



# Mount Waddington Adult Day Program Pilot

## How did it get started and evolve over time?

Mount Waddington is a rural region on North Vancouver Island with a population of approximately 14,000 spread out over a large area. Vulnerable seniors in the region were falling through the cracks, leading to some frail older people with health challenges being admitted to hospital as a form of respite and many caregivers were experiencing burnout. To address this situation, the North Vancouver Island Chapter of the Rural and Remote Division of Family Practice<sup>1</sup> secured funding through the *GP for Me Initiative*<sup>2</sup> to establish a pilot adult day program for vulnerable seniors receiving home and community care services. This pilot program ran from November 2015 to February 2016.

The Division of Family Practice is not a service provider, so they partnered with Vancouver Island Health Authority (VIHA) to provide this program at the Hardy Bay Seniors’ Centre in Port Hardy, the largest community in the region. Other partners who offered assistance for the program were Volunteer Transportation Network, Better at Home, and the Hardy Bay Seniors Citizen Society. There were several significant factors that enabled the adult day program to be successfully established including the recognition of the need for this service by multiple stakeholders, the connections between service providers in the region that already were in place before the program and the leadership provided by local service providers in initiating the program.

## What was the Programming Model?

While originally conceptualized as a supported adult day program for seniors eligible for publicly-funded home and community care services (through the healthcare system), challenges in securing adequate staffing meant that there were not enough home and community care staff to have it run as a supported program full-time. As a result, the decision was made to offer two different adult day programs: a supported program and a community program. The community program was open to any senior living in the community and ran on the days home and community care staff were not available. The below table provides an overview of the two different programs and demonstrates the differences in the programs.

	Supported Program	Community Program
<b>Pilot Duration</b>	16 sessions (divided into two 8-week programs, each with the capacity for 10 seniors)	9 sessions
<b>Total Participants</b>	19	62
<b>Program Times</b>	2 x 5.5 hr sessions a week	2 x 7 hr sessions a week
<b>Eligibility Requirements</b>	Seniors receiving home and community care services and assessed as eligible for the program by VIHA	Seniors living in the community

<sup>1</sup> Divisions of Family Practice are community-based groups of family physicians who work together to better support the people living in their region.

<sup>2</sup> Provincial initiative to improve patient access to primary care.

<b>Staffing &amp; Volunteers</b>	Certified therapeutic recreation specialist, home and community care staff (home health case manager, community health worker, physiotherapist and occupational therapist), volunteer drivers, volunteers, and coordinator	Certified therapeutic recreation specialist, volunteers, and coordinator
<b>Program Goals</b>	Increase respite care; increase participant socialization; maintain and develop baseline skill/ability; offer prevention and early detection/intervention; and increase quality of life for participants and caregivers	Increase socialization, promote autonomy, and increase daily activity and promote healthy living

VIHA was only involved in the supported program, and was responsible for assessing the eligibility of participants for the program and funding the home and community care staff. The usual daily schedule for the supported program involved socialization, exercise and cognitive activities in the morning, lunch, and games and one-on-one time in the afternoon.

Both adult day programs were designed to be comprehensive interventions targeting the cognitive, physical, social and emotional realms of participants.

## What evidence is there of the programs' success?

Each of the programs has undergone an evaluation<sup>3</sup>, and while the sample sizes were small, the results were very positive. Participants in both programs reported high levels of satisfaction with the programs.

The evaluation found that the supported program:

- Improved the quality of life of participants
- Led to improvements in participants' moods after program sessions
- Decreased caregivers' burnout levels

Participants in the community program said that mental stimulation and community building were two of the most important benefits of the program. Participants shared how the program had increased their awareness of community and health services and improved their connections to the community.

Some feedback from participants (of both programs) from the evaluations:

*"It gave me a place to look forward to. I got up and looked forward to going to the program. The older you get, the more it seems like you need a reason/purpose to get up. If you see people at the senior's centre, you get up and go."* (Supported Program Participant)

<sup>3</sup> See: Reichert and Associates. (n.d.). *A GP for Me: Final Evaluation Report*. A report prepared for the Rural and Remote Division of Family Practice's A GP for Me Project.

*“Even though Mom couldn’t remember one day to the next where she was going, once she got there, the recreation therapist made her feel so good she didn’t want to leave.”* (Caregiver of Supported Program Participant)

*“Thanks to this program, I ate healthier, I exercised more and my brain was challenged.”* (Community Program Participant)

*“It brought a sense of community to our senior’s centre.”* (Community Program Participant)

Transportation and staffing (specifically for the supported program) were two areas where the evaluation concluded the programs could improve. Similar to many other rural communities, it is a challenge to recruit and retain home and community care staff in the Mount Waddington region. Because of the limited public transportation options in the region and the prevalence of mobility limitations of participants, adding transportation services to the programs would improve access. While drivers from the Volunteer Transportation Network are able to offer assistance to some of the participants of the supported program, the focus of this network is on providing transportation to medical appointments, not on providing regular transportation to programs.

## **What are the next steps moving forward?**

The Hardy Bay Seniors’ Centre has received funding to implement some of the aspects of the community program in their weekly activities.

Currently the pilot of the adult day programs has finished and the North Vancouver Island Chapter is working on securing funding to sustain both adult day programs. They ideally want to offer the program one day a week in five different communities, with the option of participants attending the program in more than one community. The Local Collaborative Working group submitted a successful proposal to the Joint Standing Committee (JSC) on Sustainable Rural Communities. Included in this proposal is to further develop and work with the Mount Waddington Region communities to develop an adult day program and work with stakeholders to develop a sustainability plan.