, Caregivers & Providers *...optimize access & development of local service strength*	Increase number of community connector roles (formal & informal providers/individual contributors) Create awareness of the Healthy Aging Asset Index Support work to recognize & support family caregivers	Develop common language (HAF) across 211, 811, CSNAT, Caregivers Alberta, etc. Explore the potential to anchor service navigation capacity in community-based initiatives. Develop Self-Assessment resources for navigation by older adults & caregivers (continue to build connections with Alberta BlueCross Initiative to develop a person-centred navigation system)	Asset -Based approaches for assessment & systems navigation	
5. Advocate to Remove Barriers & Evolve Policy & System Design *...sustain a collaborative & integrated system*	Funders address limitations of current grant/project funding New funding for grassroots/ community-driven action with business models for sustainability.	Human Resource strategy to strengthen CBSS & Community Services New service & funding models with enhanced investment for community-focused services Cross-Ministry Work to enable change	Co-design by funders & service providers & citizens to support well-being & living well in communities.	Mobilize this work to contribute to system design

The Recommendations

This report ends with recommendations for *multi-party leadership*:

- **Healthy Aging Alberta:** leveraging its mandate, structures (e.g., Regional Community Developer Network), HAF framework, and communication and collaboration forum/CORE). Works with AHS to solidify formal collaboration with AHS' CPCLW team for expanded community engagement.
- **Ministries of Health, Seniors, and Social and Community Services**: addressing funding recommendations, optimizing collaborative development projects, and supporting interface with other funders such as FCSS and municipalities and AH/Primary Care Initiatives.
- **System leaders** (e.g., Within Sectors, AHS Services, Caregiver Supports): mobilizing concepts in the Report and collaborating with each other and Ministries on shared initiatives like Human Resources, new/sustainable service delivery models, and system navigation to remove barriers.
- **Community Leaders** (e.g., Provincial and Community Organizations focused on older adults): socializing this report and mobilizing new perspectives and service development connections.
- **AAG**: recognizing exemplars and being a resource and catalyst for ongoing change.

Broadly based, cross-sector, community-focused collaboration and service integration for wellbeing and living well for older Albertans can start now (as per summary in Table 3).

Table 3: Recommendations for Leadership: Multi-Party, Multi-Year Action Plan toward a Value-Adding Community System of Health and Social Services

CHANGE MAKERS	Act Now: Commit to this Future and Advance Continued Development	Longer-Term Developments Build Momentum (2024 & beyond)	Future System Policy & System Redesigns Sustain Transformation
Healthy Aging Alberta	▪ Leadership Team develops plan from this Report, including confirming action plans for existing initiatives, strengthening where possible based on the Ecosystem and Calls for Action. ▪ Strengthen Regional Developer system with CPCLW – well positioned to mobilize ecosystem & citizen & community engagement per opportunities identified in the Call for Action. ▪ Optimize CORE as a communication vehicle to engage citizens and partners in the Ecosystem for an Integrated System and opportunities for change	▪ Develops a Strategic Plan, engaging broadly with CBSS and partners, to move forward with the range of initiatives identified. ▪ Collaborate as possible to develop plans for change with strategic and local partners and profile progress, ideally annually.	▪ Contribute to Provincial Changes as possible
Ministries (Health; Seniors & Community & Social Services) & Other Funders (e.g., FCSS, Municipal, AH/Prim Care)	▪ Examine funding recommendations for immediate/near-term change. ▪ --Move from project -based funding to ongoing funding ▪ --Expand resources for community engagement, including a new fund to support community demonstration initiatives ▪ --Develop funding models for sustainability of community services and that create incentives for evolution of existing services for new value. ▪ Ensure effective collaboration for new community services developments. ▪ Seek synergies with major healthcare focused changes	▪ Evolve funding as required for sustainability. ▪ Optimize cross-Ministry collaboration to advance collaboration and impact. ▪ Mark progress, ideally annually ▪	▪ Plan for future policies & system designs that are transformative

System Change Leaders (e.g., Sectors, AHS, Caregiver Supports, Educators, Prof Assoc)	- AHS/HAA implement CPCLW & HAF collaboration. - Mobilize Human Resource Strategy, building on cross-sector implications of the Ecosystem. - Socialize learning re this Report & key concepts for change; implement opportunities for change as possible. - Invest in learning to support cultural changes. - Identify and expand community exemplars and profile for learning.	- Collaborate as possible and contribute to plans for change as identified in the Call for Action - Mark progress, ideally annually	
Provincial & Community Leaders (e.g., Prov. & Com. Organ. focused on older adults)	- Socialize learning re this Report & key concepts for change; implement opportunities for change as possible. - Invest in learning to support cultural changes. - Identify and expand community exemplars and profile for learning.	- Collaborate as possible and contribute to plans for change as identified in the Call for Action - Mark progress, ideally annually	
AAG	- Profile community change exemplars in new Recognition & Communication Initiative (Nov 23) - Monitor progress re HR Strategy, per Workforce Strategy	- Advocate for Technology implications in potential future "Tech for Health" initiatives. - Contribute as possible for plans for change; recognize and profile progress & cross-sector learning.	Contribute evidence & insights as possible

This Report acknowledges:

- **Leadership for community focused health and social systems is beginning across the province**; this Report is a resource to increase momentum for the journey forward.

- **Community exemplars will enhance our learning and mobilize the multi-year journey of transformation**.

This Report was endorsed by AAG's Stakeholder Collaborative Committee on September 20, 2023, with strong encouragement for the way forward.

---

1 PURPOSE AND SCOPE OF PROJECT

Context: Expectations and Opportunities for System Transformation in Alberta

The province of Alberta has a robust vision to advance healthy aging and quality of life for older Albertans: "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 health care access". (MNP, Improving quality of life for residents in facility-based continuing care in Alberta, 2021, p. 42 with expanded vision and policy tiers for system transformation for a sustainable system)

Transformation initiatives are underway to address long-standing issues with continuing care homes (Tier 3), increase community services and develop new models of service delivery that will support persons with complex care needs to live in their community (Tier 2) and enhance focus and opportunities for most older Albertans to enjoy healthy lives (Tier1).

Mandate letters in July and August 2023 from the Premier express clearly the need for continued change in Alberta (Alberta Government Mandate Letters):

- **An overall expectation:** "we will take clear and decisive action to grow and diversity our economy while ensuring our health, education and other social programs are world class."
- **Direction to Alberta Health to**:
  - **Provide better care to seniors by implementing Facility-Based Continuing Care Review**… includes ongoing work to add continuing care congregate spaces and help seniors stay in their homes longer with additional supports and appropriate home care.
  - **Develop a series of reforms to the health care system** that enhance local decision-making authority, improve health care services to all Albertans, and create a more collaborative environment for our health care workers by incentivizing regional innovation and increasing our ability to attract and retain the health care workers we need.
- **Direction to Alberta Seniors, Community and Social Services** to enhance supports for living well in community including:
  - Financial supports for the vulnerable, including AISH and the seniors' benefit indexed to inflation.
  - Housing needs of Albertans, including expanding seniors' lodges and related facilities
  - Support for food banks and other supports for nutritional food in times of need
  - Access to transportation for low-income Albertans
- **Both ministries—with expectations related to address human resource needs**, with reference in the Ministry of Seniors to needs of the seniors and community supports sector.

The Alberta Association on Gerontology (AAG) shares Alberta's vision of moving to a future of healthy aging and quality of life for older Albertans. Their major strategic priority for 2022/23 and 2023/24 is to advance a culture and community for change in support of Alberta's vision (for information about their Futures Policy Forum and Culture Change Project initiatives see their web site (https://albertaaging.ca).

