

Living Longer, Living Well

Highlights and Key Recommendations

From the Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to inform a Seniors Strategy for Ontario

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Introduction and Executive Summary

Ontario's Coming of Age

While aging is inevitable, the proportion of Ontario's population living longer and living well into their later years has never been greater. Our province is also aging faster than ever before. In 2011, there were 1,878,325 Ontarians aged 65 years and older, representing 14.6 per cent of the province's overall population.¹ However, as the boomers started turning 65 last year, this demographic imperative will continue well into the future. In fact, the number of older Ontarians, defined in this report as those 65 years and older, is expected to double over the next two decades.

Older Ontarians have helped to build our country and our province and remain a vital part of our society. They represent our grandparents, our parents, our uncles and aunts, our brothers and sisters, our neighbours, and our friends. They continuously help shape our society by sharing their experience, knowledge, expertise, and wisdom. They have been contributing to our economy longer than any other age group. Indeed, the contributions of older Ontarians continue to be wide-ranging and significant. They are volunteers, mentors, leaders, caregivers, and skilled workers who offer an abundance of experience to their families, workplaces, and communities. As such, the resilience and sustainability of our society will also depend on their continued contributions.

While older Ontarians are living longer and with less chronic illness or disability than generations before them, the vast majority of older adults have at least one chronic disease or condition. Indeed, as we age, our chances of living with chronic illness or disability will increase. While 77 per cent of older Ontarians recently reported being in good health,² we know that there exists a minority who particularly struggle with multiple complex and often inter-related health and social care issues.

To put this in perspective, we know that the top 10 per cent of older Ontarians, characterized as having the most complex issues, accounts for 60 per cent of our annual spending on health care for this population. At the same time, the healthiest 50 per cent of our older population accounts for only 6 per cent of our overall annual spending on health care for older adults.³ It is clear, therefore, that the heterogeneity of our older population significantly affects their patterns of use of health, social, and community care services.

We know that older adults in general – and those with complex issues in particular – drive health care costs as they tend to use more expensive and intensive types of services, particularly in acute care settings. Indeed, while accounting for only 14.6 per cent of our current population, nearly half of our health care spending occurs on their behalf.⁴ While some warn against “apocalyptic demography,” few jurisdictions have grasped the complexity of illnesses and social challenges that too many older adults face, or the difficulties that this aging demographic will pose for our health, social, and community care delivery systems as they currently exist.⁵

If left unaddressed, our demographic challenge could bankrupt the province. This means our demographic challenge should be seen as a demographic imperative, which amounts to an enormous opportunity for Ontario to better understand and meet the needs of its aging population. If we get this demographic imperative right, we will maintain the sustainability of our health, social, community, and other programs that have come to define us as Ontarians and Canadians, as well as the progressive society that we live in.

Over the past decade, the Government of Ontario and its ministries have introduced a number of progressive strategies and programs linked with significant investments through initiatives like its Aging at Home Strategy. These have allowed us to better support the needs of our oldest citizens.

Most recently, in 2012 Ontario set out a bold new vision to make the province the healthiest place in North America to grow up and grow old. In striving to better meet the needs of our aging population, we understand that this will be particularly challenging, given our current unprecedented fiscal and demographic challenges. Therefore, to establish the direction we want to take moving forward, we will undoubtedly be required to take stock and thoughtfully examine what we are currently doing, along with understanding where the current and future challenges and opportunities for the province now rest. This will be integral to make the best choices based on our needs, preferences, and values as Ontarians.

Never before have we had such compelling reasons to closely examine the ways in which we serve older Ontarians, their families, and their caregivers. Therefore, in January 2012, the province launched *Ontario's Action Plan for Health Care*.⁶ It established a new direction for the province's health care system, with a focus on equity, quality, access, value, and choice to ensure Ontarians receive the right care, in the right place, at the right time. The *Action Plan* highlighted the development of a *Seniors Strategy* as a way to establish sustainable best practices and policies at a provincial level that could in turn support the local delivery of health, social, and community care services with a focus on helping older Ontarians to stay healthy and stay at home longer.

The Minister of Health and Long-Term Care announced the appointment of Dr. Samir Sinha as the Provincial Seniors Strategy Expert Lead on May 24, 2012. His mandate was to lead the development and implementation of the Seniors Strategy with the help of a team of dedicated public servants. Our team's first act was to establish and oversee a comprehensive provincial consultation process that would support the development of findings and recommendations. These would be submitted before the end of the year in the form of a comprehensive report to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors.

In embarking on a journey, with the enormous responsibility to deliver a Seniors Strategy for the province, our team decided the best thing we could do was listen. This came out of a recognition that what Ontario was doing was unique, as no other jurisdiction in Canada had ever embarked on developing a strategy that dealt as broadly and in such depth with all of the issues related to aging.

As we travelled across the province this summer, we communicated with thousands of older Ontarians, their families and caregivers, municipal leaders and staff, and legions of dedicated health, social and community care providers, and volunteers who work hard to serve the growing needs of

older Ontarians every day. These engagements not only helped our team learn so much, but they also positively influenced our thinking on a number of occasions as we came to appreciate the full extent of both the challenges and opportunities that exist for this province and its people, especially given our current fiscal and demographic imperatives.

