



Winnipeg Regional
Health Authority

Caring for Health

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santé de Winnipeg

À l'écoute de notre santé

Support Services to Seniors Program

**Education and Collaborative Planning Session
November 2, 2012**



**Prepared by:
Support Services to Seniors
Winnipeg Regional Health Authority**

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Summary

On Friday, November 2nd, 2012 the Winnipeg Regional Health Authority (WRHA) Support Services to Seniors (SSS) program held its ninth annual Education and Collaborative Planning Day.

Background

The Winnipeg Regional Health Authority (WRHA) Support Services to Seniors (SSS) program prepared this report based on the day's activities and discussions.

The healthy equities dialogue with Support Services to Seniors programs and services assisted in increasing participants' knowledge and understanding of the relationship between health equities and delivery of programs and services for individuals who are 55 and older in the Winnipeg Health Region.

The presenter on this topic of health equities was Dr. Pat Martens, Director of the Manitoba Centre for Health Policy.





Preamble

Seventy-four participants attended the Support Service to Seniors Education and Collaborative Planning session. Participants included funded agency board members, agency staff, WRHA Healthy Aging Resource Team members, community facilitators/ community developers, and WRHA team managers.

Participants were assigned to tables based on the twelve community areas in the Winnipeg region. Those agencies that provide region wide services were assigned to a table representing the regional agencies. This enabled all participants to discuss issues and plans based on populations of older adults.

The objectives of the Support Services to Seniors Planning Day were:

1. To develop awareness, understanding and knowledge on equity issues that have an impact on older adults 55+, their families and caregivers, service providers and Support Services to Seniors organizations.
2. To maintain, and enhance where possible, awareness, understanding and knowledge of Support Services to Seniors organizations.
3. To stop, acknowledge, appreciate and celebrate accomplishments that Support Services to Seniors have achieved during the last year.
4. To collaborate, build partnerships and identify top priorities that support health and well being and aging in place.
5. To provide an opportunity for Support Services to Seniors agencies to network, share ideas and continue to collaborate with one another and to view various Support Services to Seniors resource material.

The day began with light refreshments and early registration. This gave participants time to network with other participants from various community areas. Participants also had the opportunity to review the 'Who's Who in the Zoo' information Quiz. This quiz opened dialogue among the community area tables about Support Services to Seniors programs and services in the Winnipeg region.

The quiz also assisted new staff and board members in their understanding of the broad range of Support Services to Seniors programs and services.

The day also began with welcoming participants to the day and general housekeeping from Kathy Henderson, Support Services to Seniors facilitator and Madeline Kohut, Community Development and Seniors Specialist.

Opening remarks of the day were given by Dr. Catherine Cook, Vice President of Population and Aboriginal Health from the Winnipeg Regional Health Authority.

An overview of the day's objectives was presented by Jeanette Edwards, Regional Director Primary Health Care and Chronic Disease from the Winnipeg Regional Health Authority.

Dr. Pat Martens gave a lively and engaging presentation regarding health equity.

An energizer by the Winnipeg in motion student had participants up and moving to bring balance throughout the day. This was used as a reminder that everyone can stay in motion no matter where they are. The participants were given time to continue networking and enjoy a nutrition break. The break allowed time for participants to continue to share ideas, thoughts and gather together.

After the networking and nutrition break, community participants were invited back to their community table to brainstorm an example of delivering programs and services using a health equities lens. Each community area was given time to summarize their example through story telling. A summary of examples were documented at each table.

The community area tables were invited to stop and celebrate successes and accomplishments within their community areas. Each table posted their community area successes on the flip chart paper on the walls so individuals could view each community areas successes and accomplishments in the past year. These were documented at each table.

A buffet lunch gave participants some relaxing time to enjoy a healthy meal while walking around to engage other community areas in discussion on health equity, successes and accomplishments and networking opportunities.

After lunch participants were tasked to identify the top two priorities for Support Services to Seniors in their community area. These were documented at each table.

The wrap up and next steps were summarized by Ms. Jeanette Edwards. This included a brief overview of Support Services to Seniors programs and services and evaluations for the day.



2012 Regional Key Accomplishments and Initiatives

Support Services to Seniors Educational Promotion and Sessions

- The Support Services to Seniors held a session on Volunteer Management on January 26, 2012
- The Support Services to Seniors held an extra educational session based on the Transportation Options Network for Seniors – Changing Seats on February 27, 2012
- Support Services to Seniors continues to engage in various display booths and presentations at community health fairs, Red River College, Seniors and Elders Day, Aging Symposium, Housing Expo, McNally Robinson, University of Manitoba, etc.

Support Services to Seniors Networks

- Support Services to Seniors continues to facilitate network meetings for Community Resource Coordinators, Congregate Meal Coordinators, Senior Centres, Tenant Resource Coordinators and Support Services to Seniors in Group Living. These network meetings continue to receive positive feedback. Each network meeting has a network sharing and education component throughout the year.
- Support Services to Seniors educational component of the network meetings included topics such as: Heat Exhaustion, Bug N' Scrub, Advance Care Planning, Patient Rights and Talking to your Doctor, First Response program, Manitoba Institute for Patient Safety, La Villa DVD, 'Mission Nutrition' Congregate Meal Toolkit overview and Citizens on Patrol.

Support Services to Seniors

- Continues to support the delivery of unique and creative programs to older adults 55 and over and their families in the communities within the Winnipeg Health Region.
- Updated and renewed the Support Services to Seniors information sheets.
- Provided assistance during seasonal influenza campaign by helping the Region to get the messages out to older adults and also assisted with recruitment of volunteers for clinics.

Elder Abuse Strategy

- Participated in the Purple Ribbon Challenge for World Elder Abuse Awareness Day.
- Participated in the World Elder Abuse Awareness day campaign in Winnipeg.
- Participated in the Manitoba Network for the Prevention of Abuse towards Older Adults.
- Participated in the continuation of raising awareness of the 'It's Everybody's Business' DVD through community partners.

Performance Indicators

The **Meal Programs** continue to meet the nutrition needs of older adults residing in the community by serving over 297,903 meals. In addition Meals on Wheels served 191,163 meals.

Senior Centres provide an opportunity for older adults to participate in social gathering places for older adults living in the community. The senior centres have had 138,960 contacts with seniors and have over 5,264 members and users participating in the senior centres. (Please note Creative Retirement Manitoba statistics are included in this section.)

Resource Councils support older adults living in the community to access resources. Council coordinators had 23,915 contacts with seniors and distributed 4,930 Emergency Response Information Kits and provided a total of 3,597 referrals to other services.

Tenant Resource services assist in supporting older adults living in seniors housing units and connect them with appropriate resources and services. The tenant resource coordinators supported 4,168 suites and had 46,971 contacts with seniors.

Supports to Seniors in Group Living provides support and assistance with instrumental activities of daily living. They supported 1,150 units and had a total of 57,435 contacts.

Rupert's Land Caregiver Services served 1,045 clients.

CNIB served 2,318 visually impaired older adults this past year.

The Medication Line for the Everyone had 4,362 calls.

The University of Manitoba – Dental Health programs at Deer Lodge served 1,200 patients.

Manitoba Association of Senior Centres - held 3 conferences with 124 participants. MASC supports 32 centres in the province with a total of 9,150 members.



The summary of 2012 future potential priorities identified by participants included:

- Transportation for older adults
- Establish Centre/Meeting places for Seniors/ Space for programs and services
- Education support on legal issues/finances, wills, estates, etc.
- Elder Abuse/Seniors/tenants – abusing others or themselves
- Information and knowledge for older adults on services and programs
- Homelessness - Vulnerability, Addictions
- Safety & Security
- Boost self-confidence of older adults
- Bed Bugs
- Recruitment and training for Council and Board members
- Slo-o-ow down and enjoy the people we work with and for
- Recognizing different times/stages of loss
- Listing of senior discounts at shopping and services i.e. seniors day, all in one document so people can be aware of it
- Social isolation/transportation – connecting with someone to go to activities
- Free activities/ social activities – cost effectiveness for older adults
- How to connect with younger older adults/ Engaging the ACTIVE older adult in meaningful activities, more options.
- Fun stuff
- Companionship – widow- don't fit with old
- Caring for caregiver/women as caregivers
- Strengthen relationships with Home Care and other agencies/ Increase communication and collaborations between agencies & residences
- Hearing impaired support group
- Intergenerational activities
- Explore funding sources, transportation (banking institutions, pharmacies, car dealerships).
- Include more politicians, younger seniors and businesses in our meetings, boards.
- Connect with ethnic communities.
- Focus on men's programming. "Men's Shed".
- Volunteer drivers, volunteers, find ways to encourage boomers participation
- Grant application workshops
- Exercise – peer led support
- Assist residences for seniors who have less programs and services
- Coffee groups to start to get to know tenants
- New Horizons has to be sustained
- Isolation, transportation, marketing

- How do we market what we are doing
- Promote what we are doing
- We are serving people from 50 – up
- Mobility issues
- Age span has changed
- Tell the story of project funding

(Notes from table flip charts)

Group Discussion Notes

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

Assigned Groups	Achievements	Priorities
<p>Downtown and Point Douglas Community Areas</p>	<p><u>Downtown:</u></p> <ul style="list-style-type: none"> • Strong volunteer support • Opening of Downtown Access Centre • Yearly Resource Fair held by seniors council • Mobile Falls Clinic and Healthy Aging Resource Team (HART) Summer Series • Continued growth and capacity building in ongoing HART programs • Broadway Seniors Council Website • Collaborative projects • Building partnerships (i.e. University of Manitoba, University of Brandon, private businesses, Development Corporation, community centers, block managers, etc). • Intergenerational programs <p><u>Point Douglas:</u></p> <ul style="list-style-type: none"> • Community interaction has increased significantly • Barriers broken down – fostering trust • Agencies working together to share a common goal • Learning to trust others – Leasing representatives to trust tenants & tenants to trust leasing reps. • Storytelling <ul style="list-style-type: none"> – bringing people of all ages together (cup of tea) – Inter-generational 	<p><u>Downtown:</u></p> <ol style="list-style-type: none"> 1. Transportation <ul style="list-style-type: none"> • More options • Education programs 2. Establish Centre/Meeting place for Seniors <ul style="list-style-type: none"> • Social activities • Connect community resources, build partnerships <p><u>Point Douglas:</u></p> <ol style="list-style-type: none"> 1. Elder Abuse – Awareness of the situations, options available, know their rights <ul style="list-style-type: none"> • Seniors/tenants – abusing others or themselves 2. Education support on legalities <ul style="list-style-type: none"> • Finances, wills, estates, etc. <p>Other priorities to consider are:</p> <ul style="list-style-type: none"> • Security • Information and knowledge • Homelessness - Vulnerability, Addictions.

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • Wellness Center at 363 McGregor <ul style="list-style-type: none"> – Community center, medical services, YMCA, daycare • Health Services for the Elderly – 425 Elgin Avenue <ul style="list-style-type: none"> – Occupational Therapy, Physiotherapy, Dietitians, Social Workers, Counseling, Use of Available Supports 	<ul style="list-style-type: none"> • Help with information & knowledge • Safety & Security • Help seniors feel secure & aware • Boost self-confidence • Bed Bugs • Intergenerational support – family support for senior
Fort Garry and River Heights Community Areas	<u>Fort Garry:</u> Fort Garry Seniors Resource Council (FGSRC) and Pembina Active Living 55+(PAL): <ul style="list-style-type: none"> • Strategic Planning Events for next steps • Zing into Spring • Book Launch – published a book – people’s story – written memories of seniors lives • Excerpts from book • Urban poling demo • Art display • Membership Drive: <ul style="list-style-type: none"> – Mexican BBQ 220 memberships – Have 500+ on contact list • Sock Hop • Transit demo • Intergenerational – sing with school children – Dalhousie • Developing a Daily Hello program for isolated seniors • Flu clinic connection positive results – shot in arm • Men’s program - built a horseshoe pit • Fort Garry Seniors Resource Council (FGSRC) 	<u>Fort Garry:</u> <ol style="list-style-type: none"> 1. Recruitment and training for Council and Board members including updating existing resources, creating new resources and disseminating what is available to our senior population and ensuring that everyone is on the same page; as we get feedback from seniors in order to follow through. 2. Slo-o-ow down and enjoy the people we work with and for 3. PAL 55+ securing a space of our own

Assigned Groups	Achievements	Priorities
	<p>continue Safe Suite and welcome baskets</p> <ul style="list-style-type: none"> • Bedbug prevention strategies • FGSRC Alzheimer’s walk • More Emergency Response Information Kits (ERIK) distributed bi-weekly drop-ins • PAL & FGSRC were invited to NDP caucus luncheon • Closer bonding between FGSRC and PAL <p><u>South Winnipeg Seniors Resource Council (SWSRC):</u></p> <ul style="list-style-type: none"> • 2 successful meal programs, average of 30 people per day 3X/week • Reconnecting in the community • Increasing information sharing – leads to learning together • Participation in community events • Sharing talents, knowledge & experience • Added new connections to board • Worked together to get through a difficult situation • Board hired new resource coordinator & meal program coordinator • Lots of opportunity to try new roles & experiences • Asking lots of questions in supportive environment • Celebrating everyone’s uniqueness and their wonderful contributions • Transferring tenant advisory books for 601 Osborne • Hired tenant resource coordinator at 285 Pembina 	<p><u>River Heights:</u></p> <ul style="list-style-type: none"> • Recognizing different times/stages of loss • Listing of senior discounts at shopping and services i.e. seniors day, all in one document so people can be aware of it • Social isolation/transportation – connecting with someone to go to activities • Free activities • How to connect with younger older adults • Fun stuff • Companionship – widow- don’t fit with old • Community of friends • Caring for caregiver • Women as caregivers

Assigned Groups	Achievements	Priorities
St. James Assiniboia and Assiniboine South Community Areas	<u>St. James Assiniboia:</u> <ul style="list-style-type: none"> • Sunroom at Metropolitan Kiwanis Courts \$25,000 • Health fair • Livin It Up • St. James – Assiniboia 55 plus – rebranding Grant from Winnipeg Foundation • The centre celebrated 20th Anniversary in 2012 • Soup day \$2.50 bi-weekly • Referrals from Assiniboine South • Renovating fitness facility 55 plus • Metropolitan Kiwanis Courts – still affordable 3 year wait. 	<ul style="list-style-type: none"> • Strengthen relationships with Home Care and other agencies: <ul style="list-style-type: none"> – low income senior involved in program – transportation for seniors • Relocation of St. James – Assiniboia 55 plus centre. Better facilities • Increase awareness to membership
River East and Transcona Community Areas	<u>Transcona:</u> Celebrating Successes: <ul style="list-style-type: none"> • 55+ dining experience meal program: positive comments, no complaints, younger seniors, socialization, entertainment, seating arrangements • Advertising – more focused, effective • Health Fair – different way of organizing – passport • Partnerships – Supports to Services in Group Living (SSGL), Transcona Council for Seniors (TCS), Healthy Aging Resource Team (HART), education support, meal program Wednesday nights • Transcona Council for Seniors – website – links expansion of Park Manor – Personal Care Home, Caregivers/Alzheimer support groups – attracting an isolated population 	<u>Transcona Priorities:</u> <ol style="list-style-type: none"> 1. HART clinics/involvement dwindling, opportunity for better/effective partnerships and creativity – connect with Transcona Council for Seniors & Support Services for Group Living – at meal programs – East Park, Columbus Villa 2. Hearing impaired support group <u>Other Priorities:</u> <ul style="list-style-type: none"> • Organize a regular team meeting time – Healthy Aging Resource Team, Supports to Seniors in Group Living, Transcona Council for Seniors, Community Facility, Whittier, School, any other community contacts • Intergenerational activities <ul style="list-style-type: none"> – school division partnership – community gardens – raised boxes

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • Volunteer Driving Program client/driver relationships benefit to East Park more use of Handi Transit • Potential for partnerships and sharing of resources and tasks <p><u>River East:</u></p> <ul style="list-style-type: none"> • Growth at Good Neighbours, reaching more people • Membership >1100 more younger seniors • New meal coordinator, maintained volunteers • River East Council for Seniors • Elmwood Community Gardens • Partnerships with social clubs in apartment blocks • New leadership structure, more involvement • Leadership role for falls prevention – HART • Livin It Up – community run • Millennium Gardens relocation • Partnership between Good Neighbours, River East Council for Seniors, Healthy Aging Resource Team & Community Facilitator results in coordinated service for clients • Good Neighbours fundraising dinner @ new site • Manitoba Network for Prevention of Abuse of Older Adults (MNPAOA) – Good Neighbours is managing this program • Transportation Option Network for Seniors (TONS) presentations • City of Trees, Arts of Water & Creative Arts, 	<ul style="list-style-type: none"> • Communication <ul style="list-style-type: none"> – website – email/phone • Centennial – great opportunity to connect • Encourage Whittier to become a senior centre • Engaging the ACTIVE older adult in meaningful activities, more options. <p><u>River East Priorities:</u></p> <ol style="list-style-type: none"> 1. Reaching the socially isolated especially in their homes. Yard work/fact finding team 2. Explore funding sources, transportation. (banking institutions, pharmacies, car dealerships). <p><u>Other Priorities:</u></p> <ul style="list-style-type: none"> • Include more politicians, younger seniors and businesses in our meetings, boards. • Connect with ethnic communities. • Mens' programming. "Men's Shed". • Review programming at Good Neighbour i.e. bring back "Lunch bunch"? • Health Fair at Casino.

Assigned Groups	Achievements	Priorities
	<p>arts & ecology program. New people. New funding.</p> <ul style="list-style-type: none"> • Made contact with Gurdwara Society • Craft workshops Support Service for Group Living • Bereavement groups • Maintain strong ties with higher education program • Nursing, Occupational Therapy, recreation, pharmacy, Physiotherapy, Recreational students • Thursday Social Club – needing to look at 2nd bus or day • Defibrillator/staff training @ Bronx Park • Support Services to Group Living – United Way grant applications with 2 blocks – successful • Increased programming @ Elmwood – Elmwood Kildonan Active Living Centre 	
<p>Seven Oaks and Inkster Community Areas</p>	<p><u>Seven Oaks:</u></p> <ul style="list-style-type: none"> • Middlechurch – East and West St. Paul • Successful supper club (50-70) • Be a Santa to a Senior program involvement • Outings <ul style="list-style-type: none"> – Meals on Wheels prepared @ Middle church over 100 • Coordinating family pick-up • Whist drive, cribbage, shuffleboard, Men’s Club, Quilting Bee • Saturday Breakfast • Nurses Foot Clinic 175 residents 35 participants in adult day program & Community 	<p><u>Seven Oaks/Middlechurch/East and West St. Paul:</u></p> <ol style="list-style-type: none"> 1. Strengthen Weston Seniors club initiative 2. Volunteer drivers, volunteers, find ways to encourage boomers participation <p><u>Other Priorities:</u></p> <ul style="list-style-type: none"> – Grant application workshops (help to identify & clarify process) – Transportation – outings – Exercise – peer led support – Isolation – Flu clinics

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • Partnerships with other resource councils • Massage Therapy • Dentists/Eye care Clinic • Walking program/Stepping Up <p><u>Inkster:</u></p> <ul style="list-style-type: none"> • Congregate Meal Program – Bluebird 35 Average and Willow 19 Average • Block party • Bluebird Clinic • Exercise program – Wii • Gardening – community Willow Centre • Walking clubs • Bingo (3) Community • Crib Tournaments • BBQ's • Westlands Housing Co-op • Dinners (Christmas, Easter, Thanksgiving) • Getting Better Together • Hans Kai • Community food banks (Partnership) • Scare Affair • Escorted Ride • Tax Clinics (over 200) • Legal Clinics • Cab Clubs • Call in Program • Partnerships 	
<p>St. Vital and St. Boniface Community Areas</p>	<ul style="list-style-type: none"> • Get Better Together program in French (En santé ensemble) <p><u>Conseil des francophones</u></p> <ul style="list-style-type: none"> • More calls for assistance & referrals (Better known) • More programs (Tai Chi, Yoga, Line-dancing) 	<ul style="list-style-type: none"> • Assist residences for seniors who have less programs and services • Work with community wellness initiative at 101 Marion • Coffee groups to start to get to know tenants • Increase communication and collaborations

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • Increase in exercise programs (L' Accueil Colombien, Foyer Vincent and Chateau Guay) • Sustaining projects with less funding • L'Accueil Colombien shares Tenant resource coordinator with Chez-Nous (better service of clients) • Grouille ou Rouille! (3X) more people, telehealth session included • Emergency Response Information Kit (ERIK) – lots of success – 10 year anniversary <p><u>Boni Vital Seniors Resource Council</u></p> <ul style="list-style-type: none"> • Moved to Dakota Centre - New Dakota 55+ Lazars "Aging in Place" started in September 2011, 160 older adult members • Seine River Seniors & Archwood 55+ (New programs/2 new centres) 	<p>between agencies & residences for seniors in St. Boniface</p> <ul style="list-style-type: none"> • Plan 1 to 2 meetings with stakeholders and leaders of agencies and residences for seniors to encourage dialogue, share information, and identify gaps and potential partnerships
Regional Areas	<p><u>Canadian National Institute of the Blind (CNIB):</u></p> <ul style="list-style-type: none"> • More seniors in more groups • More seniors able to use buses for community outings, we sometimes exceed capacity • Some programs have reached their capacity threshold • More people in the community would like to be involved <p><u>Creative Retirement Manitoba (CRM):</u></p> <ul style="list-style-type: none"> • Celebrating our 30th anniversary • Have clients that have been involved for 20 years, have technology to create databases that can generate useful information • Now starting to see next generation (sons & 	<ol style="list-style-type: none"> 1. Change public perception of what a senior is i.e. not all seniors are old and frail, public education 2. Develop a resource inventory, rental spaces cleaning house for used goods i.e. office furniture <p><u>Other Priorities:</u></p> <ul style="list-style-type: none"> – As senior population grows we need to find ways to grow resources for real estate, need for volunteers, staff, financial resource – Recruit, retain and reward volunteers – Find a more lost effective and timely

Assigned Groups	Achievements	Priorities
	<p>daughters) are now becoming members</p> <ul style="list-style-type: none"> • Seeing the friends, interests that seniors have shared for education <p><u>Manitoba Association of Seniors Centres (MASC):</u></p> <ul style="list-style-type: none"> • Provincial focal point to facilitate communication, networking and planning among seniors centers and raise their profiles • Assist with the development of seniors centres • Increase of senior centres - from 21 centres to 31 in last year, 15 centres in rural Manitoba • Provide a variety of programs i.e. police academy, life ready groups • New initiative age friendly inter-generational groups, youth working with seniors, 2 pilot programs St. James & Selkirk <p><u>Medication Information Line for Everybody (MILE):</u></p> <ul style="list-style-type: none"> • Status quo! • Offers the privacy and time to clients that pharmacies can't offer, no barriers • Outreach speaking opportunities • Client base, med reviews • No longer just a phone service, inpatient consults • Now have a website • Clinic days – decrease specific – monthly <p><u>Meals on Wheels (MOW):</u></p> <ul style="list-style-type: none"> • Rebuild our relationship with WRHA • Our board has grown to 13 members • Working with Asper School of business to help work on our strategies and priorities to 	<ul style="list-style-type: none"> – way to run background checks – Have community networks stay in touch and share resource

