RESEARCH GROUP ON AGING
MAY 27TH, 2013

WHAT IS HOME SHARE?

Homesharing is an arrangement where two or more unrelated people share a house or apartment to their mutual advantage. Each person has a private bedroom. The common living areas, such as the kitchen and living room, are shared. Household responsibilities can be shared, or services can be exchanged for a reduced rent or free rent.

From Home Share Vermont (www.HomeShareVermont.org)

WHAT IS HOME SHARE?

Home Share NL Video #1

HOW DID HOME SHARE NL BEGIN?

- Identified need from community (CBC Radio Noon call-in)
- Steering committee formed
- Partners from community, government, non-profit sectors
- Importance of our champion, Shari Ritter!
- Support from all 3 levels of government
- In-kind contributions from all partners

Home Share – St. John's
A Collaborative Community Engaged Research Project

Gail Wideman, PhD

May 27, 2013

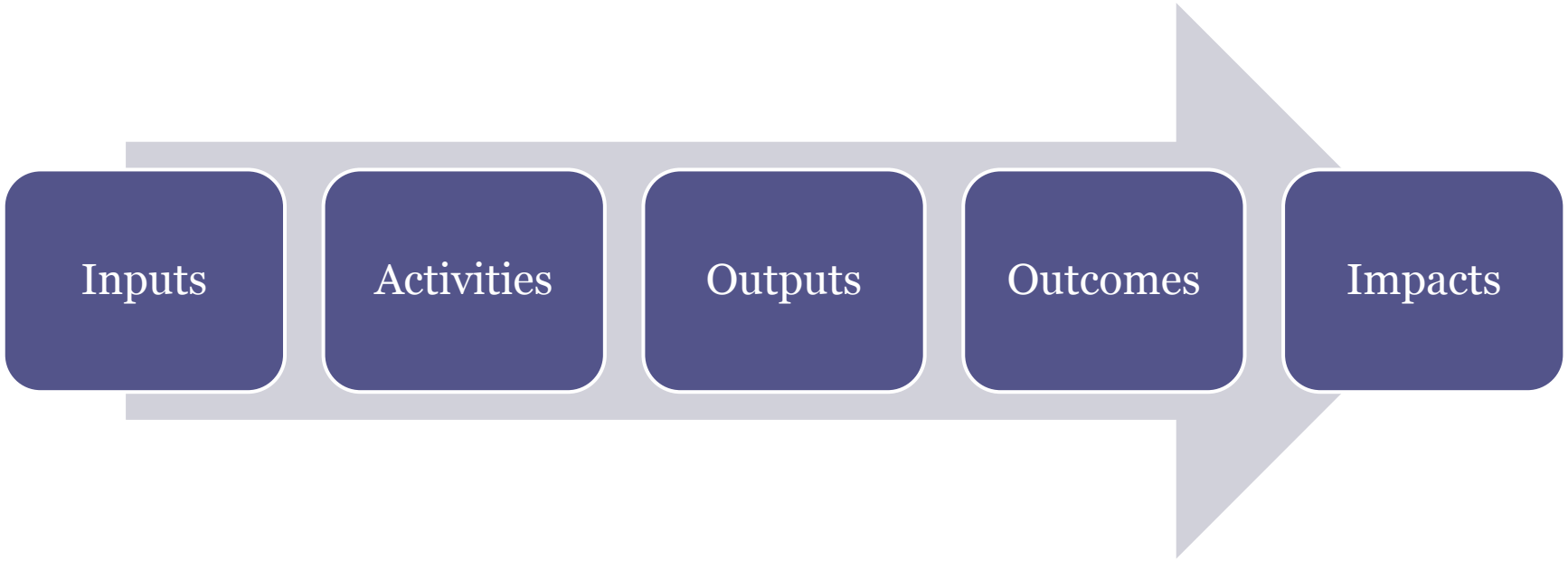
Research Exchange Group on Aging

Collaborative SW Research Projects

- Collaboration between community groups and researchers is compatible with social work values and practice
- Community groups are intimately familiar with the problems under study
- Academic researchers enhance knowledge base and lend legitimacy to the work of community groups (from anecdotal to systematic documentation)
- Together contribute to more comprehensive research and more effective policy advocacy

What is a Logic Model?

