

Seeking Solutions to the Meeting the Challenges of Health and Housing Programs for Albertan Seniors

Alberta Council on Aging
Health and Housing Committee
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Abstract:

The Alberta Council on Aging **Health and Housing Committee** identifies program areas of strength and makes recommendations.

Seeking Solutions to Meeting the Challenges of Health and Housing Programs for Albertan Seniors

The Alberta Council on Aging Health and Housing Committee met in February and April 2014 to begin the discussion on strengths and concerns within the realm of seniors housing and health care provision. Aligned with our organizational aim to maintain and improve quality of life for seniors, and the World Health Age Friendly Communities' Initiative, we identified the program areas we encourage maintaining as well as made recommendations for the areas where the wellbeing and safety of seniors is at risk of being compromised.

Housing

Affordability, influenced by price and income, affects all aspects of seniors' wellbeing in terms of housing and healthcare services and related costs of utilities, communications and transportation. Many communities throughout Alberta have reported a lack of options that allow seniors to reside in a place that is affordable and appropriate to their circumstances, thus having a major impact on their quality of life. If affordability, availability of health care services, home supports and home maintenance are out of reach, living independently, in a family home, or within their community is not possible. Emergency, fire and other safety services must be current or seniors are at further risk for reduced quality of life.

Recommendations

1. Offer **Rent Supplements and explore ceiling cap on rent** for seniors to offset the rising costs of renting (this is a more economical option than building more housing), these could be determined on a cost-sharing basis based on local markets.
2. **Increase disposable income** for Albertans receiving Alberta Seniors Benefit (\$265) in seniors' lodges and designated supportive living to reflect cost of living and additional expenditures in health and housing.
3. **Create more specialized housing settings and services for persons with dementia** that include public and provider education on behaviours associated with dementia, mental health issues and how to identify and treat delirium. Explore alternative models of care.
4. Develop a provincial plan, in collaboration with municipalities, to **retro-fit older facilities** for sprinkler systems to ensure that adherence to Fire Code Regulations includes a plan that addresses evacuation and temporary housing for all residents. **Promote the development of emergency, fire and safety plans across the continuum of care.**
5. **Affordable home support services (meal preparation, housekeeping, and maintenance)** are needed. Explore allocating a percentage of FCSS funding for senior supports in the community, in proportion to the percentage of seniors residing in the municipality. Re-visit funding for home support services based on assessed need for post- hospitalization recuperation.

Health

Most of the 430,000 seniors in Alberta live independently, however it is important to note their health status will not be static, therefore it is prudent to examine the entire continuum of care from the family home through to end of life care while recognizing health status is neither linear or in one direction. Many seniors recover from episodes of illness and injury.

Feedback from family care givers and health care providers tell us the intense focus on health care provision may be compromising other important aspects of daily life, such as opportunities to socialize, play, exercise, or give and receive emotional support. The Alberta Council on Aging advocates a balanced approach. We believe implementation of person-centred care in medical and non- medical environments is called for. Simply put, the locus of control is with the person receiving services and their designated support person/s not with the service provider or support system.

We would like to see less time spent on charting and data entry requirements and more skilled staff-resident interaction in continuing care.

As the 8 domains identified by the World Health Organization suggest (see Appendix A), a focus must be placed on needs including, but not limited to, the medical requirements of a senior. Alberta Health has adopted this philosophy in a global sense (see Appendix B) and has begun significant program development in this area. We encourage the universal delivery of home care services and home supports for both short and long term care needs to enhance and support seniors' wellbeing. We have heard from seniors that problems within this system are growing. For example, if a patient is discharged from hospital after 4:30 pm on a Friday, that patient could wait until the following Tuesday (4 days) before home care services are initiated. Many re-admissions could be circumvented if patients with a high level of acuity received immediate medical and home support services upon discharge.

We have received reports that the *North Zone Community Access Line is not working as well as it could. Both providers and recipients of home care have told us that:

- not all physicians are on board
- instructions faxed from the access line respondent are hard to read, and may have limited information - including wrong or poor directions to the service recipient's home
- there is little public awareness around this program: how to access it, who is responsible to contact the program, etc. We are not aware of a call for public consultation or evaluation.

We need a plan to address the pending shortage of professional and certified front line staff right across the continuum of care.

Finally, we need to ensure that the rights of the person in care, and their support person/s are protected. At present, continuing care health service standards apply only for publicly funded care services, although many seniors need to purchase additional private care, and the Protection for Persons in Care Act is applicable only to publicly funded providers and is not currently applied to home care settings. This needs to change.

