



Medical Equipment
Lending Society
West Central Alberta



Short Report

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Introduction

Medical equipment lending initiatives are an important service for Albertans to have timely and affordable access to. Equipment is expensive to purchase out-of-pocket, or to rent from vendors. Existing government programs are designed to meet the equipment needs of individuals with long-term chronic diseases or who are palliative. Individuals that do not meet that criteria must seek out alternative ways to access equipment for short-term loans. Alberta Aids to Daily Living (AADL), and the Red Cross Health Equipment Loan Program (HELP) are being dissolved across the province, putting Albertans in a precarious position when it comes to accessing loan equipment, or government funded equipment. A loss of these services will serve to increase health inequities for rural and urban Albertans as access to loan equipment will become even more sparse. Equipment use is essential to maintain or increase physical functioning, mobility, quality of life, independence, social participation, and well-being. Without access to equipment, individuals will suffer poorer health outcomes associated with depression, isolation, and feelings of being a burden on their families. Without equipment access, unmet care needs arise, which will put a strain on existing front-line health services. More aging individuals must seek these health care services to fill unmet care needs, consequently driving up health expenditures. The following short report contains synopses of the research that can be used to advocate to the government to provide annual funding to the Medical Equipment Lending (MEL) Society to ensure an essential service remains available to Albertans. As our society ages, there will continue to be a growing demand for access to timely and affordable equipment.

Environmental Scan Short Synopsis

The environmental scan synopsis will focus more on the micro and macro external landscapes that impact the MEL Society's operations, and not the internal environment. The micro external environment outlines serving demographics, competitors, suppliers, stakeholders, and funding options. The MEL Society typically serves residents of Clearwater County, but has provided rentals to clients all over the province^{1,2}. Although the MEL Society serves all demographics, the typical clients served are females, over the age of 65, with lower socioeconomic status, and who report mobility concerns and identify they struggle currently to manage their conditions². The typical client would be vulnerable and/or marginalized², therefore

experiencing greater health inequities that can be offset by the access and use of affordable equipment. MEL Society competitors would include Alberta Health Services (AHS) home care equipment loan pools³, which have slowly been shut down across the province as AHS moves away from providing loan equipment. HELP depots are in most urban areas across the province⁴; however, HELP is dissolving which will create huge service gaps. There will only be 4 non-profit lending initiatives left in the province. Vendors are also competitors as they rent equipment but charge high prices to ensure they can turn a profit; this option is out of financial reach for many Albertans. Stakeholders include local oil companies and businesses that support the MEL Society through generous donations^{1,2}, and AHS and the Alberta Government. Funding options are available; however, it can be time-consuming to seek out what is available and to apply for it as there is no master list available for funding options.

The macro external environment looks at the economy, politics, legalities, technological advances, and the socio-cultural context that impacts how the MEL Society operates. The current provincial government is under United Conservative Party (UCP) leadership, who are known for sound fiscal management, but also have a record for restricting services to balance budgets⁵. UCP leadership, the COVID-19 pandemic, and volatile oil prices has created an unstable economy in Alberta, forcing the UCP to make hard decisions about where budget dollars get spent. Potential legalities that could impact the MEL Society are related to risk and liability of renting equipment without a health professional referral, without educating clients on safe and proper use and how home environments can impact how equipment is used. Risk and liability are mitigated in the same manner as it is for vendors, signing risk agreements and client contracts when equipment is rented. Technological advances do not impact equipment much as equipment is designed for function, although prospective clients would like to see equipment designed and marketed to be more appealing to the eye, so it does not stick out in their home environment^{6,7}. As for the socio-cultural context of Alberta, Alberta has been a rich province for many years, which can create a tendency towards entitlement, meaning many Albertans do not want to lose services, however, they do not necessarily want to pay for services, which can impact the MEL Society as it has implemented nominal rental fees to offset operational costs⁸. Please access the complete MEL Society Environmental Scan Report to obtain all the information that is synthesized above.

