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BC Trajectories in Care Study

Exploring older adult transitions through home care, assisted living, and long-term residential care.

The BC Trajectories in Care Study draws on the expertise of an interdisciplinary research team, including both university-based researchers and community-based health care decision-makers, to identify and assess the main transitions (across care systems) and trajectories (changes while in specific care subsystems) experienced by older adults as clients and/or residents of home care, assisted living and/or long-term residential care.

The project is making use of administrative health data on over 29,000 older adults who received long-term care services from the Fraser Health Authority in the province of British Columbia to address the following research questions:

- 1. What are the most common trajectories experienced by older adults transitioning between various forms of long-term care (e.g., home care, assisted living, residential care)?**
- 2. How do individual factors (social, psychosocial, health) influence these transitions and trajectories?**

A better understanding of the patterns that emerge and the factors that influence these care transitions is critical for enhancing the quality of life of older adults and their families; and for developing recommendations and policy advice for health system improvements.

This 3-year study (2012-2015) is supported by the Canadian Institutes of Health Research (CIHR): Partnerships in Health System Improvement Grant Program, the Fraser Health Authority (FHA) and the Michael Smith Foundation for Health Services Research (MSFHR).



What we know

- Care is often fragmented and uncoordinated
- Care transitions are a common and high-risk period for both quality of care and client safety
- Older individuals who have complex needs and receive care in multiple settings may be at particular risk for poor care transitions. Considerable attention has been devoted to understanding utilization patterns and predictors of receipt of care within rather than across sectors

What we don't know

- Comparatively little is known about transitions and trajectories that occur within and between different forms of long-term care in late life
- Little is known about individual and community level factors that influence key transitions in care (e.g., from home or hospital to residential care).

Why is this important?

- A better understanding of the patterns that emerge and the factors that influence care transitions is critical for enhancing the quality of life of older adults and their families
- The research can inform policy recommendations for health system improvements (e.g., by identifying community-based resources that could be developed or modified to support aging in place)

Principal Investigators



Dr. Margaret Penning, Professor (Sociology) is interested in the sociology of health and health care as well as aging. In particular, Margaret is interested in examining self, informal and formal care in relation to issues of chronic illness and disability in middle and later life, the impact of structural inequalities on health and health care, and health care restructuring and reform in the Canadian context. She also serves as the Editor-in-Chief of the Canadian Journal on Aging.



Dr. Denise Cloutier, Associate Professor (Geography) is a health and social geographer. She is an Associate Professor in Geography and the Centre on Aging at the University of Victoria. Broadly speaking, her research focuses on the care continuum for older adults ranging from formal health and social services to voluntary and informal sector care. Her work explores the social determinants of health and the impacts of health sector restructuring on vulnerable older adults (e.g., rural older adults, socially isolated individuals, palliative clients, and stroke survivors).

The Research Team

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Community Partners

Advisory Committee

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