



Winnipeg Regional
Health Authority

Caring for Health

Office régional de la
santé de Winnipeg

À l'écoute de notre santé

Support Services to Seniors Report
Education and Collaborative Planning Session
Friday, November 4th, 2016

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

Table of Contents

Summary3

Background3

Appendices

Appendix A Agenda and Objectives

Appendix B 2016 Successes and Priorities

Appendix C Local Health Advisory Group – Public Perspective on Aging in Place

Appendix D Public Perspective on Aging in Place Responses

Appendix E Participants Take-A-Way Responses

Appendix F Support Services to Seniors Framework

Appendix G Evaluation Results

Appendix H Participant List

Summary

On Friday, November 4th, 2016, ninety participants attended the thirteenth annual Support Services to Seniors Education and Collaborative Planning Day hosted by the Winnipeg Regional Healthy Authority. The intent of these sessions is to promote ongoing collaboration between all Support Services to Seniors partners. Joint planning and issue identification provides numerous opportunities to not only learn from one another but also develop effective and efficient mechanisms to deliver services and engage the older adult population.

Participants included funded agency board members, funded agency staff members, Healthy Aging Resource Team facilitators, managers, community facilitators/community developers and Manitoba Health, Seniors, and Active Living - Seniors and Healthy Aging Branch representatives.

Participants were assigned to twelve geographic community area tables in the Winnipeg region. Those agencies that provide regional and provincial wide services were assigned to tables representing their agencies. This enabled all participants to discuss issues and plans based on the populations of the older adults they serve.

Eighty-three percent of participants responded favorably in 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 Support Services to Seniors program prepared this report based on the day's activities and discussions.

The session began with a welcome by Dr. Catherine Cook, WRHA Vice President, Population and Indigenous Health. Dr. Cook provided an overview of the 2016 Regional Key Accomplishments and Support Services to Seniors performance indicators.

Dr. Cook's remarks highlighted:

- The 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.
- The Support Services to Seniors educational reached 120 participants who attended sessions on the following topics:
 - Mental Health Promotion and Older Adults
 - WRHA Aboriginal Health Programs
 - Aboriginal Cultures Awareness workshop
 - Social Isolation

- The partnership with Manitoba Partnership Dietetic Education Program had the dietetic intern in May 2016 develop resources on healthy food swap options with recipe modifications.
- The continuation of Support Services to Seniors orientation sessions for all new staff and board members.
- The continuation of presentations on Support Services to Seniors to community health programs (i.e., home care, physician assistants, allied health professionals, students, etc.).
- The continued support for network meetings for senior resource coordinators, tenant resource coordinators, congregate meal programs and support services to seniors in group living sites. These network meetings provide opportunities for an education component, to share ideas and stories and to discuss challenges and concerns.
- The partnership with Manitoba Association of Senior Centres to support staff and board education sessions for senior centres throughout Manitoba.
- The participation in various community events to raise awareness of Support Services to Seniors through forums, workshops, health fairs and presentations fosters relationships and raises awareness of Support Services to Seniors.
- The annual site visits that the opportunity for WRHA and agency to have a conversation on key initiatives, priorities, and issues occurring the communities. This provides an opportunity to leverage resources, build partnerships and capacity for agencies to optimize their programs for older adults.

Dr. Cook provided an overview of the funding reallocations for:

- A meal program - increased by 2 days per week at Metropolitan Kiwanis Courts
- A meal program - 5 days per week at Nor'West Food Centre for older adults
- A new meal program - 2 days per week at Brooklands Active Living Centre
- A new meal program - 2 days per week at 460 Andrews offered by the North End Wellness Elders Inc.
- The senior centre programs and services at North Point Douglas Seniors Association and at Archwood 55 Plus Centre.

Performance Deliverables included:

- Congregate Meal Programs (CMP) delivered 264,095 meals and in addition Meals on Wheels of Winnipeg Inc. delivered 167,665 meals.
- Senior Centres (SC) including Creative Retirement Learning Centre Manitoba had 110,333 contacts and 106,417 participants engaged in group activities last year contacts with older adults and had participants in group activities.
- Senior Resource finders (SRF) had 29,167 contacts with older adults. 6,237 Emergency Resource Information Kits (ERIK) were distributed.
- Tenant Resource Programs (TRP) supported 3,669 suites and had 51,791 contacts with older adults.
- Supports to Seniors in Group Living (SSGL) had 78,010 contacts with older adults and supported 1,150 suites.

- Rupert's Land Caregiver Services operating as Caregiving with Confidence supported 3,162 clients.
- CNIB provided support to 1,561 clients.
- The Alzheimer Society of Manitoba had 1,342 active files pertaining First Link Referral.
- University of Manitoba – Dental Health at Deer Lodge Centre served 1,321 patients.
- Manitoba Association of Senior Centres (MASC) provincially has 44 members and supports the staff and boards through professional development and capacity building.
- A & O Support Services for Older Adults:
 - 2,352 clients receiving Friendly visiting /Connect program support
 - 1,829 total cases in Elder Abuse
 - 2,325 total cases in Counselling Services and
 - 1,555 total cases in this Full House
- Healthy Aging Resource Teams (HART) had 5,481 contacts with older adults.
- Community Facilitators (CF) had 4,437 contacts with community.

Jeanette Edwards, Regional Director, Primary Health Care and Chronic Disease provided an opportunity for introductions of participants attending. Ms. Edwards also provided an overview of the agenda and objectives of the day. This can be found in *Appendix A*.

Following introductions, agenda and objectives of the day, the first group exercise was titled, "Celebration Successes". This allowed participants to stop, celebrate and share their past year's successes with each organization. The complete overview of community area successes can be viewed in *Appendix B: 2016 Summary of Successes and Priorities*.

The guest speakers of the day were from the WRHA Local Health Involvement Advisory Group (LHIG) including Colleen Schneider, Manager of the LHIG; Gisele Toupin (St Boniface/St Vital); Davada Carlson (Downtown/Point Douglas); Kathryn Thornton (St James/Assiniboine South); and Darlene Karp (River East/Transcona). The LHIGs include 90 community members that provide their insights, perspectives, and suggestions in an advisory capacity to the WRHA Board on various topics based on the WRHA strategic directions and priorities. When the LHIGs explored the topic of aging in place, they used the provincial strategy called "*Initiatives that maximize health and quality of life of Manitoba's aging population*". Their presentation provided an overview of the Public Perspectives to Support Aging in Place. *Appendix C: Local Health Involvement Group Public Perspective on Aging in Place PowerPoint*

The second exercise of the day was titled, *Public Perspective on Aging in Place* and was conducted in small group discussions. Each community area table was asked to reflect on Aging in Place. The following questions were used to build upon participants' shared understanding, ideas and experiences:

- 1- What does Aging in Place mean to you as a Support Services to Seniors agency?
- 2- What can Support Services to Seniors agencies do differently?

- 3- What opportunities do you see moving forward?
- 4- Any thoughts on the recommendations for the Local Health Involvement Groups report?

The complete list of the participant's reflective thoughts and ideas can be found in *Appendix D: Public Perspective on Aging in Place Responses*.

The third exercise of the day was titled, "*Moving Forward: Top Two Priorities*" and included small group discussions by community area tables. Each community area was asked to identify collectively the top two priorities for the upcoming year. The participants were asked to focus on "*What are your plans to address Aging in Place*" with focus on:

- 1- Using an equity lens, indigenous and cultural proficiency lens, have each individual share with the group what would be their priorities in the community area?
- 2- Discuss and agree on the top two priorities that your community area will collectively focus on for the upcoming year.

A summary of the priorities included:

- Cultural diversity and community engagement
- Ownership and education on the rights to access personal medical records of older adults
- Social isolation and social engagement
- Understanding liability issues
- Increase English as a second language for new immigrants volunteers
- Person centered approach - meeting the older adults and their families
- Inclusive programming
- Mental Health promotion and reduction of stigma
- Caregiver supports
- Transportation options
- Housing
- Navigating the system
- Reduce ageism
- Increase knowledge for older adults and services providers on services, programs and benefits
- Bed bugs

Val Steeves, Director, Seniors and Healthy Aging Branch, Manitoba Health, Seniors and Active Living – presented on "*A year in Review*" to reflect on the past years initiatives, partnerships and accomplishments. The Seniors and Healthy Aging Secretariat (SHAS) is a central information source for seniors and their families, caregivers, seniors organizations and government departments. SHAS helps ensure seniors' needs are considered in all aspects of government policy, programs and law; encourages government, community groups and private businesses to work together for the benefit of Manitoba seniors and offers practical support to the Manitoba Council on Aging, a group that advises the Minister.

Time was allotted to provide participants an opportunity to have an overview on the **Health Services Directory** on line. This link can be found at www.wrha.mb.ca/healthinfo/directory/index.php . There was also opportunity to highlight the **Connected Care Mobile** app. This app provides information on emergency department and urgent care wait times, Health Services Directory, My Right Care, Sign Up For Life and Family Doctor Finder.

The day's closing remarks highlighted the successes that have been accomplished in the past year by Support Services to Seniors funded organizations and acknowledged the continued hard work and effort to address the key priorities in the upcoming year.

Ms. Edwards stressed the importance of continued collaboration and partnerships across the various community sectors, social services and health services to provide these programs to support and enable optimal health and well-being. Ms. Edwards encouraged participants to reflect on three take-a-ways that each participant will do as follow up to this planning day. An overview can be viewed in *Appendix E: 2016 Participant's Take-A-Way Responses*.

