

CONFERENCE ABSTRACT**Shifting the Focus to Equity for Care that is Integrated, Accessible and Inclusive.**

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Building on a key finding from my doctoral work that the promotion of equity in health service delivery is central to rectifying care fragmentation, this presentation demonstrates how Integrated Care Programs across Canada are using policy techniques that promote equity to deliver health and social care to vulnerable aging populations in ways that meet the expressed needs of home care clients and their carers. Drawing on data collected from 118 interviews with program administrators, paid care workers, unpaid family carers, and elderly clients in five Canadian Integrated Care Programs working in the home care sector, I offer for consideration three promising practices for moving towards person-centred care that is more integrated, accessible and inclusive.

First, using evidence from Ottawa's Aging in Place program's provision of day trips and transportation for clients, I discuss how providing home care services without user fees increases class-based equality among clients to the benefit of the clients and their unpaid carers.

Second, referring to practices used in Scarborough's Carefirst program and Edmonton's CHOICE program, I argue that techniques of supporting paid and unpaid carers, such as arranging for paid carers to take time off, providing carers with access to support for emotional labour, and formally acknowledging the work done by carers, all contribute to the provision of care that is more integrated, accessible and inclusive. Showing carers that their work is valued reduces inequality among carers by ensuring that, regardless of their position in the power hierarchy, they feel supported and appreciated.

Finally, drawing on policy techniques used in Kingston's SMILE program, Hope Home Health, CHOICE, and Carefirst, I provide evidence that supporting the social engagement of clients and carers is beneficial to all parties. Inequality among clients is reduced when barriers to their social inclusion are eliminated. Moreover, facilitating social connections reduces the caregiving burden on unpaid carers and contributes to a more positive working environment for paid carers.

It is clear that one size solutions do not fit all; however, when policies are designed with a more equal and fair distribution of the costs and benefits of integrated care between, and among, clients, unpaid carers, and paid workers, people feel more empowered, engaged and that they are being treated with dignity and respect. Policy techniques that promote equality and/or equity also reduce power disparities among, and within, these groups helping to eliminate the need for marginalized groups to look outside an Integrated Care Program to get their needs met. As a result, workplace relations are more collaborative, care services are provided more seamlessly, and communication between, and among clients, unpaid carers and paid workers is improved.

This research confirms that when Integrated Care Programs work together to achieve a shared vision of policies and processes that prioritize equity and equality, they are better positioned to meet the expressed needs of their clients, unpaid carers, and paid care workers.