OLDER ADULTS
POLICY PILLAR
Taking Action
November 2013
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Older Adults Care Policy Pillar: Environmental Scan and Identification of Issues
November 2013

TAKING ACTION NOW!

The College and Association of Registered Nurses of Alberta (CARNA) is the regulatory college and professional association for Alberta’s more than 35,000 registered nurses and nurse practitioners, the largest group of health professionals in the province’s health system. CARNA’s most recent member survey in 2011 identified the importance members place on advocating for quality care for older adults.

In Alberta, across Canada and internationally, there has been discussion of the increasing proportion of older adults within our population. There is a continuum in aging with many older adults remaining independent and requiring minimal supports and health services as they age. At the other end of the continuum are older adults who have complex needs and are frail and vulnerable. The Canadian Institute of Health Information (2011) indicates that older adults are predisposed to having multiple chronic conditions which can increase the use of health services.

Older adults live in all kinds of settings ranging from their own homes to long-term care settings, the latter where nursing services and care are provided 24-hours a day and seven days a week. Registered nurses and nurse practitioners work in all parts of the health system, providing services and care for older adults throughout Alberta, most commonly in community health (public health) settings, primary care settings as a member of an inter-professional team, acute care, and continuing care settings (includes home care, supportive living and long term care).

When working closely with older adults, our goal is to develop a deep and ongoing understanding of the opportunities and challenges they face. In 2012 CARNA undertook a review of the current situation in Alberta facing older adults and the future implications. The review included an environmental scan spanning provincial, national and international jurisdictions; a literature review; and interviews and focus groups with registered nurses, nurse practitioners, health professionals across Alberta and a broad range of stakeholders with an interest in older adults.

The purpose of this policy pillar is to:

- Identify a vision and guiding principles for the care of Alberta’s older adults
- Describe four strategies to address the needs and challenges faced by older adults, and
- Suggest actions CARNA can take in partnership with its members, government, health services delivery organizations, registered nurse educators, researchers and the public.
A VISION FOR OLDER ADULT CARE IN ALBERTA

VISION
Optimizing the health and well-being of older adults by promoting health, preventing disease and injury and, when necessary, providing timely access to quality health assessments, care services and supports.

GUIDING PRINCIPLES
Carna:

- Respects and acknowledges the societal contributions of older adults
- Supports the wellness and independence of older adults
- Respects the rights of older Albertans to maintain control of their lives and take risks
- Believes that older Albertans must be provided with timely knowledge about available supports for healthy living and information on how to access supports and services when needed, and
- Believes the health care needs of older adults are best met through a person-centered primary health care model

When supportive care is needed, systems of care must be responsive, respectful, person- and family-centered and designed to promote optimal quality of life.
FOUR STRATEGIES

Key themes emerged from the review of the current situation facing older adults and consideration of future implications. These themes form the basis for CARNA's four strategies and potential actions in partnership with stakeholders.

1. Optimize health and well-being of older adults by strengthening health promotion and preventing disease and injury
2. Optimize community-based care and supports when needed by responding effectively to the needs of older adults
3. Strengthen the provision of continuing care services
4. Build older adult-friendly communities based on the guide developed by the World Health Organization

The strategies identify potential actions for CARNA and its members in partnership with stakeholders. Also identified are potential actions of stakeholders such as government, health services delivery organizations, educators and researchers. CARNA would advocate for these actions and when possible work with stakeholders to achieve them.
STRATEGY #1: OPTIMIZE HEALTH AND WELL-BEING

Health is one of the most important predictors of life satisfaction and a prerequisite for independence in older years. It is also vital to maintaining an acceptable quality of life in older adults and ensuring the continued contributions of older adults to society. Health is also a determinant of economic growth and competitiveness by decreasing early retirement of older workers (Lis, Reichert, Cosack, Billings, & Brown, 2008).

A healthy population reduces health-care spending and lowers the burden on the health-care system (Lis et al, 2008). Healthy aging also benefits the health system by delaying and minimizing the severity of chronic diseases and disabilities later in life. Health-care costs can be saved and long-term care needs reduced. Because healthy aging helps to manage health-system pressures, it is also key to a sustainable continuing care system.

While older Albertans are living longer, healthier lives and with fewer disabilities than previous generations, most have at least one chronic disease or condition. The health system primarily focuses on cure rather than health promotion and disease prevention. Redirecting attention to health promotion and injury and disease prevention can enable older adults to maintain optimal health and quality of life. For individuals with complex health needs, such as persons living with dementia, this would help to address their needs before they escalate.
Numerous reports focus on promoting, supporting and sustaining the health and well-being of older adults and encourage governments in supporting more health and wellness promotion policies and client-specific assistance as a means to encourage healthy aging:

- The *Aging Population Policy Framework* (Government of Alberta, 2010) stipulates that older adults will be supported in maintaining optimum health as they age.

