Aging at Home

Aging at Home Bulletin

Hamilton Niagara Haldimand Brant Local Health Integration Network

(also serving the communities of Burlington and Norfolk)

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The Aging at Home Strategy

The Ministry of Health and Long- Term Care (MOHLTC) launched the Aging at Home strategy in August 2007 to support seniors' independent living and aging at home. As part of that strategy, the MOHLTC is investing more than $60 million in the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) over the next three years.

This bulletin aims to keep the community informed about what is happening in the HNHB LHIN regarding the Aging at Home (AAH) strategy. The bulletin is sent to any organization, group, or individual interested in supporting seniors' independent living. If you are, or you know of, an organization or group that would like to be included on our mailing list, please email kathy.gilchrist@lhins.on.ca. Bulletins are available on the HNHB LHIN website at: www.hnhblhin.on.ca under the AAH tab.

To submit or suggest a story idea for an upcoming bulletin, please contact Chandra Rice at chandra.rice@lhins.on.ca or 905.945.4930 x214.

In this Issue:

More than $7M to flow to communities

The HNHB LHIN Board of Directors approved more than $7 million in new funding as part of the provincial strategy to help support seniors to live healthy lives at home.

The process for 2008-2009 Aging at Home funding began in early November with a call for proposals. More than 125 pre-proposals from organizations across the LHIN were received. Each pre-proposal was reviewed by HNHB LHIN staff and, where necessary, clarification or further information was gathered. At its January 25 meeting the HNHB LHIN Board of Directors approved 45 pre-proposals to move forward to the creation of a service plan. Of the 42 service plans presented to the Board on February 26, 32 were approved for funding; five will receive funding through alternate LHIN funding and five service plans were deferred.

"This three year strategy will undoubtedly have a positive impact for seniors in our communities as well as their caregivers," commented HNHB LHIN Board Chair Juanita Gledhill. "And the projects rolling out in year one are only the beginning. We will continue to work with seniors, seniors-to-be, and providers as well as community organizations and service groups to ensure that projects in years two and three build on the momentum that has been created."

The HNHB LHIN will release a special bulletin in April to describe the funded plans for the HNHB LHIN and how they support the priorities and needs of seniors living healthy lives at home.

Community Innovations Exchange

On Wednesday, February 20, a province-wide Aging at Home Community Innovations Exchange took place at a variety of sites from Sudbury to Townsend, from Ottawa to Windsor via videoconference.

The Innovations Exchange was designed to give all 14 LHINs and their communities an opportunity to showcase innovative approaches to support seniors' independent living and healthy aging at home. Participants included community members, Aging at Home planners and providers, LHIN Board and staff members.

The HNHB LHIN invited community thought leaders to host five sites across our communities.

1. David Jewell hosted a group at St. Joseph's Healthcare in Hamilton which included HNHB LHIN Board Chair Juanita Gledhill.
2. Carolanne Fernandes hosted a group at the Juravinski Cancer Centre in Hamilton which included Board member Stephen Birch, and Senior Director Marion Emo.
3. Evelyn Nobbs hosted a group at the Brantford General Hospital which included Board member Janice Mills, and AAH Project Lead Jenny Barretto.
4. Karen Tribble and Dominic Ventresca hosted a group at Hotel Dieu Shaver in St. Catharines which included Board members Bill Millar and Bill McLean and Planning and Integration Consultant Shirley Stewart.
5. Kit Julian hosted a group at Community Addiction and Mental Health Services of Haldimand and Norfolk in Townsend which included Board members Carolyn King and Douglas Archibald and Community Engagement Consultant Chandra Rice.

A Morning Videoconference was broadcast from Toronto to all the host sites across Ontario. The event kicked off with opening remarks from Minister of Health and Long-Term Care George Smitherman (see page 3).

This was followed by presentations from five LHINs' communities, including the HNHB LHIN. These five approaches to seniors' independent living and healthy aging were innovative, diverse, and locally responsive, and together leveraged existing ideas and resources in their communities.

