

Raising the Profile Project

The logo for the Raising the Profile Project (RPP) consists of the letters 'RPP' in a bold, white, sans-serif font. The letters are centered within a solid gray rectangular background.

Raising the Profile Project

RPP

- Project History and Goals
- Project Structure and Scope
- Key Issues Identified
- Key Project Activities
- Expected Project Outcomes

- Seniors Centres workshop at conference with Seniors Advocate (Spring of 2015).
 - Positive contribution made by Seniors Centres in supporting seniors to build new social connections, remain physically and mentally active, and maintain their health and independence.
 - Concerns about recent funding cuts and the lack of recognition of the vital role played by these services in the broader community and by government.
- Pressing need for Seniors Centres to have a much higher profile and more support to meet the challenges of its aging population.

Project History: Funding



- Funding for July 2016 – June 2017 to cover research and consultations, including: the United Way Better at Home, the Seniors Advocate, VanCity and the Centre for Non-Profit Management and Sustainability.
- Largest funder is the BC Ministry of Health (how community-based senior services fit within their overall strategic plan for seniors health care).

Project Goals



- Raise awareness in the broader community and with government
- Document the uneven provision of and support for these services across the province
- Outline a business case for greater investment in this sector.
- Identify specific capacity building strategies/social innovations.

- **The Definition of Community-Based Seniors Services (CBSS):**

A broad definition that includes all non-profit and municipal services that provide programming for older adults including community centres, multi-service agencies, seniors centres, community coalitions, neighbourhood houses.

- **Identify how to begin:**

Began to develop a provincial network of direct service providers and organizations that support these providers and to begin a conversation about how to **build the capacity of the sector to address the growing needs of an aging population.**

Raising the Profile Advisory Committee includes representatives from around the Province:

- non-profit organizations
- municipalities and related associations
- funders

Raising the Profile Seniors Reference Group includes representatives from around the Province to:

- Ensure that seniors' concerns and experiences are addressed in all the project activities
- Seniors who are or have been leadership positions in community-based seniors services

Advisory Committee, Seniors Reference Group, & other project structures expressly seek diversity and representation in their membership

- Funding reduction has exacerbated competition and fragmentation of the sector.
- Need to find new ways to work more collaboratively.
- Need to address the diversity of the seniors population and the importance of reaching out to isolated and vulnerable populations of seniors
- Large proportion of seniors population with very low incomes who rely on these community-based services.

- Right balance of volunteers and paid staff.
- Uneven provision of and support for these services across BC and many additional challenges in rural communities.
- No provincial/regional infrastructure to support program co-ordination, effective evaluation, and innovation.
- Role of the sector in supporting people with significant mental and physical health challenges.

Key Project Activities



- Literature Review:
 - BC Policy Context
 - Research on Community Based Seniors Services (CBBS)
 - Evidence of increased health care utilization and costs related to poor nutrition, social isolation and being physically inactive
- Survey of Better at Home Coordinators
- Program Profiles
- Interviews with Provincial, Regional, Municipal Organizations
- Community Consultations
- Provincial Summit

Best research on Seniors Centres is from the U.S.:

*The **main goal** of the senior center movement has been **to offer socialization opportunities** for their elderly members and provide services that allow them to live independently within their communities. The **mandate for senior centers has been expanded to include a focus on preventing or delaying long-term institutionalized care** (Pardasani, 2004a).*

Similarly in BC:

- Seniors Centres serve older, low income seniors, mostly women, with increasingly complex needs.
- Social support is key and increasingly the focus is on prevention and health promotion.

Key Project Activities: Profiles



- Fifteen Program Profiles in seven **core service areas**:
 1. **Nutritional Supports** – a hot lunch program, community kitchens, etc.
 2. **Wellness Program** – wellness clinics, peer counselling, outreach to higher needs home bound seniors requiring more structured program, chronic care support groups, etc.
 3. **Physical Activities** – tailored to people’s needs and interests
 4. **Educational, Recreational, Creative Arts** programming
 5. **Information, Referral, and Advocacy** – related to income support programs, housing, health services, community resources
 6. **Transportation** – access to community and health services
 7. **Affordable Housing** – essential to supporting people to live in community

1. Nutritional Supports

- Risk of malnutrition very high for vulnerable seniors:
 - 34% of community living seniors in Canada are at nutritional risk.
 - Risk factors are: female, low income, complex conditions/disability, living alone, low social support, and depression.
 - Higher nutritional risk is associated with a 51% increase in the likelihood that an older adult living in the community will be hospitalized.
- Recent Canadian study found 45% of patients admitted to hospital malnourished with prolonged stays costing \$2 billion dollars a year.

