



Winnipeg Regional
Health Authority

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**Support Services to Seniors
Education and Collaborative Planning Session
November 5, 2013**

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

Table of Contents

Support Services to Seniors “Collaborative Planning Report”

1. Summary
2. Background
3. Summary of Group Discussion Notes

List of Appendices

- Appendix 1** – Support Services to Seniors Planning Day Agenda
Appendix 2 – Evaluation Results
Appendix 3 – Manitoba Health Blueprint
Appendix 4 – CAA Driving Angels
Appendix 5 – Respectful Communities
Appendix 6 - Support Services to Seniors Participant List

Summary

On Tuesday, November 5th, 2013 the Winnipeg Regional Health Authority (WRHA) Support Services to Seniors (SSS) program held its tenth annual Education and Collaborative Planning Day.

Ninety two 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 geographic 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 the populations of older adults they serve. Eighty-two percent of participants responded favorably to the planning day's evaluation form. The participants also indicated that the goals of the Support Services to Seniors Planning Day were met.

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 presentations on the Manitoba Health Continuing Care Blueprint, CAA Driving Angels and Respectful Communities raised awareness and increased participants' knowledge of programs and services (attached).

The presenters of the day were:

- Manitoba Health Continuing Care Blueprint - Linda Dando, Consultant MB Health, Healthy Living and Seniors and Lorraine Dacombe Dewar, Executive Director Continuing Care Branch, Manitoba Health, Healthy Living and Seniors
- CAA Driving Angels – Liz Peters, Public & Government Affairs Manager CAA Manitoba
- Respectful Communities – Rebecca Ulrich, Provincial Manager RespectED: Violence & Abuse Prevention Program, Canadian Red Cross

2013 Regional Key Accomplishments and Initiatives

Support Services to Seniors Education and Information Sessions

- Support Services to Seniors held education sessions to build individual awareness and capacity on resources and issues facing older adults on:
 - “Routes to Resources” highlighted the work on Transportation Options Network for Seniors, Active Living Coalition of Older Adults, Medication Information Line for Everyone, Partners Seeing Solutions with Seniors on March 7th, 2013.
 - “Older Adults and Depression” discussed depression on May 30th, 2013.
 - “New Horizon Grants” discussed how to complete the application on June 7th, 2013.
 - “Like your favourite pair of blue jeans: Getting Comfortable with Addiction Issues” addressed addiction issues and resources available on September 19th, 2013.
 - “Routes to Resource 2” highlighted the work of Creative Retirement Inc, Meals on Wheels, Manitoba Association of Senior Centres, CNIB and Rupert’s Land Caregiver Services on November 27th, 2013.
- Support Services to Seniors continues to participate with various display booths and presentations at community health fairs, Red River College, Seniors and Elders Day, Centre on Aging Symposium, Housing Expo, Care4U conference, University of Manitoba, WRHA Social Work Students, etc.
- Support Services to Seniors continues to update program information on the WRHA website.

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 partners with Manitoba Association of Senior Centres in providing capacity building, networking and educational sessions and a workshop throughout the year for board and staff development.

- Support Services to Seniors discussion and educational component of the network meetings included topics such as: CAA Driving Angels, ERIK, volunteer retention, menu samples/planning, dietary restrictions, WRHA adults day programs, WRHA home care program, policies and procedure for entering tenant's suites, engaging families in older adults housing units and Enhancing Participation in the Community (EPIC) Wheels program.

Support Services to Seniors

- Supports the delivery of unique and creative programs to older adults 55 and over and their families in the communities within the Winnipeg Health Region.
- Provides 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.
- Assists with the WRHA Volunteer Services program for volunteer recognition day within the Winnipeg region.
- Provides updates and distribution of Support Services to Seniors information sheets.
- Partners with the Canadian Red Cross, Manitoba Association of Senior Centres, A & O: Support Services to Older Adults and Seniors and Healthy Aging Secretariat to develop the Building Respectful Communities toolkit.
- Participates in the Purple Ribbon Challenge for World Elder Abuse Awareness Day.
- Participates in the Manitoba Network for the Prevention of Abuse towards Older Adults.
- Participates in the updating of the It's Everybody's Business resource guide.
- Facilitates the Winnipeg Elder Abuse Working Group to continue to work on the issue of elder abuse
- Participates in the GO4Health EXpo older adults planning day at the Red River Exhibition grounds.

Performance Indicators

The **Meal Programs** continue to meet the nutrition needs of older adults residing in the community by serving over 297,608 meals. In addition Meals on Wheels served 169,093 meals. (Total 466,701)

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 115,504 contacts with seniors and have over 5,109 members and users participating in the senior centres. (Please note Creative Retirement Manitoba statistics are included in this section.)

Community Resource Councils support older adults living in the community to access resources. Council coordinators had 20,639 contacts with seniors and distributed 4,930 Emergency Response Information Kits and provided a total of 1,877 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 4,252 suites and had 54,326 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 58,492 contacts.

Rupert's Land Caregiver Services served 2,538 clients.

CNIB served 3,745 visually impaired older adults this past year.

The Medication Line for the Everyone had 4,750 calls.

The University of Manitoba – Dental Health programs at Deer Lodge served 1,447 patients.

Manitoba Association of Senior Centres - held 3 conferences with 142 participants. MASC supports 32 centres in the province with a total of 9,150 members.

Group Table Discussions and Priorities

The priorities identified by participants show a trend in the following areas:

1. Housing

Many older adults want to remain independent and live in their own communities for as long as possible. As needs and abilities change, some people may need extra help to do this. Others may decide to move to a more supportive living environment. Within Winnipeg, a range of community housing options and supports are available when an older adults is not able to live independently in their own homes . They options include independent living or assisted living; supportive housing, personal care home, companion care. There are also supports available to help people with short term and long term needs live in the community longer.

Some concerns identified are:

- Affordable housing for older adults is limited or unavailable in many communities.
- Conversion of apartment buildings to condominiums has displaced individuals from their homes.

For more details on Supporting Healthy Living for Older Adults go to WRHA website at: <http://www.wrha.mb.ca/ltc/files/HealthyLiving.pdf> for more details.

For more information on housing options visit the **A & O Support Services for Older Adults Housing Directory** at <http://www.ageopportunity.mb.ca/housing/housing.asp>

For more information on various assistance programs to assist older adults living independently in the community visit:

Manitoba Shelter Benefit

https://www.gov.mb.ca/housing/pubs/shltr_ben_seniors.en.pdf

School Assistance for Tenants 55 Plus programs

<http://www.gov.mb.ca/ctt/eia/55plus/stat55.html>

Rent Supplement Program <http://winnipegrentnet.ca/rent-supplement.cfm>

Rent Aid <http://www.gov.mb.ca/ctt/eia/RentAid/>

Homeowner Residential Rehabilitation Assistance Program

http://www.cmhc-schl.gc.ca/en/co/prfinas/prfinas_001.cfm

The **Adults at Risk** booklet also provides service providers with community contacts when assisting an individual who may be at risk in the community. Please contact Madeline Kohut or Kathy Henderson for a paper copy.

2. Transportation

Accessible and affordable transportation has long been identified as a concern by older adults and service providers. Transportation is important to support access to medical appointments, recreational activities, programs, services, etc.

Approximately ten years ago a wide-range of community stakeholders concerned about the inadequacies of transportation options for older adults came together to form the Seniors Transportation Working Group [now called Transportation Options Network for Seniors (TONS)]. The group has been involved in a range of activities, projects, programs and research that has developed a greater understanding of the issues related to providing adequate transportation for the older population in Manitoba.

Transportation Options currently available to older adults include volunteer escorted driving programs, shuttle services, mature driving education, handy transit, taxi and transit tutorials, and safe driving education.

There is a need to support and collaborate with the Transportation Options Network for Seniors in order to build capacity in communities around transportation options including providing information and education on various transportation options and resources.

