



EMERGING INSIGHTS

**THRIVE AT HOME WORKSHOP:
RE-ENVISIONING COMMUNITY SUPPORTS FOR OLDER ADULTS**

April 29, 2024

Table of Contents

This report presents the emerging insights from a Health Quality Council event, which brought together 103 people from community, health, and social sectors to re-envision community supports for older adults in Saskatchewan so they can thrive at home.



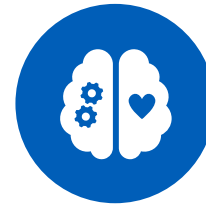
**Why we're
here**



**Different
perspectives**



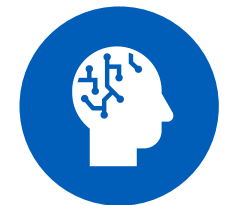
**Defining Thrive
at Home**



**Taking our
ideas forward**



**Moving to
action**



**The future
is now**

Executive Summary

On April 29th, 2024, 103 people participated in the event "Thrive at Home Workshop: Re-Envisioning Community Supports for Older Adults". Using the collective wisdom in the room, attendees participated in facilitated dialogue and activities to envision the future while acknowledging the present realities, strengths, and challenges. They identified potential opportunities for transformative action. **The following key messages emerged from that day:**



The choices available to us as we age well are personal.

Thriving at Home is about being respected for “what matters to me,” including the choice of physical places we live and the communities we are a part of.



We need the wider system to be responsive to the priorities of older adults and caregivers.

We need to make a shift from acute focus to community focus. To support this, we need social connectedness – community, kinship, and belonging.



It can be challenging to navigate the current system.

There is a need to explore navigation as a function in our system to learn how older adults and caregivers can be better supported.

| Key Messages Continued



There are areas where we need to act now

We need access to key services for older adults and caregivers – transportation, access to safe housing, and home care services including practical supports, were all highlighted as areas to pay further attention to.



Let's build on our strengths

We have significant strengths and diverse examples of emerging practice to build upon.



We want to co-create the future by sharing and learning together

Creating the space for conversations that lead us towards action, are an important part of how we will move forward together as a community.



As a community, we want to lead the agenda and to play an active role

In seeking legislative and policy change based on needs, and what we know is already working. We feel strongly that issues affecting older adults - and caregivers – need to be at the top of the political agenda.

Identified Actions

In addition to the key messages, the community identified the following actions as important next steps, including (but not limited to):



Utilize forward-thinking

Apply inquiry-based approaches to priority areas (e.g., transportation) and work through this as a challenge area to be addressed.



Develop advocacy

Use our collective voice and the knowledge we generate to advocate for what we need.



Strengthen networks

Create the conditions to strengthen connection. This includes developing an action community to inform and shape strategies that support older adults.



Share learnings

Implement a structure for sharing emerging practice and aligning our work.



Refine our shared purpose

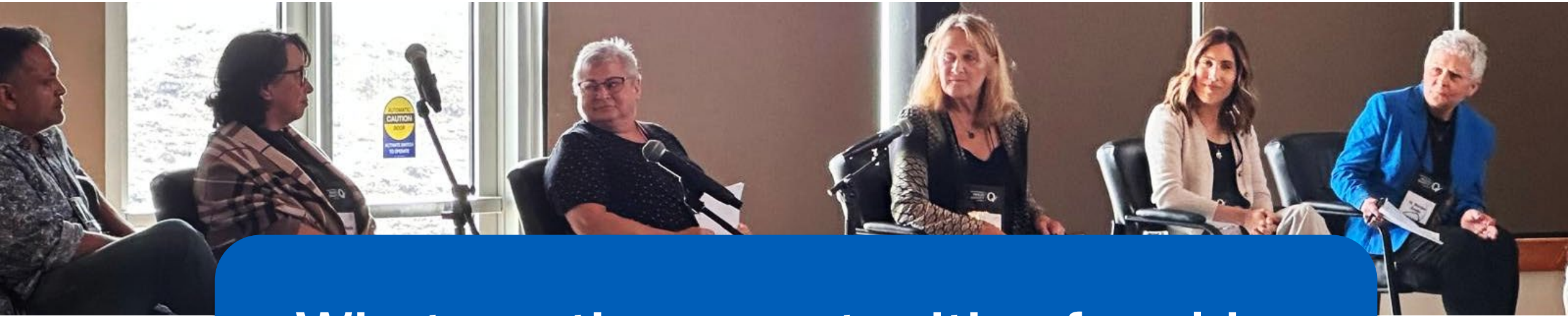
Further test and refine our shared purpose and some principles for working together as an action community.