- The *Continuing Care Strategy* (Alberta Health, 2008) indicates that more focus will be placed on health promotion and disease and injury prevention programs.

- The *Healthy Aging and Seniors Wellness Strategic Framework* (KPMG Consulting, 2002) focuses on providing supports to older adults to effectively manage chronic conditions and optimize mental and physical functioning.

- The *Provincial Healthy Aging Policy Framework* (Government of Newfoundland and Labrador, 2007) encourages health and well-being in aging by ensuring that people have the best possible physical, emotional, social, mental and spiritual health and well-being.

- The *CLHIA Report on Long-Term Care Policy* (Canadian Life and Health Insurance Association, 2012) discusses improvements to the accessibility, quality and sustainability of long term care in Canada and recommends the encouragement of health and wellness promotion.

- *CARNA’s Seniors & Healthy Aging: A Position Statement* discusses the importance of healthy aging (CARNA 2011).

The evidence is clear that older adults can live longer, healthier lives by staying socially connected, increasing their levels of physical activity, eating in a healthy way, taking steps to minimize their risks for falls and refraining from smoking.

Health promotion is a combination of individual approaches and socio-ecological approaches, the latter addressing the influence of environmental, social, economic and political influences (Halcomb, 2010). It is more than health education, with a primary focus on educating and encouraging individuals in healthy behaviours. Other influences or determinants of health need to be addressed if optimal health and wellness of older adults is to be realized.

While aging is a normal part of the human life span, older adults are often negatively stereotyped. Ageism is a social attitude and prevails in Alberta as in other jurisdictions. The health system and health professionals are not immune to ageism.
**TAKING ACTION**

To optimize health and well-being of older adults, the following are potential actions for CARNA and its members. Actions that stakeholders such as government, health services delivery organizations, registered nurse educators and researchers could take are also identified. CARNA would advocate for action by these stakeholders and work in partnership where possible to achieve them.

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### CARNA

1. **Advocate for public health services, primary health-care services and delivery models that address health and wellness needs of older adults.**

2. **Promote awareness about health promotion and disease and injury prevention for older adults within the nursing profession and health system.**

3. **Collaborate with groups and communities on initiatives that foster health and well-being of older adults, e.g., Finding Balance falls prevention campaign.**

4. **Partner with government, other stakeholder groups and communities addressing the social determinants of health and implementation of Alberta’s Social Policy Framework (Government of Alberta, 2013).**

5. **Collaborate with older adult groups in promoting healthy public policy with respect to older adults’ health.**

6. **Promote awareness about aging, ageism and discrimination generally and specifically within the health system, within the profession, and in the media.**

7. **Provide information and resources for registered nurses and nurse practitioners to raise awareness of ageism and help them address it within their practice settings and communities.**

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### Government

1. **Provide access to timely health service data in order to develop and deliver responsive health services for older adults.**

2. **Implement government initiatives aimed at health promotion and injury and disease prevention across the life span.**

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### Health Services Delivery Organizations

1. **Promote awareness of health promotion and disease and injury prevention within the health system across the life span but with particular reference to older adults.**

2. **Provide work environments where registered nurses and nurse practitioners, as well as other health-care providers, can work to full scope of practice in order to assist older adults achieve their optimal health.**

3. **Support health-care providers in using every client interaction and nursing intervention regardless of health-care setting or place in the health system to promote health and wellness, addressing individual, environment, social, policy and economic conditions adversely affecting healthy aging.**

4. **Assist with and refer older adults to accurate and reliable information on healthy aging and healthy behaviours.**
### Educators

4.1 Develop innovative ways to promote healthy aging, health promotion, disease and injury prevention and risk assessment within entry-level and graduate nursing education curricula.

4.2 Prepare students to address the environmental, social policy and economic conditions that adversely affect health and healthy aging.

4.3 Support broad health promotion experiences for nursing students that include older adults.

### Researchers

5.1 Collaborate to create a provincial research agenda that supports increased nursing research in healthy aging, health promotion, disease and injury prevention.

5.2 Collaborate with CRNA and other stakeholders to advocate for increased funding to support research on health promotion and its application to healthy aging among older adults.

5.3 Contribute to and widely disseminate new knowledge and evidence-informed practices on health promotion and healthy aging and its application in the health system by registered nurses and nurse practitioners.
Despite the overall diversity of older adults as a group, aging is a normal body process with changes associated with aging being similar for everyone. As most adults age they remain independent and require minimal services until the day they die. As others age, they may become frail, unwell and dependent on the health system and other services to support their needs. The most common changes can result in declining sensory, physical, cognitive, social and emotional functioning. Normal age-related changes also may be accompanied by chronic health problems such as diabetes or heart disease.

