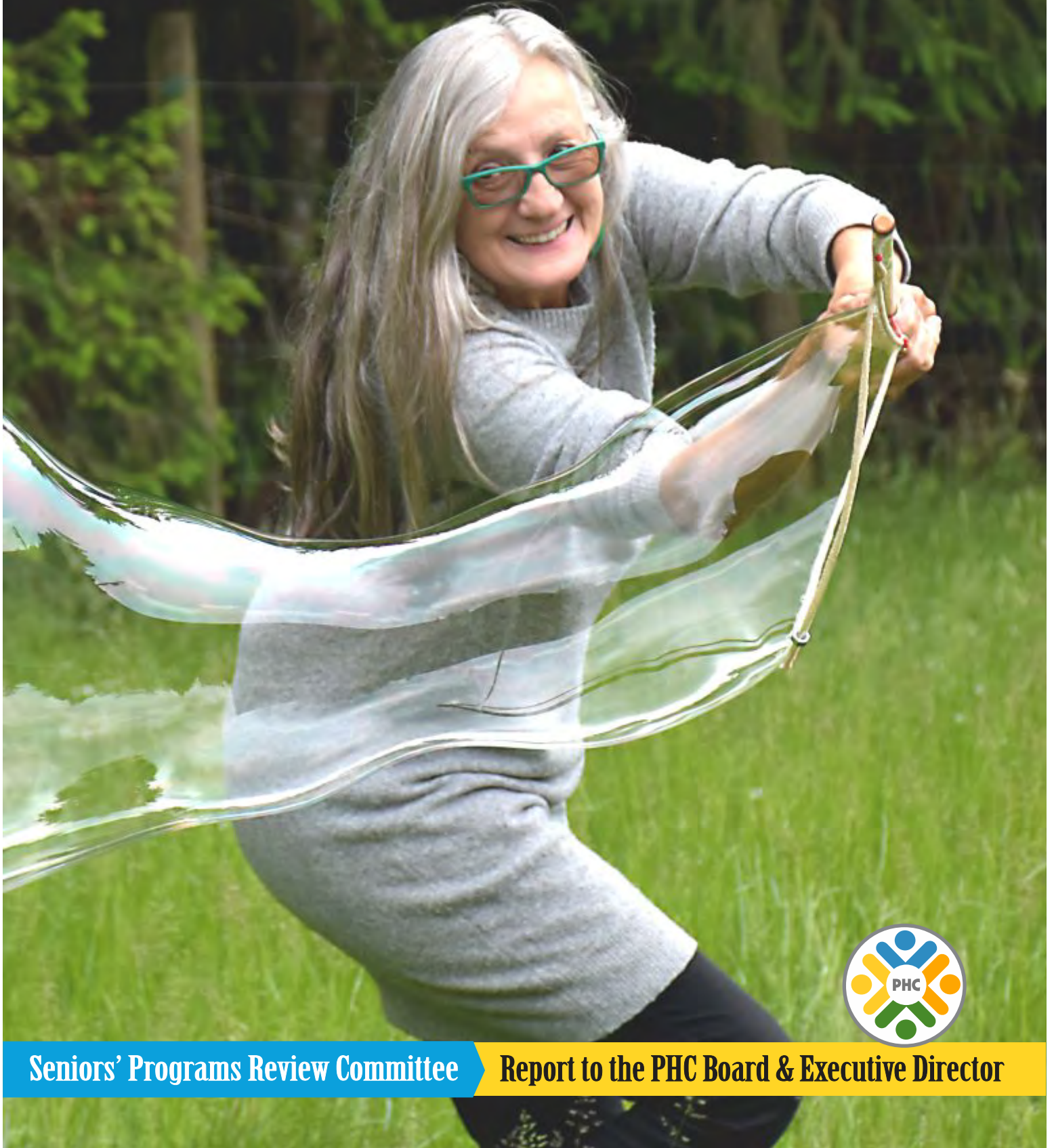


Transforming PHC Seniors' Programs



Seniors' Programs Review Committee

Report to the PHC Board & Executive Director

Land Acknowledgement



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People for a Healthy Community (PHC) is situated on the lands of the Snuneymuxw First Nation. The Snuneymuxw are a First Nation of the Coast Salish People, and have been residing in this territory since time immemorial.

We approach this work in our Seniors' Programs with the intention of building resiliency and interconnectedness across the lifespan, focusing on the importance of intergenerational relationships.

We learn how to form and nurture interconnectedness, respect for elders, and an anti-ageist community by witnessing the cultural values of the Snuneymuxw Nation:

“Through sharing Snuneymuxw stories, traditional knowledge, our language and ceremony, our present and future generations benefit from the wisdom and teachings of our elders and ancestors while ¹ carving a new path of possibilities and opportunities for our People.”

At People for a Healthy Community, we are grateful to live, work, and reside on this island, although we must also acknowledge our place as uninvited settlers. We mean to honour and respect Indigenous ways of being, knowing, and doing, so that we can walk alongside one another as participants, staff, volunteers, and community members in a good way.



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Executive Summary

People for a Healthy Community (PHC) Seniors' Programs grew directly out of input by Gabriola seniors when a group of PHC staff and volunteers came together for a community tea in the spring of 2011. As volunteer Maureen Wild said at the time, "Listening to them was the gift that created the circle of care."

The Circle of Care model was based on the reality that, in a small community, there is rarely more than one degree of separation between any two people. What happens to one community member ripples out to others – our circles overlap and intertwine. The Circle of Care was developed to build on the strengths of these inter-connections to provide support and services,

creating "circles of care" around Gabriola's most vulnerable community members, as well as those at risk.

The high-priority needs identified at that 2011 gathering continue to be key areas in need of attention today: social interaction for those feeling isolated, linking seniors with services, caregiving support, affordable transportation, and stable and affordable housing.

The spirit of "neighbours helping neighbours" remains an essential strength of PHC and the Gabriola community and must continue to underpin our approach to seniors' programming and services on the island.



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The Planning Context

PHC finds itself in an increasingly complex service delivery environment. The ongoing impacts of COVID have crippled the healthcare system. We see a national doctor shortage, a crisis in long-term care facilities, increased wait times for specialists, a grossly inadequate system for home support, and increased barriers to government programs. We also have an unprecedented number of older adults who require, and will require, support over the next decade alongside a steady increase in the cost of living.² Considering that 50% of older adults on Gabriola live in poverty, the need is great. As stated by the Intake Nurse for Home and Community Care,

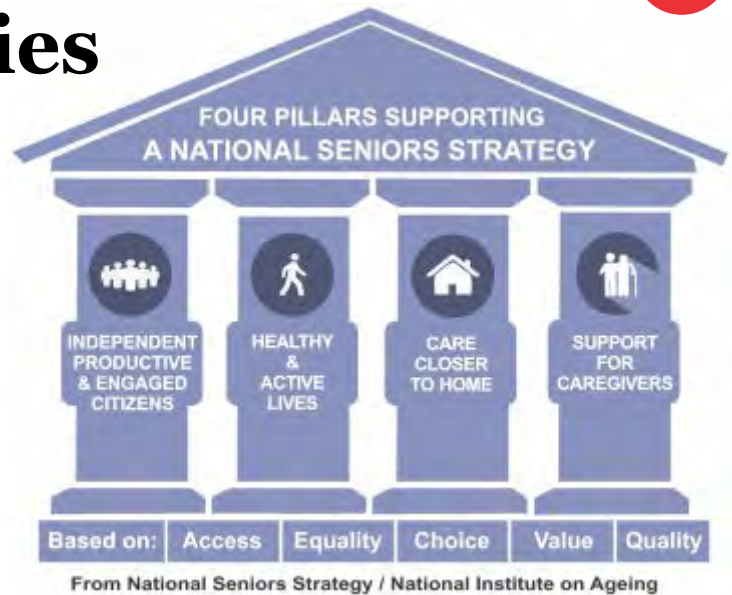
"We are seeing an increased demand for service paired with an increased acuity of needs. The level of need is unprecedented."

