



## Theme: Wellness & Health Promotion

### Synthesis of Small Group Discussions - A & B

- 1) Are you aware of any effective strategy(ies) in your community or elsewhere that has been developed for this strategy grouping? Please describe.
  - active living walking program through the Municipality
  - regional geriatric program
  - flu vaccination
  - Sudbury directory of services available
  - A regional directory is being planned through Northern Ontario Information & Communication Technology
  - use Ottawa model that concentrates on the 80-85% of seniors that can self manage their care with some basic home supports (community based care model)
  - foot care clinic
  - meals on wheels
  - seniors housing
  - fall prevention programs such as medication assessments and balance training programs (Tai Chi) can be incorporated into day programs
  - use ICT for social support and professional services eg: telehomecare
  - identify risks ASAP through FHTs and primary physicians
  - recreational centres offering exercise program
  - immunization clinic
  - leveraging volunteers and existing seniors groups for health & wellness programs by providing training & support
  - breast screening
  - smoke cessation program
  - Fall prevention program (Public Health Unit)
  - CCAC in-home OT assessments
  - Adult day programs
  - Regional Networks (diabetes, Alzheimer, stroke, cancer)
  - New Horizon Project (treating seniors with depression) Possible program in Sudbury
  - SSM Day Hospice Program
  - Telehealth
  - Aging in Place (supportive housing in SSM & Sudbury)
  - Jubilee bus for seniors

2) What opportunities/challenges exist in your community for/against potential implementation?

<b>Challenges</b>	<b>Opportunities</b>
<ul style="list-style-type: none"> <li>- Fragmented transportation system. Programs which limits/prevents seniors from accessing community programs exist in communities but are not coordinated</li> <li>- There is no operational funding to match capital funding for vehicles</li> <li>- Great dependence on volunteers without corresponding compensation</li> <li>- Inappropriate use of ambulance transportation between institutions</li> <li>- Under utilization of short stay beds in the system due to restrictive per diems</li> <li>- There is limited affordable supportive housing</li> <li>- CSS and CCAC are not always known/visible in the community</li> <li>- CSS sector is fragmented and lacks standardization</li> </ul>	<ul style="list-style-type: none"> <li>- Partnerships should be explored through the Ministry of Education for use school buses during scheduled down time and the off-season. Finland has a program based on such a partnering called “Demand Responsive Transpo System” which is a centralized dispatch system. This supports part of the IADL concept.</li> <li>- Need to identify appropriate mode of transportation for senior group</li> <li>- Need to revise criteria to increase accessibility</li> <li>- This level of accommodation is an effective and cost efficient option that benefits seniors with light care needs who require 24 hour supervision.</li> <li>- The needs to be a provincial marketing strategy to provide alternatives to hospital ER visit</li> <li>- Need to formalize the I&amp;R system via the CCAC</li> <li>- Need to build on the system navigation concept</li> </ul>

<ul style="list-style-type: none"> <li>- Most communities lack a coordinated prevention programs for seniors, ie; nutrition, falls prevention</li> <li>- Community palliative (end of life) programs depend mostly on volunteers for hospice visiting</li> <li>- Different parts of health system remain fragmented because of competing mandates as well as limited awareness and communication within and among sectors</li> <li>- There is limited collaborative initiatives between and among agency corporations</li> <li>- There is no regional geriatric program to provide outreach and specialized interdisciplinary programs for elderly</li> <li>- Seniors should be given the opportunity to pay for IADL services that would prevent/delay premature placement or hospitalization</li> <li>- Greater recognition needs to be given to substance abuse and multiple medication use among the</li> </ul>	<ul style="list-style-type: none"> <li>- Need provincial standardization of CSS programs</li> <li>- Partner with health unit to enhance nutrition/falls prevention program</li> <li>- Need to develop a recognition and retention strategy for volunteer programs</li> <li>-</li> <li>- There exists numerous opportunities among the different HSPs to develop and share information &amp; resources</li> <li>- Opportunities must be given to foster governance sharing through education and networking so that individual boards can begin to move beyond their individual parameters and strategize with a system perspective</li> <li>- There is opportunity for the recruitment of a specialist in geriatric medicine to the Northeast as a beginning for the development of a multi-disciplinary geriatric team</li> <li>- use the SSM day hospice program as a model</li> <li>- Capitalize on the specialty knowledge of pharmacists and work toward an integrated</li> </ul>
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older adult population	medication system
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3) What steps, resources, and partnerships would you put in place to operationalize this strategy?

- Need to create inter sectoral partnerships and networks to address challenges ( ie housing, education
- Foster corporate partnerships through such leveraging examples as Health System CEO Round Table, Heart Health, and academia/researchers to measure concrete/demonstrable outcomes
- Recruit geriatricians and engage GPs and associated HSPs to communicate and market a regional GRP that provides multi-faceted services from rehab to outreach
- Emphasize the primary importance of health promotion and disease prevention so seniors that retain their independence as long as possible and utilize the most appropriate level of care as their health needs change
- Develop an integrated system for medication management
- Look at existing models (eg; Ottawa Sudbury 311, Thunder Bay 211)
- CSS structure needs to be standardized to ensure equitable access to these services. As such, this structure needs to be funded in order to be sustainable. The enhancement of this structure is what will sustain our health system
- CSS programs need to be marketed appropriately and the I&R infrastructure at the CCAC needs to be funded appropriately in order to provide this service to the region
- Capitalize on already existing regional networks (End-of-life, Stroke, Dementia, ABI, Infection Control, Cancer Prevention, etc). We need to establish a coordinated approach to these networks – they need to talk to each other
- Increase education opportunities for seniors through community colleges.