

Supporting the Alberta population living in Continuing Care Facilities

The Issue

Given the rapidly aging Alberta population, and despite important government policies promoting aging-in-place, increased facility-based continuing care capacity will be needed over the next 10 years. Systemic shortcomings in the current facility-based continuing care landscape have included sub-optimal living and working environments, which have led to reduced quality of care and life for residents.

The Options

Policies are urgently needed that:

1. Ensure equitable pay and adequate staffing ratios for those working within facility-based continuing care.
2. Incentivize building and care innovations within the continuing care environment.
3. Improve both the number and quality of continuing care spaces available for aging Albertans.

The Recommendations

Alberta's continuing care sector requires changes in employment practices, and immediate investment in innovative building and care delivery models to better balance quality of life and care with safety. Timely investment in the entire sector is needed to support the rapidly aging Alberta population.



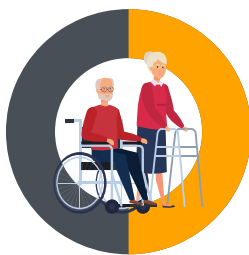
Jayna Holroyd-Leduc MD, Ann Toohey PhD,
Rachelle Drummond MPP

The Issue

The Alberta population is rapidly aging. It is projected that about 1 in 5 Albertans will be over 65 years of age by 2035 (1). Nearly 1 in 4 Albertans over 65 and 1 in 2 Albertans over 85 live with frailty (2), defined as an increased risk of adverse health outcomes and associated with dependency on others for activities in daily living (e.g., dressing, bathing) (3).



Nearly 1 in 4 Albertans
over age 65 live with frailty

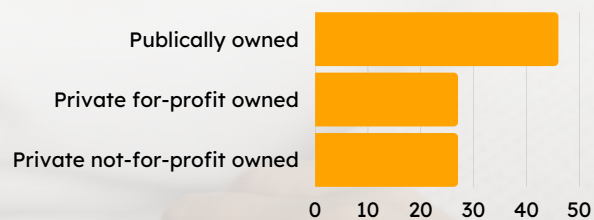


Nearly 1 in 2 Albertans over
age 85 live with frailty

Most older Albertans want to live in their own home for as long as possible, and thus aging-in-place has been an important and appropriate focus for government policy. However, this approach requires that all individuals living with frailty have access to needed support from family caregivers, privately paid caregivers, or provincially subsidized home care supports. Not every Albertan has family caregivers or access to privately paid support. While government funded home care programs are positioned to address some of the growing demand for care, remaining at home is simply not an option for many Albertans living with advancing frailty.

Given the rapidly aging Alberta population, and despite important government policies promoting aging-in-place, increased continuing care capacity will be needed over the next 10 years. Facility-based continuing care is a living environment where staff assist residents with activities of daily living and offer services to enhance well-being, alongside 24-hour access to care supports and supervision provided primarily by health care aides (healthcare aides) and nurses.

Approximately 30% of Albertans 85 years or older currently live in continuing care facilities (4). In Alberta, publicly funded facility-based continuing care consists of designated supportive living and long-term care facilities operated either by Alberta Health Services (AHS) or by contracted vendors. As of June 2021, there were 186 long-term care facilities located in Alberta (5). Of these facilities, 46% are publicly owned, 27% are owned by private for-profit organizations, and 27% are owned by private not-for-profit organizations (5).



Number of continuing care facilities owned by
public and private entities

There are 26 long-term care beds per 1000 Albertans aged 65 and older (6). This ratio appears inadequate and has resulted in Albertans waiting extended periods for long-term care and designated supportive living beds, often while residing within costlier, publicly funded acute care facilities.

The 2021 Alberta Department of Health report, “Improving Quality of Life for Residents in Facility-based Continuing Care”, identified several current issues within continuing care (7). This report highlights the importance of rethinking continuing care delivery in addition to continued investment in aging-in-place policies. Systemic shortcomings in the current continuing care landscape have included inattention to residents’ quality of life and sub-optimal work environments, which in turn have led to reduced quality of care (8-10).

The continuing care workforce has historically been undervalued by Canadian society, in part due to both systemic and individual level ageism. The continuing care workforce is a vulnerable one, comprising mostly (racialized) women who are underpaid for the important work they do. Healthcare aides, who provide the personal care and psychological supports needed by residents, typically earn between \$15 - \$25 per hour (11).

Many are employed at multiple facilities and work greater than full-time hours in order to earn a living wage. Increased compensation during the pandemic for healthcare aides working in continuing care was a promising first step towards achieving pay equity, but longer-term strategies are required to close this equity gap (12).

In addition to workforce compensation considerations, opportunities to improve continuing care include optimizing workforce conditions, innovating care delivery practices, and creating a person-centered living environment that also meets the complex care needs of residents.

This document presents three key areas to support the aging Alberta population living with frailty in continuing care. Each focus will describe strategies to implement these policies as well as benefits and challenges for decision maker considerations.



