CRNCC
Canadian research network for care in the community

RCRSC
Réseau canadien de recherche pour les soins dans la communauté

Leading knowledge exchange on home and community care

From Supportive Housing to ALCs?

Janet M. Lum, PhD., Ryerson University
Carolyn Steele Gray, PhD Candidate, University of Toronto

The CRNCC is funded by SSHRC and Ryerson University

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

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

CRNCC
Canadian research network for care in the community

RCRSC
Réseau canadien de recherche pour les soins dans la communauté

Leading knowledge exchange on home and community care

Age Friendly Communities: Supporting Aging at Home and Across the Continuum of Care

Ontario Gerontology Association Conference
May 2009

The CRNCC is funded by SSHRC and Ryerson University

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

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO

Research Team

SSHRC Team in Community Services at the Margins

A. Paul Williams, University of Toronto (PI)
Janet Lum, Ryerson University
Raisa Deber, University of Toronto

Student Researchers

Johannah May Black, Ryerson University
Jessica Cheng, University of Toronto
Denise Gardian, Ryerson University
Christopher Hayden, Ryerson University
Thomas Kais-Prial, Ryerson University
Khadija Khan, Ryerson University
Ashma Patel, Ryerson University
Jennifer Sladek, Ryerson University
Sarah Smith, Ryerson University
Alvin Ying, Ryerson University
Lynn Zhu, University of Western Ontario

What is Supportive Housing?

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

Different Terminology

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

Different Shapes and Sizes

CRNCC
Canadian research network for care in the community

RYERSON UNIVERSITY

Diverse Needs Groups

CRNCC
Canadian research network for care in the community

RYERSON UNIVERSITY

… But Common Components

- 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

- 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

- 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?

What would you measure?

- 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?

Supportive Housing and the "Balance of Care"

Background: Balance of Care

- Balance of Care (BoC) aims to determine most appropriate mix of institutional and community resources at the local level to meet the needs of an aging population

    - Source: Dr. David Challis --*go to www.CRNCC.ca*

Balance of Care Key Question

- Why can many older persons with high needs age successfully at home while others require residential long-term care (LTC)?

- Demand side: individual characteristics
  - Physical, mental and social needs
  - Caregivers

- Supply side: system configuration
  - Access to safe, appropriate, cost-effective home and community care

LTC Wait Lists

- Waterloo 811 (Dec. 2006)
- Toronto Central 1571 (Oct. 2007)
- Central 2631 (June 2008)
- North West 864 (Jan. 2008)
- North East 1463 (Oct. 2007)
- Central West 300 (estimated)

How many wait-listed individuals could be "diverted" safely, cost-effectively to home and community?

Williams, A. P. (2008. October). *Look globally, act locally: The balance of care in Ontario*. Paper presented at the Look Globally - Act Locally: Integrating Care in the Community for Vulnerable Populations, Richmond Hill, ON. Retrieved from http://www.crncc.ca/knowledge/events/download/WILLIAMS_presentation_17Oct08.pdf

Categorize Individuals By Level of Care Needs

- Use RAI-HC data to group individuals on LTC wait lists into 36 relatively homogeneous needs groups
- Based on four composite variables (cognition, ADL, IADL, presence of care provider)
- Construct vignettes

Example of Vignette

Copper is cognitively intact.

Copper is functionally independent with all ADLs with the exception of bathing (limited assistance is required).

Copper has no difficulty using the phone, some difficulty managing medications, but great difficulty with meal preparation, housekeeping and transportation.

Copper has a live-in caregiver who provides advice/emotional support and assistance with IADLs.

Supportive Housing's Role in the Balance of Care

Hypothesis:

- People currently living in supportive housing resemble those on the Toronto Central CCAC LTC wait list and have therefore been "diverted" from the TC CCAC LTC wait list.

