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Canadian research network for  
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Réseau canadien de recherche pour  
les soins dans la communauté

**Leading knowledge exchange on home and community care**

# *Evaluation Strategies for Senior Supportive Housing in Ontario*

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*Community Services at the Margins is funded by SSHRC Grant #458323*

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HEALTH POLICY, MANAGEMENT AND EVALUATION

**HPME**

UNIVERSITY OF TORONTO

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# *Presentation to OANHSS Conference 2009 Then - Now - Next*

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# Research Team

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## **SSHRC Team in Community Services at the Margins**

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### **Student Researchers**

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# *What is Supportive Housing?*

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- No single definition
  - Different terminology
  - Multiple models
  - Diverse populations



# *Different Terminology*

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- Assisted living
- Supportive living
- Supported independent residences
- Sheltered housing
- Transitional living
- Independent living





# Different Shapes and Sizes



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# Diverse Needs Groups




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## ... *But Common Components*

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- Housing (according to CMHC, NACA)
    - Affordable
    - Secure and safe
    - Enabling and home-like
    - Private
  
  - Services and programs
    - PADL –eating, personal care –dressing, bathing, toileting, taking medications
    - IADL –preparing meals, laundry, vacuuming, cleaning bathroom and kitchen, changing bed linens, shopping, transportation
- 



# Common Components

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- Care coordination
  - Access to planned and coordinated care packages including linguistically and culturally appropriate care for diverse groups (race, religion, LGBT)
- Ongoing assessment and monitoring
  - Services can go “up” or “down” to match changing needs
    - Critical in transition periods (e.g., acute, post acute episodes)

# *Supportive Housing and Aging at Home Strategy*

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- MOHLTC --increased attention and funding to supportive housing
- BUT funding is tied to ability to measure outcomes
- How to measure “effectiveness”?
- How to define “effectiveness?”
  - Individual measures?
  - System measures?

# *Your turn: What would you measure?*

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- What indicators would you use?
  - Quantitative, qualitative
  - User satisfaction? Caregiver burnout?
- How?
  - Standardized tool?
- When?
  - Ongoing? Every 6 months?
- Baseline? What do you measure against?  
Comparator?



# *Lessons from the Literature and Australian Case Study*

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The proposed framework matches evaluative practices from the literature and an Australian case study to Ontario senior SH objectives, activities, and program theories, as well as to broader MOHLTC priorities and strategic directions.



# *Common Themes from the Literature*

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- Identify program purpose, including expected outcomes, outputs and social relevant of a program, and program theory
- Identify causal pathways/potential links between activities and desired outcomes
- Use an adequate and appropriate evaluation methodology
- Keep political context in mind

# *Unintended Consequences of Measuring*

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- Incentivizes strategic behaviour
- Encourage “creaming” or “cherry-picking”
- Could veil actual performance
  - Lost performance meaning
- Disincentives for professionalism and organizational learning

# *Avoiding Perverse Effects*

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- Including process measurement
- Built in checks and balances
- Consultation with stakeholders



# Case Study: Australia's Retirement Village Care Pilot

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- 2006 national level evaluation of RVCP
- RVCP introduced care packages into existing retirement villages in Australia
  - Meet the needs of 55+
- Evaluation identified four key questions:
  - What are the novel features of RVCP?
  - Do recipients have reduced need to enter residential aged care facilities?
  - Do more retirement village residents have the option of being care for?
  - To what extent do recipients share costs?



