

OLDER ADULT CARE PATHWAY

Extension Phase
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**Lambton
Public Health**

EXECUTIVE SUMMARY

Background

In 2021, Lambton Public Health was awarded funding from the Ministry for Seniors and Accessibility's Inclusive Community Grants. The overall goal of the grant is to increase the number of older adults that receive high-quality, efficient, timely, and inclusive support from social and community support services. The Lambton College research team used a mixed-methods approach, which included quantitative and qualitative methods for data collection and analysis. Phase 1 of the Older Adult Care Pathway, completed in March 2022, revealed that the greatest barrier to access and usage of services reported by participants was a lack of information, meaning that participants did not know where to go or who to contact to acquire information. The quantitative results in phase 1 showed that care coordination was considered positive and successful. However, participants' qualitative interviews revealed additional improvement opportunities in care coordination.

Phase 2 of this research was a continuation of the same goal, with more emphasis on service provider views. The Lambton College research team, in collaboration with Lambton Public Health, identified the need for further consultation and began phase 2 in April 2022, collecting additional data through one-on-one semi-structured interviews between June 2022 and August 2022. This research was supported by Lambton College Research and Innovation General Research Fund under the Civic Lab platform.

Methods

The research team conducted qualitative interviews with older adults 55 years and older, caregivers overseeing the care of older adults 55 years and older, and service providers in Lambton County. A total of 23 semi-structured interviews were conducted with 4 older adults, 4 caregivers, and 16 service providers. Service provider participants were from an array of public, non-profit, and privatized organizations, while participants included executive directors, frontline workers, care coordinators, supervisors, managers, physicians, and health specialists.

Findings

Participants expressed a lack of awareness about the available community support and health services. There is also a push towards aging in place, the need for in-home support services, and increased agency funding to support older adults aging at home. The cost of in-home support services was a primary barrier to accessing in-home supports. Participants shared positive experiences in adopting and accessing services through a hybrid model. Virtual services still presented obstacles for older adults and caregivers due to varying computer literacy levels and up-to-date technology. Caregiver participants preferred face-to-face interaction over virtual services, while older adults shared positive feedback about accessing services in a hybrid format.

From a service provider standpoint, care coordination is primarily client- or patient-initiated, with multiple services being accessed at once by older adults and caregivers. Caregiver and older adult participants expressed that they primarily coordinate care with service providers and independently navigate information, appointment, and follow-ups. Older adult participants also stressed the importance of advocating for their own needs.

Participant interviews revealed a need for effective recruitment and retention strategies of service providers, primary care providers, and health specialists in the community. This is particularly relevant for supporting waitlist processes and expanding programming and services in the community. Finally, caregiver burden emerged as a significant finding, along with the increased need for caregiver supports in the community.

Recommendations

Recommendations based on the findings fell under three main themes; Enhancing the Process for Care Coordination, Increasing Awareness and Sharing of Information, and Improving the Ability to Age in Place. Some recommendations for care coordination included developing a streamlined process for patient intake and transfer of client information inclusive to all agencies and developing recruitment and retention strategies to reduce staff turnover. It is recommended to continue to raise awareness of up-to-date information on available community support and health services and increase awareness of federal and provincial funding and programs to increase awareness and sharing of information. Finally, a few recommendations for improving the ability to age in place included advocating for affordable housing, in-home support services, and increased caregiver support services,

Moving Forward

Despite the recommendations suggested to address the barriers identified throughout the research at a local level, many of the challenges are experienced system wide and throughout Ontario. These recommendations do not fall solely on the responsibility of one organization, as these challenges must be addressed at a provincial level and by the community as a whole. Moving forward, there is a need to increase the overall awareness of services supporting older adults and caregivers and improve processes for care coordination to reduce the level of responsibility and burden set on older adults and caregivers. To achieve this, systematic barriers related to labour shortages, access to affordable housing, and financial support must be addressed collaboratively to provide older adults with the necessary support and quality of care to age safely in place.

TABLE OF CONTENTS

BACKGROUND5

METHODOLOGY AND METHODS.....6

FINDINGS 7

 Aging in Place8

 Hybrid Services 11

 Awareness 13

 Communication16

 Coordinating Care 18

 Waitlists 21

 Referrals, Intake, and Software23

 Caregiver Burden 25

 Caregiver Supports and Challenges Accessing Care27

INTERPRETATION/DISCUSSION 30

 Research Strengths and Limitations33

RECOMMENDATIONS 34

MOVING FORWARD35

Appendix A - Phase 1: Overall Recommendations Based on Quantitative and Qualitative Findings ..36

Appendix B - Recruitment Methods37

Appendix C - Flyer38

1. BACKGROUND

In 2021, Lambton Public Health was awarded funding from the Ministry for Seniors and Accessibility's Inclusive Community Grants. The overall goal of the grant is to increase the number of older adults that receive high-quality, efficient, timely, and inclusive support from social and community support services. Phase 2 of this research was a continuation of the same goals, with more emphasis on service provider views. We want to acknowledge and thank Lambton College for the funding provided for phase 2 from the General Research Fund (GRF). The care pathway project builds on many elements initiated by the Age-Friendly Sarnia Community (AFC) action plan in 2017, as well as the 2018 program "Building an Integrated Community Care Model for Sarnia-Lambton (ICCM)." It further expands on the 2019 project "Strengthening Social Inclusion and Connections in the West Coast Shores Region" led by Grand Bend Area Community Health Centre (GBACHC) and the Connected Rural Communities Collaborative (CRCC).

Phase 1

In phase 1 of the Older Adult Care Pathway research, completed in March 2022, the research team used a mixed-methods approach for data collection and analysis. Data collection took place from July 2021 to September 2021. This included quantitative surveys and qualitative interview methods to obtain a large sample size. A total of 597 older adults, 231 caregivers, and 70 service providers completed the survey, and 18 semi-structured interviews were conducted with 11 older adults, 4 caregivers, and 2 service providers. The findings revealed that the greatest barrier to access and usage of services reported by participants was a lack of information, meaning that participants did not know where to go or who to contact to acquire information.

Overall, participants identified that they were somewhat aware of the available community support and health services in Lambton County. However, participants generally lacked awareness of available services in the community. Participants also revealed a sense of belonging to Lambton County and indicated that the ability to age in place was important, with the community's ability to support aging in place rates as neutral. Finally, care coordination of support and services in the community was considered positive and successful. However, opportunities for improvement were shared by participants, including a need for greater promotion and information sharing on services and supports, additional support for caregivers when coordinating care, and a more streamlined/straightforward process for coordinating multiple appointments or referrals (Hutchinson et al., 2022, pp. 1-2).

From phase 1 research, three proposed recommendations emerged from the findings, including Improving Age-Friendliness and Accessibility, Continuing to Build Awareness and Increase Promotion of Services, and Enhancing Access to Services (Hutchinson et al., 2022, p. 44). Lambton College's research team presented the recommendations and corresponding sub-recommendations to Lambton Public Health and the Older Adult Pathway Navigation Committee. They have moved forward with the next steps to use the findings to implement improvements in the community support and health services in Lambton County. Appendix A outlines a number of recommendations from phase 1 that have been actioned.