Assigned Groups	Achievements	Priorities
	<p>help our service continue in the future</p> <ul style="list-style-type: none"> • New software to help map demographics • We can continue to provide our services 	
Regional Areas	<p><u>Manitoba Association of Senior Centres (MASC):</u></p> <ul style="list-style-type: none"> • 30 member centre up from 18 • Police Academy – intergenerational program – starting with Life writing program <p><u>Medication Information Line for Everybody(MILE):</u></p> <ul style="list-style-type: none"> • Finally on University of Manitoba web site • Get funding a support for STOP SMOKING seminar – DIABETES, BLOOD PRESSURE, Cholesterol • Increase in out reach presentation to public <p><u>Rupert's Land Caregiver Services (RLCS)</u></p> <ul style="list-style-type: none"> • 3rd Biannual conference attended by 200 • Expanded educational programs – dealing with difficult behaviours - A new web site – on Face Book <p><u>Creative Retirement Manitoba (CRM):</u></p> <ul style="list-style-type: none"> • We are still open • We have had a successful summer program, more participants, and a very successful Fall program is underway • A very successful fundraising luncheon • Staff is in place 	<ul style="list-style-type: none"> • Isolation, transportation, marketing • How do we market what we are doing • Promote what we are doing • We are serving people from 50 – up • Mobility issues • Age span has changed • Tell the story of project funding • New Horizons has to be sustained

SUPPORT SERVICES TO SENIORS PLANNING DAY

Friday, November 2nd, 2012

AGENDA

8:30 to 9:00	Registration, networking and refreshments	Madeline Kohut Kathy Henderson
9:00 to 9:15	Welcome, Opening Remarks, Day's Objectives and Overview of Support Services to Seniors	Dr. Catherine Cook Jeanette Edwards
9:15 to 10:30	Dialogue on Health Equity	Dr. Pat Martens
10:30 to 10:50	<i>Nutrition Break</i>	
10:50 to 12:00	Health Equity Discussion and Storytelling	Work Tables
12:00 to 12:30	Celebrate Success and Accomplishments Objective: Stop and Celebrate	Work Tables
12:30 to 1:30	Networking and Lunch	
1:30 to 2:30	Community Priorities Objective: identifying the top 2 priorities in your community area	Work Tables
	Community Priorities Presentation of priorities in your community area and linking the commonalities	Work Tables
2:30	Wrap Up and Evaluation	Jeanette Edwards

Appendix 2

Support Services to Seniors Planning Session Evaluation Results November 2, 2012

*51 out of 69 (74.0%) participants responded.
(This does not include the 5 guest speakers and facilitators for the day)
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. Today's presentation on health equity was valuable to gain insight on understanding and addressing health equities in Support Services to Seniors programs and services
 - 34 participants or 66.7% rated at a 5 (Excellent)
 - 14 participants or 27.4% rated at a 4
 - 3 participants or 5.9% 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

Additional Comments:

- Dynamic speaker; universal themes; very engaging x 4
- Lots of "wows" – would not have thought how research/statistics are so important to help focus on what's important or priorities.
- Very interesting presentation; raised some important issues and considerations.
- Pat was great, funny and informative. Enjoyed the program.
- Pat was excellent! I learnt so much re: MCHP and population trends. Her two big ideas regarding everyone doing some and the Rose Theorem were important.
- Quiz was a great preamble to the presentation.
- What is the underlying cause of health equity?
- Gender-based analysis should be applied to all provincial policies, programs and legislation down, mid and upstream.
- Wonderful presentation and food for thought, however, not directed at senior programs specially.
- Really enjoyable presentation. It makes research make sense!
- Learned how statistics can have real value when attached to stories and presented in context.
- What a great presentation. This interesting, valuable information was presented in a very informative, engaging manner. Terrific – it could have been a very dry topic!

	Poor		Ok		Excellent
	1	2	3	4	5
2. The speaker's were knowledgeable in their presentation.					
➤ 45 participants or 88.2% rated at a 5 (Excellent)					
➤ 5 participants or 9.8% rated at a 4					
➤ 1 participant or 2.0 % 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					

Additional Comments:

- The most enjoyable presentation about interpreting statistics that I have ever experienced.
- Dr. Martens was so engaging and made the information come alive and memorable.
- Dr. Martens has an amazing ability to make research data understandable and demonstration to use it effectively.
- Pat Martens was a fantastic speaker and very passionate about her topic.
- Fantastic speaker X2
- Could have been better linked.
- I really enjoyed the presentation.
- Great presentation and I learnt a lot.
- Dynamic, interactive speaker made the field come alive.
- Not only knowledgeable but inspirational, humorous and very effective.
- Very inspiring.
- So practical in her approach to applying (understanding) research.
- Very passionate and interesting.
- Back up her quiz answers with research, told us about 4 page summaries on the website.

	Poor		Ok		Excellent
	1	2	3	4	5
3. The session assisted to further develop awareness, understanding and knowledge of Support Services to Seniors organizations.					
➤ 17 participants or 33.3% rated at a 5 (Excellent)					
➤ 21 participants or 41.1% rated at a 4					
➤ 11 participants or 21.6% rated at a 3 (OK)					
➤ 1 participant or 2.0% rated at a 2					
➤ 0 participants or 0% rated at a 1 (Poor)					
➤ 1 participant or 2.0% did not respond					

Additional Comments:

- The networking always connects me with other organizations and programming that are 'out there' – so valuable.
- Being a part of such a diverse group with focused goals.
- Gained some valuable insight into issues being faced by the different communities.
- Not sure.
- I feel I am aware of Support Services to Seniors.
- Good brain food about the process of service development.
- Always know lots before.
- Mostly through our discussion in workshop exercises.

- | | | | | | |
|--|-------------|---|-----------|---|------------------|
| | Poor | | Ok | | Excellent |
| | 1 | 2 | 3 | 4 | 5 |
4. The session further developed an overview of Support Services to Seniors that can assist in planning and implementing relevant and appropriate programs and services with older adults and their families.
- 12 participants or 23.5% rated at a 5 (Excellent)
 - 19 participants or 37.3% rated at a 4
 - 12 participant or 23.5% rated at a 3 (OK)
 - 2 participants or 3.9% rated at a 2
 - 0 participants or 0% rated at a 1 (Poor)
 - 6 participant or 11.8% did not respond

Additional Comments:

- Planning sessions helpful to learn how groups function and operate their services.
- She was a great and applicable but in regards to the entire day it would have been nice to share across the community areas.
- Not sure.
- Learning was facilitated by discussion.
- Again mostly through our discussions in workshop exercises.

5. Have you reviewed the 2011 Support Services to Seniors Planning Day Final Report within the past 12 months?
- 1 participant or 2.0% did not respond
 - 24 participants or 47.0% responded yes
 - 26 participants or 51.0% responded no

Additional Comments:

- It keeps us all connected.
- Just received when I got here.
- We were not members of the group at the time – likely not on your list.
- Received today and intend to review.
- Well done.
- I am going to read and gain more knowledge of what is essential.
- This is a very costly (I would assume) publication and probably not used. Can it be sent electronically instead? I use my own notes for planning.
- Maybe make available on line only.

- | | | | | | |
|--|-------------|---|-----------|---|------------------|
| | Poor | | Ok | | Excellent |
| | 1 | 2 | 3 | 4 | 5 |
6. If yes, has the Support Services to Seniors Planning Day Final Report provided you with valuable information and resources to benefit older adults in your community area?
- 5 participants or 9.8% rated at a 5 (Excellent)
 - 13 participants or 25.5% rated at a 4
 - 7 participants or 13.7% rated at a 3 (OK)
 - 0 participants or 0% rated at a 2
 - 0 participants or 0% rated at a 1 (Poor)
 - 26 participants or 51.0% did not respond

Additional Comments:

- I have mostly used it for my own information and awareness and it helps me to focus.

	Poor		Ok		Excellent
	1	2	3	4	5
7. The education and resources provided were useful.					
➤ 7 participants or 13.7% rated at a 5 (Excellent)					
➤ 24 participants or 47.0% rated at a 4					
➤ 15 participants or 29.5% rated at a 3 (OK)					
➤ 0 participants or 0% rated at a 2					
➤ 0 participants or 0% rated at a 1 (Poor)					
➤ 5 participants or 9.8% did not respond					

Additional Comments:

- Aside from the speaker, conversation was same as previous years since we already work together in our area. I would like to hear from other communities.
- It gives my head a shake on a new perspective.

	Poor		Ok		Excellent
	1	2	3	4	5
8. The group discussion to identify new priorities was useful.					
➤ 13 participants or 25.5% rated at a 5 (Excellent)					
➤ 22 participants or 43.1% rated at a 4					
➤ 13 participants or 25.5% rated at a 3 (OK)					
➤ 0 participants or % rated at a 2					
➤ 0 participants or 0% rated at a 1 (Poor)					
➤ 3 participant or 5.9% did not respond					

Additional Comments:

- Very helpful and information exercise.
- Conversation was same as previous years since we already work together in our area. I would like to hear from other communities.
- Interesting to hear what other agencies see as top priorities.
- Helped to have several different organizations within our community work together to define priorities.
- Our group found it challenging to come to an agreement on issues. As we were the "Regional Table" everyone had different opinions on what the priorities should be. However with that said, we could all understand our difference in priorities.

	Poor		Ok		Excellent
	1	2	3	4	5
9. The location was accessible and convenient.					
➤ 21 participants or 41.1% rated at a 5 (Excellent)					
➤ 16 participants or 31.4% rated at a 4					
➤ 11 participants or 21.6% rated at a 3 (OK)					
➤ 2 participants or 3.9% rated at a 2					
➤ 0 participants or 0% rated at a 1 (Poor)					
➤ 1 participant or 2.0% did not respond					

Additional Comments:

- Locations excellent after I arrived.
- Nice site but a long drive. Very hot in the room.
- Could have a room that is slightly larger and therefore less noisy. However, the noise was "good discussions" occurring.

	Poor		Ok		Excellent
	1	2	3	4	5
10. The session allowed for community areas to celebrate accomplishments that Support Services to Seniors has achieved.					
➤ 18 participants or 35.3% rated at a 5 (Excellent)					
➤ 26 participants or 51.0% rated at a 4					
➤ 5 participants or 9.8% rated at a 3 (OK)					
➤ 0 participants or 0% rated at a 2					
➤ 0 participants or 0% rated at a 1 (Poor)					
➤ 2 participants or 3.9% did not respond					

Additional Comments:

- Gives an opportunity to let others know of new services a group provides – so as it may decrease members of outreach visits an organization might need to do in short term(if only to the others at the table).
- An important aspect to acknowledge and share with others.
- Yes, Pembina Active Living 55+ has staff.
- Not enough time to collaborate with other agencies.

	Poor		Ok		Excellent
	1	2	3	4	5
11. The session allowed for collaboration to plan and identify priorities that continues to support healthy aging and aging in place					
➤ 15 participants or 29.4% rated at a 5 (Excellent)					
➤ 23 participants or 45.1% rated at a 4					
➤ 9 participants or 17.7% rated at a 3 (OK)					
➤ 0 participants or 0% rated at a 2					
➤ 0 participants or 0% rated at a 1 (Poor)					
➤ 4 participants or 7.8% did not respond					

Additional Comments:

- While some important priorities were identified, I felt the time constraints were a hindrance. It would have been interesting to create dialogue between community areas to develop larger scale, collaborative strategies.
- Challenging linking together when services are distinct.
- Different groups have different priorities that do not always coincide.

Poor		Ok	Excellent
1	2	3	4 5

12. As a result of attending this session, the idea/knowledge/resource(s) that I plan to use will be:

- 6 participants or 11.8% rated at a 5 (Excellent)
- 22 participants or 43.1% rated at a 4
- 4 participants or 7.8% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 19 participants or 37.3% did not respond

Comments:

- Awareness of available resources and connecting people to them.
- To work on staff education regarding mental health. Plan special meal events for our ethnically diverse population.
- Awareness of effects of inequality and need for greater equity.
- Developing 'community' resource.
- Assessing our organization for upstream possibilities.
- Helps to focus on priorities.
- Take a look at how to use phone calls as effective way to positively impact socially isolated seniors.
- Research telephone support groups.
- Network.
- Invite Pembina Active Living 55+ to do story telling; Lindenwood Manor share with Pembina Active Living 55+ regarding Charter Clubs.
- How we can use the community resources; how we can help each other better; excellent contacts.
- Broadened through networking with contacts made today.
- Working in areas where others have had success.
- Using a more upstream way of thinking; when long term planning, use the research more in the planning.
- Will try to use downstream, midstream and upstream.
- Looking for ways to work not just with downstream which is labour intensive but to work midstream and upstream as well.
- Better able to address issues faced by our clients in housing.
- Strengthening partnerships; identifying when equity does not exist.
- Continue to consider the health equity lens when addressing community issues.
- It is difficult to identify tools I will use after attending this session, but I do believe the networking I was able to do accomplished the different organizations I learned about that will be helpful in my work at CNIB.

13. Should we plan this type of session next year?

No Response	7 or 13.7%
Yes	44 or 86.3%
No	0 or 0%

14. If there is another session, please circle if it should be a half or full day.

No Response	6 or 11.8%
Half Day	24 or 47.0 %
Full Day	21 or 41.2%

15. What suggestions do you have for future session topics?

Comments:

- Healthier snack x 3; yogurt and fruit; whole wheat buns.
- Networking and collaborating; working with marginalized seniors(inner city); changing demographics (ethics/multi-cultural needs)
- Thank you for this day. Thank you WRHA – SSS staff!
- Timing the year was good.
- Stronger coffee, healthier snacks.
- This was the best planning day of the 3 I have attended.
- Talk to the United Way about their Poverty simulation exercise – might be useful to adapt to seniors issues.
- Share across communities (tables mix St. James, St. Vital, Downtown, River Heights, Regional, etc). We already work together as communities, let's share. Good Day Thanks.
- Similar to Pat, we need to learn more about what the government is doing to support the work we do.
- New programs
- Social Isolation: reaching isolated seniors, especially men and newcomers. X 3
- 1-Age Friendly Winnipeg- what is it? What could it look like? 8 themes: social isolation, transportation; City of Winnipeg services for older adults; 2-The best kept secrets – many of us know information and need to share it. What services can we share? 3- Transportation services – what is available.
- Much information to share and learn.
- Sometimes hard to hear across the table because of noise.
- Discovery area of expertise that our members bring through experience.
- Mental Health.
- Introductions at tables or to the room of who's who in the room; have future planning days at our senior centres/meal program locations in each community area.
- Have more discussion on problem solving or discussing what other organizations have tried or won or lost.
- Sounds like a study needs to be done around the issues surrounding isolation.
- Addiction – issues that addiction brings to already isolated populations, mental health, etc.
- A very worth while day! Great networking and sharing.
- A 'visual' with all the statistics regarding various programs, numbers, etc, as part of Dr. Cook's presentation would have been helpful.
- Outreach to seniors; how to engage the isolated/unmotivated older adult; board governance.

- How can we ensure that the services organizations that provide services to our seniors are not just providing the services that we feel they need but providing the services they really want.

Appendix 3 – Support Services to Seniors Overview of Senior Serving Organizations



Support Services to Seniors

Overview of Senior Serving Organizations

Support Services to Seniors offers community based programs for older adults 55+ that promote health and well being and assist older adults to continue to live in the community.

This resource guide was developed to provide an overview to clarify frequently-used terminology related to Support Services to Seniors programs and services within the Winnipeg Health Region.

Community Resource Councils (CRC)

- Not for profit organizations which assist older adults in accessing community services. Also assists communities in developing programs and services for older adults based on identified community needs.
- Examples can include:
 - Information and referrals,
 - Networking and community outreach,
 - Emergency Response Information Kit, and
 - Escorted transportation and options.

Boni-Vital Council for Seniors	1188 Dakota Street
Keewatin/Inkster Neighbourhood	1490 Burrows Street
Middlechurch Home of Winnipeg Inc.	280 Balderstone Road
River East Council for Seniors	720 Henderson Highway
South Winnipeg Seniors Resource	Room 117-1 Morley Avenue
Broadway Seniors Resource Council	319-691 Wolseley Avenue
Conseil des francophones 55+	107-400 Des Meurons Street
Downtown Seniors Resource	640 Main Street
Point Douglas Seniors Program	102 Robinson Street
Seven Oaks Seniors' Links	1588 Main Street
St. James-Assiniboia 55+ Centre	3-203 Duffield Street
Transcona Council for Seniors	845 Regent Avenue West
Fort Garry Seniors Resource Council	800 Point Road, Lower Level

Congregate Meal Programs (CMP)

- Offer older adults well balanced and affordable meals in a social setting.
- Meals are reasonably prices at \$3.50 to \$7.50.

Arlington Haus	880 Arlington Street
Betelstadur Housing Cooperative	1061 Sargent
Bethel Place	445 Stafford Street

Bluebird Lodge	97 Keewatin Street
L'Accueil colombien Inc.	200 Masson Street
Columbus Manor	303 Goulet Street
Delmar Congregate Meal Program	110 Adamar Road
Fort Garry Rotary Services Inc.	528 Hudson Street
Foyer Vincent	200 Horace Street
Gwen Sector Creative Living Centre	1588 Main Street
Kingsford Haus Co-op Ltd.	426 Kingsford Avenue
McClure Place	33 Greenwood Place
Manitoba Eastern Star Chalet	525 Cathcart Street
Metropolitan Kiwanis Courts	2300 Ness Avenue
Manitoba Housing	101 Marion Street
Manitoba Housing	125 Carriage Road
Manitoba Housing	170 Hendon Avenue
Manitoba Housing	185 Smith Street
Manitoba Housing	22 Strauss Drive
Manitoba Housing	444 Kennedy Street
Manitoba Housing	515 Elgin Avenue
Manitoba Housing	385 Carlton Street
Manitoba Housing	529 Country Club Blvd
Manitoba Housing	60 Chesterfield Avenue
Manitoba Housing	601 Osborne Street
Manitoba Housing	875 Elizabeth Road
Manitoba Housing	340 Princess Street
Manitoba Housing	817 Main Street
Manitoba Housing	555 Ellice Avenue
Parkside Plaza Meal Program	1630 Henderson Hwy
Villa Taché	400 Des Meurons Street
River East Meal Program	1100 Henderson Highway
Autumn House	790 Wellington Avenue
Transcona Council for Seniors	209 Yale Avenue West
Villa Cabrini	433 River Avenue
Villa Nova	1035 Wilkes Avenue
Willow Centre	61 Tyndall Avenue
Stradbrook Senior Centre	400 Stradbrook Avenue
64 Nassau Meal Program	64 Nassau Street
St. James-Assiniboia Meal Program	203 Duffield Street

Senor Centres (SC)

- A community focal point where older adults come together for services and programs as individuals or in groups.
- Offer accessible and affordable services and programs.
- Examples can include fitness and exercise programs, health promotion activities, leadership and volunteer opportunities, social and recreation programs, advocacy, legal advice.

Age & Opportunity Inc.	280 Smith Street
Isaac Brock Community Centre	715 Telfer Street N.
Clifton Community Centre	1315 Strathcona Street
Stradbrook Senior Centre	400 Stradbrook Avenue
Gwen Sector Creative Living Centre	1588 Main Street

Aboriginal Senior Centre of Winnipeg	45 Robinson Street
Good Neighbours Active Living Centre	720 Henderson Highway
Brooklands Pioneers Senior Citizens Club Inc.	1960 William Avenue
Rady Jewish Community Centre	B100-123 Doncaster St
Charleswood Senior Centre Inc.	5006 Roblin Blvd
St. James-Assiniboia 55+ Centre	3-203 Duffield Street
Creative Retirement Manitoba	270 Sherbrook Street
Pembina Active Living (55+)	666 Silverstone Avenue

Tenant Resource Coordinators (TRC)

- Offers older adults 55+ living in housing complexes support in finding services to assist with their needs.
- A service plan is developed and coordinated for tenants of the building or collection of housing complexes
- Examples can include grocery shopping, transportation, errands, advocacy, information and referrals, electronic surveillance check, friendly visiting, income tax, house cleaning, translation, filing out forms and health clinics

Bethel Place	445 Stafford Street
Bethania Haus	1060 Kimberly Street
285 Pembina Inc.	285 Pembina Highway
Donwood Manor Elderly Persons Housing Inc.	165 Donwood Drive
Donwood South	1245 Henderson Highway
Canadian Polish Manor	300 Selkirk Avenue
Fort Garry Rotary Services Inc.	528 Hudson Street
Bluebird Lodge	97 Keewatin Street
Willow Centre	61 Tyndall Avenue
Fred Douglas Apartments	1280, 1290, 1300 Aberdeen
Kingsford Haus Co-op Ltd.	426 Kingsford Avenue
L'Accueil colombien Inc.	200 Masson Street
Lions Manor	320 Sherbrook Street
Lions Place	610 Portage Avenue
Lindenwood Manor	475 Lindenwood Drive
Manitoba Housing	185 Smith Street
Manitoba Housing	444 Kennedy Street
Manitoba Housing	340 Princess Street
Manitoba Housing	601 Osborne Street
Manitoba Housing	470 Pacific Avenue
Manitoba Housing	269 Dufferin Avenue
Manitoba Housing	145 Powers Street
Manitoba Housing	22 Strauss Drive
Manitoba Housing	125 Carriage Road
Manitoba Housing	529 Country Club Boulevard
Manitoba Housing	170 Hendon Avenue
Manitoba Housing	875 Elizabeth Road
Manitoba Housing	101 Marion Avenue
Manitoba Housing	60 Chesterfield Avenue
Manitoba Housing	515 Elgin Avenue
Villa Taché	400 Des Meurons Avenue
Autumn House	790 Wellington Avenue
Arlington Haus	880 Arlington Street

Sunset House
Villa Cabrini
KeKiNan Centre

888 Arlington Street
433 River Avenue
100 Robinson Street

Rupert's Land Caregiver Services (RLCS) – 168 Wilton Avenue

- Targeted to the caregiver by providing information and referrals, services and support.
 - Examples can include caregiver telephone and group support, general information, referral and respite services.
-

Creative Retirement Manitoba (CRM) – 270 Sherbrook Street

- Provide the health and well being of older adults and their communities through developing and offering innovative learning opportunities with and for older adults.
-

Meals on Wheels of Winnipeg (MOW) – 500-283 Portage

- Provide nutritious well balanced meals that are delivered by volunteers to individuals in the community unable to prepare or otherwise obtain them.
-

Manitoba Association of Senior Centres (MASC) – 3-203 Duffield

- Works as a provincial focal point to facilitate communication, networking, and planning among senior centres throughout the province.
 - Assists in the development of senior centres and collaborates with other senior serving organizations
-

Medication Information Line for Everyone (MILE) – Room 111 University Centre

- Offers a medication information line to supply the answers to these questions and other concerns individuals may have regarding prescription and non prescription medication.
-

The University of Manitoba Dental

- **Home Dental Care Program** uses special portable dental equipment to provide care for those who have difficulty getting to a dental office at home or in long term care facilities.
 - **Deer Lodge Centre Dental Program** located in Deer Lodge Centre at 2109 Portage, this clinic specializes in dental care for older adults.
-

Canadian Institute of the Blind (CNIB) – 1080 Portage Avenue

- Through the provision of specialized services and training CNIB works with individuals to achieve full independence and equality for people who are blind or visually impaired.
-

Age & Opportunity Inc. (A & O) – 200-280 Smith Street

- Age & Opportunity Inc. is a not for profit social service agency that offers life-enhancing programs and services to older adults 55+ living in the province of Manitoba. Age & Opportunity's programs and services support and enhance the physical, intellectual, emotional, social and spiritual lives of older persons and actively promote participation in all aspects of community life.

