VOLUME 31
Spring 2013

CRNCC NEWSLETTER

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CRNCC Updates

From left to right: Dr. Bernado Ramirez (Universidad del Centrol de Florida); Dr. Maria Isabel Negrete Redondo (Instituto Nacional de Geriatria); Eduardo Alvarez (Instituto Nacional de Salud Pública); Dra. Laura Iturbide (Universidad Anáhuac México Norte); Dr. Paul Williams (CRNCC) and Dr. Janet Lum (CRNCC)

this issue

Did You Know? BC's Better at Home Program

Model of Innovation: Seniors' Co-Housing

Update on Personal Support Workers

CRNCC/HSPRN Symposium

Healthy Connections 2013 Symposium

Upcoming Events

Did you know that in 2050, the population of Mexico's older people will equal the current Canadian population of approximately 36.5 million people? That was one of the startling facts that opened the *Symposium on Health and Aging* organized by international research partner, Dr. Eduardo Alvarez , in Mexico City on March 21st). The event highlighted how challenges of aging are common around the world. Yet countries, regions and locales respond differently, some better than others. In keeping with the important mission of the CRNCC, we are disseminating in our knowledge bank some best practices for care in the community. (See Presentations)

Paul Williams was asked to speak at the Conference Board of Canada on April 3. He presented: *Why the Health Care Sky Doesn't Have to Fall*.

In February, a research team led by Janet Lum and Alvin Ying (Ryerson University), Whitney Berta, Raisa Deber, Audrey Laporte (University of Toronto), and Andrea Baumann (McMaster University) partnered with Deborah Simon (Ontario Community Support Association) to conduct the study: "Care Close to Home: Trends in the Home and Community Care Work Force." The study is based on anonymized data from over 12,000 Personal Support Workers who are on the Personal Support Worker (PSW) Registry. This will be the first systematic large scale analysis of PSWs as a step toward health human resource planning into the future. We will keep you posted on our findings.

Congratulations to CRNCC international partners, Kai Leichsenring, Jenny Billings and Henk Nies for their newly published edited book: Long-Term Care in Europe - Improving Policy and Practice. See Page 7 for more details.

All the best from the CRNCC Co-Chairs,

Janet Lum ***A. Paul Williams***

Did You Know?

BC's Better at Home Program

Better at Home

United Way helping seniors remain independent.

In February 2012, Government of British Columbia announced $15 million for a three-year "*Better at Home*" province-wide program as part of Improving Care for B.C. Seniors: An Action Plan. The funds, managed by the United Way of the Lower Mainland, are designed to support older people in up to 60 communities across the province to live safety and independently at home in their communities. The program provides support for simple, non-medical, day-to-day tasks such as housekeeping, grocery shopping, home repair, friendly visiting, snow shovelling, yard work, minor home repairs, and transportation to appointments. Such services are delivered through local non-profit agencies by volunteers and paid staff. Seniors are charged a fee for services on a sliding scale based on their ability to pay. The *Better at Home Program* was based on a pilot Community Action for Seniors Independence (CASI) project. See below.

To learn More

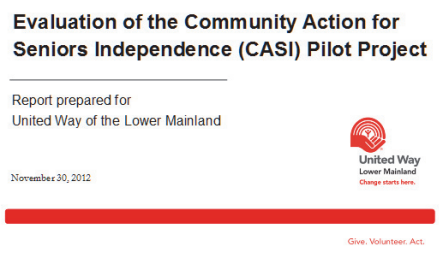
Better at Home Project

Community Action for Seniors Independence (CASI) Pilot Project Evaluation Report

The Pilot Project

The Community Action for Seniors Independence (CASI)

Between Fall, 2010 and Spring, 2012, the BC Ministry of Health funded a CASI Project to explore and evaluate ways for local non-profit community agencies to deliver non-medical home support services in five communities in the province --Maple Ridge, Surrey's Newton neighbourhood, Vancouver's Renfrew-Collingwood neighbourhood, Dawson Creek, and Osoyoos, and to evaluate the outcomes. The core principles of the CASI Pilot included non-medical supports that were senior centred, community driven, prevention oriented, evidence-informed independence focused, simple and understandable, needs based, and integrated and complemented by supports from families, friends, and caregivers.



Some CASI Outcomes

When comparing seniors before and after their experience with CASI programs:

- More seniors were more satisfied with their "life as a whole;"
- More seniors were more satisfied with their "health overall;"
- There was little difference in the pre and post-test regarding the proportion of seniors who were satisfied with the level of independence they had in their lives or their connectedness and activities in the community. Perhaps a longer timeline would show more positive outcomes in supporting autonomy, quality of life, reducing social isolation and loneliness, especially among those who are most vulnerable.

