



Public Health  
Agency of Canada

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*Age Friendly Community Series - Part 3* (Fireside Chat #204)

Hosted by *Division of Aging and Seniors, Public Health Agency of Canada*

## Creating a Master Aging Plan for Brantford and Brant County: One Community's Experience

*December 14, 2010 1:00 PM — 02:30 PM (Eastern Time)*

**Advisors on Tap:**

**Jean Kincade, Vice President, GRCOA**

**Lucy Marco, President, GRCOA**



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A project of University of Ottawa  
Population Health Improvement Research Network

## Housekeeping



*(see Fireside Chat Instructions – email)*

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- Participant lines muted during presentations
  
- Recording notice

# Housekeeping



*(see Fireside Chat Instructions – email)*

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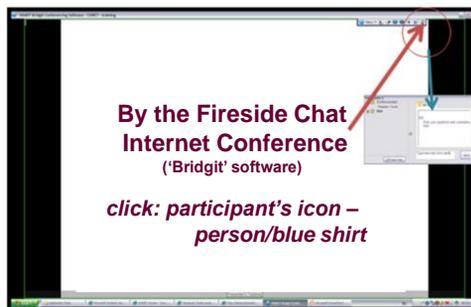
from our computer to yours.....



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## Creating a Master Aging Plan for Brantford and Brant County: One Community's Experience December 14, 2010

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## Acknowledgements

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### Funders

- Ontario Trillium Foundation
- Enterprise Brant

### In-Kind Contributions

- Blueprint ITW
- Grand River Community Health Centre
- Mohawk College
- Mohawk Moving and Storage
- Steve Portelli, Waterous Holden Amey Hitchon, LLP



## Outline

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- **Description of a Master Aging Plan**
- **Importance of a Master Aging Plan**
- **History of Master Aging Plan**
- **Plan for Sustainability**
- **Barriers/Challenges**
- **Tips/Lessons Learned**
- **Questions**



## Description of a Master Aging Plan

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- **A “roadmap” or strategic plan for the delivery of a comprehensive and coordinated set of community services to older adults who have a wide range of needs**



## Description of a Master Aging Plan

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- Focuses not just on health services but also transportation, housing, recreation, and other community services
- Development involves the whole community—*"by the community, for the community"*
- Does not replace long-range planning for individual agencies/organizations



## Importance of a Master Aging Plan

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- Allows for proactive planning rather than reacting to crises for a rapidly growing aging population
- Provides information for better allocation of resources and taking advantage of funding opportunities



## History of Master Aging Plan

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### 2007

- Process to develop a Master Aging Plan presented in community forums and to Brantford City Council
- With the support of the community, a proposal was submitted to the Ontario Trillium Foundation to develop a Master Aging Plan for Brantford and Brant County



## History of Master Aging Plan

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### 2008

- Received Ontario Trillium Foundation grant with Alzheimer Society as transfer agency
- Established 13-member Steering Committee
  - provider agencies, community volunteers, local government officials
- Engaged consultant
  - conduct environmental scan, assist in obtaining stakeholder input, prepare documents
- Established Planning Committees
  - Committee 1: Needs of Well/Fit Seniors
  - Committee 2: Needs of Seniors Requiring Some Assistance
  - Committee 3: Needs of Seniors Requiring 24-Hour Assistance



## History of Master Aging Plan

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- **Stakeholder Input**
  - **Seniors and their Families**— nine focus groups (Burford, St. George, Paris, Oakland/Scotland, Brantford)
  - **Planning Committees**—Each committee met for three 4-6 hour sessions.
  - **Community Leaders**—interviewed
  - **Draft Master Aging Plan** widely circulated for input; formal presentation to group of 25 seniors for comments
  - **Overall**, input received directly from 100 seniors, 40 service providers, and 15 community leaders



## History of Master Aging Plan

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- **Master Aging Plan**
  - Five major **Goals with Objectives** and suggested **Strategies** to address these objectives
  - Six top priority **Objectives** were identified for **Well/Fit; Seniors Needing Some Assistance; Seniors Needing 24-hour Assistance**
- **Master Aging Plan presented to City and County Councils**
- **Proposal submitted to the Ontario Trillium Foundation for the development of an Implementation Plan**



## History of Master Aging Plan

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### 2009

- Received second Ontario Trillium Foundation grant with the Alzheimer Society as transfer agency
- Steering Committee engaged same consultant
- Public launch of Master Aging Plan
- Steering Committee members made personal contacts with provider agencies to
  - Inventory work already underway related to Objectives of Master Aging Plan
  - Identify commitment to continue and expand initiatives
- Recommendations for future direction were developed and presented to City and County Councils



## History of Master Aging Plan

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### 2010

- All the work had been done by volunteers (except consultant)
- Recognized the need for infrastructure with staff and facility
- Incorporate into a stand-alone, non profit, charitable organization—Grand River Council on Aging
- Established a 12-member Board of Directors (six seniors; six agency representatives)
- Formalized Committees—Transportation, Housing, Education and Awareness
- Members of the former Steering Committee serve either on Board of Directors or Ad Hoc Committees