*North Zone <http://www.albertahealthservices.ca/ahs-map-ahs-zones.pdf>

Recommendations

- We appreciate the recent establishment of the Alberta Health Advocate's and the ongoing work of the Integrated Services project.
- We appreciate the work of the Seniors Strategic Clinical Network, specifically around delirium.

1. Alberta Health Services should implement the **person-centred model of care**, rather than continue with the "siloed" results-based management model of programming.

Complexity and fragmentation of the system: continual change in funding, program terminology; increased outsourcing, is costly and inefficient. These changes also pose significant challenges, for the public and staff alike, to navigating the health system.

2. In order to ensure a seamless transition from hospital to home, **discharge planning necessitates enhanced communication and co-ordination** between the patient, family members, acute care, housing provider and continuing care.
3. **Province-wide expansion of the CHOICE day program** (Appendix C) for seniors – offer full access to counseling and support for all involved. CHOICE program is available in Edmonton and Calgary only.

Family care providers need access to respite programs in order to stay well and to enable people with disease to remain at home longer. As an extension to this program, provide **local** access to **gerontology consults**.

4. In order to uphold appropriate standards of care and to advance the quality of front line care, the highest percentage of care providers in the continuing care field, Health Care Aides (HCA), require affordable and accessible training to attain certification. Certified Health Care Aides must have the opportunity to achieve a living wage.
5. As mobility has a huge impact on the health of seniors, **home care's "basket of services"** (which must identify eligible services) needs to be expanded to include foot care.
6. **Protection for persons in care legislation** must move forward to address both public and private care, including home care services, and must ensure that seniors are covered by the Act no matter where they live.

7. **Health care standards need to apply to all health care providers** regardless of whether they are publicly or privately funded. The public, in order to be reassured of the quality of care provided, must have access to the results of any audit. The Accommodation Standards audit results are made public. The same accountability should apply to health care services.
8. **Evaluate appropriate use of skills and training of the professional work force** so less time is spent on charting and data entry (30 to 40%) and more time is spent on direct care and comprehensive programming for seniors.

This could result in improved quality of care and huge savings for the health care system.

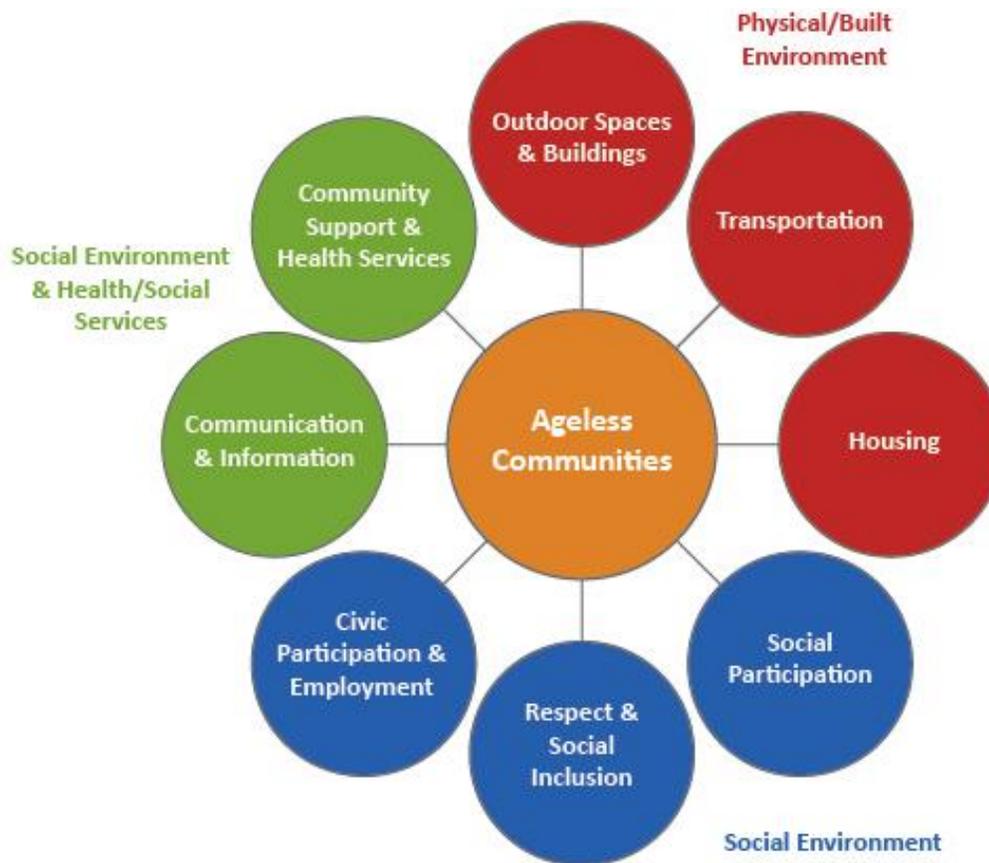
In conclusion, within this generation our senior population in Alberta will have doubled to nearly a million residents. Research commissioned by the Alzheimer Society of Canada stresses, along with growth in the senior population, there will also be a historic increase in the numbers of persons with dementia. Family care providers in community homes will need access to information and support such as qualified home care staff and respite breaks - both long and short term.

