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PRELIMINARY AGE FRIENDLY COMMUNITY SUMMIT REPORT

GATHERING #6 – COMMUNITY SUPPORT & HEALTH SERVICES

June 17, 2016 – Six Nations Community Hall -- Ohsweken

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**PRELIMINARY AGE FRIENDLY COMMUNITY SUMMIT REPORT
COMMUNITY SUPPORT AND HEALTH SERVICES
June 17, 2016 – Six Nations Community Centre - Ohsweken**

60 PARTICIPANTS

19 Organizations

26 Participants representing:

- Adult Rehabilitation Therapy Care
- Alzheimer Society
- Brant County Public Library
- Brant County Health Unit
- Brant Community Health Services (3)
- Brantford Public Library (2)
- Canadian Diabetes Association (2)
- City of Brantford - SocialServices
- Community Care Access Centre
- Creekside Village –Burford Housing Development (3)
- Grand River Community Health Centre (2)
- Home Instead
- John Noble Home
- Local Integrated Health Network
- MPP Office
- Operation Lift
- St. Leonard’s Community Services (2)
- Six Nations Housing/LTC (4)
- Six Nations Professional Services (4)

Retirees

34 Participants indicated they were retired

Where do Retirees live?

- | | |
|-------------------------|----------------------------------|
| City of Brantford (25): | North end (11) |
| | Central/East Ward/Echo Place (6) |
| | West Brantford/Holmedale (3) |
| | South-Eagle Place (5) |
| County of Brant (7): | Paris (5) |
| | St. George (1) |
| | Burford (1) |
| Norfolk County (1) | |
| Six Nations (1) | |

The participants were advised that this Gathering would provide an opportunity for them to identify what “age-friendly” Community Support and Health Services mean to them. They then had an opportunity to provide suggestions related to planning for all aspects of accessing and delivery of these services.

Table Facilitators gathered the demographic information and asked each participant to identify the reason for their attendance. These reasons are listed on page 3 of this report. The Table Talk then focused on identifying concerns/implications and providing suggestions for consideration.

INTRODUCTION

A Traditional Opening was provided in the Cayuga language by 11 year-old Adam Martin. His father, Jeff Martin, then interpreted the opening as giving thanks to all aspects of the environment that is part of the Creation of Mother Earth.

Elected Chief Ava Hill welcomed the participants and expressed her appreciation to MPP Levac for including Six Nations in the Age-Friendly Summit process. Her remarks pointed out the Territory's inherent respect for its elders, referred to the number of health services now available in Ohsweken, and also expressed a concern for the challenges faced by residents in accessing health services outside the Territory. Chief Hill also pointed out that the Community is about to open a new facility that will house intergenerational programming.

MPP Levac outlined the vision he has for the entire Age-Friendly Community Summit process and expressed his appreciation to everyone for their willingness to participate in each of the eight Gatherings. Their input will be included in the Final Report to be given to all levels of Government.

Lucy Marco, President of the Grand River Council on Aging, described what is meant by an "age-friendly" community. This was followed by questions that could help participants define what "age-friendly community support and health services" could mean to them. Examples are: What do "age-friendly" community support and health services mean to you? What is working well? How could they be improved? What supportive services will you need? Are there any services you need and cannot obtain?

The Table Facilitators also reviewed the Community Support & Health Services Checklist (Page 5) that was provided to participants which included service accessibility, offer of services, voluntary support and emergency care planning.

THE COMMUNITIES

Changing Demographics

It was noted that people are living longer and that by 2030, the population of the City of Brantford and the County of Brant (including Six Nations) will be made up of 35.2% age 55 and over

Communities and Services In This Report

City of Brantford	An urban community (population 93,650) with an acute care Hospital and Services. As well, it is the central location for the delivery of Social and Health Services and includes a public Transit System, including Brantford Lift for physically challenged riders, and various community activities and services.
County of Brant	A rural municipality (population 35,638 including Burford, Glen Morris, Harley, Middleport, Mt. Pleasant, Oakland, Onondaga, Paris, St. George and Scotland) with farming as the major industry. With the exception of Urgent Care Services provided in Paris, residents must go to Brantford to access community support and health services. However, there is no public transportation system but there is a subsidized service for medical appointments.
Six Nations of the Grand:	Six Nations (population 25, 660) with no public transportation, limited community support and health services.

It is important to note that this Gathering was a “brain storming” session designed to capture ideas “outside the box”. There has been no attempt to identify impact or cost implications. The suggestions apply to all three municipalities.

Reasons for Attendance

The participants were asked to state their reason for participating in this Gathering. Previous Gatherings had several reasons reported whereas the responses to this question were quite specific as follows:

From Agencies

- 24 To learn from seniors and then ensure services meet their needs
- 2 To learn and represent those in Long Term Care

From Retirees

- 16 To meet other seniors, compare stories and make suggestions

- 10 To learn about services for 55+ and plan for personal future
- 4 To advocate for those with disabilities
- 2 To identify volunteer opportunities

Gathering #6 Preliminary Report

Community Support & Health Services

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OVERVIEW OF PERSPECTIVES

Community Support and Health Services are very personal for each individual. Specific suggestions will follow this summary. However, it is important to note that the following considerations for future planning were shared across the participants in this Gathering.

