



EMERGING INSIGHTS

Thrive at Home Action Community Workshop

December 9, 2024

Background

This report outlines the emerging insights from the Thrive at Home Action Community Workshop, hosted by the Saskatchewan Health Quality Council (HQC) on December 9, 2024.

In April 2024, HQC convened leaders from community, health, and social sectors to re-envision community supports for older adults in Saskatchewan. Using the momentum generated at the event, we formed the **Thrive at Home Action Community**, a network of individuals passionate about finding innovative solutions to the complex challenge of bringing care closer to home for older adults.

In December 2024, we re-convened a sub-group of the Action Community to continue strengthening partnerships, exploring collaborative efforts, and driving large-scale change.



April 2024:
Kick off event
in Saskatoon



May 2024:
Launch of
Action Community



December 2024:
Focused virtual
workshop



December 2024:
Launch of
Action Hubs

Key insights

On December 9, members of the Thrive at Home Action Community participated in facilitated discussions and activities to identify opportunities for transformative action across Saskatchewan.

The following insights emerged from the day:



Collaboration drives innovation

We actively seek opportunities to build connections with one another, as we know strong relationships lead to greater synergies.



Our values guide our efforts

Feeling the energy and optimism for future opportunities, our values and behaviours guide us in our collective efforts.



We're stronger together

Each of us brings unique stories, wisdom, and perspectives to the Action Community. Who we are and where we come from are important pieces that enhance our work.



It's time for action!

We are not just a network – we are ready to dive into action! There's a collective excitement and eagerness to participate in driving change.



The world doesn't change one person at a time. It changes as networks of relationships form among people who discover they share a common cause and visions of what's possible.”

Margaret Wheatley

AMERICAN WRITER

EMERGING INNOVATION

Thrive at Home Action Community

When it comes to transforming our health and social care systems, change at this scale won't happen overnight – nor can it be done in isolation.

Collaborative, strategic partnerships are key components to achieving tangible, lasting improvements in health and health care for everyone in Saskatchewan.



What is the Thrive at Home Action Community?

The **Thrive at Home Action Community** is a diverse network, dedicated to enhancing community-based care and supports for older adults in Saskatchewan.

The community is comprised of system partners who are passionate about re-envisioning care for older adults, including representation from the Saskatchewan Ministry of Health, the Saskatchewan Health Authority, academia, and several community-based organizations, as well as those with lived experience.





Our shared purpose

United, we're co-creating a future where everyone can grow older with dignity, choice, safety, and a true sense of belonging.



Our community's shared values & behaviours

How we'll work with one another
in pursuit of our shared purpose

Our values in action

Through facilitated discussions, we uncovered the following values we share as an Action Community:



Open, transparent communication



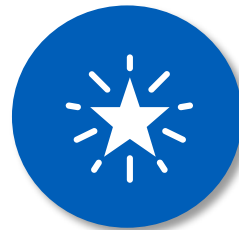
Flexibility and adaptability



Trust and integrity



Respect, humility and inclusion



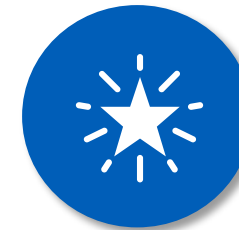
Empowerment and encouragement



Action oriented



Resilience and patience



Humor and positivity

Emerging topics for collective action

Through the course of discussions and learning sessions, the Action Community identified **three key areas** where transformative change could make the greatest impact for older adults living in community. On December 9, participants spent the afternoon learning from one another and diving deeper into the opportunities for collective action, related to the following themes:



Navigation

Support navigating our system to promote health & well-being



Transportation

Getting from place to place safely for health, social and/or business needs



Home Supports

Access to services and assistance that enable aging in place

| Navigation



Older adults and their informal caregivers are often left to manage the complex and fragmented web of community and healthcare systems to access medical information, services, medications, and equipment to support quality of life.

There is a strong need for multidisciplinary, coordinated, and integrated service delivery, which can be achieved through greater system navigation support. These navigation and connection roles are designed to help patients, families, and care partners identify and access the care and resources they need.

Insights from the workshop

Bridge silos between healthcare and community services to improve communication, connection, and coordination.

Team-based care is evolving rapidly, and we need opportunities to share learnings and emerging practices. Effective information sharing will inform strategies and foster long-term, sustainable solutions.

Engage and empower communities while addressing ageism in our systems.

Our strength lies in our collective numbers, with many active older adults serving as spokespeople, advocates, and partners in system design. To enhance our community support system, we can identify gaps and assets, engage older adults as advocates and partners in system design, and build structures for local engagement in planning and policy.

Build upon existing tools and services to enhance accessibility and information sharing.

There is ongoing work, available resources, and wisdom of people with lived experience dedicated to identifying and outlining community gaps and assets in programs and services. Explore opportunities to collaborate and build upon existing tools for accessing resources and create specialized navigation tools to enhance accessibility. We need robust information flow to support navigators in accessing the system.

| Transportation



In order to access health care, social services, and maintain social connections, reliable transportation is essential for older adults, especially those located in rural communities. Community-driven solutions and flexible transportation options are paramount in addressing the unique needs of older adults in Saskatchewan.