Phase 2

The Lambton College research team, in collaboration with Lambton Public Health, identified the need for further consultation with service providers, caregivers, and older adults through qualitative inquiry to gain a more in-depth understanding of their experiences accessing and coordinating care in the community. In collaboration, the Lambton College research team and Lambton Public Health began phase 2 in April 2022, collecting additional data through one-on-one semi-structured interviews between June 2022 and August 2022. This research was supported by Lambton College Research and Innovation General Research Fund under the Civic Lab platform.

Source: Hutchinson, A., Silver, A., Farrar, B., Foulkes, M., & Subotic, A. (March 2022). Older Adult Care Pathway.

2. METHODOLOGY AND METHODS

2.1 Research Context

The research team conducted qualitative interviews with a variety of older adults aged 55 years and older, caregivers overseeing the care of older adults aged 55 years and older, and service providers in Lambton County. Service provider participants were from an array of public, non-profit, and privatized organizations, while participants included executive directors, frontline workers, care coordinators, supervisors, managers, physicians, and health specialists.

2.2 Purpose and Research Questions

The purpose of phase 2 was to engage and consult with additional service providers, caregivers, and older adults to gain greater insight into their experiences accessing and coordinating care in the community.

RQ1: What are the current community supports and health service needs of older adults and caregivers in Lambton County?

RQ2: What is the level of awareness of community supports and social services among older adults in Lambton County?

RQ3a: What are the experiences of older adults accessing community supports and health services?

RQ3b: What are the experiences of caregivers accessing community supports and health services?

RQ3c: What are the experiences of service providers in regard to referrals and delivery of community supports and health services?

2.3 Study Design

This study used a qualitative approach. The research team conducted one-on-one semi-structured (qualitative) phone, Microsoft Teams, and in-person interviews with older adults, caregivers, and service providers. Data collection took place from June 2022 to the beginning of August 2022. Data analysis started in August 2022 and finished in October 2022.

2.4 Methods

For the purpose of this research, older adults are defined as individuals 55+ (years and older) residing in Lambton County. Caregivers and service providers of those 55+ were also asked to participate as they support and directly interact with older adults accessing, navigating, and using community and health services in Lambton County.

Participants were recruited through a variety of means. The main recruitment method used was a direct approach through emails and social media pages such as Facebook. Posts and emails included a letter of information and flyer with information about the research project and research team contact information. Potential participants were encouraged to contact researchers for more information or to participate in the interviews. The research team also conducted a presentation to the steering committee to aid in connecting with participants. An outline of recruitment strategies can be found in Appendix B – Recruitment Methods and the flyer included in Appendix C - Flyer.

3. FINDINGS

3.1. Participants

A total of 23 semi-structured interviews were conducted with 4 older adults, 4 caregivers, and 16 service providers. The service providers came from roles such as executive directors, frontline workers, care coordinators, supervisors, managers, physicians, and health specialists. These interviews averaged 30 minutes in length and ranged from 20-60+ minutes.

3.2. Interview Findings

The following themes have been identified:

- **Aging in Place** - having the health and social supports and services you need to live safely and independently in your home or your community for as long as you wish and are able.
- **Hybrid Services** - a combination of in-person and online/remote services.
- **Awareness** - knowledge of available supports and services in the community.
- **Communication** - sending or receiving information or news.
- **Coordinating Care** - deliberately organizing patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care.
- **Waitlists** - lists of people who have asked for something that is not immediately available but may be in the future.
- **Referrals/ Intake** – the act of officially sending someone to a person/place where what is needed can be obtained / the specific tasks necessary to admit a person to a service.
- **Software** – the programs and other operating information used by a computer.
- **Caregiver Burden** – the mental, physical, emotional, and financial strain and stress of individuals who care for a member of their family or friends.
- **Caregiver Supports** – actions designed to meet the psychological and social needs of individuals who care for members of their family or friends.
- **Challenges to Accessing Care** – troubles with obtaining the timely use of services to achieve the best health outcomes.

Participant Role Definitions

Executive Director:

oversees making managerial decisions in a company.

Frontline Worker:

deals directly with customers

Care Coordinator:

facilitates conversation between care teams.

Supervisor:

oversees employees' performance.

Manager:

responsible for managing staff and organizational operations.

Physician:

someone who is qualified to practice medicine.

Health Specialist:

maintains health in others through the application of specialized knowledge and practices.

3.2a. Aging in Place

Service Providers

- Financial/coverage
- Insufficient in-home supports
- Transportation
- Housing

Caregivers

- Need for increased in-home supports
- Decreased quality of care since onset of the pandemic
- Lack of caregiver supports
- Lack of crisis support services
- Program eligibility limitations
- Fear of losing access to services
- Cost of services
- Caregivers solely responsible for covering costs



Service Providers

Service providers indicated there has been a societal push locally and provincially towards aging in place due to population trends signaling an increase in the proportion of older adults and a shift away from nuclear family structures leading to older adults aging alone.

Service providers voiced a need for funding to address gaps in services to mitigate waitlists, while others expressed the need for effective reallocation of funds amongst agencies. They also indicated that older adults were hesitant to access services due to financial barriers, misconceptions surrounding the costs of services, and lack of coverage. Housing costs and limited availability of affordable housing create additional barriers to older adults looking to age in place.

“I don’t believe it’s enough. We have gone through an incredible cost of living rise in every area and it affects everybody. [Older Adults] are not going to do as well if they don’t have what they need.”

Transportation was another barrier highlighted by service providers. Many expressed that services cater to mobile patients, limiting inclusivity to rural and isolated older adults. The COVID-19 pandemic also impacted service providers’ ability to offer services supporting older adults with transportation limitations.

“Transportation is a big issue... people that we support have to pay for that and they only receive funding for transportation in certain instances. That can be a barrier for people.”

Service providers expressed concern surrounding the community’s increased social isolation of older adults because of the COVID-19 pandemic, which negatively impacted service participation. There were also shifts in service providers’ processes to comply with regulations and capacity limit fluctuations. Since older adults were reluctant or unable to access services earlier, service providers saw an increased demand for emergency services and an increase in preventable health-related issues.

“The family aren’t directly here to provide the care... We have a number of clients living purely on their own without any support from family and that’s difficult.”

Service providers identified the need for in-home support and services to support aging in place, including meal services, home maintenance and quality of life services, support for isolated and at-risk seniors, caregiver support, early diagnosis testing, educational services, and an aging in place action plan.

“Because as soon as you say you can manage something, that support is taken away, and they don’t realize that ... then, they’re stuck at home without the support they need.”

Caregivers

Research findings show that caregivers rely heavily on in-home supports to assist with caring for their dependent, often finding it the most beneficial to them and their dependent. Caregivers indicated that in-home supports assist in encouraging their dependent to age in place. However, caregivers expressed that they were responsible for ensuring their home was accessible and could not access in-home supports as frequently as needed.

“They’re all beneficial, every bit of it. I don’t know what I would do without them... If I had to do it all on my own, it wouldn’t be happening. It’s very stressful.”

Some caregivers expressed that more in-home supports are required, with more time spent with dependents to allow caregivers to rest and take a break from their roles and responsibilities. Participants felt that the time service providers spent with older adults was reduced drastically since the onset of the pandemic, impacting the quality of care being received. They also indicated a need for services to support caregivers during crises or emergencies related to their dependent health.