## *Case Study: Australia's Retirement Village Care Pilot cont.*

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- Gathered data over 18 week period with follow up after 12-18 months
- Included QUAN and QUAL data
- Baseline measures:
  - Severity of activity limitation
  - Clients need for ADLs and IADLs
- Included Carer Strain Index
- Followed client's who left program
- Observational evaluation design

# *Case Study: Indicators (some examples)*

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- Hours of care provided
- Types of services used
- Impact on client outcomes
- Measures of ADL and IACL need over time
- Measures of risk factors for residential entrance
- # of acute health events
- Services provided
- Financial reports (required)
- Expenditure per client per day

# *Case Study: Australia's Retirement Village Care Pilot*

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Stay tuned to the Canadian Research Network for Care in the Community website for the In-Focus on the pilot

[www.crncc.ca](http://www.crncc.ca)

# *Program Theory: Objectives*

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- Why aging in place?
  - Help reduce demand for long-term care beds
  - Help prevent unnecessary trips to ER, ALC beds
  - Cost-effective substitution for institutionalized care
  - Seniors prefer to age in their homes and community

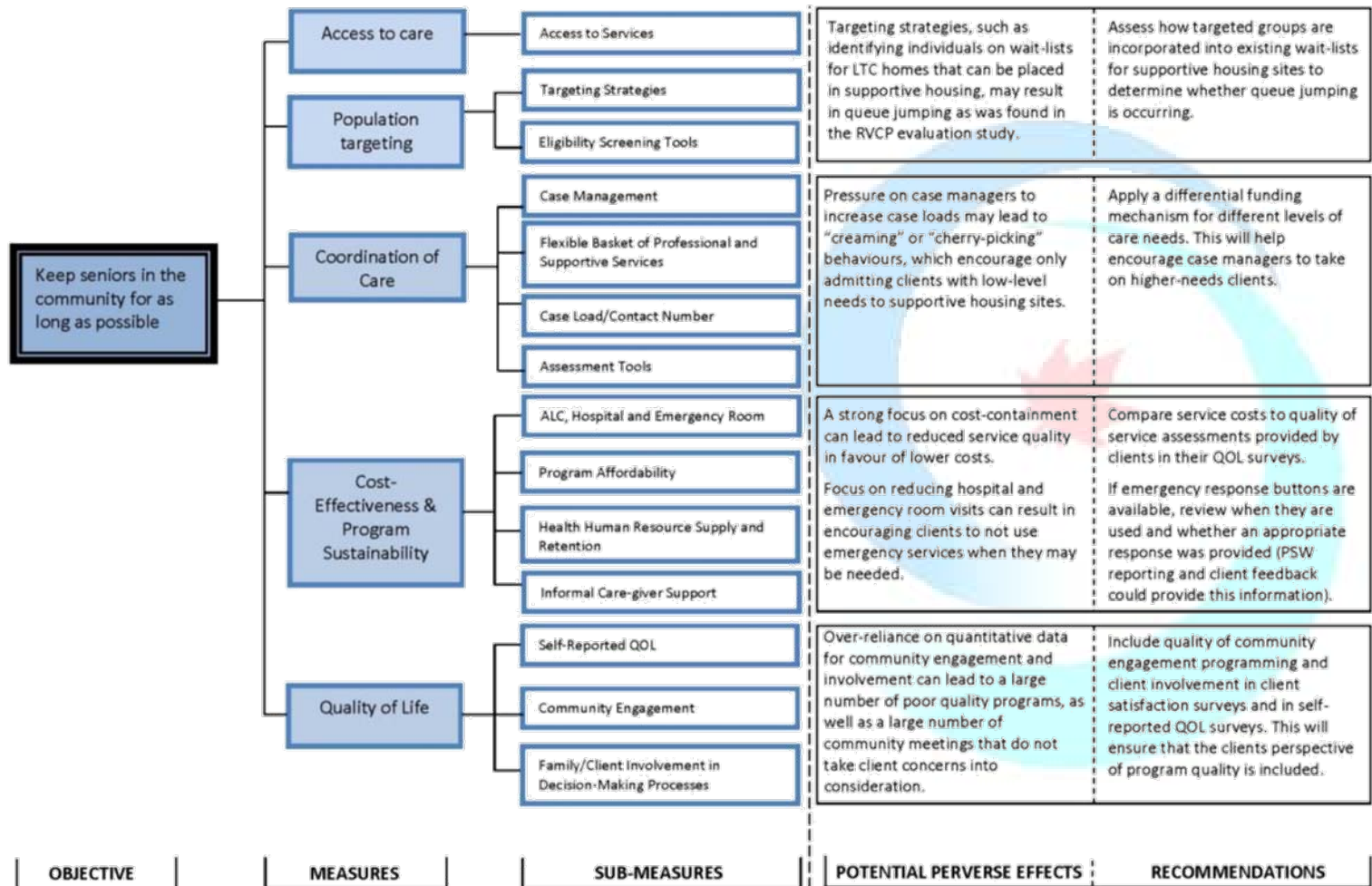


# *Five Dimensions of Evaluation*

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1. Can seniors access the appropriate level of care in a timely fashion?
2. Does supportive housing target the population requiring supportive services to age at home?
3. Is care effectively coordinated?
4. Is the program cost-effective and sustainable?
5. Do patients experience a high quality-of-life?

# Proposed Evaluative Framework



# Access to Care

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- Ease of access
  - Screening tools
  - Single entry point
  - System of coordinated entry
- Ontario has a multiple access pathway system
- Need coordination of entry through administrative practices



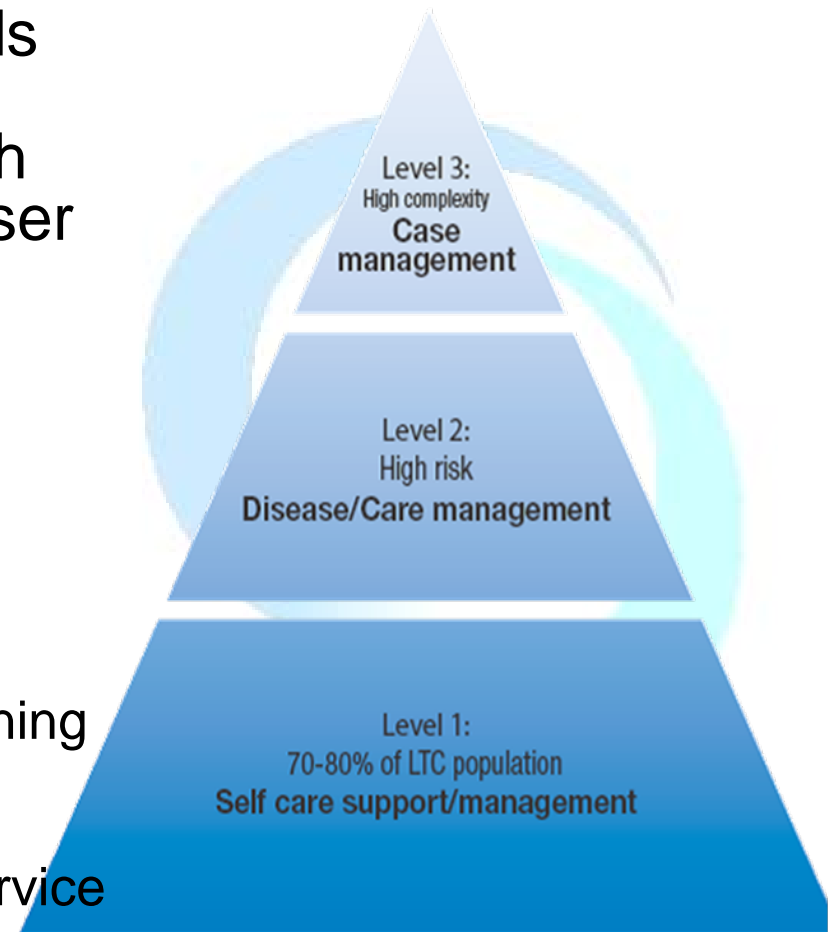
# *How do we know we're doing a good job?*

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- Indicators of which groups are successfully accessing services compared to local population
- Look at wait times for SH and identify wait time benchmarks through consultation

