

THE OPADD LETTER

Summer 2008

OPADD JOINS SHRTN

In May 2008, OPADD was approved as a Community of Practice (CoP) within the Seniors Health Transfer Network. A SHRTN Community of Practice is a group of people who work together over time to identify innovations, translate evidence and help implement changes to improve care of seniors. OPADD's relationship with SHRTN opens new doors to dialogue, learning and best practice in supporting older adults with a developmental disability. The SHRTN doorway gives OPADD access to more resources, a broader forum for dialogue and expanded possibility for re-shaping the seniors and developmental services sectors. It also comes with new responsibilities: to learn about SHRTN; and to share what we know with others.

Over the coming weeks we will be developing a work plan for our Community of Practice. Two items on that work plan will be development of the OPADD Blueprint for Transition Planning and evaluation of the five year OPADD project.

At the September 26 meeting of OPADD we will have an opportunity to discuss the work plan and learn more from our SHRTN Librarian, Lindsay Ogilvie and our SHRTN Knowledge Broker, Liz Lusk. Liz and Lindsay are assigned to our CoP to help us make use of all that SHRTN offers.

Here are some highlights of the resources available with SHRTN :

Library

SHRTN CoPs have access to library services. Our librarian, Lindsay Ogilvie can guide us with finding evidence-based literature, set up e-mail alerts on specific topics and more. Its like having a student card to get into the university library.

Knowledge Broker

Our Knowledge Broker, Liz Lusk will facilitate networking, connections, communications and knowledge translation.



**OPADD
APPROVED AS A
COMMUNITY OF
PRACTICE
WITHIN THE
SENIORS HEALTH
RESEARCH
TRANSFER
NETWORK (SHRTN)**

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OPADD AND SHRTN SHARE VALUES IN COMMON

Communities of Practice

OPADD has access to the knowledge of 18 other CoPs:

- Activity and Aging.
- Alzheimer & Related Dementias.
- Blood Pressure.
- Communicative Access/Aphasia.
- Compulsive Hoarding.
- Continence Care.
- Diabetes.
- Elder Abuse Prevention.
- E-learning in LTC.
- End of Life Care.
- Influenza (Decision Aid for LTC).
- InterRAI Education.
- Mental Health, Addictions and Behavioural Issues.
- Osteoporosis.
- Pain.
- Pneumonia (Clinical Pathway Utilization in LTC).
- Spiritual Care.
- Support for PSWs.

Newsletter

The “SHRTN Exchange” provides news and information useful to CoPs. For example, the April 2008 issue includes an article by Nadine Janes about research examining why direct nursing care providers in institutional dementia care settings fail to consistently utilize best practice knowledge as a basis for their care-giving. You can sign up to receive the “SHRTN Exchange” at the SHRTN website.

Communication Technology

We will have access to Video-conferencing and online tools to help us in our collaborative work.

Website

We can access other CoPs, resources, research findings and more through the SHRTN website. OPADD will have opportunity to link to and post resources on the SHRTN website. Check out the SHRTN website at <https://www.ehealthontario.ca/portals/server.pt?open=512&objID=705&PageID=0&cached=true&mode=2&userID=11862>



Resource Centre

The SHRTN website includes a Resource Centre where you can search for information posted by the various CoPs, link to other websites as well as find articles and tools developed by experts around the world. For example:

- New Zealand Assessment Processes for Older People.
- Canadian Practice Guidelines for the Prevention and Management of Diabetes in Canada.
- Diverse health conditions.
- Spiritual Care.
- Links to the Alzheimer Knowledge Exchange (AKE).

Resources developed by OPADD will be posted to the Resource Centre in the coming weeks.

SHRTN’s Guiding Ideas

SHRTN’s pursuit of collaboration dovetails with OPADD’s partnership model. OPADD and SHRTN have much in common. The similarities are evident in SHRTN guiding ideas.

SHRTN Values

- Evidence-based care for seniors.
- Accessible knowledge that can be translated into practice.
- Face-to-face, interactive knowledge exchange that is supported using technology.

SHRTN Guiding Principles

Build on Existing Knowledge and Foundations

SHRTN supports and builds on existing knowledge exchange initiatives that bring together care-givers, researchers and policymakers working on seniors’ health and health care issues.

Enable Collaboration

SHRTN seeks to help people and organizations interested in seniors’ health to collaborate and work together.

Support Network Enablers

SHRTN seeks to become a sustainable, province-wide network that promotes collaboration, supports network enablers and prevents duplication.

OPADD GOES TO NEW YORK



OPADD was invited to present at the annual Third Age Conference held in New York state. The Third Age Conference provides a forum for providers from across New York state to dialogue, learn and foster greater integration among all aging support networks and systems. OPADD's presentation highlighted realities in Ontario: changing demographics; aging caregivers; pressures on the long term care system; and the need for a provincial plan to ensure inclusion of adults with a developmental disability in mainstream seniors services. OPADD's Vision, partnership-building and local cross sector projects were highlighted along with the work in some other provinces.

