



# Seniors Summit Report

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**Prepared for:**  
The Peterborough Seniors Planning Table



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**Prepared by:**  
Ann MacLeod, Brittany McBride, Dawn Berry-Merriam

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## Background

The Peterborough Seniors Planning Table was established in 2012, and is comprised of local agencies involved in senior services, at both the public and private level, as well as representatives from both the City and County. The vision is that the Greater Peterborough Area is Canada's age-friendly community. The mission of the Seniors Planning Table is to position ourselves as a planning group that is able to influence local and regional decisions regarding senior's issues. The aim of this group is to build capacity among the area's older adults and their families, covering the spectrum of health, education, social services and supports, housing, transportation and community infrastructure. Some of the key goals of the planning table are: to increase collaboration among existing planning groups, build on partnerships to advocate for services based on best practices and local input from service providers and older adults and direct an annual project driven work plan. With this direction the Seniors Planning Table coordinated activities of Seniors Month – June 2013. Main activities included a showcase of private, not-for profit and public services for older adults, an Arts week with the focus on older adults, Workshops and social opportunities at Fleming College and Culminated in the Seniors Summit at Trent University.



### ***Preparing to Move Forward***

The World Health Organization (WHO) developed a checklist of essential age-friendly city features. The checklist is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress.

In 2011, the Peterborough Social Planning Council (PSPC) undertook a survey to find out what citizens think we need to do to make Peterborough City and County, an age friendly community. The results also identified what needs to happen to successfully plan for the aging cohort. Based on the input of participants in the survey, discussions with the Aging Workforce Committee of the Workforce Development Board and the collaborative wisdom of members of the Seniors Network Planning Table, recommendations were provided as direction for our community's decision makers at the local, provincial and federal levels. It was recommended that specifics of the timeframe and responsibilities for moving the recommendations forward would be championed by members of the Seniors Network Planning Table and community agencies/partners (including but not limited to the faith community, educational community, business community) already invested in planning for an age-friendly community. For the report of this survey "**Global Age-friendly Cities: How does Peterborough compare?**" go to [www.pspc.on.ca](http://www.pspc.on.ca) . This report provided a basis for moving our community forward and it assisted with the development of the subsequent survey in 2013 (see below).

***Voices of Seniors: A report on how the City and County of Peterborough can create a better senior-friendly community***

Leading up to the Senior's Month striving towards the vision of being age-friendly there was a survey developed in Partnership with the Trent-Centre for Community Based Education, Trent University (International Development: Chris Byers, Canadian Studies Dr. Jim Struthers) and the Peterborough Social Planning Council Dawn Berry Meriam, based on the World Health Organizations Age-Friendly Cities initiative. The survey was administered electronically and face to face by Trent University students Holly Velej and Hazuki Igarashi and City of Peterborough recreation staff. It was analyzed by the students with support from faculty and the Peterborough Social Planning Council. ***Voices of Seniors: A report on how the City and County of Peterborough can create a better senior-friendly community***, drew attention to the lack of affordable and accessible public care services for seniors in Peterborough and recommended improvements in transportation, enhanced health, personal support and home maintenance and other relevant services to remain at home, enhanced assisted living and long term care options, enhanced financial support for older adults, and rethinking neighbourhoods to enhance social engagement. The report and survey can be accessed at [http://www.pspc.on.ca/pdf/synopsis\\_report\\_June\\_4\\_pm.pdf](http://www.pspc.on.ca/pdf/synopsis_report_June_4_pm.pdf).