Service providers must understand the unique health symptoms experienced by older adults. Age affects presentation of symptoms that can indicate onset of acute illness or disease that needs immediate attention. The best approach is “slow medicine” (McCullough, 2008), which means taking time to ensure that a medical regime is the correct one for an older adult and allowing time for symptoms to present or resolve themselves. When things become urgent, there should be a timely response.

In Alberta, statistics indicate some of the changes associated with aging that have the broadest impacts (Statistics Canada, 2006):

- Over 90% of older Albertans reported having at least one chronic condition (a chronic condition is expected to last or has already lasted 6 months or more).
- 20.6% of people aged 65-84 reported having a fall that limited their abilities.
- 25% of people over 85 reported having a fall that limited their abilities.
- In 2006, 47% of older Albertans reported having a disability that limited their everyday activities.
- Of those with disabilities 35.9% reported they were severe.
  - Mobility 73.3%
  - Agility 68.7%
  - Pain 62.1%
  - Hearing 43.5%
- 80% of nursing home residents in Alberta have dementia.

There are a number of ways to proactively manage care of older adults in the community. They include:

- Access to proactive and timely assessments and reassessments
- Managing medications effectively
- Communicating and providing access to information, and
- Supporting informal caregivers and volunteers
Access to proactive and timely assessments and reassessments. The health status of older adults can change quickly, particularly for those with unstable chronic conditions. Ongoing monitoring of the health status of older adults with sensitivity to any changes in physical, mental, emotional and social needs and behaviours is critical to identifying situations where assessments or reassessment may be required. Too often older adults experience a health crisis before actions are taken to address their needs and to plan or adjust nursing interventions. Proactive and timely assessments and reassessments should take place within the primary care system.

Comprehensive geriatric assessments need to be undertaken by a knowledgeable team of health-care professionals, with participation of the older adult and family. Such assessments then allow for comprehensive care plans to be developed to meet the identified needs of the older adult. Reassessments need to be carried out regularly and on an as-needed basis when changes in health status occur.

Managing medications effectively. Management of most chronic conditions usually means that one or more medications are prescribed for regular use. Although medications may relieve symptoms, improve the quality of life, and in some cases increase the lifespan, they can also cause risks to older adults. Multiple medications are particularly problematic as the risk of adverse effects, drug interactions and non-compliance with drug therapy increases. For example, research has shown that taking four or more prescription drugs is an independent risk factor for falls. A fall can change an older adult’s independence overnight, creating increased frailty and need for supports (Wild Iris Medical Education, 2011).

A study on medication use among older adults on six provincial public drug programs in Canada, 2002 to 2008, included Alberta claims data. In 2008, 62.0% of older adults on public drug programs had claims for five or more drug classes, while 21.4% had claims for 10 or more and 5.5% of older adults had claims for 15 or more (Canadian Institute for Health Information, 2010). While several medications may be necessary to treat a range of disease conditions, the management and monitoring of those medications is critical to avoid adverse effects.

Communicating and providing access to information. As older adults age, changes in their sensory, physical, cognitive, social and emotional functioning and the presence of chronic diseases can result in a number of needs. As a result, older adults have to make decisions about their needs and the range of services to help them live independently. Many older adults and their families experience difficulties in accessing the right information to make those decisions. Providing information via the internet leaves out those who are not technologically knowledgeable. Lengthy telephone calls can be challenging for some older adults. User-friendly and easy-to-access information, preferably delivered in person, is important to many older adults.
Supporting informal caregivers and volunteers. A majority of care for older adults is provided in the home by family and friends. Emotional support for informal caregivers and respite options need to be addressed to avoid caregiver burnout, which may compromise the care of older adults in their homes and communities. Greater tax relief and financial supports to enable informal caregivers to stay home and care for loved ones are also important.

Volunteers also play a large role in assisting older adults to stay in their homes and communities. Governments and stakeholders need to promote volunteerism and invest in programs that connect and mobilize volunteers. Such programs are key to assisting older adults requiring long term care and supporting them in functioning independently. Older adults will also benefit from enhancements to the primary health-care system that will improve access to a full range of health services and health providers.

TAKING ACTION

To optimize community-based care and supports, the following are potential actions for CARNA and its members. Actions that stakeholders such as government, health services delivery organizations, registered nurse educators and researchers could take are also identified. CARNA would advocate for action by these stakeholders and work in partnership where possible to achieve them.

CARRNA

1.1 Provide resources and tools to guide RN practice when providing care for older adults (e.g., assessment tools).
1.2 Dialogue with older adult community groups to better understand the issues and services needed from the community, the health system, registered nurses and nurse practitioners.
1.3 Identify and disseminate information to registered nurses and nurse practitioners on promising nursing practices from across Canada related to care of older adults.
1.4 Advocate for health-system policies and service delivery models that maximize the contributions of registered nurses and nurse practitioners to the assessment and care of older adults.
1.5 Advocate for health-system policies and service delivery models that enable registered nurses and nurse practitioners to assess and help address the needs of informal caregivers and volunteers providing care to older adults.