1. Nutritional Supports

- Nutritional supports in Seniors Centres:
 - In US, meal programs are most frequently utilized services with $\frac{3}{4}$ of centres offering meal programs on site.
 - User mostly: low income, female, from racial and ethnic minority communities, living alone
 - Shift away from Meals on Wheels models toward meals in social settings (nutritional benefits and socialization opportunities).
 - Eating alone associated with poor nutritional health in seniors.

1. Nutritional Supports

- Silver Harbour Seniors' Activity Centre Food Services:
 - For 40 years, every weekday, serving nearly 500 meals per week.
 - Subsidized: total cost per meal \$11 but participants only pay \$8.
 - Five-course nutritious meal (enough for 2 meals).
 - 1.5 FTE plus at least 4 volunteers per day
 - Key benefits identified: nutritional benefits, quality/taste/variety of food, socialization opportunities, convenience, and good price.
 - Transportation available on some days.

1. Nutritional Supports



“I rely on the weekday lunch program on a daily basis...I knew about Silver Harbour for many years but didn’t start going till after my second heart operation....It’s not just the food it the people you can chat with...They have windows on the world that I would never have.”

Silver Harbour Seniors’ Activity Centre
Food Services Participant

1. Nutritional Supports

- Granisle Healthy Lunches Program:
 - Small community, almost 2/3 of the population are seniors, many of whom live alone.
 - Hugely popular program with different groups taking turns hosting community lunches (60-75 people every 4-6 weeks, providing opportunities for socialization, a hot meal, and information on nutrition and healthy eating).
 - Funded for two years by grants that the municipality applied for, now discontinued as they were unable to secure funding for a third year.
 - Grants only available for trying “new” programs --- no on-going sustainable funding
 - New approach: testing a partnership with a local school lunch program.

2. Wellness Programs

- Social Support as a key determinant of health for older adults:
 - Social support (key determinant of seniors' health) slows cognitive decline, delays the progression of physical disability, has a positive impact on mental well-being, and increases longevity.
 - Social isolation associated with the increased risk of depression, negative health behaviors, falls, and chronic illness plus higher utilization of physician services, increased likelihood of hospitalization, re-hospitalization, and longer stays.
 - Wellness program outreach to isolated seniors and/or those with mobility and chronic health issues including wellness clinics, peer counselling, support groups, etc.

2. Wellness Programs

- Share and Care Program:
 - A partnership between the Food Bank, Surrey Parks and Recreation, and the Come Share Society.
 - A low barrier, free program for seniors using the food bank where they can socialize, participate in wellness programming, listen to guest speakers and have refreshments and then access the food bank at a specific time-slot for seniors.
 - Has been very successful – 30 to 40 seniors attend regularly and there are plans to expand the program to other communities in the Surrey area.

2. Wellness Programs

- Keeping Connected:
 - West Vancouver Seniors' Activity Centre (municipal department), more than 15 weekly Keeping Connected programs focusing on exercise, conversation, and social connections, with small drop-in fee.
 - Over 500 Keeping Connected higher needs senior participants: suffered an isolating loss (cognition, driver's licence, physical, spouse).
 - Keeping Connected breaks down barriers to participation by providing transportation, instruction, one-on-one support, reminder phone calls about programs, and support for families.
 - Funded by community partners, Vancouver Coastal Health, fundraising, grants, and foundations.

3. Physical Activities

The importance of regular exercise for seniors' health and wellness:

- Physically inactive Canadian seniors use significantly more health resources and incur over 2.5 times the health care costs in comparison with physically active seniors (additional \$5.6 billion/year)
- Only 12% of Canadians aged 60-79 are meeting the Canadian Physical Activity Guidelines.

3. Physical Activities

- Choose to Move:
 - Provincial evidence-based program led by the Centre for Hip Health and Mobility, delivered in partnership with British Columbia Recreation and Parks Association (BCRPA) and YMCA of Greater Vancouver.
 - Participants work with a trained activity coach to develop a personalized physical activity action plan customized to their individual needs, interests, goals, resources, and abilities.
 - 84% of seniors participating had one or more chronic condition when they enrolled; after only 3 months' there were significant improvements:
 - increased physical activity rates by 1.7 days per week
 - increased feelings of social connectedness
 - decreased feelings of loneliness

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Building Resilience



- Underpins:
 4. Educational, Recreational, Creative Arts programming (meaning, connection)
 5. Information, Referral and Advocacy (problem solving)
 6. Transportation (access)
- Ability to bounce back in face of adversity.
- Seniors with significant health issues can continue to live well because they are socially connected, able to find meaning and purpose, and problem solve.
- Not just a personal characteristic but impacted by family and community resources and larger social policies

4. Recreational Programming



- Embrace Aging Month:
 - Held by Victoria Eldercare Foundation every March to raise awareness of and connect seniors (and their families) with aging resources.
 - Partner with other organizations to host free events, information sessions, and activities targeted at seniors, with 2500 attending Trade Expo and 1100 attending over 30 Wellness Centre workshops.
 - Provides education, creates awareness of services, connects seniors with service providers, strengthens service provider relationships.
 - Budget of \$10,000 each year (donations) plus staff/volunteer support.