“Prior to COVID, that was available... the nursing homes would take the patient for 2 days or something... that was called “Respite” right? You were able to get a night off, or two nights off.”

Participants indicated that they were often unable to access services needed due to eligibility limitations or how the current service offering was not frequent enough, often requiring them to utilize multiple agencies for the same service to receive an adequate level of care needed. Caregivers expressed that a major fear was the risk of losing access to a service if multiple services were being accessed. It is often challenging to regain access to either canceled or discontinued services.

“They told me that if I was getting more respite, it would be through a service because they can’t give me any-more. Plus, I would likely lose the other organizations respite.”

Caregivers indicated that the cost of services was also a barrier to accessing services and the need for mobility assistive devices, as they were unable to afford the ongoing and unexpected expenses. Caregivers mentioned that they often covered the cost of medications, services, and supplies needed for their dependent, causing them to rely on “grassroots” initiatives and personal networks to access cost effective solutions. Many felt they should not be solely responsible for covering the costs associated with caring for their dependents.

“If I go out, it’s going to cost me to pay somebody to stay with them so they don’t get into trouble... then, I have to pay to go out... There’s something wrong somewhere.”

3.2b. Hybrid Services

Service Providers

- Challenges with technology
- Education on technology
- Positive impact
- Lacking inclusivity for varying cognitive levels
- Increases staff workload
- Education on internet safety
- Relying on family or supports when accessing

Caregivers

- Preference for face-to-face services
- Technological barriers

Older Adults

- Increased accessibility of services
- Challenges accessing and using technology
- Challenges with Internet connectivity
- Concerns surrounding internet safety

Service Providers

As a result of the COVID-19 pandemic, many service providers indicated that they began offering services virtually or in a hybrid model to continue serving older adults in the community. Some service providers expressed that the hybrid model was a positive experience enabling them to service more clients as demand increased. While others indicated that it increased staff workload, which created challenges for the organization to maintain.

“I think that big change now is that change into going back into person, there’s still some things we’re going to have to do virtually. So, it’s sort of adding that extra work on.”

It was also identified that older adults and service providers experience challenges with technology due to a lack of education on how to use technology and a lack of inclusivity for varying cognitive levels. Service providers indicated that some clients accessing hybrid services relied on family or personal support to assist in accessing services and expressed concerns about a lack of client education on internet safety.

“A lot of them are disconnected as far as how the world is going. It’s very virtual, computers, everything online. It’s a very different world... they’ve never really had, or maybe couldn’t afford the luxury of having all that at their fingertips.”

Caregivers

Caregivers preferred face-to-face services, indicating that they experienced technological barriers when accessing services due to varying levels of computer literacy.

“Now, these young kids... they could probably go through that and find everything... it’s a little harder and I was not brought up on the computer.”

“I’d rather talk to a person face to face, it’s a lot easier. I don’t understand with a phone. I don’t hear that well...”

Older Adults

Older adult participants shared positive feedback about accessing services through the hybrid model. The increase in online services enabled them to continue accessing services during the COVID-19 pandemic and increased accessibility to services for those without transportation. Participants expressed their comfort with accessing online platforms and the benefit of hosting presentations in-person and online. Some participants expressed how in-person services provided conversation and nuances not afforded in an online format while accessing services by phone or online allowed for increased convenience.

“Well, this saved people... when COVID came, they started getting the instructors to do them still from their homes, but to do them virtually and it was wonderful. They’re actually still doing them, and there’s a lot of people, particularly seniors, that I’m hoping they will continue the online ones because there’s a lot of advantages to the online ones.”

Participants also identified technology as a barrier for those accessing services online, in addition to increased concerns surrounding internet connectivity. Older adults experienced challenges using the online format to access services when using outdated technology.

“We certainly had issues, where sometimes, there could be signal issues and stuff like that. We don’t have the very best internet and cell phone service here, unfortunately.”

3.2c. Awareness

Service Providers

- Lack of awareness about services as a whole
- Spreading awareness through word of mouth
- Crisis-driven information seeking
- Service providers lack awareness
- Promotional awareness
- Inability to reach home-bound/isolated clients
- Lack of Accurate and Current Information
- Lack of awareness about costs of services

Caregivers

- Lack of awareness of services available
- Crisis-driven information seeking
- Navigating information overwhelming for caregivers
- Unsure how to access services

Older Adults

- Lack of awareness of services available
- Need for increased access to updated information



Service Providers

Service providers indicated a lack of awareness about services amongst older adults and other service providers. Participants identified word-of-mouth as the most effective method of increasing awareness of services. While many still utilize other promotional strategies such as online outreach, multi-channel marketing, and providing older adults/caregivers with information transitioning from and to other services. The Senior Information Network was also identified as a means of distributing information to increase awareness amongst agencies. There were, however, shifts in awareness regarding the services available as the COVID-19 pandemic impacted their ability to share information about their services in-person.

"I would love to see, in my perfect world, a giant oversized billboard as you come into Sarnia on the 402 right beside the Sarnia sign that says "Mom and Dad need help. Call now" there's a number."

Additional barriers to older adults accessing services identified by service providers were crisis-driven information seeking, the inability of service providers to reach home-bound and isolated older adults, a lack of accurate and up-to-date information, misconceptions about the cost of available services, and uncertainty surrounding service eligibility. Service providers indicated a need for improved awareness strategies to address some of the barriers identified, emphasizing the need to promote preventative care and encourage older adults and caregivers to reach out earlier.

"I think for the client's perspective, not knowing what they're eligible for, not knowing financially, what resources they can tap into. Just getting clients to take part in supports and things that would benefit them because... they wait for a crisis."

Caregivers

Caregiver participants indicated that they had yet to begin proactively planning for unexpected life changing events or the potential health decline of their loved one and that information gathering primarily began once in crisis. Participants indicated that they gather information on services available via online support groups and personal networks, while they are often unaware of services available pre-crisis.

"It was all arranged at the hospital, and I had no clue about any of this stuff, but you don't think this is gonna happen to you. So, it changes your whole life in a second."

Caregivers indicated that they utilized the Age-Friendly website as a resource for information on services available locally. However, they found the information to be overwhelming to navigate. Participants also indicated they are often unsure how to access services to support caregivers and their dependents to reduce caregiver burden and burnout.

"I think once you realize what is out there, there is a lot out there. And I don't know how long the Age-Friendly website has been up, but... they did a fabulous job."

Seniors Information Network:

a group of local service providers catering to the needs of older adults, who meet once a month to provide round table updates about current programs and service offerings as well as educational presentations on pertinent topics.

Older Adults



Older adult participants shared that they learn about services and support in the community through word-of-mouth, direct email communication from service organizations, service program calendars, community papers, community bulletin boards, posters available at doctor offices, and public advertising and forums through informational meetings and sessions. Participants also identified that they learned more about the available community support and health service when transitioning through the systems and receiving an information booklet about the available services at the hospital.

“The local weekly community papers... I know a couple of different groups that will advertise their meetings or sessions just coming up... or I find myself also checking bulletin boards more often now.”

“It was the hospital ... we wouldn’t have known had it not been for that person that goes around and visits seniors to see what services you need and what services are available and what services are missing, they are critical.”

Older adult participants expressed that the direct approach to promoting services and support was the most effective. They also expressed a lack of knowledge about what services and supports are available when independently seeking them out.