Literature Review Short Synopsis

The research method was created for the literature review, and articles were identified and reviewed for relevance, 110 relevant articles were shortened to 31 that met all criteria for inclusion. The themes arising from the literature state the globally the population is aging^{6,8,9-24}, with increased rates of chronic conditions^{9-11,13,16}, thereby driving up the demand for access to equipment. Individuals who are aging^{6,8,9-24}, suffer chronic conditions^{9-11,13,16}, are palliative, bariatric²⁵, disabled^{7,13,14,16,17,19,21-24,26-29}, or recovering from illness, injury or surgery will require equipment to assist with maintenance of function^{6,11,13,17,20,24,26,27,30} and independence^{6,7,11,16-18,21,23,24,26,30,31,33}. Equipment promotes quality of life^{7,9,11,13,16,17,20,22,24,26,27,29,30,31,34,35}, social participation^{7,9,11,13,14,16,20,22-24,26,30,31}, mobility^{14,20,30,32,36}, safety^{11,13,17,18,21-24,30,34}, and skin integrity^{22,25,28,34}. Without access to equipment, individuals suffer with poor mental health and well-being, physically decline, become isolated and depressed^{9,16,22,28,34}. Timely and affordable access are two main issues that arise from individuals seeking equipment^{22,24}. Government policies pertaining to equipment access tend to be restrictive which can increase health inequities^{10,18,19,21,22,24,27,31,32}. Occupational Therapists (OTs) are seen as gatekeepers to equipment; OTs typically have long wait lists, creating lag times between identified need and procurement of equipment which can lead to poorer overall health outcomes, and create issues of non-compliance by those who the equipment is prescribed for^{6,11,15-21,23,28,31,35}. Non-compliance arises from a of client lack of autonomy and volition, and from long wait times to access equipment^{6,11,15-21,23,28,35}. Long wait times can mean an individual has recovered or declined, making the prescribed equipment no longer appropriate for them, which can create medical and fiscal waste^{6,11,15-21,23,28,35}. There is an identified growing need for policies to support access to timely and affordable equipment, or health inequities will grow, creating poor overall population health and driving up access to health care services and expenditures. For a more enhanced summary of the literature review, please refer to the MEL Society Literature Review Report.

MEL Society Community Survey Results Short Synopsis

The MEL Society Community Survey was created to determine the value that Clearwater County residents place on the service offered by the MEL Society, and to gauge support levels for potential government funding, and the government initiative of aging in place. Ethics approval was gained from the University of Saskatchewan, the survey was anonymous, 10

questions long, and available through Survey Monkey. The online survey link was uploaded to the MEL Society Facebook page and website. The survey was open November 18 – December 4, 2020 and garnered 467 responses. Descriptive statistics show that approximately 70% of respondents have needed to rent or purchase equipment in the past. Close to 92% of respondents rated that access to local medical equipment was ‘extremely important’, or ‘very important’. Close to 87% of respondents rated their level of comfort with paying a small rental fee for equipment as ‘very comfortable’, or ‘somewhat comfortable’. Close to 70% of respondents rated that they were ‘not comfortable at all’, or ‘not really comfortable’ having to travel to urban areas to rent equipment. Close to 76% of respondents rated they were ‘very comfortable’ with the government providing funding to local rental initiatives. Almost 92% of respondents rated that they believe equipment use can increase one’s quality of life. Close to 89% of respondents rated their level of concern that rental services could close due to lack of funding is ‘a great deal’ or ‘a lot’. Close to 86% of respondents rated their support for aging in place is ‘a great deal’ or ‘a lot’. Close to 98% of respondents rated their belief that equipment helps one age safely at home is ‘a great deal’ or ‘a lot’. The descriptive statistics show that the service is supported and valued.

Inferential statistical tests were run on the data variables. All data was entered into SPSS, and chi-square tests were run to see if there were associations or relationships between variables. *P* values were measured against the standard alpha of .05, any *p* value below .05 shows association between variables. The results of the chi-square tests showed relationships between these variables:

1. Renting AND buying equipment in the past are both associated with how important it is to have local access to equipment. (strongest association both $.000 < \alpha .05$)
2. ONLY buying equipment in the past is associated with how comfortable one is with paying a small rental fee for equipment. (minimal association $.049 < \alpha .05$)
3. ONLY buying equipment in the past is associated with how comfortable one is with having to travel to urban centers to procure equipment. (strong association $.007 < \alpha .05$)
4. Renting AND buying equipment in the past are both associated with the level of concern one feels that equipment rental services could close due to lack of funding. (renting strongest association $.000 < \alpha .05$, buying minimal association $.047 < \alpha .05$)

5. Renting AND buying equipment in the past are both associated with one's level of support for the government initiative of aging in one's own home. (strong association renting $.003 < \alpha .05$, minimal association buying $.045 < \alpha .05$)
6. ONLY renting equipment in the past is associated with one's level of belief that using equipment can help keep one safe in their home. (moderate association $.027 < \alpha .05$)

Both the descriptive and inferential statistical results from the community survey proves that variables are related and that the service is valued and supported, thereby proving need for funding to ensure the MEL Society can remain operational. For a further statistical breakdown, please refer to the MEL Society Community Survey Results Report.