Reaction and questions from the audience indicated that OPADD's work is perceived to be highly innovative and responsive. New York state service providers described some of the challenges they face dealing with both state and federal regulations, particularly those that deal with income programs and health care.

Commissioner's Report from the Task Force on Aging

During the conference, the Commissioner of the New York State Office of Mental Retardation and Developmental Disabilities unveiled the state **Report from the Task Force on Aging**.

The document included four sub-committee reports:

1. Nursing Home Diversion and Discharge.
2. Workforce Readiness.
3. In-home Supports and Health.
4. Prevention and Geriatric Assessment.

While the report addressed the New York situation, it contained many parallels to the issues faced in Ontario. A few key ideas and recommendations from the report are highlighted here.

The Report of the Nursing Home Diversion and Discharge Project recommends development of a training curriculum that focuses on best practices related to aging in the community. Training is to be offered through a series of videoconferences. An important direction in the report is to support flexible use of LTC homes to keep people in their own home as long as possible. The report also supports continuing work on an assessment system to predict need for admission to a LTC home.

Services used...include congregate meals, home delivered meals, caregiver support and respite, senior centers, homemaker services, transportation, adult day programs and seniors supportive housing. The majority of older adults with a developmental disability enjoy access to mainstream seniors services.

The Workforce Readiness Sub-Committee Report recommends establishing a credentialing process for direct care staff to become competent in supporting people during the aging process. Proposals include: a curriculum on aging as part of the orientation process for all staff; the use of the Statewide Training Issues Committee to ensure consistency in staff preparedness; and the availability of aging resource information on the web site of the New York State Office of Mental Retardation and Developmental Disabilities. Detailed proposals for the web site would make it into something very similar to OPADD's web site. Finally, the sub-committee proposes establishing a pathway to recruit from colleges through internships and placements.



OPADD at Third Age Conference in New York

The In-Home Supports Sub-

Committee Report proposes a study of families and residential providers to identify factors that prevent people from remaining at home during the aging process. The report stresses the need for interagency collaboration as a means to prevent premature admission to a nursing home and proposes development of a planning package for caregivers.

The Report of the Sub-Committee on Health, Prevention and Geriatric Assessment

describes the establishment of a health care screening tool, baseline assessment tools and a state-wide training program so all caregivers are competent in using the tools. The sub-committee is developing wellness guidelines to support caregivers in illness prevention strategies.

Government Role

The New York State Office for Aging was present to provide information on its services. The state government plays a significant role in supporting inclusion of people with developmental disabilities in mainstream seniors services. The majority of older adults with a developmental disability receiving these services remain living in their own home, either alone or with family.

Lessons

The reported achievements and plans for the New York service system provide a point of comparison for Ontario. New York state appears to have achieved momentum towards inclusion of older adults with a developmental disability in mainstream seniors services.

State Survey on Inclusion

Results of a state-wide survey of seniors service providers were disseminated at the conference. Eighty-eight percent of the fifty-nine Area Agencies on Aging reported that they provide service to older adults with a developmental disability. This is done either directly, through a subcontract with another agency or by partnering with other community agencies. Services used by older adults with a developmental disability include congregate meals, home delivered meals, caregiver support and respite, senior centers, homemaker services, transportation, adult day programs and seniors supportive housing. The majority of older adults with a developmental disability enjoy access to mainstream seniors services.

Research - Health and Aging with a Developmental Disability

Findings of a recently completed study by the New York State Institute for Basic Research in Developmental Disabilities were presented at one session of the Third Age Conference. The study, "Life Events and Relocation in Aging Adults with Intellectual Disabilities" found:

Adults with Down Syndrome in the sixth decade of life experience a greater number of relocations and medical events than adults without DS 50 years of age and older.

Relocations and medical events were significantly greater in those with DS, whereas a significantly lower number of occurrences in all life events categories were found in adults without DS.

While medical changes increased for all subjects in the study, suggesting that the changes were a function of advancing age, the DS group experienced a higher incidence of medical problems than adults without DS older than age 50.

These findings have important implications for best practices in support of older adults with a developmental disability.

REGIONAL WORKSHOP UPDATES

Northeast

Follow-up workshop is being planned for October 29 2008.

Toronto (TPADD)

Follow-up workshop being planned for October 30 2008. This event will be exploring issues of abuse and workplace safety within the context of aging and developmental disabilities

Southwest

Wellington County Committee planning a one day workshop for October 2009. The 7th, 14th and 21st are possible dates.

South Central

Follow-up workshop in the planning stages. Date not yet firmed up.



Adequate Legal Safeguards?

The Spring/Summer Edition of the Clinical Bulletin of the Developmental Disabilities Division presents a paper by Deborah Elliot, Assistant Professor of Psychiatry at Queen's University, that discusses questions of legal safeguards for adults with intellectual disabilities.

