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## CONFERENCE ABSTRACT

# Canadian Integrated Health and Social Care Case Studies: success factors that support integration

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### *Introduction*

Integrated health and social care (IHSC) is known to support improved health and social care outcomes for vulnerable patient populations, including older adults. With an aging population, there is a sense of urgency to find more holistic approaches to address the needs of vulnerable older adults effectively. This is an emerging phenomenon in Canada and is very much in its nascent stage. Government-driven and grass-roots based community experiences continue to evolve across Canada, and contributes to the body of knowledge that will help inform how IHSC can be leveraged to better support care an aging population.

### *Aims Objectives Theory or Methods*

A multiple case study of three integrated health and social services initiatives in Ontario, Alberta and Nova Scotia was undertaken to examine critical integration factors that support successful services integration among different healthcare, social services and other human services organizations serving older adults. The study also sought to understand the environmental factors that exert an influence on services integration. The three cases studied are all community-based initiatives: geriatric assessment program collaboration situated in Camrose, AB; Healthy-at-Home located in north Toronto, ON and the Middleton Day Program in Annapolis Valley, NS. Data was based on informant interviews and focus groups.

### *Highlights or Results or Key Findings*

The case studies revealed that there were ten common critical inter-organizational factors that support integration among all three cases: shared vision and goals across all services partners, inter-organizational culture of collaboration and reliance, information sharing, strong communications, dedicated resources including finances, accountability agreements among partners, team-based care approaches, leadership, role clarity, and the role of champions. Of these ten integration factors, it was noted that communications and shared vision and goals were considered the most critical across all three cases. There were six contextual factors that were noted to have had an influence, positive, negative or both, on services integration across all three cases, despite the different geographic and governance systems: regional health authorities;

government health and non-health policies and agendas at all levels; aging populations; urban, suburban and rural settings; close sense of community; public funding and operating within not-for-profit environments.

### ***Conclusions***

IHSC is occurring voluntarily at the community-level in Canada. The critical integration factors that help to support integration are focused on helping to drive trust-building between different sectoral organizations. The case studies show that these factors are fundamental despite significant contextual differences including geography, funding models and governments

### ***Implications for applicability/transferability sustainability and limitations***

An important implication of the findings of the multiple case study is that IHSC can occur with minimal bureaucracy and technology. Collaboratively-based integration should focus on initially building relationships among the services partners. Energy need not be focused initially on technology and bureaucratic instruments for early success.