



Winnipeg Regional
Health Authority

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**Support Services to Seniors
Education and Collaborative Planning Session
Friday, November 21, 2014**

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

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Summary

On Friday, November 21st, 2014 the Winnipeg Regional Health Authority (WRHA) Support Services to Seniors (SSS) program held its eleventh annual Education and Collaborative Planning Day.

Eighty-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, WRHA managers and the WRHA-SSS team members.

This was the first year that participants were assigned to tables with participants from other community areas.. Seventy-one 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 Health Equity Lens in Action raised awareness and increased participants' knowledge of promoting health equity within Support Services to Seniors programs and services.

The presenters of the day were:

- **Dr. Sandra Harlos**, Medical Officer of Health at the Winnipeg Regional Health Authority.
- **Louis Sorin**, Community Area Director for Downtown and Point Douglas Community Areas with the Winnipeg Regional Health Authority.

The facilitator for the Health Equity Lens in Action - Dialogue and Discussion was:

- **Hannah Moffatt**, Population Health Equity Initiatives Leader with the Winnipeg Regional Health Authority.

2014 Regional Key Accomplishments and Initiatives

- Continued assistance with the seasonal influenza campaign by helping to get the messages out to older adults and assisting with recruitment of volunteers for clinics.
- Held Support Services to Seniors educational sessions on issues that were identified through site visits, network meetings and feedback that we have received. This year the sessions topics include:
 - ✓ Brain Health
 - ✓ Understanding Anxiety
 - ✓ Older Adults and Sexuality: It's not just about sex
 - ✓ Building Respectful communities
 - ✓ Older Adults and Addictions
 - ✓ Older Adults, Gambling and Recreation drugs

Over 170 individuals attended these sessions.

- Revamped and updated the Support Services to Seniors and Healthy Aging Resource Team web pages on the WRHA website.
- Hosted a University of Manitoba dietetic intern in April who developed a healthy balanced menu plan and supporting resources.
- Continued with the Support Services to Seniors orientation sessions for all new staff.
- Participated in various community events to raise awareness of Support Services to Seniors through forums, workshops, health fairs and presentations.
- Continued to increase awareness of Support Services to Seniors programs and services by presenting to Red River College Nursing Students, University of Manitoba Kinesiology Students, University of Manitoba Social work students, and WRHA Social Work Leadership. Fostering these relationships and raising awareness of Support Services to Seniors to students has been key.
- Partnered with Support Services to Seniors agencies and community partners to develop a fun and interactive Seniors Day for the GO4 Health EXpo at the Red River Ex.

- Continued annual site visits with all funded groups which supports ongoing collaborative work and awareness of key strategic issues and activities. .
- Support Services to Seniors continues to facilitate network meetings for:
 - ✓ Community Resource Coordinators,
 - ✓ Congregate Meal Coordinators,
 - ✓ 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, updates in the region and education component throughout the year.
- Partnered with Manitoba Association of Senior Centres in providing capacity building, networking and educational sessions and workshops throughout the year for board and staff development throughout the province.
- Assisted with the WRHA Volunteer Services program for volunteer recognition day within the Winnipeg region.
- Participated in the Purple Ribbon Challenge for World Elder Abuse Awareness Day within the WRHA.
- Participated on committees and working groups (e.g. Prevent Elder Abuse Manitoba, Transportation Options Network for Seniors, WRHA Falls Prevention Leadership Committee, Provincial Falls Network, Health for All Steering Committee, and various Support Services to Seniors boards as ex-officio.
- Partnered with the Canadian Association of Occupational Therapists to facilitate three sessions on Strategies for inter-professional health care providers to address abuse/mistreatment of older adults.
- Participated with the Winnipeg Elder Abuse Strategy Working Group to continue to work on the issue of elder abuse.

Performance Indicators :

Meal Programs continue to deliver nutritious meals with over 285,049 meals delivered and in addition **Meals on Wheels of Winnipeg Inc.** delivered 158,916 meals. (Total: 443,965)

Senior Centres including Creative Retirement Manitoba had 101,440 contacts with older adults and had 93,216 participants engaged in group activities. Each centre provide an opportunity for older adults to participate in social gathering places for older adults living in the community

Community Resource Councils had 24,724 contacts with older adults and distributed 4,849 ERIKs.

Tenant Resource Programs supported 3,972 suites and had 46,376 contacts with older adults.

Supports to Seniors in Group Living had 64,951 contacts with older adults and supported 1,150 suites.

Rupert's Land Caregiver Services supported 2,971 clients.

CNIB provided support to 1,919 clients.

The University of Manitoba – Dental Health at Deer Lodge Centre saw 1,452 patients.

Manitoba Association of Senior Centres provincially has 44 members and supports the senior centre staff and boards through professional development and capacity building.

Group Table Discussions and Priorities

The priorities identified using a health equity lens by participants at their tables are as follows:

Table One

- 1) Funding for:
 - ✓ Housing – affordable, appropriate, all levels, bridging gaps from independent living to personal care home.
 - ✓ Transportation
- 2) Engaging isolated people-finding the “needles in the haystack,” identifying their needs.

Table Two

- 1) Accessible and affordable home maintenance and snow removal.

Table Three

- 1) Funding for food security:
 - ✓ Food Supplies
 - ✓ Transportation
 - ✓ Volunteers

Table Four

- 1) Social Isolation – in homes
- 2) Food Security
 - ✓ Transportation
 - ✓ Availability
 - ✓ Cost
 - ✓ Preparation

Table Five

- 1) Transportation
- 2) Social Isolation

Table Six and Seven

- 1) Transportation

Table Eight

- 1) Increase Awareness of Services
- 2) Collaboration between professionals

Table Nine

- 1) Mental Health

2) Sustainable funding for programs such as Transportation

Table Ten

1) Enhanced Navigational System in everyone's roles

Table Eleven

1) Inter-Agency Team – develop in meaningful area

2) Transportation

- ✓ Public Transportation improvement
- ✓ Handy-Transit improvement
- ✓ Transportation Options for Seniors support

Highlights of Successes throughout the Support Services to Seniors

- Engagement with Mental Health Blocks and community centers. (WRHA Healthy Aging Resource Teams – St. James-South Assiniboine)
- Succeeded in getting a grant approved to help provide free bed bug products. Were able to get mattress and box-spring covers absolutely free for the tenants in one building we support. All avenues previous were squashed, so very excited that these people on fixed incomes can feel safe. (Support to Seniors in Group Living – Transcona)
- Increased visibility of the council in the community. (Fort Garry – Resource Council)
- I have been in the role of Resource Coordinator for less than a year but I am extremely proud of the Council's programs such as the meal programs and the transportation program and I have witnessed first-hand the impact these programs have had on older adults by reducing social isolation and increasing independence. (River East Council for Seniors)
- Public libraries in the Winnipeg area have partnered with CNIB to provide access to library service for blind/visually impaired and print disabled individuals. (CNIB, Manitoba Division)
- Free bus trip to Southern Manitoba for those who otherwise could not participate due to financial or mobility issues. (Fort Garry Senior Resource)
- Development of a Caregiver Curriculum. (Great Plans for Caregiver Conference).
- Good Meal Deal Kits through Healthy Together Grant (WHRA-Winnipeg West)
- Enhancing linkages between HART and Primary Care ACCESS Winnipeg West improved referral process (WRHA –Winnipeg West)
- Three safe suites (A&O)
- Legal Services (A&O)
- You and your adult child program (A&O)
- Elder Abuse Prevention Programs (A & O)
- This full house hoarding program (A & O)
- Older Victim Services (A & O)

