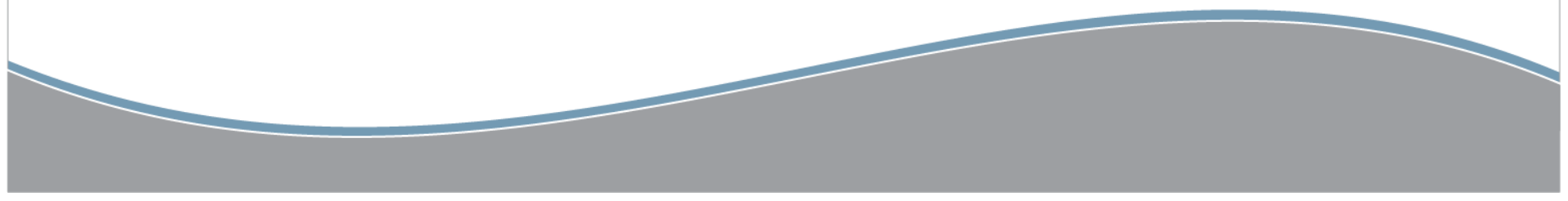


# **Community Engagement with Seniors and their Families, Caregivers and Circle of Support**

**July to November 2008**

**Appendix**

# Goals

- To capture input from seniors and their families, caregivers and circle of support to inform scope of services planning for the seniors continuum of care.
  - To inform and guide decision-making related to the Aging at Home Strategy.
- 
- A decorative graphic at the bottom of the slide consisting of a dark grey wavy shape with a light blue outline, resembling a stylized horizon or a wave.

# Objectives

- To update community input gathered during the development of the IHSP to better understand the problems, challenges and issues facing seniors, caregivers and their circle of support.
- To understand seniors' aspirations for health, well-being and independence in their communities.
- To obtain feedback on services and supports needed to help seniors “age at home”.
- To provide an opportunity for seniors and their families, caregivers and circle of support to identify and explore ideas and solutions they have to support their health, well-being and independence.

# Approach to Community Engagement

- Draw on and tap into existing community groups where conversations take place between people in a trusting environment.
- Work with other organizations, networks and community leaders that have established relationships with community groups to facilitate conversations.

# Community Engagement Tools

- Public forums
- Targeted focus groups
- Survey
  - Poll
  - Online

# We're Listening

- More than 1000 community members have been consulted:
  - 93 seniors, families, providers (public forum)
  - **400 seniors, families, providers (31 focus groups)**
  - 42 community members (on-line survey)
  - **544 seniors and 150 families/informal caregivers (poll)**

# **Focused Conversations with Seniors**

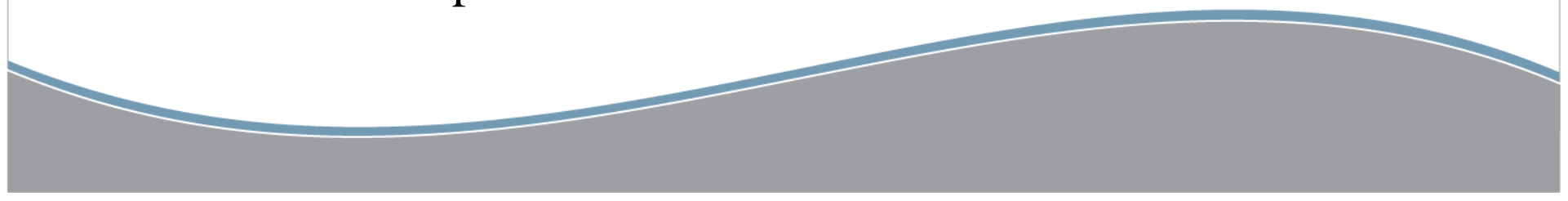
**Findings from Focus Groups with Seniors and Caregivers  
August 2008**

# Focus Group Sessions and Senior Population (65+) by Sub-LHIN Area



Source STATCAN and MOHLTC Health Analytics, June 2008.  
Focus Group Sessions include approximately 12 – 15 individuals.

# Hopes for the Future: *Seniors want to...*

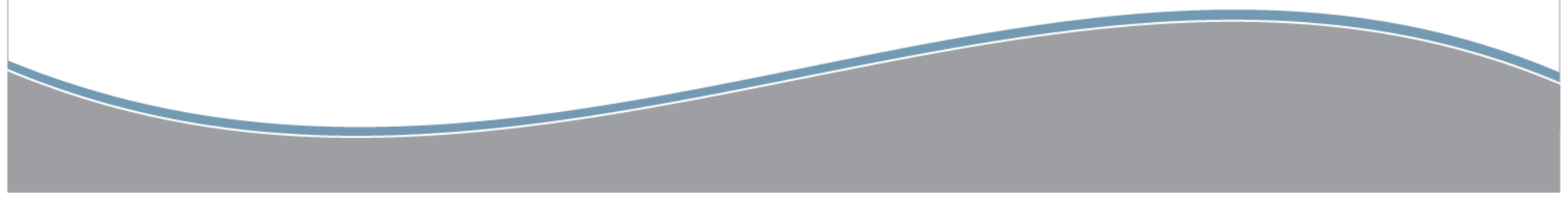
- **Live with dignity, independence**
    - Be listened to, respected, and have their opinions valued.
    - Have the right to choose and make decisions in their own lives.
  - **To feel a sense of community**
    - Live with dignity and to have a sense of belonging / being valued in the community.
    - Helping each other.
    - Means different things to different people - fostering intergenerational relationships, maintaining current relationships.
- 

# Overarching Themes: *Seniors need...*

## ❖ **More housing options**

- Affordable, appropriate housing options that meet their needs as they grow older (e.g. housing modifications to accommodate mobility issues).
- Would prefer to stay at home with services to assist them

## ❖ **Relevant information in user-friendly formats**

- A lack of information, or problems with accessing information was a major challenge.
  - Making information available where seniors socialize.
  - Prefer to get information either through community organizations or the mail.
- 

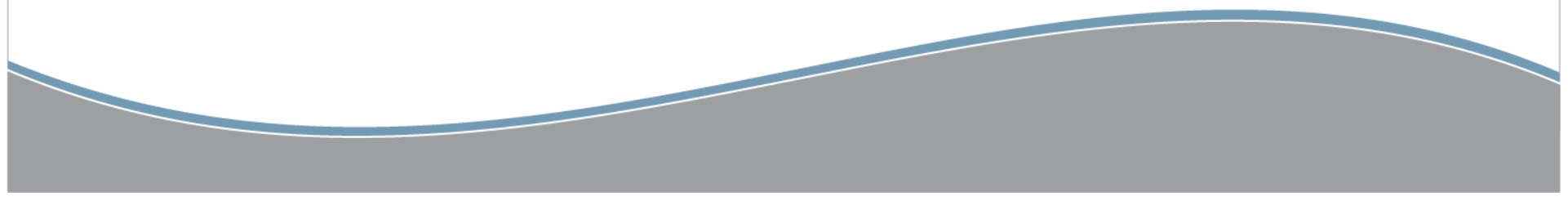
# Overarching Themes: *Seniors need...*

- **More social and recreational opportunities**
  - Meaningful, frequent opportunities for social and recreational interaction is important for the psychological health and well-being of seniors.
  - Ongoing need for companionship, mental stimulation and interaction.
- **Increased access to redesigned primary care services**
  - A primary care model that is holistic in approach, focusing on health and wellness in addition to treatment.
  - Case managers to coordinate and review an overall health plan.

