Empowering the most vulnerable

Professor Marita Kloseck, from Western University, highlights an empowering community partnership model to enable optimal ageing at home for at-risk and frail older individuals

Population ageing and the global priority of 'ageing in place' require a new approach to healthcare. Most healthcare in the future will be provided in the community, and international trends emphasise active, resourceful ageing and innovative, enabling environments that support older individuals in their homes. The benefits of ageing in place are twofold: improved quality of life for older individuals and substantial cost savings for healthcare systems. It is well known that contextual – community, social, environmental – dimensions play a critical role in older adults' health and independence. Many communities, however, are not designed to meet the changing needs of individuals with advancing age either structurally (how they are designed) or socially (how programmes are delivered). Naturally occurring retirement communities (NORCs), with their integration of physical and social environments, naturally attract and retain older people. NORCs have long been associated with greater health benefits and greater levels of physical and social activity and have many insights to offer those developing ageing in place and 'age-friendly' environments. The goal of the Aging and Community Health Research Program, funded by the Canada Foundation for Innovation, is to develop and test innovative models of collaboration between communities, healthcare providers and businesses in order to enable optimal ageing at home, in an economical way, for frailer, older individuals who require the greatest number of community supports and healthcare services in order to remain independent in their own homes.

A shared learning partnership model

A *collective* community approach offers economies of scale and scope in the organisation and delivery of healthcare services. Our collaborative community-health-business partnership model, where seniors both learn and teach their peers, was developed and tested in a local NORC. The aim of this partnership is to provide an innovative solution to extend the 'reach' of healthcare systems and to improve health outcomes for seniors without increased cost. The goal is to develop seniors' knowledge and skills so as to create engaged communities of seniors who have an increased understanding of their health issues, a better understanding of each other's challenges, and a better knowledge of community health resources and to raise awareness among businesses regarding the unique needs of frail older individuals. Seniors are trained by local health professionals to become community advocates for health, and to provide peer education and mentoring to optimise health function and safety in their communities. Volunteer community advocates provide peers with health-related information and make referrals should more detailed follow-up be required. Local businesses, in turn, use the local health professional team as a resource, referring at-risk and frail individuals they encounter in their retail businesses. This creates a sustainable collaborative support network that enables at-risk individuals, who might otherwise go unnoticed, to receive quicker assistance and support from health professionals.

A novel approach

Given the potentially serious consequences of falls and hip fractures for older individuals, we chose osteoporosis as our demonstration project. The approach worked by having health experts provide volunteers willing to become community advocates for osteoporosis with training related to osteoporosis. Five two-hour training modules were provided: Module 1: What is Osteoporosis? Module 2: Physical Activity and Bone Health; Module 3: Drug Therapies for the Prevention and Treatment of Osteoporosis; Module 4: Nutrition and Bone Health; and Module 5: Living with Osteoporosis and Protecting Your Bones.

Once the training was completed, community advocates took the educational material provided by health experts and repackaged the information in a way that was meaningful to them and could be more readily understood by their peers. When ready, they presented the repackaged material to the health experts who vetted the content for accuracy. Community advocates were provided with an additional one-hour training session focused on enhancing public presentation skills. Community advocates then led osteoporosis education sessions for their peers and provided personalised mentoring, assisting their peers in arranging appointments with their family physician to obtain a bone mineral density (BMD) test, returning to their physician to review risk, obtaining BMD results, and obtaining advice regarding treatment recommendations. The results of our randomised controlled trial evaluating this peer-led approach demonstrated a significant change in positive osteoporosis behaviour.

Integrating health and business

Within the community, retail business providers had much insight into the issues encountered by frail older individuals. They observed, for example, that seniors would visit the grocery store frequently for small purchases rather than buy the whole week's supply at once as most younger people would do. It was clear that this was part of their social activity. The businesses and banks within the community were able to identify that many older individuals had difficulty appropriately managing their finances.

The lawyer working within the community was well aware of issues of competency, dementia and even elder financial abuse. It was only when we brought the various business representatives together that they were able to share with each other, and with health professionals, these common problems and discuss integrated strategies to better deal with them.

The benefits

It is important that professionals who are providing services, albeit from the outside in, are considered part of the community. We demonstrated that our collaborative approach could bring many benefits to a community without increased cost. These benefits can be applied to a range of areas from improving activity, exercise programmes and socialisation, to identification and better management of common medical problems – many of which are notoriously under-identified and undermanaged in the community. Also included are safety matters ranging from community monitoring of their most frail members – especially those at risk of falling – all the way to issues of emergency preparedness for natural and manmade disasters. Providing individuals of advanced age with a peer mentor so as to enable them to more quickly and successfully interact with the healthcare community in order to have their problems addressed, or linking them with a community advocate to help them navigate the health system, worked well. Seniors in the community are living the experience of ageing. They live in close association with their friends and neighbours, often with family at a distance, and have valuable insight into both their problems and possible solutions.

Communities with high concentrations of older individuals often house a full spectrum of individuals, from active engaged individuals to those with many community support and healthcare needs. These communities house residents who have both a desire to engage in meaningful and productive activities within their communities, as well as those who require varying levels of support. These communities are ideally suited to promote both the giving and receiving of care in order to enable independent living for as long as possible.

Community volunteers are most comfortable providing health information, running social and support programmes and, with health professional support, leading prevention and maintenance programmes for their peers. An added value is that our empowering capacity building approach creates a robust knowledge sharing network, partnering knowledge producers with knowledge users, thus creating an immediate feedback loop that enables faster translation of research findings into practice.

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