Initiatives such as volunteer driver programs, subsidized transport, and collaborations with local transit providers can greatly enhance the independence and quality of life for older adults who call our province home.

Insights from the workshop

Change the narrative about transportation for older adults.

Transportation is a basic right that has a broad impact on well-being. To drive community action and inform policy, we need both data and stories of lived experience.

Ideas for change and action need to be informed by a shared understanding of the current state.

What is the impact of unmet transportation needs for those with lived experience? What is the resulting impact on our system? We can learn from existing transportation solutions in the province (e.g., what works, for whom and why).

Expand upon opportunities through existing partnerships.

We can explore partnerships with existing transportation services and with other sectors who are working to improve transportation to identify potential collaborative solutions. Working across sectors will lead to greater opportunities for policy development.

| Home supports



Home care in Saskatchewan is designed to assist individuals needing acute, palliative, rehabilitative, maintenance, and long-term supportive care, helping them remain independent at home. Historically, these services also included home maintenance support and companionship programs. However, in recent years, non-medical services have become primarily available through privately-owned businesses or community-based organizations.

Increasingly, we are seeing an increased need for practical home supports, including assistance with housekeeping, pet care, yard care, minor home renovations, and personal care needs for overall wellness.

| Insights from the workshop

Explore and develop robust backbone structures for scalable community volunteer programs.

There are opportunities to learn from and implement existing self-organizing models (e.g., volunteer firefighters) and explore collaboration opportunities (e.g., first responder groups aiding home support efforts). We need a spectrum of support services that can scale with increasing needs.

Build networks of support through relationships and trust.

Empowering individuals to support one another fosters confidence, agency, pride, and a strong sense of community. To sustain the momentum in our province, we can leverage existing grants and pilot projects. By tapping into these resources, we can build on our successes, test new ideas, and ensure the continuity and growth of our initiatives.

Articulate and communicate the impact and benefits of home supports.

One cost-effective solution for our health system is well-coordinated home support services that offer accessible and consistent relationship-based care. The Action Community has connections with high-performing systems worldwide, allowing us to learn from their successes. We possess the skills and knowledge to implement and test these ideas effectively.

Turning innovative ideas into action

Inspired by the energy behind this collective, the Thrive at Home Action Community is coming together in focused working groups, called **Action Hubs**, to address challenges impacting older adults, including transportation, system navigation, and home supports.

Together, the Action Hub teams will breakdown the complexity of system-wide challenges into bite-sized, short-term action cycles focused on a particular area. HQC will provide support through coaching and facilitation to develop tangible goals, coordinate action plans, and initiate improvement measures.

Over the next 12 months, the Action Hub teams will:



Understand the current state



Identify goals and clarify scope



Generate and test ideas for change

Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

AMERICAN CULTURAL ANTHROPOLOGIST, AUTHOR, AND SPEAKER

Feeling inspired?

If you're interested in joining
an Action Hub team, we'd
love to hear your
perspectives!

Express your interest by
contacting the team at HQC.



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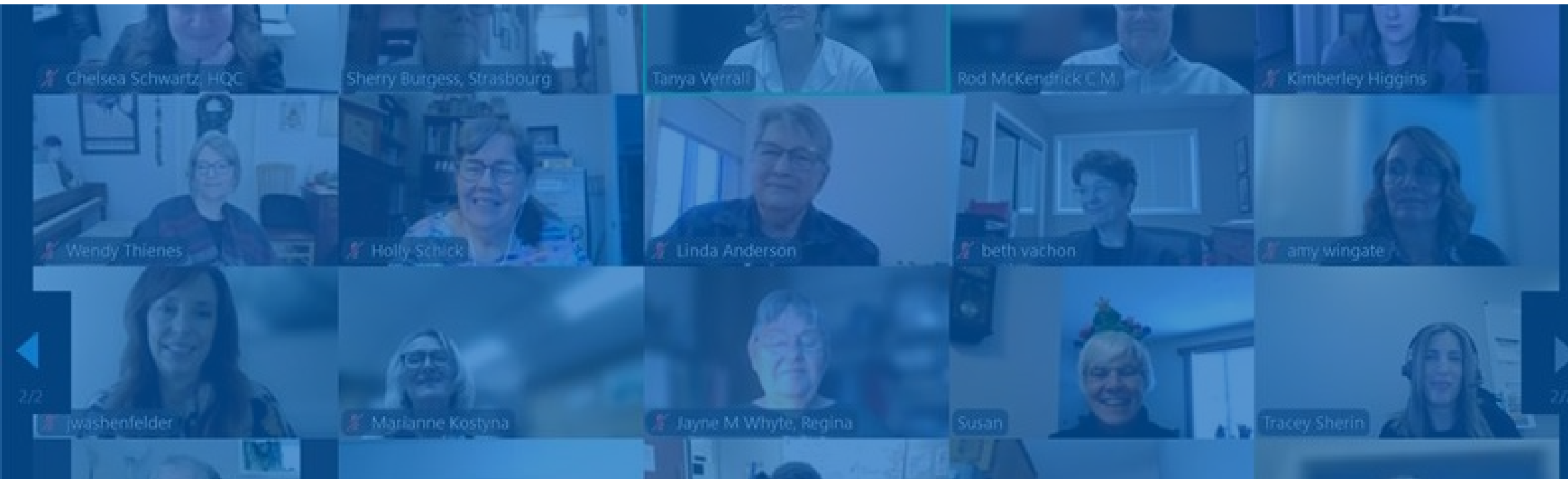
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| Appendices