# Overarching Themes: *Seniors need...*

- **To feel safe in their homes and out in the community**
  - Not feeling safe is a huge worry and a major reason seniors are unable or unwilling to live at home (alone).
  - Many suggestions on how to address this issue, including: telephone programs, security checks, devices to communicate emergencies, etc.
- **Financial assistance to support a wide range of needs**
  - Home renovations to meet changing mobility needs.
  - Expenses for health services, such as chiropractic care, medication, etc.

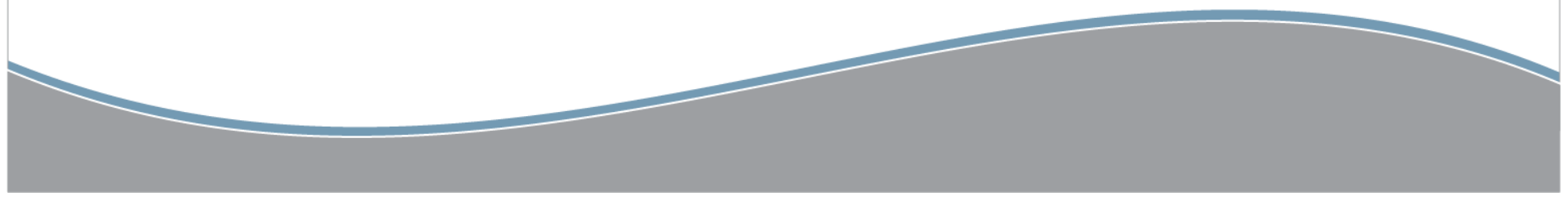
## Overarching Themes: *Seniors need...*

- **Assistance with household tasks in order to live safely in their homes**
    - Difficult to continue fulfilling all household tasks as they age (e.g. mowing the lawn, shovelling snow, etc.).
  - **Access to affordable transportation as a key to staying independent**
    - “Living without a car threatens and limits freedom”.
    - Challenges with public transit and safety issues with travel, especially in winter.
- 

# Overarching Themes: *Seniors need...*

- **Additional and more flexible homecare services**
  - Allotted hours do not meet their needs or issues with eligibility
  - Increased homecare, including a basket of services
- **Respite and support for caregivers**
  - More funding for accessible and affordable respite care, and education for caregivers on supports available to them.
  - Provide home care training courses.
- **Culturally appropriate programs and services**
  - Excited about having programs and services available in their own language (e.g. culturally appropriate meals, day programs, LTC).
  - Would allow for greater understanding and empathy between care providers and seniors themselves.

## Overarching Themes: *Seniors need...*

- **Assistance with managing their medications**
    - Affordability of needed medications
    - Management of medications
    - Frustration with going to the doctor's office for prescription renewals
  - **Assistance with extended health care coverage**
    - Improved dental coverage, financial assistance for eye glasses, hearing aids, physiotherapy, etc.
    - Seniors going without needed healthcare due to prohibitive costs
- 

# Mississauga Halton LHIN Survey of Seniors and Informal caregivers

**Telephone Poll by Environics Research Group Ltd.  
August 21 and September 18, 2008**

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# Mississauga Halton LHIN Survey of Seniors and Informal caregivers

Prepared for: Mississauga Halton Local Health Integration Network

Prepared by: Environics Research Group Ltd.

November 2008

# Agenda

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- Introduction
- Methodology
- Profile of Sample
- Objectives of Research
- Detailed results
- Conclusions

- The Mississauga Halton Local Health Integration Network (LHIN) commissioned Environics Research Group to conduct two surveys: one among seniors aged 65 and older and one among informal caregivers living in the Mississauga Halton LHIN.
- Environics, in consultation with the Mississauga Halton LHIN, designed the survey questionnaires, conducted the surveys, analyzed the data and wrote the report.
- The survey results give the Mississauga Halton LHIN a better understanding of the needs and challenges facing seniors living at home, what health care supports or services they currently receive and what they believe they need to continue to live in their home or in the community.
- The results also help in understanding the challenges faced by informal caregivers, what services or supports they currently receive and what they believe they need to continue to provide their caregiving support.
- These findings will be used by the Mississauga Halton LHIN to help in improving local health care service and in setting priorities.
- Please note that all the detailed results represented on graphics and tables are percentages.

- The research consisted of two surveys – one among seniors and one among informal caregivers.
- The survey of seniors was conducted between August 21 and September 18, 2008 among 544 seniors aged 65 and older living within the Mississauga Halton LHIN. The margin of error for a sample of this size is plus or minus 4.2 percentage points, 19 times out of 20.
- The survey of informal caregivers was conducted between August 21 and September 16, 2008 among a sample of 150 informal caregivers (only persons who provide non-professional care to a spouse, friend or relative) living within the Mississauga Halton LHIN. The margin of error for a sample of this size is plus or minus 8.0 percentage points, 19 times out of 20.

# Profile of Sample

	Seniors	Caregivers
	%	%
Mississauga	56	63
Southern Etobicoke	18	10
Oakville	17	16
Milton/Halton Hills	9	11
Women	56	72
Men	44	28
65-74	54	37
75 and older	47	30
H.S. education or less	40	32
Some university	35	46
Under \$30,000 household income	27	17
\$100,000 or more	10	16
Born outside of Canada	44	48
English main language spoken/understood	90	84
Live alone	39	N/A
Live with spouse/partner and/or other family member	56	N/A
Caring for parent	N/A	39
Caring for spouse	N/A	36

# Objectives of research

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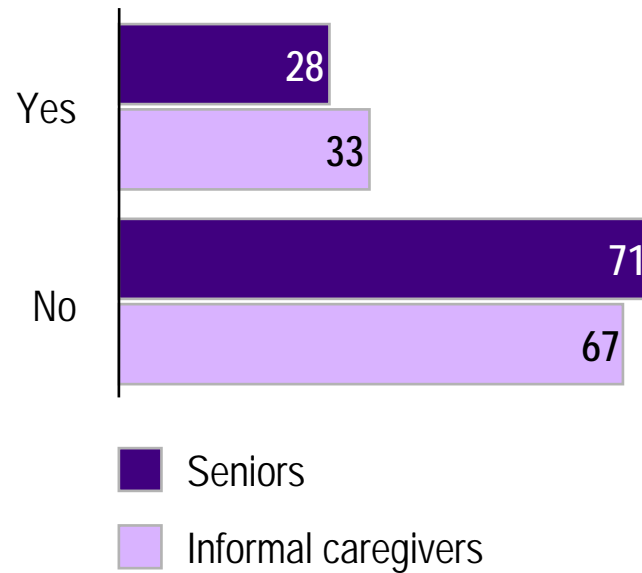
- The research looked at the following areas:
  - Needs and challenges of seniors living at home
  - Challenges facing informal caregivers
  - Health perceptions
  - Health care supports/services for seniors at home/in community
  - Services for informal caregivers
  - Satisfaction with currently received health care supports/services
  - Confidence that health care supports/services will enable seniors to continue to live at home/in community
  - Use of health care system
  - Transportation to medical services
  - Sources of information

# **Needs and challenges of seniors living at home**

# Awareness of Ontario government initiatives

## September 2008 (%)

S1/C1



# Main challenges facing seniors living at home

September 2008 (%)

- More than half of seniors say they do not currently face any challenges living at home.
- Only one in ten informal caregivers say seniors living at home face no challenges.