The AAG is partnering with the Healthy Aging Alberta (HAA) on this project. The HAA is Alberta's organization focused on engaging community-based services, with a focus on identifying and addressing priority areas related to healthy aging in community. This project leverages HAA's Healthy Aging Framework (HAF) based on social determinants of healthy aging (https://calgaryunitedway.org>healthyagingalberta).

Project Purpose and Scope

The project has been initiated by AAG and approved as an initiative within AAG's Culture Change Project (with funding from Alberta Health to AAG and from HAA) to map cross-sector applications of HAA's Healthy Aging Framework.

On project initiation, AAG and HAA became aware of a demonstration project in AHS funded by Health Canada, Connecting People and Community for Living Well (CPCLW). Leaders of this initiative were involved in all steps in the project.

AAG's cross-sectoral Stakeholder Collaborative Committee (SCC) approved the project in March 15, 2023:

- **Their premise**: Developing a culture and community for change and a future with an integrated and sustainable system of health and social supports will be advanced by developing shared mental models and approaches that underpin the three tiers of transformation.
- **Targeted Outcomes**: An opportunity to work toward the following project outcomes:
  - Shared language
  - Complementary approaches to community engagement
  - New learning regarding service delivery approaches and systems for focus on wellbeing and person-centred practice
  - Potential shared outcomes/metrics to guide decision-making, accountability & monitoring of progress

The project involved:

- AAG and HAA developing a collaborative structure to implement the project.
- Cross-sector input using both ZOOM and in person dialogue which took place in June to August (see project methodology, Section 3).

Overview of the Report

The remaining sections in this report address five topics:

Section 2: Background: Evidence and Insights that are important to informing perspectives and recommendations

Section 3: Project Methodology

Section 4: Project Result 1: Shared Mental Model (Outcome) for a Community-Focused EcoSystem

Section 5: Project Result 2: Evolve Processes and Structures for the Desired Future

Section 6: Summary Plan and Recommendations for Leadership for Multi-Year, Multi-Party Action

Section 7: Conclusions and Next Steps

Use of the Report

This report is a resource document based on input & synthesis of themes for action. It is available to all organizations who had input. It has also been sent to provincial leaders with requests for follow-up by the AAG and the HAA as soon as possible to encourage implementation.

Although input may be considered limited, report findings align with evidence & insights from others. Participants were highly engaged. Input and insight have value as the first initiative to gather cross-sector perspectives as the base for further work.

This report can be found on the AAG's Web Site and on HAA's CORE Library.

2 BACKGROUND: EVIDENCE AND INSIGHTS INFORMING COMMUNITY-FOCUSED TRANSFORMATION

Social Determinants of Health as Foundational to Health and Wellbeing

The **World Health Organization** has been a champion of focusing on social determinants of health as foundational to positive health outcomes. Two quotes from their web site make clear the importance of addressing them at a community level: (https://www.who.int>health-topics/social-determinants)

> *"The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The SDH have an important influence on health inequities."*

> *"Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector."*

Tiers 2 and 3 in the **MNP Report** (Vision, April 2021, page 42) call for attention to strengthening focus and supports related to social determinants of health to support living well in communities and improving health outcomes.

Alberta is fortunate to have the **HAA's Healthy Aging Framework** which is anchored in the principles of social determinants of healthy aging.

- *The Healthy Aging Framework is based upon the March 2018, Healthy Aging Framework for Alberta Senior Centres research report. The Framework's purpose is to articulate and organize work of community-based serving organizations and collaborations, so that older adults can age in their chosen homes and communities. This project builds on 3 years of work by the HAA and their five Regional Community Developers to implement the Framework.*

The Framework has five components or building blocks:

1. Determinants of Healthy Aging developed based on social determinants of health.
2. Services Areas (areas of service provided by community-based organizations)
3. Activities (specific activities undertaken by community-based organizations)
4. Intended Outcomes
5. Impacts

In the literature, several typologies describe the social determinants of health. Schematic 1 describes the HAA's *6 clusters of determinants for healthy aging with 23 service areas.*

Table 4: Healthy Aging Framework, Healthy Aging Alberta

Healthy Aging Alberta: Healthy Aging Framework (HAF) for Wellbeing					
Source: Healthy Aging Alberta					
Physical & Mental Health	**Social Environment & Engagement**	**Social Support**	**Personal Wellbeing**	**Physical Environment**	**Safety & Security**
▪ Physical Health & Wellness ▪ Physical Fitness ▪ Healthy Life Choices ▪ Mental Health & Wellness ▪ Brain Health	▪ Social Engagement ▪ Participation & Engagement ▪ Outdoor Activity ▪ Diversity & Inclusion ▪ Volunteerism	▪ Information & Referral ▪ Social Support Services ▪ Caregiver Supports	▪ Resiliency ▪ Emotional Wellbeing ▪ Personal Services ▪ Food & Nutrition	▪ Transportation ▪ Housing ▪ Home Supports	▪ Personal Safety ▪ Financial Security ▪ Vocational Training & Support

Trends in Health and Community System Transformation

Alberta has begun the transformation journey with the *three tiers for transformation in the MNP Report to reorient policies and services to increasing community care and population health.*

These directions are reinforced by the **National Institute for Aging**: *"Aging in the Right Place"* from the National Institute on Aging (https: www.niageing.ca>airp). It's about the following strategies, which link to wellbeing and aging in community:

- Promoting preventive health and better chronic disease management.
- Strengthening home and community-based care and support for unpaid caregivers.
- Developing more accessible and safer living environments
- Improving social connections to reduce loneliness and social isolation.

At the same time, futurists are challenging us to start in a very different place as we develop transformation policies:

"Our healthcare system was designed around the system, the payers, the buildings, the clinicians. Well, the centre should be the patient/citizens in communities. They are the reasons we have healthcare". (Dr. Khayat in her presentation with Debbie Gamble, "Presentation on Trust and Digital Health" quoted in LinkedIn, May 4, 2023; changes in wording to include "citizens in communities" approved by Dr. Khayat)

The **WHO Decade for Healthy Aging** brings together the focus on individuals and families in communities and the need for shifts in service delivery. The Decade of Healthy Ageing 2021-2030 will focus on four key actions:

- Changing how we think, feel and act towards age and ageing
- Developing communities in ways that foster the abilities of older people
- Delivering integrated care and primary health services that are responsive to the needs of older people
- Providing older people who need it with access to long-term care. (https://www.who.int/initiaitves/decade-of-healthy-ageing)

Healthy Aging Alberta's Healthy Aging Framework and the CPCLW approach are aligned with these outlooks, as are Alberta's Age Friendly Initiatives.

Results from this project support strengthening engagement with community-focused systems that connect and integrate the work of community-based services, housing, and community health services.

## Perspectives: Continuum of Collaboration

The Tamarack Institute, a recognized expert related to developing approaches and resources for community change, defines collaboration:

"Collaboration as a process of bringing … people together in constructure ways; with good information they will create the authentic visions and strategies for addressing the shared concerns of the organization and the community"

(Source: A Spectrum of Approaches, Liz Weaver. Page 2. https://www.tamarackcommunity.ca>hubfs/2022)

This article describes a collaboration spectrum illustrated in Schematic 2.

