



Winnipeg Regional  
Health Authority

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# **Support Services to Senior Education and Collaborative Planning Session**

**Held on October 31, 2005**

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

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# Support Services to Senior “Collaborative Planning Report”

## Background

The Winnipeg Regional Health Authority (WRHA) Support Services to Seniors Program prepared this report based on the collaborative and education-planning session held on October 31, 2005. The Community Health Advisory Councils' (CHAC) report (June 2005) *“Issues that Impact on the Health of Seniors in the Communities across the Winnipeg Health Region”* and the Seniors' Consultation and Planning “Taking Care of Tomorrow Today” reports (April 2004) and (March 2005) were used to identify issues that affect and impact the health of older adults in the community areas and in the Winnipeg Health Region as a whole.

The issues identified in the Seniors' Consultation and Planning “Taking Care of Tomorrow Today” sessions held on November 3, 2003 and November 17, 2004 included:

- Personal Health Information Act (PHIA),
- Accessing Services
- Support to Caregivers
- Home Care services
- Navigating the System - How Do You Get the Services You Need
- Managing Medications
- Community Supports
- Other issues included:
  - Elder abuse
  - Transportation
  - Housing
  - Access to personal care homes

The feedback from the Seniors' Consultation and Planning sessions reflected consistent values and principles for the delivery of services, namely that:

- Services and programs need to be accessible, affordable and coordinated to seniors and their families.
- Active participation of seniors and their families is critical in the planning and implementation of services.
- Support for seniors, families and the community should continuously be strengthened.

The Community Health Advisory Council report identified key issues impacting seniors' health. They are:

1. Difficulty in accessing services

- Home care
- Primary care
- Community services
- Personal care homes

2. Housing

- The need to increase options, internal environments, supports for seniors such as home maintenance etc.

3. The need for community and social supports for isolated seniors

- To enhance health promotion and disease prevention program for the physical and mental welling of older adults.
- Active living and nutrition – stressing the importance of physical activity and good nutrition in maintaining and enhancing the quality of life.

4. The need for advocacy and assistance navigating the health system.

5. Mental Health

- While mental health considerations were discussed by all of the councils, only the Downtown/Point Douglas Council had this as a top priority – ranking it number one overall.

6. Personal Safety

7. Financial Status and impact of poverty on seniors' health

8. Mobility

**Preamble**

The Education and Collaborative Planning session held on October 31, 2005 was attended by more than 90 participants from Support Services to Seniors programs and services. Participants included board members, sponsoring agency staff, WRHA community area directors, senior health resource teams, community facilitators and researchers.

Participants were assigned to tables, based on community area focused services, services provided to the Winnipeg Region as a whole and Physical Activity for services for older adults.

The objectives of Education and Collaborative Planning were:

- To provide an opportunity for Support Services to Seniors agencies and providers to network with one another.
- To increase participants' understanding of board/staff relations.
- To continue to plan together to support healthy aging and aging in place.
- To provide an opportunity for knowledge transfer (research to practice).

The day began with an educational component focused on best practices related to governance trends including board responsibilities and board/staff relationships. The facilitator also addressed strategic planning and provided tools that assisted the participants in the later planning session.

A document outlining the issues identified by the CHAC report and the previous consultation reports were provided to each of the tables.

Each of the tables was asked to identify three priorities for their community area, Winnipeg Region and Physical Activity for Older Adults. Each table then articulated what success would 'look like' and 'how do we get there'? By addressing community area and regional issues, an opportunity was provided for Support Services to Seniors staff and board members, WRHA Community Area directors, senior health resource teams, community facilitators and WRHA community development to network, integrate, explore and collaborate to develop an integrated plan for Support Services to Seniors.

Dr. Barbara Payne from the Manitoba on Aging Study presented the research results on the Social Isolation and Influenza Studies during the lunch break. This presentation provided an opportunity for knowledge transfer (research to practice) and stimulated discussion on the importance for community to collaborate and have evidence-based information.

### **Group Discussions Notes**

The issues, what does success look like and how do we get there has been summarized below.