S2/C2



*Note: Multiple responses accepted*

# Challenges facing informal caregivers



# Challenges facing informal caregivers

September 2008 (%)

C10

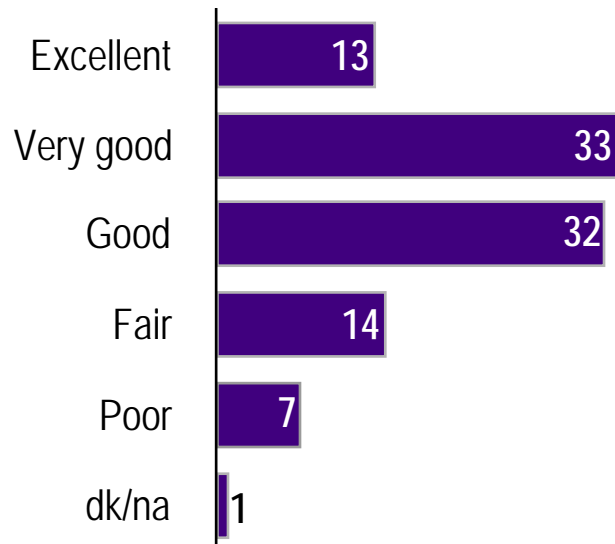
	%
Time-consuming/not enough time/little freedom	27
Overwork/exhaustion/stress	10
Mobility/transportation	9
Personal hygiene/health/administering medication	9
Ensuring proper diet	5
Financial burden	3
Fear/trust/safety/security issues	2
Other	14
None	30
Multiple responses accepted	7

Note: Multiple responses accepted

# Health perceptions

# Seniors' overall perception of personal health

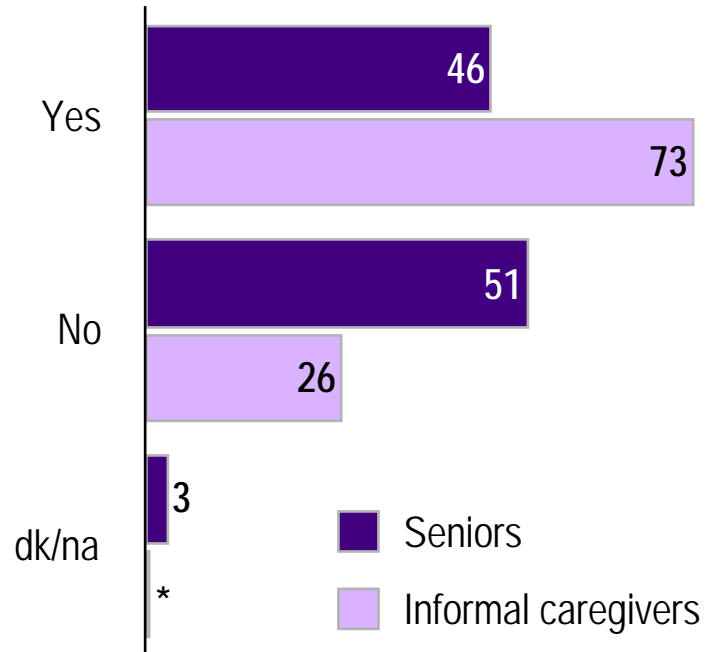
## September 2008 (%)



# Long-term health conditions

September 2008 (%)

S4a/C3a



\* Less than one percent

# What long-term health conditions do you/they have?

September 2008 (%)



S4b/C3b

	Seniors	Informal caregivers		Seniors	Informal caregivers
Hypertension	28	16	Thyroid problems	4	2
Arthritis/rheumatism	24	15	COPD	3	7
Diabetes	22	18	Macular degeneration/blindness	2	4
Heart disease	20	23	/cataracts/glaucoma	2	7
Cancer	10	8	Stroke	2	6
High cholesterol	7	4	Chronic bronchitis/emphysema	2	6
Spinal problems	7	2	Immobility/disability	1	5
Angina	5	4	Alzheimer's/other dementia	-	19
Osteoporosis	5	-	Other	29	31
Kidney disease	5	5	dk/na	2	4
Asthma	5	3			

*Note: Multiple responses accepted*

*Subsample: Those who have/have a senior in their care who has a long-term health condition*

# Health care supports/services for seniors at home/in community

# Awareness of local supports/services for seniors

## September 2008 (%)

- Two-thirds of seniors say there are no services available in their area to help seniors continue to live at home and in community, or are unaware of these services.

S5/C4

	Seniors	Informal caregivers
Meals/nutrition	8	9
Respite care/caregiver support	8	8
Homemaking	6	9
Transportation	5	9
Assisted living/supportive housing	5	8
In-home nursing services	4	3
CCAC/government-funded programs	2	6
Friendly visiting	2	6
Seniors' centre/community centre	2	4
Other	9	9
None	32	36
dk/na	35	21