This report summarizes the input gathered by the Seniors' Programs Review Committee during the Spring, Summer, and Fall of 2022. It outlines key priorities to guide PHC to ensure a robust suite of programs and services for older adults on Gabriola and encourage the transition to an age-friendly community. Reflected in this report is local community feedback as well as research models and best practices informed by social service methodology used across Canada.

Themes & Priorities

The recommendations in this report are also informed by seven key messages shared by the United Way of BC's Provincial Leadership Council at the 2022 Summit on Aging, which PHC seniors' staff attended in April 2022. They include:

1. **Keep the focus** of community-based services on health prevention and promotion through integrated community and primary care that focuses on: active aging opportunities, healthy nutrition, and intergenerational opportunities.
2. **Bring the services to people** where they are at—whether that's on the street, in a park, etc. Create a flexible service model to ensure “every door is the right door to accessing services.”
3. **Collect the evidence** to demonstrate that your services work. (i.e. What's the greatest need? What's the evidence? What's the solution?)
 - a. Partner with universities and research efforts.
 - b. Capture program and participant stats (If you didn't count it, you didn't do it!).
 - c. Include the voices of seniors to inform and advocate for services.
 - d. Relay significant stats to the government in ongoing advocacy for service users and the sector e.g., Let MLA know that with just a 20% increase in funding through COVID, BC CBSS sector increased service delivery by 100% and increased service users by 500%! This is unparalleled. The cost savings have already been demonstrated!
4. **Work together.** The provincial government is moving toward funding Service Provision Organizations (SPOs). Rather than a conventional granting process, funding will be dispensed to communities via SPO. Community-based social service (CBSS) agencies with a proven track record for collaboration and the ability to respond to pressing issues (social isolation, housing, food security, etc.) will be selected for a specific role within the SPO.



5. Take care of your teams!

- a. Cross-sectoral advocacy to make CBSS jobs living-wage jobs with benefits, work-life balance, professional development, job stability, etc.
- b. How are we building a compassionate community within our team? (e.g. grief circles when a participant dies)

6. Volunteer coordination as a paid role.

Volunteers need to complement staff roles, not replace them. Staff can't do this work off the sides of their desks. It needs to be a professional, funded role.

7. Language matters. Diversity matters. A commitment to equity matters.

- a. Work to have a J.E.D.I. approach, a health equity lens, and a “decolonized perspective” embedded into your work.
- b. Does our approach ensure that everyone feels welcome and seen? (LGBTQ2S+, Indigenous, newcomers, people who use drugs, etc.). What does this look like... for staff? For participants? For volunteers?
- c. Help primary care to understand and take up the language of community.

While neither the provincial nor federal government has adopted a cohesive seniors' strategy, the National Institute on Ageing has a comprehensive strategy based on four pillars (see graphic above):

independent, productive, and engaged citizens; healthy and active lives; care closer to home; and support for caregivers.

The Program Review Committee recommends this framework be used as a guide for enhancing PHC's Seniors' Programs. As such, the Committee recommends the following eight priorities, which will be outlined further in this report:

1. Cultivate a Diversity & Anti-Ageist Culture
2. Support Healthy & Active Lives
3. Independent, Productive & Engaged Citizens
4. Provide Care Closer to Home
5. Increase Home Hospice Support
6. Share Positive Stories of Aging and Connection
7. Align the Service and Staffing models
8. Track Participant, Program and Community Level Outcomes



Dragons (L to R) Roger Christie, Maureen Wild, Mike Super, Gera Benoit, Jennifer Hewson, and Chloe Straw (absent: Cara Nikolai).

The Review Committee 'Dragons'

The Seniors' Program Review Committee was formed to undertake an investigation of the existing and emerging needs of older adults on Gabriola and to help inform the development of a new strategic plan for PHC.

In addition to a community-wide seniors' survey, focus groups with seniors representing different interest groups, and key informant interviews with community volunteers, service providers, and partner agencies, the review also included an examination of existing models and best practices for seniors' programming.

In addition to identifying high-level strategic shifts that PHC can undertake, the report also

outlines operational and programmatic changes to be considered. The Seniors' Program Review Committee (aka The Dragons) was composed of two PHC staff members, one Board member, two long-time PHC volunteers, and two community members—one who has lived on Gabriola Island for more than a decade and one who is a newcomer.

A wealth of knowledge and experience is represented by this committee, which gave itself the name "The Dragons." Many different cultures consider the dragon to be a symbol of power; they are the heralds of fortune, abundance, success, and prosperity. This seemed a fitting name for this powerful group.



flux photo

The programs and services offered through PHC for older adults on Gabriola would not be possible without the ongoing support of our partners:

Island Health Home & Community Care
United Way BC
Province of BC
BC Association of Community Response Networks
Vancouver Island Federation of Hospices
The Gabriola Auxiliary for Island Health Care Society
The Regional District of Nanaimo

PHC's Seniors' Programs aim to achieve the following goals:

1. Promote an environment in which Gabriolans can age in place
2. Increase social inclusion
3. Promote physical and food literacy
4. Support caregivers⁴

The following programs are delivered to participants with the help of dedicated volunteers and community collaborations:

- **Seniors Luncheon** - Monthly drop-in luncheon at the Rollo Centre with live entertainment.
- **New Age of Aging Educational Series** - Monthly presentations on a variety of topics related to the aging experience and other areas of high interest to those aged 55+.
- **SUSO Adult Day Program** (Stepping Up Stepping

Out) - provides a tasty, nutritious lunch, exercises, and activities including arts and crafts, music, storytelling, and memory stimulation. Transportation to the program is provided if desired.

- **Choose to Move Program** - 12-week group-based program for 65+ that helps participants to integrate activity into their daily routines and make new friends.
- **Social Prescribing Program** - Linking to services and activities to promote social connection and systems navigation support.
- **Community Care Program** - Trained volunteers visit clients at home and provide companion visiting and emotional support.
- **Home Hospice Program** - The focus of home hospice palliative care is on comfort, compassion, and dignity, giving people who are dying the opportunity to stay at home, remain involved with their family and community, and continue living as normal a life as possible.
- **Caregivers Support Group** - Free one-on-one emotional support and bi-weekly support group, health care navigation support, and access to workshops for those who provide unpaid care and support to family and friends who are elderly, in poor health, living with a disability, or experiencing other age-related challenges.
- **Free one-on-one emotional support** and bi-weekly support group for those who are grieving the loss of a loved one.

