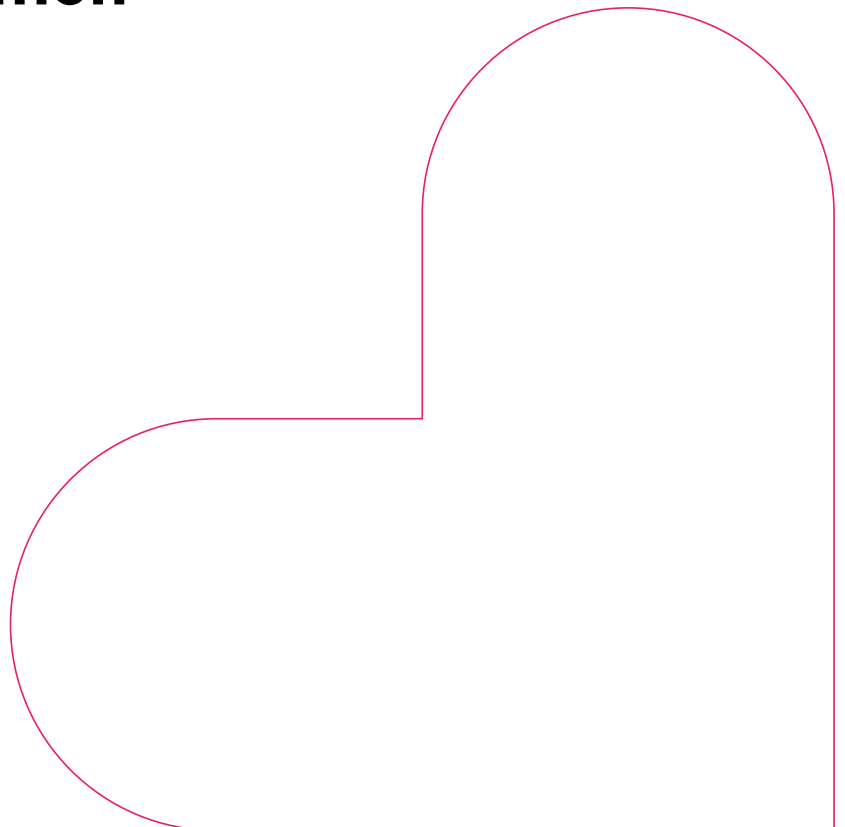# Enabling Aging in Place

Phase 1 Application

Healthcare Excellence Canada (HEC) is launching a new program aimed at enhancing the ability of older adults with health and social needs to age where they call home, in the community, with formal support.[i] This program will bring together health and social organizations from across the healthcare continuum, including community organizations, to advance their unique goals for supporting the health and social needs of older adults and care partners living in the community.

Participating organizations will leverage an Asset Based Community Development (ABCD)[1] philosophy to adapt, adopt or further expand on a promising practice that aligns with a set of key principles. The key principles are derived from promising practices across Canada that have demonstrated impact in helping older adults remain at home with improved safety, health and quality of life outcomes while also reducing unnecessary emergency department (ED) visits, care partner burden and optimizing resource utilization.

How to apply

1 **STEP 1:** Read the Enabling Aging in Place Call for Applications for more detailed information about the opportunity, benefits, eligibility requirements [2] and other information to inform your decision to apply. Attend the informational webinar happening on October 25, 2023, 12:00-1:00 PM ET, to learn more about the Enabling Aging in Place program (optional).

2 **STEP 2:** Complete and submit your application to EAIP-FVCS@hec-esc.ca by Wednesday November 15, 2023. Applications may be submitted in English or French.

3 **STEP 3:** HEC will notify you of the outcome of your application in December 2023.

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1 Asset Based Community Development is a strengths-based approach to sustainable, community-driven development. It links micro assets to the macro environment, often uncovering unrecognized resources, skills and experience belonging to individuals, organizations and institutions that when brought together can respond to challenges[ii].