Appendix 4 – Who’s Who in the Zoo Quiz

Support Services to Seniors Planning Day

Who’s Who in the Zoo

Quick Fact Quiz

Please take a few minutes with your community partners to discuss.

1. How many paired community areas are within the Winnipeg Health Region?

(a) 6 paired community areas

(b) 12 paired community areas

(c) 9 paired community areas

2. What year did Manitoba Health introduce the Support Services to Seniors program?

(a) 1984/1985

(b) 1990/1991

(c) 1971/1972

3. Which program offers the following?

“A service plan is developed and coordinated for tenants of the building or collection of housing complexes. Examples can include grocery shopping, transportation, errands, advocacy, information and referrals, electronic surveillance check, friendly visiting, income tax, house cleaning, translation, filling out forms and health clinics.”

(a) Tenant Resource Program

(b) Meals on Wheels

(c) Community Resource Councils

4. If one wished to seek information on providing information, referrals, services and support for a caregiver which organization should they contact?

(a) Rupert’s Land Caregiver Services

(b) Medication Information Line for Everyone

(c) Congregate Meal Program

5. Which organization offers programs to promote health and well being of older adults and their communities through developing and offering innovative learning opportunities with and for older adults?

(a) Creative Retirement Manitoba

(b) Home Dental Program

(c) Manitoba Association of Senior Centres

6. Where can an individual call to obtain nutritious well balanced meals that are delivered by volunteers to individuals in the community unable to prepare or otherwise obtain them?

(a) Meals on Wheels of Winnipeg

(b) Community Resource Program

(c) Congregate meal Program

7. Circle the correct response(s):

Manitoba Association of Senior Centres (MASC)

(a) Works as a provincial focal point to facilitate communication, networking, and planning among senior centres throughout the province.

(b) Assists in the development of senior centres and collaborates with other senior serving organizations.

(c) Works to provide well balanced nutritious meals for older adults 55+.

8. Where can an individual call to seek answers to questions and other concerns regarding prescription and non-prescription medication?

(a) Medication Information Line for Everyone

(b) Medication Information Line for the Elderly

(c) Senior Centres

9. If someone in the community is seeking information on programs and services to individuals who are blind or visually impaired where can they go?

(a) Canadian Institute for the Blind

(b) Nearest Access Centre

(c) Community Resource Council

10. Which organization offers the following?

Provides specialized services for older Manitobans across the province. The goal of these programs is to empower and support older adults in the community. Some examples of programs and services include This Full House, Elder Abuse Prevention Services, Safety Aid, Older Victim Services, Senior Centres without walls, Entry program for older adult immigrants, Paws with a Cause, etc.

(a) A & O Inc Support Services for Older Adults

(b) Congregate Meal Program

(c) Manitoba Association of Senior Centres

11. Where can one go to enjoy a well-balanced affordable meal in a social setting?

(a) Congregate Meal Program

(b) Deer Lodge Dental Program

(c) Locate fast food restaurant

12. Who should an individual call if they are looking for someone to assist with developing services and programs such as yard and household maintenance, ERIK, Transportation options, educational materials and presentations, daily hello and information and referrals for older adults 55+ living in their community area?

(a) Community Resource Council

(b) Meals on Wheels of Winnipeg

(c) Senior Centres

13. Where can an individual go to find a community focal point where older adults, as individuals or groups, come together for services and programs that promote, maintain, and improve health and quality of life, support personal independence and encourage involvement in community life? Some examples could be fitness and exercise programs, leadership development, social, recreational, cultural

and educational programming, volunteer opportunities, nutrition, advocacy, legal advice and information and referrals.

(a) Senior Centres

- (b) Manitoba Association of Senior Centres
- (c) Community Resource Councils

14. Match the below description with the correct WRHA program

“A group of community health care professionals that are dedicated to helping those 55 years of age and over to live well. The team includes nurses, occupational therapists and dietitians who work together to provide a wide range of health services and community supports.”

(a) Healthy Aging Resource Teams

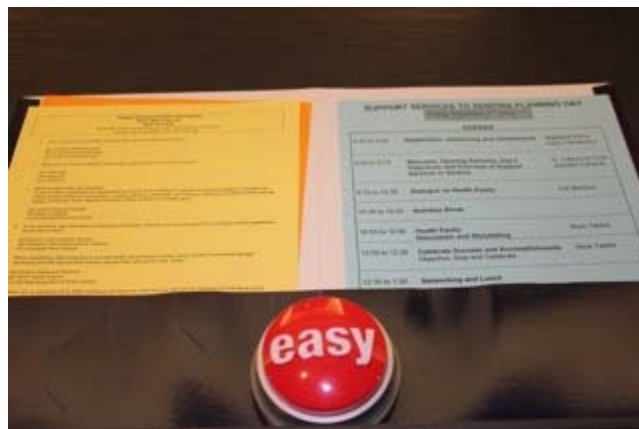
- (b) Home Care
- (c) Support Services to Seniors

15. Which WRHA program describes the following?

“This program supports a broad range of community based programs and services for older adults 55+ that promote health and well-being as assist older adults 55+ to continue to living in their community area. These programs and services are offered and facilitated by community based boards. The focus of the Winnipeg Health Region’s work in this area is to help build the capacity of the senior serving organizations offering programs in their communities.

(a) Support Services to Seniors program

- (b) Volunteer Services
- (c) Community Health Advisory Council



EXPLORER INNOVATOR PIONEER ADVENTURER VISIONARY TRAILBLAZER

Manitoba Centre for Health Policy

www.umanitoba.ca/faculties/medicine/units/mchp/

Manitoba Centre
for Health Policy



UNIVERSITY
OF MANITOBA

What works in changing population health, and what evidence do you need?

Patricia Martens PhD

Director, MCHP;

Professor, Community Health Sciences, Faculty of Medicine, University of Manitoba;

CIHR/PHAC Applied Public Health Chair



CIHR IRSC

Winnipeg, Manitoba: November 2, 2012

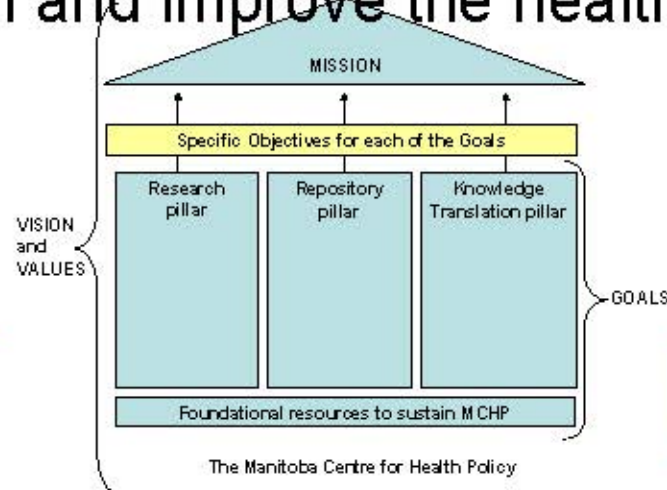
A bit of history and background of MCHP

- Department of Community Health Sciences, Faculty of Medicine
- Worldwide recognition (e.g. recent Wales visit)
- Funding:
 - research grants from provincial and national agencies (like the Canadian Institutes of Health Research, CIHR)
 - an ongoing grant relationship with Manitoba Health since 1990/91 ... a long history since 1970's



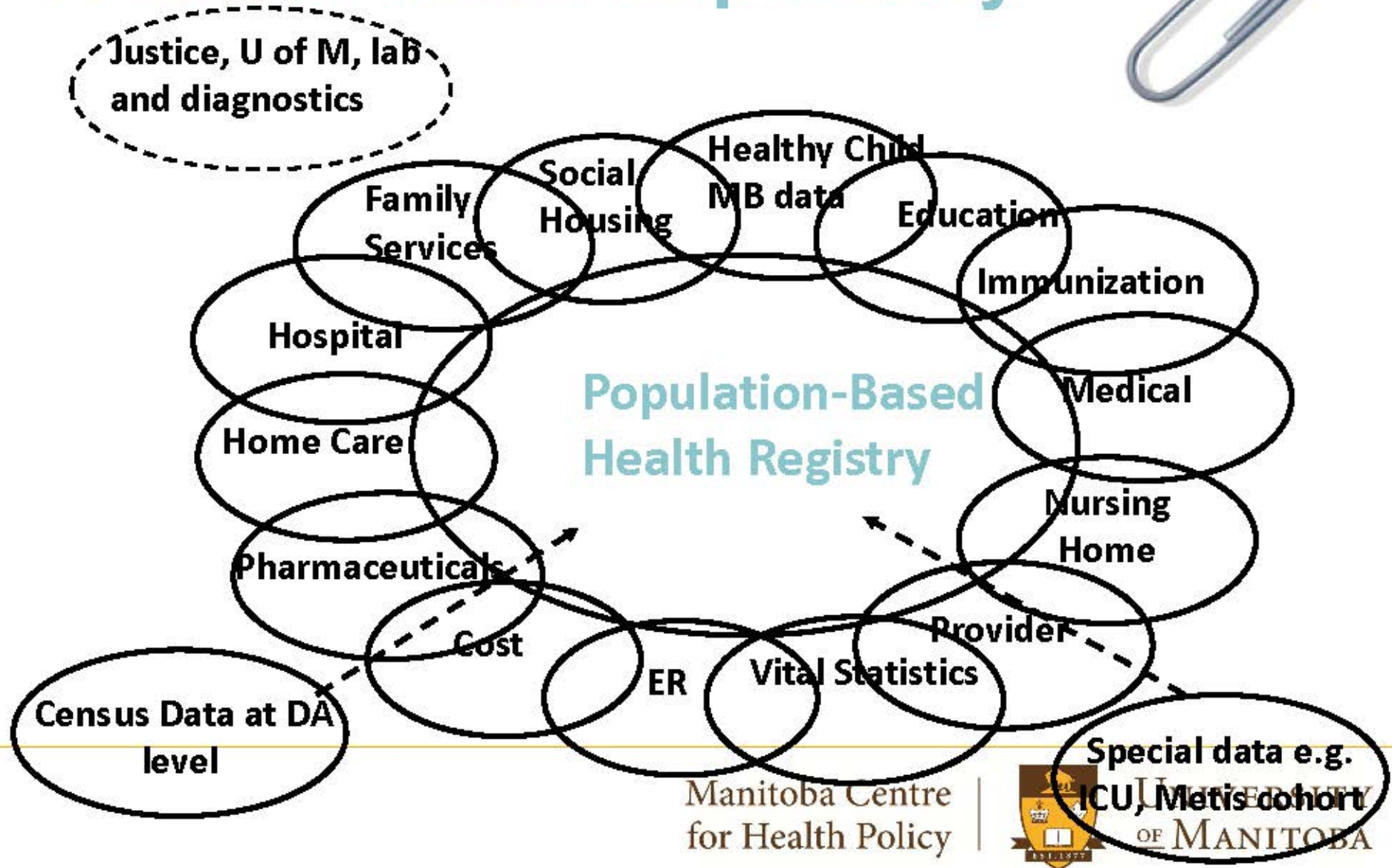
MCHP's Mission

The Manitoba Centre for Health Policy (MCHP) is a research centre of excellence that conducts world class population-based research on health services, population and public health, and the social determinants of health. MCHP develops and maintains the comprehensive population-based data repository on behalf of the Province of Manitoba for use by the local, national and international research community. MCHP promotes a collaborative environment to create, disseminate and apply its research. The work of MCHP supports the development of evidence-informed policy, programs and services that maintain and improve the health of Manitobans.



EXPLORER INNOVATOR PIONEER ADVENTURER VISIONARY TRAILBLAZER

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**« À la recherche de l'or » :
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The Manitoba Centre for Health Policy: A Case Study

Centre des politiques de santé du Manitoba :
une étude de cas



DALE STANBACH, M.Sc., PH.D., F.R.S.C.
Policy and Quality Health Research
Winnipeg, MB

Abstract

Context: The Manitoba Centre for Health Policy (MCHP) is a university research centre with a long-standing governmental partnership with government.

Objective: The purpose of this project was to examine the facilitators and challenges to the development, establishment and continuation of MCHP.

Methods: In-depth interviews and consensus with 30 participants used a purposeful and a document review were conducted and analyzed using qualitative methods.

Results: Factors that facilitated MCHP's establishment were political support from federal, provincial and municipal governments; government's commitment to research; and a long history of research in Manitoba. Other factors that participants included barriers to its sustainability through political support; research; leadership; funding; and infrastructure. The study also identified factors that could improve policy impact on local and provincial communities and also on the province.

Administrative Data and the Manitoba Centre for Health Policy: Some Reflections

Données administratives au Centre des politiques
de santé du Manitoba : réflexions



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Abstract

The authors review their 10-year experience in developing the use of administrative data for research. They describe the data research opportunities afforded by 40 years of data on health – i.e., every person contacted by the public health system – from the problems encountered in conducting an administrative data analysis; findings could be added from information reflected in using data and making progress through studies on decision formation; guides, studies

Straw into Gold: Lessons Learned (and Still Being Learned) at the Manitoba Centre for Health Policy

Changer la paille en or : leçons retenues (et qu'on
continue d'apprendre) au Centre des politiques
de santé du Manitoba



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Policy and Quality Health Research
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Abstract

What lessons have we learned at the Manitoba Centre for Health Policy (MCHP) about knowledge translation (KT) over the past 10 years and what is our vision for the future? How do we best integrate our research and the Population Health Data Repository? Who has advised the "straw into gold" and what do they do about it? How did we want administrative data to be "straw" into gold, how have we passed for gold and how do we look for drops of gold in the future? This paper examines how MCHP began with an integrated KT research relationship with government, and through The Need to Know (TKN) awarded KT to support health authority planning. It describes the research project, KT and dissemination MCHP has used including dissemination of research to practice through research advisory and practice advisory through Web 2.0 services.





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Informing Health & Social Policy

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- Applying for Access
- Accreditation
- Concept Dictionary & Glossary

Research

- Published MCHP Reports (Deliverables)
- Upcoming MCHP Reports
- Journal Publications
- Presentations
- Other Reports & Special Supplements

Knowledge Translation

- The Need to Know Team
- Workshops & Events
- Education Resources
- SAS Training

MCHP Quick Facts

- Faculty & Staff
- Media Releases
- Newsletters
- Contact
- Privacy & Confidentiality

www.umanitoba.ca/faculties/medicine/units/mchp/

Reminder: Will you be involved in research with humans? For ethics submissions of new research projects, the TCPS 2: Course on Research Ethics (CORE) tutorial must be completed by September 1, 2011. Your certificate of completion must accompany... [Read more](#)

HEALTHCARE POLICY SPECIAL ISSUE

Going for the Gold:
Celebrating 20 Years of
Population-Based Research



MCHP: What we do with the information - KT

- At the government level
 - Deliverables (i.e., research reports); briefing of ADMs, DM, Minister of Health, other Ministers, **Healthy Child Committee of Cabinet**, embargoed copies to MLAs
- At the public/clinician level
 - Four-pagers; clinician one-pagers; media interviews, op eds,, responses to news, website
- At the researcher level
 - Research reports, publications, conferences etc.
 - Concept Dictionary and Glossary, website
- At the RHA level
 - Annual *Workshop Days* (WRHA, MH, non-Winnipeg RHAs), dissemination of reports, website data
 - *The Need To Know Team*

Involvement and influencing health policy

- MCHP's Annual Workshop Days



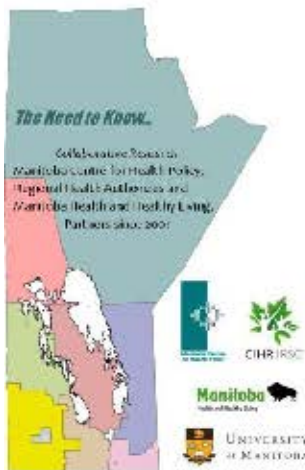
- Rural & Northern RHAs, Winnipeg RHA, Manitoba Health Days, Ed/FS Day
- **Look for the STORIES!**
- **Evidence-based stories lead to evidence-informed decision-making**



The Need To Know Team – an award winning “made in Manitoba” model of getting research into action

– MCHP, RHAs, Manitoba Health

- CIHR-funded, 2001-2006 through the Community Alliances for Health Research (CAHR) program, 2008-2013
CIHR/PHAC Applied Public Health Chair for Martens
- CIHR 2005 KT Award for Regional Impact
- Highlighted as 1 of 5 “knowledge to action” stories in the 2009/2010 annual report of CIHR



This project is funded by the CIHR through the Community Alliances for Health Research Program (CAHR) and the CIHR Knowledge Translation Award (KTA). It is jointly funded through Dr. Fabrice Martens' CIHR Applied Public Health Chair.



CIHR IRSC

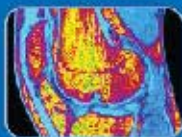


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Knowledge to Action

CIHR-Supported Health Research at Work for Canada and Canadians



CIHR Annual Report 2009-10

Acting on the Need to Know



In health services – where the demands are unlimited but the budgets are fixed – producing reports that collect dust is something no one can afford.

The challenge

Seven researchers from across the Health Canada network have published findings that have not, as yet, been acted upon.

The response

Dr. Patricia Moore called for a shift in how we think about research and report health research to improve research and action.

Call to action

Research is the quest for knowledge to improve the health of Canadians.



Dr. Patricia Moore

Who needs to know?

It is unique and critical as between the research generation and end-user, the Need to Know. There is a gap of knowledge and practice between the research and the practice of the health care system.

Using Research to Change Health Policy

There are many ways to use research in health policy. The first, and most common, is to use research to inform policy. This is done by presenting research findings to decision-makers in a way that is clear and concise.

Research is the quest for knowledge to improve the health of Canadians

Research is the quest for knowledge to improve the health of Canadians. It is a process that involves the collection, analysis, and interpretation of data to answer questions about health and disease.

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"Our whole philosophy is health planning based on evidence."

Dr. Arlene Wilgosh



Results

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"Our whole philosophy is health planning based on evidence"
– Arlene Wilgosh, CEO of the WRHA, former DM of Health

Manitoba Centre for Health Policy



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And ... the research! Straw into Gold?

Martens 2011

Straw into Gold: Lessons Learned (and Still Being Learned) at the Manitoba Centre for Health Policy

Changer la paille en or : leçons retenues (et qu'on continue d'apprendre) au Centre des politiques de santé du Manitoba



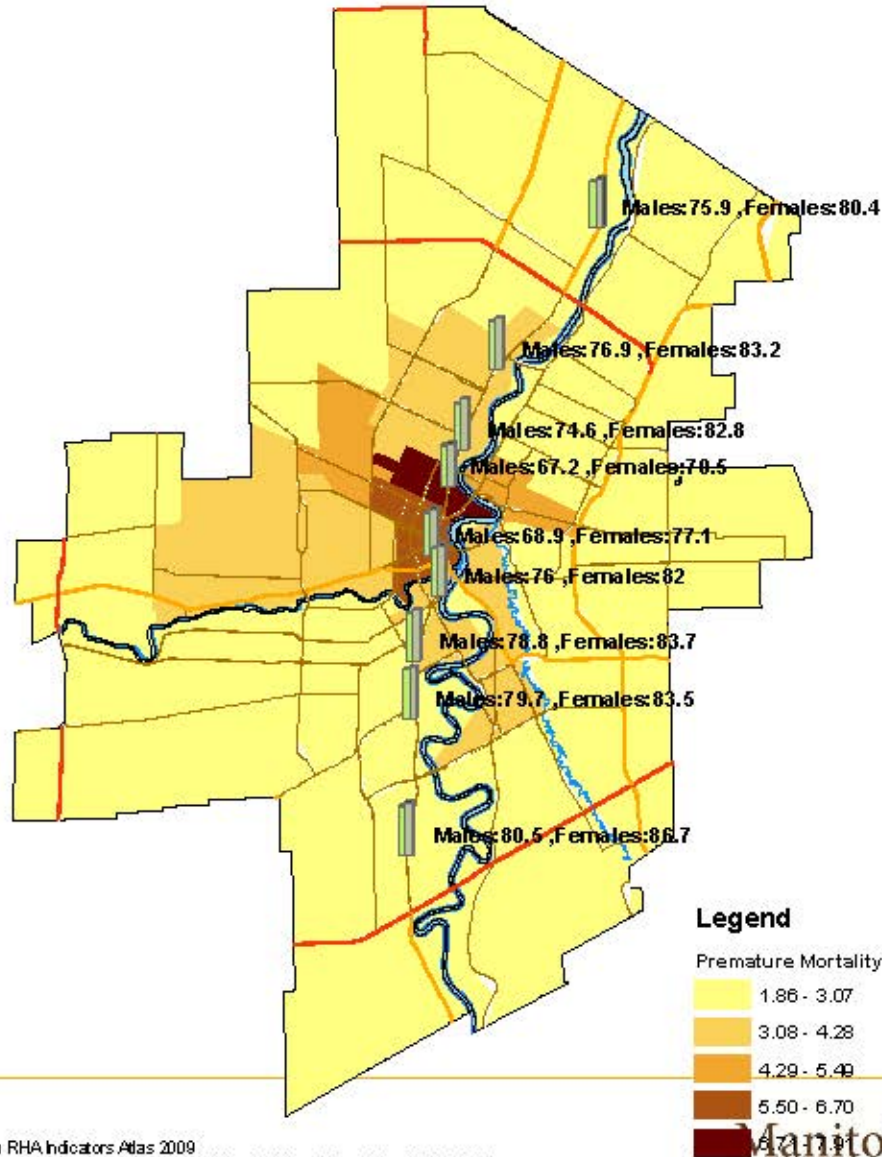
PATRICIA J. MARTENS, PHD
Director, Manitoba Centre for Health Policy
Professor, Department of Community Health Sciences, Faculty of Medicine
University of Manitoba
Winnipeg, MB

Abstract

What lessons have we learned at the Manitoba Centre for Health Policy (MCHP) about knowledge translation (KT) over the past 20 years, and what is our vision for the future? How does that KT interrelate with our other activities – research and the Population Health Data Repository? Who first noticed that “there’s gold in them thar hills,” and what did they do about it? How did we weave administrative database “straw” into gold, how have we panned for gold and how do we look for the pot of gold in the future? This paper describes how MCHP began with an integrated KT research relationship with government, and through *The Need to Know Team*, extended KT to regional health authority planners. It describes the various push-pull KT mechanisms that MCHP has used, including dissemination of research to planners through interactive workshops, and to other researchers through Web-based resources.