- Planning and evaluation tool
- Illustrates a sequence of relationships between inputs, outputs and outcomes that communicate the path toward a desired result



Benefits of a Logic Model

- Shared understanding
- Linkages inputs and outcomes
- External variables
- *Formative* questions (what can we improve)
- *Summative* questions (what did we accomplish)
- Variety of stakeholders' concerns

How will success be measured by stakeholders?

- Program management and staff:
  - Are we reaching our target population?
  - Are our participants satisfied with our program?
  - Is the program being run efficiently?
  - How can we improve our program?
- Participants and community:
  - Did the program help me and people like me?
  - What would improve the program next time?
  - Is the program suited to our community needs?
  - What is the program really accomplishing?

Stakeholders cont'd:

- Funders and policy makers
  - Who is the program serving?
  - What difference has the program made?
  - Is the program reaching its target population?
  - What do participants think about the program?
  - Is the program worth the cost?
  - Is what is being promised achieved?
  - Is the program working?

Program Components of a Logic Model

- Inputs – resources required
- Activities required – may include services, products, or infrastructures
- Outputs – direct results of program activities, size and or scope of the services delivered or produced
- Outcomes – at individual level
- Impacts – at community and system level

Inputs

In order to accomplish our goals we will need the following:

- Human resources
- Fiscal resources
- Facilities
- Knowledge base
- Involvement of collaborators

Activities

- What we will do (referral model)
  - Process inquiries and applications
  - Provide resource kit
  - Facilitate meetings of seniors and students
  - Provide limited post match assistance
  - Promote awareness of program in community
- Who we will reach
  - Home Sharers (seniors and students)
  - Other ‘stakeholders’ (to be identified)

Outputs

We expect that our activities will provide the following evidence of service delivery:

- Quantitative analysis
  - inquiries and applications processed
  - resource kits provided
  - meetings facilitated
  - matches made
  - post match assistance provided
  - community awareness achieved
- Qualitative analysis
  - With benefits to Home Sharers (seniors and students)
  - And other ‘stakeholders’ (to be identified)

Outcomes

We expect that our activities will lead to the following changes for individuals:

- Short-Term:
  - One stop resource for seniors and students
  - Seniors receive moderate support they require
  - Students find accommodation
- Long-Term:
  - Offset economic pressures for seniors and students
  - Enable companionship
  - Intergenerational learning

Impacts

We expect that our activities will lead to the following changes at the community/systems level:

- Improved range of housing options for students and seniors
- Increased capacity to age in place (mental health, emotional stability, sense of safety)
- Social inclusion and participation of seniors and students in community
- Development of best practices regarding the Home Share Program
- Others? – impact on discriminatory attitudes

Evaluation Steps

- With advisory group: Use logic model to identify goals and indicators (may be qualitative or quantitative)
- Design data collection instruments (interview guide, survey)
- Determine when and how often data will be collected
- Implement evaluation with assistance (and support for) graduate students

Some challenges of community engaged research:

- Cultural differences between academe, organizations private and non-profit, government
- Management of financial resources
- Lack of incentives – promotion and tenure expectations, exploitation, research fatigue
- Operational barriers – geography, funding, time, research ethics protocols
- Significant time required to prepare and process
- Community groups have vested interest in outcomes (vs. impartiality)

Some benefits of community engaged research:

- Experiential learning for students
- Recruitment and participation
- Investigations in to real world problems
- Accountability of academic institutions
- Broad and deep analyses of causes and conditions of social problems
- Skills re policy advocacy
- Plain language reports written for wide audience

Stahl, R. & Shdaimah, C. (2007)

- Collaboration between community advocates and academic researchers: Scientific advocacy or political research? *British Journal of Social Work, 38*, pp. 1610-1629.
  - "I wanted an academic who's been in the real world, if possible. Someone who actually understood how government works and wouldn't be providing kind of pie in the sky remedies that were just not relevant to the current situation."
- Matching role expectations is central to successful collaborations between community groups and academic researchers.
- Tensions are healthy and contribute to a more effective process.

