



Community Health Needs and Resources

Care of the Older Person in the Western Region
Focus Group Results

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Community Health Manager
3/24/2017



Care of the Older Person in the Western Region Focus Group

Introduction

The purpose of the Community Health Needs and Resources Assessment (CHNRA) focus groups is to provide further insight into the issues identified through the CHNRA surveys. Western Health completed a needs assessment survey with residents of the western region in January and February 2016, with a total of 712 people responding. Upon review of the data obtained from the surveys, it was determined that there were areas that required further investigation through focus group discussion, such as *care of the older person*. Survey outcomes indicated there was a high level of dissatisfaction with health and community services affecting the older adult/senior population. Survey respondents reported dissatisfaction with access to respite services (e.g. adult day support programs), supportive housing (e.g. personal care homes), long-term care, and community supports services. Care for the older person also ranked as one of the top three community problems by survey respondents for the entire western region, as well as 4 out of 7 Primary Health Care team areas. This report provides a summary of the focus group related to care of the older person.

Methodology

A regional focus group was conducted in Corner Brook, to further explore issues pertaining to Care of the Older Person. A focus group discussion guide (Appendix A) was developed to identify the process and content for the focus group. Key stakeholders including representatives from Long Term Care and Rural Health, Community Supports, Community Health, and Patient Services, were involved with the development of the discussion guide. Potential focus group participants were identified using a targeted approach based on their involvement or knowledge of the focus group topic, as well as to ensure there was regional representation. The Community Health Manager organized the focus group and potential participants (clients, family members, seniors in the community) were contacted by staff members of Western Health with a pre-existing relationship to request their participation in the focus group and to ensure that the time and location proposed was convenient. Individuals were contacted by telephone or email to determine interest and provided with the invitation (Appendix B). The focus group was facilitated by the Community Health Manager for the Bonne Bay and Port Saunders Area, with support from the Community Health Manager for the Deer Lake/White Bay area, as note taker. The focus group guide was utilized to facilitate participant discussion, while the main conversation points were recorded by the assigned note taker. Following the focus group, the Community Health Manager summarized the discussion for each question. A summary report was completed and sent to participants to ensure that the summary accurately reflected the discussion and that no issues were misinterpreted or overlooked. The following sections of this report provide a summary of the discussion from the Care of the Older Person focus group and a discussion of the themes that emerged.

Results

The Care of the Older Person focus group was held on March 8th, 2017 at the Corner Brook Long Term Care Home and there were 11 participants with representation from the following communities: Doyle's, Stephenville, Corner Brook, Pasadena, Deer Lake, Norris Point, Rocky Harbour, and Port Saunders. Focus group participants included family members and clients of the Community Supports program, family members of residents in Long-term care, seniors and community members.

Question 1:

How does your community support seniors or those caring for seniors? Prompts: Focus on strengths? Programs and initiatives? Age- friendly environments?

Summary of Responses:

There are a wide variety supports at the community level that support an aging population; however these resources and supports vary throughout the region and are more limited in rural areas. There are formal/organization run programs and services, such as the meals on wheels program in the Bay St. George area, the Community Café in Stephenville, food banks, seniors fitness programs at recreational facilities (e.g. seniors curling, fitness classes, seniors swimming) and privately operated personal care homes and seniors apartments/cottages; as well as informal/volunteer run programs and initiatives, such as seniors suppers around Christmas time, the community freezer program in Rocky Harbour, seniors club activities (cards, bingo, etc.), seniors wellness events, intergenerational activities and projects supported by the local Community Advisory Committee, scheduled visits to personal care homes and long term care facilities (volunteer services), etc..

Question 2:

What are the challenges, if any, that you are aware of, or have encountered, in the community with regards to caring for the older person? Prompts: Consider community based services? Long-term care? Hospital services (inpatient/acute care)? Age-friendly environments?

