

# **Support Services to Seniors**

**Education and Collaborative Planning Session  
Held on January 7, 2010**

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## **Support Services to Senior Planning Day “Collaborative Planning Report”**

### **Summary**

On January 7, 2010 the Winnipeg Regional Health Authority (WRHA) Support Services to Seniors held its sixth annual Collaborative Planning Day for the 2009/10 fiscal year. The November 12, 2009 Planning Day was postponed due to the H1N1 campaign and was moved to January 7, 2010. The morning began with thanking all of Support Services to Seniors in assisting with the seasonal flu and H1N1.

### **Preamble**

Sixty-one participants attended from Support Services to Seniors programs and services for the Education and Collaboration Planning session held on January 7, 2010. Participants included funded agency board members, sponsoring agency staff, WRHA team managers, healthy aging resource team representatives, community facilitators and community developers.

Participants were assigned to tables, based on the twelve (12) community areas in the Winnipeg Region. Those agencies that provide region wide services were assigned to a separate table. This enabled participants to discuss issues and plans based on geographic populations of older adults.

The objectives of Support Services to Seniors Planning Day were:

- To begin to increase cultural awareness of all of the WRHA Support Services to Seniors organizations. Diversity respects the uniqueness of every person's beliefs, values and culture. These short term and long term objectives will allow us to begin the journey in increasing awareness and knowledge of cultural diversity.
- To stop and celebrate accomplishments that Support Services to Seniors have achieved.
- To continue to plan together and identify priorities that continue to support healthy aging and aging in place.
- To provide an opportunity for Support Services to Seniors agencies to network with one another.

The long term objectives is:

- To further develop cultural awareness and knowledge that can assist in planning and implementing culturally relevant and appropriate programs and services with older adults and their families.

The day began with opening remarks, presentation of the day's objectives and overview of Support Services to Seniors by Jeanette Edwards, Regional Director Primary Health Care and Chronic Disease with the Winnipeg Regional Health Authority.

The panel participated in a discussion and dialogue on how diversity should respect the uniqueness of every person's beliefs, values and culture. The panel members then hosted questions and answers from the audience. This panel discussion was seen as the beginning of Support Services to Seniors organizations continued journey in increasing awareness and knowledge of cultural diversity.

A Winnipeg *in motion* energizer was lead by Kristine Hayward, WRHA Winnipeg *in motion* coordinator. Kristine had participants join along to key exercises demonstrated from the newly launched *in motion* Older Adult Exercise DVD. Kristine emphasized the importance of older adults and participants in the community to add physical activity to their daily life.

Each of the community tables was asked to stop and celebrate their successes and accomplishments throughout the year. These were documented.

A nutrition break opened the doors for participants to network with community partners and share their ideas, successes and accomplishments.

Participants then identified an accomplishment or a priority for Support Services to Seniors in their respective community areas. Addressing community area and regional issues provided an opportunity for Support Services to Seniors staff and board members, WRHA team managers, healthy aging resource teams and community facilitators to network, integrate, explore and collaborate to develop priorities in their community area or for the region for Support Services to Seniors.

The wrap up and next steps were summarized by Jeanette Edwards, Regional Director Primary Health Care and Chronic Disease. This included an overview of navigating through the system of services and evaluations for the day.

### **Regional Key Accomplishments and Initiatives**

#### **H1N1 and Influenza Campaign**

- The last 6 months has been concentrated on Pandemic Planning. With the assistance of Support Services to Seniors, our team was able to develop response plans for your agency's services whether they were determined critical or non-critical services.
- The Support Services to Seniors continued to be actively involved in the influenza campaign through the recruitment of volunteers and public awareness.
- The Support Services to Seniors was actively involved in the H1N1 campaign through the recruitment and scheduling of volunteers for the various community clinics.

#### **Elder Abuse Strategy**

- The release of 'It's Everybody's Business' – Elder Abuse bilingual Digital Video Disc (DVD) in June 2009 to launch the DVD and recognize World Elder Abuse Awareness Day.

#### **Winnipeg *in motion***

- The work of communities continues to encourage older adults to get *in motion* by implementing Steppin' Up exercise classes, walking groups, community events such as the walking clubs, etc.
- *In motion* Older Adult Exercise DVD in partnership with ALCOA was launched.

#### **Support Services to Seniors Educational Sessions and Resources**

- The Support Services to Seniors began an educational sessions by holding the Social Marketing workshop In June 2009
- The Support Services to Seniors will facilitate further sessions on key topics identified such as palliative care, falls prevention, healthy eating, etc.

- The development and feedback on the healthy eating survey and evaluation of the Mission Nutrition Tool Kit took place in spring 2009.

### **Support Services to Seniors Networks**

- Support Services to Seniors facilitated the development of the Congregate Meal Program Network which meets and provides the meal coordinators the possibility to network, collaborate and invite speakers to present various topics.
- Continuation of the Network meetings for Community Resource Coordinators, Tenant Resource Coordinators and Senior Centre has received positive feedback to continue to network, collaborate and invite speakers throughout the year.

### **Supports to Seniors in Group Living**

- The Fifth Supports to Seniors in Group Living site was implemented in April 2009 in Transcona as apart of the Aging in Place Strategy meeting.

### **Support Services to Seniors**

- Implementation through reallocation of two meal programs at 64 Nassau and at St. James Assiniboine 55 Plus Centre.
- Continued delivery of unique and creative programs to older adults in communities.

### **Performance Indicators**

- The Meal Programs continue to meet the nutritional needs of older adults residing in the community by serving over 316,389. In addition Meals on Wheels served over 204,088 meals - an overall increase of 13% was seen in these two service areas - over half a million meals.
- Senior Centres provide social gathering places for older adults living in the community. The senior centres had made over 113,058 contacts to older adults and have over 7,200 members and users participating at the senior centres.
- Tenant Resource services assist supporting older adult living in seniors housing units link with appropriate resources and services. The tenant resource coordinators supported 3,713 suites by having a total of 48,516 contacts contact with older adults.
- Rupert's Land Caregiver Services served 1,581 clients.
- Canadian National Institute for the Blind (CNIB) served 868 visually impaired clients this past year.
- The Medication Line for the Everyone (MILE) saw its number of calls increase to over 3,985.
- The Support to Seniors in Group Living had a total of over 44,263 contacts.

The summary of future priorities identified by participants included:

- To increase awareness and understanding of culturally diverse populations.
- To gain an understanding of diversity when developing programs and services for older adults.
- To address, connect and reduce social isolation.
- To continue working on transportation concerns and link with Transportation Options Network for Seniors (TONS).
- To offer and maintain programming and services of older adults.

- To increase awareness and integration of health care/community resources for older adults.
- To develop a comprehensive action plan to respond to diverse aging needs.
- To recruit and retain volunteers in community areas.
- To enable healthy eating (e.g. congregate meal programs, access to shopping, cooking clubs, grocery shopping).
- To address mental health promotion and aging.
- To continue to increase awareness to develop Age Friendly communities.
- To increase knowledge and awareness of funding sources and opportunities for sustainability of programs and services.
- To promote and enhance board level diversification to meet the needs of older adults.
- To increase awareness and knowledge of affordable and accessible housing options for older adults.
- To increase awareness and knowledge of addressing needs of older adults living below the poverty line.
- To collaborate, form partnerships and network between agencies to increase awareness and knowledge of programs and services of older adults.

This is the sixth year that Support Services to Seniors has held a collaborative planning day. Some of the overall observations made this year were:

- An increased understanding of cultural awareness and diversity of the uniqueness of every person's beliefs, values and culture.
- There is increased awareness, knowledge base and understanding of the range of Support Services to Seniors provided.
- There is increased collaboration between agencies especially in community areas.
- Increased achievements have been made due to collaboration and partnerships between agencies.
- Increased networking among agencies.
- Increased understanding of regional and community based resources is apparent.
- The need to further develop cultural diversity that can assist in developing, planning and implementing cultural relevant and appropriate programs and services with older adults and their families.

The work carried out by the Support Services to Seniors funded agencies board members, staff and volunteers in program and service delivery exemplifies the need to work collaboratively to address the diverse needs of the aging population in Winnipeg.

### **Background**

The Winnipeg Regional Health Authority (WRHA) Support Services to Seniors Program prepared this report based on the collaborative and education planning session held on January 7, 2010.

The topics that were covered during the planning session assisted in increasing individual's understanding of diverse cultural awareness for the WRHA Support Services to Seniors organizations. A panel discussion gave an overview of how diversity should respect the uniqueness of every person's beliefs, values and culture. The panel members paved the pathway for the audience to begin the journey in increasing awareness and knowledge of cultural diversity.

The panel presenters were as follows:

**Brenda Roland** - a social worker with many years of clinical practice and extensive knowledge of the effects of colonization. Brenda is currently providing service as the Regional Aboriginal Patient Advocate with Aboriginal Health Services under the umbrella of WRHA. This position collaborates with many agencies and associations both in the Aboriginal and First Nations communities, one of many being the Assembly of Manitoba Chiefs, as well as WRHA's Regional focus.

**Kathy Taylor-Hallick** - worked as a recreation professional with older adults for more than 25 years. Kathy has had the privilege of working specifically with at the Rady Jewish Community Centre, Saint Boniface General Hospital, and Bethania Mennonite Personal Care Home. The experiences in these facilities have provided her with opportunities to work with and learn about many cultures residing in the province of Manitoba.

**Mohindar Singh** - has worked as teacher and psychologist in Manitoba. Mohindar was also the Executive Director of the Multicultural Educational Enterprises and the former president of the Sikh Society of Manitoba Inc. Mohindar is involved in various volunteer services including his involvement with the health and wellness issues of seniors, networking with government agencies, the New Immigrant Centre and various other organizations.

**Shahina Siddiqui** - is a paraprofessional in the field of social work and counseling. She is the founding member, current president and Executive Director of the Islamic Social Services Association Canada. She has presented at numerous national conferences on racism, policing, civil liberties and ethno cultural and human rights issues. She frequently conducts cultural and spiritual training on Islam and Muslim culture. Shahina has trained professionals and volunteers in Islamic social services, counseling, and related fields across North America. She has completed a public education project funded partly by the Multiculturalism program of the Department of Canadian heritage. This has produced handbooks for journalists, educators, police officers, health care providers, social service providers: *Muslims' culture and faith* and *Dispelling Myths about Islam* as well as a brochure on Canadian Muslims.

### **Brenda Roland**

Ms. Roland began the panel discussion by providing an overview of the Aboriginal Health Program and in particular the program she works with which is Aboriginal Health Services (AHS). AHS has offices located in four of the major hospital sites.

Services provided are:

- Interpreting/Resource work,
- Discharge coordination for complex discharges,
- Spiritual/Cultural Care and advocacy.

There is 24 staff, which includes a small mobile team that covers the remaining sites in WRHA.

In order to provide context Ms. Roland shared an example of some of the barriers that arise when elderly patients require treatment or health care and have to come to Winnipeg in order to receive services.

The scenario described by Ms. Roland was as follows:

An elderly patient came into Winnipeg from his northern home to receive Cancer Care treatment. The patient was unable to speak or understand English so a language barrier was present. After a short period of time the patient decided s/he did not want to continue with treatment. Due to the language barrier the hospital staff could not understand why the patient was refusing treatment. It took a number of tries and a request for an Interpreter before there was some clarity. The patient did not like the metal box they were putting him/her in and it made his/her stomach very upset and s/he was always dizzy. As some of this didn't really fit when looking at the process of the treatment they determined, through the Interpreter, that the metal box was actually the elevator. The hospital staff thought the patient was refusing treatment and being noncompliant but the reality was that once the patient was allowed to take the stairs to the treatment area the rest of treatments went well. This patient had never seen an elevator and had no idea/concept of some of the things that we as a society take for granted.

