

AGING MATTERS

YOUR VOTE COUNTS

2019 ELECTION PRIORITIES



2019 ELECTION PRIORITY AREAS



Ageism



Social Engagement



Healthcare



Income Security



Active Aging & Wellness



Housing



Transportation

IN PARTNERSHIP WITH

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Support Services for Older Adults

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PRIORITY AREA: AGEISM

Goal:

To enhance community and political awareness about the prevalence of ageist attitudes specifically as they relate to ageist attitudes within our society and to eliminate age based discriminatory practices.

Background:

Ageism refers to the stereotyping, prejudice and discrimination towards people on the basis of age. Although ageism can be directed at people of any age, it is most commonly directed at older adults. For the purposes of the Manitoba Seniors Coalition we will be focusing on ageism as it relates to older adults. Ageism manifests itself in beliefs that older adults are unproductive, useless, and a burden. Such beliefs can lead to variety of discriminatory actions, such as:

- The use of patronizing, demeaning language when interacting with older adults
- Biases in hiring and not providing re-training opportunities for older adults in the workforce
- Devaluing the contributions of older people to society
- Perpetuating the myth that older people are bankrupting social and health care systems

Canada's population is aging and there has been a significant change in the number of older adults. In 2016, older Canadians made up 16.9% of the total population of the country and 15.6% of the Manitoba population. Older adults now outnumber children for the first time. This trend is expected to continue. It is projected that approximately 23% to 25% of the Canadian population will be over the age of 65 years by 2036.

Despite the aging of the population, negative images of later life persist. Ageism or discrimination against individuals based on their age - is widespread and generally accepted. The stereotypical beliefs that give rise to ageism are deeply embedded in our society and are reflected in the lack of proactive policy development, funding allocation, program and service development geared to meet the needs of an aging population. Ongoing efforts to address sexism and racism have shown that it is possible to change social norms. It is time to stop defining people based solely on their age.

It is only when the systemic issue of ageism is addressed that there will be positive movement in the development of policies that meaningfully address financial security, housing, social inclusion, transportation and active living opportunities for older Manitobans.

We need to critically examine stereotypical beliefs about later life and take action to address ageism in order to support all Manitobans in aging well.

Recognizing that ageism is ingrained in societal structures and attitudes and that it gives rise to discrimination against older adults the Manitoba Seniors Coalition recommends the following specific measures to combat ageism. These recommendations are based on findings from Ontario's Discussion Paper Discrimination and Age: Human Rights Issues Facing Older Persons in Ontario, released in July 2000.

Actions:

- The provincial government evaluate laws, policies and programs to ensure that they do not contain age-based assumptions and stereotypes and that they reflect the needs of older persons.
- The provincial department of Education and Training, school boards and schools develop programs and activities that will encourage a better understanding and positive perception of older persons. Intergenerational programming between students and older persons is an integral part of such education.
- Professional faculties such as medicine, nursing, social work and nutritional sciences should better prepare graduates to work with older persons in a more supportive manner, without stereotypes and assumptions.
- Regulated professions and voluntary professional associations take steps to raise awareness among their membership about ageism and age discrimination and provide continuing education in this area, for example through courses and publications.

Additional Action Items May Include:

- Ongoing communication with the public, especially older adults, to identify and discuss ageism and how to combat it.
- Province-wide distribution of educational materials on ageism and age discrimination, preferably in written and audiovisual formats.
- Public education forums across the province.
- Education on ageism in the workplace.

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Support Services for Older Adults

PRIORITY AREA: SOCIAL ENGAGEMENT

Goal:

To provide meaningful, accessible social engagement opportunities for all older Manitobans

Background:

Social engagement is an important contributor to healthy aging. A lack of social participation or social isolation puts people at increased risk of disability, heart disease, stroke, mental health problems, such as depression, dementia, and premature death. Social isolation is as much a health risk as other well-known risk factors, for instance, smoking or lack of physical activity. Socially isolated individuals also use more health care services than those who are more socially connected; they are more likely to have repeat hospitalizations and longer hospital stays.^[i]

Social participation rates decrease with age and older adults face an increased risk of being socially isolated. Being single or widowed, living alone, having less education, having low income or financial strains, and a lack of access to transportation are also risk factors for social isolation.^[ii]