The Options

1. Implement equitable pay and adequate staffing

It is critical to implement policies that ensure equitable pay for those working within continuing care facilities, and ensure adequate staffing ratios. These policies would support resident-centered care including increased opportunities for residents to experience meaningful interactions and activities (13). They would also support a more optimal work environment (including work-life integration for healthcare aides), which in turn will enhance quality of care for residents. Further, these policies will attract more people to work in the continuing care sector, ensuring sufficient human resources as the demand for facility-based continuing care increases.

Benefits and Strategies

- Improve residents and workers quality of life
- Support resident-centered care (13)
- Support a more optimal work environment
- Attract sufficient human resources

Challenges

- Shortage of individuals with needed knowledge and skills
- Increased funding is needed

2. Focus on building and care delivery innovations

Incentivizing building and care innovations within the continuing care environment is crucial to supporting our aging population living with frailty. This will require developing new standards for continuing care facility building and room designs that support quality of life and address the care needs of the current aging population (14). There are four key steps to develop these standards:



Consult with experts in human factors engineering, architecture, and environmental design.



Invest in initiatives such as ‘residential test suites’ to evolve industry standards and update building guidelines to better ensure both safety and quality of life.



Modify and adapt current evidence-based human factors testing that has been used effectively within acute care settings, to ensure applicability given the chronic nature of the physical and cognitive challenges facing facility-based continuing care residents and the longer-term nature of their residency (15).



Address infection prevention & control considerations that minimize spread of infectious illnesses (e.g. influenza; COVID-19) without unnecessarily limiting needed physical activity and social interactions, as highlighted during the pandemic.

Two other important strategies are: 1) rewarding operators for incorporating evidence into practice through creating public recognition programs, and 2) supporting appropriate evaluation and incorporation of technology within the facility-based continuing care context. For example, operators that implement an evidence-informed resident-centered care pathway could receive public recognition (16). Technology in this population and setting should focus on positive technology, which is technology designed specifically to support wellbeing (14).

Benefits and Strategies

- Develop new standards for continuing care facility building and room design
- Public recognition for incorporating evidence into practice
- Incorporate positive technology

Challenges

- Sparse interest and investment in innovations to optimize continuing care environments
- Tensions between implementing innovative practices and regulatory compliance
- Lack of recognition of the value of technology and other innovations

3. Increase the number and quality of continuing care spaces

Increasing both the number and quality of continuing care spaces available for the aging Alberta population will require the commitment of sufficient funds to build new and renovate existing facilities (17). We recommend a provincial target of reaching 29 long-term care beds per 1000 population age 65 and older, which is the current Canadian average (6). The quality of care can be improved by investing in new and progressive models of continuing care delivery, including exploring smaller home care facility designs.

This would involve promoting a home (vs. institutional) environment, while meeting resident care needs.

Another strategy to increase the number of spaces is to promote the purchase of long-term care insurance among Albertans. This would reduce public dollars required to fund the needed expansion within the continuing care sector at a time when both the Alberta taxpayer base will be declining and the needs of the aging population will be increasing.

Benefits and Strategies

- Set a provincial target of 29 long-term care beds per 1000 population age 65 and older
- Invest in facility designs that promote a home environment
- Promote the purchase of long-term care insurance

Challenges

- Limited time and funding to implement needed changes
- Shortage of individuals with needed knowledge and skills
- Affordability of long-term care insurance could widen existing inequities

Considerations

There is limited time to implement options, given the speed with which Alberta's population is aging. Continuing care facilities may not be viewed by the public as ideal options, yet they are necessary for those older adults living with frailty who rely on these facilities to receive needed care when aging at home strategies are no longer sufficient. It will be important to reframe public understandings of the necessity of continuing care facilities, the prospective benefits they offer to older frail Albertans and their families, and their contribution to the healthcare system as a whole. Alberta's continuing care sector requires immediate investment in innovative building and care delivery models, changes in employment practices, and timely investment in the entire sector to support the rapidly aging Alberta population.



Immediate investment in innovative building and care delivery models



Changes in employment practices to better balance quality of life and care with safety



Timely investment in the entire sector to support the rapidly aging Alberta population

