Introduction

The Covenant Health Network of Excellence in Seniors’ Health and Wellness was launched at its Edmonton symposium November 2013 with the purpose of building collaborations, and promoting practical research, evaluation and knowledge dissemination.

To support its mandate, the Network established a $2M innovation fund and invested in 13 projects in 2014 based on priorities identified by stakeholders at the symposium. Project funding was divided almost equally between proposals generated from within the healthcare system, from community organizations, and from university researchers.

The second annual forum, What’s Stopping Us? Innovating for Seniors’ Health and Wellness, was held in Red Deer November 27 and featured a wide-ranging discussion from multiple stakeholder groups, all focused on community-based approaches to seniors’ health and wellness.

Conversation Catalysts/Forum Presenters

| Dr. Marjan Abbasi, Care of the Elderly Physician, Edmonton Zone |
| Sarah Arthurs, Consultant, Community Developer, Member of Prairie Sky Co-housing, Calgary |
| Judy Brownoff, President of BC Health Communities (Society); Co-Chair Pan-Canadian Age Friendly Communities Reference group; Councillor, District of Saanich, BC; Community Leader, World Health Organization Age Friendly Cities Project |
| Peter Faid, Board, Edmonton Seniors Coordinating Council; Co-Chair, Age Friendly Edmonton Steering Committee |
| Morris Flewwelling, Retired; Former Mayor of Red Deer (2004-13); Former Director Red Deer Museums; Alberta Order of Excellence; Member of the Order of Canada, Red Deer |
| Bobbi Junior, Family Caregiver, Edmonton |
| Jodi Kelloway, Older Adult Services Specialist, Strathcona County Family and Community Support Services; Coordination Lead, Strathcona County’s Older Adults Plan |
| Tim Kitchen, Board Chair, Hillhurst and Sunnyside Community Association, Calgary |
| Steven Lewis, Principal, Access Consulting, Conference Moderator, Saskatoon |
| Don McLeod, Immediate Past Vice President, Organization Effectiveness, Bethany Care Society; Consultant; Innovation Fund 2014 Awardee, Calgary |
| Margaret Miller, Retired Nurse, Health Advocate living in rural Alberta |
| Truman Severson, Vice President, Innovation & Business Development, Covenant Health, Edmonton |
| Corrine Schalm, Director of Access and Innovation, Continuing Care, Alberta Health, Edmonton |
| Linda Shepherd, Community Volunteer, Advocate, and Homecare Client, Red Deer |
| Bobby-Jo Stannard, Program Coordinator, Red Deer & District Family and Community support Services, Red Deer |
Delegates stressed the importance of:

- Centralized resource to support aging in community across Alberta, including such things as licensing and driving regulations, advanced care planning information, housing supports and options, and power of attorney, for example.
- Community based support to family caregivers. Could consider: respite care; information access and exchange; more patient-driven homecare.
- Alternative models for provision of care to seniors in the community. Could include consideration of system navigators to support seniors; adapting physician schedules/remuneration to address the constraints and complexities related to caring for aging patients in community; more integrated and seamless bridging services; alternative housing/transportation options.
- Primary Care Networks as providers of community-based support to seniors.
- A provincial (or national) business case to evidence the social return on investment in community supports for seniors as a mechanism for mobilizing decision makers, informing policy and aligning action.
- Creation of a “dashboard” to monitor how Alberta seniors are doing in health; mental, physical and social well being; community participation; independence, etc

What’s stopping us?

Conference organizers chose a deliberately provocative title for the second annual Network of Excellence in Seniors’ Health and Wellness conference: What’s stopping us? Innovating for Seniors’ Health and Wellness aimed at recognizing pockets of excellence that exist and asking how they might be made more pervasive.

One challenge lies in the differing values and approaches to life that each of five distinct generations bring to decision-making. Morris Flewwelling says each generation has widely varied life experiences that have shaped different values, aspirations, and approaches to life. What worked for our grandparents or our parents is unlikely to suit us. What works for us is unlikely to work for our children and grandchildren.

