



Winnipeg Regional  
Health Authority  
*Caring for Health*

Office régional de la  
santé de Winnipeg  
*À l'écoute de notre santé*

# Living Well at 55+ Through the Eyes of Older Adults



March 5, 2012

## Introduction

The stories that are shared in this booklet were developed to tell a story or to paint a vivid picture on how organizations engage older adults and communities in delivering services. The Support Services to Seniors storyteller draws a visual picture based on actual experiences of older adults. These stories allow the reader to travel on a journey to see how organizations have worked together with individuals to maintain independence and quality of life.

The goal of these stories will assist to increase the reader's knowledge, awareness and understanding of the various Support Services to Seniors services/programs being delivered in the Winnipeg Health Region.

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Louise Page, Congregate Meal Program – Transcona Council for Seniors Meal Program  
Cristine Schroeder, Tenant Resource Program – Seniors Home Help Inc.

Debbie Wolfson, Community Resource Program – River East Resource Council

Karen Irvine, Emergency Response Information Kit – Boni-Vital Seniors Resource Council

Joanne Grusko, Senior Centre – Charleswood Senior Centre Inc.

Connie Newman, Manitoba Association of Senior Centres

Rhonda Gardner, Meals on Wheels of Winnipeg

Richard Denesiuk, Creative Retirement Manitoba

Leonard Furber, Canadian National Institute of the Blind

Dr. Pamela Dahl, University of Manitoba Faculty of Dentistry Dental Program

Meera Thadani Medication Information Line for Everyone

Amanda Macrae, Age & Opportunity Inc.

Syva-Lee Wildenmann, Rupert's Land Caregiver Services

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The WRHA would like to acknowledge website

<http://www.google.ca/search?q=photos+of+older+adults&hl=en&prmd=imvns&tbn=isch&tbo=u&source=univ&sa=X&ei=VapXT4SjCIbd0QGx0OCeDw&ved=0CDsQsAQ&biw=1280&bih=857>

for the photos and images of older adults.

## Transcona Council for Seniors Meal Program – Louise Page

- Changed the name from *Congregate Meal Program* to *55+ Dining Experience*.
- Changed from using long tables to using café style tables seating groups of 6.
- Moved the meal time from 4:00 PM to 4:30 PM.
- Mondays are "*Movie Monday*" or "*Music Monday*" or "*Wii Challenge Monday*" with an appropriate activity taking place before the meal is served.
- Wednesdays are "*Casual Wednesday*", and the last Wednesday of each month is "Birthday Day" where we recognize meal attendees who have a birthday during the current month. Birthday Day always involves balloons, decorations and birthday cake.
- Each Friday is "*Exercise Day*" with an exercise class being held at 11:00am.
- Throughout the year, special occasions (e.g. Christmas, New Year, Thanksgiving, etc) are celebrated with a banquet style set up with entertainment, decorations, and fun, fun, and fun. Leadership students from local schools come to help us on these occasions.
- Senior volunteers who are looking for something to do come to us and volunteer, and find it a very rewarding experience. Our senior volunteers put in over 4,000 hours of service each year.
- Some single seniors come to the meals and enjoy meeting other single seniors.
- I give big servings of dessert. The seniors really like that!



## **Seniors Home Help Inc. - Tenant Resource Program – Cristine Schroeder**

My job is to connect seniors with resources in order to live life to the fullest. This is the story of a tenant who was in a financial bind and how I helped her find security, dignity, and peace of mind, by connecting her with the Public Trustee.

- Jane (name has been changed) is a super friendly, generous, encouraging and very appreciative individual. A few months after moving into our building however, she was having trouble meeting her monthly rent payments. They were always late and she was borrowing money to make the payments. Not only did she have struggles paying her rent - she had incurred significant credit card debt and creditors were calling her constantly. She also owed about 10,000 dollars to relatives and had borrowed money from various tenants in the block. The stress was causing her sickness, anxiety, and low self-esteem.
- Jane's monthly income is extremely low and I could understand the challenge of making her dollars stretch to cover all her monthly bills - never mind the debt she had incurred. She also loved to buy gifts for others and her money was spent as quickly as it came in.
- A number of times I spoke with her about the possibility of having the Public Trustee manage her finances. Unfortunately she had heard some negative things and did not want to go that route.
- After about two more years of friends and relatives trying unsuccessfully to help her manage her finances, she came to see me in tears. They had all given up on her and I was her last hope.



- I helped her manage her finances until the Public Trustee was set in place as her power of attorney. In just a few months all arrangements had been made and her situation changed dramatically.
- The Public Trustee communicated with the creditors and now looks after all her financial affairs. Never again does she have to worry about being evicted or having enough money for food and necessities. The Public Trustee also ensure that her medications are paid and she benefits from a number group insurance plans.

- Jane visits me often and each time I get a huge hug and often tears of happiness for having had patience with her and for helping her to get connected with the Public Trustee. She always ends with saying “I can’t thank you enough!”
- This is just one story and I could tell you many. Throughout the day – every day - whenever I have helped someone, I get rewarded with expressions of gratitude. I have the best job in the world!

### **Community Resource Program – River East Resource Council – Debbie Wolfson**

This is a story about a volunteer who became a recipient of services after an illness affected her daily life. My job as a Resource Coordinator in the River East area is not only to provide support services (congregate meals, transportation, daily hello), but to assist individuals in accessing community services.