2 HEC is a not-for-profit organization funded by Health Canada. HEC collects specific reporting requirements for Performance Measurement Framework reporting for collaboratives.

Section 1: Improvement Organization & Community

1. Identify the lead organization and main point of contact for this application. Please note that the lead organization will be the sole receiver and administrator of seed funding on behalf of a network team or multiple sites as applicable. Funds can then be transferred from the lead organization to other organizations, involved in this work, as required

Lead Organization / community legal name

Region

Address

Main Contact - First and last name

Title

Department

Email address

Telephone number

Preferred language of correspondence

Gender[3]

Select an organization type:

- Long-term care
- Primary care
- Paramedicine
- Home care/home supports
- Acute care
- Social housing
- Private housing community

- Municipality
- Regional health authority
- Indigenous government/organization
- Provincial/territorial government
- Other (please specify)

Select a position that best describes your primary role in healthcare:

- Administrator (includes Executives, Senior Leaders, Managers,Directors)
- Allied Healthcare Provider
- Consultant
- Indigenous Leader
- Nurse (RN or LPN)
- Patient/family member/community member/ person with lived experience
- Personal Support Worker/Care Aid

- Pharmacist
- Physician
- Policy Advisor/Analyst
- Provincial/territorial government
- Quality Improvement Lead
- Recreation Therapist/Activities Coordinator
- Researcher
- Other (please specify)

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[3] HEC is a not-for-profit organization funded by Health Canada. HEC collects this information as required by our Contribution Agreement with Health Canada. This data is reported in an aggregate format across all programming in our Performance Measurement Framework. The Government of Canada collects this data because it is increasingly focusing on gender-based analysis and considering sex and gender in policy development and programming.

The Lead Organization will participate as a:

Single organization

Multiple sites (Example: A group in a province, territory, or region that is working together to enable aging in place.)

Please identify the lead organization signing authority[4] for a collaboration agreement:

First and last name

Title

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[4] A signing authority must be an authorized officer who can legally bind the organization to the terms of the agreement.

2. If you are applying as a team with multiple organizations please provide the information about all other sites that would participate. If you are applying as a single site, skip this question and continue with question 3.

	Name of Partner Site	Organization type (e.g., long-term care, paramedicine, primary care)	Name of Individual
Partner 1			
Partner 2			
Partner 3			
Partner 4			

3. For the lead site and any participating partner sites, briefly describe the organizations and community demographics (e.g., urban, northern, rural or remote).

a) Organization/community/site name(s)

b) Settings(s) (urban, northern, rural or remote[5]) for each organization

c) Community/cultural representation, including First Nations, Inuit and Métis for each organization.

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[5] Northern, rural and remote communities refer to areas with limited or no access to healthcare close to home and community. This can mean long travel times by cars, boats, planes or winter roads for people to receive appropriate care. Generally, rural areas tend to have a population of less than 10,000 people and are defined as being outside of the commuting zone of larger urban centres. Remote communities are often defined as those with no year-round road access and are only reachable by air, ferries, remote railways, seasonal ice roads or unreliable gravel roads.

Section 2: Current Services / Promising Practices

The goal of Phase 1 of the Enabling Aging in Place program is to support the development of an Asset-Based Community Development (ABCD)-informed implementation and evaluation plan to adopt and/or strengthen a promising practice to enable older adults to age in place. Please answer the following questions if applicable.

1. Briefly describe the promising practice you'd like to work on advancing through your participation in the Enabling Aging in Place program, including its goal and the needs it addresses. If you have not selected a specific promising practice, please describe the characteristics of the type of program you plan to implement.

2. Please indicate if this is a new program or an expansion or spread of an existing program.

3. If this is a new program, describe the expected services that will be provided to older adults and care partners and the expected population that will be served (type and size).

4. If this is an expansion of an existing program, describe the current services being delivered, how services will be expanded through this program, the current population served (type and size) and the expected growth in population that will be served (type and size).

5. HEC's Enabling Aging in Place program principles are derived from promising practices across Canada that have demonstrated impact in supporting aging in place for older adults and their care partners.

