

# Provincial Aging in Place Working Group – Report and Recommendations

## I. Introduction

The purpose of this paper is to identify recommendations from the Provincial Aging in Place Working Group to support older adults living in Manitoba.

The Provincial Aging in Place Working Group, established in 2009, is comprised of representatives from government, Regional Health Authorities, the Long Term and Continuing Care Association of MB, the Non-Profit LTC Association and various interest groups including the Alzheimer Society of MB. The purpose of the Working Group, as identified in the Terms of Reference, is:

“To review and make recommendations related to the implementation efforts to date of 2006 Aging in Place policy and the RHA’s long term care strategies:

- To provide an opportunity to promote ideas and make recommendations for older adults’ supportive living options;
- To promote and improve open, ongoing communication and collaboration within the long term care continuum;
- To review and make recommendations related to communication strategies that will inform and educate the general public.”

(See [Appendix A](#) – Provincial Aging In Place Working Group Terms of Reference & [Appendix B](#) - Membership).

Consistent with this mandate, the Working Group embarked on a strategic planning process to address the current and future needs of older adults living in Manitoba. An environmental scan was conducted including a “SWOT analysis” of strengths, weaknesses, opportunities and threats within some of the existing systems that contribute to older adults’ health and healthy living. Results of the SWOT analysis were then prioritized by the Working Group with consideration given to areas that were already being addressed in other forums.

Based on this, the Working Group has identified the following recommendations for consideration by the Ministries of Health and Healthy Living, Youth & Seniors. The Working Group respectfully acknowledges that some of the recommendations will involve collaboration with other Ministries.

Recommendations have been categorized according to four main areas:

1. Supportive Living for Older Adults
2. Enhanced Partnerships: Collaboration and Coordination
3. Communication and Education
4. Human Resource Strategy

Note: Membership on the Working Group included some regional representation from across the province (two representatives). Input was obtained from regions not directly involved with the Working Group through the SWOT analysis. However, further consultation with all RHAs along with other stakeholders is recommended as part of any consultation process regarding these recommendations. Recognition is given to the fact that implementation of the recommendations may vary across regions given the diversity of demographics, needs and resource availability.

## II. Recommendations

### 1. Supportive Living for Older Adults

Many older adults want to remain independent and live in their own homes and communities for as long as possible. As needs and abilities change, some people may need extra help to do this. Others may choose to move to a more supportive environment. The Working Group acknowledges the positive impact of the government's Aging in Place policy and Long Term Care strategy in this regard and supports continued work in this area.

Recommendations provided in this section relate to supports and services as well as living environments to assist individuals to live safely and successfully in their communities for as long as possible.

**Recommendation #1:** Alternative housing and care options are needed to support individuals who are currently occupying acute care beds because no other options exist. Some Regions indicated that up to 1/3 of their acute care beds are occupied by people who do not need PCH placement but are not well enough to be discharged home. Creative solutions should be explored such as transitional housing options and different models of community based care and supports. Models and innovative approaches used in other jurisdictions should be explored.

**Recommendation #2:** Social isolation should be recognized as a significant risk factor for physiological and psychological deficits that may result in unnecessary and inappropriate visits to emergency rooms. The benefits of socialization with regard to improved quality of life for individuals and reduced costs to the health care system should be incorporated in planning and implementation of housing and service alternatives.

**Recommendation #3:** A range of affordable housing and support options for low income older adults and other identified populations is needed. This could include individuals who are not eligible for CPP, GIS, OAP as well as Aboriginal and newcomer populations. Some positive strategies to address affordability are currently underway including: a new income protection benefit (up to \$295 per month) announced by government to make supportive housing an affordable alternative to PCH; rent subsidies for Supportive Housing provided by the Department of Housing; and rent geared to income housing. Affordability, especially for couples, remains a key issue and other strategies are required to meet the demand.