- I first met Emily when she contacted me about a volunteer opportunity as a driver for our escorted rides service. Emily was 75 years old, tall and slim, well groomed and with a ready smile. She was originally from a small rural area outside of Winnipeg. She had never married. She worked for many years as a transit bus driver in Winnipeg, and upon retiring, decided to move back to the country, where she volunteered as a driver for a seniors’ resource council. She missed the city however, and after a few years, moved back to Winnipeg to live in a walk-up apartment on Henderson Highway. Emily was soft spoken, but appeared confident in her driving abilities and in her desire to help others.
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- A few months later, Emily’s life changed suddenly when she had a stroke. She was left with challenges with communication. She had difficulty expressing her thoughts, and would often have difficulty finding the right words to say. Although she regained the use of her limbs, she often experienced feelings of numbness in her legs. It was difficult for her to use the stairs, and she was no longer able to drive a car. She now needed help moving to an apartment with an elevator, and required transportation to her doctor across the city. Here was a woman who had always been in control. She had always cared for herself. It was difficult for her to ask for help, but her need to regain that control won over, and she phoned me for assistance.

- Emily was able to get an apartment fairly soon in a 55+ apartment block across Henderson. I was able to help arrange movers, and for her phone and cable to be changed over. It was difficult for her to speak on the phone. Although her new home had an elevator, had a van pick up to take her for groceries, and had a meal program; she continued to feel isolated, and had difficulties adjusting to her losses.
- I was able to refer Emily to the Healthy Aging Resource Team for help with her physical issues, to the community social worker from Age & Opportunity for counseling, and to the Stroke Association of MB for information and support.



- Good Neighbours Active Living Centre provided Emily with a place to go for foot care and for income tax preparation. More importantly for Emily, it provided her with a place to go for socialization. Emily has become a regular participant of the Thursday social afternoon. She is picked up from her

apartment every Thursday by a chartered transit bus, and brought to the senior centre for social activities and lunch.

- It has been just over three years since we first met. I saw Emily just last week as she left the centre to catch the bus home from social afternoon. She had a smile and a hug for me as she left the building. Transportation was the issue that brought us together; first, as a volunteer driver, and eventually as a recipient of our rides for seniors. However, it was connecting Emily to the other community supports that helped to give meaning to her life. I feel that our community has come together to provide Emily with support to live her life the best it can be. Together, we have helped to improve her sense of wellbeing and independence.



## **Emergency Response Information Kit (ERIK) – Karen Irvine**

It's 5:00 am on a snowy, February morning in Manitoba. Helen has not been sleeping well during the night. It has been almost 6 weeks since her heart attack and she is anxious about being alone at home. This morning Helen awoke with chest pain. She remembers that her nitro pills are in the living room and decides to make her way there. As Helen makes her way down the hallway she becomes dizzy and falls to the floor, unconscious.

At 6:30 am Helen's phone begins to ring. It is her neighbour and friend, Anne. The two promised to check on each other at this time every morning. Soon there is a knock on Helen's apartment door. Anne is worried. She takes the key that Helen gave her and unlocks the door. Helen is in trouble and needs help fast. Anne makes the 911 call and is told that help is on its way.

The emergency response personnel arrive in minutes that feel like hours. Helen is conscious but disoriented. The decision is made to immediately transfer her to the nearby hospital. The emergency response personnel attempts to get some vital information from Helen but she is unable to answer any questions. The neighbour does not know any medical history, she is quite upset by the entire event and feels helpless. The emergency response personnel are unable to find Helen's identification. The search for any medical information that may be critical to Helen's chance of recovery is time consuming. They search the kitchen cabinets and find an assortment of vials, some unreadable, that Helen has kept over the years. The paramedic notes that the labels list different doctors and some have expired. A final sweep of Helen's bedroom results in yet one more vial of tablets and they're off to the hospital with no medical history or identification and an assortment of pill bottles.

The apartment is quiet again. As the morning sun begins to filter through the curtains in Helen's bedroom, light is shed on the prescription vial of Digoxin tablets that had fallen beneath her bed....

Will Helen's outcome from this emergency be affected by the medical information unavailable to the emergency response personnel in the field and to the nurses and doctors who will treat her at the hospital?

We know that any past and present medical information can expedite your medical care, and that was one of the main reasons that Boni-vital Council for Seniors developed an Emergency Response Information Kit, otherwise known as ERIK.

Most of us here know about ERIK, but did you know that he celebrated his 10<sup>th</sup> birthday in September. It is hard to believe that this relatively inexpensive kit, assembled by volunteers in my co-workers offices across the city and province has provided the medical information that has helped to save hundreds of lives and eased



the fear of caregiver inadequacies. I could go on and on about the merits of ERIK. I have been present numerous times when 911 was called and the emergency response teams arrive. They immediately look for ERIK on the fridge and check to see if the patient has it filled out. I was always told by Emergency Medical Response Unit that any information is valuable. If the patient is unable to speak for themselves, ERIK it is the basis for them to begin their medical examination.

Over the years the contents of the ERIK Kit has not been changed, it still contains a Health care Directive, an organ donor card, a Health information sheet and the little red sticker that goes on the front door all contained in a plastic folder that goes on the fridge, and yes, many still say they know nothing about it but I think that is the way with a lot of things as people age.. But I know that we have probably distributed 150,000 ERIKs....

When I was asked if I would share some of ERIK's success stories, I pondered that for quite a while in fact up until late last night, trying to decide which stories or how many to share.