Stahl & Shdaimah (2007): Challenges

- Knowledge production vs. policy goals
  - "advocates act in the political arena, their concerns to interpret and present data in an empirically precise manner are tempered by the need to garner attention of the policy makers." (p.1621)
- Trust and process
  - "…collaboration was structured to make the translation between researchers and advocates ongoing. [Questions] about our interim reports led us to re-examine our own assumptions [and] served as a feedback loop, ensuring that our research remained relevant" (p.1625)

Stahl & Shdaimah (2007): Conclusion

- it's easier said than done, but well worth the effort
  - "…social scientists should actively contribute to debates about real social problems rather than merely provide objective empirical facts and then let policy makers and street bureaucrats work out concrete solutions to social problems. [Knowledge production] is the means toward this end rather than the end itself. It must be informed by, and informing of, situated practice." (p.1625)

Evidence *in* Context

Health research — synthesized & contextualized for use in Newfoundland & Labrador.

CHRSP:

Engaging with health system partners to support evidence-informed decision making

An overview of CHRSP featuring two recent studies of relevance to seniors in Newfoundland & Labrador

Rob Kean and Pablo Navarro | CHRSP Research Officers

May 27, 2013

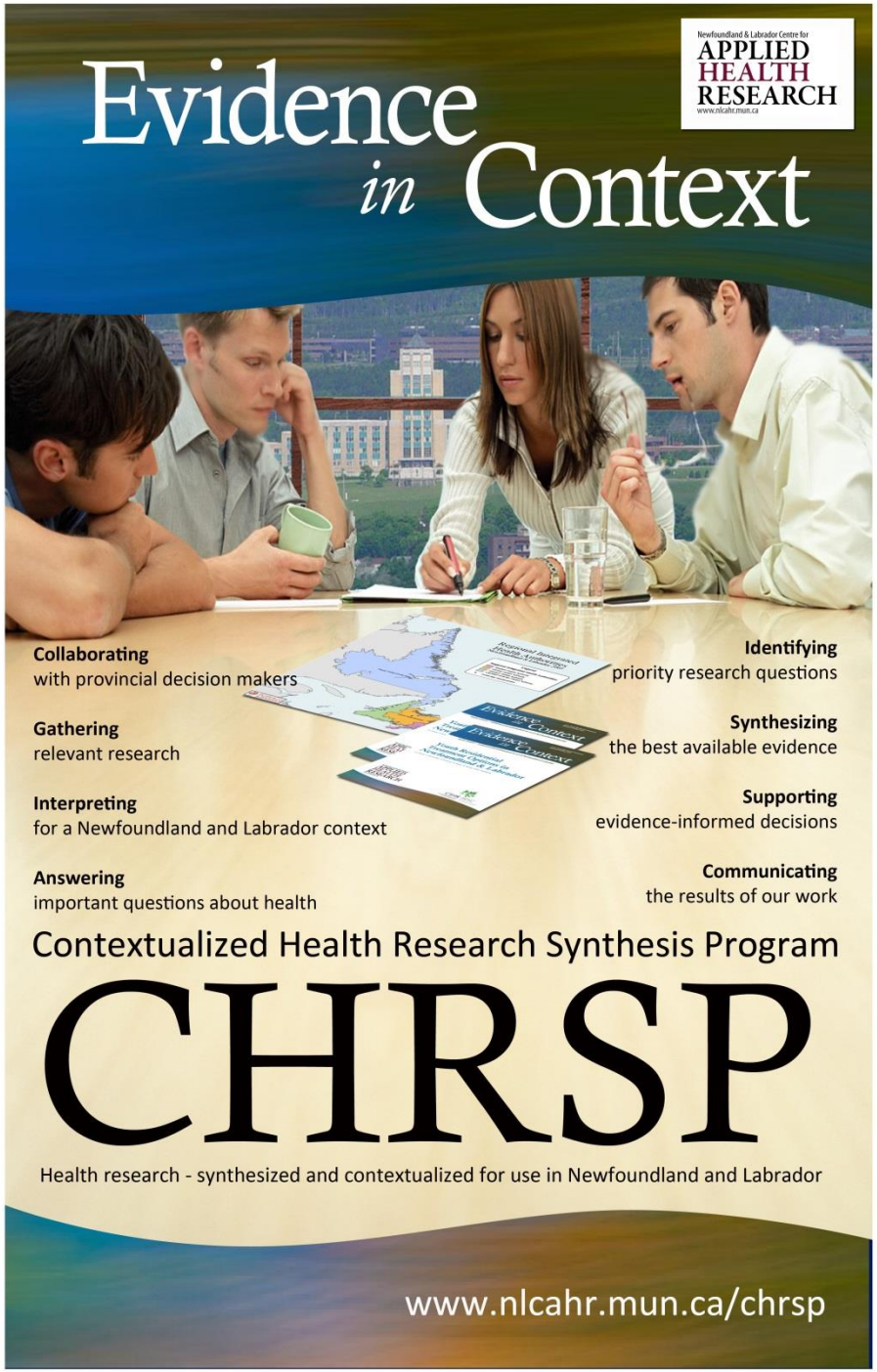
