

SENIORS ASSOCIATION OF GREATER EDMONTON

SAGE

FORUM ON
SUPPORTIVE LIVING CARE
FOR OLDER PERSONS
TUESDAY, OCTOBER 7, 2008

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PROGRAM

- 08:30 – 09:00..... Registration
- 09:00 – 09:10..... Opening Remarks
.....**Brent Abbott**, SAGE President
.....**Shirley Redmond**, SAGE Board, Forum Co-Chair
- 09:10 – 10:30..... **Government Initiatives Panel**
..... Moderator: **Don Junk**, SAGE Board
- Alberta Seniors and Community Supports: [Bruce West](#),
(Previous) Executive Director, Supportive Living and Long-Term Care Branch
 - Alberta Health and Wellness: [Vivien Lai](#), Senior Manager, Senior Policy Advisor
 - Alberta Housing and Urban Affairs: [Clarence Bareska](#), Executive Director,
Housing Operating Program Delivery
- [Question Period](#)
- 10:50 – 12:10..... **Service Providers Panel**
..... Moderator: **Dr. Ken Hodgins**, SAGE Board
- Alberta Senior Citizens' Housing Association: [Larry Thomsen](#), Past President
 - Capital Health: [Gwen Otto](#), Manager, Assisted Living Programs
 - Shepherd's Care Foundation: [John Pray](#), President
- [Question Period](#)
- 12:10 – 13:30..... Lunch
- Rapporteur: [Maureen Osis](#), ElderWise Inc.
 - Closing Remarks: **Bill MacDonald**, SAGE Board, Forum Co-Chair
- [Speaker's Biographies](#)
..... [Vision of Aging for Albertans](#)
..... [References](#)

ABOUT THIS REPORT

This paper was written by a consultant, hired by SAGE to attend the forum and compile a written report of the presentations. The consultant, Maureen Osis, was also asked to provide a brief summary of the two panel discussions to the audience. The author's presentation is included in the report.

The intent of the report is to capture the content of the presentations and to provide some additional reference material. There is no intent to analyze or editorialize the presenters' information.

Some presenters referred to the "Health Authorities" or the "Health Regions". It should be noted that at the time of the forum, all health regions were merged into one super Provincial Board.

Due to technical difficulties during the question period, some of the audience member's questions were not heard by the consultant or by other participants. Every attempt is made in this report to capture the spirit of the question and the response.

About the Author

Maureen Osis is a Registered Nurse and a Registered Marriage and Family Therapist. She has worked with seniors in her private practice and in many health care settings. As a former Clinical Nurse Specialist, Geriatrics for the Calgary Health Region, she participated in the development of many geriatric programs in both acute and long-term care. Later, as Development Leader for Standards and Practice, she was responsible for implementation of standards in long-term care and resident/family complaints related to care. In her private practice, she participated in the development of an early model of supportive housing in Calgary in the 1980's.

Conflict of Interest

As the consultant for this project, I declare that I have no conflict of interest with any governing body or with the organizer of the forum.

INTRODUCTION

Brent Abbott, SAGE President opened the forum and provided context for the role of SAGE in organizing the event. The main goal of the forum is to “add to the knowledge of supportive living.”

Panellists were invited to present information on four levels in supportive living accommodation.

Each speaker was asked to explore the following topics:

- Definitions of supportive living
- Levels of accommodation and services
- Policies and standards
- Financial impact on individuals
- Challenges
- Future trends

The forum was designed for a broad audience, including

- Management and staff in senior-serving organizations
- Representatives of governing bodies for service providers
- Government staff who develop policies or standards related to seniors’ accommodation.

GOVERNMENT INITIATIVES PANEL

Government departments responsible for developing policy, designing care systems, setting standards, and monitoring operations were invited.

A summary of each presentation follows. Where appropriate, additional information or reference material is provided by the author of this report.

Brief biographies for each speaker are included in [Appendix A](#) to the report.

**BRUCE WEST
(PREVIOUS) EXECUTIVE DIRECTOR,
SUPPORTIVE LIVING AND LONG-TERM CARE BRANCH
ALBERTA SENIORS AND COMMUNITY SUPPORTS**

Bruce talked about the difficulties inherent in a discussion about “supportive living” because of a lack of standard definition or understanding of the terminology. He provided the definition used by ASCS and described the levels within supportive living. He acknowledged the challenges that are currently facing the system as well as the future.

Supportive Living - Definition

- An approach for providing services within a housing environment.
- Home-like setting where people can maintain control over their lives while receiving the support they need.
- Common areas and features designed to allow aging in place. Building features include private space and a safe, secure and barrier-free environment.
- Promotes residents’ independence and aging in place through the provision of services such as 24-hour monitoring, emergency response, security, meals, housekeeping, and life-enrichment activities.
- Publicly-funded personal care and health services are provided based on residents’ assessed, unmet needs.

Designated Assisted Living

- Spaces within a supportive living facility where there is a contract between a health region and a housing operator.
- Housing operator provides publicly funded health and support services based on assessed need.
- Health region in collaboration with the operator makes decisions regarding admission and discharge.
- Provincial variation in terms of the target populations for these spaces, type and availability of health care staff, and the services that the operator must provide as part of the contract.

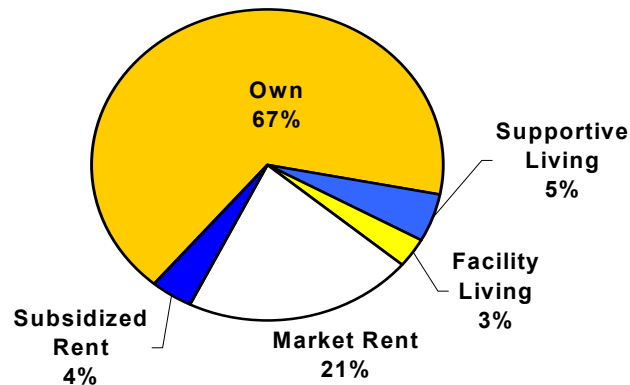
Where do Alberta's Seniors Live?

Urban/Rural

- 81% in urban centres
- 60% in Edmonton and Calgary

Tenure

- Majority are homeowners, mortgage free
- Most have resided in their home for many years
- About 1 in 4 seniors rent apartments in the private market or in subsidized apartments



Alberta's Continuing Care System

| Living Environment | Home Living | Supportive Living | | | | Facility Living |
|-------------------------------------|--|----------------------------------|----------------------------|-------------------------------|---|--|
| | Houses Apartments Condos | Level 1 Residential Living | Level 2 Lodge Living | Level 3 Assisted Living | Level 4 Enhanced Assisted Living | Nursing Homes Auxiliary Hospitals |
| Resident Needs | Ability to manage day-to-day activities and requirements for scheduled or unscheduled personal assistance | | | | | |
| Building Features | Building safety and design features are appropriate for resident's needs | | | | | |
| Hospitality Services | Meals, housekeeping, personal laundry, safety and security, social and recreational opportunities, coordination and referral services. | | | | | |
| Health and Wellness Services | Case management, assessment and provision of publicly funded personal care and professional health services, medication support | | | | | |

