Aging at Home Bulletin

Hamilton Niagara Haldimand Brant Local Health Integration Network
(also serving the communities of Burlington and Norfolk)
Volume 2 Issue 4 - April 2008

Strategies for Healthy Aging: Looking Ahead

The LHIN and its partners are striving for improvement in a number of areas that will help people maintain their health and independence at home and in their communities. Some examples:

Transportation - Getting around, whether it be to medical appointments, shopping, or social activity is challenge for many of us as we get older, are less ambulatory and no longer driving, and often having less income. Improving Transportation options - see page 2-3.

Supports in the Home - Residents in the LHIN communities have been saying for years what is required to help them stay at home as they get older. Insert a reference/evidence to something about health and well being associated with living at home in the community – see page 4-5.

Falls Prevention - Every 10 minutes in Ontario, at least one senior visits an emergency department due to a fall. The HNHB LHIN is working with stakeholders to develop a LHIN wide effective falls prevention framework based on the most recent research coupled with locally and provincially developed best practices -- see page 6.

Supports for Frail Elderly - Too often, limited access to specialized geriatric services is a barrier to improved cognitive and behavioural conditions which in turn limit seniors' independent living. The LHIN has asked the Geriatric Assessment Integration Network (GAIN) to identify priorities for strengthening specialised services for frail seniors -- see page 7.

Read and enjoy. We hope it inspires you to get further engaged in supporting Aging at Home.

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.

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Transportation

Transportation is one of the top three health system challenges for residents in the Hamilton Niagara Haldimand Brant LHIN. Transportation challenges for access to care are consistently voiced and well documented across the LHIN in both urban and rural communities, inner cities and suburbs, and hold true for young families and elderly persons alike.

Elderly persons are the largest users of volunteer transportation in both the MOHLTC funded community support service sector and the "shadow sector" (non MOHLTC funded). The shadow sector includes for instance, in Hamilton, the VON, Ancaster Community Information and Support Services, Stoney Creek Seniors Outreach, the Cancer Assistance Program, and DARTS.

Escorted transportation in both sectors enables seniors to attend medical appointments, shop, and participate in social and recreational programs. Eligible clients may be frail, have a physical limitation, and/or cognitive impairment that impedes their ability to use public transportation if available, and unable to receive support from friends, family.

Some challenges include:

- Variable public infrastructure ranging from no transportation infrastructure (most often in rural areas) to transportation that is available and comprehensive (in urban areas);
- Variation in
  - the availability of volunteer and hospital transport options;
  - the accessibility of transportation;
  - user fee structures; and,
  - eligibility criteria for alternative transportation e.g. taxi script, DARTS;
- The shortage of volunteer drivers;
- Barriers to accessing assisted transportation which include
  - length of required notice to schedule a ride,
  - provider and consumer knowledge as to options available, and
  - lack of evening and weekend services;
- Inexperienced and or inadequately trained volunteer drivers to manage clients with challenging and disruptive behaviours which put both client and volunteer at risk.

Project Goals and Objectives - Long-Term

The long-term goal of the HNHB LHIN is proactive collaboration among transportation providers – municipal, regional, volunteer, and assisted programs – to plan affordable, accessible, coordinated, safe, and timely transportation across the LHIN.

Project Goals and Objectives - Short-Term

The short- term goal is to model collaborative planning for transportation that supports people aging at home in their communities. Equitable access to social supports, recreation, wellness programs, and health care is paramount for safe and secure well-being. The Aging at Home strategy is an excellent opportunity for transportation planning.

Thus our short term goals is to ensure that Aging at Home allocation decisions are informed by:

- Local transportation strategies that support seniors independence in their home and community of choice;

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- Transportation strategies linked with the basket of local services that together support independent living in any one community; and
- Coordinated planning and implementation strategies among current providers and funders that build on existing assets and leverage LHIN wide, equity of access to safe, timely, accessible, and comprehensive transportation options.

Key Activities

There are five key activities that will move the HNHB LHIN towards its short term goals.

1. Assess the current state.
   - Confirm the issues and opportunities for transportation service improvement to support aging at home and independence (a summary of local intelligence).
   - Examine the population distribution of the aging cohort (a cluster map).
2. Identify champions for future state deliberation.
   - Assess readiness among leadership in education, business, social services, and discretionary funders.
3. Assess the future state.
   - Describe the requirements for linked transportation strategies that support equity of access to safe, timely, accessible, and comprehensive transportation options.
4. Identify opportunities, risks and feasibility of staged implementation strategies for achievement of future state goals.
5. Solicit information to inform Phase Two of Aging at Home allocations consistent with the established plan.