Today's Presentation

PART 1 | Rob Kean:

1. CHRSP & Engagement
2. Age-Friendly Acute Care for Seniors

Part 2 | Pablo Navarro:

3. Community-Based Service Models for Seniors
4. How CHRSP Manages KT& Uptake



About CHRSP

Key challenges…

…for researchers

"How can we get scientific evidence used more frequently and more effectively by the healthcare system?"

The CHRSP Partnership:

…for the healthcare system:

"How can we find and use the best scientific evidence as one input among many into decision making?"

7 Steps in the Process

1. Work with decision makers to identify priority topics
2. Establish priorities: Vote and filter to yield four *'Evidence in Context'* and 4 *Rapid Evidence Reports* per year
3. Build a project team-subject experts, health economists, health system partners, context advisors, CADTH
4. Locate, assess, and synthesize evidence- systematic reviews
5. Contextualize- identify factors in NL that may influence outcomes
6. Interpret the evidence and summarize implications for decision makers
7. Release/disseminate report and follow-up on uptake

Evidence *in* Context

Health research — synthesized & contextualized for use in Newfoundland & Labrador.

Age-Friendly Acute Care in Newfoundland and Labrador

Belinda Parke, Stephen Bornstein, Rob Kean, Meagan Mackenzie, Karen McGrath

How the CHRSP Process worked and key findings

Newfoundland and Labrador Centre for Applied Health Research
www.nlcahr.mun.ca/chrsp