Through our early work, we quickly came to realize that the development of a Seniors Strategy would need to address issues beyond the health, social, and community care needs of older Ontarians. Indeed, we found those whom we engaged with were as interested in talking about housing, transportation, and social inclusion as they were in health care – most likely because all of these seemingly different areas are inextricably linked to one and other. We also came to appreciate that, despite our vast and diverse geography and peoples, Ontarians share a great deal of commonality in their thinking, values, and preferences related to the province we all aspire to grow up and grow old within. Furthermore, we learned that most older Ontarians today preferred to be addressed as “older adults” or “elders” rather than “seniors.” So what started as an initiative of the Ministry of Health and Long-Term Care quickly evolved into an interministerial effort that was overwhelmingly met with great enthusiasm and support.

We need to continually recognize the aging of Ontario as a success story, but at the same time we need to work towards identifying and addressing the ways we can do better as the needs of older Ontarians continue to evolve over the coming years. Through our engagements, just like the Senate Committee on Aging, we heard a clear call to recognize and support the place of older Ontarians as active, healthy, and engaged citizens in our society; a call to afford more older Ontarians the opportunity to age in the place of their choice; and a call to place as much importance on adding life to years, as we do on adding years to life. Above all, we heard a call to recognize our aging population not as a challenge, but rather as an opportunity for Ontario.⁷

In the pages that follow, this Seniors Strategy seeks to lay out the findings and recommendations that we believe will help to define and shape, in the most sustainable ways possible, Ontario’s opportunity to achieve its vision to be the healthiest place in North America to grow up and grow old.

Approach Towards Developing Ontario's Seniors Strategy

Information Gathering

A team to lead the development of the Seniors Strategy was established in the Implementation Branch of the Ministry of Health and Long-Term Care and received additional support from the Ontario Seniors' Secretariat. The team started its work by conducting a jurisdictional review of the evidence on strategies, approaches, and practices towards meeting the needs of an aging population.

Sources included published and unpublished reports, briefs, data, and analyses from Ontario and beyond, particularly from jurisdictions demonstrating leadership in these areas of focus. In particular, the work of developing the Seniors Strategy was seen as an opportunity to build upon previous ministry and other expert reports that included, in particular:

- *Public Services for Ontarians: A Path to Sustainability and Excellence*⁸
- *Caring for Our Aging Population and Addressing Alternate Level of Care*⁹
- *Enhancing the Continuum of Care*¹⁰
- *Healthy Aging in Canada: A New Vision, A Vital Investment*¹¹
- *Canada's Aging Population: Seizing the Opportunity*.¹²

During the subsequent consultation process, a number of additional published and unpublished reports, briefs, data, and analyses were shared with and reviewed by our team.

Stakeholder Consultations

Our team consulted broadly with a wide range of stakeholders over a six-month period to inform the overall findings and recommendations that would support a Seniors Strategy.

Interministerial Consultations

Within the Ministry of Health and Long-Term Care, over 20 branches were consulted for specific input. Ministries across the Government of Ontario were also consulted for feedback on interministerial issues of relevance to older Ontarians, including:

- Ministry of Aboriginal Affairs
- Ministry of Training, Colleges and Universities
- Ministry of Community and Social Services
- Ontario Seniors' Secretariat
- Ministry of Finance
- Ministry of Labour
- Ministry of Municipal Affairs and Housing
- Ministry of Transportation

Provincial Tour and Stakeholder Engagements

As part of our mandate to consult broadly, we embarked on a provincial tour supported by all 14 Local Health Integration Networks (LHINs) that took us to 19 communities over the months of July, August, September, and October 2012. The goal of the tour was to obtain a better understanding of how local contexts have influenced our common challenges and opportunities to meet the needs of older Ontarians. The tour was equally invaluable in allowing for common and unique issues, priorities, and themes to be identified. It also provided an opportunity to further identify, observe, and understand best practices that currently exist.

Each LHIN visit took place over one or two days, often with multiple site visits in each region. The visits included targeted discussions with LHIN leadership, as well as lead and front-line administrators and health, social, and community care providers who may be working with:

- Community Support Services (CSS)
- Community Care Access Centres (CCACs)
- Long-Term Care (LTC) Homes
- Hospitals
- Community Health Centres
- Aboriginal Health Access Centres (AHACs)
- Family Health Teams (FHTs)
- Nurse Practitioner-Led Clinics (NPLCs) and other primary care models
- Public Health Units
- Emergency Medical Services (EMS).

Municipal officials and members of the public – including patients, caregivers, and advocates – also took part in these engagements or other public forums that provided more of a town-hall format.

The range of viewpoints represented in these engagements allowed a broad set of issues to be examined and explored around how best to address the issues most pertinent to older Ontarians. These discussions also allowed our team to account for and consider important rural, urban, geographical, and cultural nuances related to the themes they explored.