Interview design: Key BoC Variables

- Cognitive Performance Scale*:*
  - Short -term memory; cognitive skills for decision-making; expressive communication; eating self-performance
- Self-Performance Hierarchy Scale *(*ADL):
  - Eating; personal hygiene; locomotion; toilet use
- IADL Difficulty Scale*:*
  - Meal preparation; housekeeping; phone use; medication management
- Living with a care provider

Response Rate

- Total number of supportive housing residents served across 5 providers and 10 sites:
  - N 450
- Total number of interviews conducted:
  - N 307
- 75% response rate –excluding those who could not participate due to cognitive issues, frailty, hospitalization

Evaluation Strategy - Comparator

- Use Toronto Central CCAC BoC results as baseline to assess supportive housing performance
- Compare profile of those in supportive housing resemble people on the LTC waitlist.
- Without supportive housing, they could be on the LTC waitlist

Evaluation Comparator

- According to BoC expert panel, 37% of the TC CCAC LTC waitlist could be diverted with community care packages
  - Tended to match vignettes of people who were
    - From Copper to Fanshaw (intact, low ADL needs, medium to high IADL needs)
    - From Smith to Wong (not intact, low ADL, medium to high IADL)
- 75% of the supportive housing sample have these characteristics

Williams, A. P. (2008. October). *Look globally, act locally: The balance of care in Ontario*. Paper presented at the Look Globally - Act Locally: Integrating Care in the Community for Vulnerable Populations, Richmond Hill, ON. Retrieved from http://www.crncc.ca/knowledge/events/download/WILLIAMS_presentation_17Oct08.pdf

Evaluation Strategy

- According to BoC expert panel, another 46% (Williams, 2008) of the LTC waitlist could be diverted with supportive housing
  - Jones to Lambert (intact, medium ADL needs, medium to high IADL needs)
  - Xavier to D Daniels (not intact, low/medium ADLs, high IADL)
- 8% of the supportive housing sample have these same characteristics
- 25% of sample not interviewed - high needs/high risk categories
  - Not intact
  - Medium ADL needs
  - Medium to high IADL needs

Williams, A. P. (2008. October). *Look globally, act locally: The balance of care in Ontario*. Paper presented at the Look Globally - Act Locally: Integrating Care in the Community for Vulnerable Populations, Richmond Hill, ON. Retrieved from http://www.crncc.ca/knowledge/events/download/WILLIAMS_presentation_17Oct08.pdf

Impact on Individuals, Carers and System

- Two planning reports in 2007 (Closson, Handler) recommend investment in supportive housing as a solution for hospital ER and LTC back-ups in Waterloo Region

Estimates of diversion rate Waterloo BoC:

- For half (49%) of those on LTC wait lists, home and community support packages would be less costly

- Up to 75% potentially could be safely and cost-effectively maintained in the community if supportive housing options available (Williams, 2008)

Williams, A. P. (2008. October). *Look globally, act locally: The balance of care in Ontario*. Paper presented at the Look Globally - Act Locally: Integrating Care in the Community for Vulnerable Populations, Richmond Hill, ON. Retrieved from http://www.crncc.ca/knowledge/events/download/WILLIAMS_presentation_17Oct08.pdf

Lessons from the Literature and Australian Case Study

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

- 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

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

Avoiding Perverse Effects

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

Case Study: Australia's Retirement Village Care Pilot

- 2006 national level evaluation of RVCP
  - RVCP introduced care packages into existing retirement villages in Australia
- Indicators used
  - Hours of care provided
  - Types of services used and services provided
  - Impact on client outcomes
  - Measures of ADL and IADL need over time
  - Measures of risk factors for residential entrance
  - # of acute health events
  - Financial reports (required)
  - Expenditure per client per day

Case Study: Australia's Retirement Village Care Pilot

Look for:

