
CONFERENCE ABSTRACT

Canadian case studies the influence of public policies in driving health and social services integration for older adult populations

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Introduction

Literature on integrated health and social care (IHSC) show that this phenomenon can result in enhanced health outcomes for vulnerable and high risk patient populations and help to minimize avoidable acute care utilization within healthcare systems. There are global examples where governments and government policies play a critical role in helping to create a supportive environment to advance IHSC at the national, regional and local levels. This phenomenon is at a nascent stage in Canada, and the role that government policy can play in advancing IHSC is not fully understood within the Canadian context.

Aims Objectives Theory or Methods

A multiple case study was completed of three successful IHSCs situated in Alberta, Ontario and Nova Scotia in order to explore how government policies and agendas at the national, provincial and municipal level influence the three IHSCs. The IHSCs included a community-based partnership of health and social care organizations serving geriatric patients in Camrose, Alberta, a day program with twenty sites in north Toronto, Ontario serving vulnerable clients living in the community, and a day program serving older adults living in rural communities in the Annapolis Valley, Nova Scotia. Data derived from key informant interviews and focus groups.

Highlights or Results or Key Findings

There was commonality in government policies among the three cases, despite differences in urban/rural landscape, government regimes and governance systems. In the three cases, all the publicly funded health and social care organizations identified the challenge of operating in environments of austerity where funding was considered inadequate to meet demand and programming costs. All cases identified privacy legislation as a barrier towards integration; this was significant between healthcare and social care organizations where information sharing was limited. It was noted that the community partnership in Camrose was positively influenced by federal and provincial healthcare policies and government agendas that focused on dementia, mental health, primary care and Alberta Health Services. In contrast, the day programs in Ontario

and Nova Scotia were influenced by health and social care policies and government agendas from all three levels of government that addressed poverty reduction, seniors care, and immigration.

Conclusions

The study showed that Canadian public policies and government priorities can exert a strong influence, negative and positive in IHSC at the community level. Some policies, like privacy legislation and austerity agendas are inhibitive, while other policies, such as seniors care and poverty reduction, can create fertile conditions.

Implications for applicability/transferability sustainability and limitations

The multiple case study findings reveal that IHSC can arise from the convergence of different healthcare and social care policies that drive inter-sectoral collaboration at the local level, and suggest a whole-of-government approach to policymaking for older adult populations in Canada.