

*Société Alzheimer Society*

BRANT, HALDIMAND NORFOLK,  
HAMILTON HALTON

**Extending our Reach,  
Relationships and  
Results**

**Strategic Plan  
2019-2023**

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## Executive Summary

The Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton (ASBHNHH) is well positioned for success in the upcoming five years. Held in high esteem by clients, partners and other stakeholders, the current dynamic external environment presents the ASBHNHH with additional leadership opportunities provided the risks associated with system restructuring and the related distraction are managed. While the system at large is expected to undergo significant structural changes, indications are that the ASBHNHH's funding is relatively secure given the expected increase in demand for services to support people living with dementia and their care partners.

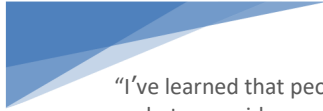
Strategic directions for the next five years continue to place the client at the centre of the work of the Society. At the same time, to help clients remain independent for as long as possible, the ASBHNHH will share its knowledge by educating and working alongside other partners and agencies serving the same client group.

High risk and marginalized individuals will be a particular focus and staff will work off-site with community partners to bring crisis and care management to where it is most needed. This level of commitment requires that the current resources are leveraged through the use of technology, expanding partnerships, engaging with more volunteers and raising more non-designated funding.

Fundraising efforts will be supported by stronger awareness building initiatives, including the expanded use of social media and increasing the number of local volunteers willing to share their stories. All of these activities will be delivered with the ASBHNHH's hallmark high levels of empathy, compassion and client engagement.

By 2023, the ASBHNHH will have increased its penetration rates with more persons living with dementia and their care partners receiving education and/or other supports. Its effectiveness will also have been demonstrated through those receiving supports being able to stay longer in their own homes; and through care partners reporting less stress and fatigue. Achieving these kinds of results will be enabled through enhanced staff leadership, effectiveness and depth and by a significant increase in non-designated funding. These new directions will be moved into action through the operating planning and budgeting process, board approval being sought in April, 2019. The Performance Dashboard and Quality Improvement Plan (QIP) will be updated for alignment with the directions and long-term outcomes. A six-month review will be undertaken as part of the planned October 2019 board retreat with a more fulsome review in eighteen-months (October 2020), when the next tranche of priorities will be approved.

Success lies in remaining flexible, nimble and responsive, with each team member having the opportunity to contribute individually and as a member of a high performing organization committed to excellence in dementia care and across the dementia system of care.



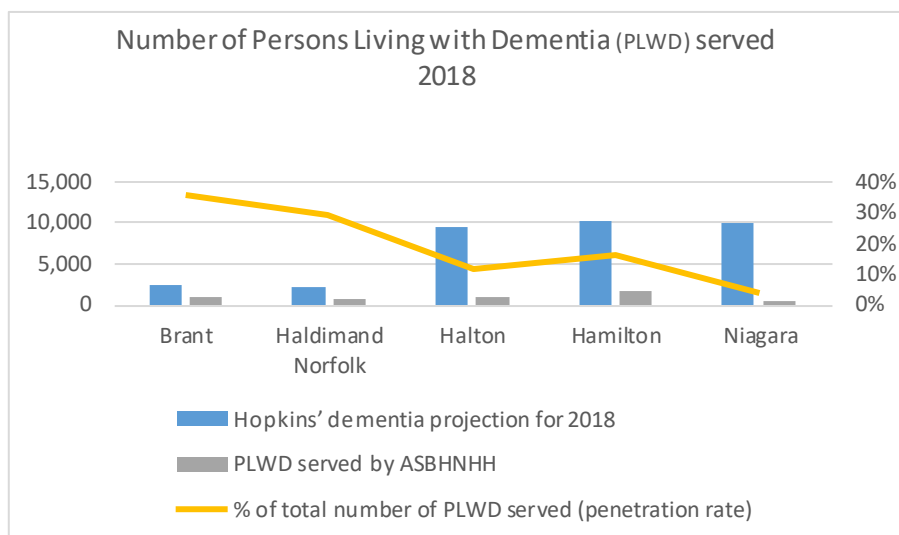
"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Maya Angelou

## Current Situation Assessment

### Overview

The Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton (ASBHNHH) is highly regarded by its clients and partners for its work with people living with dementia (in the early and middle stages of the disease) and their care partners. More specifically, with a budget of \$6.2m in 2018, \$5m of which is LHIN funding, the Society served 16,000 individuals through a range of programs, the most significant being core caregiver support, system navigation, care management and crisis management. Other programs include: education, exercise, music/art activities, and the provision of community support. The ASBHNHH is present in five geographic areas, achieving higher penetration rate in smaller communities. Since integration, new monies have been applied to areas receiving lower service levels and a more equitable pattern of support is emerging. The notable exception in this regard is the Mississauga Halton LHIN funded portion of the Halton region where gaps in LHIN funding continue to be experienced.