Schematic 3: Collaboration Spectrum. Tamarack Institute
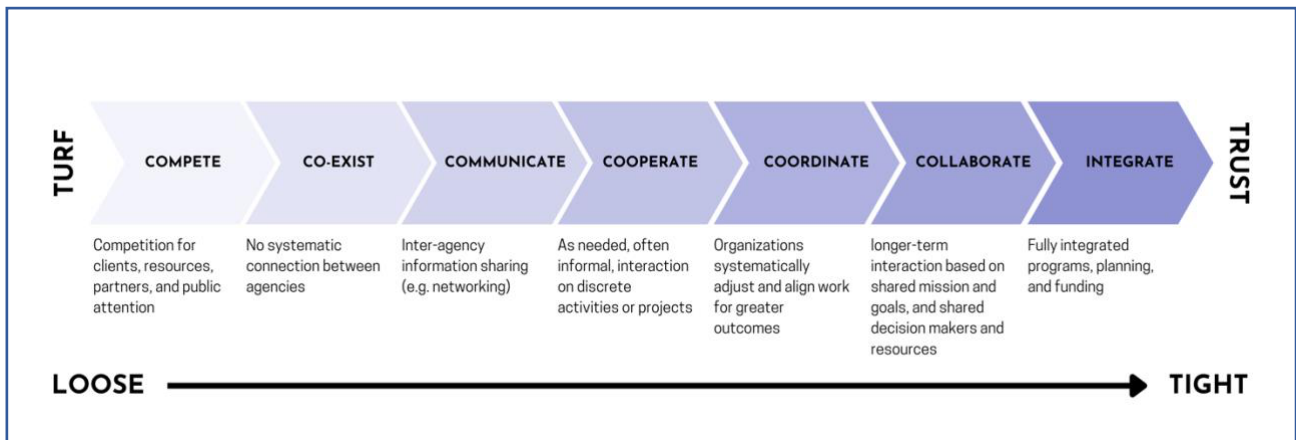
The work in this project focused on input to strengthen COMMUNICATION, COOPERATION, COORDINATION AND COLLABORATION, which may lead to opportunities for service INTEGRATION.

The above document from Tamarack goes on to outline conditions important to collaboration. The CPCLW Team has integrated this learning into their model and demonstration project (See Appendix C).

Perspectives: Impact Measurement

Frustrations were voiced early in the input processes by project participants that moving forward today with new initiatives in the community-based system typically relies on funding *pilot projects.* Unfortunately, their value for knowledge development and mobilization is often less than desired since implementation of pilot projects is challenged by short-term expectations and funding which do not consider the complexities (messiness) of making change in community settings. Expectations for

demonstrating change are difficult to meet and stopping funding at the end of the pilot ends in frustration for all parties involved and weak opportunities to mobilize learning.

It is suggested that a different approach to implementing change initiatives is required with longer term views for change, more realistic expressions of project intent and related measures, with a commitment to demonstration projects as part of a "learning health system".

A learning health system has been defined by AHRQ (Agency for Healthcare Research and Quality) as a health system in which internal data and experience are systematically integrated with external evidence, and that knowledge is put into practice (Source: ahrq.gov/learning-health-systems/about.html)

Schematic 4: Dimensions of a Learning Health System

Source: Agency for Healthcare Research and Quality. https://www.ahrq.gov/learning-health-systems/about.html

As illustrated in the learning health systems schematic above, becoming a learning health system is an iterative—a longer term- journey characterized by strong leadership, effective use of data, and both a culture and workforce committed to continuous learning and improvement, including with involvement with recipients of service and cross-sector engagement.

The Calls to Action in this Report reflect intentions to move from pilot-project focused work with tightly defined outcome measures and start/stop timelines and funding to longer term thinking, iterative cycles of action, learning, and broadly defined impact assessment.

Summary of Reflections

Directions for system transformation in Alberta are aligned with international and national leaders. Alberta has structures and processes and a collaborative environment which allow for both provincial and local change—conditions which are unique in Canada to support rapid action as well as systemic learning and change.

Sustained investments for community-focused, cross-sector action are required to bring these opportunities to fruition.

3 PROJECT METHODOLOGY

Project Structure

The Project, "Mapping Cross-sector Applications of Healthy Aging Alberta's Healthy Aging Framework", was structured with two components to optimize the partnership by the AAG and the HAA and to facilitate cross-sector input across individuals and organizations.

Project Implementation Team, responsible for project implementation per project mandate (from the AAG/AH approval) and scope (from the Stakeholder Collaborative Committee)

- **AAG Representative**: Marlene Raasok, AAG Board Member and Vice Chair, Futures Policy Project with responsibility for project integrity in relation to scope and AAG/Alberta Health contract.

- **HAA Representative**: Mariam Elgahaugi, Project Manager, HAA with responsibility for alignment with HAA content and provision of administrative support for the project.

- **Project Coordinator**: Anne Smith, contracted by HAA to implement consultation processes and map outcomes.

- **A Network of Cross-sector "strategic contributors"** (as opposed to having a typical Advisor Committee) who were deemed to be leaders across the sectors who could assist with recruitment of ZOOM participants and provide input in application and synthesis sessions. Representatives from Alberta Health and Alberta Seniors and Community and Social Services also participated in Application and Synthesis sessions.

Table 5: Project Strategic Contributors

Sector	Representative
Community-based Seniors Serving Sector	K. McDonald, S. Hallet, L. Stebbins, S. Jones
Housing	J. Leafloor-ASCHA, Bethany Group Leaders, Greater Edmonton Foundation Leaders
Community Services-Continuing care	Leaders -Bethany Group; C. Christenson-Good Samaritan Society, A. Sands-Capital Care
Community Services-Health	AHS --CPCLW Co-Leads (S. Hamelin, H. Lightfoot), Dr. R. Lewanzcuk, H. Tonaszewsky
Caregiver Supports	S. Anderson

Scope of Cross-Sector Input and Project Development Process

The project involved 5 steps for input, with participants involved iteratively in the various steps, by both ZOOM and in-person sessions—see Table 6 which follows.

All discussions were highly participative, with individuals often representing more than one sector given their organization, and individuals often participating in sequential discussions.

Participants received summaries after each session and the iterative process of input allowed input to be gathered that produced common themes even though the period of input was during a busy time, including need to manage fire evacuations in north/western Alberta. Summaries of the input are available on AAG's Website as a resource for the Report.

Table 6: Input and Project Development Processes

#	Project Step	Participation	Development of the Call to Action
1	April/May 2023: Eight, two-hour, virtual Exploratory Conversations: Interest Alignment & Applications	Sector Focus: CBSS, Housing, Community Health (24 participants)	Ten possibilities/opportunities for action with specific ideas for action were identified through these conversations
2	June 14, 2023: Healthy Aging Applications Workshop (in person)	Cross-Sectoral Attendance Ministries (AH & ASCS) (35 participants)	This session began by engaging participants in a discussion or an overarching vision for a client and community-centric ecosystem of health and social services –with much energy emerging about the opportunities to build on individual sector/service efforts for greater gain. Applications for incorporating Determinants of Health into practice and measurement and strengthening client & community engagement were shared. The ten opportunities for action were validated by participants and participants made refinements and suggested additions to the identified actions. After this Workshop, the ten opportunity areas for action were consolidated into the Macro System View of the Ecosystem with five opportunities for action.
3	June 27, 2023: Strategic Contributors Workshop (Virtual)	Cross-Sectoral Discussion Ministries (AH & ASCS) (15 participants)	The five opportunities for action were validated by participants and participants made refinements and suggested additions to identified actions. After this Workshop, Call to Action activities were organized into three categories: ▪ Immediate Action ▪ Longer Term Development and, ▪ Future Focus This discussion also highlighted the value of articulating an overall outcome as "well-being" and "living well "as more inclusive than "Healthy aging"
4	July/August 2023: Digging Deeper Conversations	Focused Conversations: Housing, CPCLW,	Opportunities for action were clarified and advanced through Round Table conversations and meetings on specific tops such as housing, common intention and navigation.