Supportive Living Levels

| Level | Resident Needs | Hospitality Services |
|-----------------------------|---|--|
| 1. Residential Living | <ul style="list-style-type: none"> • Can arrange, manage and direct own care • Needs housing for safety, security and socialization • All personal assistance can be scheduled | <ul style="list-style-type: none"> • Basic services such as one meal, housekeeping, laundry and linens, social and leisure and referral are <u>available</u> |
| 2. Lodge Living | <ul style="list-style-type: none"> • Basic support services needed • Most personal assistance can be scheduled | <ul style="list-style-type: none"> • Full meal service available • Personal response system provided |
| 3. Assisted Living | <ul style="list-style-type: none"> • Needs some assistance with many daily activities • Some unscheduled personal assistance is needed | <ul style="list-style-type: none"> • Full meals, some special diets • More frequent housekeeping • Routine checking of residents, with guidance and advocacy provided |
| 4. Enhanced Assisted Living | <ul style="list-style-type: none"> • Requires assistance with most daily activities • Frequent need for unscheduled personal assistance. | <ul style="list-style-type: none"> • Full services including meals, housekeeping, laundry, socialization, oversight and advocacy provided |

Continuing Care Challenges

- Shortage of continuing care options placing demands on acute care
- Shortage of affordable supportive living facilities, especially rural
- Increased complexity of resident needs
- Low incomes of current residents
- Workforce shortages
- Rising operating costs
- Taxation inequities
- Complex array of government programs

Ministry Responsibilities/Programs

- Accommodation standards, monitoring, reporting and complaints resolution in supportive living and long term care
- Supportive living licensing
- Set daily LTC accommodation rates
- Administer the Seniors Lodge Program and Unique Homes Program
- Provide Lodge Assistance Program Grants
- Capital Grants Programs – Affordable Supportive Living Initiative (ASLI) and Lodge Modernization
- Income support programs (ASB/AISH)
- Health related programs (AADL, RAMP)
- Protection for Persons in Care (PPC Act)

New Initiatives

- New supportive living legislation
- Accrediting supportive living operators
- Training for accommodation services staff
- Target accommodation funding to those most in need
- Alternative models for setting accommodation fees in long-term care and supportive living

Bruce told the audience that Alberta has been at the forefront, leading the way in seniors' housing and that other provinces are following.

He emphasized the challenges of terminology and presented an overview of the four levels provided in the Supportive Living component of Alberta's Continuing Care System. Level 2 is called Lodge Living – not to be confused with the “Lodge program.”

In addressing future challenges, he acknowledged “taxation inequities”; e.g. the Lodge Program is not taxed but supportive housing programs are taxed.

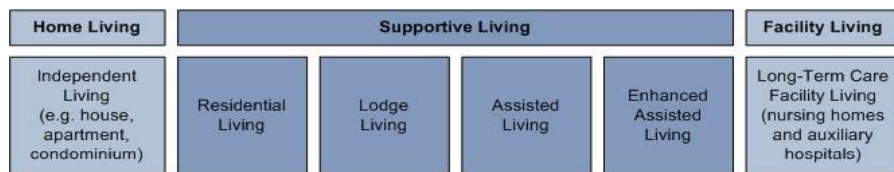
References

See Appendix C

VIVIEN LAI
SENIOR MANAGER
SENIOR POLICY ADVISOR
ALBERTA HEALTH AND WELLNESS

Alberta's Continuing Care System

Services are provided in three streams:



Within supportive living

- Health care ~ Alberta Health and Wellness
- Accommodation ~ Alberta Seniors and Community

Notes

- Continuing care system for people with chronic health conditions or disabilities
 - Client needs are assessed and matched to the appropriate continuing care service
 - Over 110,000 Albertans receive continuing care services: 14,000 in long-term care facilities and 95,000 in home care, including 17,500 in supportive living
 - Services are provided in three streams
- 1) Home care services provide professional health care and support services to clients with assessed needs in their own private homes
 - 2) Supportive living settings provide various levels of care and support provided within a specific housing environment
 - 3) Long-term care facilities for residents assessed as having unpredictable and complex needs requiring 24-hour care

In supportive living, AHW responsible for the health care services, and ASCS responsible for the accommodation aspects such as maintenance of the building, rent charges and food.

Challenges in Continuing Care

Demographic Challenges:

Growing population
Aging population
Longer life expectancy

= Steady increase in the number of continuing care clients,
peaking around 2030

The new generation of clients, the baby-boomers, differs from previous generations of seniors.

Notes:

- some of the challenges in continuing care = demographic challenges
- Alberta will undergo major demographic changes over the next two decades:
 - Growing population
 - Aging population
 - Longer life expectancy
- Steady increase in the number of continuing care clients, peaking around 2030
- The new generation, the “baby boomers”, will differ from previous generations
 - Value choice, independence, and participation
 - Have high expectations in relation to service quality
 - Will want to be more involved in their healthcare decisions

Challenges in Continuing Care

System Challenges:

Capacity issues

Need system changes to address expectations of baby boomers

Sustainability and affordability

Quality

Accountability

= Need to provide clients with more options for home and community care

Notes

- there are also system-level challenges
- currently ...
 - care services are site-specific services
 - numerous complex rules and regulations
 - capacity is limited
 - clients have very little choice on where and how they receive services
- we need system change ...
 - to address the expectations of baby boomers
 - to make system sustainable and affordable
 - to improve quality
 - to ensure accountability
- more options for home and community = aging in place

Challenges in Continuing Care

Workforce Challenges:

Labour shortage, particularly for health care aides
Retention of staff

= Need to explore new approaches to utilizing, recruiting and retaining the health workforce

Creative ways to address the labour shortage need to be explored - there may be a role for technology to play.

Notes

- workforce shortages are a concern and result in additional system stress
- key concerns are recruiting and retaining staff, especially health care aides
- not possible to deliver continuing care services in the same way
- need new and creative ways of doing things, such as the use of technology

What Have We Done So Far?

Health Action Plan

Goal: An efficient, accessible and sustainable health system

Released: April 16, 2008

Action Items:

- Immediate ~ patient navigation
- Three months ~ expand facility space and community care services
- Six months ~ new continuing care strategy
- Nine months ~ new provincial health services model

Notes

April 16, 2008 – Minister Liepert released action plan

- top priority: to improve accessibility and ensure the future sustainability of the health system
- action items relevant to continuing care:
 - immediate – patient navigation
 - three months- expand facility space and community care services
 - six months – new continuing care strategy
 - nine months – new provincial health services model

Continuing Care Health Services Standards

Principles:

- Access
- Client Centered Care, Integrated Care Plan
- Client and Family Involvement
- Definition of Care Services
- Providers' Training
- Wellness and Safety
- Quality Assurance
- Quality Improvement

Notes:

AHW released Continuing Care Health Services Standards in 2006

- revised in 2007
- updated in July 2008

Apply to all publicly funded continuing care services. Designed to guide staff in providing high quality, comprehensive, individualized care based on the assessed needs of each client.

- Based on the principles on the slide.

[References](#)

See Appendix C

What Have We Done So Far?