[44] HEALTHCARE POLICY 19(4) Spring 2011

Change in Male and Female Life Expectancy South-North following Pembina Hwy (rte 42) and Main St (rte 52)



Bus trip up Pembina Highway to downtown:

Life Expectancy at birth (in years):

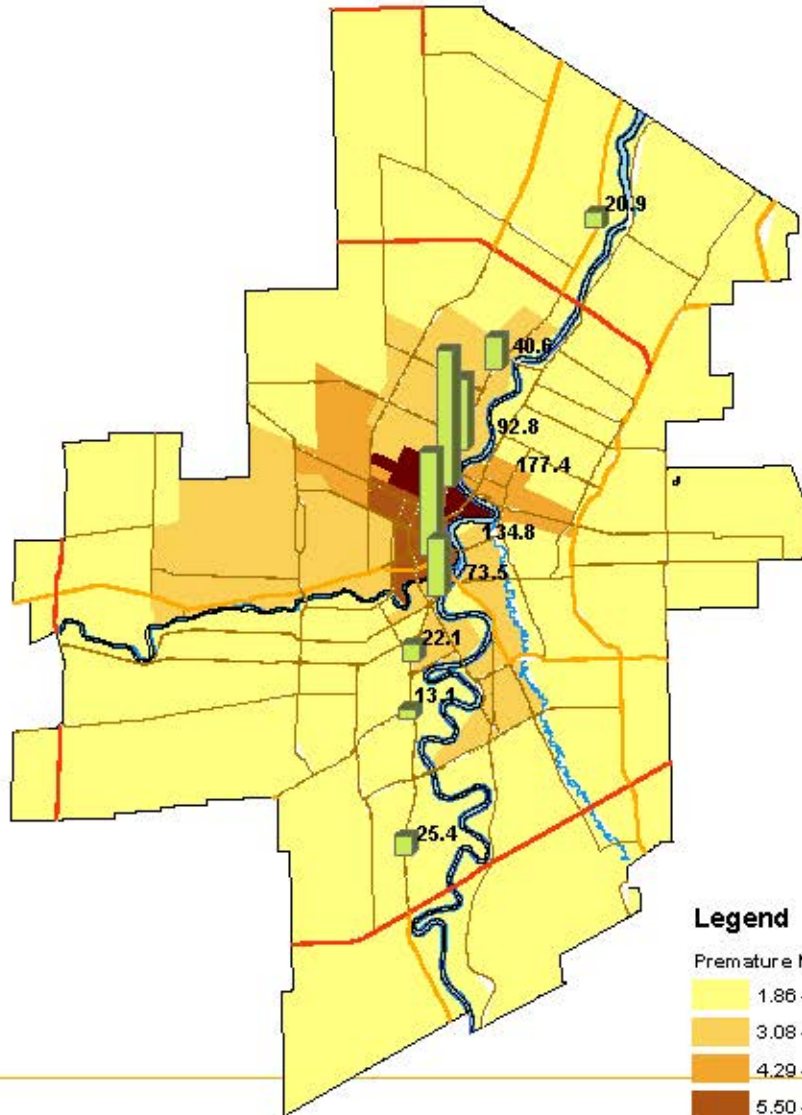
South Pembina Highway:
 Males: 81 years
 Females: 87 years

Downtown:
 Males: 67 years
 Females: 71 years

Fransoo et al. 2009

Manitoba RHA Indicators Atlas 2009
 Fransoo R, Martens P, Builand E, The Need to Know Team, Prior H, Burchill C

Change in Teen Pregnancy Rates South-North following Pembina Hwy (rte 42) and Main St (rte 52)



Legend

- Premature Mortality
- 1.86 - 3.07
 - 3.08 - 4.28
 - 4.29 - 5.49
 - 5.50 - 6.70
 - 6.71 - 7.91

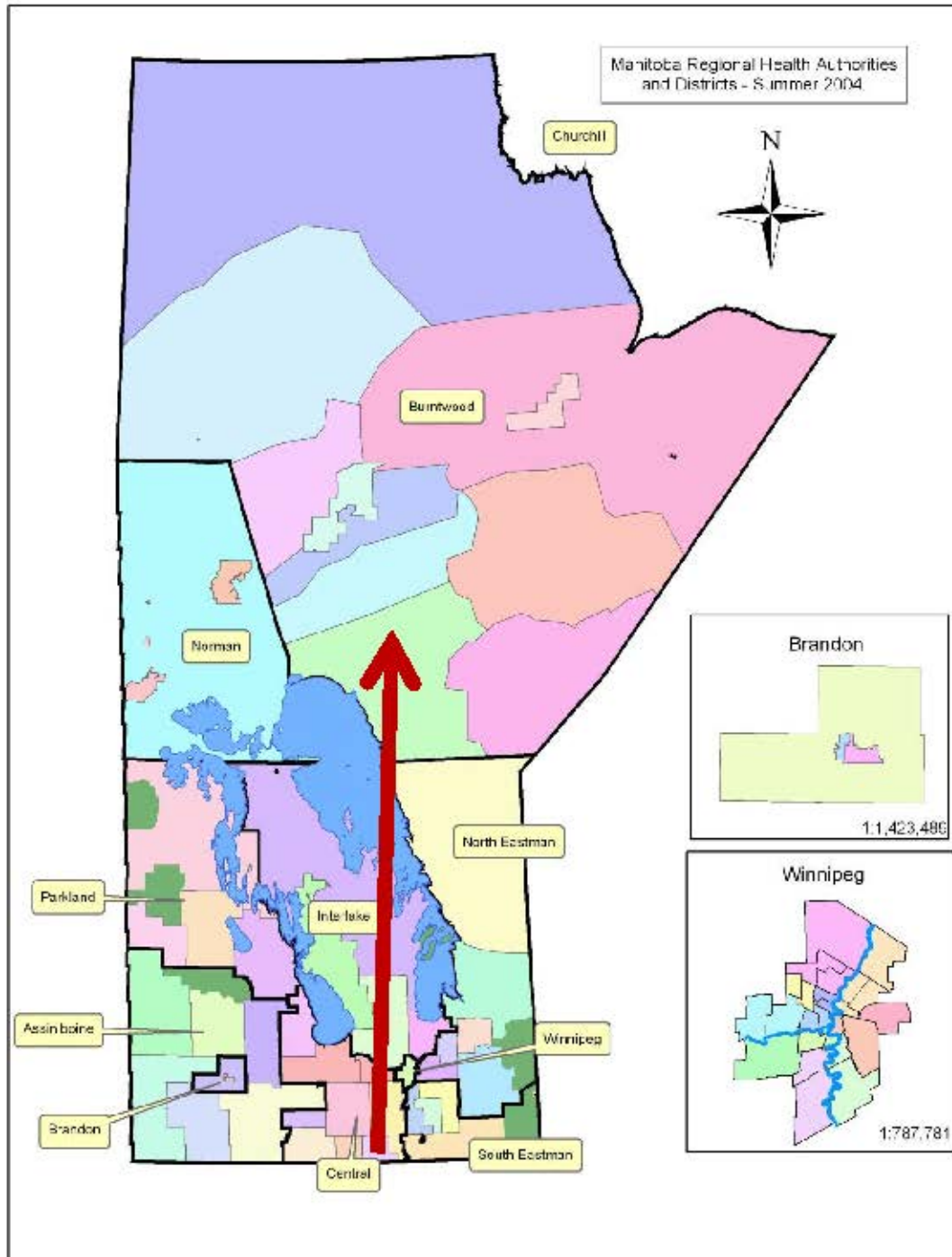
Bus trip up Pembina Highway to downtown:

Teen Pregnancy (for 15-19 year olds per 1000)

South Pembina Highway:
Around 25 per 1000

Downtown:
Around 177 per 1000

Brownell et al. 2008



Plane trip from Altona to Norway House:

Life Expectancy at birth (in years):

Male life expectancy:
 Altona 81 years
 Cartier 85 years
 NE Interlake 76 years
 Norway House 65 years

Female life expectancy:
 Altona 86 years
 Cartier 89.5 years
 NE Interlake 82 years
 Norway House 72 years



If you could wipe out cancer as a cause of death, how many more years of life expectancy could be added on to the typical North American population?

- A. 1 year
- B. 3 years
- C. 5 years
- D. 10 years

Answer: B, i.e., 3 years (the actual answer is 2.8 years)

From: Manton K. The dynamics of population aging: Demography and policy analysis. *Milbank Q.* 69(2):309-338, 1991.

Tsevat J, Weinstein M, Williams W, Tosteson A, Goldman L. Expected gains in life expectancy from various coronary heart disease risk factor modifications. *Circulation* 1991;83:1194-1201.



IR PIONEER ADVENTURER VISIONARY TRAILBLAZER

In our study on Metis health, we found mostly higher (13%-49%) rates of illness compared to the rest of the population. When looking at immunization rates, which best describes the Metis compared to all other Manitobans?

- A. Similar or better rates
- B. Worse rates

Answer: A. similar rates or better rates for the Metis, especially once adjusted for the lower socioeconomic status. This was surprising, but at least gives them a chance to figure out where to put their efforts (high risk of poorer outcomes for children in education and family services indicators, high teen pregnancy and behavioural risk factors for youth)

Martens, Bartlett et al. 2010

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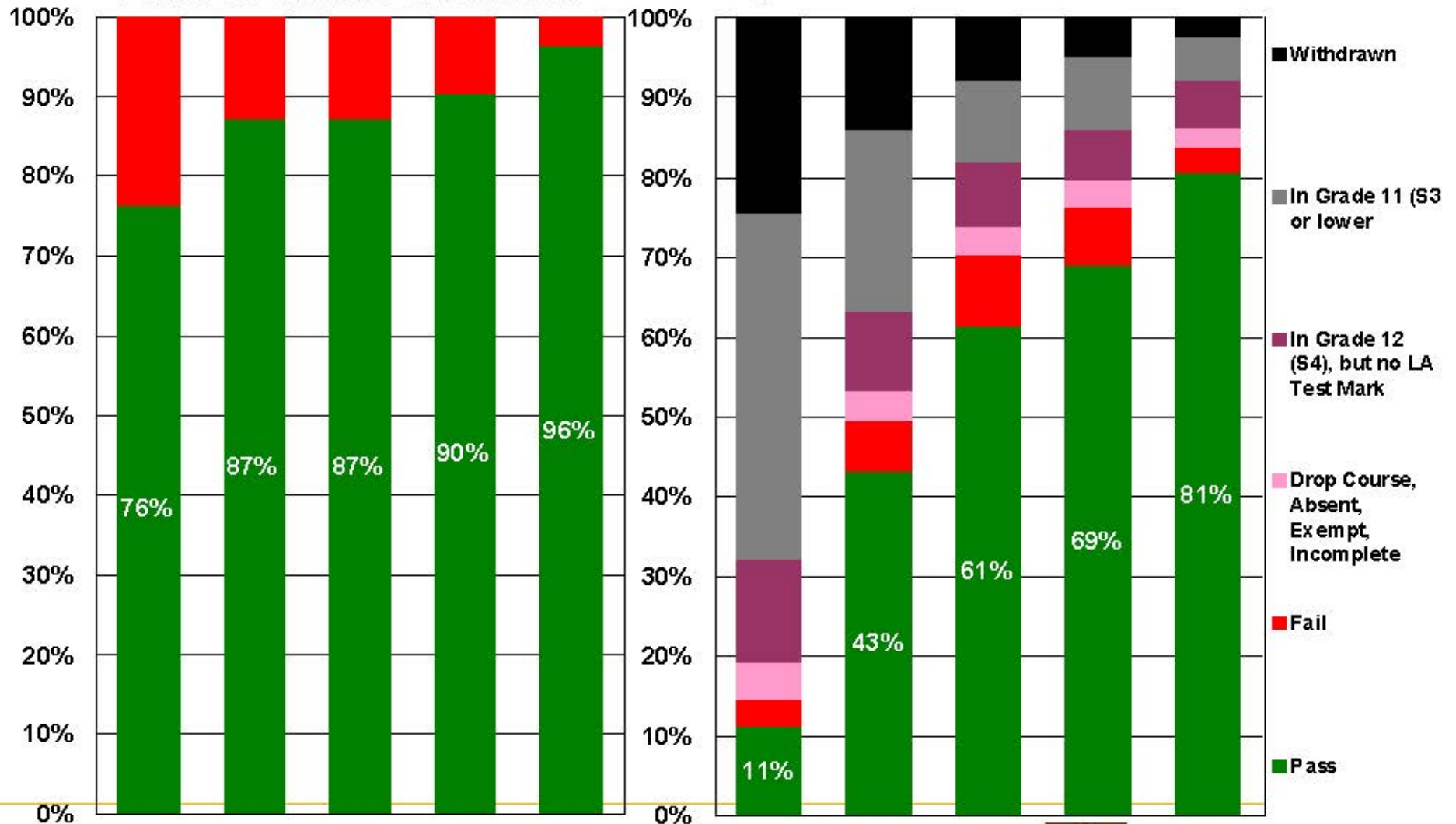
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Grade 12 (S4) Performance by SES Group Language Arts Standards Test 2001/02

Pass/Fail rates of test writers

17/18 year olds who should have written



Initial analysis of Emergency Departments (EDs)



- Frequent users of ED (9+ visits per year):
 - 54% have a history of 2+ mental illness diagnoses
 - But they also have high use of other health care providers (2,400 people; 80,000 health care contacts)
- Very frequent users (18+/yr): 85% have 2+ mental illness diagnoses
- *A different way to approach EDs for those living with mental illness – WRHA vision*

If you split the population of Manitoba into five groups each having 20% of the population, representing lowest to highest income areas, you form what are called “income quintile” groups. If life were ‘fair’, you would expect that 20% of the population would have 20% of the health problems. Life isn’t always fair. So ...



INNOVATOR PIONEER ADVENTURER VISIONARY TRAILBLAZER

Which of these conditions is the most 'unfair', ie, distributes itself the most unequally in the lowest income group (i.e., the people in the lowest 20% of neighbourhood income)?


- A. Dementia
- B. Mental illness
- C. Multiple sclerosis
- D. Dental extractions for kids 0-5 years
- E. Diabetes

Answer: D. 54% in rural, and 56% in urban areas occur in the 20% of kids in the lowest quintile group

Martens et al. 2010
Manitoba Centre
for Health Policy



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Indicator	Percentage of the health event occurring in the lowest income quintile group (i.e., about 20% of population)	
	Rural percentage	Urban percentage
Premature death before age 75	29.1%	33.4%
Potential years of life lost	33.0%	38.5%
Death before age five	31.2%	37.7%
Teen pregnancy	44.7%	44.6%
High school completion	13.9%	11.0%
Dental extractions ages 0 to 5	53.6%	55.9%
Breastfed newborns	22.3%	23.2%
Diabetes age 19 and older	28.8%	27.4%
Amputation due to diabetes	45.9%	44.9%
Ischemic heart disease	24.4%	23.9%
Multiple sclerosis	13.5%	19.0%
Continuity of care	16.3%	19.5%
Hospitalization for TB	57.8%	52.3%
Pap tests	14.6%	16.7%
Mental illness age 10 and older	20.1%	25.0%
Dementia age 55 and older	17.0%	26.1%
Suicide/suicide attempts age 10+	41.5%	42.4%
Beta-blocker prescriptions post heart attack	22.5%	24.3%

*note: if the health events are distributed equally amongst the five income quintiles in rural and urban Manitoba, then the percentage of health events should equal the percentage of the population in the income group, i.e., around 20% of health events in 20% of the population



Well over \$1 billion is spent on hospital care in Manitoba each year. Out of this total budget, where is the most money spent?

- A. Hip replacements
- B. Heart attacks
- C. Normal births
- D. Knee replacements



Table 2: Ten Most Common Hospitalizations
Typical Cases, 2005-06

Type of hospitalization	Number of cases	Direct cost per case (\$)	Total direct cost (\$)
Neonates weight > 2500 grams (normal newborns)	9,743	525	5,119,161
Vaginal delivery	6,819	1,662	* 11,332,257
Esophagitis, gastroenteritis and miscellaneous digestive disease	3,697	1,636	6,056,341
Vaginal delivery with complicating diagnosis	3,278	2,003	* 6,565,295
Simple pneumonia and pleurisy	2,496	2,827	7,056,063
Neonates weight > 2500 grams with caesarean delivery	2,394	914	2,188,341
Heart failure	1,687	3,225	5,446,784
Major uterine and adnexal procedures without malignancy	1,629	2,685	4,373,175
Knee replacement	1,593	5,939	9,484,218
Aftercare following surgery or treatment	1,372	903	1,239,011



INNOVATOR PIONEER ADVENTURER VISIONARY TRAILBLAZER

The cost of chronic diseases

Table 1: Two Year Cost of Healthcare for People with Chronic Conditions, 2005/06 - 2006/07

Condition	Number of People	Total Healthcare Costs
Arthritis	249,402	\$2,011,806,337
Asthma/COPD	119,193	\$1,014,211,099
Coronary Heart Disease	57,170	\$ 925,244,640
Diabetes	48,268	\$ 675,651,902
Stroke	26,493	\$ 588,660,452

Diabetes: The cost for treating a person with diabetes is just under \$14,000, about 3.6 times the \$3,882 for people without diabetes. (The cost for the matched group is \$6,370.)



Overweight adults are admitted to the hospital substantially more than normal weight adults.

True or false?

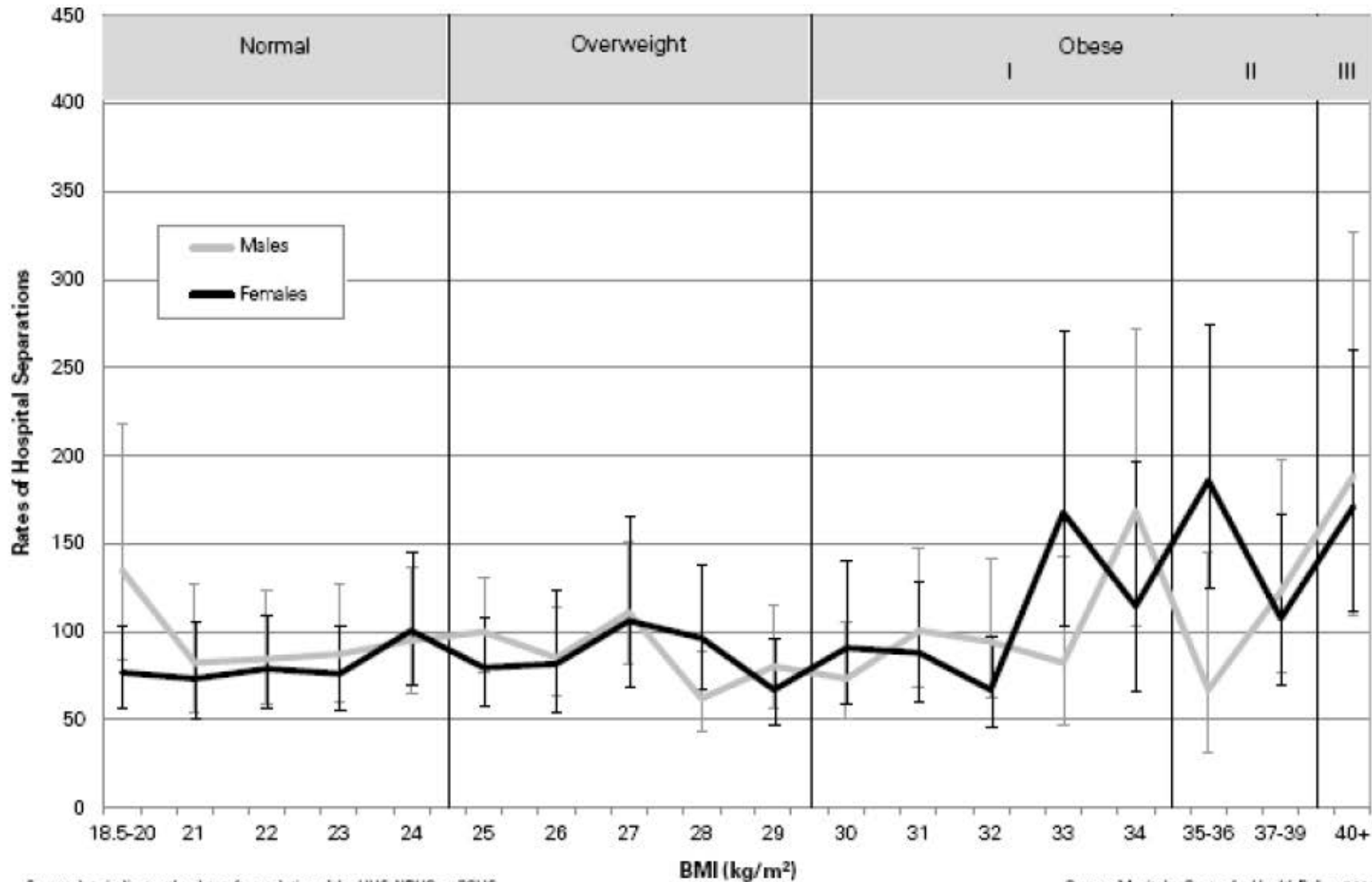
A. True

B. False

Fransoo et al. 2011: trick question: false for “overweight” (BMI<30) and even for lower levels of obesity, but ... the only BMI category where you see an increase is at 33 or higher BMI

Figure 5.6: Inpatient Hospital Separation Rates by BMI

Age-adjusted rates of inpatient hospital separations within one year of survey date, per 1,000 residents aged 18 and older (measured/corrected BMI)



Survey date indicates the date of completion of the HHS, NPHS, or CCHS

Source: Manitoba Centre for Health Policy, 2011



What proportion of all Manitobans (all ages) are admitted to a hospital and stay at least one night in a given year:

- A. 1%
- B. 3%
- C. 5%
- D. 7%
- E. 9%

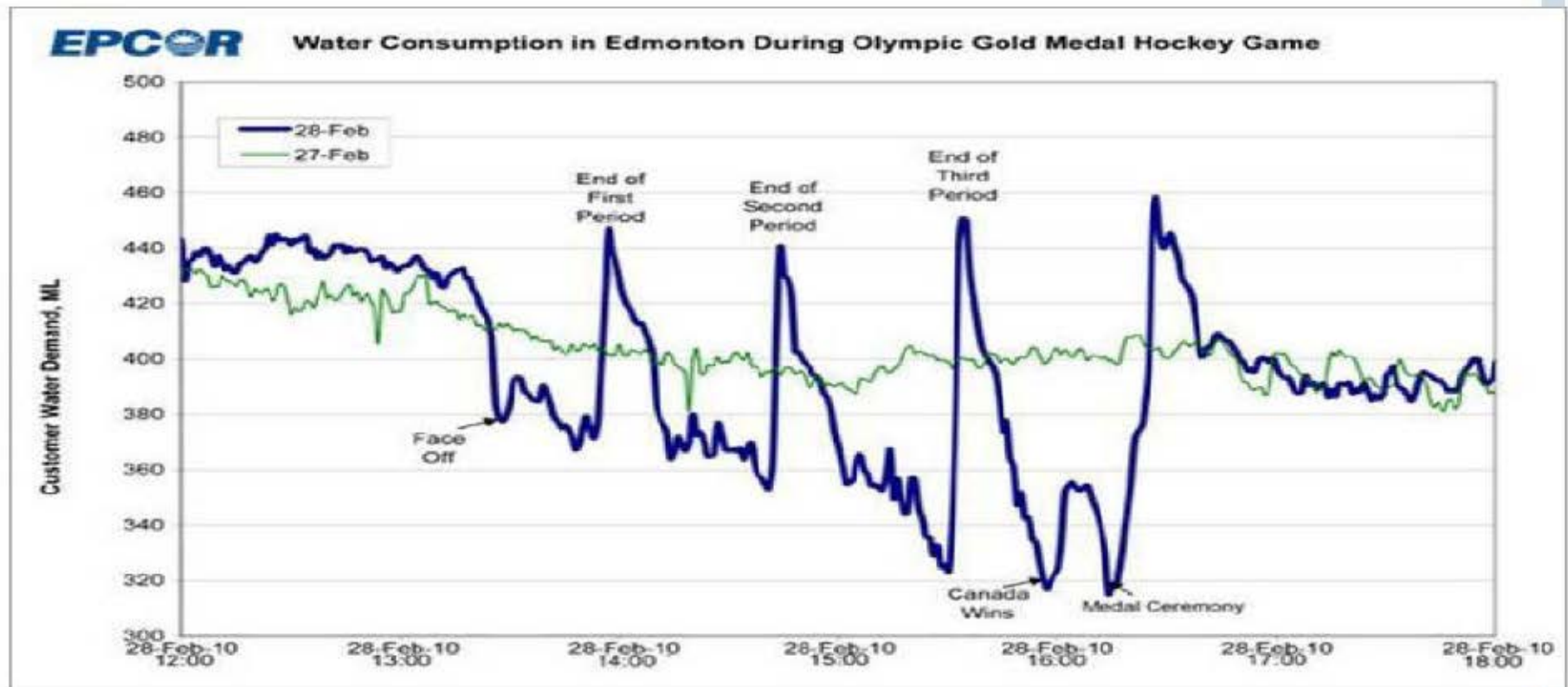
Answer: d – from RHA Atlas 2009 (Fransoo, Martens et al.)