Our team further worked with over 95 provincial, national and international stakeholder groups representing older Ontarians, caregivers, provider organizations and agencies, professional bodies, and private for-profit and not-for-profit corporations through face-to-face meetings or through written submissions or both. Our team also cultivated relationships with existing expert panels and committees supporting the work of the government in ways that are related to the needs of older Ontarians. These included:

- Ontario Seniors' Secretariat Liaison Committee
- Ontario Emergency Department (ED) LHIN Leads Committee
- Ontario Primary Care Physician LHIN Leads Committee
- Ontario Emergency Room/Alternate Level Care (ER/ALC) Expert Panel.

Our team was also able to consult with experts from around the world who gave generously of their time to explain their innovative approaches to care.

To further ensure that every voice possible in Ontario was heard as part of a thoughtful consultation process, a public questionnaire was distributed over the summer. Close to 5,000 people responded. Lastly, to ensure the views of caregivers were understood, the ministry conducted in-depth, structured interviews with 800 caregivers across the province.

In total, it is conservatively estimated that over 5,000 older Ontarians, over 2,500 health, social, and community care providers and municipal officials, and over 1,000 caregivers participated in providing views that were invaluable to shaping the findings and recommendations contained in this report.

Five Principles for a Seniors Strategy

As the Seniors Strategy moves forward to help build a province that values, encourages and promotes the wellness and independence of older Ontarians, it will be vital to ensure that any proposed policies, programs, and services adhere to the five principles that Ontarians told us mattered most to them.

1. Access

We are spending more on health, social, and community services than ever before, yet older Ontarians, their families, and their caregivers still find it challenging at times to access the right care, in the right place, at the right time. Therefore, when planning, reviewing, and delivering services we need to ask ourselves whether we are ensuring that older Ontarians, their families, and their caregivers can easily access the services and supports they need in a timely and efficient way.

2. Equity

We recognize that one of our greatest assets is our diversity as a province. Given that diversity is both visible and invisible, we need to ensure that not only are the needs of older Ontarians from different ethnocultural groups acknowledged, but also:

- those from our lesbian, gay, bisexual, transsexual and queer (LGBTQ) communities
- those whose abilities are limited
- those with special needs, such as the homebound.

Therefore, when planning, reviewing, and delivering services, we need to ask ourselves whether we are ensuring, where possible, that older Ontarians from diverse backgrounds are having their needs met in a way that acknowledges their unique needs.

3. Choice

We offer an incredible variety of supports and services for older Ontarians, yet their ability to understand their options and express their choices is not always as fully realized as it should be. Older Ontarians have the right to know what their options are and, when capable, make informed decisions with which they are comfortable. We never question a younger adult's right to make good or poor decisions, so we also need to appreciate and acknowledge that older Ontarians should still be supported even if they make informed decisions that allow them to live at risk. Therefore, when planning, reviewing, and delivering services to them, we need to ask ourselves whether we are ensuring that older Ontarians, their families, and their caregivers have as many choices as is reasonable and possible, and whether they are also supported and empowered with the best information to make informed choices.

4. Value

With our current and future fiscal and demographic imperatives, we need to ensure we are spending our tax dollars in the most effective and efficient ways to help ensure the future sustainability of our systems, programs, and services. Therefore, when planning, reviewing, and delivering services, we need to ask ourselves whether we are ensuring that every dollar we spend is providing the best value possible.

5. Quality

Within our mandate to control current and future costs, we need to ensure that we never do this at the cost of quality. We are increasingly understanding that better quality care in many cases doesn't actually cost more; it will not only meet our expectations, but also deliver desired outcomes that governments, services providers, and the public all value. Therefore, when planning, reviewing, and delivering services, we need to ask ourselves whether we are ensuring that a focus on quality is central to the work at hand.

Summary of Our Overall Findings and Key Recommendations

Promoting Health and Wellness

Through our consultations, we learned that while older Ontarians are living longer and with less chronic illness or disability than the generations before them, they and their families and caregivers want improved access to information and services that can allow them to stay healthy and stay at home longer. While the Government of Ontario and its LHINs and municipalities provide an incredible range of health, social, and community services, too many Ontarians remain unaware of their existence and or how to access them in ways that are most convenient to them, such as in their language of choice.

We also learned through our consultations how poverty can limit the ability of our poorest older Ontarians to stay healthy and stay independent. While Ontario has done much to reduce poverty levels in older adults to well below national levels, we need to continue to recognize that people have different access to income and wealth and that this can often influence decisions that allow them to stay healthy and stay at home longer. Living longer and living well will also mean that we need to do all that we can to ensure that Ontarians should not be allowed to age in poverty.

We must also put an increased focus on providing more services that promote staying healthy, active, and well-connected with others in ways that are respectful of changing societal needs and preferences and our overall diversity.