- Restructuring of Friendly Visiting Program (A & O)
- Santa to a Senior (partnership around that) (A & O)
- Seniors Centre without walls (A & O)
- We have improved: access to seniors, access to the core population and affiliation with community resources. (Registered Nurse, Health Care)
- The evolution of 'Beautify' Elmwood Committee over the past year. Community development moving forward support group
- Downtown Connection held for two weeks at Portage Place Shopping Centre and Cindy Klassen Recreational Centre (great turnout and feedback – amazing partner agencies info helped make it a success. Introduced diabetes conversation maps to several Point Douglas sites with good response and feedback (Downtown/Point Douglas)
- Anniversary celebration was a smashing success. Jaring Timmerman, 105 year-old Guinness World Record swimmer spoke at SWSRC anniversary celebration. (South Winnipeg Seniors Resource Council)
- Good Meal Deal Kit – bringing healthy affordable recipes to seniors where they live (St. James Assiniboia /Assiniboia South)
- Expanded referral system for chronic disease education (St. James Assiniboia /Assiniboia South)
- New improved web site (St. James Assiniboia /Assiniboia South)
- We use flexibility at our program to accommodate our individual clients all to facilitate safe community living. Our program is health services for elderly (Health Services on Elgin - 425 Elgin)
- Celebrating our 50th year providing meal delivery service (Meals on Wheels)
- Rebranding and marketing to raise awareness of our service (Meals on Wheels)
- A dedicated and enthusiastic Board (Meals on Wheels)
- A continued strong relationship with our funders (Meals on Wheels)
- A stable work team and new offices (Meals on Wheels)
- Thanks to Connie at Manitoba Association of Senior Centres, in the span of a month we formed a Board; have carried the programs and are expanding. We have applied for WRHA funding to hire a coordinator (West End Active Living Centre)
- Accreditation, Home Maintenance Program, focusing on financial abuse, membership continue to grow over 1200 (Good Neighbors Active Living Centre – River East)
- Very successful twenty year anniversary celebration. Positive resolution at our Delmar Meal Program to a very difficult situation. Good communication evolving with board members and executive both new and old members (South Winnipeg Seniors Resource Council)
- Community Resource Councils have become involved with Healthy Together Now partnerships and grant process. These projects for seniors have provided free opportunities for at risk seniors, strengthened

- relationships (partners) and increased connections for seniors in the community (South Winnipeg – River Heights – Fort Garry)
- Provides a resource centre for older adults. Client directed groups enabling empowerment, self-direction and mentorship. CNIB provides a point of contact for individuals with vision loss to bond with ours, develop a service of being in a community. Actively recruits volunteers with in the organization. Has developed guidelines/protocol to encourage staff to work along with volunteers to provide respectful, empowering services. (CNIB)
 - Helping people to learn how to use adaptive technology to better able to access leisure or work material. Also, counseling services are valuable since many older adults experience feelings of isolation and other mental health challenges. In addition the clinic is helpful to assess the degree of an individual's vision loss in order to better direct them to appropriate services.
 - Store open three days a week (on site) and Resident Services Coordinator (Metropolitan Kiwanis Centre – 2300 Ness)
 - Establishment of a working committee to set up collaborative services for French isolated seniors living in R2H 1. Friendly phone calls; 2 Outreach group for Manitoba Housing Block (Georgette Dupuis-St. Boniface)
 - An isolated resident that would attend programs regularly and would not say very much became at ease and would speak more (Rhonda Bergen, Lindenwood Manor, Fort Garry)
 - Weekly lunch program (95-130) has 28 ladies who do work. Ran courses for First Aid/CPR. Ran food handler course for food handlers. Have numerous programs, dance darts, art, pool, cards etc. and do fund raising at the centre to support some activities (Yvonne Boisclair)
 - Resource Fair very well attended, holiday cards made by local school to community seniors , strong partnership with community organizations, Art City Santa Claus parade gifts made with seniors at Lions Place for local children, community voices project, West End Active Living Centre, connected with Donwood West, YIP Award (Broadway /Seniors Resource Council - Melanie)
 - Partnership with WRHA - Madeline Kohut, Kathy Henderson, Jeanette Edwards, Amanda Younka, wonderful feedback via e-mails and telephone calls regarding how helpful SWSRC is, two profitable congregate meal programs (South Winnipeg Seniors Resource Council, Linda Quinn)
 - Tenant Services Coordinators provide specialized housing intake service to men and women who are experiencing domestic violence and are in the shelters. Staff go to the shelter to meet with clients & remove barriers while going through crisis (Titi Tijani – Manitoba Housing)
 - Increased referrals to programs/services; Increased diversity of referrals; Providing increased educational opportunities for clients (Fort Garry)

- Invigorated Westin Seniors Group, community food centre at Access Nor'West, cooking programs for men and women (Keewatin Inkster Neighbourhood Resource Council for Seniors)
- Gathering Places Program isolation conversation group (St. James Assiniboine 55+ Centre)
- Satellite facilities Pembina Active Living
- New high tech printer photocopier (St. James Assiniboine 55+ Centre)
- Start of an enthusiastic pickle ball club, continued success with Alzheimer's Care Givers Group and Alzheimer's clients and caregivers –self initiated and sustained (Transcona Council for Services)
- Mental Health Awareness in our housing units, Mental Health 101 presentations to build: understanding, empathy, inclusiveness, intergenerational programming – building relationships with the local school grade 5 & 6s and our seniors, community building (Seniors Home Help – Cristine Schneider)
- Held a lunch and learn session with a guest speaker from the Alzheimer Society that drew 50+ people, 20th anniversary celebration in October for South Winnipeg Seniors Resource Council which attracted about 100 people and raised awareness about the organization (Gerri Thorsteinson, South Winnipeg Seniors Resource Council)
- Civic government recognition of Good Neighbours Active Living Centre, imagine Canada's recognition, planned giving program via Winnipeg Foundation
- Successes – hired a wonderful Resource Coordinator, increased volunteer Driving Program, focused on monthly birthdays at Congregated Meal Programs (River East Council for Seniors)
- Succeeded in attracting one new Board Member; good work in "outreach" to community; at brainstorming session developed good list of program possibilities, some of which are new and different for the area. (Barb Metcalfe, Fort Garry Seniors Council)
- Worked on governance issues to bring in a broader base of experience and expertise and to ensure that Board members are truly committed to the organization and its mission. Worked on strategic plan, reached out to more caregivers of seniors as demonstrated by increased numbers of rides, respite sessions. Received funding to develop new education program for caregivers Rupert's Land Caregiver Services. (Ellen Karr Board Chair South Winnipeg)
- We are successful: in bringing a broad range of fitness programs, wellness and cultural that can fit for the mature adults (55+) and also for Seniors (70+). (Rady JCC – Claudia Chernistsky, Active Living Coordinator)
- The Home Dental Care Program offered free exams and treatment plans to all personal care home residents (D. Paul, University of Manitoba)

- Managed to get Bethania House tenants to form advisory council/floor monitors, successfully transitioned Autumn House from housing subsidy (mortgage free) and still offer RGI suites as before. Began negotiations/discussions with two other organizations in our geographical area to propose large facility to provide all levels of care for seniors. (Paul Klassen, Bethania Group)
- Finalize transition to becoming a specialized service provider to meet the changing needs of older adults. (Alex Segall, A & O)
- Three pillars of programming 1. Social engagement, 2. Safety and security, 3. Counseling (A & O)
- Vision and hearing screening, being a Santa for the Senior's Program, monthly supper club, foot care services (Middlechurch)
- Leading a four week fitness class at 385 Carlton, partnership with HART team also important as they have done blood pressure check (nurse) and pre/post balance check (OT), identified a senior to continue the class and have registered and will attend with her the ALOA training (Jacquie Friesen – Downtown Seniors Resource Council)
- Two years ago had a long waiting list of patients to see the dentist, the list has been shortened, have prosthodontics who works for program; no issues with ill-fitting dentures made, IFH –direct referral to access downtown (interpreters available who can go to our clinics at no cost to patients), infection prevention and control, WRHA audit → upgraded our reprocessing area, got better office space (Pamela Dah, CCOH University of Manitoba, College of Dentistry)
- IT – we are on the web, Facebook and twitter, we are compiling a master group of e-mail addresses so we can communicate more effectively (Transcona Council for Seniors)
- Monthly distribution of newsletter to 250 plus older adults (L. Quinn South Winnipeg Seniors Resource Council)
- Success: connecting with people with dementia early in the disease process to: 1. Benefit the people with dementia, 2. Benefit the caregiver, 3. Benefit the health care system. (John Nyhof, Alzheimer Society of Manitoba, Winnipeg Region),
- Receiving a New Horizons grant for an exercise program, making new connections for blocks in Osborne Village (Winnipeg Housing – Downtown/Point Douglas)
- River East Community/WRHA:
 1. Better Access to Groceries Program (BAG)
 2. Community events & Happy Days on Henderson promote activities/bike promotions
 3. 53 Stadacona Interagency Committee
 4. Community Kitchens
 5. Coffee & conversation – visit in blocks
 6. Snow Trek – many organizations involved in this winter activity