Note: around 83% of Manitobans see a physician within a year, and the average visit rate is 5 visits per person

Observational data (especially time series) are powerful!!

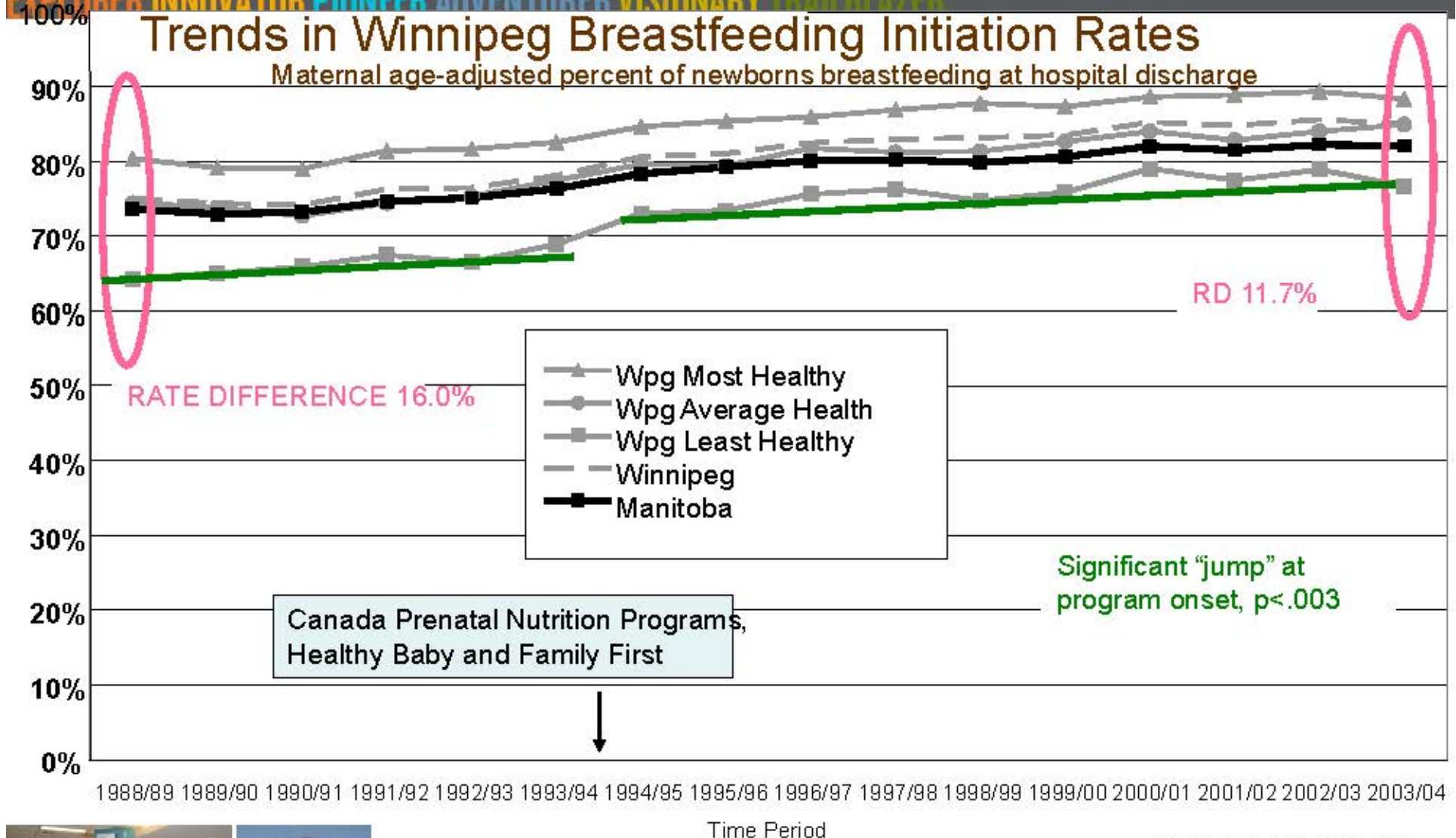
What If Everybody in Canada Flushed At Once?

Written by Pats Papers | Monday, 8 March 2010 12:42 PM



The water utility in Edmonton, EPCOR, published the most incredible graph of water consumption last week. By now you've probably heard that up to 80% of Canadians were watching last Sunday's gold medal Olympic hockey game. So I guess it stands to reason that they'd all go pee between periods.

But still—the degree to which the water consumption matches with the key breaks in the hockey game is stunning.



source: Manitoba Centre for Health Policy, 2007



What Works Report
Martens et al. 2008



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For low income pregnant moms, (<\$32,000 family household income) receiving the *prenatal benefit cheque* (~\$80/month) was associated with:

- A. No positive effect whatsoever
- B. Negative effects, since moms could use this money on things which may not be “good” for health
- C. Positive effects for the baby

Evaluation of Healthy Baby Program (Brownell et al. 2010)



- **Prenatal Benefit (PB)** reaches the majority of low income women as an income supplement in their 2nd and 3rd trimesters, and is associated with positive maternal/child outcomes

- Decrease in preterm birth and low birth weight; increase in breastfeeding rates

Table 2: Summary of outcomes associated with Healthy Baby program components

What outcomes were associated with receiving the Prenatal Benefit?

1.4% - 9.0% Reduction in low birth weight births

0.4% - 6.0% Reduction in preterm births

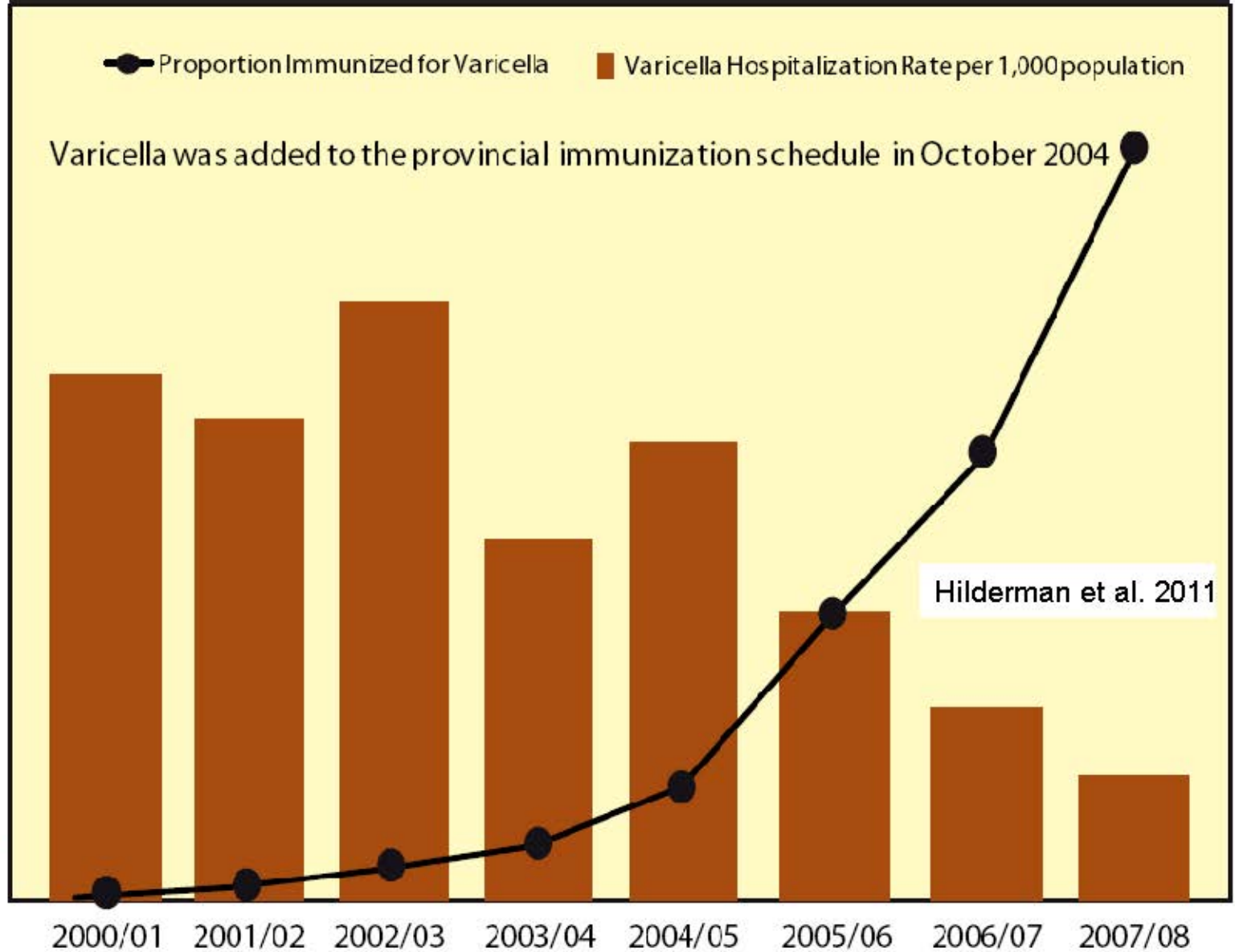
10.0% - 21.0% Increase in breastfeeding initiation



We hear all sorts of reports on the dangers of immunization, but we're not sure whether these are true. Which of the following statements is true for Manitoba?

- A. Nursing home residents who got the flu shot lived longer than those who didn't
- B. Flu shots decreased hospitalization and death rates for those over 65 years old
- C. Chicken pox vaccinations in kids have dramatically decreased hospitalizations for this disease
- D. There is no evidence of adverse effects from immunizations
- E. All of the above

Figure 3: Varicella Hospitalization Rates (per 1,000 population) Compared to Varicella Immunization Rates for Children Aged 0-18, 2000/01— 2007/08





INNOVATOR PIONEER ADVENTURER VISIONARY TRAILBLAZER

ICUs see some of the sickest patients in the province. How many ICU patients die while in hospital?

- A. 8%
- B. 12%
- C. 17%
- D. 27%
- E. 52%

- Answer: C. 17%. From the ICU report (Garland et al. 2012). A further 3% die within 6 months. These MB figures are very comparable to other provinces and countries.



INNOVATOR PIONEER ADVENTURER VISIONARY TRAILBLAZER

Comparing Francophone health to the health of Manitobans, which is true:

- A. Mostly worse
- B. Mostly better
- C. About the same

Answer: C. From the Francophone Atlas (Chartier et al. 2012)

Note: for the 76 indicators, Francophones were better on 15, worse on 9, and similar on 52 indicators. As well, Francophone health seems to be improving with each generation.



To be at the **LOWEST** risk of entering a nursing home, which of the following should you be?

- A. a single woman
- B. A married man
- C. A parent of 2 children

Answer: B. A married man is 40% less likely than a single woman to enter a nursing home. Someone with 2 children is 34% less likely compared to someone with no children.

From the Projecting PCH Use report (Chateau, Doupe et al. 2012)

The Spirit Level

Why More Equal Societies Almost Always Do Better

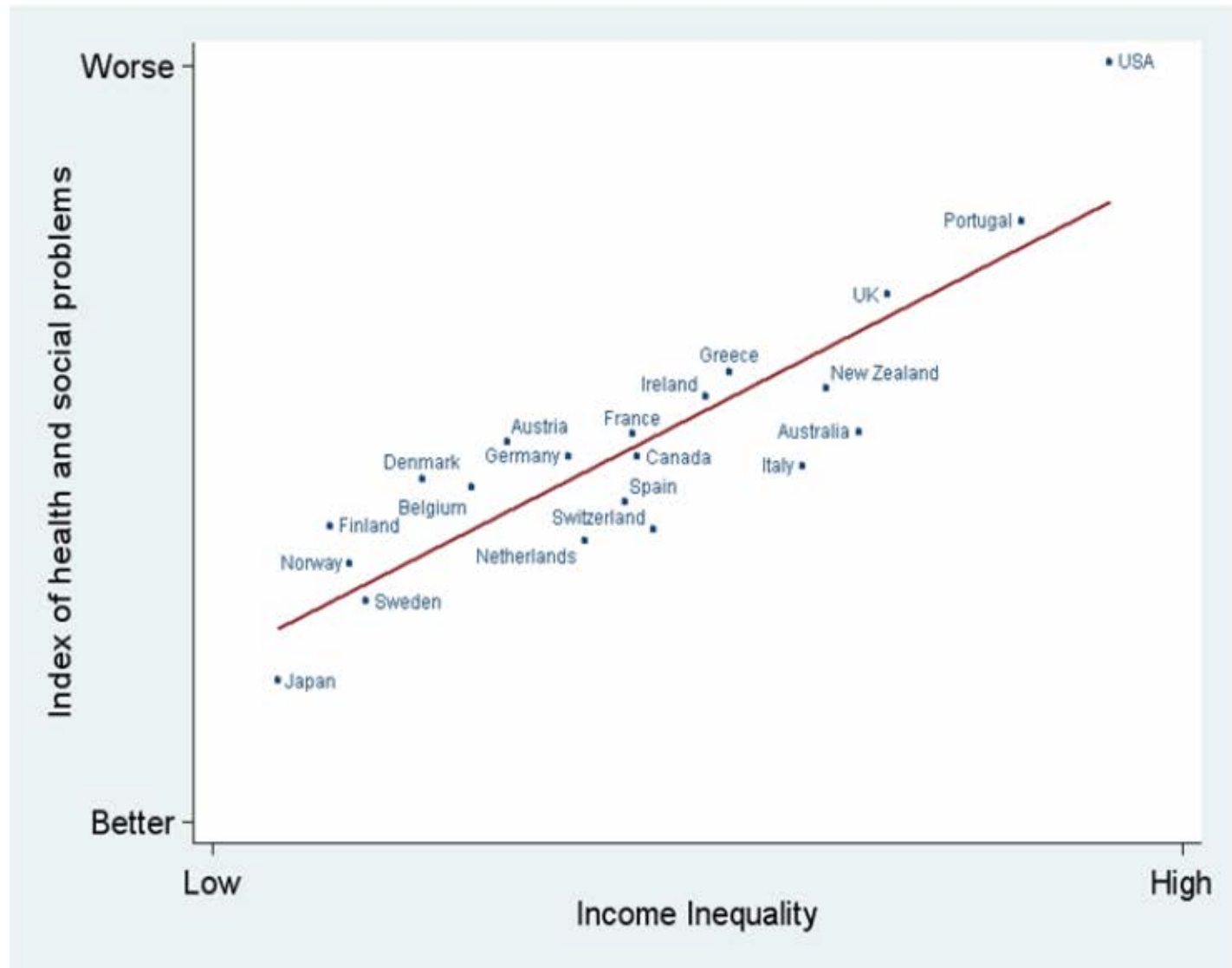
Richard Wilkinson and Kate Pickett



Health and Social Problems are Worse in More Unequal Countries

Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

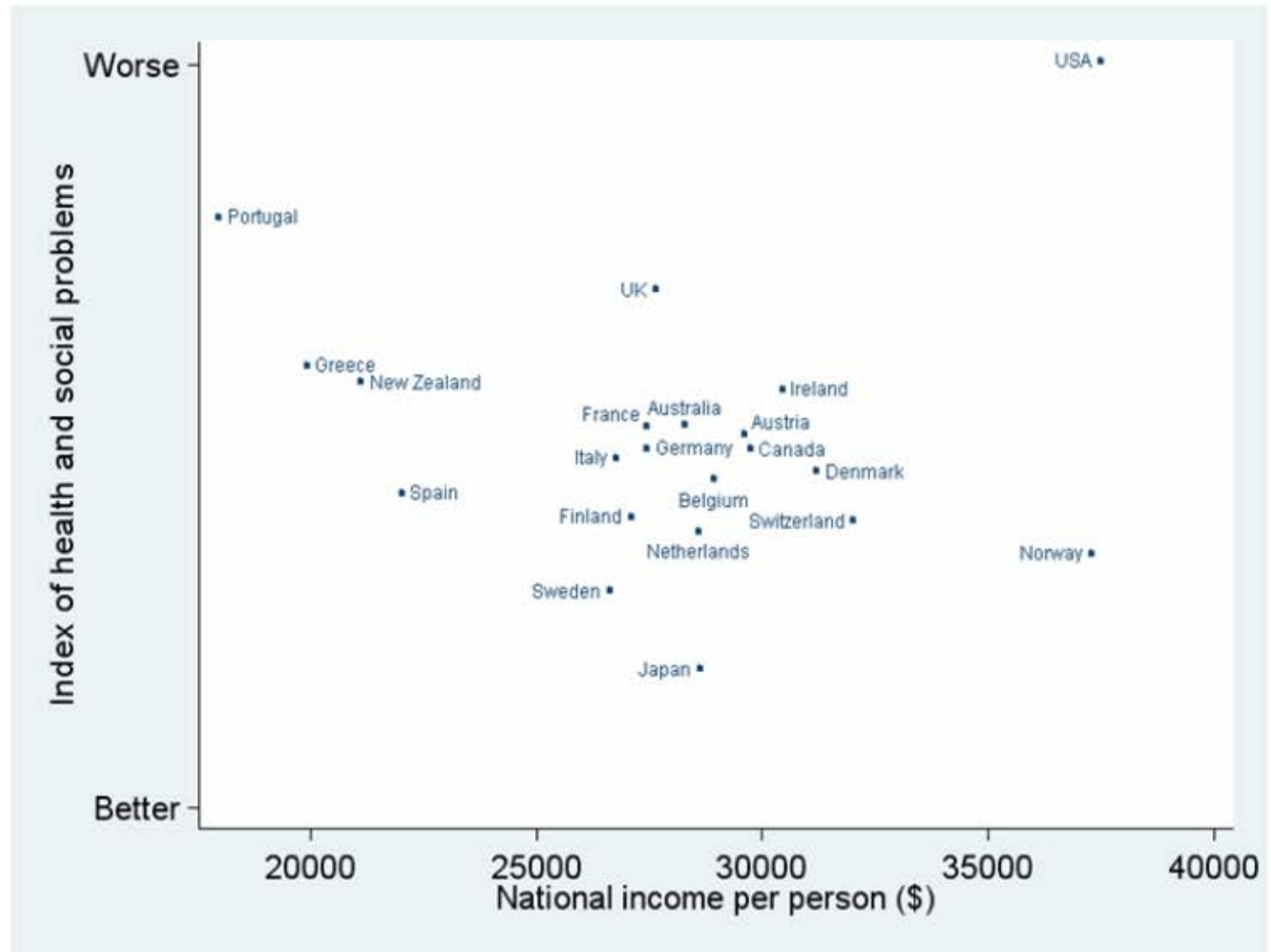


Source: Wilkinson & Pickett, *The Spirit Level* (2009)

