SASKATCHEWAN Environmental scan of community-based programs for older adults in rural memory clinic communities and surrounding areas

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Background:

- Rural areas often lack advanced health services and resources in general^{1,2}
- RaDAR collaborates with rural Saskatchewan Primary Health Care (PHC) teams to develop, implement, spread, and sustain RaDAR PHC memory clinics
- This environmental scan is one of many RaDAR projects that support timely dementia diagnosis and management in rural areas



Clinics currently operating in:

- Kipling (pop. 1,076)
- Weyburn (pop. 10,870)
- Rural West (Bengough/Radville) (pop. 1,110)
- Carlyle (pop. 1,524)

Objectives:

 To conduct an environmental scan of local, community-based programs in rural areas where RaDAR PHC memory clinics are currently held, that might be used by clinic patients and families

• <u>To identify and describe:</u>

Programs/services

- Program provider training/experience
- Changes in programs
- Program needs
- Gaps/Innovations/Recommendations

Methods

- Multi-method qualitative research design
- Focus groups with health care providers and managers; review of secondary sources of information; systematic internet search
- *Semi-structured phone interviews with community-dwelling people living with dementia and family caregivers of people with dementia



References:

¹Hanlon N, Skinner M, Joseph A, Ryser L, Halseth G. New frontiers of rural ageing: resource hinterlands. In: Skinner M, Hanlon N, editors. Ageing resource communities: new frontiers of rural population change, community development and voluntarism. London: Routledge; 2016, p. 11–23.

²Adsf Scheil-Adlung, X. Global evidence on inequities in rural health protection. New data on rural deficits in health coverage for 174 countries [ESS Document No. 47]. In: Scheil-Adlung, X, editor. Extension of Social Security. Geneva, Switzerland: ILO; 2015, p. 1–44.

Results: 43 Programs & Services Across 7 Categories³⁻⁵

Program & Service Types (n)	Available to all communities remotely	Available in-person in the communities of						
		*Kipling	*Weyburn	*Radville	*Bengough	*Carlyle	Wawota, Kennedy, Kenosee Lake, Manor	*TOTALS
Social & Leisure Activities (n=14) • counselling, relationship such as senior centres, libraries, coffee clubs, activity programs	n=3	n=3	n=2	n=2	n=2	n=2	n=5	N=19
General Support & Referrals (n=13) • counselling, relationship/ behaviour management, support groups, referrals	n=12 (n=1 initial consult in home community, remote follow-up)	nil	nil	nil	nil	nil	n=1	N=13
Transportation (n=7) • such as volunteer driver programs, Handi-vans	nil	n=2	n=1	n=1	n=1	n=2	n=3	N=10
Home & Personal care (n=2) • medical or non-medical care in the home such as Home Care, house cleaning/laundry, gardening/lawn mowing, showering, meal prep	nil	n=1	n=2	n=1	n=1	n=1	n=1	N=7
Respite (n=2) • in-home, overnight, day centres	nil	n=1	n=2	nil	nil	n=1	n=1	N=5
Information & Education (n=4) • education/information sessions, leaflets/flyers, awareness events	n=4	nil	nil	nil	nil	nil	nil	N=4
Safety (n=1) • MedicAlert® Safely Home® - Canada- wide medical identification service	n=1	nil	nil	nil	nil	nil	nil	N=1
TOTALS (n=43)	N=20	N=7	N=7	N=4	N=4	N=6	N=11	N=59

*Total n's in this column include some same service types offered in-person in multiple communities (e.g., SE Regional Public Libraries)

*Locations of RaDAR memory clinics

References:

³Charlton P, Azar R, Luke A, Doucet S, Montelpare W, Nagel D, et al. Falling through the cracks: Barriers to accessing services for children with complex health conditions and their families in New Brunswick. Journal of New Brunswick Studies. 2017 Nov 23;8.

⁴Stockwell-Smith G, Moyle W, Kellett U. The impact of early psychosocial intervention on self-efficacy of care recipient/carer dyads living with early-stage dementia—A mixed-methods study. Journal of advanced nursing. 2018 Sep;74(9):2167-80.

⁵Health Quality Ontario. Dementia Care for People Living in the Community. Toronto: Queen's Printer for Ontario; 2018

Referral Process	Programs n	Cost	Programs	
Self	2		n	
Self, other	25	Free	20	
Self, other,	6	Fees per	9	
Health Care Provider		service		
Health Care Provider	1	provided		
Primary Care Physician, Nurse Practitioner	1	Membership	5	
RaDAR Rural Memory Clinic team	1	fees		
Missing	7	Missing	9	
Education/Training	1	Programs		

Education/Training of Program Providers	Programs n
Geriatric Psychiatrist, FP/NP, OT, Pharmacist, Continuing Care Consultant, Social Worker	1
Neurologist, Neuropsychologist, Nurse, Psychometrist, PT	2
PhD in Psychology, grad students, neuropsychologist supervision	3
RaDAR Rural Memory Clinic team (FP/NP, Home Care Nurse, OT, PT, Dietician; composition varies by team)	1
Nurse, Social Worker, Counselor	5
Certified Fitness Instructor	1
Volunteer-based	8
Missing	22

What have we learned so far?

• A range of programs and services were identified in and around communities where RaDAR memory clinics are currently held that might be used by patients and/or families that have been seen at a memory clinic

- Nearly half were free to access and nearly 20% were volunteer-based
- **17 programs and services identified were related to dementia**, most of which (10/17) were provided by the Alzheimer Society

Why is this important?

- A key step toward providing evidence-based data to stakeholders, to inform and guide planning and decision-making
- To raise awareness of existing program innovations and gaps, and track changes over time

Where do we go from here and why?

- To ask people living with dementia and/or their family caregivers about their experiences with community-based programs in areas with RaDAR memory clinics
- To identify unmet service needs and barriers to accessing services, to help guide program interventions, inform decision makers, and enhance the participation of people with dementia and their families within their own communities