Government

2.1 Facilitate intersectoral collaboration and partnerships in responding to the needs of older adults, informal caregivers and volunteers within and across government departments.
2.2 Support regulatory changes that enable all regulated members of the health professions to provide optimal health services within their respective skills and competencies, e.g., registered nurse prescribing.
2.3 Provide tax relief and financial supports to enable informal caregivers to stay home and care for older adults.
2.4 Continue to support the transformation of primary care funding and service delivery to support inter-professional team based chronic disease prevention and management so that the majority of the health needs of older adults and their informal caregivers can be addressed in community and ambulatory settings.
### Health Services Delivery Organizations

| 3.1 | Support practice models where assessment includes the needs of informal caregivers and implementation of strategies to support them. |
| 3.2 | Enhance the ability of registered nurses and nurse practitioners to work to full scope of practice in responding to the health needs of older adults. |
| 3.3 | Facilitate intersectoral collaboration and partnerships in responding to the needs of older adults. |
| 3.4 | Develop and implement organizational policies that promote effective and evidence-informed nursing practice to respond to the needs of older adults. |
| 3.5 | Analyze the range of community services and other resources available to older adults and their informal caregivers that address their health needs while promoting their independence, determine gaps and initiate needed services. |
| 3.6 | Provide information at an appropriate level ensuring that older adults are given choices and allowed to make their own decisions about their preferences in meeting their needs. |
| 3.7 | Support continuing education opportunities for health professionals in the field of geriatrics, e.g., support Canadian Nurses Association (CNA) certification in gerontology for registered nurses. |

### Educators

| 4.1 | Increase opportunities for specialized nursing education in the care of older adults. |
| 4.2 | Encourage and facilitate diverse and meaningful nursing student practicums across a variety of settings working with older adults. |
| 4.3 | Highlight comprehensive geriatric assessment in entry level and graduate education. |

### Researchers

| 5.1 | Collaborate to create a provincial research agenda that supports increased nursing research on the aging process and associated health needs. |
| 5.2 | Contribute to and widely disseminate new knowledge and evidence-informed practices related to the health, social and economic issues that impact the aging process and their implications for nursing knowledge and practice. |
| 5.3 | Collaborate with CRNA and other stakeholders to advocate for increased funding to support research that focuses on creating a health system that is more responsive to the needs of older adults. |
STRATEGY #3: STRENGTHEN THE PROVISION OF CONTINUING CARE SERVICES

Alberta’s continuing care system provides health and personal care, accommodation and hospitality services to support Albertans’ independence, well-being and quality of life. Continuing care services are delivered in three streams: home living, supportive living and facility living (long term care). A description of the continuing care system is given in Appendix A: The Alberta Older Adult Care System.

The incidence of chronic disease and decline in functional capacities tend to increase as older adults continue to age. Normal aging combined with chronic conditions increases the complexity of care. Signs and symptoms of illness can manifest differently in older adults. For example, cognitive confusion rather than a high temperature may signal an acute infection. In-depth nursing knowledge is needed for the assessment, care planning, monitoring, decision-making and intervention in client care across all parts of the system: community/public health, primary care, acute care and continuing care.

The continuing care system in Alberta has undergone numerous transitions and continues to evolve as new models of continuing care are explored and implemented. While many strides have been made in improving continuing care, numerous issues continue to be identified. The most common issues and challenges are:

Philosophy of care:

We hear from registered nurses and nurse practitioners that these are the challenges to the care of older adults that arise from how philosophies of care are enacted.

- Decisions made from an exclusively medical model perspective can discourage holistic care. Emotional, mental, social and spiritual needs must be given at least equal priority to those of physical/medical care.

- Workload demands and staffing challenges can lead to an emphasis on efficiency rather than individualized care and service that meets clients needs, preferences and encourages independence.

- The values of person-centered care, client choice and client/family participation in decision making are foundational. Adherence to these values result in better outcomes, more effective use of resources and greater client, family and provider satisfaction. These values must guide organizations and health professionals, yet registered nurses and nurse practitioners tell us that these values are too often not visible in the planning and provision of care.
Health system silos:
The size and complexity of the health system introduces challenges to smooth transitions and makes it more difficult to communicate across various levels of care and settings.

- The inter-professional team is important and the hierarchical care structure creates silos among health-care providers. All health-care providers need to be valued for their expertise, experience and the contributions they make to care.

- The various parts of the health system can also create silos. It is essential that discharge planning between sectors such as acute care, home care and supportive living is focused on ensuring that the required health services, family and community supports are in place. We hear from registered nurses and nurse practitioners that there are significant challenges here.

Acute System

- Acute care system is designed for acute illnesses. Normal aging challenges and chronic illnesses add to the complexity of care requirements. Adjustments are required in care delivery and system design to accommodate the needs of older adults, especially those awaiting placement in the continuing care system.