4. Recreational Programming



- Humjoli, Progressive Intercultural Community Services Society:
 - ‘Peer fellowship’ aiming to reduce social isolation through socializing, participating in group activities, receiving peer support, and connecting with community resources.
 - Minimal budget: in-kind donation of space and staff support, committee of nine experienced volunteers.
 - Empowers the approximately 30 participants and encourages them to develop and share their talents, stay physically, mentally and socially active, and connect with resources.
 - Strengths and challenges:
 - ownership over and contributions to the group
 - transportation can be a major barrier for seniors attempting to access programs, particularly if they are low-income

5. Information, Referral & Advocacy



- Important in supporting seniors' resilience.
- Areas covered: income supports, housing services, community resources, access to health services.
- Many different players involved in addressing this issue, little co-ordination.
- Strength of the community-based services sector: the in-person hands-on support, can be integrated with other programs.
- Need for capacity building in this sector.

5. Information, Referral & Advocacy



- Prince George Council of Seniors' Seniors Resource Centre and Info Line :
 - Information and referral services since 2002, in-person drop-ins or phone calls (3000 of each, annually), weekday daytime, for Prince George and surrounding areas.
 - Information and referral topics are wide ranging: federal and provincial benefits, municipal services, community events, health, housing, income taxes, transportation, plus assistance with applying for government benefits and income tax.
 - Over the course of a week, normally 6-10 volunteers work shifts with staff support (shadowing, mentoring, and training sessions for volunteers).
 - Funding through annual Community Gaming Grant, Northern Health Authority, City of Prince George, donations, fundraising and small project grants (funding instability impacts the capacity of their information and referral services).

6. Transportation

- North and South Delta Seniors Buses:
 - Limited presence of Transit in the area (a 20 min car drive can be over 2 hours by bus).
 - Kennedy Seniors Recreation Centre was unable to get Transit to change a bus route so the Delta Seniors Planning Table and municipality agreed to work on a solution.
 - North Delta Seniors Bus was launched in 2013 with a budget of approximately \$90,000 per year and South Delta more recently (municipal funding plus one Age-Friendly Community grant each).
 - Seniors use the bus for medical appointments, shopping, social activities, etc. only within in its own region.
 - Service is free (donations accepted), booked in advance, and routed based on requests (North Delta 5 days/week, South Delta 3 days/week).

6. Transportation

- Mount Waddington Transit System:
 - Advocacy work by community members and seniors groups with initial funding from VIHA.
 - 2000 people per month, with three wheelchair accessible buses which link small towns and First Nations plus individual car rides by volunteers.
 - Funded by a regional tax, BC Transit provides staff and administrative support, the Transit Operator (North Island Community Services Society) runs the system and bills BC Transit, who in turn bill the Regional District.

7. Housing

- Housing is a key determinant of health but traditionally CBSS have not been involved (except information and referral on housing).
- 42% of senior renters are in core housing need compared to 29% of non-seniors (for single senior renters, 54% of single senior women and 45% of single senior men are in core housing need). Core housing need: spending more than 30% or more of before-tax household income on housing (often not having enough disposable income to cover other living costs).
- Provincial SAFER rental subsidy program (to lift low income seniors out of core housing need) has not been increased to reflect the rise in rental costs over the last 10 or more years plus nearly 50% of seniors aren't aware of SAFER.
- In Metro Vancouver, 38% increase in seniors applying for subsidized housing from 2012 to 2016 and seniors homelessness increased from 10% to 18% from 2005 to 2016.

7. Housing

- Seniors Services Society:
 - Support homeless seniors and seniors at risk of homelessness from around Metro Vancouver, with 20 temporary housing units (could easily fill 5 times this).
 - Some funding for rent supplements for those leaving medical care into homelessness, but only if the client moves into market housing (referrals from hospitals around Metro Vancouver).
 - Used to have federal Homeless Prevention Strategy funds for 2 Outreach Workers and other supports -- now seniors must be homeless for 6 months or more before they can be helped by a non-senior-specific homelessness service agency.

7. Housing

- Champlain Housing Trust, Vermont, USA:
 - Community Land Trust in Burlington, started in 1984 by then Mayor Bernie Saunders, now has housing assets worth \$10 million (mostly rental, also co-op and private – all cost controlled).
 - Partnership with the local and regional government is key to success.
 - Champlain recently started providing homes for the chronically homeless; this saved the regional healthcare system significant costs. As a result, the local hospital donated \$3 million towards more housing for this population.