Key Recommendations:

- The Government of Ontario, through the Ontario Seniors' Secretariat, should actively portray and promote healthy aging and the benefits of staying active in one's older age through physical activity, volunteer work, continuous learning, and meaningful employment.
- The Government of Ontario should encourage and support the development of communication systems to ensure that older Ontarians, their families, and their caregivers are aware of the diverse range of programs and services available within their communities and can access information in accessible ways.
- The Ministry of Health and Long-Term Care should support its Local Health Integration Networks (LHINs) to develop more positive and collaborative relationships with their respective municipal councils to increase the number of and strengthen the role of Elderly Person Centres (EPCs) in Ontario.
- The Ministry of Health and Long-Term Care should increase the availability of accessible exercise, falls prevention, and health promotion classes across the province.
- The Government of Ontario should support efforts to ensure all eligible older Ontarians receive the retirement and age-related benefits to which they are entitled by maintaining its current and future commitments to financially support low- and moderate-income older Ontarians.

Strengthening Primary Care for Older Ontarians

Through our consultations, we learned that strengthening the provision of primary care will be essential to securing the health of older Ontarians. As they are likely to have more complex and often inter-related health and social care issues, they will often benefit from a team-based approach to primary care that prioritizes continuous quality improvement. We also learned through our consultations that communication among primary care providers, hospitals, and community care co-ordinators in particular, is not currently required. This often can create care gaps that everyone agrees should not exist.

We also learned that there still are older Ontarians who cannot easily find a primary care provider. This is especially the case for those who are homebound and would benefit from house calls. We need to do more to improve primary care for older Ontarians by building models of care that deliver high quality care and best serve their needs, while ensuring that every older Ontarian who wants a primary care provider can get one.

Key Recommendations:

- The Ministry of Health and Long-Term Care should promote and develop mechanisms in accordance with legislative/regulatory frameworks to advance the goal that all older Ontarians who want a primary care provider will have one.
- The Ministry of Health and Long-Term Care should ensure that its development of Quality Improvement Plans in Primary Care and Health Links support a core focus around the care of older Ontarians – with an emphasis on supporting primary care access for older adults and focusing attention on areas of care that influence the health and well-being of older adults.
- The Ministry of Health and Long-Term Care should mandate that care co-ordinators from Community Care Access Centres (CCACs), Community Support Services (CSS), and community mental health agencies providing care or service co-ordination support must identify and notify a patient's primary care provider of their name, their role, their contact details, and the services being co-ordinated for the patient/client.
- The Ministry of Health and Long-Term Care should maintain and improve funding levels to support the provision of house calls by primary care providers.

Enhancing the Provision of Home and Community Care Services

Through our consultations, we learned that providing the right care, in the right place, at the right time means that we will have to strengthen and invest more in our home care and community support services sectors. Providing a wider range of home care, community support services, and affordable housing options will enable us to offer the care and support that will allow more people to remain independent and age in the place of their choice, rather than requiring more costly and sometimes less desirable care or living options.

Ontario's Aging at Home Strategy was the current government's first major attempt to invest in a wider range of programs and services that could support the development of a more integrated continuum of care. Continuing and strengthening this commitment to invest more in home care and community services will do much to support Ontarians staying healthy and staying at home longer.

Finally, the development of more progressive, fairer, and sustainable financing systems should be welcomed to support our future care needs, while not only preserving but enhancing overall access, equity, quality, value, and choice around the provision of services. In following the learnings of other provinces, we may identify clear ways that will likely not only allow us to enhance the overall sustainability of our home and community care sector, but also enable us to serve more people as well.

Key Recommendations:

- The Ministry of Health and Long-Term Care should at least maintain its commitment to increase home and community sector funding by 4 per cent for this current year and the next two years and is encouraged to invest future budget increases and savings achieved through efficiency gains into its home and community care sector.
- The Ministry of Health and Long-Term Care should support the LHINs, their CCACs and CSS agencies to formalize a Standardized Collaborative Care Model that can allow acuity-based wait-list and care co-ordination assignments between CCACs and select CSS agencies. This will allow both sectors to provide publicly-funded personal support services in each LHIN. This will allow both sector organizations to play to their strengths and better address client needs.
- The Ministry of Health and Long-Term Care should explore the implications of developing an income-based system towards the provision of home care and community support services based on the experiences and learnings of other jurisdictions. Framing this exploration with the goal of a system that can prioritize the principles of access, equity, choice, quality, and value will be integral to this process.
- The Ministry of Health and Long-Term Care should enhance access to clinic-based physiotherapy services in every LHIN, especially for those on limited incomes who often forgo this therapy when prescribed due to their financial means.
- The Ministry of Health and Long-Term Care, in partnership with the Ministry of Municipal Affairs and Housing and the Ministry of Community and Social Services, should encourage the development of more Assisted Living and Supportive Housing Units as alternatives to Long-Term Care Home placement for those who would benefit most from these environments.

Improving Acute Care for Elders

Through our consultations, we learned that we could do more to ensure that our hospitals are providing the care older Ontarians need, and only when they need it. While older Ontarians account for over half of our hospital care costs, and therefore represent the sector's greatest users, our hospitals need to do more to prioritize their care. Every hospital in Ontario needs to be a Senior Friendly Hospital and we need to do more to promote the fact that the adoption of elder friendly care processes and models can deliver better patient, provider, and system outcomes, including lower Alternate Level of Care (ALC) rates. Hospitals also told us that they want and need to be better supported on this journey with access to the expertise that will allow them to achieve their goals. Furthermore, advancing innovative process and models that allow us to help older adults stay out of the hospital or return home as soon as possible, when appropriate, with seamless transitions of care, will ensure hospitals can remain effective and efficient parts of our overall health care system.