British Columbia's Better At Home Program: Back to the Future?

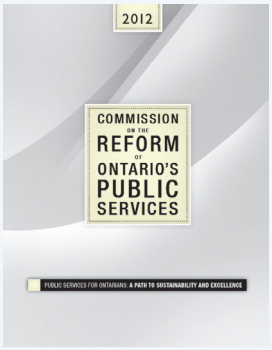
BC's experience should be a lesson for Ontario and other jurisdictions. Ironically, the *Better at Home Program* takes small steps back to the period prior to 1995 when British Columbia first cut home care to clients needing simple, day-to-day assistance of the sort that the program now proposes to fund. In fact, shortly after the policy was implemented, Hollander (2001) evaluated the cost effectiveness of those cuts to clients and to the overall system. After the end of the third year, in a comparison of clients with similar needs levels, the difference in costs between regions that severely cut service and other regions where service was not cut was statistically significant.

In other words, after three years of cuts, the overall health system costs were greater in those regions that cut home care than in those regions that did not cut home care.

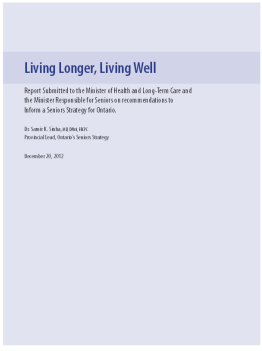
Hollander's report and the Better at home program attests that home and community care is good for clients and the health system.

Home IS Better… with Integrated Care

The CRNCC has always stressed that home and community care is most cost effective within a coordinated and integrated health care delivery system for persons with ongoing care needs. Care must be provided over time, across different services from hospital to home and community.



Our longstanding position has been reiterated by Drummond (2012) whose report urges government to provide greater encouragement and financial incentives to induce people and organizations to move the health care system toward greater integration, to better address chronic care needs and away from a system built mainly for acute care needs.



More recently, Dr. Samir Sinha, Provincial Lead, Ontario's Seniors Strategy also underlined the same theme of investing in a wider range of programs and services that can support a more integrated continuum of care and help older people stay healthy and at home longer. Key among his recommendations (2013) is to increase home and community sector funding by 4 per cent for this current year and the next two years and to develop more assisted living/ supportive housing options as alternatives to long-term care home placements. (see Dr Sinha's presentation at the CRNCC/ HSPRN Symposium)

Forward thinkers are recognizing that home support can be a cost-effective way to maintain people's independence and prevent inappropriate and/or premature admission to hospitals and long-term care facilities. For more on this topic, see the CRNCC December 2012 symposium presented in collaboration with Health System Performance Research Network: Integrating Care for Older Persons: If It's Such A Great Idea, Why Haven't We Done It Yet?

To learn More

Evaluation of the Maintenance and Preventive Function of Home Care (Hollander Report)

Commission on the Reform of Ontario's Public Service (Drummond Report)

Living Longer, Living Well (Sinha Report)

Model of Innovation:

Seniors' Co-Housing:
Social Capital From the Ground Up

In our CRNCC symposia, we've often asked how many would want to move to a residential long-term care facility. Not surprisingly, few hands go up. So, what are the alternatives?

Like many progressive ideas from Denmark, here's is another one. In the 1960s, a co-housing movement started in Denmark and has now spread across Europe, North America and Australia. Co-housing is an intergenerational community designed and built to optimize casual social contact or planned social activities among residents in shared spaces. It enables neighbours who are also friends to provide help with shopping, laundry or other chores when needed. Importantly also, in co-housing, residents own their private apartments or houses and can lock their door if they wish, thus giving people the best of both worlds: social engagement and privacy.

To learn More About Co-Housing

Canadian Centre for Co-Housing

Today Canada has more than a dozen family-oriented co-housing locations in Saskatchewan (*Wolf Willow*) and British Columbia (*Fernwood Urban Village*, Harbourside, *Yarrow Ecovillage*). http://www.cohousing.ca/detailed.htm

Here are the common features of cohousing communities taken from http://cohousing.ca/aboutus.htm.