#	Project Step	Participation	Development of the Call to Action
		AHA, Alberta Blue Cross (25 participants)	The information and perspectives gained though this Project Step were used to refine the Call for Action.
5	August /Sept 2023: Finalization of the Call for Action	Preliminary Discussion with HAA Leadership Council	All project input was reviewed and the Call to Action finalized. There was recognition of HAA's leadership opportunities and the opportunities of ongoing cross-sector collaboration and engagement with the Ministries.

Participant Feedback on the Process

Participants were asked in a post-input survey for feedback on the project methodology, their experience with the project and the value that they found through the process.

Highlights from the 10 participant responses (40% of individuals involved) are provided in Appendix B. Overall:
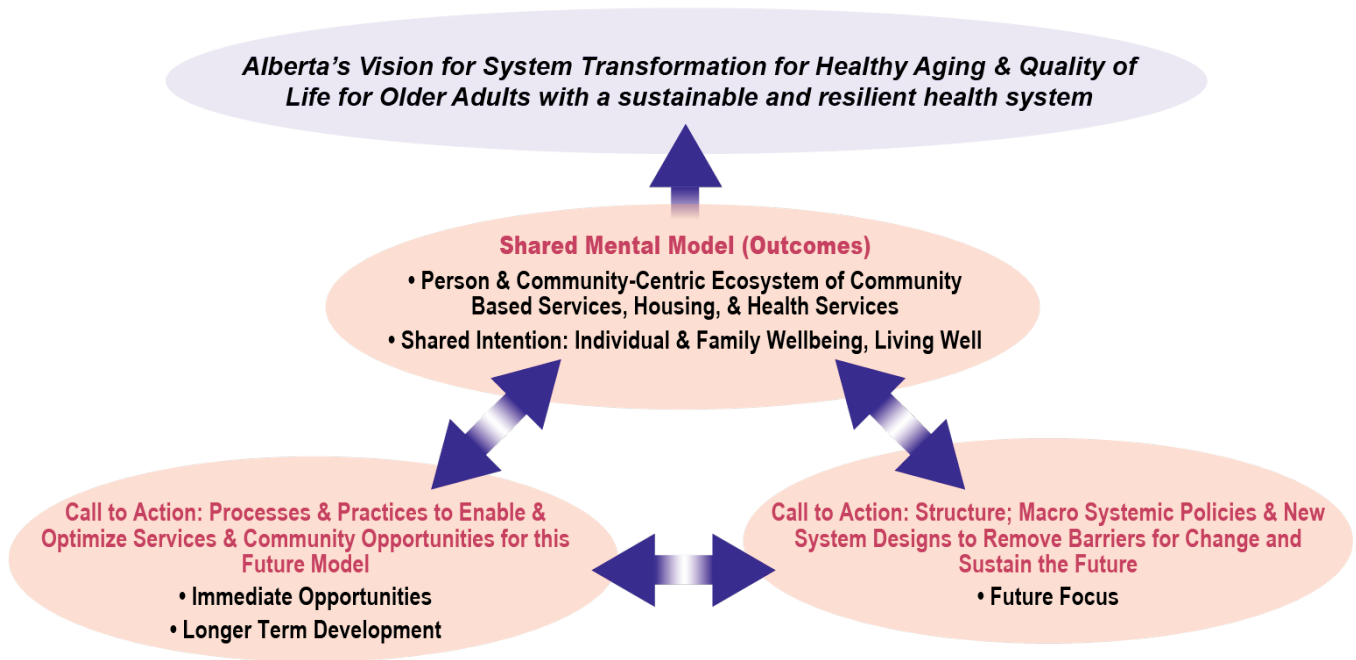
- **Participants indicated high satisfaction** with the process.
- **Majority of respondents identified new learning** regarding the Healthy Aging Framework and the range of applications shared at the Application Workshop.
- **Participants expressed strong support for moving forward** with the directions for change.
- **Participants are looking forward to receiving the report** and moving forward with change within their organizations.
- **Participants saw value from the collaboration of the AAG and the HAA** representatives in the project.

Conclusions: Logic Model for Project Results

Based on project input, the logic model in Schematic 5 has been developed as a framework for presenting and acting on project results. The logic model illustrates the change management model of Structure, Process and Outcomes which are key to achieving Alberta's vision.

This model demonstrates the importance and interconnections of results which are described in Sections 4 and 5.

Schematic 5: Logic Model for Cross-Sector Collaboration for Value-Adding Community Services for Growing and Aging Population

Alberta's Vision for System Transformation for Healthy Aging & Quality of Life for Older Adults with a sustainable and resilient health system

Shared Mental Model (Outcomes)
- Person & Community-Centric Ecosystem of Community Based Services, Housing, & Health Services
- Shared Intention: Individual & Family Wellbeing, Living Well

Call to Action: Processes & Practices to Enable & Optimize Services & Community Opportunities for this Future Model
- Immediate Opportunities
- Longer Term Development

Call to Action: Structure; Macro Systemic Policies & New System Designs to Remove Barriers for Change and Sustain the Future
- Future Focus

4 PROJECT RESULT 1: A SHARED MENTAL MODEL FOR A COMMUNITY-FOCUSED ECOSYSTEM

A Person and Community-Focused Ecosystem

Input across all stakeholders supports a shared mental model that focuses on people in communities as the foundation for engagement and self-determination of individuals and families, service development, connected service delivery, intentional system design and definition of impacts.

This shared mental model is illustrated in Schematic 6. This moves from single, stand-alone service delivery to a future with *new language and a new framework for action* for cross-sector and collaborative work that

- **Translates planning expectations from a triangle of MNP Policy tiers of focus and investment to a more complete community-centric depiction of services and relationships**.
  - The 3 tiers are depicted by 3 ellipses of reducing size from Tier 1 (Living in community with wellbeing and minimal health needs) to Tier 2 (living in community with wellbeing and moderate /complex needs) to Tier 3 (living in care homes with complexity and end of life care). Overlapping ellipses are intentional, inviting cross-sector work and evolution of new service delivery approaches.
  - Primary Health Care is an important partner. Technology is a cross-sectoral enabler for individual and service connections, service delivery innovation and tracking of impacts.
- **Anchors development of common intentions—wellbeing and living well—for cross-sectoral service planning**-- with community member engagement within communities and across sectors.
- **Values all services and encourages thinking creatively across services** to opens the door for new models of service delivery that optimize existing capacity and evolve to meet new needs in more cost-effective ways than possible with historical single service foci.
- **Challenges practice and policy development with the need for wholistic thinking** for strength of all.

Communities may be defined as rural settings, small urban centres, focused areas (and neighborhoods) within larger urban centres. In all cases, there are:

- Community Members (individuals, families, carers)
- A range of community-based services, housing options, and community-focused health services
- Businesses and services supporting the community and geographic areas…

All with opportunities to create welcoming, supportive, and economically viable communities.

Person and Community-Focused Ecosystem of Health & Social Supports, Focused on Wellbeing

Living in Care Homes with Wellbeing & Complex Care Needs

Technological Innovations

Across all Sectors

Living in Community with Wellbeing & Moderate to Complex Care Needs
(Housing Options, Continuing Care Community Services, New Models of Support-social & non-medical)

Partners in Care

Primary Health Care - (enabling wellbeing & living at one's best through prevention & treatment)

Emergency Care, Ambulatory Care, Treatment & Hospital Care

Health Home

Living in Community, with Wellbeing and Minimal Care Needs
Housing Options, CBSS (not-for-profit services), FCSS, voluntary/citizen-engaged/age-friendly community initiatives
AHS/Healthier Together, Transportation

Community Planning; Businesses, Services & Community Activities Supporting Individuals across the Life Span.

