

Aging at Home

Enabling Seniors to Live Safely At Home
with Dignity and Independence

November 2, 2007, Provincial Forum for
Information Exchange Provincial Seniors'
Groups

Summary of Discussion Questions

1. The Context

On November 2, 2007, the Ministry of Health and the Local Health Integration Networks across Ontario hosted and facilitated a provincial forum with key Provincial Seniors' Groups. A complete list of participants is included in Appendix 1. (NOTE THIS WILL NEED TO BE ADDED)

The format for the event began with an overview of the Aging at Home strategy followed by a brief question and answer period. Participants were then requested to discuss, in a small group format, each of the following questions:

1. What services/programs for seniors and their caregivers do you see working well?
 - a. Which of these would you like to see more of?
 - b. Which ones do you think should receive highest priority for expansion?
2. What types of services do seniors and their caregivers need that do not currently exist?
3. What are the barriers to seniors aging at home?
4. Are there creative/innovative programs to support seniors and their caregivers already happening in your community? If so, please tell us what they are.

Examples of innovation:

- Modification of an existing program or service for a new type of client (such as preventative participation in day programs for seniors who are essentially well), or to provide service in a new way (offering a meal program at a restaurant instead of in a seniors centre)
- Introduction of a proven program or service from another jurisdiction or discipline
- Formalization of a program or service that has been tried on an informal basis, but has not been funded
- Piloting a completely new service or program.

5. Are you aware of concepts or ideas for creative/innovative programs that would support seniors, but have not yet been implemented? If so, please tell us what they are and why they have not been implemented?
6. Do you have any suggestions for how to capture seniors' satisfaction with the services provided to them?
7. The government wants the Aging at Home Strategy to reach all seniors and their caregivers, including those whose voices we do not ordinarily hear.

- a) Do you, as an organization, feel that your voice is being heard by your LHIN? If not, how could that be improved? What processes should be in place to allow ongoing engagement over the three-year implementation?
 - b) Are you aware of any categories of seniors that are not represented – whose voices are not currently being heard?
 - c) Do you have suggestions for how we could reach these people?
8. Are there any reports/papers that you are aware of that would be helpful for the LHINs in their planning for the Aging at Home Strategy? If so, please bring the title and author, publication information or internet link.

A facilitator and recorder at each table captured the discussion and responses to each of the questions. A representative from each of the discussion groups provided a summary of their discussion in the final portion of the community engagement session.

Following the event, the responses from each discussion group were consolidated. The purpose of this document is to share with the broad health sector the consolidated responses to help inform the Aging at Home strategy as it evolves within each of the LHINs.

2. Consolidated Responses to the 8 Questions

2.1. Question 1

What services/programs for seniors and their care givers do you see working well?

- a) **Which of these would you like to see more of?**
- b) **Which ones do you think should receive highest priority for expansion?**

Services Working Well:

- Services for frail elderly such as homemaking, accompaniment and CCAC services in general

Highest Priority for Expansion

Friendly visiting:

- A need for more formal training for visitors who, through certified programs, learn to recognize immediately what the needs of the seniors are
- This needs to be more than just security checks

Supportive Housing:

- In many areas, supportive housing must be introduced and implemented

➤ Long wait-lists recognized

Services:

- More homemaking supports outside of CCAC personal supports
- Meals on Wheels availability everyday
- Service equity in rural areas
- More respite and recovery supports and services
- Improved training for financial services awareness, respite care
- Improved transportation
- Geriatric specialized services
- Nurse assessments – GEM outside of LTCHs expansion
- More Nurse Practitioners

2.2. Question 2

What types of services do seniors and their caregivers need that do not currently exist?

Information Related Services:

- Marketing and outreach to caregivers regarding services available
- One stop shopping/centralized mechanism services
- Cultural Diversity and sensitivity service delivery improvements
- Library services, 211, Door Ways to Care – as multiple entry points into the continuum
- Improve role of CCAC in coordination
- Specialized geriatric education and training (e.g. how women age, falls prevention) improvements
- Information on how to develop positive approaches

Equity in Core services:

- Develop local feel to delivery of service
- Geriatric training and services for women
- Meals
- Target smaller, isolated communities for geriatric services

Unique Service Ideas:

- Dental Care
- Falls interventions teams
- Preventative healthcare via house calls from doctors
- Non medical home health supports
- More services in early part of continuum to prevent seniors decline

Other comments:

- Address seniors with mental health issues (e.g. circle of supports, obtaining consent as a barrier)
- CCAC needs time with client to establish trust and rapport

2.3. Question 3

What are the barriers to seniors aging at home?

Basic Needs: Income security, food and shelter, housing, safe secure environment?

- Adequate income to remain at home
- Income testing discriminates against homeowners
- \$\$ for home renovations for accessibility
- Lack of affordable housing
- Cost of care
- Alert mechanisms for help in emergencies, 24/7
 - Fears: lack of choice, facility placement, strangers in the home

Health and Community Support Services: Primary care, home care, home help, rehabilitation, palliative care. Right care, right place.