For more information on transportation options visit the TONS website at <http://www.tonsmb.org/>

3. Social Isolation

Social isolation affects the health and well-being of older adults and is labeled as a “hidden tragedy” among older adults. As a complex and multifaceted issue, social isolation touches many areas affecting older adults, including active participation, healthy aging, income security, caregiving, elder abuse and transportation.

Services providers and older adults have identified that it is hard to locate the “isolated older adult”, find creative ways to reach them and inform them of available programs and services in their communities.

There is a commitment to ensure that older adults stay active, engaged and informed and we all have role to play in preventing and reducing the social isolation.

4. Community Development/Collaboration/Partnerships

Community development empowers people to have more control over the decisions that influence their own health and the health of their community through increasing personal control over their own health behaviour change and by addressing the underlying health determinants such as housing, social supports, social or physical environment, culture etc.

Community development strengthens the bonds between people resulting in an increased capacity to work towards common goals. Community development principles and processes therefore, can be used as a means of strengthening and building healthy organizations and communities. It is an approach to supporting health and wellbeing that can integrate with and complement health service delivery.

For more information on Community Development visit the WRHA Community Development website at

<http://www.wrha.mb.ca/community/commdev/index.php>

5. Awareness and Visibility of Support Services to Seniors

There is a need to continue to promote and raise the awareness of Support Services to Seniors to older adults, health and social providers, planners and policy makers.

6. Healthy Eating and Food Security

Food is one of life's greatest pleasures, and eating well helps us stay healthy longer. Eating well is important at any age, but it is especially important as one gets older. For many older adults, though, eating well all the time can be a challenge. No matter when one starts, healthy eating can help one maintain and even improve one's health. Nourishment gives one the energy one needs to stay active and do the things one wants to do – like working or volunteering, playing with one's grandchildren or enjoying a walk around the block. Healthy eating also helps prevent or slows down the progress of many chronic illnesses, such as heart disease and diabetes, osteoporosis and some forms of cancer.

It important to have key community programs that support healthy eating, socialization and physical activity.

For more information on food and nutrition visit the WRHA Nutrition and Food Services website at <http://www.wrha.mb.ca/prog/nutrition/index.php> or Support Services to Seniors website at <http://www.wrha.mb.ca/community/seniors/cmp.php>

7. Funding

Sustainable funding for programs and services in the community continues to be a challenge. Support Services to Seniors agencies receive some funding from the Winnipeg Regional Health Authority however most of the revenues are received through other grants , fundraising, membership fees, user/participant fees, individual and corporate donations.

A resource that is available is the *Potential Funding Sources* document by going to WRHA Support Services to Seniors website at <http://www.wrha.mb.ca/community/seniors/resources.php>

8. Volunteers

Volunteers play an important role in supporting Support Services to Seniors programs and are integral in the operations of many programs and services available for older adults. Many of the agencies have identified that it has become increasing challenging to recruit long term volunteers.

With the evolution of the 'new volunteer', it is important to realize the 3 R's – Recruiting, Recognizing and Retaining. Many programs have shifted to recruiting individuals for shorter term projects, recognizing their skills and contributions through events, certificates, etc. and maintaining strategies for retaining available volunteers. This is critical for in order to continue community participation and improve health and wellbeing of individuals, families and communities.

For more information visit the WRHA Volunteer Services website at <http://www.wrha.mb.ca/careers/volunteer/index.php>

9. Mental Health Promotion

"As we age, we face many changes and many sources of stress – we are not as strong as we used to be, illness is more of a problem, children move away from home, people we love die, we may become lonely, and eventually we must give up our jobs and retire. Coping with all these changes is difficult, but it can be done." (Retrieved from <http://www.cmha.ca/mental-health/your-mental-health/2014>)

Mental health promotion efforts need to respect people as they are at any given stage in their lives and recognize that people have the capacity to cope with life (regardless of whether they are currently coping well) while acknowledging that they themselves are the best ones to know how to access their own intrinsic capacity.

Power and resiliency is important when addressing at mental health promotion. Mental health promotion aims to reduce the factors that place individuals, families and communities at risk of diminishing mental health by reducing or eliminating:

- anxiety
- depression
- stress and distress
- sense of helplessness
- abuse and violence
- problematic substance use
- suicidal ideation or history of suicide attempts.

For more information on adult mental health services visit the WRHA Mental Health Promotion website at <http://www.wrha.mb.ca/prog/mentalhealth/MentalHealthPromotion.php>

The priorities that have been identified at the Planning Day will continue to guide us to work together on resolving some of these issues by provides various programs and services that meet our community's need.

Group Discussion Notes

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

Assigned Groups	Achievements	Priorities
Downtown and Point Douglas Community Areas	Downtown: <ul style="list-style-type: none"> • Aboriginal Seniors Resource Centre (ASRC) – 1st Elder Abuse Conference • Downtown Connection 55+ Resource Centre • Lions – grant for patio space at Lion Manor • New assisted living at 555 Ellice • Lions: additional floor of supportive housing • West Minster Housing Society –housing subsidized with SAM management • Outstanding recreation programs at Lion’s • Woodworking open to females – success at ASRC • 595 Mountain – implement exercise program and fitness room • Broadway Seniors Resource Centre had resource fair at Lion’s – well received • North End – grocery shuttle – North End Food Security Network • Partnerships • Lions & Broadway Seniors Resource Centre • ASRC & Niji Muckwa (mentorship program) 	Downtown Priorities: Main Priority: <ul style="list-style-type: none"> • Unique tenant needs and housing options <ul style="list-style-type: none"> • Maintaining tenancy bridge gaps versus eviction. Couldn’t land on a concrete 2 nd one. Priority list for individual agencies priorities: <ol style="list-style-type: none"> 1. Lions Place – outdoor recreation space 2. Driving/Rides program at Lions 3. Tenancy (ensure) 4. Safety and security 5. Creative responses to grocery store closures downtown (Food Security) 6. Search out grants to sustain programs 7. Assist with mental health issues 8. Elder abuse prevention

Assigned Groups	Achievements	Priorities
	<p>with students)</p> <ul style="list-style-type: none"> • Lions and University of Winnipeg high school – life stories • 385 Carlton & Healthy Aging Resource Team 8 week wellness series <p>Seniors Home Help Inc.:</p> <ul style="list-style-type: none"> • Intergenerational programming with Wellington School, St. Edwards School and Harstone Care. Highlight was an art show featuring senior’s artwork • Moved from a non-functioning tenant association to an advisory committee model and the transition has gone very well • University of Manitoba and Red River College nursing students updated Emergency Response Information Kits as part of their mediation clinic – very helpful • Connected a tenant whose needs we could no longer meet with Luther Home Mobility Suites. (He was too young for PCH) • In providing for spiritual well-being we’ve started prayer times that are well attended 	
<p>Fort Garry and River Heights Community Areas</p>	<p>Fort Garry:</p> <ul style="list-style-type: none"> • Alzheimer’s Walk • St. Avila School Partnership/Intergenerational 	<p>Fort Garry Priorities:</p> <ol style="list-style-type: none"> 1. Shuttle or Volunteer Driving Program <ul style="list-style-type: none"> • Visiting spouse in PCH • Medical appointments

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • School Partnerships/volunteer Recruitment • Outreach to create awareness • Fitness programs, increased men participating • Increased volunteer participation • Leadership capacity • Thanksgiving tree • Special events <p>River Heights:</p> <ul style="list-style-type: none"> • Meals + back on track (DELMAR) • Successful flu clinic • Increased interest in Health & Wellness programs • Reformation of tenant advisory committee • Partnerships with another seniors group and run joint programs • Partnership with Reh-Fit Centre "Healthy Together Now" • Intergenerational programs • Increased fitness programs – Active Aging • Increased board participation • Celebrating 20 years in 2014 • Eight Successful transitions from home to independent living facility • New Horizon Grant – purchase dishwasher for congregate meal 	<ul style="list-style-type: none"> • To attend programs <ol style="list-style-type: none"> 2. Reach Out and Assess <ul style="list-style-type: none"> • Needs of Seniors <p>River Heights Priorities:</p> <ol style="list-style-type: none"> 1. Raising awareness of services 2. Additional transportation sources 3. Establish vision and goals for the tenant resource coordinators 4. More collaboration between senior serving organizations and facilities 5. Increase membership 6. Reading isolated aging adults 7. Storefront facility – relocating Riverview more visible location 8. Encourage independence