I thought I would share two –

The first happened in September of 2003 and was recorded in the 2006 spring edition of *Aspire*. It read:

Lorne Brady was completely overwhelmed when he found Bernice, his wife of 50 years, unconscious on the bathroom floor. He called 911 and within minutes a fire truck and ambulance had arrived. After an initial examination, first responders suspected Bernice had suffered an abdominal aneurysm, requiring immediate medical attention.

Between concern for Bernice and answering questions from the paramedics, Lorne was frantic. "The house was full of people," he recalls, "They were all asking me so many questions and I couldn't think straight."

Fortunately however, Bernice had recorded her important health information in an Emergency Response Information Kit, known as ERIK. As a result, paramedics were able to review her past medical history and medication and Lorne was able to focus on Bernice, who eventually made a full recovery.

They have told me this story several times, how thankful they were for having ERIK on their fridge and to make sure that we continue to inform seniors of how important it is to have a Kit and how it saved her life.



But I believe that the best success story is the fact that ERIK is still just as popular and useful to our emergency response teams as it was 10 years ago and we will continue to distribute to all who ask... ERIK – Our Hero.

### **Senior Centre - Charleswood Senior Centre Inc. – Joanne Grusko**



The journey that I would like to talk about this morning is about one of our members - Susan. In 2007, she retired from banking after working for 33 years. Susan's neighbour told her that he joined the Charleswood Senior Centre and perhaps she should check it out. Well, she did and the rest is history!

The first event Susan attended was our Trade Show that November and she began to meet some of our members. She met one of our members who was promoting and selling her second book. Cecelia told Susan that she belonged to our Life Writing Class and she should join it. Cecelia was quite a good sales lady because Susan ended up at the next class.

Some months had passed and Susan decided to try her hand at volunteering. The Centre used to hold a hotdog day at Royal School. She nervously came into the staff lounge and said she was here to volunteer amongst the chaos. One of our long time members Eleanore realized that Susan was new and quickly took her under her wing. The two of them cut hotdog buns together. Even though the day was extremely chaotic - there was tons of laughter and she met a lot of our members.

The hotdog day was the day that Susan really realized that the Charleswood Senior Centre was the place to be! Now that she had tried her hand at volunteering once, Susan was going to help at another event. Every year we had a BBQ at the Charleswood Legion, she came to the legion and was greeted by a group of smiling volunteers. She didn't realize that they were smiling, because the newbie was going to be given the job of frying the onions! Well, fried onions did not scare Susan off and after the BBQ she was in the Kitchen with a group of volunteers and helped to wash dishes. It was a great way to meet some of the ladies at the Centre.

Susan next volunteer job was helping out at our Canteen. At times the Canteen could be a lonely volunteer job but luckily some of our members made sure Susan was not alone and they stopped by for coffee and had a great visit with her.

Now it was time to decided to join the for muscle training. It was an even more Susan signed up fun bingo, life She attended all set-up events and



become more active and Susan fitness classes - she signed up motivation, Pilates and circuit amazing opportunity to meet wonderful people of all ages. for everything she could include writing, painting and book club. of our workshops and helped to clean up. When our

Chairperson from our program and events committee saw Susan at everything, she asked her to join the committee. Susan was now involved in planning events and by going to programs and events she met even more people. These new acquaintances were now becoming her good friends. People she could count on and help her through both good times and bad. She realized that the Centre could make retirement both fun and full filling. She was even busier than when she was working.

Susan joined the Board in 2008 and became the Chairperson of our Personnel committee. Her work and dedication to both the staff and the Centre was well recognized. Susan received a promotion and became the Vice President in 2010. This past June, Susan was elected President of the CSC. The CSC is a huge part of Susan's life; she is both dedicated and devoted to the Centre and our members. Retirement is a huge transition for many people and we are happy that Susan chose to make that transition at our Centre.

### **Lunch of the Month 2005**

A couple of members came to me saying that they used to enjoy going to restaurants but since they have been widowed they no longer go and really miss it. One of our members started to organize a small group of ladies to go for lunch once a month. The first lunch was at the Salisbury House and twelve ladies got together. Word spread and the interest grew and in 2006 three more ladies were asked to help with monthly phone calls advising everyone who was interested of the location of the next luncheon.



In the fall of 2007, the programs changed hands as Ivy who was the original organizer had to care for her husband asked Peggy to take over. However, Ivy remained active by staying on the phoning committee. In 2008 and 2009, the phoning committee changed again and two more ladies signed on. One of our Board members Roy signed on in 2007 to arrange for transportation for those who needed rides to the restaurants. Sheila and Peggy test every venue before making the groups reservation. They have a checklist: nice environment, clean, good food, well priced, lots of parking and most importantly can they accommodate the entire group.

The lunch is every second Tuesday of the month and everyone is phoned out so the volunteers can make reservation the Friday before the lunch. The group has grown over the years from twelve ladies to fifty men and women who come out regularly for lunch. In actuality, there are approximately 100 names that the volunteers call every month. This program started because I listened to what a group of women felt that they were missing in their lives since becoming widowed and this was a transition period for many of them. However, the program grew in popularity and now both singles and couples attend. It has become a huge social and important program that runs every month.

### **The Journey of the Commemorative Book**

The idea of the Commemorative Book was to create a keepsake that would celebrate the Centre's tenth anniversary. It would allow us to look back and see how we have grown over the years. It initially started as a fun project for those that were interested in learning the history of the Centre and willing to collect jokes, recipes and listen to stories and anecdotes from our members.