### Strengths and limitations

Input from a wide range of stakeholders, including staff, clients and external stakeholders, informed this assessment:

- Many strengths were identified with the following being seen as most noteworthy: compassion and expertise of staff, care planning, system navigation, education and partnerships.
- Opportunities for improvement include: creating greater awareness of programs and services; streamlining staff roles and areas of responsibility; expanding the possibilities provided by partnerships; addressing issues of staff retention and succession planning; and increasing fundraising efforts.

"this is the only place we can go that we are totally accepted"

## Federation support

Federation support continues to strengthen at both the national and provincial level.

- Alzheimer Society Canada is in the process of developing a new strategic plan. Indications are that there will continue to be funding and delivery of an excellent research program, with a specific lens on prevention and brain health; and that the First Link, education and awareness, and federal advocacy programs will continue to be strengthened
- The Alzheimer Society in Ontario continues to offer provincial-wide support in some back-office areas, together with provincial advocacy and education and a strengthened commitment to leading and supporting fundraising efforts.

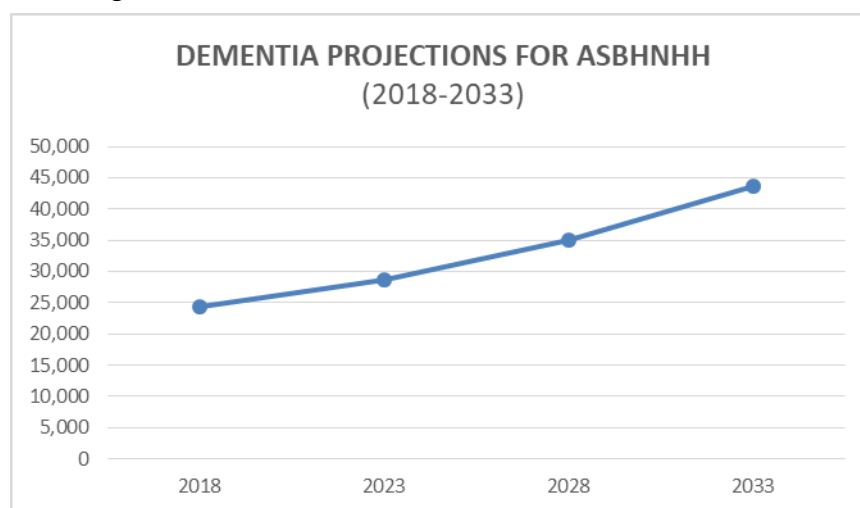


Figure 1. Data for Brant, Haldimand Norfolk, Hamilton Halton, Hopkins (2010)

## External environment

Externally, the environment continues to be challenging.

- Data on the proliferation of dementia indicates that the percentage of the population i.e., incidence is stable or even decreasing but prevalence is increasing largely as a result of the aging population. Hence, there will continue to be a demand on the services and supports provided by the ASBHNHH, with the demand varying by region (Figure 1)
- The political landscape has changed and there is continuing uncertainty about the direction and structure of the healthcare system. The provincial government has identified that dementia will continue to have a significant impact on our healthcare resources as our population ages<sup>1</sup>
- Expectations with respect for greater efficiency (including more integration) and greater accountability for public funds remains unchanged<sup>2</sup>
- Fundraising across the health charity sector continues to be dominated by the large hospital foundations. The health charities overall, report ongoing challenges with respect to individual giving and the development of major gift programs.