Ms. Roland also discussed a scenario where an elderly patient had to relocate to Winnipeg to receive dialysis treatment. When the out-patient came to Winnipeg finances and housing were an issue. There was discussion as to whether the band, provincial or federal government was going to assist in providing financial assistance for housing. This hindered the out-patient's relocation process and ultimately receiving the cardiac treatment that was needed.

Ms. Roland emphasized the importance of sensitivity and understanding when working with any individual and his/her family members who may have unique cultural needs. Ms. Roland handed out the Aboriginal Health Program Health Services brochure and the Aboriginal Health Services Patient Handbook of frequently asked questions as a resource for participants.

Ms. Roland also spoke about the Assembly of Manitoba Chiefs and WRHA collaboration that has been in place since 2007 and that this provides a very necessary community connection for patients having to relocate or for patients who have barriers to discharges back home to their communities as well as many other service provisions.

For copies of the handouts given the day of the planning session, please call 940-8679.

### **Mohindar Singh**

Dr. Mohindar Singh spoke from his perspective of being Sikh in Winnipeg. He began by presenting a story of how a philosopher was getting a ride from a boatman to cross a river. While riding in the boat across the river, the philosopher asked the boatman if he had ever read any philosophy in his life. The boatman replied he had not. The philosopher then stated that the boatman had lost a part of his life.

At that time, the boat hit a rock in the river and the boat started quickly taking in water. The boatman asked the philosopher if he ever learnt how to swim. The philosopher replied that he had not.

The boatman then looked at the philosopher and stated that as a boatman who did not read philosophy may have lost a part of his life but the philosopher who did not learn how to swim was going to lose his whole life.



Dr. Singh explained to the participants that this story could be transferred in the community. People may have extensive educational knowledge about programming and services for older adults but may not understand the fundamental basics when creating programs and services in regards to the needs of older adults with diverse culturally backgrounds.

Dr. Singh used a recent example of how a Muslim older adult went into the hospital seriously ill. After surgery, the hospital staff gave the older adult medication and was instructed to have bed rest to heal the incision. The older adult's Muslim costumes indicated that he was to pray five time a day and face west. When the hospital staff saw him praying they indicated that he must stop what he was doing and go back into his bed.

The older adult began crying. The hospital staff felt he was noncompliant, as they did not understand the cultural diversity of him needing to pray five times a day facing west.

### **Kathy Taylor-Hallick**

Ms. Taylor-Hallick discussed her personal and professional journey that led she to begin working within the Jewish community at the Rady Centre.

Ms. Taylor-Hallick was raised with a Roman Catholic background. Growing up she lived in Nova Scotia, Ontario, Quebec and Manitoba. She has worked as a recreation professional developing indoor and outdoor recreation programs for individuals and groups of all ages and abilities in Manitoba and Ontario. Ms. Taylor-Hallick began working within the Jewish community of Winnipeg during the summers at B'Nai Brith Camp located on Lake of the Woods in Kenora, Ontario. Once completing her recreation degree from University of Ottawa, she accepted a fulltime job at the Jewish Community Centre of Winnipeg as a program planner.

This new path continued to open her perspective to Jewish cultural practices such as kosher meals, customs, traditions and holidays. Ms. Taylor-Hallick took the initiative to take some courses on Jewish customs and practices to better understand the culture and implement these customs in programs and services

After a number of years Ms. Taylor-Hallick began working with older adults. Eventually she transferred her skills to programs and services offered to fit the needs of older adults in the Jewish community and at the Rady Jewish Community Centre. She stated that she will take the time to acknowledge the importance of such customs as kosher meals, Jewish holidays and is sensitive to historical significance (i.e. holocaust) when organizing events, programs and services for older adults. Ms. Taylor-Hallick will consult with Jewish older adults to clarify norms while programming.

Ms. Taylor-Hallick stated that the journey to this point in her life has brought fulfillment and satisfaction when working with older adults in the Jewish community. She is always willing to be open and learn more to ensure the programs and services reach as many Jewish older adults in the community.

Ms. Taylor-Hallick made a table display of various customs and cultural items to allow participants to view and provided handouts on Jewish holidays and facts about Israel.

## **Shahina Siddiqui**

Ms. Siddiqui spoke from her perspective of being Muslim and working in Winnipeg. Ms. Siddiqui began her presentation by stating, "Peace be with all of you," and informed the participants that she says this is as an Islamic greetings to others.

Ms. Siddiqui stated that there are currently 1.6 billion Muslims across the world. Muslims believe there is no god but one God (Allah) and that Prophet Muhammad is the final messenger of God. This declaration of faith is what defines a Muslim.

In Winnipeg Muslim community there are 35 different languages spoken and Muslim immigrants come from 50 different countries. Ms. Siddiqui stated that Muslims are very diversified both in culture and levels of religious observant.

It is best to take lead from your client and not see Muslims as an Homogenous group. Ms. Siddiqui used an example of a cultural misinterpretation of an individual in a long term care setting. This female was labeled by staff as having obsessive-compulsive disorder because she was always trying to get out of bed to wash. The family was upset and called Ms. Siddiqui to mediate. When it was explained to the Staff that Muslims must be in a state of purity before prayers (which Muslims offer 5 times a day). The female was trying to cleanse herself in order to offer her prayers at regular intervals through the day.

Ms. Siddiqui explained the unique multilayer of issues and expectations between the traditional role of seniors and current reality when working and providing programs and services for Muslim seniors and their families.

Ms. Siddiqui provided handouts on guidelines for health care workers for Muslim patients and Socializing with Muslims: A Cultural Guide.

## Group Discussions Notes

The achievements and priorities of each community area have been summarized below.

Assigned Groups	Achievements	Priorities
<p><b>Downtown (DT) and Point Douglas (PT) Community Area</b></p>	<ul style="list-style-type: none"> <li>○ Validation and recognition of the changing needs and lifestyles of seniors, which sets goals for future services.</li> <li>○ New exercise program – using the <i>in motion</i> DVD.</li> <li>○ Medication Information Line for Everyone (MILE) presentations.</li> <li>○ Safety Aide Program – Age &amp; Opportunity.</li> <li>○ New tenant council in building.</li> <li>○ Emergency Resource Information Kits (E.R.I.K) – distribution and updating.</li> <li>○ Meal program- 533 Greenwood Place.</li> <li>○ Became a “Bed Bug” expert.</li> <li>○ Tenant Advisory Committee established in partnership with Manitoba Housing. (Pt. Douglas).</li> <li>○ Seniors walking program started at North End Wellness Centre.</li> <li>○ Targeted community engagement in selected Manitoba Housing blocks.</li> <li>○ Developed a group to identify problems being experienced in the home among seniors – Eastern Ethnocultural group.</li> <li>○ Investigating among seniors directly incidence of financial, physical, emotional abuse – Eastern Ethnocultural group.</li> </ul> <p>Broadway Seniors Council</p> <ul style="list-style-type: none"> <li>○ Maintain driving program.</li> <li>○ Outreach – lunch and learning in spite of limited funding.</li> </ul> <p>Lunch Program</p> <ul style="list-style-type: none"> <li>○ New volunteers.</li> <li>○ Program continues to grow – increased success.</li> </ul> <p>Lions Place – Adult Day Program</p> <ul style="list-style-type: none"> <li>○ Incorporating more community resources.</li> <li>○ Get better together.</li> <li>○ Outings and speakers.</li> </ul> <p>Healthy Aging Resource Team (HART)</p> <ul style="list-style-type: none"> <li>○ Expanding walking group at Portage</li> </ul>	<ul style="list-style-type: none"> <li>○ Better communication between home care and Tenant Resource Coordinator – Tenant Services / Management in order that tenant needs to be effectively implemented in a timely manner.</li> <li>○ Challenge to reach seniors still living in their own homes <ul style="list-style-type: none"> <li>*Idea: Peer to Peer outreach.</li> </ul> </li> <li>○ Access to adequate funding and resources for programs and staffing needs.</li> <li>○ Reaching vulnerable seniors (isolation, poverty, etc.) through partnerships with neighbourhood organizations.</li> </ul>

	<p>Place.</p> <ul style="list-style-type: none"> <li>○ Expand service in Point Douglas.</li> <li>○ Health promotion clinics and education in seniors' blocks.</li> </ul>	
<p><b>Fort Garry (FG) and River Heights (RH) Community Area</b></p>	<ul style="list-style-type: none"> <li>○ Strengthened Resource Council.</li> <li>○ Provided free first aid training to community members.</li> <li>○ Provided free foot care clinic.</li> <li>○ Moved forward in Intergenerational Program.</li> <li>○ Maintained "Living it Up" Programs.</li> <li>○ Provided DVDs in ASL for deaf tenants.</li> <li>○ Established more community contacts – i.e. University of Manitoba.</li> <li>○ Organized a multi-generational fashion show with success.</li> <li>○ Expanded support of Age &amp; Opportunity safe suites.</li> <li>○ New Congregate Meal Program at 64 Nassau.</li> <li>○ Collaborated with South Winnipeg Seniors Resource Centre (SWSRC) and Fort Whytte to fund raise about \$500.</li> </ul>	<ul style="list-style-type: none"> <li>○ Continue to increase networking with all senior supporting organizations and programs in the area.</li> <li>○ Continue to enhance net working opportunities with all seniors supporting organizations and programs.</li> <li>○ Create stronger relationships with the various cultural communities to facilitate connections with isolated seniors.</li> <li>○ Promote/Enhance Board Level Diversification in order to know the needs and address them for the variety within the community.</li> </ul>