This, combined with rapid growth in demand, means seniors support systems need to be adaptive, responsive, and innovative. In the literature, says Truman Severson, there are two types of innovation: sustaining innovation and disruptive innovation. Sustaining innovation involves sequential changes to the way we deliver service and focuses on continual improvement, he says.

Disruptive innovation alters the way we do, “I would argue it alters the way we live,” says Severson. “Maybe today is the beginning of the search for the disruptive innovations that actually begin to bend the curve of demand...begin to change our culture and get us to a different place.

“Let’s start the disruptive thinking!”
Rethinking aging: from liability to asset

“We need to talk about growing older as an asset accumulation,” says Steven Lewis. “It’s not just a liability. The overwhelming majority of Canadians in every cohort, including those over 90, are really pretty healthy.”

In fact, says Peter Faid, not only are aging adults well, but the economic benefits older people bring to Canada exceed the total costs of Old Age Security and Guaranteed Income Supplements. More and more Canadians over the age of 65 are now working and contributing:

- $20B annually in taxes
- $10B annually in GST
- $10B annually in property taxes

“We must insist that we are not a burden to the health care system or to society, says Margaret Miller. “We are only a part of the full range of human beings and as such need our needs met as does any other part of humanity.” Older adults have the power of numbers now, says Miller. “Let us be in control of our own future.”

But reality has little to do with pervasive perceptions of aging. “When I hear words like silver tsunami,” says Dr. Marjan Abbasi, “it actually hurts me. Aging is a celebration. It is not a disaster.”

Our current model of aging is too often one of deficiencies and disabilities, says Faid. “This has to change to one of opportunities and innovation. “I am amazed at the negative stereotypes older people have to deal with,” he says. “It’s as if when we make a joke about our hearing, or being close to Alzheimer’s, we do it to avoid having other people make the joke first.”

“Aging is not a problem to be solved. It’s an opportunity to be seized.”
—Don McLeod

Don McLeod says we need to name this ageism and counter the culture that fails to recognize the contribution elders make. “The irony in a youth-obsessed culture is that we’re all obsessed about something that none of us are becoming,” he says.

These negative stereotypes infiltrate primary care, says Judy Brownoff. Age is not a medical diagnosis, yet too often patients hear from physicians that their condition is simply due to age. Many diseases are more prevalent in one age group or another, and aging patients need to fully understand their condition and what they can do to manage it, just like everyone else, she says.

Ageism may be fueled by crisis-driven political and public conversations. Urgent system-wide problems, such as a shortage of long-term beds, and the concerns of families in distress need to be addressed. When the conversation is only about crisis, however, we reinforce the perception that seniors are in a perpetual state of decline.

We need to make our needs known outside the crisis stage,” says Steven Lewis, “and speak as strongly on the ideal future as on the crisis. That is how we are going to shift the political conversation and give decision-makers and governments space to make some different allocation decisions.”
The gap between what seniors want and what they get

Linda Shepherd, diagnosed with rheumatoid arthritis at the age of 11, requires a wheelchair and needs a variety of supports to function and contribute independently. “Critically, I need home care to remain in my own home,” says Shepherd. She needs daily pain medication given before bed to ensure she can sleep well and function the next day. “Yet much of the past two years has been an exhausting battle for me to be heard by the home care providers and to have my needs recognized and respected,” says Shepherd.

“Imagine having your overnight pain medication scheduled for 5:15 pm to suit the schedule of the home care providers,” a decision made without her input. “Imagine the decision is only revisited when a caregiver finds you in excruciating pain and goes to bat for you, as if your voice, your needs, your knowledge of your own body has no value until verified by a professional.”

Shepherd says dealing with constant pain and limited mobility should be enough, but she also has to find the time and energy to fight for adequate care. If things don’t change, I’m afraid as I age, I’ll be unable to continue to fight physically and emotionally for my needs. What will happen to me? Will I just give up?"

“We in health care decide on a basket of services and we hope and expect that you will be very pleased with them,” says Corinne Schalm. “We don’t understand when you’re not pleased.”