Appendix A

13th ANNUAL SUPPORT SERVICES TO SENIORS PLANNING DAY

Friday, November 4th, 2016

AGING IN PLACE AGENDA

8:30 to 9:00	Registration, Network and Refreshments	
9:00 to 9:15	Housekeeping and Getting to Know Each Other	Work Tables
9:15 to 9:30	Welcome and Opening Remarks	Dr. Cathy Cook Jeanette Edwards
9:30 to 10:30	Celebration of Aging in Place Successes	Work Tables
10:30 to 10:45	Network and Balance Break	Work Tables
10:45 to 11:30	Local Health Involvement Groups Presentation <ul style="list-style-type: none">• Public Perspectives on Aging in Place	Local Health Involvement Members
11:30 to 12:15	Table Topic: <ul style="list-style-type: none">• What does Aging in Place mean to Support Services to Seniors?	Work Tables
12:15 to 1:15	Recharge, Refresh, Relax and Reconnect – lunch	
1:15 to 1:30	Keeping the Energy Flowing	Madeline Kohut Kathy Henderson
1:30 to 2:15	Table Topic: What are your plans to address Aging in Place <ul style="list-style-type: none">• Identify two top priorities for the upcoming year	Work Tables
2:15 to 2:30	Seniors and Healthy Aging Secretariat <ul style="list-style-type: none">• Year in review	Laurie Unrau
2:30 to 2:45	Health Services Directory	Madeline Kohut Kathy Henderson
2:45 to 3:00	Wrap up and evaluation	Madeline Kohut

SUPPORT SERVICES TO SENIORS PLANNING DAY

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 acknowledge and celebrate our accomplishments that Support Services to Seniors programs have achieved during the last year.
4. To provide an opportunity for Support Services to Seniors agencies to gain an understanding of the Local Health Involvement Groups (LHIG) and have an overview of the recent report on, “Public Perspectives on Aging in Place”.
5. To increase our awareness, understanding and knowledge 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.
6. To plan together and identify top priorities to continue to support health and wellbeing and aging in place.

Appendix B

Summary of 2016 Successes and Priorities Responses

The successes and priorities identified by participants at their community tables are as follows:

Table One – Downtown/Point Douglas	
Successes	Priorities
<p>Downtown Healthy Aging Resource Team (HART)</p> <ul style="list-style-type: none"> • Isolated seniors group now up and running after many meetings/collaboration/many community groups, WRHA, etc. came together to make this happen • Another group will be started in near future – (Daniel Mac, Clinic, ADAM, etc.) • Since last year’s planning day, network connections were made (due to tables set up last year) and resulted in more meaningful collaboration and better outcomes for our seniors population • Focus over the year was building partnerships with My Health Teams, WRHA, families and community agencies • Better outcomes around hoarding (partnership with Jeff Minuk from City of Winnipeg); A & O Support Services for Older Adults, Medical Officer of Health (Lisa Richard), Public Health Inspector (Lindsay Hoffmister) & HARTs in collaboration with Mental Health) <p>Point Douglas Senior Resource Finder</p> <ul style="list-style-type: none"> • Initiated a Point Douglas Services to Seniors Network Group – meet 4 times a year to share information, problem solve and collaborate on projects • As a result of the Network Group, they are collaborating with Community Wellness Initiative to develop and deliver a presentation to seniors on phone access/costs • Collaborating with Winnipeg House Rehabilitation Corporation to deliver Health & Wellness fairs 2 times year at senior’s apartment blocks in Point Douglas/North End • Partnered with Active Living Coalition for Older Adults MB (ALCOA-MB) and a senior’s block to train 2 fitness leaders and started an exercise class • Offered 3 Assiniboine Park trips and 1 day trip to Gimli for those with financial challenges <p>Health Services on Elgin</p> <ul style="list-style-type: none"> • Fall prevention program • Introduced pet therapy • Multidisciplinary health care of seniors who are vulnerable • New partnership with My Health Team <p>West End Active Living Centre</p> <ul style="list-style-type: none"> • Affordable programs • Dancing programs: line dance; social dance, etc. • More volunteers than before • More dancers 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> • Reduce stigma around asking for and receiving help • Increase awareness on income benefits and how to access them

Table Two - Downtown, Point Douglas, West End Downtown and Point Community Areas	
Successes	Priorities
<p>Healthy Aging Resource Team</p> <ul style="list-style-type: none"> • More linkages with City of Winnipeg, Vulnerable Persons Unit, Employment and Income Assistance, My Health Team, and Health Outreach Community Support program, Supporting Employment & Economic Development (SEED) Winnipeg • Working with isolated seniors has prompted the above • Increased sites of health promotion • Getting tenants in the block involved with community events/resources • Fun days: pizza day, block BBQ, trip to the zoo, Halloween candy give away • Nancy S (recreational coordinator) at Lions Place • At Lions View – Occupational Therapy students really helped resident with resources • At Lions Place – Intergenerational programming warmed the hearts of residents • Working with Art City Kids – Study Sharing • Resident council becoming more active • Worked with mental health worker to get outstanding rent supplement renewals completed to ensure affordability <p>West End Seniors</p> <ul style="list-style-type: none"> • Example: when a blind man goes out in all seasons and joins us in social dancing and other seniors – this is success • Going dancercise to be healthy in their old age • Celebrating their success with special event celebrations (parties that usually involve a meal) and their numerous dance group opportunities – which address the social/ emotional and physical health of those participating • Social events – West End seniors <p>Bethania Group</p> <ul style="list-style-type: none"> • Success: start of Mental Health Support Group in West End with collaboration of Broadway Seniors Resource Finder and other providers in the area • Aboriginal Awareness Workshop was amazing and helped to open doors and minds <p>Aboriginal Seniors Resource Centre</p> <ul style="list-style-type: none"> • Elder Abuse – finished conference and published book • Culture Elders Awareness training • Book - Tii-Keh-zaa “a cup of tea” – Winnipeg 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> • Improve community access (to support aging in place) • Collaborate with Transportation Options Network for Seniors (TONS) and share ideas for improved accessibility to public transit • Ideas: <ul style="list-style-type: none"> ○ Transit assistant – assist to seat, etc. ○ Etiquette (signage on bus) ○ Automatic lowering of ramp (no discretion) ○ Separate priority areas e.g. mom’s with strollers and mobility challenged ○ Make sidewalks safer in winter ○ Solve liability challenges with volunteer
River Heights / Fort Garry	
Successes	Priorities
<p>Villa Cabrini</p> <ul style="list-style-type: none"> • Performance group • Healthy Together Now (HTN) grant • Dinner theatre; meal and free performance; looking at gathering 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> • Plan around meeting cultural diversity in aging population • Promote advocate

larger community

Deaf Centre

- Health fair
- Flu clinic

Rady Jewish Community Centre (Rady JCC)

- Rady JCC Wellness Fair – November 28, 2016
- Music 'N' Mavens – January 17 – March 16, 2017
- In The Know – Lecture Arts and Discussion Group
- Rady JCC Active Living Program – variety of programs: Fitness for Active Aging, PACE (people with Arthritis can exercise) Lunchtime Aqua, Simple Pilates, Tai-Chi, Feldenkrais Method, Zumba Gold, Pickleball
- Rady Wellness Series: To Fall or not to Fall – Fall Prevention Presentation, Happy Hearts, Are all Diets a Gimmick? Nutrition Presentation,
- Minds in Motion – January 12, 2017 –March 2, 2017
- Stay Young Club – every Tuesday from 11:00 am – 1:00 pm
- Shalom Singers Choral Group – every Tuesday from 1:15 – 2:30
- Drop in Bridge and Mah-Jongg

South Winnipeg Seniors Resource Finder

- Housing options for seniors – very successful event; presenters information; panel discussion held at the Rady Jewish Centre
- Shared personal experiences
- Self-funded event in partnership with Rady Jewish Centre
- Streamline organization
- Completed strategic plan
- Cost of living increase from WRHA for annual budget

Pembina Active Living (55+)

- Successful grant – Canada summer's job program
- Can help assist the outreach
- Membership is growing but programs are filling up (especially yoga/weight training)
- Successful fundraising dinner for the building fund
- Small increase in funding from WRHA
- Governance committee active developing policies
- Co-founder received Council on Aging award

Fort Gary Senior Resource Finder

- Relocation – moving to Access Fort Garry
- Partnership with Pembina Active Living 55 Plus continues
- Increased visibility of council to other health service providers
- Working together with Public Health Nurses/Pharmacy to identify where flu clinics are located
- Primary Care referral form and its accessibility for professionals
- Increased funding for annual budget
- Lindenwood Terrace – Ashley
- Flu clinic (200 attended) in partnership with Leila Pharmacy

community engagement sessions on aging in place alternatives that are multicultural appropriate

