

# 2018 PROVINCIAL CONSULTATIONS ON HEALTHY AGING



**COALITION FOR HEALTHY  
AGING IN MANITOBA (CHAM),  
CENTRE ON AGING**



**UNIVERSITY  
OF MANITOBA**

Centre on Aging

The Centre on Aging, established on July 1, 1982 is a university-wide research centre with a mandate to conduct, encourage, integrate, and disseminate research on all aspects of aging.

For further information contact:

Centre on Aging, University of Manitoba  
338 Isbister Building  
Winnipeg MB R3T 2N2  
Canada

Phone: 204.474.8754 | Email: [coaman@umanitoba.ca](mailto:coaman@umanitoba.ca) | Web site: [www.umanitoba.ca/aging](http://www.umanitoba.ca/aging)

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# 2018 PROVINCIAL CONSULTATIONS ON HEALTHY AGING

The **Coalition for Healthy Aging in Manitoba** (CHAM) began in 2016 to champion the vision outlined in the World Health Organization's **Global Strategy and Action Plan on Ageing and Health**. In May of 2016, the World Health Assembly, including the government of Canada, endorsed this Global Strategy and Action Plan.

CHAM's vision is: "Community and academic partners working together to promote collaboration and synergies that support Healthy Aging in Manitoba."

In 2016 and 2017, CHAM held workshops in Winnipeg and Brandon. These workshops focused on the *Global Strategy and Action Plan*. The purpose of the workshops was to gain perspectives on healthy aging in the province of Manitoba.

In 2018, CHAM facilitated a series of workshops in various locations in Manitoba:

Gimli	May 31, 2018
Winkler	September 13, 2018
Thompson	September 26, 2018
Notre-Dame-de- Lourdes	October 15, 2018

Participants were asked to discuss what Manitoba is doing well and what could be improved with each of the following three strategic areas from the Global Strategy and Action Plan: age-friendly environments, health systems, and long-term care.

For the 2018 events, almost 100 participants contributed their input at the 2.5 hour workshops. Those attending the events included: older adults, health care practitioners, policy makers, employees from regional health authorities, and those working with organizations associated with older people.

This report summarizes the comments received across all sites for each of the strategic areas. In general, very similar items were discussed at all locations, even though the communities are quite different in their locations, sizes, demographics, cultural backgrounds, and histories.

# AGE-FRIENDLY ENVIRONMENTS

## What is being done well in Manitoba?

- Things are getting better: ramps and accessible doors; better assisted living and home care
- Congregate and community meals
- Walkability has improved: sidewalks; paved pathways
- More age-friendly housing (more for higher income)
- Accessibility Act
- Intergenerational activities in senior centres
- Social connection through events - e.g., free music concerts
- Free university/college/recreation classes to support life-long learning
- Increased awareness of needs of older adults
- Age-friendly resources - start-up resources, facilitators, milestones & recognition
- Senior resource coordinators
- 55+ games

## What can be done better in Manitoba?

- Talk to people who use it
- What is available and where to find it
- Reduce wait list times
- Improve the housing continuum
- Transportation - local and out of the region
- Transportation - more options at community level
- Available services are often over-burdened
- Ageism - perspective of being a burden
- Family (caregiver) burnout
- Cost of hearing aids/dentures

- City infrastructure - cracked and broken sidewalks; snow clearing
- Communication - need to use all platforms of information sharing
- Building codes to better address mobility challenges
- Intergenerational living arrangements
- Hospitals, departments, services are siloed and not age-friendly

# HEALTH SYSTEMS

## What is being done well in Manitoba?

- Telehealth
- Small towns were perceived to have better and quicker care in the south
- More recreation/wellness activities
- Aging in place initiatives
- In some places more assisted living is available now
- Cancer Care
- Ambulance service good, but expensive if no coverage
- Housing has been arranged for locum positions to ensure health care staff in place
- Pharmacies having all info and providing convenient packaging for medications
- Small facilities for dementia care created communal living
- Integrated teams
- Some communities felt that there were opportunities for meaningful input with senior management
- Local programs feel needs (grief counselling)
- Palliative care has improved
- Preparations for individuals who are going to receive new hips or knees
- There are caring people within the system but the system is task oriented

## What can be done better in Manitoba?

- More awareness of services
- Confusing processes
- More workers
- More respite care, informal caregivers are burning out
- Increased home care
- More care in home care – less task based care that is schedule driven

- Referrals and waiting lists are long
- Nurses are overworked
- Accessibility is still an issue for some facilities
- Eliminating ageism of patients (do not make decisions solely based on age)
- Staff training (this includes all types of healthcare practitioners)
- Funding for staff training
- Ambulance services
- Some communities struggled to retain staff
- Affordable transportation to get to appointments (particularly if needing to travel to Winnipeg, as it can be costly now)
- Coordinating of appointments are needed for those needing to travel long distances
- More geriatricians
- IT systems that are integrated
- Seniors mental health
- Cultural barriers
- Communication within healthcare
- Preventative health programs (e.g., exercise programs) are too expensive for many older adults
- Need to be people centred

# LONG-TERM CARE

## What is being done well in Manitoba?

- Activity programs at personal care homes
- Congregate meals
- Home care can be good, depending on workers
- There are more long-term care facilities now
- Upgrading of facilities
- Accessibility
- Multi-use facilities
- Transportation associated with facilities
- Local training programs are helping to retain staff within communities
- Facilities that provide choices with regards to meals as well as good quality meals
- Some staff receive excellent training
- Some facilities are very open to a variety of therapies (music, pet, etc.)
- Provincial program for safe patient handling and transferring
- Reporting of abuse/ neglect through Protection for Persons In Care (PPCO)

## What can be done better in Manitoba?

- Better and more appropriate facilities
- Staff overworked, and some do not understand the language of the residents
- More 55+ housing
- More assisted living facilities
- Subsidization for assisted living
- More inspections
- Consult with communities
- More staff needed (e.g., healthcare aids, nurses and geriatricians)
- More volunteers needed

- Staff training
- Some individuals have to be moved far from their home communities and friends and families to receive a space at a personal care home
- Rooms for couples are needed
- Healthcare workers needs not being heard
- Communication between service providers (including access to medical files between RHAs)
- Jurisdictional issues (federal versus provincial) for patients who have or don't have treaty status
- Standards of private personal care homes
- Facilities should have comprehensive assistance/therapies
- Input from patients and/or advisory committees
- Consider patients' autonomy
- More assistance needed for those with dementia
- People need to have living wills and plan for the future
- Social isolation
- Complex systems are hard to navigate for the public

**CENTRE ON AGING**

University of Manitoba

Winnipeg MB R3T 2N2

204-474-9854 | [coaman@umanitoba.ca](mailto:coaman@umanitoba.ca)

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