In Focus: Evaluating Supportive Housing: Retirement Village Care Pilot in Australia

www.crncc.ca

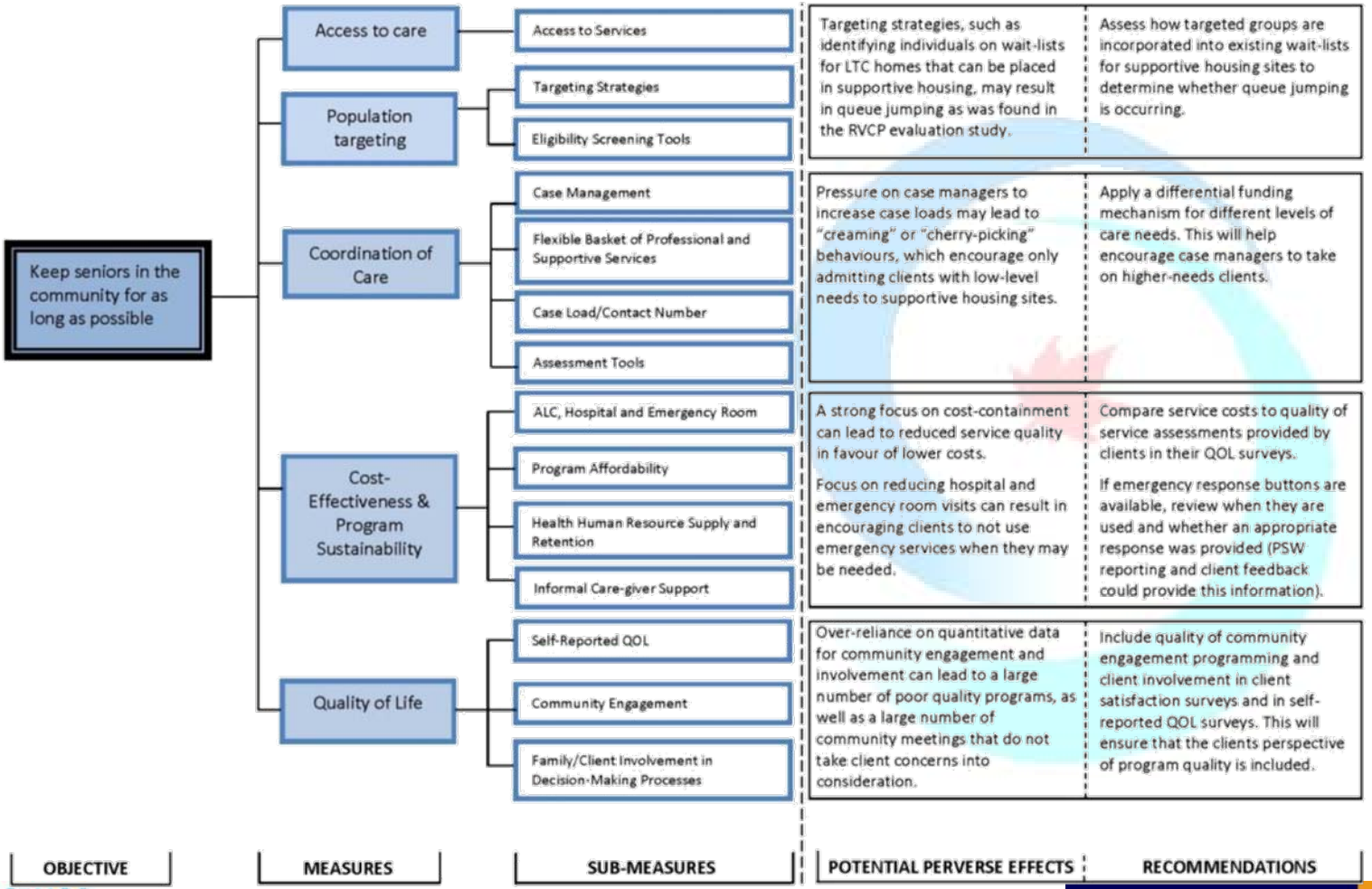
Program Theory: Objectives

- 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

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

- 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

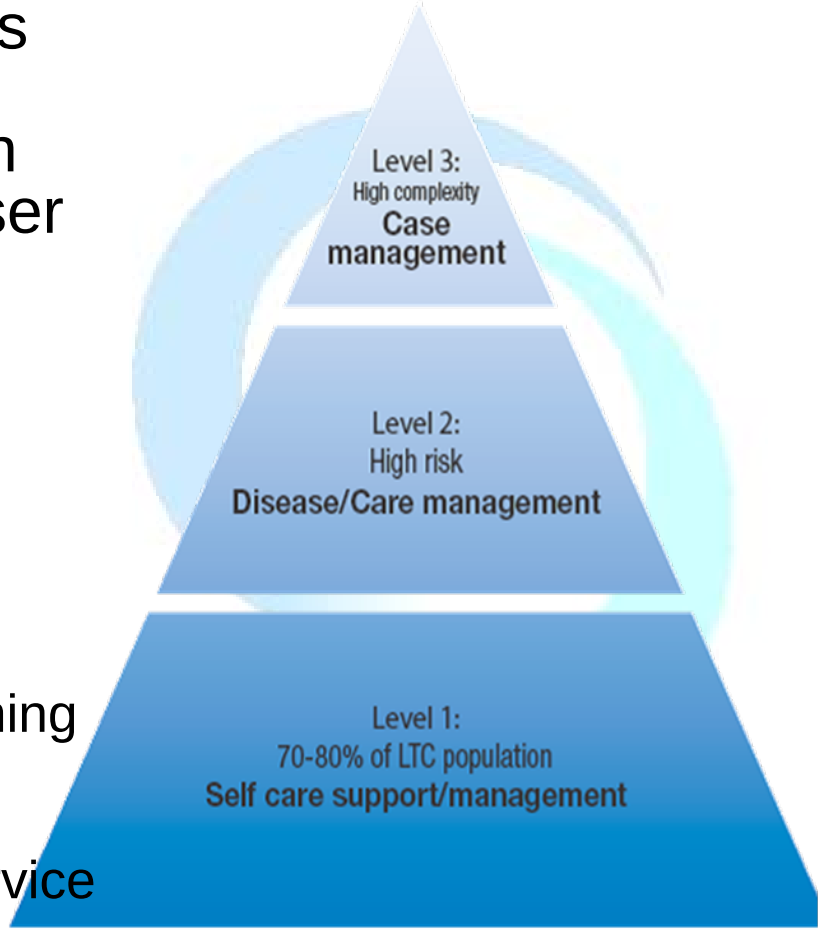
How do we know we're doing a good job?

- 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?

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

POTENTIAL PERVERSE EFFECT

Targeting strategies may result in queue jumping (RVCP case study)

Recommendation: assess how targeted groups are incorporated into existing wait-lists for SH sites

Coordination of Care

- 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?

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

POTENTIAL PERVERSE EFFECT

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

Cost-Effectiveness and Program Sustainability

- Direct cost-effectiveness through comparison of service use
- Use indirect data (ALC and ER use)
- Program affordability
- Program sustainability
  - Funding and HHR
- Informal caregivers

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

- 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 (RVCP)
- Informal caregiver burnout measures

Potential Perverse Effects

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)

Example: Crisis Management

- 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

- 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?

- 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 EFFECT

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..."

CRNCC
Canadian research network for care in the community

RCRSC
Réseau canadien de recherche pour les soins dans la communauté

Leading knowledge exchange on home and community care

www.CRNCC.ca
jlum@ryerson.ca
carolyn.steelegray@utoronto.ca

The CRNCC is funded by SSHRC and Ryerson University

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

RYERSON UNIVERSITY

Social Sciences and Humanities Research Council of Canada

HEALTH POLICY, MANAGEMENT AND EVALUATION
HPME
UNIVERSITY OF TORONTO