7. Growth/expansion of Elmwood EK Active Living Center
 8. Community meals at Manitoba Housing Buildings
 9. Community Gardens used by many in the community
 10. Grants support senior's physical activity
- We have more non-exercise programs, started a men's only group, achieved charity status, out reached to 3 other communities in our area (Pembina Active Living Centre 55+)
 - Healthy Together Now grants resulted in new/engaging programs
 - Event calendar created
 - Ongoing relationship building community
 - Empower seniors to have a voice through tenant advisory committees (Michelle Provenza, Manitoba Housing, St. James)

Appendix One: Agenda and Objectives

11th ANNUAL SUPPORT SERVICES TO SENIORS PLANNING DAY

Friday, November 21st, 2014

AGENDA

8:30 to 9:00	Registration, networking and refreshments	
9:00 to 9:15	Introductions - Whose Who?	Work Tables
9:15 to 9:30	Welcome and Opening Remarks	Jeanette Edwards
9:30 to 10:00	Health Equity Lens in Action	Dr. Sande Harlos Louis Sorin
10:00 to 10:30	Story Telling using a Health Equity Lens	Story Tellers
10:30 to 10:50	<i>Networking, Stretch, Refreshments</i>	
10:50 to 11:15	Health Equity Lens in Action Dialogue and Discussion Facilitator: Hannah Moffatt	Dr. Sande Harlos Louis Sorin Story Tellers
11:15 to 12:15	Support Services to Seniors Equity Lens applied to all Action Facilitator: Hannah Moffatt	Work Tables
12:15 to 1:15	<i>Lunch, Stretch, Networking</i>	
1:15 to 2:15	Celebrating Successes & Community Priorities Objective: <ul style="list-style-type: none">• Share successes from your community• Identify top 2 priorities with an equity lens for the upcoming year	Work Tables
2:15 to 2:30	Evaluation and Wrap Up	Jeanette Edwards



SUPPORT SERVICES TO SENIORS PLANNING DAY Friday, November 21st, 2014 Putting an Equity Lens in Action

Planning Day Objectives:

1. To continue to enhance our awareness, understanding, knowledge, collaboration and partnerships with Support Services to Seniors organizations.
2. To provide an opportunity for Support Services to Seniors agencies to network, develop relationships, share ideas and collaborate with one another.
3. To increase our awareness, understanding and knowledge of applying an equity lens when we develop, plan, implement and evaluate programs and services that have an impact on older adults 55+, their families and caregivers, service providers and Support Services to Seniors organizations.
4. To knowledge and celebrate our accomplishments that Support Services to Seniors programs have achieved during the last year.
5. To plan together and identify top priorities using an equity lens to continue to support health and wellbeing and aging in place.

Appendix Two: Evaluation



Winnipeg Regional Health Authority
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Support Services to Seniors Planning Session Evaluation Form Friday, November 21st, 2014

56 out of 78 (71.8%) participants responded.

(This does not include the 6 guest speakers and 3 facilitators for the day)

1. Today's presentation(s) were valuable to gain insight on understanding and addressing Support Services to Seniors programs and services. **Poor** **OK** **Excellent**

1.1 Health Equity Lens in Action **1** **2** **3** **4** **5**

- 17 participants or 30.3% rated at a 5 (Excellent)
- 30 participants or 53.6% rated at a 4
- 8 participants or 14.3% 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 1.8% did not respond

1.2 Story Telling – a health equity lens **1** **2** **3** **4** **5**

- 17 participants or 30.3% rated at a 5 (Excellent)
- 25 participants or 44.7% rated at a 4
- 10 participants or 17.9% 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 7.1% did not respond

Additional Comments:

- 2 stories focused on similar issues. Would have been good to have a story from a different type of agency.
- Story telling shouldn't have been WRHA. It would have been more interesting to use funded agency stories
- Would love more information on the storytelling piece
- Still think gender is a major component as women live longer and white males are still the norm in health research
- Liked the concrete, everyday anecdotes

2. The speaker(s) were knowledgeable in their presentation. **Poor** **OK** **Excellent**

2.1 Health Equity Lens in Action **1** **2** **3** **4** **5**

- 26 participants or 46.3% rated at a 5 (Excellent)
- 23 participants or 41.2% rated at a 4
- 4 participants or 7.1% rated at a 3 (OK)
- 1 participant or 1.8% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 2 participants or 3.6% did not respond

2.2 Story Telling – a health equity lens **1** **2** **3** **4** **5**

- 24 participants or 43.0% rated at a 5 (Excellent)
- 21 participants or 38.0% rated at a 4
- 6 participants or 11.0% rated at a 3 (OK)
- 2 participants or 2.6% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)

- 3 participants or 5.4% did not respond

Additional Comments:

- Handouts of Powerpoint need to be 2 slides per page to ensure we can read small print.
- Panel and questions didn't really seem to work – awkward
- I was very happy to see less use of phones for texting at tables. Very disrespectful to presenters. Put off and put away!
- Difficult to hear people at times today and I have good hearing
- Great job of organizing
- I love these planning days!
- Good to have handout
- Hard to read screen from table 2
- Great perspectives
- Story telling very important – first story much too long. Speakers should keep to the time allotment. Seems as well though very interesting. It would be good to have stories about real people.

3. The work tables further develop awareness, understanding and knowledge of applying an equity lens when planning services and programs.

Poor		OK	Excellent
1	2	3	4 5

- 8 participants or 14.3% rated at a 5 (Excellent)
- 27 participants or 48.2% rated at a 4
- 18 participants or 32.1% 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 5.4% did not respond

Additional Comments:

- Relevant, but many issues aren't relevant to me right now – useful for the future!
- Thought questions were a little vague to guide planning
- Not enough time to explore
- Great opportunity for networking
- Great to hear other people's perspectives
- It would have been good to have time to share our dreams
- Not enough table interaction

4. Have you reviewed the 2013 Support Services to Seniors Planning Day Final Report that is on the WRHA website within the past 12 months?

Yes	No
-----	----

- 34 participants or 60.7% responded yes
- 21 participants or 37.5% responded no
- 1 participant or 1.8% did not respond

Additional Comments:

- Time to prioritize it, I guess!
- Very cursory review – take the time
- Went through it when I got it and filed it.
- Have not seen it x 2
- Good question
- I was here
- Started in April 2014
- Briefly

- The website recommend I do this
- I am new to working with seniors and wanted a better understanding and knowledge
- Not yet!
- But a while ago
- Didn't know about it
- No specific reason
- I wasn't at last year's session
- For information and to be connected
- Not aware of it
- Reviewed to prepare for this conference

5. If you answered yes to question 4, has the Support Services to Seniors Planning Day Final

Report(s) provided you with valuable information and resources to benefit older adults in your community area?

