
CONFERENCE ABSTRACT

Seniors Campuses – Integrating Mechanisms for Health, Housing and Social Care

1st North American Conference on Integrated Care, Toronto, 4 - 7 October 2021

Frances Morton-Chang¹, Shilpi Majumder, Whitney Berta

1: University of Toronto, Canada

Introduction

Seniors' campuses – physical settings that provide a broad range of inter-related seniors' health and social services and supports through closely coordinated service delivery, collaborative partnerships and shared infrastructure – are innovative care models that seek to address the health and well-being of individuals and the broader healthcare system. Campuses have been evolving over time to overcome the fractured and siloed nature of healthcare in Ontario, Canada and elsewhere with implications for addressing the complex health, social and housing needs of growing populations of seniors desiring to age-in-place. Campuses also provide rich employment, training, research and volunteer opportunities.

Aims Objectives Theory or Methods

Using a comparative case study approach, six seniors' campus case studies each with mixed-housing options, onsite community supports, external-facing community supports to the broader community, and a long-term care home were examined for influencing factors on their evolution, sustainability and potential for optimizing/scaling their integrative properties. Using a diversity lens, case studies were selected from various contexts (e.g., size, maturity, provider-type, geography, special populations). While specific contexts, configurations and key partners varied according to local context, each campus was found to offer benefits at the individual, organizational, and system levels and multiple workarounds to overcome policy and program rigidities.

Highlights or Results or Key Findings

Seniors' Campuses have evolved largely through municipalities, local organizations and/or faith-based communities seeking to address local unmet need for seniors wishing to age-in-place. They leverage existing infrastructure and funding opportunities to build-in additional mixed-housing options, services and amenities. By geographically co-locating the many components, campuses optimize linkages and build sustainable local partnerships to integrate a diverse range of preventive and progressive supports for residents and care partners of the campus (independent living, housing with supports, long-term care) and neighbouring community and further provide

opportunities for resident engagement (resident committees, volunteerism, planning social and structural activities) and person-centred/directed care.

Funding for Campus Research was provided through a Canadian Institutes for Health Research (CIHR) Health Systems Impact Fellowship (201705HI4) and AdvantAge Ontario with in-kind support from the University of Toronto. (Morton-Chang, F., Majumder, S., Berta, W. 2021)

Conclusions

Campuses are local innovative “ground –up” solutions that support seniors’ desires to age-in-place. They address individual need (progressive person-centred care options), organizational efficiency (increased coordination, economies of scale) and system capacity issues (e.g., addressing need for seniors housing with supports; mitigating unnecessary hospital visits/stays or premature placement to long-term care).

Implications for applicability/transferability sustainability and limitations

The pandemic has given pause to evaluate what tools are in the toolbox to address the progressive needs of an aging population desiring to age-in-place. Campuses are proven models that have existed in various forms for decades and can be readily scaled and spread in place of other standalone components.