First Steps

If you are interested in transportation, keep an eye on this bulletin over the next couple months. We will share transportation developments as they arise. Also, if you want to be involved in the planning process, the HNHB LHIN will be convening a meeting in June with interested stakeholders.

Ideas from the Community

People who participated in Let's Talk: Aging at Home, shared their transportation needs and ideas they had for rethinking transportation in the HNHB LHIN. Here are some of their needs and ideas:

"I have difficulty walking – I'd like more time at lights to get across the road"

"I can't get myself easily into a car anymore. I need someone to help me get into the car and stow my bags in the back."

"I wish bus drivers had more training on how to look after seniors … even just the importance of enforcing who sits in the handicap seats"

"I need a transport system that is directly linked to my medical appointments. Can the system be linked to the doctors offices - so I can put the call in when I book my appointments?"

"Couldn't school buses and school bus drivers do double duty - they are available at just the time that seniors like to go shopping!"

Supports in the Home and Supportive Housing

Supporting people in their homes as they age is the focus of the Aging at Home strategy. No matter where people live, people often need help living independently as they grow older. The type of assistance might be provided by friends and family (informal support), or health and social service providers (formal support). Examples of existing supports for healthy aging include:

- Mobility supports that help people get around safely and securely and include canes, walkers, braces, and personal supports including lifts, grab bars, and other modifications to the home.

- Service based supports that enhance wellness and independence and include food provision (meals, grocery shopping), homemaking and transportation.
- Social supports that mitigate social isolation and include social and recreational clubs/ gatherings, day programs, and friendly calling.

Supports are available in the local community close to home, and/or in the home where a person lives, including social housing. The LHIN is assessing the opportunities for strengthening supports in the home across the LHIN, and how these supports will enable people to live in their homes for as long as they want to.

Overview of Supportive Housing

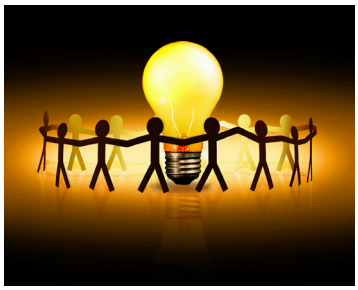
At its inception, supportive housing described "24hr on site, support services offered in combination with permanent, subsidized housing." Offering these two services together – on site, support services with permanent, subsidized housing - enabled individuals with physical disabilities to avoid being institutionalized, maintain their independence and remain active in their community. Over time, supportive housing services have evolved to include different models of service delivery beyond its traditional design.

Supportive housing, including homemaking and personal care/attendant services, is funded by the MOHLTC and is provided to a variety of target groups including the frail elderly, persons with AIDS/HIV, acquired brain injury (ABI), and persons with physical disabilities. In 2006-2007 approximately $28.5 million was allocated to supportive housing for 1,700 persons across the HNHB LHIN and yet there is a greater need in our LHIN.

LHIN Direction

The LHIN is undertaking initiatives to guide how Aging at Home resources can enhance supports in the home. An environmental scan will summarize the present state:

- where do seniors and young seniors (age 55-65) live,
- who is receiving supports in the home,
- what services are they receiving, and where (by geography and in what type of housing).



In addition, the process will identify at risk populations, unmet needs and estimates of future demand for supports in the home. A survey of providers is underway to identify number and distribution of housing units, demand (wait lists), and priorities for change.

Planning for a LHIN wide strategy for supports in the home will be formally launched on May 21st. Community members and stakeholders


Let's Talk participant

(e.g. planners, service and housing providers, funders) will join to identify key challenges, current practices and successes for supporting people in their home, opportunities for system improvement, and next steps for collaborative planning. The goal is a directional plan for supports in the home, including supporting housing requirements across the LHIN, that can be used to guide Aging at Home allocations in 2009-2010.

Discussion on Supports in the Home

The HNHB LHIN will be hosting a morning discussion to look at supports in the home (including supportive housing) on Wednesday May 21 at Mountainview Christian Reform Church in Grimsby.

It is our intent that this initial planning meeting will help us come to a common understanding of existing services as well as the needs of the community. We also want to learn from key reports and current research, and provide opportunities to learn from one another as we move forward. Local solutions are needed to address local challenges so much of the planning will need to happen at the local level. Given the wide variety of supports that allow seniors to age in their home, it is important that a diverse group of organizations be involved in this discussion.

If you are interested in attending this morning discussion, please contact Kathy Gilchrist at kathy.gilchrist@lhins.on.ca or 905-945-4930 x 222.

From the HNHB LHIN's Perspective


Marion Emo

In our bulletins, we include stories that illustrate the culture of the LHIN. Recently, Marion Emo was invited to speak at a joint session of the Geriatric Assessment Integration Network and the Community Supports Services of LHIN 4. Marion talked about the role of "Let's Talk", a conversation approach to stimulate creative ideas to support people as they age at home.