- Advance directives for older adults need to address options for end-of-life and the right to change earlier decisions.

- Emergency departments are not designed to accommodate the special needs of older adults. Older adults accounted for about 20% of all emergency department visits in 2010 in Alberta (AHS, 2010). However, most emergency departments have poorly designed physical spaces, such as harsh lighting and slippery flooring. Access to highly trained geriatric staff along with access to multidisciplinary teams for comprehensive assessments, interventions and appropriate referrals is often not available or limited to select facilities.
Supportive Living

Along with an increasing focus on supportive living options, there is increasing private ownership, focusing on housing and hospitality services, with limitations in the type and volume of personal care and health services that may be available to residents.

- Staffing models may not take into account the complexity and health-care needs of clients but focus more on the tasks to be done.

Facility Living or Long Term Care

- There is a declining emphasis on long term care in favour of supportive living options. Increased investments are being made in supportive living with fewer investments in long term care. As a result, the number of spaces in long term care may be insufficient given the aging population and the complexity of care required as older adults age.

- While registered nurses are required to be on site 24-hours a day, seven days a week, their role is increasingly focused on administration and team leadership. Staffing models limit the number of registered nurses in long term care. Consequently, registered nurses are not able to work to full scope of practice in providing assessment, monitoring client conditions, and making decisions to intervene in client care situations.

Home Care

- Home care may not be accessed as much as it could be. A CHOICE study (personal communication, 2012) showed that of those eligible for home care less than 79% were connected to home care. Some reasons identified in the study include:
  - Feelings of pride may interfere with making the request for help.
  - Clients don’t know how to access home care.
  - Clients may have had past experience in home care but are no longer connected.
  - Clients may have dementias and mental health issues making home management difficult. They may not remember the home care plan or may refuse entry to workers as they’ve forgotten them.

- Underfunding of home care creates limited availability of home-care health services, as well as limited availability of or costly home supports such as homemaking, meal preparation, snow shovelling, yard and home maintenance, grocery shopping, etc.

- There is a lack of emotional support and respite for informal caregivers, who provide up to 80% of the care required by their family members (Alberta Health, 2008).

- Fluctuations in the quality of home-care services occur depending on the time of the week, with weekends being viewed as the most difficult.

- Registered nurses focus on assessment, case management, and staff oversight but large caseloads are inhibiting their ability to fulfil those functions with the care and attention needed.

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Older adults’ lodges, a housing model unique to Alberta, are included in the continuing care system. While viewed as an important housing option, especially in rural and remote communities, they are not intended to be places where older adults with increasing acuity can receive high levels of care.

Underfunding of home care creates limited availability of home-care health services, as well as limited availability of or costly home supports such as homemaking, meal preparation, snow shovelling, yard and home maintenance, grocery shopping, etc.

There is a lack of emotional support and respite for informal caregivers, who provide up to 80% of the care required by their family members (Alberta Health, 2008).

Fluctuations in the quality of home-care services occur depending on the time of the week, with weekends being viewed as the most difficult.

Registered nurses focus on assessment, case management, and staff oversight but large caseloads are inhibiting their ability to fulfil those functions with the care and attention needed.
There is increased use of health care aides in the provision of care and providing of medications in supportive living and long-term care settings. Medication administration is a complex process of preparing, dispensing of the drug, and monitoring effects to a client. It requires knowledge and critical analysis of the medication and its appropriateness to the client, calculation and dose ranges, awareness of side effect/adverse effects and management, evaluation of the effects of the medications following administration and documentation of the process and client outcomes (CARNA, 2007).

CARNA has two related documents, *Medication Administration: Guidelines for Registered Nurses*, 2007 and *Decision Making Standards for Nurses in the Supervision of Health Care Aides: Restricted Activities and Activities of Daily Living*, 2010 that outline principles and criteria to determine if a restricted activity is assigned to be done by a health care aide under the supervision of the registered nurse.

**TAKING ACTION**

To strengthen the provision of care in the continuing care system, the following are potential actions for CARNA and its members. Actions that stakeholders such as government, health services delivery organizations, registered nurse educators and researchers could take are also identified. CARNA would advocate for action by these stakeholders and work in partnership where possible to achieve them.

**CARNA**

1.1 Support registered nurses and nurse practitioners to work to full scope of practice in continuing care settings.

1.2 Provide resources that improve understanding of the roles of the registered nurse and other professionals in providing gerontological care in all practice settings.

1.3 Take a leadership role in advocating for public policy that supports the provision of appropriate, high-quality health services and necessary supports to older adults across the continuing care system.

1.4 Advocate for the use of inter-professional team based staffing models that address complexity of care and quality of life outcomes for older adults.

1.5 Work in partnership with stakeholders to advocate for engagement of registered nurses and nurse practitioners in health system strategy and policy discussions addressing aging, care of older adults and health care issues.

