

Peterborough Documenting How Our Community Will Be Built to Support Seniors

(First in a series of Infonotes on changing demographics and the aging of our community.)

Peterborough, Ontario currently has the largest per capita population of older adults in Canada. The Peterborough Seniors Planning Table was formed in 2012 by the city and county of Peterborough and is comprised of local agencies involved with senior services along with representatives from both the City and the County, to better serve the needs of this distinct and diverse population. The Table's purpose is to identify opportunities to work together on projects that improve the lives of seniors. The Planning Table also works to improve local awareness of senior issues and advocates for improved services to seniors and their families.

As part of Seniors Month (June, 2013) the planning table hosted a Seniors Summit which brought together experts in the field, policy makers and local decision-makers to examine the future of community support in relation to older adults. In addition to having the Honourable Deb Mathews, Minister of Health and Long Term Care and Dr. Samir Sinha, author of the report "Living Longer, Living Well" part of the Provincial Seniors Strategy as guest speakers, participants for the summit were asked to comment on the results of two local research/community consultation sessions.

"Voice of Seniors Report"

The Peterborough Social Planning Council in partnerships with Trent University, Trent Centre for Community Based Education and the City of Peterborough conducted a survey and developed the report "Voices of Seniors". It was commissioned to discover what kind of issues seniors face in the Peterborough community so that policy and decision-makers can best plan for an aging community.

The research draws attention to the fact that there is a lack of affordable and accessible public care services for seniors in Peterborough. The survey conducted for this project showed, in particular, the need for enhanced public transportation, health care, nursing homes, and various types of programs for social participation that are available to all seniors, no matter what their financial situation or where they live.

These gaps in public support directly lead us to see another issue, the high dependency of care

for aging citizens on their close relationships with family members and friends, which needs to be fostered and supplemented. These are the challenges Peterborough faces if it wants to be a more senior-friendly community. Enhancing easy access to public care services is the key in order to foster healthy aging. Our report evaluates this range of services and concludes that enhanced access is required to meet the challenge presented by Peterborough's aging population and their family caregivers.

Recommendations from the survey and the consultation process:

1. **Improve Public Bus Service:** this is key to increase independence in the county because there is no public bus system there, except the Go Bus. Creating more options for public transportation can enhance the mobility of seniors and reduce the burden on their family and friends, especially those living in the county. Further, as the population in both the county and city continues to age, public transportation will be increasingly important for those who will no longer be able to drive or have access to automobile support.
2. **Increase Health Care Services to Support Seniors to Remain at Home and Improve Marketing of the Services:** this is an especially severe issue for those seniors living in the county who need medical care from professionals if they are to live longer at home. By having more support from outside their personal circle of friends and family, seniors can continue living at home and enjoy a better quality of life in their home community. Further, 54% of respondents who say they have difficulty accessing the services they need, cite lack of information: either they don't know who to contact, or they don't know what kinds of support are available, or whether they might be eligible for it.
3. **Develop more Long-term Care Accommodation:** seniors, especially those from the county, find it difficult to gain placement in long-term care facilities due to long waiting lists.
4. **Provide more Financial Aid:** cost is always a major problem for seniors and their family's ability to access "public" care services. Either the cost of these services should be reduced or additional financial supports should be provided.
5. **Rethink Neighborhood Planning:** Planning for the future should include the development of neighborhood hubs that will provide services such as health and social supports, access to food shopping and places to allow for more social engagement. More emphasis should be placed on neighborhoods that support aging in place.

6. Increase Basic Home Care Services such as Housekeeping, Home Maintenance and Personal Support: assistance in shopping, and other small errands is necessary. The survey showed that 79% of those respondents who were already receiving services, were receiving help with either outdoor home maintenance or housekeeping. These are exactly the two types of home care provided by the Veterans Independence Program (since 1981) which are most often not easily accessible by a wider aging and frailer community of seniors. Yet, as our survey shows, they are critical to 'aging in place'. Every frail senior should be treated as a VIP!