- **Taxi Saver Program** - In collaboration with the Regional District of Nanaimo (RDN), PHC offers taxi saver coupons for 50% discounted taxi travel for seniors and those with disabilities.

PHC Seniors' Program Coordinators also participate in a Gabriola Community Care Management Team that meets monthly with representatives from Island Health's Home & Community Care Program, BC Emergency Health Services' Community Paramedicine Program, and the Nanaimo Family Life Association's Older Adults Programs.

The main purposes of this team are to:

- **Provide a collaborative forum** for community service organizations who support the health and wellness of Gabriola residents, so they can: enhance program outreach to vulnerable seniors, improve access to services, and augment the impact of services; and
- **Improve the relationship** between the primary care and community health and wellness systems that serve Gabriola Island residents by creating an integrated systems approach.



PHC photo

- **Social Equity Gaps We're Working on** through the one-on-one work that we do with participants and their families and the collaborative work we do in Care Management, we strive to address:

1. Barriers to service access
2. Transportation barriers
3. Income barriers
4. Social barriers (e.g. loneliness, pride)

Research & Methodology

In order to understand where PHC's seniors' programs have come from, where we are now, and where we need to go, the PHC Seniors' Program Review Committee undertook the following tasks:

- Carried out an internal Scan of PHC's strategic priorities and its policies relating to the seniors' programs
- PHC Seniors' Staff Survey
- Community-wide Seniors' Staff Survey
- Focus groups with participants from PHC's

Adult Day Program, Home Hospice, and Caregiver Support programs

- Focus groups with community members who identify as LGBTQIA
- Interviews with longtime PHC volunteers
- Information table at the 2022 Fall Fair
- Discussions with community members during a PHC Open House
- Interviews with key service providers and stakeholders on Gabriola and in Nanaimo
- Research into best practices in community outreach and integrated service models

Recommendations to the Board

The key recommendation is that PHC take leadership in promoting an age-friendly community by:⁵

- Recognizing the great diversity amongst older adults
- Promoting their inclusion and contributions in all areas of community life
- Respecting their decisions and lifestyle choices
- Anticipating and responding flexibly to aging-related needs and preferences

In addition to our eight recommendations, the following section outlines the evidence that led to these recommendations, as well as best practices to guide their implementation.

1. Cultivate a Diversity & Anti-Ageist Culture

- Provide training for all staff and volunteers.
- Recruit staff and volunteers who reflect the diversity of participant groups.
- Develop a mechanism to ensure older adults have consistent input into services.
- Ensure eligibility criteria are inclusive and non-discriminatory.
- Incorporate intergenerational elements into programming where appropriate.
- Explore the need for a 'women-only' and other designated safe spaces.

An age-friendly community recognizes the great diversity amongst older persons, promotes their inclusion and contributions in all areas of community life, respects their decisions and lifestyle choices, and anticipates and responds flexibly to ageing-related needs and preferences.



emphasize being older. They prefer “a European way of life, where activities are inter-generational.” Another comment requested activities that bring together people of all ages and backgrounds.

“This Island seems to have a youth/age division and an over-WASP population. Mixing of people that bring differing attitudes to the table is so healthy. Vitality of youth too is very infectious.”

Best Practices

Work to have a JEDI (Justice, Equity, Diversity, and Inclusion)⁶ into systems change approach, a health equity lens, and a “decolonized perspective” embedded into your work. Ensure consistent opportunities for older adults, especially groups that are under-represented and under-served, to provide input into all areas of programming and decision-making that relate to older adults. The JEDI Collaborative developed this framework to embed justice, equity, diversity, and inclusion into systems change.

The Evidence

The 2020 Gabriola Health Survey found that 55% of respondents said there is a need to increase the community’s capacity for compassion. This was echoed in comments gathered through the seniors’ survey and focus groups, which touched on the need to overcome biases, discrimination, and segregation in the attitudes of residents, as well as in the delivery of services and programs for older adults. In particular, there is a desire to promote the inclusion of older adults in all aspects of community life. Many expressed a dislike for the word “senior,” which can have negative connotations and promotes a homogenized view of a person’s abilities, interests, and needs. As one respondent said:

“The most important feature of any such program is to treat us oldies like people. I have experienced ageism, usually well-meaning, but ill-informed.”

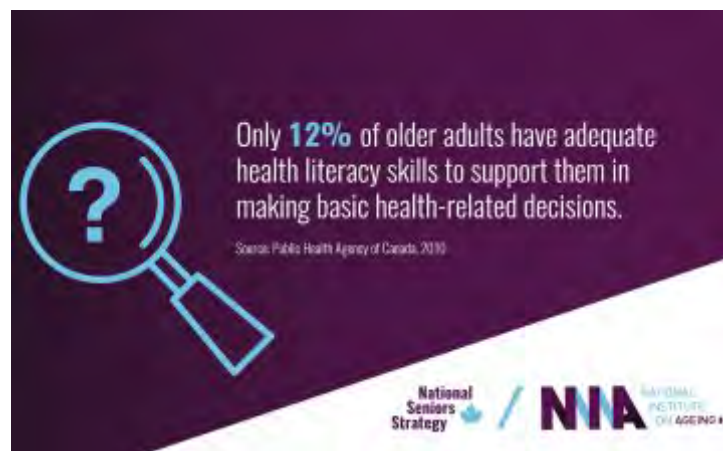
Another person said they don’t want events that

2. Support Healthy & Active Lives

- a. Develop a diverse suite of health promotion offerings for older adults that includes stepped-up program models to accommodate participants' needs as they change:
- Revamp the New Age of Aging Program based on survey feedback (i.e. expand beyond topics related to aging).
 - Design and implement a low-cost, low-impact exercise program.
 - Expand the Choose To Move program.
 - Develop new programs that emphasize food literacy and healthy eating.
 - Explore opportunities to create peer-run programs and drop-in activities. (Community member suggestions collected through the Seniors' Survey included: mentorship opportunities in cooking, gardening, skilled crafts and trades, and the performing arts).
- b. Continue to seek opportunities to host healthcare and other allied professionals and programs within PHC Seniors' programs (e.g., paramedics offer wellness checks, blood pressure monitoring at SUSO, Self-Management BC programs).
- c. Encourage more daytime social events.

The Evidence

According to a 2010 study by Canada's Public Health Agency, "only 12% of older adults have adequate health literacy skills to support them in making basic health-related decisions." Pair this with the reality that many older adults do not have, or do not have regular access to, a family doctor, and we can see the need for more outreach, education, and hands-on activities. The process of seeking out information and resources can be overwhelming. Readily accessible, clear and concise information is imperative, so that individuals can gain an understanding of what is available and begin to seek out support in anticipation of their future needs.



For example, in Denmark, when a person turns 80, they receive a visit from a home care nurse who provides a friendly wellness check and information about various services. It is well-documented that this upstream approach saves the health system money as more people engage with health promoting services before their health declines.

