

# **Ideas to support Long-term care for Indigenous elders/seniors, youth- adults with disabilities, and family Caregivers**

**DRAFT ONLY**

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***Building a Foundation for a Long-Term Care  
Strategy in Indigenous Communities in Canada***

# Overview of Presentation

- Introduction
- Traditional and medical Concepts of LTC
- LTC part of Continuum of Care
- Collaborative Care models at home
- Blended Care model (10 years)
- Long-Term Care Facility Innovations (2)
- Key messages

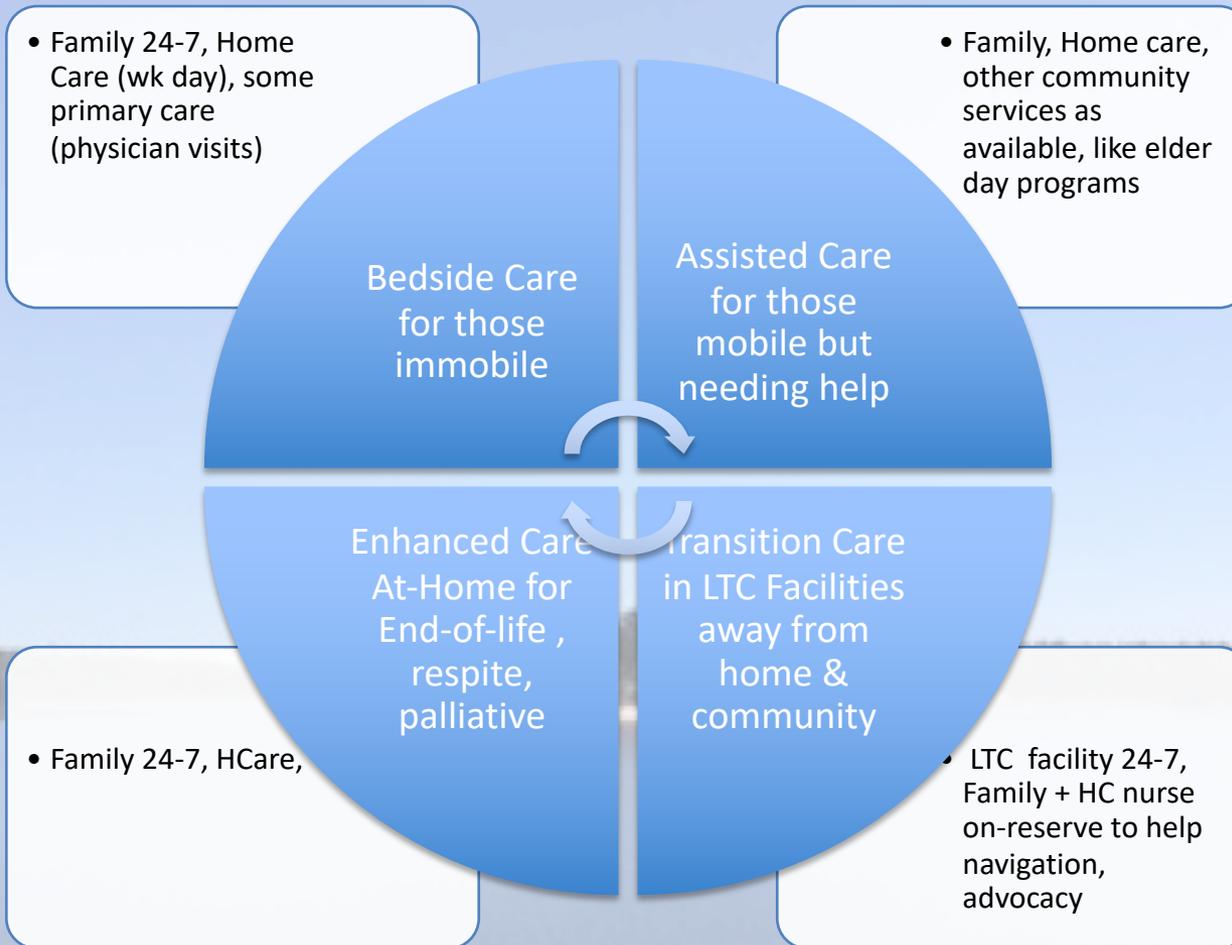
# Introduction

Long Term Care (LTC)	Traditional view of Care as a partnership is important	Models of Care Partnerships
<p>Continuing Care (CC) is a broad term referring to range of services for the aging and people with disabilities of all ages. It includes LTC, Home Care and Home support.</p> <p>LTC generally refers to facility-based 24/7 health care</p> <p>Key Push factors into LTC facilities away from home – Acute care needs- 24/7 health care, often dementia, and lack of LTC</p>	<p>Care- giving at home was shared along kinship lines; usually women were primary helpers, although men also helped.</p> <p>Indigenous languages reflect cultural Care partnership values. In Cree, for e.g., the relationship between a family care-giver and loved one is a “partner” (same level) Niwechewakun (root verb is niwechewaw - “the one I walk with”)</p>	<p>LTC Facilities on-reserve (2)</p> <p>Collaborative Care Models</p> <p>PBCN Blended Care Approach between informal (family at home) and formal (health staff) in the reserve and transitions to LTC facilities in urban centers</p> <p>Support and Advocacy from Indigenous elder/senior support groups and organizations in the reserves and urban</p>

# LTC part of Continuum of Care

- Continuing Care Services for the Elderly and people with disabilities in the reserves vary across Canada. They typically include:
- a **blend of unpaid** family and community supports + **paid** professional and paraprofessional health services + in some cases where available, 24-7 long-term care facilities.
- Those needing high-level care are placed in LTC facilities away from their home and community, but many also remain at home. To that end, LTC needs to be integrated into the entire healthcare continuum with strategic, culturally appropriate support care services accessible to patients wherever they are situated.

# Collaborative Care models



# PBCN Shared Care Approach

- Common vision – towards a good “way of life” = a good quality of life with respect and dignity
- PBCN shared-care approach involved a multi-sector, coordinated network of health care professionals, other service providers (housing renovations, elder programs, summer camp outings) and the political leadership working with the elders/seniors and their families in the community, during transition and in the urban facilities
- PBCN still cannot afford to build an LTC facility

# Why is Shared Caring so important?

- There is strength in compassionate caring that goes beyond sympathy in a network of carers
- It activates innovation in the ongoing coordination of care around the patient
