

# At-a-Glance

## Transforming local care and supports to build and sustain wellbeing

A transformation that sees health and social sectors partner at individual, local, and system levels is needed to support people in continuing to live in their own homes and communities as they age.

This work recognizes the knowledge, skill and potential of multi-sector community teams to support underserved populations through creative approaches involving local people and resources. Only adaptable health, social and community systems working in a united fashion will be able to meet the evolving needs of people as they ‘age in place’ in their own homes and communities.

Sustaining the efforts of these teams requires a shift in how health and social systems are supported to prioritize collaborative work. Building relationships, gathering diverse perspectives, and sharing learnings within and across sectors at a local, regional and provincial level is essential to informing the development of infrastructure, and policy which support sustainable, effective and collaborative care and support at a community level.

**Connecting People and Community for Living Well (CPCLW)** offers a model that is transforming how health, social and community partners work together locally to design, deliver, and implement services and supports so those in their community can ‘live well’. This work is grant-funded and provincially supported through Alberta Health Services’ (AHS) Strategic Clinical Networks™.



## Community partnerships are central to this approach

Collaboration across sectors is a key enabler of success for this work, with community teams leading the way and identifying priorities and actions that make sense for their local residents and community.

Each community’s partnerships are unique to the services and programs that exist locally. For example, community teams may include members from Family and

Community Support Services (FCSS), the Alzheimer Society, Alberta Health Services (AHS) Home Care, AHS Seniors Outreach, Primary Care Network (PCN) staff, Indigenous wellness centers, and those with lived experience.

## Why Wellbeing?

- Focusing on what builds and supports wellbeing shifts thinking from a medical model and ‘illness’, to one that builds on strengths and honors the multiple factors that contribute to one’s ability to ‘live well.’
- Fundamental to this work is that wellbeing is *built and supported within communities*. Most people wish to remain in their own homes and communities as they age, so it’s important to ensure communities are *supported and equipped with the knowledge, skills, and resources to respond to the evolving needs of their local aging population*.

Learn more about our [Focus on Wellbeing](#)

## The CPCLW Model

This work involves innovative, evidence-informed ways to support people to live well in their homes and communities. The CPCLW team has developed a model (Figure 1) as a resource for community teams that can be applied to guide work at a community level.