Assigned Groups	Achievements	Priorities
St. James Assiniboia and Assiniboine South Community Areas	St. James Assiniboia: <ul style="list-style-type: none"> • Good meal deal kits • Bloomin' good time (10 years) • Cooking clubs • New office at 22 Strauss • Capital campaign re: relocation (St. James/Assiniboia 55+ Centre) • New site store at Metropolitan Kiwanis Courts • New assisted living block (March 2014) • Tenant committees at 22 Strauss and 529 Country Club • New Access Centre • Hospital home team (west Winnipeg) • Nurse Practitioner clinic • Linkages with Grace & Wellness & Social work re: diabetes 	St. James Assiniboia Priorities: <ol style="list-style-type: none"> 1. Building linkages <ul style="list-style-type: none"> • West Winnipeg integrated health & social services = opportunities to bridge acute care & community services • Enhancing partnerships 2. Food Security <ul style="list-style-type: none"> • Good meal deal kit microwave recipe 3. Moving to Access Centre <ul style="list-style-type: none"> • Increased opportunity for programs 4. Transportation 5. Reducing isolation 6. Access/Awareness to mental health resources
River East and Transcona Community Areas	Transcona: <ul style="list-style-type: none"> • Collaboration (teamwork) <ul style="list-style-type: none"> • Health Fair • Education Sessions • Increased programs 55+ • Increased grants available/received "Healthy Together Now" (New Horizons) • Reaching younger senior demographics • Transcona Trails Walking Group 	Transcona Priorities: <ol style="list-style-type: none"> 1. Increase connectivity between "Resource Council" and "Senior Centre" River East Priorities:

Assigned Groups	Achievements	Priorities
	<p>(Community Lead)</p> <ul style="list-style-type: none"> • Increased programming for men <ul style="list-style-type: none"> • Cooking club • Walking group • Intergenerational activities <ul style="list-style-type: none"> • Local schools • Teenagers Making A Connection • Home Schools • Exposure <ul style="list-style-type: none"> • Market gardens • Casino seniors day <p>River East:</p> <ul style="list-style-type: none"> • Lunch and Learn Series • Good Neighbours – open house week – weeklong – free classes (40 new members) <ul style="list-style-type: none"> • Increased membership • Focus groups to help with program planning • New programs <ul style="list-style-type: none"> • Pickle ball • Drumming • Technology workshops • Bethania Haus – process to develop tenant council • Organizations work together in area – collaboration 	<ol style="list-style-type: none"> 1. Social Isolation <ul style="list-style-type: none"> • Transportation still a huge need <ul style="list-style-type: none"> • Challenges with increased cost • Work with TONS <ul style="list-style-type: none"> • transit training • taxi • Decreased awareness of resources and services <ul style="list-style-type: none"> • Educating on what is available 2. Affordable Housing <ul style="list-style-type: none"> • Rent increases, nowhere to go, fixed income • Apartments turning into condos • Cost of living increasing, fruits, vegetables, etc.

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • Moving forward group (continuation bereavement support group) • Happy days – more involvement of groups – increased awareness of services • Focus on Financial Abuse Project (Good Neighbours) – relationship with Credit Unions • Expansion of Home Maintenance program • Growth of volunteer drivers – Rides for Seniors • Good Neighbours – accreditation program/process – pending • Snow trek – seniors part of community involvement 	
Seven Oaks and Inkster Community Areas	<p>Seven Oaks and Inkster:</p> <ul style="list-style-type: none"> • Services for Seniors Expo (Seven Oaks Seniors Links & Gwen Sector) • Men in the Kitchen (Nor'West /Willow/Brooklands) • Community food centre (Willow/Nor'West) • Get Better Together • Life writing (Gwen Sector & Manitoba Association of Senior Centre) • Weston seniors club • Intercultural yoga • Partnered events 	<p>Seven Oaks and Inkster Priorities:</p> <ol style="list-style-type: none"> 1. Developing community awareness of seniors & resources 2. Transportation 3. Building partnerships 4. Sustainable funding

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • Canada Day • Wal-Mart Health Fair • Red River Ex • Westlands • Nor'West satellite clinic at Bluebird 	
St. Vital and St. Boniface Community Areas	<p>St. Boniface/St. Vital:</p> <ul style="list-style-type: none"> • Shuttle bus from St. Boniface to St. Vital still going after 11 years • East St. Boniface Senior collaborative (4 seniors groups 3 times per year) – plan joint venture a year and lobby for more resources • New Youville leads a drop in for seniors at Mary Magdalena Church (provide lunch and outreach) • New – Cathedral and Preccieux – Sang Church leading an outreach initiative to address spiritual and community care to isolated French seniors • Centre de santé helping Chez Nous with Resident Advisory Group 	<p>St. Boniface/St. Vital Priorities:</p> <ol style="list-style-type: none"> 1. Increase collaborations between funded agencies by attending Senior Planning Meetings 2. Continue supporting new outreach programs i.e. Magdalena and Cathedrale.
Regional Areas	<p>Regional Areas:</p> <ul style="list-style-type: none"> • Partnership with CAA • Framework on Anti-Bullying/Building Respectful Communities • Creative retirement received grant – rebranding 	<p>Regional Areas Priorities:</p> <ol style="list-style-type: none"> 1. Build volunteer base 2. Continue to provide services that address NEEDS 3. Create/build an endowment fund 4. Enhance administrative/operational funding 5. Transportation of seniors

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none"> • Rupert's Land – annual conference • Caregiver's Recognition Act – government initiative and caregiver coalition for MB/Advisory Committee – direct to Minister • Manitoba Association of Senior Centres <ul style="list-style-type: none"> • Intergenerational website • Networking • Life writing groups (seniors writing their stories for others to read) • Police academy older adult division (13 safety topics) • Barrier free legislation – 3rd reading • Implementation of WRHA Home Care Advisory Council and Long Term Care Advisory Council • Travel training – partnership with Winnipeg transit • Regional support services i.e.: Canadian National Institute of the Blind (CNIB), A & O: Support Services for Older Adults, Medication Information Line for Everyone (M.I.L.E.), etc. continue to build relationships and gain more awareness of services • More collaboration – i.e. M.I.L.E. has had an increase of seniors with mental health issues using their services 	<ol style="list-style-type: none"> 6. Address isolated seniors as a result of Aging in place strategy 7. User friendly approach for seniors to navigate services/resources 8. Reduce redundancies among agencies – do not be a jack of all trades – a master of none 9. Develop formal inter agency referral process 10 Increase knowledge of different mental health issues affecting seniors and the impact they have on regional resources

Assigned Groups	Achievements	Priorities
	<ul style="list-style-type: none">• Increased awareness of Alzheimer Society has led to more pro-active requests for resources. Approximately 100 more referrals from last year• Services have become more streamlined thus creating "community specialists"• Planning sessions and networking opportunities trickle down to seniors to provide them with better quality of life	

Appendix One

10th ANNUAL SUPPORT SERVICES TO SENIORS PLANNING DAY

Tuesday, November 5, 2013

AGENDA

8:30 to 9:00	Registration, networking and refreshments	
9:00 to 9:15	Welcome and Opening Remarks	Dr. Catherine Cook Jeanette Edwards
9:15 to 10:15	Manitoba Health - Continuing Care Blueprint	Lorraine Dacombe Dewar Linda Dando
10:15 to 10:30	<i>Nutrition and Networking</i>	
10:30 to 10:45	CAA Driving Angels Presentation	Liz Peters
10:45 to 12:00	Building Respectful Communities	Rebecca Ulrich and work tables
12:00 to 1:00	<i>Networking and Lunch</i>	
1:00 to 2:15	Celebrating Successes & Community Priorities Objective: identifying successes and top 2 priorities in your community area for the upcoming year	Work Tables
2:15 to 2:30	Closing Exercise and Evaluation	Kathy Henderson

Appendix Two:



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Support Services to Seniors Planning Session Evaluation Results November 5, 2013

61 out of 74 (82.4%) participants responded.