Thrive at Home Action Community: Shared Values & Behaviours

1

Key words to describe what is essential for collaboration

VALUES

- Accountability
- transparency
- open communication
- Commitment
- Alignment - some end goals
- Flexibility
- Integrity
- Compassion
- Kindness
- Curiosity/ Learning
- Inclusion
- Trust
- People First

What does this look like?

BEHAVIOURS

- Information sharing - good communication, be able to hear the whole story, way to communication across boundaries, about experience, journey, needs of a person
- Be open and curious, adapt, be flexible, challenge your preconceptions
- Support safety - people feel they can contribute
- Find ways to address issues, be prepared to shift thinking as we learn new things, encounter new challenges and new possibilities
- Be open to what others have to say, whether you agree with it or not
- Do what you say you will do, trust others to do their part
- Ensure that voices are part of the process/conversation; "nothing about us"; also remember we have a focus on older adults
- Relational - what are the needs of those who don't a voice
- Think about what you're going to say before you say it and how it will affect others in the group, so others are not discouraged or feeling shut down.

2

Key words to describe what is essential for collaboration

VALUES

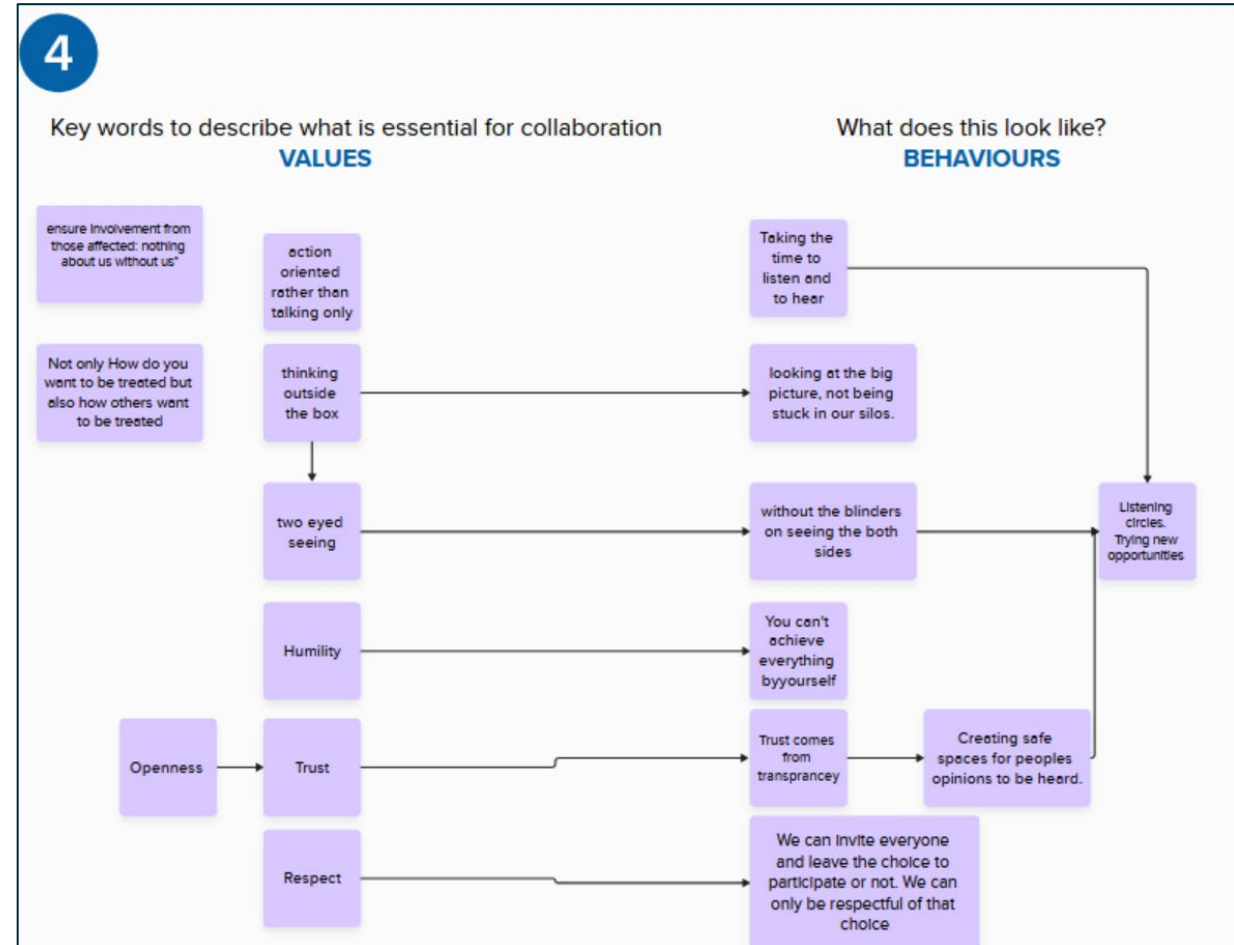
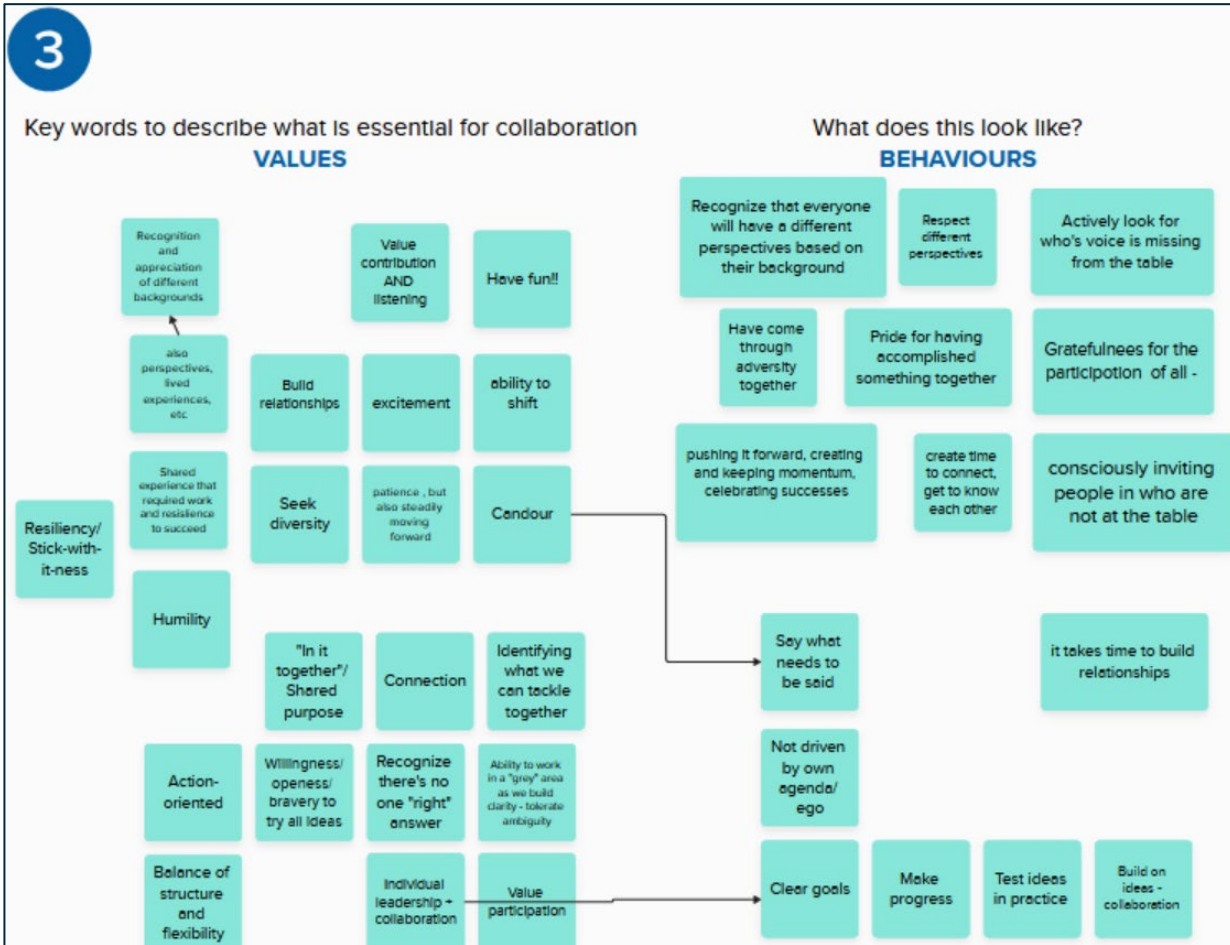
- Cultural understand - Who's values?
- Mutual respect
- Visually seeing where we are going - well laid out visual
- Transparency
- Commitment
- Clear understanding of goal
- Trust
- Shared vision - being on the same page
- Clear communication
- Self-determination
- Meaning of team - everyone has a part to play
- Different jobs/ roles done collaboratively
- Acknowledging diversity and working with it
- The right for individuals to make their own decisions
- Choice
- Different skills/drive but can find similar vision

What does this look like?