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>River Heights Community Area</b>	<ul style="list-style-type: none"> <li>▪ One on one time with residents</li> <li>▪ Program education</li> <li>▪ Education <ul style="list-style-type: none"> <li>○ Staff</li> <li>○ Public</li> <li>○ Seniors</li> </ul> </li> <li>▪ Intergenerational programs</li> <li>▪ Empowering seniors to be proactive – body, mind and spirit</li> <li>▪ Variety, effective programming</li> <li>▪ Well funded research</li> <li>▪ Advocacy</li> <li>▪ Resource provider</li> <li>▪ Inter-agency “fluidity”, cohesiveness and common respect <ul style="list-style-type: none"> <li>○ No charge</li> <li>○ Satellite/local</li> <li>○ Lifestyle specific</li> <li>○ Preventative programs – wellness centred</li> <li>○ Steppin’ Up model</li> <li>○ Corporate Sponsorship</li> <li>○ Continual community outreach – transportation <ul style="list-style-type: none"> <li>➤ Coordinated Partnerships</li> </ul> </li> </ul> </li> <li>▪ Seniors as leaders and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaboration</li> <li>▪ Collaboration</li> <li>▪ Collaboration</li> </ul>

Assigned Groups	What does current success look like?	How do we get there?
<b>Fort Garry Community Area</b>	<p><b>Education – Healthy Living and Personal Safety</b></p> <ul style="list-style-type: none"> <li>▪ Connecting meal programs (nutrition)</li> <li>▪ ERIK presentations – Fort Garry Seniors Resource Council</li> <li>▪ SMART program expansion (VON) – Manitoba In Motion Awareness <ul style="list-style-type: none"> <li>○ Steppin’ Up and Out education and awareness</li> <li>○ Resource presentations</li> </ul> </li> <li>▪ Safety Aid Presentations – Age &amp; Opportunity</li> <li>▪ Ongoing for new residents</li> <li>▪ Information on SIMNET</li> <li>▪ Good support <ul style="list-style-type: none"> <li>○ Volunteers</li> <li>○ Seniors buy in</li> </ul> </li> <li>▪ Tenant resource coordinator position (2 positions at half time).</li> <li>▪ Senior Community resource coordinator (.5 EFT position).</li> <li>▪ Senior Health Fair</li> <li>▪ Senior resource council</li> <li>▪ Lindenwood Manor’s men’s’ outreach program</li> <li>▪ More senior volunteers – committed</li> <li>▪ Shuttle bus <ul style="list-style-type: none"> <li>○ Isolation/shopping</li> <li>○ Special events</li> </ul> </li> <li>▪ SMART exercise program at Delta and Adamar apartments</li> <li>▪ Future camp live well – nutrition and recreation</li> <li>▪ MLA <ul style="list-style-type: none"> <li>○ Community development</li> <li>○ Supportive and committed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Communication with all community partners <ul style="list-style-type: none"> <li>○ Managers = new tenants</li> <li>○ Ongoing senior consultation (mobile)</li> </ul> </li> <li>▪ SIMNET – expand amount of information</li> <li>▪ Resource Management <ul style="list-style-type: none"> <li>○ Delegate/organize</li> <li>○ Communication</li> <li>○ Implement</li> <li>○ Health Fair expansion</li> </ul> </li> <li>▪ Seniors Newsletter – What’s Up!</li> <li>▪ Media present Fort Garry Seniors Resource Council</li> </ul>

Community Health Advisory Council	Suggestions from Community Health Advisory Council
River Heights and Fort Garry	<p><b>Difficulty in accessing and being aware of services</b></p> <ul style="list-style-type: none"> <li>▪ Improve communication between hospitals/community health – address misinterpretations of PHIA</li> <li>▪ Increase promotion of Medication Information Line for the Elderly (MILE)</li> <li>▪ Folders for seniors to keep information from medical appointments and diagnostic tests – increases self-control</li> <li>▪ Creation of seniors’ advocates in the health system</li> </ul> <p><b>Housing and supports</b></p> <ul style="list-style-type: none"> <li>▪ Support “granny flats” initiatives – encourage family members to build private apartments – use tax incentives, decrease problems with zoning issues</li> <li>▪ Support “check in” phone networks or door knob signs “I’m OK”</li> <li>▪ Conduct inventory of available supportive housing – is it adequate to meet needs? Is it affordable?</li> <li>▪ Address difficulties (unnecessary bureaucratic red tape) in transfer/move from hospitals to personal care homes</li> </ul> <p><b>Healthy living and personal safety</b></p> <ul style="list-style-type: none"> <li>▪ Integrate seniors into multi-purpose recreational centres being developed, bringing generations together – core value</li> <li>▪ Need for “Participation” type program to promote physical activity and healthy eating</li> <li>▪ Partner with Access Advisory Committee (City Hall) to address issues that impact on the mobility and safety of seniors and use of universal design to critique public spaces</li> <li>▪ Advocate for increased walk signal at intersections</li> </ul>