The five innovative approaches profiled include:

- the Sahara Seniors Program from the Central West LHIN, designed to organize health and community support services for an aging South Asian community;
- the Young Carers Initiative in the HNHB LHIN, designed to support young people's health and well being as caregivers for elders at home with a chronic disease;
- the North East LHIN's North Shore Tribal Councils Project, designed to provide a culturally sensitive and accessible basket of community support and primary health services for First Nations and Aboriginal elders for improved quality of life at home;
- the North Muskoka Simcoe LHIN's Mobile Adult Day Away Program, designed to support enhanced day services in small communities; and,
- the South East LHIN's South East Innovative Care Delivery Model, designed to introduce multiple access points to a consistent basket of community support services that are managed regionally.

The videoconference ended with a Question and Answer period about the presentations. If you would like to view the videoconference, please follow the link in the Links article on page 8.

A special thank you from the HNHB LHIN is extended to Marge Dempsey (from the Alzheimer Society of the Niagara Region), Sylvia Baago (with the Young Carers Initiative), and Brittney Groves (a young carer) for their moving presentation about the Young Carers Initiative.

The Innovations Exchange Videoconference was followed by group **Afternoon Discussion** at each site and lead by the site host. Overall, the discussions focused on ways to extend aging at home planning and implementation activities across LHIN communities and sustain momentum.

Karen Tribble, Vice President of Clinical Services, at Hotel Dieu Shaver Health and Rehabilitation Centre and one of the Niagara hosts shared, "It was an excellent venue that blended provincial, LHIN, and local perspectives and demonstrated the integration required at all these levels when thinking about issues, exploring options, and developing strategies. Well done! We all hope that we have another opportunity to meet in this innovative way!"

David Jewell, Director for the Centre for Studies in Aging, St. Peters Hospital and one of the Hamilton hosts also wants to see more of this type of venue, "Sharing like this opens us up to the possibilities and inspires us. The video conference linked us all; showcasing how different rural and cultural challenges can be overcome. I think we should stage these periodically – perhaps we could look at different types of projects around the same issue such as transportation, ALC strategies, etc. We could learn a lot."

The day's presentations and discussions encouraged and inspired further innovative ideas on programs and services that could be made available to seniors in our community to allow them to live at home longer in a safe and quality environment.

Thank you again to all our hosts who helped us make it happen.

Be Heard, Get Involved

There are many ways to get involved with the HNHB LHIN Aging at Home strategy. Call us and find out more.

905.945.4930 or 1.866.363.5446

Beyond Innovation to Imagination

The following are excerpts from Minister Smitherman's opening remarks from the Community Innovations Exchange videoconference.

"Innovation is something we must expect every day in health care …because we are in a period of transformation, when the transition requires all of us to look for innovative opportunities. So I dare ask you to lift yourself above the word innovation to a word like imagination." …

"We must seek to engage, to leverage capacity in the form of community, like we never have before. Wherever people find community … we find clusters of individuals who are prepared to care for one another and, with some modest resource, very often can be leveraged and create the most beautiful kind of community around. We must leverage this intense desire that is there in all communities to care for one another." …

"It is an error to believe that all the needs of seniors of a population that is aging in such a dramatic way, will ever be met by direct care; one-to-one coordinated by a case manager at the CCAC. This is not a vision that is likely to be fulfilled with the demographics that we chase. Obviously a lion's share of AAH resources will be delivered in this way; specifically targeted to individuals. But we need to make sure that along side this we take advantage of the other capacities that exist. So I encourage you to be as imaginative as possible."

Making a Difference – Falls Prevention

In *The Economic Burden of Injury* (Smartrisk 2006) the cost of falls and the value of preventing them is described as follows:

"In 1999, unintentional falls cost Ontarians $1.9 billion, with $927 million attributed to the direct costs of falls among those 55+ years of age. It is estimated that about 40% of falls leading to hospitalization are the result of hip fractures. This statistic becomes even more alarming when one considers that the proportion of Ontarians aged 65 and older will nearly double from 13% of the total population in 2004 to 24% in 2031.

Falls can be prevented by recognizing and acting on risk factors such as a history of falls, impairment related to cognition, balance and gait, exercise, low body mass index, the use of multiple medications, and hazards in the home. There are existing strategies that have demonstrated the ability to reduce the incidence of falls among seniors by 20% or more. Achieving a 20% reduction in the incidence of falls would lead to over 4,000 fewer hospital stays and 1,000 fewer older adults of Ontario being permanently disabled.

