

INTEGRATION OF HEALTH & SOCIAL SERVICES AS A MEANS TOWARDS ADDRESSING HEALTH EQUITY FOR VULNERABLE OLDER ADULTS: PERSPECTIVES FROM CLIENTS & SERVICES PROVIDERS IN ALBERTA, ONTARIO & NOVA SCOTIA

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Integrating Health & Social Care (IHSC) – Multiple Case Study Approach

1 Geriatric Services Partnerships, GAPC (Camrose, AB)

- A community-based integrated health and social care initiative (GAPC) that targets geriatric patients in Camrose and surrounding districts
- Data based on 11 key informant interviews and one focus group

2 Middleton Day Program, MDP (Annapolis Region, NS)

- A day program comprised of partnerships across four health and social services organizations serving older adult clients
- Data based on 2 key informant interviews

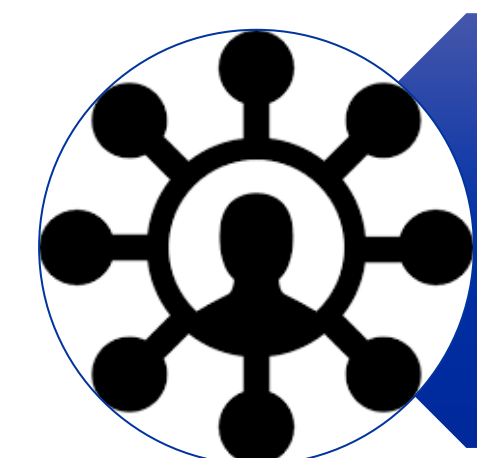
3 Healthy At Home, H@H (Toronto, ON)

- A day program comprised of health and social care organizations with 20 sites across Toronto that serve older adult clients
- Data based on 6 key informant interviews

4 Toronto Community Housing, TCH (Toronto, ON)

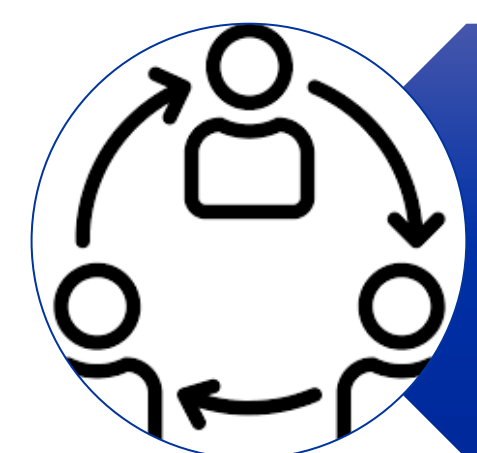
- Social housing landlord with over 27,000 older tenants
- Data based on 116 interviews with older tenants and staff from housing, community care & primary care supporting older tenants

IHSC Supports Health Equity



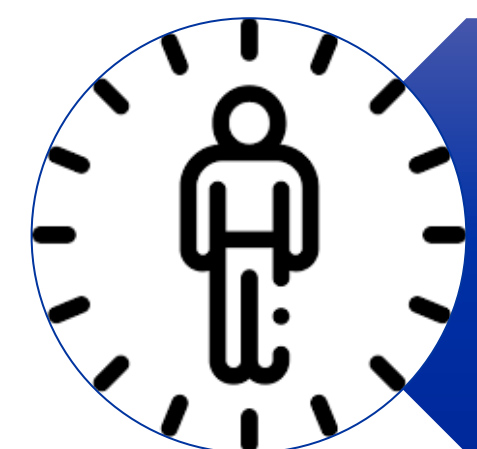
Creating a Single Point of Access

Co-locating community hubs in TCH, ON facilitates access to services for older adult tenants.



Providing More Appropriate Referrals

H@H, ON refers to culturally & linguistically appropriate services for Jewish older adult clients