**(This does not include the 7 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 was valuable to gain insight on understanding and addressing health equities in Support Services to Seniors programs and services.

1.1 Manitoba Health Continuing Care Blueprint

- 5 participants or 8.2% rated at a 5 (Excellent)
- 26 participants or 42.6% rated at a 4
- 21 participants or 34.5% rated at a 3 (OK)
- 6 participants or 9.8% rated at a 2
- 2 participants or 3.3% rated at a 1 (Poor)
- 1 participant or 1.6% did not respond

1.2 CAA Driving Angels

- 23 participants or 37.7% rated at a 5 (Excellent)
- 32 participants or 52.5% rated at a 4
- 5 participants or 8.2% rated at a 3 (OK)
- 1 participant or 1.6% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 0 participants or 0% did not respond

1.3 Respectful Communities

- 44 participants or 72.1% rated at a 5 (Excellent)
- 14 participants or 23.0% rated at a 4
- 2 participants or 3.3% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 1 participant or 1.6% did not respond

Additional Comments:

- Although presentation #1 is important – too much information – loss of interest after a point.
- Screen was too low to see slides.
- Was very good.
- 1.1 great if the government can match the funds to make it happen.
- Had heard the CAA presentation before but was great to get update since program launched.
- Good to have program notes distributed ahead of the presentation if possible.

- Went through the material a little too quickly (blueprint).
- More interaction is helpful in presentations.
- I really enjoyed the Respectful Communities presentation. This information was much needed.
- Really enjoyed the Respectful Communities presentation.
- Great presentation.

2. The speakers were knowledgeable in their presentation. Poor 1 2 Ok 3 Excellent 4 5

2.1 Manitoba Health Continuing Care Blueprint

- 24 participants or 39.3% rated at a 5 (Excellent)
- 25 participants or 41.0% rated at a 4
- 9 participants or 14.8% rated at a 3 (OK)
- 1 participant or 1.6% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 2 participants or 3.3 % did not respond

2.2 CAA Driving Angels

- 45 participants or 73.8% rated at a 5 (Excellent)
- 15 participants or 24.6% rated at a 4
- 1 participant or 1.6% 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

2.3 Respectful Communities

- 52 participants or 85.2% rated at a 5 (Excellent)
- 7 participants or 11.6% rated at a 4
- 1 participant or 1.6% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 1 participant or 1.6% did not respond

Additional Comments:

- Excellent.
- All presenters were excellent!!!
- 2.3 Great interactive component.
- Rebecca is very engaging – excellent speaker – could listen to her speak on any topic.
- Wonderful speaker – Respectful Communities.
- I am hoping to invite Rebecca to a staff meeting to talk about adult bullying to assist with the issue.
- Great presentation.

3. The session assisted to further develop awareness, understanding and knowledge of Support Services to Seniors. Poor 1 2 Ok 3 Excellent 4 5

- 18 participants or 25.9% rated at a 5 (Excellent)
- 35 participants or 57.4% rated at a 4
- 5 participants or 8.2% rated at a 3 (OK)
- 0 participants or 0% rated at a 2

- 1 participant or 1.6% rated at a 1 (Poor)
- 2 participants or 3.3% did not respond

Additional Comments:

- (No comments on sheets)

- | | 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. | | | | | |
| <ul style="list-style-type: none"> ➤ 15 participants or 24.6% rated at a 5 (Excellent) ➤ 32 participants or 52.5% rated at a 4 ➤ 11 participants or 18.0% rated at a 3 (OK) ➤ 0 participants or 0 % rated at a 2 ➤ 1 participant or 1.6% rated at a 1 (Poor) ➤ 2 participants or 3.3% did not respond | | | | | |

Additional Comments:

- Respectful Communities could take up one whole morning.

5. Have you reviewed the *2012 Support Services to Seniors Planning Day Final Report* within the past 12 months?

- 38 participants or 62.3% responded yes
- 19 participants or 31.1% responded no
- 4 participants or 6.6% did not respond

Additional Comments:

- Try to reread it once a year as a reminder.
- Looked at briefly before this session; need to do sooner – obviously.
- Looked at it when received; not too much later on.
- Some parts but not a lot.
- Not aware it was available.
- Just today.
- Review objectives and notes in planning for current year.
- New board member.
- Just a little – do our own review of area programming pertaining to seniors.
- New to the career field.
- This is my first time attending the session.
- Did not have access.
- We don't want to forget the outcome of the day's work or lose the momentum & plans.
- Excellent reference for recall.
- The annual report – yes.
- Did not see it.
- Not available, unsure how to access it.

	Poor		Ok	Excellent	
	1	2	3	4	5

6. If you answered yes to question 5, 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?

- 8 participants or 13.1% rated at a 5 (Excellent)
- 15 participants or 24.6% rated at a 4
- 13 participants or 21.3% rated at a 3 (OK)
- 2 participants or 3.3% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 23 participants or 37.7% did not respond

Additional Comments:

- It is good but need to look at more often.
- Have not fully reviewed it.
- Sorry. Didn't read it.
- Not as much as it should – gets filed in a cabinet.
- It brought back areas could be implemented in my area. A good reference tool.
- Good to see what other areas of the city have set as priorities.

	Poor		Ok	Excellent	
	1	2	3	4	5

7. The education and resources provided were useful.

- 11 participants or 18.0% rated at a 5 (Excellent)
- 32 participants or 52.5% rated at a 4
- 13 participants or 21.3% rated at a 3 (OK)
- 1 participant or 1.6% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 4 participants or 6.6% did not respond

Additional Comments:

- Building respectful communities should be shared with all individuals, schools, workplace, etc.
- Excellent resource tool.
- Excellent for building respectful communities.
- Very timely to have the respectful communities presentation – practical information.
- I need the Powerpoint as a handout at the Manitoba Health session. It helps me stay focused. It was difficult to see the screen.
- Very difficult to see the screen. We may have out grown our location.

	Poor		Ok	Excellent	
	1	2	3	4	5

8. The group discussion to identify new priorities was useful.

- 16 participants or 26.2% rated at a 5 (Excellent)
- 27 participants or 44.3% rated at a 4
- 8 participants or 13.1% rated at a 3 (OK)
- 3 participants or 4.9% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 7 participants or 11.5% did not respond

Additional Comments:

- It is good for me.
- Sorry I had to leave at noon.
- New partnership developed.
- Could use more time for discussions.
- No enough community partners stayed to discuss or did not attend.

	Poor		Ok	Excellent
	1	2	3	4 5
9. The location was accessible and convenient.				
➤ 27 participants or 44.3% rated at a 5 (Excellent)				
➤ 22 participants or 36.0% rated at a 4				
➤ 9 participants or 14.8% rated at a 3 (OK)				
➤ 0 participants or 0% rated at a 2				
➤ 0 participants or 0% rated at a 1 (Poor)				
➤ 3 participants or 4.9% did not respond				

Additional Comments:

- Super
- Need a larger space, need floor/mobile microphones.
- A bit crowded, and noisy – more space would help with noise factor
- Very good lunch
- The room is getting crowded – a good thing.
- Need more space – seem crowded this year.
- Parking lot was full and had to park in the residential area down the street.
- Not very central.
- Parking a problem for those who arrived later.
- Better once AC put on.

	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.				
➤ 16 participants or 26.2% rated at a 5 (Excellent)				
➤ 30 participants or 49.2% rated at a 4				
➤ 10 participants or 16.4% rated at a 3 (OK)				
➤ 1 participant or 1.6% rated at a 2				
➤ 0 participants or 0% rated at a 1 (Poor)				
➤ 4 participants or 6.6% did not respond				

Additional Comments:

- Would have liked – if time permitted – to hear 2 successes from each area.
- Always very worthwhile activity.
- I had to leave early but I feel confident that this will go very well.