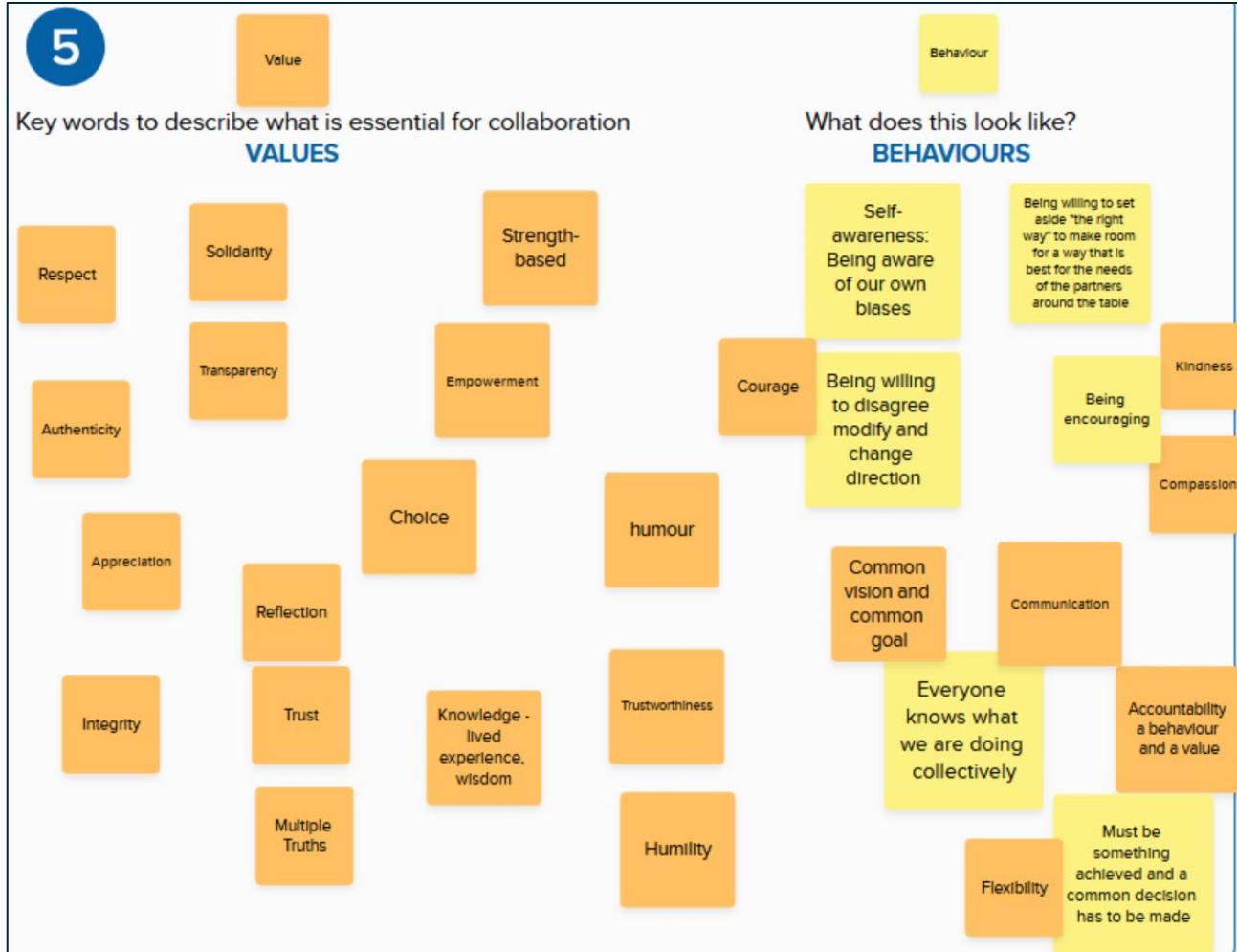
BEHAVIOURS

- Having an agreed upon framework
- Publish and acknowledge results publicly - validate
- Accountability
- Planning ahead - preventing surprises in the process
- Working together to understand directives
- Need to think outside of box
- Showing gratitude to everyone who contributes
- Being open to new ideas - working to understand each other
- Being prepared to Innovate and collaborate
- Being active listeners
- Avoid working in silos

Thrive at Home Action Community: Shared Values & Behaviours



Thrive at Home Action Community: Shared Values & Behaviours



Group Discussion: Navigation

1. What drew you to this discussion topic?

- Lived experience
- Age friendly
- Motivation to have better navigation
- Complex health care needs
- Rural perspective where the LTC as one stop shop
- System navigation is complex and confusing
- Past and current experiences (CPAS, Social Prescribing, Advocate services program etc.)
- Advanced Care of Elderly program,

- Can we make navigation simpler? What's possible?
- Could HQC be a collaborator in working with 211 to improve the availability of information?
- 211 - how can we make this more comprehensive and accessible to help people know what is out there? How could 211 be improved? By whom? Is collaboration possible?
- Complex care plan for the province - what are needs going to be and how will we meet them?
- Could we leverage medical/ health science students to help with navigation/ transportation?