<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>St. James Assiniboia and Assiniboine South Community Areas</b>	<ol style="list-style-type: none"> <li>1) People being maintained in a high quality of life – Seniors Enriched Housing</li> <li>2) Increased number of programs, education, community support and partnerships</li> <li>3) Pilot project initiated in Manitoba Housing Authority for people with multiple physical/mental disabilities</li> <li>4) Increased awareness of seniors, senior centre and dispelled some myths (e.g. Beauty is Timeless Calendar)</li> <li>5) 136 volunteers involved in services/programs at the Centre and in the community</li> <li>6) Maintained a larger membership (over 900) all year</li> </ol>	<ul style="list-style-type: none"> <li>▪ Health Fair that focuses on Services for Seniors (what is available, how to access)</li> <li>▪ Develop a pamphlet that targets people/families who know of an isolated senior (make available to churches, banks, Meals on Wheels and home care...)</li> <li>▪ Pamphlet available in appropriate languages in the area</li> <li>▪ “Daily Hello” program</li> <li>▪ “Living Alone Workshop”</li> <li>▪ Increase awareness of Rides Program</li> </ul>

Community Health Advisory Council	Suggestions from Community Health Advisory Council
St. James Assiniboia and Assiniboine South	<p><b>Housing and social supports</b></p> <ul style="list-style-type: none"> <li>▪ Have housing directories available for seniors – different available housing options</li> <li>▪ Increase funding for seniors’ groups that provide maintenance, errand, etc. service for seniors</li> <li>▪ Support creative housing initiatives – i.e. seniors sharing larger single family homes – with coordinated home care, support services</li> </ul> <p><b>Need for mobility and access to neighbourhood services</b></p> <ul style="list-style-type: none"> <li>▪ Create/be a part of a coalition to improve transportation service for seniors</li> <li>▪ Advocate for increased time at crosswalks, intersections to address this safety/mobility issue</li> <li>▪ Advocate for “universal design” and mobility concerns – housing, stores, etc.</li> </ul> <p><b>Difficulty in accessing services</b></p> <ul style="list-style-type: none"> <li>▪ Create/support creation of store front primary care clinics close to where seniors live</li> <li>▪ Increase the number of geriatric specialists – nurses, physicians, etc.</li> <li>▪ Increase public awareness of and accessibility to health services for seniors – one phone number (“311”)</li> </ul>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>River East and Transcona Community Areas</b>	<ol style="list-style-type: none"> <li>1) Healthy Living <ul style="list-style-type: none"> <li>▪ Redefine to include physical activity, nutrition, purposeful life and healthy environment</li> <li>▪ Coordinated community planning – each group having a piece to contribute</li> </ul> </li> <li><b>Stages</b> <ul style="list-style-type: none"> <li>▪ Awareness</li> <li>▪ Opportunity</li> <li>▪ Identifying individual who need services</li> <li>▪ Group programming</li> <li>▪ More resources</li> <li>▪ Engage families</li> </ul> </li> <li>2) Build upon the federal primary care initiative</li> <li>3) Reaching the at risk</li> <li>4) Good communication strategy – older adults telling their stories</li> <li>5) Recognition of success</li> <li>6) Research</li> <li>7) Culturally sensitive</li> <li>8) Use the natural resurge (i.e. develop walking trails along the river)</li> <li>9) Identity strategies to first increase time involvement – buddy system</li> <li>10) Mental Health and caregiving</li> </ol>	<ol style="list-style-type: none"> <li>1) Develop Healthy Living Team (committee) Forum?</li> <li>2) Work with other community groups to identify socially isolated (i.e. churches, politicians, doctor’s offices, emergency room, banks, police and home care</li> <li>3) Develop intake system and resource/ referral linkage</li> </ol>