- Eligibility criteria
- Fee for service “helping hands”
- Service boundaries
- Lack of competent health professionals
- No approach to early onset aging patterns e.g. persons with Developmental disabilities, Down’s syndrome, chronic disease
- Poor medication management supports
- Cultural and language barriers

Access: information, transportation, navigation, user friendly and welcoming

- Lack of service /safety net awareness
- Isolation in rural areas
- No “one stop” info hub for Supportive Housing
 - Wait lists for CCAC brokered services

Social and community engagement: Interactive environments, friendship, recreation

- Fierce independence; reluctance to “accept” help

Integration and Navigation

- Planning – do we know who needs what services and supports? Need to improve reach to isolated and marginalized seniors.
- No seniors' ombudsman
 - Seniors' age cohort treated as a homogenous group; and needs are changing as demographics change and longevity grows

2.4. Question 4

Are there creative/innovative programs to support seniors and their caregivers already happening in your community? If so, please tell us what they are.

Examples of innovation:

- Modification of an existing program or service for a new type of client (such as preventative participation in day programs for seniors who are essentially well), or to provide service in a new way (offering a meal program at a restaurant instead of in a seniors centre)
- Introduction of a proven program or service from another jurisdiction or discipline
- Formalization of a program or service that has been tried on an informal basis, but has not been funded
- Piloting a completely new service or program.

Basic Needs: Income security, food and shelter, housing, safe secure environment?

- *Veteran's Independence Program*: flexible supports to help couples stay at home.
- *SPRINT*: expanding SHousing services (not units) to people including culturally diverse communities.
- *Senior Foster Care*: Abbeyfield, Montreal. Couples foster seniors – social work assessments, maximum cost points, follow up.

Opportunities:

- Leverage local service clubs and their resources
- Supportive Housing subsidies keep abreast of inflation
- Clothing sales where seniors live

Health and Community Support Services: Primary care, home care, home help, rehabilitation, palliative care. Right care, right place.

- *Blood pressure monitoring program* at McMaster: uses volunteers to train and support patients at home.
- *Centre for Activity and Aging* in London proven effective for cardiac rehab.
- *Seniors soft landing program in TO*. On d/c from hospital, taxi home and PSW helps settle patient prior CCAC services at 3 days.

Opportunities:

- *Calcium* for CD prevention through ODB
- Explore hotel based bed/room resources as *step down “units”* for rehab, convalescence
- *Supportive Housing programs with self help and peer support* programs, and congregate dining.
- *Sub acute care programs* in hospitals to better prepare senior for discharge
- *Telemedicine and videoconferencing* to support dialogue and exchange
- *Apply EOLife National Standards* across communities for palliative care.
- *In home respite* at reasonable cost

Access: information, transportation, navigation, user friendly and welcoming

- *First Link in Ottawa*: physicians connect patients with dementia to services
- *SAINTS*: N. TO students assist seniors e.g. chores, snow shovelling. Students paid minimum wage. Funded by MOT

Opportunities:

- Educate primary care providers on available community supports
- Baskets of support e.g. relationship among local supermarket and food delivery, “eyes and ears ”for safety (postal workers) and co-op supports e.g. cooking
- Rural areas and natural hub models; shared care models
- Include info on materials people already receive e.g. bills; and posters in food banks, banks, churches

Social and community engagement: Interactive environments, friendship, recreation

- *Volunteers in LTCHomes* reading to/with residents, friendly visiting in homes,.
- *Providence Hospital*: 24/7 Alzheimer’s day care program

Opportunities

- Assess how seniors get involved in municipal programs?
- Explore – involving young and older persons in same programs?.

Caregiver support

- Silverts’ *private sector fashion shows* “ in facilities to assist family members/carers buy clothing for loved ones

Integration and Navigation

- *Senior Secretariat Tool Kit*

Opportunities

- Leverage critical mass of seniors and where they are living for organizing supports; replicate SHousing supports in small community clusters.
- One number to call system navigators

2.5. Question 5

Are you aware of concepts or ideas for creative/innovative programs that would support seniors' satisfaction with the services provided to them?

- shared living arrangements with supports
- partnership with existing organizations to provide satellite services in communities
- making services available where the seniors are
- better transportation services in the absence of satellite services Transportation solution – in Florida – there is a program where seniors who can no longer drive give their car to an organization that coordinates transportation of seniors using their own vehicles – many seniors can benefit from the donation of one car There are some transportation options, however no washrooms and this is a problem with senior populations (may need to build in washroom stops, limit length) especially if there are multiple clients and they are traveling around from place to place
- Establish a Senior's hot line – operated by senior volunteers (cover expenses) – where people could call to find out information about services and issues etc.
- Inform seniors of services available – e.g. Active Senior organization to communicate with seniors, word of mouth, newsletters – information widely available e.g. Doctors's offices,

When a person turns 65 – government could send a package to the individual (direct information) regarding services, that are available (currently through Seniors Secretariat there is a resource that seniors can ask for – not everyone knows about this resource) – this would require cooperation/partnership between Province and Federal THIS WOULD BE AN AUTOMATIC SERVICE –EVERYONE WOULD GET THE SAME INFORMATION