"We started with the assumption that conversations about Aging at Home and independent living should inform the LHIN's decision making. And they are.

We hope these conversations incubate opportunities to influence urban design, land use planning, health and social service provision, learners and community members to think "age positive." The conversation experience and outcomes give all of us new ideas and new ways of thinking about meeting the needs of our aging population. We hope that Let's Talk conversations link learners with the resourcefulness and candour of wise elders – with their ideas, knowledge, and enthusiasm for independent living.

We hope that Let's Talk stimulates action for age friendly communities. The MOHLTC funding envelope is not solely responsible for independent living and healthy aging in our community. When we look at the requirements for wellness, transportation, information, and opportunities for civic engagement, we know that age friendly communities require integrated policy and funding strategies across Ministries.

Healthy seniors thrive in robust communities with housing choices, transportation infrastructure, income sensitive goods and services, a continuum of support and care, and a culture of respect.

Let's talk about how to make this happen. Your input is critical. Ask yourself three questions:

- What is mine to do?
- What is mine to partner?"
- What is other's to do?

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Aging at Home Action Workshop

The Ministry of Health and Long-Term Care launched the 3 year Aging at Home strategy in August 2007. Since then, LHINs have approved over $75M for seniors' healthy aging and independent living across the province. On April 3, LHIN Board of Directors members and senior staff, and the Ministry, met together to take stock of Year One of the Aging at Home strategy.


Min. Smitherman

Minister Smitherman congratulated LHINs on the range of Year One initiatives that for the most part, focus on sustaining existing and vital programs and services for aging in community, improving how clients' move from hospital to home, and promoting equitable access to services. Consistent with the Aging at Home goals, the Minister re-confirmed the goal of social inclusion, whereby Aging at Home strategies provide opportunities for underemployed persons, newcomer volunteers, and 'other-than-typical' MOHLTC providers.

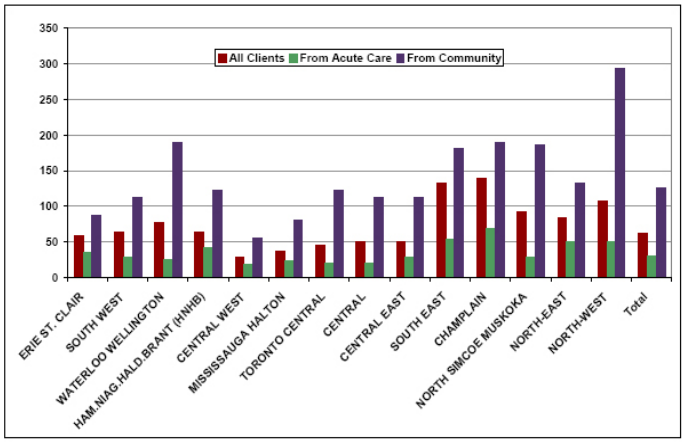
Four LHINs were invited to share their planning and engagement processes and outcomes to date. Juanita Gledhill, Chair of the HNHB LHIN, summarized the role of the BOD: taking its direction from the community, leveraging other community partners for healthy aging solutions, and its commitment to transparent decision making. Marion Emo summarized the characteristics of innovation locally, including intergenerational approaches, and cross sector partnerships.


Marion Emo

A panel discussion on Measuring Success captured the interest of all workshop participants. The importance of implementing strategies that are known to make a difference and measuring their impact cannot be understated. Dr. Leslie Levin, Head of the Medical Advisory Secretariat, MOHLTC, illustrated how falls can be alleviated by evidence based strategies and that LHINs and their communities do not need to "reinvent the wheel". A challenge for all stakeholders continues to be how evidence and best practice are linked with solution building at the local level.

"The session was key to ensuring that the vision, goals and outcomes of the Aging at Home strategy are realized," shares Trish Simmons, Senior Consultant of Community Engagement and Communications. "The strategy is a bold agenda that supports both local determination and equity of access to seniors' supports and services for all Ontarians. These sessions allow all of us to share success stories and learn from others."