- a balance of privacy and community;
- intergenerational neighborhoods with a safe and supportive environment for children;
- practical and spontaneous lifestyle;
- environmentally-sensitive design emphasizing pedestrian access and optimizing open space;
- process for residents to participate in the planning and design of the community so that it directly responds to their needs;
- a neighborhood design that encourages a sense of community;
- private homes supplemented by extensive common facilities including children's play areas, vegetable gardens.
- management and organization cooperatively run by residents to meet their changing needs.
- shared decision-making by the community's adults.
- residents have their own separate income sources - there is no shared community economy

Examples of Co-housing Projects in Canada

Wolf Willow Cohousing (Saskatchewan)

Quayside Village (British Columbia)

Prairie Sky Cohousing (Alberta)

Update on Ontario PSW Registry

Ontario is moving forward with registration for Personal Support Workers (PSWs) employed by providers funded by the Ontario Ministry of Health and Long-Term Care, a Local Health Integration Network or Community Care Access Centre beginning with home care and community services sector. Health Canada estimates that in Ontario, approximately 100,000 people work as home support workers or perform similar roles. Please see CRNCC Backgrounder on what PSWs/HSWs do, and how they play a critical role in health human resource planning and the sustainability of our publicly funded health care system.

Here are some quick facts about the PSW Registry.

- It will be a database of PSWs employed by providers funded by the Ontario Ministry of Health and Long-Term Care, a Local Health Integration Network or Community Care Access Centre and include settings such as home care, supportive housing, long-term care, and hospitals.
- It is not mandatory.
- PSWs do not need a formal PSW certificate to register or to work as a PSW. They can register if they are currently employed as a PSW OR have been employed as a PSW within the last 5 years prior to registration.
- Registrants are verified by presenting proof of education and/or certificate and training (i.e. copy of certificate), confirmation letter from current employer, or confirmation letter from most recent employer, or a paystub (provided that it indicates the individual's position with the organization) or a Record of Employment from Service Canada.
- The Registry is not a complaints body. There is no formal process in place for reviewing, suspending or terminating PSW registration.
- Publicly-funded home care employers can advertise available positions on a "job board" accessible only to registered individuals.
- Members of the public and employers will see PSW names, registration number, date of registration, last date when personal information was updated and educational and training credentials.
- Ontario now joins British Columbia and Nova Scotia as one of 3 provinces with registries for home support workers. While all the registries serve to identify and recognize PSWs/HSWs for their contributions to clients, there are important differences across jurisdictions. We summarize these critical differences in our upcoming In Focus: Comparing Personal Support Workers/ Home Support Workers across jurisdictions.

To learn More

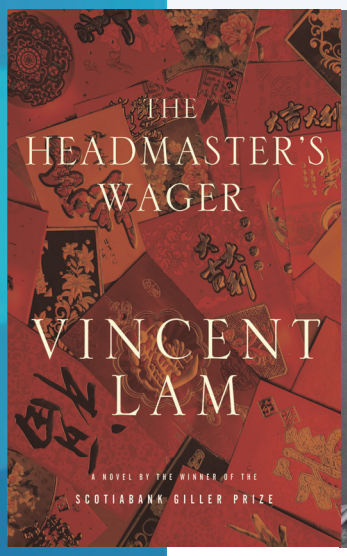
CRNCC In-Focus: Home Support Worker in the Continuum of Care for Older People

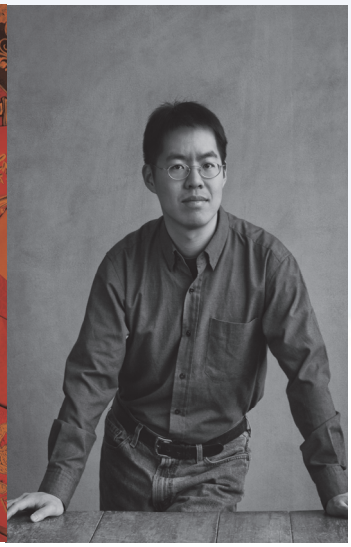
The Ontario Personal Support Worker Registry Public Report

Solutions/CRNCC/HSPRN Symposium

From Ideas to Solutions

Health Links and Beyond
The Long and Winding Road to Person-Centred Care





Date: Thursday, June 20th, 2013, 8:30 – 13:00

Location: George Vari Engineering Building, Ryerson University

Cost: $75 including a copy of *The Headmaster's Wager* by Giller Prize-winning Canadian author Dr Vincent Lam

Driven by demographic and fiscal imperatives, policy-makers are rethinking how health care is provided and to whom. Ontario is implementing 77 Health Links to encourage greater collaboration between primary care, specialist care, hospitals, long-term care, rehabilitation, home care and community supports. By starting with the highest cost users -- the 1% to 5% who account for 66% of health care spending -- and developing local approaches to providing "the right care, at the right time, and in the right place," Health Links aim to overcome system fragmentation, moderate system costs, push new investments in community-based primary health care, and make the leap from provider-centred to person-centred care.

