

Continuing Care in Northern Alberta: Capacity & Collaboration

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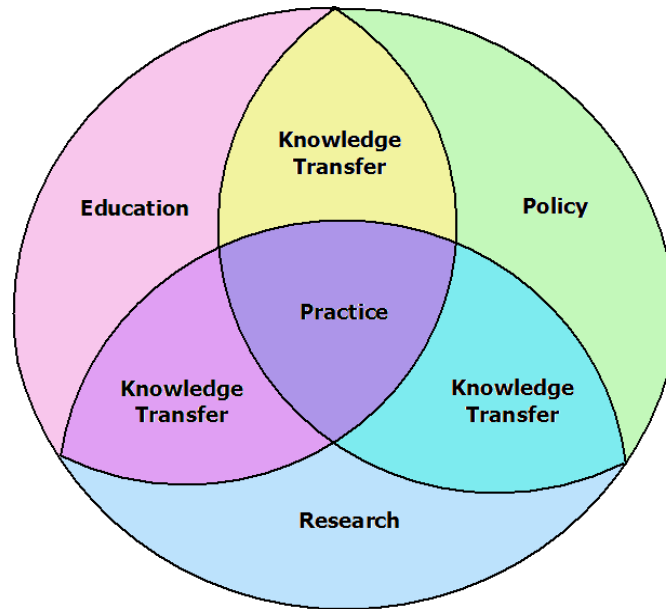


Acknowledgements



Institute for Continuing Care Education & Research (ICCER)

A network of post-secondary institutions, continuing care providers, and regulatory body collaborating to improve continuing care in Alberta.



Alberta Centre for Sustainable Rural Communities (ACSRC)

■ **Mission**

To link the research, outreach and educational capacity of the University of Alberta with students, researchers, rural communities, rural community organizations and policy makers at multiple levels across the province, nationally, and internationally in order to support the improved sustainability of rural communities and populations.

■ **Goals**

- **Research** – Stimulate, support and conduct research on the multiple elements of rural community sustainability.
- **Education** – Stimulate and support innovative education in rural community development, sustainability and policy.
- **Outreach** – Generate greater interaction and collaboration with rural community stakeholders.
- **Knowledge synthesis, translation, and exchange (KSTE)** – Stimulate, support and conduct KSTE to support evidence-informed decision-making and governance at multiple levels, from the local to the international.

Community Consultations

■ 7 communities from 2011 to 2016

- Fort McMurray and Regional Municipality of Wood Buffalo – May 10 and 11, 2011
- Grande Prairie – May 17, 2011
- Slave Lake – April 3, 2012
- Bonnyville – May 6, 2015
- Lac La Biche – April 27, 2016
- Edson – June 23, 2016

■ Local participants

- Continuing care providers
- Community organizations
- Post-secondary institutions
- First Nations, Métis and Inuit peoples
- Interested citizens