The direct health care costs avoided would amount to almost $121 million annually."

Along with the economic costs of falling, there are the changes it brings to the lives of those who fall. Falling is one of the major predictors of a change in residence for seniors. When injury has resulted from a fall, seniors are often worried about two things: first, returning home and secondly, ensuring the supports, services and necessary home modifications are in place when they do return home.

To help prevent falls, the HNHB LHIN is convening discussions to explore the feasibility of a LHIN-wide Falls Prevention Strategy that incorporates best practices falls prevention. More than 75 people from diverse background participated in first of these discussions hosted by the LHIN on February 14.

The participants' diverse backgrounds provided an excellent opportunity to collaborate and be innovative across our LHIN. Representation included health service providers from the acute and long-term care sectors, CCAC and community sectors, Public Health, provincial organizations, family doctors, seniors, and a wide variety of professional designations.

AAH Lead, Jenny Barretto addresses Falls Prevention participants

The inventory survey conducted before the meeting highlighted the existing expertise and range of falls prevention activities already occurring across the HNHB LHIN.

The meeting began by brain-storming potential performance measures for a Falls Prevention Strategy. The discussion provided an opportunity to hear from key leaders as to what will make a difference and what some of the challenges have been. Presentations made by Smartrisk and the Ontario Neurotrauma Foundation were well received and were followed by lively questions.

Small group discussions generated a number of key ideas and planning advice that participants felt were important in moving forward. It was agreed that further analysis and a summary would be prepared with the intention of bringing it back with proposed next steps to move towards an HNHB LHIN-wide falls prevention strategy.

The meeting laid a solid groundwork in terms of the development of a common understanding of falls prevention and provided the opportunity for relationship building among individuals with a similar passion. In the next few weeks we will be distributing the proceedings of the meeting. There will be a chance to provide additional input as we move forward with an HNHB LHIN-wide falls prevention strategy.

Thank you to all the participants who came out on a snowy Valentine's Day to discuss a LHIN-wide Falls Prevention Strategy.

Falls Prevention participants listen as they discuss next steps

Adapting Let's Talk

As described in the previous AAH bulletin, ***Let's Talk: Aging at Home*** is a series of organized small informal conversations that provide information to the HNHB LHIN. These conversations inform the direction that the HNHB LHIN takes as it implements the Aging at Home strategy.

In this issue, we look at one of the most exciting aspects of ***Let's Talk*** – its adaptability.

As we meet with various networks, representing a variety of organizations, people have shared how they need the tool and materials to be different to best reach the population they serve. Some of the differences are small – removing or adding a question and other differences mean the whole process shifts and changes. In this bulletin, we would like to describe four new aspects of ***Let's Talk*** that are under development.

Congregate Dining

In piloting ***Let's Talk*** with a Diner's Club in Dunnville, we learned three things: the process needed to be streamlined so the paperwork was easier; participants needed more time to prepare for the conversation; and, conversations could happen over more than one sitting.

In response to our learnings, we are developing a process designed specifically to capture the voices of seniors in a congregate dining setting. It will be ready by April.

Open Local Conversations

To encourage wide participation in ***Let's Talk***, the LHIN will be holding open conversations in a variety of locations across the HNHB LHIN.

Seniors will be invited to call the LHIN and learn where and when the most convenient conversation for that senior will be. Invitations to these conversations will be sent through the HNHB CCAC and other service providers, as well as being posted in public locations. These open conversations will be held in May.

If you, or someone you know, want to participate in one of the open, local conversations, please call 905.945.4930 or 1.866.363.5446 to register.

Individual Questionnaires

The LHIN is preparing a survey that individuals can complete. This will ensure the voices of isolated or house bound seniors are heard. It will be sent out to anyone who requests a copy. The questions in the individual questionnaire will be targeted to some of the themes that are arising from the Let's Talk conversations.

People are welcome to call and request a questionnaire at any time by calling 905.945.4930 or toll free at 1.866.363.5446.

Let's Talk with Health Service Providers

Health service providers work on a daily basis with seniors and have many ideas to share about successful aging at home. The LHIN has teamed up with the HNHB CCAC to create a process and set of materials that will draw upon the ideas and solutions of health service providers.