	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				
➤ 14 participants or 23.0% rated at a 5 (Excellent)				
➤ 34 participants or 55.7% rated at a 4				

- 7 participants or 11.5% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 6 participants or 9.8% did not respond

Additional Comments:

- Discussion between groups with a more regional focus was productive.
- More time
- Not enough community partners stayed to discuss or did not attend.
- We don't get the opportunity to all meet together.

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

Comments:

- CAA Driving Angels.
- Applying for more grants.
- Implemented.
- Driving Angels
- The Building Respectful Communities – bringing the dementia piece into it.
- Will explore the Volunteer Drive program possibilities.
- Connect with other coordinators.
- Increasing awareness
- Supportive partnerships
- Taking advantage of the areas of expertise in the community.
- Presentation on bullying/harassment – attending training program.
- Priorities that were identified at table
- Focusing on priorities in the community area.
- Excellent presentation on Building Respectful Communities.
- More partnering with other agencies.
- Promoting awareness / building relationships
- Respectful communities.
- Promoting Driving Angels in St. Boniface.
- Encouraging agencies/managers to attend workshop on Respectful Communities in January.
- More community awareness of services to seniors.
- Possible overcoming bullying sessions.
- Building Respectful Communities.
- The 3 groups at our table working together toward common goals / issues in the area
- Building Respectful Communities tool kit.
- Increase community collaboration – opportunity to develop a direct inter-agency referral form.
- Bullying information – Driving Angels.
- Driving Angels
- Building Respectful Communities.
- Addressing bullying rather than being a “concerned bystander.” More proactive in promoting a respectful community in all interactions.
- Driving Angels
- Respectful Communities.
- CAA – Driving Angels.

- Bullying.
- Awareness and understanding of other resources.
- Awareness of Blueprint for Continuing Care.
- Bullying Awareness / T.O.N.S.
- Build respectful communities
- Meeting basic needs such as access to food programs, affordable transportation.
- Seniors and mental health – how to assist to encourage inclusion with seniors without mental health concerns.
- Hoarding – assistance for those living with hoarding concerns.
- Isolation – how to reduce isolation, increase family involvement.
- To share.
- I will definitely be more cognizant of the issues of bullying and harassment in our community.

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

No Response	6 or 9.8%
Yes	55 or 90.2%
No	0 or 0%

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

No Response	7 or 11.5%
Half Day	20 or 32.8 %
Full Day	34 or 55.7%

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

Comments:

- Mental health issues.
- Mental health
- Depression
- How do we bring Primary Care Physicians on board with Aging in Place & healthy attitudes towards aging (Respect!)
- What can we proactively do when we see violation of the people we work with re: Ageism
- I was only able to attend morning session.
- They were excellent, excellent! Excellent!!
- Enjoy these days networking, meeting new people hearing other successes and priorities that other groups have
- Not alone in community
- Instead of having speakers I would find it useful to spending the morning learning about all the different agencies and the services they provide.
- Like the length of sessions – continue.
- Good networking opportunities – continue.
- Thanks. Excellent job. Food very good; well arranged.
- Could have used extra time to brainstorm with our group.
- How to overcome ageism.
- Enjoyable day.
- Good to reconnect.
- Difficult to see screen at the back. Is it possible to raise for future presentations?
- More time to “work through” items as community area.
- More time to get through
- Could not see screen from most tables.

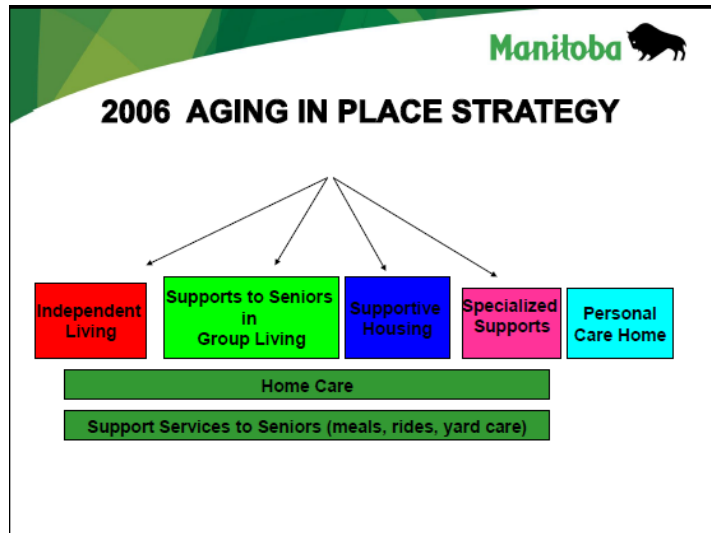
- Assisting with mental health integration with seniors.
- How to navigate the paneling process – who, what, where, when, how
- Homecare – how does it work? Scheduling, availability, follow through, reporting for negative situations
- Better understanding of the services offered in a condensed and user friendly format – WRHA specifically.
- Increased communication – province wide.
- New ideas / resources
- Spiritual care – outreach programs.
- Sessions on evidence-based research on seniors.
- The use of gender based analysis in policy making and programming (e.g. Women 80% of paid and unpaid caregiving live longer.
- One of the most memorable sessions was the series of service groups talking about how they helped on individual family.
- Today was good – closing at 2:30
- Mental health issues.
- This was my first session and I found the day very informative with wonderful presenters. Looking forward to next year.
- To have the educational session as well as the community collaboration session a full day may be needed.
- Need to hear questions to presenters.
- Follow up on bullying.
- Suggestions for next year – bigger font on presentations. As well as having the screen higher for people to see the info being presented – considering the population in the room. A portable microphone would also help to hear what people in the room are commenting on / asking questions.
- Working with older adults who have mental health and/or addiction issues. The resources are limited, the follow-up in community is difficult to access, communication between mental health services and seniors services is poor, little collaboration – very frustrating!
- Great job in the planning of this day!
- Bullying starts with the parents, disrespecting anybody and the children pick this up by example. Children respect their parents as experts and follow them explicitly. Keith Bradley Creative Retirement.
- Mental Health Services.
- Time for individual groups (e.g.) councils, Support Services in Group Living to meet together as well as area groups.
- Nutrition.
- Public Trustee Office – information – what do they offer.

Appendix Three:
Advancing Continuing Care – A blueprint to Support System Change

**Advancing Continuing Care
 A Blueprint to Support System Change**

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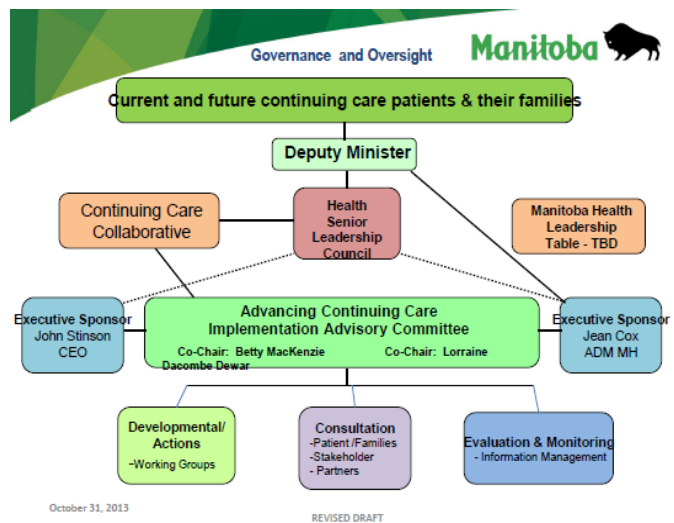
Support Services to Seniors Planning Day
 November 5, 2013