<p><b>St. James Assiniboia (St. J) and Assiniboine (AS) South Community Areas</b></p>	<ul style="list-style-type: none"> <li>○ Livin' it Up program.</li> <li>○ R U Ready emergency preparedness.</li> <li>○ Community cooking clubs (mixed/men only).</li> <li>○ Memorable Mondays (program for isolated seniors).</li> <li>○ Mensheds.</li> <li>○ WalMart collaboration (health fair).</li> <li>○ Partnerships- Canadian Tire (Bloomin' Good Time).</li> <li>○ Church (Wedding Show, intergenerational event).</li> <li>○ WRHA volunteer recognition.</li> <li>○ Mobilization of volunteers for influenza campaign and others.</li> <li>○ Increased funding for ERIK.</li> <li>○ Congregate Meal funding for seniors programsPre.</li> </ul>	<ul style="list-style-type: none"> <li>○ Sustainability of our programs.</li> <li>○ Continuing to work on the unique congregate meal programs.</li> <li>○ Provide outreach in unique creative ways that reflected the increased diversity in the community.</li> </ul>
<p><b>River East (RE) and Transcona (TC) Community Areas</b></p>	<ul style="list-style-type: none"> <li>○ New Alzheimer's Support Group in TC with program for the person with Alzheimer.</li> <li>○ Senior Volunteers for Flu/H1N1 clinics (TC &amp; RE) and breakfast program (TC &amp; RE).</li> <li>○ Grant from Addictions Foundation Manitoba "Jeopardy" – shared at meal program with high school students – meal (TC).</li> <li>○ Increased membership @ GN (RE).</li> <li>○ Expanding new fitness programs – i.e. Zumba and Tai Chi for Arthritis (RE).</li> <li>○ Canada Day Parade / Celebration in TC – 1<sup>st</sup> – well attended.</li> <li>○ Mayor's Volunteer Service Award – GN Bookstore/Treasure Cove (RE).</li> <li>○ SSGI providing support to those who are aging in place (RE &amp; TC).</li> <li>○ Vital and active Seniors Councils and community-based seniors helping to build capacity in the communities (RE &amp; TC).</li> <li>○ Name changes to reflect what we are doing and who we are servicing – younger population. (SHRT, HART &amp; GNSC – GNALC)</li> </ul>	<ul style="list-style-type: none"> <li>○ Affordable/available supportive housing, wait lists, finances, individual living, Personal Care Homes</li> <li>○ Transportation – availability</li> <li>○ Culturally sensitive services (all services) <ul style="list-style-type: none"> <li>* Coordination of services (e.g. Transcona – Grace)</li> <li>* Increased awareness of what is available</li> <li>* Communication of resources (seniors 311 e.g.)</li> <li>*Ask what is needed (cultural, issue)</li> <li>*Education session on providing elder/senior friendly service</li> </ul> </li> <li>○ How do we reach new immigrant, isolated elders/seniors – what do they want? <ul style="list-style-type: none"> <li>*Language / communication</li> <li>*Trust</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ City of Trees Art Program – artist in residence (GN)</li> <li>○ Visual Impairment Group starting in Transcona</li> </ul>	<ul style="list-style-type: none"> <li>*Family</li> <li>○ Program person for Transcona Seniors Programming/Senior Centre</li> </ul>
<p><b>Seven Oaks (SO) and Inkster (I) Community Areas</b></p>	<ul style="list-style-type: none"> <li>○ Seven Oaks Seniors Links – shuttle to Superstore – first group = 24 seniors – concern: won't have enough funds to keep going.</li> <li>○ Exercise class: Steppin' up with Confidence</li> <li>○ Initiation of "Snow Angels" (Seven Oaks Seniors links – Keewatin Inkster Neighbourhood Council – Brooklyn Senior Centre).</li> <li>○ Handi Transit started in West St. Paul.</li> <li>○ Steppin' up Programs at Middlechurch.</li> <li>○ Establishment of Brooklands Weston Seniors non-profit housing corp.</li> <li>○ Current programs are still successful and on going!! Congregate Meal Program (CMP), walking clubs, exercises, dinners (Christmas, Thanksgiving, etc).</li> <li>○ Brooklands Seniors have doubled membership and increased program activities.</li> <li>○ KIN RC – Wii – funded by North West Rotary.</li> <li>○ Line dancing at 2 apartment blocks.</li> </ul>	<p>Transportation:</p> <ul style="list-style-type: none"> <li>○ Lack thereof.</li> <li>○ Affordability.</li> <li>○ Availability – within Winnipeg. – outside Winnipeg – boundaries.</li> <li>○ Difficulty recruiting volunteers.</li> </ul> <p>Housing:</p> <ul style="list-style-type: none"> <li>○ Availability.</li> <li>○ Specialized housing.</li> <li>○ Reaching seniors isolated in their homes.</li> </ul>
<p><b>St. Vital and St. Boniface Community Areas</b></p>	<ul style="list-style-type: none"> <li>○ Kickoff of the French Elder Abuse video – bilingual video "La Villa" – about medication, licensing and fraud.</li> <li>○ Opening supportive housing at Riverside Lions; Windsor Park Place; Chez-Nous.</li> <li>○ Shuttle to St. Vital Mall (collaboration – funding with community partners).</li> <li>○ E.R.I.K./T.I.S.U (Manitoba distribution - over 4,000 to Northern MB.</li> <li>○ 55+ Drop-Inn Wednesday @ Dakota Community Club.</li> </ul>	<ul style="list-style-type: none"> <li>○ Sustainability of our programs</li> <li>○ Continuing to work on the unique congregate meal programs</li> <li>○ Provide outreach in unique and creative ways that reflected the increased diversity in the community</li> </ul>

	<ul style="list-style-type: none"> <li>○ Sante 55+ “Bougez à votre Rythme!” sustain French exercise group/health promotion session).</li> <li>○ Kitchen Table Wisdom – Mary Madeleine Church.</li> <li>○ Safely Waling the Greenway –</li> <li>○ Grouille ou Rouilles '09 and 2010.</li> <li>○ New partnership (Centre Notre Dame, Saint-Mary Madeleine Church, London Drugs).</li> <li>○ New French exercise program – Conseil des francophone 55+ and Sportex.</li> </ul>	
<p><b>Regional Areas</b></p>	<p>University of Manitoba (M.I.L.E) Medication Info Line for Everyone.</p> <ul style="list-style-type: none"> <li>○ Workshops – Community Health Events (2).</li> <li>○ Francophone – Council of Move or rust – full day (College St. Boniface) – seminars, workshops, activities, cultural show, fiddlers, band, etc.</li> <li>○ Involved in community – maintaining language, community partnership (financial, space, resources).</li> </ul> <p>Rupert’s Land Caregiver Services (RLCS)</p> <ul style="list-style-type: none"> <li>○ 2<sup>nd</sup> Annual Conference (caregiving issues).</li> <li>○ Community Education (caregiving and Aging).</li> </ul> <p>Manitoba Multipurpose Senior Centre (MAMSC)</p> <ul style="list-style-type: none"> <li>○ 12 topics on Safety for Older Adults – manuals developed</li> <li>○ “Age friendly” initiative.</li> </ul> <p>WRHA – Volunteer Services.</p> <ul style="list-style-type: none"> <li>○ H1N1 Clinics – community support.</li> <li>○ Template for volunteer involvement.</li> <li>○ 650 volunteers in a couple of weeks.</li> </ul> <p>Canadian National Institute for the Blind (CNIB)</p> <ul style="list-style-type: none"> <li>○ Senior Computer Centre – drop in (assistive technology).</li> <li>○ Re-opened store – selling assistive devices (10:00 a.m. to 2:00 p.m. weekdays, Saturdays and one evening).</li> </ul>	<ul style="list-style-type: none"> <li>○ Creative funding/resources for program.</li> <li>○ Community partnerships – finding commonality.</li> <li>○ Public awareness – navigating the system.</li> <li>○ Seniors– 55 to 95/100 years of age.</li> <li>○ Providing services to such a diverse group.</li> <li>○ Housing.</li> <li>○ Transportation.</li> <li>○ Addressing the needs of seniors living in poverty / low income.</li> <li>○ Volunteer Development: *attracting, training, retention and ecognition.</li> <li>○ Reaching the Isolated: distribution of “stuff” in an accessible format,</li> <li>○ Language, medium, etc.</li> <li>○ Creative partnerships.</li> </ul>

	<ul style="list-style-type: none"><li>○ Book club – using technology.</li><li>○ Started 2 new peer led programs for seniors with vision loss – book club &amp; harmonica class.</li></ul> <p>Creative Retirement (CR)</p> <ul style="list-style-type: none"><li>○ Increased outreach/resources for immigrant and refugees seniors – (pilot story sacks project).</li><li>○ Developed more community resources for literacy (manual and DVD on making story sacks) developed with communities of families.</li><li>○ Sustained education program deliver.</li><li>○ Increased corporate funding</li><li>○ Most successful fund raising luncheon to date.</li><li>○ Preparation for widowhood series.</li></ul>	
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## Appendix 1

### SUPPORT SERVICES TO SENIORS PLANNING DAY

Thursday, January 7, 2010

#### AGENDA

8:00 to 8:30	<b>Registration and Coffee</b>	Madeline Kohut/ Kathy Henderson
8:30 to 8:45	<b>Opening Remarks, Day's Objectives and Overview of Support Services to Seniors</b>	Jeanette Edwards
8:45 to 10:00	<b>A Panel Presentation and Dialogue on Diversity</b>	Shahina Saddiqui Kathy Taylor Hallick Mohindar Singh <i>Brenda Roland</i>
10:00 to 10:10	<b><i>In Motion</i> Energizer</b>	Kristine Hayward
10:10 to 10:30	<b>Celebrate Success and Accomplishments</b> Objective: Stop and Celebrate	Work Tables
10:30 to 11:00	<b><i>Nutrition Break, Sharing Successes and Networking</i></b>	
11:00 to 11:30	<b><i>Community Priorities</i></b> When identifying the top 2 priorities, keep in mind how to plan and implement culturally relevant and appropriate programs/services in your community.	Work Tables
11:30 to 11:45	<b>Wrap Up and Evaluation</b>	Jeanette Edwards

## Evaluation Results

41 participants of 61 attendees (67.2%) responded

The rating scale is that of 1 to 5 with 5 being excellent and 1 being poor

Poor		OK		Excellent	
1	2	3	4	5	

1. The value of the review of last year's plans was valuable
  - 5 participants or 12.2% rated at a 5 (Excellent)
  - 16 participants or 39.0% rated at a 4
  - 8 participants or 19.5% rated at a 3 (OK)
  - 0 participants or 0% rated at a 2
  - 0 participants or 0% rated at a 1 (Poor)
  - 12 participants or 29.3% did not respond
  
2. The group discussion to identify new priorities was helpful
  - 28 participants or 68.3% rated at a 5 (Excellent)
  - 9 participants or 22.0% rated at a 4
  - 4 participants or 9.7 % rated at a 3 (OK)
  - 0 participants or 0% rated at a 2
  - 0 participants or 0% rated at a 1 (Poor)
  - 0 participants or 0% did not respond
  
3. The education and new resources provided was useful
  - 24 participants or 58.6 % rated at a 5 (Excellent)
  - 11 participants or 26.8% rated at a 4
  - 5 participants or 12.2% rated at a 3 (OK)
  - 0 participants or 0% rated at a 2
  - 0 participants or 0% rated at a 1 (Poor)
  - 1 participant or 2.4% did not respond
  
4. The speaker's knowledge and skills was beneficial
  - 12 participants or 29.3% rated at a 5 (Excellent)
  - 16 participants or 39.0% rated at a 4
  - 10 participants or 24.4% rated at a 3 (OK)
  - 1 participant or 2.4% rated at a 2
  - 0 participants or 0% rated at a 1 (Poor)
  - 2 participants or 4.9% did not respond
  
5. The speaker's openness to questions and feedback was useful
  - 9 participants or 22.0% rated at a 5 (Excellent)
  - 19 participants or 46.3% rated at a 4
  - 8 participants or 19.5% rated at a 3 (OK)

- 2 participants or 4.9% rated at a 2
  - 0 participants or 0% rated at a 1 (Poor)
  - 3 participants or 7.3% did not respond
6. The location were accessible and convenient
- 13 participants or 31.8% rated at a 5 (Excellent)
  - 16 participants or 39.0% rated at a 4
  - 10 participants or 24.4% rated at a 3 (OK)
  - 1 participant or 2.4% rated at a 2
  - 0 participants or 0% rated at a 1 (Poor)
  - 1 participant or 2.4% did not respond
7. As a result of attending this session, the idea/knowledge/resource(s) that I plan to use will be:
- To make a definite effort to identify cultural diversity within the community.
  - Take back ideas to larger group for planning for our area.
  - Cultural diverse handouts X 3.
  - Partnerships.
  - Community resources.
  - The knowledge of how other services are provided was informative.
  - Bring in other ethnic community organizations to do presentations; Winnipeg in motion.
  - Use contacts established.
  - Creating stronger relationships with the various cultural communities to facilitate connections with isolated seniors.
  - Spread the work regarding importance of embracing diversity.
  - Continue to make diversity an underlying theme in programming growth.
  - To reach out and try and connect with senior new comers – to help reduce their isolation.
  - Start exploring immigrant groups in my area.
  - Cultural needs awareness for seniors in our community.
  - Continuing to be culturally sensitive and expand my knowledge base and that of others.
  - Information on specific cultural differences needs.
  - Diversity in my building will be to have gatherings with speakers from different cultures and food and socialization.
  - Winnipeg *in motion* older adult exercise DVD.
  - Ability to reach isolated seniors and be culturally appropriate.
  - Explore more literature/web resources on cultural norms/expectations.
  - Transportation challenges and resolutions for seniors.
  - I will use pieces of everything shared today – great day.
  - Awareness of supports available.
  - The aspect to be more cultural sensitive.
8. Should we plan this type of session next year?
- 40 participants or 97.6% responded yes.
  - 0 participants or 0% responded no.
  - 1 participant or 2.4% did not respond.