1. Improve staffing:
 - Increase nursing paid hours from 3.4 to 3.6
 - Increase therapy staff (OT/PT/RT)
2. Increase clinical expertise of regions to deal with complex care cases
3. Enhance case management capacity to improve access

Notes:

Other initiatives of AHW

1. improve staffing. We have increased paid hours of care from 3.4 to 3.6 – the Nursing Homes Act says 1.9 is minimum.
 2. have enhanced clinical expertise of regions to deal with complex cases
 3. have enhanced case management capacity – by training over 500 people in the province in McMaster case management workshops.
- Case management = helping patients with complex health needs navigate the health system and access the right services at the right time.

What Have We Done So Far?

4. Design new Continuing Care Desktop to train staff to implement standards
5. Special attention on standards relating to safety:
Medication Management
Infection Prevention and Control (IPC)
6. Creating monitoring and compliance unit in the department
7. Implement standardized care planning/assessment/quality measurement tools (InterRAI tools)

Notes

4. Desktop for staff to learn about the standards
5. Focus on medication management and IPC (i.e., IPC project – education/training program re appropriate IPC practices in supportive living.)
6. compliance to the standards is mandatory, and AHW has recently established a Compliance Unit
7. implementing interRAI tools to standardize care:
 - RAI-HC for home care and MDS 2.0 for long-term care

Author's Note: for more information on RAI-HC and MDS tools, consult

Health Information Standards Committee for Albert
Alberta Continuing Care: Homecare Minimum Data Set
http://www.health.alberta.ca/about/HISCA_ACCIS_CommunityBased.pdf

Where Do We Go From Here?

- Address immediate capacity issues
- Continue to implement the *Continuing Care Health Service Standards*
- Enhance quality of care
- Address workforce issues
- Re-design current system to provide more choice and flexibility to clients

Notes

- Although we have done a lot of work, there is still more to do:
 - a. Address capacity issues
 - b. Continue to implement standards
 - i. Implement
 - ii. Evaluate and update
 - iii. Monitor compliance
 - c. Enhance quality of care
 - i. Standards
 - ii. Including support for caregivers
- Address workforce issues
 - 19 key initiatives including:
 - increasing clinical training capacity
 - attracting health professionals working abroad
- Re-design current system: New Continuing Care Strategy
 - expanding the options for home care services and community care
 - joint effort with ASCS
 - release anticipated for the fall of this year

Additional Reports

The Broda Report, and other reports on Long-Term Care system can be found at http://www.health.alberta.ca/resources/pub_continuing-care.html

Supportive Living Framework, March 2007

Supportive living Accommodation Standards, March 2007

<http://www.continuingcare.gov.ab.ca> and <http://www.seniors.ab.ca>

The Vision for Albertans in the 21st century is included in the [Appendix B](#) to this report.

**CLARENCE BARESKA
EXECUTIVE DIRECTOR
HOUSING OPERATING PROGRAM DELIVERY
ALBERTA HOUSING AND URBAN AFFAIRS**

Mr. Clarence Bareska began by speaking of the “pressures on providing affordable and appropriate seniors housing” in the province. He explained the role play by Alberta Housing and Urban Affairs. The program is targeted to the home living environment and the” main program is the seniors’ self-contained program.”

Mr. Bareska provided the following summary of his presentation.¹

Seniors Self-Contained Program

Provides an affordable housing option for low-moderate income seniors.

Seniors are functionally independent:

- may require assistance of community-based services
 - homecare
 - some projects may offer lunch services
 - senior access community based services directly

Apartment style accommodation

- Units are self-contained with senior responsible for meals, housekeeping etc.
- Primarily one-bedroom units

Standards

- Subject to same requirement as other private sector rental accommodations
 - Public Health Act
 - Fire Code
 - Others

Eligibility

- Income
- Age 65
- Citizenship
 - Canadian citizens
 - Residents admitted into Canada for permanent residency
 - Refugees sponsored by Government of Canada

¹ This summary taken directly from Mr. Bareska’s notes.

In Edmonton, incomes cannot exceed

- \$27,000 bachelor unit
- \$32,500 one-bedroom
- \$40,000 two-bedroom

Tenants' rent based on 30% of household income

- includes heat, water, and sewer
- tenant responsible for electricity, cable television, parking

Management and tenant selection are the responsibility of local housing operators (management bodies)

- administration in accordance with Alberta Housing Act and Regulations

Seniors interested in applying would do so directly with the management body.

Edmonton area

- 19 management bodies
 - 52 projects
 - 4,018 units

Surrounding area

- Leduc, Sherwood Park, St. Albert, Stony Plain
 - 25 projects
 - 523 units

Rent Supplement Programs

Assistance for low-moderate income families, individuals, seniors and persons with special needs

- assistance provided to help with rental costs in the private market

Priority to those in greatest need

- income
- no of dependents
- current rent versus income
- current housing accommodation
 - need for an adapted unit
 - condition of current accommodation

Historically greatest need has been families

In Edmonton, program delivered by

- Capitol Health Housing Corp.
 - Tel: 780-420-6181
 - Web: www.crhc.ab.ca

Affordable Housing

- Proponents wishing to build affordable housing, including affordable housing for seniors, were eligible to apply
- RFP process closed in September 2008 and the department (Housing and Urban Affairs) is now reviewing applications.
- Successful proponents will be known in November 2008

QUESTION PERIOD

Author's Note:

Due to technical difficulties with the audio system, the questions from participants could not be heard (in full). This section presents a paraphrase of the questions and the main points provided by the respondent.

Question

Given that the changing demographics have been predicted for the last 50 years, and have been studied by the government with planning initiatives since 1982, why are the only noticeable differences in continuing care services

1. new workforce training
2. increased waitlists for all care settings and services
3. increased risks for infection control and safety risks?

Response by Vivien Lai

- You definitely are right – there are many issues in the current system
- What happened to the continuing care system during my involvement; looking back - waiting list before 1988 single point of entry was 2-3 years: after introduction of the single point of entry process , the wait was reduced to 3 months.
- Before: we had a rigid nursing home and hospital system: now more integrated. This provides better service for the resident and the family. Prior to the integration, there were inequities in covered services between the “nursing home” and the “auxiliary hospital”. For example, medications are now covered in nursing home.
- Broda vision: expanded supportive living. Aging in Place policy. Other provinces are following Alberta who is leading the way.
- Current difficulties: workforce is a global problem.
- We are looking are rapid measures to address waiting list.
- Care issues now are still of concern. But the accomplishments over the past 10 years are significant.
- Where would we be if we did not implement the recommendations of the Broda Report?
- Today we would need 10,000 more long term care beds.
- We need to work together. We need consumer input.

Question

In the last part of your talk (Clarence) you mentioned that you have tenders out for new buildings for seniors to live in. What sorts of new energy efficient requirements are you requiring in these new projects because the costs will have to be born by the renters?

Response by Clarence Bareska

There are many factors that will be considered in weighing the applications; those with energy efficient designs could be given priority. Note that we did not put out tenders but a request for submissions. A main requirement is that rents must be 10% below market value.