Median Wait Time for Seniors Age 65+ in Days to placement in a Long-Term Care Home



(an example of measuring the impact of strategies across the province drawn from the Ministry panel on Measuring Success)

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

Or visit our website.

www.hnhblhin.on.ca

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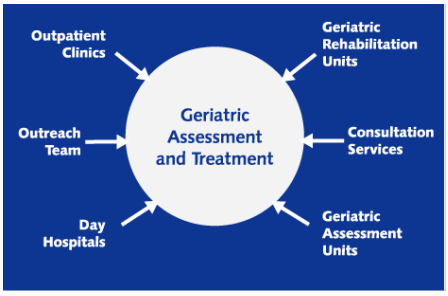
GAIN to help in planning process

Collaboration plays a vital role in transforming the health care system in the LHIN. The LHIN organization looks to existing collaboratives and networks to identify priorities for change. With respect to Aging at Home, the LHIN has invited the Geriatric Assessment Integration Network (GAIN) to propose directions for specialised services for frail elderly, and a preferred map of geriatric services across the LHIN.

The article below is adapted from the GAIN's recent newsletter.

Request for Support

GAIN has been invited to propose priorities for a system of supports for frail elderly in this region. This information will be used to assist the HNHB LHIN with their Year 2 and Year 3 plans for Aging At Home strategy funds and to assist the HNHB LHIN Board of Directors in making decisions regarding proposals for specialized geriatric services (services which assess and treat the functional, medical, and psychosocial aspects of illness and disability in older adults who have complex needs).



This request represents a significant opportunity for GAIN to inform health care planning and funding decisions related to health services for older adults in this region. In response to this request, the GAIN Council is proposing a comprehensive plan to develop:

- *a framework/model for specialized geriatric services (SGS) and related priorities (involving a literature and documentation review of existing models of geriatric health services);*
- *an inventory of existing services in this region (partially complete); and,*
- *consultation process for development of a model and identification of priorities for SGS.*

Phase 1 – Focus Groups

Gain is asking 10 or more network groups, as well as consumer groups, to participate in focus groups to help define a framework/ model for SGS in the HNHB LHIN. The Chair and/or Co-chairs of identified networks are being contacted and asked to help recruit members who can participate. The focus groups began the week of April 14th and conclude the last week in April. Teleconferencing and individual feedback will also be encouraged as part of this process.

Phase 2 – Delphi Process

In the second phase of planning, SGS priorities will be identified using the framework developed during the focus groups and the service inventory. A Delphi process will be used to develop these priorities. This is a structured process for obtaining consensus through iterative survey questionnaires. We will be asking each network to nominate two experts.

Deliverables

At the end of the planning process, GAIN will provide the HNHB LHIN with a framework/model for SGS in the HNHB LHIN and list of SGS priorities for the HNHB LHIN.

The work GAIN has undertaken around specialized geriatric services is a model of collaboration the HNHB LHIN supports. There are practitioners, experts, thought leaders and clients and their families who together hold knowledge, insight, and experience to inform health system improvements. We are excited to be working with GAIN to better understand the needs and priorities for specialized geriatric services in the HNHB LHIN.

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Working Locally to Prevent Falls

Falls are the leading cause of injury among older adults, accounting for 59% of injury related emergency department visits and 80% of injury hospitalizations.

The HNHB LHIN Falls Prevention meeting in February provided an excellent opportunity to collaborate for LHIN falls prevention strategies. From this meeting we learned about existing initiatives and research falls prevention in our LHIN and discovered there is great energy and expertise to move forward on falls prevention.

The HNHB LHIN is hosting a second meeting in June. The goal of a second session is June is to create a plan of action for preventing falls. The session will include:

- Discussion and application of recent research on falls prevention strategies and how they make a difference for seniors at risk. Our guest presenter is Dr. Leslie Levin, Head of the Medical Advisory Secretariat, MOHLTC.
- Review and refinement of a falls prevention framework that will guide implementation strategies, priorities for implementation, and partner requirements for goal achievement.
- Next steps to action strategies

If you interested in participating in the second meeting (9-12 am, June 5 in Grimsby) please pre-register with Kathy Gilchrist at kathy.gilchrist@lhins.on.ca or 905-945-4930 x 222.

Tips on Preventing Falls

Anyone can fall. However, the risk of falling becomes greater as we age and the potential for serious injury increases. However, many things can be done to reduce the chances of falling:

Maintain your health

- Exercise regularly to maintain muscle tone and balance
- Have your vision and hearing checked regularly
- Use medication as prescribed
- Have regular medical check-ups with your doctor

Be safe in your home

- Use rubber mats and safety bars in the bathtub
- Keep floors and stairs free of clutter
- Store regularly used pots and pans in easy to reach cupboards in the kitchen
- Use night lights in hallways
- Keep a clear path between your bed and the bathroom

Know your personal needs

- If you need a walking cane or walker, don't be ashamed of using one. It will give you new freedom!
- Make sure walking aides have rubber tips on the bottom
- Wear comfortable shoes with rubber non-slip soles

From the Vancouver Coastal Health website: http://www.vch.ca/seniors/fall.htm

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.

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