

Forget about it!: time for 'new' thinking about aged care in rural areas

MONDAY 22 APRIL 2024

4:15-5:30pm

CQUNIVERSITY EMERALD

AGED CARE IN RURAL AREAS (ACRA) CONSORTIUM

UMEÅ UNIVERSITY DEPARTMENT OF EPIDEMIOLOGY AND
GLOBAL HEALTH



The seminar will look at international research and case studies from Australia and Sweden dealing with persistent challenges such as:

- Workforce
- 'Doing good' with limited resources
- Community engagement and community-based care
- Managing increasing demand for care
- Collaboration and cooperation
- Research, evaluation and innovation

The seminar will explore the potential for a partnership between aged care services and stakeholders in the Central Highlands and the Aged Care in Rural Areas (ACRA) network.



Aged Care in Rural Areas (ACRA) Research Group



ACRA's Australian members are keen to explore collaboration opportunities with local and international organisations.

Team Interests: Innovation in aged care services in rural and sparsely populated areas.

We want to understand how local stakeholders/actors impact implementation of innovation in rural health services and developing strategies to increase the body of scientific knowledge about local-led innovation.

Carson, D., Preston, R., & Hurtig, A. -K. (2022). Innovation in Rural Health Services Requires Local Actors and Local Action. *Public Health Reviews*, 43, 1-10. doi:[10.3389/phrs.2022.1604921](https://doi.org/10.3389/phrs.2022.1604921)

- ‘Small rural’ has local actors who can positively contribute to innovation processes
 - need to be supported to develop absorptive capacity, leadership, imagination and innovative capacity
- Local-led (completely local or local initiated) projects tend to be smaller scale and more ‘realistic’ than externally originated
 - leading to better sustainability outcomes?
 - suggesting aspects of anti-fragile design approaches?
- Local action can be limited due to ‘stakeholder burden/ burn-out’ (same stakeholders involved in multiple projects)
- External partners important for accessing sustainability facilitators (funding, policy changes)
- More research needs to be specifically focused on local actors and action, particularly ‘post-project’
- The potential for more ‘local Research and Development (R&D units’) needs to be explored

Implications

- Communities and institutions can harness the essential role of LALA in supporting health innovations.
- Academy-practitioner partnerships are needed to document innovation experiences and strengthen the evidence base.
- We are applying these review findings to our work with community leaders and health and care services in Australia, Canada, Sweden and Austria to develop structures that will foster LALA.



SYSTEMATIC REVIEW article

Front. Polit. Sci., 17 October 2022
Sec. Political Participation
<https://doi.org/10.3389/fpos.2022.885636>

This article is part of the Research Topic
The Local Matters in Coping with Crises and Beyond
[View all Articles >](#)

A “toolkit” for rural aged care? Global insights from a scoping review

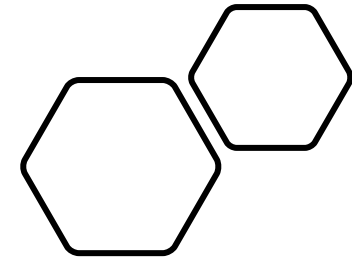
 Geraldine Vaughan^{1†*},  Dean B. Carson^{2*†*},  Robyn Preston^{1*},  William Mude^{1*} and
 Anne-Marie Holt^{3*}