The committee first met in February 2010 and the room was filled with enthusiasm and excitement with all of the possibilities of creating and publishing our own book. We knew that the committee could not do it alone and we would need input from all of our members, funders and friends of the Centre. Through posters, the newsletter, special events and word of mouth, the dream of writing a commemorative book and celebrating our tenth anniversary became a reality.



### **Manitoba Association of Senior Centres (MASC) – Connie Newman**

I am going to share with you five scenarios that may help you to understand how MASC helps senior centres and its members. Good news stories

#### **Scenario one:**

Within the first few weeks of starting with MASC I received a call from Eileen. She and a friend wanted to know if it was in my job description to help them start a Senior Centre in their part of Winnipeg. They wanted to have activities closer to home – enough of the travelling to East Kildonan and St James – would you believe one of them used the bus to travel to opposite parts of the City.

I met the two of them for coffee, listened, challenged and made a few suggestions. Let us meet again and expand the group. Over 3 meetings during summer months, the core group of two expanded to a group of 15 – 20 that brainstormed the next steps.

That fall a public meeting was held. The group was enthusiastic. They developed committees to do the work. An interim board was put in place to move forward. They have now held their second annual general meeting. I used to go to committee

meetings, board meetings (2 to 3 times) each month – I was the guide on the side. Today, I get maybe one phone call or email each month, maybe a meeting they would like me to attend. They have received New Horizons funding, regional health funding, have hosted a health fair and a community membership fair. Two very quiet unassuming ladies, a phone call, and less than 3 years later there is a Senior Centre where over 300 older adults/seniors meet for a variety of program options. Aging in place – what a concept.



### **Scenario two:**

The next two stories relate to Human resources – we need to all be aware that the boards we work for often do not have the expertise needed to handle stressful situations. Nor do they want to. The numbers of times I have heard ....“Nobody said I would have to do this when I said YES to being on the board.”

A picture for you...

The phone rings. The Executive Director of Sunshine Senior Centre is on the other end of the line. Connie, I am finally retiring (more than 15 years at the Centre.) Good for you. Keep me posted – let me know if there is anything I can do to help. Little did I know.

6 weeks later – the phone rings – Connie, the board wants to fire the new executive director. What a mess? Are you able to meet with the Personnel team?

I did, we looked at the executive director job description (25 years old), we looked at how they had hired the individual, probation period, documentation of what had happened in the first 2 weeks. They developed a sound plan – that new executive director was gone.

They then posted the position properly – interviewed, selected a new hire who was scheduled to start on Jan 15<sup>th</sup>. The new hire sends an email – family crisis – needs to delay start date by 1 week. The start date arrives, no executive director. They phone and get a voice mail – finally connect with this new hire. Car trouble.....

I get the call – what do I think? Let us meet – we talked about how comfortable they were with this new hire and what they felt they should do. The new hire burnt the bridge – they posted the position again. Interviewed and today are very happy with the new executive director and she with them. The smiles and success of both the personnel team and the new executive director are priceless.

### **Scenario three:**

Another human resource situation. The phone rings – Happyland Senior Centre board member is on the line. Our cook quit due to health reasons – some members are starting a petition. They do not want her to leave. What do I do? Some members of the board are angry. Do you have time to meet with some of us?

It is amazing how some people can just by their body language and words turn a stressful situation into a potential disaster. We reviewed the bylaws, their board policies and their personnel policies. All was in order. The President and I reviewed the agenda for the next board meeting. I was asked to attend the next board meeting. The relief on many faces when I arrived was good to see. The board meeting went off without a hitch. The petition was received – the board reviewed the petition in camera. They developed a plan and all went home relieved and felt the petition was handled appropriately. They survived, success was looming as a new cook was starting the next day and they did feel good about the new hire.



### **Scenario four:**

This summer Manitoba Association of Senior Centres hosted an introductory **life writing** orientation type workshop. A maximum of 2 representatives per Centre. We spent 3 – 4 hours learning how to get our thoughts on paper in a non threatening environment – no red pens. From one centre we had an executive director (less than 4 weeks on the job) and a volunteer (senior) with her. Anna, the volunteer, had been quietly writing for many years. This was her first time in a public place (about 20 of us). She shared her story with all of us, with much hesitation. Kelly Goodman from Senior Scope was there. Kelly heard the story, asked Anna if she could publish it and in the September issue – many of you would have seen Anna, and read her story. Today, the executive director and Anna are facilitating their own life writing program at their Centre. Many more seniors will have the opportunity to share their stories. Good stuff.

### **Meals on Wheels of Winnipeg– Rhonda Gardner**

It is the early to mid-1920's of the last century in Canada. Canadian women are given the right to vote in a federal election for the first time. Doctors Banting and Best are awarded the Nobel Peace Prize for the discovery of insulin. The Edmonton Eskimos are the first western football team invited to play against the Toronto Argonauts of the

Canadian Football League in the Grey Cup, they lost. In 1925 a group of churches in Winnipeg formed the Home Welfare Association – this was the very beginning of Meals on Wheels. The Home Welfare Association collected used furniture, clothing, knitted baby clothing and other necessities to help new immigrants, Winnipeg citizens facing hardships and veterans. In 1965, the Home Welfare Association was asked to participate in a pilot program called Home Meal Delivery Service, it was a success, and Meals on Wheels was born. In its first year, the service delivered 12,000 meals.