<sup>1</sup> Hallway Healthcare: A System under Strain. First Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine

<sup>2</sup> Spotlight on Caregiving in Ontario, Change Foundation Report

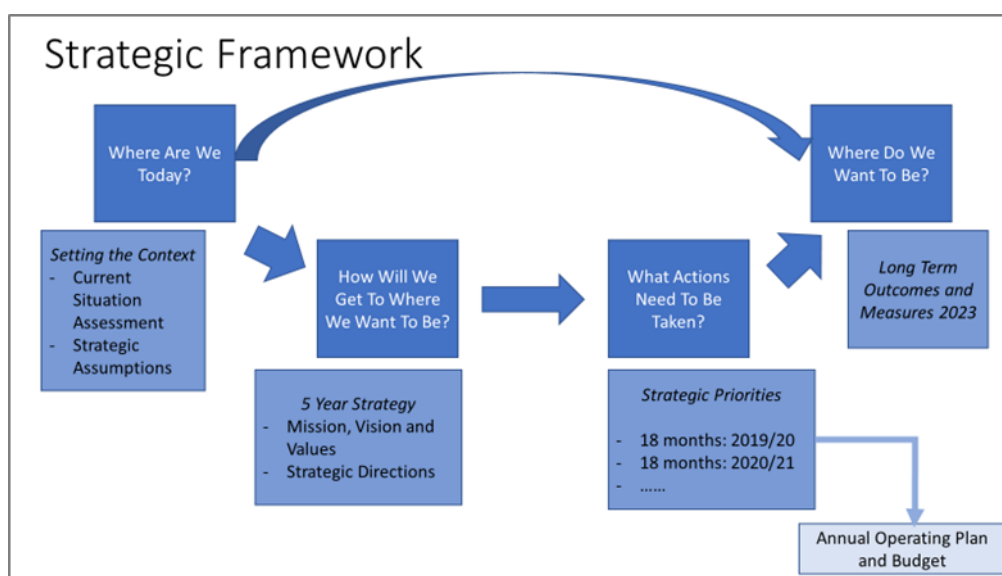
## Strategic Assumptions

The direction for the next five years is informed by the following set of assumptions derived from a review of relevant documentation and discussions with stakeholders:

- The ASBHNHH will continue to play a leadership role in the development and implementation of the dementia capacity plan for local communities
- While the status quo is not an option, the identified core strengths of the Society will be highly relevant for the next five years
- Restructuring of the funding and delivery of healthcare across the province is highly likely. This will create instability. However, there is no indication that the government intends to change its current reliance on funding external agencies (such as ASBHNHH) for the provision of community services
- Funding from the provincial government will at best be unchanged - and is more likely to be reduced. This requires strengthening of in-house fundraising capacity and capability in collaboration with the efforts of the Alzheimer Society Foundation of Brant, Haldimand Norfolk, Hamilton Halton (the Foundation).
- Demand for support and services will be ongoing and likely, increased. Hence, new approaches that are based on best practices and leveraged resources will be required
- The continuing pressure to demonstrate efficiencies will require ASBHNHH to focus on its strengths and partner with others to leverage its capabilities and capacity. Hence, ongoing attention must be paid to measure, document and communicate results and impact
- In keeping with the spirit of the amalgamation agreement, inconsistencies in funding and coverage across the geography served by the ASBHNHH will be addressed, including for marginalized communities.

## Our Strategy

The strategy as outlined below was developed based on the following set of steps and questions<sup>3</sup>:



<sup>3</sup> See Appendix for more complete overview of the development process

## Mission

“People with dementia are at the centre of everything we do. The Alzheimer Society leverages its own and community resources to deliver health promotion, advocacy and support services to people with dementia, those at greatest risk of developing dementia and their care partners.

We embrace the Alzheimer Society of Canada’s mission to alleviate the personal and social consequences of Alzheimer’s disease and other dementias and to promote research.”

## Vision

“People affected by dementia live well as vital and integral members of their community.”

## Values

**Passion** –We are passionate about our work and the difference we can make in the lives of people living with dementia and their care partners

**Inclusivity** - We create safe and welcoming environments where people feel accepted and respected

**Excellence** – We are committed to doing and being the best that we can be. We foster the promotion, development and application of innovative best practices

**Leadership** – We step forward in the best interests of our clients with courage and commitment, encouraging others to join us

**Integrity** – We believe that honesty, fairness and justice are essential to our growth and sustainability, individually and collectively

**Accountability** – We are accountable to our clients, donors and funders for the stewardship of resources.

**Flexibility** - We are responsive to client need, working with them to achieve the best possible outcome.





## Outcomes for 2023



1. **Effectiveness:** Families with access to the services of the ASBHNHH early in the disease process are able to keep their family members living with dementia at home longer than those who have not accessed such services.

