



Aging at Home Bulletin

**Hamilton Niagara Haldimand Brant
Local Health Integration Network**
(also serving the communities of Burlington and Norfolk)
Volume 2 Issue 2 - week of January 21st 2008

The Aging at Home Strategy

To help address the health and well-being of our aging population, the Ministry of Health and Long-Term Care (MOHLTC) created the Aging at Home Strategy. As part of that strategy, the MOHLTC is investing over \$60 million in the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) over the next three years to support seniors' independent living and aging at home.

This bulletin aims to keep the community informed about what is happening in the HNHB LHIN regarding the Aging at Home strategy. The bulletin is being sent to any organization, group, or individual interested in supporting seniors to age at home. If you are, or you know of, an organization 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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Let's Talk: Aging at Home

The HNHB LHIN engages regularly in community consultation. It is an important part of what the LHINs are all about. No matter what the topic, or where in the process we are, community engagement is a central and constant companion. And it is done through a wide variety of forums, and using many different tools.

One of the community engagement tools the HNHB LHIN is developing is called **Let's Talk**, which is a tool being used first and foremost to inform the Aging at Home strategy.

Through **Let's Talk: Aging at Home**, the HNHB LHIN is seeking to:

- a) Understand seniors' aspirations for health and well-being in their communities;
- b) Provide an opportunity for seniors to identify ideas they have to support their independence;
- c) Learn about successful programs and enablers throughout the broader HNHB LHIN community; and,
- d) Provide a resource to HNHB LHIN Board members in order to guide decision-making related to the Aging at Home strategy.

In this issue of the AAH Bulletin, we introduce you to **Let's Talk: Aging at Home** and share with you the ways it is developing.

Let's Talk in Detail

Let's Talk is a series of organized small informal conversations that provide information to the HNHB LHIN. With **Let's Talk: Aging at Home**, the conversations will be held with a wide range of people, in particular seniors, their families, their caregivers, their health service providers, and anyone else interested in discussing aging at home. These conversations will inform the direction that the HNHB LHIN takes as it implements the Aging at Home Strategy.

The best way to understand how **Let's Talk: Aging at Home** works, is to describe a session. A person, lets call her Ruby, decides she wants to animate a conversation using the **Let's Talk: Aging at Home** booklet. Ruby could be a health service provider, an active senior, a caregiver, an activist, etc. Anyone can use **Let's Talk: Aging at Home**. Ruby contacts the HNHB LHIN, who sends her the package and invites her to one of the training workshops being held throughout the HNHB LHIN (she doesn't have to go, but it is a resource if she wishes). Ruby brings the package to the group she meets with weekly. She has already asked them if they want to participate in **Let's Talk: Aging at Home**, so when she shows up with the booklet, they want to get started. She asks each participant to complete the consent form and demographic profile and explains that these help the HNHB LHIN know who they have reached. Then they are ready. Ruby asks the first question in the booklet, and the conversation begins. An hour later, the group has almost finished the booklet, but they break for tea. Discussion continues both during tea, and after. As they finish up their conversation, Ruby laughs as she complains about how much she has had to write down. To finish the process, Ruby asks the group to complete the feedback sheet, and asks who would like to act as the contact for follow-up information. Ruby then brings the various pieces of the **Let's Talk: Aging at Home** booklet together, so she can send it into the LHIN. She takes a photocopy first, because she thinks it will be useful to her too – the group had lots of great ideas about aging at home. Then Ruby sends it in. Ruby can animate as many conversations as she has groups to animate.



Let's Talk Key Benefits

There are three key benefits to **Let's Talk**. **Grassroots Involvement** – **Let's Talk** taps into those comfortable places where conversations happen between people who trust each other. In the case of a book club meeting, people get together to share their personal experience of something that they have read. Sometimes the group decides in advance to answer a series of questions about the book, sometimes not. The group may share something in common, or have known each other for a long time. The conversations that this group has, serves as a model for the LHIN. Imagine that instead of discussing a book, the group discusses what it means to age at home. This discussion would be facilitated by the **Let's Talk** booklet.

Integrated – Our aging population, and the issues that it raises, are of concern for all sectors, and within the HNHB LHIN there are numerous groups working to help address these issues. Thus the **Let's Talk** process needs to be integrated with the community engagement initiatives underway with other groups. Likewise, the HNHB LHIN encompasses a very diverse population with more than 36 ethno-cultural populations to consider. Thus the **Let's Talk** process needs to be integrated into each of the diverse communities.

To allow for this integration, **Let's Talk** not only includes the completed booklet of questions for the topic at hand – Aging at Home – but also speaks to the context from which the questions were created. This context enables different community groups to re-shape the questions so they are relevant to their own community while still capturing the information the LHIN is seeking.

