

Healthy Aging in Manitoba

A Report of the Coalition for Healthy Aging in Manitoba



January 2020

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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Background

In 2015, the World Health Organization (WHO) launched their first [World Report on Ageing and Health](#) (World Report). The World Report “outlines a framework for action to foster Healthy Ageing built around the new concept of functional ability”. In the fall of the same year, the WHO also started consultations on the accompanying draft [Global Strategy and Action Plan on Ageing and Health](#) (GSAP). This document, which was ultimately approved by the World Health Assembly in May 2016, focuses on five strategic objectives:

- commitment to action on *Healthy Ageing* in every country;
- developing age-friendly environments;
- aligning health systems to the needs of older populations;
- developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and
- improving measurement, monitoring and research on *Healthy Ageing*.

Early Centre on Aging Involvement

The Centre on Aging at the University of Manitoba was quick to get involved. Input was provided to the WHO on the draft GSAP, and the Centre held an event on October 15, 2015 at the University. A primary purpose of the event was to build awareness of the World Report and the GSAP. At the event, participants from a variety of backgrounds also provided overall comments that the World Report and GSAP were important documents. In addition, they discussed how the Centre on Aging could contribute to the WHO strategic objectives. One common theme was to ensure that diverse voices of older people should be sought.

In May of 2016, the Centre held a plenary session for the hundreds in attendance at the annual Spring Research Symposium. The focus of the plenary was on the World Report and GSAP, as well as a recently released [report](#) on the health status of older Manitobans, from the Office of the Chief Provincial Public Health Officer. The organizers of this plenary session from the University of Manitoba and the provincial government continued to meet about how to move the GSAP forward in Manitoba. From these meetings the Coalition for Healthy Aging in Manitoba was formed (more about CHAM in a section below).

In the fall of 2016, the Centre hosted an event in Brandon on the World Report and GSAP. In part, the event was meant to raise awareness of the World Report, and also to seek input on how well Manitoba is fairing with regards to the strategic objectives as outlined by the WHO. More than 50 people provided input on what Manitoba is doing well, and where improvements are needed. Areas for improvement included access to care, care coordination, training of staff, more age-friendly environments (housing, transportation, accessible buildings), information communication, and screening for function.

In May of 2017, the Centre on Aging hosted a half-day workshop on the GSAP. More than 90 participants discussed suggestions for Manitoba. Within healthcare and long-term care systems there was strong support for health services close to where people live, the need for culturally and linguistically appropriate services, increased knowledge of the care needs of older people and better flexibility in the long-term care system. Suggestions for age-friendly environments ranged from inter-generational and smart homes, to ensuring that champions exist in communities across the province.

Coalition for Healthy Aging in Manitoba (CHAM)

CHAM was formed in 2016 to champion the vision of the World Report and GSAP. In December of 2017, CHAM became an official committee of the Centre on Aging. The main activities of CHAM have been to build awareness as well as seek input. Several consultations have been held across the province with an open invitation for anyone to attend. Participants have included older people, government officials, educators/researchers, healthcare practitioners, and those working for senior serving organizations. The following communities were sites for workshops in 2018 and 2019: Gimli, Winkler, Notre-Dame-de-Lourdes, Thompson, Beausejour, Dauphin, and The Pas. Although these were sites for the workshops, participants often travelled long distances to attend from other communities and regions.

Participants spent part of the workshop identifying what is being done well in Manitoba in line with the WHO GSAP. See this [report](#) to view the lists across the GSAP objectives. It is important to point out that there are community/region differences as well as socioeconomic disparities that exist in these positive areas. For example, while it was noted that there is more age-friendly housing available, it was stressed that it was mostly available for those with higher incomes. Additionally, supports/services/programs were also highlighted in some communities as being positive, while others reported that they were lacking in their areas (e.g., exercise programming or facilities).

Participants were also asked to make suggestions for where improvements are needed. The focus objectives for these consultations were for health systems, long-term care, and age-friendly environments. Key recommendations that have come from these consultations are discussed below. Across all areas there was a recognition that the voices of all older people need to be heard. Also, from an indigenous perspective, there are many models within First Nations communities that work well to address the WHO strategic objectives (e.g., age-friendly environments). However, some jurisdictional issues create less than ideal situations (e.g., palliative care).

Improvements recommended at consultations by GSAP area

Health Systems. Access to care issues were certainly mentioned often. These included respite care, homecare, aids for accommodating for age-related changes (e.g., hearing aids, mobility aids, eyewear), wait times, better pharmacare, mobile health clinics, ambulance services, retention of healthcare practitioners, as well a lack of geriatricians, mental health services, preventative health programs, and specialists. While telehealth was reported as being an essential service for smaller and northern communities, it was also emphasized strongly that it is not used enough by healthcare professionals. This often results in individuals with compromised abilities having to travel large distances at great financial expense (potentially personal as well as system-based) and stress, for cursory appointments in centres like Brandon or Winnipeg. Even healthcare practitioners in attendance reported that there is so much more potential for this type of service to alleviate many care challenges.