Person-centredness[6] is a core philosophy of the program. All the principles must be implemented in a person-centred way and reflect a deep understanding of community assets and needs of older adults and their care partners.

Access to specialized healthcare services	**Access to social and community support**	**Access to system navigation support**
Programs improve access to services for older adults and caregivers, living in community to promote all forms of health including chronic disease management, and more accessible, safe and secure living environments.	Programs are built around community assets and partners to improve social connections and reduce loneliness and social isolation of older adults and caregivers living in community, complementary to specialized healthcare supports.	Programs optimize the use of health and community assets and improve access to supportive services through personalized navigation and accompaniment to support older adults.

Adaptive and responsive

Programs are tailored to the specific, individualized needs and preferences of older adults and caregivers living in community. Programs adapt and respond to emerging needs as they evolve.

Equitable

Programs integrate a health equity lens, with a focus on the structural and social determinants of health, that support older adults aging in place in community.

High value

Programs optimize resources used on health and social services relative to outcomes that matter to older adults and care partners over the course of their care journey.

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6   For the purpose of this application, person-centred refers to putting the individual at the centre of decisions that affect their life and supporting them in ways that align with their own preferences, characteristics, and agency. It means listening, collaborating, coaching and seeking feedback from the person and their support network.

Briefly describe how the promising practice that you will implement, spread or expand as part of your program aligns with each of HEC's Enabling Aging in Place Program Principles:

Access to system navigation support

Access to specialized healthcare services

Access to social and community support

Equitable

Adaptive and responsive

High value

6. Describe how your program will reach older adults with the most complex health and social needs including those most vulnerable to the social and structural determinants of health[6].

7. List and briefly describe any practice and/or policy challenges that may impede implementation or spread, and what might help reduce these barriers.

8. Considering the information you've shared in this section (e.g., the promising practice or need you want to address) and using the HEC Collaborative Assessment Scale and Checklist below, indicate the stage of the quality improvement journey you feel you are in with respect to the program goal to implement an aging in place program.

   HEC recognizes that the improvement journey isn't linear but identifying key milestones can be helpful in moving forward. To determine your stage, consider which activities in the checklist have already been completed or best describe the work currently underway. Check all that apply.

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[6] *Structural determinants of health* affect whether the resources necessary for health are distributed equally in society, or whether they are unjustly distributed[iii] because of where people are from, what they look like, where they live, who they love, how they move in the world, what religious beliefs they carry and other factors. *Social determinants of health* are the social and economic factors that influence people's health. They include factors such as education, income, race, gender etc.[iii] Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as First Nations, Inuit and Métis Peoples, People of Colour, 2SLGBTQIA+ and Black Canadians.[iv]

Quality Improvement Stage	Activities
1.0 Forming the team	☐ Team has been formed ☐ Roles have been assigned ☐ Focus of the initiative has been established

1.5 Planning for the initiative has begun	☐ Team is meeting and discussion is occurring
	
	☐ An aim statement has been finalized with:
	
	    ☐ A defined target group/population (For WHOM)
	
	    ☐ An outcome (improve WHAT)
	
	    ☐ A time frame (by WHEN)
	
	☐ An implementation or spread plan has been completed
	
	☐ A measurement plan has been completed and key measures (at least one process, one outcome and one balancing measure) have been defined
	
	☐ Stakeholders have been identified

2.0 Activity but no changes	☐ Team is actively engaged in developing strategies to implement their initiative ☐ Appropriate engagement or training of key stakeholders (e.g., families, patients, staff, senior leadership, communities) is underway ☐ Data is being collected
2.5 Changes are being tested but no evidence of improvement in key measures	☐ New strategies are being implemented and tested ☐ Team can articulate what they have learned from testing the change ☐ Team has more than one time point of process, outcome and balancing data ☐ No evidence of improvement in outcome measures
3.0 Some Improvement	☐ Evidence of improvement in at least one process measure (e.g. improvement as evidenced by a shift or trend on a run chart, or special cause variation if using a control chart) ☐ The new strategies continue to be implemented ☐ Stakeholders (e.g. families, patients, staff, senior leadership, communities) are kept informed