“My one concern is I’m not knowing fully what is available to me. There might be more I can access, but I don’t know about them.”

“... they could put perhaps some sort of presentation together and offer it as a zoom meeting or in-person meeting... If they want to go and have a collective from all the sources that you can have services for seniors and present something, that would be wonderful.”

3.2d. Communication

Service Providers

- Keeping information up-to-date and records
- Communication between agencies needed
- Importance of communication in general
- Patient-focused communication
- Central reference point to access information
- Need for social connectedness
- Need for creating a welcoming environment for clients

Caregivers

- Lack of information provided when transferring services
- Lack of agency follow-up
- Caregiver solely responsible for coordinating care
- Need for patient-focused communication and assessment process

Older Adults

- Need for increased patient follow-up
- Increased support when transitioning between services

Service Providers

Service providers shared that their primary concerns regarding communication surrounded the need for keeping up-to-date client/organizational records, increased communication between agencies, and the overall importance of inter-agency communication. A few suggestions to improve effective communication amongst agencies included the need for a central reference point to access information and implementing practices/strategies to distribute and update information effectively.

“It was hard to keep up with what the changes were; who is doing what role now, when are there waitlists, when are there not waitlists ... It’s very hard for us... it changes very quickly.”

“I have had, especially during the pandemic, frazzled caregivers ... say to me, oh my God, you are the 10th person that I’ve spoken to. You’re the first person that’s given me the information that I need.”

Service providers also indicated a need for increased social connectedness and developing welcoming environments for those accessing services through kindness, compassion, and patient-focused communication strategies when referring to client communication.

“Number one is listening... sometimes they’re not maybe exactly sure what service they’re needing”

One of the barriers limiting service providers from initiating follow-up with clients was an inability to keep up with the demand due to a lack of staff. Service providers expressed a need to increase and improve agency-initiated follow-up to better service clients accessing their services or programs. Service providers indicated the need to enable clients to maintain independence by advocating for their care while also advocating for those unable to coordinate their care.

“... everybody who’s my client is the best at deciding their own health care needs... give them the right to make their own decisions.”

Caregivers

Caregivers indicated that they often experienced barriers when accessing services due to a lack of information provided upon discharge from a service or a lack of follow-up from agencies once a service is received, increasing the amount of care coordination responsibilities on the caregiver. Some caregivers identified a need for patient-focused communication and assessment processes, as they were primarily conducted by phone over the pandemic, which did not accurately assess patient needs.

“I was doing all the phone calling... if they needed to see the doctor, or we needed the extra medications, or getting their medication delivered, I was doing all the calls.”

Older Adults

Some older adult participants stressed the importance of regular patient follow-up to support their transition between services. Participants expressed how regular follow-up by service providers and primary health care providers or specialists provides reassurance of their health. Participants also discussed the benefit of having one dedicated individual who provided regular follow-ups to support their care and recovery.

“I couldn’t even get a doctor. I couldn’t even get a heart specialist. Nobody had called me after my heart attack. I was supposed to be having follow-up blood work. I got nothing.”

3.2e. Coordinating Care

Service Providers

- Patient-focused care (patience, one on one, active listening)
- Collaboration between services needed
- Service navigation support needed
- Human Resources (Skilled and Knowledgeable Staff)
- Clients/caregivers Overwhelmed Coordinating Own Care
- Staff Training needed/Importance of Skilled and Qualified Staff Expertise
- Streamlined and seamless process when transitioning between agencies
- Human Resources (lack of staff, staff burnout, compassion fatigue)
- Barriers to interprofessional collaboration among service providers
- Give older adults a voice in their care

Caregivers

- Coordinating care and navigating services independently
- Caregivers feeling overwhelmed navigating care
- Exhausting having to continually be an advocate
- Having to access multiple services to receive level of care needed
- Challenges navigating multiple agencies and services at once
- Need for real-time access to medical information and access to information between agencies

Older Adults

- Responsible for coordinating care independently
- Need access to up-to-date information
- Required to self-advocate for your own health
- Emotional supports insufficient
- Need for patient-focused care, respect, and active listening from service providers

Service Providers

Service providers revealed that care coordination is primarily client-initiated, with multiple services being accessed at once by older adults and caregivers. As a result, many service providers indicated that clients and caregivers often feel overwhelmed coordinating their care, driving a need for service navigation supports locally. Service providers mentioned how some older adults are often in denial about their need to access services, combined with an inability to obtain consent and/or difficulty obtaining capacity assessment, causing delays in accessing support and resulting in crisis-driven outreach. Service providers also expressed challenges with an inability to monitor seniors at-risk within their homes.

“One of the pieces of feedback I got... they’re dealing with numerous agencies. By the time we call them, sometimes they’re so overwhelmed, they just don’t want to deal with our services because they’re already talking to other people before us, and there might be more to come.”

Service providers indicated that a barrier they continually struggle with is a lack of streamlined processes for networking with other service providers, further creating limitations on interprofessional collaboration. As a result, service providers often rely heavily on the Seniors Information Network to stay updated on changes in staffing and services offered. Many service providers echoed the need for increased collaboration between agencies to better support older adults and caregivers in the community.

“The Seniors Information Network committee is a great tool for us because it’s current, and things are changing and services are being expanded or disbanded, but that is a great tool for us.”

As a result of the COVID-19 pandemic, many participants found it challenging to support clients’ changing needs. While some participants indicated that their challenges were directly correlated to human resources limitations, such as a lack of staff, staff burnout, and compassion fatigue resulting in high turnover. Service providers expressed that the continuous changes in staff servicing clients were a concern for providing quality care as demand for services continued to increase. Service providers voiced the importance of having skilled and knowledgeable staff and the need for increased staff training to ensure the quality of care is being met, in addition to the need for a top-down approach to initiating change.

“I think there has to be a lot better systems and processes for our seniors in general and it needs to start at the top with our government... start talking to our residents instead of leaving them at the lowest end of the totem pole.”

One of the local needs identified by service providers was the need for patient-focused care, emphasizing patience, one-on-one communication, and active listening. Service providers also highlighted that client advocacy is needed amongst agencies to provide older adults and caregivers an opportunity to have a voice in their care. Like client advocacy, service providers also indicated the need to provide frontline workers with an opportunity to share their insights, experience, and feedback to improve the quality of care provided. Service providers’ suggestions to improve the quality of care include developing a streamlined and seamless process when transitioning between agencies, improving follow-up processes, and increasing the quality of time spent with clients accessing services.

“Staff have so much knowledge and so much information to provide for you... That is an incredibly untapped resource.”

Caregivers

Caregivers indicated they are often responsible for coordinating care with service providers, navigating information, appointments, follow-up, and dependents' needs entirely independently. Caregivers expressed they felt stressed and overwhelmed due to coordinating all aspects of their dependents care. Despite feeling overwhelmed with navigating care and having to advocate for their dependent continually, participants indicated that they felt their physicians and service providers listened to their concerns and respected their role as a caregiver.

"I quit my job to care for them."

When accessing services, caregivers indicated that they felt the services provided insufficient support, causing them to access multiple services simultaneously for the same service. This resulted in caregivers experiencing barriers when scheduling multiple services. When navigating multiple agencies, participants experienced challenges due to a lack of ability to access and share their dependents' medical information between agencies. Participants indicated a need for real-time access to medical information and lab results to make informed decisions about their dependents' care.