Yes No

- 32 participants or 57.0% responded yes
- 1 participants or 1.8% responded no
- 23 participants or 41.2% did not respond

Additional Comments:

- Sort of a good review
- I can refer to it and see what other communities are doing
- Mostly focused on my community areas
- Helps drive practice
- Demographics in area
- Always gives us concrete info
- Networking x 2
- Resources are great and needed
- The report is important especially for people who are not able to make it to the meeting
- Helps to keep me focused when I feel I am getting overwhelmed
- Review ideas to bring up in own area
- Forgot and little time
- New information
- We cover a lot of good information and the report is a good reminder of ideas and plans
- Know a lot of information – getting it out
- Networking increased my knowledge of available services

6. The resources provided today were useful.

Poor OK Excellent
1 2 3 4 5

- 11 participants or 19.5% rated at a 5 (Excellent)
- 26 participants or 46.4% rated at a 4
- 15 participants or 27.0% 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 7.1% did not respond

Additional Comments:

- Thought provoking
- As a student, very informative

- | | Poor | | OK | | Excellent |
|---|------|---|----|---|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| 7. The group discussion to identify new priorities was useful. | | | | | |
| ➤ 10 participants or 17.9% rated at a 5 (Excellent) | | | | | |
| ➤ 27 participants or 48.2% rated at a 4 | | | | | |
| ➤ 11 participants or 19.5% rated at a 3 (OK) | | | | | |
| ➤ 0 participants or 0% rated at a 2 | | | | | |
| ➤ 0 participants or 0% rated at a 1 (Poor) | | | | | |
| ➤ 8 participants or 14.4% did not respond | | | | | |

Additional Comments:

- Had to leave early
- We all work in different situations and so our priorities are often personal – but we did have concerns
- Helped to rethink methods
- Priorities identified fairly common year in and out but how do we move forward
- Good discussion
- A bit all over the place

- | | Poor | | OK | | Excellent |
|---|------|---|----|---|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| 8. The location was accessible and convenient. | | | | | |
| ➤ 27 participants or 48.2% rated at a 5 (Excellent) | | | | | |
| ➤ 18 participants or 32.1% rated at a 4 | | | | | |
| ➤ 8 participants or 14.3% rated at a 3 (OK) | | | | | |
| ➤ 1 participant or 1.8% rated at a 2 | | | | | |
| ➤ 0 participants or 0% rated at a 1 (Poor) | | | | | |
| ➤ 2 participants or 3.6% did not respond | | | | | |

Additional Comments:

- It is far for me to come but an excellent facility, parking, etc.
- Just a little warm
- I enjoy this facility – it is starting to get crowded
- Was able to hitch a ride
- Room is very warm, food not as good as previous years
- I would love to see the day move to a location that would benefit a lower income block (assuming you are paying for the service) in the downtown or Point Douglas
- Long drive and no parking spots left
- I got a ride (don't have a car)
- A bit out of the way, but very accessible
- A bit noisy. Hard to hear
- Nice to have access to parking

- | | Poor | | OK | | Excellent |
|---|------|---|----|---|-----------|
| | 1 | 2 | 3 | 4 | 5 |
| 9. The session allowed for community areas to celebrate successes and accomplishments that Support Services to Seniors has achieved. | | | | | |
| ➤ 16 participants or 28.5% rated at a 5 (Excellent) | | | | | |
| ➤ 26 participants or 46.4% rated at a 4 | | | | | |
| ➤ 9 participants or 16.1% 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 8.9% did not respond | | | | | |

Additional Comments:

- Always great to share!
- Tough to celebrate when team members at another table but good to share
- As much as I thought it would be difficult to share with the diverse group around the table, it was very easy
- It was good to share with other communities and programs
- Done individual not as a group

10. The session allowed for collaboration to plan and identify 2 priorities with an equity lens for the upcoming year

Poor		OK		Excellent
1	2	3	4	5

- 10 participants or 17.9% rated at a 5 (Excellent)
- 30 participants or 54.0% rated at a 4
- 8 participants or 14.3% rated at a 3 (OK)
- 1 participant or 1.8% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 7 participants or 12.0% did not respond

Additional Comments:

- Needed more time for discussion
- Although everyone's situation at our table is different and has to be approached differently
- Each community area is so different – it was difficult to identify priorities
- Appreciate mixing up tables
- More time would be good, especially to share in larger group
- Good conversation, however different catchment areas had different priorities

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

- Ensuring Senior Centres are aware of/connected to services in their area.
- Keep equity as a focus
- The online resources to better understand
- To look at what we do through the equity lens
- Community Resource Councils
- Educational materials from other agencies & people
- Awareness to community services, community development
- Make my seniors more aware of rec. and support programs through "info" presentations.
- Inter-agency network and info sharing group
- Have become more aware of WRHA priorities
- Reaching out to other participants
- Review and assess our council's priorities
- Collaborate with more people, take their ideas
- Using my partnerships more
- Equity lens resources to be used with my team and colleagues
- Connecting with new contacts (networking) discussing awareness and community of our programs
- Focus on the issue of availability of food. How can seniors access food?
- Connect with other people involved with working with seniors
- Health for all booklet

- To develop an inter-agency network in my area and set up a meeting
- From the Health Inequity presentation
- Utilize equity as the connection to the determinants of health
- Using young volunteers (students, offer school programs) to connect with community dwelling seniors
- To connect with local churches to develop partnerships/relationships in my community
- Equality isn't equity
- Connect with other services/agencies
- Continue to deliberately connect with isolated seniors in our building
- Making greater effort to get word out to seniors
- Contacts made
- View all work through equity lens
- Use more the equity lens and educate about this

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

- 51 participants or 91.1% responded yes
- 1 participant or 1.8% responded no
- 4 participants or 7.1% did not respond

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

- 18 participants or 32.1% responded half day
- 30 participants or 53.6% responded full day
- 8 participants or 14.3% did not respond

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

- Age friendly topics; demographic trends
- Protocols for risky older adults
- Mental health X 2
- Creative ways of providing information
- Community building
- Conflict management between residents/staff/volunteers
- I think it would be a good idea to open it up to students in the different professions so we can get an idea of what these sessions are like and the issues involved.
- More on storytelling – feel this is an extremely rich and beneficial aspect
- Mix everyone up again
- Awareness of services – tips on how to do
- Solutions – what others are doing – successes
- Mental health – dealing with issues, referrals, etc.
- Addressing generation differences in how we meet the needs of seniors
- Table ID card in addition of name tag
- Healthy brain activities/resources
- Focusing on enhancing partnerships/using resources
- Go the extra mile
- The print on the slides needs to be larger
- Social isolation
- Creative ways to connect with seniors
- Addictions and mental health issues
- Being at my first session, I would have liked to be seated together in community areas, as I am new to my position and networking with others in my area may have been more helpful.

- Something about bedbug supports and food banks within buildings
- Addictions, mental illness – what are the available and practical resources/help for clients and resources for us
- Try to keep to time schedule
- Transportation
- How to reach seniors in their home
- Seniors help service
- Thought all went well
- This was my first session I have attend. Very good presentation, informative
- Healthy eating
- Exercise programs
- Volunteer recruitment (recruit volunteers with capacity)
- Utilization of outreach programs to access the frail, isolated financially restricted seniors
- Innovative program ideas
- ½ day with new people at the table but community area together to discuss priorities
- Increasing public awareness of services – healthy aging

15. TAKE AWAY OF THE DAY

Below is the summary of the ‘top 3 items’ that an individual will take away as follow up to the planning day.

“The 3 things I will do next as follow up to our Support Services to Seniors planning day are...”

- Find those to connect to in each community.
- Awareness of equity and human rights
- MASC needs to find a way to include Senior Centres beyond the perimeter into local networking.

- I will evaluate the equity of all programs we have
- I will continue to speak out to populations when I see inequities
- I will try to work more cooperatively with other agencies.

