

PERSPECTIVES ON AGING

BRANDON SYMPOSIUM WORKSHOP DISCUSSIONS
PRAIRIE OASIS SENIOR CENTRE | SEPTEMBER 30, 2016



Centre on Aging



UNIVERSITY
OF MANITOBA

The Centre on Aging, established on July 1, 1982, is a university-wide research centre with a mandate to conduct, encourage, integrate, and disseminate research on all aspects of aging.

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INTRODUCTION

The University of Manitoba's Centre on Aging, in collaboration with the Manitoba Association of Senior Centres, hosted a day long symposium in Brandon on September 30, 2016. Following presentations from researchers, participants were invited to take part in an afternoon workshop to discuss the strategic objectives identified in the World Health Organization's (WHO) *Global Strategy and Action Plan*:

- Aligning health systems to the needs of the older populations they now serve
- Developing systems for providing long term care
- Creating age-friendly environments
- Improving measuring, monitoring, and understanding

For each objective discussed, three priority actions were identified by the WHO in relation to meeting each strategic objective, which helped to inform the discussions. A fifth strategic objective, *committing to foster healthy ageing in every country*, was omitted from discussion since the researcher presentations were focused on this specific objective.

Over 50 people participated in the group discussions, where they discussed two of the objectives and identified how well Manitoba was doing in relation to addressing the WHO's objectives. Participants selected a topic that interested them and each group was assigned a facilitator/note taker.

The following is a summary of the workshop discussions based on four of the strategic objectives identified in the WHO's *Global Strategy and Action Plan*.

Strategic objective 2: Aligning health systems to the needs of the older populations they now serve

Using the priority actions as a guide, workshop attendees identified a few areas where Manitoba is doing well to align health systems to the needs of the older populations they now serve. Positive aspects of the health systems focused on incorporating some aspects of technology with patient visits.

- Using Telehealth is a good option for face-to-face discussion with medical personnel. For Manitobans living outside of major urban centres, Telehealth provides people with an option to discuss their medical issues and reduces the amount of travel time people living in rural and surrounding areas would need to factor in their visit to see healthcare providers.
- E-health and the technological advantage it provides for both medical personnel and patients were noted because it makes patient information more accessible, although the information is limited.

Workshop participants had a lot to say when it came time to identifying areas of improvement to align the health system, primarily when it came to front line staff and accessing healthcare centres.

- Accessibility and reduced operation of healthcare facilities was cited as a major issue due to centre closures; limited information posted about facility opening times; retention of and lack of healthcare staff willing to work in rural areas; and delays in service provision.
- The lack of front line staff, due to retention issues and the amalgamation of the Regional Health Authorities, was identified as contributing to areas of deficiencies. Less skilled staff results in a lack of efficiency, workforce training, and an overworked system. Participants were also quick to point out the inconsistencies in service care provision between Winnipeg, Brandon, and rural areas.
- Participants felt when it came to training and accreditation of facilities, there was a lack of consideration about gathering information from front line staff. Any changes incorporated in the running of facilities or processes were based primarily on management perspectives; participants felt this needs to change by hearing from more front line voices.

Strategic objective 3: Developing systems for providing long term care

Participants were positive about the current home care system, primarily when it came to services and medical staff. Manitoba's home care system was identified as good, along with services such as proctors for those with mental health issues in long term care.

While there are some good things about the developing systems in Manitoba, workshop participants identified a number of areas that needed improvement for providing long term care.

- Communication was a key area, as there is a lack of awareness of community programs currently available or that should be available such as evening programming.
- Some participants felt there was a lack of public services being developed in long term care, with the trend moving towards privatization. As a participant noted, 'self-directed home care is a boon.'
- For older adults already in long term care facilities, their needs are not always being met in regards to having more age-appropriate services; respecting a client's privacy (body privacy); or providing personal care such as baths, when a client wants it.
- A longer life span is an issue facing the current older population. Stress due to a lack of financial preparedness can factor into care provision. Participants engaged in discussions of options for older adults once funding becomes limited or is non-existent.

Strategic objective 4: Creating age-friendly environments

Many workshop participants were keen to discuss age-friendly environments and what is being done well in Manitoba.

- Participants felt smaller towns offer more support within the community because people know one another and can look out for their neighbour.
- Intergenerational opportunities were highlighted through linkages with post-secondary education programs and teaching opportunities such as seniors teaching middle school students old time dancing.

Working under the age-friendly umbrella has built up community efforts. Small steps towards improving the lives of seniors also benefit others in the community by strengthening the efforts made by local age-friendly committees. There are still many areas that need addressing in terms of resources, personnel, and building awareness.

- Transportation is a key issue for many communities in addressing age-friendly environments, as it builds towards tackling the issue of social isolation and meeting the needs of people with mobility issues. If older adults do not have good transportation options available to them, it becomes challenging to build social connections within and between communities, as well as accessing amenities.
- Identifying current infrastructure and the needs of an older population is often driven by funding availability. Workshop participants identified better design of and location of power doors; providing better building accessibility; and meeting the requirements for the new provincial accessibility act.
- Communication once again came up as a major factor for education and building awareness. Participants identified that many people are unaware of services and resources available in their community.
- Tied into building better connections, was communicating so that people work together rather than in opposition (e.g., private vs. public funded services); and addressing turnover or changes to age-friendly or government committees. For some communities, there is a lack of interest within the community. Other communities need to orient staff or committee changes in local government personnel by providing orientation on what is being done to address age-friendly issues to allow communities to continue to promote and build on their existing age-friendly values.

Strategic objective 5: Improving measuring, monitoring, and understanding

In terms of how well Manitoba is doing when it comes to improving measuring, monitoring, and understanding in Manitoba, participants said the following positive things:

- The ability for medical personnel to track patient medication online was noted as being well done.
- Participants acknowledged the good work of emergency personnel such as paramedics and clinical staff. This includes the community mobilization unit that brings the clinic to older adults in smaller communities that do not have regular access to health care facilities to address their health needs.

Many improvements are also needed to make life better for older adults in Manitoba. These include:

- Using milestones for screening older adults for issues such as mobility, hearing, eyes, footwear, etc.
- Coordinating services and reducing duplication of available programs which includes identification or designation of a provincial leader to look after streamlining the services and programs.
 - * One participant noted that there are five falls prevention programmes, while other participants noted the closure and amalgamation of health care centres within communities.
- Communication of existing published information needs to be shared more widely and not just to a specific group. Several examples were cited:
 - * Academic reports need to be shared not only with other academics, but reports should be written in more plain language for general audiences to understand. These reports could then be shared more widely by publishing them in general and popular periodicals.
 - * The Regional Health Authorities were cited as publishing large reports. A participant suggested using stories in reports that incorporated metrics.
 - * A third example cited is using the existing statistics and information from national organizations such as the Canadian National Institute for the Blind (CNIB), who can report on the demographics for their clientele. Participants suggested extending this type of data collection for something similar using a health care perspective.

- In addition to existing reports, participants suggest evaluations of existing services that support fixing the current system rather than reacting to what the government thinks is important, such as improving personal health or healthy aging to prevent illness; or reducing or eliminating funding for existing senior service programs.

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