"When I talk to my PSW's, they keep telling me: you need to ask for more... I don't know whether I am allotted any because every time I talk to them, it's a struggle to get anything."

Older Adults

Older adults expressed that they were often left to access multiple supports and coordinate their care independently. They communicated the importance of service providers working together to reduce the burden on caregivers. Participants also identified the need for a computer database to track and access patient records, test results, and agency information. Older adults voiced the importance of having access to up-to-date information on available services as a resourceful starting point for care coordination.

Some older adults also spoke about their experiences with self-advocacy and stressed the importance of advocating for their own needs and following up on services and supports to receive and access care. Alternatively, some participants described that as the patient, they felt responsible for following up on their health and care needs and being proactive in their health.

"I believe you're responsible for your own health, so I would say that most people are not as proactive as I am."

"Well, I don't see that I have an advocate other than myself. If I need something, I'll search it out, but I'm not to the point where I need someone to do that for me."

Most older adults shared that there is a lack of emotional support and treatment of the whole person, including their emotional side. Older adult participants stressed the importance of consistently feeling cared for by service providers and being treated with respectful customer service. Some commented on their experiences with respect in society. Sharing that they felt as though they were more of an observer in society rather than a participant and feelings of being unheard if they shared something negative, suggesting a need for professionalism and politeness of the staff and the importance of active listening.

"But man, once you're in... when they're all working together, it's amazing and they treat you like a person, even the reception, they are so kind. So, it's just a really safe place."

3.2f. Waitlists

Service Providers

- Recruitment and retention strategies to reduce waitlists
- Lack of local qualified candidates
- Increased demand
- Emergency has priority over waitlists
- Need to communicate waitlist process to clients
- Importance of following procedures with ability to accommodate immediate needs

Older Adults

- Long waitlists
- Difficulty scheduling appointments



Service Providers

Waitlist times varied depending on the service accessed, as services promoting socialization had little to no wait times compared to waitlists for services supporting in-home support, housing, and specialized care. Service providers identified waitlists as a primary barrier to accessing services. To effectively prioritize the elimination of waitlists due to an increase in demand for services over the COVID-19 pandemic, some service providers would strategically utilize their available resources to satisfy the demand for their services.

Although, many service providers struggled due to a lack of human resources (staff shortages) and a lack of qualified candidates locally when attempting to recruit for vacant positions. They emphasized the need for effective recruitment and retention strategies to reduce waitlists, the need to communicate the waitlist process to clients, and the importance of agencies following waitlist procedures while still maintaining the ability to accommodate the immediate needs of clients in crisis.

“Yeah, especially when getting into like some hyper specialized people... there’s just not that many people out there who are available especially in places like Sarnia.”

“If somebody is in a crisis situation, they obviously can be bumped up... there is that potential if we need to, we can move somebody.”

Older Adults

Older adult participants shared their concerns about service waitlists, identifying them as common. Some participants shared that they were on waitlists for over two years or often had difficulty scheduling appointments. Participants shared that they often waited months to attend appointments, with long waitlists being an issue even with a pre-existing medical appointment scheduled.

“I mean, do I wish that I could get in faster? Do I wish that the system moved a little faster? Of course, I do. But this is the reality, and this isn’t a Lambton County thing. This is our health care system right now.”

“... they said to me that that’s actually really quick, but it has been two years to get in to see a specialist and that’s not anybody’s fault, that’s just what’s happened with healthcare. The doctors are run ragged, and so are the hospitals.”

3.2g. Referrals, Intake, and Software

Service Providers

- Patient-focused intake process
- Streamlined referral and intake process
- Referrals between agencies needed to meet client needs
- Inability to re-access cancelled services
- Unable to access services unless in crisis
- Need for improved assessment processes
- User Friendly streamlined multi-purpose software needed
- Increasing secure, effective and useful information sharing
- Lack of consistency with software used across providers
- Patient-focused software
- Need for streamlined referral process



Service Providers

Intake and referral processes varied depending on the service offered. Most referrals are initiated by older adults/caregivers. Service providers discussed possible barriers that impacted client referrals, including cognitive impairments amongst clients limiting their ability to coordinate or advocate for their care, difficulty obtaining a physician's referral delaying access to services, a client's inability to re-access previously discontinued services, and an inability to access services unless in crisis.

"They have their hands tied behind their backs. They're told they don't get the service unless they're in crisis. It's gotta be critical."

Service providers indicated a need for a streamlined patient-focused intake process, increased referrals between agencies, and increased client information collected at intake to improve an agency's ability to service clients. Since referral and intake processes vary depending on the service accessed, there is also a need for patient-focused one-on-one intake processes to improve the overall assessment to determine a client's needs while remaining transparent and educating clients on the referral/intake process.

"Sometimes an individual comes to us and says, well, here's my situation, here's what I need... not being aware that, well, other services are providing these supports. And sometimes there we're duplications or there were gaps and here's a need that is there nobody's filling."

Service providers identified barriers to increased communication between agencies, including a lack of consistency with the software used across service providers, resistance to sharing information externally, and a lack of training amongst staff on how to use the software effectively. Service providers expressed a need for user-friendly, streamlined multi-purpose software to increase secure, practical, and useful information sharing amongst service providers.

Current software has limitations that result in gaps in the information collected as it is inconsistent across various agencies depending on the service provided. A patient-focused software with cross agency compatibility was indicated as a need to streamline current referral processes amongst service providers.

"We're going to a new software and one of the biggest motivations in switching is that it's more user friendly from the front end. I think as we move more and more online, because each generation, that's how they're operating."

3.2h. Caregiver Burden

Caregivers

- Older adults in denial and reluctant to accept care
- Difficulty obtaining consent from Older Adult
- Loss of freedom
- Difficulty balancing caregiver role and personal life
- Caregivers feeling overwhelmed or experiencing burnout
- Caregivers having to continually train staff
- Inconsistent staffing creating a lack of privacy/sense of security



Caregivers



Barriers identified by caregivers were directly related to the reluctance to accept services or care. Their dependents were either in denial or uninterested in utilizing services despite being reliant on a caregiver. As a result, caregivers experienced challenges obtaining consent from the dependent until they are authorized as decision makers.

“They were very stubborn and weren’t accepting help. They still thought they were not terminal, and they weren’t accepting of their diagnosis.”

Caregivers also expressed a loss of freedom due to an inability to take a break as they provide continuous care. They described how they experienced difficulty balancing their caregiver roles and personal life. Caregivers indicated that they are often responsible for all care tasks and meeting the basic needs of their dependents as they are the only remaining family/support in the area. Some caregivers also indicated that they often had to neglect other aspects of their life to care for their dependents, sometimes even being unable to work or leave their job.

“Your freedom is gone, right? ...This has affected both our lives terribly, and there’s nothing good about it as far as that goes... your freedom is completely gone.”

Caregivers expressed that they often feel like they are drowning in their role as they are overwhelmed and experiencing burnout since caring for their dependent consumes the caregiver’s whole world. Some expressed that even when they take a break, they constantly worry about their dependent. When accessing services, caregivers expressed that front line staff lacked adequate information and client history to provide care to dependents, resulting in caregivers having to continually train staff or staff showing up unsure of how to care for clients.