Care provision for seniors and other vulnerable people needs to be valued in such a way that standards of care will be implemented by workers at every level who will enjoy their profession and be appropriately compensated and offered learning opportunities. We will need to further develop a few areas: cost of living (rent and income supplement), universal standards of care, legislation protecting seniors from elder abuse, and accessible, affordable housing and home support services.

We believe solutions are close at hand. Over the years initiatives such as education programs for all levels of staff (Supportive Pathways developed by Care West), certification programs from a number of community colleges for health care aides, the seniors citizens lodge program under Municipal Affairs, and Alberta Health *CHOICE program have been successful in terms of measurable outcomes related to quality of life. We would like to see these programs widely implemented and new programs developed alongside. In order to maintain and improve quality of life for seniors, and consequently all citizens, we must draw on and expand programs that are showing good results and systematically eliminate redundancy and other inefficiencies. The good news in our findings is that many Albertans have a vested interest in some aspect of housing and health services for seniors.

*CHOICE Program is offered in 5 locations in Edmonton only

Appendix A 8 Domains - World Health Organization



Physical/Built Environment –

Outdoor spaces & buildings, transportation, and housing are key features of the physical environment and have a strong influence on personal mobility, safety from injury, security from crime, and social participation.

Social Environment –

Social participation, respect & social inclusion and civic participation & employment are topics that reflect the social environment and can effect participation and mental well-being. Respect & social inclusion deals with the attitudes, behavior, and messages of other people and of the community as a whole towards older people.

Social participation refers to the engagement of older people in recreation, cultural, educational, and spiritual activities.

Civic participation & employment addresses opportunities for citizenship, as well as paid and unpaid work.

Social Environment & Health/Social Services –

Communication & information and community support & health services involve both social environment and health and social service determinants. **All domains interact**

Appendix B Age-friendly Alberta



Age-friendly Alberta

“Design for the young and you exclude the old. Design for the old and you include everyone.”

~ Bernard Isaacs, Founding Director of the Birmingham Centre for Applied Gerontology

In the next 10 years, the number of seniors is going to increase by more than 50%. By 2031, it is projected that there will be more than 923,000 seniors – meaning about 1 in 5 Albertans will be a senior. This will affect the way we build infrastructure, the way we get around, and even the way we shop for goods and services. That's why now is a great time for us to make our communities more age-friendly.

Age-friendly communities promote healthy and active aging. People in age-friendly communities are supported in maintaining their independence and have access to the community supports and services they require.

Each Alberta community is unique and needs to take its own path in becoming age-friendly.

Whether you are an individual, community leader or organization interested in helping your community to become more age-friendly, the information provided here will provide you with the tools and resources necessary to help you support your community in becoming more age-friendly.

Appendix C Alberta Health Services CHOICE Program

Provides services for older adults who have many health issues and are living in their own homes. Services include:

- access to a day centre
- checking and treating health issues
- filling prescriptions for medicines
- rehabilitation
- driving people to appointments
- 24/7 telephone support
- help with everyday activities

This service also offers special programs for people in the later stages of dementia or who have long-term mental health issues.

Clients may have up to 4 assessment visits before joining the program.

Available to

For adults 60 years and older:

- with complex, long-term health issues who live in their own homes
- willing to change their family doctor and pharmacist to CHOICE healthcare providers
- can attend the day centre regularly using transportation provided

Under 60 years:

- functionally frail, physically disabled, cognitively impaired, or who have challenging behaviours

Accessing the service - more information:

Contact Community Care Access to arrange for an assessment. A referral from Community Care Access is needed. Clients are assessed by a community care coordinator. Call for more information on eligibility.

Fees

There is a program fee which doesn't include health-related services. Medicine costs are billed through Alberta Blue Cross or other plans.