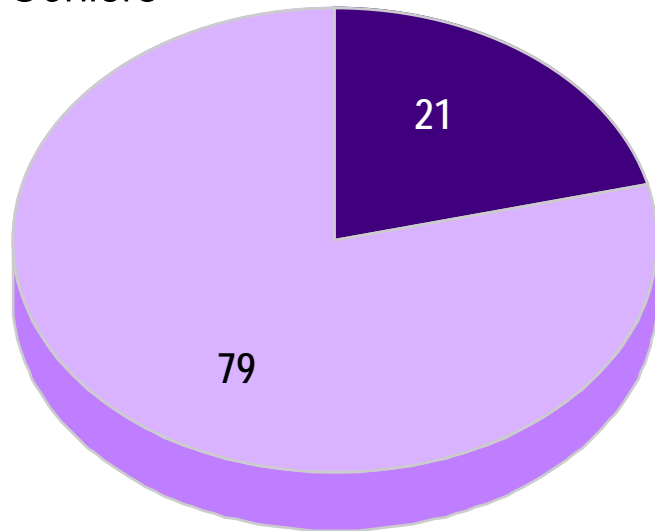
*Note: Multiple responses accepted*

# Reported use of any of these local supports/services September 2008 (%)

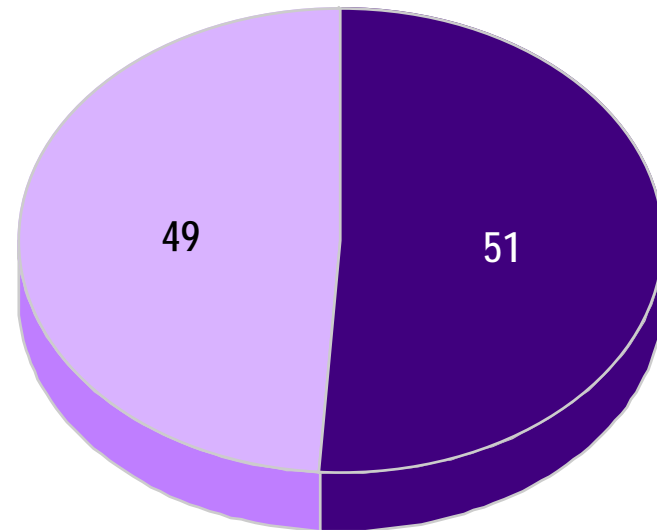
- Two in ten seniors surveyed report using any local supports/services, such as respite care/caregiver support and homemaking.
- One-half of informal caregivers say the senior in their care uses local supports/services such as meals/nutrition, homemaking and transportation.

S6/C5

Seniors



Informal caregivers



■ Yes  
■ No

*Subsample: Those who mentioned a service in S5/C4*

# Supports/services for seniors received at home/in community September 2008 (%)

- Eight in ten seniors say they do not currently receive any health care supports or services at home or in their community.

S7/C6

	Seniors	Informal caregivers
Family doctor/hospital/walk-in clinic	9	7
Personal/home care/nursing	5	13
Hospital services	1	2
Medical specialist	1	2
Seniors' programs/classes	*	2
Meals on Wheels	*	2
Other	6	10
None	80	67
dk/na	1	2

\* Less than one percent

Note: Multiple responses accepted

# Supports/services for seniors required to continue to live at home September 2008 (%)

- Just under six in ten seniors say they do *not* need any health care supports/services to continue to live in their home, or are unable to cite a needed support or service.
- Only three in ten informal caregivers agree say the senior in their care does *not* require any health care supports or services to continue to live at home, or are unable to cite any.

S8/C7

	Seniors	Informal caregivers
Housekeeping/home maintenance	21	14
Personal health care	15	36
Transportation/to get out, go shopping	10	15
Meals on Wheels/provide meals/cooking services	6	7
Government assistance/reduce taxes	2	6
Mobility/stair lifts/wheelchair/safety aids	2	3
Social support/friendly visit	*	3
Other	7	15
None	41	20
dk/na	15	8

*Note: Multiple responses accepted*

# Services for informal caregivers

# Awareness of and reported use of services for informal caregivers September 2008 (%)

- Eight in ten informal caregivers say there are no services available in their area to support informal caregivers or are unaware of these services.

C11/C12

Are there any services available in your area to support informal caregivers like you?	%
Homecare (unspecified)	3
Support group (unspecified)	3
Meals on Wheels	2
Alzheimer's Society	2
Other	10
None	44
dk/na	38
Do you personally use any of these services?*	%
Yes	32
No	68

<sup>t</sup> Subsample: Those who mentioned a service in C11

# Supports currently received as an informal caregiver September 2008 (%)

	%
Family	4
Friends	2
CCAC staff	2
Other	8
None	83
dk/na	2

*Note: Multiple responses accepted*

# Supports/services needed to continue informal caregiving support September 2008 (%)

	%
Nurse/in-home personal care support	20
Financial support	12
Transportation services	10
Maintenance worker/house care support	5
More doctors/medical staff	4
Help/relieve family members	4
Better/more flexible service hours	3
Other	11
None	27
dk/na	10

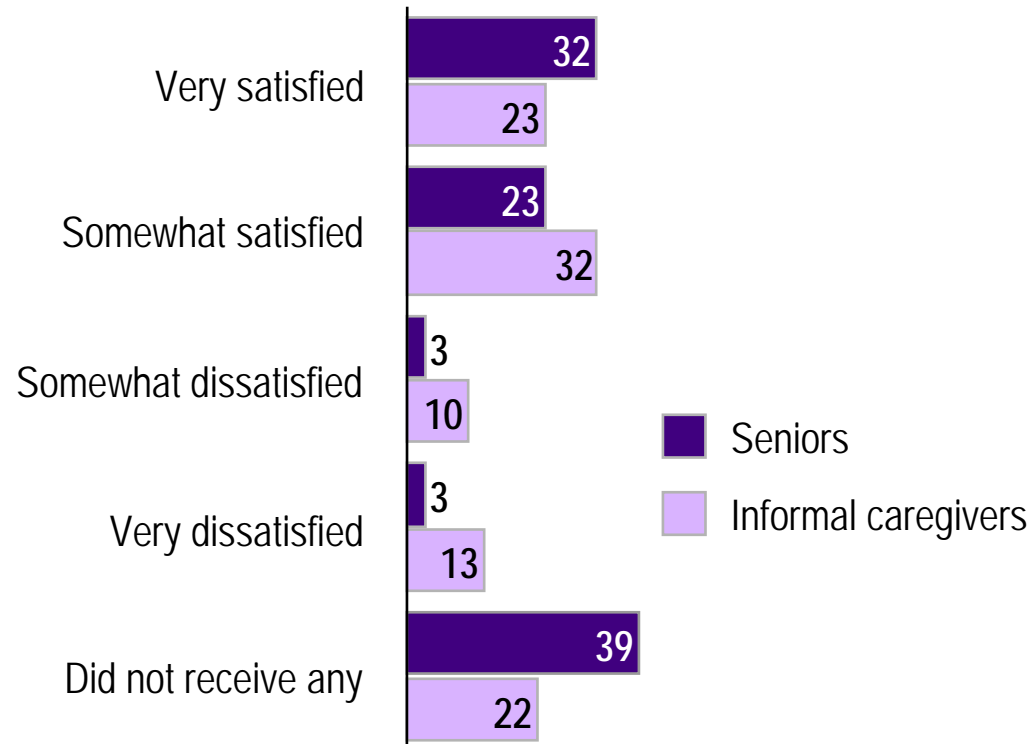
*Note: Multiple responses accepted*

# **Satisfaction with currently received health care supports/services**



# Satisfaction with currently received health care support/services for seniors September 2008 (%)

S9a/C8a



# Reasons for satisfaction

September 2008 (%)

S9b/C8b

	Seniors	Informal caregivers
Doing a good job/service/well taken care of	46	53
Availability/quick access	18	12
Healthy/not heavily reliant on the system	14	8
Insurance/benefits/cost covered	8	3
Able to stay/live at home/don't have to move	-	4
Other	4	14
dk/na	20	19