“Just sometimes I felt like I was just drowning.”

“I just felt like I was always on the go. I hardly slept. The last five months I hardly slept at all.”

Caregivers identified that barriers to the quality of care received from service providers were largely due to inconsistent staffing resulting from high turnover. Having front line staff continually in and out of their home to provide services also caused caregivers to experience a lack of privacy. Caregivers also expressed that they sometimes felt unsafe in their own homes with constant changes in staff providing in-home support.

“We had 40 to 50 different PSW’s going through our home, and I felt safer going to the hospital than I ever did in my own home.”

3.2i. Caregiver Supports and Challenges Accessing Care

Caregivers

- Lack of caregiver supports
- Insufficient caregiver supports available
- Service providers need to increase time spent with clients
- Services needed to reduce burden on caregivers

Older Adults

- Financial costs
- The COVID-19 pandemic
- Geographic location and mobility
- Staffing shortages
- Availability of primary care providers
- Concerns for quality of care
- Barriers accessing primary healthcare providers
- Limited healthcare provider availability
- Pandemic limiting access to services
- Challenges with mobility and accessibility
- Lack of reliable transportation locally



Caregivers

Caregivers indicated a lack of local caregiver support availability, while current support structures do not adequately suit their needs. Many expressed how their family and friends became their primary support networks, in addition to online support groups sharing caregiver experiences and advice.

“There was not a lot of support for myself per say. Which was very lacking in the community.”

“I get a lot of support. My neighbors here are just fabulous, and my daughter has been fabulous, and my friends have been fabulous... they’ve been really supportive.”

Caregivers also expressed the need for current services to increase time spent with dependents, as this is often the only time during the day when caregivers can have a break. Some found that medical services were the most beneficial, emphasizing day programs, overnight support, and palliative and respite care locally to reduce the burden on those in a caregiver role.

“with the respite... the 2 hours a week is spent in town picking things up ... it’s never “me” time at all.”

Older Adults

Participants shared that differences in financial circumstances significantly impact one’s quality of life and that finances are a major reason for not accessing services. Some participants touched on the rising cost of rent, the price of goods, and its impact on their ability to pay for things such as medications. Older adult participants also expressed that a shift in government funding impacted their access to needed programs and services, creating gaps in funding available based on socioeconomic status. Alternatively, some participants shared that they were surprised at the level of online and free services available while on a fixed income.

“... you have to be like really poor or have money because if you’re working poor, nothing is covered. If you’re not working, or if you’re on Ontario Works... you’re not allowed to have that.”

Older adults expressed having challenges finding a doctor in the local community, indicating that lack of staffing impacted the services offered. The need for consistent and reliable personal support works was also identified because a lack of reliable and consistent PSWs impacted the level of care provided. Participants did, however, recognize that the healthcare system across Ontario is understaffed, and this was not necessarily just a local issue.

“The big deal was coming to this area and trying to get a doctor. At that time, there was a couple year waiting list apparently to get a doctor.”

Some participants expressed an inability to access other doctors’ offices in the community and difficulty accessing primary care providers (e.g., doctors) when needed. Many had issues with waiting to speak to service providers over the phone and a lack of weekend availability for doctors’ offices, impacting their care.

“I switched doctors... although now, it’s taking a bit longer to schedule appointments that you’re looking at two to three months to get in to see them again.”

Older adults stressed that the COVID-19 pandemic increased the difficulty for older adults to access help and needed services and receive support outside the community. Barriers created by the pandemic included the inability to access required programming and recovery care. Some participants mentioned their continued hesitancy to participate in in-person services due to concerns surrounding the potential risk of exposure to COVID-19.

“Most of the two years I felt like I was on my own.”

Mobility was a barrier to accessing services. Participants stressed the importance of proximity and geographical location to access care needs such as doctors. They also shared the need for local facilities to support care and the need for the government to assess and determine facility improvements needed to meet local demand. Some participants shared that public transportation was not accessible for longer trips with multiple locations—many experienced delays or barriers to accessing needed services and supports due to insufficient transportation systems locally.

“I think they’re doing a great job. I think that there are professionals out there that are trying really hard every day, to make a healthier, happier, more mentally stable community. I certainly appreciate that. They can only go as far as their resources let them.”

4. INTERPRETATION/DISCUSSION

Phase 2 of the Older Adult Care Pathway research aimed to provide further insight into the existing gaps in accessing and coordinating community supports and health care services for older adults, caregivers, and service providers in Lambton County. Phase 2 identified new and similar barriers to accessing and using community support and health services found in Phase 1.

Phase 1

The greatest barrier to access and usage of services reported by participants in phase 1 of this research study is a lack of information, meaning that participants did not know where to go or who to contact to acquire information. Findings from phase 1 revealed that the COVID-19 pandemic created increased difficulties for participants to access user services. Phase 1 results highlighted how the initial shifts in service delivery from an in-person format to a phone or virtual service offering impacted older adults differently from generations with technology experience. In contrast, others found these programs and services not equal to in-person services.

Overall, the quantitative results in phase 1 showed that care coordination was considered positive and successful. However, participants' qualitative interviews revealed additional opportunities for improvements in care coordination, including increasing information sharing across all services and supports, particularly when coordinating multiple appointments and service referrals.

Phase 2

Phase 2 revealed that a lack of awareness about the community's available community support and health services is still a barrier. Service providers highlighted the need for improved awareness strategies, emphasizing preventative care to encourage older adults and caregivers to reach out earlier. This is further supported by caregiver participants, who shared that planning for unexpected life changing events or potential health declines of their loved ones is not done proactively. Information gathering is primarily initiated once in crisis, showcasing the need for more awareness of services and supports that assist with proactive life planning.

Findings revealed the push towards aging in place, the need for in-home support services, and increased agency funding to support older adults aging at home. Caregivers stressed their reliance on in-home support to assist with caring for their dependent. However, caregiver participants further noted that cost was a primary barrier to accessing these services.

Findings also revealed positive experiences in adopting the hybrid service model by community support and health service organizations. Service provider participants highlighted that implementing the hybrid model allowed them to continue serving older adults in the community and enabled them to service more clients as demand increased. However, this also increased the staff workload to maintain in-person and virtual service offerings.

Older adults also shared some positive feedback about accessing services through a hybrid format, expressing that the option for virtual programming increased accessibility. However, older adults and caregivers indicated that virtual services still present barriers due to varying computer literacy levels and up-to-date technology. From a caregiver standpoint, participants preferred face-to-face interaction over virtual services, while older adults highlighted the positives and negatives of both virtual and in-person.

The findings from phase 2 revealed that care coordination is primarily client- or patient-initiated, with multiple services being accessed at once by older adults and caregivers. Caregiver participants expressed that they primarily coordinate care with service providers and independently navigate information, appointments, follow-ups, and dependent needs. Similarly, older adult participants also shared that they independently searched for services to support and coordinate their care. Older adult participants also stressed the importance of advocating for their own needs and following up on services and supports to receive and access care. Many participants mentioned that the barriers experienced were not necessarily unique to the local community and that many are experienced in communities across the province.