St James/Assiniboia and Assiniboine South	
Successes	Priorities
<p>St. James 55+ Centre</p> <ul style="list-style-type: none"> Partnership with three places The Terrace 90 Sinawik – 455 Westwood Drive (55+ Apartment complex) Sturgeon Creek residences to provide presentations into the community Outreach social isolation – volunteer matched with client Very successful Home Maintenance program Updated meal resource pamphlet <p>Charleswood Senior Centre</p> <ul style="list-style-type: none"> Increased membership Increased numbers participating in program Offered three programs for the first time this summer Started evening program to bring in “after work” seniors Expansion into “old” Charleswood Library Increasing men’s programs Increased drop in <p>Healthy Aging Resource Team</p> <ul style="list-style-type: none"> ‘Emergencies or not’ presentations to the community - presentations that we rolled out in St. James and Assiniboia based on the website My Right Care First pilot Mobile Fall Prevention Clinic, partnered with Access Winnipeg West <p>Community Facilitator</p> <ul style="list-style-type: none"> Intergenerational programs (parent-child coalition with St. James 55+ Centre) Orientation of new Access Winnipeg West staff to community (visit) Health Together Now – good projects <p>Metropolitan Kiwanis</p> <ul style="list-style-type: none"> Expansion of Metropolitan Kiwanis (2300 Ness) 130 units increasing to 204 units, central dining area, changed model for lunch sitting, now 2-hour time frame → increased socialization Metropolitan Kiwanis working with Alzheimer Society – “dementia friendly community” 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> Educate clients/residents/ patients on how they would go about accessing their own medical records; educate on the right to access to increase ownership of their own health care Educate Health Care providers on “milestone conversations” <ul style="list-style-type: none"> what do these conversations entail help with navigating the various systems and resources conversations about having plans in place regarding housing options, finances, etc. ready for when a person needs them reduce stress, eases transition and reduces wait times when they are ready
Seven Oaks / Inkster/ East & West St. Paul	
Successes	Priorities*
<ul style="list-style-type: none"> BAG address food security Connecting partners to develop senior’s programs Supporting resource programs Support funding for new senior’s program Snow Angel program – Take Pride Winnipeg supported Conducting presentations at new seniors groups (i.e. Thrive @ 55+) Developing pickle ball program Building capacity with seniors to facilitate own group activities Continuing ‘Santa to a Senior’ program for isolated seniors 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> Focusing/connecting with isolated individuals and/or ethnic communities Building capacity within ethnic groups reaching out to the champions within those cultural communities; make more use of

<ul style="list-style-type: none"> • Floral design workshops • Supper clubs and meeting demands for Meals on Wheels • Expanding congregate meal program to other sites using men and women in the kitchen • Started a floor curling program • Men and women kitchen support at luncheon series programs • Monash Manor addressing mental health and isolation • Educating community on the call in program • Support develop of better access to groceries program addressing food security <p>Community Facilitator</p> <ul style="list-style-type: none"> • Connecting community partners to develop new seniors programs • Supporting development of Seniors Resource Council at Garden City Community Club • Supporting development for making the move to healthy choices program at Gwen Sector Creative Living Centre using Community Nutrition Educator • Building strong relationships with our seniors/families <p>Seven Oaks Seniors Resources Finder</p> <ul style="list-style-type: none"> • Snow Angels partnered with Take Pride Winnipeg starting this fall • Facilitating Thrive @ 55 to four seniors groups • Developing pickle ball program • Building capacity with seniors to facilitate activities <p>Senior Resource Finder East & West St. Paul</p> <ul style="list-style-type: none"> • Ninth year "Santa to a Senior" program - 260 gifts to seniors • New program "Floral Arranging" 	<p>partnerships</p> <p>*Shared with Keewatin Inkster Senior Resource Finder/Brooklands Active Living Centre and Nor'West</p>
<p>Keewatin Inkster Senior Resource Finder /Brooklands Active Living Centre / Nor'West</p>	
<p>Successes</p>	<p>Priorities*</p>
<ul style="list-style-type: none"> • Men & Women in the kitchen program • Hearing & vision screening clinics • Nurses foot clinic • Meals On Wheels – Increase in participation; additional issue with delivery of meal; family assistance • Supper club – hugely supported • Congregate meals lunches (Thursday) Hans Kai program • Brooklands Active Living Centre – lunch programs – Monday/Thursday – great numbers • Nor'West Food Centre – lunches 4 days; breakfast 1 day • Brooklands Active Living Centre – floor curling – 6 teams weekly • Westend Seniors Club – luncheon series 10 weeks Keewatin Inkster Neighbourhood Resource Council call in program (expanding numbers) • Several programs at Brooklands Active Living Centre – Bingo, walking, festive dinners, etc. 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> • Focusing/connecting with isolated individuals and/or ethnic communities • Building capacity within ethnic groups reaching out to the champions within those cultural communities; make more use of partnerships <p>*Shared with Seven Oaks/Inkster and West St. Pauls</p>

Regional Support Services	
Successes	Priorities
<p>Celebrate Successes</p> <p>CNIB</p> <ul style="list-style-type: none"> • Trying to be recognized as a health care provider not just a charitable organization • 80% of time at work, of this 50% has to be in direct contact with clients <p>WRHA Volunteer Services</p> <ul style="list-style-type: none"> • 3 health influenza clinics – 200 volunteers • Food and nutrition work groups trained by Rhonda Gardner (Meals on Wheels) • Teen clinics with 6 agencies – train volunteer in a variety of issues such as birth control <p>Home Care</p> <ul style="list-style-type: none"> • Working on more efficient scheduling of staff • Improved case management of flow of patients being discharged from hospital <p>Meals on Wheels</p> <ul style="list-style-type: none"> • Increased adopt a route program participation 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> • Education on liability issues that may affect volunteer organizations • More English as a second language education for new immigrants so that they can volunteer
River East	
Successes	Priorities
<p>Elmwood East Kildonan Active Living Centre</p> <ul style="list-style-type: none"> • Café – Wednesday morning – good turnout • Open house and resource fair – great success • Healthy seniors – active seniors <p>Donwood Elderly Person Housing</p> <ul style="list-style-type: none"> • Renovations great success • Wonderful employees built relationships with tenants • River East Resource Finder - Shelley H • Budget balancing in the meal program – seeing benefits of programs – renewed interest • Reducing cost to program • Participant who did not participate came to celebrate 100th birthday in meal program • Increased participation • New drivers volunteered • Larger pool of volunteers • Promotion at Health Fair had direct impact to programs <p>Good Neighbours Active Living Centre</p> <ul style="list-style-type: none"> • Donation of van through MPI to assist in transportation • Membership survey came back positive feedback • New 3 year strategic/plan with a focus on social isolation <p>Support to Seniors in Group Living</p> <ul style="list-style-type: none"> • Human Ecology at Red River College • Relationships with social clubs at each location • Ongoing relationships with practicum student up to 15 per year to 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> • Making contact and knowing your seniors and their families – meeting them where they are at • Be more inclusive

<p>volunteer within programs</p> <p>Bethania Haus</p> <ul style="list-style-type: none"> • Independent seniors – video exercising class allows for all to participate • Tenants are considerate and supportive of each other • Things are going really well <p>Community Facilitator</p> <ul style="list-style-type: none"> • Manitoba Housing catering has come and done events at 4 blocks with great success; good food and affordable pricing • Huge increase in program awareness and connecting of organizations and program • Healthy Aging Resource Team/Community Facilitator in our area make this happen and is a valuable resource for our seniors and their programs • Networking and meeting new people is a great benefit 	
Transcona	
Successes	Priorities
<ul style="list-style-type: none"> • Dinner discussion – input from Transcona Community Advisory Group • Last Wednesday of month at Meal Program • Last discussion “Frauds/Scams” – 70 for dinner • Cohesive team work Support Services in Group Living; Transcona Seniors Resource Finder; Healthy Aging Resource Team • Lots of sharing, co-operation and networking • Colleen’s presentation in Winkler “Living it up” on nutrition • Several workbook units sold • Health Fair – Kildonan Place – largest ever – very positive feedback • Positive relationships • Networking with Senior Centre • Website is much improved • Office volunteer development has resulted in a more organized office; better posters; distribution lists • Involvement of L’Arche Group in regular programming i.e. Friday exercises and art club • Healthy Aging Resource Team being responsive to community re: health info – getting into different blocks • Healthy Aging Resource Team supportive to individual referrals from other team members • Intergenerational programming, especially iPad training; volunteering at Meal Program; Elder Abuse; Interviewing other adults as part of a course • Relationship between Transcona Seniors Resource Coordinator and River East Seniors Resource Coordinator – sharing of Meal Program cooks • Transcona Community Advisory Group • Development of this has resulted in greater community consultation/ networking • Support Services in Group Living; Transcona – in close communication with Home Care coordinators; getting greater participation from 	<ul style="list-style-type: none"> • Mental Health issues/Awareness • Education for caregivers • Presentations • Support groups • Transportation • Small fee for pick up from Transcona Community Services to Meal Program • Volunteer van from dealership

<p>tenants in-house and slightly more from community; programming has been more creative, affordable; applying for and getting Healthy Together Now grants; considered a fixture in the two apartments they work in (not outsiders anymore)</p>	
<p>Provincial</p>	
<p>Successes</p>	<p>Priorities</p>
<ul style="list-style-type: none"> • Overall increased visibility across system of Support Services to Seniors (SSS) programs <p>Manitoba Association of Senior Centres (MASC)</p> <ul style="list-style-type: none"> • MASC went from 44 to 49 members <p>Creative Retirement Manitoba (CRM)</p> <ul style="list-style-type: none"> • In new facility, computer lab with new MAC computers as well as personal computers • The move to 1075 Portage Avenue has resulted in 20% increase in membership • Working on an on-line tutorial program for technology (in process) <p>Alzheimer Society of Manitoba</p> <ul style="list-style-type: none"> • Increase in number of referrals • Increase in number and diversity of people accessing website and other information resources <p>A & O: Support Services for Older Adults</p> <ul style="list-style-type: none"> • May, 2015 – 9th Annual Housing Expo • Be A Santa To A Senior – 2015 numbers increased with 937 older adults receiving holiday gifts • Continues to grow/nurture specialized services and links with social isolation • Elder abuse/safe suites • Counselling services • Senior Centre Without Walls • This Full House offered four buried in treasures support groups • Offered evening group for first time • Entry program for older adult immigrants • Increase linkage to specialized programs/services (i.e. Elder Abuse /Safe Suites; housing) • Provided specific training on hoarding disorder to staff social worker • Offered a one-day public training event on hoarding disorder • Increased funding • Support services to seniors change within existing resources • Increased public and community engagement through the Boards and Partnerships across province • Prevent Elder Abuse Manitoba (PEAM) education training session • Renewed partnership with Seniors and Healthy Aging Secretariat • Partnership development with partner Regional Health Authorities and organizations to share knowledge, policy and procedures 	<p>Top 2 Priorities</p> <ul style="list-style-type: none"> • Navigating the health care system to increase education/ understanding and accessibility • Services/supports – older adult newcomers