Community Health Advisory Council	Suggestions from Community Health Advisory Council
River East and Transcona	<p><b>The need emphasize healthy living (physical activity and nutrition) contributes to the quality of life</b></p> <ul style="list-style-type: none"> <li>▪ Conduct inventory of physical activity and nutrition programs for seniors – get seniors to identify gaps, suggest programs</li> <li>▪ Support increased outreach and peer support networks</li> <li>▪ Expand congregate meal program and start community kitchens</li> </ul> <p><b>The need for social support for isolated seniors</b></p> <ul style="list-style-type: none"> <li>▪ Increase support of programs that link seniors with their community – schools, etc. – be proactive about this</li> <li>▪ Target isolated seniors – phone number to call if family or neighbours are concerned about an isolated senior</li> <li>▪ Support development of community-shared housing for seniors – shared kitchen and common living spaces</li> <li>▪ Support phone “check in” initiatives to ensure seniors living on their own are okay</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>▪ Educate seniors about available housing options – use seniors who have made a housing change (speakers bureau)</li> <li>▪ Partner with Habitat/other non-profit housing groups to renovate housing for seniors where they live – i.e. Elmwood</li> </ul>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>Seven Oaks and Inkster Community Areas</b>	<ol style="list-style-type: none"> <li>1) Continuity in <ul style="list-style-type: none"> <li>▪ Staff</li> <li>▪ Programs</li> <li>▪ Clients</li> </ul> </li> <li>2) Client population increase (reach more people) and have more participation</li> <li>3) Enhancing partnerships with neighbouring councils</li> <li>4) Coordinating community programs within your facility</li> <li>5) Creating increased community awareness via media exposure et al.</li> <li>6) Accessing/Securing, reliable transportation resources for seniors</li> <li>7) Reaching isolated seniors (how?) <ul style="list-style-type: none"> <li>▪ WRHA to implement some kind of infomercial with Shaw/MTS so isolated/shut in seniors can become informed</li> <li>▪ Coordinate with Home Care – dissemination of information to clients</li> <li>▪ Cooking skills for single males</li> <li>▪ Links with funeral homes – info packages or resources (living alone)</li> <li>▪ Affordable housing</li> </ul> </li> </ol>	Isolated Seniors: <ul style="list-style-type: none"> <li>▪ Infomercial giving access central number – refer to region of choice</li> <li>▪ Home care referrals – educate coordinators</li> <li>▪ Cooking classes for men – benefits, social and life skills</li> <li>▪ Link with funeral homes to give support package to survivors</li> <li>▪ Hospital packages for non patient giving info on resources</li> <li>▪ Recruitment drive for volunteers to do daily hellos</li> </ul>