Bobby-Jo Stannard says, “I really believe priority-setting at the grassroots level is important for programming success.” The Red Deer & District Family and Community Support Services held consultations in five rural communities and learned they need to view community members as partners, not clients. They heard that:

- Seniors want to choose how and where they live.
- Access to community is important to their health and social wellbeing.
- They want medical support—especially for wellness and self-care.

Scandinavian countries begin assessments by going to the aging adult’s home and asking them what they need. They then cost the need and provide funding for the senior to purchase the service, says Corinne Schalm. “Many of the barriers to staying at home aren’t health related at all,” she says. “But if those needs aren’t met, the health care system becomes the solution by default.”

“Caregivers want to keep their loved ones at home, but we are not flexible enough with what we offer them.”
—Corinne Schalm

Bobbi Junior calls this default “the unwritten strategy of caregivers.” As a caregiver for a father, mother, step mother, and daughter at times, Junior has experienced the wide gap between what health care assumes is in place for home support and what is actually delivered. After a first hospital discharge and a nine-day wait for home care, her 90-year-old father was re-admitted and successfully treated for
pneumonia. “My step-mom refused his discharge,” says Junior. “She couldn’t bear the stress of what felt like her responsibility to keep him alive all by herself. She was done.”

In addition to caring for her father and step-mother, Junior says caring for her mother, who had dementia, was so chaotic that Junior wrote an award-winning book about the experience: The Reluctant Caregiver. “People are impressed,” says Junior. “But living through a year so chaotic that it creates content for an award-winning book is not my idea of success. Caregivers can’t sustain that level of crisis, especially when they’re in their senior years themselves.”

**Future Focus: community connectedness**

Truman Severson recalled 2013 conference presenter, Dr. Michael Evans, who advised participants to focus less on the third of health care problems solved in primary care, and more on the two-thirds of health care problems better solved closer to home.

At Bethany Care, Don McLeod says they came to realize that, “no matter how much we worked at the continuing care strategy and framework, we would never build enough beds or enough services or programs to really build the kind of community we wanted. We had to build capacity within our communities.”

Corinne Schalm is among those working on a provincial dementia strategy. “We know it can’t be a health care strategy,” she says. “They need the health care system once in a while, but it’s only a small component of what they need to continue their lives in their communities as long as they are able.”

In the 2003 Canadian Community Health Survey, 62 per cent of seniors who reported a strong sense of belonging also reported good health, compared to only 49 per cent of those who felt less connected. Bobby-Jo Stannard notes that, “seniors with low social supports were less likely than those with high social supports to report positive self-perceived health and were more likely to be lonely and less satisfied with life.

> “We not only need person-centred care, but in our opinion, we need community-centred care.”
> - Bobby-Jo Stannard

While these numbers don’t indicate which came first, poor health or poor social capital, there is a growing body of evidence on the positive impact of social connectedness on overall health and wellbeing. The challenge for communities is to prioritize community connections, assess them, and implement the strategies that support them.

Schalm advocates reframing our notion of seniors’ independence to seniors’ interdependence. “Few of us are totally independent,” she says.

> “Life is about relationships, about depending on each other, and that’s a good thing at any age.”
> - Corrine Schalm
For Tim Kitchen the importance of community inter-connectedness was never starker than during the 2013 Calgary floods when more than 1,000 homes in his Hillhurst/Sunnyside community became part of the Bow River. “We were described as very resilient,” says Kitchen. “But the challenges became, ‘Do you know your neighbour? Are they in the house? Do they need care? Are they willing to talk to us?’”

One woman had lived in the same home for 50 years, but was isolated and unwilling to talk to anybody,” says Kitchen.

As president of the community league, he and his neighbours are activating their vision of a complete and sustainable community for everyone. Walkability is a major priority with the goal of having all needed services within a 20 to 30 minute walk, supported by plenty of benches and rest stops along the way.

The community league provides services like sidewalk shoveling and grocery delivery to help seniors stay in their homes, but the key to really building community is to engage people and organizations from diverse backgrounds, such as artists, engineers and social workers, says Kitchen. The result might be like the Hillhurst/Sunnyside community program where seniors who have difficulty maintaining their large lots are matched with young agriculturalists looking for a place to grow food. The generations have a reason to interact regularly and share in the rewards of the labour.