3. What questions do we have?

- Look at ways we could better share information while still protecting privacy
- Opportunity to better understand the barriers and then work to break them down.
- Are there opportunities to work across Ministries on policy? Interest in collaboration?
- can we learn from others on how we can create easier to navigate online systems
- Why do we need navigation? It seems as though we should be aspiring to make it simple enough to not need it...
- How can navigation be sustained in health care system? Wellness component - home care, public and population health. We are working to shift toward more integrated team-based care on many fronts - how do we build all of this collaboratively?
- What evidence do we have that we can use? What has worked and didn't work?
- Any success stories? Can we learn from those?
- How can we design systems that reduces the need for navigators
- Could we further build out a model like 811 to help serve the function of navigation?
- How can we leverage Social Prescribing as a mechanism to advance navigation

5. What opportunities do we see for collective action in this topic?

- We have navigation instruments - to create some specialization (i.e., 811)
- Create access at many points, reduce the need for those who can navigate the system themselves
- Team based care - a lot is happening in this area. How can we share learnings?
- Engage service users and people with lived experience and ensure that voice is heard and respected.
- We have many active older adults that want to help and be engaged in their communities. We have the opportunity to engage them and their voices - more now than ever before. Become spokespeople, advocates, partners in system design, work alongside people who work in system.
- Support people to be informed consumers - what to expect, how to prepare for interactions with care/have the conversations they need to
- Working with med students to show the big picture
- Look at ways we could better share information while still protecting privacy
- Opportunity to better understand the barriers and then work to break them down.
- Bridge the silos of navigation - within the health care system, and also within the community. Bring these "worlds" together to communicate better, make services simpler for the client
- Build opportunities (structure or process) for local engagement in planning and policy. Be able to share and translate knowledge across functions.
- Long-term care system good network across the province.
- Explore possibilities of self-navigation for those that can

2. What else do we know?

- Team based care - a lot is happening in this area. How can we share learnings?
- We have many active older adults that want to help and be engaged in their communities. We have the opportunity to engage them and their voices - more now than ever before. Become spokespeople, advocates, partners in system design, work alongside people who work in system.
- Working with med students to show the big picture
- Gap - scope of practice and limits to what roles can do
- Many initiatives have temporary grant funding - how do we move from a trial of a service to something more permanent
- Us coming together and sharing is a resource
- Internet fees some of the highest in the world in SK
- We need a reliable internet service for the whole province
- Low-income people: some services not accessible to those with low income
- Many communities example, eated resource directory to help people know what is available
- 211 tool is a resource
- Communication - current, thorough information; not only in digital format; for example 211 is missing some services that are available
- Having companion there - care provider sometimes just addressing the companion as an example
- Ageism: 1) doing things "to" older adults, excludes older adults from having personhood; 2) speaking to caregiver, not the older adult. Not all people in the system but it is prevalent
- Limitations of service offered in home care
- Scope of service/ practice, having silos on what people can offer in services
- Sometimes even staff have difficulty navigating the system
- In rural no palliative care in home only hospital
- Increasing complexity of caring for people, many different aspects (health, social, etc.)
- Rules that exist - limits for palliative care, adds to complexity of system when patients have to leave care and take something else

4. What strengths exists, currently, within our Action Community?

- Community connectors with the Social Prescribing- this will help identify community gaps and assets to build upon
- resource directories in communities
- Advocate services program
- resource directory
- We have a lot of expertise in our communities - let's figure out how to use it! Trust and respect will be really important there!
- Ability to communicate and use tools to support information gathering and sharing - examples: AI, social media, etc.
- Support people to be informed consumers - what to expect, how to prepare for interactions with care/have the conversations they need to
- there are successes at the community level, and how can we get the bottom up influence and learn from that for sustainability
- A lot of shared history and people who have experience. We have people who have slices of experience that we can knit together.
- Long-term care system good network across the province.

Group Discussion: Transportation

1. What drew you to this discussion topic?

- Important topic for Small communities.
- past experiences - transportation is always important (access to services for safety)
- Transportation determines our ability to exercise several human rights
- SHA works with Seniors group in the area. Challenges of transportation for seniors
- From April gathering - a lot of potential policy levers with transportation

2. What else do we know?

- Identify other sectors (groups/organizations) who also have transportation as a focus for interventions (for their work) - e.g., inter-city bus system.
- Greater opportunity for policy.
- Build partnerships - take advantage of existing services for other demographics (like group homes, school buses not being used during the day)
- Liabilities in running volunteer programs (depends on organization overseeing it)
- What communities are doing with transportation interventions - across the province
- The possibility for an inter-city transportation system - it is possible
- Not having and inter-city transportation system is a challenge.
- Volunteers are great but what happens after 9-5
- First Nations medical taxi availability and accessibility
- The number of volunteer hours that people put into transportation.
- We know that Saskatoon and Regina have bus services - what about other cities? If rural SK could have volunteer drivers, could urban SK also have this (through community associations, etc.)
- Jacob's presentation (learning circle session)- we no longer have a provincial bus service and the ripple effect of this
- Understanding decisions that were made to transportation in the province - provincial bus service.
- We know that we need to begin to meet this need.
- We know that Transportation is lacking in so many small SK communities.
- The decision makers in this space. The scope of this need - could providers ask and understand - "Do you have transportation?"