Health and Social Problems are not Related to Average Income in Rich Countries

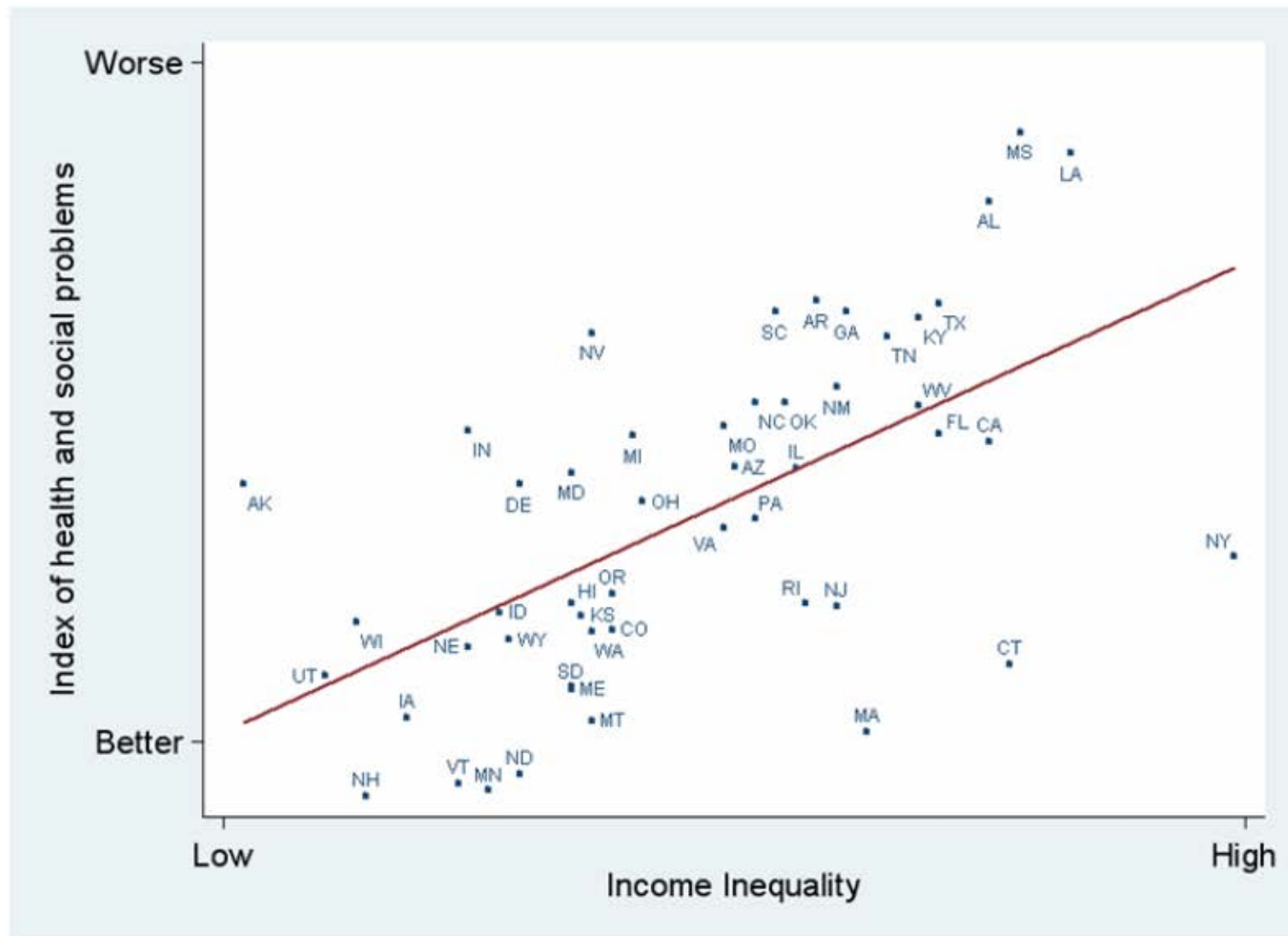
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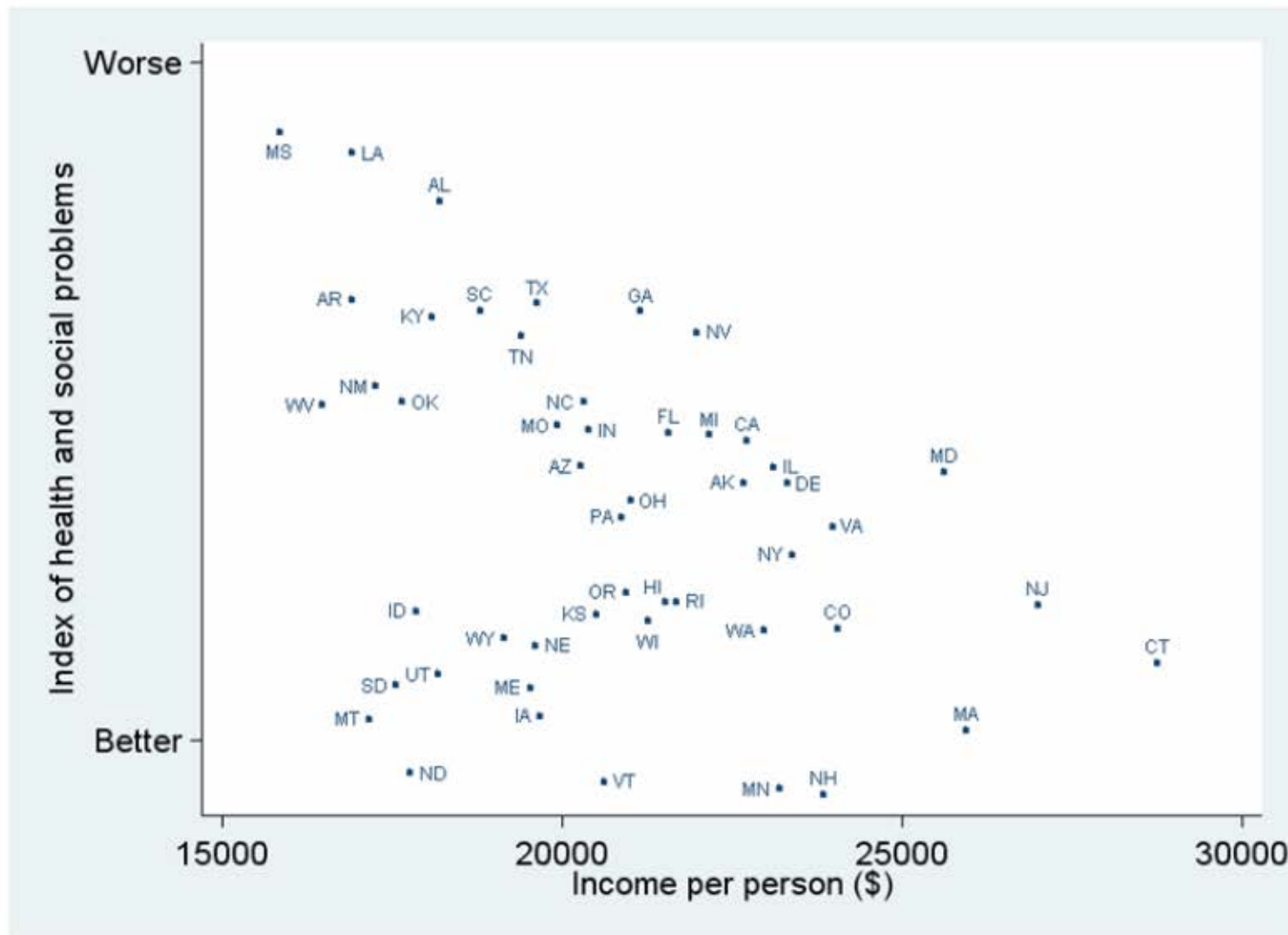
Source: Wilkinson & Pickett, *The Spirit Level* (2009)

Health and Social Problems are Worse in More Unequal US States



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

Health & Social Problems are Only Weakly Related to Average Income in US States



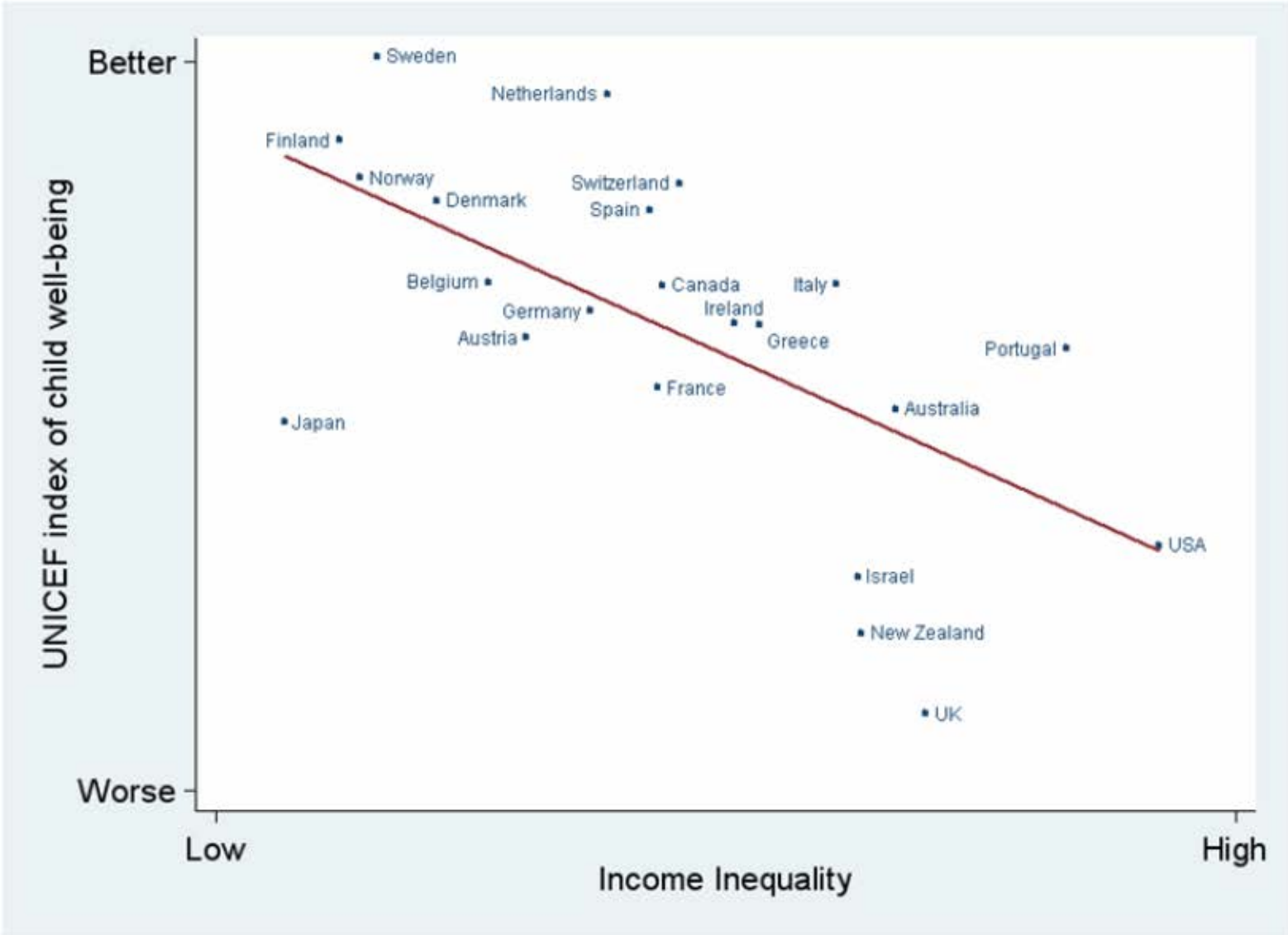
Source: Wilkinson & Pickett, *The Spirit Level* (2009)

Life Expectancy is Longer in More Equal Rich Countries



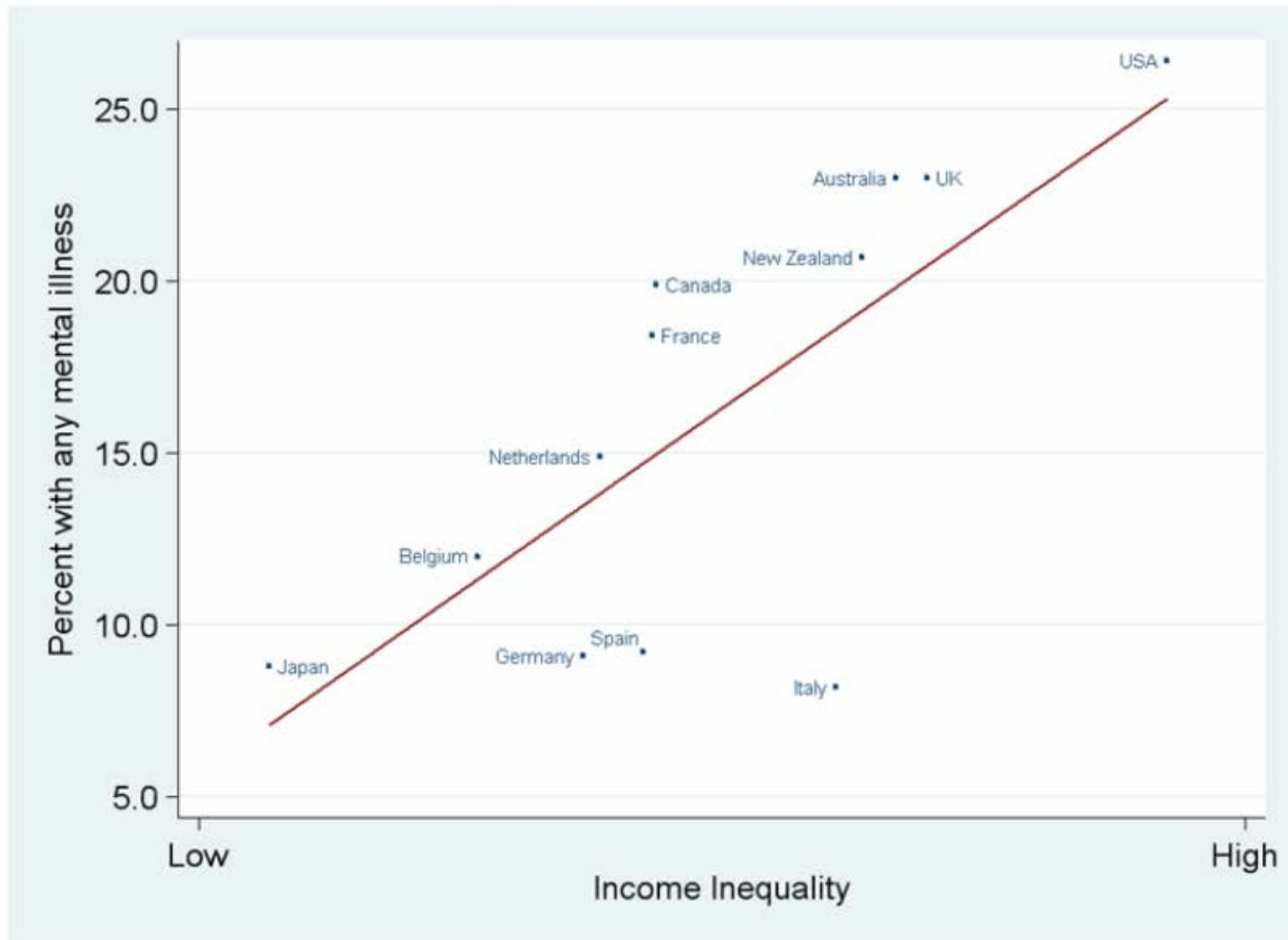
Source: Wilkinson & Pickett, *The Spirit Level* (2009)

Child Well-being is Better in More Equal Rich Countries



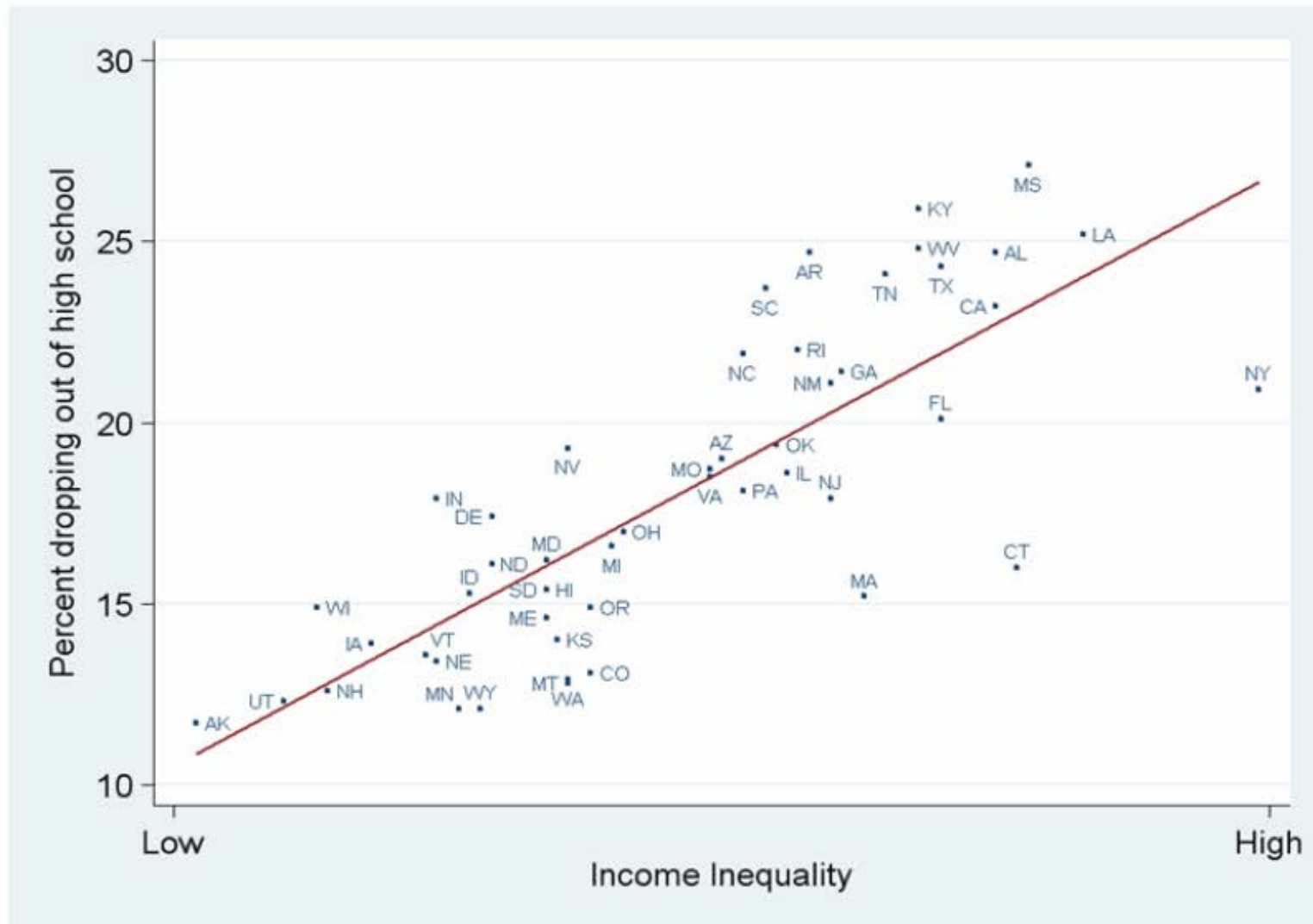
Source: Wilkinson & Pickett, *The Spirit Level* (2009)

The Prevalence of Mental Illness is Higher in More Unequal Rich Countries



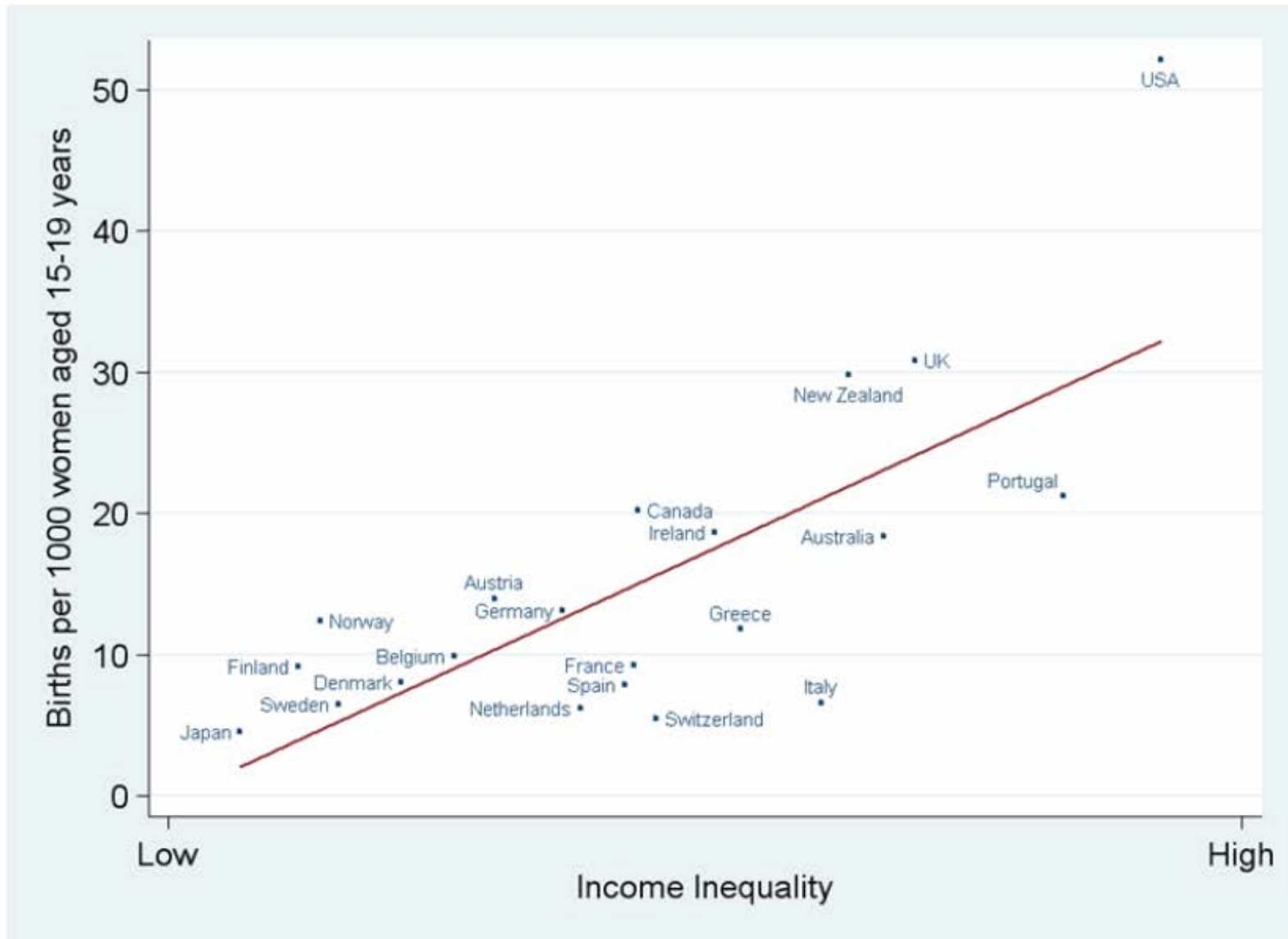
Source: Wilkinson & Pickett, *The Spirit Level* (2009)

More Children Drop Out of High School in More Unequal US States



Source: Wilkinson & Pickett, *The Spirit Level* (2009)