“This is about building community, sparking new connections, and using the many different perspectives here today to re-envision how we support older adults to thrive at home”.

– Tracey Sherin
Chief Executive Officer, HQC

| Different Perspectives



What are the opportunities for older adults to Thrive at Home in SK?

From left to right: Sanj Singh (Entrepreneur/Innovator); Dr. Jenny Basran (Senior Medical Information Officer); Deb Hogg (Carer); Marianne Kostyna (Candle Lake Health Services Committee); Tracey Sherin (CEO, Saskatchewan Health Quality Council); Dr. Marlene Smadu (Executive in Residence, Johnson Shoyama Graduate School)

Different Perspectives

A group of six panelists shared the opportunities for older adults to Thrive at Home in Saskatchewan from their perspective. What's possible through the eyes of health, innovation, policy, and community.



Continue building on the **community and social networks** in helping people age positively, wherever they call home.



Implement and engage functions for **advocacy and navigation** to amplify a persons voice in accessing care and supports.



Leverage the power in our numbers while working towards influencing **policy and legislation**.



Working together in new ways and creating the conditions for **connecting, sharing, and testing ideas** must be cherished.



Focus on **prevention** to keep healthy for as long as possible to change the trajectory of aging.

“No one person, organization or system can do this by themselves. It will take the hearts and minds of many.”
Tracey Sherin

“We have the power of critical mass today, power of influence!”
Dr. Smadu

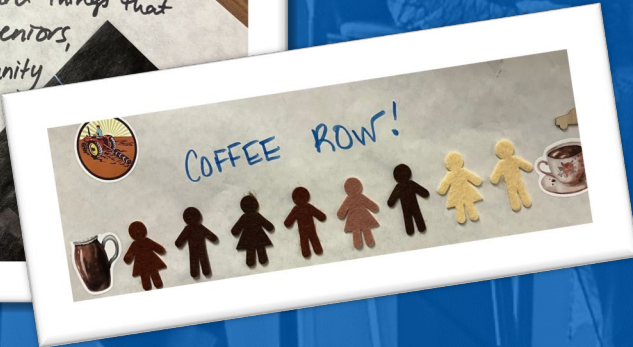
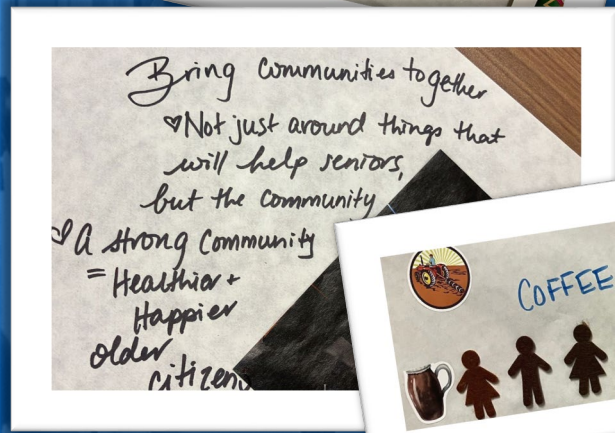
“Health and wellness doesn't happen in a health centre. It happens in a community.”
Marianne Kostyna