Quality Improvement Stage	Activities
3.5 Improvement	☐ Process measures continue to improve or are at target ☐ Evidence in improvement in at least one outcome measure ☐ Process and outcome measures are linked to balancing measures and analysis of effect is underway ☐ Team can articulate what they have learned and what changes they plan to implement ☐ Stakeholders (e.g. families, patients, staff, senior leadership, communities) knowledgeable about the initiative
4.0 Significant Improvement	☐ There is evidence of improvement in all outcomes and process measures ☐ Process and outcome measures are linked to balancing measures and analysis of effect is understood ☐ The new strategies are being adopted and tested with a larger population ☐ Stakeholders (e.g. families, patients, staff, senior leadership, communities) endorse the initiative ☐ Learnings are results from the initiative are being communicated to a broader audience
4.5 Sustainable Improvement	Evidence of sustained improvement in outcome measures Plans for sustaining the improvement are in place (if applicable) Plans for spreading the improvement are in place (if applicable)
5.0 Outstanding sustainable results (6 month and/or 1 year follow-up)	The initiative is sustained for six months or longer following the program Outcome measures are at benchmark levels for at least 6 data points in a row Stakeholders continue to endorse the sustainability of the initiative Stakeholders continue to endorse the spread of the initiative to new locations Teams are able to demonstrate a neutral or positive return on investment (if applicable)

Section 3: Improvement Team Members, Client, Care Partner and Community Partnership and Engagement

A team of people with diverse perspectives, including those with lived and living experience and people from the local workforce with varied skills and professional backgrounds, will promote a shared understanding for improvement that best meets the needs of the people and providers that stand to benefit. Together, in Phase 1 the program, teams will participate in program activities, including developing an implementation and evaluation plan to enhance the ability of older adults with health and social needs to age where they call home, in the community, with formal support.

1. Provide a brief description of the team members who would participate in the program. Note that team members can be added later but include any team members you know will be part of this now. This table is to be representative of your entire team make-up in addition to the partner site individuals identified in question number 2, of section one.

Team Member Name	Organization	Primary Role in the organization (See section one, question one)	Gender[8]	Preferred Language	Team Member Role (See **Appendix A** for examples)
			Male Female Another gender Prefer not to say	English French Bilingual	
			Male Female Another gender Prefer not to say	English French Bilingual	
			Male Female Another gender Prefer not to say	English French Bilingual	
			Male Female Another gender Prefer not to say	English French Bilingual	
			Male Female Another gender Prefer not to say	English French Bilingual	
			Male Female Another gender Prefer not to say	English French Bilingual	
			Male Female Another gender Prefer not to say	English French Bilingual	
			Male Female Another gender Prefer not to say	English French Bilingual	

[8.] HEC is a not-for-profit organization funded by Health Canada. HEC collects this information as required by our Contribution Agreement with Health Canada. This data is reported in an aggregate format across all programming in our Performance Measurement Framework. The Government of Canada collects this data because it is increasingly focusing on gender-based analysis and considering sex and gender in policy development and programming.

2. Another goal of the Enabling Aging in Place program is to develop and grow relationships and partnerships to advance an implementation and evaluation plan that will adopt and/or strengthen a promising practice that enhances the ability of older adults with health and social needs to age where they call home, in the community, with formal support.

   Describe the organizations you are currently engaging or partnering with, or you would like to engage or partner with during the program. If you are not sure yet, you are welcome to specify "not sure".

3. Please describe the status of your engagement, if any, with the organizations identified above (if you provided an answer to question number two).