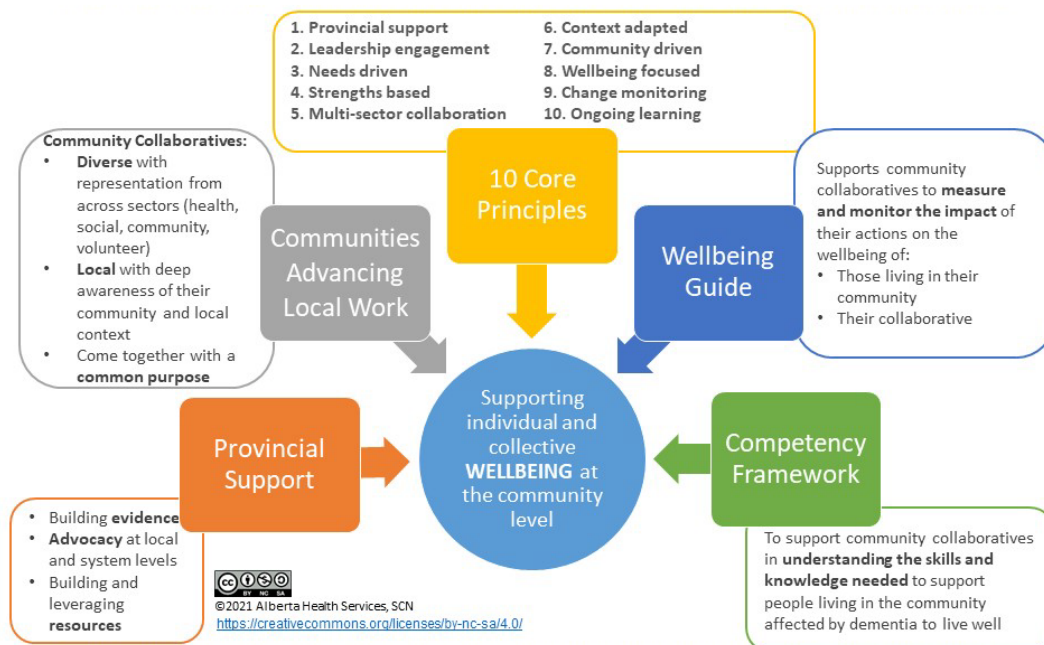


Figure 1 Connecting People and Community for Living Well Model

The Connecting People and Community for Living Well model includes five components, which work in tandem to build and sustain wellbeing at both a provincial and local level:



### Provincial support

Support for multi-sector community teams to adapt the model within their community, build evidence around the model, its implementation, and its impact. This includes advocacy at local and system levels, as well as building and leveraging resources to support broad uptake of the model.



### Communities advancing local work

Diverse multi-sector community teams coming together with the common purpose to improve the wellbeing of local residents through collaborative actions that build on their deep knowledge of their community.



### 10 Core Principles

Offer guidance for making choices and decisions, allowing for adaptation to different contexts, changing ideas, and a variety of challenges.



### Wellbeing Guide

Supports the measuring and monitoring of actions taken at the local level by multi-sector community teams to build and sustain wellbeing. Over time, the Wellbeing Guide will also help illustrate areas which are challenging to address locally, and may necessitate system, or policy level changes.



### Competency Framework

Outlines the skills, knowledge and behaviors needed to advance collaborative multi-sector work in the community. Can be useful for community teams, programs and organizations supporting or implementing the model.

## Current Work

Learnings from the Connecting People and Community for Living Well provincial work have been building since 2017. Funding through Health Canada's Health Care Policy and Strategy Program has created the opportunity for an AHS provincial team to work with multi-sector teams in rural communities to enhance their capacity to support the wellbeing of local underserved populations.

The 2023-2026 grant will focus on **five key activities** centered around the Connecting People and Community for Living Well model ([Figure 1](#)):

- **Spreading** the model to new communities to support those living with dementia and carers
- **Scaling** the model to support the wellbeing of other underserved populations
- **Sustaining** the model in the five rural communities who were part of the 2020-2023 grant (Drumheller, Innisfail, Stony Plain, Three Hills, and Westlock)
- **Translating and disseminating** knowledge, learnings, policy and infrastructure recommendations
- **Evaluating** outcomes and impact, including social return on investment (SROI)

These activities will contribute further to the evidence base on how to build a system that supports people over their life course to live well in their own homes and communities.

## Evaluation

The diverse, interconnected nature of the work requires an evaluation approach that honors this complexity and measures impacts at an individual and health care system level, as well as considering impact at a societal level.

To date, the team completed an economic analysis (Nov 2022), including return on investment (ROI) for the five participating communities. Values in Table 1 represent the return for AHS for every \$1 spent, and indicates the longer the work is supported, the greater the benefit (value) to the system.

**Table 1** *Summary of ROI results, based on five participating communities*

Timeframe	Low ROI Value	High ROI Value
Health Canada grant (Jan 2020 to Mar 2023)	\$1.50	\$3.50
2 additional years (Apr 2023 to Mar 2025)	\$2.70	\$6.40
5 additional years (Apr 2023 to Mar 2028)	\$4.20	\$10.10
Note: ROI values are based on five participating rural communities: Drumheller, Innisfail, Stony Plain, Three Hills, and Westlock		

If the model is spread to seven additional rural Alberta communities, the expected annual ROI is estimated to be in the following range: \$3.90 (Low ROI value) to \$9.40 (High ROI Value) for every \$1 invested in the CPCLW work.

Other evaluations underway include:

- A principle-based evaluation for the current Health Canada funded work. This will include a narrative analysis of each of the five participating Alberta communities.
- A Forecast Social Return on Investment (SROI).

These evaluations are expected to be available by the end of March 2023.