“Advocacy is part of the role of care giving.”
Deb Hogg



“It all goes back to community, coffee row, that allows people to thrive at home.”
Dr Basran

“I feel hopeful now, because now I know there's all these connections for me.”
Marianne Kostyna



“Our system is designed to look after the sick, and not the healthy. It is about shortening the sick span.”
Sanj Singh

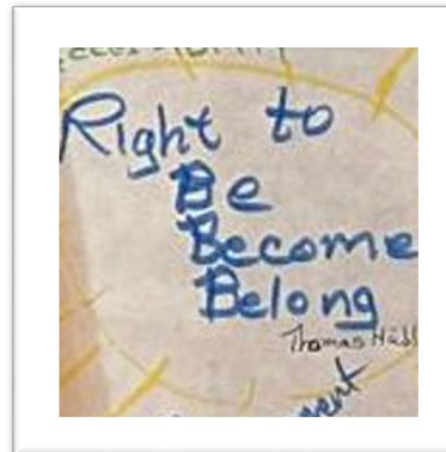
Defining Thrive at Home

A working definition together with the principles that were emerging;

Thrive at Home means living the life we want to lead on our own terms AND belonging to a place/community where there is inclusive, accessible, and proactive support to enable us as older adults to age well.

Some principles that emerged:

- Choice, Agency, Autonomy
- Able to be my true self
- Community, Belonging
- Interconnectedness (Kinship)
- Prevention
- Transcending/Boundaryless





- Someone has
- individualized approach/flow
- Support when needed
- Connection made easy
- Transportation Access
- Affordable

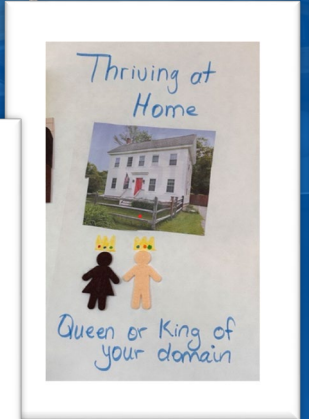
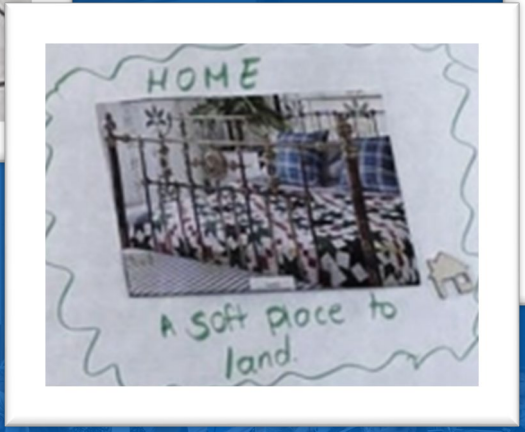
Design your perfect environment.

- Someone has
- individualized approach/flow
- Support when needed
- Connection made easy
- Transportation Access
- Affordable

Love
Social
Safety
Travel
Belonging



Thrive At Home means
Belonging to a community that is inclusive, supportive, safe, accessible and respects freedom of choice.



Thriving is having all the pieces of Your puzzle fitting together.....
... you choose your puzzle...
... you choose what your version of thriving is
... you choose your happy!

Thrive at home means
An engaged community that supports growth of its members & advocates for change.

HOME

TABLE 5

Pets
Puzzles
Children
Sudoku
Crafts
Cooking
Friends
Community
Learning
Outings
Food
Company
Bingo
Exercise
Games
Books
Visitors

HOLISTIC WELLNESS



Taking Our Ideas Forward

NOISE is a strategic planning tool to facilitate the exploration and analysis of **N**eeds, **O**pportunities, **I**mprovements, **S**trengths, and **E**xceptions within a given context. From this assessment, we also generated big ideas. [Click here](#) to learn more.