St Boniface/St. Vital	
Successes	Priorities
<p>Community Facilitator</p> <ul style="list-style-type: none"> • Peer leader exercise program at Columbus Manor • Good attendance from a variety of agencies/senior centres in Saint-Boniface <p>Archwood 55 Plus</p> <ul style="list-style-type: none"> • 120 class participants weekly • 30 new members since September • Seven events at club since July • Steinbach, Kenora, Oak Hammock, St. Joe's celebrations and Johnny Cash concert • 25-28 members participating in new drop-in activities <p>Manitoba Housing</p> <ul style="list-style-type: none"> • Organizing info sessions for the buildings • Electric Medical Services • Winnipeg Police Services • Winnipeg Fire and Paramedic Services • Building rapport with tenants • Weekly home visits <p>Columbus Manor</p> <ul style="list-style-type: none"> • Gaining tenant's trust • Bringing in new tenants • Working with Tenant's Association 	<ul style="list-style-type: none"> • Bed bugs - stressful; increased anxiety; affects quality of life; huge stigma – isolation when family and friends don't want to be near you • Isolation <ul style="list-style-type: none"> ○ How to reach out to seniors who can't get out ○ How to motivate them to accept the help available to them ○ What is causing some seniors to become isolated?

Appendix C: Local Health Advisory Group - Public Perspective on Aging in Place

Local Health Involvement Groups

“Public Perspectives to Support Aging in Place”

Support Services to Seniors Planning Day
Friday, November 4, 2016



LHIG Representatives

Gisele Toupin (current member, St Boniface/St Vital)

Howard English (current member, St Boniface/St Vital)

Davada Carlson (current member, Downtown/Point Douglas)


Kathryn Thornton (current member, St James/Assiniboine South)

Darlene Karp (former member, River East/Transcona)




Background and Methodology

- Local Health Involvement Groups are the Winnipeg health region’s largest on-going public engagement initiative
- Every year, 90 members of the public provide their insights, perspectives, and suggestions on challenging and complex issues that impact the health care system
- The LHIGs are advisory to the Board and their reports are shared both within the WRHA and available for broader use in the community
- We track how their input has been used and report back to LHIG members.
- In the fall of 2015, they explored and suggested potential actions to support seniors and those living with chronic conditions to age in place.
- The report was presented to the Board in February 2016
- It has been shared with the Home Care Leadership Team and will be presented to the Housing, Supports and Service Integration Operations Committee this coming December




Initiatives that maximize health and quality of life of Manitoba’s aging population

- When the LHIGs explored the topic of aging in place, they were using the then provincial strategy was called the “Continuing Care Blueprint”. This has since been changed to – “Initiatives that maximize health and quality of life of Manitoba’s aging population”
- This Strategy was developed by Manitoba Health in collaboration with key stakeholders such as provincial committees, government departments, regional health authorities, private agencies, community groups and health care providers.
- It focuses on matching the needs of individuals and their caregivers with local supports. The goal is to help people avoid unnecessary loss of independence and maintain quality of life through premature admission to personal care homes or hospitals.
- There are seven Action Areas in this strategy.
- The LHIGs provided input on 4 of these.



LHIG Meetings, Questions for Input

- At our first meeting, we received background information about the province’s Continuing Care Strategy and how input from the LHIGs would be used.
- We provided input on Action Area 1 (Helping people stay at home by investing in community supports).
- At the second set of meetings, we provided feedback on three additional action areas
 - Action Area 3 (Working together with health care partners to help people age in place)
 - Action Area 4 (Improving options for community-based housing as alternatives to personal care homes), and
 - Action Area 7 (Using information technology to improve the quality and co-ordination of care).



Action Area One : Helping people stay at home (age in place) by investing in community supports

Aging in place means having the health and social supports and services you need to live safely and independently in your home or your community for as long as you wish and are able.
(Health Canada)

LHIGs’ priority areas to support aging in place:

Community Involvement

- Supportive and connected communities enable seniors and those living with chronic conditions to stay in their communities, to age in place.
- We need to look at ways to utilize and support the natural connections between neighbours that can enable aging in place.



Family support and involvement

- Families play vital roles in augmenting home care services, advocating for quality health care, and home maintenance support.
- Caregiver burnout is an issue for many – especially elderly spouses.
- What about seniors and people living with chronic conditions who either have no family or who are disconnected from their family?
- There is a need for education and training to support caregivers, especially in the area of caring for family members with dementia.

Addressing Language and Cultural barriers and the challenges faced by Newcomers

- Our population continues to become increasingly diverse
- And, many people who speak English as an additional language, find it increasingly difficult to speak English or French as they age.
- There continue to be issues of language barriers when receiving health care services
- Challenge of connectedness to community

Providing information and help to navigate health services, supports, programs, etc. for seniors and caregivers

- It is critical that seniors and caregivers can easily access information about resources in the health care system and community
- Many need help navigating the health system
- LHIG members offered a range of suggestions for how existing programs and services could be better promoted.
- Many felt that offering information on the website in a way that was easier for people to find was important.

Addressing social isolation/Mobility issues

- Challenges with mobility and social isolation are connected but not always. Social isolation can also be caused by depression and furthered by a lack of connectedness to family, friends, and neighbours.
- Addressing mobility challenges inside of the home is key to aging in place
- Being able to get out into the community, to health care appointments, etc. is also very important
- Making modifications to homes to enable aging in place can be costly and is a barrier for many.

Areas to improve in home care and health services

- LHIG members discussed how home care and other health services support aging in place.
- We also identified areas that could be improved.
- Some of the issues and ideas include:
 - increasing flexibility in the amount of time and care provided to home care clients,
 - having a staff person to coordinate care and support across programs,
 - better communication,
 - the development of short term home care.

There needs to be greater flexibility and timeliness in the home care program especially for those living with a chronic condition. Their health changes over time and there needs to be flexibility in care to support the individual.

Action Area Three: Working together with health care partners to help people age in place

Who are the key partners to help people age in place?

- LHIGs identified two levels of “teams” of key partners.
- The first, was the health care team that includes the individual at the centre, family members, and health care professionals – especially the family physician and home care.
- Natural supports are invited if they play an important role in the individual’s life and well-being.
- If the individual is reliant on community-based health or social programs, it may be appropriate to have staff participate in key planning meetings.
- If the individual has no family and is unable to make decisions for their care, it might be appropriate to involve someone from the Office of the Public Trustee.

- The second level – “community team” was a more macro level of partnership that assesses and responds to community issues that impact peoples’ ability to age in place.
- The community team members would include the individuals/seniors at the core. And, based on what the needs of the members are, others could be invited to participate.
- A community development approach, assessing needs – like home maintenance, transportation, advocacy/support for health care appointments, safety issues, etc.
- The goal -- to develop programs for the community that are affordable.
- There could be a role for WRHA staff to support these kinds of initiatives.

Ideas for how key partners can work together collaboratively to support aging in place

- Key partners need to identify the changing needs of the individual and respond with appropriate services and supports.
- Effective communication is critical.
- Need to ensure that key members have access to health information – especially family, doctor, and home care.
- Team members need to be aware of any changes in the health of the individual.
- Communication and collaboration is key and members’ roles need to be understood.
- Long term planning is very important.
- Ensure that there is support and advocacy for vulnerable seniors who do not have family or natural support.

Action Area Four: Improving options for community based housing as alternatives to personal care homes

Design elements and supports critical in community-based housing that enables people to age in place:

- Accessibility throughout
- Affordable options in the community
- Common areas
- On-site home care
- Advocate/tenant support
- Location – safe and convenient
- Access to transportation
- Services like shoveling and yard maintenance, where appropriate
- Help with home repair
- Allow for pets
- Green space
- Flexible and healthy meal programs that can be purchased
- Opportunities to be actively involved based on ability and interest
- Suites for family or friends to use when they visit

Innovative Ideas for community-based housing options to age in place

- Government should provide support for groups to develop housing
- Housing should be appropriate to the level of ability of the tenants/community members; getting the right level of support is key to aging in place.
- A tri-government health and housing strategy be developed to support aging in place.
- Here are some of the ideas shared during the LHIG meetings:
 - Swing suites – housing that has “suites” attached to the main unit to allow for elderly parent or adult child to live beside.
 - Incentives and grants to enable people to stay and modify their home as their abilities change.
 - Flexible housing support options that include laundry, meals, etc. – with units that meet a range of abilities – from assisted to full care.
 - A buddy facility where individuals share a single family home together and hire a house keeper, etc.

Action Area Seven: Using information technology to improve the quality, co-ordination of care

- Electronic medical records, e-chart and other database software systems that health providers use to document patient’s health histories to coordinate care are incredibly important and all of the LHIGs are strongly supportive of continued efforts to continue to roll out this health information technology across the entire health care system.
- LHIG members continue to ask for some level of access into their own medical records.