- Met some great people!
- New resources
- Great info from speakers

- Change the word equality to equity
- Increase networking/community partnerships
- Learn more about using social media – I’m a dinosaur!
- It would be great to have a contact list of participants

- Be bolder!
- Use the resources that are available
- Take a broader view at times when considering a course of action

- Provide more info to help educate better
- Advocate better
- Access more from network contacts

- **Great to see piers & network/share ideas and news and stories. Love the “house” story**
- **Speakers were great/interesting**

- **Reaching out more to seniors in the community**
- **Connect more with contacts**

- **Who’s who in the zoo for my seniors info sessions**
- **Connect with family doctor finder**
- **Set up a mental health support group in my facility**

- **Inter-agency collaborating**
- **Mental health education for older adults**
- **Work on transportation issues**

- **Equity is a lens not a program/activity – work with the philosophy**
- **Family Doctor Finder – share this resource**
- **Knowledge of truth**

- **Reconnect with other community partners**

- **Review and assess our council’s priorities**

- **Focus on networking partnerships/use resources**
- **Navigation should always be used**
- **Stay focused on the senior and their needs**

- **Review equity lens WRHA page**
- **Use equity lens as part of team strategy planning**
- **Work to better provide access to services**

- **Bring info to my team**
- **Network with other organization**

- **Connect and share ideas with colleagues met**
- **Discuss communication plan on programs**

- **More advocacy work**
- **Develop more programming to better meet needs**
- **Do more networking with community resources as I am a new worker to this field**

- **Building relationships in our area of service**
- **Find ways to find isolated seniors**
- **Where I can “push” in the 10x’s bolder space with a group (ie, Board, Community Centre Members, etc.)**

- **Share stories**
- **Equity and equality are not same thing**
- **Our group discussion – on food security**

- **Meet more frequently with HART team to develop partnerships**
- **Set up some coffee/conversations in blocks one/month**
- **Take ½ day admin time to add resources to my list of resources and update services**

- **Transportation – handi transit vs. buses**
- **Closure of grocery stores on major areas are left with not much choice (7-11 = close by vs. Safeway = too far)**
- **Social media is useful**

- **Build on the food security plans in Elmwood**
- **Connect with 3 new contacts made at this session**
- **Check out the Doctor Finder service**

- **Connect with community churches**
- **Continue building relationships with existing partnership**
- **Build partnerships with groups I haven't been able to reach**

- **Remind staff of resources available**
- **Think of ways to improve transportation**
- **Contact people I met today**

- **Lobbying – policy makers**
- **Lobby seniors using 2014/2015 Seniors Guide**

- **Go back to my office and follow up with community resource council**
- **Material for older adults is up to date**
- **Share info I have learned today**

- **Be bolder**
- **More aware to needs in community**

- **Read “Health for All” document online**
- **Apply equity lens knowledge to our services**
- **Apply equity lens knowledge to our Board planning**

- **More efforts are needed**
- **Issues are similar across areas/geographic's**
- **Equity is a process but requires commitment**

- **Review equity health resources**
- **Educate others in community**
- **Talk with co-workers**

- **Utilizing information gained today and share with my co-workers and clients**
- **Facilitate educating the public on the services we provide as well as other available programs**

- **Encourage ongoing staff attendance to attend. This was a very good positive day with focus on successes**

- **Health equity – increase awareness when providing services**
- **Work on priorities**
- **Increase networking/partnerships**

- **Increase community knowledge of the resources available**



Health for All

**Promoting Health Equity in the
Winnipeg Health Region**

Support Services to Seniors
November 21 2014

Sande Harlos & Louis Sorin



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Health Equity-

- What word comes to mind?



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Health for All = Health Equity *A Human Right*

Health Equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.



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Differences in Health Status

- **Health inequalities** – measurable differences in health status
- **Health inequities** – health differences between population groups that are
 - Systematic
 - Avoidable
 - Unfair / unjust



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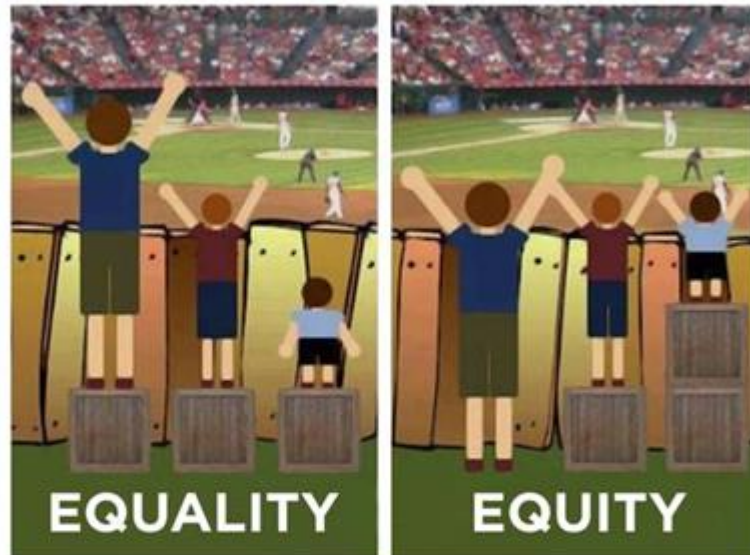
How does this apply to older adults?

- **Health *inequalities*** – measurable differences in health status → Older adults have higher rates of health problems due to age
- **Health *inequities*** – health differences between population groups that are due to unfair, unjust and modifiable social circumstances → Some older adults also have social and economic circumstances that additionally threaten their health



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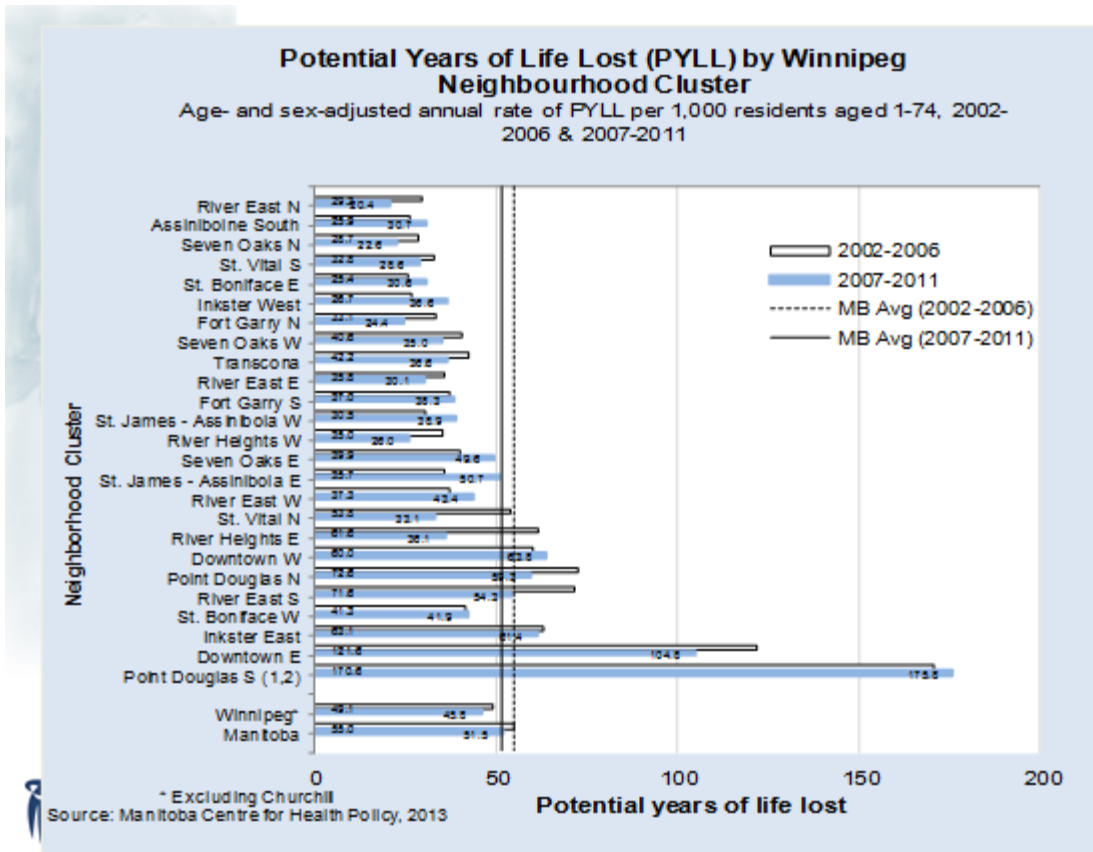


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The Health Cost of Inequity

Estimated **15-20%** of health care expenditures are related to preventable social and economic disadvantage



Other health gap examples

- Suicide 6 X
- Injury mortality 6 X
- Diabetes 3 X
- Arthritis 1.7 X
- Ischemic Heart Disease 1.6 X

WRHA Health Equity Indicators Resource.
<http://www.wrha.mb.ca/about/healthequity/Indicators.php>