Participants also revealed a need for up-to-date and accurate information on available services. Caregiver participants indicated the importance of accessing and sharing their dependent's medical information between agencies and needing real-time access to medical information and lab results to make informed decisions. The findings also revealed a major push towards streamlined processes from service providers and increased collaboration and ongoing communication between service providers. Respondents stressed the importance of patient- or client-focused care, emphasizing patience, one-on-one communication, active listening, and treating the emotional side of an individual. Service providers highlighted the need for client advocacy amongst agencies to provide older adults and caregivers an opportunity to have a voice in their care. A patient-focused software to support care coordination and referrals and create a circle-of-care approach would be beneficial.

Interview findings highlighted the need for effective recruitment and retention strategies of service providers and primary care providers in the community. This is particularly relevant for supporting waitlist processes and expanding programming and services in the community. Interestingly, older adults expressed an acceptance of waitlist and wait times when accessing and using community supports and health services, communicating that this is common across the whole system, not just locally.

Caregiver burden emerged as a significant finding in phase 2, along with the increased need for caregiver support in the community. Caregiver participants expressed challenges within their caregiver role and difficulty balancing their roles and personal life. Caregiver participants stressed the importance of local caregiver support as the current structures do not adequately meet their needs. Family and friends have become their primary outlets for support, along with online support groups for those with caregiver experience to share advice.

Theme comparison between Phase 1 and Phase 2

Phase 1	Phase 1	Phase 2
Community Supports and Health Service Needs	✓	✓
Aging in Place	✓	✓
Social Needs	✓	
Financial Assistance	✓	✓
Transportation	✓	✓
Nutrition	✓	
Increased Access to Geriatric Mental Health	✓	
Supports	✓	
Increased information for life transition planning	✓	
Additional assistance coordinating medical appointments	✓	
Awareness of Services	✓	✓
Access to Community Support and Health Services	✓	
Caregiving	✓	✓
COVID-19 Pandemic & Virtual Services	✓	✓
Financial Costs Limit Access	✓	✓
Self-Advocacy	✓	
Wait Times and Waitlists	✓	✓
Care Coordination and Referral	✓	✓
Communication		✓
Referrals/Intake	✓	✓
Software		✓
Caregiver Supports		✓
Challenges to Accessing Care		✓

4.1. Research Strengths and Limitations

Phase 2 had many strengths, including a larger range of recruitment strategies and a direct outreach approach, enhanced communication between agencies in the community, increased interview format options, and the ability to reach back out to participants. The Lambton College researchers and Lambton Public Health team developed robust connections with various social and community services in the community that supported outreach efforts.

Members of the Lambton College research team also held experience navigating community support and health services in the community, contributing to their knowledge, and understanding of the research topic. Improvements in the recruitment and enrollment process benefited the research. The research team monitored recruitment closely and enrolled participants quickly, ensuring to schedule interviews as soon as possible based on participant and researcher availability. Maintaining participant contact information during recruitment allowed the research team to follow-up with participants to reschedule if needed.

The ability to conduct in-person, over-the-phone, or Microsoft Teams interviews strengthened the second phase of the research. Providing various options for participation increased accessibility and allowed participants to be involved in the research at their convenience, level of comfort, and desired location (e.g., home, work office). This approach reduced technical challenges and technology barriers that older adults and caregivers experienced in the previous phase as researchers were able to call participants' phone lines directly. Phone connectivity issues still occurred, creating communication challenges that often resulted in participants or researchers having to repeat information or questions.

The timeline for conducting phase 2 shifted due to waiting for the research ethics board's approval. Data collection occurred between mid-June and the beginning of August. This shift in the data collection timeline could have created challenges to recruiting service providers for the research due to their pre-scheduled vacation times.

The research team contacted and shared information about the research opportunity with 73 service providers. A total of 16 service providers expressed interest and participated in the research project. Future research would benefit from a specific focus on the community's most isolated or at-risk older adults, as the research team experienced challenges reaching these individuals despite the promotional efforts.

5. RECOMMENDATIONS

Similar to the phase 1 research conducted for the Older Adult Care Pathway, consistent and recurring big picture themes are evident throughout the findings from the interviews. The following section outlines the big picture themes for the proposed recommendations to support continuous quality improvement planning and training to increase the number of older adults receiving high-quality, efficient, timely, and inclusive support from community support and health service organizations in Lambton County.

Recommendations based on the research findings fall under three categories:

Enhancing the Process for Care Coordination

- Develop streamlined processes for patient intake inclusive to all agency intake processes.
- Continue providing hybrid services to increase accessibility of services to older adults in rural areas.
- Develop a streamlined process for the transfer of client information for clients transitioning between services and agencies.
- Develop recruitment and retention strategies to reduce turnover and ensure consistent quality of care being received by older adults and caregivers.
- Develop a process for sharing organizations changes amongst agencies in the community.
- Implement a process to collect continuous feedback from agencies, older adults, caregivers, and frontline workers.
- Attract and retain healthcare specialists to the community to reduce waitlists and barriers to receiving a diagnosis.

Increasing Awareness and Sharing of Information

- Continue to increase awareness of Age-Friendly website by increasing website Search Engine Optimization.
- Continue to increase awareness of up-to-date information and organizational changes shared through the Seniors Information Network.
- Develop preventative outreach campaigns to increase awareness of early intervention strategies and services available.
- Develop early intervention/preventative campaigns for all ages, not exclusively older adults.
- Increase awareness of federal and provincial funding and programs available to support older adults and caregivers.