Local response to the report “Living Longer, Living Well”(part of the Provincial Seniors Strategy)

The Seniors Planning Table hosted a facilitated discussion to review the report “Living Longer, Living Well” part of the Provincial Seniors Strategy and its recommendations. The following comments were provided by participants at that discussion:

Enhancing the Provision of Home & Community Care Services to Support Aging in Place

This category received the greatest attention from session participants across all sectors, which is reflected in the feedback obtained. This chapter in Dr. Sinha’s report contained 31 recommendations, almost all of which were fully supported by the session participants.

Support was given to:

- Better integration of the LHINs and CCAC’s as well as recommendations to better integrate and communicate with primary care providers
- Standardization of CCAC and CSS services across the province
- Creating alternatives to long-term care (LTC) such as increasing supportive housing or assisted living arrangements

Recommendations that were not supported

- recommendations related to income-based measures for service eligibility because of the concern about any measure that might erode our universal publicly funded health care system.

Suggestions on how to strengthen the current recommendations centred around three themes:

- use of volunteers;
- alternatives to LTC; and
- enhancing existing services.

Great support for

- enhancement of alternative living arrangements
- increased funding and availability of assisted and independent living arrangements, and
- increased availability of short-stay and convalescent beds.

- Emergency Medical Services (EMS) was as an existing service that could be better utilized
- The implementation of a “Community Paramedicine” program.

Primary Care

Support was given to:

- improving access and expanding capacity of existing primary care services such as Community Health Centres, Family Health Teams, and Nurse Practitioner-Led Clinics.

Concern was expressed about:

- reference to care coordinators and the fear that this may add an additional layer of administration or may create redundancy within the system.

Some support for:

- assigning care coordination to the existing primary care service provider such as the Nurse Practitioner or General Practitioner.

Acute Care

Questions arose about:

- expansion of services such as the Geriatric Emergency Management (GEM) program, and Home First Programs without further evaluation (For instance, the GEM program in its current state with care being provided only eight hours a day Monday to Friday, does not meet the need of older adults. Expansion might be supported if expansion meant provision of care 24 hours a day, seven days a week.)

Concern expressed:

- over the requirement for programs to demonstrate “benefit” or else risk elimination.

Other key points raised:

- the need for better communication between hospital staff and community agencies, particularly related to discharge.
- Need for better supports in the community up front for both physical and mental health needs that could decrease the need for emergency department use and admissions in the first place.

Long-Term Care

Recommendations contained under this heading were largely supported.

Concerns were voiced over:

- the number of available LTC beds and wait times associated, as well as with the current quality of care delivered in LTC environments.

Comments suggest:

- that although increasing the number of LTC beds to prevent seniors living unsafely at home would alleviate the current burden, participants share the government's concerns about the cost of these beds and how they would be funded.
- the development of supported housing or assisted living which would pose as an alternative to retirement homes if the individual is not ready for LTC,
- the introduction of "service hubs" which would provide seniors with the opportunity to access the services they need.
- the need for more high level care programs in the facility to avoid transports to hospital and allow the ill resident to be treated locally, as well as providing the resident with the right to refuse hydration, nutrition and medical intervention of any kind.
- encouraging better access to LTC when required, avoidance of the need for LTC through increased supports at home, as well as avoidance of emergency department visits and hospitalizations through increased care provision within LTC.

Overall Feedback

There was discussion about issues facing older adults that are not addressed in our current system and which were also not addressed through the recommendations contained in "Living Longer, Living Well".

Other areas requiring attention and direction were identified as:

- improving mental health care services for older adults.
- coordination between hospital emergency departments and inpatient units and community mental health services upon discharge is critical for improved outcomes. While participants supported the report's recommendations for increased supportive housing, the need for mental health supports within a supportive housing environment is also crucial.
- There was an identified lack of psychiatrists both generally and with specific specialties such as dementia and dual diagnosis.
- More emphasis on the needs of many of our most vulnerable and highest service-users such as those with a mental illness; those without a family advocate; those living in isolation and/or in rural areas; and those who may be living in unsafe home environments which preclude them from accessing necessary homecare supports.

The Next Steps:

A report on the proceedings from the June 27th Seniors Summit will be completed later this month. As a community we are providing the building blocks to making this a more 'age-friendly' community.

We value your input on the two reports documented above. How can you/your organization further the planning of an age-friendly community?

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