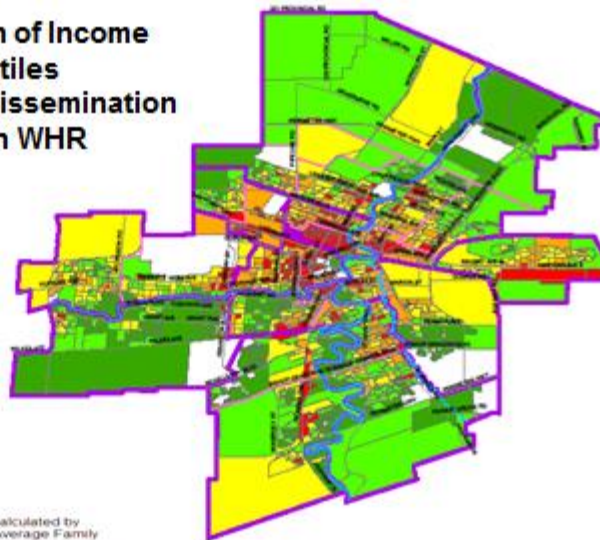
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Distribution of Income Quintiles by Census Dissemination Area in WHR

Legend

- Rivers
- WPG Major Roads
- CA Boundary
- NC Boundary
- Income Quintiles
 - 1 (Lowest)
 - 2
 - 3
 - 4
 - 5 (Highest)



WRHA Income Quintile Maps
<http://www.wrha.mb.ca/about/healthequity/QuintileMaps.php>

Notes: Income Quintiles is calculated by 20% Population groups of Average Family Income by Census Dissemination Area.
Data Source: 2006 Census
Created by Research & Evaluation Unit, WRHA
May, 2012



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Distribution of Income Quintiles by Census Dissemination Area in River Heights



Legend



<http://www.wrha.mb.ca/about/healthequity/>

About the Region

- Hospitals & Facilities
- Community Health
- Long Term Care
- Programs
- Aboriginal Health
- Quality & Patient Safety
- Research
- Health Information
- Media Desk
- Careers
- Access & Privacy
- For Regional Staff
- For Health Professionals
- Community Calendar
- Contact Us

HEALTH EQUITY



Large gaps exist in Winnipeg between those experiencing the best and poorest health. People living in some areas of Winnipeg have nearly 19 years lower life expectancy than people living in other parts of the city. Many of the gaps arise from unfair, unjust and modifiable social circumstances.

It doesn't have to be this way.

Health for All

WE'RE ALL IN THIS TOGETHER

LEARN MORE

- What's new: Health for All Building Winnipeg's Health Equity Action Plan
- [Winnipeg Health Equity Resources](#)
- [Health Equity Links](#)
- [Health Equity Action Examples](#)

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Do you have any comments or concerns?
Click here to contact us

FIND SERVICES

Looking for health services in Winnipeg?
Call Health Line-Info Service at 788-4200
Search the Health Services Directory

WAVE MAGAZINE

The May / June 2013 issue of Wave, Winnipeg's health and wellness magazine, is now available online.
Read more

BULLETIN

Health Connection
Winnipeg is your monthly electronic source for health related news and



Health for All Resources

- Indicator Resource (54 Health Equity Indicators)
- Glossary of Terms
- Recommendations Synthesis
- WHR Income Quintile Maps
- References and Links



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health for all

Building Winnipeg's Health Equity Action Plan



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Preface

Equity work calls us to see our world with different eyes. ...

Story from an Elder about the search for truth and the courage needed to take action as told by Louis Sorin, Community Area Director, Point Douglas

There are two very different ways to understand truth...

- Western, Euro-centric perspective, truth is like a single "pearl of wisdom"... fundamental, essential truth
- Indigenous world views, truth is like a **crystal**... multiple perspectives and experiences, each carrying a piece of the truth.... learning journey...

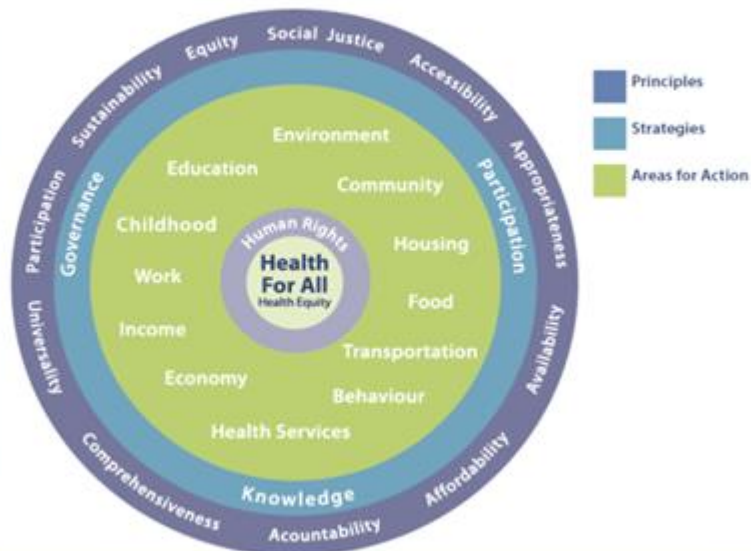
Our goal is to bring together the best elements of different perspectives and to harness the tools that have emerged from these traditions.

"Together, seeing with both eyes, we can build a more equitable Winnipeg"



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Framework for Understanding and Addressing Health Equity



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Principles of Health Equity

- | | |
|-----------------|----------------|
| Accessibility | Universality |
| Appropriateness | Participation |
| Availability | Sustainability |
| Affordability | Equity |
| Accountability | Social justice |
| Comprehensive | |



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Strategies for Improving Health Equity

Participation

Knowledge

Governance



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Areas for Action

Environment

Community

Housing

Food

Transportation

Behaviours

Education

Childhood

Work

Income

Economy

Health Services



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Core Components for Equity Action

- Reaching out
- Dignity, respect, cultural proficiency
- Integrated services
- Locally based services
- Equity impact assessments

Page 59 Health for All document



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Equity Considerations

- Who most needs this service/activity?
- Who might face barriers to benefiting from this service/activity?
- What do we need to do/plan differently to reach those most in need and remove barriers?
- How can we find and listen to those with unmet needs?
- How can we tell if we are getting there?



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Does what we do and how we do it increase our participants’:

- ✓ *sense of belonging?*
- ✓ *feelings of mastery?*
- ✓ *independence?*
- ✓ *opportunity to show generosity?*



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“So, dream with me of a fairer world, but let us take the pragmatic steps necessary to achieve it.”

Sir Michael Marmot

BMJ 2010;341:c3617



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Appendix Four –If I was Ten Times Bolder Exercise

If I was ten times bolder, what could I do as an individual?

- I would run for some role in leadership for my community for change.
- To be able to advocate on behalf of seniors without reprisals.
- Challenge and question the policy makers and political heads, offer opinions and ideas.
- I would work to get Mrs. _____'s rent lowered; it went up \$500 because her husband passed away and she somehow got \$ for funeral which was counted as income.
- I will organize bus trips for many seniors to go from many senior homes for free; provide experience.
- Advocate for subsidized transportation options (like pharmacare/carmacare).
- Dentist and doctors programs funded for seniors (implement).
- Lobby the government for more resources – letter to MLA/Premier; work with individuals to help them advocate.
- It would not be a benefit to me as I am bold enough.
- I would go door to door in my catchment area to meet the shut-in seniors in my community and educate al seniors of the services that are available.
- I would demand social justice for my seniors; I would lead protests.
- Achieve the type of structured change in society that would result in a fair/equitable society.
- Get a group of individuals and agencies together and develop interagency meetings.
- Challenge the Minister of Health to have oral health a funded service for seniors.
- Get on radio and invite seniors to our programs.
- Form an advisory committee to meet.
- Get a volunteer team pizza party to send out flyers to neighbors (services & survey).
- Review how geographic resources could be assigned (all target areas within WRHA).
- Challenge government in healthcare system.
- To provide more supports for those with dementia and mental health.
- Be a stronger advocate for the particular resources seniors require to increase accessibility to equity services (finances, transportation, reduce costs for equipment/meds/services).
- I would build housing for low income occupants.