If you are a health service provider and would like to share your ideas about successful aging please contact Chandra Rice at chandra.rice@lhins.on.ca or 905.945.4930 x214 to arrange using ***Let's Talk: Aging at Home with Health Service Providers***.

These are just four ways that Let's Talk is being adapted to best meet the needs of our communities. Get involved. Be heard. Your input is critical.

Next Frontiers

In January and February, HNHB LHIN staff met primarily with existing networks throughout the LHIN to spread the concept of ***Let's Talk***.

In the coming months, we will be reaching out to a wide variety of community groups including:

- faith groups;
- cultural associations;
- senior centres;
- retirement associations; and,
- service clubs.

If you would like get involved in ***Let's Talk: Aging at Home***, please contact Chandra Rice at chandra.rice@lhins.on.ca or at 905.945.4930 x214.

Coming to a Screen Near You!

The HNHB LHIN is proud to announce that it has teamed up with an enthusiastic group of students from the Broadcasting Program at Mohawk College. As part of their Corporate Video Production course teams of students must create a video for a client. Teams get to choose their client from a group of non-profit organizations who have expressed a desire to have a video made. We were thrilled that one of the teams chose to make a video for HNHB LHIN.

The video will be about Aging in the HNHB LHIN and will be showcased at events such as the Provincial Aging at Home Innovations Showcase on April 23 and shared with community through events such as our Speaker's Bureau.

We have filmed a wide variety of seniors, in a number of different locations and are looking forward to seeing the edited product in April.

This is just another way the HNHB LHIN is working with students to ensure that health care is front and centre in their futures.

Looking Ahead to Year Two AAH

The Aging at Home strategy is the local incubator for health system transformation. The collaboration and innovation potential for independent living and healthy aging at home in the 21st century is enormous. There are signs early in the strategy of new collaborations, and readiness for new ways of work in year two to support aging at home in the HNHB LHIN. The full weight of the strategy to promote social inclusion, opportunities for under-employed persons, new partnerships, adoption of technologies, shared services, and robust volunteerism for healthy aging, is yet to be realized.

All planner, funder and provider stakeholders have shared responsibility and accountability for aging at home and independent living. In other words, stakeholders are asked to consider how they can contribute to senior's independent living, by thinking about:

a) What they do best among their peers and partners;
b) How partnerships can leverage improved outcomes, innovation and efficiencies; and,
c) What should be relegated to others?

Aspirations include shared commitment to excellence in service provision, enhanced health outcomes, improved system performance, and sustainability.

The HNHB LHIN year two AAH goals include:

- identification of directional plans, or strategy maps, that support both Aging at Home allocation decisions, other LHIN integration and funding decisions, and decisions of health service providers;
- increased capacity for and evidence of collaboration within and across sectors;
- increased knowledge and application of outcome measures; and,
- enhanced skills in proposal writing and budget preparation for intended outcomes.

The Aging at Home strategy is the HNHB LHIN's opportunity to model health system improvement for client focused, accessible, and responsive services that result in the right care in the right place, seamless transitions, and improved outcomes.

As the HNHB LHIN completes its year two AAH work plan we will share it with you in upcoming bulletins.

Spotlight:
Warm Pool Key to Keeping Active

I am excited. I have been encouraging people to contact me to share their stories, and I get my first call. I am asked to talk to a group at St. Joseph's Villa in Dundas about their use of the pool. I'm a little nervous. It is one thing to talk one-on-one with someone (like I did for the interview with Mary Buzzel in the last AAH bulletin) but it's another thing all together to talk to a group. I feel like a journalist for the first time.

We start by watching a gentle exercise class. The swimmers talk amicably as the instructor leads them through a series of moves. They're comfortable – with each other, with the instructor, and with the exercises.

We move to a table where we can talk. Sondra, Mary-Ann, Kathleen, Arnice, Ruth and I settle in. We start by talking about how they keep active and the conversation takes off. "Visit the library. Get out and walk. Talk to your neighbours. Keep actively learning, socialize, read, write poetry, and most of all don't hibernate."