*Note: Multiple responses accepted*

*Subsample: Those who are satisfied with the health care supports/services they currently receive/received by the senior in their care*

# Reasons for dissatisfaction

September 2008 (%)

S9c/C8c

	Seniors	Informal caregivers
Wait time/shortage of health care workers	43	22
Poor quality of care/does not meet needs	19	23
Limited help from health care system/government	11	8
Too expensive/cost not covered by insurance/government	8	22
Don't receive any treatment/assistance/unorganized	3	15
Other	8	17
dk/na	7	2

*Note: Multiple responses accepted*

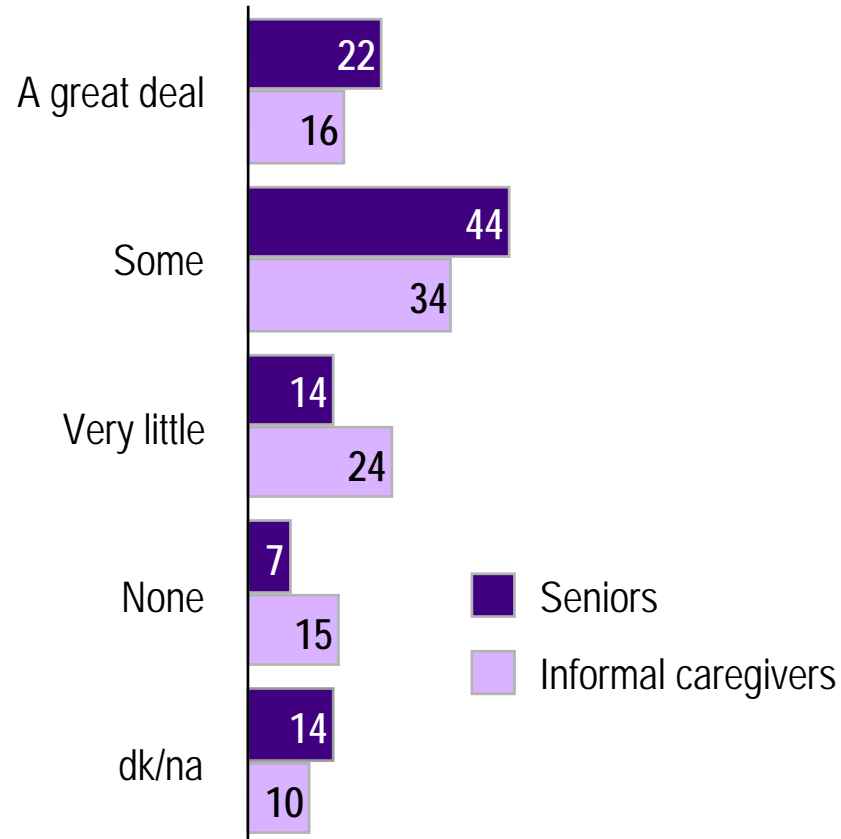
*Subsample: Those who are dissatisfied with the health care supports/services they currently receive/received by the senior in their care*

**Confidence that health care  
supports/services  
will enable seniors to continue to live  
at home/in community**



# Confidence that health care supports/services will enable seniors to continue to live at home September 2008 (%)

S10a/C9a



# Why are you confident?

September 2008 (%)

S10b/C9b

	Seniors	Informal caregivers
Accessible/available when needed/happy with it at present	33	31
Canada has good/reliable/comprehensive health care system	17	14
Currently healthy/independent/not needing the service	11	7
Family/friends will look after/take care of	7	16
Friend/family had positive experience with health system	5	7
Other	7	10
dk/na	22	15

*Note: Multiple responses accepted*

*Subsample: Those who are confident that they/the senior in their care will be able to receive the health care supports/services that would allow them/him/her to continue to live at home/in their community*

# Why are you not confident?

September 2008 (%)

S10c/C9c

	Seniors	Informal caregivers
Services/support not available	27	51
Care is too expensive/financial issues	13	5
Not showing any improvement/development	11	14
Cutting back on doctors/staff/longer waiting list	8	-
Friend/family had negative experience	8	4
No government financial support/no regard for seniors	6	3
Don't know enough/no information about available services	4	5
Other	10	14
dk/na	18	11

*Note: Multiple responses accepted*

*Subsample: Those who are not confident that they/the senior in their care will be able to receive the health care supports/services that would allow them/him/her to continue to live at home/in their community*

# Use of health care system

# Seniors' access and visits to family doctor

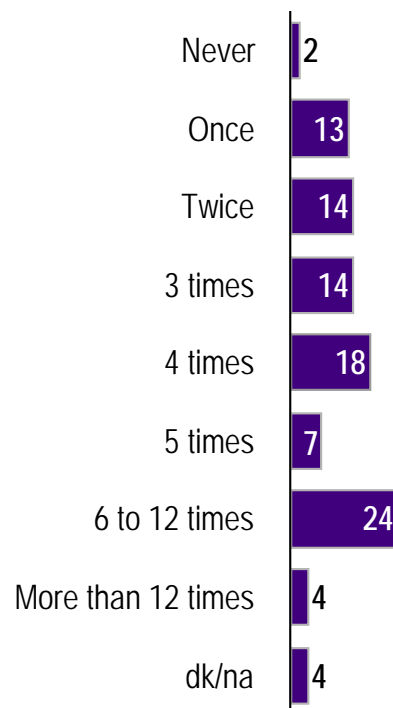
## September 2008 (%)

Do you have a regular family doctor?

S11ab



How many times have you visited your doctor in the past 12 months?

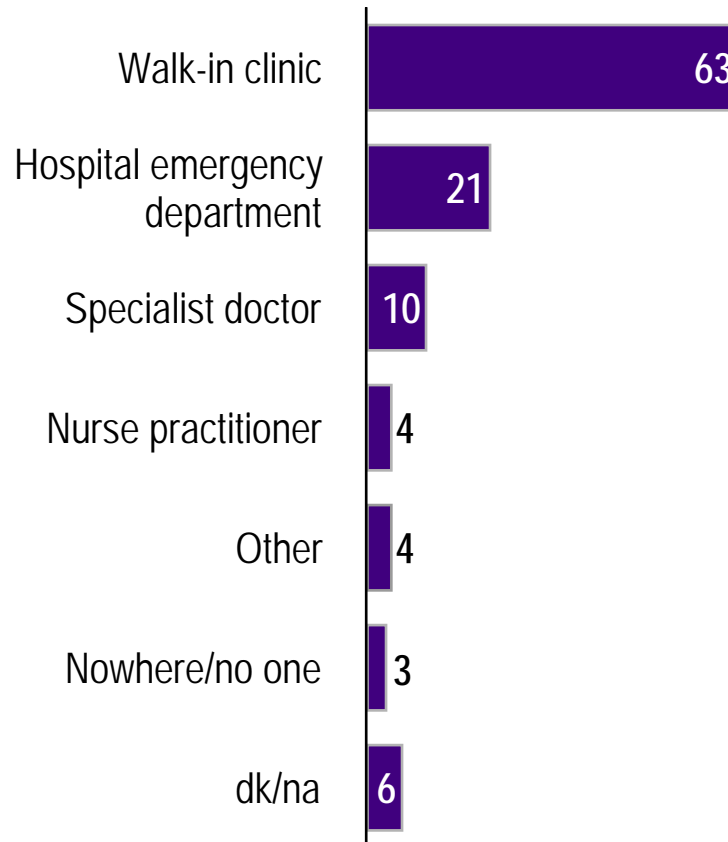


*Subsample: Those who have a regular family doctor*

# Seniors without family doctor – sources for health care services

September 2008 (%)