### ***"Living Longer, Living Well"***

To build upon the momentum and publication of the Ontario Senior's Strategy and report Living Longer, Living Well, by Dr. Samir Sinha, the Seniors Planning Table hosted a community response facilitated by Maureen Condon on April 23, 2013. Participants from acute care, the Central East CCAC and Central East Local Health Integration Network, community-based health and social services, gerontology specialists, academic institutions, Seniors Planning Table members, Central East Local Health Integration Network, public health and many not-for profit organizations discussed the report and made several recommendations summarized in the "Living Longer, Living Well: The Peterborough Response" <http://www.pspc.on.ca/> prepared by Melinda Wall, Allison Walsh and Maureen Condon for the Seniors Planning Table. There was the recognition of the need for supportive assisted living, transitional short stay housing and better support for older adults in the community to prevent emergency department use and admissions; enhanced support for primary care, integration with tertiary and preventive care and enhanced community support services and outreach services for long term care and lastly an emphasis on meeting the complex needs of older adults mental health challenges. All of the above should be evidence based and evaluated rigorously.

### **Trent Hosts Seniors Summit**

As a part of Senior's Month, the Peterborough Seniors Planning Table built upon the survey results and the community response and hosted a Seniors Summit on June 27, 2013, with the hopes of bringing together experts in the field, policy makers and local decision-makers, as well as older adults in a conversation aimed at exploring the future of health care for seniors. Presentations were aimed at addressing issues that face seniors at both the community, as well as the institutional level. There was also an address by Deb Matthews, Minister of Health and Long-Term Care, as well as with a presentation of the "***Living Longer, Living Well***" document authored by Dr. Samir Sinha, Provincial Lead, Ontario's Seniors Strategy.

Following the presentations, Ann MacLeod from the Trent/Fleming School of Nursing developed a facilitation guide for local leaders to facilitate small group discussions, highlighting new insights gained from the speakers and potential local responses given Peterborough County and City's assets and challenges, aimed to enable aging at home and more senior-centred care. There were twelve discussion groups of approximately 8 members each, comprised of older adults, municipal staff,

health and social service providers, policy decision makers, geriatricians, volunteers and academics. Facilitators documented participant responses which were transcribed verbatim. Thematic analysis by a Brittany McBride, a research assistant and validated by Ann MacLeod resulted in several themes which were presented to the Seniors Planning Table and corroborated many of the themes identified in the survey and community facilitation. They included: new models for promoting aging well at home or assisted living that required enhanced support of funding; volunteerism; preventive services and incentives that focused on family involvement and coordinated care planning; tailoring service to family needs-even if in rural areas; increased awareness and ability to access information and services; use of a variety of media to address stigma related to aging and dementia, and lastly building capacities within our community and service providers.

This report is structured upon doing further analysis using the framework of the ***World Health Organization (WHO) (2007) Features of Age-Friendly Cities*** to align with the Seniors Planning Table Mission. In highlighting participant responses from the 2013 Seniors Summit, this guide was used to analyze the results for emerging themes and specific exemplars that could potentially make Peterborough City and County a more age-friendly, rural community.

## **Peterborough Senior Summit Responses: *Aligning with Age-Friendly Community Strategies***

The Seniors Summit had two focused questions:

1. What do we, as a community, need to do differently to overcome the challenges of older adults to stay in their home?
2. What can our health and social care providers in institutions do differently to overcome the challenges described by older adults?

The forum participants' comments have been transcribed and themes further analyzed to reflect the framework of the age-friendly communities of the World Health Organization.

### **Outdoor spaces and buildings**

While outdoors spaces were not highlighted during the initial transcription of participant input, certainly the rural nature of Peterborough County was featured in comments about accessibility of health promotion programs and bringing services to maintain health closer to where people live. While natural beauty is an asset of Peterborough City and County, challenges of transportation, particularly in the rural areas, and improved communication and information about available services were the focus of discussions. Multi-service hubs targeted for older adults were proposed as a means of “one stop shopping” providing a local response to improve collaborative health and social service planning, and service provision and would including caregiver and volunteer supports.