It is clear that they love their community – the ease of access to everything they need (they can walk to just about anything), the variety of businesses, the tight knit community feel. They describe what the literature calls an age-friendly community.

I ask about how the pool fits into this, and the conversation shifts from informative to poetic. "Ah,

the water; like silk against the skin, it makes the body feel young again… The rhythm and the music of the water are so relaxing… On land, I huff and puff and perspire. In the water, I float and glide and move with grace." They share stories of how it has shaped their lives; "The pool exercise class is what has kept me out of a wheelchair." They share examples of how it encourages a full range of motion; "It has limbered up my legs, making me more mobile on land." And they laugh as they speak of the things they can do in the water that they would never dare do otherwise.

Key to their pleasure is the pool's temperature, clientele, and instructors. As the pool's primary target audience is seniors, the pool is kept much warmer than most pools. The fact that most of the swimmers are seniors creates a feel of community – they encourage each other, they share their struggles and their success stories, they move unabashedly, unfettered by the eyes of younger swimmers. And the instructors take a personal interest in everyone

But the pool is not without its problems. They desperately need larger change rooms with grab handles and more seating. They need a better ventilation system, as between the heat and the extra chlorine (needed for the warmer waters) the air can be stifling. They'd love to move to a salt-water sanitation system which would be much gentler on the seniors' skin and respiratory systems. And finding funding for changes like these can be very challenging.

Problems or not – it is clear what a pivotal role the pool plays in the well-being of these seniors. The pool is an excellent example of a service offered outside of the health care system that is critical to helping seniors age at home. Thanks to the group for sharing their stories and enthusiasm with me!

By: Chandra Rice, *Let's Talk: Aging at Home* Lead

Links

Each bulletin contains links to information that might be of interest to you. In this bulletin we link you to places discussed in various articles.

Media Releases About Aging at Home

Why read? Recent media releases include the HNHB LHIN announcement about first year funding, the Innovations Showcase invitation, and a statement about the Ministry's intention to perform an Effectiveness Review of the LHINs. It provides useful background to much of the information provided in this bulletin.

AAH Community Innovations Exchange Videoconference

Why watch? See Minister Smitherman's speech yourself. Be inspired by the innovative ideas presented. And see the LHINs in action.

Let's Talk: Aging At Home Online

Why visit? Now everything you wanted to know about Let's Talk: Aging at Home is available online. You can download the packages, read about who has participated in conversations, and keep up to date about developments.

If you have a link to share, please contact Chandra Rice at chandra.rice@lhins.on.ca or at 905.945.4930 x214.

2008 Milestones and Timelines

- **Mid April –** First Report on Let's Talk: Aging at Home is shared with the community.
- **April 23 –** Provincial Aging at Home Innovations Showcase (Metro Toronto Convention Centre) – see below.

Aging at Home Innovations Showcase

Mark your calendars for a dynamic one-day event that will showcase LHIN achievements and innovations – and serve as a check-point for Ontario's Aging at Home strategy.

The day's highlights will include:

- Interactive Panel Discussions and Workshops
- Interactive "Speed Dating Style" Cross-Community Learning
- Important Strategy Updates
- Refreshments and Light Lunch

Key audiences for this event include health service providers and other partners participating in local aging at home initiatives, provincial associations, grassroots and seniors groups, as well as the general public who will benefit from the new and expanded services that will be implemented within the province.

Online registration will be available soon. Watch the HNHB LHIN website – www.hnhblhin.on.ca – for more details. We'll post information there as it becomes available.

The HNHB LHIN Aging at Home team is working with stakeholders to ensure funding is directed to programs and services that will impact and benefit communities across our LHIN.

This Aging at Home Bulletin is produced by the Hamilton Niagara Haldimand Brant LHIN, one of 14 local health integration networks. The LHIN is responsible for planning, coordinating and funding the local health system in this region which spans from Burlington to Fort Erie and from Burford to Cayuga and includes more than 1.3 million residents. The LHIN represents local decision-making; decisions about the organization, coordination and funding of health services will be made closer to home by people who live and work in the LHIN. The health services include community support services, mental health and addictions services, community health centres, the Community Care Access Centre, long-term care homes and hospital services

For more information, please regularly check our web-site www.hnhblhin.on.ca.