Improving the Ability to Age in Place

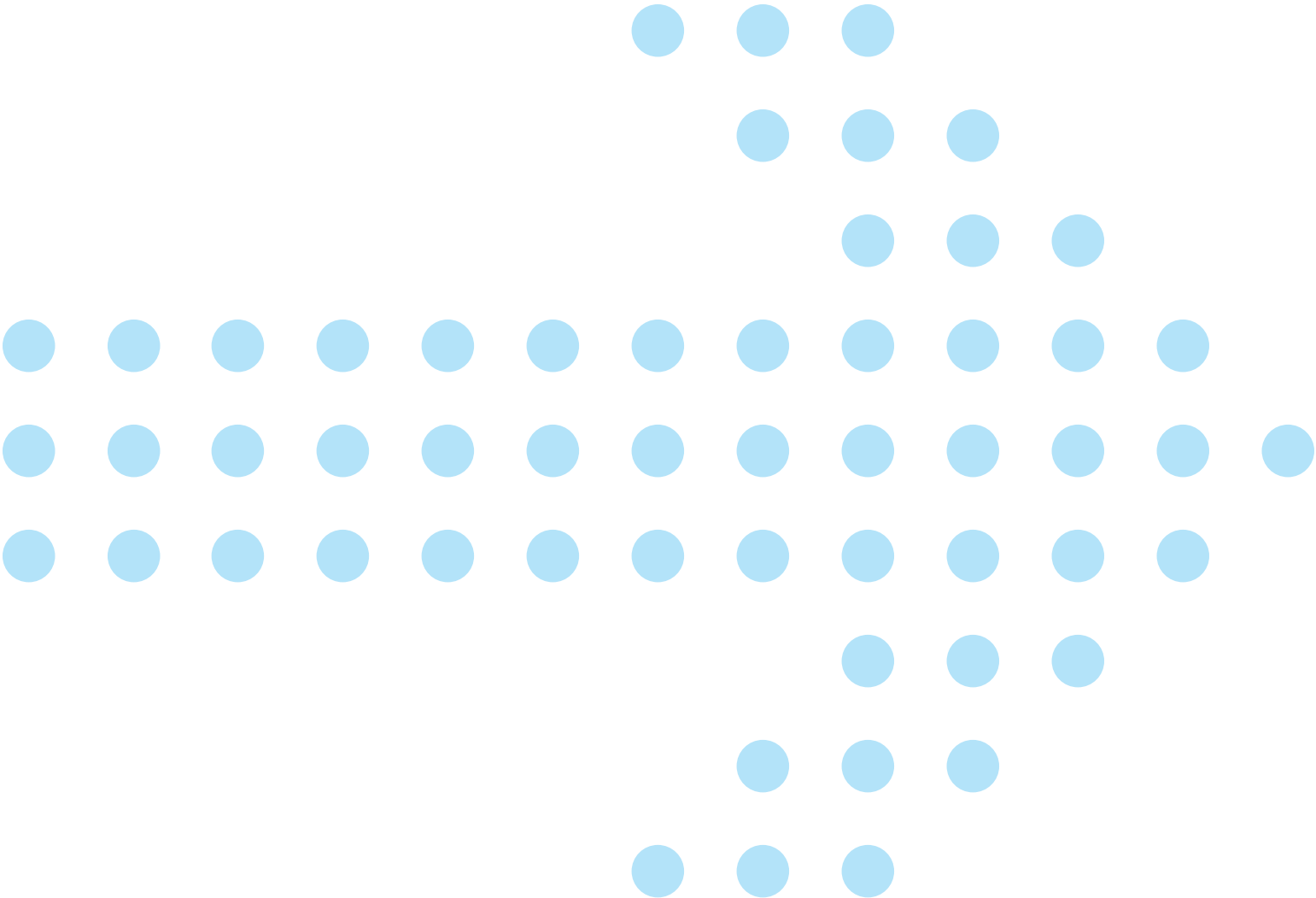
- Advocate for affordable housing initiatives.
- Advocate for increased financial support for seniors' health and drug coverage.
- Advocate for increased support for caregivers such as programming and respite care.
- Advocate for improved scheduling of in-home support services.
- Increase access to supports for early stages/preventative intervention.
- Increase access to preventative services for early diagnosis.
- Increase education on accessing services remotely and internet safety.
- Improve in-home support accessibility.

6. MOVING FORWARD

Despite the recommendations suggested to address the barriers identified throughout the research at a local level, many of the challenges are experienced system wide and throughout Ontario. These recommendations do not fall solely on the responsibility of one organization and must be addressed at a provincial level and the community as a whole.

Moving forward, community service providers must continue to work as partners to increase the overall awareness of services supporting older adults and caregivers and improve processes for care coordination to reduce the level of responsibility and burden set on older adults and caregivers. It is of critical importance to continue the collaborative work taking place across service providers locally and beyond. Continuing to advocate at the community level is essential to ensuring that funding for the community meets multiple voices and care needs.

To achieve this, systematic barriers related to labour shortages, access to affordable housing, and financial support must be addressed collaboratively to provide older adults with the necessary support and quality of care to age safely in place. Implementing community mobilization to engage other communities in this collaborative work would strengthen the efforts towards increasing the number of older adults that receive high-quality, efficient, timely, and inclusive support from social and community support services.



Appendix A - Phase 1: Overall Recommendations Based on Quantitative and Qualitative Findings

The below outlines the actioned recommendations from phase 1 of the Older Adult Care Pathway research.

Improving Age Friendliness and Accessibility

Priorities	Status
1. Provide age-appropriate customer service practices to service providers throughout Lambton County.	Lambton Public Health and the Navigation Committee have created the Age-Friendly Best Practices for Business and Service Providers E-Learning Course: https://lambtonpublichealth.ca/events/classes/age-friendly/
3. Advocate for affordable services that support older adults aging in place.	A grant application has been submitted to the Age Well at Home Federal funding to increase the supports available for aging in place in Lambton. A plan has also been developed while waiting to hear on funding approval.
4. Advocate for increased coordination between service providers/organizations to prevent working in silos and maximize limited resources.	Successfully receiving funding from the Age Well at Home grant will allow a portion of that funding to go to address an integrated referral system for healthcare and social services through the Age-Friendly website. A plan has been developed while waiting to hear on funding approval.

Continuing to Build Awareness and Increase Promotion of Services

Priorities	Status
1. Promote the Age-Friendly Sarnia-Lambton website as the main directory of services.	Lambton Public Health and the Navigation Committee have revamped the Age-Friendly Sarnia Lambton website and the launch of the website takes place November 17 th , 2022.
2. Increase promotion of community support and health services through Primary Care Providers and Specialists.	Continued promotion of the website resource and training is planned to be rolled out after the launch of the new Age-Friendly website. This will be done in a three pronged approach targeted to health care providers, social service and community supports, and the general public in Lambton.
3. Increase information sharing about the available community support and health services in Lambton County across partner organizations.	Continued promotion of the website resource and training is planned to be rolled out after the launch of the new Age-Friendly website. This will be done in a three pronged approach targeted to Health care providers, Social service and community supports, and the general public in Lambton.
4. Advocate and promote through virtual or in-person presentations or workshops to service providers throughout the community, as well as older adult and caregivers.	In person and online presentations are being developed to promote the website.
5. Advocate for increased navigators or case managers to assist older adults in navigating the system and services to connect them to the appropriate resources that meet their needs.	The Family Counselling Centre will be acting as community navigators for the Sarnia Lambton area. Community members can connect with them by phone or a contact form on the Age-Friendly Sarnia Lambton website at https://www.agefriendlysarnialambton.ca/Connect .


Appendix B - Recruitment Methods


Recruitment Method	Description	Recruitment Material
Social Media Communication	Social media postings were created along with a revamped flyer to be used in social media postings. The research team leveraged the Research and Innovation social media platforms to spread the word about the research opportunity throughout data collection occurring between mid-June and the beginning of August. A total of 7 recruitment post were shared across the department social media platforms. Lambton Public Health supported it by sharing the social media posts on their platforms. Additional Facebook groups were contacted asking to share the research opportunities with members in the Facebook group and was intended to target population including Older Adults and Caregivers.	Social Media Posts Flyer
Written Email Communication	Lambton Public Health created a contact list of key community organization partners. These organizations were contacted by the researchers. In addition, the research team added to this recruitment list of available community support and health services in the community. During this initial contact, the researchers asked the service provider if they would pass along the information letter about the study to Older Adults and Caregivers who may then contact the researchers directly if they were interested in participating. A recruitment email was created for staff to send, including the information letter to ask for their participation in the research project.	Recruitment email, information letter
Community Presentation	A recruitment presentation was created to be used for outreach and promotion of the research to potential service providers. The research team presented this PowerPoint recruitment presentation to the Older Adult Steering Committee and shared our availability to present to other service organizations either in-person or virtually.	PowerPoint presentation

Appendix C - Flyer

Are you 55+, a caregiver, OR a Service Provider in Lambton County?

We want to hear from you!

Enter to win 1 of 5 prepaid VISA cards 



We want to hear about your experiences with coordinating local **social** and **community services**!

Interested in participating or have questions?

Contact Ashley Hutchinson!

- Phone: (519) 479-1016
- Email: ashley.hutchinson@lambtoncollege.ca