### **Transportation**

The provision of and access to transportation is an extremely important aspect of making communities more age-friendly. Participants at the seniors summit made greatest reference to transportation in terms of it being essential for getting seniors to medical appointments, or seeking out other health care related needs (i.e. picking up prescription medication), as well as for grocery shopping, socialization and improved quality of life. With regards to rural communities, transportation was identified as a challenging aspect, especially in the context of seniors attempting to age at home. The lack of public transport access to rural areas, all pose challenges to seniors who rely on family, friends, volunteers or expensive taxis to seek services within Peterborough.

Participants offered some insight into how these rural transport issues could be overcome, making specific reference to the use of “care-mobiles” or “travelling nurses”, as well as the utilization of services such as “meals on wheels”, for grocery provision. “Care-mobiles” or “travelling nurses” could provide primary care, chronic disease health education and management, as well as health promotion for rural seniors, ensuring that their health care needs are met in a way that would allow them to age

in their homes. These mobile services could also perform more regular checks, such as activities of daily living assessments, providing a greater continuity of care between health care provider visits, as well as ongoing assessment of capacity to be safe in the home. The provision of mobile health services could also serve as a support, as well as relief, to family members and caregivers involved in the care of rural seniors. To address issues of isolation, resulting from reduced access to transport services in rural areas, the enhanced provision of voluntary transport services could support seniors to remain socially engaged.



## **Housing**

Building upon the potential role of volunteerism and connectivity, neighbourhood care groups similar to neighborhood watch programs were proposed to reduce the impact of isolation. Also to reduce the impact of isolation was to ensure that information technology infrastructure is available, even in rural areas to enable high speed connection to support services. Participant's suggested the idea of "universal design" to accommodate physical changes of older adults to allow them to stay in their own homes and in new homes being built. Extra financial support for non-medical supports such as home maintenance and by enhanced financial support to install assistive devices to overcome barriers, rural homes could be made more age friendly for seniors, allowing them to remain in their homes and have greater independence.

## **Social and Civic Participation and Volunteering**

Increasing volunteerism and support for our volunteers and caregivers was a key emphasis of participants. Participants voiced extreme appreciation for the importance of volunteers in helping others to age at home, and to age well. Providing more supports for volunteers may help to increase overall volunteerism, as well as making the endeavor of maintaining volunteers a more sustainable one. For example, participants offered the idea of "flex hours" as a means of promoting and sustaining volunteerism. Here, individuals who wished to volunteer would be able to discuss with their paid employers about maintaining "flex hours", where they could be allowed time away from their paid employment in order to maintain their volunteer hours. Participants stated the stress of "needing to be in two places at once", paid employment, care giving and volunteering was difficult. Private and public funding incentives to supplement income for care giving was an option proposed. Care allowances or tax credits might be a way of encouraging family members of seniors to provide care, and financially compensate for missed time at work. Ultimately, by breaking down these barriers, volunteers and care-givers would be better able to maintain a balance between home and work life, while at the same time providing care and services to those that need it.

An important issue was also brought up, within the context of volunteerism, where it was noted that most volunteers are of an older demographic, also experiencing the changes associated with aging

and attempting to age well in their homes, just like those they are providing care for. Akin to this idea is the notion that although these people may be able to provide services now, they cannot be relied upon, nor expected, to carry on this work indefinitely. Thus increased funding for respite care and increased volunteer opportunities with high school students was suggested. Volunteerism faces a problem of sustainability without professional and financial support.



### **Respect and Social Inclusion**

By including and respecting the thoughts and opinions of seniors, public, voluntary as well as commercial services can seek to serve them more effectively. Older adult participants appreciated the opportunity to participate in the Seniors Summit and have discussions with service providers as indicated in the summit evaluations and at the table discussions. Participants suggested older adults occupy seats on non-profit boards, for example, as a central means of communicating the needs of seniors and influence decision makers. Acknowledging that navigating care among the various services is challenging for health and social service providers as well as older adults, collaborative care planning with the older adult and their families and care givers is essential. Participants suggested addressing barriers of the system, rather than Community Care Access Centre (CCAC) Care Coordinators being financial managers, having tools and time to coordinate care. Listening to families, caregivers and seniors to ensure their first contact includes open communication about standard services yet having the ability to customize the care plan. From first contact for care to discharge and support in the community the need to shift the culture and thinking from doing “to or for” to “doing with.” As older adults age, early identification of frailty should occur to initiate care coordination and family health teams and primary care providers ability to involve patients, families and caregivers to anticipate and customize support with the aim of preventing institutional admissions.