Strengths

- We are committed to making a difference and building the voices of older adults into everything we do, including reconciliation.
- We value learning, connecting, and sharing.
- We have initiatives and technology already in place that we can build upon.

Needs

- Address social determinants of health.
- Emphasis on non-medical needs.
- Policy and legislation change.
- Transportation.
- Coordination of care.
- Culturally-sensitive care.
- Community-led solutions.
- Wider access to healthcare.

Exceptions

Meals on Wheels • Wheels on Wheels • Health Quality Council • Eden • ALTO • World Café Examples • Cowessess First Nation • Candle Lake • Rosetown • Health Networks

Opportunities

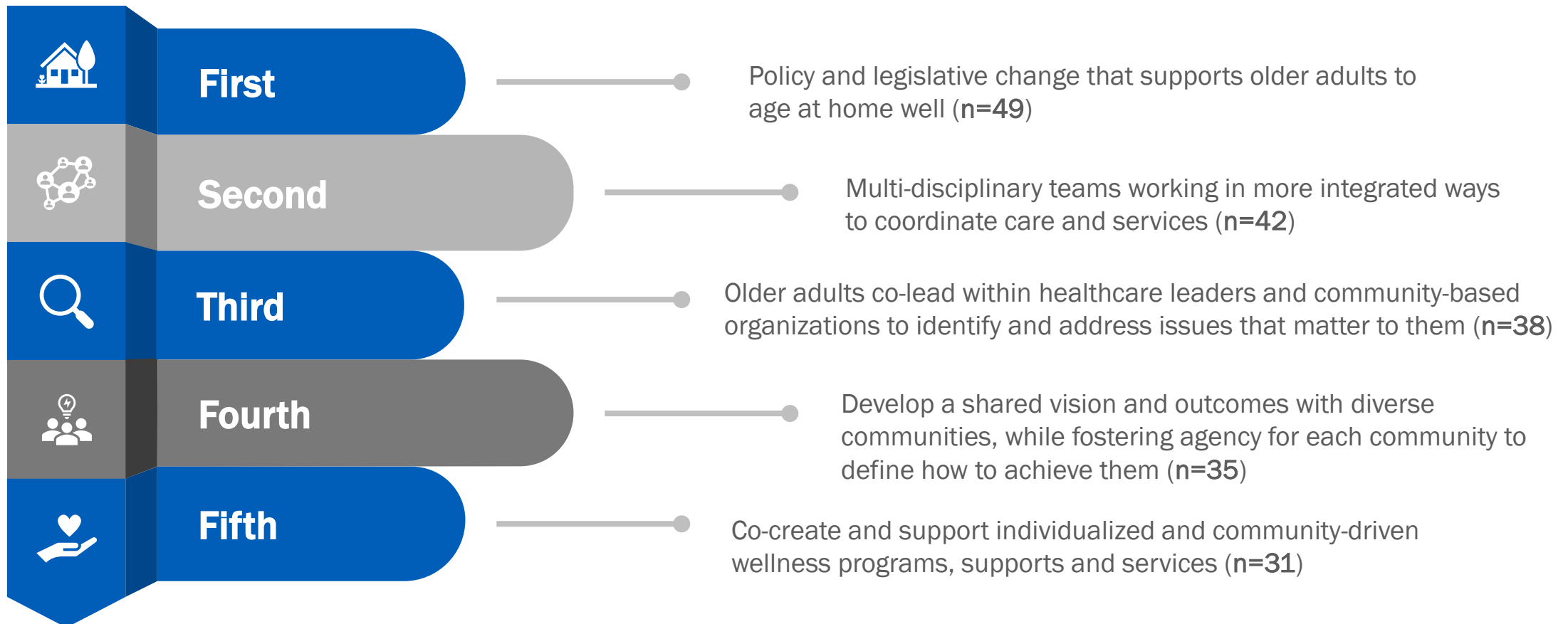
- Leverage transformative partnerships.
- Innovate with technology.
- Strengthen support for advocates.
- Invest in intergenerational support exchange.
- Food accessibility.
- Integration of health and social affairs.