Key Recommendations:

- The Ministry of Health and Long-Term Care, in collaboration with Local Health Integration Networks (LHINs) and local municipal Emergency Medical Services (EMS) programs should explore the development and expansion of Community Paramedicine programs across Ontario, especially in northern and rural communities. These programs could better support high-users of EMS to avoid emergency department (ED) visits and hospitalizations and potentially delay entry into a long-term care home as well.
- The Ministry of Health and Long-Term Care, with LHINs' collaboration, should support the development and launch of the Hospital at Home model in Ontario. A successful proof of concept of this model in Ontario will provide the information required to further implement this model across the province if deemed successful.
- The Ministry of Health and Long-Term Care, in partnership with the LHINs, should continue to promote the adoption of Senior Friendly Hospital principles through its accountability agreements with hospitals to aid them in the development of more enhanced care environments for hospitalized older adults that deliver better patient provider and system outcomes.
- The Ministry of Health and Long-Term Care and its LHINs should support hospitals across the province to adopt, implement, and strengthen models and processes of care that deliver better patient and system outcomes for older adults through the implementation of a collaborative coaching program model in partnership with leading hospitals, based on peer support and knowledge transfer and exchange.
- The Ministry of Health and Long-Term Care should continue to work with Health Quality Ontario (HQO) to expedite the implementation of the care transitions standards and processes and their associated outcome and process indicators, as recommended in the Avoidable Hospitalization Advisory Panel's report *Enhancing the Continuum of Care*.

Enhancing Ontario's Long-Term Care Home Environments

Through our consultations, we learned that we can do more to support our long-term care (LTC) homes in evolving to meet the changing needs of older Ontarians. Our long-term care homes provide care to some of the most vulnerable older adults in our society whose care needs require a safe and highly supportive care environment.

We also learned that while a LTC home used to be a one-way destination for persons entering them, more of them are starting to provide a variety of short-term care services that are allowing a greater number of older Ontarians to eventually return home to the community as well.

As the needs and care preferences of older Ontarians evolve, we will need to better understand what types of care and care environments we will require. Furthermore, we will need to ensure that LTC home staff are equipped with the right combination of knowledge and skills to ensure they can provide the best possible care to their residents at all times.

Key Recommendations:

- The Ministry of Health and Long-Term Care should undertake the development of an evidence-informed capacity planning process to meet the needs of current and future eligible long-term care (LTC) populations and others who could be better supported in supportive housing, in assisted living residential environments, or in their own homes with home care.
- The Ministry of Health and Long-Term Care should develop new LTC home-based service models to maximize capacity, increase programs to support older adults living in the community longer, and enhance programs to meet the needs of short- and long-stay residents. This could be more specifically accomplished by:
 - a) Increasing short-stay respite and convalescent-care program capacity in LTC homes.
 - b) Enabling LTC homes to provide higher levels of care to individuals with complex care needs.
 - c) Exploring the ability of LTC homes to serve as community-care hubs that could provide community-oriented services, including home care, that may further assist local residents to age in place.
- The Ministry of Health and Long-Term Care should improve flow to and from LTC home long-stay and short-stay services by reviewing the existing application and transfer processes and policies to:
 - a) consider increasing the number and type of homes selected; and
 - b) better support potential residents – and when necessary, their substitute decision-makers and care co-ordinators – in the selection process.
- The Ministry of Health and Long-Term Care should support mechanisms to maximize the knowledge and skills of LTC home staff with additional training opportunities and support them in releasing their time to care through quality and process improvement initiatives through programs such as Residents First, the Behavioural Supports Ontario (BSO) Initiative, the Long-Term Care Best Practice Guideline Coordinator Initiative, and the new Centres for Learning Research and Innovation and Long-Term Care.

- The Ministry of Health and Long-Term Care should enhance the utilization of Nurse-Led Outreach Teams into LTC homes to expand the capability of these homes to effectively meet the care of patients with more complex conditions and proactively identify emerging acute or sub-acute health issues that could subsequently lead to an unscheduled transfer to an emergency department (ED) and hospital admission.

Addressing the Specialized Care Needs of Older Ontarians

Through our consultations, we learned that specialists in geriatric medicine, psychiatry, and palliative medicine prove their worth on a daily basis in supporting older Ontarians, their families, their caregivers, and health, social, and community care providers to better address complex and often inter-related health and social care issues that often threaten one's ability to age in place and die with dignity.

We also learned that our last organized commitment to supporting the development of specialized geriatric services in Ontario came decades ago. While the current unequal provision of funding to support the provision of specialized geriatric, mental health, and palliative care services across Ontario's Local Health Integration Networks (LHINs) is limiting the access of older Ontarians to the care they deserve, it is also limiting our ability to attract and recruit geriatricians, geriatric psychiatrists, and specialists in palliative care. We do have clear opportunities in front of us to optimize our resources to address these issues. Furthermore, we should also pursue opportunities to raise awareness amongst those working with older adults of other unique needs shared by older Ontarians in order to enhance the overall care we provide.

