

# Community engagement to identify continuing care issues in rural Alberta

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# Acknowledgements



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# 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 and continuing care providers collaborating to improve continuing care in Alberta by:

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



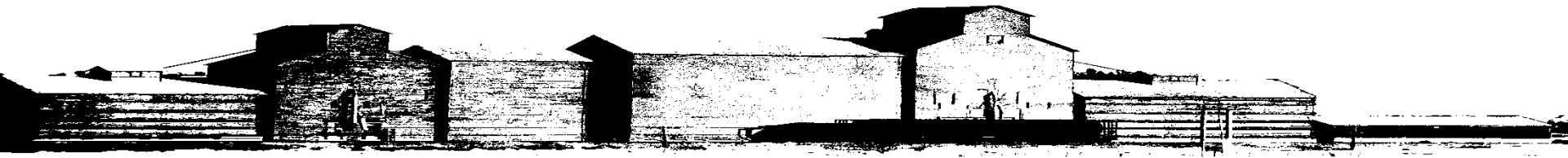
# Alberta Centre for Sustainable Rural Communities

## 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 Care

- Independent living
- Supports from family or home care program

**114,990 unique Home Care Clients<sup>1</sup>**

## Supportive Living

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

**29,868 SL spaces (9,219 DSL)<sup>1</sup>**

## Long-Term Care

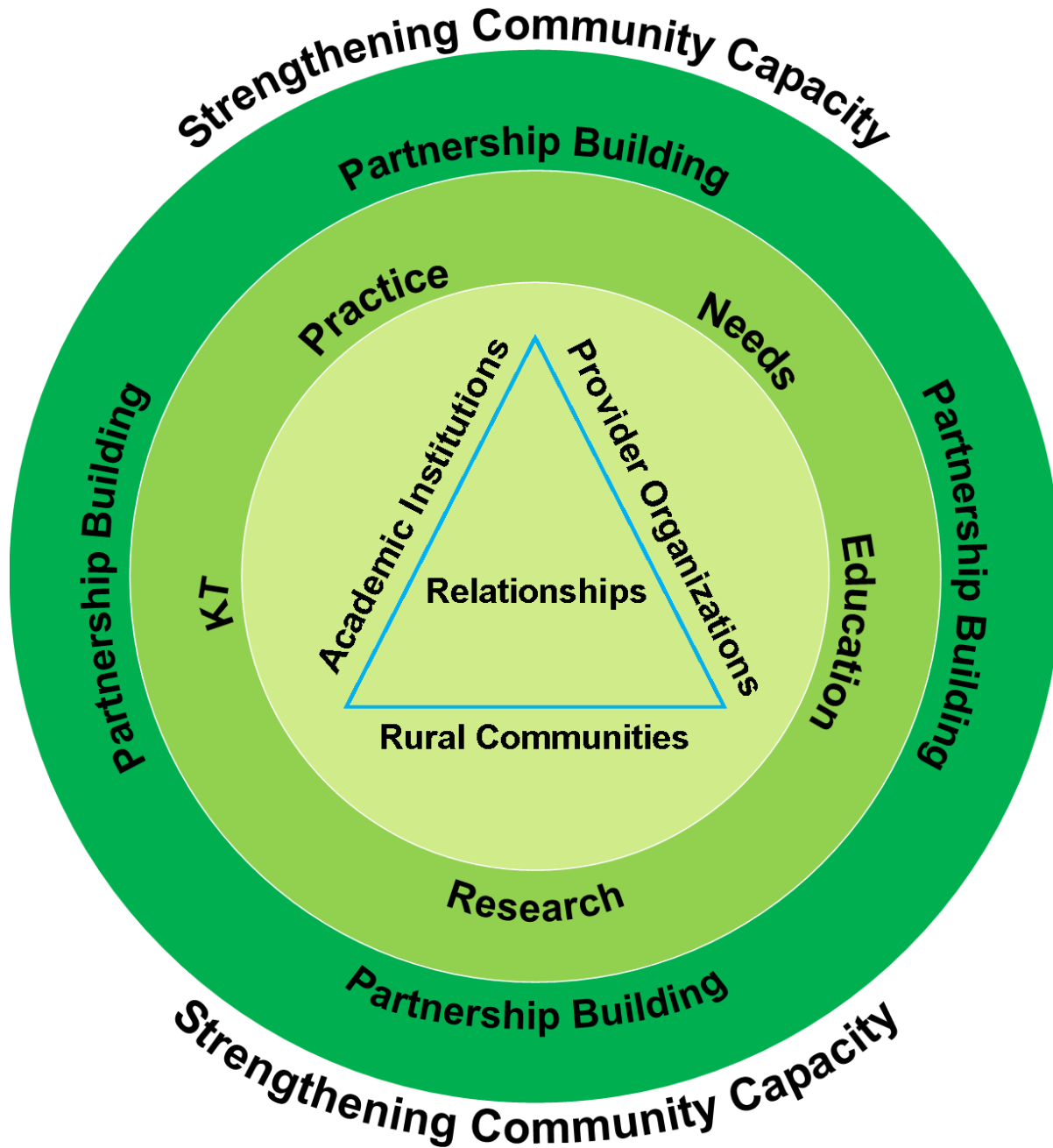
- Nursing Homes and Auxiliary Hospitals

**14,523 LTC spaces<sup>1</sup>  
(19,907 unique individuals<sup>2</sup>)**

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# 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





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# What we asked

1. What continuing care services are available in the region?
2. Who are the providers of continuing care? What are the roles and responsibilities of each provider group?
3. What is working well for continuing care in the region - and why?
4. What are the gaps, issues, barriers and realities for continuing care in the region - and why?
5. How can the post-secondary institutions contribute to enhancing continuing care services?
6. What research or innovative initiatives could support best practices in continuing care and contribute to improved outcomes?

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# 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!



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# What we have found to date

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

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1. Supports and services vary by community, and there is a difference between the levels/availability of services between rural, remote and regional communities.
  2. There are multiple active and potential stakeholders involved in both the use and delivery of continuing care. **Sometimes the issue isn't lack of service, but rather lack of knowledge of the service, lack of connectedness between service providers.**

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3. The combination of a significant variety of services, variations in language and naming of programs, and differentiation of services/resources between locations can lead to confusion and uncertainty.
  4. There is generally a perception (and perhaps reality) of uncertainty regarding the availability of reliable data regarding resources, usage and efficacy of programs.

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5. There are jurisdictional issues at play (between players such as Health Canada, First Nations communities, AHS, educational providers, and other organizations).
  6. There are cultural and language issues.
  7. Living in rural Alberta furthers the burden of travelling on those who need to access continuing care services. Rural residents find themselves travelling between communities to access services, as well as going to Edmonton for medical appointments.

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## NEEDS:

- Provide opportunities for participating in research related to:
  - Technology to support individuals/caregivers in rural communities.
  - How to better recruit and retain providers in rural areas.
  - How to better structure care and the provision of care in rural Albertan communities.

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# How post-secondaries can help

- Community colleges should be a focal point and catalyst for social movement – i.e. supporting groups for seniors and caregivers.
- Ensure curricula are better suited to prepare practitioners for rural practice.
- PSIs need to offer more just-in-time learning to care providers. (in rural communities? Via distance?)



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# Overall benefits

- The networking sessions are 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 are a positive opportunity to discuss issues, meet people within the region, and share information across relevant sectors.

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# Further information



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