Manitoba 

2011 AIP/LTC STRATEGY REFRESH

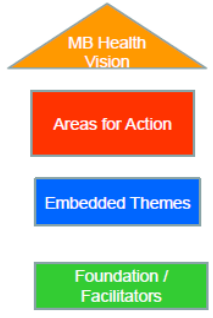
- Home Care
 - Enhanced home care service limit (50 to 55 hours)
 - Self and Family managed care increase
 - Specialized supports increase
- New and Innovative Rehab Projects
- Evaluation of P.I.E.C.E.S. Dementia Education
- Alzheimer Society of Manitoba First Link Program and Alzheimer Strategic Framework refresh
- PCH Capital Infrastructure Review

Manitoba 

Strategic Framework

- Manitoba Health's Vision – "Healthy Manitobans through an Appropriate Balance of Prevention and Care"
- Areas for Action
- Navigation of Health System, Effective Transitions, Restorative Care, Culture of Caring
- Provincial Policy, Organizational Capacity, Partnerships, Communication / Education



Manitoba 

Areas for Action

- Helping individuals stay at home by investing in community supports and focusing on wellness, capacity building and restoration when delivering home care services
- Improving access to Home Care services
- Strengthening and promoting co-operation among health care partners to keep people at home
- Strengthening and expanding options for community-based housing as alternatives to personal care homes
- Ensuring there are enough Long Term Care beds to meet the needs of Manitobans
- Developing new, innovative ways of delivering services to improve health outcomes for residents of personal care homes
- Committing to dedicated health technology to help improve quality and co-ordination of care and in making informed decisions and policy

Area for Action #1 Helping individuals stay at home by investing in community supports and focusing on wellness, capacity building and restoration when delivering home care services

Objective 1.1
Strengthen the Home Care (HC) program / increase and enhance HC services

- Actions**
- Enhance DSS education and training
 - **Develop continuing care human resource strategy**
 - **Increase HC service limit hours**
 - **Develop enhanced case management role for HC Case Coordinators**

Area for Action #1 Helping individuals stay at home by investing in community supports and focusing on wellness, capacity building and restoration when delivering home care services

Objective 1.2
Introduce greater flexibility and options in delivery of HC / community services

- Actions**
- **Develop increased capacity to provide palliative care services**
 - Expand/ develop innovative and diverse community options
 - Enhance Self / Family Managed Care program
 - Review panelling process to ensure standardization of process across regions

Area for Action #1 Helping individuals stay at home by investing in community supports and focusing on wellness, capacity building and restoration when delivering home care services

Objective 1.3
Enhance Care Giver support

- Actions**
- Review Primary Caregiver Tax Credit processes
 - **Review and enhance delivery of in-home and outside the home respite services**

Area for Action #1 Helping individuals stay at home by investing in community supports and focusing on wellness, capacity building and restoration when delivering home care services

Objective 1.4
Develop a restorative approach to service delivery

- Actions**
- **Develop and test a rehabilitation /restorative HC model**

Area for Action #2 Improving access to Home Care services

Objective 2.1
Increase flexibility and innovation in accessing and delivering services in rural and remote communities

- Actions**
- Develop and implement best practice strategies for rural and remote home care programs
 - Enhance and improve existing communication processes to facilitate stakeholders sharing information
 - Promote research on informal family care giver needs and coping strategies
 - Explore development of improved transportation and travel options to facilitate delivery of HC services in rural and remote areas

Area for Action #2 Improving access to Home Care services

Objective 2.2
Invest in technological solutions to improve access and delivery of HC services

- Actions**
- Leverage existing research, including new technological applications, to improve outcomes and effectiveness of HC service delivery, impacting on human resource utilization and client empowerment

Area for Action #2 Improving access to Home Care services

Objective 2.3
Engage clients and families

- Actions**
- Promote and facilitate research in order to understand the public's information needs in relation to aging in place and long term care options
 - Utilize client feedback to develop and support a wide range of traditional and innovative health information resources

Area for Action #3 Strengthening and promoting co-operation among health care partners to keep people at home

Objective 3.1
Enhance community partnerships

- Actions**
- Partner with health care and other relevant providers to address needs of clients with mental health issues and intellectual disabilities
 - Enhance supportive care services
 - Promote a more integrated care delivery system which addresses transition points of care and works to ensure safe and consistent bridging of services and/or other sectors
 - Continue to explore and enhance relevant partnerships

Area for Action #3 Strengthening and promoting co-operation among health care partners to keep people at home

Objective 3.2
Promote alignment and partnering of the Family Physician/ Primary Care Provider and the HC team

- Actions**
- Create opportunities for Family Physician/Primary Care Provider and HC team to better understand roles and develop linkages
 - Implement models that will facilitate partnerships with HC and Family Physicians / Primary Care Providers

Area for Action #4 Strengthening and expanding options for community-based housing as alternatives to personal care homes

Objective 4.1
Continue to implement "Aging in Place Strategy" community models

- Actions**
Supports for Seniors in Group Living (SSGL) / Support Services to Seniors (SSS)
- Explore the benefits of increasing service levels for these two programs as a cost effective method to ensure seniors are not accessing higher levels of support unnecessarily.
 - Review the role of each program in providing outreach to at-risk populations.
 - Investigate partnerships with regional health authorities/community agencies to expand or enhance the funding for meal programs, home maintenance needs, grocery shopping, transportation etc., where appropriate.

Area for Action #4 Strengthening and expanding options for community-based housing as alternatives to personal care homes

Objective 4.1
Continue to implement "Aging in Place Strategy" community models

- Actions**
Supportive Housing
- Increase the number of SH units to provide a more appropriate community option for individuals with care needs that do not require admission to a PCH. (Reference Objective 5.1—Increase Long Term Care Bed Capacity Based on Client Need)
 - Conduct a formal review of SH model including eligibility criteria, exit criteria, staffing and resources to ensure optimization of the model. Model should encompass and allow for regional differences.
 - Review housing policies with other government departments e.g. Manitoba Housing and Community Development, recognizing that society's expectations have changed.
 - Market and manage housing options based on eligibility and right fit to ensure individuals are not admitted to a PCH if their needs can safely be managed in another setting.
 - Establish funding model to ensure per diem rates keep pace with cost of living and wage settlements, and include any increases in maintenance and operational costs for housing provider.
 - Explore, develop and test alternate Supportive Housing models in a rural regional health authority.

Area for Action #4 Strengthening and expanding options for community-based housing as alternatives to personal care homes

Objective 4.1
Continue to implement "Aging in Place Strategy" community models

- Actions**
Specialized Supports
- Conduct an environmental scan of client populations requiring specialized supports and the programs and services provided in other jurisdictions.
 - Conduct an analysis of current specialized support housing options and identified gaps existing in Manitoba
 - Develop a framework for community housing that outlines roles and responsibilities, as well as principles that would apply to specialized support housing options. Potential partnerships could occur with both the public and or private sector housing providers. Key features of the framework would include:
 - a coordinated approach to accessing services and "navigating the system"
 - development of plans and programs based on a clear understanding of partners' roles and responsibilities
 - clear eligibility criteria
 - tools to allow residents and their families to easily determine if the resident's needs match building accessibility, hospitality features, health and wellness services (Alberta Government 2012).