Best Practices⁷

- Capitalize on natural meeting places within neighbourhoods and/or create new spaces to promote neighbourhood connection (e.g. free neighbourhood libraries, notice boards, buddy benches). Explore initiatives like Social Ambassadors Australia.
- Provide funding and support for block parties (e.g., age-friendly games like tug of war, tents for shelter, donated food, etc.).
- Encourage simple neighbourhood events to bring people together with very little commitment.
- Train volunteers to be Neighbourhood Outreach Ambassadors who identify and approach older adults in their neighbourhoods if they appear lonely. These volunteers wear identification badges, strike up conversations, provide information about community services, and can offer to accompany seniors to community events to facilitate further connections (see Burnaby Neighbourhood House model).
- East Scarborough Storefront highlights active healthy lifestyles (community building through play) as a key area of their community impact strategy.⁸

3. Independent, Productive & Engaged Citizens

- a. Increase PHC's function as an information and referral hub for the community.
- b. Clearly articulate all PHC seniors' programs, including the participant group(s) they target and the desired outcomes. Also, clearly define services not available through PHC seniors' programming (e.g., who will lead digital literacy projects?).⁹
- c. Develop a robust approach to community outreach that includes a neighbourhood-based model to bring information and services to isolated older adults in the community.
- d. Enhance the Social Prescribing Program to provide one-on-one needs assessments/wellness planning and link older adults to social opportunities and non-medical resources.
- e. Develop a robust Advocacy Program to support older adults navigating government systems and benefits. Consider training health advocates to accompany people to their medical appointments to take notes and ask questions.
- f. Maintain a list of handypersons who offer discounted rates to seniors.

directory called Gabriola Pathways to increase access to information about services, more work is needed to raise awareness of what is offered. While there is more to be done in promoting services, a key strength of PHC's current service model is the "every door is the right door" approach.

People can access PHC programs through multiple points of entry, whether by calling, emailing, or visiting the main office, contacting any one of our program coordinators, or dropping into a PHC program or event. As this interviewee told us,

"Word of mouth and personal invitations can be more powerful than seeing an advertisement."

Both the seniors' survey and staff survey found that 'social connection' is the most important element for PHC to focus on in supporting people who want to remain on Gabriola as they age.¹⁰

It is well-documented that social isolation can put seniors at greater risk of death than factors such as excessive smoking, obesity, and physical inactivity.¹¹

In addition to offering new enhanced programming through PHC (as outlined in Recommendation 2), PHC's focus should also include linking older adults to programs and activities outside of PHC and exploring possibilities to create more informal opportunities for people to gather. As community members shared,

"There is no gathering place right now on Gabriola where people can casually meet and also be informed about what is going on on the island."

"We need a call to action to the community to be welcoming and inclusive—bringing in the philosophy we were all taught in grade school to hang out with the kid who is alone and ask them to sit/play with us. This could remove the 'shyness' barrier and help people show up to the programs they are interested in."

The Evidence

According to the seniors' survey, the most common barrier preventing older adults from accessing programs on Gabriola is that they don't know what's available. Compounding this issue is that individual service providers are not always clear and/or may not have up-to-date information on what services are provided or who is eligible to access them. As one survey respondent put it:

"I have lived here for 37 years but it feels harder each year to know who to call for help, even though I am willing to pay for that help. I would like to see a comprehensive directory listing all support groups on Gabriola & their contact numbers, including numbers not only available by computer."

While PHC has promoted a new online service

Encouraging more acts of “neighbourliness” would serve to strengthen the social fabric of the community and address the survey finding that 22% of older adults indicated that the main barrier preventing them from accessing programs on Gabriola is that they don’t want to go alone.

Another underserved need affecting the ability of older adults to remain independent at home is the lack of reliable, affordable help in maintaining their homes. One respondent to the survey said that while PHC has a lot of great programs, most seniors still have to move away when they can’t take care of their homes anymore. Another survey respondent said,

“Getting trades, maintenance and repair people to be available, reliable and do a good job is virtually impossible. If you don’t have an advocate to ‘manage’ house maintenance, then the house can become unsafe quite quickly.”

Best Practices

- Information should be disseminated through multiple channels that account for varying degrees of access to resources (eg. digital divide, language) to ensure equality and accessibility.
- Sustainable local community networks—volunteers and service providers who are embedded in the community have a personalized knowledge of older adults and their needs.¹²
- Holistic service models work to thoroughly understand and integrate clients’ social needs and conduct community referrals through collaboration with other stakeholders.
- Relational models involve ongoing and open-ended interactions that allow link workers to adapt and respond iteratively to patients’ needs as they change. In contrast, ‘transactional’ SP models involve pre-established limitations (e.g., on the number of sessions), which may hinder customization of care.¹³



Photo by Sharon Kravitz

4. Provide Care Closer to Home



Photo by Sharon Kravitz

This recommendation is divided into actions that focus on the system of care and actions that focus on increasing the grassroots network of community support. Work with system of care partners to:

- a. Build on the success of the Community Care Management Team to further refine the integrated, multi-sectoral, team-based approach to client care by:
 - Providing a forum to identify gaps, improve communication, and develop opportunities to improve the quality of care and participate in quality improvement initiatives serving the residents of Gabriola Island.
 - Liaising with non-member community groups in meeting the needs of island residents and their families (e.g., chits for foot care, enhancing meal delivery that provides nutritious, affordable, local food).
- b. Partner with Gabriola Clinic/Health Care Foundation to streamline referral pathways and implement use of Electronic Medical Records (EMRs) for data tracking and impact assessments.
- c. Provide in-service training to IH home support staff working on Gabriola (nurses, CHWs, OTs, PTs, etc.), Better at Home contractors, IH intake operators, and hospital discharge workers to raise awareness of services available on Gabriola and island realities they need to understand (e.g., no ferries after 11pm).
- d. Work with community partners to redefine/update the Circle of Care model by encouraging the community to grow informal

- support networks that surround vulnerable seniors where they live.
- e. Clearly define volunteer roles within PHC Seniors' Services offering a combination of facilitated and unfacilitated peer-to-peer groups and activities.
- f. Expand the Home Hospice, Community Care, and Caregiver Support programs to meet the growing need.
- g. Plan to recruit, train, place, and supervise volunteers.
- h. Secure funding for a Volunteer Coordinator.
- i. Advocate for funded transportation support for Nanaimo-based medical appointments.

The Evidence

Twenty-seven percent of respondents to the seniors' survey said they don't believe they will be able to remain on Gabriola as they age with the current level of programs and services available (a further 27% said they don't know). The following comments illustrate some of the factors impeding people from being able to age in place on Gabriola:

"It's the medical care that will limit our ability to age in place."

"As a person with Parkinsons' I'm not sure how long I'll be able to stay in my current home, and I don't see alternatives that would be affordable."

While there is a shift in BC toward an integrated model of service that brings community-based providers alongside those providing primary care, issues surrounding privacy and confidentiality can often limit communication regarding shared clients. Not having the ability to communicate and "case plan" around a client's needs can require a person to share their story repeatedly and can often lead to a duplication in services.