S11c

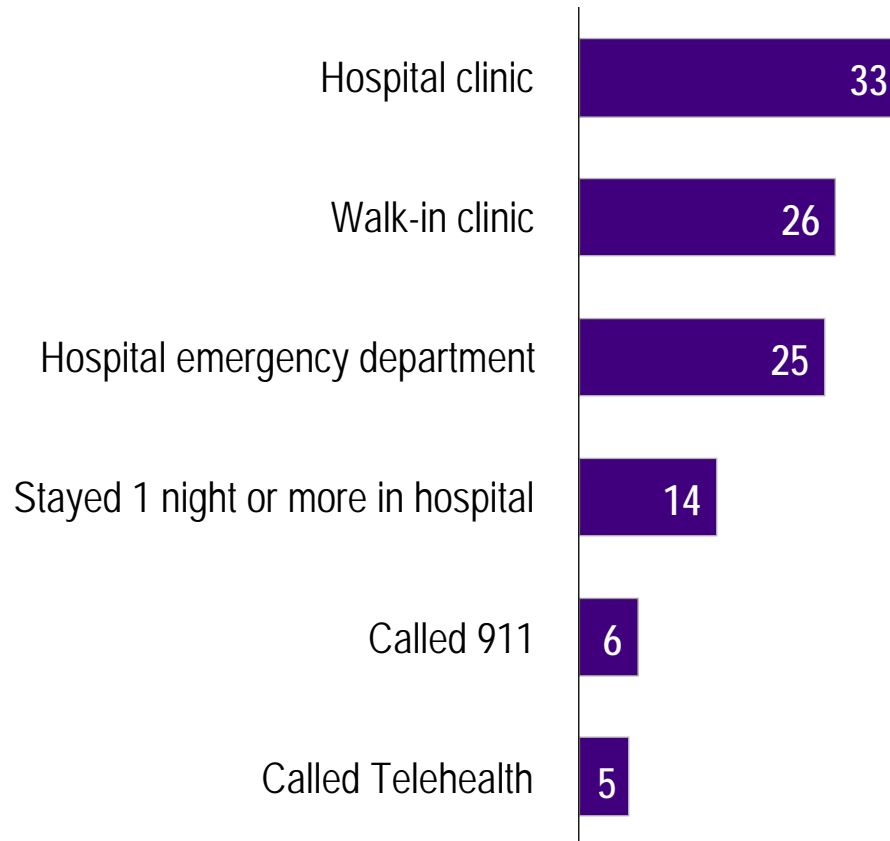


*Subsample: Those who do not have a regular family doctor*

*Note: Multiple responses accepted*

# Seniors' use of primary and emergency services

At least once in past 12 months September 2008 (%)

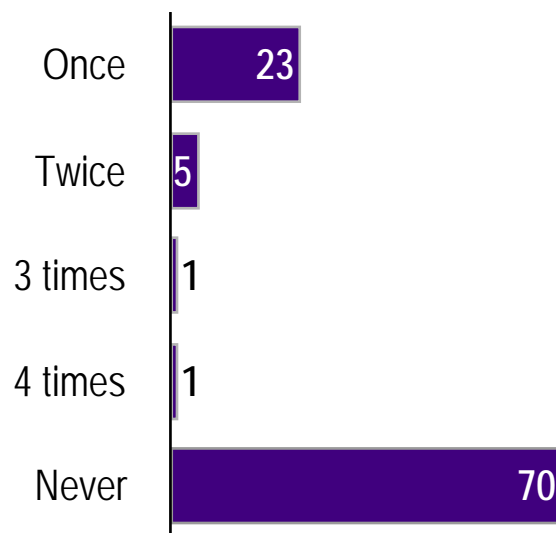


\* Less than one percent

# Seniors admitted to hospital after visiting emergency services

Past 12 months    September 2008 (%)

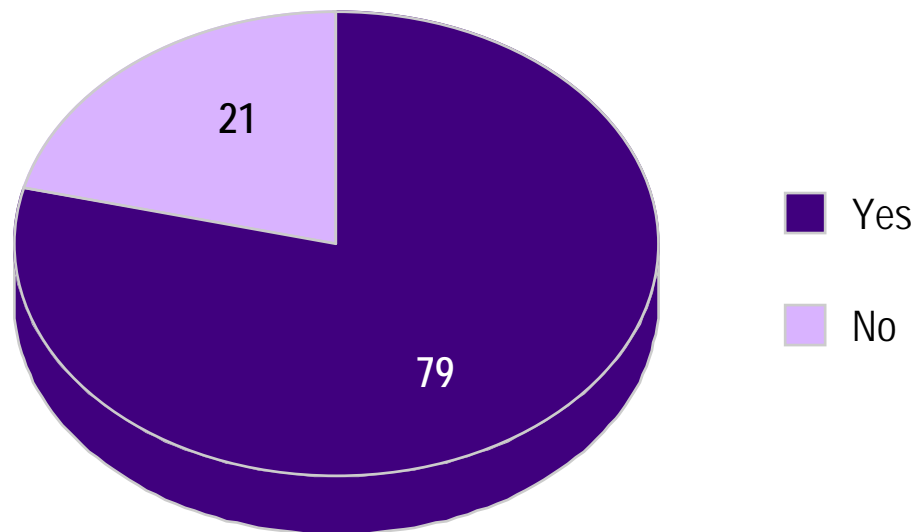
S13a



*Subsample: Those who have visited a hospital emergency department in the past 12 months*