Among older Canadians, 35% for women aged 65-74 and 32% of women age 75 or older would have liked to participate in more social activities in the past year. For men, the percentages were 31% for those in the 65-74 year age group, and 31% for those in the 75+ year age group, respectively. About a quarter (26%) of women aged 65-74 and almost a third (31%) of women aged 75 or older who would have liked to be more socially active had symptoms of depression. Among men, about 18% in both age groups had depressive symptoms.^[iii]

Given the significant impact of social engagement on health, and the heightened risk for social isolation among older adults, it is critical that there are enough opportunities for older adults to remain socially engaged.

It has been estimated that if we could increase older adults' activity level by one social activity, we could reduce the proportion of individuals who develop a mobility disability from 62% to 43%.^[iv] Similarly, older adults who participated on a daily or weekly basis in social activity had a 40% reduced risk of developing dementia compared to those who were not socially engaged.^[v]

Actions:

- Develop a social engagement network of organizations to identify older adults at risk of social isolation and provide appropriate resources and follow-up
- Continue to work with the regional health authorities, service providers community partners and funders to increase the awareness of existing social engagement programs and services
- Improve / increase communication with older adults regarding the available programs and services that address social isolation
- Actively promote best practices related to social engagement i.e.:
 - A & O: Support Services for Older Adults specialized social engagement programing
 - Enhance and promote senior/active living centre programming
 - Enhance community supports
- Support volunteer programs specifically aimed at strengthening people's connections across generations, genders, and cultures
- Advocate for affordable transportation options to encourage mobility among older Manitobans and reduce barriers to social participation
- Promote social engagement by creating age-friendly communities
- Focus on the promotion of active healthy aging in order for older adults to reduce their risk of becoming social isolated

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PRIORITY AREA: HEALTHCARE

Goal:

Moving towards a healthcare system that focuses on function, not disease

Background:

In 2015 the World Health Organization (WHO) released its first report on aging and health. In this document, health is defined as “the process of developing and maintaining the functional ability that enables well-being in older age” (WHO, 2016). Functional ability in turn is conceptualized as including the intrinsic capacities (physical and psychological) as well as environmental circumstances “to enable people to be and to do what they have reason to value” (WHO, 2015). It is important to note that disease is not the focus of the WHO report, nor the Global Strategy and Action Plan on Ageing and Health (GSAP).

The Coalition for Healthy Aging in Manitoba has conducted consultations in several communities in the province in 2018, directly related to the GSAP. Attendees included older people, caregivers, and healthcare workers. There is broad support for the GSAP objectives. And while many recognize that Manitoba has many healthcare achievements and good programs, there are several areas for improvement related to healthcare.

Actions:

- 1) Orient health systems around intrinsic capacity and functional ability (i.e., shift the focus from disease treatment)
 - a. Recognize the complex care needs that come with multiple conditions that affect function
 - b. Provide assistive devices that make major changes in a person’s life (e.g., hearing aids, walking aids, dentures, glasses) to those in need

- 2) Develop and ensure affordable access to quality older person-centred and integrated clinical care (this could be some key for Shared Health to realize)
 - a. Decrease fragmentation of care with comprehensive personalized care plans that maximize functional ability, and consider the older person’s preferences and foster self-management
 - b. Minimize out-of-pocket spending
 - c. Decrease polypharmacy
 - d. Increase access to specialist geriatric care, particularly for frail older people
 - e. Situate services close to where older people live (i.e., providing care at home for those who need

- 3) Ensure a sustainable and appropriately trained, deployed and managed health workforce
 - a. All service providers require gerontological and geriatric skills (including specialists), as well as competencies related to integrated care, so these elements should be included in curricula of all health professionals, and continuing education opportunities for those who are already practicing
 - b. Supply of geriatricians should meet population needs across the province and not just in some regions, and there should also be specialized units to manage complex cases
 - c. New workforce positions may need to be created (care coordinators, self-management counsellors)

- 4) While most people want to stay in their homes for as long as possible, in line with provincial directives, more supports are needed to ensure that care is appropriate and addresses functioning, and does not lead to overburdening of unpaid caregivers.
 - a. Increases are needed in respite care
 - b. Homecare services are too task oriented and so contribute to the fragmented care that was mentioned above

- 5) Those in remote communities have even greater challenges associated with travel costs, waitlists to see specialists, and continuity of care due to an ever-changing landscape of healthcare providers
 - a. Special attention is needed to ensure that services and good quality care are accessible to all regardless of where they live

PRIORITY AREA: INCOME SECURITY

Goal:

Canadians/Manitobans deserve a secure and dignified life in their later years, with a guaranteed and sufficient source of income.

