



Abstract Title: Working collaboratively to support frail older people stay in the community as they age

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Introduction/Background

With increasing numbers of older people in the Canadian population and limited capacity of the long-term care sector, there have been calls to improve care for older people in their home and communities. For frail older people who experience declines in their health and functional abilities, it is important to consider how changes will impact their ability to remain in their homes. Uncertainty about how to address health and functional changes can contribute to delays in finding home support or putting off home renovations until a time of crisis. To best support frail older people in the community, an integrated, comprehensive, multi-stakeholder approach is necessary.

Purpose

The aim of this presentation is to describe how a team of stakeholders interested in supporting older people stay at home have supported knowledge development to support proactive planning by individuals and families to age in place.

Approach or Action

A team of multidisciplinary and intersectoral stakeholders came together to find innovative methods to support frail older people in the community plan for remaining at home as they age. As an advisory committee for a postdoctoral research project, the team supported research and knowledge sharing to support aging in place for frail older people. The advisory committee met each quarter to plan and provide feedback on the research project, facilitate data collection and guide knowledge translation. The project included a literature review, and mixed method study including interviews with frail older people and their caregivers to identify needs for aging in place and identifying high level costs to address needs.

Outcomes

The team developed a tool to share knowledge about what can be done to enable frail older people to remain at home through health and functional changes. The tool will provide frail older people and their caregivers practical information to support planning for changes that may occur with changes in health and functional ability.

Conclusion

Next steps are to refine the tool through consultation with older people and their caregivers and finalize a plan for implementing the tool. Working together across disciplines and sectors has provided opportunities to enhance the overall project. A multi-disciplinary and intersectoral approach provided multiple perspectives on aging and frailty so that the tool could be patient- and caregiver-oriented, and reflect the diverse ways aging, and health and functional changes, are experienced by older people. The advisory committee will work to share the tool in the community to support older people and their caregivers plan for future community living.

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