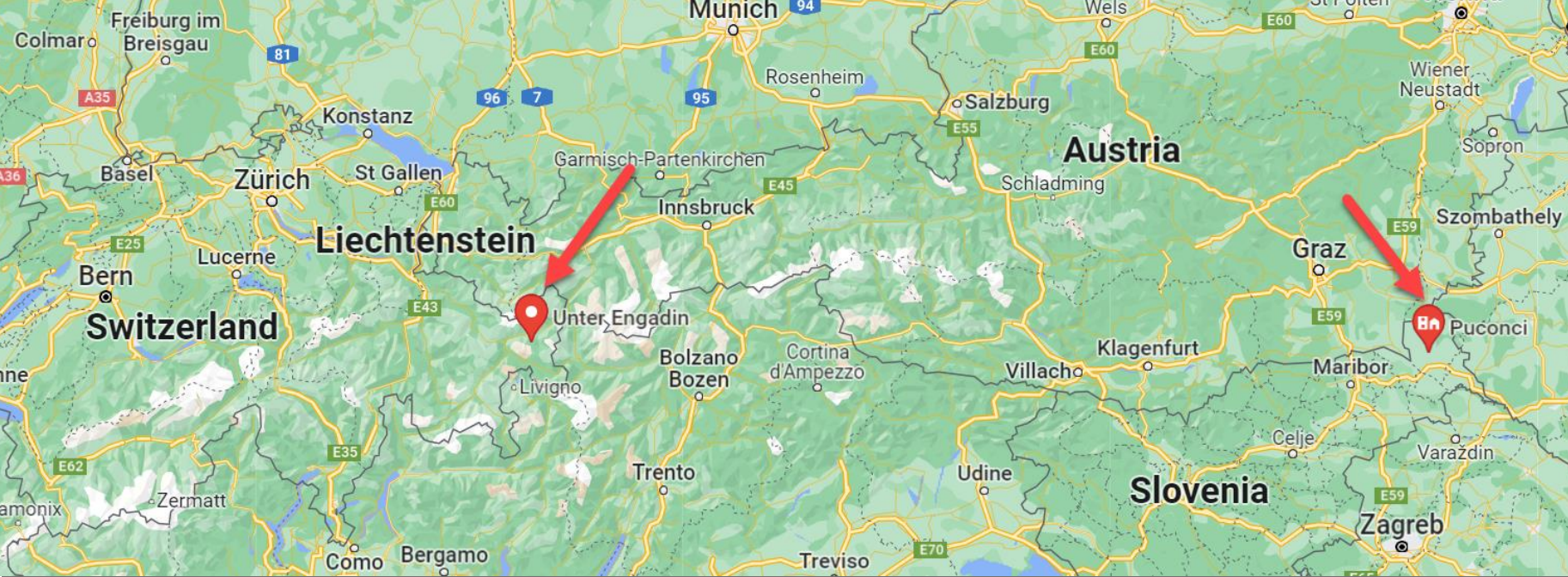
¹ School of Health, Medical and Applied Sciences, Central Queensland University, Rockhampton, QLD, Australia

² Department of Epidemiology and Global Health, Umeå University, Umeå, Sweden

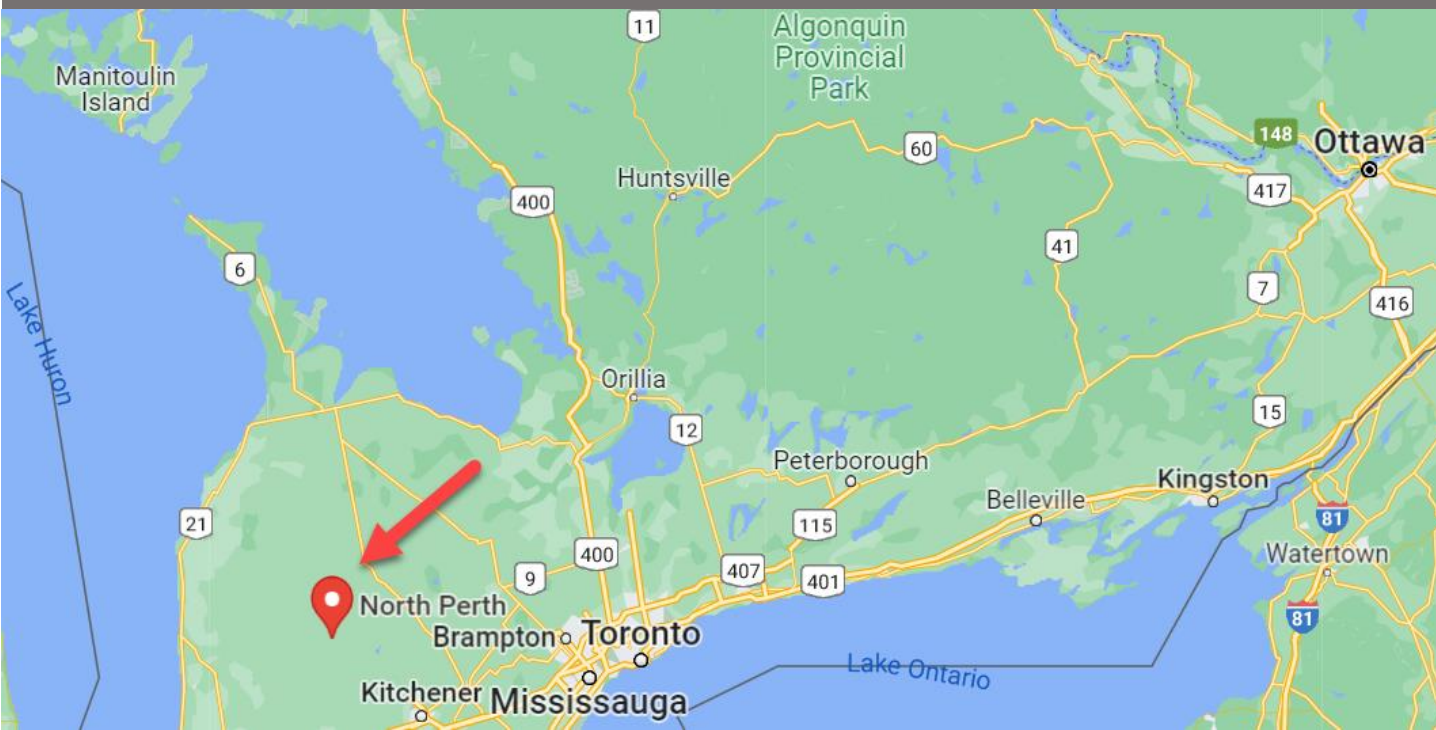
³ School of Medicine, University of Notre Dame, Fremantle, WA, Australia