Summary of Responses:

While there are many strengths in the community, there are also many challenges. Some of the challenges highlighted include:

- An overabundance of activity happening around Christmas time and very little happening the rest of the year. It would be nice if volunteer groups could coordinate their efforts and spread out the activities thus keeping seniors engaged throughout the year instead of

becoming overwhelmed during the holiday season. A community calendar was suggested as a way to schedule activities and see what everyone is planning to do to reduce overlap.

- It was also identified that our senior population make up a large proportion of our community volunteer base, and that the same people are trying to do it all. This leads to volunteer burn out. There should be a focused effort on recruiting new volunteers in our communities and engaging the younger generation.
- Sustainability was identified as an ongoing challenge. There are many great things happening, but many of them are one off events which does not allow for on-going engagement and support of the senior population. There should be a focus on sustainable community programming to support healthy aging.
- Services need to be more age friendly and client centered. Health care providers/physicians are often rushed and do not take the time to talk to the individuals. The senior and their family should be given time to explain their issues and the ask questions so that they leave the visit with a good understanding of their health concerns. Elderly seniors should be seen promptly reducing the amount of time they have to wait in the waiting room. There should be a more focused effort on coordination of medical appointments to reduce the unnecessary impact of multiple trips. There should be more services for non-ambulatory clients such as physician and nurse practitioner visits in the home and reduced wait times for assessments for community supports. There is a need for a system navigator to help seniors navigate the system, help them complete the necessary paperwork, identify where to go to ask questions, what services or supports are available to them, and how to get into the system. There should be a focus on maintaining an individual's basic mobility and independence in all services and couples should be allowed to stay together whenever possible when admitted to hospital or other facilities. There should be a greater focus on creating an age friendly and homey environment in our long-term care facilities; families and staff should be engaged and consulted in the design of such facilities. There should be more senior friendly parking close to the main entrance.
- There are many seniors living alone in the community with no family around and they have no one responsible for checking on them, especially in times of emergency e.g. power outage, and severe weather systems. There should be organized programs or services responsible for checking on these individuals to ensure they are Ok and to reduce social isolation. There should also be a greater focus on socialization of seniors in long-term care facilities; pairing individuals together with someone they can develop a friendship with (similar interests and abilities).
- There is a shortage of personal care homes and supportive living arrangements available in many areas of the region; seniors are forced into a situation where they must leave their home, family and everything that is familiar to them.
- Transportation access and the distance of travel were identified as barriers for many seniors in getting to community events or medical appointments. The challenge around

transportation also includes limited access to wheel-chair friendly vehicles and age friendly public transportation. It is very challenging for the family and some of our more elderly seniors, who have physical limitations and multiple health issues, to get to outside appointments. It takes a long time to get ready and into the vehicle (this is especially challenging in the winter months), which is often not well suited to comfortably accommodate the older person and their equipment. There was some discussion around increased utilization of the hospital buses in partnership with volunteer services to support isolated seniors and those with transportation barriers to attend community functions and appointments, as well as to bring seniors to visit other seniors in long-term care on a regular basis like what is done in the Port aux Basques area.

Question 3:

In regards to accessing services for seniors and dealing with concerns of the older person, what can be done? What are the priorities? Prompts: Consider community based services? Long-term care? Hospital services (inpatient/acute care)? Age-friendly environments?

Summary of Responses:

There were many barriers to access identified, some of which included transportation, wait times, geography, lack of an age friendly environment. Focus group participants identified the following areas as priorities to consider addressing the issues around access:

- Couples should be able to remain together if at all possible in the same room in the same facility in order to reduce the stress and emotional upset caused by a separation.
- There should be a focus increasing the number of long-term care beds and personal care homes throughout the region; with a focus on areas outside of the Corner Brook area, thus allowing people to remain in or near their own community and their family.
- A review of current processes and practices in long term care with a focus on those that address the following areas: displacement of residents from their rooms to accommodate a new admission; creating minimal disruption to residents who have made long term care their home, supporting a consistent and comfortable homey environment, while supporting and encouraging socialization among residents with similar interests and abilities; ensuring the room design fits with individual needs and personality (e.g. single occupancy room verses multiple occupancy room).
- Staff, family and clients should be engaged in a meaningful way to address issues related to program evaluation, building design and service delivery.