Patients should be empowered to access information about their own health – like accessing their electronic health record in read only format. Or, they could sit with their provider to review electronic updates to their health record.
- LHIG members were also very interested in seeing a clearinghouse of information for health, home care, and seniors’ services in the community, etc. under one website for the Winnipeg region.

- Video conferencing (like Skype) for connecting with health care providers at home if there are mobility issues
- Using assistive technology for people with hearing or visual impairments
- Home monitoring software, reminders to take medication, and programs that enabled an automatic shut off for stoves, etc.
- Social media was also viewed as a very helpful tool
- Suggestions to ensure that information technology be successfully used.
 - Make sure that whatever is developed is easy to use.
 - Also very important, was ensuring access to education and training – possibly partnering with seniors organizations and/or organizations that provide home computer training in community settings.
- And, in terms of moving forward on the issue of having access to electronic medical records, LHIG members recommend that the privacy laws be reviewed and possibly amended. These laws are currently seen as a barrier to empowering patients.

Recommendations

1. Develop partnerships with cultural and geographic neighbourhoods to support efforts underway that provide much needed social and other supports.
2. Identify and offer support/advocacy to seniors and those with chronic conditions who do not have family or other natural supports.
3. Develop education and training, especially in the area of caring for a family member with dementia.
4. Partner with cultural and faith groups to promote services and programs that are available for seniors and those living with chronic conditions.
5. Increase public awareness of the interpreter services that are available and about how to access them.
6. Put subsidies for nutritious food in place.

7. Shift or increase resources to community organizations to enhance services, especially in vulnerable communities.
8. Consider innovative models from other countries.
9. Provide incentives and grants for modifying homes so that they are more accessible.
10. Health care providers have "milestone" conversations with their patients at certain ages throughout their lives.
11. Address communication challenges between health care and social services.
12. Development of a health and housing strategy to support aging in place.
13. Start the work to increase access that patients have into their own medical records, and,
14. Establish a clearinghouse of information for health, home care, seniors' services in the community, etc.

To me, key to helping seniors and those living with chronic conditions to age in place is...

...collaboration of government and private sectors to provide community support services that includes health, education, and basic services to support aging in place

...individual and defined yet flexible health plans that include family members, health care, and social supports

...an open dialogue with aging community about what needs to happen

...cultural sensitivity because it creates a sense of belonging so that everyone can feel like they belong

...education for seniors and caregivers on everything from preventative care, caring for loved ones to financial issues and how to navigate the system

...one point for information about health care, resources, supports, etc. for seniors – somewhere to start

...prioritizing the individual and providing patient-centred care, then they will be able to age in place

Opportunity for questions and/or comments

Appendix D:
Public Perspective on Aging in Place Responses

1) What does Aging in Place mean to you as a Support Services to Seniors agency?

Transcona

- Helping seniors live safely, healthily, comfortably in own homes when appropriate and then supporting when not appropriate.
- Knowing the resources available.
- People in own homes are more isolated therefore may not get resources needed.
- Seniors ask for this independence.
- Prepare for the inevitable increase in needs in the future.

St. Vital/St. Boniface

- Connecting the dots between what we see as need and what is actually available.
- Collaboration with other agencies.
- Living not just existing, realizing that there continues to be diversity. Not all seniors are the same.
- Quality of life and independence.
- Not using "aging" as an excuse for why injuries happen.
- Not being placed in a "box" due to one's age.
- Tailored activities etc. for various needs/cultures.

Downtown/Point Douglas

- Adequate mobility and transportation.
- Confined community area where services are readily available – walkable neighborhood.
- Safety and security; e.g. lighting.
- Safety protocols on discharge from hospital.
- Support from community agencies.
 - It means preparing the person and environment for aging socially, physically and spiritually – a proactive approach.
- Government support for large issue of socially isolated seniors.
 - Help social services assist family and/or supports.
- May include moving to more supportive environment but still within your community.
- Local community support.
- Age friendly community & more accessibility.
- Public community space.
- Having adequate mobility and transportation.
- Ensured safety and security.
- Proactive community.
- Agencies helping individuals maximize their services.

Provincial

- Remain in your home → successful aging
 - Requires appropriate supports to meet the needs of the older adult.
 - Maintain Activities of Daily Living (ADL) – meaningful social engagement
 - Examples:
 - transportation/accessibile

- home care/respite
- Safe/affordable housing ~ (in community of Older Adult's choice).

Seven Oaks/Inkster

- Assessing needs and providing that contribute to a senior's independence.
- Ensure a quality of life for seniors.
- Continue to maintain independence in your home and community.

Unidentified Tables

- Help people to stay in their community as long as they wish to or are able to.
- Safety and independence are values to uphold. Supports are needed to facilitate this. Human connection is important.
- Individually these supports and creating a circle of support – education.
- The more supports we can put in place the better.
- Breaking down stigma of what “independence” means to the person.
- System navigation is key (clearing house). This includes knowing resources and others supporting access when needed.
- Advocacy may be required.
- A safety net needs to be examined – “where are they” – talk about difficult times.
- Allowing seniors to stay safely within their home and in their community. *Safe choices/with dignity”.
- Ensuring that seniors and their family members know where to access the information – living peacefully, fulfilled, self-directed and supported.
- Aging in Place is different for everyone – useful premise to hold in this conversation.
- Complex conversation because there are so many factors.
- Ensuring all services is available and accessible.
- Long range thinking and planning can help to prepare the individual.
- Need to consider multiple co-occurring conditions from a higher level as it relates to the needs of the individual and quality of life.
- In many ways we are on the right track.
- Financial constraints are a limitation.
- Does not necessarily mean aging in your original home.
- Consider the entire individual and their situation and what is best for them.
- Changing services to meet client need.
- Maintaining independence.
- Going into homes to provide services.
- Making the information accessible to the target population, i.e. lists and information only available through websites and (not everyone has or knows how to use their remote never mind the current technology).
- Volunteers and service worker role clarification needed.
- Bridging the gap between what workers and volunteers are able to do.
- Needing an expansion of roles rather than duplicating services, i.e. Handi-transit transporting the individual not all the groceries; meal prep not including getting the food out of the freezer.
- Including caregivers in planning and service provision.
- Training needs to be available for volunteers.
- Protection of the person in the community needs to be considered in planning the use of volunteers.

2) What can Support Services to Seniors agencies do differently?

Transcona

- Changing the way we interact with agencies and seniors taking PHIA into consideration.
- More collaboration between team members involved i.e. case conferences.
- Doctors should be brought into these conferences. Doctors should be more aware of the Support Services to Seniors agencies available to their clients.
- Get our info out about our services electronically to other agencies, families, or maybe the senior themselves.
- Link yourself to WRHA.

St. Vital/St. Boniface

- Intake timelines.
- More staff, less “passing” it on.
- Very limited mental health services.
- More in-home services
 - Mental health
 - Nurses
 - Community workers/outreach volunteers?

Downtown/Point Douglas

- Help maximize possible services that do exist (advocate).
- Augment mental health support (so difficult to get into Mental Health program) (i.e. behaviour challenges in combination with other aging issues).
- Transitioning off of Employment Income Assistance (supports to navigate).
- Assist older adults with accessing their benefits and services provided.
- More mental health support.

Provincial

- Increase housing options – independent → supportive - *more options across communities.
- Transportation – increase options/frequency - *need to improve convenience and how people qualify ~ re: Handi-transit.
 - Role for communities/informal linkages (i.e. taking neighbor to doctor’s appointment, theater etc.
- Major differences between rural and municipal.
- Access to info/resources
 - where to find?
 - who to call?
 - NB* when in crisis/emergency.

Seven Oaks/Inkster

- Education of community partners (i.e. home care).
- Social media.
- Better partnerships to identify isolated seniors.
- Looking at our role from individual perspective and broader community perspective (greater reach especially with isolated seniors).
- Assessing needs that contributes to a senior’s independence.
- Take an equities approach.

Unidentified Tables

- Bringing resources together – it's very complicated. Often individuals do not know what they need or where to start (311+ for older adults).
- Home visits and human contact (province has a seniors info line).
- Zero grandparent reading program (homework clubs). Part of the success is having real contact with different age groups. They would understand aging and issues as an “exponential” experience vs. intellectual understanding of aging – decrease stigma around aging and refocus to identify the beauty of aging.
- Children coming into Personal Care Home.
- Brochures and handouts to homes in the community.
- Notices to local churches.
- Assist in communications for organizations.
- Mail drop – door to door.
- Hiring and finding supports to develop relationships and find seniors that are isolated.
- Being visible on social media.
- Involve family.
- Continually evaluate the resources that we have available.
- Need a bigger approach to affordable housing options.
- Tenant safety is a concern and a consideration.
- Remove barriers for service providers in regards to information sharing (i.e. client-centered case conference when needed; address legislation; waivers).
- Investigate more intergenerational opportunities (increase participation; decrease isolation).
- Increase respite for caregivers.
- Decrease difficulty in navigating resources/health care system.
- Share resources and our knowledge base.
- Stop duplicating services or reinventing the wheel.
- Expand our circle of awareness by switching up the groups at the table during planning days rather than just areas (i.e. having a resource finder at every table).
- Using our network information effectively by providing accurate area information in a written format and a web resource.
- Developing a direction within resource regional resource providers within contact information and a description of what we do specifically (i.e. with disclaimers).

3) What opportunities do you see moving forward?