4. Please describe how you plan to meaningfully engage and partner with the following groups as part of the collaborative as applicable to your promising practice and community:

   • older adults

   • care partners

   • First Nations, Inuit and Métis

   • healthcare staff

   • social service staff

   • community organizations

Section 4: Program Participation Goals, Outcomes, and Ideas for HEC Supports

1. The Enabling Aging in Place program will look at the impact of aging in place programs and how they may help older adults to remain at home with improved safety, health and quality of life outcomes while also reducing unnecessary emergency department (ED) visits, care partner burden and optimizing resource utilization. Please indicate if you have access to, the ability to collect, or would require assistance to collect any of the following data.

Data	Have this data	Can collect or access this data	Require assistance to collect this data	Not applicable
Delayed entry to LTC of program participants				
Reduction in unnecessary emergency department visits by program participants				
Improvement of quality of life for older adults and care partners including decreased social isolation				
Improved health and social service access and utilization				
Improvement in staff ability to make improvements in how they do their job				
Decreased care partner burden				
Other (specify)				
Other (specify)				
Other (specify)				

3. Please describe your ability to evaluate the above indicators, including:

- Which indicators have you measured?

- How often did you measure it?

- What data was used to measure it?

- What did the data tell you?

4. Please indicate if you have access to or the ability to collect provincial or territorial health card numbers for your program participants.

   Have this data   Have the ability to collect this data   N/A

5. Describe any additional ideas of how HEC could support your goals for program development, implementation and evaluation.

Section 5: Program Supports

Seed funding is available to help your team achieve program outcomes, participate in program activities, and complete program deliverables/commitments. As outlined in the call for applications in phase 1, participants will:

- develop and grow relationships and partnerships; receive support to complete an implementation and evaluation plan to adopt and/or strengthen a promising practice to enhance the ability of older adults with health and social needs to age where they call home, in the community, with formal support.

- participate in an onboarding call, attend a monthly 1-hour webinar that promotes promising practices (optional), attend an in-person workshop (for one person per application team — location and date to be determined), and receive evaluation planning coaching (as needed) to support the development of an implementation and evaluation plan.

- complete and submit an implementation and evaluation plan, and a final report to share information about learning outcomes.

- complete and submit an expenditure report.

The current program funding envelope will provide for up to approximately $15,000 for each team participating in Phase 1 of the program. The amount of funding will be determined in collaboration with organizations during the application phase and allotted following acceptance into the program based on the selection criteria outlined in the call for applications.

1. What is your proposed phase 1 budget? See **Appendix B** for a list of eligible and ineligible funding expenses.

Project Budget (January 2024 - March 2024)

Category	Description	Amount
Personnel		
Travel		
Equipment		
Supplies		
Services		
Other		
Total:		

2. All participants are required to commit to reviewing and confirming understanding of HEC's Conflict of Interest Policy, including the rules regarding the eligibility of employees, directors and agents, and disclose any relationship with these groups and/or current members of the HEC Board of Directors.

   I confirm all organizations included in this expression of interest have no conflict of interest

   This organization has a conflict of interest:

If you selected that a conflict of interest exists, please email EAIP-FVCS@hec-esc.ca and provide a description of the conflict of interest.

3. Given the duration of the Phase 1 collaborative (funding January 2024-April 2024) a key success factor is having agreements in place by January 5, 2024 at the latest. Please review the agreement template available on HEC's website and indicate whether your organization will be able to execute this agreement by this date. Note: organizations that are not able to execute the agreement by January 5, 2024 are welcome to apply to Phase 2 of the collaborative and will require an implementation and evaluation plan to apply.

   Yes, we acknowledge that we will be able to execute the agreement by January 5, 2024

   No, we do not anticipate that we will be able to execute the agreement by January 5, 2024

4. If you are not selected for seed funding, would you still like to stay connected as part of our broader Enabling Aging in Place community? For example, we will share webinar event invitations, resources, tools and other communications.

Yes   No

If yes, what is the most appropriate email to contact about these additional opportunities.

5. How did you hear about this opportunity?

HEC website

E-newsletter

Social media

Colleague

At an event

Other

6. Want to stay connected to the latest in healthcare quality and safety? Join HEC's email list to get new resources, learning opportunities and more sent straight to your inbox. You can unsubscribe at any time.