5. What opportunities do we see for collective action in this topic?

- Addressing misconceptions about transportation - changing the narrative. Transportation is a right
- Creating blanket policies that can be fleshed out by individual organizations and communities.
- Identify other sectors (groups/organizations) who also have transportation as a focus for interventions (for their work) - e.g., inter-city bus system. Greater opportunity for policy.
- Build partnerships - take advantage of existing services for other demographics (like group homes, school buses not being used during the day)
- We know that Saskatoon and Regina have bus services - what about other cities? If rural SK could have volunteer drivers, could urban SK also have this (through community associations, etc.)
- Having people tell stories about the impact of lack of transportation and what is possible

3. What questions do we have?

- Addressing misconceptions about transportation - changing the narrative. Transportation is a right
- Creating blanket policies that can be fleshed out by individual organizations and communities.
- What is the health equity of the existing transportation
- The broad impact of not having transportation AND understanding of the costs (ROI)
- Not having transportation costs us more
- Association of poor health outcomes and lack of transportation
- Framing the narrative about transportation
- What are the challenges with existing transportation solutions?
- How can we make transportation accessible in small communities?
- How can we drive society to view transportation as right?
- Survey from USask to explore community members perceptions of how transport affects their life <https://www.surveymonkey.ca/r/VSNMY2K>

4. What strengths exists, currently, within our Action Community?

- resource shared in the chat: https://agefriendlyregina.ca/guides/?gad_source=1&gclid=EAlaIqObChMlq6XM0cSbigMVpUH_AR1TbQSIEAAYASAAEgJmOfD_BwE
- We have resources to capture stories and do analyses required to answer our questions
- Opportunities to leverage PHC teams
- Identify other sectors (groups/organizations) who also have transportation as a focus for interventions (for their work) - e.g., inter-city bus system. Greater opportunity for policy.
- Group homes often have services but mostly for their residents
- We have interest from potential action hub participants who represent different levels of the system - lived experience, research, community, providers, policy
- Communities recognize transportation barriers and have lived experience
- Communities are developing bus services but typically for medical
- Much to learn from existing community interventions - Strasbourg

Group Discussion: Home Supports

1. What drew you to this discussion topic?

- Past advocacy work
- Lived experience
- Curiosity

5. What opportunities do we see for collective action in this topic?

- Explore developing backbone structures for community volunteer programs
- Create opportunities for folks to help each other out; builds confidence, agency, pride
- Create opportunities for a "network of support" to develop through relationships/ trust
- Generate a spectrum of support - to increase as needs increase
- Socialize SROI of Home Supports - communication campaign?
- Even if people can pay for services, they can be lacking continuity/ relationship

3. What questions do we have?

- How do we get real engagement to try this out? Could explore using Facilitating Independence Grants to build momentum, pilot some things and find out what works
- Where are there opportunities to partner? e.g. expanding role/scope of EMS in former Cypress Health Region
- What role might private business play in this area?
- How can we learn from existing models to self-organize (e.g. processes used by volunteer firefighters, first responders)?
- How do we optimize skill- task alignment - having the right skills fill the right roles?
- There are various aspects of care - some medical and some non-medical. It's important to teach skills outside of the medical - how do we train people to work respectfully with older adults (i.e. anti-ageism training)
- How can we broaden our resource pool? e.g. Volunteers from the community, fire department, first responder groups, EMS
- Opportunity to change qualifications for Personal Care Workers and home care workers?
- Wellness checks through existing emergency services may be particularly advantageous to smaller, rural communities.

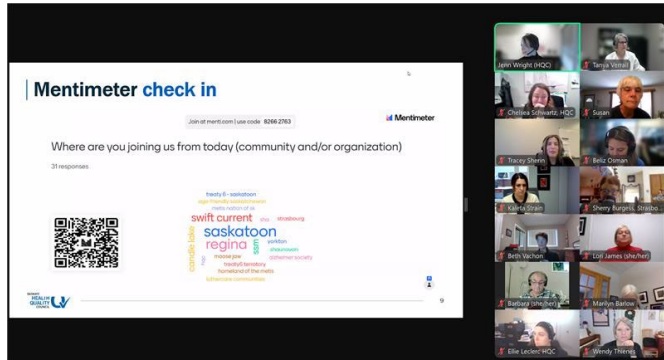
2. What else do we know?

- Create opportunities for folks to help each other out; builds confidence, agency, pride
- Establish a "network of support" based on relationships & trust
- Even paid services may lack continuity (ie. relationship with a dedicated individual over time)
- A key gap is the organization/coordination of services available to help individuals navigate/ identify services available
- Those who have studied home supports have found it costs about 1/3 of LTC costs - benefits to health system and taxpayers
- We don't have a lot of time to figure this out - need to move on this.
- Can be hard for older adults to accept that they need help. Awareness is a first step.
- Need a provincial government framework for assessment of eligibility for home supports.
- Need to make home supports accessible for all - even those that are unable to pay.
- Home supports have a social aspect to them as well - dependent on trust, connections, relationship to create safety and connection
- Help with practical day to day things will help keep older adults independent in their homes
- Shift in past years - used to provide supports through home care. Home care has now become limited and focused on medical and personal supports.
- SSM has been working with communities on the age-friend community initiative, with hopes that provincial and municipal governments lead out on the operationalizing of home supports
- In 2021 SSM launched Home supports Initiative - offering advocacy and awareness building on this topic to build momentum