Respect and social inclusion can also be generated with the positive depiction of seniors in the media and through social media as a means of spreading awareness of senior needs and involvement in the community and addressing the de-stigmatization of dementia. Further to this, technology can be used to increase awareness about older adult issues and services available that can be accessed by care coordinators, educators, and volunteer coordinators in a variety of sectors.

### **Communication and Information**

The use of basic, effective communication systems are indicated in promoting the development and maintenance of age-friendly communities. Health and social service providers, caregivers, volunteers and personal support workers require training and recognition on the importance of their roles in the circle of care. Some specific recommendations included training on sensitivity, holistic, client-centred care and mechanisms for front line provider and consumer feedback. It was suggested that physicians and nurses with specialized geriatric knowledge and experience can share their knowledge with other providers. Enhance care coordination through electronic medical records could support smooth transitions between different levels of care and further make use of technologies available to support



older adults in their homes. A reoccurring concern of many participants both service providers, volunteers and older adults was that they, as well as their families, felt “out of the loop” in terms of what community services were available to them, and which ones may benefit them most in the process of aging at home. Strategies that were suggested as a means of addressing this problem in addition to the enhanced role of the CCAC care coordinators, involved the hiring of system navigators for services (potentially within Family Health Teams), to help seniors learn about and access services, as well as the creation of a “central information portal”.

System navigators would be a part of the health care team, where the sharing of information would be incorporated into collaborative planning for care provided in the home, in primary care clinics, tertiary care settings, assisted living and long term care. As well, by creating a unified centre of information (a “central information hub”), seniors could be assured that they are receiving correct information that may be pertinent to them (i.e. accessibility of certain buildings, hours of operation, locations, services provided, etc.). Secure electronic medical records and tele-health and aging in home technologies were suggested to enhance the role of system navigators to enable aging at home.

The central information hub may also be used as suggested by summit participants, is to ensure the provision of accurate information to the public and to approaches to address aging and mental health myths.



### **Community Support and Health Services**

The focus of the forum was to understand how we as a community can provide community, health and social services that align with principles of age friendly communities. Many of the preceding sections have addressed issues that would reduce challenges of older adults to help support staying in their homes and coordinate care across the spectrum from disease prevention and early detection to care provision, rehabilitation and supports for people living with chronic conditions. In addition, the forum asked how health and social service institutions could do things differently to overcome challenges described by older adults.

### **Patient and Family Involvement in Care**

Participants made note of health and social care professionals needing to involve not only the patient in their care, but the caregiver, family and friends and volunteers that will be with them along the way as well. Concerns surrounding ethical decision making and sharing of information with the informal and formal circle of care would need to be attended to, so that older adults retain autonomy, yet share information appropriately to ensure the best possible care. This allows for a greater continuity of care in transitioning back into the community and home-life, and may also provide comfort for seniors that they have someone, by their side, who is adequately informed.

Participants also noted that the relationship between seniors and their service providers is very important, especially in maintaining an appreciation for the person as well as in acknowledging the

resiliency of seniors. Older adult participants ask that their health care and service providers recognize that they are guests in the lives of the people they care for, and wish to be heard and respected in regards to issues that may pose concern for them and their endeavoring to age at home.