Area for Action #4 Strengthening and expanding options for community-based housing as alternatives to personal care homes

Objective 4.2
Provide affordable housing options with appropriate services and supports

- Actions
- Partner with Housing and Community Development to explore options e.g.. affordable assisted living
 - Develop partnerships with municipalities and the non- profit sector to develop affordable housing options
 - Develop innovative business and design strategies; focusing on smaller communities
 - Develop and implement rent subsidies and income protection benefits to address affordability
 - Review existing housing modification and repair programs

Area for Action #4 Strengthening and expanding options for community-based housing as alternatives to personal care homes

Objective 4.3
Establish a community based services accountability framework

- Actions
- Explore mechanisms to ensure accountability within community based housing models
 - Review relevant legislation in relation to individuals living in the community

Area for Action #5 Ensuring there are enough Long Term Care beds to meet the needs of Manitobans

Objective 5.1
Increase Long Term Care bed capacity based on client need

- Actions
- Review current evidence and future trends to ensure that Manitoba's long term plan includes the right number of beds in the various regions of the province
 - Analyze PCH bed distribution from a quality perspective (modernize out – dated stock)
 - Implement a short term plan in high need areas of the province
 - Plan community housing options in conjunction with a detailed need and demand analysis to determine if additional PCH beds are warranted
 - **Develop specialized environments and programming for unique populations**

Area for Action #6 Developing new, innovative ways of delivering services to improve health outcomes for residents of personal care homes

Objective 6.1
Invest in Personal Care Home (PCH) Human Resources

- Actions
- Complete implementation of the provincial PCH Staffing Initiative (nursing and allied health)
 - Review PCH staffing complements
 - Identify and initiate a PCH provincial hiring strategy
 - Innovative recruitment & retention strategies
 - Enhance training and staff development opportunities by developing a continuum of educational activities

Area for Action #6 Developing new, innovative ways of delivering services to improve health outcomes for residents of personal care homes

Objective 6.2
Develop and Implement Strategies to Address Management of Challenging Behaviours

- Actions
- Design and fund all new PCHs to include specialized environments and enhanced programming
 - **Invest in Special Support teams**
 - **Enhance and invest in geriatric mental health or psychology resources in LTC**
 - Invest in ongoing dementia education for both PCH and HC
 - Enhance community housing and service options for individuals who have Acquired Brain Injury

Area for Action #6 Developing new, innovative ways of delivering services to improve health outcomes for residents of personal care homes

Objective 6.3
Expand Nurse Practitioner (NP) Model in PCH

- Actions
- Establish provincial criteria related to allocation of NP resources
 - Develop a human resources strategy related to NP model in LTC
 - Assign and hire positions based on a phased in approach

Area for Action # 6 Developing new, innovative ways of delivering services to improve health outcomes for residents of personal care homes

Objective 6.4
Develop cultures of caring

- Actions**
- Promote knowledge transfer related to leading practices on respect and dignity
 - Require LTC homes to be reflective of home life rather than institutional life
 - Address the long term care needs of non-seniors or individuals with accelerated aging
 - Enhance the teaching capacity of LTC homes. Alliances between LTC facilities and post secondary education programs would promote the cultural transformation

Area for Action #7 Committing to dedicated health technology to help improve quality and co-ordination of care and in making informed decisions and policy

Objective 7.1
Implement Provincial Information system for community HC and LTC

- Actions**
- Invest in the implementation of a provincial clinical information system for HC and LTC (standardized assessment and care planning tools, clinical capacity, standardized data set to support provincial reporting, program planning, future resource allocation and quality monitoring)
 - Establish electronic linkages between HC, LTC and the broader health care system
 - Develop an enhanced provincial waitlist system
 - Support research by utilizing the rich data source of continuing care Inter-Rai tools

Status Update – What’s been done?

- 12/13 initiatives are underway (2011 LTC Strategy)
- 13/14 prioritized actions identified
- Implementation Advisory Committee – prioritization process for actions beyond Year 1 completed.
- Working groups active on some priority areas
- Seeking Central Government approval for *The Blueprint*.

Status Update – Work underway

- **Preparing for decision on blueprint**
 - Continue to support initiatives underway
 - Communication Plan readiness
 - Health information planning
 - Assessing Risks
 - Building linkages/connections to other Provincial Strategies/PHOs.

Managing our Challenges/Risks

- Creating and sustaining linkages between the Continuing Care Blueprint and system program and service areas
- Building an appetite for risk and trying new ideas
- Rigorous accountability with measurable outcomes
- Workforce Planning
- Resources
- Aging Infrastructure



Appendix Four: **CAA Driving Program**

What is it?

A Driving Angel is a community hero who offers peace of mind to seniors by helping them get to medical appointments, shop for groceries or attend social functions.

The CAA Manitoba Driving Angels Recognition program is an ongoing program that aims to encourage new volunteer drivers, recognize current volunteer drivers, and increase public awareness about the growing need for volunteers.

The program will not be limited to volunteer drivers, but the “Volunteer driver of the year” awards will be. Professional drivers (ie. Transit operators or taxi drivers) who go out of their way to lend a hand to a senior can be recognized as a Driving Angel at any point during the year.

How will the program work?

In its inaugural year, the program will run with three distinct sections.

- Media Launch – September 26, 2013 (am)
- Official program launch at Seniors and Elders’ Day (October 1, 2013)
- Nomination period (Oct 1 – Sept 1, 2014)
- Awards ceremony and recognition (sometime around October 1, 2014)

All those nominated as a Driving Angel through the caamanitoba.com website, will be sent a recognition pin and certificate. They will also be recognized at caamanitoba.com throughout the year. Additionally, senior organizations with transportation programs can each nominate one volunteer driver for the province-wide “Volunteer Driver of the Year” award. The award recipient will be selected by a CAA committee and awarded with a prize at the following years’ “Seniors’ and Elders’ Day Convention”.

Why is this program necessary?

It is never an easy decision to voluntarily give up the keys when driving is no longer a safe activity. A driver’s license represents freedom for many mature Manitoba drivers, so supporting an option like volunteer driving is a necessity in Winnipeg and Manitoba.

CAA Manitoba represents more than 200,000 members, and significant portions of our membership are either senior citizens themselves, or their parents are in this demographic. That’s the most important reason why CAA Manitoba is establishing and funding this program.

Two other CAA clubs run a program similar to this. Driving Angels has been in place in Alberta, in coordination with the City of Edmonton, for three years. The Driving Hero program has been in place in Ontario for two years.

Appendix five:
Building Respectful Communities

**BUILDING RESPECTFUL COMMUNITIES
PRESENTATION**

Preventing Bullying Amongst Older Adults

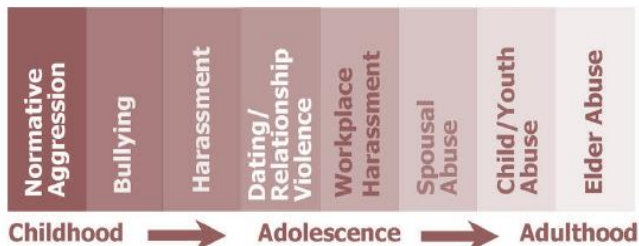


TODAY:

- **Respectful Communities**
- **Understanding Bullying & Harassment**
- **What Can I Do? Responding to Bullying**
- **Community Resources**
- **Next Steps**



**UNDERSTANDING
BULLYING AND
HARASSMENT**



CONTINUUM OF VIOLENCE

- Power is “having choices about who you are and what you do; access to resources including support [and] nurturance...and the capacity to participate in decisions affecting one’s day-to-day living”.

(Mandell and Duffy, 1995, p.274)



- The misuse of power is the basis of bullying and violence.



BULLYING

Bullying is when one person uses their power in an organization or community to harm another person, or they may use their relationships with others to exclude or intimidate someone.

Verbal Bullying

- Using words to humiliate or hurt someone including insults, threats, or constant teasing.

Physical Bullying

- Physically hurting someone, threatening them or damaging their property.

Social Bullying

- Ignoring, isolating, excluding or spreading rumours about someone.

7

BULLYING VS. CONFLICT

Bullying IS NOT	Bullying IS
Conflict between friends	Hurting behaviour based on oppression, discrimination
Argument between people of equal power	Based on a power difference
Accidental	Intentionally harmful
"Normal" relationship challenges	Intense and long in duration
A one-time event (usually)	Repeated over time (generally)
Friendly teasing	Oppressive, isolates victim

8

PARTICIPANTS IN BULLYING

- The person who bullies
- The person who is targeted
- The people who witness the bullying



9

HARASSMENT

Harassment is using power to hurt or harm another person.

- Harassment, like bullying, involves a misuse of power.
- Harassment is different because it is a form of **discrimination**.