# When discharged, seniors who went to family doctor for follow-up September 2008 (%)

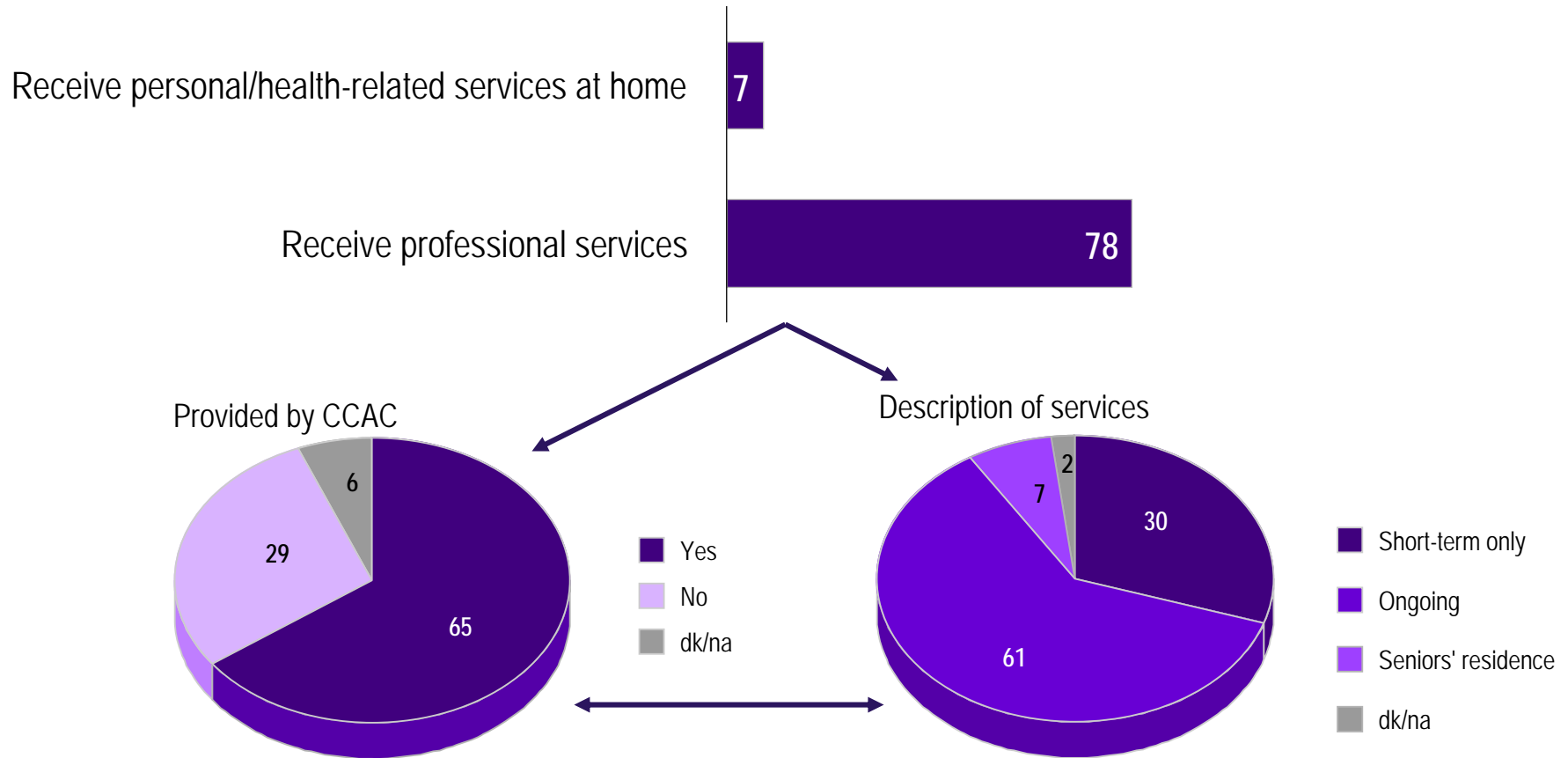
S13b



*Subsample: Those who have visited a hospital emergency department in the past 12 months and were admitted to hospital more than once*

# Seniors who receive professional personal/health-related services at home September 2008 (%)

S14

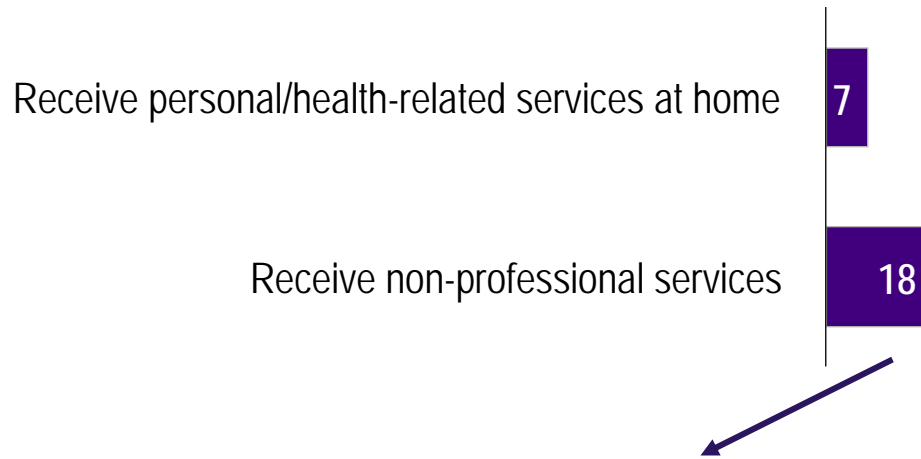


\* Less than one percent

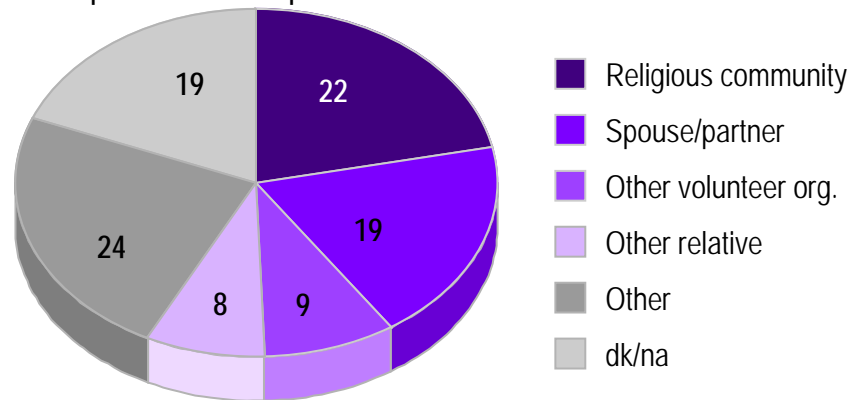
<sup>t</sup> Subsample: Those who receive personal or health-related services at home

# Seniors who receive non-professional personal/health-related services at home September 2008 (%)

S14



Who provides non-professional care?



