Theme: Preventative Strategies

Synthesis of Small Group Discussion

1) Are you aware of any effective strategy(ies) in your community or elsewhere that has been developed for this strategy grouping? Please describe.

- effective supportive housing Sudbury model delays hospital and facility admission rate, ie; Ukrainian Seniors provides supportive housing up to age 90+ with food service, supportive care, fitness & wellness, transportation, etc)
- Public Health falls education sessions for providers & consumers (First Alert)
- Analyze the CNIB service model that focuses on developing preventative skills, ie; falls, crossing the street, public transit, cooking, etc.
- Friendly visiting provides effective social contact
- Senior help lines that offer security, information, and friendly reassurance
- Mental Health system of 24 hour crisis reduces hospital admissions
- NEMHC affiliation through Community Mental Health program provides psychiatric consultation within the home
- North Bay Interim Strategies committee, a multi-sectoral table that looks at ALC issues for effective transition and appropriate care destination
- Nipissing First Nation has a multi service agency that provides in-home and community programs for seniors, an on reserve health centre, day program, wellness and health promotion, and hospice program

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

Challenges	Opportunities
- lack of therapy specialists in Northern communities - CCAC services do not include ADL & IADL - IADL needs to be greatly expanded since it is not part of personal support envelope - Public, especially seniors, not aware of CCAC in home services which can lead to inappropriate hospital	- CCAC coverage for in home supplies and equipment - Design ability program for senior population based on model developed by OMD - Enhanced supports can prolong crisis placement individuals in their home - Leverage existing inter-sectoral programs through greater

admissions - Not enough supportive housing which puts pressure of facility waitlists - Supportive housing programs, traditionally, have little flexibility if clients need additional support - Lack of specialized staff in facility reduces service capacity to admit difficult to serve clients (dementia, developmental delays, ABI) - High Intensity Needs Funding needs to be enriched and expanded - Wage differential between community & institutional sector makes it difficult to retain staff - Need for MOHLTC and Housing to collaborate for effective supportive housing programs - Services must be delivered with cultural awareness and sensitivity - Disconnect between other parts of health system and FHTs	awareness and collaboration - Standardize assessments - Bring family physicians on board with service providers - Service clubs represent potential for provision of assistive devices - Apply the mental health ACCT community model to senior population

3) What steps, resources, and partnerships would you put in place to operationalize this strategy?

- develop more supportive housing units
- increase and expand IADL services
- partnering among services, ie; having mental health workers partner with CCAC in home services and GEM workers in hospital ER
- MCSS & MOHLTC need to joint plan for aging developmental delayed individuals
- Needs to be out of pocket remuneration to support community volunteers
- Using younger seniors to assist older seniors
- Use nurse practitioners in clinics to provide collaborative health care to orphaned patients