Question 4:

What do you feel needs to be done at the community level to address these concerns? What are your suggestions for improvement? Prompts: What can you do? What can others do?

Summary of Responses:

At the community level attention should be given to the following areas: building community capacity and implementing more programs and initiatives in the community to support healthy aging and mobility; ensure health and community services are age-friendly and client centered; explore ways to reduce social isolation for seniors living in their own homes who may not be able to easily attend community gatherings; advocate for more personal care homes and seniors cottages throughout the region; explore congregate housing arrangements such as the Emile Benoit House in Stephenville Crossing.

Discussion

There were five main themes that emerged from the care of the older person focus group: community capacity building/capacity development, age-friendly environments and services; patient/client centered care; access; and transportation. While each theme will be discussed separately, it is important to recognize that they do not exist in isolation as there are strong linkages and overlaps among them.

Theme 1: Community Capacity Building/Capacity Development

There are a wide variety of programs and services throughout the western region, ranging from government/organizational run, privately owned and operated, and volunteer driven. The majority of these programs and services are available in the more densely populated areas of our region, like Corner Brook, Stephenville, and Deer Lake, and are more limited in the rural areas.

Our system relies heavily on volunteers and volunteer organizations to support community based programs and initiatives. The majority of our volunteers are among the senior population, therefore there should be a focused effort on recruiting new volunteers and engaging the younger generation, to avoid on-going volunteer burnout and introduce new ideas at the grassroots level.

Sustainability was identified as an ongoing challenge. There are many great things happening, but many of them are one off events which does not allow for on-going engagement and support of the senior population. There should be a focus on sustainable community programming to support healthy aging and better coordination of activities to avoid an overabundance of activity around the holiday season, as well as reduce overlap of similar type initiatives. It is important to assess the capacity (knowledge, skill, and abilities) throughout the region and identify where there are strengths and gaps; we need to build on the strengths and identify supports to address these gaps creating more age friendly communities. Consideration should also be given to the differences between rural and urban capacity.

Theme 2: Age-Friendly Environments and Services

There should be a greater focus on ensuring that health and community services in the western region are age-friendly and client centered. Programs and services should foster an environment of health and well-being engaging people as they age; they should be accessible, equitable, inclusive, safe and secure, and supportive. There should be a focus on maintaining an individual's basic mobility and independence in all services, a focus on family engagement, and a focus on client/resident impact. There should be a greater focus on creating an age friendly and homey environment in our long-term care facilities. There should be more senior friendly parking close to the main entrance. Elderly seniors should be seen promptly reducing the amount of time they have to wait in the waiting room. There should be a greater focus on socialization of seniors in personal care homes and long-term care facilities; pairing individuals together with someone they can develop a friendship with (similar interests and abilities). Couples should be able to remain together if at all possible in the same room in the same facility in order to reduce the stress and emotional upset caused by a separation as their level of care changes. Staff, family, and clients, should be engaged in a meaningful way to address issues related to program evaluation, building design, and service delivery.

Theme 3: Patient/Client Centered Care

Patient centered care should focus on the client as a whole, giving consideration to their concerns, their life circumstance, and their available support network. There should be enough time to ask questions to a health care provider and ensure there is a good understanding of the care plan before ending the appointment. Many health care providers are often rushed and do not take the time to talk to the individual and their families, leaving them feeling confused and frustrated. There should be a focused effort on coordination of medical appointments across program/service areas, to reduce the unnecessary impact of multiple trips, especially for individuals who have to travel significant distances. There is a need to address wait times for community supports assessments and the process of engaging the client's family in the assessment. Consideration should be given to the type of services and supports available to non-ambulatory clients; there should be coordinated physician and nurse practitioner visits in the home to improve access to services for these clients. It is very challenging for the family and some of our more elderly seniors, who have physical limitations and multiple health issues, to get to outside appointments. It takes a long time to get ready and into the vehicle (this is especially challenging in the winter months), which is often not well suited to comfortably accommodate the older person and their equipment.