Community Health Advisory Council	Suggestions from Community Health Advisory Council
Seven Oaks and Inkster	<p><b>Difficulty in accessing health care and home care services</b></p> <ul style="list-style-type: none"> <li>▪ Most importantly, seniors need to be cared for with respect and dignity</li> <li>▪ Educate seniors and health care providers about advanced directives</li> <li>▪ Address seniors' fear in reporting problems re: home care – need to provide contact information re: coordinator</li> <li>▪ Standards and enforcement in all personal care homes</li> </ul> <p><b>Difficulty in accessing primary care services</b></p> <ul style="list-style-type: none"> <li>▪ Use nurse practitioners to deliver primary care to seniors where seniors live – housing blocks, etc.</li> <li>▪ Set up primary care clinics for seniors (twice a month) in hospitals close to the ER's</li> <li>▪ Advocate for change (Manitoba Health) to address the practice of some family physicians who deal with only one issue per visit, failing to address complexity of seniors health issues and limiting the number of patients that family physician can have</li> </ul> <p><b>The need for advocacy and assistance navigating the health system</b></p> <p><b>Awareness of seniors' issues</b></p> <ul style="list-style-type: none"> <li>▪ Educate all health care providers about complex needs of seniors and address ageism that exists</li> <li>▪ Develop patient advocates for seniors in the community, make advocates in the hospital more visible</li> <li>▪ "Passports to Health" – personal health record for seniors</li> </ul>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>Point Douglas Community Area</b>	<ol style="list-style-type: none"> <li>1) Seniors' charter</li> <li>2) Pt. Douglas Seniors Coalition shuttle service</li> <li>3) Seniors' safety initiative draft proposal</li> <li>4) Establishing the Pt. Douglas Seniors Coalition as a working entity</li> <li>5) Aboriginal Senior Resource Centre success events include BBQ, paddlewheel, Halloween party</li> <li>6) Craft group – income generating – cross cultural and self sustaining</li> <li>7) Beginning of Dufferin's resident association</li> <li>8) Picnic in the park</li> <li>9) Healthy Living Bingo</li> </ol> <p><b>Priority Issues</b></p> <ol style="list-style-type: none"> <li>1) Accessing health services - primary care, home care, mental health services.</li> <li>2) Address social isolation</li> <li>3) Services – transportation, banking, friendly visitors, grocery shopping <ul style="list-style-type: none"> <li>▪ Lack of large grocery stores, shopping malls</li> <li>▪ Transportation affects absolutely everything – groceries, accessing health services, banks</li> </ul> </li> </ol> <p><b>Future Success</b></p> <ul style="list-style-type: none"> <li>▪ Food buying clubs with delivery</li> <li>▪ Food banks for seniors with delivery</li> <li>▪ Health services in community</li> <li>▪ Nurses to go regularly to seniors' housing complexes</li> <li>▪ Bringing services to seniors</li> </ul>	<p>Action Steps</p> <ol style="list-style-type: none"> <li>1) Seniors' shuttle – get sustainable funding</li> <li>2) Develop neighbourhood transportation network</li> <li>3) Set up meeting with community health clinics – Mount Carmel, Hope Centre, community area directors, senior groups, politicians, Métis CFS, Mamawhi, Mb Housing Authority, SAM Management, WRHA, Include Aboriginal perspective, <ul style="list-style-type: none"> <li>▪ Agenda – Needs what are they? <ul style="list-style-type: none"> <li>○ A series of meetings</li> <li>○ Develop strategic plan</li> <li>○ Using existing seniors buildings to do outreach out of</li> <li>○ Identify who is responsible</li> </ul> </li> </ul> </li> <li>4) Develop a list of community assets and distribute them (know where to go – no more “run around”)</li> <li>5) Address known barriers (literacy, language, isolation)</li> <li>6) Bingo (as a lure) as a community development tool</li> </ol> <p>For Aboriginal people identify who they are, where they are and what they need citywide.</p>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>Downtown Community Area</b>	<ol style="list-style-type: none"> <li>1) WRHA – opportunity to network with each other</li> <li>2) Established the Downtown Senior Health resource Team</li> <li>3) Identifying safety concerns at 444 Kennedy, reestablishing tenant association, enabling/facilitating tenants to empower themselves</li> <li>4) Partnership with Downtown Senior Health resource Team, Downtown seniors resource council, Age &amp; Opportunity, Seniors Home Help, Downtown Biz, Lions Housing, Creative Retirement, Klinik, SERC, WCWRC</li> <li>5) Walking groups</li> <li>6) In motion</li> <li>7) Development Seniors needs assessment at 185 Smith</li> <li>8) Coffee parties/seniors forum</li> <li>9) WRHA Seniors Project at 515 Elgin, 444 Kennedy, and 385 Carlton</li> <li>10) Monthly Calendar and newsletters (Senior Home Help) for each building</li> <li>11) Adapted congregate meal program for smaller group in need</li> <li>12) ERIK presentations, transportation, health fairs (Resource Councils)</li> </ol>	<ol style="list-style-type: none"> <li>1) Work collaboratively</li> <li>2) Partnerships, sharing experiences, strengthen in numbers</li> <li>3) Involve media to raise awareness about the issue</li> <li>4) Put seniors issues on the agenda of existing advocacy, community groups <ul style="list-style-type: none"> <li>o neighbourhood association</li> <li>o poverty action groups</li> <li>o MSOS</li> </ul> </li> </ol> <p><b>Safer Communities</b></p> <ol style="list-style-type: none"> <li>1) Safer Communities and Neighbourhood Act (MB Justice)</li> <li>2) Communities on Patrol Program</li> <li>3) Partnering with schools - intergenerational respect</li> <li>4) Develop and work with Neighbourhood Association to clean up streets</li> <li>5) Community Gardens, Murals etc</li> <li>6) Downtown Biz – safety walks, partnership potential</li> <li>7) Community Police – getting to know officers</li> <li>8) Getting to know neighbours – need gathering places and community centres</li> <li>9) Advocating to reduce poverty</li> <li>10) More tenant relation offices</li> <li>11) Friendly visiting Program – more volunteers</li> <li>12) Meal programs – nutrition and social contact</li> </ol>