### **Funding related to care planning and coordination**

Many participants communicated feeling as though funding allocations are not being made in accordance with the needs of the large proportion of older adults in Peterborough City and County. Rather than providing more funding to provide care the way that it has been, evaluation and remodeling will be required. Improved collaboration between the Ministry of Health and Long Term Care, social services, health promotion, and primary care may help to debunk the need for services to be territorial, and instead, work together in planning and models of service provision. It was suggested that the community might be able to turn to community-based services, such as the CCAC, and investigate funding for services outside the usual contracted service providers of the CCAC. Participants suggested funding incentives based on patient satisfaction rather than fee for service models to ensure tailoring services to client needs. Some examples that were provided included enhanced funding for food, provision of house-keeping services, as well as home maintenance, to name a few.

The traditional role of the CCAC care coordinators is limited by the request for proposal mechanism and contracted service providers. Participants suggested their role as an enhanced system navigator, part of the health care team, meeting needs of individuals in their context, across the continuum, including prevention to palliation, not just at crisis points.

### **Technological Supports**

As previously noted it was suggested to have a “centralized information portal” that public could use to enhance access to information and services but also used by health and social care providers to collaborate and communicate about patient care. It was recommended this portal serve as a singular source of information, to locate and access services tailored to the local context and available service providers and volunteers. This would potentially reduce frustration in accessing services, duplication and improve communication among providers and the consumers.

### **Increasing awareness regarding dementia and aging and ways to support seniors in their homes**

It was recommended that there be increased education and awareness campaign to reduce stigma regarding dementia and aging both for personal support workers, health and social care providers, volunteers and caregivers. In addition to workshops, the media and social media were suggested

ways to enhance understanding of challenges and ways to approach them. Other strategies included use of the system navigators previously discussed to support practitioners.

Many participants commented on how the Seniors Summit itself was an excellent way of presenting information, spreading awareness and generating educational conversations about aging at home. Discussion groups also noted that health promotion information and programs need to reach older adults particularly socially isolated older adults. As mentioned previously, the general consensus found that this information would be best delivered by health care providers, as an integral part of care coordination for seniors, as well as by a centralized, community-based information portal. Health care providers could enhance their services by educating patients, as well as their families, about issues surrounding senior health, dementia, aging at home, as well as self-care and care-giving (i.e. respite care, burnout etc...). Education surrounding the importance of personal life planning, the existence of supports to allow caregivers to carry on in their roles, as well as how to best access these resources were of major concern. Social media was previously discussed as a medium to increase awareness of older adult issues, opportunities and resources across generations.

### **Focus on Prevention**

Many of the participants in the Seniors Summit felt as though a great deal of energy is often put into dealing with problems that seniors face, well after their problems first begin. An idea set forth by participants, in response, was that preventative measures should be encouraged, instead of waiting for seniors, their families, or those providing care, to experience problems. Some proposed that primary health care providers should be proactive about initiating preventive services and health promotion activities for their patients. That is, calling them to notify and remind them of upcoming appointments, calling or visiting in between visits, as well as instilling activity of daily living assessments as a part of regular physical and mental examinations with older adults. Health information and demographic data can and should be used to predict needs, focusing on prevention and planning for upcoming needs. For example knowing the large proportion of older adults in Peterborough City and County, it is anticipated that more funding be available to support caregivers and volunteers and respite options to reduce the anticipated large need for long term care beds.

### **Models for Aging Well in Rural Communities**

Participants often made reference to the unique issues that seniors face in attempting to age at home within a rural setting. Some issues described by participants included higher costs of providing service, lack of services that are offered in larger urban areas, and having little to no access to public transport to get to services in urban centers. They also stated some rural families tend to be very private and skeptical of people and services that might outweigh how they could potentially benefit them in aging at home. Ideas put forth by many participants that might help to overcome these barriers include, the provision of tele-health services for those without access to public transport, provision of unique maintenance services (i.e. cutting of large lawns, livestock care, harvesting of crops), as well as rural cooking programs and use of technological initiatives which have been previously discussed.

