

BULLETIN 12



PLANNING SENIORS' CARE THROUGH THEIR EYES

There is no more compelling experience than hearing firsthand from local seniors how we, as a health system, can best support them to live active, healthy and independent lives at home. Their voices are what will truly help shape our 'Aging at Home' health planning in the months and years to come.

'Aging at Home' is the name given to the planning being done both provincially and locally to help seniors manage their continuing health needs within the comfort and surroundings of their own homes.

In the fall of 2006, the Central West Local Health Integration Network (LHIN) identified Services to Seniors as one of its leading priorities for local health system change. Buoyed by the province's recent 3-year \$21.5 million investment in seniors' health in the Central West LHIN, the Board of Directors purposefully launched the local planning process by first seeking the input of seniors from across the LHIN. Making stops in Shelburne, Orangeville, Bolton, Malton, Brampton and Etobicoke this past month, Central West LHIN Board members met with hundreds of seniors who talked passionately about their experiences with the current health system and identified what services would best help them to continue managing their health needs and living independently within the comfort of their own homes.

Well attended, these 'Aging at Home' Public Forums have fueled the LHIN's planning process for seniors' services by providing a firsthand perspective that would otherwise be difficult to tap into.

"We were delighted with the turnout at these events," says Joe McReynolds, Chair, Central West LHIN Board of Directors. "It is truly inspiring to sit down with local seniors and learn firsthand what is of the utmost importance to them when it comes to managing their own health and leading independent lives."



Joe McReynolds, Central West LHIN Board Chair listens as seniors, health service providers and community associations share their feedback during one of the Symposium breakout sessions.

WHAT SENIORS TOLD US Supports/Services They Would Like

- **Central Point of Contact for All Local Seniors' Support Services**
 - such as a seniors'-friendly hotline providing information on services and how to access them
- **Home Maintenance & Repairs Support**
 - such as a list of accredited services including electrical, plumbing, lawn cutting, etc.
- **Transportation**
 - to get to medical appointments, recreational services, social events
 - subsidized by government
- **Home Care Support Services**
 - professional home care (such as nursing, social work) - more flexible scheduling and on longer-term basis
 - activities of daily living (such as support with bathing, dressing, laundry, housekeeping, meal preparation)
- **Preventative Health Care Programs in Social Environments**
 - such as blood pressure checks, nutrition counseling, fitness info
- **Companionship & Friendly Visiting**
 - such as volunteers who make social calls, go with them to mall, grocery shopping
- **Caregiver Respite Care**
 - improved access to respite care programs for family caregivers



Terry Miller, Vice Chair of the Central West LHIN, facilitates a discussion about senior services at the Public Forum hosted in the Mel Lloyd Centre in Shelburne.

HELPING SENIORS TO 'AGE AT HOME'

The information gained from these Public Forums was the driving force behind the Central West LHIN's one-day 'Aging at Home' Symposium, held October 11th in Brampton. With the room filled to capacity, over 120 Central West LHIN Board members and staff, health service providers, community support service staff and local seniors continued the dialogue regarding supports needed to help seniors maintain active, independent lives as long as possible and within their own homes.

Helping to set the stage for their highly interactive discussions were morning presentations by two influential keynote speakers. A. Paul Williams, Co-Director of the Canadian Research Network for Care (CRNC) in the Community, University of Toronto provided the facts and figures that support the case for enabling seniors to age at home. Dr. Mark Nowaczynski, a Toronto physician and photographer whose full-time practice involves visiting housebound frail seniors, demonstrated at a personal level how important home and community support services are to seniors who wish to age at home.

There are more than 78,000 seniors, 65 years of age and older living in the Central West LHIN. Over the next three years, that number is expected to grow by fourteen per cent, the largest percentage growth among all 14 LHINs in Ontario.



SUSTAINING HEALTH CARE

Williams believes that strategies like 'Aging at Home' can help break the increasing demand for high end health care that has increasingly drawn local resources away from home and community care.