- When I see a need not to worry about family hurt feelings but try to address the issue.
- Challenge inequities in health care system.
- As an individual reach out to individuals as opposed to just groups.
- I would engage others to reach out and participate with activities.
- Advocate with seniors on the importance of health equity that it is worth it to invest in the community to keep seniors independent and connected to others.
- To work towards letting doctors know about resources in community.
- More effective services without barriers.
- Meet requirements but flexibility in services.
- Innovation to allow flexibility of services within the community.
- Advocate more for health care reform.
- Approach government to have dental for seniors covered by Manitoba as it is in Ontario.
- Doctor home visits.
- Do not need referrals to see specialists.
- Change government and get them to take care of our seniors and children. This country is rich and should take care of our own.
- Reach every isolated senior in my area through outreach and be able to direct them and connect them with resources.
- Fight for better/more affordable convenient transportation.
- Ensure that all printed documents are available in formats accessible to the print disabled.
- Speak out and advocate without the worry of getting my hands slapped.
- Challenge my supervisor.
- Going beyond a job description to doing the right thing.
- Find more funding for recreation programs for isolated residents within our company.
- Be a stronger force in the community addressing issues of equity/inequity.
- Wave a magic wand.
- Spend time directly working with acute care community staff to identify each patient who doesn't have a Primary Care Provider and link them to one.

- Political leaders would be very aware of front line issues of health.
- Give notice that program is ceasing for financial reasons.
- Approach large wealthy organization for funding to be used for identified needs of seniors.
- Facilitate more effective, efficient and faster access to services; increase funding to increase staff and outreach services to isolated seniors.
- More presentations;
- More connecting with seniors.
- Programming – exercise and recreation.
- Transportation.
- Apply for a huge amount of funding to provide innovative programs to low income seniors.
- Push harder to change systems.
- Creating systematic change in community.
- Engage in deeper challenging dialogue with community collaborators about the importance of collaboration.

If I was ten times bolder, what could I do within our service delivery?

- Have a family physician for every family (senior) in Manitoba.
- Ask for larger budget for senior's programs i.e. free transportation provided for all seniors.
- Encourage openness with tenants so staff owned it.
- Ensure that all programs and services are accessible to all seniors.
- Provide transportation to seniors to come to centre.
- If money is not an issue, advertise like crazy.
- I would push all levels of government to do their jobs and to look at all of society as persons and not a bother.
- Support seniors for social events not only medical.
- Increase staff.
- Call the HART team.
- Advocating more for more equitable services and pointing out inequality to our services.
- More consistent and fluid communication between different departments.

- Work full-time hours.
- Recruit volunteers to help in office.
- Free up my time to connect with isolated seniors.
- Guarantee access to health and social services to people.
- Coordinate to be sure everyone is on the same page, working together in the same direction.
- Have a centre open and staffed to welcome all seniors in our neighborhood.
- Not always accept "what is" or what "has been" as a basis – push the barriers and boundaries.
- Provide all of our consumers with the technology they require to fully participate in what it takes to achieve their dreams.
- Help collaboration of services between each other.
- Public perception of monies used – viewpoints regarding how it should be spent.
- Funding for isolated residents to visit spouses in hospital (transportation).
- Change the bureaucracy.
- Insist management work as a team not a roadblock.
- Free transportation for older adults.
- Expand through-out city.
- I would increase my funding and hire a couple of partners to adequately deliver services.
- Ensure my Board of Directors is aware of our mission, the needs & my job description.
- Creating trans disciplinary team work more consistently.
- Restructure the way we work/engage with the community.
- Be more vocal as an advocate for older adults.
- Create passion for equity work as people are afraid.
- Challenge upper management for additional funding for programs that meet clients' needs (more in-house services).
- Reach all seniors in my area who are in need.
- Make bus and taxi transportation free to all.
- Request a HART team in areas without one.

- Be a “shit disturber”, write my MP (copy Stephen Harper) and relevant minister. Change a few pronouns send it to the Free Press editor.
- Regular orientation to other WRHA staff on HART services.
- Increase number of HART teams and increase team size.
- Increase staffing i.e. more dentists, dental hygienists, dental assistants to meet the dental needs of the population.
- Oral Health promotion to all senior centres (free exams and treatment).
- Use the equity lens to provide HART teams in all the red communities.
- Increase accessibility for meal suppliers for ethnically diverse foods for our wonderfully culturally diverse city.
- Provide transportation to seniors without vehicles.
- Strengthen Council boards – more resources, support and new people.
- Allow people to do creative, transparent and accountable work – take ACTION.
- Have my Board volunteer beyond Board meetings to meet more seniors at that “grass roots” level.
- Hire enough qualified individuals to organize and handle the needs.
- Individual planning for each need.
- Develop a plan to have several satellite locations and add on to existing space. Hire a social worker to provide support.
- Give more of a voice to the clients and front line workers instead of upper management as they are more aware of clients’ needs.
- I would get the extra fees the residents have to pay each month for carpet, patio, etc. removed from rent costs.

If I was ten times bolder, what could I do within our organization’s planning and decision making?

- Mandatory oral health assessments to be provided for each new resident to the personal care homes.
- Apply for as many grants as possible.
- Engage Board members to be more actively involved.
- More active, committed, intelligent volunteers who have a copy of Robert’s Rules.

- Include caregivers in planning and decision making process. Increase community input. Find those people who are not engaged and pull them in.
- Adapt to changing needs of older adults through organizational changes.
- Less money to the CEO.
- Recognize need to advocate to government.
- More organization within the board to ensure the Coordinator is able to competently perform all of his/her duties.
- Take identified issues and lobby to government for change.
- Act as a collective voice to advocate for issues we have discussed today.
- Meet more frequently as community area supports to network, discuss the issues of the community and create working partnerships.
- Allocate the funds and resources for city wide HART teams.
- Unite to have a common vision, all working together. Allocate resources to priorities.
- Have a heard voice in the planning and decision making.
- Offer to present on the work we are doing to leadership groups within the organization – WRHA. Sit on a board of one of the various partners we work with.
- More planning meetings like today; just more after networking meeting to feed off each other to bridge the gap.
- Ensure advocacy was part of mandate and okay within funders criteria.
- More hours to devote to isolated residents; spend more one on one time with them.
- Increase the involvement of front-line staff in decision making regarding funding and simply increase front-line delivery staff.
- Recruit board members with a larger capacity.
- Increase pay for Resource Coordinator.
- To be more client-focused and less focused on what upper management feels is best for organization.
- Hire more staff to cover each building community (more government funding).
- Have tenant influence at Board and Management meetings.
- Allow more money for free programming and transportation to programs.

- Have other staff member engage with community and do community development work.
- Working with my wonderful board mandate, each director to recruit 3 volunteers each per year.
- Hire more Tenant Resource Workers to build relationships and connect our vulnerable tenants with services and resource in their community and build capacity.
- Find some new and enthusiastic board members who have a passion for our organization. Preferably with money and influence. Finish our five year plan.
- More staff dedicated to community work.
- More transparency in planning and decision making to frontline.
- More resources for housing that meet the needs of marginalized populations, i.e. some are not accepted into Personal Care Homes.
- Get funding for staff to promote services for members in need and isolated.
- Organize a volunteer program (hire a coordinator).
- Greater focus on health promotion and prevention.
- Having our agency's services fully funded through health care money.
- HART teams in each community area.
- Consistency and fairness.
- Stop and review how we deliver services and work with community.
- Friendly visitors, daily hello, congregate meals (from volunteer services).

If I was ten times bolder, what could I do as a collective group of Support Services to Seniors?

- Make an impact at government levels as a voice for seniors – city, provincial, federal levels.
- Improve services across the board in a more comprehensive collaborative way.
- More money and time put into evaluation to inform decision making – where are they gaps? What is working well? Where do resources need to shift?
- As a collective group, put strategies and action plans into action to achieve equity for every citizen, regardless of age, race, gender, social economic status.
- Transportation is key; no point in having the services if folks cannot get to them.
- One phone number as a starting point to access information.
- Work cross line to obtain ideas and share resources.