Background:

All Canadians/Manitobans should file a tax return each year. If you do not file your taxes you CANNOT get government benefits such as:

Federal Income Tax Credits:

- GST Credit - a tax-free quarterly payment that helps individuals/families with low and modest incomes to offset all or part of the GST or HST they pay.
- Working Income Tax Benefit - a refundable tax credit for working people with low-incomes.
- Canada Child Benefit (CCB) - a tax-free monthly payment to help support children under age 18. To get the CCB, you have to file your income tax return every year, even if you did not have income in the year. If you have a spouse or common-law partner, they also have to file a return every year.
- Canada Caregiver Credit – A non-refundable tax credit that may be available if you support a spouse or common-law partner or a dependent with a physical or mental impairment.

Provincial (MB) Income Tax Credits:

- Personal Tax Credit - a credit for low-income Manitobans and their dependents.
- Education Property Tax Credit – for those who pay rent or property taxes in Manitoba. Seniors may qualify for additional amounts
- Primary Caregiver Tax Credit – for people who provide ongoing voluntary care and support to family members, friends or neighbours who require help in their home.

Retirement Income should assure citizens a financial income adequate enough to support an active life style. The following is a quote from a form letter sent from the Office of the Minister of Finance on September 25, 2017:

“Canada has a sound retirement income system that is internationally recognized for its adequacy, affordability, and sustainability, and it includes a variety of savings tools separated into three distinct pillars. The first pillar includes the Old Age Security program and the Guaranteed Income Supplement. The second pillar is the Canada Pension Plan (CPP). The third and final pillar is private savings, which includes Registered Pension Plans, Registered Retirement Savings Plans, and Pooled Registered Pension Plans. The Government is committed to helping Canadians achieve a safe, secure, and dignified retirement and making improvements to Canada’s retirement income system that benefit Canadians.”

Current financial supports include:

Old age Security (OAS),
Guaranteed Income Supplement (GIS),
Canada Pension Plan (CPP),
Allowance for the Survivor,
Death Benefit,
Disability Pension,
Pension Sharing, Credit Compassionate Care Benefits,
Primary Caregiver Tax Benefit,
Disability Tax Credit
Retirement Pensions and Private Savings

In a report to the House of Commons in March 2018, twenty-nine recommendations were made to the Standing Committee on Human Resources, Skills and Social development and the Status of Persons with Disabilities:

- Increase telephone and in-person services so that people can access the benefits to which they are entitled,
- Review the indexation of the Guaranteed Income Supplement and Old Age Security.
- Implement a public education campaign to ensure vulnerable people understand the rules related to the GIS and RRSP withdrawals
- Provide information and education to encourage those who are financially secure to delay receiving Old Age Security.
- Increase the amount that GIS recipients can earn before the benefit is reduced, include self-employment earnings in this amount, and explore options to have the claw-back phase in more gradually once the earnings threshold is reached.
- Inform families on their eligibility to claim the Canada Pension Plan Death Benefit.
- Index the CPP Death Benefit
- Develop specific policies and plans for monitoring and protecting people from financial abuse

Information from “PROMOTING THE LABOUR FORCE PARTICIPATION OF OLDER CANADIANS” promising initiatives (May 2018) prepared by a working group of the Federal/Provincial/Territorial Forum of Ministers Responsible for Seniors, suggests the following:

“There is a need to increase the labour force participation of older individuals” because skill shortages are expected to increase in certain occupations, sectors and regions. Many older adults who struggle when trying to stay in the labour market or re-enter the workforce face particular challenges including:

- Ageism
- Lack of education and access to training,
- Difficulty in finding and applying for jobs
- Health issues, work-life balance issues and lack of workplace accommodations; and
- Disincentives or lack of incentives to work in the retirement income system.