Community-based social models of care for seniors promote better outcomes in terms of quality of life, managing chronic illness and life expectancy than institutional care. However, small rural areas in high income countries face an ongoing crisis in coordinating care related to service mix, workforce and access. A scoping review was conducted to examine initiatives that promoted integrated models of multisectoral, collaborative aged care in rural settings which could help respond to this ongoing crisis and improve responses to emergencies such as the COVID-19 pandemic. A systematic database search, screening and a two-stage full text review was followed by a case study critical appraisal. A content analysis of extracted data from included papers was undertaken. Integrated care services, activities and facilities were identified that helped guide the review process and data synthesis. The three included case studies all emphasized key principles that crucially underpinned the models related to collaboration, cooperation and innovation. Challenges to effective care included fiscal and structural constraints, with underlying social determinant





Three included case studies




- Slovenia
- Switzerland
- Canada

So what? Lessons learnt


Identified a Toolkit with components of integrated models of care for older people in rural areas of high-income countries.



Effective care requires aging to be addressed as a complex, interconnected social issue rather than solely a health problem.



It demands a series of coordinated system-based responses that considers the complex and heterogeneous contexts (and needs) of communities.



Such models are underpinned by leadership and political will, working with a wide breadth of stakeholders across family, community and clinical domains in private and public sectors.

Prof Dean Carson

Questions for us... (and questions for you!)

- How does this fit with your work? – initiatives, strategies, research?
- Parallels in your settings?
- Does what we've spoken about align with your work?

What we would like to explore

- What are the key issues, opportunities and innovations for home care for older adults in rural and remote Queensland?
- Who are the potential stakeholders and partners in the field of rural home care for older adults in Queensland?

Aims...

- To identify the key issues for home care for older adults in rural and remote Queensland.
- To identify opportunities and innovations in home care for adults in rural and remote Queensland

Eventually...

- To develop a partnership with a small rural community and industry stakeholders to co-design a coordinated community driven model of home care for older adults

Where to from here?

- Build on and extend our current collaborations
- Identify potential partnerships to bridge the gap between research and service providers/industry.
 - provide a platform for industry and researchers to understand the landscape better
 - providing a platform to lead this inter-connectivity that is required to bring all partnerships together in rural/regional areas
 - share experiences relating to aged care service evaluation and the challenges experienced
- Potential partnerships? advocacy bodies (e.g., Rural Health Alliance); Service Providers, Primary Health and ... (your thoughts?)