- a. Measure: Increased length of stay on services
- b. Demonstrated reduction in care partner burden



2. **Penetration:** Increased % of persons affected by dementia receive education and/or supports through the ASBHNHH.

- a. Measure: Penetration rate shows significant increase over current levels, particularly in Hamilton and Halton where current levels are relatively lower



3. **Leadership capacity building:** Staff are empowered to become change leaders, embracing and facilitating the plan's strategic directions.

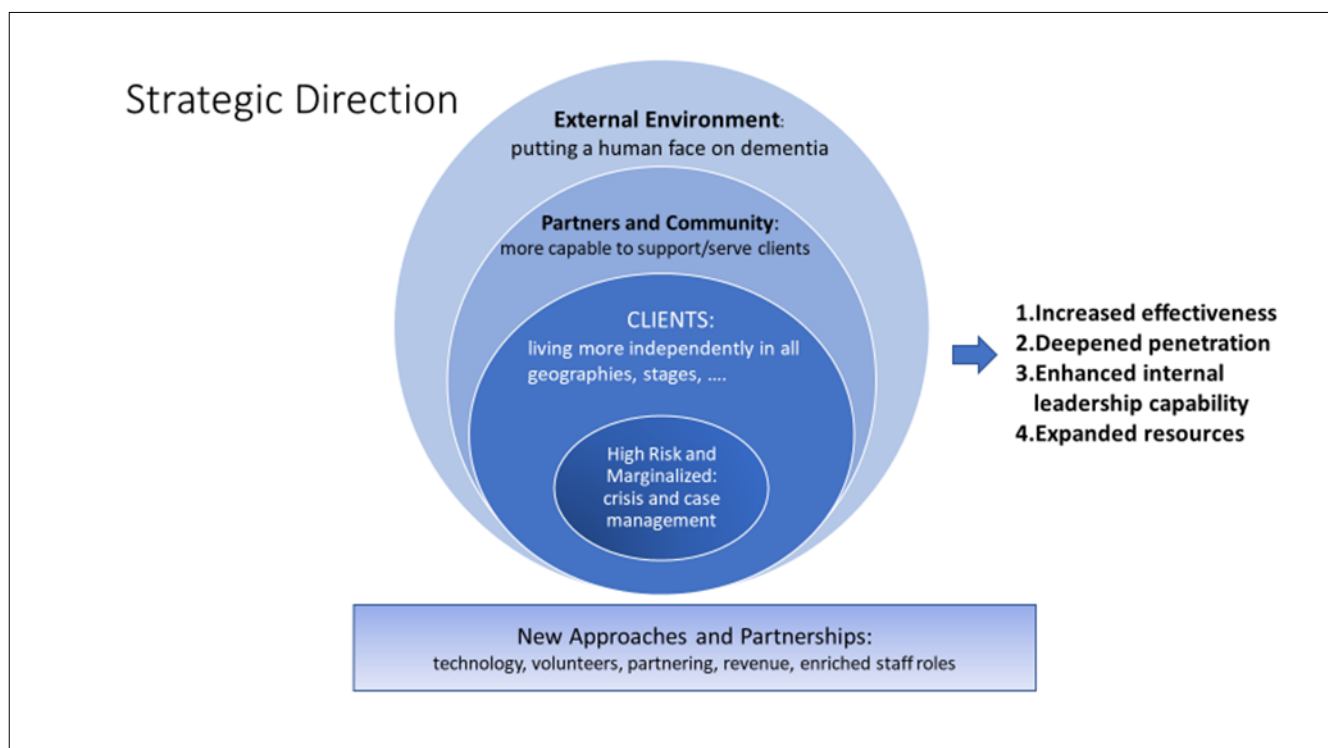
- a. Measure: Increased staff satisfaction along such dimensions as engagement, professional development, opportunity to take initiative, feeling heard and valued
- b. Measure: Increased client satisfaction along such dimensions as quality of interaction and service
- c. Measure: Reduced levels of unwanted turnover



4. **Resources:** Increase in funds raised, particularly non-designated revenue by raising \$1M annually.

- a. Measure: Amount of funds raised.

## Strategic Direction



The Alzheimer Society will....

### 1. Support clients' independence and quality of life

Demand will continue to exceed available resources as the number of persons living with dementia grows. Wherever possible, persons living with dementia and their care partners will be encouraged to develop systems of support that include their own resources and those of their immediate environment.