This framework aligns with system designs from countries like Denmark and emerging strategies for health care sustainability (e.g., United Kingdom, beginning conversations in Canada) that are advocating for community-centric system designs that recognize the importance of integrated community services (with social determinants of health across sectors), supported by coordinated systems for primary health care and optimized emergency & acute care services.

Most importantly, the ecosystem illustrates the scope and importance of community focused services in relation to other components of the health system. This challenges work related to Human Resource planning & service funding models to be done in a manner where all components of the system can be effective and sustainable.

Shared Purpose: Wellbeing and Living Well

New perspective of the word *health*. Input identified a new perspective that use of the word, "health" in relation to "healthy aging' has been found to be limiting. Examples provided:

- Municipalities may feel that initiatives involving the improvement of health belong to Alberta Health and AHS, and not a responsibility that municipalities should get involved in.
- Health is not easily defined, making it difficult to share this as an outcome from an individuals' point of view or from a service provider seeking clarity regarding what is important.

Wellbeing and Living Well helpful expressions. Participants suggested the words "Wellbeing" and "Living Well" as more helpful expressions of the desired outcomes.

- ▪ CPCLW defines **"Wellbeing as the ability to be and do as you value and is seen as a general term encompassing the total universe of human life domains, including physical, mental, and social aspects, that make up what can be called a "good life".** (Based on WHO, World Report on Ageing and Health, 2015)

Mobilizing This Future

Currently, HAA has a system of 5 Regional Community Developers working with communities in Alberta's 5 Regional Health Authorities. They engage Community-Based Seniors Services to map existing services, identify gaps and use the Healthy Aging Framework to articulate, organize, communicate, and evolve their work.

AHS's demonstration initiative, *Connecting People & Communities for Living Well*, has shown value of their methodology in three communities to engage citizens and service providers in developing a plan for collaborative and enhanced service delivery. They aim to extend this work to more communities over the next three years. Several communities, notably Edmonton and Calgary, have mobilized community-focused work using concepts of Age-Friendly communities.

Anchoring further system development with a shared mental model of a person and community-centric ecosystem for health and social supports was viewed by participants as:

- ▪ **Energizing and a very helpful framework for communication**
- ▪ **Development of shared intentions /vision for a community**
- ▪ **Coordination of existing services**
- ▪ **Development of new services and relationships**
- ▪ **Facilitating ongoing collaboration with shared intentions**

Encouragement is given to adopting use of the broad outcome of "Wellbeing" as part of this shared mental model/Ecosystem for health and social supports.

5 PROJECT RESULT 2: EVOLVE PROCESSES AND STRUCTURES FOR THE DESIRED FUTURE

Overview

Moving forward requires action to realize the shared mental model/ecosystem for a collaborative and integrated community service system anchored with the Determinants of Healthy Aging.

Five opportunities for action emerged from Project conversations and reflection. An overview follows in Table 7, per the Logic Model in Section 3. Details of proposed opportunities follow the table.

- Immediate Opportunities reflect opportunity to leverage existing initiatives or urgency to remove barriers and signal intentions to move forward in new ways.
- Longer-term development is more complex and aligned with larger change processes.

Table 7: Overview of the Call for Action

Call to Action …and intended impact	Practice/Process Change		Structural Change …Future Focus	
	Immediate Opportunities	**Longer-Term Development**	**System Policy**	**System Redesign**
1 **Build Common & Plain Language Within & Across sectors.** …use language for a person & community centric system	Evolve language for older adults/persons, socialize HAF, develop common definitions for wellbeing	Uses HAF as clarified through this work to enhance system understanding & integration of Determinants of Healthy Aging.	Person-centric needs framework for eligibility for publicly funded services (not just age 65)	
2 **Identify, Integrate & Connect Aligned Resources Across Sectors** …mobilize collaboration	Coordinate the HAF & CPCLW frameworks & efforts. Use Ecosystem & HAF to support Social Prescribing, implementation of Healthy Aging Asset Index & models for non-medical supports. Connect with Age Friendly Initiatives & Healthier Together.	Update the HAF within the Ecosystem Model to become more robust & inclusive. Use the "updated HAF" & ecosystem model as a catalyst for cross-sector conversations & collaborative action. Strengthen connections with FCSS & municipalities	Expand the conversation beyond CBSS, housing & health to other sectors (e.g., financial)	
3 **Draw on Ecosystem & HAF to Develop Shared Intentions & Impacts** …develop common intentions & impact statements for system change within and across sectors	Continue use of HAF to support HAA program & project development. Explore alignment with Ecosystem & HA across existing sector initiatives & profile community exemplars, paying particular attention to the journey and targeted impacts.	Align key concepts of Ecosystem & HAF with Recovery Oriented Systems of Care & Family & Community Support Services. Support organizations & collaboratives to use Ecosystem & HAF to develop clarity of intended change/gaps & evaluation of impact.	Citizen-centered delivery, with program access determined by need, not by the age of the individual	

			Work with vulnerable & marginalized populations to identify & respond to need for supports & services		
4	**Improve Navigation /Assessment Tools for Older Adults, Caregivers & Providers** *…optimize access & development of local service strength and citizen/community agency*	Increase number of community connector roles Create awareness of the Healthy Aging Asset Index Support work to recognize & support family caregivers	Develop common language (HAF) across 211, 811, CSNAT, Caregivers Alberta, etc. Explore the potential to anchor service navigation capacity in community-based initiatives. Develop Self-Assessment resources for navigation by older adults & caregivers (continue to build connections with Alberta BlueCross Initiative to develop a person-centered health & wellbeing	Asset -Based approaches for assessment & systems navigation	
5	**Advocate to Remove Barriers & Evolve Policy & System Design** *…sustain a collaborative & integrated system*	Funders address limitations of current grant/project funding New funding for grassroots/ community-driven action with business models for sustainability	Human Resource strategy to strengthen CBSS & Community Services Funding models & investment and policies to remove barriers to an integrated system. Cross-Ministry Work to enable change.	Co-design by funders & service providers & community members to support well-being & living well in communities	Mobilize this work to contribute to system design

Call to Action Opportunities

Call to Action 1: Build Common and Plain Language Within and Across Sectors

Impact: Use language for a People and Community Centric System

ACTIONS		
Immediate	**Longer Term Development**	**Future Focus**

1. Evolve terminology for terms such as seniors and community-based seniors serving organizations. Examples include:
 	
  ▪ **From Seniors** TO **Older Persons**
  ▪ **From Aging in Place** TO **Aging in Community**
  ▪ **From Outcome Language focused on health and healthy aging T**O **wellbeing, aging well, etc.**
 	
2. *Develop common definitions of Healthy Aging (see Regional Centre for Healthy Aging) and Wellbeing (see Connecting People and Community for Living Well).*
 	
iii. Socialize the HAF as evolved through this work and share applications of the HAF using the CORE platform, regional community developers and other mechanisms.
	1. Support the further refinement of the HAA Systems Mapping Initiative, with the Ecosystem and Determinants of Health clusters understood as contributors to well-being or aging well.
	
	2. *Use the HAF, as evolved through this work, as a central concept to speak to the range of services for role delineation and clarity.*
	
	  ▪ Enhance system understanding, role clarity and terminology. Identify connections with 211 (taxonomy) and other resources to provide shared information about community needs.
	  ▪ Use the six determinants of Heathy Aging to start building common language across sectors.
	  ▪ Develop Community Profiles (system maps, including AHS Healthier Together profiles) using the HAF.
		Person-centric/needs framework for eligibility for publicly funded services as opposed to reliance on years of age, for example, 65, as the eligibility marker.