I would like to receive email updates from Healthcare Excellence Canada.

7. If applicable, list any comments or questions you have about the program:

Privacy Notice Statement

By submitting this application, you consent to the collection of personal information disclosed herein for the purposes of HEC administering your participation in the program and for reporting — at an aggregate and de-identified level — the outcomes and impacts of this initiative to Health Canada, HEC and the Canadian public.

Request for access to or correction of your personal information or to withdraw your consent, or any questions or concerns that you may have about the treatment of your personal information, should be directed to the Vice-President, Corporate Services as follows:

Attention: Vice-President, Corporate Services
150 Kent Street, Suite 200 Ottawa, ON K1P 0E4
Telephone: 613-714-6690
Email: privacy@hec-esc.ca

Appendix A: Example of Team Member Role(s)

Early and ongoing engagement from people who will benefit from, and/or who can influence success of, the new practice will help ensure the initiative is ready to be implemented and sustained. Convene a team of client and family partners[v] and inter-professional staff with diverse skills, professional backgrounds, cultures and perspectives to promote shared understanding of the opportunity for improvement, which may include (but is not limited to):

A **project/executive sponsor**, who has the time, resources and accountability to:

- Support the overall direction, implementation and management of the initiative
- Champion the initiative at higher managerial levels within an organization to ensure it remains a strategic priority; remove barriers and free up staff time, resources and infrastructure for staff training, planning, implementation and evaluation; ensure plans are shared with relevant stakeholders; and create and support oversight groups who can monitor and be accountable for the improvement
- Take an active role to support culture change — understanding why people feel differently about an improvement initiative, ensuring that change is introduced in a manner that anticipate, acknowledges and responds to the concerns of everyone affected

A **team lead**, who has time, resources and accountability to:

- Coordinate and oversee the day-to-day activities
- Serve as a key coordinator and motivator of the team
- Ensure regular and ongoing communication with staff, clients, care partners and relevant committees/councils

An e**valuation and measurement lead**, who has time, resources and accountability to:

- Support the tracking and reporting of results over time
- Support progress reporting and sharing within the team
- Support the team to understand and interpret data over time to inform whether changes are leading to tangible improvement

**Client, family and care partners**, who have the time, resources and accountability to:

- Bring perspective on how the new practice can improve their personal experience, outcomes and/or safety and the experience, outcomes and/or safety of others
- Advise on education, evaluation and sustainability and long-term success planning and adaptations over time
- Fulfill leadership roles, such as members of governance committees, evaluation and leads to develop and identify what needs to change, why and how
- Help ensure a diverse set of lived-experience perspectives are consulted and considered (e.g., people of different ages, and from different cultures and different socio-economic

backgrounds), to ensure shared understanding of the opportunity and strategies for the improvement

- Serve as champions for other clients, families and staff, to ensure the lived experience perspectives are fully considered and incorporated

Interdisciplinary Staff, who have the time, resources and accountability to:

