P02 / Actualizing a Decade of Healthy Ageing

Topic : OTHER

Chair : Alyssa Brierley (Toronto Metropolitan University)

Second Chair : Samir Sinha (University of Toronto)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Across the globe, countries are experiencing a huge demographic shift. The number of adults aged 60 years and older is expected to increase in higher-income countries from 302 million to over 366 million between 2019 and 2030, whereas the number of children aged 14 and younger is expected to decrease from 211 to 202 million.[1] By 2050, a striking 1 in 5 people globally will be aged 60 years and older.[2]

Although governments have known for decades of this changing population curve, little has been done to support the growing population of older adults. Many countries continue policies and programs that were developed with a much younger population in mind.

It is for the aforementioned reasons that the United Nations (UN) endorsed the action plan titled the UN Decade of Healthy Ageing 2021-2030 (“The Decade”).[3] As the World Health Organization’s Decade of Healthy Ageing Baseline Report states, “the Decade commits WHO and the UN to 10 years of collaboration and action. It brings together governments, civil society, international agencies, professionals, academia, the media and the private sector to collaborate in improving the lives of older people, their families and their communities.”[4]

The objective of this panel is to explore how nations can both critically and optimistically think and act to help make each country a better place to grow up and grow old.

The associated research question is “In what way(s) can countries restructure policies to address challenges and increase opportunities associated with an ageing population over the next 10 years?”

Topics the panel can explore include (but are not limited to):

1. Alignment of health systems to meet the needs of an ageing population, including but not limited to providing access to appropriate, high-quality long-term care, palliative and end-of-life services, and access to appropriate care providers

2. Ageism, elder abuse, and social isolation

3. Creation of age-friendly communities, physical environments and spaces to meet the needs of an ageing population

4. Supporting older adults to engage in wellness and prevention activities that enable healthy ageing
5. Ensuring older people and their caregivers are enabled to participate in informed health decision-making and advance care planning
6. Challenges facing unpaid caregivers of older adults and how best to support them
7. Supporting older adults to remain independent and engaged citizens through a concerted effort to strengthen existing and future savings opportunities

[1] United Nations Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022: Summary of Results. UN DESA/POP/2022/TR/NO. 3
[2] World Health Organization. (2020). Decade of healthy ageing: baseline report.
[3] ibid
[4] ibid

CALL FOR PAPERS

The “Actualizing a Decade of Healthy Ageing” panel will accept papers with the objective of exploring how nations can both critically and optimistically think and act to help make each country a better place to grow up and grow old.

The papers must answer the research question: “In what way(s) can countries restructure policies to

address challenges and increase opportunities associated with an ageing population over the next 10 years?”

The papers may focus in on what a country has done successfully to achieve this goal already, or what countries need to do. It may focus on one country in particular, be comparative in nature, or provide more general observations and recommendations.

The papers can answer the aforementioned research question by addressing themes including but not limited to:

1. Health system changes required to meet the needs of an ageing population
2. Policy changes to addressing ageism, elder abuse, and social isolation
3. Enabling the creation of age-friendly communities, physical environments and spaces through innovative policies
4. Policy reform to ensuring the population is supported to engage in wellness and prevention activities that enable healthy ageing
5. Policy reform to ensure older people and their caregivers are enabled to participate in informed health decision-making and advance care planning
6. Policy changes required to ensure unpaid caregivers and older adults are supported in the workplace
7. Policy reform that ensures the financial security of older people

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Session 1

Tuesday, June 27th 13:30 to 15:30 (POD372)

Narratives of people with dementia living at home as a touchstone for quality

Milan Keulen (Erasmus University Rotterdam)

Narratives of people with dementia living at home as a touchstone for quality.
Milan van Keulen, MA. Dr. Josje Kok, Prof. Dr. Roland Bal, Prof. Dr. Anne Margriet Pot.

Abstract for IPPA panel T21P02 / Actualizing a decade of healthy ageing

An important focus of the WHO's decade of healthy ageing is person-centred long term care for older adults with a significant decline in their abilities (WHO, 2020). People with dementia (PWD) for example, need care and support to optimize their functional ability. But how do we know if the care provided is person-centred? Who assesses the person-centredness? And how is person-centredness organized?