**Government**

2.1 Continue to support the transformation of primary care funding and service delivery to enable inter-professional team based care that emphasizes health promotion and chronic disease prevention and management for older adults and informal caregivers.

2.2 Develop public and organizational policies that promote, protect and enhance the lives, needs and rights of older adults across the health system.
## Health Services Delivery Organizations

| 3.1 | Support, through appropriate funding and policies, staffing models that focus on the overall complexity and health needs of older adults and quality outcomes. |
| 3.2 | Develop policies and staffing models which facilitate comprehensive assessments of older adults’ needs, ensure awareness of available services and related resources, and enable planning for the best use of those services given the person’s needs. |
| 3.3 | Develop policies and staffing models that fully utilize the qualifications, competencies and scope of practice for the registered nurse and nurse practitioner in all practice settings involving care of older adults |
| 3.4 | Support registered nurses and nurse practitioners in maximizing competencies in geriatrics, case management and leadership, comprehensive assessment and monitoring and inter-professional team leadership and collaboration. |
| 3.5 | Strengthen initiatives to support the recruitment and retention of registered nurses and nurse practitioners in the care of older adults across the health system. |
| 3.6 | Include and engage registered nurses and nurse practitioners in discussions addressing aging, care of older adults and health-care issues. |

## Educators

| 4.1 | Prepare undergraduate students to recognize, assess and appropriately deliver care that is responsive to the inherent complexity in the care of older adults. |
| 4.2 | Equip nursing students in advanced nursing practice programs with the specialized skills needed to provide high-quality care and to develop programs for older adults. |
| 4.3 | Increase opportunities for specialized nursing education in the assessment, care and monitoring of older adults. |
| 4.4 | Advocate for funding to develop courses and programs of study for advanced education related to older adults. |

## Researchers

| 5.1 | Collaborate to create a provincial research agenda that supports increased nursing research in aging and geriatrics, including more collaboration between university research teams and facility care operators/teams. |
| 5.2 | Contribute to and widely disseminate new knowledge and evidence-informed practices related to aging, continuing care, staffing models, roles of registered nurses and nurse practitioners across the health system. |
| 5.3 | Collaborate with CARNA and other stakeholders to advocate for increased funding to support research that strengthens the continuing care system in Alberta. |
STRATEGY #4: BUILD OLDER-ADULT FRIENDLY COMMUNITIES

Increasing urbanization, along with a growing population, has major implications for the shaping of communities that promote and support the health, participation and security of older adults who live in them. The rate of decline in older adults is largely determined by factors related to lifestyle as well as external social, environmental and economic factors. Individual and public policy measures such as age-friendly communities can slow down and, in some cases, reverse the rate of decline (World Health Organization, 2007).

Older adults require supportive and enabling living environments to compensate for physical and social changes associated with aging. An age-friendly community adapts its structures and services to be accessible to and inclusive of older adults with varying needs and capacities (WHO, 2007). WHO developed a guide to engage cities to become more age-friendly so as to tap the potential that older adults represent for humanity (WHO, 2007).

Themes from the WHO (2007) age-friendly guide include:

- Outdoor areas and public buildings are pleasant, safe and accessible.
- Housing is affordable, safe and well-designed for older adults.
- Roads and walkways are accessible and kept in good shape.
- Public transportation is affordable and accessible.
- Neighborhoods are safe.
- Relationships are respectful.
- Health and community support services are available.
- Opportunities for older adults to be socially active exist.
- Older adults can take part in volunteer, political and employment positions.
- Information is easy to find and easy to understand.

A detailed description of each of the areas within the guide is given in Appendix B: Description of Age-Friendly Communities.

Age-friendly communities have now been extended to rural and remote locations. The Federal/Provincial/Territorial Ministers for older adults developed a publication Age-Friendly Rural and Remote Communities: A Guide. While the majority of Canadians live in urban settings, approximately 23% of older adults in Canada live in rural areas and small towns. Some parts of rural Canada have been undergoing increases in the proportion of older adults as retirees migrate from cities to the country (Federal/Provincial/Territorial Ministers, 2006).
Older adults who wish to “age in place” in rural communities can face barriers to remaining in their homes and staying active and engaged in their communities. Such barriers include a lack of or limited support available to enable older adults to remain independent, as well as very limited housing and transportation options. In addition, older adults in rural and remote areas are frequently required to travel out of their communities for health services, creating a range of challenges for themselves and their families (Federal/Provincial/Territorial Ministers, 2006).

Work is underway to build age-friendly communities in some parts of Alberta. The Alberta Health website describes an age-friendly Alberta and provides tools and resources for becoming an age-friendly community. A series of age-friendly information workshops were held in five locations in Alberta in spring 2012. The age-friendly concept has also been extended to businesses. In Alberta, Edmonton has developed a Vision for an Age-Friendly Edmonton Action Plan (Edmonton Seniors Coordinating Council, 2011) report. High Prairie was recognized for its work in becoming an age-friendly community.