Fast forward to this century, in 2010 Meals on Wheels delivered almost 190,000 meals. Serving a diverse group of Winnipeggers we are a unique service offering more than a meal...our program helps clients maintain independence, dignity, and reduce isolation. Each day 600 -800 clients are visited by an extraordinary group of dedicated men and women bringing meals to sustain them and nourishment for their souls. Here are two stories of how our service enriches the lives of our clients.



As a matter of volunteer safety Meals on Wheels does not deliver to any establishments serving alcohol, however an exception was made for Mr. X, a 93 year old veteran living in one of Winnipeg's more colourful hotels. Veterans Affairs contacted me about this gentleman and shared his unique circumstances with me and asked if I would reconsider. Mr. X is very frail, and has lived on the 3<sup>rd</sup> floor of this hotel for 30 years; he has no family or close friends, and is unable to manage activities of daily living. The staff of the hotel were willing to attend to his personal needs, dressing, bathing and bathroom, and call him "Gramps". Although the staff and clients of this hotel are not people of means, they have been purchasing bar snacks for the last while to provide meals for Mr. X. They have gently suggested many times that Gramps should probably move to a nursing home, and the reply is always the same "this is my home, and I will never leave here". I told Veterans Affairs I would make a site visit, and if I felt safe we would provide meals. When I met the front desk manager he was so excited that Gramps would finally receive proper nutrition, he explained how they would look after the food to ensure its safety and how he would personally deliver it to his room. He was also proud to tell me that everyday someone walks up the 3 flights of stairs and gently pick up Gramps to carry him downstairs so that he can socialize with the patrons of the bar. On a personal level, this is a story that exemplifies our service, people helping people in need. Mr. X. has now been receiving meals for over 1 year.

Last fall, I received a call from the Girl Guides wanting to know if they could volunteer for us. This organization like many others is facing dwindling membership, volunteer involvement and funding. Being a lover of crafty things I asked if they would like to make handmade birthday cards for our clients. The idea was well received and last year a group of Guides and their leaders handmade over 1,000 birthday cards. Each month the creative, handmade generic birthday cards are mailed to our clients



providing many with something that they may have never received. We look forward each month knowing we will be hearing from some of our clients and providing them with a real human connection.

“My father has been receiving meals on wheels for about the last year and a half. For his birthday this year, you sent him a handmade birthday card. It looks like it was made by the Girl Guides. It touched him very much to receive it, and he shows it to everyone that comes to his home. At Christmas you also sent a place mat for him, and this was a nice surprise and very much appreciated. The winters are long, and his contact with the outside world is getting less and less, so these little touches were the highlight of the week for him. Thank you very much to you and your volunteers.”

It is a privilege for me to be associated with Meals on Wheels and to have this opportunity to share some success stories with you.

### **Creative Retirement Manitoba (CRM) – Richard Denesiuk**

*This narrative will be done using the voices of some of the 1,500 students of Creative Retirement Manitoba (CRM) to tell of a few experiences they have had with CRM.*

I am a student who likes to go the educational tours that CRM offers. The change to visit interesting places, meet people with similar interests and learn something new about places, in and around Winnipeg are invigorating. I enjoyed the China Town Herb shop tour, where I learned about various herbs and what they can do as well as their history. The Places of Worship Tour gave me access to many churches and synagogues that I would have never felt comfortable to visit. The tour guides knowledge of the subject is always very good.

I am a language student with CRM who feels more connected with my heritage by having the opportunity to learn my ‘native’ language. French and Spanish language lessons have also made it much more enjoyable when I go on holidays as I can now communicate much better with people I interact with there.



I am a computer student who has had the world of computing opened up to me through the computer classes and clubs at CRM. I have been able to organize my thoughts for the life story I am working on, and research my lineage through the many genealogy resources that are available on the internet. I feel so much more connected with my friends and family now that I can

e-mail them in an easy and efficient manner. I actually get responses from my grandchildren who will respond to an e-mail, but refuse to answer the phone! I am much more able to research issues about my health, finances and consumer purchases by using a computer and the internet to do research from the comfort of my home.

I am a photography student with CRM. I learned how to use my digital camera properly and now enjoy taking pictures of my family, friends, places and beautiful world around me. Tips and tricks to manage my pictures and how to share them with friends and family have turned me into the 'family photographer'. Now everyone asks me to make sure to bring my camera along.

I have attended many lectures presented by CRM and especially enjoy the Current Events and History lectures. The presenters are usually professors or professionals from various organizations, often they are retired and seem to relate their topics in a manner that make me feel more informed about what is current, or make more sense of historical events. The Philosophy lectures have been very poignant, as I find myself considering what is really important to me in my life.



I am a student who enjoys the Health and Well-being offerings by CRM. The Walking Clubs provide a fitness workout combined with great camaraderie and a walk through interesting areas of the city I probably otherwise would not visit. I can always count on CRM classes to be geared towards by age group and not young or middle-aged people.

I am a student who enjoys the Special Interest classes at CRM. The diversity of offerings always has something that catches my interest and makes me feel good about having learned something new. Poetry, music, Watercolours, genealogy, financial planning, gardening, Will and Estate planning and many more educational opportunities have broadened my experience and knowledge.

### **Canadian National Institute of the Blind (CNIB) – Leonard Furber**

Currently Manitoba has approximately 5,000 residents that have declared themselves blind or partially sighted; with over half that number being 55 plus.

