Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | *À l'écoute de notre santé*

Healthy Aging Resource Teams (HARTs)

Role Statement

Goal

- To support older adults to achieve and maintain health and wellness.
- To enhance client experience and increase positive health and wellness outcomes and prevent the need for acute and costly health interventions and supports.
- To enhance the connection between primary care, community development and primary and secondary prevention.

How

The Healthy Aging Resource Teams (HARTS) are responsible for the development and implementation of health promotion programs and services to address the health needs and priorities of the older adult (55+) population. The Heathy Aging Resource Teams work in partnership with older adults, caregivers and their families, community groups, other health care and service providers to provide services and health education programs that maintain and promote the health of the older adult population living in the community. The HARTs are integrated with My Health Team thereby ensuring enhanced connection with primary care services. This collaboration further supports secondary prevention for those older adults who are at risk and can benefit from early intervention and connection with community resources. The HARTs use a client/family centred approach when providing care.

Composition

The Healthy Aging Resource Teams consist of two health care professionals such as a nurse, occupational therapist, or dietitian. Together, they provide health services and community support for older adults living in the Winnipeg River East/Transcona, St. James/Assinibioa Assiniboine South and Downtown/Point Douglas community areas. By connecting with My Health Team resources, these teams are able to maximize capacity to support older adults in remaining in independent community living environments.

Population Served

- Adults 55+

Focus of the Healthy Aging Resource Teams

- Assess client and community needs for strengths (capacity) and risks.
- Health promotion, injury prevention and education (i.e. falls prevention; chronic disease self-management support).
- Community development; maximizing community resources to support health aging.
- Link and collaborate with primary care and service providers to meet client needs.
- Assist older adults in navigating the service systems.

Assess Client and Community Needs

- To engage, listen, assess, and develop community solutions for individual and community.

- To identify, assess, and develop a plan with older adults at risk for illness and injury.
- To implement a response to the needs of the individuals and community using equity lens, the determinants of health and principles of population health.
- To evaluate the effectiveness of the response to the needs of the individuals and community.

Health Promotion and Education

- To encourage healthy living (e.g. Seniors Health and Wellness Programs such as health fairs, monthly clinics in seniors housing blocks, health presentations).
- To increase older adults awareness of health promoting behaviours (e.g. promote physical activity, nutrition activities, mental health promotion).
- To provide information sessions on a variety of topics identified by the community (e.g. diabetes, cholesterol, nutrition, mental well-being etc.).
- To link older adults with community resources/tools and health services.
- To provide information and resources on fall prevention strategies, chronic diseases, and elder abuse.

Community Development

- To increase the capacity within communities to create a healthy and age-friendly community.
- To enable and encourage older adult participation in all community activities (e.g. to become leaders, participate by volunteering).
- To collaborate and partner with programs, community agencies (e.g. senior resource finders, senior centres, housing blocks etc.), various sectors and businesses.
- To enable intersectoral coordination, integration, and access to community, health and social services.

Supporting Primary Care

- To identify and assess older adults to develop a health and wellness plan.
- To promote self care through a variety of strategies.
- To make referrals and assist individuals with navigating the system.
- To support advocacy where individuals and/or families may not have capacity.
- To enhance optimal functioning of clients.
- To integrate and align with My Health Teams.
- To assist clients with referrals and access to self-management supports and health services.

Accessing, Navigating and Referring

- Referral Process
    - Self-referrals
    - Referrals by health care professional and service providers (i.e. phone, fax, and letter)
- To be an entry point into the health system.
- To facilitate access and enable smooth transitions to the right care and/or resources at the right time using a client/family centred approach.
- To promote comprehensive continuity of care; link with Family Doctor Finder.

WRHA Mission, Vision, Values and Strategic Directions

Mission
To coordinate and deliver quality, caring services that promote health and well-being.

Vision
Healthy People, Vibrant Communities, Equitable Care for All

Values
- Dignity - as a reflection of the self-worth of every person
- Care - as an unwavering expectation of every person
- Respect - as a measure of the importance of every person
- Equity - promote conditions in which every person can achieve their full health potential
- Accountability - as being held responsible for the decision we make

Strategic Directions:

1. **Enhance Patient Experience**
   Enhance the patient experience of those we serve by striving to provide outstanding, compassionate, dignified care in everything we do.

2. **Improve Quality & Integration**
   Continuous efforts to improve the services we provide, with specific emphasis on population health, access, patient safety, client centeredness, continuity, effectiveness, efficiency, and addressing health inequities.

3. **Involve the Public**
   Work with the community, patients and families to improve health and well-being by forging partnerships and collaborating with those we serve. We will listen to those we serve to engage them in our improvement efforts.

4. **Advance Research & Education**
   Partner with research and academic stakeholders to provide innovative, evidence informed, sustainable programs and services. We will further evolve the academic health sciences network where clinical and population health education and research activities are aligned and integrated.

5. **Build Sustainability**
   Balance the provision across the continuum of healthcare services within available resources (fiscal, human, infrastructure) to ensure a sustainable healthcare system. Deliver the right health services in the right place and at the right time.

6. **Engage Service Providers**
   Create a work environment that is engaging to service providers, enhancing their contribution to achieving priorities on a cost-effective basis, and striving to meet the needs of those we serve.

Community Development Guiding Principles

Respect

We value the inherent worth, dignity, diversity, and abilities of all individuals, families, groups and communities. By working together in solidarity with people, we create improved conditions for health and productive relationships.

Inclusion, Equity and Anti-discrimination

We value fairness and justice and believe that we must strive to reduce inequities in the conditions for health, and in health outcomes. We recognize that some people may need additional support to overcome barriers they face.

Meaningful Participation

We value inclusive participation meaningful to all people in decisions that affect their lives; we believe that this is fundamental to good health. We will make efforts to include people who are least heard, to participate in a meaningful way, in decisions that affect their lives.

Hope

We value hope. We believe that community development and change begins with individual people and that they must have hope that things change through collective action.

Meaningful Process

We value that the way we work is as important as the goal. We believe that community development is an on-going, dynamic process of social change that can lead to sustained improvements in people's lives.

Integrity

We value honesty and transparency of our intent and priorities and believe that we must demonstrate our accountability to all with whom we work. Integrity is our commitment to act in ways that enhance, and do not detract from, community development values.

Inclusion

We value the diversity within communities and their contributions.

Collaboration

We value working together with communities and partners within or across sectors.

Strengths Based Assets

We value building on local strengths and assets of the community to achieve local vision.