MOH funding for RPP

How can the Community-based Seniors' Services Sector be integrated with the MOH's strategic plan for seniors' care?

March 2017 Action Plan from the MOH

While it is not the governments role to provide for all quality of life considerations, there are many existing community supports that can and should be engaged to support the care of seniors from a holistic perspective along with health care services...This requires us to rethink some of our healthcare practices in the healthcare system concentrated on interventions and cures.

Common Interests between CCBS and the health system

- Rapid growth in the aging population and the evidence that healthcare costs and utilization can be better controlled with more attention on health promotion and prevention (i.e. upstream intervention to reduce downstream utilization)
- The tie to the “core” mandate of the health system is that these upstream interventions improve health outcomes for **older adults living with chronic conditions** and those at **risk of frailty**.

What Would a More Connected Wellness-Oriented Future for Seniors Look Like?

- Access to services in the seven core areas in every community: (1) Nutritional Supports, (2) Wellness Programs, (3) Physical Activities, (4) Recreation, Education and Arts Programming; (5) Information and Referral; (6) Transportation and (7) Affordable Housing.
- Primary Care and Home and Community Care Staff would know about these services and “prescribe” them as appropriate.
- There would one person from health authority in each community whose primary responsibility would be the bridge between the health system with the CBSS sector.
- CBSS sector would be recognized as a sector provincially. There would have resources to support capacity building of programs and services that have a proven track record, are cost effective and result in health improvements.

Collaboration is key

An Example: Nelson Age Friendly Community Initiative

A collaborative, community development approach led by the Age Friendly Coordinator, who was housed at Nelson CARES, a multi-service non-profit agency.

Through a survey and extended community consultations *information and service coordination* was identified as one of the 3 key priorities for action.

Found that duplication and overlap in service provision and limited referral between agencies made it very difficult for seniors to navigate local services.

Nelson Age Friendly Community Initiative

The Change Process that put the senior at the centre for how services were organized:

- Local foundation provided multi-year funding to support the community development and collaborative work.
- Worked on finding common ground and building respect and trust among the community collaborators; mapped services; created an inventory of services; identified strengths in different agencies; and developed protocols for ethical and consistent referrals between agencies; developed collaborative funding initiatives
- Age Friendly coordinator then worked with agencies to build capacity including help with building a evaluation framework and understanding the importance of evaluation.

Where Are We Going? How Will Your Input be Used?

- **Making the case for increased investment:** Raising the Profile of what this sector currently does and what more it could do; linking this investment into lower health care utilization and costs; providing examples of effective programing and collaborative strategies in different areas.
- **This is one of 7 consultations** around the province this spring where we are sharing what we learned, getting your ideas and input about what is happening in your communities and where the sector needs to go next.
- The findings and results of these consultations will be presented to the MOH, Seniors Advocate and most importantly at a **Provincial Raising the Profile Summit for Seniors, Nov. 2nd and 3rd 2017 in Surrey.**

The Raising the Profile Provincial Summit for Seniors

- ➔ **Key Partners:** United Way Better at Home Program, Centre for Hip Health and Mobility, BC Parks and Recreation Association, City of Surrey and the Raising the Profile Project.
- ➔ **In addition on the Planning Committee:** academics, the Seniors Advocate office, leaders from seniors' community, service providers, MOH/HA, Family Caregivers of BC, BC Healthy Communities, Elder Care Foundation.
- ➔ **Goal:** To develop a Declaration with a Statement of Principles about the sector's contribution to healthy aging, and concrete commitments for how to move this work to the next stage.

Next Stage in Strengthen the Sector

- **Increase the capacity of organizations to develop new programming** and prepare funding proposals backed up by research and evaluation
- **Create a provincial support system where organizations can get assistance from others in the sector through a distributed learning model** where those who have expertise in a particular program area could act as mentors/advisors, be part of a community of practice, provide training, etc.
- **Advocate for a sector-run funding stream from government for building capacity** for collaboration and program innovation in CBSS. A good model is the *Community Action Initiative (CAI)*, designed to increase the capacity of non-profits to support people with mental health/substance issues. It is funded by the MOH but governed by representatives from the sector.
- **Work with provincial/regional associations/organizations** (e.g. BCRPA and United Way) to initiate a series of on-line training/leadership workshops to help the sector develop evaluation and leadership skills and to build more collaborative relationships between the sector, municipalities and the health system in specific programming areas.

This is about Community Development

- ➔ **Building a stronger, more united sector** that can have more influence and impact both locally and provincially.
- ➔ **Increasing the unity/collaboration** between the not-for-profit, municipal sector/regional districts and the health authorities/Ministry of Health.
- ➔ **Identifying what supports are needed** regional/provincially to support the community development process locally.

Important to note: There is huge variation in how these relationships are currently structured and in how much collaboration exists on the ground in different communities across B.C.