Continuing Care Community Consultations – a Northern Alberta Perspective

28 September 2017

Lars Hallstrom, PhD., Alberta Centre for Sustainable Rural Communities, University of Alberta; Emily Dymchuk, Institute for Continuing Care Education & Research; Sandra Woodhead Lyons, Institute for Continuing Care Education & Research
Acknowledgements
Agenda

• ICCER & ACSRC

• Continuing care in Alberta
  – Three Streams – Home Living, Supportive Living, and Facility Living

• The community consultation process

• What we’ve heard

• Further information
Institute for Continuing Care Education and Research (ICCER)

A network of post-secondary institutions, continuing care providers, and regulatory bodies collaborating to improve continuing care in Alberta by:

- encouraging research,
- translating knowledge into better practice,
- enhancing education, and
- informing policy.
MISSION

To link the research, outreach and educational capacity of the University of Alberta with student, 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

1. **Research** – stimulate, support and conduct research on the multiple elements of rural community sustainability

2. **Education** – Stimulate and support innovative education in rural community development, sustainability and policy.

3. **Outreach** – Generate greater interaction and collaboration with rural community stakeholders.

4. **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.
Alberta’s Continuing Care System

**Home Living**
- Independent living
- Supports from family or home care program

**Supportive Living**
- Congregate Setting (lodges, group homes, designated supportive living, etc.)
- Combines accommodation and support services

**Long-Term Care**
- Nursing Homes and Auxiliary Hospitals

- 116,462 unique Home Care Clients\(^1\)
- 30,878 SL spaces (9,936 DSL)\(^1\)
- 14,768 LTC spaces\(^1\) (19,731 unique individuals\(^2\))

---

1. Alberta Health Services (2016); 2. Alberta Health, Continuing Care Branch (2016)
Community Consultations

- Fort McMurray (city) – May 10, 2011
- Regional Municipality of Wood Buffalo – May 11, 2011
- Grande Prairie and area – May 17, 2011
- Slave Lake and area – April 3, 2012
- Bonnyville and area – May 6, 2015
- Lac la Biche and area – April 27, 2016
- Westlock and area – May 18, 2016 – cancelled
- Edson and area – June 23, 2016
How we did it

- 4 rounds of consultation
- Use ‘café conversation’ style

Café Guidelines
- Focus on what matters
- Contribute your thinking
- Speak your mind & heart
- Listen to understand
- Ask others what they think
- Link & connect ideas
- Listen together for insights and questions
- Write/draw on the paper
- Have fun!
What we asked

• how are the residents receiving continuing care?
• who in the health workforce is providing the continuing care?
• what are the gaps? What is working?
• how can the PSIs best address the gaps? and
• what research into continuing care could support best practices in the area?
Overall benefits

- The networking sessions were a good opportunity for representatives of various organizations and communities to share thoughts and discuss issues related to continuing care in the region.
- The sessions were a positive opportunity to discuss issues, meet people within the region, and share information across relevant sectors.
What we found

- Services, issues, challenges vary from area to area, but.....
- Some common themes have emerged:
What we found

• There is a combination of funded CC services and community-based supports within rural communities that are considered to constitute “continuing care” in these areas.

• The boundaries/limitations of the services offered by social programs vary between communities – no consistency between them.
What we found

• There is no “system” of CC in rural Alberta - rather it is a blend of formal and informal/institutional/home/ad hoc actions, connections and programs (i.e. highly variable, inconsistent and potentially vulnerable with no resilience or redundancy).

• Despite the above, functionality can actually be quite high (varies by region) but may largely be driven by informal/volunteer and supports, rather than CC itself.
How post-secondaries can help

• Enhancing education to encourage practice in continuing care
• Providing more rural content in curricula
• Increasing/enhancing in-service education in rural Alberta
• Enhancing the profile of CC in the community, including increasing/enhancing community education related to CC
• Increasing First Nations engagement in education
Policy and Implications

• Implications extend beyond formal provision of care
• Affect a broad range including community supports, informal care-giving, building resilient structures across the spectrum of care, and intersectoral capacity building at multiple levels
• PSIs, AHS, government (municipal and provincial), communities all need to be involved
Contact Us

Sandra Woodhead Lyons, ICCER
780-248-1504
sandra@iccer.ca

Lars Hallstrom, ACSRC
780-679-1661
lars.hallstrom@ualberta.ca
Further information

@ICCER_AB
@ACSRC

www.facebook.com/iccer.ca
www.facebook.com/UofA.ACSRC

(http://tinyurl.com/p9eabah—Group) or
(http://tinyurl.com/oo6kjmd—Company page)

www.iccer.ca
www.acsrc.ca