- Focus on ways that clients can be actively engaged in their own care throughout the disease process such as adopting an iterative approach to care planning<sup>4</sup>
- Wherever possible, build on natural systems of support to “wrap around” the person with dementia
- Education and counselling support for care partners will form the foundation upon which these support systems will be built

<sup>4</sup> A viable model has been developed for disease management which is defined as "a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant." For people who can access health care practitioners or peer support it is the process whereby persons with long-term conditions share knowledge, responsibility and care plans with healthcare practitioners and/or peers. To be effective it requires whole system implementation with community social support networks, a range of satisfying occupations and activities relevant to the context, clinical professionals willing to act as partners or coaches and on-line resources which are verified and relevant to the country and context. Knowledge sharing, knowledge building and a learning community are integral to the concept of disease management. It is a population health strategy as well as an approach to personal health

- Create opportunities at the client's neighbourhood and/or community level (e.g. faith group) to foster the development of Dementia Friendly communities in which local supports are provided for those living with dementia
  - Start by embedding staff in Naturally Occurring Retirement Communities (NORCs)<sup>5</sup>

## 2. Provide services to high risk populations

There are individuals across our communities who as a result of a dementia diagnosis find themselves socially isolated and more likely to use hospital services. In 2015, hospitalization rates were 65% higher for seniors with dementia. Persons with dementia who were admitted to hospital remained there twice as long as other seniors.<sup>6</sup> This direction will focus on expanding and adapting an outreach model of service (similar to that used by our Behavioural Support Ontario teams) to reach at risk populations. Staff will go to where the clients are located to facilitate the development of care plans that enable access to both Alzheimer Society and other community supports. Staff support is more frequent and of longer duration.

- By high risk we mean
  - Those who are living alone with dementia
  - Those who have demonstrated significant behaviours due to dementia
  - Those whose care partners are facing their own health challenges and/or are in an abusive relationship with their care partners
  - Those who cannot access our services due to a variety of factors (e.g. Language barriers, social isolation, poverty, illiteracy).

## 3. Expand capacity of community care providers to support persons living with dementia.

We will collaborate with our funders and others (e.g. community agencies) to provide supports that assist persons living with dementia to remain in their homes for as long as possible (e.g. enhanced respite). We will provide education and training support to our formal care partners (e.g. PSW, LTC, adult care programs, care coordinators) to enable them to be more effective when supporting those living with dementia.

- Education and consultations will be provided in a broader range of settings (e.g., on-line, in-home, in community centres, libraries)
- Care plans will include the activities of all care providers (coordination element) and the education of other providers as required
- For staff, this means a greater focus on education community providers. The role of educators will continue to include providing some services "on the ground" in face to face sessions, but will expand in the use of on-line media as well as facilitating client access to education provided by others.

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<sup>5</sup> A naturally occurring retirement community (NORC; /nɔːrk/) is a term used to describe a community that has a large proportion of residents over 60 but was not specifically planned or designed to meet the needs of seniors living independently in their homes.

NORCs may develop in three different ways:

Aging in place: numerous persons moved into a community when they were younger

Emigration: older people remain in a community as younger residents move out

Immigration: numerous older people move into a community

Source: [https://en.wikipedia.org/wiki/Naturally\\_occurring\\_retirement\\_community](https://en.wikipedia.org/wiki/Naturally_occurring_retirement_community)

<sup>6</sup> Discharge Abstract Database and Hospital Morbidity Database, 2015–2016, Canadian Institute for Health Information.

<sup>7</sup> Ibid.

#### 4. Embrace new approaches and partnerships for future success

This is a multi-faceted direction. We must continue to innovate by building from what is working to identify new approaches and partnerships in order to extend our current resources. Some areas of particular focus for this strategy include:

- Enriching staff roles
  - Continue to support education and training opportunities that enhance employee skills, confidence, and leadership abilities
  - Examine opportunities to expand staff roles that offer opportunities for skill enhancement and professional growth
- Extending the role of volunteers
  - More volunteers will be engaged to offer peer support groups, assist in the delivery of programs and to help raise awareness/undertake advocacy efforts
- Enhanced strategic partnering
  - Partnerships that expand the supports available to those affected by dementia will be fostered (e.g. Art Gallery of Hamilton provides MoMA classes, YMCA offers dance classes)
  - Enhanced partnership will be explored with ASO to strengthen core systems and processes such as marketing, staff job enrichment
- Raising more revenue
  - Enhanced revenue sources will be created - e.g., fees for non-funded services or for providing education to large employers
  - Greater collaboration with ASO on fundraising activities
  - Strategically expanding marketing and awareness activities
- Greater use of technology
  - Tools such as video-conferencing, enhanced access to on-line resources, and mobile connectivity will become important in order to expand the reach of our services (both counselling and education).