He emphasized the importance of recognizing home care and community support as a critical part of the local health system. "Allowing at risk seniors to decline in their own homes until the only option available to them is hospitalization or a long-term care bed means we're not dealing with the root causes for inappropriate emergency room admissions, long-term care wait lists and patients awaiting alternate levels of care while still in hospital."

Research conducted at the CRNC suggests that targeted, managed home and community care that is fully integrated into the continuum of care can help solve these key health system problems while maintaining the health, well-being and independence of individuals and caregivers.

"The Aging at Home strategy provides a great opportunity to innovate and build cross-sector partnerships," says Williams. "The LHIN can lead transformation of the current collection of fragmented services into a needs-driven, integrated, managed continuum."

A PORTRAIT OF TODAY'S HOUSEBOUND SENIORS

Dr. Nowaczynski believes primary care physicians have an increasingly important role to play in supporting home and community-based care. "We can't replace nursing home beds with supportive home care alone, we need to also provide comprehensive medical and health services at home."

He painted a compelling picture for change through his gripping presentation 'House Calls', a photographic portrait of frail seniors as seen through his own regular home visits to patients. He shared dramatic images and stories of seniors striving to live independently at home while managing their complex chronic health conditions. Without the house calls, most of these individuals would have ended up in long-term or another form of institutionalized care.

In the 1930s, 40 per cent of all doctor-patient encounters were house calls. By 1980, that percentage had dwindled to 0.6 percent.

"To help seniors age with dignity at home, we need to integrate supportive and medical services in the home and focus our attentions on improving quality of life and decreasing the rate of declining health," says Nowaczynski. "An integrated interdisciplinary community-based team can provide comprehensive ongoing home-based care to a good number of housebound seniors, working outside the traditional doctor-centred office-based model of primary care delivery."

Nowaczynski will put that model to the test when he launches his own House Call Team in January 2008. The team consists of himself, an occupational therapist, social worker and nurse. "This is a great way to leverage scarce physician resources by alternating follow-up visits between a physician and another team member."

Sukhjinder Mintoo Mand, Central West LHIN Board Member hears first hand about opportunities to enhance senior services at the Flower City Seniors Recreation Centre in Brampton.



SETTING THE 'AGING AT HOME' STRATEGY IN MOTION

Bolstered by the tremendous wealth of information shared by local seniors through the public forums and symposium, and complemented by research conducted on best practices throughout the world, the Central West LHIN is currently developing a high level plan for its 'Aging at Home' strategy that we will submit to the Ministry of Health and Long-Term Care on October 31st.

This 'directional plan' will highlight the types of services we plan to expand or develop in 2008/2009 and beyond to support seniors to age at home.

Through this plan, we will:

- Assess the health needs of frail seniors and the 'young healthy elderly' to match available or developing community services and supports to meet their needs;
- Assess the health needs of frail seniors and the 'young healthy elderly' in diverse ethno-cultural communities to ensure culturally competent services are available or being developed;
- Leverage and expand existing community based services to address service gaps to enhance the ability of seniors to age at home in their communities as long as possible;
- Develop and support an integrated, interdisciplinary model of services to support seniors to age at home with independence and dignity;
- Improve the flexibility of access to senior-centred services across the health system in a financially sustainable manner;
- Identify innovative solutions to keep seniors healthy and at home in their communities as long as possible.

A copy of the 'Aging at Home' Directional Plan is available on the Central West LHIN website at www.centralwestlhin.on.ca. A more detailed plan for supporting seniors to live independent lives at home will be developed by January 2008, with services expected to start rolling out in phases starting in April.

"The voices of our local seniors have been heard, and it's their insightful feedback that will help us invest our \$21.5 million in a seniors health plan that truly supports their ability to continue living independent and dignified lives at home," says David Colgan, Senior Director, Planning and Integration and Community Development.



The Aging at Home Symposium provided a forum for exchanging ideas and insights on seniors health



Keynote speaker A. Paul Williams sets the tone for a robust dialogue about seniors health



Participants bring their own unique perspectives to the discussion on seniors health

www.centralwestlhin.on.ca