Adaptable – **Let's Talk**, both the tool and the process, will be easily adaptable to many different topics and concepts. Today we may be discussing **Let's Talk: Aging at Home**. Tomorrow we may be discussing **Let's Talk: Mental Health**, or **Let's Talk: Engaging our Youth**. In the same way that Let's Talk can be integrated into different communities, it can be adapted to different topics.

Let's Talk has the potential to be a powerful community engagement tool; contact the LHIN to find out how you could use it with your seniors.



McMaster students team up and talk to seniors

Let's Talk: Partnerships



As part of their course curriculum, students from Prof. Anju Joshi's 3rd year class on Diversity and Aging (Department of Health Aging and Society) at McMaster University will be animating conversations using the **Let's Talk: Aging at Home** booklet.

HNHB LHIN staff met with the students to introduce them to the idea and to establish which diverse aspects interest them. This week, the students will be educated on how to use the tool, how to facilitate the conversation, and how to trouble-shoot any difficulties.

The students are eager to get started.

At the end of the process, not only will 16 teams of students have animated at least 32 conversations with diverse groups across the LHIN, but the students will also share their analysis of those conversations through their research papers. The best paper will be awarded a \$100 bursary from the HNHB LHIN at the McMaster Honours Thesis Poster Display, Department of Health, Aging, and Society.

If you are interested in having one of these teams come and talk to you, or a group of seniors you know, please email Chandra Rice at chandra.rice@lhins.on.ca or call her at 905.945.4930 x214.



Let's Talk: Thought Leaders

The last couple of weeks have been busy as HNHB LHIN staff has begun the process of talking to thought leaders in our community.

To date we have met with:

1. McMaster Centre for Gerontological Studies
2. McMaster Department of Health, Aging, and Society
3. Seniors Helping Advance Research Excellence
4. The Hamilton Council on Aging
5. Catholic Family Services
6. Public Health
7. The GAIN Network

In each of the conversations, people were asked to:

- Suggest resources to inform the content of the booklet
- Provide feedback about the booklet itself
- Comment on the proposed process
- Recommend other people to speak with/work with
- Consider collaborating in the process

HNHB LHIN has many more meetings planned. If you would like get involved in **Let's Talk: Aging at Home**, please email Chandra Rice at chandra.rice@lhins.on.ca or call her at 905.945.4930 x214.



Let's Talk Takes Off: Our First Pilot Sessions

In early January, HNHB LHIN staff met with two groups to pilot **Let's Talk: Aging at Home**. Both groups provided excellent feedback which has helped to finesse each part of the process. They also, in completing the process, have given us our first glimpse into the information that can be gathered through **Let's Talk**. The LHIN will hold pilot sessions throughout the development and initial implementation of **Let's Talk**, as the LHIN shapes and reshapes both the tool itself, and the process. Watch for ongoing news on the topic. It should prove to be very exciting.



*Pilot Session 1:
Burlington Elder Services Group*



Pilot Session 2: Senior Peer Group, Catholic Family Services

From the HNHB LHIN's Perspective:

In each bulletin we include a quote that talks about the culture of the HNHB LHIN. Here, Chandra Rice shares the Aging at Home philosophy with McMaster University gerontology students.

"The Aging at Home strategy will come to life as our communities understand and embrace what it means for someone to live out their life in a place of comfort and security. Over the last month, the HNHB LHIN has initiated its Let's Talk community engagement tool. Each one of us has a role to play in the Aging at Home strategy – what's yours?"

AAH Community Innovation Event

On **Wednesday, February 20** LHINs across the province will be taking part in a province-wide innovation exchange. The **Aging at Home Community Innovation Exchange** will provide an opportunity to showcase innovative Aging at Home activities taking place across communities.

The HNHB LHIN has engaged community thought leaders to host sessions throughout the LHIN. "This will be an opportunity for our LHIN to engage grassroots individuals and organizations to talk about aging at home," explained Trish Nelson-Simmons, Senior Consultant Community Engagement and Communication. "We're fortunate to have a number of community leaders that have stepped forward to host these sessions in various venues across the LHIN."

While the locations are being confirmed, the plan is to have three or four sites across the HNHB LHIN.

The agenda for the full day event includes a morning videoconference during which participants will hear directly from Minister George Smitherman on the innovative aging at home activities taking place in communities all across Ontario as well as from three LHINs that will be sharing information on innovative community-led programs. The afternoon will be a LHIN-lead discussion relating to the Aging at Home needs of the HNHB LHIN as the three-year strategy continues to move forward.

It is hoped that the day's presentations and discussions will encourage and inspire further innovative ideas on programs and services that could be made available to seniors in our community to allow them to live at home longer in a safe and quality environment.

If you or your organization would like to be involved in one of the **Aging at Home Community Innovation Exchange** sessions on February 20, please contact Trish Nelson-Simmons at trish.simmons@lhins.on.ca or 905.945.4930 x255.



Spotlight: Mary Buzzell: A Learner at Heart

I'm getting ready to do an interview with Mary Buzzell. I've been told she's a character (in the good sense) and I'm looking forward to her story. I explain on the phone, that I am coming to talk to her about aging at home.