- Financial stability is quite different depending on source of income. Incomes vary from below the poverty line to those with healthy pension plans and health benefits.
- Location and physical accessibility often deter client/patient registration for service.
- Transportation availability has an impact on the ability of individuals to access needed services.
- Health Care issues are many and varied.....from recovery from a short term event through to multi-complex care issues.
- Not all seniors have family or friends available to assist with coping with changes in their personal lives, whether they be due to changes in finances, health or accessibility.
- Seniors want to have central sources for community support and health service information. Not everyone uses the internet.
- Personal living changes, due to health or financial issues, are emotional at any age. Interpersonal dynamics can result in even further difficulties i.e. isolation, depression, addiction. Due to pride, many seniors are hesitant to ask for help.
- All entrances to buildings and office structures should include accessibility options.
- Many seniors experience major dental problems and there are no supportive services to assist with needed care.
- Mistrust exists related to patient care in Long Term Care Facilities.
- Men are more vulnerable to serious health issues due to reluctance to see a doctor.
- Wait times are too long-- in a doctor's office, for a specialist appointment, in the emergency department and in professional settings, in general.
- Transportation is a major issue in accessing services for residents of Brant County and Six Nations.
- Not enough nursing or PSW staff in nursing homes and hospitals to appropriately care for the number of patients and their complex needs.
- CCAC services do not meet the needs of the patients.
- Respect, courtesy and allowing others to maintain their dignity are sadly lacking in practice.
- Family members or care givers are not recognized as knowledgeable advocates for their loved ones and are denied information needed to plan for quality of life.
- Not enough long term care beds results in lengthy hospital stays.
- There is a need for help in identifying options and planning life decisions.
- Seniors have difficulty accessing treatments in other cities.
- Out of \$1.00 in health care expenditures, \$.86 goes to hospitals and \$.14 to long term care and other support services. There are opportunities to change this ratio and enhance health support services.

WORLD HEALTH ORGANIZATION AGE-FRIENDLY COMMUNITY SUPPORT AND HEALTH SERVICES

The following checklist was used to stimulate discussion:

Service accessibility

- Health and social services are well-distributed throughout the city, are conveniently co-located, and can be reached readily by all means of transportation
- Residential care facilities, such as retirement homes and nursing homes are located close to services and residential areas so that residents remain integrated in the larger community
- Service facilities are safely constructed and are fully accessible for people with disabilities
- Clear and accessible information is provided about the health and social services for older people
- Delivery of individual services is coordinated and with a minimum of bureaucracy
- Administrative and service personnel treat older people with respect and sensitivity
- Economic barriers impeding access to health and community support services are minimal
- There is adequate access to designated burial sites

✓ **Offer of services**

- An adequate range of health and community support services is offered for promoting, maintaining and restoring health
- Home care services are offered that include health services, personal care and housekeeping
- Health and social services offered address the needs and concerns of older people
- Service professionals have appropriate skills and training to communicate with and effectively serve older people.

✓ **Voluntary support**

- Volunteers of all ages are encouraged and supported to assist older people in a wide range of health and community settings

✓ **Emergency planning and care**

- Emergency planning includes older people, taking into account their needs and capacities in preparing for and responding to emergencies

ISSUES AND OPPORTUNITIES

Issue/Opportunity
Service Accessibility

Suggestions

-Enable Physical Access to Services

- Consider location and parking when planning programs
- Develop building access protocol for those with physical disabilities
- Long Term Care Facilities to coordinate access to needed services, either on or off site i.e. optometrist, podiatrist, etc.
- Locate Retirement/Nursing/LTC facilities to access services
- Promote locations and hours for family doctor clinic services
- County and Six Nations to research systems to access Brantford health services
- County and Six Nations to consider Nurse Practitioner Clinics
- Wherever feasible, introduce Hamilton treatments on a scheduled day in Brantford
- Pool community transportation resources

-Enhance understanding of costs of retirement homes and nursing homes

-Advertising should include services they include i.e. all the costs being absorbed at home i.e. taxes, utilities, insurance, food, housekeeping, etc.

-Improve perception of Long Term Care

- Ensure staff receive and practice sensitivity training
- Ensure good maintenance and housekeeping
- Provide opportunities for social participation

-Easy access to information related to available services

- Marketing Program re Libraries as main information source
- Library staff and volunteers trained to help individuals with sourcing information through technology
- Promote use of 211
- Encourage agencies to keep 211 data current
- Offer "Senior Resource Centre" services in North, South & West

-Provide access to information for specific services

-All agencies/organizations to have an information "specialist" for accessing its specific services

-Remove duplicate reporting of service needed/provided

-A health care "Passport" or "USB" hub that can be taken to each appointment and inserted into computers for update

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Issue/Opportunity

Suggestions

-Enhance CCAC communication skills and knowledge of other appropriate community/health services

-Sensitivity training re patient and family information needs plus respect, courtesy, communication skills, cultural, emotional, spiritual, dementia implications

-Appropriate referrals with lay explanation of process

-Practice respect for individuals and family members

-Sensitivity training for all front line staff and/or professionals in all aspects of Community Support and Health Care Services

-Sensitivity training to include respect, courtesy, communication skills, cultural, emotional, spiritual, dementia etc.

