

Project C0056

Madawaska Elders Initiative (MEI)

Summary

- Elders in New Brunswick Indigenous communities who stay at home face challenges in accessing medical services, transport, and support.
- The Madawaska Elders Initiative (MEI) aimed to reduce barriers for Elders living in the Madawaska Maliseet First Nations. This project involved the community and the Elders, participating to identify needs and the existing barriers.
- MEI provided participants with an electronic tablet that included a mobile app connected to the Madawaska Maliseet First Nation Community Health Center. The app connected participants to local transportation, home support, assistance, and translation. Improved access to these services aimed to keep Elders healthy and living safely at home for longer.
- This program helped the Elders become more independent, take charge of their health care, and feel safe and secure staying at home.
- There were 43 participants in this project including 29 women and 14 men. 6 identified as francophone, 8 as anglophone, and 29 self-identified as functional in both English and French.

HSPP Focus Area

Improving social built environments to foster healthy aging

Project Start & End Date

January 1, 2020 to March 31, 2023

Organization/Agency

Madawaska Maliseet First Nation and University of Moncton

Location

Madawaska Maliseet First Nation

Principal Investigator(s)

[France Chassé](#) and [Micheline Plante](#)

Indicator	Impact / Outcome / Result	Quote
Social Isolation	<ul style="list-style-type: none"> • Participants showed no significant change in their perceived health status before and after the project (45.9 to 49.2 / 100) as measured by the 36 question Rand Health Condition Questionnaire. • The post-intervention questionnaire revealed a decline in three health indicators: participants' limitations due to personal or emotional problems (80.6 to 68.8), emotional balance (75.3 to 67.4), and social functioning (76.2 to 65.7). A variety of factors may have led to this decline, including the impact of COVID-19, age, disease, and job loss. • Through qualitative interviews, participants reported feeling more confident about their health needs and knowing how to access the care they need. They also reported increased confidence in using technology to upload exercise programs, distract themselves, follow the news and stay in touch with loved ones. • At seniors' request, services were added to the project to meet additional needs, such as friendly visits, safe transportation home after hospital discharge, telephone follow-ups, and equipment loans. • 3 seniors received translation services to mitigate language barriers. 	<p><i>"[T]hose services were particularly helpful in the condition that I'm dealing with (...) when I call and say I have an issue, people help me."</i></p>

Indicator	Impact / Outcome / Result	Quote
Transportation	555 transportation requests were completed including: <ul style="list-style-type: none"> • 56 accompaniments, • 3 home returns, • 531 local transports, • 9 provincial transports, and • 15 interprovincial transports. 	<i>“Several times I called on Global Health Auxiliary (GHA) to help me not only get to these appointments to also to wheelchair me to their locations. I had to have a cart [CAT] scan, heart checked, and check-up appointments. The entire time I kept thinking to myself I could not have walked to have had all those things taken care of, without complications and pain.”</i>

Methods and Comparison

The impact program was measured through both quantitative and qualitative methods. Data from the app and requests through the app were tracked throughout the project. Socio demographic surveys were used to profile the demographic of the participants. The 36 question Rand Health Condition Questionnaire was administered to participants which measures the overall health of the participants. There were also interviews and a discussion circle held with participants.

Conclusions and Lessons Learned

Offering seniors a mobile app and tablet, coupled with usage training on how to access healthcare and transportation, empowered them to take greater control of their healthcare needs. Seniors learned what services they needed and were able to connect with them. During the pandemic, seniors used the tablets to stay connected with their loved ones and to keep up with the news, which helped to reduce social isolation. The app allowed the project team to track the needs of the seniors and update and add to the project as needs were identified.

Confidence in the services available has grown steadily and user satisfaction has remained very high (4.9/5) throughout the project. Responses from the 36 question Rand Health Condition Questionnaire showed that seniors thought that their health status was average, and this opinion was stable over time. The same questionnaire showed a decrease in seniors' social and emotional functioning. The project team hypothesizes this is due to age, disease, job loss, and the effects of COVID-19 throughout the program. According to information gathered from the community health centre, none of the participants were admitted to long term care homes during the program, however there is no contextualizing information for the average number of admissions in this demographic and time frame.

Recommendations

This project helped seniors in the Madawaska Maliseet First Nation to access bilingual health and transportation services. The transportation services provided many seniors with safe and secure access to healthcare, including the journey home. The recommendation from the project is to continue the program and expand it to other Indigenous communities. The project also encouraged continued tablet use and program application training for seniors so that they can take control of their health care, ultimately enabling them to safely live in their homes longer.

Next Steps

In the winter of 2023, Chief and Council of the MMFN made the position of Global Health Auxiliary (GHA) permanent, ensuring a permanent position on the Health Center team for the future. A new part-time assistant was hired to handle local transport for the GHA's out-of-town trips. Oral and poster presentations were delivered to other universities and Indigenous communities in the province about the project's evolution and success.

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