9. If there is another session, please circle if it should be a half or full day:
- 29 participants or 70.7 % responded to a half day.
  - 7 participants or 17.1% responded to a full day.
  - 5 participants or 12.2% did not respond.
10. Would you like a fall session to further discuss planning and implementing culturally relevant and appropriate programs and services:
- 32 participants or 78.1% responded yes.
  - 3 participants or 7.3% responded no.
  - 6 participants or 14.6% did not respond.
11. Please specify any key resources on culture you would find helpful:
- General cultural competence – what does it look like in practice. How do we change our organizations and services to meet the needs of diverse populations?
  - More cultures explored.
  - See how to be more sensitive to cultural needs and seek resources when needed.
  - Culture awareness; resources – where to go for help and support for specific culture needs (i.e. Hindu).
  - Tips for respectful and effective communication techniques with diverse cultures.
  - More specifics on the different cultures relating to health care/seniors.
  - Phone list of resources available on different cultures.
  - Cultural – seniors/elders taking care of children and effects of EDI results – is this better for kids and grandparents?
  - Far too sensitive and diverse – will always be individual specific.
  - Specific religious/cultural practices that impact our relationships but not to have us feel we know everything. What do specific senior groups/ethnic groups want?
  - Seasonal cultural programs.
  - Print outs/brochures on other cultures besides those in today's culture(i.e. Mexican, El Salvador, African Countries, etc).
  - Information on resources on our diverse community.
  - Co-ed activities are not always appropriate. Be more aware of spiritual needs.
  - Anything around cultural sensitivity.
  - Very good speakers.
  - Continue learning opportunities.
  - A list of people that we could contact if we have language/culture issues or questions we have – or need help to interpret a question from a patient.
  - Age friendly in Winnipeg.
  - The handouts were helpful – more of the same about more cultures.
  - Learning to identify or increase knowledge about various cultures when we do not understand why a person from a different culture has certain behaviours/practices to decrease miscommunication and provide better understanding or resources.
  - Panel had very appropriate responses and delivered extremely well.
  - Consideration regarding developing group programs for various cultural groups (i.e. need for segregation of groups relating to gender in Muslim society). Does that mean that facilitators need to be gender specific for each group?
  - Mentally stimulating games that are culturally appropriate i.e. knowledge of mentally stimulating games for other cultures.

- Include the deaf community.

12. What suggestions do you have for future topics?

- (Same as above) General cultural competence – what does it look like in practice. How do we change our organizations and services to meet the needs of diverse populations?
- More of the same. Networking with other partners is invaluable.
- How to connect with different cultural groups. The structure of different cultures what resources are currently available for seniors of different cultures.
- Housing and Transportation options.
- Keep doing what you are doing – so very helpful, inspiring and worthwhile!
- Funding.
- Deaf culture information.
- It's always good to hear what we have done and what we would like to do – but with limited funds and resources it's difficult to come up with deliverables that are feasible.
- More of the same plus successes resulting from this workshop. Hearing impaired information to create awareness of problems affected individuals endure.
- Presentations or failures – how it affected program delivery due to non-awareness/communication to government departments (Intergovernmental department relations).
- Statistics and priorities of aging population.
- Dementia and caregivers. The networking is great.
- Appreciate being sat in groups associated with our communities, which gives us all common factors and issues to discuss. Very good.
- Information on preventative activities for seniors regarding diet, health, mental health. Focus more on the front end (preventative communication) of problems than fixing problems after they are occurring. Requires a multi-year commitment.
- Have Jeannette Edwards speak again.
- Understand Home care process.
- More time needed to ask questions of the panel.
- Follow through on key concerns or priorities – result in common goals.
- Creative ways to help people to come out to health/education/exercise (physical fitness) days. Example: use music (local band); rummage sale; food (provide snacks).
- Transportation – Transportation Options Network for Seniors – updates/work in progress, etc.
- More in depth look at cultural diversity issues; mental health issues, caregiving.
- Issues for the deaf community.
- About supportive and affordable housing and all these empty old buildings downtown that could be transformed for the homeless – drop in centre/shelter.

## Appendix 3 – Jewish Culture Handouts



### Facts about Israel

**Israel, the 100th smallest country, with less than 1/1000th of the world's population, can make claim to the following:**

- An Israeli company has developed a device that helps nurses locate those hard-to-find veins.
- An Israeli system to help dyslexic readers is being used throughout the US and Europe.
- Intel's new multi-core processor was completely developed at its facilities in Israel.
- An Israeli doctor headed the Merck team that developed a vaccine against cervical cancer.
- The Weizmann Institute of Science has been voted the best university in the world for life scientists to conduct research.
- Israeli researchers have discovered the molecular trigger that causes psoriasis.
- A 100-member Israeli delegation flew to Kenya in January, 2006 to rescue survivors of a building collapse.
- Jewish and Arab students at Hebrew University participate in the 'Billy Crystal Workshops - Peace through the Performing Arts' project.
- Israel has the highest ratio of university degrees to the population in the world.
- Israel produces more scientific papers per capita than any other nation by a large margin - 109 per 10,000 people - as well as one of the highest per capita rates of patents filed.
- In proportion to its population, Israel has the largest number of startup companies in the world. In absolute terms, Israel has the largest number of startup companies than any other country in the world, except the US (3,500 companies mostly in hi-tech).
- Israel has the highest average living standards in the Middle East. The per capita income in 2000 was over \$17,500, exceeding that of the UK.
- In 1984 and 1991, Israel airlifted a total of 22,000 Ethiopian Jews at risk in Ethiopia to safety in Israel.
- Israel has the world's second highest per capita of new books.

- Israel is the only country in the world that entered the 21st century with a net gain in its number of trees.
- Israel has more museums per capita than any other country.
- Israel has two official languages: Hebrew and Arabic.
- Israeli scientists developed the first fully computerized, no-radiation, diagnostic instrumentation for breast cancer.
- Israel's Given Imaging developed the first ingestible video camera, so small it fits inside a pill. Used the view the small intestine from the inside, the camera helps doctors diagnose cancer and digestive disorders.
- Researchers in Israel developed a new device that directly helps the heart pump blood, an innovation with the potential to save lives among those with congestive heart failure. The new device is synchronized with the heart's mechanical operations through a sophisticated system of sensors.
- In response to serious water shortages, Israeli engineers and agriculturalists developed a revolutionary drip irrigation system to minimize the amount of water used to grow crops.
- Israel leads the world in the number of scientists and technicians in the workforce, with 145 per 10,000, as opposed to 85 in the U.S., over 70 in Japan, and less than 60 in Germany. With over 25% of its work force employed in technical professions, Israel places first in this category as well.
- The cell phone was developed in Israel by Motorola, which has its largest development center in Israel.
- Most of the Windows NT operating system was developed by Microsoft-Israel.
- Voice mail technology was developed in Israel.
- Both Microsoft and Cisco built their only R&D facilities outside the US in Israel.
- A new acne treatment developed in Israel, the ClearLight device, produces a high-intensity, ultraviolet-light-free, narrow-band blue light that causes acne bacteria to self-destruct - all without damaging surroundings skin or tissue.
- The first PC anti-virus software was developed in Israel in 1979.

## JEWISH HOLIDAYS HANDOUT

### WHAT IS CHANUKAH?

Chanukah, the Jewish festival of rededication, also known as the festival of lights, is an eight day festival commemorating the re dedication of the Temple in Jerusalem by the Macabees after it's defilement by the Syrian-Greeks led by King Antiochus IV more than 2,000 years ago.

There was only enough oil for a one day ceremony, yet miraculously, it burned for eight days, the precise time needed to prepare a fresh supply of oil for the menorah (candelabra).

An eight-day festival was declared to commemorate this miracle. This year, Chanukah starts on Tuesday, December 4 evening, and finishes on Wednesday, December 12.

### HOW CAN WE CELEBRATE CHANUKAH?

#### Light the Chanukiyah

To commemorate the miracle of Chanukah, we light the Chanukah menorah (also known as a "*chanukiah*") on every of the eight nights of Chanukah. This year, we start lighting the menorah on Tuesday evening, December 4, 2007.

The basic elements of a menorah are eight holders for oil or candles, and an additional holder, set apart from the rest, for the *shamash* (attendant) candle.

#### Lighting the Menorah:

1. Arrange the lights on the menorah. Ensure that there is enough oil, or that the candles are big enough, for the lights to burn until half an hour after nightfall (or, if lighting after nightfall, for one half hour).
2. On the first night, set one candle to the *far right* of the menorah. On the following night add a second light to the left of the first one, and then add one light each night of Chanukah—moving from left to right.
3. Get everyone in the house around the menorah.
4. Light the *shamash* candle; hold it in you right hand (unless you are left-handed).
5. While standing, recite the blessings for Chanukah.
6. Light the candles. Each night, light the newest (left-most) candle first and continue lighting from left to right. (We add lights to the menorah from right to left, we light from left to right.)

#### Chanukah Food

Oil played a significant role in the Chanukah story—the small jug of oil that miraculously provided fuel for the Temple Menorah for eight days.

It is a Jewish tradition to eat foods that reflect the significance of a holiday. For at least the last thousand years, Jews have traditionally eaten oily foods on Chanukah.

Among the most popular Chanukah dishes are potato *latkes* (pancakes) and *sufganiot* (deep-fried doughnuts).



## Spin the Dreidel

The traditional Chanukah *dreidel* (spinning top) is a throwback to the times when the Greek armies of King Antiochus controlled the Holy Land, before the Maccabees defeated them. The powerful regime passed a series of laws outlawing the study of Torah and many of the mitzvot.

Jewish children resorted to learning Torah in outlying areas and forests. Even this plan was not foolproof, for the enemy had many patrols. The children therefore brought along small tops that they would quickly pull out and play with after secreting away their texts, so that they could pretend to be merely playing games. Our Chanukah *dreidel* games are a salute to these Jewish children.

The classic *dreidel* is a four sided spinning top made of wood, plastic, or the proverbial clay. On the four sides of the *dreidel* appear four letters from the Hebrew alphabet—*nun* (נ), *gimmel* (ג), *hey* (ה), and *shin* (ש). These four letters are an acronym for "*nes gadol hayah sham*"—"a great miracle happened there."

### The Game

1. All players sit around the playing area.
2. A pot (nuts, pennies, chocolate coins) is equally divided amongst all players.
3. Everyone takes a turn at spinning the *dreidel*; the one with the highest spin has first turn. (*Nun* is highest, then *gimmel*, *hey*, and *shin*.) If there is a tie for highest, those who tied spin again.
4. Everyone puts one unit of the ante into the pot.
5. The one who has first turn is followed in clockwise direction by all the others.
6. Player A spins the *dreidel* while everyone waits in utter suspense

If the *dreidel* lands on a...

נ **Nun** stands for *nes*, miracle. If you roll a Nun you neither pay nor gain anything.

ג **Gimel** stands for *gadol*, great. If you roll a Gimel you win everything.

ה **Hay** stands for *haya*, was. If you roll a Hay you win half.

ש **Shin** stands for *sham*, there. If you roll a shin you lose everything.

### Chanukah Gelt

To remember the high point of Jewish freedom, many parents give their children Chanukah Gelt (money) on Chanukah. Sometimes it is given as a reward for Torah learning.

Chanukah Gelt comes in handy to give a little extra charity. Invest in a worthy cause.

If you have any questions or would like more information, please contact Nora at 477-7508 or [nsobel@aspercampus.mb.ca](mailto:nsobel@aspercampus.mb.ca).