In Saanich, says Brownoff, they have developed a seniors space in an elementary school and involve seniors in teaching skills like photography to students. They’ve developed a program that brings middle school students together with seniors from low-income areas, and a program to get seniors (plus 55’s) together to plan menus, shop for food, and cook.

In Calgary they started the conversation about housing, health and transportation concerns, but other elements emerged: participation, wellbeing, belonging and security. “We learned community is not about place,” says Don McLeod. “It’s really about the capacity for connectedness.”

Future Focus: connected agendas, goals, and strategies

A comprehensive, multi-sector approach built on consultation, community engagement, the expressed needs of seniors, and continual feedback is the key to success for building age-friendly communities, says older adults specialist Jodi Kelloway. For Strathcona County, this has meant strong leadership and a diverse steering committee including planning and development, social supports, transportation and health.

“Sometimes we have the illusion we are collaborative when we are simply working cooperatively,” says Kelloway. “There’s a big difference between information sharing and connecting informally as needed and having long-term, intentional interactions based on a common agenda and shared goals.”

“Agencies have an obligation to work together to collectively achieve goals they may be less effective at reaching on their own.”
— Judy Brownoff
In Calgary, McLeod said finding a clear process for shared vision and agendas was one of the first challenges. They landed on a strategic road mapping methodology developed by David Forrest. The resulting map, created by 25 stakeholders from across the spectrum, fits on one large page and includes goals, strategies, outcomes and community impacts that reach beyond the aging population," he says.

While using different methodology, the long-term, 15-year framework was an important coalescing piece for Strathcona County as well, says Kelloway. “We knew that with 15 goals and 65 strategies, this work would take time,” she says. The risk of a long-term plan is a loss of momentum over time, which the County plans to mitigate by ensuring the plan is a living document and continually updated in light of emerging trends.

While this grassroots approach is powerful and necessary, the same broad collaborations are needed to build needed connections between home care and primary care, to knit together community and volunteer initiatives, and to leverage government investment to spread pockets of excellence across the system.

**What next? Possibilities**

Develop the business case for the social return on investment in community support

While a considerable body of research exists to support the case for social return on investment in community supports for seniors, participants were generally not armed with it. They wanted to be able to make the case, and to have solid evidence of strategies that actually have impact.

The age-friendly discussions in Calgary and the resulting road map included local community impacts that "read like a business case for why we need to invest in an age-friendly society, because it will change the way our society functions,” says Don McLeod. "It's not just about supporting seniors, it's about building the capacity in our communities to build the society we want to build." Participants felt
the need for a provincial or national business case as a way of mobilizing decision makers, informing policy, and aligning action.

**Define outcomes, measures and progress reports**
We need a dashboard or mapping project to monitor how seniors are doing, says Steven Lewis, and to compete with health care dashboards like wait times that excite the public’s attention.

“While it’s not actually true that you can’t improve what you don’t measure, it is true that what you measure and report on is more likely to get attention,” says Lewis.

The complete balance sheet will not simply convert everything into dollars. “You have to measure respect, dignity, and a sense of empowerment,” he says, perhaps by adopting models like the Canadian Index of Wellbeing.

*“Do we actually measure and report on how many people choose to leave their homes for want of a small amount of additional social support service? How many seniors feel under socialized and unable to do things they want to do, because there is no reliable transportation? How many people get service, but don’t think they are treated with dignity and respect?”*  
- asks Lewis.

Eight to 12 indicators “that are meaningful, not for bureaucratic purposes, but for people who live the experience would help make an irresistible case,” says Lewis.

Collaborative action to create the indicators is critical, he says. If seniors and stakeholders aren’t involved, “someone will pick off something that’s easy to measure that doesn’t mean anything, but it will turn into a hard number and that’s the hard number that will influence the game.”

**Partner with Caregivers**
“I’m your best weapon against the institutional care of seniors,” says Bobbi Junior. But if they are not well-supported, family caregivers and an over reliance on volunteers leave the system vulnerable. “If people are entitled to reliability, to stability, to continuity, you need to invest in caregivers and volunteers so they remain strong,” says Lewis.