This half day symposium featuring diverse perspectives,(followed by a networking lunch and presentation and book signing with award-winning Canadian author Dr Vincent Lam) examines key challenges and opportunities faced by Ontario's Health Links as they attempt to build person-centred systems of care "from the ground up." It poses key questions. Is collaboration enough to do the job? What "sticks" and "carrots" are needed to move resources toward primary health care? If Health Links concentrate on the top 5% of health care users, what happens to the other 95%? What are the early lessons learned from pilot sites?

For more information and registration, please visit the event website

Presented by Solutions, the Canadian Research Network for Care in the Community (CRNCC) and the Health System Performance Research Network (HSPRN) in partnership with Ryerson University

Solutions East Toronto's Health Collaborative

CRNCC Canadian research network for care in the community
RCRSC Réseau canadien de recherche pour les soins dans la communauté

HSPRN Health system performance research network

RYERSON UNIVERSITY

On the Radar

May 2013

1-2 | *Working Together Across Generations 2013 OGA Conference*
Presented by: Ontario Gerontology Association
Location: Doubletree by Hilton Toronto Airport Toronto, ON

23 | *Annual NICE Knowledge Exchange*
Presented by: National Initiative for the Care of the Elderly
Location: Hart House, University of Toronto, Toronto, ON

June 2013

5-6 | *Working Better Together: Primary Health Care Conference 2013*
Presented by: Association of Ontario Health Centres
Location: Sheraton Parkway Toronto North, Richmond Hill, ON

19-21 | *2013 OACCAC Annual Knowledge and Inspiration Conference*
Presented by: Ontario Association of Community Care Access Centres
Location: Westin Harbour Castle, Toronto, ON

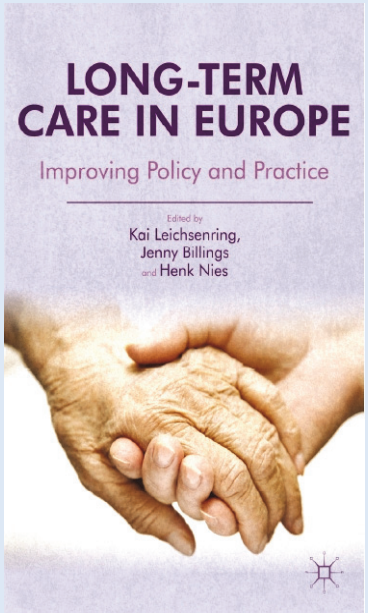
October 2013

22 | *7th Annual PSWs & PSW Supervisors Conference*
Presented by: Personal Support Network of Ontario
Location: Hilton Suites Toronto/Markham Conference Centre and Spa, Markham, ON

23-24 | *Together is Better! OCSA Great Ideas Conference 2013*
Presented by: Ontario Community Support Association
Location: Hilton Suites Toronto/Markham Conference Centre and Spa, Markham, ON

*We encourage you to check www.crncc.ca/events often as our calendar is continually updated

New Book—Long-Term Care in Europe: Improving Policy and Practice



About the book
Here is what the authors say about their book. Greater numbers of older people will not necessarily bankrupt and doom healthcare systems. Building on considerable research from 13 European countries, the book provides evidence for sustainable long-term care systems that focus on prevention and rehabilitation, supporting informal care, enhancing quality of life and adequate governance and financing mechanisms. Stakeholder organizations, practitioners, and policy-makers may learn from European local, regional and national experiences. NOTE: "Long-term care" in Europe refers to the full continuum of care from hospitals to home and the community.

About the authors
KAI LEICHSENRING *is Associate Senior Researcher at the European Centre for Social Welfare Policy and Research, Vienna, Austria. He has coordinated a range of EU research and development projects in the area of health and social care and previously published Integrating Health and Social Care Services for Older People (with J. Billings).*
JENNY BILLINGS *is a Reader in Applied Health Research in the Centre for Health Service Studies at the University of Kent, UK.*
HENK NIES *is CEO of Vilans, the Netherlands Centre of Expertise for Long-Term Care. He is Professor of Organisation and Policy Development in Long-Term Care at the Zonnehuis Chair at the Free University of Amsterdam, the Netherlands.*

Dr. Paul Williams (CRNCC) and the Conference Board of Canada Health Team at the Optimizing Continuing Care Capacity Meeting organized by the Conference Board of Canada Centre for Health System Design and Management.

CRNCC is committed to creating an open and accessible environment that offers current and relevant information. We welcome comments, questions, and concerns.

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