Teenage Birth Rates are Higher in More Unequal Rich Countries

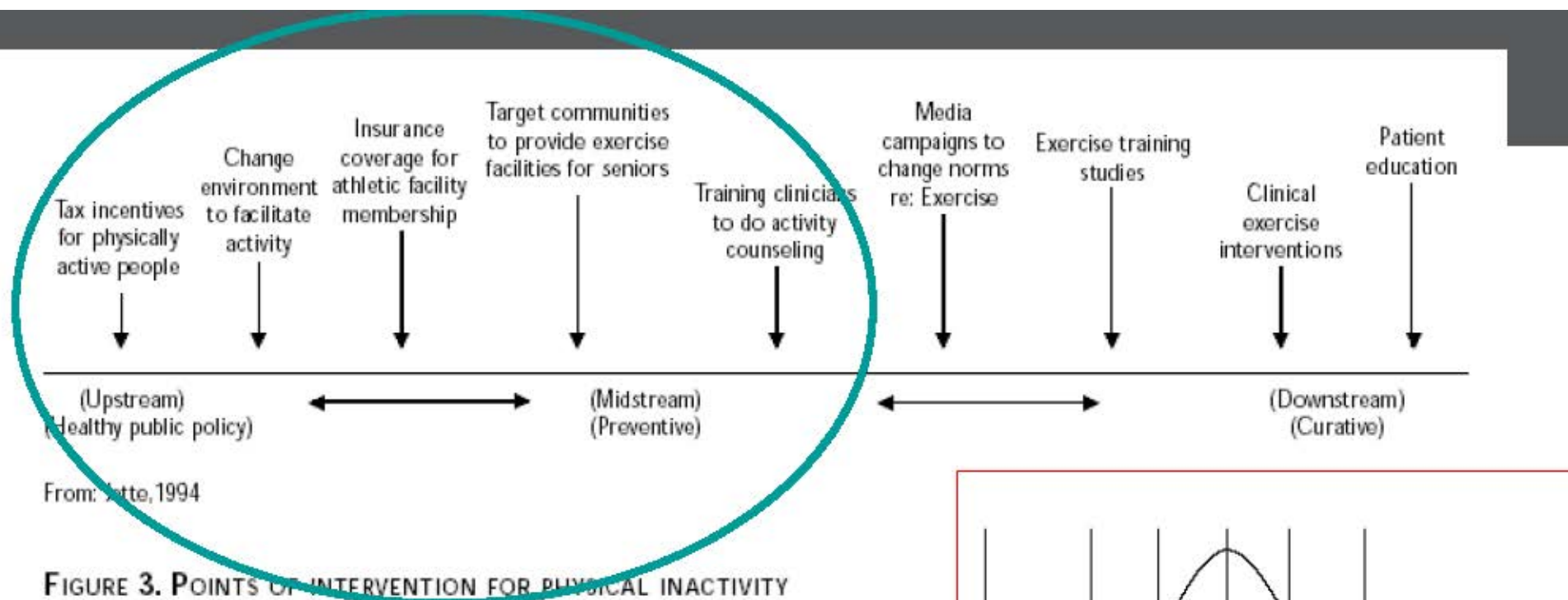


Source: Wilkinson & Pickett, *The Spirit Level* (2009)

A little diversion into epidemiology

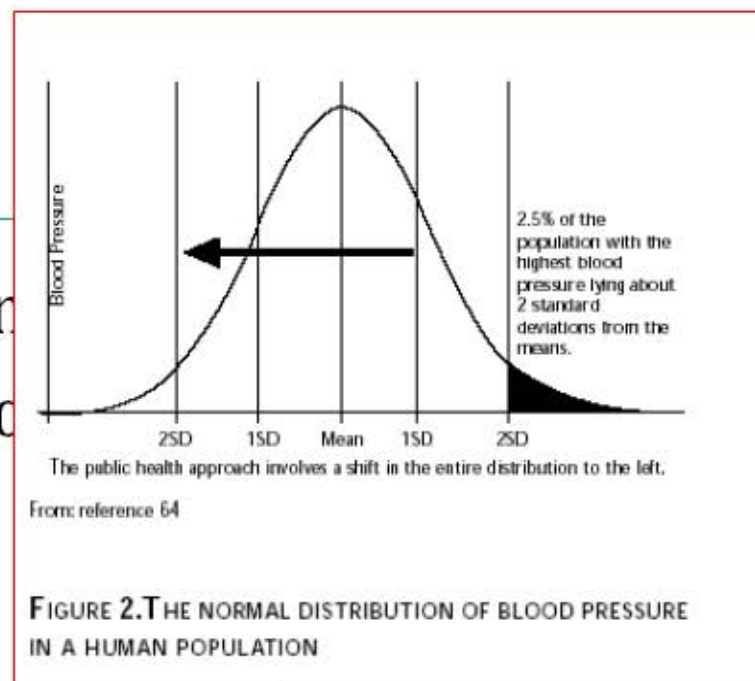
TWO IMPORTANT IDEAS

- The importance of lots of people doing a bit (rather than focusing on a few people doing a lot)
 - Elements of the **Rose Theorem (Geoffrey Rose)**
- How to design the world for change
 - Downstream (curative), Midstream (education), and **Upstream (healthy policy, built environment)



Paradigmatic obstacles to improving the health of populations -Implications for health policy*

John B. McKinlay, Ph.D.⁽¹⁾



McKinlay JB.
Paradigmatic obstacles to improving the health of populations -Implications for health policy.
Salud Publica Mex 1998;40:369-379.

McKinlay JB.
Obstáculos paradigmáticos para mejorar la salud de las poblaciones: implicaciones para las políticas de salud.
Salud Publica Mex 1998;40:369-379.



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Upstream: legislation, healthy public policy, built environment, systems approaches, nudges

Midstream: education,

Downstream: clinical, taking care of the “disease” or problem once it has arisen, curative

Making the “right” choice the easy choice



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The importance of a population-based approach

Only 31% less healthy

50% less healthy (i.e., below the mean)

slide curve
over 1/2 a
Standard
Deviation

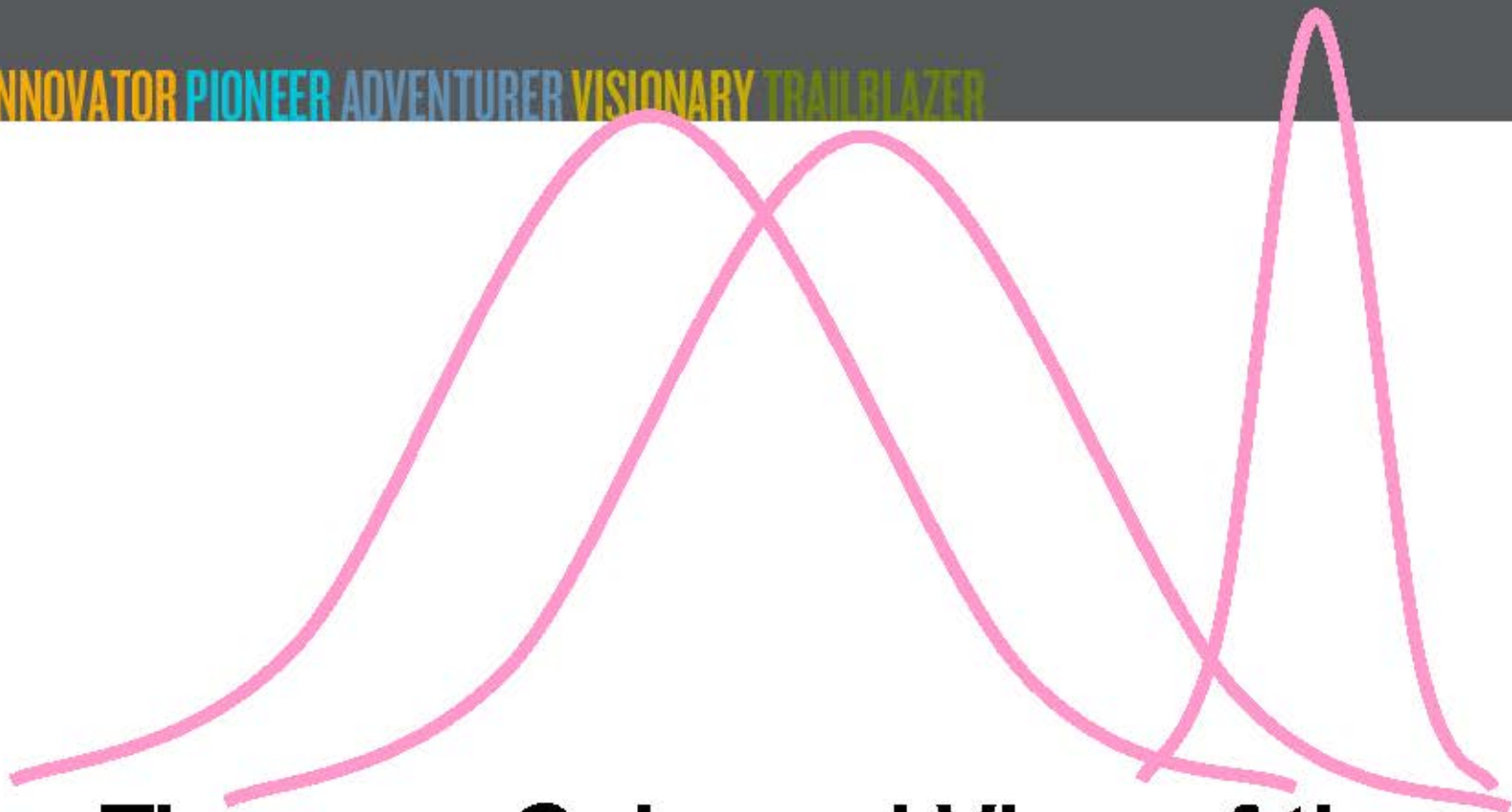
An approach for only
the very high risk –
limited overall
population effects

MEAN

LESS HEALTHY

Manitoba Centre for Health Policy | HEALTHIER OF MANITOBA

EXPLORER INNOVATOR PIONEER ADVENTURER VISIONARY TRAILBLAZER



Rose Theorem Coloured View of the World, along with the WHO and Marmot's vision of reducing the gap:

CONNECT, SHIFT and SQUISH

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ORIGINAL ARTICLE

Breastfeeding and Child Cognitive Development

New Evidence From a Large Randomized Trial

Michael S. Kramer, MD; Frances Aboud, PhD; Elena Mironova, MSc; Irina Vanilovich, MD, MSc; Robert W. Platt, PhD; Lidia Matush, MD, MSc; Sergei Igumnov, MD, PhD; Eric Fombonne, MD; Natalia Bogdanovich, MD, MSc; Thierry Ducruet, MSc; Jean-Paul Collet, MD, PhD; Beverley Chalmers, DSc, PhD; Ellen Hodnett, PhD; Sergei Davidovsky, MD, MSc; Oleg Skugarevsky, MD, PhD; Oleg Trofimovich, BSc; Ludmila Kozlova, BSc; Stanley Shapiro, PhD; for the Promotion of Breastfeeding Intervention Trial (PROBIT) Study Group

Context: The evidence that breastfeeding improves cognitive development is based almost entirely on observa-

subtle
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ention

supported by the World Health Organization and UNICEF.

Main Outcome Measures: Subtest and IQ scores on the Wechsler Abbreviated Scales of Intelligence, and

teacher evaluations of academic performance in reading, writing, mathematics, and other subjects.

Results: The experimental intervention led to a large increase in exclusive breastfeeding at age 3 months (43.3% for the experimental group vs 6.4% for the control group; $P < .001$) and a significantly higher prevalence of any breastfeeding at all ages up to and including 12 months. The experimental group had higher means on all of the Wechsler Abbreviated Scales of Intelligence measures, with cluster-adjusted mean differences (95% confidence intervals) of +7.5 (+0.8 to +14.3) for verbal IQ, +2.9 (-3.3 to +9.1) for performance IQ, and +5.9 (-1.0 to +12.8) for full-scale IQ. Teachers' academic ratings were significantly higher in the experimental group for both reading and writing.

Conclusion: These results, based on the largest randomized trial ever conducted in the area of human lactation, provide strong evidence that prolonged and exclusive breastfeeding improves children's cognitive development.

Trial Registration: isrctn.org Identifier: ISRCTN37687716

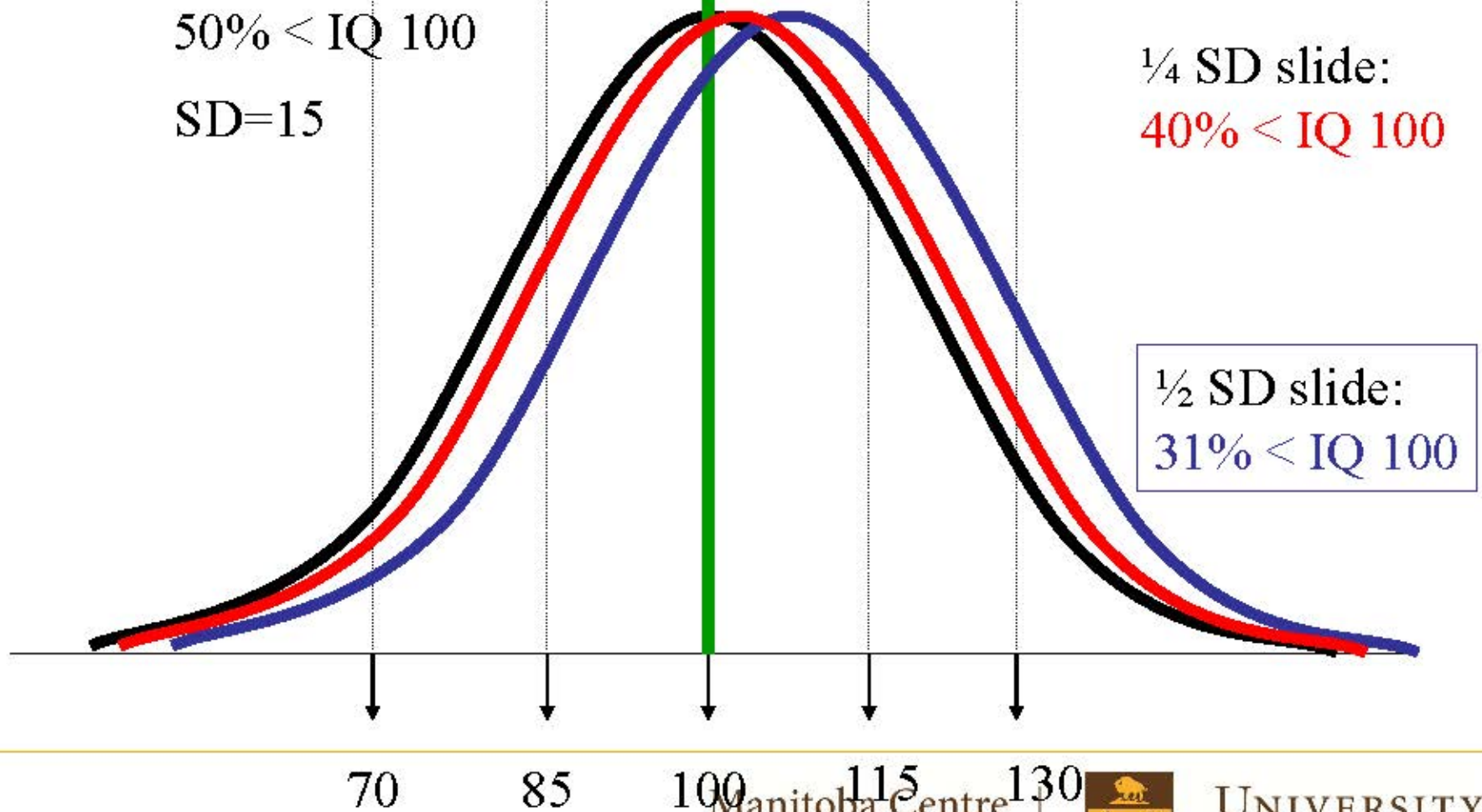
Arch Gen Psychiatry. 2008;65(5):578-584

IQ: mean is 100, SD is 15.

Breastfeeding and cognitive development often finds a 4 to 7.5 point difference (even in the RCT of Kramer et al. 2008)

i.e. ¼ to ½ a SD!!

What a hospital policy intervention could do for kids 7 years later ... just by increasing exclusive breastfeeding rates



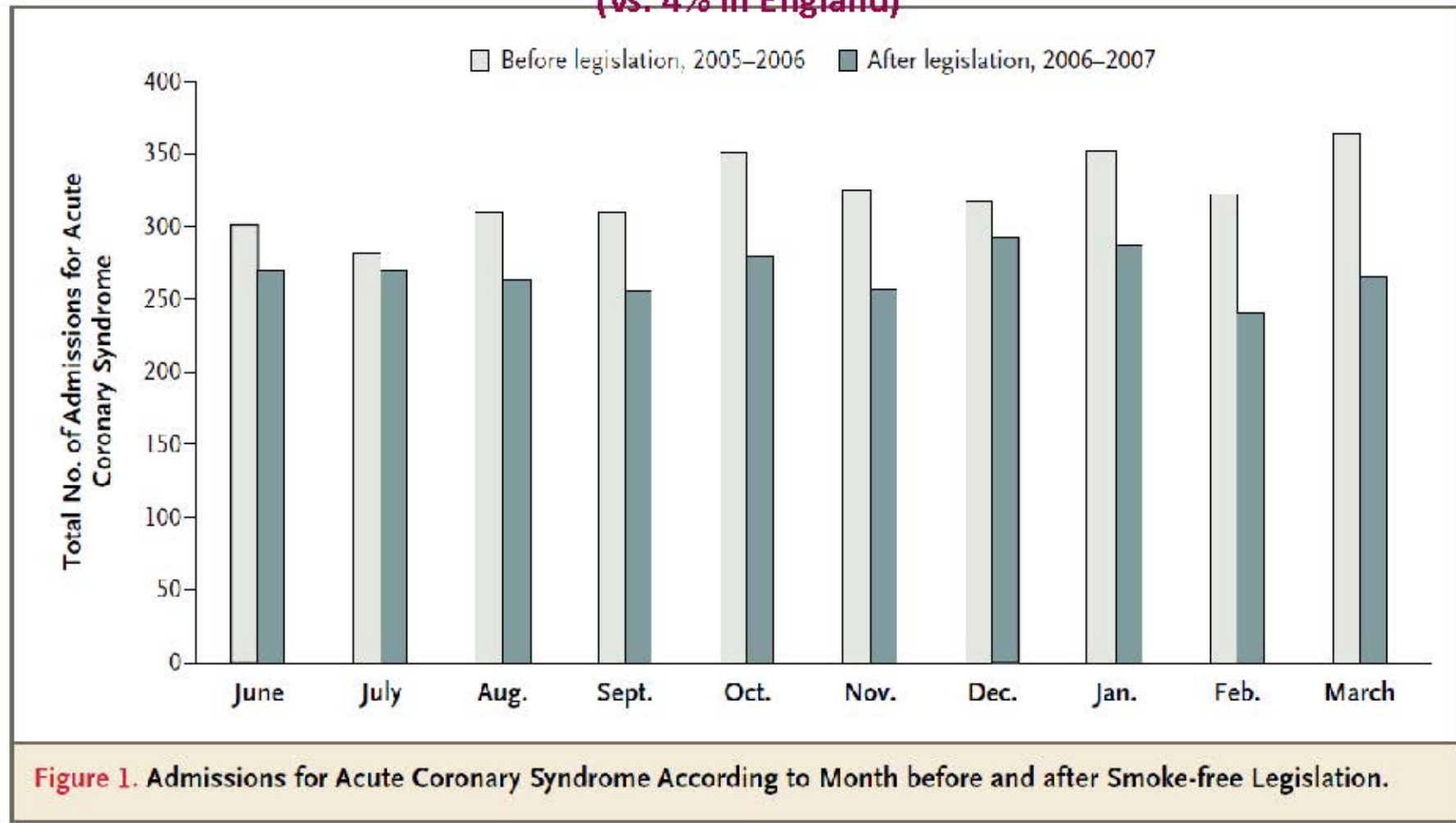
WHEN ARE HIGH-LEVEL POLICIES KEY? The Example of the Ban on Smoking in Public Places in Scotland (2006)

- After some years of lobbying, by public health and others, the Scottish Parliament passed “Smoke-Free” legislation, for enactment in March 2006, in a setting with some of the highest historical rates of smoking in the world, and where more than 50% the low-SES adults still smoke.
- Before 2006, even smokers avoided the cinema, because...*they could not see the screen, for smoke!*

Impacts: “Did the 2006 ban on public smoking in Scotland reduce:

- 1) Coronary disease?**
- 2) Asthma hospital admissions?**
- 3) Rates of premature & SGA births?”**

**IMPACT #1: Acute Coronary Syndrome Hospitalizations, 2005-2007: 17% REDUCTION
(vs. 4% in England)**



SMOKING BAN

IMPACT #2: Asthma Hospitalizations in Children

Scotland (2000 – 2009)

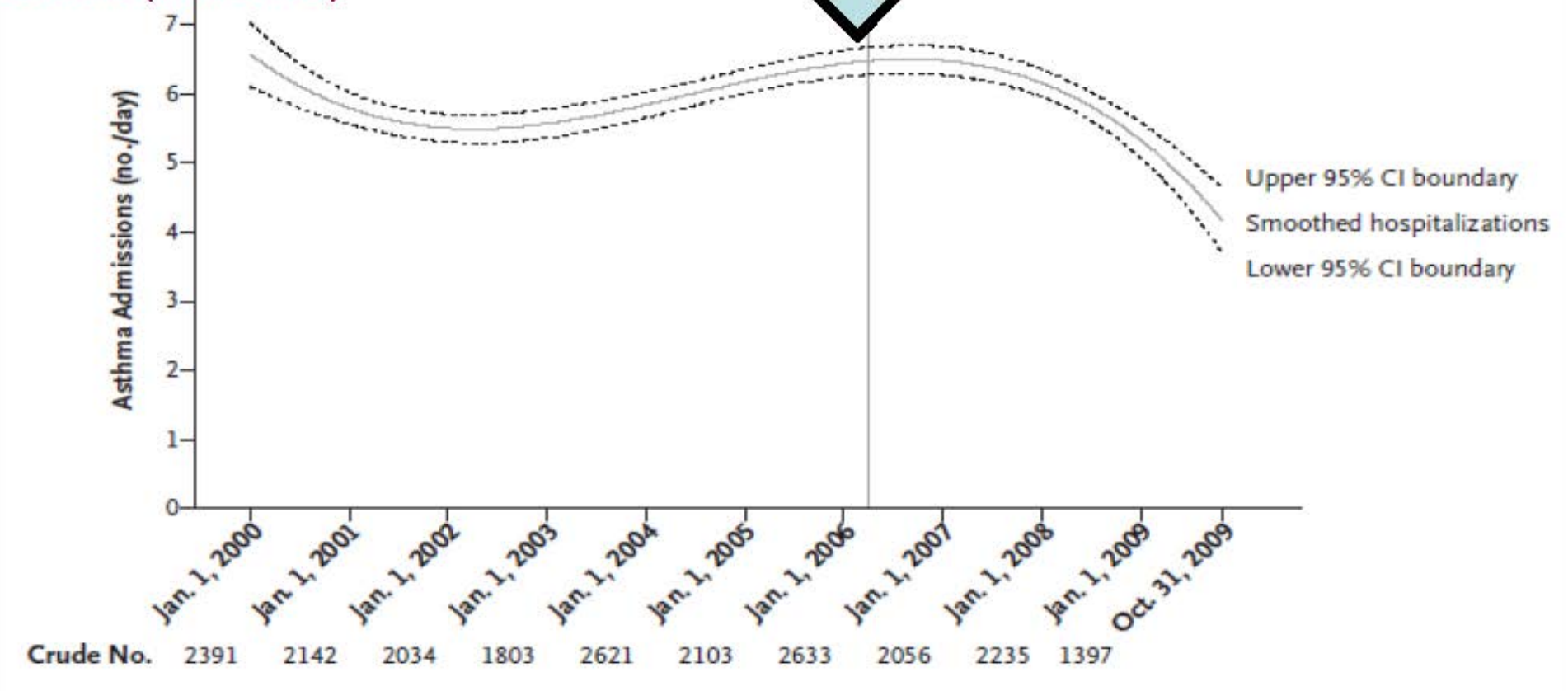


Figure 1. Daily Hospital Admissions for Asthma among Children between January 2000 and October 2009.