-Share service information with family members/care givers

-Reduce number of appointments for same patient

-Develop a plan to provide complementary appointments/treatments on the same day

-Demonstrate appreciation of individual's time

-Schedule appointments to reduce waiting time

-Some individuals have arranged transportation

-Schedule appointments with transportation needs in mind

-Some individuals have care-giver responsibilities

-When scheduling, ask the patient if there are any special needs

-Manage wait lists with frequent reviews and contacts

-Reduce professional "burn out"

-Provide adequate staffing in health care settings

-Employers to honour earned "lieu" time

-Identify and promote volunteer opportunities

Offer of Services

-Encourage and support "aging in home"

-Reduce the cost of acute care by moving the patient to home

-Use of a personal "ombudsman" to assist with the move from hospital to home (ensure all service needs are in place)

-Review and enhance existing Home Health Care Services to ensure appropriate care and support for those living on their own

-Affordable mobile personal choice services i.e. health, veterinary, maintenance

-Reduce property taxes for ages 65+

-Install AED's in apartment buildings and housing complexes

-Increase CPP and OAS by inflation rate to facilitate value of fixed dollars to pay for increases, in hydro, gas, groceries, etc.

-Develop "buddy" volunteer agency for household maintenance

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Issue/Opportunity

Suggestions

-Encourage good health maintenance

-Implement plan for lower income individuals to access dental and drugs not covered by provincial or federal benefits

-Neighbourhood programs on nutrition, cooking for one, etc.

-Neighbourhood programs on falls prevention, exercise, etc.

-Encourage individual planning for future

-Secondary and post secondary curriculums to include the "aging process" and its implications

-Create a "Life Style" Consultant Certificate

-Life Style Consultants to be self-employed or hired by agencies

-Promote need to identify options and develop life decision plans

-Facilitate participation in community

-Increase number of bus stops – some walks are too long

-Encourage placements of benches so that seniors can rest

-Promote intergenerational events and activities

-Encourage "buddy" contact programs

-Public Health Nurse visits

-Promote volunteer opportunities for agencies/nursing homes, etc.

-Support families dealing with terminal illnesses

-Increase palliative care beds and services

-Develop community confidence in "geriatric" care

-Encourage family doctors and nurse practitioners to study "geriatrics"

-Lobby for community "Geriatric" Clinic with support of geriatrician

-Encourage partnerships between all health care providers

-Remove stigma re residences for dementia challenged Patients

-Promote positive living conditions and programs

Voluntary Support

-Relief for Care Givers

-Establish a Central Volunteer bank of specially trained volunteers (of all ages) to be accessed by organizations and agencies

-Enhance respite care options within Employment Insurance and income tax legislation

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Community Support & Health Services

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Issue/Opportunity

Suggestions

Emergency Care and Planning

-Enhance Emergency Department Services

- Incorporate complete personal risk assessment at entry to emergency – to determine if the patient has appropriate care/living arrangements in place
- Determine if a family member or care-giver will be available and, if so, explain the situation to them
- If a wait is required, communicate the reason and, if the wait is extended, explain again
- If patient is treated and is to be released, revisit the personal risk assessment to determine if any further arrangements need to be made.
- Promote locations and hours for family doctor clinic services

CLOSING REMARKS

Several participants brought up the suggestion that the education system train “navigators” or life style consultants. The concept of “Navigator” is borrowed from other agencies that counsel within their own organization and affiliates. The Age Friendly Community movement includes all eight of the domains/pillars of daily life identified by the World Health Organization. Therefore, the suggestions being made were that a new career is evolving that includes knowledge of all eight domains and the ability to consult with clients and their families as they move towards the later stages of life.

Agencies, services and caregivers for seniors have to work within very structured mandates and rules set down primarily by funders. Businesses created for and working with seniors can be as flexible as the business operator – but they need to make a profit to stay viable. The “navigator” or consultant will be very knowledgeable about ALL stressors on the individual and be able to provide assistance and referrals for issue resolution.

Health may be at the top of the hierarchy of needs. However, if transportation, housing, finances or isolation (to name a few) are major stressors, then health and everything else is impacted.

IT WAS THE GENERAL CONSENSUS OF THE PARTICIPANTS THAT IT IS EXTREMELY IMPORTANT TO BRING FORTH THE FOLLOWING MESSAGE:

"IT IS IMPORTANT TO LISTEN TO AND UNDERSTAND THE VOICES OF LIVED EXPERIENCE"

SINCERE APPRECIATION IS EXPRESSED TO SIX NATIONS FOR THE WONDERFUL HOSPITALITY