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**CONFERENCE ABSTRACT****Multiple Case Study on Integrated Health and Social Care Initiatives for Older Adults in Canada**

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***Introduction***

Canada's population is aging and by 2036 approximately 26 per cent of the population will be 65 and older. This will put further strain on the country's fragmented welfare system, and creates a sense of urgency. Collaboratively-based integrated health and social care (IHSC) can support the needs of older adults with complex care conditions using a social determinants of health lens. IHSC can produce positive outcomes including identifying unmet needs, higher client satisfaction and lower hospitalizations. This phenomenon is in its nascent stage in Canada, and the phenomenon within a Canadian context is not fully understood. A multiple case study of three IHSCs in Alberta, Ontario and Nova Scotia was undertaken to answer the research question: What are the factors that support successful services integration among different healthcare and social services organizations serving older adults within a Canadian context? The three cases studied were: a geriatric assessment program collaboratory in Alberta; the Healthy at Home program in Ontario, and the Middleton Day Program in Nova Scotia.

***Methods/Theory***

An evidence-based conceptual model (Cheng & Catallo, 2020) was created which helped guide the development of the multiple case study methodology with data retrieved from key informant interviews and focus groups to answer the research question.

***Results and Discussion***

Findings show that there were common critical inter-organizational factors that support integration: shared vision and goals (generally centered on enhancing the quality of life for the shared client base), communications, culture of collaboration and reliance and role clarity. These factors were essential for building trust. The shared vision and goals created a point of intersection for different organizations with different mandates and missions to come together to achieve a common purpose. Strong communications among all partners supported greater services delivery coordination. A culture of collaboration and reliance ensured that partners wanted to work with each other because they saw value in each other's contributions. This was complemented by the fact that each partner's role and responsibility in the partnership was understood. In addition, the three IHSC studies revealed the importance of a close sense of community which created a pre-condition for partnerships. Government policies at the local and provincial levels were shown to be supportive for integration from the perspective of creating incentives to engage in integrated care.

### ***Conclusions & Lessons Learned***

IHSC in Canada can occur voluntarily and can occur within a low technology and bureaucracy context. The three case studies show that the factors that enabled IHSC are dependent on inter-organizational relationships. Furthermore, the case studies highlighted how Canadian contextual factors such as public policies and the state of community development within regions can create conditions that are ripe for IHSC.

### ***Limitations and Future Research***

It is recommended that these integration factors be tested in future research efforts to determine their presence in other successful IHSC initiatives. However, a significant limitation of this multiple case study research was the lack of a clear definition of a successful Canadian IHSC which reflects the nascent stage of the phenomenon in Canada.