## JEWISH HOLIDAYS HANDOUT

### WHAT IS ROSH HASHANAH?

Rosh Hashanah (Head of the Year ) occurs on the first and second days of the Hebrew Month of Tishrei (this year September 13 & 14, 2007) and is the start of the Jewish New Year.

On the first night of Rosh Hashanah, **September 12, 2007** it is customary to greet one another with blessings and good wishes of:

*L' Shana Tova Tekatev v'etachetem -  
May you be inscribed for a sweet and good year!*

The Jewish New Year is a solemn but festive holiday where work is not permitted.

### HOW CAN WE CELEBRATE ROSH HASHANAH?

#### Hear the Shofar

The central observance of Rosh Hashanah is the sounding of the **shofar**, the ram's horn, which represents the trumpet blast of a people's coronation of their king. Similarly, on Rosh Hashanah we "coronate" G-d by sounding the *shofar*.

On the first and second day of Rosh Hashanah, people can go to the synagogue and hear at least 30 *shofar* blasts. The **cry** of the *shofar* serves also to 'wake us up' spiritually and focus our attention on G-d. On this day G-d judges all mankind and decrees how the upcoming year will play out for each and every one of us.

The first day of Rosh Hashanah serves as the first of the "Ten Days of Repentance" which culminate in **Yom Kippur**, the Day of Atonement.

#### Light Candles

Girls and all women that are in the house (or if there isn't a woman in the house, the head of the household), light candles to usher in each night of the holiday.

#### Traditional Foods

On both nights of Rosh Hashanah it is customary to eat foods which symbolize sweetness, blessings and abundance.

During the High Holidays, a round challah (bread) is used -- symbolizing fullness and completion, and it is customary to dip the bread into honey -- symbolizing our prayer for a sweet new year.

Then, after most of the slice of bread has been eaten, we take an apple and dip it in honey.

A head (of fish or fowl) is served.

We also eat carrots (in Yiddish carrots are called *Mern* which means to multiply).

If you have any questions or would like more information, please contact Nora at 477-7508 or [nsobel@aspercampus.mb.ca](mailto:nsobel@aspercampus.mb.ca).

## JEWISH HOLIDAYS HANDOUT

### WHAT IS SUKKOT?

Sukkot means Booths or Huts. The Festival of Sukkot begins 5 days after Yom Kippur (Day of Atonement). This year, Sukkot starts on Wednesday, September 26 evening.

Lasting for seven days, Sukkot commemorates the temporary dwellings that the Jewish people resided in throughout their desert travels.

No work is permitted on the first two days of the holiday (Thursday, September 27 and Friday, September 28).

On the eighth day from the beginning of Sukkot (this year on Thursday, October 4) we celebrate Shemini Atzeret (lit: Eight Day Gathering). It is seen as the culmination of the Sukkot holiday, and by extension, all the holidays of the past month.

The second day of Shemini Atzeret (Friday, October 5) is referred to as Simchat Torah (lit: Rejoicing with the Torah) and on it, we complete the annual cycle of the reading of the Torah (Old Testament).

Work is not done on these days.

### HOW CAN WE CELEBRATE SUKKOT?

#### Eat in the Sukkah

The holiday of Sukkot commemorates G-d's kindness to the Jewish people while in the desert at the time of the Exodus. We mark this kindness by eating in a Sukkah, a hut covered with branches, throughout the seven days of Sukkot, and by blessing the "Four Kinds". The mitzvah of dwelling, eating and spending time in the Sukkah is unique in that the entire person is involved in a *mitzvah* (good deed). The mitzvah of Sukkah encompasses every part of the body.

#### Light Candles

Girls and all women that are in the house (or if there isn't a woman in the house, the head of the household), light candles to usher in each night of the holiday.

#### The Four Kinds

Another Sukkot observance is the taking of the **Four Kinds**: an **etrog** (citron), a **lulav** (palm frond), three **hadassim** (myrtle twigs) and two **aravot** (willow twigs).

On each day of the festival (excepting Shabbat), we take the Four Kinds, recite a blessing over them, bring them together in our hands and wave them in all six directions: right, left, forward, backward, up and down. We wave them on all sides to signify that G-d is everywhere.

One of the most known explanations is that the Four Kinds represent the various types and personalities that comprise the community of Israel, whose intrinsic **unity** we emphasize on Sukkot.

The citrus, or *etrog*, combines both delicious taste and a fragrance which is enjoyed by all. It represents the Jewish person who is both learned in Torah (Old Testament), as well as observant of the mitzvahs (good deeds).

The palm branch, or *lulav*, is of a tree that bears fruit; dates with good taste, but is odorless. It represents those among Israel who are Torah scholars but do not particularly emphasize good deeds.

The myrtle twigs, or *hadasim*, are fragrant but tasteless. It represents Jewish people who are filled with good deeds but are not learned in Torah.

The branches of willow, or *aravot*, have neither taste nor smell. It represents those Jewish people who are unlearned in Torah and void of good deeds.

Putting these four Kinds together teaches us that no one, not even the citrus or the palm branch can be complete without every single Jewish person - even without the willows. Without unity the citrus alone is no mitzvah (good deed) at all.

If you have any questions or would like more information, please contact Nora at 477-7508 or [nsobel@aspercampus.mb.ca](mailto:nsobel@aspercampus.mb.ca).

## JEWISH HOLIDAYS HANDOUT

### WHAT IS TU B'SHEVAT?

Tu B'Shevat, the 15th of *Shevat* on the Jewish calendar, is the day that marks the beginning of a "New Year for Trees."

This is the season in which the earliest-blooming trees in the Land of Israel emerge from their winter sleep and begin a new fruit-bearing cycle.

This year, Tu B'Shevat is on Tuesday, January 22. Work is not prohibited, but the day is invested with a festive sense.

### HOW CAN WE CELEBRATE TU B'SHEVAT?

#### Eating Fruits

It is customary to increase in the amount of fruits one eats on the 15th of Shevat, in order to praise G-d who created all these species of fruits.

In particular, one should include among the fruits one eats on this day the species of fruit which the land of Israel is praised for: **grapes, figs, pomegranates, olives and dates.**

One should also make an effort to eat at least one fruit that has not eaten that entire season.

#### Tree Planting

In ancient times, the land of Israel was once fertile and well forested. Over centuries of repeated conquest, destructions, and desertification, Israel was denuded of trees.

The early Zionists seized upon Tu B'Shevat as an opportunity to celebrate their tree-planting efforts to restore the ecology of ancient Israel and as a symbol of renewed growth and flowering of the Jewish people returning to their ancestral homeland.

In modern times, Tu B'Shevat continues to be an opportunity for planting trees. Many Jewish people observe Tu B'Shevat by contributing money to the Jewish National Fund, an organization devoted to reforesting Israel.

Outside Israel, symbolic plantings are often done for the holiday, with trees planted in one's yard or community, or houseplants started from seeds, particularly parsley, which will sprout in time for Passover.

For environmentalists, Tu B'Shevat is an ancient and authentic Jewish connection to contemporary ecological issues. It is a day to focus on the environmental sensitivity of the Jewish tradition by planting trees wherever Jews may live. And it is also an opportunity to raise awareness about and to care for the environment through the teaching of Jewish sources celebrating nature.

## Tu B'Shevat Seder

The *kabbalists* (mystics) of *Tzfat* (the city of Safed) in the Land of Israel in the 16th century created a new ritual to celebrate Tu B' Shevat called the Feast of Fruits.

Modeled on the Passover Seder, participants would read selections from the *Tanach* (Hebrew Bible) and rabbinic literature, and eat fruits and nuts traditionally associated with the land of Israel.

There are five fruits and two grains associated with Israel as a "*land of wheat and barley, of vines, figs and pomegranates, a land of olive trees, and [date] honey.*"

A prominent place in the Tu B'Shevat Seder was also given to almonds, since the almond trees were believed to be the first of all trees in Israel to blossom.

Participants in the Seder would also drink four cups of wine: white wine (to symbolize winter), white with some red (a harbinger of the coming of spring); red with some white (early spring) and finally all red (spring and summer).

The Tu B'Shevat Seder has increased in popularity in recent years. Celebrated as a congregational event, the modern Tu B' Shevat Seder is multi-purpose. While retaining some *kabbalistic* elements--and still very much a ritual that connects participant to the Land of Israel--the Seder today is often imbued with an ecological message as well.

The common elements are the drinking of four cups of wine and the eating of different fruits. While these customs go back to the mystical Tu B'Shevat Seder, the elements may be interpreted differently in the modern celebrations.

If you have any questions or would like more information, please contact Nora at 477-7508 or [nsobel@aspercampus.mb.ca](mailto:nsobel@aspercampus.mb.ca).

## Appendix 4 – Muslim Culture Handouts

### Death:

The family should be allowed to be with the patient at the time of death. They could also request that a religious counselor, either male or female, be present.

It is forbidden to look at the private parts of the corpse. It would be greatly appreciated if the health care worker showed the same respect.

Funeral and burial arrangements are made through the local Islamic Centre/Mosques.

### View on Suffering and Death:

A Muslim faces death as inevitable. To Muslims death is not the end but just the beginning of their eternal life. Muslims believe in Resurrection on the day of Judgement.

Muslim patients find solace and comfort in the words of the Qur'an:

*"Be sure We shall test you with something of fear and hunger, some loss in goods or lives of the fruits (of your toil). But give glad tidings to those who are patient in adversity – who when afflicted with calamity say "To Allah we belong, and to Him is our return". It is they upon whom their Sustainer's blessings and grace are bestowed, and it is they who are on the right path."*

(Qur'an 2:155-57)

Muslims remind one another that God has promised in the Qur'an "Indeed after hardship cometh ease."

*For more information contact:*

Islamic Social Services Association Inc. (ISSA)  
toll free phone number: 1-866-239-ISSA  
website: [www.issaservices.com](http://www.issaservices.com)

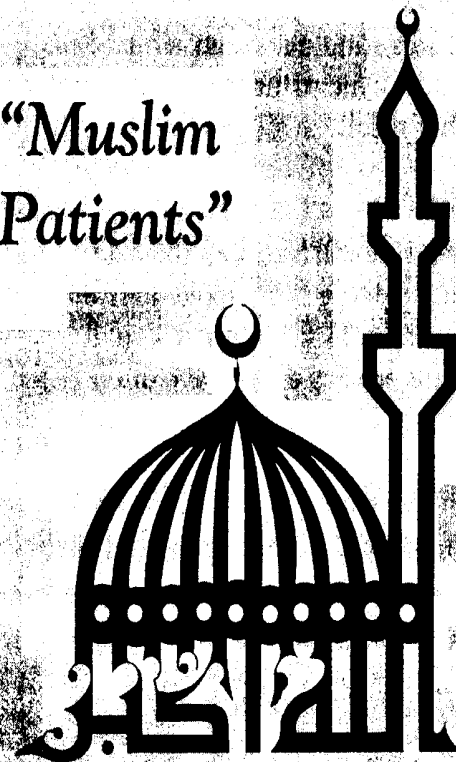
Our sincere thanks and appreciation to the Multiculturalism Program of the Department of Canadian Heritage for the grant which made this publication possible.



*In the name of Allah,  
most Gracious, most Merciful*

# GUIDELINES FOR HEALTH CARE WORKERS

*"Muslim  
Patients"*



ISLAMIC SOCIAL SERVICES  
ASSOCIATION INC.

*The Muslim population in North America is growing. Currently there are over 600,000 Muslims in Canada, and about 6 million in the United States. Muslims believe in one God (Allah) and Prophet Muhammad as the last Messenger. Muslims follow the Qur'an as the divine revelation, and the practices of the Prophet Muhammad.*

*This brochure is designed to help health care workers better understand the unique needs of their Muslim patients.*

### **Diet:**

Muslims are forbidden to take pork and its byproducts. Alcohol is also not permissible and should not be used in cooking. Bread and cookies should not contain lard or animal fat. Some patients may also prefer an all Kosher meal.