I buzz her door, and she waves me into her apartment. It is bright with the sun shining off the lake, and full of photos. Mary offers me tea and a look at the view. Then we settle in.

Mary is deeply engaged in thinking about the relationship between health care provision and growing old. She sits in on classes at McMaster to keep her thinking in touch with new developments, and new concepts. It also gives her a chance to talk to the young people who might be able to carry the torch from here.

To help illuminate the idea of knowing the person you are caring for, Mary tells a wonderful story. A nurse is having a difficult time getting an elderly gentleman to sit down. The nurse keeps saying sit, and the gentleman refuses. This frustrates the nurse until she speaks to the gentleman's wife, who laughs and explains that her husband never sits down before a woman – it is a mark of a gentleman. In this way, Mary shares her sense that knowing the core values of a person can make a simple but crucial difference in providing care to that person.

Mary is highly active, and has always been. She is a board member of the Hamilton Council of Aging.

“Life is for living, and to live I need choice, independence privacy, laughter, and people to share it all with.”

She is a member of Hamilton Cares and the Canadian Federation of University Women, Halton chapter. She has travelled the world, and was the nursing consultant to the Aga Khan. Throughout all of these activities she advocates that health care practitioners must move beyond seeing the individual as a health problem that must be solved, and instead see them a person with values, preferences, quirks, and their own sense of self.

I ask Mary to speak specifically to the idea of aging at home. She picks up the notes that she made for herself and takes a deep breath. “Life is for living,” she says. “To live I need choice, independence, privacy, laughter, and people to share it all with. I want to be my own boss, in charge of what I do and when I do it – even if it is to do nothing whatsoever. I want to make my own rules, and break them when I choose. I want to be free to be alone or seek out others, as I please. But life means enjoying and helping others, not just living alone. So, I want to keep a vibrant group of people around me, to challenge me, and keep me on my toes.”

Mary pauses and eyes me inquisitively, “Am I making sense?” she asks. I assure her she is.

Mary looks out the window and says quietly, “Aging at home offers an opportunity to enjoy this time of life. It is a time of serenity, of peace, and of memories. It can be a wonderful time, if one gets the care one needs.”

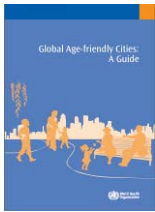
Mary then frowns, “But as we age, if we are simply seen as patients with increasingly more and more problems, problems with few solutions, then growing old doesn't feel too good. But if we can be seen for all of the things we are, with our likes and dislikes, our quirks and habits, our histories and personalities, there is a chance for real joy in getting older.”

Mary continues, “I hope, and believe, that the Aging at Home strategy will help people remain in their own homes as long as possible. This connection with themselves, and ability to continue truly living life, with all that such an idea means, is critical to maintaining a passion for living. Aging at home enables us to craft our own lives; which is the key to it all!”

Links

Each bulletin will contain links to information that might be of interest to you. Last bulletin we looked at liveable communities in the USA, this time we look at what the international scene has to say about aging at home and its relationship to the community.

[Global Age Friendly Cities: A Guide](#)



Why read? Produced by the World Health Organization, this guide outlines the findings from research in 35 cities across the world. It describes the attributes cities need in order to be friendly to citizens as they age.

[Older People and the Outdoors: Inclusive Design for Getting Outdoors](#)



Why read? This website discusses the most effective ways of ensuring the outdoor environment is designed inclusively to improve the quality of life of older people. The website examines the issue from both a theoretical as well as design perspective.

[United Nations Programme on Aging](#)



Why read? This website connects you with the work that the United Nations and its partners are doing to support aging across the world.

If you have an informative link to share, please email Chandra at chandra.rice@lhins.on.ca.

2008 Milestones and Timelines

- **January 25** – Service Plan Template is posted on the HNHB Website (Section 1 captures project/service information in a word document and Section 2 captures financial information on an excel spreadsheet)
- **January 25** – HNHB Board reviews the pre-proposals and endorses those that will move forward to the next stage of the approval process: Submission of service plans.
- **January 28** – Organizations notified about pre-proposal status.
- **January 30 (10-11am); January 31 (3:30-4:30pm); February 4 (1-2pm)** – Teleconferences to respond to queries from sponsoring organizations submitting service plans.
- **February 8** – Service Plans due to LHIN
- **February 9** – LHIN staff review service plans to ensure plans are complete and meet requirements, and provide an analysis and summary for consideration by the HNHB Board.
- **February 20** – Community Innovation Exchange Event (see page 4 for details)
- **February 26** – Board approves service plans
- **February 29** – LHIN report due to MOHLTC regarding AAH strategy
- **March** – Sponsoring organizations notified by LHIN about funding approved.
- **April 23** – Provincial Aging at Home Innovation Exchange (Toronto) – details to come.



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.