	Inclusion criteria	Participants	Focus of Questions
Focus Group Discussions with community members	Community members aged 55 to 70	Up to 24+/up to 6 FGDs	Current services available for older adults, their views on their future needs. How would they like to age? How can we co- design? How do you want to collaborate?
Interviews with community/regional decision makers (stakeholders)	Mayor Councillor with Community Portfolio NGO and corporate leaders	Up to 5	Current services available for older adults. Their views on future needs. How can we co- design? How do you want to collaborate as partners? How does collaboration occur now? What innovations are they aware of?
Interviews with Health and social care workers (stakeholders)	Health service, community services and aged care (industry) representatives	20 to 25	



Methodology: Qualitative Research: Critical Theory and Constructivism

- **Data Collection:** Semi-structured **interviews** will be conducted
- **Sample:** Health and social care workers, community leaders and stakeholder representatives via Zoom, TEAMS telephone or face to face. Participants will include Stakeholders (Peak bodies, NGOs e.g. Bluecare, RFDs), Primary Health Network representatives, local community representatives (Council CEOs and heads of Council) Community Services) in rural and remote Queensland. Health and social care workers employed by Queensland Health will be excluded due to the long time for ethical applications not
- **Sample Size:** 20 - 25 interviews (till data saturation)
- **Interview Schedule focus:** Strengths and challenges in rural aged home care, current practice and innovations, current collaborations, how they would like to collaborate
- **Data Analysis:** Interpretive thematic analysis
- **Dissemination:** Present to local organisations/stakeholders/council and conferences. Publish in Q1 Journals.

Focus Group Discussions

- **Focus group discussions** will be conducted face to face in the community of Emerald.
- **Four** focus group discussions with **24** potential future consumers of home-based aged care, aged 55 to 70. Each focus group will have 6 participants
- Focus group discussions will centre on how the community would like to age, what services they would like, and how they would like to collaborate and codesign services).
- A separate FGD will be held with First Nations peoples.

Phase 1 (Completed)	Team and knowledge development	<ul style="list-style-type: none"> • Aged Care in Rural Areas (ACRA) research group developed. • Two systematic literature reviews completed. • Partnerships developed (ongoing).
Phase 2 CQU Internal Grant	Build on and extend current collaborations	<ul style="list-style-type: none"> • Undertake exploratory research to understand the current issues, opportunities and innovations in terms of home-based care for older adults in rural and remote Queensland (Central Highlands). • Interviews and Focus Groups with consumers, industry stakeholders, health and social care workers and community leaders. • Identify potential partnerships as well as mechanisms to bridge the gap between research and consumers and service providers/industry. • Develop a quantitative survey and grant application for Phase 3.
Phase 3 Category 2 or 3 grant (NGO partner)	Understanding the issues in a wider population	<ul style="list-style-type: none"> • Quantitative survey of stakeholders in a wider population of rural and remote Queensland in collaboration with partners developed in Phase 2. • Identify issues, challenges and innovations in home-based care for older adults in rural and remote Queensland.
Phase 4 Cat 1 grant (Linkage grant)	Implementation of a model	<ul style="list-style-type: none"> • Work with local community, consumers, industry stakeholder, health and community leaders to co-design a healthcare model/toolkit/systems approach for home-based care for older adults in rural and remote Australia. • Implement and evaluate the model in multiple settings. • Evaluate the acceptability of the model.



Phase One (Internal grant): Build on and extend our current collaborations: Internal grant

We will undertake exploratory research to understand the current issues, opportunities and innovations in terms of home based aged care in rural Queensland

We will undertake interviews with industry stakeholders, health and social care workers and community leaders.

We will identify potential partnerships to bridge the gap between research and service providers/industry.

We will develop a quantitative survey that will be undertaken in stage two (category 2 funding)



Phase two (Category 2 funding): (state funding/industry)

We will undertake the quantitative survey of stakeholders. The Survey will be undertaken in a wider population of rural and remote Queensland in collaboration with partners developed in phase 1 (stakeholders, consumers, health and social care workers)



Phase three (Category 1 funding): We will implement the model in multiple centres. We will compare with services, translation into practice. With the local community, health service and industry body, we will co-design a healthcare model/toolkit/ systems approach (adjusting the Storuman model) for remote aged care that is locally relevant, efficient and sustainable in small rural settings. We will evaluate the acceptability of the model and adjust

provide a platform for industry and researchers to understand the landscape better

providing a platform to lead this inter-connectivity that is required to bring all partnerships together in rural/regional areas

share experiences relating to aged care service evaluation and the challenges experienced



THANKS,

ACRA@CQU.EDU.AU

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