- Lack of continuity of caregivers – need consistency; limit number of people – cluster where possible – e.g. apartment buildings – same provider goes through building versus multiple provide
- Education of seniors/families is a challenge e.g. Building Caring Communities
Primary care education for families/seniors – provide information in libraries, community centres, faith centres, bingo halls, all health care centres (where people congregate), emergency departments in hospitals
- Create Senior Friendly Hospitals/health care providers – recreation activities, congregating areas, for seniors – rolling video regarding community services (information screens)
- Some seniors need financial assistance for Lifeline service. \$40/month. Pushbutton service for assistance. Provides sense of security when living at home
Payment for seniors who then would be willing to help other seniors – need \$ / younger seniors have not lived the depression and are less willing to work for no pay;
- Seniors Secretariat – cultural diversity tool kit – can it be adapted or used in provider organizations

Need instructors who can teach in languages other than English to train providers to serve non-English communities

- Expand types of respite programs, increase CCAC PSW caps,
- Need to pay community workers more equally to hospital workers. Should be wage parity with other health sectors to attract, train and keep good staff
- More active living programs for healthy seniors
- Group homes with supports –
Saskatchewan has some models: group homes with staff – houses need adaptation (CMHC) Foster care including social workers for monitoring

2.6. Question 6

Do you have suggestions for how to capture seniors' satisfaction with the services provided to them

- first need to identify seniors
- client satisfaction forms for example CCAC annual surveys
Apply satisfaction surveys / methods used by private sector e.g. banks
1 page, simple, include yes/no responses
- TVO – where people can call in – tune in to the program where information is provided (can be adapted in local communities) – must be well advertised; able to link
- Internet, hotlines
- A range of ways – informal and formal
 - Where do seniors gather? – community centres, libraries
 - Grocery bags with information
 - Pharmacies
 - CHC and physicians' clinics
 - Use congregate settings to get responses use focus groups
 - A peer visiting person, a peer seniors asking the questions; someone they can
 - Anecdotal rather than a rating.
 - Use volunteers to conduct survey and reduce cost
 - Some training or interpretation; verbatim recording; an informal survey.
 - Qualitative research; numbers
 - Avoid having provider ask questions to reduce fear of retaliation
 - Manage expectations
 - Knock on doors of those receiving care
 - Seniors asking the questions – exchanging views
- Are there clear themes – number of likes exceeded the wishes. “I like when...” “I wish they would...” Pose questions in this way. Verbatim, individualized reporting
- Reduce fear of criticizing services (biting the hand that feeds you) – anon. reporting
- Open communication (What works? What doesn't?)
- One of the issues with SPRINT – supervision of workers is necessary and sometimes is insufficient
- Pay attention to complaints run outside of providers – ombudsman

2.7. Question 7

The government wants the Aging at Home Strategy to reach all seniors and their caregivers, including those whose voices we do not ordinarily hear.

- a. **Do you, as an organization, feel that your voice is being heard by your LHIN? If not, how could that be improved? What processes should be in place to allow ongoing engagement over the three-year implementation?**
 - b. **Are you aware of any categories of seniors that are not represented – whose voices are not currently being heard?**
 - c. **Do you have suggestions for how we could reach these people?**
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- a. **Do you, as an organization, feel that your voice is being heard by your LHIN? If not, how could that be improved? What processes should be in place to allow ongoing engagement over the three-year implementation?**
 - ISOLATED seniors
 - Grassroots must be involved
 - What are processes to ensure on-going engagement
 - Seniors organization locally should be involved and need seed \$ (transportation & snacks, translation for many languages) – mailings; support for caregivers (respite)
 - Deinstitutionalized seniors (Huron Regional Centre) – Developmentally challenged
 - Lhin could do a good job: translate material; outreach and beware of conducting only information; follow up with people who have said that they want to participate;
 - Working with seniors organizations;
 - use radio or tv to communicate in other languages;
 - information about LHINs
 - more focus on the consumers rather than on providers
 - b. **Are you aware of any categories of seniors that are not represented – whose voices are currently not being heard?**
 - Homeless seniors
 - LGBT community
 - Isolated
 - Multicultural
 - Frail

c. Do you have suggestions for how we could reach these people?

- Working with groups directly
- Free newspaper
- use radio and TV spots to get seniors
- Literacy issues – bringing people together
- Neighbour watch – rights association
- Ensure roundtables / advisory groups do not become a dumping ground (instead of a listening and acting)
- Communication / updates from the LHINs
- If you are going to put up sign-up sheets to get involved then make sure you actively engage
- 211 system for information & referral
- Telehealth
- flyers don't work. They go into the garbage and many seniors don't accept them.
- do presentations at community meetings. Provide food to attract more people.
- Speak with tenant committees.

For the LHINs:

- provide speedy follow up on voice messages
- give groups at least 6 weeks lead time to find representatives for committees – use their newsletters

Question 8

Are there any reports/papers that you are aware of that would be helpful for the LHINs in their planning for the Aging at Home Strategy? If so, please bring the title and author, publication information or internet link.

- Dr. Marcus Hollander
- Geriatric literature – Laurie Fischer (RGPs) – retired ones
- DHC report in Toronto