But to succeed, caregivers like Junior need funded bridging programs and respite care: “Not interim, to be stopped when it looks like I’ve finally got my breath back, but ongoing, so I can trust that I’m not going to crash and burn, she says.”

**Target dementia**
“The financial burden on the health care system is not only age, but chronic disease, according to Dr. Marjan Abbasi. The House of Commons Standing Committee on health calls dementia, “the godfather of chronic diseases.” You can have chronic diseases and be stable, but cognitive impairment and dementia have domino effects, says Abbasi. “When dementia hits, the chronic diseases are not stable.”

By strategizing for dementia and other chronic diseases, instead of just seniors, says Abbasi, we can build the community supports needed to keep people with chronic illnesses in the community and out of acute care settings, which are not designed to support them well.
**Provide live supports**

One conference participant told of contacting a previous provincial seniors’ minister on behalf of her aging mother to say her mother was having trouble getting information. The response was a polite letter directing her to information on their website. “My mother has never lived in a house that has a computer!”

Alberta’s Healthlink was seen as a good model of how expert telephone support can be implemented in addition to much needed face-to-face access to experts.

- **Access to a live person** with all the basic federal and provincial information needed to support living in place, including such things as licensing and driving regulations, advanced care planning and power of attorney.
- **Local help lines for caregivers** with live operators
- **Access to a live system navigation expert**. This person should connect with seniors at community centres, libraries and clubs, hosting information sessions to increase “word of mouth” knowledge as well as to provide one-to-one support when needed

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**Improved Quality of Life**

**Go back to the house call**

Truly patient-centred care would include **family physicians that accommodate more than one problem** per visit to spare patients multiple trips, especially for those travelling from rural areas. It would include **health care professionals who make house calls** to assess problems before they escalate to an emergency room visit.

**Provide flexible transportation options**

Issues associated with community access to transportation make it difficult for seniors and others with limited mobility to remain active and connected to the broader community. In rural areas, transportation options that take older adults to existing central transportation hubs may mean seniors can remain living in a rural area while accessing larger centres when needed.
Support grassroots seniors action on housing

Seniors themselves can design and operate housing alternatives that meet their needs. But few would be willing if the process required years of navigating regulations and bylaws. An investment in increasing awareness of alternatives and in supporting those interested with expert guidance could significantly increase uptake of senior-driven housing options.

Sarah Arthurs, housing alternative champion, lives in Calgary’s Prairie Sky Co-housing. The co-housing model involves completely self-contained homes, individually owned, along with shared common spaces large enough to accommodate the entire community.

In the U.S., says Arthurs, co-housing communities have actually built in hospice spaces so those in the last stages of life and their loved ones remain near supportive friends.

Co-housing is one of four options based on the cooperative model, which includes:

- Housing co-ops, where members are shareholders, but do not own their units.
- Abbyfield, a non-profit model for up to 10 residents in a small household with private rooms and shared support for housekeeping and meals.
- The Village model, a non-profit, member-owned corporation that supports seniors remaining in their own homes by coordinating transportation, grocery delivery, light home repairs and dog walking as well as organizing social activities.

For Margaret Miller, who lives in rural Alberta, exploration of alternative housing models is important. “Most older adults have a difficult time tearing up roots of a business as well as a home,” she says. If seniors are forced to leave rural homes due to lack of support, “the mix of the very young children, older youth, adults and other older adults will be lost. Since each age group contributes to the whole, the foundation crumbles.”

The Network’s Role

Alberta has already established a framework for seniors and recognizes the multi-stakeholder involvement required to build a sustainable, age-friendly Alberta. The Covenant Health Network of Excellence in Senior’s Health and Wellness is ready to play a strong contributing role in activating innovation in supports for seniors.

1. We will use the input received from our stakeholders to identify and support (where applicable) their priorities for focus.
2. We will share the input received from the Seniors’ Forum and all other outreach activities broadly, including with relevant Alberta ministries.
3. We will share the knowledge gained from projects funded through the Innovation Fund to inform progress and expand uptake.
4. We will collaborate across the system to promote innovation and excellence to foster Albertans’ wellness as they age.