



Raising the Profile Project Regional Community Consultation, Prince George, BC April 27, 2017

Introduction:

Raising the Profile Project is carrying out community-level consultations with stakeholders in the community-based seniors services sector. These notes summarize the discussions for this meeting as part of our commitment to participants, but they are not exhaustive. A complete list of issues will be kept for analysis leading to a Provincial Forum in the fall of 2017.

Relevance of Raising the Profile Project to Community-Based Seniors Sector:

Marcy presented a detailed description of the Raising the Profile Project. Responses included:

- You have to have connections to access funding & information sharing.
- The roles of mental health, addictions, and literacy are huge, complex and need direct, face to face attention and training
- Sustainability of programs demands sustainable, consistent funding
- Affordable housing alternatives need to be looked at: co-op housing, shared housing, and extended family knowledge for shared living.
- Volunteer-based services need paid, supported coordinators to be sustainable.
- Designate time to figure out a community's collective needs, the big picture *and* the details, to avoid redundancy and gaps

Relationship between healthcare and Community-Based Seniors Sector:

Annwen provided an overview of the links between the healthcare system and the community-based seniors sector, Discussion included:

- Always use a geographic lens, it affects all areas of life - from housing, to cost of food, to transportation & local cultures
- Health Authorities need to think differently - the acute care system is huge money, but doesn't understand or isn't effective for prevention or long-term care
- Smaller, remote communities have to be adaptive & flexible: use this knowledge and capacity to build services that know how to connect & collaborate: facilities, programs that integrate / connect what is already going on in community. e.g.: coupons for farmers' market come with nutrition program at the school.
- Where is the forum where we can work in a more connected way?



Impact: How can senior's agencies have more impact?

- Talking Circles across generations: elders, youth, adults
- Build structures that don't exist yet - a Coalition? - from the collaboration and strengths conversations between families, service providers, health authorities, seniors centres, leaders
- Expose the many facets of diversity: 'Who is the senior?'
- Coordinated and collective approaches

Promoting the sector broadly: How can we strengthen and raise the profile of the sector? (E.g.: how can the sector become known to and supported by more people and more deeply)?

- Collective communication strategies: who is responsible for educating about aging & services. Communicate impact & contribution of the sector & services such as yoga, social means and ukulele. "What does it mean for me?"
- Mini commercials to reach broad public with myth-busting on ageism
- Operate as a coalition: more strength in collective messaging & creating a space for dialogue & conversation, knowledge exchange & networking: building this capacity takes support
- From Health Authority: "Part of our core work is to build partnerships with community sector."
- Knowledge Hub: need an infrastructure for a learning path to knowledge exchange: need resources to build it.

Volunteers: What are the pros and cons of how volunteers are involved in service provision? What would optimal involvement of volunteers look like?

- Use their knowledge and match them to jobs that support programs: job descriptions, clear expectations with how it affects the agency; take their feedback into strategies; enable them to contribute to collaborations
- Encourage them to grow: training, interagency meetings, acknowledge they're relieving pressure from paid coordinators
- Recognizing volunteers' contribution supports their work: personal & public thanks daily & annually; awards, municipal recognition
- Support needed to avoid volunteer and staff burnout: physical space for meeting & activities; recognition; support staff
- Volunteers doing fundraising takes away from direct service

Advocacy: How can the sector have more influence with municipalities, regional district and the healthcare system?

- Regional Advocates: with a clear role, have a personal name, are trusted in community, to identify gaps to municipalities;
- Coach and mentor peer advocacy programs & relationships
- Municipal plans need to include seniors, including financial, housing, transportation and structural plans



- UBCM meetings can share strategies & best practices for plans
- Local 'one stop shop' to hub and navigate the systems, live people with local knowledge
- Seniors champions from within the community: connected and linked to health & municipal systems.
- Talking circles can reach across generations and different cultural communities

Capacity Building in our sector: How can we best build and support the capacity of your agency or community of agencies?

- Start with a full inventory of service providers, programs so we know what we have and can identify linkages; this builds a community-wide strategy on a seniors-friendly community; with time and support to update it and access it from the ground for services
- Engage and train for working with diversity as a resource for more involvement
- Train for engaging with marginalized people, and complex cases
- Right people at the right time in the right place: You might not need a nurse. Allow decision-making on the front-line: Like a personal wellness coach who clarifies needs, expectations, nuances
- Develop a provincial umbrella organization: learning, knowledge, coordination of services

Urban / Rural and remote: How do gaps vary from community to community? How do we better align resources with needs?

- Some services simply aren't available, such as home care, GPs or disability services
- Professionals have to specialize in everything, have to be able to handle all situations
- What services could be possible with telehealth? Nurse practitioners might be better use of funds
- Rural communities are better at having flexible services to meet multiple needs: e.g. transportation with multiple stops; hairdresser at Better at Home; blending western and traditional medicine. But funding doesn't have room for this kind of flexibility
- Creative solutions: e.g. Co-op housing; local health clinic-based practitioners

Funding: what changes are needed in how funding is provided to the sector and its agencies?

- More consistent program-based and CRD funding that's not always population-based: need based.
- Funding for educational tools and skills for prevention and self-management at a younger age: smoking, eating, wills, housing
- Tax credits for volunteers: break on income tax & incentive to contribute
- Reduce roadblocks to funding & deliver: e.g.: feasibility studies on what we know works;
- Grants specific for volunteers & collaborative calls for funding and planning
- 'Smart boards' to rural communities can have programming via distance - universities and libraries have capacity
- Northern Development Initiative Trust will help with grant writing. T: 250-561-2515