The Gabriola Community Care Management Team has made good progress in addressing this information-sharing gap by creating mutual understanding of each member agency's concerns and needs around client confidentiality. A shared



Photo by Sharon Kravitz

participant agreement is in the works. A focus on continuing to strengthen this team and PHC's relationship with member and non-member agencies is essential in order to formalize participant referral pathways and promote efficient and appropriate wrap-around care for older adults choosing to stay on Gabriola as they age.

As stated by the Centre for Connected Communities in East Scarborough, Ontario:

"The role of a backbone organization is to guide vision and strategy, support aligned activities, establish shared measurement practices, build public will, advance policy, and mobilize funding."



While **25%** of people between ages 15 to 34 report having at least 5 people to turn to in an emergency, only **13%** of older adults reported having more than 5 people to turn to for help.

Source: Taylor-Rutka A. (2019)

Best Practices

- Collective responses are required to address complex community-based issues.
- Significant buy-in from stakeholders and an emphasis on trust-building and collaboration among practitioners and with patients.
- Sustainable local community networks.
- Endorsement by primary care to give credibility.
- Regular feedback to referring primary care ¹⁴ practitioners to encourage future referrals and ensure appropriateness of care.
- Integrated information governance and sharing strategies to ensure connected and coherent services.
- An Integrated technology platform that enables the integration of multiple partner data systems to populate a longitudinal, person-centred record of an individual's interaction with resources and significant life events. This platform also facilitates follow-up through alerts and notifications to care providers. Introducing new home technologies will become pivotal to future improved aging in place initiatives.

5. Increase Home Hospice Support

- a. Explore robust home hospice programs in other communities to determine options to expand the Gabriola program.
- b. Expand staff team to meet the increased number of Gabriola families requiring home hospice and caregiving support.

The Evidence

While the number of older adults requiring the support of unpaid caregivers in Canada is projected to more than double by 2050, projections show there will be 30% fewer close family members available to provide unpaid care over the next 30 years due to the declining birth rate.⁴⁵ One caregiver likened it to being pushed almost to the breaking point.

As there are, and will certainly be more family/friend caregivers (who are often older adults) on the island - locally, regionally, globally - a 'big rethink' regarding this person being available 24/7 is in order.

As the demand for service outpaces the capacity of our current program, there is a need to explore models that have been created in other communities where multiple staff members work together to provide home hospice, caregiving, and

grief support. It should also be mentioned that home hospice support is not specific or exclusive to older adults, but extends to residents of all ages.

There is also a shortage of professional home care providers that has only worsened through the COVID-19 pandemic, resulting in a lack of consistent support and lengthy waitlists for people needing personal care support and help with daily living tasks.⁴⁶ As one community member observed:

“Home support services provided by the health authority have proven to be inadequate and lacking: they are not what they advertise themselves to be. How do we respond if these services cannot be provided for our community? By having volunteers and neighbours step in.”

Best Practices

- Increase the visibility of unpaid caregivers and their needs so they can speak for themselves.
- Advocate for recognition of the unpaid labour that caregivers contribute as well as the health, emotional, financial, and career impacts that they face.⁴⁷

6. Share Positive Stories of Aging and Connection

“Stories compel people to change the way we feel, the way we think, the way we act, the way we behave. By sharing stories, we hope to inspire, encourage, motivate and provide comfort.” - Langs Community Health Centre

“One of the most significant health risks for older adults is alcohol misuse. We need non-stigmatizing programs that help people replace alcohol with healthier activities such as being encouraged to volunteer or participate in activities that have a positive impact for the individual and/or the community.”—Respondent to PHC Seniors Survey





flux photo

7. Align the Service and Staffing Models

The Evidence

As this report highlights, PHC's Seniors' staff is already hard-pressed to meet the needs and diversity of services that older Gabriolans require.

"The shared knowledge, collaborative strength and agility of our team to respond to the needs of seniors who are vulnerable is great, but the risk of burnout is also high."

"We are trying to promote improvements in the local system of care at the same time as trying to develop internal process improvements—it can be really overwhelming."

Clarifying the scope of PHC services, articulating programs and staff roles, and ensuring every program is well-resourced will be key to continuing to provide a high level of service to Gabriolans as

8. Track Participant, Program & Community Level Outcomes

The Evidence

The Food Programs Review Report released in October 2021 provides clear direction for establishing planning, monitoring, and evaluation processes that will ensure PHC programs are meeting the appropriate needs, delivering

more individuals find themselves requiring support to age in place.

Best Practices

- A staff team that has strong administrative capacity, clearly defined roles, and manageable workloads.
- Strong communication infrastructure that clearly states expectations and processes for internal and external communication.
- Regular opportunities to celebrate staff and support them through grief and loss processes that are commonplace in supporting older adults.

"It can feel dehumanizing, deleting names from an Excel spreadsheet. At times, the volume of loss is high and we don't always have the time or staff connection to acknowledge the emotional toll."

participant and community outcomes, and delivering a high level of participant satisfaction.

Best Practices

Ensure dedicated resources to plan, monitor, and evaluate programs and operations as well as systems change initiatives.

The Rural Hastings Prescribing Model



A key recommendation to the Board is to consider the feasibility of continuing to enhance PHC services based on the community hub model. This would include building on existing partnerships to work toward a comprehensive suite of health and social services.

Located in Eastern Ontario, the Rural Hastings Health Link (RHHL) has implemented a successful model of care through a collaborative framework and a mindset shift regarding how to approach patient-care. Made up of four primary care sites, physicians and system navigators work together across towns, villages, and cities to deliver patient-centred, equitable care that focuses on effective care pathways to address the social determinants of health for individuals, families, and communities.

The population of Central Hastings sits at approximately 4,774, a comparable population to Gabriola. The Rural Hastings Health Link uses a social prescribing model to focus on those with complex needs, coordinating care for 1-5% of the local population that the healthcare system would spend about two-thirds of its budget on.

Social prescribing is “a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health related social needs and to subsequently connect them to non-clinical

supports and services within the community by co-producing a social prescription – a non-medical prescription to improve health and well-being and to strengthen community connections.” (Muhl, 2022)

By bridging the gap between clinical and non-clinical supports, areas like housing, food security, employment, income, and social support can be



considered in one's care plan rather than be overlooked or neglected.

In 2016, the Transformative Change Award, a province-wide award given by the Association of Ontario Health Centres, was presented to Rural Hastings Health Link in recognition of the work they have done to improve health care experiences for patients and decrease reliance on emergency services.

The RHHL uses a Systems Navigator, whose role is to discover what matters to the patient (putting the patient at the center of their own care) and facilitate care coordination for ease of service provision.

The Systems Navigator views all perspectives of a

patient's care in order to see clearly what is really going on and address why a patient may not be doing well.

With a main point of contact, patients can avoid repeating their stories and situations tirelessly across service platforms, an exhausting and exacerbating common occurrence in mainstream healthcare. Building trusted relationships with patients is highlighted as one of the most valuable outcomes of the program, an integral component to community care.

The Rural Hastings Health Link and Social Prescribing Model works with the knowledge that social concerns need to be understood before one's medical concerns can be addressed.