Age-friendly communities need more attention and priority. Many communities still have barriers that affect the health and well-being of older adults. Some of the most commonly identified issues in Alberta related to age-friendly communities are:

- **Housing**: Limited availability of affordable, accessible housing and the lack of supports such as the availability of help with housework, gardening or repair work make it difficult for some older adults to remain in their homes.

- **Communication and information**: Many older adults are not familiar with services available to them. Available information is limited or hard to find. Low-income older adults are especially likely to be unaware of benefit and service entitlements.
Transportation: Limited transportation options, especially in rural communities, are a major concern:

- Older adults may not plan for when they will not be driving and might need to rely on family and friends. In an effort not to impose on their support network, they may not ask for rides to get to medical appointments and do other errands.

- Many rural communities do not have access to public transportation; the decline in Greyhound bus services further exacerbated this situation.

- Disabled Adult Transportation System (DATS) is not an efficient service (a half hour appointment can take a day); furthermore, DATS service is not available in rural communities.

Community Networks: Social care is important:

- Older adults want to keep active, be part of a social group, and be able to stay in their own homes with supports such as grocery shopping as needed.

- Older adults want to feel engaged with their family and friends and communities.

- Older adults may live alone and may be isolated.

Access to health services and support services and other resources, especially in rural and remote communities:

- Availability of and access to primary care can be problematic, especially for the most vulnerable: new immigrants and homeless older adults.

- In rural areas, access to health providers is often “fleeting”, or people have to drive long distances to access services, e.g., 1.5 hours to get a prescription.

- Specialized clinics for older adults are needed in communities where older adults live.

- Respite and other supports for informal caregivers are often insufficient. Access to adult day programs can be problematic due to waitlists, restrictive admission criteria, or limitations due to targeted ages or diagnoses.

- Insufficient home care supports, including limited or costly homemaking services and respite, make it difficult for some older adults to remain living in their own homes.
## TAKING ACTION

*To build older adult friendly communities, the following are potential actions for CARNA and its members. Actions that stakeholders such as government, health services delivery organizations, registered nurse educators and researchers could take are also identified. CARNA would advocate for action by these stakeholders and work in partnership where possible to achieve them.*

### CARNA

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<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Support policies and programs conducted by all levels of governments, communities and older adult groups in areas critical to building age-friendly communities (e.g., transportation, housing, community network, access to services, information).</td>
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<tr>
<td>1.2</td>
<td>Develop and/or distribute resources that raise awareness of registered nurses and nurse practitioners on the health implications of age-friendly communities on older adults.</td>
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### Government

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<tr>
<td>2.1</td>
<td>Develop age-friendly policies and actions at all levels of government, especially municipal governments that promote, protect and enhance the health, well-being and security of older adults in their communities.</td>
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<td>2.2</td>
<td>Conduct comprehensive assessments of older adults' needs, assess availability of services and related resources, and plan for the best use of those services given the needs of older adults.</td>
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<td>2.3</td>
<td>Ensure effective communication with older adults regarding services and benefits available.</td>
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<tr>
<td>2.4</td>
<td>Support cross-ministry work to support housing and transportation needs.</td>
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### Health Services Delivery Organizations

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<tr>
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<tr>
<td>3.1</td>
<td>Assess communities to determine compliance with age-friendly policies and develop partnerships with community agencies to implement age-friendly policies, supports and resources.</td>
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<tr>
<td>3.2</td>
<td>Ensure mechanisms exist to assist with and refer older adults to accurate and reliable information about health services and community supports.</td>
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<tr>
<td>3.3</td>
<td>Collaborate and form partnerships with community resources to provide supports such as home making, gardening and repair work.</td>
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<tr>
<td>3.4</td>
<td>Develop policies that facilitate prompt referrals and access to necessary health services and community supports.</td>
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<tr>
<td>3.5</td>
<td>Develop a seamless continuum of care for older adults between acute care, continuing care, community care, palliative care and long term care.</td>
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### CONCLUSION

CARNA and its members are committed to working in partnership with government, health services delivery organizations, registered nurse educators, researchers, older adults and the public in achieving this vision for older adult care in Alberta. The four strategies provide the foundation for working together.

1. Optimize health and well-being of older adults by strengthening health promotion and preventing disease and injury
2. Optimize community-based care and supports when needed by responding effectively to the needs of older adults
3. Strengthen the provision of continuing care services
4. Build older adult-friendly communities based on the guide developed by the World Health Organization

<table>
<thead>
<tr>
<th>Educators</th>
<th>Researchers</th>
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<tbody>
<tr>
<td>4.1 Provide continuing education opportunities related to age-friendly communities and their impact on the health and well-being of older adults.</td>
<td>4.2 Develop innovative ways of incorporating clinical experience related to age-friendly communities.</td>
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<tr>
<td>5.1 Participate in and support research initiatives on the impact of age-friendly communities on older adults.</td>
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APPENDIX A:
THE ALBERTA OLDER ADULT CARE SYSTEM

Home Living

Home living is for people who live in their own house, apartment, condominium or other independent living options. Home care program services include: assessment, case management, professional nursing, rehabilitation therapy, social work and personal care. Services are available for all ages with health-related problems that can be managed in a community setting.