Question for anyone

I am concerned about oversight. Elected officials take money from people who will develop these projects. Then the same officials must monitor these same people.

Response by Bruce West

Social Care Facilities Licensing Act not designed to license and monitor today. New Act will be more focused on seniors living environment and not on day cares etc. We will include the Seniors Lodge programs.

Most supportive living is privately funded and operated. Many operators wanted licensing to prevent “fly by night operators”. Most providers in the business welcomed the standards.

Question

If median income for seniors is \$22,000. how can the senior afford to pay for the services we need that are no longer publicly funded?

For example, such as bathing people, feeding people, dressing people?

Response by Bruce West

If people are assessed as requiring these services – they receive them through publicly funded programs. If people choose to purchase additional services, they pay.

There are, however, some differences between LTC and supportive living; for example,

- medications
- ambulance

We acknowledge the inequities between two environments: there are some advantages in supportive living – mainly the environment itself.

Question

In our community (Hinton) we lobbied for long term care beds. But you changed the designation to DAL. Now, there is not even one LTC bed in Hinton. We asked the government to consider running the hospital as long-term care.

In DAL, the resident or family have to pay for costs. Unbundling also means putting the costs on to the resident.. Also some need greater care than offered in DAL. You cannot pick and choose where you want to go in rural areas. Converting long-term-care beds into supportive living is not ok because the care is not there.

Response from Vivien Lai

In Hinton these changes were done by the local health authority. Now the new provincial health services board will make the decisions.

The Broda Report emphasized aging in place to give quality and choice to clients. It was not the intent to re-label services.

There is an extensive American study that is applicable to Alberta. Supportive living environments can improve the quality of life, but to expand it (Supportive Living), certain things must be done

- define – not use to re-label
- must be a safe place with standards.

Some of the conversions might have been for the system but not the client/family.

Comment from audience member

We have a new Minister of Health who wiped out the RHAs without warning. You tell us about plans that will be released soon. We commend you (Vivien) on being open to consultation but the Minister is not – we urge the Minister of Health to consult.

SERVICE PROVIDERS PANEL

Agencies involved in senior supportive living services or accommodations were invited to present.

A summary of each presentation follows. Where appropriate, additional information or reference material is provided by the author of this report.

Brief biographies for each speaker are included in **Appendix A** to the report.

INTRODUCTION

MODERATOR; DR. KEN HODGINS, SAGE BOARD

Dr. Ken Hodgins explored the context for this forum.

- Stresses for seniors with rent increases and other cost of living
- New vocabulary being used. We were accustomed to lodge, and nursing home. Now we have --
 - Enhanced lodges
 - Assisted living
 - Continuing care
 - Supported living
- As a Board we wanted to understand the field.

**LARRY THOMSEN
PAST PRESIDENT
ALBERTA SENIOR CITIZENS' HOUSING ASSOCIATION**

Larry Thomsen began by stating that he has an “Impossible dream” – about the direction we should be taking. He also stated that he announced “full disclosure: the first 5 points were developed by someone else and the next 2 points are mine.”

VISION

ASCHA, the leading advocate for seniors housing in Alberta.

MISSION

On behalf of its Members, ASCHA advances the cause of independent and supportive living for seniors by representing and serving the seniors housing sector.

Members operate over 24,000 independent and supportive seniors housing units; approximately 70% of the industry in Alberta.

Serving Members for over 42 Years

Members/Provider Types

- ✘ Public
 - Senior Citizens Lodge Program
 - Seniors Self-Contained Program

- ✘ Voluntary
 - Faith or culture based organizations

- ✘ Private
 - Small and Large Companies

By representing all three sectors, ASCHA is a forerunner amongst Seniors Housing Associations in Canada.

ASCHA's Primary Roles

- ✘ Serve Members
 - Support and Information
Research, reports, education, updates, etc.
 - Representation/advocacy/consultation
 - Networking
- ✘ Online Seniors Housing Registry
 - Public access to detailed housing information

Ongoing goal is to represent all organizations that share in the mission of excellence in the provision of seniors housing

Alberta's Seniors Housing Landscape

- ✘ In 2005, seniors were 10.5% of Alberta's population
 - ✘ By 2031, 1 in 5 (21.4%) Albertans will be seniors
 - ✘ Average age of seniors in independent living – 82
 - ✘ Average age of seniors in supportive living – 86
 - ✘ 72% of seniors have incomes below \$27,500 – 78% own their own homes
 - ✘ Approximately 8% of seniors reside in seniors housing
 - ✘ Additional long term care units are not in provincial plans
 - ✘ Level 4 and/or Designated Assisted Living (DAL) new higher care option
-

Legislative Framework

- ✘ Effective April 1, 2007 all supportive living settings must be licensed and meet Accommodation Standards.
- ✘ Effective April 1, 2007 all publicly funded health services must meet Health Service Standards.
- ✘ We expect that Spring of 2009 will bring new Supportive Living legislation.
- ✘ Housing operators must comply with over 30 pieces of legislation and have numerous monitoring bodies (accommodation, public health, health services, fire code, etc.).

Public confusion on what is regulated and monitored

Trends

- ✘ Substantial growth in supportive living sector expected.
- ✘ Private pay options will grow faster than government subsidized options.
- ✘ The main contributing factors:
 - Age wage
 - Capacity of government to provide subsidization
 - Income capacity of seniors
 - Expectations of consumers

| Alberta | Population over 75 in 2006 | Population over 75 in 2031 | Percentage growth |
|---------|-------------------------------|-------------------------------|-------------------|
| | 162,300 | 396,400 | 144.2% |

Trends

- ✘ Ageing in Place/Community philosophy
- ✘ Government focus on residential options/supportive living = less facility living options
- ✘ More choices and options to address diverse demands
- ✘ Life lease options
- ✘ Growing health and housing partnerships to deliver personal care health related services

*Lifestyle choices are changing and in response;
seniors housing options are changing!*

Challenges

- ✘ Four Ministries involved in continuing care system – much confusion!
- ✘ Inconsistent terminology – more confusion
- ✘ All communities to not have access to the full range of housing options
- ✘ Labour market – staff shortages
- ✘ Building Code requirements
- ✘ Understanding of supportive living sector by public, health professionals, government officials, etc.
- ✘ Public perception of seniors housing options.
- ✘ Funding does not match costs of operations.

Challenges

- ✘ Escalating construction costs.
- ✘ Inconsistency of options across Canada.
- ✘ Cost of medications/supplies in supportive living options versus long term care.
- ✘ Labour market – staff shortages
- ✘ Building Code requirements
- ✘ Understanding of supportive living sector by public, health professionals, government officials, etc.
- ✘ Public perception of seniors housing options.

Ideal Vision

◆ Comprehensive Provincial Seniors Housing Policy Framework

- Common Terminology
- Universal Understanding
- Appropriate funding and knowledge of costs
- Public accountability and reporting
- All levels of housing/services available in communities
- Affordability of housing options for all seniors

Affordable seniors independent and supportive living options focused on quality and choice!