PWD living at home and their family carers, the focus of this research, require care and services from different professionals and organizations. However, in the network of professionals situated around PWD, epistemic injustice, a credibility deficit due to incoherence or inaccuracies in PWDs' stories for example, is a significant risk (Li, 2022) (Fricker, 2007).

Furthermore, the current evaluation of person-centered care by regulators, is primarily based on predetermined fixed and measurable standards for service or care providers in a specific domain (Pot, 2022). Different regulators use different legal and normative frameworks to evaluate specific domains of care and service providers (Kok et al., 2019). For example, the quality of household-support services is supervised by a different regulator than homecare and public transport. These domain-specific, top-down regulatory regimes hamper integrated service provision and do not do justice to the complex and changing needs of PWD living at home, which transcend domains (Pot, 2022).

To work towards new regulatory arrangements, we collect and analyze narratives of PWD and their family carers and compare these with the current regulatory frameworks. Narratives are gathered to evaluate services and care from the bottom up (Kuis & Goossensen, 2017), using the emotional touchpoint method (Bate & Robert, 2006). PWD living at home and their family carers are asked to share their story from the first symptoms of dementia onwards. We focus on identifying key touchpoints or moments that stand out emotionally. Cards showing several types of emotions are presented to help identify the most fitting emotion. Focus groups with PWD and family carers are organized to discuss and deepen the results of the interviews.

The evaluation of the experiences by PWD are compared with the regulatory arrangements currently used to evaluate the care for PWD by the different regulators involved. Interviews with regulators about their practice and the instruments used are analyzed and compared to our findings. The following research question is used: How do the experiences of people with dementia living in the community relate to the existing regulatory frameworks of the regulators involved? Gained insights will firstly teach us to work towards regulatory arrangements that justifiably evaluate the person-centredness of the support received by PWD and secondly will provide input for regulators to reflect on their own practices.

This study is part of the RUN project (Reflexive regulation Using Narrative methods), which has the ambition to restructure the policies around the regulation of care and services by making users the touchstone of quality. The project will furthermore explore the use of reflexive regulatory practices which justify the heterogeneous and ever-changing reality of PWD living at home.

Literature

Bate, P., & Robert, G. (2006). Experience?based design: from redesigning the system around the patient to co?designing services with the patient. Quality & Safety in Health Care, 15(5), 307. https://doi.org/10.1136/QSHC.2005.016527

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Fricker, M. (2007). Epistemic Injustice: Power and the Ethics of Knowing. Epistemic Injustice: Power and the Ethics of Knowing, 1–208. https://doi.org/10.1093/ACPROF:OSO/9780198237907.001.0001

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Kuis, E. E., & Goossensen, A. (2017). Evaluating care from a care ethical perspective:: A pilot study. Nursing Ethics, 24(5), 569–582. https://doi.org/10.1177/0969733015620939/ASSET/IMAGES/LARGE/10.1177_0969733015620939-FIG2.JPEG

Li, B. (2022). Navigating Through the Narrative Montages: Including Voices of Older Adults With Dementia Through Collaborative Narrative Inquiry: Https://Doi.Org/10.1177/16094069221083368, 21, 1–13. https://doi.org/10.1177/16094069221083368

Pot, A. M. (2022). Wie het weet mag het zeggen, toezicht op persoongerichte langdurige zorg (Inaugural lecture). Marketing & Comunication ESHPM. https://www.eur.nl/eshpm/media/2022-10-oratieboekjeannemargrietpotweb

(Virtual) A new era for long-term care in Southern Europe? Understanding policy change and stasis of long-term care policies

Celestina Valeria De Tommaso (Università degli Studi di Milano)

Are we experiencing a new era for long-term care in Europe? In the last years, long-term care (LTC) has seen a broader scope of transformations, ranging from retrenchment and cost containment to a growth in public financing and an expansion of coverage. The peculiarity of this sector resides in its hybrid nature in design, allocation and provision of care. Also, LTC relies on a multi-level governance structure, where public and local authorities both coordinate in policy design and delivery. This policy sector, in the last two decades, acquired relevance since the demographic transition's possible impact on public sector expenditures is expected to be a, especially economic, pressure on the welfare states (Spetz et al., 2015; Change, 2020). The increasing demand for LTC posits a need for either direct retrenchment, increase in efficiency or at least attempts to reduce welfare state spending. More recently, the Covid-19 pandemic has become a further proof of the necessity to reform and invest in long-term care systems (Llena Nozal, 2021; Notarnicola, 2021).