Case Study References

Muhl, Caitlin, Establishing Internationally Accepted Conceptual and Operational Definitions of Social Prescribing Through Expert Consensus: A Delphi Study. Queen's University, October 2022. A Regional System of High-Quality Care: Rural Hastings Health Link – A Collaborative Initiative | Alliance for Healthier Communities (allianceon.org) Transformative Change Awards: Rural Hastings Health Link Providing Seamless Care Coordination | Alliance for Healthier Communities (allianceon.org)

Conclusion & Next Steps

This report identifies exciting opportunities for PHC's programs for older adults alongside a wide spectrum of needs that the organization could support. In order to chart a clear course forward for the programs, the Board should direct the following work:

- Determine what role PHC will play in supporting residents impacted by gaps in the healthcare system.
- Undertake a comprehensive review of each service area to articulate what it would look like for the program to stay the same, grow, or be replaced by an alternate program.
- Clearly articulate the role of PHC programs and services in supporting older adults (i.e., what services we do and do not provide).

Footnotes

- 1 Nation - Snuneymuxw First Nation www.snuneymuxs.ca/nation.
- 2 The 65+ population is projected to represent 35% of all BC residents by 2041. This equates to a 63% growth in the senior population between 2020-2041 (Stats Canada). Gabriola can anticipate a 17% increase in residents aged 75+ over the next decade.
- 3 The UWBC Leadership Council is in ongoing negotiations with the BC Ministry of Health to provide funding for a comprehensive service model for seniors with multi-year funding. More information about the Council's efforts can be found at www.uwlm.ca/yourimpact/healthyaging/cbssleadershipcouncil
- 4 One third of Canadians are providing unpaid care giving, yet Canada spends 30% less on home and community care than the average OECD country. Due to Canada's declining birth rate, there are going to be 30% fewer family members providing care by 2050. Source: National Institute on Ageing, 2020.
- 5 National Institute on Ageing, National Seniors Strategy, 2020.
- 6 The J.E.D.I Collaborative developed this framework to embed justice, equity, diversity, and inclusion into systems change. Read more at <https://jedicollaborative.com/about-us/>
- 7 Source: "Neighbourhood Toolkit: Ideas, Strategies and Resources to Strengthen Seniors' Social Connection in Neighbourhoods." February 2019, Government of Canada's New Horizons for Seniors Program.
- 8 East Scarborough Storefront (thestorefront.org) is an example of a successful 'service hub' that uses the power of collaboration to support people and build community.
- 9 60% of adults aged 55+ said they typically need help setting up a new device or using a new application for the first time. Source: "Digital Divide: COVID-19 Pushes BC Seniors to Close Technology Gap, but Challenges Persist." BC Hydro, 01 April 2021, <https://www.bchydro.com/content/dam/BCHydro/customer-portal/documents/news-and-features/digital-divide-report.pdf>
- 10 Thirty-eight percent of survey respondents indicated that they wish they felt more connected to their community.
- 11 One study found evidence that shows that lacking social connections can increase one's chances for early death to a similar degree to smoking 15 cigarettes a day. From <https://www.canada.ca/en/employment-social-development/corporate/partners/seniors-forum/social-isolation-toolkit-vol1.html>
- 12 Source: "Emerging Findings: Rapid Research Project on how the CBSS sector responded during the initial months of the COVID-19 Pandemic," Dialogues in Action, 2020.
- 13 Source: Calderón-Larrañaga, S., Milner, Y., Clinch, M., Greenhalgh, T., & Finer, S. (2021). Tensions and opportunities in social prescribing. Developing a framework to facilitate its implementation and evaluation in primary care: a realist review. *BJGP open*, 5(3), BJGPO.2021.0017. <https://doi.org/10.3399/BJGPO.2021.0017>
- 14 Ibid.
- 15 Government of Canada, 2015; National Institute on Ageing, 2019.
- 16 It is estimated that approx. 75% of total home care hours are currently being provided by unpaid caregivers, and the demands on unpaid caregivers is expected to grow by 43% from 2019 to 2050. Source: National Institute on Ageing, 2020.
- 17 National Institute on Ageing, 2020.

We're Better Together Seniors' Survey

Summary of the September 2022 Survey results, prepared by PHC Seniors' Navigator

Who did we hear from?

We received a total of 270 responses to the survey. Of these, 33 were from representatives of community-based agencies on Gabriola. Of the 237 individuals who completed the survey, 37 identified themselves as caregivers.

Demographics of Respondents

Age

Individuals aged 65-74 were the largest respondent group (39% of responses), closely followed by those aged 76-84 (36% of responses). 19% of responses were from people aged 55-64, and nearly 6% were from people aged 85-94. We heard from one person between the ages of 95-99.

While efforts were made to make the survey accessible to those who don't use computers (e.g., paper copies at the PHC office and Gabriola library), personal interviews and focus groups were also conducted to gather the perspectives of the 55-64, 85-94, and 95+ cohorts.

Gender & Ethnic Identity

While 2 respondents selected 'prefer not to answer' for this question, 82% of respondents indicated they identify as female, 16% identify as male, and 1% identify as non-binary. 95% of respondents identify as 'white,' 2 respondents indicated they identify as 'East/Southeast Asian,' and we heard from 1 person who identifies as 'Indigenous,' another who identifies as 'Eastern European,' and 1 who identified as 'Mixed.' 6 people selected 'prefer not to answer.'

Social Issues

While 5 people skipped the question concerning social issues, approximately 20% identified as 'low-income,' 12% said they are 'socially isolated,' and 2% said they are 'under-housed.' 11 people indicated 'none of the above' and provided the following comments:

1 widow living alone; just above low-income; I sometimes feel isolated; own my own home
low-income with a house; own our home and have adequate income; I am retired, live in my own home and have lots of friends and activities in my life; Grateful; I do, however, believe that a lack of rental housing or more condos is a serious issue here on Gabriola; Have friends and family, only previously isolated due to COVID 19 restrictions.

*"We live off of government pensions only
= less than \$1,800 per month."*

"Life can be very lonely."

Transportation

The survey asked respondents whether they currently drive; 95% said 'yes' and 5% said 'no.' Of those who indicated they do not drive: 66% rely on family/friends for rides, 17% use Drivers to Doctors, and 17% walk. 1 person said they cycle and another said they hitchhike.