**Recommendation #4:** Specialized environments with appropriate supports are needed to support aging in place for specific population groups. Examples of these populations include younger adults with physical disabilities, persons with developmental disabilities, and persons living with dementia or Alzheimer's disease who do not fit within existing institutional models. Environmental designs need to incorporate age-friendly, accessible design features to promote aging in place.

**Recommendation #5:** Planning and provision of supports and services for older adults needs to consider an "upstream" preventative approach. Existing programs that support health promotion activities, such as Support Services to Seniors, should be encouraged and enhanced where needed. Examples include active living, good nutrition, falls prevention, abuse prevention, and safe use of medications with the elderly to mention a few. Opportunities to engage older adults and improve socialization should be supported.

**Recommendation #6:** Increased informal caregiver support needs to be addressed. The Working Group acknowledges that some positive progress has been made in this regard such as the caregiver tax credit for caregivers of Home Care clients. However, additional strategies to support caregivers (such as financial incentives and more access to respite) are needed.

**Recommendation #7:** Adequate information systems, electronic interchanges and connections to the emerging e-chart are essential to effective planning and coordination of services and should be implemented across the province.

The Manitoba Centre for Health Policy (MCHP) Report released in February 2011 (entitled "Population Aging and the Continuum of Care of Older Adult Care in Manitoba") states that:

*"Improvements to data are important to further develop older adult planning strategies. Aside from the Winnipeg Regional Health Authority (WRHA), Manitoba is currently limited in its ability to measure the health profile of home care, supportive housing, and PCH users." (Doupe et al. xii).*

MDS-RAI data systems for home care and PCH are not globally implemented across the province. The Working Group recommends that appropriate data information systems and electronic interchanges be implemented across Manitoba. Technology should be used as a tool to support informed decision making and service provision. Appropriate care to protect individual privacy is recognized.

## **2. Enhanced Partnerships: Collaboration & Coordination**

The SWOT analysis conducted by the Working Group acknowledges that some collaboration is occurring among various partners and sectors across the aging continuum. The establishment of the Provincial Aging in Place Working Group, the Cross-Department Coordination Initiative (CDCI), and the Age-Friendly Initiative are examples of such partnerships.

Other partnerships identified include: Government; non-government organizations; Regional Health Authorities; the Long Term and Continuing Care Association of Manitoba; the Non-Profit LTC Association; private business partners; community organizations and various interest groups including the Alzheimer Society of Manitoba

Recognizing the importance of partnerships in providing person-centered care to older adults in Manitoba, further collaboration and enhanced partnerships are recommended.

**Recommendation #8:** Partnerships should be explored and enhanced within the following areas:

1. Across all levels of government (federal, provincial and municipal)
2. Interdepartmental – Within the government of Manitoba, many departments contribute to the health of older adults such as: Health, Healthy Living, Youth & Seniors, Housing, Family Services, Finance, Transportation and Justice.
3. Inter-sectoral – Partnerships such as those identified above.
4. Across sectors of the health care system – acute care, primary care, long term care and community.
5. With community organizations that are interested in promoting healthy living and Aging in Place (such as community clubs, art communities etc).

**Recommendation #9:** Recognizing that within the government of Manitoba many departments contribute to the health of older adults, a coordinated interdepartmental approach to planning and service delivery is recommended. The Working Group suggests that one coordinating body take a lead in this area. The Working Group recommends that the Seniors and Healthy Aging Secretariat assume the coordinating role as this is consistent with their current mandate and activities.

**Recommendation #10:** Access to the right service (or housing option) at the right time for the right person is critical to the health of older adults. A coordinated approach to accessing services and “navigating the system” requires a planned and coordinated approach among service providers and systems. There is no one single coordinating body that does this at the present time. Unique and innovative approaches are needed to address this issue. (For example, a system similar to the 311 call line was suggested that could provide information as well as ensure that appropriate follow up occurred where needed).