#### 5. Continue to expand awareness of dementia and the role of the Alzheimer Society

Across our catchment area, dementia diagnosis is occurring later in the disease process than in other parts of the province. We know that early diagnosis and a referral to the Alzheimer Society can improve the trajectory of the disease for many affected. More public awareness about dementia and the role that the Alzheimer Society plays are required to improve the lives of people living with dementia and their care partners. This will require:

- Continuing to foster strong relationships with primary care providers
- Emphasizing public education on dementia in new partnerships with media, public agencies (e.g. schools, libraries, public health), and the private sector (e.g. banks, real estate agents).
- Expanding current marketing and public relations capabilities among staff and volunteers
- Expanding the role of Dementia Champions (volunteers who have personal experience with dementia) to include awareness raising activities.

## Operational Planning Priorities

The following five priorities will guide the development of the operating plan and budget for 2019/20:

### 1. Build organizational change leadership capability

High staff engagement will be critical to the outcomes of this plan. A **Change Leaders** team of front-line staff from across the organization will assist in the development of the operating plan and roll out of the new strategic directions. This team will receive change management training and will be empowered to help others determine the implications of these new directions for their daily work. In order to be successful:

- a. the work will need to be phased and staged based on the recognition that everything cannot be done at once or by the ASBHNHH on its own
- b. The shift to enabling community partners to serve common clients well will be introduced strategically and thoughtfully
- c. Job enrichment opportunities will be introduced; e.g., a counsellor is assigned to be the dementia resource on a community team that supports a neighbourhood from a central location

### 2. Introduce shared care planning

Care planning will be inclusive of other providers and engage the client iteratively along the continuum of the disease,

- a. All direct service staff will be trained on the collaborative care management model that is being rolled out across the province to improve coordination of services
- b. Access to Clinical Connect and the Health Partner Gateway will be provided to all staff involved in care planning. This will help communicate to other providers when the ASBHNHH is involved in supporting a particular client/family.

### 3. Shift education focus

Our education services will shift from being almost exclusively client focused to having equal emphasis on the education of the broader public and our community partners. This will require:

- a. Greater use of technology for reaching both individual clients (typically through face to face sessions) as well as the broader public and community providers. This will necessitate realignment of some education resources and/or training of existing staff, to include persons with strong skills in the use of information technology
- b. Extending the role of current and future Dementia Champions (volunteers) to foster raising awareness among the general public and sharing lived experience with community partners.

### 4. Strengthen community presence

The development of neighborhood-based hubs of service for older adults will necessitate greater presence of staff in the community. Staff will co-locate and work collaboratively with other providers leading to less reliance on current office locations. Success will require:

- a. Identification of early adoption sites (e.g. Wellington Terrace in Burlington)
- b. Providing interested staff with enriched roles and technology that allow for mobile connectivity with home office resources (e.g. client databases, resources).

## 5. Expand revenue potential through greater marketing efforts and engagement of the Foundation

Greater awareness is needed in the community of the demand for more resources to support those affected by dementia. Those who do donate regularly to the Society must be stewarded in an appropriate fashion. To this end:

- a. Resources are required to hire a full-time marketing staff person to work alongside the fund development and program teams
- b. Stewardship activities are redefined to identify opportunities for major donors to meet staff and observe the value of their contributions for those living with dementia and their care partners.

## Moving Forward

The plan will be implemented through the development of an aligned Operating Plan. This Operating Plan will be reflected in the budget submission each year (starting in April, 2019) and, coupled with the Quality Improvement Plan (QIP), will form the basis for the Performance Dashboard (Dashboard) which is shared with the Board on a quarterly basis. By June 2019, the Dashboard will be expanded to include baselines and targets for the 2023 outcome measures. The board's annual retreat in October will be used to review progress and discuss assumptions and risks. Given the dynamic state of the external environment, it is recommended that a more extensive review take place in October 2020 when priorities for the next eighteen-month period are to be determined. At this time, the Board discusses whether any amendments to the strategy are needed, clarifies priorities and flags resource implications.