Other issues in healthcare systems included the lack of awareness (older people as well as providers) and communication of services by many stakeholders, confusing processes, the lack of integrated IT systems, and lack of coordination of appointments or care. This latter item was noted as being particularly problematic for those who need to travel great distances. Some care providers also reflected on the fact that the terminology currently being used for communication purposes was not appropriate for the audience (e.g., filled with jargon, or derogatory language).

Training and employment issues were also discussed by many. These included: overworked staff, staff needing to know more about working with older people across a spectrum of abilities and health statuses (reducing ageism, increasing compassion, de-prescribing), funding for training, and also training people who already live in communities to ensure that they can be retained. This could be particularly true for new immigrants who are often underemployed.

Finally, more emphasis is needed on providing healthcare that is people centred rather than system centred. An example which we heard about over and over again was the fact that homecare has become task (and schedule) based rather than person based.

Long-term care. Major themes discussed here included: facilities, staff, and the promoting of appropriate supports/services for residents. On the latter point, it was suggested that more therapies are needed, more assistance is needed for those with dementia, and social isolation needs to be recognized and alleviated. In addition, more needs to be done to consider how to maximize the autonomy of older people receiving long-term care.

From a facility perspective, it was reported that more long-term care and subsidized assistive living facilities are needed. The lack of spaces results in individuals having to travel potentially hundreds of kilometres from their families and friends, couples being separated, and poor quality of life. In addition, care provision was seen to be substantially different between private and public facilities.

In terms of staff, similar to healthcare systems, more healthcare aids, nurses and geriatricians are needed (along with volunteers), and more training is required. Also, staff in long-term care are not always respected and their needs are not heard.

Also like healthcare, there is a need for better communication within long-term care to reduce the confusion and complexities for the clients/residents and their families.

Age-friendly environments. While all consultations led to many discussions around positive aspects in the province regarding age-friendly environments, and there are many new and established AF Community Committees in the province who are actively engaged, most areas identified by the WHO Age-friendly global movement are still in need of improvement in Manitoba. These include: combatting ageism, more inter-generational activities and living arrangements, transportation, housing and building codes, physical infrastructure and accessibility.

From a process point of view, many spoke about how it was challenging to maintain momentum, which has led to a number of age-friendly community committees disbanding. Issues here relate to the reliance on volunteers, a lack of funding, and no one is monitoring whether plans are enacted.

Other Activities

Other ways that the Centre has raised awareness about the World Report and the GSAP have included: 1) a [pre-conference workshop](#) at the 2017 Canadian Association on Gerontology conference, where the focus was on determining research priorities for Canada; and 2) several guest lectures in classes at the University of Manitoba, particularly in the required courses of the Option in Aging.

Combatting ageism is one of the key features of the GSAP. The Centre has held workshops about how to [communicate about aging](#) in: nine communities in Manitoba, one conference in Saskatchewan, and at a recreation conference in Manitoba. The Centre also hosted a workshop specifically on [ageism](#) in 2019.

Related to age-friendly environments, the Centre on Aging has been a leader in the [Age-friendly University](#) global movement, becoming the first to endorse the Age-friendly University principles in Canada, in May of 2016. Activities to make the University of Manitoba more age-friendly have included forming a university-wide committee, conducting research projects, classroom activities as well as holding a half-day workshop.

A CHAM partner, the Manitoba Association of Senior Centres, is managing the AF team for the province. Within the last years, two community development hubs were held (Portage la Prairie and Beausejour). The agenda in both Hubs was to introduce the WHO Global Report on Healthy Ageing in the next decade.

Communications and Reports

Based on all of the above activities, several CHAM documents have been written and disseminated. Two submissions were made to federal government. [One](#) was submitted to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA) on “Advancing Inclusion and Quality of Life for Canadian Seniors” in 2017. Another [submission](#) was made to the Standing Committee on the Status of Women, who were examining the “Challenges faced by senior women”. In 2018, a [report](#) outlined the points that were raised at the community consultations made in that year. Other means of communicating about the World Report, GSAP and consultations have included sharing reports and letters with the Winnipeg Regional Health Authority, participants of the Long-term Care Association of Manitoba conference, the Dean of the Faculty of Health Sciences, Shared Health, the Minister of Health and the Premier of the province of Manitoba.

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