If you believe the 2009 cost of vision loss in Canada report this number is going to rise significantly due to "the demographic tsunami" – the rapid aging of Canada's population that has already begun and is projected to accelerate in the next 25 years, doubling the number of Canadians with vision loss and the cost of vision loss to \$30.3 billion (in 2007 dollars). In the coming decade, Canada's demographic makeup will already look vastly different than it does now. As baby boomers age and younger Canadians continue to have fewer children, Canada will have a smaller working-age population supporting a larger cohort of seniors. Combine this with the fact that the five major eye conditions in



Canada are strongly correlated with age - Age related Macular Degeneration and Cataract, to name a couple; and that many of Canada's eye care professionals are aging as well, and we have a perfect storm for the vision loss crisis to go from bad to catastrophic.

### **Here is my story:**

Half of all adults with vision loss live in poverty, reporting gross annual incomes of \$20,000 or less.

Elderly Canadians who lose vision often live in social isolation, and their families may pay a high personal and financial price to provide adequate care. People who develop vision loss are often forced to retire early, or they may lose their jobs and languish on disability benefits. In some cases, they have had to sell their homes to pay for the treatment they need.

### **I see my mom in her eyes:**

In 2005, before I became a manager with CNIB, I worked in direct service as an Assistive Technology Specialist. In my role, I assessed clients technology needs for work, school, and home.



During one assessment I met with June (name changed) a 70 year old grandmother that developed AMD, a devastating and progressive eye disease. At the time, treatment wasn't available for the condition, and June simply lost significant vision.

As a result of her condition, June had to stop driving and was forced to give up using the computer. I convinced her to come visit me at CNIB to determine if there was anything available to allow her to continue her independence on the computer.

One of the first questions I asked June was what she would like to accomplish using a computer. Her answer was very simple – I want to be able to see the pictures of my grandchildren that my son sends me via email. After spending approximately 30 minutes demonstrating magnification software, June was thrilled beyond belief. However, the exhilaration did not last long.

You see the magnification software in question (Zoom Text) cost approximately \$600.00 and requires a certain level of computer hardware to be compatible. June's computer was not compatible and therefore, a new system, adding hundreds of dollars more to the cost was like a punch in the stomach. If you recall half of all adults with vision loss live in poverty, reporting gross annual incomes of \$20,000 or less. June was devastated.

All was not lost. Once I determined cost was a factor I showed June a simple free download that changed her world. This little magnifying program allowed June to see faces and pictures via email and on the internet.

And to quote June through a river of tears – Now I will be able to see my grandchildren on their first day of school.

June is not my mom. But my mom has never seen my kid's faces. At least I was able to help June see hers.

### **University of Manitoba Dental Program – Dr. Pamela Dahl**

To care for the underserved communities by promoting oral health and providing essential services through fiscally responsible programs using the resources and expertise of the Faculty of Dentistry.

We operate three clinics which are accessed by seniors.

- 1) Access Downtown Dental Clinic** - 640 Main Street, 940-3816, located in the WRHA Community Health Centre.



A senior with limited means and no dental insurance needs dental work and is not able to attend the longer appointments needed at the Faculty of Dentistry Clinic. Access Downtown Dental Clinic offers a 25% reduction to individuals who have no dental insurance.

- 2) Deer Lodge Centre Dental (DLC) Clinic** - 2109 Portage Avenue, 831-2157

Centre of Community Oral Health (CCOH) provides dental services for the residents of DLC, seniors, individuals with physical limitations, individuals within the surrounding area and DLC staff.

A senior had not seen a dentist since she was a child and was very anxious. We started dental care with an exam and a cleaning, however her bottom front teeth had extreme mobility and were scheduled to be removed. This senior had heavy build-up on her teeth, and the hygienist decided to remove it everywhere, even on the teeth that were supposed to be removed. Guess what happened? Her gums became much healthier and her teeth tightened up... she returned for extractions, but instead was able to keep her teeth. With just a little extra time and patience and we were able to make a bad situation good!

### 3) Home Dental Care Program - Throughout Winnipeg, 831-3455, 831-3456

The Centre of Community Oral Health (CCOH) has two dental mobile vans which transport equipment and supplies, where dentists, hygienists, and dental assistants go to personal care homes, senior citizen's residences and hospitals.

Oral care in Long Term Care facilities is documented in literature to be a huge oral and overall health concern. A resident came to our dental hygienist to have his teeth cleaned with his caregivers. The caregivers stayed to make sure that everything was OK since the resident has dementia and sometimes has resistive behaviours. While the team was providing care, the caregivers were in shock to see how much food, plaque and tartar (calculus) was on the teeth. The caregivers kept commenting we need to do something; if this was me, I wouldn't want to have my mouth in that condition, no wonder he doesn't want to eat! These caregivers were informed and now realize the importance of good oral hygiene, and how to better care for the resident.

I can't tell you how many times we have taken residents out of pain whether it was an abscessed tooth, a broken tooth causing ulceration, ill-fitting dentures, no dentures, and the list goes on and on.

It is important to understand that seniors, whether living in the community, on their own or with families, or in facilities, have access to a "dental home" and are able to get good quality dental care.

### **Medication Information Line for Everybody – Meera Thadani**



- Began in 1984 as a pilot project at the Faculty of Pharmacy.
- Relocated to a more accessible and higher profile location at the University Centre Pharmacy, University of Manitoba, Fort Garry Campus
- Hours of operation are 9:30 am to 2:30 pm Monday to Friday
- We serve all Manitobans and answer any questions they may

have about their medications, supplements, and diet, exercise or disease management issues.