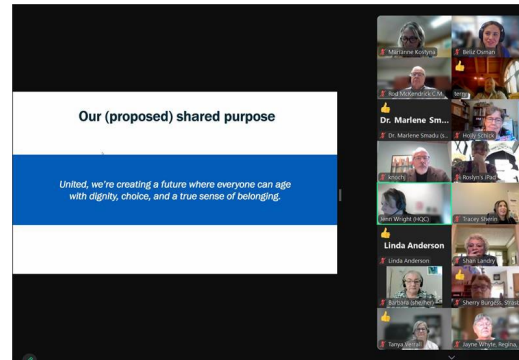
4. What strengths exists, currently, within our Action Community?

- Ties to/ access to high performing systems elsewhere in the world - what works?
- Lived experience, knowledge networks that exist within TAH community
- Consider opportunities to use Facilitating Independence Grants - can we align these with pockets of energy? (e.g. alignment with age friendly communities)

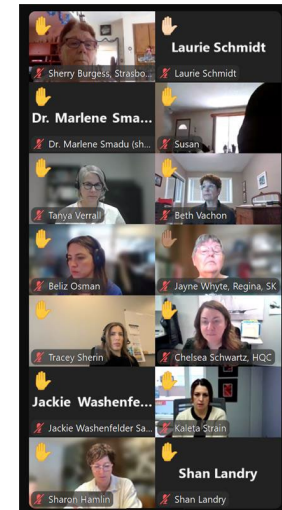
Weather had different plans, but we didn't mind



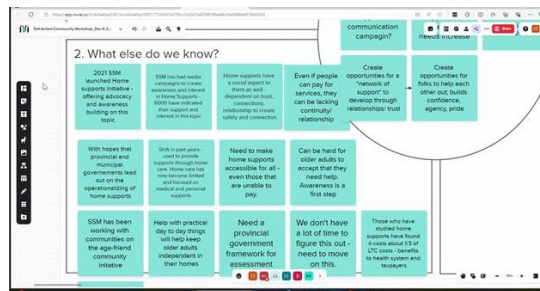
We checked in with each other



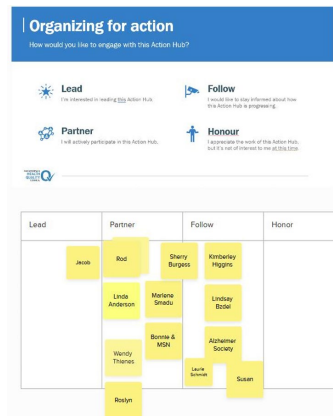
We gave thumbs up, and made decisions



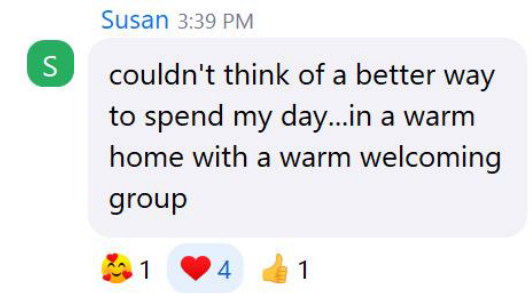
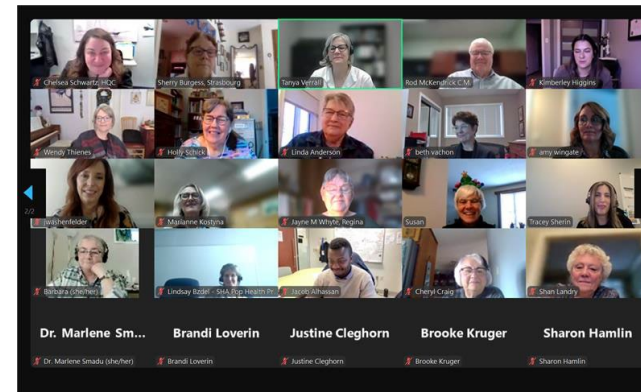
We signaled to proceed, participated in lively conversation in groups and through chat.



We brainstormed together



Expressed our interest in involvement and action.



And with all this, we supported each other, showed gratitude and left each other with well wishes.

Sound bites from the day

“Thrive as we live
and age with
dignity”
Marianne Kostyna

“Learning to be
interdependent, does not
mean losing independence”
Susan Luhning

“This community
takes one step
forward every time
we meet.”
Tracey Sherrin

“We need to care
for each other's
humanity”
Sharon Hamlin

Susan 3:39 PM



couldn't think of a better way
to spend my day...in a warm
home with a warm welcoming
group



Jayne Whyte, Regina, SK 11:27 AM

We can make choices that
are not seen by others as
"safe" but we have the right
to choose.

| Sound bites from the day continued

“Looking forward to organizing for action!!”

“Like-minded people with great intentions and plenty of spirit. I look forward to putting even a fraction of these ideas into action.”

“Tackling three topics is a good start, but there are other topics that will drift into these as well perhaps. Everything is so interconnected.”