Aging-in-Place on Gabriola

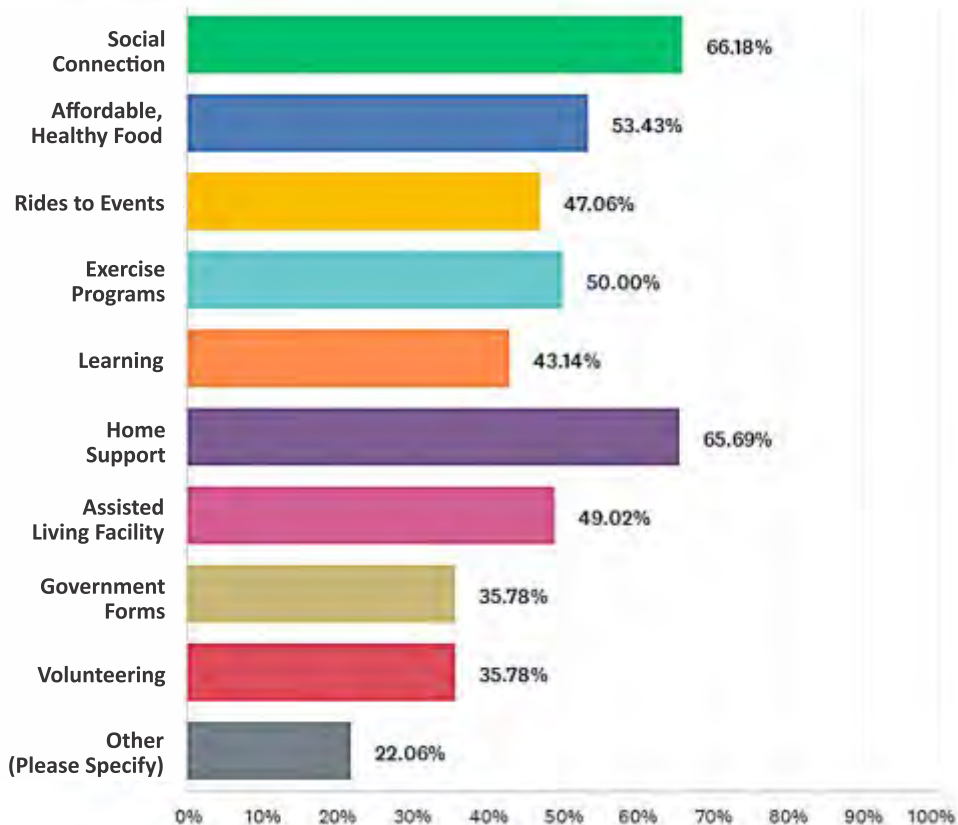
The survey asked a number of questions about the types of services and programming that residents age 55+ would like to see on Gabriola to support them as they age. The table and graphs indicate the respondents' answers:

Statement	No	Yes
I would like to attend more social events than I currently do on Gabriola	44 %	56%
I would like to attend more recreational activities than I currently do on Gabriola	38 %	62%
I wish I felt more connected to my community	41 %	59%
I require better access to affordable, healthy, and nutritious food	15 %	85%
I struggle to get to medical appointments because of a lack of transportation options	3 %	97%
With the current level of programs and services available on Gabriola, I believe I will be able to remain on Gabriola as I age	56 %	17%

Note: 27% said "Don't know enough about what's available to be able to answer."

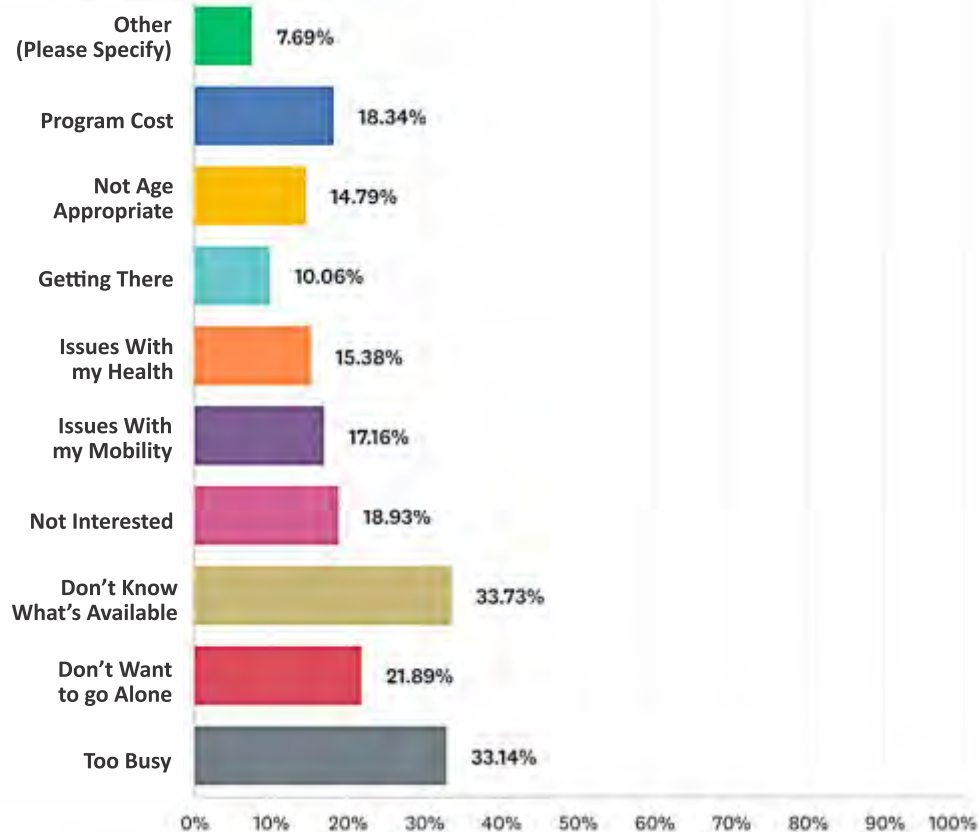
Support Needs for Aging on Gabriola

The survey asked, "Which of the following are the most important to focus on to support people who want to remain on Gabriola as they age?"

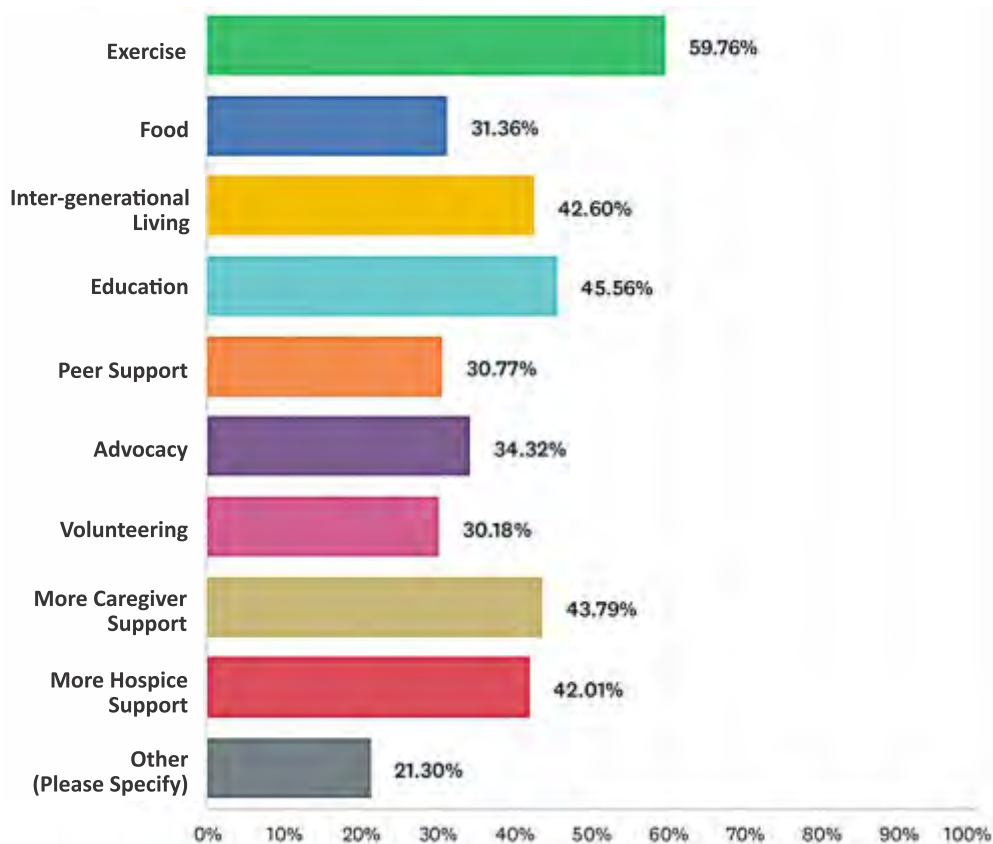


About The Survey

The survey asked, “What are the main barriers that prevent you or older adults you know from accessing programs on Gabriola?”