- Outreach presentations to interested groups are tailored to their needs.
- Medication reviews, or in person consults can be arranged upon request.
- Provide example of a success story:



This is from a letter from one of our patients.

Hello Sunita,

Thank you for your kindness yesterday.

Thank you for sending these links. What I have read so far is informative and helpful. I still have more to open, but I wanted to interrupt myself to acknowledge your part. I realize A-Fib is serious, but what I am reading and understanding, is allowing my fears to subside somewhat. Perhaps it is not such a Bogey-man after all.

By the way, I am 83 and was diagnosed with A-fib in my 79th year. High blood pressure came next in my 81st year. I am fortunate enough to remain active; even volunteering as a helper in English as a Second Language classes.

Sincerely,

We get many such letters and our patients are very appreciative of the service we provide to them. I hope this will suit your needs as one of our success stories.

### **Age & Opportunity (A & O) Inc. – Amanda Macrae**

#### **Mr. D - This Full House Client**

- Mr. D is an 86 year old man living alone in his single family home. He has been widowed for several years. Mr. D was referred to the This Full House program by a community partner due to a bed bug infestation and was living in a situation described as squalor.
- Home care was refusing to enter. The Public Health Inspector had been out to visit Mr. D and indicated that his home needed to be placarded. .
- A social worker went out to see Mr. D along with Public Health and the community partner. Mr. D's home had some structural water damage on the main floor. In the basement there was a dried layer of sewage from a sewer backup a year prior. The walls of the main floor were coated with cigarette smoke residue. All floors of the home had a lot of clutter and the furniture was contaminated by bed bugs.
- Mr. D had a pest control company in for the infestation, however due to the clutter the fumigation was not successful. The social worker did an assessment and discussed with Mr. D how a cleanup could be successful in keeping him in his home which was his wish.



- The inspector from Public Health created a list of tasks that had to be completed to avoid placarding. It was determined that A&O would pay for the maximum possible towards the cleanup and the client would provide payment to the company chosen for the remainder owing.
- The cleaning company worked with the social worker to complete all the cleaning tasks such as cleaning and disinfecting the basement. The company also cleaned all the rooms, floor to ceiling. They power washed walls, they cleaned kitchen cupboards and did the dishes. They washed all of Mr. D's clothing and threw out all infested furniture. They discarded many items that were creating clutter in the home.
- During the clean-up Mr. D was at home and able to give input to the cleaning crew. After the clean up the social worker spent time talking to Mr. D about how he felt about the cleanup. Mr. D was upset about losing the items in his basement as well as a few items in the home. He ultimately felt happy about the clean up knowing that he could stay in his home. The owner of the company followed up with Mr. D as well to check on his well-being post clean up. Mr. D did another fumigation following the cleanup which was more successful than the first. The social worker helped Mr. D to connect with handymen to do other jobs in the home required by the health inspector such as installing a backup valve for the drain and opening up the basement walls to prevent mold growth. The social worker connected Mr. D to other community resources that supplied him with furniture and bedding at no cost. The end result for Mr. D was that he was able to stay in his home in the community that he had lived in for many years. He was also re-connected with homecare who were now open to coming into the home to do light housekeeping.



### **Rupert's Land Caregiver Services (RLCS) – Syva-Lee Wildenmann**

I am going to share with you two stories that I hope will help you understand what we do at Rupert's Land Caregiver Services to help family caregivers. Of course some of the details have been changed to protect the identities of the clients.

The first story happened when I first started working at RLCS and in some ways was still struggling with understanding what my job was and what role we played in the lives of family caregivers.

I went to make a home visit to a new client. This was a lady who was caring for her husband whose ability to care for himself was compromised after suffering a stroke. She really didn't know what kind of help she wanted, but she did know that she was struggling with her new role. I began to interview her, asking background questions and information to help me assess the situation.

When I opened the file to begin my interview, I wrote her name on the file. She immediately questioned why I would write her name on the file, when it is her husband who is in need of care. I explained to her that she, as his caregiver, was my client. Suddenly she began to cry, and said to me "You are the first person I have met since this whole thing started, that is concerned with me. Everyone else just wants to talk about him." That was the moment that I clearly understood what Rupert's Land Caregiver Services was all about. In this case, all this lady really wanted was someone to talk to and someone who understood what she was going through and could talk to her about it.



The second story begins with a phone call to Rupert's Land Caregiver Services. I answer the phone and find myself talking to a woman who sounds stressed and even a bit uncomfortable making this call. She begins to tell me her story.

She is in her early 60's, married to a man 10 years her senior. Her husband has recently been diagnosed with Alzheimer's disease. He is in the early stages, so they are still able to communicate with each other and to enjoy their relationship, but she is fearful of what the future holds.

She has met with Home Care and they have put some services in place, including some respite time for her. But there is still one thing that she is concerned about. One of the pleasures in her husband's life is to take their dog for long walks in a park that is a couple of blocks from their home. She has grown concerned that he is getting a bit confused and may get lost when he walks the dog, but she doesn't want to deny him this outing.

I make an appointment to come out and meet her and her husband and their dog. I find her to be a bright, articulate person, who is devoted to her husband but who is clearly stressed by her new situation. Her husband is friendly and loves to tell stories. The dog, that is the size of a small horse, looks intimidating, but in reality is sweet and gentle. I promise her that I will do whatever I can to find someone to help her.