- Implement an intersectoral action plan involving health (education) housing and community development.
- Pick priorities and collectively address.
- Agencies/groups getting together and rallying the government for the tools we need to provide services.
- Lobby the government for more funding – be more vocal.
- Lobby Federal Government re: Health Care Act (ensure homecare is covered under the Health Care Act and is universal across the country).
- Provide even more services/access to resources.
- All working together to lessen barriers (e.g. free transportation for all).
- Collectively work together towards individual goals.
- Ensure that physicians know about community resources. This is a way to reach isolated seniors – there needs to be a partnership with physicians.
- Stop talking about the same issues over and over and stress for action on the issues that have not been resolved for years.
- Get all groups housing, health, transportation together once a month to coordinate our resources.
- Fully participate – develop deeper relationships to help do the work.
- Ask WRHA for more clarification of each of our roles to avoid gaps/overlap of services.
- City-wide networking – band two small resource councils into one – centralized city-wide transportation.
- Collective voice – share information.
- To be able to plan for events without worrying about budget.
- Collaboratively request for funding/programming to meet the needs. More people working together mean more power.
- Increase knowledge of services.
- Increase provision of services.
- Increase diversity to increase access of services.

- I would increase the funding for the TRP/C program and provide benefits to the staff so that the positions can be attractive to be filled to service the senior population that continues to increase in Manitoba.
- Do a march for equity.
- Get government funding.
- Hold a rally to inform the public.
- Identify the needs of seniors in all areas through networking and do what we can to help each other.
- The community groups should work closer together. I would be aware of what all groups are doing, aware of all events and grants available to us.
- Ensure my group was collaborating and networking with others.
- We could organize and work more effectively together. Less overlaps and more team approach.
- Do more sessions to community members about health equity to create engagement and community collaboration.
- Connect with other organizations to share ideas/staff.

Appendix Five – Support Services to Seniors Participant List

Name	Title	Organization
Jeanette Edwards	Regional Director, Primary Health Care and Chronic Disease	WRHA
Madeline Kohut	Community Development and Seniors Specialist	WRHA - Support Services to Seniors
Kathy Henderson	Support Services to Seniors Facilitator	WRHA - Support Services to Seniors
Hannah Moffatt	Population Health Equity Initiative Leader, Public Health	WRHA - Public Health
Louis Sorin	Community Area Director	WRHA
Dr. Sande Harlos	Medical Officer of Health	WRHA
Adele Spence	Community Resource Coordinator	St. James-Assiniboia 55+ Centre
Alanna Jones	Executive Director	Pembina Active Living (55+)
Dr. Alex Segall	Chair, Board of Directors	A & O Support Services for Older Adults
Allison Murphy	PCN Facilitator	WRHA
Amanda Macrae	Chief Executive Office	A & O Support Services for Older Adults
Anne Freitas	Specialist, Low Vision	CNIB
Audrey Sawatzky	Program Coordinator	Bethel Place
Betty Leronowich	Tenant Resource Coordinator	97 Keewatin, 61 Tyndal, FD Apts/CRTS
Bev McCallum	Coordinator – Community Services Programs	Middlechurch Home of Winnipeg
Bob Newman	Board Member	Pembina Active Living (55+)
Bobbie Thompson	Team Manager	WRHA Seven Oaks/Inkster
Bill de Jong	President	Good Neighbours Active Living Centre
Carolyn Mutch	Tenant Resource Coordinator	Bethania Haus
Cath McFarlane	Community Facilitator	WRHA River East Community Area
Celna Salangsang	Tenant Services Coordinator	Manitoba Housing - Winnipeg South
Cesar Gonzales	Community Health Nurse	Youville Centre, St. Vital
Charlene Krause	Project Glow Coordinator	Winnipeg Housing Rehabilitation Corp.
Cindy Angus	SSGL Coordinator	Park Manor
Claudia Chernitsky	Active Living for Older Adults Coordinator	Rady Jewish Community Centre
Colleen Schneider	Manager, Local Health Involvement Groups	WRHA
Colleen Tackaberry	Community Resource Coordinator	Transcona Council for Seniors

Connie Newman	Executive Director	Manitoba Association of Senior Centres
Cristine Schroeder	Tenant Resource Coordinator	Seniors Home Help
Dawn Woytowich	Primary Care Nurse	Health Services for the Elderly
Debbie Pawl	Dental Program Coordinator	Department of Preventive Dental Science, University of Manitoba
Elaine Kroeker	Recreation Director	Lindenwood Manor
Eleanor Stelmack	Healthy Aging Resource Team	HART RE/TC
Ellen Karr	Board of Directors	Rupert's Land Caregiver Services
Gail Pradel	Healthy Aging Resource Team	HART Downtown/Point Douglas
Gerri Thorsteinson	Board of Directors	South Winnipeg Seniors Resource Council
Harvey Sumka	Community Resource Coordinator	KINRC
Jacque Friesen	Community Resource Coordinator	Downtown Seniors Resource Council
Jim Dear	Team Manager	ACCESS Winnipeg West
Joan MacDonald	Board of Directors	River East Council for Seniors
John Nyhof	First Link Manager	Alzheimer Society
Joyce Rose	Board of Directors	Manitoba Association of Senior Centres
Karen Irvine	Community Resource Coordinator	Boni-Vital
Karen Janzen	Healthy Aging Resource Team	HART RE/TC
Katharine Tabbernor	WRHA Team Manager	Health Services, HART, MH
Kathy Rennie	SSGL Coordinator	Park Manor
Keith Bradley	President	Creative Retirement Manitoba
Kumuena Tekasala	Healthy Aging Resource Team	HART RE/TC
Laurie Green	Primary Health Care Nurse	HART
Lenore Sylvester	Tenant Resource Coordinator	Manitoba Housing - Winnipeg South
Lorna Shaw-Hoeppner	Public Health Dietitian	ACCESS Transcona
Lynda Quinn	Community Resource Coordinator	South Winnipeg Seniors Resource Council
Marjorie Hutlet	Board of Directors	Creative Retirement Manitoba
Marlene Stern	Regional Director Occupational Therapy	WRHA
Melanie Hasenheit	Community Resource Coordinator	Fort Garry Seniors Resource Council
Melanie Reimer	Community Resource Coordinator	Broadway Seniors Resource Council, Inc.
Michelle Provenza	Tenant Services Coordinator	MB Housing
Michelle Santos	Tenant Services Coordinator	MB Housing

Monica Grocholski	Community Resource Coordinator	Point Douglas Resource Coalition
Myra Friesen	Board of Directors	Seniors Home Help
Noemi Pinderton	Board of Directors	CNIB
Noreen Kohlman	SSGL Coordinator	Donwood Manor Elderly Persons Housing
Dr. Pamela Dahl	Director, Centre for Community Oral Health	Department of Preventive Dental Science, University of Manitoba
Patricia Orban	Board Member	Broadway Seniors Resource Council, Inc.
Patti Berube	Community Resource Coordinator	Fort Garry Seniors Resource Council
Rhonda Bergen	Recreation Coordinator, TRC	Lindenwood Manor
Rhonda Gardner	Executive Director	Meals on Wheels
Roberta Malan	Assistant Program Director	Rady Jewish Community Centre
Sarah-Michelle Senceal	Healthy Aging Resource Team	HART RE/TC
Sharon Walters	WRHA Community Facilitator	ACCESS Winnipeg West
Sheila Hunter	Executive Director	Metropolitan Kiwanis Courts Seniors Enriched Housing
Shelley Hillis	Community Resource Coordinator	River East Council for Seniors
Stacy Boone	Community Facilitator	WHRA
Stephanie Martens	SSGL Coordinator	Lindenwood Manor
Susan Sader	Executive Director	Good Neighbours Active Living Centre
Syva-Lee Wildenmann	Executive Director	Rupert's Land Caregiver Services
Tamar Barr	Assistant Executive Director	Rady Jewish Community Centre
Thelma Meade	Executive Director	Aboriginal Seniors Centre of Wpg
Titi Tijani	Specialized Services	Manitoba Housing
Tony Zienkiewicz	Board Member	Pembina Active Living (55+)
Tonya Beveridge	WRHA Community Facilitator	ACCESS Winnipeg West
Vince Sansregret	Community Facilitator	WHRA - Point Douglas Community Area
Yvonne Boisclair	Board Member	Transcona Council for Seniors