Key Recommendations:

- The Ministry of Health and Long-Term Care and its LHINs should establish a provincial working group of geriatricians, care of the elderly family physicians and specialist nurses, allied health professionals, and others to help develop a common provincial vision for the delivery of geriatric services and a prioritization plan to guide local staffing and funding of care models as resources become available.
- The Ministry of Health and Long-Term Care should support its LHINs to leverage the partnerships, momentum, and successes of their Behavioural Supports Ontario (BSO) Initiative to help define what core community geriatric mental health and addictions services need to be funded and delivered. Additionally, a standard approach to assessment, referral, and service delivery models needs to be developed and implemented within and across LHINs.
- The Ministry of Health and Long-Term Care should continue to support its LHINs in broadening the range of palliative care settings available in their regions, including within a patient's home, hospice, and institutional care settings as well.
- The Ministry of Health and Long-Term Care should encourage the inclusion of questions regarding continence, sexual, oral and nutritional health, and the frequency of falls in all informal and formal tools used to assess the health of older adults.

Medications and Older Ontarians

Through our consultations, we learned that we need to do more to support older Ontarians, as the greatest users of medication in our society, to manage their medication needs. The need of older Ontarians to often take more than one medication each day – and often many each day – puts them at increased risk of adverse medication events due to side effects or medication interactions. We therefore need to do more to improve the knowledge of older Ontarians taking medication, to support safer prescribing practices, and the administration and review of an older person’s medication. We also have to start thinking about how to develop fairer and sustainable financing systems that can still allow us to ensure all Ontarians can access the pharmaceutical therapies they need, regardless of their ability to pay for them.

Key Recommendations:

- The Ministry of Health and Long-Term Care should identify trends regarding inappropriate combinations of drugs and develop best practice guidelines and knowledge transfer mechanisms to improve prescribing practices and reduce the harmful effects of medication interactions in older adults.
- The Ministry of Health and Long-Term Care should conduct a full review of its MedsCheck Program to understand how effective it has been and how this service can be improved to:
 - a) better support patients managing with multiple medications; and
 - b) provide more added value.
- The Ministry of Health and Long-Term Care should continue its work of reforming the Ontario Drug Benefit (ODB) Program to more directly link benefits to income rather than age, and thereby consider expanding this coverage for all Ontarians.

Caring for Caregivers

Through our consultations, we learned that we need to do more to support caregivers across our province, especially when their presence is the reason why so many older Ontarians have been – and will remain – able to age in their places of choice for as long as possible. However, it should also be noted that while older Ontarians are the greatest recipients of support from a caregiver, they are more likely to be serving as unpaid caregivers as well to both family members and friends. Although caregiving can be personally rewarding, it can also be stressful and expensive and can take an enormous toll on a caregiver’s health and well-being. All Ontarians stand to benefit when caregivers can be supported with information and access to a range of supports which will allow them to continue assisting those they care about.

Key Recommendations:

- The Ministry of Health and Long-Term Care should improve the awareness of services and supports available to unpaid caregivers with improved single points of access. In particular, the ministry should ensure that these single points of access recognize the unique identity and needs of unpaid caregivers that may require information to be presented differently.
- The Ministry of Health and Long-Term Care, in conjunction with the Ministry of Finance and the Ontario Seniors' Secretariat, should promote the awareness and uptake of various programs (for example, financial benefits and tax credits supporting the financial burdens of unpaid caregiving).
- The Ministry of Health and Long-Term Care should encourage the standardization of services and supports offered through the Alzheimer Society's First Link program and fully support the implementation of this program in every LHIN across Ontario. This will help ensure that this vital support program and service for older adults and unpaid caregivers affected by dementia is available to all.

Addressing Ageism and Elder Abuse

Through our consultations, we learned that, as a society, we don't tend to value aging, and hence older Ontarians, as we should. While we have built a progressive society in many ways, overt forms of ageism and even "self-adopted ageism" amongst older Ontarians themselves, are still present. This restricts the options of some to lead healthy and productive lives.

We also learned that while the province has made combating elder abuse a priority, too many older Ontarians remain victims of abuse each year. Better educating Ontarians about what elder abuse is, how to prevent it and how to better support victims can ensure more older Ontarians can live longer and well with the dignity and respect they deserve.

Key Recommendations:

- The Government of Ontario, through the Ontario Seniors' Secretariat, should adopt a process to ensure that legislation or policies which permit age to influence the access of older Ontarians to any specific service should be identified and reviewed in liaison with older user groups.
- The Government of Ontario should continue its current commitments to its Strategy to Combat Elder Abuse through the supporting partnership of the Ontario Seniors' Secretariat, Ontario Victim Services Secretariat, Ministry of the Attorney General, and the Ontario Network for the Prevention of Elder Abuse (ONPEA) to support work that
 - a) Seeks to raise public awareness about the abuse and neglect of older adults;
 - b) Provides training for front-line staff; and
 - c) Co-ordinates community services to better assist victims of elder abuse in communities across the province.