Services are based on assessed unmet need for short term or long term care, and include palliative or end-of-life care. Home care also provides assessments for Alberta Aids to Daily Living (AADL) benefits to support independence, applications to continuing care centres, supportive living, and facility respite care.

Supportive Living

Supportive living is gaining increasing prominence in Alberta. The terminology used in supportive living varies. However, the Supportive Living Framework (Alberta Seniors and Community Supports, 2007) names and describes four levels of supportive living. The framework illustrates how the residents’ needs change from one level to the next, requiring more services as their dependencies increase:

- **Level 1: Residential Care**: individuals can arrange, manage and direct their own care, make decisions about their day-to-day activities and can manage most daily tasks independently. Some supports/services are required and personal assistance can be scheduled. Their primary needs are for safety, security and socialization.

- **Level 2: Lodge Living**: individuals can arrange, manage and direct their own care, make decisions about their day-to-day activities and can manage most daily tasks independently. A basic set of supports/services is required and all or most personal assistance can be scheduled. Residents may require some assistance/encouragement to participate in social, recreational and rehabilitation programs.

- **Level 3: Assisted Living**: individuals have choices but may need assistance in making some decisions about day-to-day activities and require assistance with many daily tasks. Most personal assistance can be scheduled. The need for unscheduled personal assistance is infrequent. May require increased assistance to participate in social, recreational and rehabilitation programs.
Level 4: Enhanced Assisted Living: individuals need assistance in making decisions about day-to-day activities, but should still be given as many choices as possible. Requires assistance with most/all daily tasks. The need for unscheduled personal assistance is frequent. Requires enhanced assistance to participate in social recreational and rehabilitation programs.

Designated Supportive Living (DSL): Alberta Health Services contracted arrangements are referred to as Designated Supportive Living. DSL refers to spaces contracted from an operator (or operated by AHS) for sole access of Alberta Health Services within a congregate living setting. The spaces are used for individuals assessed as requiring continuing care health services in a congregate living environment.

Facility Living or Long Term Care

Facility living (FL) includes nursing homes and auxiliary hospitals. Facility living provides facility living for those individuals whose needs cannot be safely met in a home living or supportive living situation. Individuals in the facility living stream usually have medical conditions that are serious, chronic and/or unpredictable, requiring the presence of a registered nurse on a 24-hour basis.

Continuing Care Centres: Some, or all, levels of supportive living and a long term care (facility living) component may be housed in a single location. These continuing care centres provide an integrated approach to the provision of services and care allowing services to be adjusted as care needs change rather than the client having to move to another setting.
APPENDIX B: DESCRIPTION OF AGE-FRIENDLY COMMUNITIES

The WHO has developed a guide intended for use by groups interested in making their city more age-friendly. The guide has broad reaching implications and considers the following:
### Outdoor spaces and buildings

- Pleasant and clean environment
- Importance of green spaces
- Somewhere to rest
- Pavements
- Roads
- Traffic
- Cycle paths

### Transportation

- Availability
- Affordability
- Reliability and frequency
- Travel destination
- Age-friendly vehicles
- Specialized services for older people
- Priority seating
- Transport drivers
- Safety and comfort
- Transportation stops
- Taxis
- Information
- Driving conditions
- Courtesy towards older drivers
- Parking

### Housing

- Affordability
- Essential services
- Design
- Modifications
- Maintenance
- Access to services
- Community and family connections
- Housing options
- Living environment

### Social Participation

- Accessible opportunities
- Affordable activities
- Range of opportunities
- Awareness of activities and events
- Encouraging participation and addressing isolation
- Integrating generations, cultures and communities
Respect & Social Inclusion
- Respectful and disrespectful behaviour
- Ageism and ignorance
- Intergenerational interactions and public education
- Place within the community
- Helpfulness of the community
- Place in the family
- Economic exclusion

Civic Participation & Employment
- Volunteer options for older people
- Better employment options and more opportunities
- Flexibility to accommodate older workers and volunteers
- Encouraging civic participation
- Training
- Entrepreneurial opportunities
- Valuing older people’s contributions

Communication & Information
- Widespread distribution
- The right information at the right time
- Will someone speak to me
- Age-friendly formats and designs
- Information technology: boon and bane
- Personal and collective responsibility

Community Support & Health Services
- Accessible care
- A wider range of health services
- Aging well services
- Home care
- Residential facilities for people unable to live at home
- A network of community services
- Volunteers wanted

REFERENCES