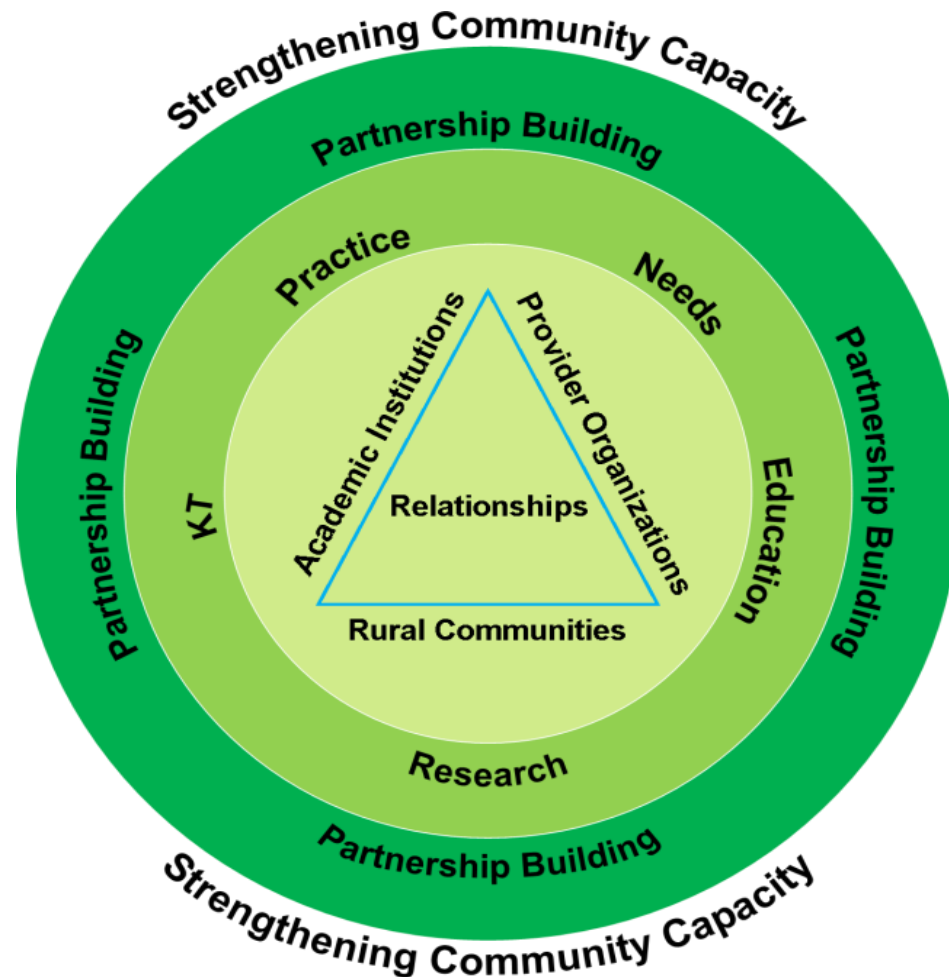
Community Consultations

- **Global café format**

- **5 core questions**

- 1) *How are rural residents receiving continuing care?*
- 2) *Who in the health workforce is providing continuing care?*
- 3) *What are the gaps? What is working?*
- 4) *How can the post-secondary institutions best address the gaps?*
- 5) *What research into continuing care could support best practices in the area?*

Original Community Capacity Model



Methods

- **Secondary analysis**
 - Synthesis of summary reports
- **Goal: Identify consistent themes across the workshops**
 - 1) Identify gaps and similarities with the literature
 - 2) Provide regional-level analysis
 - 3) Position themes within a policy analysis framework

Results

- **How are the residents receiving continuing care (CC)?**
 - Combination of funded CC services and community supports
 - Patchwork of formal providers leads to reliance on informal programs
 - Social programs bridge the individual and formal services
 - Boundaries of social programs vary between communities
 - Different experiences for First Nations, Métis and Inuit populations