# Population Targeting and Targeted Funding

- A minority of high needs seniors tend to be the heaviest users of health system resources (Kaiser Permanente Triangle).
- Target funding
- City of Ottawa:
  - screening tool
  - communication and training on screening tool use
  - identify high-risk neighbourhoods and service gaps



# *How do we know we're doing a good job?*

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- Targeting strategies (as in Ottawa) are in place
  - Used by case managers
- Standard eligibility screening tools are used
- Look at LTC wait lists to redirect individuals to SH

# Coordination of Care

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- Effective coordination is key to successful SH projects
- Fosters strong linkages to external support and community groups
- Ensures seamless integration and navigation of services across care sectors
  - Case management
  - Available services
  - Manageable case loads
  - Assessment tools



# *How do we know we're doing a good job?*

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- Transition indicators
  - # of clients transferred to LTC (case study) and reasons for transfer
- Use of standardized assessment tools\
  - Appropriate? Effective?
  - Occurs at regular intervals

# *Cost-Effectiveness and Program Sustainability*

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- Senior SH has been shown to provide a more cost-effective approach to care than LTC facilities.
- Direct cost-effectiveness through comparison of service use
  - Compare by level of care needed between SH and other home care
  - Compare costs of community care packages (baskets of services)

# *Cost-Effectiveness and Program Sustainability cont*

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- Use indirect data
  - Emergency room and ALC visits
  - Help demonstrate SH ability to keep seniors in the community as well.
  
- Program affordability
  - Program costs can be compared across SH programs and across LHINs
  - Can help identify best practices and benchmarks

# *Cost-Effectiveness and Program Sustainability cont.*

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- Program Sustainability
  - Sufficient program funding
  - Availability and reliability of HHR
  
- Central importance of informal caregivers
  - Factor in determining retention in the community
  - Can measure caregiver burnout – Caregiver Strain Index

# *How do we know we're doing a good job?*

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- Comparisons, SH vs. LTC and home care
  - Cost comparisons
  - ALC and ER visits
  
- Use of emergency response buttons
  
- HHR measures
  - Worker recruitment/retention strategies in use
  - Measure of Job Satisfaction
  
- Informal caregiver burnout measures
  - Need to be done regularly and over time



# *Example: Crisis Management*

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- Difficult to assess impact of SH on 911/ ED use if SH practices vary
  
- Client's choice to use 24 hour emergency response button as first option is most likely to happen when:
  - Supportive housing is available on site 24/7
  - Clients are educated and know how it
  - Benefits are clear
    - staff are quick to respond
    - Linguistically appropriate
    - affordable option.

# Quality-of-Life

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- Relatively high satisfaction of residents with their quality-of-life in SH
- Community engagement
  - Helps reduce social isolation and loneliness, potential predictors of entrance into LTC
  - Social cohesion has been found to be a strong predictor of quality of life
- Family involvement
  - Family participation found to be associated with high-quality ratings



# *How do we know we're doing a good job?*

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- Self report surveys of client and family/friends satisfaction (often already in use)
- Measures of types and frequency of group events and activities
- Client/family involvement in board of directors

# Potential Perverse Effects

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- Targeting strategies may result in queue jumping
  - Recommendation:** assess how targeted groups are incorporated into existing wait-lists for SH sites
- Pressure on case managers to increase case loads may result in “creaming” or “cherry-picking”
  - Recommendation:** Apply a differential funding mechanism for different level of care needs to encourage taking on higher-needs clients

## *Potential Perverse Effects cont.*

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- Focus on cost-containment may result in reduced service quality

**Recommendation:** compare service costs to quality of service assessments

- Focus on reducing hospital, ER and ALC visits may encourage clients to not use emergency services when needed

**Recommendation:** review ER button use where available (PSW report and client feedback)

# *Potential Perverse Effects cont.*

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- Over-reliance on QUAN data for community engagement may lead to a large number of poor quality programs and ineffective engagement practices
  - **Recommendation:** include QUAL data to ensure client and family perspective are taken into consideration





***“Supportive housing is about dignity. If you don’t have dignity, you have nothing...”***



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