

Taking care of chronic disease: realizing approaches for Canada's aging ethnic population: a workshop

Executive Summary

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Background and Purpose of Workshop

Taking care of chronic disease: realizing approaches for Canada's aging ethnic population was a workshop held in Vancouver, British Columbia, Canada in February 2011. The purpose of this workshop was to begin to address an existing evidence gap on approaches to self management support that meet the needs of immigrant older adults with chronic conditions. This gap was identified by participants in a multi-stakeholder forum and subsequent community consultations with Mandarin- and Punjabi-speaking older adults organized by the Immigrant Older Adults: Care, Accessibility, Research and Empowerment (ICARE) team.

In response, we conducted an environmental scan that resulted in an annotated bibliography. From this exercise we concluded that:

(1) Literature on self-management supports for ethnocultural minority older adults is sparse and varied; (2) Evaluations of U.K. and Australian programs revealed that they predominately appeal to “white middle-class people with long-term conditions who already viewed themselves as effective self-managers”; (3) Viable alternative models of self-management supports for ethnocultural minority older adults are not reported in the literature; and (4) Individual self-management needs to be situated within a collective understanding of empowerment.

Our workshop aimed to facilitate the exchange of ideas between a group of 32 diverse Canadian stakeholders (plus five student volunteers) such as immigrant older adults with chronic conditions and their friends and family members, policy makers, clinicians, multicultural settlement workers, and academics. Ultimately, we seek to develop evidence-based approaches to self-management supports that acknowledge the various challenges faced by this disadvantaged population and build on existing strengths within our communities.

Terms of Reference

The **Chronic Care Model** is a widely adopted multi-pronged strategy aimed at preventing and managing the increasing incidence of chronic disease worldwide. Central to the model is the notion of the “informed activated *patient*” who interacts with a “prepared proactive *practice team*.” This model has since been expanded to better account for the social determinants of health, or factors that influence chronic conditions and their care that fall outside the purview of the health system.

Self-Management Support encompasses health care, social services, and community-based initiatives aimed at supporting individuals and their families to live well with chronic conditions. This broad definition is well-suited to immigrant older adults, since it appears that much of the care they seek for chronic conditions (together with their families), is found in the community and multicultural sectors rather than the health care sector, per se. In parallel with the expanded chronic care model, it also highlights the importance of considering the interface between the health system and broader community supports and the ways in which both

influence the personal skills of the individual, delivery system design, decision support and information systems. *This report seeks to contribute to our understanding of what is needed in terms of supports from the community and supports from the health system in order to enhance the ability of immigrant older adults to self-manage their chronic conditions.*

The Workshop

Following a presentation panel (see below for details), participants were engaged in discussions that adopted the World Café model in order to address two main questions:

- (1) To what extent do current self-management support models address the needs of immigrant older adults? (And what are the barriers to their use by this population?)*
- (2) What are ‘promising practices’ for this population and what can we learn from them?*

Each of a total of six discussion tables (three per one-hour time frame) were led by 2-3 participants pre-selected on the basis of their experience and knowledge of these various domains as well as their representation of the different stakeholder groups.

a. Panel Presentations

Panellists were selected for their varied expertise and experience with chronic-disease self-management supports. Their presentations represented policy, clinical and academic perspectives:

- (1) Chronic Disease Self-Management Supports for Ethnocultural Minority Older Adults by Kelly McQuillen (Director, Patients as Partners, B.C. Ministry of Health);
- (2) Self Management Support Approaches: A Key Solution to the Problem by Sue Mills (Ph.D., New Investigator, BC Centre of Excellence for Women’s Health);
- (3) Ethno-cultural minorities and chronic disease: Clinician–patient interactions by Charlotte Jones (MD, PhD, Associate Professor of Medicine, University of Calgary); and
- (4) Self-Management Supports for Ethnocultural Minority Older Adults: What We Know and What We Don’t Know by Karen Kobayashi (PhD, Associate Professor of Sociology, University of Victoria).

b. World Café Discussions

Subsequent to the workshop, all of the notes taken for each World Café table were transcribed, as were posters developed to summarize the contributions of the three sets of “traveling” participants to each table. We wanted to let the collective wisdom of our participants speak for itself; however, we were also curious as to whether and how the participants’ conversations reflected the strategic directions recommended by Mills *et al.*’s (2011) framework for Chronic Condition Self Management Support.

Conclusions

There are numerous barriers and constraints preventing immigrant older adults from accessing and fully benefiting from chronic disease self-management supports. These include constraints at the systems, social, family and individual levels.

REACHing out to this relatively vulnerable subpopulation of older adults is therefore extremely important. Raising awareness of chronic health issues, overcoming stigma and cultural beliefs

that regard chronic diseases as a normal part of aging and connecting individuals, families and communities to services and programs were all seen as components of REACH. In order to reach seniors, families need to be targeted. Immigrant older adults depend on their families, specifically their adult children, to access and navigate the health care system.

The importance of **BUILDING LINKAGES** among health care providers and through community partnerships was emphasized. For example, general practitioners need to “work with others,” not in isolation. Service providers expressed the importance of “target[ing] health from a community standpoint,” “ask[ing] the community what adaptations are needed”, “building good community and increasing capacity”, and “building partnerships with community infrastructure.” Participants also emphasized the limited capacity (time, infrastructure, funding, training) of community partners to assume the full burden of providing self-management supports for their clients; the health care system needs to change in order to facilitate their increased involvement.

Also important is the provision of appropriate **SUPPORTS TO HEALTH CARE PROVIDERS** who play an essential role in chronic disease self-management support. Changes are needed at the systems level to facilitate an inclusive and culturally sensitive approach to self-management. Workshop participants felt that building trust and a good relationship with GPs and other health care providers is vital to the success of such programs. In addition to healthcare provider education and training, health systems must provide incentives for health care providers to spend more time with patients and address more than one problem at a time. Providers must also be aware of available self-management supports for different communities to which they can refer their patients.

Our multistakeholder dialogue underscores the importance of pursuing research that examines what supports are needed for (a) community partners (including multicultural agencies, family members, etc.) and (b) diverse health care providers *to work collaboratively* in order to ensure that immigrant older adults have the skills they need to self-manage their chronic diseases. This examination must take into account the interactive effects of social determinants of health on both the prevalence and ways in which chronic diseases are experienced and the capacity of individuals and communities to manage them. Research that distinguishes between different types of support that are more salient at different points along the trajectory of a chronic disease is needed. Most critically, our research will continue to engage all stakeholder groups so as to ensure its relevance and the uptake of any emergent recommendations.