Note: Participants invited to contact ASCHA for copy of the presentation. ²

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**GWEN OTTO
MANAGER
CAPITAL HEALTH ASSISTED LIVING PROGRAMS**

Gwen provided an overview of the Supportive Living Framework used by the Capital Health Designated Assisted Living Programs. She stated that the Designated Assisted Living (DAL) program serves over 1500 clients who require personal care and professional services. The program partners with service providers in the community. Main focus on

- Low income
- Seniors
- Mental health clients

For Capital Health/Alberta Health Services, supportive living refers to “Accommodation and health care for people living in congregate settings.” DAL is a “Transparent program: people under DAL are integrated within others in the building.”

DAL :

- Resident centered
- Choice, dignity, privacy, encourage independence
- Home like atmosphere

(Slides from presentation)

Definitions of Supportive Living

Care option for adults and seniors that combines accommodation & health care support services in a private yet congregate living setting

Service delivered using a Resident-Centered Service Delivery Model based on six principles:

- Choice
- Dignity
- Privacy of person and space
- Independence
- Individuality
- Creation of a home-like atmosphere

Definitions of Supportive Living

The key elements of Supportive Living include:

Offering a safe & secure environment & a home-like environment

Maximizing the choice of Residents

Providing social and recreational activities that encourage social interaction

Providing access to necessary supportive services to accommodate the Residents’ changing needs

Maximizing the independence of Residents and respecting their dignity

Supportive Living

Supportive Living offers a variety of programs to meet the health service requirements of individuals in need. These programs include Designated Assisted Living (DAL) and Support Homes

Supportive Living options in Alberta Health Services - Capital Health have grown significantly since 2001 and currently consists of over 2000 spaces.

Of this total, Designated Assisted Living has grown from 34 spaces in 2002 to over 1500 spaces in 31 different sites by October 2008

A wide range of populations are served in specialized programs – from the frail elderly to individuals with dementia, mental health problems, brain injury, challenging behaviours and addictions and young adults

Supportive Living 2007 – 2008 Initiatives

Supportive Living's capacity has increased by 335 spaces (21%) over prior year

Opened 7 new DAL sites and 1 new PCH site with 4 new contractors

Oversaw project development for 18 new Supportive Living sites

Increased other professional services available to Supportive Living clients such as nursing, physiotherapy, occupational therapy, wound / enterostomy support, pharmacy, behaviour specialist, dietary, and psychology

Role of Alberta Health Services - Capital Health

- Assessment & placement
- Contract administration & management
- Funding for care-related services
- Professional case management
- Professional services

Nursing, Physiotherapy, Occupational Therapy, Wound / Enterostomy Support, Pharmacy, Behaviour Specialist, Dietary, and Psychology

- Standards
- Quality monitoring

Role of Client and Family

- Sign and abide by service agreement
- Accept services
- Cooperate in care planning & service provision
- Pay room & board
- Pay for personal expenses medications, toiletries, clothing...

Role of Operator

- Room and board
- 24/7 personal care assistance
- 24/7 LPN services (DAL)
- Housekeeping & laundry assistance
- Medication assistance
- Health monitoring
- Liaison with formal & informal supports
- Social & recreational programs
- Community integration assistance

Supportive Living Framework

- Defines Supportive Living in Alberta
 - Clarifies roles & responsibilities
 - Provides common terminology
- 4 levels of supportive living in Alberta
 - Residential Living – Level 1
 - Lodge Living – Level 2
 - Mental Health Support Homes; Site-Based Home Care
 - Assisted Living – Level 3
 - Personal Care Homes; Special Care Homes; Family Care Homes
 - Enhanced Assisted Living – Level 4
 - Designated Assisted Living & Enhanced Designated Assisted Living

Access to Designated Assisted Living

- Single point of entry
- Access is based on assessed needs
 - assessment determines level of care
 - physician involvement & recommendation during assessment
- Admission criteria in place
 - currently being reviewed internally and externally
- Home Care services available for clients needing services while waiting for Facility Living and Supportive Living
 - clients may choose private options while waiting for publicly funded services
- Added Care available for clients waiting for alternate levels of care

Policies and Standards

- Both Alberta Government and Alberta Health Services – Capital Health have accommodation standards
- Alberta Seniors & Community Supports and Alberta Health Services - Capital Health work in partnership to conduct accommodation standards reviews
- Initial feedback from DAL operators is that the streamlined partnership approach to reviews is positive

Partnerships with Government

Supportive Living partners with Alberta Seniors & Community Supports and Alberta Health & Wellness extensively

- Supportive Living Accommodation Standards
- Collaboration Review Teams
- Rural Affordable Supportive Living Program
- ASCHA Health & Housing Committee
- Continuing Care Health Service Standards Implementation Steering Committee
- Improving Infection Control Practices in Supportive Living

DAL Suites in Alberta Health Services - Capital Health

Characteristics

- 'Designated' suites
- Typically within a larger seniors complex
- Integrated settings
- Invisible program
- Private rooms & bathrooms
- Access to common areas

Accommodation Fees

Accommodation fees in Supportive Living are set:

- to help ensure access to programs
- based on suite types
- 2001 – shared suites were the norm
- 2007 – studio suites, one-bedroom, two bedroom
- shared suites are in limited demand
- Alberta Government accommodation subsidy program introduced in 2006 has enabled greater access for lower-income groups

Resident Costs

| | |
|-------------------|---|
| Medications | Medications are the responsibility of the resident with Blue Cross usually paying the largest portion. Residents are responsible for the co-payment |
| Oxygen | Residents receive through Alberta Aids to Daily Living (AADL) Program as per AADL criteria |
| Physician | Residents are cared for by their community Physician |
| Dressing Supplies | Supplies obtained through AADL. |
| Transportation | Supplied through publicly available transportation. |
| Ambulance | Ambulance costs for medical emergencies are paid by the client's Blue Cross coverage. Co-payment is the responsibility of the resident. Inter-Hospital Transfer costs are the responsibility of the resident. |

Challenges

Staffing

- Alberta Health Services - Capital Health in conjunction with various partners is responding to the current staffing situation
- variety of recruitment initiatives
- coordination, provision and financial assistance with standards education

Future Initiatives

- Housing Options for Specialized Populations:
- Brain Injury Under 65 Years
- Dementia
- Streamline Admission & Discharge Process
- Nurse Practitioner Clinics in DAL Settings
- Medical Lead for Supportive Living Program

Websites

Supportive Living Framework

http://www.seniors.gov.ab.ca/housing/continuingcare/standards_framework.pdf

Supportive Living Accommodation Standards

http://www.seniors.gov.ab.ca/housing/continuingcare/Standards_SupportiveLiving.pdf

Continuing Care Health Services Standards

http://www.health.alberta.ca/resources/publications/standards_continuing-care.pdf

Explanation of seniors plans offered by Blue Cross

https://www.ab.bluecross.ca/ip_senior1.html

**JOHN PRAY
PRESIDENT
SHEPHERD’S CARE FOUNDATION**

John presented a brief history of Shepherd’s Care Foundation and provided a visual overview of the various sites.