Age-Friendly Acute Care Project Team

Academic Team Leader

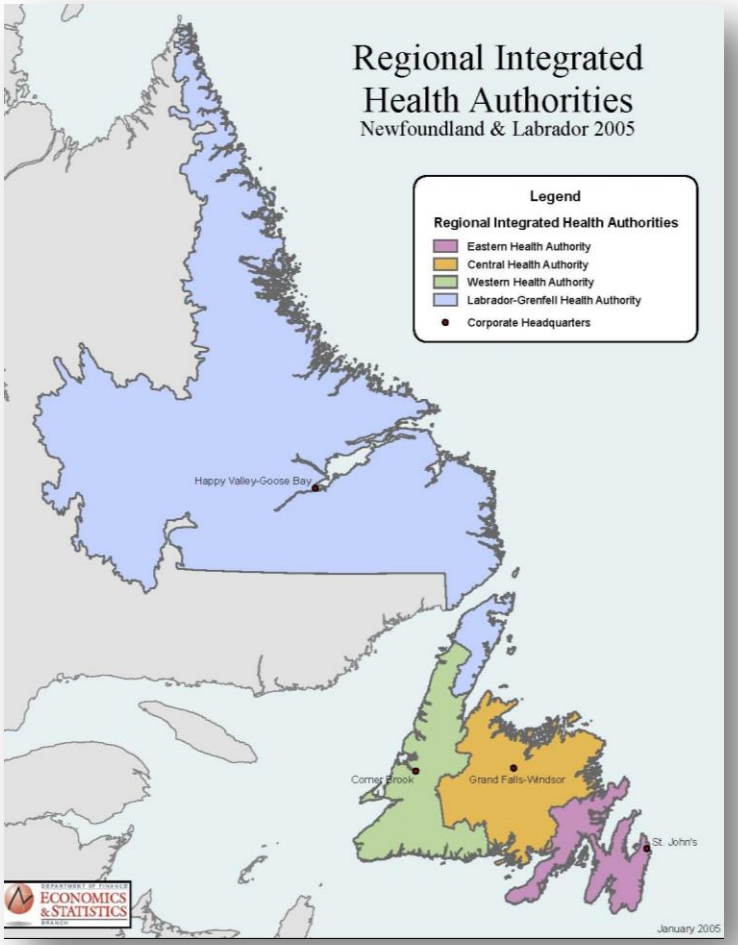
Dr. Belinda Parke

System Expert

Karen McGrath

Local research experts

CHRSP project coordinator



CHRSP: Age-Friendly Acute Care

Remaining steps:

- Design search strategy
- Establish selection criteria
- Extract data
- Synthesize the evidence
- Contextualize synthesis findings

CHRSP: Contextualization

Client-related factors
Characteristics of client population (e.g. age, co-morbidities)
Density & spread of client population
Level of demand for service
Human resource factors
Staffing
Retention
Training
Economic factors
Existing infrastructure
Financial

Age-Friendly Acute Care in NL:
Key Messages

- Geriatric units vs. units for all adult age groups
- Need for enhanced training & skill sets
- Value of interprofessional collaboration

Age-Friendly Acute Care in NL:

Key Messages

- Geriatric assessment central to positive outcomes
- Enhanced discharge planning further contributes to positive outcomes
- Relational aspects of care delivery are important

Age-Friendly Acute Care in NL:
Implications for Decision Makers

- Specialized geriatric units – e.g. ACE units – are probably worth a close look
- Older patients may benefit from dedicated space within hospital EDs
- Significant deficit in basic geriatric education
- Older patients would also benefit from enhanced communication across professional boundaries

Age-Friendly Acute Care in NL:
Implications for Decision Makers

- Validated geriatric assessment tools probably worth a close look
- Province-wide shortage of allied health personnel – particularly OT & PT – a serious issue
- Need for augmentation of post-acute services

2013 projects currently in progress

- Falls Prevention for seniors in LTC/acute care settings- EIC

Other 2013 projects identified in 2013 Topic Selection

- Managing aggression in dementia patients

Evidence *in* Context

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Community-Based Service Models for Seniors in NL (CSMS)

Pablo Navarro, Stephanie O'Brien, Michel Grignon, Stephen Bornstein

Some key findings from a project in progress.

Newfoundland and Labrador Centre for Applied Health Research
www.nlcahr.mun.ca/chrsp

Overview

- Where the topic came from
- Our project team
- Some findings from the synthesis

CSMS | Origin

Can primary health teams, such as those outlined by the Health Council of Canada, or some other model, support seniors and caregivers at home?

CSMS | Research Question

What does the scientific literature tell us about the characteristics and the effectiveness of ***models of coordinated primary medical and community care****,* ***including health and social services****, to support community-dwelling older persons with ADL/IADL disabilities and mild to complex chronic health conditions, including dementia, and their caregivers, in terms of health and economic outcomes for the clients, care givers and health system, in the context of Newfoundland & Labrador?"*

CSMS Project Team

Dr. Howard Bergman (Team Leader), Professor of Medicine, Family Medicine and Oncology & the Dr. Joseph Kaufmann Professor of Geriatric Medicine at McGill University and the Jewish General Hospital

Bruce Cooper (Health System Leader), Deputy Minister, Department of Health & Community Services, Government of Newfoundland & Labrador

Alice Kennedy, Vice President for Regional Long Term Care and Community Support Services, Rehabilitation, Continuing and Palliative Care, Eastern Health

Henry Kielley, Consultant, Office of Seniors & Aging, Department of Health & Community Services, Government of Newfoundland & Labrador

Dr. Michel Grignon (Health Economist), Director, Centre for Health Economics and Policy Analysis, McMaster University