Addressing the Unique Needs of Older Aboriginal Peoples in Ontario

Through our consultations, we learned that older Aboriginal Peoples have unique needs that need to be addressed. The management of chronic diseases coupled with aging has proved to be challenging for Aboriginal Peoples living across Ontario. Aboriginal Peoples in Ontario start to struggle with geriatric issues at younger ages than the rest of our society. They also have more challenges to accessing culturally appropriate care and services like other Ontarians from diverse backgrounds as well. We need to make a commitment to better understand and address the unique needs of older Aboriginal Peoples in Ontario.

Key Recommendation:

- The Ministry of Health and Long-Term Care, in partnership with the Ontario Seniors' Secretariat and the Ministry of Aboriginal Affairs, should commit to a process to meaningfully engage on- and off-reserve Aboriginal Peoples and their organizations across Ontario in the development of an Aboriginal Seniors Strategy.

Supporting the Development of Elder Friendly Communities

Through our consultations, we learned that our communities need to be the foundation of a Seniors Strategy. Therefore, to fulfil the government's mission to make Ontario the best place to grow up and grow old, we will need to foster the development of elder friendly communities that recognize the great diversity amongst older persons, promotes their inclusion and contributions in all areas of community life, respects their decisions and lifestyle choices, and anticipates and responds flexibly to aging-related needs and preferences.

We also learned that building the strong communities that we desire will require partnerships between municipal governments and the province, especially around the provision of accessible and affordable housing, transportation and health care options that will support more Ontarians to age in the place of their choice.

Key Recommendations:

- The Government of Ontario should support its communities and citizens to ensure they have access to a variety of programs and supports that will enable them to adapt their residences to accommodate their evolving functional needs so that they can continue to age in place whenever possible and for as long as they desire.
- The Ministry of Health and Long-Term Care, in partnership with the Ministry of Transportation and through partnerships with Local Health Integration Networks (LHINs), Municipalities and Community Support Sector agencies, needs to further enhance the development and availability of non-profit, safe, dignified, and consumer-oriented transportation systems for older Ontarians across urban and, wherever possible, rural communities as well.

Necessary Enablers to Support a Seniors Strategy for Ontario

Through our consultations, we learned that Ontario's health, social, and community human resources need to be better prepared and supported to meet the needs of our aging population. The fact that we don't require any of our schools in Ontario that train our future health, social, and community care providers to formally teach content related to caring for older adults is concerning. Those who are not exposed to caring for or working with older adults will be less confident in their knowledge and skills working with these patients and less prepared to meet their needs or even to choose these areas as a career. A strategy that provides the right education and training opportunities will ensure that Ontario gains an informed workforce that will have the necessary knowledge, skills, and confidence to identify issues of need amongst older adults while delivering them the right care, in the right place, at the right time.

We also learned that research and technology is providing new opportunities to deliver care more efficiently, while enabling increasing numbers of Ontarians to remain more independently at home. Advancing the use of technologies that permit care closer to, or even in the home, and that strengthen the development of integrated assessment, information and referral systems, should be prioritized.

Key Recommendations:

- The Ministry of Health and Long-Term Care, in collaboration with the Ministry of Training, Colleges and Universities, should support the preparedness of all future health and social care providers to meet the evolving care needs of older Ontarians by requiring that core training programs in Ontario for physicians, nurses, occupational therapists, physiotherapists, social workers, pharmacists, physician assistants, paramedics, personal support workers, and other relevant health and social care providers should include relevant content and clinical training opportunities in geriatrics.
- The Ministry of Health and Long-Term Care should finalize the development of its recently introduced Alternate Funding Plan (AFP) to support geriatricians in Ontario in a way that doesn't restrict their numbers, or provide disincentives to those wishing to practice geriatrics.
- The Ministry of Health and Long-Term Care should provide more support to its Personal Support Worker (PSW) workforce by strengthening its new PSW Registry by requiring mandatory registration, requiring a common educational standard for all future registrants, and developing a complaints process that can protect the public and the profession.
- The Ministry of Health and Long-Term Care and its Local Health Integration Networks (LHINs) should require that health, social, and community services providers streamline their assessment and referral processes to:
 - a) avoid duplication and burden for patients and clients, and
 - b) to promote greater efficiency in the delivery of services.

Establishing the Mandate, Implementing the Strategy

Through our consultations, we learned that Ontario's coming of age will undoubtedly change the way we do things and force us to make choices as a society as to how best meet the needs of our aging population. As our team sees it, we can react passively to the change ahead of us, or we can proactively anticipate and address these challenges as opportunities to do better. Ontario can be the best place to grow up and grow old, and its commitment to developing its first comprehensive Seniors Strategy can at least provide an initial direction forward based on our current needs, values, and preferences.