### **3. Education and Communication**

The Working Group SWOT analysis identified the need for improved communication and education across the system, both with service providers and the general public. Positive aspects of successful endeavours are acknowledged, including the H1N1 educational campaign and specialized training (PIECES) for staff working with persons with dementia. The Working Group felt that some of the successful elements could be incorporated in future planning. Advantages to be gleaned from a comprehensive communication strategy include better access to service and more appropriate use of resources. Examples were cited where individuals/families pursued PCH placement or emergency department resources due to a lack of knowledge regarding community resources available.

**Recommendation #11:** Unique and innovative approaches in education and communication are needed in order to support the health of older adults, their families and informal care givers in Manitoba. Dedicated human resources with expertise in the area of communications are recommended.

Inherent in the provision of education and communication, as well as service provision, is the need to address the issue of “ageism”. Aging is not a disease. Wherever possible, aging should be portrayed in a positive manner.

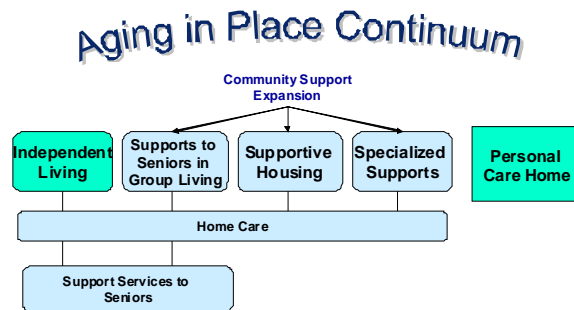
*“Ageism often builds in the context of ignorance. The more generations recognize they are connected to each other throughout the lifespan and affect each other’s well-being, the greater the opportunities for reducing negative attitudes against young and old alike.”  
(Spencer C.).*

Significant changes can be made through a targeted and focused communication strategy.

It is interesting to note that, although Canada has a national website specifically designated to ageism, no such website exists in Manitoba. Some aspects that support working with older adults are addressed elsewhere e.g. Age-Friendly Initiative website (see References). However, a more targeted approach to addressing ageism could be beneficial.

**Recommendation #12:** Communication and education strategies will support a positive connotation of the aging process and address factors contributing to “ageism”. Organizations and strategies that advocate for better treatment and greater acceptance of older adults will be supported.

The environmental scan also identified a need for communication and education related to the range of options available to support “Aging in Place” (both living environments and supports/services). Some confusion has been noted regarding the term “Aging in Place”. For example, “Aging in Place” is often misinterpreted to suggest that individuals may stay in their own homes indefinitely, with an endless array of publicly funded services, and irrespective of safety and quality of life issues. The suggestion has been made that terminology to support “Aging in the Community” may be more appropriate than “Aging in Place”. Education and communication regarding the continuum of housing and supports available to support individuals living in the community is needed.



**Recommendation #13:** Communication and education strategies need to be implemented that address the range of housing and support options available to support individuals aging in place in the community. Strategies should target the general public, service providers and other relevant stakeholders.

#### 4. Human Resource Strategy

Given the increased number of older adults expected over the next ten years, a targeted human resource strategy to service this population is recommended. Acknowledgement is given to some of the positive strides that have been made in this area including: Recruitment and retention strategies; cross-training of staff; use of Nurse Practitioners; and other examples of programs and services where a diverse staff mix (including volunteers) has been implemented.

**Recommendation #14:** A targeted human resource strategy to address the current and evolving needs of older adults is recommended. This strategy should, at a minimum, consider the following:

- Recruitment and retention strategies should be supported and efforts made to attract personnel to work in the area of gerontology. Promotion strategies are needed to target youth and capture their interest with regard to working with older adults.
- Specialized training should be provided for individuals working with older adults and other special populations (such as those with developmental challenges, Alzheimer’s Disease, and mental health issues to mention a few).
- Training should address the development of knowledge, expertise and sensitivity when working with special populations as well as include a focus on customer service training.
- A diversity of staff mix, including cross training where appropriate, should be considered. A culture that supports engagement of the elderly (ie. volunteerism) and promotes quality of life (i.e. recreational and spiritual care workers) should be encouraged.