Brief History

- Incorporated in 1970
- Created from three founding Pentecostal churches – Millwoods Pentecostal and Southside Pentecostal in Edmonton and Bethel Pentecostal in Barrhead
- From the three churches 50 Foundation members are nominated
- From the 50 – 13 Board of Directors are elected

Three core principles

1. A focus on affordability for seniors
2. A focus on Christian care
3. A focus on “age-in-place”, or “campus-of-care” communities

Number of Suites

| | |
|------------------------------------|-----|
| Millwoods Shepherd’s Care Centre – | 147 |
| Millwood’s Manor - | 74 |
| Southside Manor - | 78 |
| Greenfield - | 30 |
| Ottewell - | 30 |
| Kensington Village – | 521 |
| The Ashborne - | 110 |
| Barrhead | 43 |



Shepherd's Care Foundation

Mission Statement

The Shepherd's Care Foundation will continue to be one of the recognized leaders in supportive housing and continuing care services in Alberta. The Foundation has over thirty-five years of experience developing and operating "age-in-place" facilities.

To the glory of God, our voluntary board is committed to providing the highest quality accommodation and services through the advancement of innovative options for the frail elderly, the chronically ill and the disadvantaged.

In supportive housing, we create environments, which provide safety, dignity, and high quality care essential to the resident's wellness. As needs arise, residents access the next level of support and care services at an affordable cost.

In continuing care, we believe that each resident is a unique individual whose diverse needs we meet within a friendly and caring atmosphere. Our Christian Ministry will remain an oasis of faith, hope and love, with a warm sense of family and community in which prayer and spiritual support play a vital role.

Our skilled and compassionate staff, together with a strong base of dedicated volunteers, provides our varied programs and services. We are committed to affirm, nurture and respect all staff and volunteers, motivating and encouraging them to reach their highest potential.

Keeping future growth in mind, we are committed to ongoing financial prudence. We pledge good stewardship by re-investing financial contributions into worthwhile programs and services for the benefit of residents and families in the greatest need.

*Dedicated to the "celebration of life" in
a caring Christian environment.*

Current Trends at Shepherd's Care

1. Residents and families prefer to remain within the same campus when care needs change.
2. There is an increase in expenses as care needs change regardless of Government income supports – compounded more with Senior couples.
3. Seniors are accessing more care at all “levels” – as they move through each of the “levels” they are much more frailer. (e.g. the average stay in a nursing home in Edmonton is less than 700 days.)
4. In the future we believe that as the health of our residents improves, they may move “back” to the lower levels of care on the continuum.
5. We are also seeing couples asking to remain together in a condominium or apartment and have the care services delivered to them, rather than one spouse moving on to another area of a campus (nursing home).
6. Families and prospective residents are much more educated about their care options and thus are looking for excellence.
7. We believe that faith-based care will continue to be important in the future.

Current Challenges at Shepherd's Care

- There is a major shortage of health care workers – especially personal care aides and licensed practical nurses.
- We will be more accountable in the future – standards, inspections, public awareness and demands for accountability.
- The faith-based voluntary sector is the best environment to care for the elderly and will be even more popular in the future.
- The “age-in-place” model of care is even more real today.
- Even if government offers to fund capital programs to create new spaces the current funding models do not create sustainable projects.
- Need to develop more occupational health and safety programs.
- The need to care for low to moderate income seniors will continue.

Accreditation will be a trend ³

Shepherd's Care Foundation
First three-year accredited “Aging Services Network” in Canada – July 2008

³ Carf Canada Commission on Accreditation of Rehabilitation Facilities. www.carf.org

QUESTION PERIOD

Question

Are people misplaced in DAL? Should some of the residents be in long-term care?

Response: Gwen Otto

Case coordinators are responsible to assess all individuals for appropriate placement in the right service level. The case coordinators also monitor and oversee those who need to be moved within the system.

Question

Are some people given greater priority on the wait list? E.g. is there more pressure in acute care so that people in the community wait longer?

Response: Gwen Otto

The wait list is managed according to those with greatest need: the same process is used to assess those in hospital, acute care, ER and community and transfers. Greater priority might be given for those in the community at risk and in acute care.

Question and Comment

The audience participant thanked everyone at SAGE for organizing the forum and the panellists for speaking at the event. Stated that she wished to make a comment.

“Yes I would like to age in place but not without adequate food, support, and the basic necessities of life.

In my reading public policy documents it seems that we are encouraged to see health care as an economic driver. But it should be a basic service

Recently I heard a new phrase to add to our vocabulary – self-neglect – way to identify those seniors who are unable to look after themselves. I object to the term because it is a way to blame the victims.”

Comment

As a 70 plus, I want to comment that the “hospitality services” named by Bruce West are my **basic necessities of life!**

**MAUREEN OSIS
RAPPORTEUR
OSIS CONSULTING**

**“It takes a community to support a senior.”
Maureen Osis**

I want to begin by thanking SAGE for organizing the forum, and for all the many contributions that SAGE has made to address the issues of concern to seniors and their families.

I was asked to give a brief talk during lunch, including the highlights of the panel presentations. In addition, I will also add my reflections on what was said, and also, what was not said this morning.

Highlights of the panel presentations

Bruce West

- Explanation of the continuum and the components of the continuing care system
- Challenges that continue to face the system, including demand, pressure on acute care, rural accessibility, and available workforce!
- Programs that have been initiated such as development of standards, provisions of grants, PPC Act (among others)
- New initiatives including legislation, accreditation, and training.

Vivien Lai

- Wishes of seniors have been consistent for past 10 years.
- Choice remains important
- Review of achievements over the past 10 years. For example, how single point of entry significantly reduced waiting times
- Integrated system (nursing home and auxiliary hospital)
- Vivien discussed the important contribution of the Broda Report (1999). This report surveyed 5000 seniors to determine their wishes for future health care and housing. “Main contribution was to unbundled health and housing services.”
“Health services can be delivered in any setting that is safe for the client.”

Clarence Bareska

- Explanation of the role of Housing & Urban Affairs in affordable housing
- Provincially 14,000 units
- Edmonton 4500 units
- Explanation of eligibility and management
- New initiative – development of more affordable housing

Larry Thomsen

- Aging in place. What it means in different contexts – rural vs urban.
- Importance of social interaction, and safety.
- That we would agree to common terminology and framework
- Need to acknowledge the costs: inadequate funding
- His “Impossible Dream”

“Affordable seniors’ independent and supportive living options focused on quality and choice.”

Gwen Otto

- Diversity of supportive living program within the region
- Growth: 34 spaces in 2002, and now 1500 residents in DAL
- Increase in specialists to provide consultation and service
- Partnerships
- Finding the right housing (service) for the right resident

John Pray

- Shepherd’s Care Foundation: Inc in 1970 – and still have original members on the Board.
- Evolution of services to meet the mandate of age in place!
- Story of residents within same environment for ten years.

I acknowledge the important initiatives by both the public and private sectors over the past decades. In my career, I recall the pilot and then the implementation of “Single Point of Entry.” I observed the improvement for the client and family when they were assisted with the difficult transition into a long-term care setting.

I also recall the initial angst followed by subsequent successes of merging the “nursing homes” and “auxiliary hospitals” into a single continuing care program.