Results

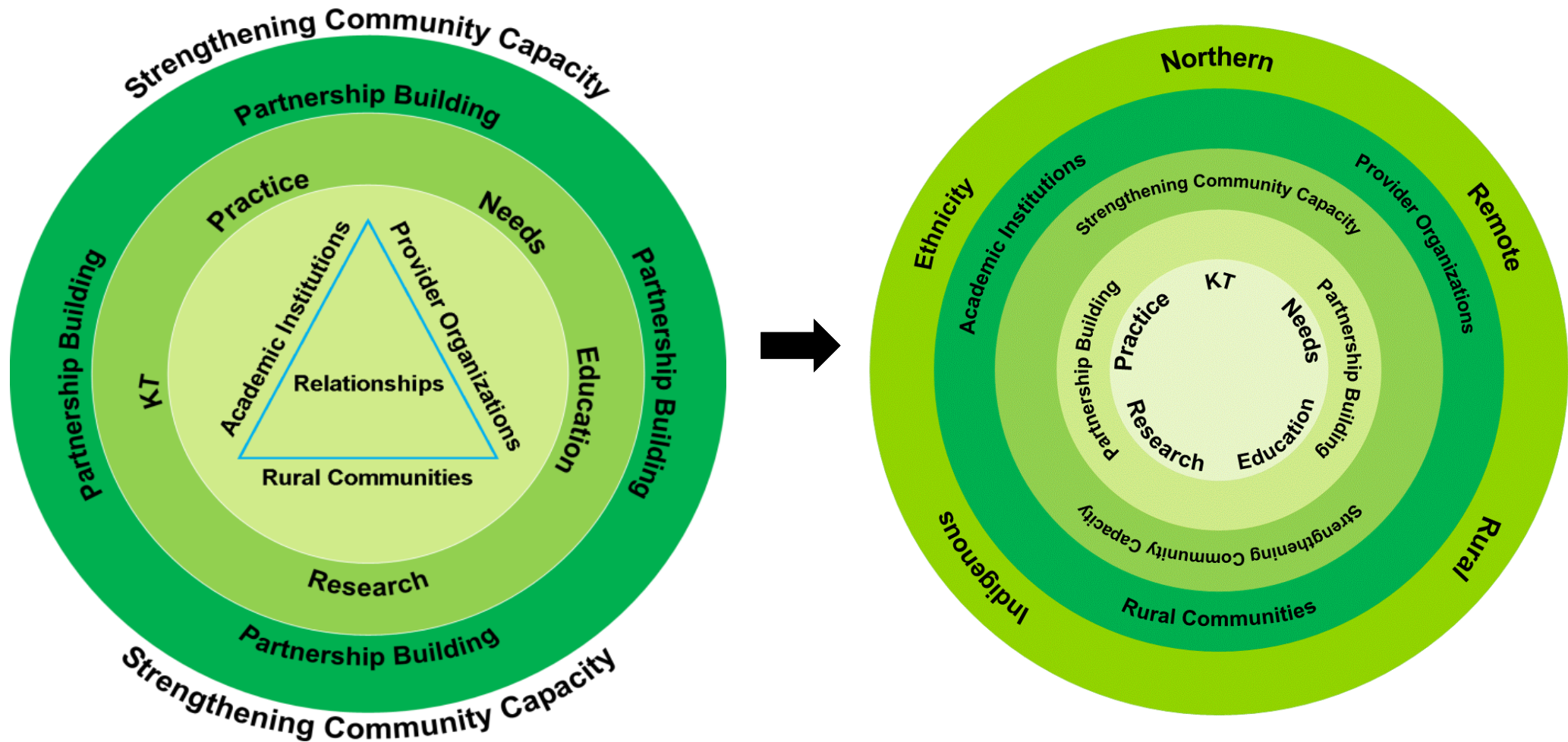
- **Who in the health workforce is providing CC?**
 - Traditional health care providers
 - Informal caregivers
 - Staff/volunteers from program-based services
- **What are the gaps? What is working?**
 - No singular “system” or model of CC
 - Functionality driven by informal supports
 - Contrast between individual and system dynamics
 - “Rurality” matters (Distance and Density)

Results

- **How can the post-secondary institutions (PSIs) best address the gaps?**
 - Health care-focused education and research
 - Innovative models of education
 - PSI engagement in service

- **What research into CC could support best practices in the area?**
 - Identify and teach a rural lens for CC in rural AB
 - PSIs brokerage and network development for rural CC
 - Recruiting, retaining, and building capacity of rural CC workforce
 - “Soft-skills” for practitioners

Revised Community Capacity Model



Policy Design (Bobrow and Dryzek 1987):

- “Sits above” public policy and interventions/programs/tools
- 3 elements:
 - CONTEXT
 - AUDIENCE
 - VALUES
- Avoids the trap of “one-size-fits-all”
- Focus is upon the meta and meso levels of analysis
- Facilitates comparison and understanding at local/regional levels

The Context of Continuing Care in Rural Northern Alberta

- Co-operative, blended care delivery
- Assets shape the model of delivery
- Support organizations and both formal and informal networks matter:
 - *Capacity-building must occur in a dispersed and inter-sectoral way*
 - *Success may not be replicable in other areas*
 - *Place, practice and history shape both assets, and their functionality*

The Audience(s) of Continuing Care in Rural Northern Alberta

- Intersections of formal and informal care
- Intersections of local/municipal/regional/provincial assets and policies
- Care providers, and care provision, crosses boundaries
- Not all mandates are focused toward continuing care

The Values of Continuing Care in Rural Northern Alberta

- 3 core values
 - *Collaboration*
 - *Functionality*
 - *Continuity of care*

Recommendations

- Formal and informal (both ad hoc and consolidated) networks matter
- Housing supply and quality require vigilance
- Money matters
 - *Distance costs both time and resources*
- Communication within and between networks is critical
 - *Knowledge can over-come both perceived and real scarcity*
 - *Trust is key*
- “Rural” is not sufficient – remote, Northern, Indigenous, Ethnic AND rural have different dynamics
- “Lubricated interaction” both builds, and expresses, capacity for continuing care

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