Usually when recruiting volunteers, we put the emphasis on working with older adults. In this case we switched our approach, and put the emphasis on the dog, by advertising for a dog lover who would be interested in assisting an older gentleman to walk his dog. We were



lucky to get a response quite quickly and we were able to make a match. We found a wonderful volunteer who would drive over to the client's home, and then take the gentleman and his dog to the park for a long walk.

Everyone was a winner in this situation, our client got some additional respite that she needed so badly; her husband was able to continue with an activity that he loved and still be safe; the volunteer thoroughly enjoyed the relationship that she built with this family; and even the dog was happy to be able to exercise with his master by his side.

Rupert's Land Caregiver Services is there for caregivers, whether they need respite, help with transportation, or support in their caregiving role. With our team of dedicated volunteers and professional staff, we provide programs and services to support caregivers during what can often be a difficult journey.

### **Support Services in Group Living – Cindy Angus**

I love this job because of my clients. I love to hear and to tell their stories to. Stories of their past, present and future. They may have family but sometimes they just need a friend to talk to my tasks may seem small to us but not to them. Tasks like arranging rides, scheduling doctor or surgery appointments or helping them with those pesky dial 1 for this and 2 for that phone calls. My tasks could be larger like calling an ambulance for them and comforting them while they wait for it. I also feel an important job is to bring some fun in their lives. So parties and celebrations are planned whenever possible.



I would like to share a story of a lady who impacted my life hopefully as much as she impacted mine. Lana is in her late 80's and mobility problems prevent her from being as social as she would like. When she found out that I did not know how to do Sudoku puzzles she made it her mission to teach me. She bought 2 identical "Easy Sudoku" puzzle books and we sat side by side, teacher and student, friend and friend. She had the patience of a saint. She felt needed, helpful and smart. These are things that we all take for granted but not all of my clients feel this way. I am now a master at "Easy Sudoku". As much as she enjoyed our afternoon together I think that I enjoyed it more!



I love my job because of the people. I love to see the differences, large or small that the Support Services to Group Living program makes in their lives.

## Healthy Aging Resource Team – Karen Janzen

The Healthy Aging Resource Team (HART) is a WRHA program comprised of 3 teams providing service to those 55+ in paired communities of St. James/Assiniboine South; River East/Transcona and Downtown/Point Douglas. Each team has 2 full time positions of nurse and occupational therapist and/or dietitian. The River East team (originally named SHRT- senior's health resource team) was established in 1999, with St. James in 2001 and Downtown team in 2003, in response to the increasing seniors' populations in these communities.



The goal is to enable seniors to live independently in their communities by providing primary health care, promoting health and preventing disease and injury, chronic disease self-management support and community development to promote optimum quality of life. The concept of continuity of care is part of the integrated approach, in that clients are connected to resources, services and other healthcare providers, at their request or by assessment, at the appropriate time.

Our story is an illustration of one couple's relationship with a HART team. Clients can access our services through a variety of points, most often a self-referral but can be through community connections (churches, social clubs, meal programs, Support Services in Group Living, health fairs and events), other healthcare services referrals, not for profit associations, family, friends, neighbours and others. The point of entry may be for another reason, but with the establishment of a relationship, the other issues emerge. The couple in the story was referred to home care for the assessment of needs, respite and some personal care as Ann was awaiting hip replacement surgery in the near future. She was also provided with information for the mobility devices, home support and personal care she required. Anne was invited to attend the Caregivers support group, which she continues to attend, despite her spouse's move to a personal care home and death 2 years ago, for the friendships she developed and to return the caregiving support to others. A relationship with the Alzheimer's Society was developed to the extent that Anne speaks at the caregiver conferences and has become involved with other volunteer opportunities through Good Neighbours and the meal programs with the River East Council for Seniors. She attends social events and activities through HART that have allowed her to grow and find strengths previously undiscovered. The scenario is one of mutual benefit, initially requiring greater use of services and assistance to becoming a provider of services to others, in a sense. Anne and her family expressed their gratitude to HART for the care and compassion at a time of need and beyond.





## **Community Facilitator – Cath McFarlane**

1. The Idea: A repeated request from our community was that we need a community garden.
2. Partnership: No one could do it alone, we looked around for partners and this is what we found: City of Winnipeg, Manitoba Housing, Winnipeg Regional Health Authority,
3. Student Placement and Grant Writing: The Healthy Aging Resource Team had a Red River College Student. They suggested she do some of her placement with us as she had a real interest in community gardens, and our grant writing began.
4. Meetings were arranged and plans were Planted/Seeded: Community members, the Elmwood East Kildonan Active Living Centre and Elmwood High School all became part of the planning. Designs for raised beds were pored over, wood was ordered, and lunch was considered.
5. Building Day arrived and our Partnerships grew: The wood arrived an hour late, but that time our worker bees, including our city and province elected officials, community venture members, and passing by community members were all ready to go. The sun stayed out until about 2:00 pm , the rain arrived at the same time as the soil.
6. Year Two and Growing: We went from 16 to 32 raised garden beds and we are looking forward to our 2012 growing year.



## **Breakfast Programs**

1. The Need: Children not having breakfast
2. The Vision: One school three churches, feeding nurturing, supporting community.
3. The Reality: 12 schools, 28 churches, an army of senior volunteers giving one and a half hours of their time a week.