### **Interaction:**

Great care should be taken to ensure that female patients are looked after by female nurses. Muslim patients would appreciate privacy and notice of entry (so they may cover themselves properly). Most Muslim women wear a scarf, they should not be asked to remove it unless necessary.

Muslim patients would feel comfortable being examined by a doctor or nurse of the same sex. Exceptions may be made.

### **Prayer:**

Muslims perform five daily prayers and need to be in a state of purification for this ritual. They should not be interrupted during prayer unless absolutely necessary. A time table for prayers can be obtained on request from the Association.

Congregational Friday prayers are held at most major hospitals.

### **Personal Hygiene:**

In order to ensure that urine or excrement do not soil the body or clothes, Muslims cleanse themselves with water after using the toilet. This is essential in order to be in a clean state for prayer. Being unable to maintain this cleanliness may upset the patient. The health care worker may be able to help in this matter.

Muslims are required to clean their whole body with water (ghusl) at least once a week (usually on Friday). A woman who has just finished menstruating or bleeding due to childbirth will need to perform a ritual bath as well. Water can be wiped over casts and dressings. If it is thought that water will complicate the illness, dry ablution can replace the wash.

### **Festivals:**

A Muslim may be in the hospital during the Eid celebrations. These are two annual festivals, Eid-ul-Fitr and Eid-ul-Adha. Eid-ul-Fitr takes place directly after the fasting month. Eid-ul-Adha takes place after the yearly pilgrimage. A lunar calendar is followed to determine the dates of each.

### **Births:**

Since Muslim males must be circumcised, it would be convenient for the parents if this was done before the baby leaves the hospital.

### **Visiting the Sick:**

Visiting the sick is highly recommended in Islam. Visitors are a source of comfort to the patient and his/her family. Muslim patients are likely to receive many visitors during their stay at the hospital. These visits should however be of very short duration, as was practised by our Prophet Muhammad.



## Common Arabic Phrases

- ***Assalamu Alekum***: An Islamic greeting meaning "Peace be with you".
- ***Alhamdu lillah***: A phrase uttered when acknowledging God's grace, "Praise be to Allah".
- ***Subhan Allah***: This phrase means "God alone is worthy of praise". It is used when appreciating an achievement or blessing.
- ***Allah u Akbar***: Means "God is great". This is often used when acknowledging or recognizing an individual or an event.
- ***Jazak Allah Khair***: Islamic version of thank you translates as "May Allah reward you".
- ***Insha Allah***: An often used phrase among Muslims means "God willing".
- ***Masha Allah***: "Due to Allah" Pronounced when praising.

## Who is a Muslim?

A Muslim is one who believes that there is no god but One God (Allah) and that Prophet Muhammad is the final messenger of God.

## Do Muslims have a Holy Book?

The Qur'an is the Muslim Holy Book. It was revealed about 14 centuries ago to Prophet Muhammad over a period of 23 years. The Qur'an is the revealed book of God. The Qur'an has been preserved in its original text to this day. The Qur'an is a complete book of guidance for Muslims. The Islamic law (Shariah) is based on the Qur'an and Sunnah.

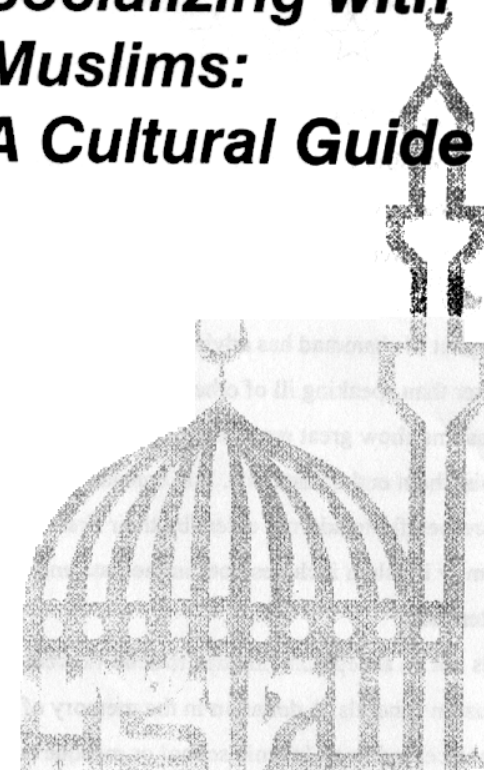
## What is Sunnah?

Sunnah are the sayings and practices of Prophet Muhammad. The Sunnah is the practical application of the Qur'an in everyday life.

*This made possible by the grant from the Multiculturalism Program of the Department of Canadian Heritage*

*IN THE NAME OF ALLAH, MOST GRACIOUS, MOST MERCIFUL*

# Socializing with Muslims: A Cultural Guide



**ISLAMIC SOCIAL SERVICES ASSOCIATION INC.**

PO Box 21010 RPO Charleswood  
Winnipeg, Manitoba  
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Phone: 204-944-1560  
Toll Free: 1-866-239-ISSA  
[www.ISSAServices.com](http://www.ISSAServices.com)

## Introduction

This brochure is designed to facilitate and promote a better understanding of Muslims and their cultural practices. There are over six million Muslims in North America. It is therefore of paramount importance that the mainstream society understands and appreciates the unique nature of Islamic culture.



## Social Custom

- Many Muslim women wear the hijab - an Islamic attire that covers the whole body in loose nontransparent clothing except the face and hands.
- Prophet Muhammad has advised that silence is better than speaking ill of others.
- Muslims show great respect to elders and will assist them enthusiastically. It is considered disrespectful to address elders by their first name
- Family in Islam includes both immediate and extended.
- It is not an acceptable practice to send flowers to Muslim funerals. A donation in the memory of the deceased to an Islamic school or mosque is recommended.
- Muslims are generally very affectionate towards children.
- Muslims show their appreciation by giving gifts.

The birth of a child is announced by distributing sweets and slaughtering a goat or sheep.

Muslims usually refer to each other as brother and sister.

## Social Etiquette

- Muslims refrain from making eye contact with the opposite sex. This is a sign of modesty and should not be taken as disrespect.
- Free intermixing between sexes is not desirable.
- Use of foul language or swearing is unacceptable.
- It is considered bad manners to speak loudly or to laugh hysterically.
- Muslims may decline invitations to work place functions such as Christmas parties if alcohol is a part of such functions.
- Muslim women will not allow men in their homes if a male relative is not present.
- Muslim girls and boys do not date.

## Muslim Guest

- Most Muslims do not shake hands with the opposite sex.
- Alcohol or any form of intoxicants are forbidden in Islam. It is advisable to avoid consumption when entertaining Muslims.
- Pork and its by-products are forbidden. Most Muslims will only partake of meat that is slaughtered Islamically (zabeeha).
- Information on purchasing halal meat is available through local Islamic centers.

themselves unless served by the host.

Muslims pray five times daily. A space should be provided for them to fulfill this obligation.

During the month of fasting, Muslims do not eat or drink from dawn to dusk.

## Muslim Host

- Display of physical intimacy in public is undesirable.
- It is usual for Muslim hosts to give a gift to their guest and vice versa.
- When visiting a Muslim home, one should accept refreshments to avoid offending the host.
- An invitation to Muslim homes always includes children unless specified otherwise.
- When visiting Muslim families or the mosque, one is expected to dress modestly/conservatively.

## General

- The term for God in Arabic is Allah. Allah has no gender or physical imagery.
- Muslims believe that Jesus is a Prophet of God but do not celebrate Christmas or Easter.
- Islam does not condone violence, racism or abuse.
- Muslim women may avoid socializing with their male colleagues.



## Appendix 5

### Support Services to Senior Participant Listing - January 7, 2010

Contact ID	First Name	Address	City	Prov	Postal	Company Name	Sub Title	Title	Work Phone	Community Area	Replies	Table Numbers
82	Brenda Friesen	Room 319-691 Wolseley Ave.	Winnipeg	MB	R3G 1C3	Broadway Seniors Resource Council	Lead Staff	Coordinator	(204) 772-3533	Downtown	Yes	1
131	Gail Pradel	1-425 Elgin Ave.	Winnipeg	MB	R3A 1P2	Downtown Seniors Health Resource Team		Primary Health Care Nurse	(204) 940-2269	Downtown	Yes	1
	Sharon Kuropatwa	1-425 Elgin Ave.	Winnipeg	MB	R3A 1P2	Downtown Seniors Health Resource Team		Team Manager	(204) 940-3165	Downtown	Yes	1
170	Helmut Epp	320 Sherbrook St.	Winnipeg	MB	R3B 2W6	Lions Housing Centres	Lead Staff	Chair/Manager	(204) 784-1240	Downtown		
	Leigh Carriere	320 Sherbrook St.	Winnipeg	MB	R3B 2W6	Lions Housing Centres			(204) 784-1240	Downtown	Yes	1
	Bev Hradowy	533 Greenwood	Winnipeg	MB	R3G 2X8	McClure Place/McClure United Church	President/Board Chair	Staff	(204) 775-2908	Downtown	Yes	1
	Christine Schroder	790 Wellington Ave	Winnipeg	MB	R3N 1A1	Seniors Home Help Inc.			(204) 783-9918	Downtown	Yes	1
149	Margaret Gibson	533 Greenwood	Winnipeg	MB	R3G 2X8	McClure Place/McClure United Church	President/Board Chair	Chair/Manager	(204) 775-2908	Downtown	regrets	
	Jerry Tom - (Temporary) Darin Yee	185 Smith St.	Winnipeg	MB	R3C 3G4	Manitoba Housing	340 Princess (Jerry) 470 Pacific (Jerry) 444 Kennedy (Darin)	Coordinator	(204)945-1902	Downtown		
	Claire Meiklejohn	333 Maryland	Winnipeg	MB		Winnipeg Regional Health Authority		Community Facilitator	(204) 940-8714	Downtown	Yes	2
	Kusela Capulong	1-425 Elgin Ave.	Winnipeg	MB	R3A 1P2	Downtown Seniors Health Resource Team		Primary Health Care Nurse	(204) 940-2269	Downtown	Yes	2
	Christine Schroeder Hubert	320 Sherbrook St.	Winnipeg	MB	R3B 2W6	Lions Housing Centres			(204) 784-1240	Downtown	Yes	2
	Jean Chennell	Portage Avenue	Winnipeg	MB		Klnic				Downtown		