<sup>t</sup> Subsample: Those who receive personal or health-related services at home

# Transportation to medical services

# Seniors' transportation to medical services

## September 2008 (%)

	%
Drive myself	69
Family/friend	20
Public transit	13
Walk	6
Cab	6
Other	5
dk/na	*

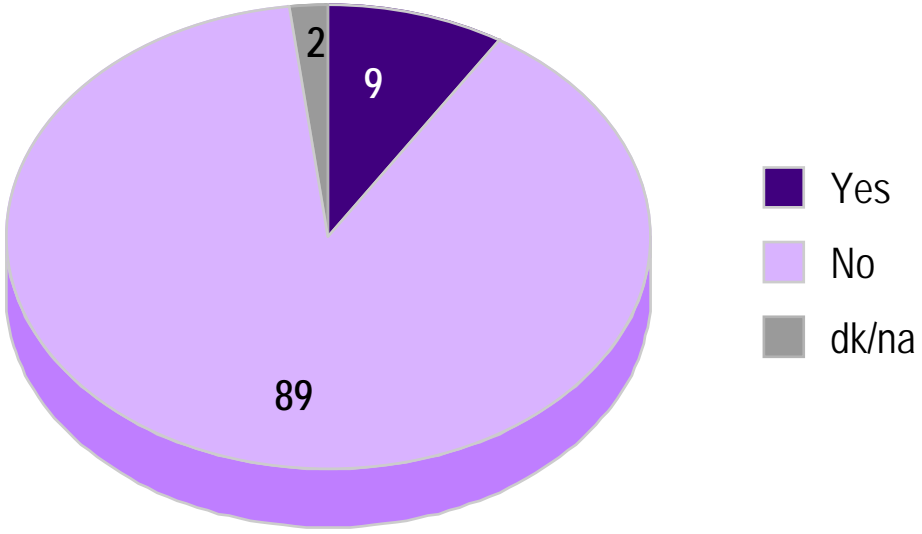
\* Less than one percent

Note: Multiple responses accepted

# Seniors: transportation a problem to get to your health care provider? September 2008 (%)



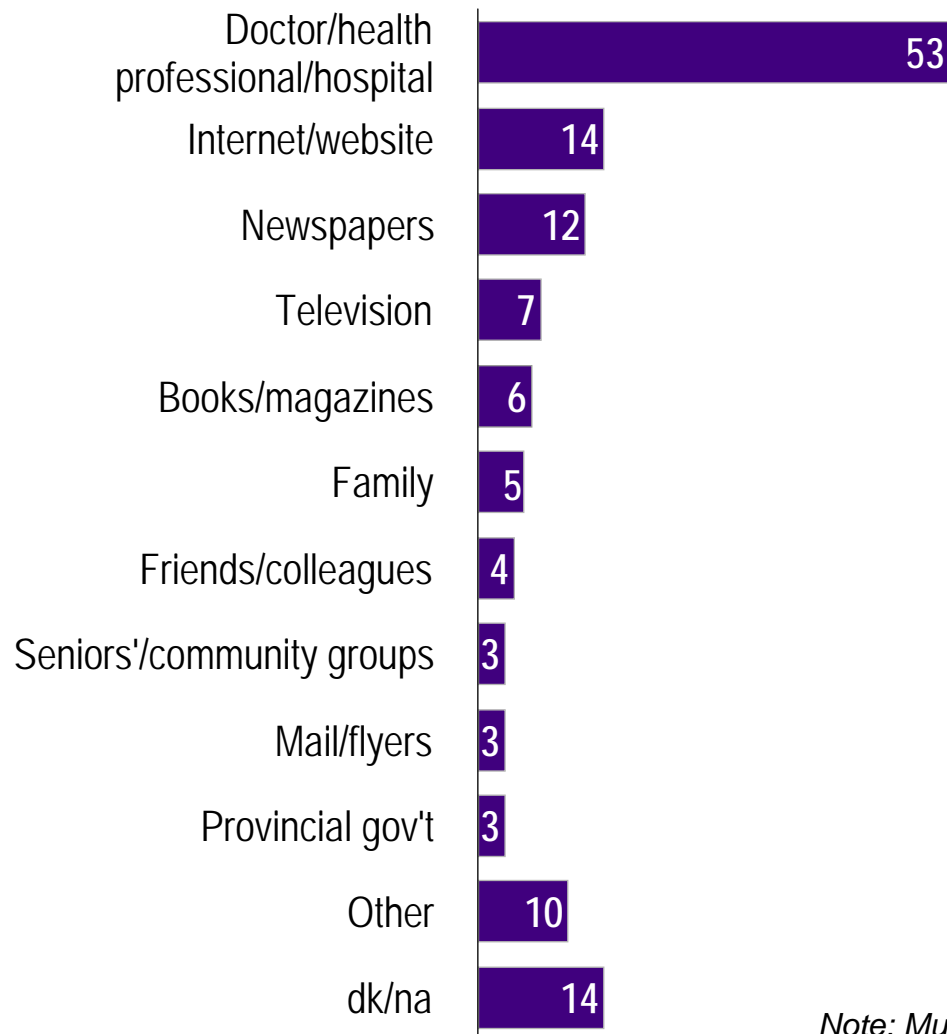
S18



# Sources of information

# Seniors' best sources of information about health care needs

## September 2008 (%)



S15

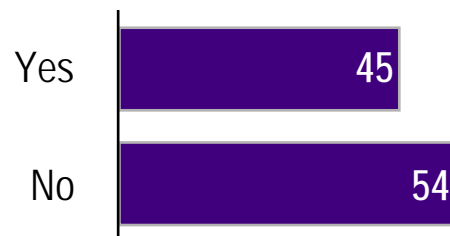
*Note: Multiple responses accepted*

# Seniors' use of Internet

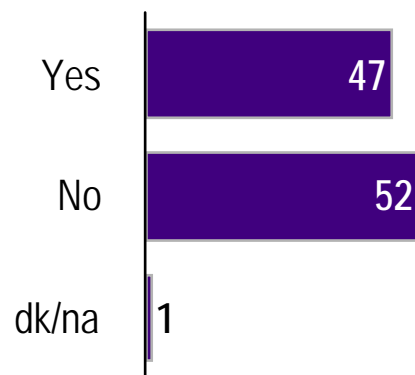
## September 2008 (%)

Do you personally use or access the Internet?

S16ab



Would you use the Internet as a source of information on health care services?



# Conclusions – Good News

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- A large majority of seniors in the Mississauga Halton LHIN have a positive perception of their health.
- Most seniors indicate that they do not face challenges living at home.
- Most say they do not need any supports /services or are unable to specifically say what they would need.
- A majority are satisfied with the health care supports/services they currently receive.
- A large majority express at least some confidence that they will be able to receive the health care supports/services that will enable them to continue to live at home.

# Conclusions - Opportunities

- There is a lack of awareness of Ontario government initiatives to help seniors continue to live at home and of local supports/services. There is an opportunity to increase this awareness through promotion of these initiatives and of local supports/services.
- Increased awareness is important, as we know from the survey that seniors who are less healthy and those who suffer from long-term health conditions are more inclined to need supports/services.
- However, increased awareness is also important for seniors who are currently healthy. Although they generally do not need supports/services now, they may need to access them as they face deteriorating health. It is important that they are aware of what is available before they get to the stage where they require supports/services, as this knowledge would help them to make more informed decisions on what they need and how and where to access it.
- As most seniors get information about health care from health professionals and hospitals, the Mississauga Halton LHIN should get promotional materials into these locations to help increase awareness of supports and services (e.g., posters and pamphlets in doctor's offices and in hospitals).