THE FIRST ANNUAL BCCPA CARE TO DEBATE BC CARE PROVIDERS ASSOCIATION CONFERENCE

Expanding Responsibility for Quality of Life Programming in Seniors Care

Be it resolved that quality of life programming for BC seniors accessing publicly funded residential care or home care should not be the sole responsibility of the Ministry of Health;

Be it further resolved that the BCCPA should advocate that other BC Ministries become actively engaged in funding quality of life programs

SPONSOR

BCCPA Quality Committee – Chair, Ann Marie Leijen

ISSUE

Quality of life programming and services available to BC seniors accessing publicly funded residential care or home care is generally the responsibility of the Ministry of Health. The type of programming which supports enhanced quality of life can include but is not limited to:

- Recreational Therapy
- Music Therapy
- Aroma Therapy
- Spiritual Care
- Expanded Meal Options
- Pet & Assisted Animals Therapy
- Massage Therapy
- Horticultural Programs
- Art Therapy
- Mobility Programs
- Occupational Therapy
- Physiotherapy
- Transportation to community programs and events
- Entertainers

Quality of life programming is competing with direct care delivery for limited Health Authority dollars. As a result, it tends to fall behind in terms as an overall investment of funds - as it is not seen as the actual provision of health care by the Ministry of Health tasked with supporting it.

BACKGROUND

While improving staffing levels, including Direct Care Hours, improves seniors care over the long term, further initiatives need to be undertaken to improve the overall quality of life for seniors including those living in residential care, assisted living and receiving home care.

We know that many of the chronic conditions of our elders cannot be cured and that quality of life, rather than the medical condition of seniors living in residential care, may have a greater impact on their overall level of satisfaction.

The BC Office of the Seniors Advocate (OSA) has addressed some of these challenges in a report highlighting the need for greater support of Adult Day Programs (ADPs). A 2015 OSA report found that while ADPs provide important benefits to both clients and their informal caregivers, they face a number of challenges and limitations. The OSA indicates that the capacity of ADPs in BC has not kept pace with the aging demographics. The report indicates that in real terms, the number of ADP clients decreased 20 per cent, and the number of days utilized has decreased 18 per cent between 2011 and 2014. Along with this, the OSA has highlighted the need for greater recreational therapy as well as occupational and physical therapy programs in residential care. In particular, a 2015 OSA report notes:

- The number of seniors who received physiotherapy (PT) was 12 per cent in B.C. compared to 25 per cent in Alberta and 58 per cent in Ontario;
- Only 9 per cent of residents received occupational therapy (OT), compared to 22 per cent in Alberta and 2 per cent in Ontario; and
- Only 22 per cent of seniors received any recreational therapy (RT) in the last seven days, when they were assessed, compared to 42 per cent in Alberta.

While the OSA's update released in November 2016 shows some improvements including increases in physiotherapy (7.8%) and recreational therapy (10.6%) there was a 16.9 percent decrease in the percentage of residential clients receiving occupational therapy.

Along with recreational programs, the provision of appropriate food and nutrition to seniors living in residential care is critical, particularly for improving quality of life. With current budget constraints, it has become increasingly challenging for care operators to continue to provide sufficient food and nutrition while addressing personal choice and ethnic diversity in taste. As outlined in a 2015 survey, although British Columbians believe care homes are allocated about \$70 on average to provide meals to residents on a daily basis, the amount spent on average is considerably less. With the funding allocated by health authorities, most care homes can only afford to spend an average of \$6-\$7 per day per resident on meals.

These amounts, which are minimal, need to be increased - particularly given rapidly rising food costs that are well above inflation. While care homes in BC are providing the best high quality and nutritional food they can with limited resources, targeted funding could result in significant improvements in food quality, resident satisfaction and quality of life. Likewise, funding would also help care homes to meet the needs of the increasing number of residents with special therapeutic dietary requirements such as pureed meals or textured diets. Such initiatives will improve the overall mental health and physical well-being of seniors. While there has been a major focus on such activities for younger populations (i.e. ParticipACTION, school lunch programs and childhood obesity) there are a lack of initiatives targeted towards seniors. Even in advanced years, programs that encourage physical activity or improved nutrition can have significant impacts. A study from Finland found a positive correlation between weekly physical activity and positive health outcomes among older adults (aged 65-84 at the outset) living in the community.

Exercise has also been found to be beneficial for promoting mental health in older adults (aged 65+) living in the community, supportive housing, and in residential care. Physical activity among older adults with cognitive impairment, including Alzheimer's disease and other dementias, has also been linked with long- term improvements in cognitive function.

CONSIDERATIONS

Similar to other jurisdictions, funding for quality of life programming should be sought and obtained from a variety of different ministries including: o Ministry of Housing o Ministry of Agriculture [expanded nutritional programs focusing on locally sourced food] o Minister of Community, Sport, Cultural Development [recreational therapy, music therapy, Concerts in Care, spiritual care] o Ministry of Education [intergenerational programs K-4] o Ministry of Social Development and Social Innovation [reduce social isolation for home care recipients] o Ministry of Transportation and Infrastructure [redesign and modernize care homes, transport seniors to care campuses for adult day programs & offsite for day trips]

Living in residential care or receiving care at home should not just be a Ministry of Health issue. It is a community issue that requires a multi-faceted and multi-departmental approach to supporting a rapidly aging population.

NEXT STEPS

The BCCPA to seek out new funding from a variety of sources beyond the Ministry of Health in order to enhance quality of life programs for BC seniors.

• The BCCPA develop specific grant requests with the appropriate business case as to why they should be supported and implemented across the province.

• BCCPA establish a task-force comprised of key stakeholders to determine short, mid and long-term priorities for multi-departmental funding.

• That the BC government establish a new Seniors Quality of Life Fund (SQLF) to support quality of life for seniors in residential care and the community, which focuses on improving the physical, spiritual, psychosocial and mental well-being through various initiatives including:

• Increased access to recreational therapy as well as occupational and physiotherapy;

• Increased access to a broad array of therapy programs such as Concerts in Care and Sing for Your Life, both in residential care and the broader community;

• Reducing seniors' isolation through increased Adult Daycare and similar programs;

• Maintaining and enhancing the overall quality of food and nutrition in residential care homes

including meeting therapeutic diet requirements (currently the average care home allocates approximately \$6 per day to feed each resident) and providing culturally appropriate meal options; and
Regular reporting by the Ministry of Health, including what initiatives are being undertaken through the SQLF and how they are improving the overall quality of life for seniors in BC.

• That the BC government commit up to \$100 per month per senior residing in a residential care setting to support the expansion of quality of life programming. This would include access to this programming for seniors receiving publicly funded home care within the geographic catchment area.

REFERENCES

• Strengthening Seniors Care: A Made-in-BC Roadmap – BC Care Providers Association

OTHER INFORMATION:

• N/A