Contact ID	First Name	Address	City	Prov	Postal	Company Name	Sub Title	Title	Work Phone	Community Area	Replies	Table Numbers
	Jim Draper	Room 319 - 691 Wolseley Ave.	Winnipeg	MB	R3G 1C3	Broadway Seniors Resource Council		Board member	(204) 772-3533	Downtown	Yes	2
83	Harry Paine	Room 319 - 691 Wolseley Ave.	Winnipeg	MB	R3G 1C3	Broadway Seniors Resource Council	President/Board Chair	Chair	(204) 772-3533	Downtown		
129	Illisa Hunta	200-280 Smith.	Winnipeg	MB		Downtown Senior Council		Coordinator	R3C 1K2	Downtown	regrets	
	Board Member	200-280 Smith.	Winnipeg	MB		Downtown Senior Council		Board Member		Downtown	regrets	
86	Patty Malone	425 Elgin Ave.	Winnipeg	MB	R3A 1P2	SAM Management	Lead Staff	Coordinator	(204) 956-2566	Downtown		
123	Henry Kroeker	790 Wellington Ave	Winnipeg	MB	R3N 1A1	Seniors Home Help Inc.	President/Board Chair	Board Member		Downtown	Yes	2
193	Art Johansson	1061 Sargent	Winnipeg	MB	R3E 3M6	Betelstadur Housing Cooperative Ltd.	President/Board Chair	President/Board Chair		Downtown		
115	Anne Williment	610 Portage Ave.	Winnipeg	MB	R3C 0G5	Lions Place		Coordinator	(204) 784-1273	Downtown		
	Tammy Mattern	341 York Avenue	Winnipeg	MB		Winnipeg Regional Health Authority		Community Area Director		Downtown	regrets	
14	Anne Cherewyk	528 Hudson St.	Winnipeg	MB	R3T 4E3	Fort Garry Rotary Services Inc.		Coordinator	(204) 284-7228	Fort Garry		
180	Melanie Hasenheit	800 Point Road	Winnipeg	MB	R3T 3L8	Fort Garry Seniors Resource Council		Coordinator	(204) 792-1913	Fort Garry	Yes	3
181	Lynn Redd	475 Lindenwood	Winnipeg	MB	R3P 2P3	Lindenwood Manor		Coordinator	(204) 475-9990	Fort Garry		
142	Amanda Younka	668 Stafford	Winnipeg	MB		Winnipeg Regional Health Authority		Community Facilitator	(204) 940-2196	Fort Garry	Yes	3
13	Cliffe Binnie	528 Hudson St.	Winnipeg	MB	R3T 4E3	Fort Garry Rotary Services Inc.		Chair/Manager	(204) 284-7228	Fort Garry		
	Bob Thompson	800 Point Road	Winnipeg	MB	R3T 3L8	Fort Garry Seniors Resource Council		Coordinator	(204) 792-1913	Fort Garry	Yes	3

Contact ID	First Name	Address	City	Prov	Postal	Company Name	Sub Title	Title	Work Phone	Community Area	Replies	Table Numbers
200	Elaine Kroeker	475 Lindenwood	Winnipeg	MB	R3P 2P3	Lindenwood Manor		Chair/Manager	(204) 475-9440	Fort Garry		
52	June Nasuti	1035 Wilkes Ave.	Winnipeg	MB	R3P 1V9	Villa Nova		Chair/Manager	(204) 489-8648	Fort Garry		
	Elliete Allec	1001 Corydon	Winnipeg	MB		Winnipeg Regional Health Authority		Community Area Director	(204) 938-5139	Fort Garry		
	Judy Asker	123-1 Morley Ave.	Winnipeg	MB	R3L 2P4	South Winnipeg Seniors Resource Council		Lead/Staff	(204) 478-6169	River Heights	yes	3
	Vivian Stunden	123-1 Morley Ave.	Winnipeg	MB	R3L 2P4	South Winnipeg Seniors Resource Council		Board Member	(204) 478-6169	River Heights	yes	3
6	Joanne Schmidt	Bethel Place 100-445 Stafford Ave.	Winnipeg	MB	R3M 3V9	Bethel Mennonite Care Service		Chair/Manager	(204) 284-3762	River Heights		
108	Angie Stojke	445 Stafford Ave.	Winnipeg	MB	R3M 3V9	Bethel Place		Coordinator	(204) 284-3762	River Heights		
79	Tamar Barr	B100-123 Doncaster St.	Winnipeg	MB	R3N 2B3	Rady Jewish Community Centre - Fifty and Beyond		Program Director	(204) 477-7545	River Heights		
107	Gerry Caplap	285 Pembina Hwy.	Winnipeg	MB	R3L 2E1	285 Pembina Inc.	Lead Staff	Chair/Manager	(204) 284-0802	River Heights	yes	3
106	Josie Barbosa	285 Pembina Hwy.	Winnipeg	MB	R3L 2E1	285 Pembina Inc.		Coordinator	(204) 478-7953	River Heights	yes	3
78	Kathy Taylor-Hallick	B100-123 Doncaster St.	Winnipeg	MB	R3N 2B3	Rady Jewish Community Centre - Fifty and Beyond		Coordinator	(204) 477-7545	River Heights	Yes	3
49	Linda Caldwell	433 River Ave.	Winnipeg	MB	R3L 2V1	Villa Cabrini	Lead Staff	Coordinator	(204) 284-2880	River Heights		
	Jerry Tom	601 Osborne	Winnipeg	MB		Manitoba Housing Authority		Coordinator (TEMPORARY AS OF NOV 11/09)		River Heights		
126	Tony Romeo	433 River Ave.	Winnipeg	MB	R3L 2V1	Villa Cabrini		Board Chair	(204) 284-2880	River Heights		
	Kathy Henderson	1-189 Evanson	Winnipeg	MB	R3G 0N9	Winnipeg Regional Health Authority		Support Services to Seniors Facilitator	(204) 940-2514	Other	Yes	Floating

Contact ID	First Name	Address	City	Prov	Postal	Company Name	Sub Title	Title	Work Phone	Community Area	Replies	Table Numbers
145	Jeanette Edwards	PE 450 1 Morely	Winnipeg	MB	R3L 2P4	Winnipeg Regional Health Authority		Regional Director Primary Health Care	(204) 940-8473	Other	Yes	Floating
138	Madeline Kohut	PE 450 1 Morely	Winnipeg	MB	R3L 2P4	Winnipeg Regional Health Authority		Regional Seniors Specialist	(204) 940-8574	Other	Yes	Floating
	Shahina Saddiqui	416 McDermot Ave.	Winnipeg	MB	R3A-0A9	Islamic Social Services Association Inc.		President/Executive Director	(204) 944-1560	Panel	Yes	Floating
	Mohinder Singh		Winnipeg	MB						Panel	Yes	floating
	Brenda Roland	323 Portage Ave	Winnipeg	MB		Winnipeg Regional Health Authority		Aboriginal Patient Advocate	940-8714	Panel	Yes	Floating
71	Board Member	Unit 4 - 100 Robinson St.	Winnipeg	MB	R2W 5M8	Aboriginal Seniors Resource Centre of Winnipeg Inc		Chair	(204) 586-4595	Point douglas		
73	Thelma Meade	Unit 4 - 100 Robinson St.	Winnipeg	MB	R2W 5M8	Aboriginal Seniors Resource Centre of Winnipeg Inc		Program Coordinator	(204) 586-4595	Point douglas		
	Board Member	817 Main St.	Winnipeg	MB	R2W 2M7	Point Douglas Seniors Coalition		Board Member	(204) 792-8894	Point douglas		
	Jerry Tom Nadine Irvnie		Winnipeg	MB		Manitoba Housing	515 Elgin (Jerry Temp) 185 Smith (Nadine)	Coordinator		Point douglas		
165	vacant	300 Selkirk Avenue	Winnipeg	MB		Canadian Polish Manor	Lead Staff	Chair/manager	(204) 582-4435	Point douglas	regrets	
192	vacant	300 Selkirk Avenue	Winnipeg	MB		Canadian Polish Manor	President/Board Chair	President/Board Chair	(204) 582-4435	Point douglas	regrets	
	Eckhard Goerz	363 McGregor Street	Winnipeg	MB	R2W 4X4	Winnipeg Regional Health Authority		CAD	(204) 940-2557	Point douglas		
144	Vince Sansregret	363 McGregor Street	Winnipeg	MB	R2W 4X4	Winnipeg Regional Health Authority		Community Facilitator	(204) 940-2557	Point douglas	Yes	4
93	Theresa Lajambe	817 Main St.	Winnipeg	MB	R2W 2M7	Point Douglas Seniors Coalition		Coordinator	(204) 792-8894	Pt. Douglas	Yes	4

Contact ID	First Name	Address	City	Prov	Postal	Company Name	Sub Title	Title	Work Phone	Community Area	Replies	Table Numbers
			Winnipeg	MB		Mount Carmel Clinic		Staff member		Pt. Douglas		
56	Amanda Macrae	200-280 Smith.	Winnipeg	MB		Age & Opportunity Centre Inc.	Lead Staff	Executive Director	(204) 956-6440	Regional	Yes	5
	Clement Perrault	844 Autumnwood	Winnipeg	MB	R2J 1C1	Le Conseil de Francophone		Coordinator		Regional	Yes	5
114	Wilf Hudson	C/O Dauphin Multi-Purpose Senior Centre 5-1st Street Ave	Winnipeg	MB	R7N 2A2	Manitoba Association of Multipurpose Senior Centre	President/Board Chair	Chair		Regional	regrets	
30	Josh Maxwell	1-185 Smith St.	Winnipeg	MB	R3C 3G4	Manitoba Housing		Chair/Manager	(204) 945-0821	Regional		
104	Dr. Doug Brothwell	D108-780 Bannatyne Avenue	Winnipeg	MB	R3E 0W2	University of Manitoba		Division Head	(204) 789-3892	regional		
212	Kathy Ilg	1081 Portage	Winnipeg	MB	R3C 3M3	CNIB		Coordinator		Regional	yes	5
	Kristine Hayward	2-189 Evanson	Winnipeg	MB	R3G 0N9	Winnipeg Regional Health Authority		In Motion Coordinator	204-940-2003	Regional	Yes	5
	Patti Chiappetta	812-155 Carlton	Winnipeg	MB	R3C 3H8	Seniors Secretariat		Acting Executive Director	(204) 945-1836	Regional	Yes	5
	Mayorie Wood	270 Sherbrook St.	Winnipeg	MB	R3B 2B9	Creative Retirement Manitoba	Lead Staff		(204) 949-2565	Regional		
	Sunita Persaud	111-University Centre Building	Winnipeg	MB	R3T 2N2	Medication Information Line for the Elderly		Pharmacist Consultant	(204) 474-6493	Regional		
	John Walton	500-283 Portage Ave.	Winnipeg	MB	R3B 2B5	Meals on Wheels of Winnipeg Inc.	Lead Staff	Executive Director	(204) 956-7711	Regional	regrets	
	Connie Newman	19-2825 Ness Avenue	Winnipeg	MB	R3J 1A2	Manitoba Association of Multipurpose Senior Centre	President/Board Chair	Chair		Regional	Yes	5
	Susan Gordan	168 Wilton St.	Winnipeg	MB	R3M 3C3	Rupert's Land Caregiver Services	Board Member		(204) 452-9491	Regional	yes	5

Contact ID	First Name	Address	City	Prov	Postal	Company Name	Sub Title	Title	Work Phone	Community Area	Replies	Table Numbers
	Annette Alix	1800-155 Carlton	Winnipeg	MB		Winnipeg Regional Health Authority		Community Project Coordinator		Regional		
	Staff member	D108-780 Bannatyne Avenue	Winnipeg	MB	R3E 0W2	University of Manitoba		Division Head	(204) 789-3892	regional		
	Margaret Mackling	19-2825 Ness Avenue	Winnipeg	MB	R3J 1A2	Manitoba Association of Multipurpose Senior Centre	President/Board Chair	Chair		Regional	Yes	6
174	Suzie Matenchuk	791 Notre Dame	Winnipeg	MB	R3E 0M1	Winnipeg Regional Health Authority		Volunteer Services	787-7247	Regional	Yes	6
	Colleen Schneider	PE 450 1 Morely	Winnipeg	MB	R3L 2P4	Winnipeg Regional Health Authority		CHAC Manager	(204) 940- 8569	Regional		
118	Lisa May	2100-185 Smith St.	Winnipeg	MB	R3C 3G4	Manitoba Housing Authority		Manager	(204) 945-8129	Regional		
172	Annika Weeks	200-280 Smith.	Winnipeg	MB	R2W 2M7	Age & Opportunity Centre Inc.		Board Member	(204) 956-6440	Regional	yes	6
188	MeeraThadani	Room 111 - University Centre Bldg.	Winnipeg	MB	R3T 2N2	Medication Information Line for the Elderly	Lead Staff	Manager	(204) 474-6493	Regional		
158	Leonard Furber	1081 Portage	Winnipeg	MB		CNIB		Coordinator		Regional	yes	6
97	Syva-lee Wildenmann	168 Wilton St.	Winnipeg	MB	R3M 3C3	Rupert's Land Caregiver Services	Lead Staff	Coordinator	(204) 452-9491	Regional	yes	6
	Linda Godin-Sorin	3rd Floor - 5 Donald Street, Winnipeg, Manitoba	Winnipeg	MB	R3L 2T4	United Way			477-5360 ext. 269	Regional	yes	6
	Margaret Steele	270 Sherbrook St.	Winnipeg	MB	R3B 2B9	Creative Retirement Manitoba	Lead Staff	Chair	(204) 949-2565	Regional		
166	James Heinrichs	165 Donwood	Winnipeg	MB	R2G 0V9	Donwood Manor Elder Persons Housing Inc.	Lead Staff	Executive Director	(204) 668-4410	River East		
68	Bob Ashuk	720 Henderson Hwy	Winnipeg	MB	R2K 2K5	Good Neighbours Senior Centre Inc.	President/Board Chair	Chair	(204) 669-1710	River East		
146	Cath McFarlane	975 Henderson Hwy.	Winnipeg	MB	R2K 4L7	Winnipeg Regional Health Authority		Community Facilitator	(204) 938-5040	River East	yes	7