New policy initiatives have been introduced in Nordic (e.g. Sweden), Continental (e.g. Germany) and Southern welfare countries (e.g. Italy). However, these latter ones have followed different trajectories in both the public and private sector. The research question is "Does policy change in the long-term care sector occur through a homeostatic process?". As a homeostatic process (Howlett, 2009) we intend a regulated - or self-regulating, adaptive - process by which an organism, or institution, tends to maintain stability while adjusting to conditions that are best adapted for its survival. The homeostasis process implies policy change in institutional stasis, and vice versa. This would broaden the conceptualization and analysis of path dependency to understand the policy dynamics and change in the field (Torfing, 2009). The paper proposes an intra-model comparison and is aimed at reconstructing the debate over policy change in long-term care in Southern European welfare countries: Italy, Spain, Portugal and Greece. These latter are the case studies. The unit of analysis is the policy, notably, the long-term care. We expect to observe major policy change in the field - thus, less reliance on institutional/policy stasis (homeostatic processes) - in those countries where the long-term care sector is less developed and more private-centralized. The reverse is also true.

Based on Pavolini (2021), the first part of the paper provides a further understanding of the "long-term care trilemma" in these countries, exploring their characteristics alongside four main pillars: overall organization of public long-term care systems; types of social protection provision; eligibility criteria; and financing. The second part is devoted to reconstructing the debate over the major reforms introduced after - and in response to - the Covid-19 pandemic. This second part is specifically aimed at responding to the research question, analyzing the proposed major reforms - and their directions - in the LTC sector. The research will rely on qualitative methods, desk and text analysis on ESPN, MISSOC and governmental/ministerial documents and guidelines.

A Roadmap for Enabling a Promising Future for Long-Term Care in Canada

Ashley Flanagan (Toronto Metropolitan University)

Samir Sinha (University of Toronto)

For decades, older adults and their families, advocates and researchers have been calling attention to fundamental weaknesses in the way that long-term care (LTC) services have been traditionally conceptualized, organized, and delivered across Canada. Then, in early 2020, came the COVID-19 pandemic, disproportionately affecting those living and working in LTC homes, and the health care system overall, and further highlighting the long-standing and inherent weaknesses in Canada's LTC systems. With what we have learned over the last three years, the third—and final—report in our Future of LTC Policy Series helps to now re-establish what Canada needs to do to ensure that it can adequately meet the LTC needs of its rapidly ageing population. In particular, this presentation will highlight the NIA's proposed roadmap of strategies to improve delivery of LTC services; workforce retention and recruitment; affordability and sustainability; and data collection and monitoring. Bringing together expertise in financial and health policy to present options and recommendations for a feasible and fiscally responsible set of policy strategies, it is clear that there is no time like the present to move forward with a balanced approach to enabling high-quality LTC services for all older Canadians.

It's Time to Unleash the Power of Naturally Occurring Retirement Communities in Canada

Madison Brydges (Toronto Metropolitan University)

It has long been recognized that many Canadians want to age in the home and community of their choosing, however this demand has outpaced the health, social and housing infrastructure needed to enable healthy ageing in the community. Underpinning this challenge is a lack of policies that can enable not just ageing in place, but what the National Institute on Ageing calls Ageing in the Right Place: the process of enabling healthy ageing in the most appropriate setting based on an older person's personal preferences, circumstances and care needs. Supporting older Canadians to age in the right place will require innovative housing models and infrastructure that can support their independence, safety, health and social well-being.

This presentation will examine policy strategies needed to advance one such model: Naturally Occurring Retirement Community programs (NORC programs). NORC programs are a model of care that aim to integrate health, social and physical supports directly within the community of older adults to make it easier to enable ageing in the right place. While NORC programs have had some success in the United States (U.S.), until recently there has only been limited uptake in Canada. Drawing on lessons learned from NORC program case studies in Canada and the U.S., this presentation will discuss how NORC programs can enable healthy ageing in communities and discuss policy strategies to enable NORC programs across Canada.