Call to Action 2: Identify, Integrate and Connect Aligned Resources Across Sectors

Impact: Mobilize collaboration

ACTIONS		
Immediate	**Longer Term Development**	**Future Focus**

1. Coordinate the HAF and Connecting People and Community for Living Well (CPCLW) frameworks to support and extend community development.
 	
2. Use the Ecosystem and HAF, as evolved through this work to support existing initiatives:
 	
   ▪ **Support Healthy Aging Alberta Social Prescribing Initiative.**
   ▪ **Support and create awareness of the Healthy Aging Asset Index (Regional Centre for Healthy Aging).**
   ▪ **Contribute to AH/ASCS development of the model for non-medical supports.**
   ▪ **Connect with Caregiver Support initiative, CSNAT (Carer Support Needs Assessment)**
   ▪ **Recognize exemplars.**
 	
3. **Connect** *with Age Friendly initiatives and AHS Healthier Together Initiative*
	1. Update the current HAF to become more robust and inclusive by adding:
	
	   ▪ Considerations of context (Ecosystem, community understanding, relationships, jurisdictional influences), including differences between urban and rural.
	   ▪ Community-developed/identified resources (e.g., Wellbeing Guide, Asset Index/metrics) as inputs.
	   ▪ Clarity related to intended outcomes (e.g., wellbeing, quality living, etc.)
	
	2. Use the "Updated HAF" as a catalyst for cross-sector conversations and collaborative action.
	
	   ▪ Building on the housing providers role as community "connectors" for community resources (focus on smaller and rural communities).
	   ▪ Strengthening connections between housing providers and community-based seniors serving organization (rural &urban centres.)
	   ▪ Connecting with Health, with particular focus on Primary Health Care transformation.
	   ▪ Clarifying the position of continuing care community services & care homes within the community clusters.
	   ▪ Pursuing clusters of work related to common interest. For example, social prescription, developing role clarity for integrated services.
	
	3. Strengthen connections with FCSS & municipalities
		Expand conversations beyond CBSS, housing & health sectors to other sectors (e.g., Financial Supports)

Call to Action 3: Draw on Ecosystem & HAF to Develop Shared Intentions and Impacts

Impact: Develop common intentions & impact statements for system change within and across sectors

ACTIONS		
Immediate	**Longer Term Development**	**Future Focus**

1. *Healthy Aging Alberta continues to use the HAF to support program/project development, implementation and evaluation for example, Assisted Transportation, Social Prescription and Home Supports).*
 	
2. *Explore alignment with Ecosystem & HAF across existing sectors to build shared intentions and impacts.*
 	
  ▪ **Continue to build support for a Shared Mental Model for the Health and Social Systems Eco-System (common understanding of our goal).**
  ▪ **Explore use of the Principles from Connecting People and Community for Living Well (CPCLW) and their Social Return on Investment methodology.**
  ▪ **Support Edmonton Network Declaration.**
  ▪ **Share learnings and evaluation results of cross sector collaboration and promote community exemplars to support a culture of continuous improvement, paying particular attention to the journey and targeted impacts**
	1. *Align Key Concepts in Frameworks HAF Recovery Oriented Systems of Care (ROSC), Family and Community Support Services (FCSS*), provincial frameworks and other key frameworks: bring understanding of key concepts together with appreciation of ability to build on community differences.
	
	2. *Support organizations and collaboratives to use the Shared Mental Model for the Health and Social Systems Eco-System and HAF to develop common intentions and impacts.*
	
	  ▪ Make connections across services and create understanding of value of cross-sector work.
	  ▪ Ensure the voice of lived experience is heard; Challenge our thinking on what success looks like.
	  ▪ Support organizations and collaboratives to develop clarity of intended change and effective evaluation of impact.
	  ▪ Work to support complementarity of evaluative approaches, encouraging simplicity of expectations from funders. Aggregate evidence (data bases/results) combined with stories.
	  ▪ Continue to promote exemplars to influence change.
	
	3. *Work intentionally with vulnerable and marginalized populations* to identify and respond to need for supports and services (Equity Diversity and Inclusion).
		Citizen centred delivery. Program access determined by need not the age of the individual.

Call to Action 4: Improve Navigation/Assessment Tools/Resources for Older Adults, Caregivers and Service Providers

Impact: Optimize service access and development of local service strength and citizen/community agency

ACTIONS		
Immediate	**Longer Term Development**	**Future Focus**
1. *Increase the number and capacity of "community connector roles" to support service accessed by older adults. For example, link workers, outreach workers and Regional Community Developers, existing services, and community members.* 2. *Create awareness of the Healthy Aging Asset Index (Regional Centre for Healthy Aging).* 3. *Support work underway to recognize and support the role of the caregivers (information resource systems; linkages with Primary Care Physicians & their use of CSNAT)* .	1. *Develop common language (HAF) across current service assessment & navigation systems.* ▪ Align language in 211, CSNAT, Caregivers Alberta resources, 811 ▪ Develop shared navigation and referral systems (requires technology and data sharing) 2. **Explore the potential to anchor service navigation capacity in community-based initiatives** — before adding new initiatives (a role clarity opportunity). E.g., Housing as connectors for service information 3. ***Develop self-assessment resources for navigation by older adults and caregivers*** (continue to build connections with Alberta Blue Cross initiative to develop person-centered health & wellbeing navigation)	*Asset-based approaches are used for assessment and systems navigation*

Call to Action #5: Advocate to Remove Barriers and Evolve Policy & System Design

Impact: Sustain a collaborative and integrated system

ACTIONS		
Immediate	**Longer Term Development**	**Future Focus**

1. *Influence funders to address limitations of current, project/grant-focused funding and reporting policies* (processes and eligibility criteria) with the goal of mobilizing change through funded demonstration initiatives set up for ongoing learning, funding, and evolution, rather than short-term projects.
 	
2. *Advocate for the funding of grassroots/ community driven action, particularly in rural communities*
 	
3. *Mobilize learning from this work to contribute to major system redesign initiatives underway across Government of Alberta Ministries*. **Health (Continuing Care redesign, primary health care redesign non-medical supports), Seniors and Social Services (non- medical supports, affordable housing) and Human Services (FCSS) Municipal Affairs Health/Alberta Health Services (AHS) reorganization**
 	
4. *Communicate key messages re value of community services /health and social ecosystem* as fundamental to sustainability and resilience of the hospital (sick care) system
	1. *Develop Human Resource strategies to strengthen CBSS & community services.*
	
	2. *Address funding & policy barriers to an integrated system,* with priorities to:
	
	  ■ Increase investment in community services
	  ■ Improve operational funding including costs for both services and admin supports, with flexibility to recognize different community needs and opportunities.
	  ■ Address systems issues such as information exchange within collaborations and liability issues.
	
	3. *Cross- Ministry Work:*
	
	  ■ Formalize collaborative change initiatives.
	  ■ Support development of new funding models and the reallocation of resources across sectors (from health to community-based delivery) ensuring sustainable business models.
	  ■ Build strong cross-sector relationships including connections and relationships with municipalities and FCSS.
		Monitor opportunities to influence macro system redesign work in support of the Ecosystem and an integrated community services system
		
		Co-design by funders and service providers to support wellbeing and aging well in community

6 SUMMARY PLAN: RECOMMENDATIONS FOR LEADERSHIP FOR MULTI-PARTY, MULTI-YEAR ACTION

Results described in Section 5:

- Build on existing initiatives with opportunities for new thinking and approaches anchored in the ecosystem for health and social supports,
- Identify priorities to remove barriers to forward movement, and
- Describe a journey of change toward Alberta's goals for transformation for sustainability and resilience of publicly funded health and social supports as the population grows and ages.