Transcona

- Transportation barriers
 - Connect with a MPI donated van.
 - UBER use will be easier to use than taxi.
- Cost-sharing between governments to keep housing more affordable.
- Housing co-ops i.e. 5-6 seniors living together to share responsibilities and costs.
- Pet friendly – seniors stay too long in house because can't take pet with them. Also pets are therapeutic.

St. Vital/St. Boniface

- My Health Team – professionals working together.

- How to get people connected.
- An all-encompassing “organization chart” of supports and services.

Downtown/Point Douglas

- Discounts in all sectors for seniors accessible subsidized, staffed housing.
- More service navigators
- Transition services for moving.
- Dementia village.
- Discounts on transportation.
- Increased subsidized housing.

Provincial

- Smaller working groups/intersectoral an interdisciplinary – to focus on one issue – bring forward recommendations (tangible/realistic).
- Issues:
 - Housing
 - Transportation
 - Social engagement

Seven Oaks/Inkster

- Use suggestions presented by LHIG’s – act on what was suggested.
- Using social media and technology.
- Advocacy – whole scope of program need to be evaluated to increase more effective communication between client, family, service providers.

Unidentified Tables

- Intergenerational lens.
- Equity awareness.
- Teaching technology to seniors.
- This support for seniors day is so helpful and critical in networking partnerships.
- How are we locating isolated seniors? (tenant resources, neighborhood helpers)
- Enhanced communication between service providers and resources and services.
- Building relationships.
- Care team – multi-faceted; multi-tiered. One plan – everyone on the same page.
- Wrap around services – collective impact.
- Courage and advocate for more affordable housing.
- Need for affordable transportation.
- More education around services and resources available.
- Continue to increase and improve services.
- We need to create opportunities to care and support our service providers since the expectation is we continue to expect workers to provide more with less – workers and volunteers are also continuing to live longer.

4) Any thoughts on the recommendations?

Transcona

- Subsidies for nutritious foods
 - How does it work?
 - Greater demand for food banks.
- Milestone conversations

- We have to look ahead, think ahead; what does my aging look like; what services, supports are available to me.

St. Vital/St. Boniface

- Life-long investment – can't wait until you reach "senior" status.
- Continued education to younger generation.
- Continued collaboration.
- Community centres/City of Winnipeg needs to play role in active living in St. Boniface.

Downtown/Point Douglas

- Age friendly etiquette – buses, bus stops (transit). i.e. wait for people to sit down.
- Long waits for Handi-transit.
- Generally, transportation is a huge issue.
- Buses at every community centre.
- Sidewalks in winter – need higher priority for cleaning.
- Isolation in winter.
- Lack of volunteers in "Snow Angels".
- Telephone line for resources.
- Instrumental activities of daily living support.
- Education for all sectors on resources.
- Information line.

Provincial

- No response.

Seven Oaks/Inkster

- Based on society, computerization of medical records and increased access is important.
- How will these be implemented? Discussion on implementation process needs to be established.

Unidentified Table

- They are awesome; all 14 Local Health Involvement Group (LHIG) recommendations are great.
- Prioritizing is helpful.
- Experience success in 1 or 2 key areas and how outcomes.
- Ask the WRHA to research models from other countries and present that next year on this planning day. Why and how other countries are doing with regards to aging in place? (#8 recommendation).
- Recommendation #14 from the Local Health Involvement Group is also good.
- Reading out to isolated seniors.
- Limited budgets.
- Where are you at with recommendations from LHIG?
- Open communication with providers.
- Like Recommendation #8 from Local Health Involvement Group – many great things happening in other places.
- Recommendation #6 from Local Health Involvement Group – have found that when/where to grocery shop is also a limitation.
- Access to Nurse Practitioner (full scope of practice in the communities).
- Decrease visits to Emergency Department /hospitals - help those with limited mobility or isolated individuals.
- There is disconnect between the dreaming (brainstorming) and the doing (implementation).

- Need opportunities to operationalize the ideas.
- Recommendations need to have additional resources and permission, i.e. government support & grants.
- The economics of keeping people safe and independent is critically important and often the cost doesn't adequately cover the cost of implementation and individuals don't have equal access to financial resources and can't individually bear the burden of cost.

Appendix E

Participant Take-A-Way Responses

Participants were asked what the 3 things they will do next as follow up to our Support Services to Seniors planning day are:

- Talk to downtown team; plan education sessions on mental health promotion; continue meeting with our team regularly
- Look at the final report; contact more local organizations to work together; use more resources that work with older adults.
- Energy/inspiration/collaborate with table members to follow up; share contact information; great relationship building opportunity; more knowledge about priorities
- Explore needs in hard to reach cultural/Indigenous communities
- Learn how to navigate health services directory; advocate for older adults; maintain client centered care
- Adapt meal program; work together to make the best home possible; work with hospitals/home care to ensure all tenants are safe, happy and not isolated
- Continue the dialogue with other service providers in my own area; work on innovative transportation solutions; work on education to groups on good mental health
- Self-care; build support with clients/co-workers; work together-connect with other resources
- Continue the seniors and phone access project; continue to exercise public awareness regarding Senior Resource Finders; continue to increase physical activity program (Motion is Lotion) partnering with seniors blocks
- Find way to promote resources in the community; use health services directory; different resources in area (put faces to names)
- Reframe criticism in sector into possibilities of working throughout different systems
- Work closely with mental health resources; review the presentation of Local Health Involvement Group; definitely review current tenants' situations and assist them to age in place
- Have a representative from Healthy Aging Resource Team to speak to board of directing of their services; update health services directory
- Work together with other resources; tell co-workers about day; continue to promote healthy aging
- Will fully support them; will help seniors in my community; will navigate seniors to live healthy and work together
- Build relationships; Healthy Together Now (HTN) connection
- Develop new ways to connect; be more inclusive; don't change a culture – bring them in to your program. Change your organization's perspective on programming – rather bring their programs in and let others join
- Change/rebrand/find new ways and ideas; research new seniors/help more and do it better
- Gain more knowledge on mental illness; share information more; explore new ideas
- Be more culturally sensitive; be less paternalistic in service provision and more client centered
- Share Alzheimer's society information; Connected Care app
- Share with colleagues
- Continue with collaboration of partnering groups in our community, access the health services directory on line; continue with problem solving with community groups

- Download Connect Care mobile app; share information with coworkers
- Educate myself on more services available
- Print off more resources; knowledge were to go/who to talk to when you need something; use the directory on line more often
- Visit community centres in my region; plan for change-grow support service knowledge
- Connected Care app; engage isolated into community; solution based training
- Try to implement new ideas; try to connect with more isolated seniors; collaborate more with other support services to seniors professionals
- Share information/discussion/priorities with colleagues
- Access on line resources through the WRHA; ensure my organization's information is correct on Contact website
- Work on partnerships; decide on priorities; communicate more effectively
- Plan programs around priorities
- Look at ways to support isolated adults; promotion of healthy aging; ways to share resources from today with club members
- Community services multi-team discussion and planning; educate public
- Make more use of partnerships
- Connected Care app; health services directory; 211 phone information line
- Reviewing what was learnt; what can I do to be more aware of dementia sufferers; reviewing my priorities and working at them
- Explore the priorities for my client base; work to promote affordable housing; work on food security
- Networked with others – start grocery box program – to see how it works; be aware of topics related to seniors well being
- Refresh old relationships with agencies; be excellent
- Connect with Healthy Aging Resource Team (HART); share new app for iPhone; our area has a good relationship and these planning days encourage relationship building
- Bring back what I have learnt to my colleagues
- Do some research into aging in place in other countries
- Look into better transportation; understanding the senior mentality; look into transportation options network for seniors; find out more information on the various support groups that we may utilize