## Sustainability Plan

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- **Ideas for ongoing financial sustainability**
  - Donations (e.g., individuals, businesses)
  - Memberships
  - Fundraising events
  - Ongoing support (e.g., municipal councils, United Way)
  - Grants for specific projects (e.g., local foundations, Local Health Integration Network's Aging at Home Initiatives, New Horizons grants)



## Barriers/Challenges

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- No established infrastructure to develop Master Aging Plan and oversee implementation of recommendations
- Project overseen by dedicated volunteers but funding needed to implement the stakeholder consultation process
- Difficult to engage certain segments of the senior population in the planning process (e.g., urban Aboriginal seniors, rural seniors)

## Tips/Lessons Learned

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- Extensive community involvement essential
- Service providers need to work together
- Future cohorts of seniors will have different needs and expectations compared to current seniors
- Planning should be based on functional abilities rather than chronological age
- Strategic planning for seniors will probably be more effective if it is carried out by an independent organization

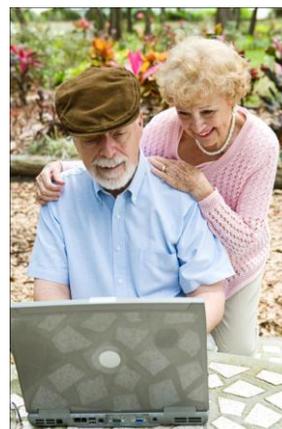
Questions?





Dryden,  
Ontario

Home to  
Stay!



## Aging @ Home—Ontario Govt's Strategy

- Reduce wait times in emergency rooms
- Offer better community supports to our seniors allows them to stay in their homes longer
- \$422,00 invested in late 2007-2008 in Northwestern Local Health Integration Network (NW LHIN)
- Almost \$6.5 m will be invested in this initiative in the region over the next 3 years



## Aging in Place

### Quick Facts

- 14% of people in NW LHIN are seniors
- Rate of hospital and ER use is much higher than Ontario overall
- Average Length of Stay (ALS) in hospital is over 9 days
- 8 Aging @ home vans in NW LHIN
- Centre of Excellence for Integrated Seniors Services in Thunder Bay to open in 2011



## Aging in Place

### How we started....

1. A group of interested individuals and organizations meet to discuss the needs of the seniors.
2. A College student was hired to initiate analysis of what we had for services in the community including their mandate and contact information.
3. A decision was made to send a letter to all of the services agencies, city council and interested community members to invite them to a focus group meeting to develop the first steps of the program.



## Aging in Place

What happened....

- ❖ Over 30 community members attended representing service agencies and organizations from around the community.
- ❖ The senior LHIN advisory attended providing support to the meeting.
- ❖ This formed the first meeting of the Dryden Age Friendly Network



## Infrastructure-Community-Services

1. Infrastructure: the community has current infrastructure available. Opportunity to initialize what is in the community
2. Community: the community has a strong volunteer component. Requires coordination of members
3. Services Needed: identified education for seniors/caregivers, directory and the need to survey the residents

Strengths Weaknesses Opportunities Threats

# Housing-Transportation

- 1. Transportation: limited transportation available, no public transportation. Opportunity to initiate public transportation
- 2. Housing: limited amount of housing available, long waiting lists for supportive housing and long-term care (LTC). Opportunity to support LTC and provide increased home support to residents

## Strengths Weaknesses Opportunities Threats

### Aging in Place

**Steering Committee** (8 community leaders)  
 Provides leadership, focuses on strategic direction and funding opportunities

#### Age Friendly Network (24 community members)

<b>Volunteers</b> Focused on coordinating Volunteers Held Volunteer Night at education series	<b>Education Series</b> Focused on caregivers/seniors 656 attended 2010 Winter Series	<b>Senior Survey</b> 312 Results: Access to primary care Housing waiting lists Transportation	<b>Senior supports</b> A senior directory was developed and 5000 copies circulated.
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## Community Service Guide (Patient Navigator- PN)

## Aging in Place

### Responsible for:

Navigating seniors, caregivers and families through the medical system (focusing on primary care, ER visits, in hospital patients, community supports, home help and maintenance)

### Outcome:

The referrals to the family health team programs grew from 50 new referrals a month to over 100.

Patients in the hospital (inpatient and ER are accessing the PN)

Unique: 3 funding agencies partnering together to host position and provide structure and resources- true collaboration



## 2010-2011 Focus Projects

1. Volunteer Coordination
2. Public Transportation
3. Education- seniors, caregivers, providers
4. Increased supportive living resources - Home of choice (community, apartments, supportive housing etc.)
5. Ontario Telehealth Network- link between hospital and LTC



## Proposed community support program:

To bring together the resources of the community and dedicate services in an organized systematic manner that ensures seniors have the opportunities to remain in their home setting choice

### Opportunities:

Volunteer visiting programs

Partnerships with agencies (community mobile workers)

Personal support workers



## Aging in Place

“Never underestimate that a small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.”

Mead

Margaret



Contact information:

Darlene Furlong, Aging in Place Co-Chair  
[dfurlong@dh.dryden.on.ca](mailto:dfurlong@dh.dryden.on.ca)



Katherine Campbell, Aging in Place Co-Chair  
[kcampbell@dh.dryden.on.ca](mailto:kcampbell@dh.dryden.on.ca)



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Contact [animateur@chnet-works.ca](mailto:animateur@chnet-works.ca) for  
information about partnering with  
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