But today, we continue to be faced with pressing demand for limited services. As one audience member commented, the demographic shift has been known for decades, and we seem to be falling short in planning and providing adequate services for seniors.

Audience Concerns

The main themes expressed in the questions from the audience need to be taken seriously by policy makers and planners. These themes included:

- Concerns that individuals might be “misplaced” in the wrong level of care. If an individual is in DAL but needs higher levels of professional care, does the system respond in a timely and appropriate manner?
- Concerns that the “continuum of care” is both a solution and new problem. When the system decides to reduce “long-term care” and reclassify into DAL, does this

- benefit the resident and family? What about the costs that are shifted to the individual and the family (including medications, ambulance, transportation.)⁴
- Concerns that some services that are essential (bathing) are not being offered in a consistent and reliable way.
 - Concerns that the government is making unilateral decisions, without consultation.

It was expected that most of the presenters would address the “system” issues. I want to focus for a few minutes on the concerns facing the clients/residents/families. And I want us to think broader than the provision of housing, hospitality services, and the most basic care services.

If “Supportive Living” is to meet the challenges of the future, we will need innovative providers. We need to further explore -

- Senior Friendly Communities
- Use of Technology
- Expectations of future generations

Every presenter mentioned the **challenges of the workforce**, both for personal and professional care. This is a global issue.

Some countries are employing family caregivers and providing them with training in personal care. I offer the following reference for your interest.

Eurocarers defines a carer as a person who provides unpaid care to someone with a chronic illness, disability or other long lasting health or care need, outside a professional or formal framework.

Resource: EUROFAMCARE Group

<http://www.uke.uni-hamburg.de/extern/eurofamcare/>

What is ‘Supportive’?

If housing is going to be “supportive”, the environment and the programs must promote health – but with a holistic perspective.

- Mental
- Physical
- Emotional
- Social

⁴ The case of conversion of the long-term care to DAL in Hinton, Alberta was specifically mentioned by an audience member. This case was described by Wendy Armstrong and Raiser Deber, See p. 22 in “Sustainable Healthcare For Seniors. Keeping it Public.” Parkland Institute. 2008

[http://www.ualberta.ca/PARKLAND/research/studies/Seniors%20Report%20\(web\).pdf](http://www.ualberta.ca/PARKLAND/research/studies/Seniors%20Report%20(web).pdf)

I want to address just two challenges in addressing physical and mental health of seniors. The first relates to chronic health problems and the second to mental health.

(Slides from Presentation)

Chronic Health Problems

Many system challenges were identified. Here is just one challenge related to the residents.

Chronic Health Problems – how are these addressed in supportive living environments?

81% Canadians over 65 = chronic condition

Source: Gilmour & Park

Dependency

- In 2003, only a small percentages of senior men (6%) and senior women (7%) living in private households needed help with activities of daily living (ADLs)—bathing or dressing, for example.
- Larger shares needed help with instrumental activities of daily living errands and doing everyday housework: 15% of men and 29% of women.

Conclusions: Implications

- In this study, a substantial number of chronic conditions were shown to be associated with dependency among Canadian seniors.
- In some instances, being dependent was related to the pain accompanying a condition, not the condition itself.
- That is, statistically significant relationships between many chronic conditions and dependency disappeared when chronic pain was considered.
- The results of this analysis suggest that effective pain management may reduce the amount of dependency associated with chronic conditions among Canadian seniors, and ultimately, enhance their ability to continue living in the community.

Challenges

- Public Education: what is provided in Supportive Housing
- Terminology: agree to reduce the jargon
- Expectations
 - Does supportive housing “Over promise? Under Deliver?”

Promoting Mental Health

What is Mental Health?

Mental health: The capacity of individuals to interact with each other and their environment in ways that enhances or promotes:

- their sense of well-being
- their sense of control and choice with their life
- optimal use of their mental abilities
- achievement of their own goals (both personal and collective) and
- their quality of life.

Wisdom from Elders

With a colleague, I interviewed senior women living in Independent housing and Supportive/assisted living.

They challenged the notion of “living independently” and emphasized “interdependence” They asked that we add the concept of “**interdependence**” to discussions involving seniors housing and services.

Wisdom from Elders

“A healthy senior is someone who maintains a positive attitude, shares themselves with others, creates a healthy social support network, is still productive in society, and feels needed by others!”

Members of seniors’ group

“I believe the most critical issue to optimum mental health for seniors is the sense of belonging and having a place in society which is valued. This involves receiving respect from those around them and society generally, being cared for by family and formal caregivers, having a social network or at least one person they can talk to about their past experiences (someone who knows them) and a strong sense of self or in what way they fit into their community.” (Seniors’ Organization)

Resource: Canadian Coalition for Seniors Mental Health

Canadian Coalition for Seniors Mental Health
Cummings, 2002

Mental Health & Aging

- Sense of belonging
- Respect
- Being cared for
- Having a social network
- “One person they can talk to”
- Strong sense of self
- How they fit into their community

The Challenge: does Supportive Living promote mental health?

Thank You for the opportunity to participate in this forum. Maureen Osis

***“IT TAKES A COMMUNITY TO
SUPPORT A SENIOR.”
MAUREEN OSIS***

APPENDIX A

Biographical information for the speakers.

Clarence Bereska is the Executive Director of the Operations Branch of Housing and Urban Affairs. The branch, with a staff of 32 employees, is responsible for the administration of the social housing portfolio managed by local housing operators in various locations throughout the province. They work with 184 management organizations administering over 35,000 housing units in the province. Clarence has been involved in delivery of provinces housing programs since 1973 and has been part of many changes in the way programs are delivered and administered in the province.

Vivien Lai currently serves as Senior Manager, Senior Policy Advisor of Alberta Health and Wellness with home care, long term care, and services for the elderly as her speciality.

Vivien has a Master Degree of Sociology from York University of Toronto. She has more than twenty years of experience in senior management and planning in health and social services area. She has held senior and executive management positions in two countries, a number of Canadian provinces as well a number of Health and Social Services Departments. She has designed and managed major health system reform changes improving quality of care of the health system.

She has published numerous papers on vision and future of continuing care and seniors services, as well as served as speakers on national and international conferences. She was also an Adjunct Professor for University of Alberta from 1989 to 1992.

Vivien was the project director responsible for the management and development of the Long Term Care Review in Alberta. The Review recommended new way of providing continuing care services for the newer generation of elderly, the baby boomers. Vivien was responsible for overseeing its successful implementation. She was responsible for the development of Single Point of Entry System, Resident Classification System and Case Mix Funding System and New Models of Care in Alberta.

She is currently overseeing the development and implementation of the continuing care health services in Alberta. She oversees the development of Continuing Care Desktop which trains care providers to implement the continuing care health service standards. She is also currently, in conjunction with RHAs, implementing a training strategy to train case managers to enhance case management skills.

She is also active in many national projects. She was a Steering Committee member of the National Consensus Process on Aging, and the Seniors Independence Research Program, and Canadian Association of Canada's pilot project on home care/primary health care.