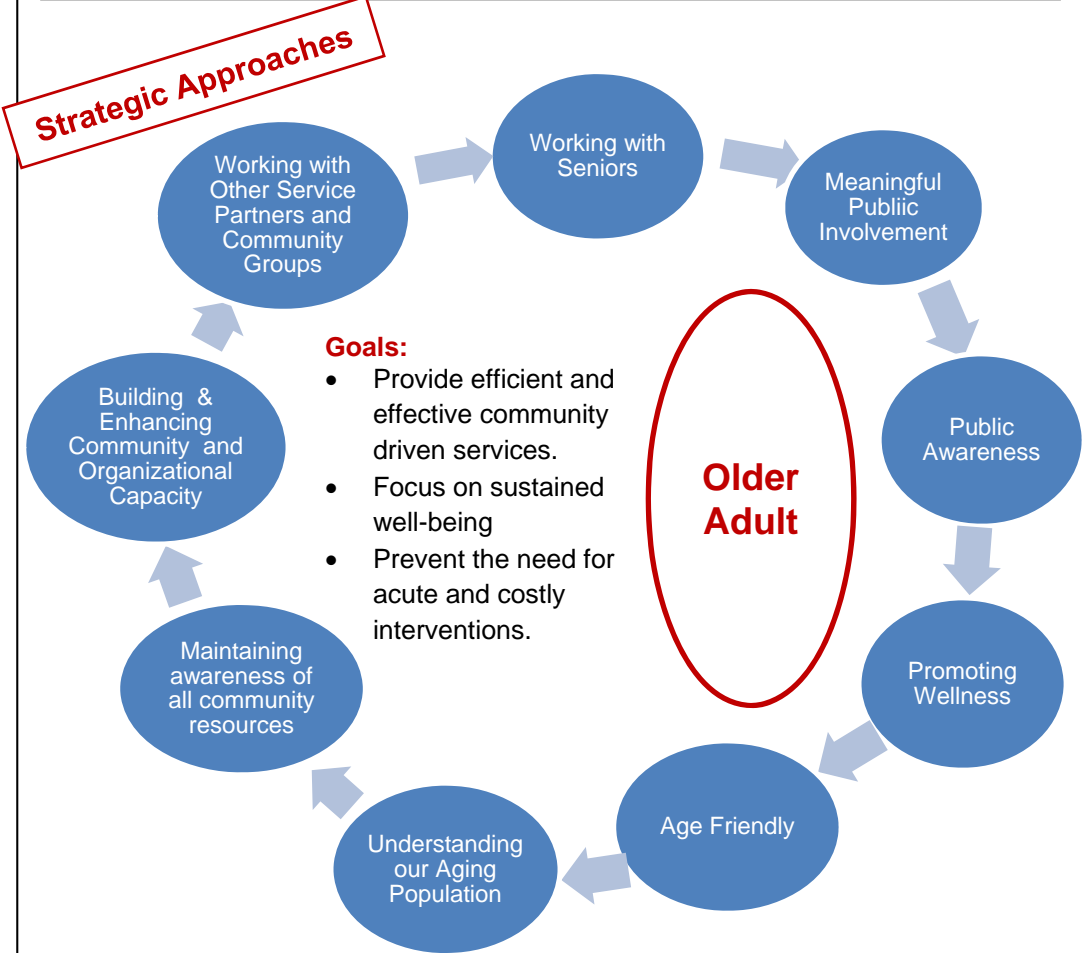
Appendix F

Support Services to Seniors Framework

Role Statement: To deliver community based-community run programs and services for older adults which promote health and well-being and assist older adults to continue to live independently in their communities. Through collaboration and partnerships across various health, social services and community sectors, Support Services to Seniors promotes healthy aging and applies a health equity lens.

Vision: Healthy People, Vibrant Communities, Equitable care for All

- Support Services to Seniors**
- Seniors Resource Finders (SRF)
 - Senior Centres (SC)
 - Support Services in Group Living (SSGL)
 - Tenant Resource Programs (TRP)
 - Congregate Meal Programs (CMP)
 - Rupert's Land Caregiver Services -Caregiving with Confidence
 - CNIB
 - A & O: Support Services for Older Adults
 - Meals on Wheels of Winnipeg, Inc.
 - Manitoba Association of Senior Centres
 - University of Manitoba - Deer Lodge Centre Dental Program
 - Creative Retirement Manitoba
 - Alzheimer Society of Manitoba
 - Healthy Aging Resource Teams
- Support Services to Seniors not only provide service but also enables access to a broad range of services.



- Key Issues (2015)
- Addressing Health Equity
 - Increasing Public Awareness
 - Enhancing Mental Health Promotion
 - Promoting Injury Prevention including Falls Prevention
 - Addressing Social Isolation
 - Supporting Healthy Nutrition
 - Enhancing Volunteer Management
 - Addressing Transportation Issues
 - Addressing Elder Abuse
 - Addressing Affordable & Accessible Housing
 - Addressing Caregiving Supports
 - Addressing Sustainability

Appendix G Evaluation Results

Support Services to Seniors Planning Session Evaluation Form
Friday, November 4th, 2016

67 out of 80 (83.8%) participants responded.

(Total participants does not include the 7 guest speakers and 3 moderators for the day)

1. Today's presentation(s) were valuable to gain insight and understanding on each topic discussed.

1.1 Local Health Involvement Groups

- 15 participants or 22.4% rated at a 5 (Excellent)
- 28 participants or 41.8% rated at a 4
- 17 participants or 25.3*% rated at a 3 (OK)
- 3 participants or 4.5% rated at a 2
- 1 participant or 1.5% rated at a 1 (Poor)
- 3 participants or 4.5% did not respond

1.2 Seniors and Healthy Aging Secretariat

- 15 participants or 22.4% rated at a 5 (Excellent)
- 25 participants or 37.3% rated at a 4
- 23 participants or 34.3% rated at a 3 (OK)
- 1 participant or 1.5% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 3 participants or 4.5% did not respond

1.3 Health Services Directory

- 21 participants or 31.3% rated at a 5 (Excellent)
- 28 participants or 41.8% rated at a 4
- 14 participants or 20.9% 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 6.0% did not respond

Additional Comments

- Local Health Involvement groups - no new insights, not useful having to listen to printed handouts.
- Educational
- Super eye opener for what is out there

2. The speaker(s) were knowledgeable in their presentation.

2.1 Local Health Involvement Groups

- 22 participants or 32.8% rated at a 5 (Excellent)
- 28 participants or 41.8% rated at a 4
- 12 participants or 17.9% rated at a 3 (OK)
- 1 participant or 1.5% rated at a 2
- 1 participant or 1.5% rated at a 1 (Poor)
- 3 participants or 4.5% did not respond

2.2 Seniors and Healthy Aging Secretariat

- 21 participants or 31.3% rated at a 5 (Excellent)
- 30 participants or 44.8% rated at a 4
- 12 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 6.0% did not respond

2.3 **Health Services Directory**

- 26 participants or 38.8% rated at a 5 (Excellent)
- 30 participants or 44.8% rated at a 4
- 5 participants or 7.5% 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 8.9% did not respond

Additional Comments:

- Very informative
- Great introduction to venues

3. **Have you reviewed the 2015 Support Services to Seniors Planning Day Final Report** (link that was sent via email and in the recent invitation letter within the past 12 months)?

- 37 participants or 55.2% responded yes
- 27 participants or 40.3% responded no
- 3 participants or 4.5% did not respond

Why or Why not

- Yes, especially my community area
- To be prepared for today
- To gather ideas and inspiration and feedback information
- Time constraints
- I plan on reading it
- I think it is important/valuable
- To be aware of what was shared, challenges, successes of other organizations
- It is informative
- I just started in July 2016
- Quickly scanned today and will review more fully later X 2
- Received via hand copy at meeting
- Unsure of how to access it
- Looking for social isolation information, ideas, initiatives
- Did not receive link X 3
- No too lengthy for now – will read it later

4. **If you answered yes to question 3, 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?**

- 36 participants or 53.7% responded yes
- 0 participants or 0% responded no
- 31 participants or 46.3% did not respond

Why or Why not

- Has helped focus our attention as a group
- Yes, it helps to align activities
- Brought my priorities to the forefront again
- It's a good source of information regarding resources
- I need to fully read it but what I skimmed through seemed valuable

- Networking and putting our ideas together for a specific community to put forth a collective effort was beneficial
- Need more regional focus
- Good to see where/what successes are-new ideas-also see that similar struggles occur in other areas
- To review what is reported in every area
- It does seem that similar information was discussed this year as compared to last year

5. **The resources provided today were useful.**

- 17 participants or 25.4% rated at a 5 (Excellent)
- 29 participants or 43.2% rated at a 4
- 18 participants or 26.9% 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 4.5% did not respond

Additional Comments

- Everything was great
- Great brainstorming around the table

6. **The group discussion to identify new priorities was useful.**

- 27 participants or 40.3% rated at a 5 (Excellent)
- 27 participants or 40.3% rated at a 4
- 8 participants or 11.9% rated at a 3 (OK)
- 3 participants or 4.5% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 2 participant or 3.0% did not respond

Additional Comments:

- Excellent for our community area
- Two heads are better than one
- Hopefully the priorities can be acknowledged and worked on
- This was probably the most important part of the day!
- It's great to speak and discuss with others

7. **The location and parking were accessible and convenient.**

- 48 participants or 71.6% rated at a 5 (Excellent)
- 16 participants or 23.9% rated at a 4
- 3 participants or 4.5% rated at a 3 (OK)
- 0 participants or 0% rated at a 2
- 0 participants or 0% rated at a 1 (Poor)
- 0 participants or 0% did not respond

Additional Comments:

- Parking and men's room A++ ; Food A+++
- Great location
- Great location and great food
- Keep having it at this location

8. **The session allowed for community areas to celebrate successes and accomplishments that Support Services to Seniors has achieved.**
- 28 participants or 41.8% rated at a 5 (Excellent)
 - 26 participants or 38.8% rated at a 4
 - 13 participants or 19.4% rated at a 3 (OK)
 - 0 participants or 0% rated at a 2
 - 0 participants or 0% rated at a 1 (Poor)
 - 0 participants or 0% did not respond
- Additional Comments:**
- Groups too large to ensure everyone heard
 - I was at provincial table
 - Don't find it necessary
 - Great things are happening
 - Great ideas to share this information
9. **The session allowed for collaboration to plan and identify 2 priorities for the upcoming year**
- 28 participants or 41.8% rated at a 5 (Excellent)
 - 27 participants or 40.3% rated at a 4
 - 9 participants or 13.4% 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 4.5% did not respond
- Additional Comments:**
- Hard to pick only two
 - Networking was key – supporting each other
 - It would be nice to have a 'next steps' planning day to assist with following through of priorities
 - Good to be in our own group and geographical area
 - Great networking with groups in our community
 - This activity is difficult to do as a regional table. Perhaps the community areas can identify how the city wide or province wide programs can assist them
 - Working on getting things started
 - Collaboration isn't necessarily as big of an issue as actually 'getting' to the seniors who need help!
 - Friendly – good
10. **As a result of attending this session, the idea/knowledge/resource(s) that I plan to use will be:**
- Connect with downtown team on their mental health strategies; increase visibility of resources available in the community
 - Health Services Directory x 5
 - The seniors directory is great – awesome start!
 - Be more creative and think outside of the box – think globally
 - Increase awareness of community resources and access to benefits knowledge
 - Increase access to benefits
 - Health services directory including icon on WRHA computers
 - Taking our top 2 priorities and start putting them to work in my organization