### III. Summary & Conclusions

Inherent in the proposed recommendations are advantages to be gained by individuals, communities and the health care system:

1. Individuals - Providing supports to older Manitobans enables them to remain in their communities and age in place. This allows individuals to continue to be contributing members of society, which contributes both to self-worth and an improved quality of life.
2. Communities - Older Manitobans remaining in the community impacts the communities in which they live. They continue to vote; they continue to support the economic viability of the community; and many remain involved in community life such as church and cultural events.
3. Health Care System - Some anticipated impacts include: Earlier discharges from hospital; decreased and/or delayed Personal Care Home admissions as more supports and living environments become available; more appropriate use of resources (including Emergency departments) as older adults become more aware of the resources available and how to access them; and better system efficiencies as a result of new, innovative ideas and creative partnerships. Although the long term benefits of the health promotion strategies embedded in these recommendations will be difficult to measure, the assumption can be made that a preventative “upstream approach” should lead to better health. This, in turn, should have a longer term impact on use of the health care system.

Whereas the recommendations made here are intended to benefit all Manitobans, recognition is given to the fact that implementation may vary across regions. Although membership on the Working Group included some regional representation, further consultation across all regions is recommended. There also needs to be a broader public consultation around the recommendations.

The Working Group welcomes the opportunity for further discussion regarding next steps. Recommendations are put forward here to the Ministers of Health and Healthy Living, Youth & Seniors, with the acknowledgement that some recommendations will involve collaboration with other Ministries.

A summary of the Provincial Aging in Place Working Group recommendations is provided below.

#### **Summary of the Provincial Aging in Place Working Group Recommendations:**

**Recommendation #1:** Alternative housing and care options are needed to support individuals who are currently occupying acute care beds because no other options exist. Some Regions indicated that up to 1/3 of their acute care beds are occupied by people who do not need PCH placement but are not well enough to be discharged home. Creative solutions should be explored such as transitional housing options and different models of community based care and supports. Models and innovative approaches used in other jurisdictions should be explored.

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4. Across sectors of the health care system – acute care, primary care, long term care and community.
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- A diversity of staff mix, including cross training where appropriate, should be considered. A culture that supports engagement of the elderly (ie. volunteerism) and promotes quality of life (i.e. recreational and spiritual care workers) should be encouraged.

## IV. Appendices

### Appendix A



### **Terms of Reference – September 27, 2010**

### **Provincial Aging In Place Working Group**

**Purpose:** To review and make recommendations related to the implementation efforts to date of 2006 Aging in Place Policy and the RHAs' long term care strategies:

- To provide an opportunity to promote ideas and make recommendations for older adults' supportive living and care options;
- To promote and improve open, ongoing communication and collaboration within the long term care continuum;
- To review and make recommendations related to communication strategies that will inform and educate the general public.

### **Responsibilities:**

1. To review and make recommendations regarding trends in the aging population that may impact in the community, supportive living and other care options/settings. Review progress to date in terms of matching services available to the current and future needs of the population.
2. To review and make recommendations related to the gaps in meeting the needs of older adults related to appropriate supportive living and care options including:
  - Service Options across the province based on population needs;
  - The provision of services in the communities where older adults and families reside;
  - Levels of service offered in the various options; entry and exit criteria;
  - Safety and security and continuous quality improvement;
  - Affordability of supportive living and care options;
  - Responsiveness and flexibility of supportive living and care options; i.e. number of moves for older adults whose care needs escalate; transitioning smoothly through the system;
  - Provide feedback and commentary for policies in this area;
  - Impact and expectation of families/care givers responsibilities in the various care options.
3. To seek information and feedback from provincial and other jurisdictions.

4. To review and make recommendations regarding communication strategies within the long term care continuum and with the general public.
5. To seek access to, address and respond to questions posed by various interest groups e.g. Long Term & Continuing Care Association of Manitoba, NPLTCA, MSOS.

**Meetings:** Quarterly and at the call of the co-chairs

**Membership:**

The Working Group will be co-chaired by a representative from an interest group i.e. NPLTCA and LTCAM, and a representative from an RHA or Government.