- Managed care elements – case management, referrals and linkages
- It targets resources (human and financial) to follow the elderly or adult with disability
- If done right, can improve efficiency for round the clock care
- It provides dignity, security and honor for the person

# Local and urban support groups

- Advocacy, support services, programs
- Community Networks are traditional cultural systems and are important social capital for elderly supports on reserves and urban areas
- Few Examples: First Nations disAbility Association of Manitoba (FNDA) offers peer support and referral services. The Edmonton Aboriginal Seniors Centre offers drop-in programs, housing registry, nutritional programs, traditional arts, field trips to special events, medicinal herb gathering, Powwows, & other year-round organized events

# LTC Facilities – Innovative Care by Lakeview Lodge (SBDFN)

- Saskatchewan. Standing Buffalo Dakota First Nation (Lakeview Lodge 1998) is a 24-7, 40 bed facility – serves level 1-3 care, serves both elderly and adults with disabilities
- Political priority & support
- Respectful Care management planning, integrate cultural care, mental health supports, traditional foods, language translation (various languages) and day programs include transportation, escorted visits to specialists, recreation, cultural activities, spiritual support, family visits

# 2010 Elder care, 2017 Caregiving Studies

- Research highlights the need to help the elderly stay at home for as long as possible through enhanced family supports, community-based programs, transportation and escorted appointments and advocacy.
- Multiple acute care needs and lack of long term care facilities in the communities are forcing frail elderly into urban long term care environments culturally lacking in language and familiarity.
- Family carers provide 24-7 care and need help

# Funding and Program Gaps hinder collaborative care

- Home care after work-day hours and weekends not funded
- End-of-life and palliative care is not funded on reserve
- Transitioning Care in LTC urban facilities is not addressed - gaps in language & communication, daily cultural care supports, transportation, personal needs, culturally responsive education not available for LTC facility health professionals and staff
- Bed utilization forecasts in urban areas do not account for Indigenous elderly and adults with disabilities

# KEY MESSAGES

- Ensure holistic, culturally respectful approach to patient care
- Outreach & Engagement with Indigenous seniors, youth and adults with disabilities, and caregivers
- Make investments in First Nation long-term care Facilities a priority and ensure operational sustainability
- Supports to LTC facilities in urban centers to support FN's
- Make elderly and disability support programs a health & Social priority. Who Pays? Apply Jordan's Principle (1<sup>st</sup> contact)
- Enhance Home Care Programs on reserve to include extended work hours and weekends, fund respite & palliative care, and caregiver supports
- Ensure health professionals, families and patients get appropriate education and training (medical, cultural)