In summary, the implementation and monitoring timeline is as follows:

April 2019	Operating Plan and accompanying budget to board
June 2019	New Dashboard and QIP developed
October 2019	Board retreat: first six months review
March 2019	Operating Plan updated and accompanying budget
April 2020	Updated Dashboard and QIP
October 2020	External review process & revisions to plan as required
Every six months	Review of Dashboard and QIP results
Every eighteen months	More extensive review leading to the identification of the next set of 18 month priorities.

## Appendix:

### Overview of process and participants

#### 1. *Background*

- Given that the term of the current strategic plan expires at the end of the fiscal year 2018, the board of the ASBHNHH decided to launch a new five-year strategic planning initiative to be completed by December 31, 2018
- This initiative is not a refresh of the current strategy although it will build from the existing strategic plan. The intent is to use this opportunity to re-calibrate the direction of the amalgamated entity bearing in mind the strategic direction of the provincial federation (ASiO), the external environmental forces and trends and the strategic priorities of the LHINs
- Stewardship of the process was provided by a Steering Committee (SC) comprised of members of the Executive Committee and the CEO.

#### 2. *The Process*

- The Board approved the hiring of an experienced strategic planning consultant to guide the data gathering, facilitate the retreat and document the strategy and the plan, working closely with the SC
- At its first meeting (June 21), the SC reviewed the current strategic documentation and relevant available materials (e.g., client satisfaction scores) and identified an initial set of opportunities, issues and strategic questions. From this, management developed a data gathering plan that was executed over the summer months
- The data collection process included:
  - Conducting an external environmental scan
  - Gathering data from stakeholders: clients, staff, subject matter experts
  - Reviewing the effectiveness of the current programs

The following data gathering steps were executed:

1. Reviewed demographics/dementia projections
  2. Reviewed key government documents
  3. Reviewed Dashboard from 2018-19 and outcomes for LHIN funded programs
  4. Reviewed Client Satisfaction surveys from Spring 2018 (n=567 Care Partners (CP), 28 Persons living with dementia (PLWD))
  5. Conducted focus groups with clients in each of ASBHNHH communities: 6 focus groups, (n=32 PLWD, 36 CP)
  6. Emailed surveys to obtain key stakeholder feedback (n= 82 response from 200 surveys sent out, or 41% response rate)
  7. Emailed surveys to obtain volunteer feedback (n=27 responses)
  8. Held telephone interviews with key informants (HNHB LHIN CEO, ASO CEO) and board members (n=5)
  9. Hosted staff engagement sessions in three different offices (n = 62)
- Findings were reviewed at the second in-person meeting of the SC (October 16) when it was agreed to adopt a scenario-based approach to the upcoming retreat to enable an exploration of the issues raised in a creative way.
  - Four scenarios were explored at the November 27, 2018 stakeholder retreat leading to the gathering of further data and the identification of some insights that were discussed at the third SC meeting (November 29) and subsequently shared with the Board at its December 3 meeting

- A draft strategic document was developed based on these inputs and shared with the SC in advance of a January 14, 2019 meeting
- The draft plan was provided to the Board prior to its February 4, 2019 meeting where a small group breakout format was adopted to encourage an engaged conversation about the proposed strategy. Following this discussion, the Board tabled some suggested changes and also passed a motion unanimously to approve the plan in principle
- At the February 12, 2019 final meeting of the Steering Committee, all suggested changes were discussed resulting in the development of a final document, approved by the Board at its March 4, 2019 meeting.

### 3. *Board and Strategic Planning Steering Committee Members*

Name	Board Member	Steering Committee Member
Vickie Baird	X	X
Kelly Bird	X	
Adam Borisko	X	
Phyllis Fehr	X	
Claire Forster	X	X
Neale Graham	X	
J.P. Mackay	X	
David Stelpstra	X	
Peter Szota	X	X
Dr. Irene Tuttle	X	
Eddy Vance, Committee Chair	X	X
John Woods	X	X
Mary Burnett		X
Alicia Lane		X
Jane Cooke-Lauder, Bataleur Enterprises Inc.		X

# Alzheimer *Society*

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