- Long Term & Continuing Care Association of Manitoba
- Non-profit Long Term Care Association
- Winnipeg Regional Health Authority
- Manitoba Health
- Cross Departmental Coordination Initiative
- Rural Regional Health Authority
- Seniors Secretariat

**Appointments and Reporting:**

- Minister of Health
- Minister of Healthy Living, Youth and Seniors

## Appendix B

### Provincial Aging in Place Working Group Committee Membership April 2011

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>
<b>Carol</b>	<b>Allan</b>	President, Board of Directors Convalescent Home of Winnipeg Chairperson, Trustee half of the NPLTCA
<b>Patti</b>	<b>Chiappetta</b>	A/Executive Director Manitoba Seniors and Healthy Aging Secretariat
<b>Real</b>	<b>Cloutier</b>	COO WRHA VP Community Health Services & Long Term Care
<b>Jean</b>	<b>Cox</b>	Assistant Deputy Minister, Regional Affairs Healthy Living, Youth & Seniors
<b>Eliette</b>	<b>Allec</b>	Director WRHA Home Care
<b>James</b>	<b>Heinrichs</b>	Executive Director Donwood Manor PCH
<b>Gerald</b>	<b>Kalef</b>	Executive Director Fort Garry Care Centre
<b>Norma</b>	<b>Kirkby</b>	Program Director Alzheimer Society of Manitoba
<b>Judy</b>	<b>Knight</b>	Director, Continuing Care Branch, Health System Monitoring, Regional Programs & Services Manitoba Health
<b>Ray</b>	<b>Koop</b>	CEO The Bethania Group
<b>Jan</b>	<b>Legeros</b>	Executive Director Long Term & Continuing Care Association of Manitoba
<b>Betty</b>	<b>MacKenzie</b>	Vice President Community & Long Term Care South Eastman RHA
<b>Jean</b>	<b>Piche</b>	CEO Holy Family Home, Inc.
<b>Marion</b>	<b>Pringle</b>	Provincial Director, Revera Incorporated President, Board or Directors, Long Term & Continuing Care Association of Manitoba Poseidon Care Centre
<b>Linda</b>	<b>Smyrski</b>	Program Consultant, Continuing Care Branch, Health System Monitoring, Regional Programs & Services Manitoba Health

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>
<b>Kathy</b>	<b>Taylor</b>	Project Director WRHA Community Housing Long Term Care Strategy
<b>Marcia</b>	<b>Thomson</b>	Assistant Deputy Minister Cross Department Coordination Initiatives Healthy Living, Youth & Seniors
<b>Vicki</b>	<b>Toews</b>	A / Director Policy Development Manitoba Seniors and Healthy Aging Secretariat
<b>Gina</b>	<b>Trinidad</b>	Executive Director PCH Program Deer Lodge Centre
<b>Jayne</b>	<b>Troop</b>	Vice President Community & Long Term Care Brandon RHA
<b>Joanne</b>	<b>Warkentin</b>	Team Lead Cross Department Coordination Initiatives Healthy Living, Youth & Seniors

## V. References

Doupe M, Fransoo R, Chateau D, Dik N, Burchill C, Soodeen R-A, et. Al. (Feb 2011). *Population Aging and the Continuum of Older Adult Care in Manitoba*. Retrieved Feb 2011, from Manitoba Centre for Health Policy website: [http://mchp-appserv.cpe.umanitoba.ca/reference/LOC\\_Report\\_WEB.pdf](http://mchp-appserv.cpe.umanitoba.ca/reference/LOC_Report_WEB.pdf)

Age-Friendly Manitoba Initiative. (no date). In Province of Manitoba. Retrieved April 28, 2011, from <http://www.gov.mb.ca/shas/agefriendly/index.html>.

Spencer. C. (December 6, 2010). *Ageism*. Retrieved April 2, 2011, from Canadian Network for the Prevention of Elder Abuse website: <http://www.cnpea.ca/ageism.htm>