<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>Downtown Community Area</b>		<ul style="list-style-type: none"> <li>13) Seniors to be mentors and consulted</li> <li>14) Meaningful retirement</li> <li>15) Free transportation (accessible)</li> <li>16) Clear sidewalks</li> <li>17) Street safety</li> <li>18) Safe housing</li> <li>19) On site services – banking, hairdressing, shopping, grocery delivery</li> <li>20) Life long learning</li> <li>21) Recreation</li> <li>22) Fitness programs, active living</li> <li>23) Intergenerational activities – partnering with schools</li> <li>24) Building community</li> <li>25) Clean neighbourhoods</li> <li>26) More supportive housing/assisted living</li> <li>27) Stronger respect for seniors/elders Political advocacy</li> </ul>

Community Health Advisory Council	Suggestions from Community Health Advisory Council
Point Douglas and Downtown	<p><b>Mental health concerns that are not being addressed</b></p> <ul style="list-style-type: none"> <li>▪ Should ask Aboriginal seniors what they need and support initiatives</li> <li>▪ Identify and reach out to isolated seniors – high risk for mental and physical health issues need contact number to call</li> <li>▪ Increase funding for Adult Day Programs and address special needs of some seniors so that they can take part as well</li> </ul> <p><b>Difficulty accessing primary care, home care, and other health services</b></p> <ul style="list-style-type: none"> <li>▪ Develop separate home care program for seniors with special needs</li> <li>▪ Coordinate mobile health services/coverage with private mobile health service providers</li> <li>▪ Expand nurse practitioners role and usage</li> </ul> <p><b>Housing and Social Supports</b></p> <ul style="list-style-type: none"> <li>▪ Consider partnerships/linkages of primary care services and housing – like Nor' West and Tyndall Park housing for seniors</li> <li>▪ Increase seniors' awareness of available housing grants</li> <li>▪ Address issue of female seniors who end up in hotels when housing is condemned or unsafe</li> <li>▪ Support development of inter-generational housing initiatives</li> </ul>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>St. Vital and St. Boniface Community Areas</b>	<ul style="list-style-type: none"> <li>▪ SafetyAid program</li> <li>▪ Winter outings transportation programs (Bonivital Council, Centre de Santé, and 233-ALLO)</li> <li>▪ Good consolidation of services and boards (Chez Nous and L'Accueil Columbien)</li> <li>▪ Hoarding Project</li> <li>▪ Emergency Response Information Kit</li> <li>▪ Age &amp; Opportunity and Bonivital Council for seniors are in the community addressing the               <ul style="list-style-type: none"> <li>○ Healthy Active Living Bingo</li> <li>○ SafetyAid Program</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a community communications strategy</li> <li>▪ For more community involvement partner with other agencies, organizations and politicians</li> <li>▪ Pursue and maintain secure funding for sustainability of these initiatives (i.e. government all levels and departments)</li> <li>▪ By developing partnerships and coordinating services thus eliminating duplication of services</li> </ul> <p><b>Community Vision</b></p> <ul style="list-style-type: none"> <li>▪ An ERIK on every fridge</li> <li>▪ A widening expansion of the Safety Aid Program               <ul style="list-style-type: none"> <li>○ Add to Winnipeg Fire and Paramedic Service and Winnipeg Police Service</li> </ul> </li> <li>▪ When doing their fire safety inspection they do safety presentations to the residents including Safety Aid</li> <li>▪ A standard safe transportation system for seniors               <ul style="list-style-type: none"> <li>○ Medical appointments</li> <li>○ Social events</li> <li>○ Educational tours</li> <li>○ Shopping</li> </ul> </li> <li>▪ More seniors housing where services already exist (expansion of existing complexes)</li> </ul>