A review of current processes and practices in long term care is recommended with a focus on those that address the following areas: displacement of residents from their rooms to accommodate a new admission; creating minimal disruption to residents who have made long term care their home, supporting a consistent and comfortable homey environment, while supporting and

encouraging socialization among residents with similar interests and abilities; ensuring the room design fits with individual needs and personality (e.g. single occupancy room verses multiple occupancy room).

Theme 4: Access

While there were discussions around timely access and a need to reduce wait times and coordinate appointments, there were also discussions around access to programs and services closer to home. There is a shortage of personal care homes and supportive living arrangements available in many areas of the region; seniors must leave their home, community, family and everything that is familiar to them. Attention should be given to the number of long-term care beds and personal care homes throughout the region; especially in areas outside of the Corner Brook area, thus allowing people to remain in or near their own community and closer to their family.

A variety of programs and services are required to meet the varying needs of an aging population. Focus should be directed toward exploring ways to reduce social isolation for seniors living in their own homes; advocate for more personal care homes and seniors cottages throughout the region; and providing congregate housing arrangements such as the Emile Benoit House in Stephenville Crossing.

Another issue surrounding access involves access to the system. Many seniors and their families do not know where to go to get information, how to get the help that they need, or what programs or services are available to them. There is a need for a system navigator to help seniors navigate the system, help them complete the necessary paperwork, identify where to go to ask questions, what services or supports are available, and how to get into and navigate the system.

Theme 5: Transportation

Transportation was a very real issue identified for most of the focus group participants. For some it was related to the distance of travel, weather conditions, and frequency of travel; for others it was related to the actual mode of transportation. Access to the appropriate mode of transportation or limited access to wheel-chair friendly vehicles and age friendly public transportation posed a significant challenge for many seniors and their families. Personal family vehicles are often not well suited to comfortably accommodate the older person and their equipment. There was some discussion around increased utilization of the hospital buses in partnership with volunteer services to support isolated seniors and those with transportation barriers to attend community functions and appointments.

Conclusion

The face of our communities is changing and our population is aging at a rapid pace. The need for more age friendly communities and age friendly programs and services is becoming a greater focus as we are met with challenges within our existing structures. There were five main themes identified in the care of the older person focus group: community capacity building/capacity development, age-friendly environments and services; patient/client centered care; access; and transportation. When considering the needs of an aging population there are many, they vary depending on a multitude of factors – a person’s physical, mental and emotional health, what supports are available to them, what services are available, where a person lives, their financial situation, etc. As we prepare to move forward it is important to assess the situation through an age friendly, client focused lens, involve clients and their families in the broader conversations about program and system structure, look to the people who work on the ground for their input around possible solutions. It is equally important to build and further develop community capacity to create an environment that supports healthy aging for people of all ages.

Appendix A – Focus Group Guide



Community Health Needs and Resources

Care of the Older Person Regional Focus Group Discussion Guide

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3/24/2017



Focus Group Introduction

DURATION: 1-1.5 hours max

WELCOME

- Welcome participants
- Thank participants for agreeing to be part of the focus group; appreciate willingness to participate
- Obtain verbal or written consent to participate
- Collect record of attendance

INTRODUCTIONS

- Introduce moderator and note taker
- Round room introductions

PURPOSE OF FOCUS GROUP

- Explain the purpose of the focus group
- Provide some background information regarding Community Health Needs and Resources Assessment and survey findings.