Health System Analysis Short Synopsis

AHS completed a Performance Review in December 2019, at the request of the UCP government³⁷. The UCP government was seeking to determine where service gaps exist and to identify ways to cut expenditures by reducing waste and overlapping of services³⁷. Although AHS is heralded as the best health care system in Canada, the report states that Alberta is still behind in key areas of health services, mainly long wait times to access elective surgeries and physicians, and that home care services need to be bolstered to meet the needs of the aging demographics³⁷. The Performance Report did a poor job at delineating rehabilitation services' strengths and weaknesses. Equipment aligns with rehabilitation services. Although the report provided recommendations to improve home care and rehabilitation services, the recommendations were vague and did not outline how services would need to be amended to meet the recommendations. Without clear recommendations, long wait times to access home care and rehabilitation services will continue to compound as unmet care needs arise from the aging population, which will drive up health care expenditures and the demand for traditional services to offset care needs. For further analysis, please referred to the MEL Society Final Report.

Government Systems Analysis Short Synopsis

The health care system is administered by the Government of Alberta, under the Ministry of Health (aka Alberta Health)³⁸. Alberta Health sets operational policies, directions, and goals to achieve accountable and sustainable health care that promotes and protects Albertan's health.

AHS receive funding and is accountable to Alberta Health³⁹. AHS is responsible for health system operations and adhering to their budget^{38,39}. AHS is also responsible for provision of fair and equitable health services to Albertans^{38,39}. The Ministry of Community and Social Services is also tied to services like the MEL Society and AHS as this ministry provides services and oversight to community-based supports and disability supports⁴⁰. The municipal government systems provide direction, oversight and funding to local services that are community and needs based⁴¹. The MEL Society is providing an important and needed service that reduces inequities for residents of Clearwater County and beyond. Since the MEL Society is fulfilling an important service gap, it is imperative that they receive enhanced funding support from the ministries, as they have remained operational from municipal support, however it is not enough in the long run. For further analysis, please refer to the MEL Society Final Report.

WHO and PAHO Initiatives Short Synopsis

The World Health Organization (WHO) and Pan American Health Organization (PAHO) are global powerhouses that promote health equity and set standards and benchmarks for holistic policies that promote population health^{42,43}. Canada partners with both organizations, therefore we have a collective duty to uphold these partnerships and work towards health equity benchmarks. The WHO understands that access to equipment globally is in short supply, even in high income countries which are noted to have restrictive equipment policies and programs⁴². Not only are there health benefits associated with equipment use, but there are also socioeconomic benefits⁴². Equipment allows individuals to access society and engage in meaningful pursuits while living with dignity⁴². Both organizations support aging in place and ensuring everyone has fair and equitable access to equipment as equipment is costly and creates financial burdens for many^{42,43}. The WHO's Rehabilitation 2030 Call for Action identifies that countries need to enhance rehabilitation services as they are essential to the quality of life of everyone⁴⁴. Both organizations recognize that global demographics are changing, and non-discriminatory policies must be created now, to meet the current needs and growing future demand for timely and affordable access to equipment⁴²⁻⁴⁴. For further information on both organizations and how the MEL Society aligns with these global strategies, please refer to the MEL Society Final Report.

Recommendations Short Synopsis

There have been 31 recommendations generated from the research conducted for the MEL Society. The 28 recommendations gained through the environmental scan relate to operationalization, and how to grow community optics and potential funding streams, while mitigating weaknesses and threats that were identified in the Strengths, Opportunities, Weaknesses and Threats (SWOT) analysis. Implementing the recommendations will help solidify the stable base the organization has been working so hard to create, the recommendations will allow for enhanced services and expansions. The most important recommendation is for the Executive Director to create operational budgets to present to the Alberta Government, along with the research from the practicum to advocate for annual government funding to ensure the service remains available to Albertans, and to provide equity across non-profit lending initiatives because some receive annual funding, and some do not. For a full list of recommendations, please refer to the MEL Society Final Report.

Closing

The culmination of information gained through practicum research has proven there is a strong need for services like the MEL Society, and the community supports and values it. There is a plethora of information available from the literature review that identified that timely and affordable access to equipment is problematic and is causing health inequities to grow. With the global changing demographics of increased aging and demographics, we have a duty to immediately create, or amend policies and programs to ensure they are non-discriminatory, promote health equity, and align with the benchmarks set out by the WHO and PAHO. With AADL and HELP depots dissolving across the province, what was once rural service gaps, will become provincial service gaps, putting all Albertans in a precarious place. Timely and affordable access will be further impaired, leading to poorer overall health outcomes, and increased health care expenditures as individuals seek out more health services to mitigate unmet care needs. Advocating for annual government funding, if successful, will ensure Albertans continue to have access to an essential service.

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