Improvements

- Revamp care services.
- Promote diversity.
- Combat ageism stigma.
- Retain professionals.
- Fortify communities.
- Collaborate widely.
- Enhance living environments.

Taking Our Ideas Forward

We invited the community to identify their top **5 big ideas**. Below are the ideas that received the most votes, highlighting the importance of older adults' co-leadership and community agency in the development of a shared vision, integrated ways to coordinate supports, and outcomes that matter to them. In addition, it prompts a consideration on policy and legislation changes as a step towards improving health delivery and outcomes.



Building on strengths & exceptions

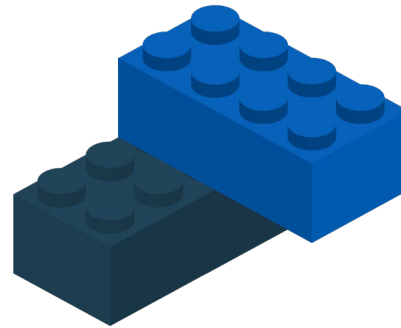
As a community we have many strengths to build upon; this includes our shared commitment, learning from emerging practices, and developing our people to enhance the quality of life for older adults. There is an opportunity to share promising practices within the action community.

The **navigator/advocacy** function already exists in some places. What can we learn from where it is working well already? ●

We see the value in **learning, connecting, and sharing**. For example, sharing ideas, making use of networks, and appetite for further workshops like this one. ●

There are opportunities for people to **volunteer** to provide older adults support, and we see a strength in involving more **young** people. ●

There are **initiatives** already in place to support **independent living** that we can build upon (Social Prescribing, Age-Friendly Communities, Forever in Motion, etc.). ●



● Making greater use of **technology** to make informed choices/access support. This includes making use of telehealth, robotics, and self-management platforms.

● We value different **perspectives** and are committed to **building the voices of older adults** into everything we do, and this includes **indigenous voices**.

● As a community, we are **committed** and care about making a difference; we feel it is important to continue to **innovate** (e.g. world café examples).

● We have lots of **emerging practice** to build upon. This ranges from community initiatives (Meals on Wheels) to organizing services differently (Patient Medical Home pilot, Memory Clinics).

● Other – some funding is available for prescription medication.

| Building on **opportunities & improvements**

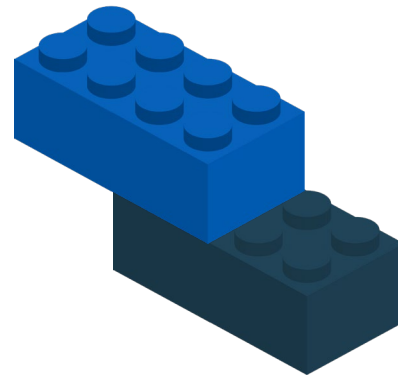
By learning from local initiatives and infrastructures already in place while supporting intersectoral and integrated community supports as well as building capacity of providers and volunteers.

There is energy to **work together towards a common goal** through collective actions and strategy to inform legislation and policy. ●

We can **learn from existing initiatives** supporting independent living, care closer to home, and the navigation function (e.g., Age-Friendly Communities, Memory Clinics, Social Prescribing). ●

We can **leverage the existing technological infrastructure** to expand community-based supports (e.g., access to community supports, wellness checks, health management). ●

We are motivated and see the opportunity in partnership and **collaboration** to understand **contextual strengths and priorities**. ●



● There is space for more **multi-disciplinary, coordinated, and integrated** service delivery with the support of a navigation function.

● We have energy for **community-led initiatives** to improve independent living and care closer to home (e.g., transportation, mobile teams, virtual care, etc.).

● There is space for improvement in **capacity building with providers, volunteers, and advocates** focused on older adults, navigation functions, and health literacy.

● We can fortify and enhance communities by promoting **diversity** and combating **ageism stigma**.