GROUND RULES (Can be placed on Flip Chart)

- **Helpful tips for the focus group to run smoothly and respectfully for all participants:**
- We would like everyone to participate.
- Only one person talks at a time. It is important that there are no side bar discussions and that everyone is listening as one person speaks.
- Confidentiality is very important so that everyone is comfortable in expressing their true opinions. We will be taking notes, however we will not identify anyone by name. You will remain anonymous.
- There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.
- It is important to hear all sides of the issue – both the positive and negative.
- Aim to start and end on time.
- Does anyone else have any 'ground rules' they would like to add?

CONCLUSION

- Summarize answers to the questions that are recorded. Ask: Is this an adequate summary? Have we missed anything?
- When the focus group is complete, thank participants for their participation and the note taker for taking notes.

Regional Focus Group: Care of the Older Person

Background

Recently Western Health completed a needs assessment survey with residents of the western region. A total of 712 people responded to the survey and expressed their opinions on a variety of questions about satisfaction with health services and community services, identification of strengths and concerns within the community. Western Health uses this information to help plan program and service delivery at the regional and local level. Upon review of the data obtained from the surveys, it was determined that there were areas which required further investigation through focus group discussion, such as care of the older person.

Based on the 2016 Community Health Needs and Resources Assessment survey results, there is a high level of dissatisfaction with health and community services affecting the older adult/senior population. Survey respondents reported dissatisfaction with access to respite services (e.g. adult day support programs), supportive housing (e.g. personal care homes), long-term care, and community supports services. Care for the older person also ranked as one of the top three community problems by survey respondents for the entire western region, as well as 4 out of 7 Primary Health Care team areas.

Here is a summary of some of the key things we know about this topic:

Survey Results:

- Approximately 49% of respondents that use or require Seniors Programs (65+) reported they were not satisfied and 51% reported they were satisfied.
- Survey respondents reported limited programming available for seniors and youth
- Support for seniors (e.g. snow removal, gardening care, etc.) was among the community services that respondents reported having trouble getting.
- Top three community problems: alcohol and/or drug abuse (39%), unemployment (23.9%) and care of the older person (21.8%).
- Care of the older person ranked in the top three community problems for 4 out of 7 PHC team areas (Port aux Basques, Bay St. George, Corner brook/Bay of islands and Bonne Bay area).
- Approximately 10% of respondents felt that 'absence of an age friendly/senior friendly environment' was among the top three community problems.
- Supportive housing e.g. personal care homes, alternate care homes (61.1%) ranked among the top three services with the highest rate of dissatisfaction among those who use or require these services.

- The following health related community services also had a high dissatisfaction rate:
 - Home support services/home care: 41.1%
 - Respite services (e.g. adult day support programs, children's respite): 56.7%
 - Long term care: 58.7%
 - Community supports (services for seniors and adults with intellectual and physical disabilities): 57.8%
- Respondents report limited access to long-term care, personal care homes, and home support.

What we know about Western Health Region and Services:

- Environmental Scan 2015-16
 - **Client/patient volumes**
 - Western Health continues to experience increase in the number of clients receiving home support services (2015/16 – 2019 compared to 2014/15 – 1915)
 - Approved placements for Long Term Care (LTC) slight decline (2015/16 – 214 compared to 2014/15 – 237)
 - **Efficiency**
 - Median wait times for LTC placement increased significantly for Corner Brook LTC (304.5 days in 2015/16 compared to 184 days 2014/15), Rufus Guincharde Health Center (39 days in 15/16 compared to 12 days in 14/15), and Bonne Bay Health Center (231 days in 15/16 compared to 81 days in 14/15).
 - 21% of population accessing acute care services, excluding admissions related to pregnancy and childbirth, were 80 years or older
 - Alternate Level of Care (ALC) continued to utilize a significant proportion of patient days within Western Health. In 2015/16 ALC days represented 34% of all acute care days (increase from previous year 31%).
 - Average length of stay for ALC cases in 2015/16 was 68.45 days (down from 82.54 days year prior).
 - **Healthy Aging**
 - New LTC indicators have been developed and commenced in 2016-17 (CIHI 2016)
 - Efforts to improve positive images of aging and ensure quality care and programs are delivered continue (e.g. increase staff skill to care for older person with complex needs, e-learning module related to age related ages, healthy aging calendar, activities to support seniors month in June, observed international day of the older person).