The smoothing of numbers for daily hospital admissions was performed with the use of the B-spline module for the Stata statistical software package, version 10.1 (Stata). Smoke-free legislation was implemented on March 26, 2006 (vertical line). Crude numbers are for the number of admissions between the dates shown.



- Making the “right” choice the easy choice
 - Upstream measures are essential (in combination with mid- and downstream)
 - Legislation, healthy public policy
 - The built environment
 - Systems approaches
 - “Nudge”

Thefuntheory.com

This site is dedicated to the thought that something as simple as fun is the easiest way to change people's behaviour for the better. Be it for yourself, for the environment, or for something entirely different, the only thing that matters is that it's change for the better.

Carrie Elsdon, RN, BScN, IBCLC
Public Health Nurse
Family Health Division, Public Health Services
City of Hamilton

- Home ▶
- Fun theory award ▶
- Show new award entries ▶
- Jury ▶



WIN
€ 2500

Extended until 15th December

Take part in the competition to find fun ways to change behaviour

[Read more ▶](#)

Tell us about something fun

Name:

Link:

Bottle Bank Arcade - TheFunTheory.com - Rolighe...

★★★★★



0:00 / 1:37

Piano stairs - TheFunTheory.com - Rolighe...

What does it take to lead and shape our future together?

- Relationships across all sectors (connect)
- Research and health messages turned into stories (melt the ice)
- Rose Theorem perspectives – put on those Rose-Theorem glasses
- Research on what works to shift and squish (more healthy, reduced inequity)

Appendix 6 – Health Equity Group Work Summary

Assigned Groups	Equity
<p>Inkster/Seven Oaks/East & West St. Paul</p>	<p><u>Issue: Congregate Meal Programs/Meals On Wheels</u> Upstream: Guidelines in place for Meals On Wheels and meal programs re: special diets & ensuring policy followed (food safety) Midstream: Registered Dietitian’s involved in education and health promotion at meal programs e.g. nutrition bingo/jeopardy/ lunch and learns</p> <ul style="list-style-type: none"> • Consultation with cooks and program coordinators around menu planning and meal choices • Food bank demos <p>Downstream: Congregate Meal Programs and Meals On Wheels</p> <p><u>Reducing Disparities</u></p> <ul style="list-style-type: none"> • Limited drivers – involve family members for easy pick up; solve transport barriers, wheels to meals program. • Cost – offer low cost and options: fresh, frozen, dietary modifications • Social opportunities! Biggest determinant!
<p>River East</p>	<p><u>Issue: Isolation</u> Immigrant population in Elmwood. Isolation within the community. MOW supports in blocks. Caregivers for grandchildren or education for families East St. Paul – transportation – isolation Affordability: Seniors programs, housing “renovations” Stay in own home – needs supports</p> <p>How to reverse disparity? Downstream, Midstream, Upstream</p> <p>“Isolation” in private homes Setting up a phone network Purpose of the call</p> <p>Connections</p> <p><u>Downstream:</u></p> <ul style="list-style-type: none"> • Thurs. Day Club at Good Neighbours Active Living Centre • Transportation to Meal Programs • Connecting with seniors in own homes

Assigned Groups	Equity
<p>River East cont.</p>	<ul style="list-style-type: none"> • Healthy Aging Resource Team clinics <p><u>Midstream:</u></p> <ul style="list-style-type: none"> • Presentations, Health Fairs, Outreach to Social Clubs, churches • Support Groups <ul style="list-style-type: none"> ○ Educating adult children <p>1) Reaching the Socially isolated</p> <ul style="list-style-type: none"> • Transportation/new partners to expand program (social afternoon: Churches- Riverwood, Elmwood, Men. B.) • Something concrete to offer them • Phoning program – organization, training, focused, confidentiality • Moving forward group – post-bereavement, moving forward as a single person <p>2) Help to build attendance congregate meal programs</p> <ul style="list-style-type: none"> • Contact new tenants • Promotion of program <p><u>Upstream:</u></p> <ul style="list-style-type: none"> • Affordable, appropriate housing. “Renovation” happening in the community. • Phone network – more than ‘daily hello’
<p>Fort Garry</p>	<p><u>Issue: Isolated Seniors</u></p> <ul style="list-style-type: none"> • Older Newcomers • Meals on Wheels Participants • Mental Health & Older Adults on Assistance <p><u>Upstream:</u></p> <ul style="list-style-type: none"> • Create open partnerships: <ul style="list-style-type: none"> ○ Faith-based community ○ Ethno-cultural groups ○ Homecare ○ Private land-lords/MB housing coordinators <p><u>Midstream:</u></p> <p>Education/Congregate Meal Programs Seniors drop-in Verbal Surveys Community Bulletin-Boards</p> <p><u>Downstream: (Actions)</u></p> <p>Implement programming Food and Meal Programs Intergenerational Programs</p>

Assigned Groups	Equity
	Seniors participating/contributing back
Downtown/ Point Douglas	<p><u>Issue: Home Care Uptake</u> <u>Upstream:</u> Policy revisions to allow staff who work with persons to be a part of the dialogue process (privacy)</p> <p><u>Midstream:</u> Winnipeg Housing Renewal Corporation Manitoba Housing taking on advocacy role.</p> <p><u>Downstream:</u> Educating people on what Home Care is and what it is not</p>
St. Boniface	<p><u>Issue: Men's Health</u> <u>Upstream:</u> More research Focus groups with male student facilitators Approach men before retirement More education for service providers (Psychology of men) Attract more men to health field</p> <p><u>Midstream:</u> Education for men on how to do exercise properly</p> <p><u>Downstream:</u> Men's only <u>activity</u> based group Ex: cooking club (teach healthy cooking) Coffee/pool/bowling Sport-base Draw for male participants Wood carver Volunteer driving program to attract males Drop-inn programs (no registration)</p>

Assigned Groups	Equity
St. James	<p><u>Issue: Social Isolation</u> <u>Downstream:</u> connecting the individual to resources (rides for seniors, Handi-Transit, Programs that provide rides) <u>Midstream:</u> Pre-retirement educational resources (seniors guide; program availability) <u>Upstream:</u> developing appropriate infrastructure, providing transit North/South; “St. James Dart”</p>
River Heights	<p><u>Issue: Low income female would like to attend Yoga Program at Rady</u> <u>Downstream:</u> Informing her about scholarship program to cover costs Donation of clothes so she has appropriate clothing Buddy for program</p> <p><u>Midstream:</u> Understanding benefits and value of Yoga ALCOA peer leader training (bring program to her community)</p> <p><u>Upstream:</u> Lobbying for more funding to support scholarship programs Connect with school division to support buddy program Increase awareness of recreation for positive benefits of good health.</p>
Regional	<p><u>Issue: Meals on Wheels</u> How to provide meals to people with low income or in need of financial assistance</p> <p><u>Downstream:</u> Meals on Wheels program <u>Midstream:</u> A and O (provide education and connections) <u>Upstream:</u> (left blank)</p>

Appendix 7 - Support Services to Seniors Participant List

TABLE ONE	DOWNTOWN								
Melanie MacKinnon	Room 319-691 Wolseley Ave.	Winnipeg	Manitoba	R3G 1C3	Broadway Seniors Resource Council	Lead Staff	Coordinator	(204) 772-3533	Downtown
Damien Gagne	Room 319-691 Wolseley Ave.	Winnipeg	Manitoba	R3G 1C3	Broadway Seniors Resource Council	Board Member	Board Member		Downtown
Gail Pradel	640 Main Street	Winnipeg	Manitoba	R3A 1P2	Downtown Healthy Aging Resource Team		Primary Health Care Nurse	(204) 940-2269	Downtown
Cristine Schroder	790 Wellington Ave	Winnipeg	Manitoba	R3N 1A1	Seniors Home Help Inc.		Coordinator	(204) 783-9918	Downtown
Sharon Kuropatwa		Winnipeg	Manitoba	R3A 1P2	Winnipeg Regional Health Authority		Team Manager		Downtown
Claire Meiklejohn	640 Main Street	Winnipeg	Manitoba	R3A 1P2	Winnipeg Regional Health Authority		Community Facilitator	940 8714	Downtown
Janice Klassen	790 Wellington Ave	Winnipeg	Manitoba	R3N 1A1	Seniors Home Help Inc.	President/Board Chair	Board Member	(204) 783-9918	Downtown
TABLE TWO	DOWNTOWN/Pt.DOUGLAS								
Monica Grocholski	200-280 Smith.	Winnipeg	Manitoba		Downtown Senior Council		Coordinator	R3C 1K2	Downtown
Bev Hradowy	425 Elgin Ave.	Winnipeg	Manitoba	R3A 1P2	SAM Management			(204) 956-2566	Downtown
Celna Salangsaug	1026 St. Mary's Rd	Winnipeg	Manitoba	R2M 3S6	Manitoba Housing Authority	Fred Tipping Place	Coordinator	(204) 945-4925	Downtown/PT
Lenore Sylvester	269 Dufferin	Winnipeg	Manitoba	R3C 3G4	Manitoba Housing Authority	269 Dufferin	Coordinator	(204) 945-1058	Point douglas
Charlene Thiessen	60 Frances	Winnipeg	Manitoba	R3A 1B1	Winnipeg Housing Rehabilitation Corporation		Coordinator	204-949-6102	Point douglas

Vince Sansregret	363 McGregor Street	Winnipeg	Manitoba	R2W 4X4	Winnipeg Regional Health Authority		Community Facilitator	(204) 940-2557	Point douglas
TABLE THREE FORT GARRY									
Bob Thompson	800 Point Road	Winnipeg	Manitoba	R3T 3L8	Fort Garry Seniors Resource Council	Board member	Board member	(204) 792-1913	Fort Garry
Barb Metcalfe	800 Point Road	Winnipeg	Manitoba	R3T 3L8	Fort Garry Seniors Resource Council	Board member	Board member	(204) 792-1913	Fort Garry
Monica Grocholski	800 Point Road	Winnipeg	Manitoba	R3T 3L8	Fort Garry Seniors Resource Council	Coordinator	Coordinator	(204) 792-1913	Fort Garry
Bob Newman	800 Point Road	Winnipeg	Manitoba	R3T 3L8	Pembina Active Living	Board Member	Board member	(204) 792-1913	Fort Garry
Alanna Jones	666 Silverstone Ave	Winnipeg	Manitoba	R3T 2V7	Pembina Active Living	Lead Staff	Executive Director	(204) 946-0839	Fort Garry
Olive Nimblett	666 Silverstone Ave	Winnipeg	Manitoba	R3T 2V7	Pembina Active Living	Board Member	Board member	(204) 792-1913	Fort Garry
Amanda Younka	668 Stafford	Winnipeg	Manitoba		Winnipeg Regional Health Authority		Community Facilitator	(204) 940-2196	Fort Garry
Elaine Kroeker	475 Lindenwood	Winnipeg	Manitoba	R3P 2P3	Lindenwood Manor		Director	(204) 475-9440	Fort Garry
Kris Kenemy	476 Lindenwood	Winnipeg	Manitoba	R3P 2P4	Lindenwood Manor		Staff	(204) 475-9440	Fort Garry
Rhonda Bergen	476 Lindenwood	Winnipeg	Manitoba	R3P 2P4	Lindenwood Manor		Tenant resource Coordinator	(204) 475-9440	Fort Garry
TABLE FOUR RIVER HEIGHTS									
Celna Salansang	1026 St. Mary's Rd	Winnipeg	Manitoba	R2M 3S6	Manitoba Housing Authority	Fred Tipping Place	Coordinator	(204) 945-4925	River Heights
Kim Felteau	123-1 Morley Ave.	Winnipeg	Manitoba	R3L 2P4	South Winnipeg Seniors Resource Council		Coordinator	(204) 478-6169	River Heights
MaryLynne Barnsley	123-1 Morley Ave.	Winnipeg	Manitoba	R3L 2P4	South Winnipeg Seniors Resource Council	Board Member	Chair/Manager	(204) 478-6169	River Heights

Gerri Thorsteinson.	123-1 Morley Ave.	Winnipeg	Manitoba	R3L 2P4	South Winnipeg Seniors Resource Council	Board Member	Chair/Manager	(204) 478-6169	River Heights
Marianne Twigg	445 Stafford Ave.	Winnipeg	Manitoba	R3M 3V9	Bethel Place		Coordinator	(204) 284-3762	River Heights
Roberta Malan	B100-123 Doncaster St.	Winnipeg	Manitoba	R3N 2B3	Rady Jewish Community Centre		Coordinator	(204) 477-7545	River Heights
TABLE FIVE REGIONAL									
Norma Kirby	10 - 120 Donald Street	Winnipeg	Manitoba		Alzheimer Society	Lead Staff	Executive Director	(204) 943-6622	Regional
Michelle Ranville	200-280 Smith.	Winnipeg	Manitoba	R3C 1K2	Age & Opportunity Centre Inc.	Lead Staff	Acting Executive Director	(204) 956-6440	Regional
Margaret Mackling	308 McLean Avenue	Winnipeg	Manitoba		Manitoba Association of Senior Centre	Board Member	Chair/Manager	785-2092	Regional
Joyce Rose	19-2825 Ness Avenue	Winnipeg	Manitoba	R3J 1A2	Manitoba Association of Multipurpose Senior Centre	Board Member	Board Member		Regional
Sydney Bernard	2-189 Evanson	Winnipeg	Manitoba	R3G 0N9	Winnipeg Regional Health Authority		In Motion Coordinator Student	204-940-2003	Regional
Peggy Pendergest	270 Sherbrook St.	Winnipeg	Manitoba	R3B 2B9	Creative Retirement Manitoba		Board member	(204) 949-2565	Regional
Dora Diamond	10 - 120 Donald Street	Winnipeg	Manitoba		Alzheimer Society		Manager	(204) 943-6622	Regional
Rhoda Gardner	500-283 Portage Ave.	Winnipeg	Manitoba	R3B 2B5	Meals on Wheels of Winnipeg Inc.	Lead Staff	Executive Director	(204) 956-7711	Regional
Dr. Pamela Dahl	P128 Pathology Bldg. 770 Bannatyne Ave.	Winnipeg	Manitoba		University of Manitoba		Director, Centre for Community Oral Health	(204) 789-3892	Regional
MeeraThadani	Room 111 - University Centre Bldg.	Winnipeg	Manitoba	R3T 2N2	Medication Information Line for the Elderly	Lead Staff	Manager	(204) 474-6493	Regional
TABLE SIX REGIONAL									

Syva-lee Wildenmann	168 Wilton St.	Winnipeg	Manitoba	R3M 3C3	Rupert's Land Caregiver Services	Lead Staff	Coordinator	(204) 452-9491	Regional
Julie Donaldson	168 Wilton St.	Winnipeg	Manitoba	R3M 3C3	Rupert's Land Caregiver Services	Board Member	Board Member	(204) 452-9491	Regional
Suzie Matenchuk	791 Notre Dame	Winnipeg	Manitoba	R3E 0M1	Winnipeg Regional Health Authority		Volunteer Services	787-7247	Regional
Connie Newman	19-2825 Ness Avenue	Winnipeg	Manitoba	R3J 1A2	Manitoba Association of Multipurpose Senior Centre	President/Board Chair	Chair		Regional
Dr. Alex Segall	200-280 Smith.	Winnipeg	Manitoba	R2W 2M7	Age & Opportunity Centre Inc.	Board Member	Chair/Manager	(204) 956-6440	Regional
Shep Shell	1081 Portage	Winnipeg	Manitoba	R3G3M3	CNIB		Board Member		Regional
Colin Marnoch	1081 Portage	Winnipeg	Manitoba	R3G3M3	CNIB		Outreach/community		Regional
TABLE SEVEN	RIVER EAST								
Don King	720 Henderson Hwy	Winnipeg	Manitoba	R2K 2K5	Good Neighbours Senior Centre Inc.	Board Member	Board Member	(204) 669-1710	River East
Cath McFarlane	975 Henderson Hwy.	Winnipeg	Manitoba	R2K 4L7	Winnipeg Regional Health Authority		Community Facilitator	(204) 938-5040	River East
Susan Sader	720 Henderson	Winnipeg	Manitoba	R2K 0Z5	Good Neighbours Senior Centre Inc.	Lead Staff	Executive Director	(204) 669-1710	River East
Eleanor Stelmack	720 Henderson	Winnipeg	Manitoba	R2K 0Z5	River East Healthy Aging Resource Team		Occupational Therapist	(204) 940-2114	River east
Donna Jacobs	975 Henderson Hwy.	Winnipeg	Winnipeg	Manitoba		Winnipeg Regional Health Authority		Team Manager	River East
Joan MacDonald	755 Henderson Hwy	Winnipeg	Manitoba	R2K 2T4	River East Council for Seniors		board member	(204) 667-6812	River East
Debbie Wolfson	755 Henderson Hwy	Winnipeg	Manitoba	R2K 2T4	River East Council for Seniors	Lead Staff	Coordinator	(204) 667-6812	River East

TABLE EIGHT		TRANSCONA/RIVER EAST/ST. VITAL/ST. BONIFACE							
Colleen Tackelberry	845 Regent	Winnipeg	Manitoba	R2C 3A9	Transcona Council for Seniors		Coordinator	(204) 222-9879	Transcona
Doug Buckingham	845 Regent	Winnipeg	Manitoba	R2C 3A9	Transcona Council for Seniors		Board Member	(204) 222-9879	Transcona
Cindy Angus		Winnipeg	Manitoba	R2C 1L7	Park Manor Personal Care Home	SSGL	Coordinator	(204) 228-3309	Transcona
Lesia McCarron		Winnipeg	Manitoba		Park Manor Personal Care Home	SSGL	Coordinator	(204) 228-3309	Transcona
Stacey Boone	845 Regent	Winnipeg	Manitoba	R2C 3A9	Winnipeg Regional Health Authority		Community Facilitator	(204) 938-5303	Transcona
Karen Janzen	720 Henderson	Winnipeg	Manitoba	R2K 0Z5	River East Healthy Aging Resource Team		Primary Health Care Nurse	(204) 940-2114	River east
Cesar Gonzales	6-845 Dakota St.	Winnipeg	Manitoba		Youville Centre		Staff		St. Vital
Georgette Dupuis	431 Tache N5033	Winnipeg	Manitoba	R2H 2A6	Centre de Sante Le Conseil de Francophones 55+		Community Developer		St. Boniface
Clement Perrault	400 Des Meurons	Winnipeg	Manitoba				Coordinator	(204) 793- 1054	Regional
TABLE NINE		SEVEN OAKS							
Bev McCallum	280 Balderstone Rd.	West St. Paul	Manitoba	R4A 4A6	Middlechurch Home of Wpg Community Services Progra		Coordinator	(204) 336-4110	Seven Oaks
Emile Paul	Willow Centre 61 Tyndall	Winnipeg	Manitoba	R2X 2T4	Willow Centre	Board Member	Board Member	(204) 632-5940	Inkster
Shannon Cecotka	Willow Centre 61 Tyndall	Winnipeg	Manitoba	R2X 2T4	Willow Centre	Property Manager		(204) 632-5940	Inkster
Harvey Sumka	1490 Burrows	Winnipeg	Manitoba	R2X 0S8	Keewatin/Inkster Neighbourhood Resource Council		Coordinator		Inkster
Shannon Carpentier	61 Tyndall	Winnipeg	Manitoba	R2X 2T4	Nor West Coop			(204) 940-2145	Inkster

TABLE ELEVEN	ST. JAMES								
Connie Newman	203 Duffield	Winnipeg	Manitoba	R3J 0L3	St. James Assiniboia 55 + Centre Inc.	acting chair	Board Member	(204) 987-8851	St. James
Marilyn Robinson	204 Duffield	Winnipeg	Manitoba	R3J 0L4	St. James Assiniboia 55 + Centre Inc.	President			St. James
Roxanne Greaves-Tackie	205 Duffield	Winnipeg	Manitoba	R3J 0L5	St. James Assiniboia 55 + Centre Inc.	Lead Staff	Executive Director		St. James
Laurie Green	203 Duffield	Winnipeg	Manitoba	R3J 0L3	St. James-Assiniboia Healthy Aging Resource Team		Primary Health Care Nurse	(204) 940-3261	St. James
Ryan Quilty.	2-2015 Portage Ave.	Winnipeg	Manitoba	R3J 0K3	Winnipeg Regional Health Authority		SW student	(204) 940-2117	St. James
Sharon Walters	2-2015 Portage Ave.	Winnipeg	Manitoba	R3J 0K3	Winnipeg Regional Health Authority		Community Facilitator	(204) 940-2117	St. James
Shelia Hunter	2300 Ness Ave.	Winnipeg	Manitoba	R3J 1A2	Metropolitan Kiwanis Courts	Lead Staff	Chair/Manager	(204) 885-7700	St. James
FLOATING TABLE	FLOATING								
Kathy Henderson	1-189 Evanson	Winnipeg	Manitoba	R3G 0N9	Winnipeg Regional Health Authority		Support Services to Seniors Facilitator	(204) 940-2514	Other
Jeanette Edwards	PE 450 1 Morely	Winnipeg	Manitoba	R3L 2P4	Winnipeg Regional Health Authority		Regional Director Primary Health Care	(204) 940-8473	Other
Madeline Kohut	PE 450 1 Morely	Winnipeg	Manitoba	R3L 2P4	Winnipeg Regional Health Authority		Regional Seniors Specialist	(204) 940-8574	Other
Dr. Pat Martens	408-727 McDermot Ave	Winnipeg	Manitoba		Winnipeg Regional Health Authority	SPEAKER	SPEAKER		Other
Dr. Cathy Cook	650 Main Street	Winnipeg	Manitoba		Winnipeg Regional Health Authority		VP		Other