To realize a society free of ageism, where older Ontarians, their families, and their caregivers can access the right supports and services, in the right place, at the right time, and where no older Ontarian's income limits their access to basic services, we need to come together as a province and recognize our opportunity to do better.

We learned through our consultations that the Ontario government and its ministries can play a greater leadership role in advancing the needs of older Ontarians. In advancing a Seniors Strategy, there are many things that will require intra- and interministerial co-ordination. There are other things that Ontario will need to work on with its municipal, federal, provincial, and territorial partners to also help advance the needs of older Ontarians and Canadians.

Governments can play a powerful role in setting up leadership and governance structures and establishing the rules of engagement that align incentives and accountabilities to allow and encourage different levels of government and sectoral providers to advance common interests. Given that we all have a vested interest in being better able to meet the needs of our aging populations, uniting around the development of a Seniors Strategy will represent an excellent opportunity to do so.

Adequate funding will be a critical enabler to support the successful implementation and ensure long-term sustainability of the strategic recommendations and goals outlined in this report. At the same time, it was clear during the development of these recommendations that they are being made during a period of enormous fiscal restraint. The Government of Ontario, however, is equally committed to ensuring the sustainability and efficiency of its health care system. To this end, each of the recommendations put forward have been applied against the principle of achieving value for Ontarians, and in some areas cost-savings through targeted investments that achieve process improvements, reduce inequities, and ultimately achieve better patient and system outcomes. Most importantly, the recommendations being made in this report have all been conceived with the notion that they can be achieved within existing budgets and resources.

The findings and recommendations presented in this report are but the first step. Indeed, from here the real work will begin. The next step will require direction from the Government of Ontario on its support towards implementing the recommendations outlined in this report. This should then lead to the establishment of clearly articulated implementation timelines and a monitoring system to ensure progress continues to be made.

Key Recommendations:

- The Ministry of Health and Long-Term Care's Implementation Branch, in partnership with the Ontario Seniors' Secretariat, should hold overall responsibility to oversee the implementation of the government's Seniors Strategy. It should be required to report to the ministers quarterly on the progress, challenges, and opportunities being seen through the implementation of the Strategy and develop an annual report that can be shared with the public.
- The Ministry of Health and Long-Term Care should require each Local Health Integration Network (LHIN) to
 - a) appoint a member of its executive team to oversee the implementation of the Seniors Strategy; and
 - b) establish a steering committee with a broad base of representation from local health, social, and community care providers, including public health and paramedical providers, local municipal officials, designated French Language Health Planning entities, patients, and caregivers, to help discuss and plan opportunities to further develop and implement services for older Ontarians in their regions.

The full report will present considerably more detailed findings and recommendations that will enable the government to expand upon and provide some specific means of implementing the themes and recommendations set out in this Highlights and Key Recommendations document.

- 1 Government of Canada. Statistics Canada. 2012. 2011 Census. Ottawa, Ontario.
- 2 Government of Ontario. Ministry of Health and Long-Term Care, Health System Information Management and Investment Division, Health Analytics Branch. 2012. In Focus: Seniors in Ontario – Staying Healthy, Staying at Home – An Analysis based on Statistics Canada’s 2008/2009 Healthy Aging Survey. *The Quarterly Report*. Fall/Winter, Pre-release Version.
- 3 Institute for Clinical Evaluative Sciences. Wodchis, W et al. 2012. *High Cost Users of the Ontario Health System: Preliminary Analyses*. Toronto, Ontario.
- 4 Canadian Institute for Health Information. 2011. *National Health Expenditure Trends, 1975 to 2011*. Ottawa, Ontario.
- 5 Sinha, SK. 2011. Why the Elderly Could Bankrupt Canada and How Demographic Imperatives Will Force the Redesign of Acute Care Service Delivery. *Healthcare Papers*. 11(1):46-51.
- 6 Government of Ontario. Ministry of Health and Long-Term Care. 2012. *Ontario’s Action Plan for Health Care*. Toronto, Ontario.
- 7 Government of Canada. Special Senate Committee on Aging. 2009. *Canada’s Aging Population: Seizing the Opportunity*. Ottawa, Ontario.
- 8 Government of Ontario. Ministry of Finance. Commission on the Reform of Ontario’s Public Services. 2012. *Public Services for Ontarians: A Path to Sustainability and Excellence*. Toronto, Ontario.
- 9 Government of Ontario. Ministry of Health and Long-Term Care. Walker, D. 2011. *Caring for Our Aging Population and Addressing Alternate Level of Care*. Toronto, Ontario.
- 10 Government of Ontario. Ministry of Health and Long-Term Care. Avoidable Hospitalization Advisory Panel. 2011. *Enhancing the Continuum of Care*. Toronto, Ontario.
- 11 Government of Canada. Healthy Aging and Wellness Working Group of the Federal/Provincial/Territorial Committee of Officials (Seniors). 2006. *Healthy Aging in Canada: A New Vision, A Vital Investment from Evidence to Action*. Ottawa, Ontario.
- 12 Government of Canada. Special Senate Committee on Aging. 2009. *Canada’s Aging Population: Seizing the Opportunity*. Ottawa, Ontario.