Addition information to be considered:

- Results of the Resident Experience surveys for Long Term Care - Long Term Care Rural Health Branch

Definitions for background purposes:

Community Supports Program – Community support services that are related to care of the older person include services that are provided under the Adult Protection Act (APA), Home Support, Special Assistance program, acute and continuing care nursing, community social work, community occupational therapy and residential services (Personal Care Homes).

Community based services - a combination of private and government operated services e.g. Personal Care Homes, seniors cottages, affordable housing, meals on wheels programs, foot care services, etc.

Long-term care (LTC) – include standalone LTC facilities (located in Corner Brook and Stephenville), LTC beds in rural Health centers, bungalows in Corner Brook for residents with dementia, seniors cottages (Note: some of the seniors cottages are privately owned and operated).

Hospital Services (Inpatient care/acute care) - Hospital-based acute inpatient care is a key component of the continuum of health services in Canada. It provides necessary treatment for a disease or severe episode of illness for a short period of time. The goal is to discharge patients as soon as they are healthy and stable.

Age Friendly Environment – Age-friendly environments foster health and well-being and the participation of people as they age. They are accessible, equitable, inclusive, safe and secure, and supportive. Age friendly environments can include such things as lighting, sidewalks, parking near entrances, wheel-chair accessibility, community engagement and inclusion, etc.

Partnership

Long Term Care and Rural Health Branch

Community Support Program

Community Health Program

Patient Services

Focus Group Target Audience:

- Invite general community members/seniors, service users, caregivers and family members from across the region

Focus Group Questions

1. How does your community support seniors or those caring for seniors?
Prompts: Focus on strengths? Programs and initiatives? Age- friendly environments?
2. What are the challenges, if any, that you are aware of or have encountered in the community with regards to caring for the older person?
Prompts: Consider community based services? Long-term care? Hospital services (inpatient/acute care)? Age-friendly environments?
3. In regards to accessing services for seniors and dealing with concerns of the older person, what can be done? What are the priorities?
Prompts: Consider community based services? Long-term care? Hospital services (inpatient/acute care)? Age-friendly environments?
4. What do you feel needs to be done at the community level to address these concerns? What are your suggestions for improvement?
Prompts: What can you do? What can others do?

Appendix B – Focus Group Invitation



INVITATION

Western Health is hosting a focus group on the topic of **Care of the Older Person**. Recently Western Health completed a needs assessment survey with residents of the western region with over 700 responses. Opinions were obtained on satisfaction with health services and community services, and the identification of strengths and issues within the community. Western Health uses this information to help plan for service delivery. After reviewing the survey results it was clear that respondents were very concerned about programs and services that relate to caring for the older adult. In an effort to understand this issue further, we would like to know more about the strengths and challenges as they relate to caring for the older adult. We would like to explore this concept so that we can have a better understanding of what that means, and use the information to help build stronger and healthier communities and high quality services.

I invite you to join me in this important discussion as it will help inform what actions need to be taken around supporting healthy aging and addressing issues related to caring for the older person.

Corner Brook Long Term Care Home

Boardroom, 1st floor

Wednesday, March 8th, 2017

11:00 am to 12:30 pm

Please RSVP by Thursday March 2nd 2017.

Contact Jennifer Cullihall at (709) 458-2381 ext. 260 or email

jennifercullihall@westernhealth.nl.ca to confirm attendance or to request travel reimbursement.