Vivien is well known for her innovative thinking in the planning and implementation for services in continuing care and seniors' health areas. In 1999, she was awarded the Premier Award of Excellence (Silver Award) by the Premier of Alberta for her work in the New Models of Care Project. She was also awarded the Women of Distinction Award by YWCA for her outstanding contribution to her profession.

Gwen Otto is the Manager Assisted Living Programs, Capital Health Supportive Living. In her role as Manager Assisted Living Programs for Capital Health Supportive Living, Gwen is responsible for the Designated Assisted Living (DAL) program. DAL presently serves over 1500 clients who require a 24 hour structured and supportive environment for personal care and professional services. This is achieved by partnering with stakeholders in the community who have interest in the care of low-income clients, mental health clients, and frail seniors. Gwen has been instrumental in establishing, maintaining, and evaluating present community based options as well as assisting in the planning and development of future options.

Career opportunities have provided Gwen with over 33 years of extensive nursing experience in acute care, continuing care, home care and supportive living, with a particular focus on gerontological nursing and mental health nursing.

Gwen has been a team member of Capital Health Supportive Living since 2002. Ongoing expansion and development of new community based options inspire Gwen in her desire to increase her knowledge base, foster her creativity, and assist her in contributing to adequate health care and support to those most vulnerable.

John Pray was born in Dresden, Ontario. His reason for being involved in seniors housing is that he believes that we are all blessed with spiritual gifts and he has been blessed to practice his gift of caring within the Seniors' Housing Industry. John has been involved in seniors housing for over 20 years...and admits he has enjoyed every single day that he has come to work. Where else can you find such a rewarding experience in serving others – but at the same time learning through the wisdom and experience of the resident. He has had the pleasure of working within the private sector (Waterford of Summerlea and Central Park Lodges), the public sector (Greater Edmonton Foundation) and the faith-based voluntary sector in his current role as President and CEO of the Shepherd's Care Foundation since 2000. Over those years, he has also had the pleasure of complimenting his graduate studies in Hospitality Mgmt. at Ryerson University in Toronto with a certificate in Long Term Care Administration from the Canadian Hospital Association (1992) and a Masters of Business Administration from Athabasca University (2002). He has been an active board member with the Alberta Continuing Care Association, Continuing Care Safety Association, the Christian Health Association of Alberta, and Alberta Seniors Citizens Housing Association.

Larry Thomsen was born at Lethbridge, AB, and obtained his B.Ed. and M.Ed. at the University of Lethbridge. He has worked as a teacher, principal and general manager. Larry is currently the Past President, ASCHA; Member of the ASCHA Executive Committee; Chair, ASCHA Health & Housing Committee; and Co-Chair of ASCHA's Formal Arrangements in Supportive Living (FASL) in Alberta Committee.

Bruce West is the Executive Director of the Alberta Continuing Care Association, a voluntary, non-profit organization representing owners and operators of continuing care and long-term care facilities throughout Alberta. Bruce moved to that position in September following a 30-year career with the Government of Alberta during which time Bruce held a number of management positions related to Alberta's housing system. Most recently he was Executive Director of Supportive Living and Long Term Care at Alberta Seniors and Community Supports.

APPENDIX B

VISION OF AGING FOR ALBERTANS IN THE 21ST CENTURY ⁵

Our vision for aging in the 21st century is a society where Albertans:

- Are treated with respect and dignity;
- Have access to information which allows them to make responsible choices regarding their health and well-being; and
- Can achieve quality living, supported as needed by relatives, friends and community networks, and by responsive services and settings.

GUIDING PRICIPLES TO ASSIST THE HEALTH SYSTEM TO RESPOND TO AN AGING POPULATION

Wellness and prevention

The system should:

- Support healthy aging for all Albertans;
- Emphasize promotion of health and prevention of illness, injury and disease; and
- Help Albertans to cope effectively with chronic conditions and function to the best of their abilities.

Client centered

The system should:

- Endeavor to understand and meet client and family needs, work in partnership with clients, and ensure client choice where possible;
- Acknowledge the client's right to dignity and self-determination;
- Have reasonable access to a variety of affordable services and have their needs met in a flexible, timely and responsive manner;
- Respect the clients right to privacy of space and person; and
- Recognize and respond to the physical, psychological, spiritual and social aspects of health.

⁵ Report published February 1999 http://www.health.alberta.ca/resources/pub_continuing-care.html

Information

The system should:

- provide clients with access to information required to make informed choices and decisions regarding care and services.
- ensure confidentiality of personal information, however, allow appropriate sharing of information to support the highest quality of services and best possible outcomes.

Individual and shared responsibility

The system should:

- Encourage independence by assisting Albertans to reach their greatest potential, recognizing that clients and families have the primary responsibility for their own health;
- Should recognize the concept of interdependence and facilitate collaboration between Albertans, community and government.

Effectiveness and efficiency

The system should:

- Make decisions based, as much as possible, on the values of the consumer, on evidence provided through research, evaluation and technology assessment, and available resources.

Intersectoral approach

The system:

- Recognizes by working together, Albertans, government, regional and provincial authorities, non-government organizations, and the voluntary and private sector all have an active role in contributing to the health of Albertans.

APPENDIX C

List of references from presenters.

The Broda Report, and other reports on Long-Term Care system can be found at http://www.health.alberta.ca/resources/pub_continuing-care.html

Carf Canada Commission on Accreditation of Rehabilitation Facilities. www.carf.org

Canadian Caregiver Coalition. www.ccc-ccan.ca

Canadian Coalition for Seniors Mental Health. <http://www.ccsmh.ca>

Continuing Care Health Service Standards, July 2008

Standards and related Documents

<http://www.continuingcare.gov.ab.ca/documents.html>

Continuing Care Health Services Standards, July 2008 direct link

http://www.health.alberta.ca/resources/publications/standards_continuing-care.pdf

Cummings, S. (2002). Predictors of psychological well-being among assisted-living residents. *Health & Social Work*, 27(4), 293-303.

EUROFAMCARE Group. <http://www.uke.uni-hamburg.de/extern/eurofamcare/>

Gilmour, Heather & Park, Jungwee, "Dependency, chronic conditions and pain in seniors", *Health Reports, Special Issue, Catalogue no. 82-003-SIE, Supplement to Volume 16*, Statistics Canada, Minister of Industry, Ottawa, 2006, p. 27.

Health Information Standards Committee for Alberta.

Alberta Continuing Care: Homecare Minimum Data Set

http://www.health.alberta.ca/about/HISCA_ACCIS_CommunityBased.pdf

Supportive Living Framework

http://www.seniors.gov.ab.ca/housing/continuingcare/standards_framework.pdf

Supportive Living Accommodation Standards

http://www.seniors.gov.ab.ca/housing/continuingcare/Standards_SupportiveLiving.pdf

Sustainable Healthcare For Seniors. Keeping it Public. Parkland Institute. 2008

[www.ualberta.ca/PARKLAND/research/studies/Seniors%20Report%20\(web\).pdf](http://www.ualberta.ca/PARKLAND/research/studies/Seniors%20Report%20(web).pdf)

Available from Parkland Institute

<http://www.ualberta.ca/PARKLAND/>

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