This journey requires multi-party engagement; areas of contribution are described below.

Table 8: Recommendations for Leadership: Multi-Party, Multi-Year Action Plan… Toward a Value-Adding Community Services System of Health and Social Services

CHANGE MAKERS	Act Now: Commit to this Future and Advance Continued Development	Longer-Term Developments Build Momentum (2024 & beyond)	Future System Policy & System Redesigns Sustain Transformation
Healthy Aging Alberta	- Leadership Team develops plan from this Report, including confirming action plans for existing initiatives, strengthening where possible based on the Ecosystem and Calls for Action. - Strengthen Regional Developer system with CPCLW –well positioned to mobilize ecosystem & citizen & community engagement per opportunities identified in the Call for Action. - Optimize CORE as a communication vehicle to engage citizens and partners in the Ecosystem for an Integrated System and opportunities for change	- Develops a Strategic Plan, engaging broadly with CBSS and partners, to move forward with the range of initiatives identified. - Collaborate as possible to develop plans for change with strategic and local partners and profile progress, ideally annually.	Contribute to Provincial Changes as possible
Ministries (Health; Seniors & Community & Social Services) & Other Funders (e.g., FCSS, Municipal, AH/Prim Care)	- Examine funding recommendations for immediate/near-term change. --Move from project -based funding to ongoing funding --Expand resources for community engagement, including a new fund to support community demonstration initiatives --Develop funding models for sustainability of community services and that create incentives for evolution of existing services for new value. - Ensure effective collaboration for new community services developments. - Seek synergies with major healthcare focused changes	- Evolve funding as required for sustainability. - Optimize cross-Ministry collaboration to advance collaboration and impact. - Mark progress, ideally annually	Plan for future policies & system designs that are transformative

CHANGE MAKERS	Act Now: Commit to this Future and Advance Continued Development	Longer-Term Developments Build Momentum (2024 & beyond)	Future System Policy & System Redesigns Sustain Transformation
System Change Leaders (e.g., Sectors, AHS, Caregiver Supports, Educators, Prof Assoc)	▪ AHS/HAA implement CPCLW & HAF collaboration. ▪ Mobilize Human Resource Strategy, building on cross-sector implications of the Ecosystem. ▪ Socialize learning re this Report & key concepts for change; implement opportunities for change as possible. ▪ Invest in learning to support cultural changes. ▪ Identify and expand community exemplars and profile for learning.	▪ Collaborate as possible and contribute to plans for change as identified in the Call for Action ▪ Mark progress, ideally annually	
Provincial & Community Leaders (e.g., Prov. & Com. Organ. focused on older adults)	▪ Socialize learning re this Report & key concepts for change; implement opportunities for change as possible. ▪ Invest in learning to support cultural changes. ▪ Identify and expand community exemplars and profile for learning.	▪ Collaborate as possible and contribute to plans for change as identified in the Call for Action ▪ Mark progress, ideally annually	▪
AAG	▪ Profile community change exemplars in new Recognition & Communication Initiative (Nov 23) ▪ Monitor progress re HR Strategy, per Workforce Strategy	▪ Advocate for Technology implications in potential future "Tech for Health" initiatives. ▪ Contribute as possible for plans for change; recognize and profile progress & cross-sector learning.	▪ Contribute evidence & insights as possible

7 CONCLUSIONS AND NEXT STEPS

Conclusions

This project, "Mapping Cross-Sector Applications of Healthy Aging Alberta's Healthy Aging Framework (with its Social Determinants of Healthy Aging)," focused on strategies related to transformation of the community services system. It has met expectations of the Culture Change Project and the Stakeholder Collaborative Committee to provide a resource document for cross-sector collaboration for a value-adding community services system with two deliverables:

- **Deliverable 1: Development of a Shared Mental Model, the Person and Community-Focused Ecosystem of Health and Social Supports, with goals for wellbeing and living well (Section** 4):
    - Which provides a frame of reference that can anchor community member engagement, service development, and system redesign.
    - Which invites all participants to move forward with person-centered practice and appreciating the contributions of all, for wellbeing and living well as we age.
    - Which demonstrates the need for wholistic thinking when examining human resource   developments and funding models to ensure that community-focused services are strong and competitive contributors across health and community services.

- **Deliverable 2: Cross-sector Validation of Using the Healthy Aging Framework (and its clusters of Determinants of Healthy Aging).** Five Calls for Action are described in Section 5, which:
    - Use the Ecosystem and this Framework to develop practice and processes for person-centric, community-focused collaboration toward a value-adding system of community services.
    - Identify the need to address barriers to moving forward, notably funding, and human resource issues and incentives/support to developing new approaches to service delivery.
    - Call on ministries and system leaders to seek synergies across the range of healthcare change initiatives underway in Alberta.

These observations and opportunities build on work being done across the province. Cross-sector input was varied and energetic and excited about the way forward and continuing the journey.

Implementation Considerations

The Report was fully endorsed by AAG's Stakeholder Collaborative Committee (SCC) on September 20, 2023.

- Note was made of the collaborative environment in Alberta which allows such work to take place and for the obvious momentum for change.

The following input was received at the SCC to support implementation:

- Development of an interactive graphic to illustrate the ecosystem would facilitate understanding (reference work in Edmonton. https://seniorscouncil.net/our-work-2/network-action/)

- Two resources for further development were provided:
  - https://institute.age.friendly.org/initiatives/age-friendly-ecosystem/
  - https://cihr-irsc.gc/e/documents/ia_strat_2023-2028-en.pdf
- Encouragement was given to further work to:
  - Examine the bucket of services in the HAF to identify priority resources to support known concerns such as loneliness.
  - Develop the current workforce to shift culture and capabilities for person-centered and connected service delivery, parallel to educating new professionals and practitioners.
  - Mobilize targeted initiatives by developing a gap analysis related to intended changes along with measure of success to monitor progress.

Next Steps

The partnership of AAG and HAA, with their complementary expertise, contributed to project success. Participants also benefited from work being done by AHS's CPCLW team, with the recommendation to formalize HAA/HAF & CPCLW collaboration to strengthen community-focused implementation being an immediate opportunity for action.

Recommendations in Section 6 describe proposed leadership responsibilities for major change makers for a multi-party/multi-year action plan.

- AAG and HAA will distribute the Report broadly with requests for follow-up engagement as possible to advance the call for action.

Engagement across Ministries and sectors with the Report, incentives for community-focused development (e.g., new funding for development of community exemplars) and leadership by all parties will be important catalysts to this journey.

The Provincial Summit, October 10-12th,2023, *Reimagining Aging: Leading the Way for An Integrated Approach",* co-sponsored by Healthy Aging Alberta and Alberta Association on Gerontology *is* a unique opportunity to continue to build the culture and community for change across sectors.

AAG and HAA are committed to examining ways to ensure that the impact of this Report is sustained with updates at the end of 2023/24 regarding opportunities for the future.

APPENDICES

APPENDIX A: References

AHRQ. About learning health systems (Agency for Healthcare Research and Quality**).**
https://www.ahrq.gov>about

Alberta Government Mandate Letters. Mandate letters to ministers (2023)—Open Government

https://open.alberta.ca>publications

MNP. Improving quality of life for residents in facility-based care in Alberta. By MNP for Department of Health. Retrieved from https://open.alberta.ca/dataset/f680d1a6-bee5-4862-8ea4-e78d98b7965d/resource/22092c9c-99bb-4fee-9929-7ce06e71bbd1/download/health-improving-quality-life-residents-facility-based-continuing-care-2021-04-30.pdf

National Institute for Healthy Aging. Aging in the right place: supporting older Canadians to live where they want to live. https://www.niageing.ca>airp

Tamarack Institute: Collaboration. A spectrum of approaches by Liz Weaver. https:///www.tamarackcommunity.ca>hubfs/2022

WHO. social determinants of health.

 https://www.who.int/healthtopics/socialdeterminants-of-health#tab=tab_1

WHO. WHO's work on the UN Decade of Healthy Aging

https://www.who.int/initiatives/decade-of-healthy-ageing

APPENDIX B: Participant Feedback Survey

A participant feedback survey was sent to all individuals who were engaged throughout the project.