An additional question was “What would you like to see PHC’s programs for older adults focus on over the next five years?”



What they said

We identified these key themes from the We're Better Together survey through comments from the survey respondents:

An Anti-Ageist Approach:

"The most important feature of any such program is to treat us oldies like people. I have experienced ageism, usually well-meaning but ill-informed."

Inter-Generational Connection:

"I don't want events that emphasize being older. I prefer a European way of life, where activities are inter-generational. Inter-generational living is important to me, as is natural social contact. Created programs targeted at the aged and infirm are not appealing (though they may become more so as I age). But I've still got some life in me yet, and need organic community contact, not being herded into a separate room with other oldsters."

Outreach to Those Who Most Need Services & Social Connection:

"Even though I am grateful for all the opportunities afforded on Gabriola, there are still a great number that stay home and do not integrate with others. These are the people that need to be addressed first."

Nothing about us without us:

"Hire people who identify as disabled and neurodivergent. And more computer and tech support for the disabled and elderly - so many people cannot figure out their phones or computers to fill out government forms which are now all online."

The need for affordable housing was raised many times in relation to older adults, but also in regard to young people and families. One respondent offered:

Affordable Housing on Gabriola:

"There is a desperate need for affordable housing for seniors (on Gabriola). I have no hope of ever being able to live in such housing and dread the thought of moving off island as I age further. Address homelessness not by creating more houses, but by providing safe warm spaces."

Awareness of Existing Services:

"I have lived here for 37 years but it feels harder each year to know who to call for help even though I am willing to pay for that help. I would like to see a comprehensive directory listing all support groups on Gabriola & their contact numbers, including numbers not only available by computer."

Many respondents expressed a concern for lower-income and other under-served and/or under-represented individuals who often do not have a voice in community decision-making and the importance of being diversity friendly:

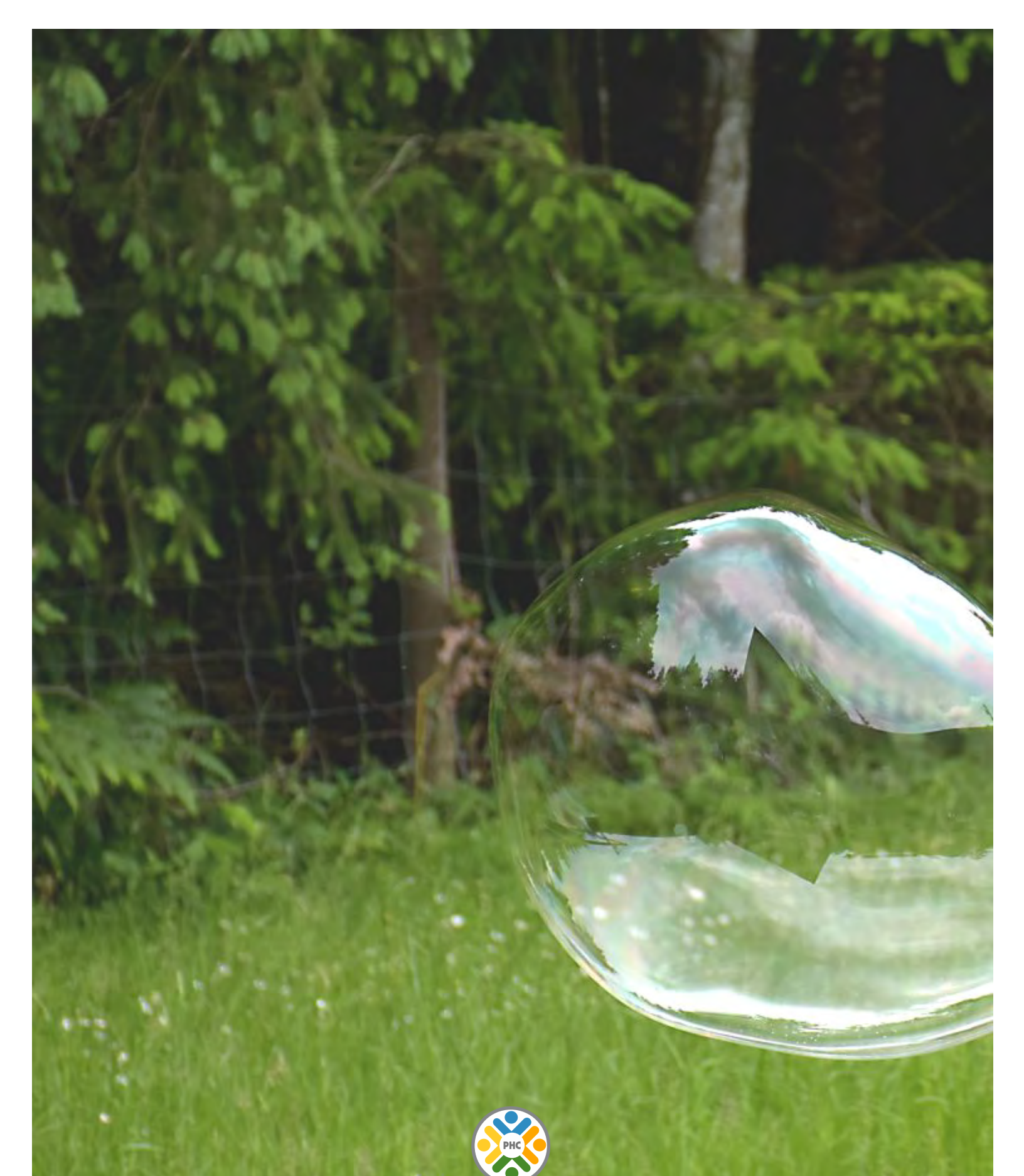
Advocacy, Equity & Safety:

"Please do make sure that caregivers/ support people are matched to whom they are taking care of: LGBTQIA friendly, BIPOC or PGM friendly. Overall, diversity friendly. Gabriola has a high proportion of people who are LGBTQIA."

People reported a clear need for more support for caregivers so that they can better prioritize their own healthy aging. Push for Extended Care Options for Older Adults. Several comments mentioned the need for a long-term care facility and services:

Expand Home Hospice and Caregiver Support Programs:

"Long term care and extended Care are needed here. It has been studied to death and it is long past time to take action. This 'caring' community kicks its elders off island to get this care."



April 2023