Discrimination is treating someone differently or poorly based on certain characteristics, including:

- Age
- Race
- Ethnicity
- Religion
- Biological sex
- Sexual orientation
- Family Status
- Marital Status
- Disability
- Pardoned conviction

10

IS IT BULLYING OR HARASSMENT?

IS IT BULLYING OR HARASSMENT?

The chairperson of the social committee is telling the other committee members not to ask for your help because you wouldn't have the energy to volunteer.

Bullying

Harassment

11

12

IS IT BULLYING OR HARASSMENT?

A female tenant, who recently moved in, begins having an intimate relationship with another female tenant. The female tenant has been very involved in the building's social events, but recently a group of tenants have been isolating both women from the events and spreading rumours about their same-sex relationship.

Bullying

Harassment

13

IS IT BULLYING OR HARASSMENT?

A male tenant refuses to eat his meal with another tenant that has dementia. He constantly refers to the person as incapable of taking care of himself and says that he belongs in a nursing home.

Bullying

Harassment

14

IS IT BULLYING OR HARASSMENT?

A staff member tells her supervisor that one of the community members who is participating in the Senior Centre's programs has been calling her names.

Bullying

Harassment

15

WHAT CAN I DO?

How to Get Help for Yourself or a Friend

16

HOW CAN I HELP A FRIEND?

- **Check for safety**
 - Recognize the signs of bullying
 - Speak up if you feel comfortable
- **Affirm the person being bullied**
 - "What can I do to help?"
 - Listen and validate the person's feelings
- **Refer to community resources**
 - Create a safety plan
 - Determine community resources, staff or other adults that can help
- **End by documenting**
 - Follow procedures and report the bullying situation
 - Use nonjudgmental language, and describe only facts

17

COMMUNITY RESOURCES

18

LOCAL RESOURCES

- **Mediation Services**
 - Support for dealing with conflicts or bullying situations
 - Phone:
- **Klinik Crisis Centre (24 hours)**
 - Confidential counselling, support and referrals
 - Phone: 204-786-8686 or 1-888-322-3019
- **Winnipeg Police Service**
 - Community Support Unit can offer help
 - Phone: 204-986-6222
- **Mobile Crisis Service (24 hours)**
 - Support for someone experiencing a mental health concern
 - Phone: 204-940-1781

19

**YOU CAN USE
THE TOOLKIT!**

Training is available –

WHEN: January 21, 2014 from
12:30-4:00pm

WHERE: Canadian Red Cross
Office (1111 Portage Avenue)

Register with Daphne at
dsemeniuk@wrha.mb.ca

The toolkit will be available
electronically.

21

**NEXT
STEPS**

20



THANK YOU!

ANY QUESTIONS OR COMMENTS?

Rebecca Ulrich
Canadian Red Cross
E: rebecca.ulrich@redcross.ca
P: (204) 982-7319

Kathy Henderson
Winnipeg Regional Health Authority
E: khenderson@wrha.mb.ca
P: (204) 940-2514

22

Appendix Six:

Participant List

Table One A – Downtown/Point Douglas

Gail Pradel – Downtown/Point Douglas Healthy Aging Resource Team

Tara Hart – Lions Manor

Leigh Carriere – Lions Place

Nancy Pidhirney – Lions Housing Centres

Cristine Schroder – Seniors Home Help Inc.

Margaret Gibson – McClure Place

Table One B – Downtown/Point Douglas

Annette Gustave – McClure Place

Beverly Hradowy – McClure Place

Angelita Madura – Broadway Seniors Resource Council

Amy Krahn – Downtown/Point Douglas Healthy Aging Resource Team

Monica Grocholski - Downtown/Point Douglas Healthy Aging Resource Team

Janice Klassen – Seniors Home Help Inc.

Leighton Knapp – Manitoba Housing

Table Two – Downtown/Point Douglas (combined with Table One)

Nicole Gordon – Aboriginal Seniors Resource Centre of Winnipeg Inc

Charlene Thiessen – Winnipeg Housing Rehabilitation Corporations

Claire Meiklejohn – Community Facilitator – Winnipeg Regional Health Authority

Table Three – Fort Garry

Barb Metcalfe – Fort Garry Seniors Resource Council

Patti Berube – Fort Garry Seniors Resource Council

Melanie Hasenheit - Fort Garry Seniors Resource Council

Bob Newman – Pembina Active Living 55+

Alana Jones - Pembina Active Living 55+

Amanda Younka - Community Facilitator – Winnipeg Regional Health Authority

Kris Kenemy – Lindenwood Manor

Rhonda Bergen – Lindenwood Manor

Table Four – River Heights

Lynda Quinn – South Winnipeg Seniors Resource Council

Gerri Thorsteinson - South Winnipeg Seniors Resource Council

Amanda Younka - Community Facilitator – Winnipeg Regional Health Authority

Marianne Twigg – Bethel Place

Christie Rygiel – Bethel Place

Lindsay Esau – 285 Pembina

Table Five – Regional

Norma Kirby – Alzheimer Society

Amanda Macrae – A & O: Support Services to Older Adults Inc.

Janice Rose – Manitoba Association of Senior Centres

Sunita Persaud – Medication Information Line for Everyone

Ellen Karr – Rupert's Land Caregiver Services
Rhonda Gardner – Meals on Wheels Inc.

Table Six – Regional

Connie Newman - Manitoba Association of Senior Centres
Dora Diamond - Alzheimer Society
Syva-Lee Wildenmann - Rupert's Land Caregiver Services
Leonard Furber – Canadian Institute of the Blind
Colin Marnoch – Canadian Institute of the Blind
Keith Bradley – Creative Retirement Manitoba

Table Seven – River East

Cath McFarlane - Community Facilitator – Winnipeg Regional Health Authority
Noreen Kohlman – Donwood Manor Elder Persons Housing Inc
Kay Thompson – Good Neighbours Active Living Centre
Susan Sader - Good Neighbours Active Living Centre
Karen Janzen – Health Aging Resource Team
Jodi Barbosa – Bethania Personal Care Home
Joan McDonald – River East Council for Seniors
Debbie Wolfson - River East Council for Seniors

Table Eight – Transcona

Colleen Tackaberry – Transcona Council for Seniors
Stacey Boone - Community Facilitator – Winnipeg Regional Health Authority
Doug Buckingham - Transcona Council for Seniors
Cindy Angus - Park Manor Personal Care Home
Lesia McCarron - Park Manor Personal Care Home

Table Nine – Seven Oaks

Marilyn Regiec – Gwen Sector Creative Living Centre
Judy Kaplan - Gwen Sector Creative Living Centre
Susan Alder – Seven Oaks Seniors' Links
Board Member – Willow Centre
Betty Leronowich – Keewatin/Inkster Neighbourhood Resource Council
Harvey Sumka - Keewatin/Inkster Neighbourhood Resource Council

Table Ten – St. Boniface/St. Vital

Georgette Dupuis –Centre De Sante
Guy Mao – L'Accueil Colombien Inc.
Clement Perrault – Le Conseil de Francophones 55+
Karen Irvine – Boni-Vital Council for Seniors

Table Eleven – St. James Assiniboia/ Assiniboine South

Liz St. Godard – Healthy Aging Resource Team – Winnipeg Regional Health Authority
Laurie Green - Healthy Aging Resource Team – Winnipeg Regional Health Authority
Sharon Walters – Community Facilitator – Winnipeg Regional Health Authority
Sheila Hunter – Metropolitan Kiwanis Courts
Jim Dear – Winnipeg Regional Health Authority

Adele Spence – St. James-Assiniboia 55+ Centre Inc.
Patricia Torgarson – Manitoba Housing

Table Twelve - Floating Table

Lorraine Dacombe – Dewar – Manitoba Health

Linda Dando – Manitoba Health

Liz Peters – CAA

Rebecca Ulrich – Canadian Red Cross

Madeline Kohut - Winnipeg Regional Health Authority

Kathy Henderson - Winnipeg Regional Health Authority

Dr. Cathy Cooke - Winnipeg Regional Health Authority

Jeanette Edwards - Winnipeg Regional Health Authority