- Ten (10) participants responded to the survey
- The individuals represented all four levels of involvement from the focus groups, strategic contributors, to sector representative or project leaders.

Feedback on methodology used to engage individuals throughout the process:

- Most respondents felt that the background documents provided prior to the focus group and in-person workshop were helpful.
- Additionally, respondents overwhelmingly agreed or strongly agreed that the summary that was shared following each session was helpful in seeing the scope of the discussions that had taken place.

Feedback on project value and the potential impacts of the project:

- Most respondents felt that they learned new information regarding the Healthy Aging Framework, the community-based senior serving sector and how the Framework could be used to advance cross-sector collaboration to support individual and community health and wellbeing.
- Respondents also agreed that they were encouraged by the discussion around common language across sectors and felt energized and hopeful to use the new perspectives and opportunities to connect and collaborate in the community.
- Lastly, all respondents looked forward to sharing the report and learning with their colleagues.

Areas identified for further conversation included:

- Creating a volunteer support network (on CORE and from HAA)
- Creating a forum to post success stories
- Strengthening community-based liaison resources to work with seniors to find resources and to develop the motivation to use them

APPENDIX C: Coordination of Connecting People and Community for Living Well and The Healthy Aging Framework to Support Community Action

Background

The Alberta Association of Gerontology and Healthy Aging Alberta are undertaking a *Culture Change Project: Cross-Sector Mapping of the Healthy Aging Framework* to explore the possible alignment (common ground) and application of the Healthy Aging Framework within and across other sectors. This project will be completed by end of September 2023.

- The Project is identifying opportunity areas and specific actions for cross-sector collaboration. One identified opportunity area for action is: identifying, integrating, and connecting aligned resources across sectors to support collaboration. One specific action to realize this opportunity is to integrate the Healthy Aging Framework (HAF) and Connecting People and Community for Living Well (CPCLW) frameworks to support community development.

The Healthy Aging Framework is based upon the March 2018, *Healthy Aging Framework for Alberta Seniors Centres* research report. It is being mobilized by Healthy Aging Alberta (HAA). The Framework's purpose is to articulate and organize the work of community-based senior-serving organizations and collaborations, so that older adults are able to age in their chosen homes and communities. The Framework has five components – or building blocks:

- Determinants of Healthy Aging,
- Service Areas,
- Activities,
- Intended Outcomes and
- Impacts.

Five Healthy Aging Alberta Regional Community Developers are supporting the mobilization of the Framework across the province.

- Connecting People and Community for Living Well is an Alberta Health Services initiative supported by Health Canada. Its focus is to work provincially with rural multi-sector community teams to build and sustain the wellbeing of local underserved populations such as seniors impacted by dementia, and others who may benefit from enhanced support within their community. The Connecting People and Community for Living Well model has five components which work in tandem to support individual and collective wellbeing at the community level:
  - Provincial Support
  - Communities Advancing Local Work
  - 10 Core Principles
  - Wellbeing Guide
  - Competency Framework

Connecting People and Community is a grant funded initiative (2023-2026). The team supporting the work is pursuing multiple avenues to have the work be sustained which includes working with partners to incorporate/adopt the model when it supports their work. HAA may be a potential partner.

Both initiatives are grounded in concepts or definitions from a number of global organizations focused on healthy ageing.

- The World Health Organization (WHO) Social Determinants of Health. Defined as "the non-medical factors that influence health outcomes", and include economic policies and systems, development agendas, social norms, social policies and political systems. (WHO, 2023)
- The WHO definition of 'wellbeing' as the ability to be and do as you value. It encompasses physical, mental, and social aspects that make up what can be called a "good life." (WHO World Report on Ageing and Health, 2015)
- The United Nations Decade of Healthy Ageing (2021-2030).   A global collaboration with the aim to "…improve the lives of older people, their families, and the communities in which they live." (WHO, 2023) Four key action areas for the decade include efforts to support: age friendly environments; combatting ageism, integrated care; and long-term care. Decade of Healthy Ageing: Baseline Report description of healthy ageing as a process of developing and maintaining the functional ability that enables wellbeing in older age. (WHO 2020)

Healthy Aging Alberta and Connecting People & Community for Living Well both individually and through their partnership with each other, support community-based action to build and enhance healthy aging, and collective wellbeing at the community level.

The Healthy Aging Framework supports common language, identifying priorities, and both strategic and operational planning.

The Connecting People & Community for Living Well model is grounded in wellbeing and is designed with the Alberta context in mind. The model incorporates provincial level support, and principle-based actions aimed at advancing effective and sustainable ways to support healthy aging and wellbeing at the community level. This includes - identification of needed skills, knowledge, and behaviors for collaboration across sectors, and support to measure and monitor impact of actions.

An example how these two resources can be used effectively together is the Community Partners in Action – Innisfail.

Intention of Coordination

The goal of coordinating these two resource/initiatives is to create awareness within Alberta communities on how these resources complement one another and can be used together, as it makes sense to the community, for collaborative community action to support healthy aging and community well-being.

Commitment to Action

1. **Share learnings** from, **invest in**, and **advocate for cross sector action for living well across an individual's life span and for community wellbeing.**

   - The two initiatives support the Call for Action outlined in the Report, "Cross-Sector, Community-focused Collaboration and Service Integration for Wellbeing and Living Well for Older Albertans: NOW IS THE TIME". For example, both initiatives are committed to

developing common language, creating a shared mental model for integrated service delivery and working toward common intention.

2. **Work together** to **create awareness of the Connecting People and Community for Living Well and the Healthy Aging Framework initiatives within communities**.

   ▪ The two initiatives will develop shared messages and communication approaches for creating awareness of both initiatives, what they are, how they can advance community driven action and how they can be accessed. For example, giving join presentations, and using existing initiative networks to create awareness.

3. **Support the application of both the Connecting People and Community for Living Well and the Healthy Aging Framework initiatives within communities.**

   ▪ The two initiatives will actively support the application of both resources in community, as it makes sense to communities. For example, this will involve cross training of cross training of team staff, sharing of expertise, demonstrating how resources can be used together and making connections with other aligned resources and collaborations.

4. **Build on learnings from the Connecting People and Community for Living Well and the Healthy Aging Framework to inform resource development and policy/systems change**.

   ▪ The two initiatives recognize that communities are dynamic. Both initiatives are committed to assessing impact over time, learning, and adapting. The two initiatives will use evidence informed practice (multiple sources – evaluations, experience, and data collection) and lessons learned from all sources to further develop resources and to advocate for policy and systems change as appropriate.

Decision Required

Connecting People & Community for Living Well and Healthy Aging Alberta are asked to establish a team to act on the intentions and strategies identified above, assess progress, and develop additional strategies for action as needed.

Schematic 7: Healthy Aging Framework Connecting People and Community

Healthy Aging Framework

CBSS-organizations, Determinants of healthy aging, Strategic plan, Map of organizations, Impact statements

Transformation
Community-Based
Provincial Support
Relationships
Principles

Connecting People & Community

Individual & Collective Wellbeing

Multi-sector community teams

Rural

Wellbeing Guide

Competency Framework