Community Health Advisory Council	Suggestions from Community Health Advisory Council
St. Vital and St. Boniface	<p><b>Importance of physical activity and good nutrition to overall health of seniors</b></p> <ul style="list-style-type: none"> <li>▪ Use discount days at grocery stores to educate about nutrition and provide “healthy shopping lists”</li> <li>▪ Cable television exercise healthy lifestyle/exercise shows for seniors</li> <li>▪ Support development of seniors cooking clubs</li> <li>▪ Need ideas for sedentary seniors!</li> </ul> <p><b>Difficulty for seniors in accessing health care and home care services</b></p> <ul style="list-style-type: none"> <li>▪ Be proactive about increases in newcomer populations – to provide health care services for seniors from a variety of cultures</li> <li>▪ Support families/friends/volunteers who assist seniors</li> <li>▪ Increase funding of seniors health resource teams, create more!</li> <li>▪ Advocate for financial support for caregivers (instead of Personal Care Home)</li> </ul> <p><b>Difficulty accessing primary care</b></p> <ul style="list-style-type: none"> <li>▪ Simplify access to primary care by establishing a doctor finding service</li> <li>▪ Develop seniors health centre of excellence</li> <li>▪ Create “fast track” for seniors at ER’s using nurse practitioners</li> <li>▪ Geriatric assessment clinics – to direct seniors to health services they require</li> <li>▪ Lobby Manitoba Health to create start-up options for new physicians</li> </ul>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>Physical Activity for Older Adults</b>	<ol style="list-style-type: none"> <li>1) All Seniors Will Have Access To... <ul style="list-style-type: none"> <li>▪ Physical Activity Opportunities</li> <li>▪ Physical Activity Awareness and Education <ul style="list-style-type: none"> <li>○ Winnipeg and Manitoba <i>in motion</i></li> </ul> </li> <li>▪ Available Resources</li> <li>▪ Social/Community Networks</li> </ul> </li> <li>2) Programs will be... <ul style="list-style-type: none"> <li>▪ Affordable <ul style="list-style-type: none"> <li>○ Recreation centre discounts, Steppin' Up, Steppin' Out</li> </ul> </li> <li>▪ Accessible <ul style="list-style-type: none"> <li>○ Handitransit, active transport</li> </ul> </li> <li>▪ Quality <ul style="list-style-type: none"> <li>○ Certified trainers/leaders</li> </ul> </li> <li>▪ Educational <ul style="list-style-type: none"> <li>○ Stresses importance of physical activity and its benefits and involves the use of Health Professionals</li> </ul> </li> <li>▪ Adaptable <ul style="list-style-type: none"> <li>○ Meets their needs</li> </ul> </li> <li>▪ Sustainable</li> </ul> </li> <li>3) Health professional and referrals/education</li> </ol>	<p>Strategies Towards Reducing Barriers, (transportation, cost, efficacy, Knowledge).</p> <ol style="list-style-type: none"> <li>1) Health Professional Referrals <ul style="list-style-type: none"> <li>▪ Validation of... Physical Activity Participation</li> <li>▪ Education of.... Benefits of Physical Activity</li> </ul> </li> <li>2) Health Care Support <ul style="list-style-type: none"> <li>▪ Federal/Provincial Funding</li> <li>▪ Programs</li> <li>▪ Promotion</li> <li>▪ Positions</li> </ul> </li> <li>3) Media Support/Workshops <ul style="list-style-type: none"> <li>▪ Promote Benefits</li> <li>▪ Identify Risks</li> <li>▪ Reach Socially Isolated</li> </ul> </li> <li>4) Build Community Networks <ul style="list-style-type: none"> <li>▪ Liaisons In Each Community Area To Help Distribute Resources</li> <li>▪ Adopt Programs</li> <li>▪ Social Support</li> <li>▪ Community Leaders</li> <li>▪ Share Information/Successes/Programs</li> </ul> </li> <li>5) Alternatives To Mall Walking <ul style="list-style-type: none"> <li>▪ Schools, Universities</li> </ul> </li> <li>6) Community Inventory</li> </ol>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
<b>Winnipeg Region</b>	<ol style="list-style-type: none"> <li>1) Collaboration with other agencies to develop partnerships</li> <li>2) New service delivery model through Manitoba Housing - in process</li> <li>3) New resource availability <ul style="list-style-type: none"> <li>o Dental programs for seniors,</li> <li>o Expand services part time position Rupertsland Response increase program expansion</li> </ul> </li> <li>4) Community outreach – Age &amp; Opportunity</li> <li>5) Partners Seeking Solutions with Seniors developed Let’s Talk video, website and partnering with other agencies to deliver information to and with seniors.</li> <li>6) Strategic planning exercise – board development</li> <li>7) Policy and procedure manual – Manitoba Association for Multipurpose Senior centres</li> <li>8) Housing directory – updated November 2005</li> <li>9) Blue section of MTS white pages</li> <li>10) Integrated services (Health and Housing)</li> <li>11) Shared resources for managing volunteers</li> <li>12) Increased funding for programs as a result of strategic planning</li> <li>13) Community focused programming – bringing it to the people.... those may be isolated</li> <li>14) Identifying potential partners – increased intersectoral networking</li> </ol>	<ol style="list-style-type: none"> <li>1) Transportation <ul style="list-style-type: none"> <li>▪ Sustainable funding required</li> <li>▪ Redefine Handi Transit priorities for trips</li> <li>▪ Corporate sponsored transportation services e.g. Golden Retriever</li> </ul> </li> <li>2) Housing and Social Isolation <ul style="list-style-type: none"> <li>▪ Converting suites into supportive housing</li> <li>▪ Intergenerational partnerships – volunteers <ul style="list-style-type: none"> <li>o Provide orientation to schools, youth groups</li> <li>o Assistance required to screen, coordinate</li> </ul> </li> <li>▪ Continue outreach by tenant resource coordinators</li> <li>▪ Social Isolation Radar <ul style="list-style-type: none"> <li>o Seniors isolation hot line – block parent concept</li> <li>o Utilities noting irregularities (i.e. low power, water use, mail piling up etc)</li> </ul> </li> </ul> </li> <li>3) Housing <ul style="list-style-type: none"> <li>▪ Helping people stay home as long as possible (quality versus quantity)</li> <li>▪ In home services (accessible based on individual needs)</li> <li>▪ Promotion of the current services available <ul style="list-style-type: none"> <li>o Service specific authority (i.e. Manitoba housing authority, Age &amp; Opportunity)</li> </ul> </li> </ul> </li> <li>4) Bi-annually annually education day on specific senior issues <ul style="list-style-type: none"> <li>▪ Transportation, Food security, Housing options (similar to today’s session)</li> </ul> </li> </ol>