Dr. Roger Butler, Associate Professor, Faculty of Medicine, Memorial University

Theresa Dyson, Regional Director of Community Health, Labrador Grenfell Health

Kelli O'Brien Vice President, Long Term Care and Rural Health, Western Health

Dr. Carla Wells, Research Coordinator, Western Regional School of Nursing

Heather Brown, Vice President, Rural Health, Central Health

NLCAHR- CHRSP:
Pablo Navarro (Project Coordinator), Research Officer, Newfoundland & Labrador Centre for Applied Health Research
Stephanie O'Brien, Research Assistant II, Newfoundland & Labrador Centre for Applied Health Research
Dr. Stephen Bornstein, Director, NLCAHR & Professor, Political Science, Memorial University

CSMS| Features of "Successful" Models of Integrated Care

- Organized provider networks
- Multidisciplinary case management

CSMS| Features of “Successful” Models of Integrated Care

- Umbrella organizational structures
- Aligned financial incentives

Evidence *in* Context

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CHRSP:

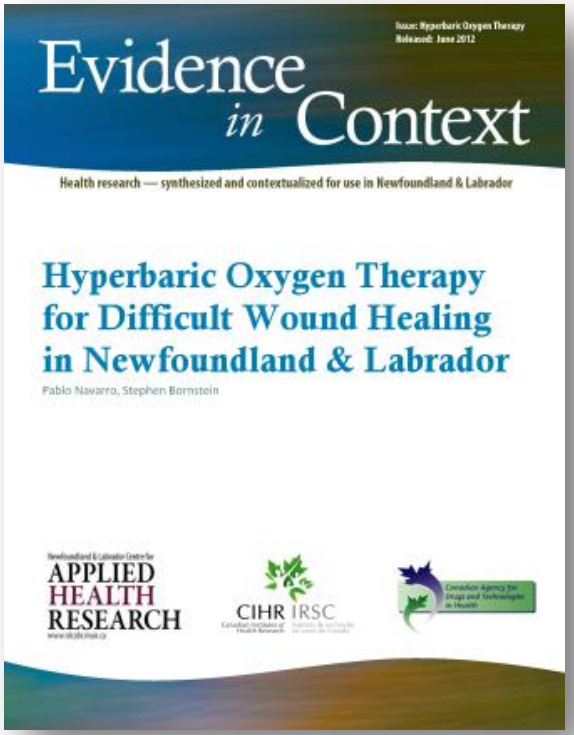
Dissemination & Uptake

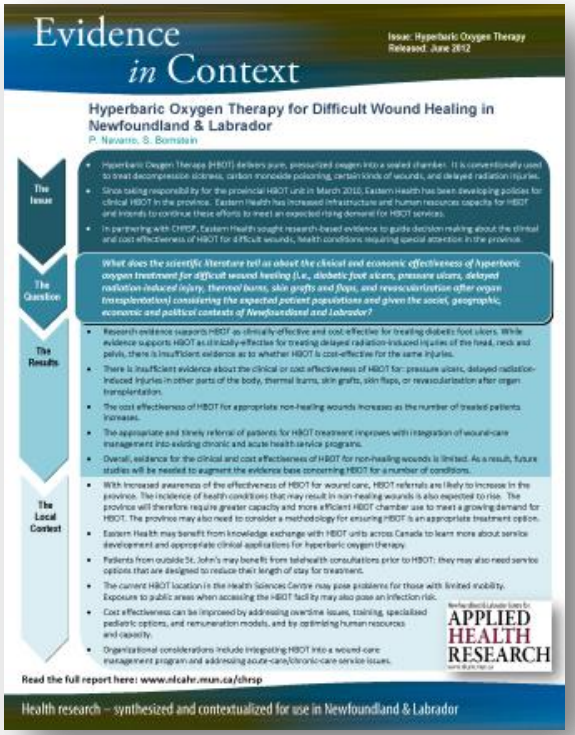
Overview

- Reports and other written products
- End of project dissemination
- Uptake
- Assessment of CHRSP

CHRSP Written Materials

Report (3 formats)





End of Project Dissemination

- Meetings that facilitate sustained engagement
- Communication of results
- Follow up

Uptake, Decisions & Actions

- Used as a reference
- Findings as basis in policy development
- Contextualization factor checklist in program development

Does it work?

It does.

- Topic selection complex but feasible
  - learning how to work together
- Contextualization is key
- Fully integrated KTE: end of project, and beginning, and middle
- Continual evolution of methodologies and engagement with decision makers.

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