

Health & Community Services



Community Consultations

In 2008, the Manitoba government launched the Age-Friendly Initiative, formally inviting communities throughout Manitoba to join the Initiative and work toward becoming more age-friendly.

Age-Friendly Manitoba Initiative communities are provided with an opportunity to participate in a community consultation as a way of identifying priorities. The consultations are made possible through a partnership between the Manitoba Seniors & Healthy Aging Secretariat and the University of Manitoba's Centre on Aging, as part of the Age-Friendly Community-University Research Alliance (CURA) project. During the community consultations, which are facilitated by CURA staff, people are invited to discuss their views on how age-friendly their community is and what areas need improvement. Prior to the group discussion, a survey is distributed to get individual views on how age-friendly the community is.

By the end of March 2011, the Age-Friendly CURA team conducted consultations in 46 communities. Forty-nine (49) communities completed an age-friendly survey for a total of 1274 surveys. Summarized here are the collective group discussions and survey responses related to health and community services.

Group Discussion Summary

During the community consultation, participants engage in a facilitated group discussion to identify priorities needed to make their community more age-friendly. By highlighting what is working well in the community and what needs improvement, the CURA team prepares a report for each community reflecting the discussion. The completed report is shared with the community's Age-Friendly Committee.

The CURA team combined and summarized priorities and potential actions from all the community consultation reports (until March 2011). In total, 36 of the 46 communities mentioned priorities related to health and community services. What follows is a summary of the most commonly identified community support and health-related themes that emerged from the discussions.

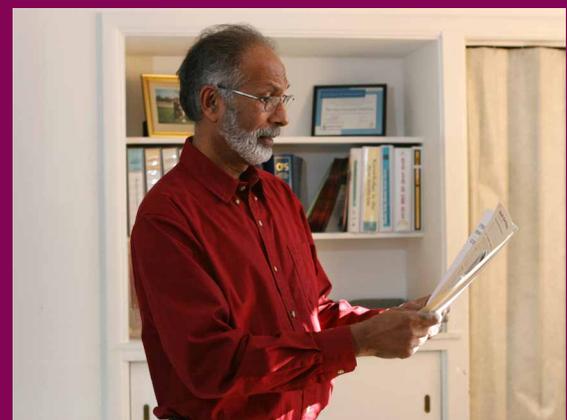
Community consultation reports can be found on the Age-Friendly Manitoba website: <http://www.agefriendlymanitoba.ca>

Common Themes



Availability

- Improve services to help seniors remain living independently in their homes,
 - Provide congregate meal programs.
 - Offer grocery and pharmacy delivery services.
 - Assist with yard and home maintenance (e.g., snow removal, yard work, repairs).
- Increase the availability of physicians and other health care professionals.
- Acquire Tele-Health Services.
- Increase access to health care screening equipment (e.g., portable x-ray machines).



Community and Health Survey Summary

The following section summarizes responses from the 49 communities to the community support and health-related questions of the survey:

- Approximately one-half of those that completed the survey felt that home care services (that support seniors in their own home) are sufficient.
- One-third of respondents agreed that services to help seniors around the home, such as snow removal, are sufficient in their community.
- Slightly over one-half of respondents indicated that congregate meal programs and meal delivery services are sufficient in their community.
- Forty-one percent (41%) of those that completed the survey felt that health care services provided in the community, including hospitals and physicians, do not meet the need of seniors.
- Slightly over one-quarter of respondents felt that public transportation to health care services that are not provided in the community is sufficient; over 40% felt that it is insufficient.
- One-third of those that completed the survey indicated that access to health care services that are not provided in their community is generally convenient.

	Percent Responding (%)		
	Yes	No	Don't Know
The home care services that support seniors in their own home (e.g., meal preparation, nursing care) are sufficient in my community.	51.0	18.3	30.7
The services that help seniors around the home (e.g., snow removal, lawn care) are sufficient in my community.	33.0	31.4	35.6
The congregate meal programs available (e.g., lunch at recreation or senior centre) are sufficient in my community.	52.4	21.9	25.7
The meal delivery services that bring meals to seniors' homes are sufficient in my community.	51.2	19.8	29.0
The health care services that are provided in my community meet the needs of seniors (e.g., hospital, physicians, eye care).	38.9	41.0	20.1
Public transportation (not provided by family or friends) to health care services that are not provided in my community is sufficient.	26.1	43.3	30.6
Access to health care services that are not provided in my community is generally convenient (e.g., services not too far away, appointment times are convenient).	34.0	39.1	26.9

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