Dr. Elliot explores the laws and regulations which apply to persons with intellectual disabilities (ID) in Ontario with specific attention to issues of consent and substitute decision-making. The author postulates that current legislation is inadequate to safeguard the rights of some vulnerable adults and identifies the need to ascertain that the intent of the laws and regulations is applicable to the new paradigms of inclusion and community-based support. Dr. Elliot finds that there are areas where persons with ID are treated differently than persons who have been competent in the past and may be competent in the future.

This is an important and informative paper that should be read by care-givers, managers, planners and policy-makers with an interest or responsibility related to adults with a developmental disability. The article is available from the OPADD web site. Go to Quick Links on the home page.

Becoming System Stewards

As the human service system matures beyond adolescence, many front line staff, managers, planners and policy-makers are becoming aware of the potential and necessity of systemic stewardship. The idea of stewardship is permeating a variety of arenas: the political; environmental; military and economic. Some manufacturers are conversant with stewardship principles in product design. The American military recently established a panel to review stewardship practices around the proliferation of nuclear weaponry.

We are witnessing the influx of stewardship ideas into advertising about energy conservation, proposed tax policies and conversations about managing resources within the human service system.

Stewardship theory is not only being adopted as a method of thinking about our responsibility but also as a reinforcing agent in the drive to effective accountability and transparency. Stewardship theory is being tested through research to gather evidence of its impact.

Systemic Stewardship may be defined as behaviour which places the best interests of the service system ahead of the immediate interests of one's own agency. Some research in the area of stewardship examines how trust supports the environment within which players exercise their stewardship responsibility.

There is a great deal of fascinating and exciting progress taking place in the area of stewardship. We witness it in the changing conversation around the regional and provincial tables of OPADD and in the cross sector working relationships that are

building capacity to support older adults with a developmental disability. We also witness it when the momentum for change comes up against practices that remain imbedded in "how its always been done."

As we move beyond the threshold of the aging boom into the dramatic shift at its core, systemic stewardship must become part of our own core for how we think and act. The midst of a crisis is no time for planning. The time to plan is before the crisis hits.

OPADD promotes dialogue between the long term care and developmental services systems as a means to develop partnerships that support knowledge exchange, planning and service innovation to ensure that older adults with a developmental disability have the same access to seniors services as all older Ontarians. This vision supports inclusion of people with a developmental disability into old age. It also aligns with the imperative of growing our capacity to become systemic thinkers and stewards.

Approximately 11% or 13,400 people with a developmental disability in Ontario remain on waiting lists. An estimated one quarter of people with a developmental disability are now close to or older than 50 years of age. By the year 2012, half of the population served by some developmental service agencies will be 50 years of age and older. The demographic shift and the principle of inclusion are two central factors that motivate the long term care and developmental services systems to build new capacity through partnership. There are some key pieces that must be put in place if this capacity is to be realized.

First, the leadership of all developmental service agencies and long term care programs must encourage and support cross sector processes to ensure their agencies are not standing in the way of the Ontario Human Rights Code. In the words of the Code:

"Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability. R.S.O. 1990, c. H.19, s. 1; 1999, c. 6, s. 28 (1); 2001, c. 32, s. 27 (1); 2005, c. 5, s. 32 (1)."

Second, the planning and coordination processes of both the Ministry of Health and Long Term Care and the Ministry of Community and Social Services must be part of the solution. While CCAC's and MCSS Coordinated Access programs are active players in some regions, they are noticeably absent in others. Consequently, the opportunity for older adults with a developmental disability to move freely between the two service systems is compromised in some jurisdictions.

Third, government regulations must support ease of planning between the sectors. For example, in some conversations it appears that people have been made for the regulations rather than the regulations being made for people. A young person in a long term care home, who could benefit from a move to a group home is kept back by the complexities of the planning process. An older adult in a group home, who requires the safety and medical attention within a long term care home cannot be

Systemic Stewardship

admitted due to a lack of available beds. The players in the system are frustrated because they have the knowledge and understanding of what is the right thing to do but remain hampered in their realization of systemic stewardship.

Fourth, provincial membership associations, Ministry Program Supervisors / Consultants and LHINs must encourage systemic stewardship capacity among service providers. The diverse pressures on service providers can influence senior managers to remain preoccupied with

issues within their respective organizations.

These managers need help in moving their thinking and practice beyond agency boundaries. The grass may not be greener beyond the organizational fence but the meadow is larger and demands systemic stewardship.



That older adults with a developmental disability have the same rights to support and services as all older Ontarians

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Our Vision

That older adults with a developmental disability have the same rights to support and services as all older adults.

Our Principles

- QUALITY OF LIFE
- CHOICE
- ACCESS
- CREATIVE OPTIONS
- INDIVIDUALIZED PLANNING

Local Solutions

OPADD believes that local community groups are key to producing tangible results by linking both sectors at the level of the local agency with participation from local planning bodies. Each organization retains its autonomy and enriches its capacity to support people with a developmental disability as they age.