Contact ID	First Name	Address	City	Prov	Postal	Company Name	Sub Title	Title	Work Phone	Community Area	Replies	Table Numbers
	Chris Brezden	165 Donwood	Winnipeg	MB	R2G 0V9	Donwood Manor Elder Persons Housing Inc.	Lead Staff	Tenant resource Coordinator	(204) 668-4410	River East	yes	7
67	Susan Sader	720 Henderson	Winnipeg	MB	R2K 0Z5	Good Neighbours Senior Centre Inc.	Lead Staff	Executive Director	(204) 669-1710	River East	yes	8
40	Eleanor Stelmack	720 Henderson	Winnipeg	MB	R2K 0Z5	River East Seniors Health Resource Team		Occupational Therapist	(204) 940-2114	River east	yes	7
	Cherry Nixdorf	755 Henderson Hwy.	Winnipeg	MB	R2K 2K5	River East Seniors Health Resource Team		Occupational Therapist Student	(204) 940-2114	River east		
	Stephanie Warren	755 Henderson Hwy.	Winnipeg	MB	R2K 2K5	River East Seniors Health Resource Team		Occupational Therapist Student	(204) 940-2114	River east		
134	Gail Vande Vyvere	Room 111 - University Centre Bldg.	Winnipeg	MB	R3K 4L7	River East Seniors Health Resource Team		Team Manager	(204) 938-5310	River East	yes	8
132	Karen Janzen	720 Henderson	Winnipeg	MB	R2K 0Z5	River East Seniors Health Resource Team		Primary Health Care Nurse	(204) 940-2114	River east		
5	Ray Koop	1045 Concordia Ave.	Winnipeg	MB	R2K 3S7	Bethania Personal Care Home	Lead Staff	Chair/Manager	(204) 667-0795	River East		
168	Jim Hardy	1045 Concordia Ave.	Winnipeg	MB	R2G 0J8	Bethania Personal Care Home		Chair/Manager	(204) 783-3752	River East		
	Deb Vanance	975 Henderson Hwy.	Winnipeg	MB		Winnipeg Regional Health Authority		Community Area Director		River East	regrets	
	board member	755 Henderson Hwy	Winnipeg	MB	R2K 2T4	River East Council for Seniors		board member	(204) 667-6812	River East		
77	Debbie Wolfson	755 Henderson Hwy	Winnipeg	MB	R2K 2T4	River East Council for Seniors	Lead Staff	Coordinator	(204) 667-6812	River East	Yes	8
	Colleen Tackelberry	845 Regent	Winnipeg	MB	R2C 3A9	Transcona Council for Seniors		Coordinator	(204) 222-9879	Transcona	Yes	7
	Fred Bobrowski	845 Regent	Winnipeg	MB	R2C 3A9	Transcona Council for Seniors		Board Member	(204) 222-9879	Transcona	Yes	7
	Stacey Boone	845 Regent	Winnipeg	MB	R2C 3A9	Winnipeg Regional Health Authority		Community Facilitator	(204) 938-5303	Transcona		

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70	Marilyn Regiec	1588 Main St.	Winnipeg	MB	R2V 1Y3	Gwen Sector Creative Living Centre	Lead Staff	Executive Director	(204) 339-1701	seven Oaks		
69	Judy Kaplan	1588 Main St.	Winnipeg	MB	R2V 1Y3	Gwen Sector Creative Living Centre	President/Board Chair	Chair	(204) 339-1701	seven Oaks		
203	Bev McCallum	280 Balderstone Rd.	West St. Paul	MB	R4A 4A6	Middlechurch Home of Wpg Community Services Progra		Coordinator	(204) 336-4110	Seven Oaks	Yes	9
211	Betty Bender	280 Balderstone Rd.	West St. Paul	MB	R4A 4A6	Middlechurch Home of Wpg Community Services Progra	Lead Staff	Chair	(204) 336-4100	Seven Oaks	Yes	9
	Susan Alder	1588 Main St.	Winnipeg	MB	R2V 1Y3	Seven Oaks Seniors' Links	Lead Staff	Coordinator	(204) 612-3888	Seven Oaks	Yes	9
127	Bev Wirth	Willow Centre 61 Tyndall	Winnipeg	MB	R2X 2T4	Willow Centre	Lead Staff	Chair	(204) 632-5940	Inkster		
139	Betty Leronowich	1490 Burrows	Winnipeg	MB	R2X 0S8	Keewatin/Inkster Neighbourhood Resource Council		Coordinator		Inkster		
	Reverend Scott MacAvley	1490 Burrows	Winnipeg	MB	R2X 0S8	Keewatin/Inkster Neighbourhood Resource Council		Board Member		Inkster		
	Michelle Kirkbride	61 Tyndall	Winnipeg	MB	R2X 2T4	Nor West Coop	Lead Staff	Chair	(204) 940-2145	Inkster	Regrets	
	Corey Mohr	61 Tyndall	Winnipeg	MB	R2X 2T4	Nor West Coop	Lead Staff	Chair	(204) 940-2145	Inkster	yes	9
	Shannon Carpentier	61 Tyndall	Winnipeg	MB	R2X 2T4	Nor West Coop	Lead Staff	Chair	(204) 940-2145	Inkster	regrets	
140	Kim Baily	3-1050 Leila	Winnipeg	MB	R2P 1E6	Winnipeg Regional Health Authority		Community Facilitator	(204) 938-5305	Seven Oaks	yes	9
	Georgette Dupuis	431 Tache N5033	Winnipeg	MB	R2H 2A6	Centre de Sante				St. Boniface	yes	10
117	Roger LaFrance	D-1026 St. Mary's Rd.	Winnipeg	MB	R3C 3S6	Manitoba Housing Authority		Coordinator	(204) 945-4925	St. Boniface		
	Lilianne Prairie		Winnipeg	MB	R2H 2A6	Centre de Sante		Manager		St. Boniface		
110	Guy Mao	200, rue Masson	Winnipeg	MB	R2H 3G1	L'Accueil Colombien Inc.	Lead Staff	Chair/Manager	(204) 233-0501	St. Boniface	Yes	10
10	Peter Lang	100-303 Goulet St.	Winnipeg	MB	R2H 3C4	Columbus Manor	Lead Staff	Chair/Manager	(204) 233-7080	St. Boniface		

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15	Roslyne Dupuis	200 Horace St.	Winnipeg	MB	R2H 0W5	Foyer Vincent	Lead Staff	Chair/Manager	(204) 233-1925	St. Boniface		
154	Dianne Dorge	200, rue Masson	Winnipeg	MB	R2H 3G1	L'Accueil Colombien Inc.		Coordinator	(204) 233-0501	St. Boniface		
53	Guy St. Godard	400, rue Des Meurons	Winnipeg	MB	R2H 3H3	Villa Tache/Place des Meurons		Coordinator	(204) 237-7505	St. Boniface		
	Susan Stratford		Winnipeg	MB		Winnipeg Regional Health Authority		Community Area Director		St. Boniface		
	Karen Irvine	6-845 Dakota St.	Winnipeg	MB		Boni-Vital Council for Seniors	Lead Staff	Coordinator	(204) 255-2061	St. Vital	Yes	10
	Patrick Hubert	6-845 Dakota St.	Winnipeg	MB	R2M 5M3	Boni-Vital Council for Seniors	President/Board Chair	Chair	(204) 255-2061	St. Vital		
	Cesar Gonzales	6-845 Dakota St.	Winnipeg	MB		Youville Centre		Staff		St. Vital	Yes	10
	Tamara Pidhirney	1026 - D St. Mary's Rd	Winnipeg	MB	R2M 3S6	Manitoba Housing		Coordinator		St. Vital/St Boniface		
116	Iris Zeif	1026-D St. Mary's Rd.	Winnipeg	MB	R2M 3S6	Manitoba Housing		Coordinator	(204) 945-5924	St. James		
	Anita Moore	3041 Roblin	Winnipeg	MB		Winnipeg Regional Health Authority		Community Area Director		St. James		
76	Connie Newman	203 Duffield	Winnipeg	MB	R3J 0L3	St. James Assiniboia 55 + Centre Inc.	President/Board Chair	Chair	(204) 987-8851	St. James		
103	Gerri Hewitt	203 Duffield	Winnipeg	MB	R3J 0L3	St. James Assiniboia 55+ Centre Inc.	Lead Staff	Executive Director	(204) 987-8851	St. James	Regrets	
	Liz St. Godard	203 Duffield	Winnipeg	MB	R3J 0L3	St. James-Assiniboia Seniors Health Promotion R.T.		Dietitian	(204) 940-2683	St. James	Yes	11
137	Laurie Green	203 Duffield	Winnipeg	MB	R3J 0L3	St. James-Assiniboia Seniors Health Promotion R.T.		Primary Health Care Nurse	(204) 940-3261	St. James	Yes	11
	Laurna Shaw Hoepfner	203 Duffield	Winnipeg	MB	R3J 0L3	St. James-Assiniboia Seniors Health Promotion R.T.		Dietician			Yes	
147	Sharon Walters	2-2015 Portage Ave.	Winnipeg	MB	R3J 0K3	Winnipeg Regional Health Authority		Community Facilitator	(204) 940-2117	St. James	Yes	11
157	Shelia Hunter	2300 Ness Ave.	Winnipeg	MB	R3J 1A2	Metropolitan Kiwanis Courts	Lead Staff	Chair/Manager	(204) 885-7700	St. James		

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75	Louis Sorin	2-2015 Portage Ave.	Winnipeg	MB	R3J 0K3	St. James-Assiniboia Seniors Health Promotion R.T.		Team Manager	(204) 940-2371	St. James		
	Bob Gordon	5600 Roblin	Winnipeg	MB		Charleswood Senior Centre Inc.	President/Board Chair	Chair	(204) 897-5263	Assiniboine South		
	Joanne Grusko	5600 Roblin	Winnipeg	MB		Charleswood Senior Centre Inc.	Lead Staff	Executive Director	(204) 897-5263	Assiniboine South		
	Adele Spence	203 Duffield	Winnipeg	MB	R3J 0L3	St. James Assiniboia 55+ Centre Inc.	Lead Staff		(204) 987-8851	St. James	Yes	11
	Bobbi Sturby	203 Duffield	Winnipeg	MB	R3J 0L3	St. James Assiniboia 55+ Centre Inc.	Board member		(204) 987-8851	St. James	Yes	11