Another model set out by the summit participants to reduce transportation challenges was the idea of mobilizing services to seniors, as opposed to having seniors attempt access services in urban areas. For example ideas from participants included multi-disciplinary community centre programs with outreach workers, home visits, mobile clinics and more support for volunteer visitation. This would be particularly applicable for the provision of preventive services and chronic disease management.

### **Promoting independence in institutions**

Many suggestions were offered in how to promote independence in seniors, as a means of allowing for greater ease of aging at home. This, however, identified a major concern – seniors, once hospitalized or institutionalized, tend to never really recover back to their original health status. Participants stressed the idea that “institutionalization is not the last step”, and that the wants of seniors must be considered, in equal accordance with their needs. Participants suggested that de-conditioning while in hospital could be minimized, either by physiotherapy interventions or simple, volunteer based exercise coaches. In long-term care settings, this may be achieved by decreasing staff dependence on the use of mobile lifts, and more so on encouraging seniors to ambulate on their own, or with assistive devices under their own control. As well, promoting independence with self-feeding, personal hygiene, and dressing will empower seniors to believe that they have the capability to age at home.

The promotion of senior independence can also be influenced from the bedside and beyond, where clinicians and nurses must recognize that their roles can extend beyond a patient’s time in hospital. Home follow-up and regular activity of daily living assessments, as well as occasional phone conversations can assist seniors return to, and remain in their homes.

### **Providing Alternative Places for Aging – Outside of institutions, but not in their original houses**

Summit participants proposed that, in some cases, aging at home is simply not feasible. Granted this, alternative housing arrangements were brought to the forefront. The idea would be that local churches and other community organizations could collaborate and jointly fund the emergence of an alternate housing arrangement for their community seniors such as in a small group setting, promoting independent, elderly living. Here, seniors could live with and depend on one another, or even have a personal support worker to oversee their activities from day to day. This model as seen in Europe reduces costs and requirements of long-term care residences, as well as hospital beds and waiting rooms, while at the same time, providing an affordable, and socially engaging way for seniors to age in a more home like setting.



## **Changing Priorities and Moving Forward**

A general consensus was felt amongst the summit participants was that the priorities of the health care system need to change, especially in the context of providing support and means for seniors to age at home, particularly in Peterborough City and County. Health, demographic and program evaluation data is needed in remodeling service delivery to strategically support our aging community. Participants suggested that we explore what we have to work with at the moment and plan collaboratively moving forward, rather than investing in current practices where some services are not meeting the needs of older adults and their families. Essentially, it is not solely about doing more of the same services for older adults; rather, it is about doing things differently and ultimately, purposeful in promoting aging at home. The Seniors Summit provided a forum for meaningful engagement among a variety of sectors with older adults which resulted in an overall positive outlook and willingness to embrace the older population in Peterborough County and City being looked at as leaders in our response to becoming age-friendly.

## **Notes of Appreciation**

Appreciation should be expressed to all of the participants and facilitators who gave of their time and the speakers, Rachel Heron, Dr. Nancy Martin Ronson, Minister Matthews, Dr. Samir Sinha and Dr. Mark Skinner. Also I'd like to thank members of the Seniors Planning Table who helped organize the Seniors Summit: Dr. Jenny Ingram, Chris Kawalec, Susan Dunkley, Dawn Berry Merriam, Dr. Mark Skinner, Martin Higgs, Melinda Wall and Joanne Sokolowski and lastly, Brittany McBride and Dawn Berry-Merriam in their support of creating the report.

## **Sources of Pictures:**

<http://www.pinterest.com/hcelderadvocate/pictures-of-seniors/>

<http://www.freestockphotos.biz/photos.php?c=people,seniors&o=popular&s=0&lic=all&a=all&set=all>

<http://www.fotosearch.com/photos-images/senior-citizens.html>

<https://www.google.ca/search?q=image+denmark+retirement+home&client=firefox-a&hs>