Fostering Comprehensive Care

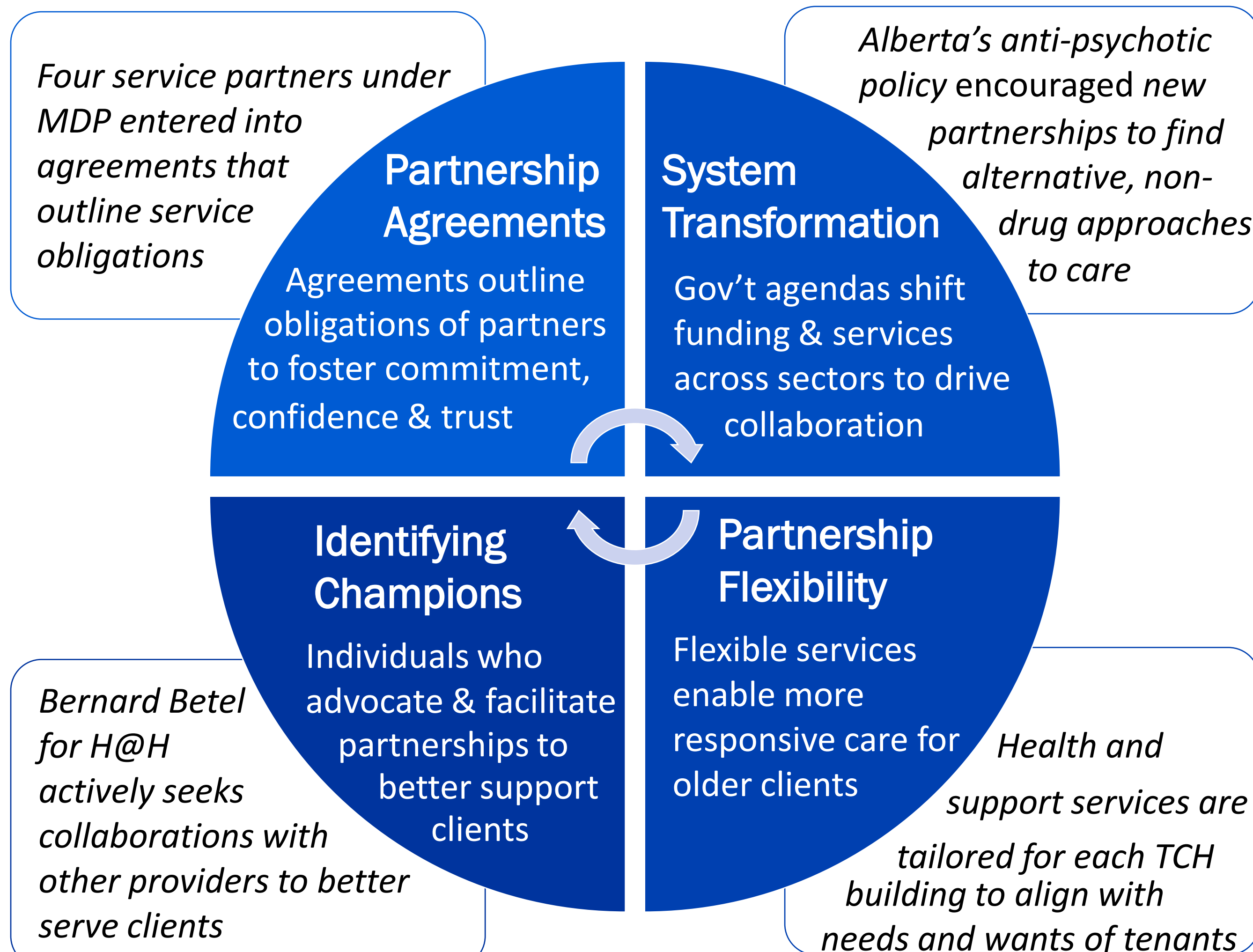
GAPC, AB addresses complex medical conditions (chronic & acute conditions) & social care issues (income supports & social isolation)



Disease Prevention & Health Promotion

MDP, NS offers falls prevention, healthy eating, social & recreational programs to enable healthier & more active living

Factors Enabling Service Integration



Challenges & Achievements

Ongoing Challenges Providing IHSC

- Lack of shared goals and vision inhibited scaling of coordination
- Bureaucracy resulted in red tape that slowed service coordination
- Information sharing between agencies & across sectors is difficult

Moving Towards Integration

- Clarifying roles & responsibilities to reduce turfism among partners
- Building trust among service providers across different sectors through strong communication

Lessons Learned For Health and Social Services Integration For Older Adults Within a Canadian Context

Context Matters

National, provincial, regional, & local factors influence success of integration



Close-knit communities are more likely to engage in partnerships to serve their members

Sectors Have Different Norms

Housing, health, & social care sectors have different norms that impact integration



Compared to health, housing & social care sectors are less likely to monitor & evaluate services

Technology Not Essential for Integration

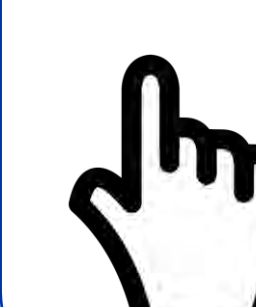
Although technology can ease services integration, it is not essential in enabling it



Health & social care partners developed processes and procedures to overcome technology gaps

Complexity Requires Coordination

Highly complex clients require greater levels of service integration to support wellbeing



Isolated clients living in poverty &/or with dementia &/or other co-morbid conditions require greater support from integrated partners