- Transportation Options Network for Seniors (TONS); Healthy Aging Resource Team (HART)
- Wait and see!
- Collaborating and collective impact
- Continue to build relationships and partnerships
- Some ideas for future activities of our resource council
- Sharing information
- My concern about elderly's transportation
- Pamphlets that we as a team circulate
- Mobile App X 2
- More knowledge of the different resources in Winnipeg
- Care connect and linking resources in and out of community
- Local resources/community groups
- Caring with Confidence and Meals on Wheels
- Local Health Involvement Groups x 2
- Network places available by sharing names/places introductions
- More networking
- Use Connect Care App; try out WRHA Apps
- I will promote the use of Senior Resource Finders program to help seniors access programs/services in their community area
- Provide better and accurate information to all

11. **Should we plan this type of session next year?**

- 62 participants or 92.5% responded yes
- 1 participant or 1.5% responded no
- 4 participants or 6.0% did not respond

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

- 9 participants or 13.4% responded half day
- 52 participants or 77.7% responded full day
- 6 participants or 8.9% did not respond

13. **What suggestions do you have for future session topics?**

- Accessibility; updates from community services i.e. Arthritis Society, Caregiving with confidence, A & O, etc.; what is new? What has changed? What is coming up for these organizations?
- Letting up know about other resources
- Mental health; seniors housing solution
- Ageism; how to help older adults accept and reach out for help; removing the stigma around asking for help
- Smaller tables to facilitate ease of discussion to make sure everyone heard. Detour request for entire room to provide introductions
- Operationalizing a small scale change or improvement
- Maybe a little more interactive to keep people engaged
- Steps and stages we have taken towards local health involvement groups recommendations
- Have a session with regional providers i.e. A &O and senior resource finders
- Home Care – all services available
- Providing services in culturally appropriate ways for our increasingly diverse communities

- Information sharing – who knows what; invite other provincial groups together to share Transportation Options Network for Seniors (TONS), Active Living Coalition for Older Adults Manitoba and Long Term Care
- Everyone at each table should introduce themselves to tell everyone what their work is in 'seniors' activities, etc.; a first should be to provide to use what resources are available and where to get them (sorry, you told us the resources were on the website)
- Abuse of the elderly
- Liability issues of vulnerable populations. Signs to alert us to the possibility of Elder Abuse
- Larger name tags so you can read the person's name and include the organization they belong to; a listing of all the participants attending; the noise in the kitchen during the morning was distracting when the presentations were taking place. Could the other side of the gym be used; the room temperature was too cold; too much time allotted to some of the group activities; the tables were too crowded. Could we use the remaining space in the gym
- List of people attending/job title; little more exercising and stretching; more handouts
- I like having our own community area working group table, however, would have liked to have a table discussion with other community areas
- Read review of the 2015 report; utilize MyRightCare.ca; connect with others who were in attendance/sharing information
- How to navigate mental health system effectively; how/what to do to encourage people to accept the help being offered
- Have people sit in mixed tables not by region
- Food security
- Mental health in Aging initiatives; housing; services; isolation
- I would still love to have a day that separates communities; have a rep from each community (as available) at each table to not have all River East or all Seven Oaks at one table. Mix up and have a true idea share environment
- More sessions and education on bullying and mental health issues and addiction
- Really well planned! We stayed on schedule and got through everything – Amazing! Great Job! Food was great.
- Thank you. Great job. Great food!
- Specific priorities dealt with in detail so groups handling it can communicate to others that are not well
- Aging disabled people as part of aging seniors
- More discussion should be involved how we could better connect isolated seniors to community services in our area

Appendix H: Support Services to Seniors
Assigned Table Participant List

Table One Downtown and Point Douglas	
Davada Carlson	Local Health Involvement Groups
Melanie Reimer	Broadway Seniors Resource Council
Katharine Tabbernor	Health Services for the Elderly
Cristine Schroder	Seniors Home Help Inc.
Monica Grocholski	Point Douglas Seniors Coalition
Ewa Wadowska	Winnipeg Housing Rehab Corporation
Kayla Maubert	Healthy Aging Resource Team
Holly Lumahang	Health Services for the Elderly
Rod Domingo	West End Active Living
Jose Chinchillia	West End Active Living
Table Two Downtown and Point Douglas	
Amy Krahn	Healthy Aging Resource Team
Catherine Wirt	Lions Housing Centres
Vince Sansregret	Winnipeg Regional Health Authority
Nancy Harrington.	West End Active Living
Orlando Buduhan	West End Active Living
Thelma Mead	Aboriginal Seniors Resource Centre
Nancy Squire	Lions Place
Janice Brickey	Healthy Aging Resource Team
Gina Sylvester	North End Wellness Elders Inc.
Carla Watson	Manitoba Housing
Al Pasoluko	West End Active Living
Table Three Fort Garry	
Barb Metcalfe	Fort Garry Seniors Resource Council
Patti Berube	Fort Garry Seniors Resource Council
Alanna Jones	Pembina Active Living
Bob Newman	Pembina Active Living
Ashtyn Boyda	Lindenwood Manor
Chas Van Dyck	South Winnipeg Seniors Resource Centre
Amanda Younka	WRHA Community Facilitator Fort Garry/River Heights
Table Four River Heights	
Amanda Younka	WRHA Community Facilitator Fort Garry/River Heights
Roberta Malam	Rady Jewish Community Centre
Ashley Derkacz	285 Pembina Inc.
Jessa Esteban	Villa Cabrini
Pam Taylor	Bethania

Table Five Provincial	
Norma Kirkby	Alzheimer Society of Manitoba
Joyce Rose	Manitoba Association of Senior Centres
Amanda Macrae	A & O Support Services for Older Adults
Stacey Miller	A & O Support Services for Older Adults
Margaret Barbour	Manitoba Association of Senior Centres
Yvonne Hardy	Creative Retirement Manitoba Learning Centre
Richard Denesiuk	Creative Retirement Manitoba Learning Centre
Connie Newman	Manitoba Association of Senior Centres
Table Six Regional	
Susan Lepki	Home Care
Barb Metrycki	Meals on Wheels of Winnipeg Inc.
Rhonda Gardner	Meals on Wheels of Winnipeg Inc.
Suzie Matenchuk	Winnipeg Regional Health Authority Volunteer Services
Syva-lee Wildenmann	Caregiving with Confidence <i>(formerly Rupert's Land Caregiver Services)</i>
Samantha Wryha	Caregiving with Confidence <i>(formerly Rupert's Land Caregiver Services)</i>
Colleen Schneider	Winnipeg Regional Health Authority Local Health Involvement Groups
Ann Harry	CNIB
Anne Freitas	CNIB
Table Seven River East	
Darlene Karp	Local Health Involvement Groups
Megan Wallace	Support Services in Group Living
Susan Sader	Good Neighbours Senior Centre Inc.
Joan MacDonald	River East - Senior Resource Finder Program
Shelley Hillis	River East - Senior Resource Finder Program
Cath McFarlane	Winnipeg Regional Health Authority
Noreen Kohlman	Donwood Manor Elder Persons Housing Inc.
Jodi Barbosa	Bethania Personal Care Home
Leilani Esteban	Elmwood EK Active Living Centre
Terrie De Mare	Elmwood EK Active Living Centre
Table Eight Transcona	
Colleen Tackaberry	Transcona Council for Seniors
Jan McKinnon	Transcona Council for Seniors
Eleanor Stelmack	Healthy Aging Resource Team
Cindy Angus	Support to Seniors in Group Living
Kathy Rennie	Support to Seniors in Group Living

Table Nine Inkster/Seven Oaks	
Betty Leronowich	Keewatin/Inkster Neighbourhood Resource Council
Evan Zarecki	WRHA Seven Oaks Community
Bev McCallum	Middlechurch Home of Winnipeg
Susan Fletcher	Senior Oaks Seniors
Table Ten St. Boniface and St. Vital	
Georgette Dupuis	Centre de Sante
Cathy Cortvriendt	Manitoba Housing
Gisele Toupin	Local Health Involvement Groups
Marilyn Robertson	Archwood 55 Plus Inc.
Stephanie Chow	Archwood 55 Plus Inc.
Nicole Burton	A.S.H. Management Group Inc.
Rachelle Briere	A.S.H. Management Group Inc.
Table Eleven St. James and Assiniboine South	
Laurie Green	Healthy Aging Resource Team
Crystal Nagle	Healthy Aging Resource Team
Elizabeth St. Godard	Healthy Aging Resource Team
Linda Pomeroy	Winnipeg West Integrated Health & Social Services
Sharon Walters	Winnipeg Regional Health Authority
Kathyrn Thornton	Local Health Involvement Groups
Shelia Hunter	Metropolitan Kiwanis Courts
Ted Stoyko	Metropolitan Kiwanis Courts
Adele Spence	St. James Assiniboia 55+ Centre Inc.
Lorna Shaw-Hoepfner	Healthy Aging Resource Team
Coleen Klate	Charleswood 55 Plus Active Living Centre
Agatha Rohs	Charleswood 55 Plus Active Living Centre
Table Twelve	
Kathy Taylor	Winnipeg Regional Health Authority
Kathy Henderson	Winnipeg Regional Health Authority
Jeanette Edwards	Winnipeg Regional Health Authority
Madeline Kohut	Winnipeg Regional Health Authority
Laurie Unrau	Senior and Health Aging Secretariat
Val Steeves	Senior and Health Aging Secretariat
Andrea Lamboo-Miln	Senior and Health Aging Secretariat