

Aging At Home Strategy

Background

Second Call for Proposals

Beyond Innovation to Imagination

Innovation is something we must expect every day in healthcare...because we are in a period of transformation, when the transformation requires all of us to look for innovative opportunities.. Obviously a lion's share of AAH resources will be delivered in one-to-one care specifically targeted to individuals. But we must need to make sure that along side this we take advantage of other capacities that exist. So I encourage you to be as imaginative as possible.

George Smitherman

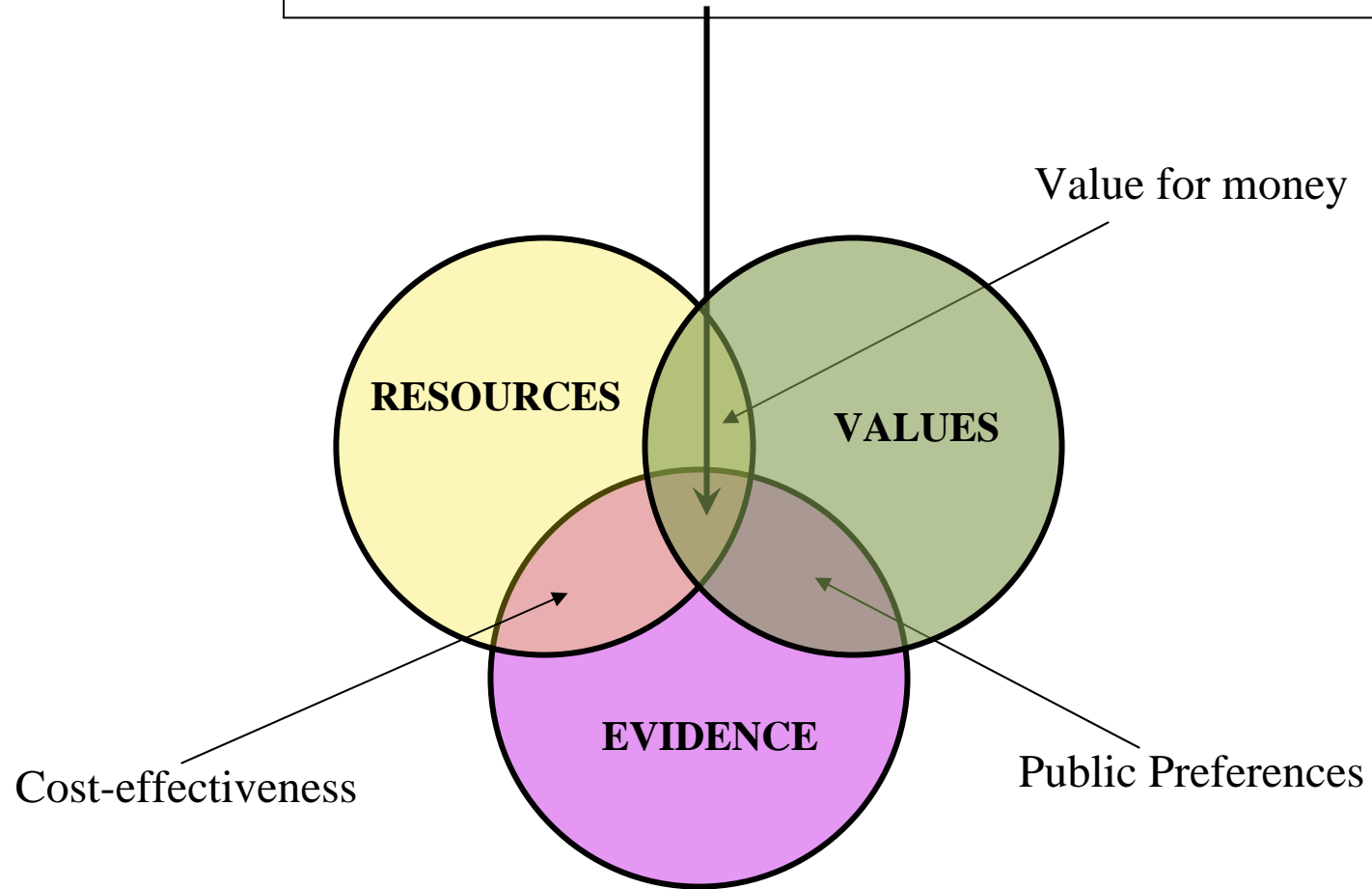
First round of Aging at Home Proposals

- November - 125 pre-proposals were received by the HNHB LHIN
- January- LHIN Board approved 45 pre-proposals to move forward to submit a Service Plan
- February - 42 service plans received full funding
- April- Money flows the next Budget year

Basis of decisions

- AAH Senior focused
- Local information from
- Community Thought Leaders
- Local Service Providers
- Open Board Meetings
- Open Houses with Board members
- Focus meetings with residents
- Dialogue with LHIN Staff Let's Talk
- Decisions made by LHIN not Ministry of Health and LTC

Evidence-Based Decision Making



Evidence-based decision making is based on information from the intersection of values, resources and evidence

Aging at Home Investments

2008-09	2009-10	2010-11	2011-12
		\$33,525,196	\$33,525,196
	\$18,982,036	\$18,982,036	\$18,982,036
\$7,638,234	\$7,638,234	\$7,638,234	\$7,638,234
Base + \$7,638,234	Base + \$26,620,270	Base + \$60,145,467	Base

Learned from AAH round one

- Senior Focused Proposals
- Innovation important not extension of same old same old
- Partnerships to blend expertise
- Local input is important

Supportive Housing for Disabled
Adults in Burlington – a fifteen
bed unit

Senior Focus

- Disabled Adults are not Seniors but impact on Seniors
- Bed Blockers in hospitals as no where to go
- Living in Long Term Care Homes which have long waiting lists

Local Input is important

- Phone or personal visit to every local councillor, MPP and MP to inform of need and ask for advice
- Two months later sent a summary of our plan
- Followed up on their advised actions.
- Contacted all of the local disease specific groups

Partnerships to blend expertise

- Committee composed of representatives from
- Halton Regional Chapter of Multiple Sclerosis
- HNHB CCAC Burlington Branch
- Lakeshore Rotary
- Joseph Brant Memorial Hospital
- Participation House
- Region of Halton Services for Seniors
- Region of Halton Housing Department
- March of Dimes

Committee continued

- Accessible Housing Halton
- City Councillor

Aging At Home Strategy

A golden opportunity to increase
community healthcare services.