<b>Assigned Groups</b>	<b>What does current success look like?</b>	<b>How do we get there?</b>
Winnipeg Region		<b>Future Vision</b> 1) Sustainability Funding - programming, strategic planning, long term health care costs, health promotion, volunteers 2) Decreasing ageism <ul style="list-style-type: none"> <li>▪ Policy development</li> <li>▪ Public and proactive approach– increased aging population.</li> <li>▪ Increase senior representation and involvement</li> </ul>

## **Community Health Advisory Councils Common Priorities and Suggestions for Winnipeg Region**

### **Accessing health services, home care, primary care, etc.**

- Most Councils highlighted the lack of communication between health care providers and between physicians and their senior patients and/or family members as being a problem.
- Most Councils identified mobility barriers that many seniors have which make it very difficult for them to be seen by their doctor when they are ill.
- A number of Councils identified that many seniors do not have family doctors or are unaware of primary care clinics in their communities.
- A number of Councils discussed the increasing number of newcomers in their communities and the language and cultural barriers they face in accessing health services.

### **Housing**

- Most Councils identified the need for seniors to have a range of housing options available to them and the need to develop an inventory of housing specifically for seniors.
- Most Councils identified the lack of affordable, accessible, and supportive housing for seniors.
- Many of the Councils discussed the inter-connectedness of housing to all other areas of life for seniors.
- Most Councils stressed the need for services required by those seniors who decide to remain in their own homes.
- All of the Councils shared suggestions for housing concepts that built on the unique characteristics of their communities.

### **Social support for isolated seniors**

- All Councils identified the importance of social connections for the physical and mental well being of seniors.
- A number of the Councils discussed the need to identify and reach out to those seniors who become very isolated (don't come to their door/answer their phone).
- Most Councils discussed the additional barriers that many seniors face in being socially connected – cultural, language, decreasing mobility, and loss of vision and hearing.
- A number of the Councils discussed the need to reach out to seniors especially after the loss of a spouse.

### **Importance of active living and nutrition**

- All Councils stressed the importance of physical activity and good nutrition in maintaining and enhancing the quality of life and well-being of seniors.
- Some Councils identified recreational resources for seniors to use, and others identified a need in their communities.
- Most of the Councils discussed the difficulty that seniors living in poverty have in purchasing nutritious food and in participating in recreational activities.

### **Advocacy and help navigating the health system**

- All of the Councils highlighted the need for advocates for seniors and the difficulties faced by seniors who do not have the involvement and support of family members or friends in accessing health services and navigating the system.
- Most of the Councils felt that ageism exists within the health system.