Recommendations to improve facility-based continuing care sector in Alberta

References

1. Canadian Institute for Health Informatics. Health Care in Canada, 2011: A Focus on Seniors and Aging. Ottawa, Ont: CIHI, 2011.
2. Rockwood K, Howlett SE, MacKnight C, et al. Prevalence, Attributes, and Outcomes of Fitness and Frailty in Community-Dwelling Older Adults: Report From the Canadian Study of Health and Aging. *The Journals of Gerontology: Series A* 2004;59(12):1310-17. doi: 10.1093/gerona/59.12.1310
3. Rockwood K, Song X, MacKnight C, et al. A global clinical measure of fitness and frailty in elderly people. *Canadian Medical Association Journal* 2005;173(5):489. doi: 10.1503/cmaj.050051
4. Statistics Canada. A portrait of the population aged 85 and older in 2016 in Canada: StatsCan, 2017.
5. Canadian Institute for Health Informatics. Long-term care homes in Canada: How many and who owns them? [infographic], 2021.
6. Canadian Institute for Health Informatics. How many long-term care beds are there in Canada? [infographic], 2021.
7. MNP LLP. Improving Quality of Life for Residents in Facility-Based Continuing Care: Alberta Facility-Based Continuing Care Review Recommendations Final Report – April 30, 2021, 2021.
8. Canadian Association for Long Term Care. Long overdue: Improving seniors care in Canada: Recommendations to address the growing needs of an aging population, 2018.
9. Silversides A. Long-term care in Canada: Status quo no option. Ottawa, Ont: Canadian Federation of Nurses Unions 2011.
10. Estabrooks CA, Straus SE, Flood CM, et al. Restoring trust: COVID-19 and the future of long-term care in Canada. *FACETS* 2020;5(1):651-91. doi: 10.1139/facets-2020-0056
11. Holroyd-Leduc JM, Laupacis A. Continuing care and COVID-19: a Canadian tragedy that must not be allowed to happen again. *Canadian Medical Association Journal* 2020;192(23):E632. doi: 10.1503/cmaj.201017
12. Henderson J. Health care aides to get \$2 per hour pandemic raise. *St Albert Gazette* 2020.
13. Brownie S, Nancarrow S. Effects of person-centered care on residents and staff in aged-care facilities: a systematic review. (1178-1998 (Electronic))
14. Grossi G, Lanzarotti R, Napoletano P, et al. Positive technology for elderly well-being: A review. *Pattern Recognition Letters* 2020;137:61-70. doi: <https://doi.org/10.1016/j.patrec.2019.03.016>
15. Chun S, Nam K. User-Centred Design Approaches for Planning Inpatient Room of Geriatric Long-Term Care Hospitals: Design Factors with Practical Suggestions. *The Design Journal* 2019;22(4):413-null. doi: 10.1080/14606925.2019.1609802
16. Campbell H, Hotchkiss R Fau - Bradshaw N, Bradshaw N Fau - Porteous M, et al. Integrated care pathways. (0959-8138 (Print))
17. Fleming R, Bennet, K.A. Environmental Design Resources: Dementia Training Australia, 2017.

Authors

Jayna Holroyd-Leduc, MD
Professor, Departments of Medicine and
Community Health Sciences
Cumming School of Medicine
University of Calgary

Ann M. Toohey, PhD
Adjunct Assistant Professor, Department
of Community Health Sciences
Cumming School of Medicine
University of Calgary

Rachelle Drummond, MPP
Research Associate, Centre for Health
Policy
O'Brien Institute for Public Health
University of Calgary

Series Editors

Amity E. Quinn, PhD
Editorial Board Chair
Co-Director, Health Policy Trials Unit
Centre for Health Policy, O'Brien Institute
for Public Health
University of Calgary

Henry T. Stelfox, MD PhD
Scientific Director, O'Brien Institute for
Public Health
University of Calgary

Reed Beall, PhD
Assistant Professor, Department of
Community Health Sciences
Cumming School of Medicine
University of Calgary

Derek Chew, MD MSc
Clinical Assistant Professor, Department of
Cardiac Sciences
Cumming School of Medicine
University of Calgary

Maoliosa Donald, PhD
Adjunct Assistant Professor, Community
Health Sciences
Cumming School of Medicine
University of Calgary

Brenlea Farkas, MSc
Senior Research Associate, Centre for
Health Policy
O'Brien Institute for Public Health
University of Calgary



UNIVERSITY OF CALGARY
O'Brien Institute for Public Health
Centre for Health Policy

About the Centre for Health Policy

The mission of the O'Brien Institute for Public Health is to advance public health through research excellence. Our role is to support academic scholars to tackle public health challenges, bringing them together with health practitioners, citizens, governments, businesses, and non-governmental organizations when collective actions is required.

The Centre operates using a partnership model where community organizations and university researchers bring health policy challenges and solutions to the Centre. We broker partnerships between those with public health challenges and those working on solutions. We bring together all the key players - citizens, community groups, researchers, government officials and health system leaders to ensure we have both the necessary expertise at the table and a 360 degree view of the challenge.

Date of Publication

March 2023

Editorial Practice Statement

This issue brief was assessed by at least three reviewers external to the authorial team.

Funding Sources

This series is supported by an unrestricted anonymous donation to the O'Brien Institute for Public Health.

Disclaimer

The opinions expressed are the authors' alone and therefore do not represent those of the Centre for Health Policy or the University of Calgary.

Media Inquiries and Information

Please contact Brittany DeAngelis at bdeangel@ucalgary.ca

Centre for Health Policy | healthpolicy@ucalgary.ca



**Alberta 2023: Health System
Challenges and Opportunities**

An Issue Brief Series