● There is space to explore ways to **retain the workforce**.

| Moving to action – must have, should have, nice to have

Tables were invited to reflect on their conversations so far and identify those actions that will take our planning a step further. Although most responses were listed under “must haves”, there was no consistency in our responses regarding how we categorize actions as must have, should have, or nice to have. These responses are presented on a spectrum to reflect this diversity. Aside from concrete action items, participants voiced some principles to guide these actions such as; a person and family-centred approach, sector-wide leadership and oversight, while addressing health inequalities.

Must have		Should have		Nice to have, probably won't happen
<ul style="list-style-type: none"> • Navigators and advocates to ease access, reduce loneliness and aid with health literacy. How do we define these functions? • Decision-making and service design is community-led with the involvement of older adults, carers, and volunteers. 	<ul style="list-style-type: none"> • We need accessible services for all (i.e. home care, safe affordable housing, transports, specialized care). • We must prioritize advancing the supports to live independently (i.e. practical home supports, technological innovations). 	<ul style="list-style-type: none"> • Learning and sharing what is working well is essential for us, how can we continue convening/ collaborating, and augment agency? • Expansion of services and supports (comprehensive home care, home supports for living independently, specialized care). 	<ul style="list-style-type: none"> • Easily understood accessible information on resources and services for older adults (i.e. nutrition, financial advice). • Strategies to address retention and recruitment challenges and learn where is working well. 	<ul style="list-style-type: none"> • Policy and legislative change. Based on needs and what works, how can we influence the policy change? • Resources and people. More people, funding, community resources and specialized services (i.e. rural areas).

Critical question: How can we demonstrate the difference we are making? What is our impact?

| The Future is Now

Action Community

An action community will be established and is open to all individuals and organizations supporting older adults to age where they call home. This virtual community will be hosted by HQC – but owned, and shaped by, the community.

Next Steps

As a community, our first next steps:

- ✓ How do we continue to advance the insights that emerged on April 29th?
- ✓ What are the opportunities for enhanced collaboration based on the actions identified on April 29th?
- ✓ How do we best bring our experiences, knowledge, and skills together to amplify our efforts?

Shaping our Path

The first action community event is planned for **June 5, 2024**. Using the insights gleaned from this report we will shape our path forward (the “how”) to strengthen community-based care and social supports for older adults in Saskatchewan. Let’s keep **moving forward, together**, and cultivate a space focused on sparking connections, learning, and action to do more together than is possible individually.

Health & wellness doesn’t happen in a health centre. It happens in a community.

Marianne Kostyna

Candle Lake Health Services Committee

Acknowledgements

We extend our heartfelt gratitude to all those who contributed to the organization, design, and successful implementation of the **Thrive at Home Workshop: Re-Envisioning Community Supports for Older Adults**. In particular, we would like to acknowledge the invaluable contributions of:

- Prof. Helen Bevan, Warwick Business School and Strategic Advisor, NHS Horizons
- Laura Yearsley, Associate Director of Insight, NHS Horizons

Additionally, we would like to express our appreciation to the entire event team, whose dedication and support were instrumental in making this event a success.

Design Team:

Chelsea Schwartz • Tanya Verrall • Tracey Sherin • Kyla Avis
Tanya MacDonald • Kerilyn Voigt • Adrienne Danyliw • Denise Grad
Dr. Jenny Basran • Gabe Lafond • Sanj Singh • Bonnie Jeffery
Hadi Taherian • Linda Anderson • Sharon Siuksteris • Shan Landry
Candace Skrapek • Éric Lefol • Sherry McLennan • Deb Hogg

Operational Team:

Tami Waldron • Ellie Leclerc • Jenn Wright

Insight Team:

Emiliana Bomfim • Beliz AÇan Osman
Suelen Meira Góes • Laura Yearsley

SASKATCHEWAN
HEALTH
QUALITY
COUNCIL