- Bring perspective on how the initiative will change/improve their work life and the outcomes for clients and families
- Identify solutions for challenges, such as the possibility that staff may not agree the initiative is necessary, feel that other initiatives should take priority, or feel that extra work will be required
- Identify ways to document and build the new practice into existing practices and processes, such as new employee orientation, job descriptions, policies and guidelines.
- Help establish processes to monitor and support adherence to the new practice and identify opportunities for further improvement
- Serve as champions and mentors for their peers to ensure key staff perspectives are considered throughout the quality improvement initiative
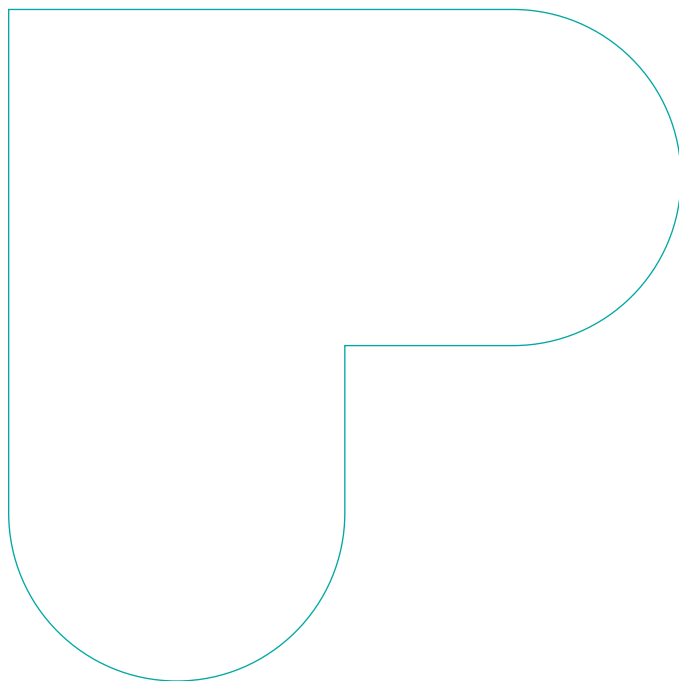
Appendix B: Eligible and Ineligible Expenses

In addition to the seed funding provided as part of the Enabling Aging in Place program, HEC is committed to contributing funds to successful applications to attend the in-person workshop including travel, accommodations, meals and workshop materials for one person per application team. These expenses should not be reflected in the seed funding budget.

Category	Eligible Expenses*	Ineligible Expenses
Personnel	• compensation/honorarium for involvement of client/care partner advisors • release time for team members whose regular job description will be amended to allow them to work on the quality improvement initiative • funds to hire additional staff to backfill the jobs of team members who are being released to work on the quality improvement initiative • salary replacement costs to allow providers to participate in the quality improvement initiative • consultant fees for additional capability building and evaluation support (consultants can not be used to draft implementation and evaluation plans)	• eligible release time charged at rates above existing salary • service delivery costs (unless approved by HEC in advance) • release time related to the financial administration of seed funds
Travel for Educational Purposes**	• travel costs for team members between quality improvement initiative site(s)	• travel costs not directly related to delivery of the learning collaborative
Equipment	• cost of equipment directly required for the quality improvement initiative (all equipment requests must be reasonable and fully justified)	• large capital purchases
Supplies and Services	• cost of producing materials required for the quality improvement initiative (photocopies, printing, office supplies, etc.) • costs relating to communication of the quality improvement initiative results, such as meetings and video conferences	• cost of supplies and services not directly related to delivery of the quality improvement initiative

* If your organization recovers part of its costs due to your tax status, the recoverable portions must be deducted from your budget and expenditure reports.

**Alcohol and cannabis are always ineligible expenses; the lowest economy fare must be selected for all travel; and, reasonable rates must be sought for all travel related costs. Note, travelling expenses are subject to the Services the National Joint Council Travel Directive, as may be amended from time to time, which can be viewed at https://www.njc-cnm.gc.ca/directive/d10/v238/en, and HEC's corporate administrative policies.

References

i   CIHI. (2023). New long-term care residents who potentially could have been cared for at home. New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home · CIHI

ii Kretzmann, John; McKnight, John (1993). Building communities from the inside out: a path toward finding and mobilizing a community's assets (3rd ed.). Chicago, IL: ACTA Publications. p. 14. ISBN 978-0-87946-108-9. OCLC 36708153.

iii University of Saskatchewan Division of Social Accountability. (n.d.) What is health equity? https://engagingforhealthequity.ca/health-equity-101/

iv Government of Canada. (2023). Social determinants of health and health inequalities. https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html

v   Healthcare Excellence Canada. (n.d.). Engagement-capable environment: organizational self-assessment tool. https://www.healthcareexcellence.ca/media/0n0hfkwj/20220321_ece_organizationalselfassessmenttool_en.pdf