Evidence *in* Context

Issue: Community-Based Service Models for Seniors
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Community-Based Service Models for Seniors in Newfoundland & Labrador

Howard Bergman, Michel Grignon, Bruce Cooper, Stephen Bornstein, Pablo Navarro, Stephanie O'Brien

The Issue

- Seniors in the province are living longer than before and with more chronic disease and frailty.
- Out-migration of younger adults is eroding traditional informal support networks for seniors.
- Seniors want to remain living in the community for as long as possible.
- The province's health and social services systems confront the challenge of providing the support services required to enable seniors to live at home with an acceptable quality of life.

The Question

What does the scientific literature tell us about the characteristics of models of integrated primary medical care and community services for supporting community-dwelling older persons in Newfoundland and Labrador with ADL/IADL* disabilities and mild to complex chronic health conditions (including dementia) and their caregivers and about the effectiveness of these models in terms of health and economic outcomes for clients, caregivers, and the health system?

**ADL= Activities of Daily Living | IADL= Instrumental Activities of Daily Living*

The Results

- **Geriatric Assessment,** as an activity of integrated care or as a stand-alone intervention, is consistently and significantly effective for maximizing the time older adults live at home and for reducing hospitalizations among frail older adults.
- **Case Management**, when implemented with appropriate patients/clients, is significantly and consistently effective for older adults living in the community in terms of helping them stay in the community, improving appropriate service use, and prolonging autonomy.
- Some **Community-Based Fall-Prevention Exercise Programs** have been shown to reduce falls among seniors living at home. Environmental programs that improve home safety and personal mobility are also effective for preventing falls among high-risk seniors.
- The evidence indicates that models of **Partially Integrated Care** have been shown to help seniors stay at home and to reduce hospital admissions whereas the evidence concerning Fully Integrated Care is unclear or of low quality.
- Some forms of **Support Groups** are consistently effective at reducing caregiver burden.
- Community-based models of **Respite Care** can be beneficial for some, but not all, caregivers and for some, but not all, outcomes of interest.
- **Preventive Home Visits** that include health promotion reduce the risk of mortality among at-risk seniors.
- **Facilitated Access** to health and social services appears to be a critical component of effective integrated care programs.
- Involving **Primary Health Service Providers**, including family physicians and community-based nurses, appears to be a critical component of effective integrated care programs.

The Local Context

- Some regions in rural Newfoundland and Labrador have an 'organic' form of integration that has developed by circumstance rather than by design. Close proximity of healthcare and social-care providers has allowed for better communication, increased collaboration and less fragmentation of services.
- Various factors pose challenges to integrated care in Newfoundland and Labrador:
  - The need for improved communication between health and social service providers;
  - Family physicians often find it difficult to schedule meetings with other service providers;
  - Current remuneration structures for family physicians do not incentivize collaboration;
  - The province lacks a single electronic health record that is accessible to multiple service providers;
  - More health human resources are required in the community– particularly occupational therapists, physiotherapists and social workers – to conduct geriatric assessments, to act as case managers, and/or to provide other community-based supports.

Read the full report here: www.nlcahr.mun.ca/chrsp

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