Eight broad categories of initiatives that seek to promote labour force participation of older individuals have been identified: awareness initiatives, financial incentives, health and safety, employment legislation, the retirement income system, skill development, workplace accommodations, and employment services.

Actions:

- Eliminate Mandatory Registered Retirement Income Fund (RRIF) withdrawals to better protect the middle class
- Eliminate forced RRSP withdrawals, which punitively tax the growing number of people working past age 71.
- Tighten the rules which allow some employers to under-fund the pensions of their employees, and to ignore their pension obligations under current law. The recent demise of Sears Co. Canada and its payout to managers and shareholders without regard to the pensions of its employees is a graphic example of the need to reach a more equitable balance of dispersing the assets of a company.
- Defined Benefit Plans need to remain the pension of choice in the Pension Benefits Standards Act of 1985. They constitute one of the strongest retirement income systems. They guarantee retirement security to their members, which, in turn, contributes to national prosperity.
- Protect Pensioners from Corporate defaults. Grant the 1.3 million Canadians with corporate defined benefit pension plans super-priority status in the event of bankruptcy or insolvency
- Up-date RRIF rules to recognize increased longevity and decreased returns.
- Improve protections for bank customers and investors
- Bring pension protections in Canada in line with other jurisdictions by supporting Pension Benefit Guarantee Funds for all pensioners.
- Study and support for proposed Basic Minimum Income pilot programs. Many senior citizens would benefit from a basic minimum income such as existed in Manitoba in the 1970s and was recently proposed and then canceled in Ontario. Such a program would benefit all age levels in reaching an improved standard of living and a healthier society. "Better Income Can Lead to Better Health", states a booklet put out by the Winnipeg Health Sciences Centre and the Manitoba College of Family Physicians. On pages 12 and 13, this booklet gives the necessary phone numbers and email addresses for the services which seniors may need. The booklet needs a wide level of distribution.
- Restore the recent mortgage and rent subsidy that was in place for 35 years in Manitoba and has expired July 31, 2018. Now low-renters and non-profit housing groups are required to pay the open market prices for housing without the bridge gap financial support that was afforded them in the past.

AND It is critical that people be made aware of the existing government programs that are in place and that they take advantage of the programs for which they qualify.

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PRIORITY AREA: ACTIVE AGING & WELLNESS

Goal:

To create and sustain an enabling environment that promotes and supports optimal health for all Manitobans across their life course.

Background:

- Health is a resource for everyday living. Active aging is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO – Active Aging: A Policy Framework 2002). Wellness is the full integration of optimal states of mental, physical and spiritual well-being.
- Although trends show a major decrease in mortality in Canada, they also point to an increasing overall burden of disease, widening the gap between years of life and years of life with good health. Canada is experiencing a persistent high prevalence of preventable chronic disease risk factors. Approximately four in five Canadian adults have at least one modifiable risk factor for chronic disease (self-reported tobacco smoking, physical inactivity, unhealthy eating and harmful use of alcohol).

While Manitobans are living longer, it is important that they live longer in good health through prevention and delay of onset of chronic disease, frailty and disability and extend their functional ability for everyday living and independence for as long as possible. Promoting and supporting optimal health for life is more than the responsibility of individuals. It requires an enabling environment that informs, promotes and supports healthy choices and behaviours that contribute to physical, social and mental wellness, independence and quality of life.

Statistics from CANSIM (2014) show in the population 65+ years of age, only 51.7% of males and 37% of females were active enough to meet the Canada Physical Activity Guidelines of 150 minutes of moderate to vigorous physical activity. There is much room for improvement. It takes a cohesive commitment by the community-at-large to support opportunities for active aging and to create and sustain an enabling environment that will benefit everyone.

With more Manitobans living longer, it is time to change the way we think about aging and time to create and enhance opportunities to engage the aging in Manitoba toward optimal health for all. A healthier older Manitoban population requires the shedding of stereotypes about aging and older people. It requires a more inclusive approach that encourages older Manitobans to be participants on a variety of levels, including the planning of programs and policies that affect them. A healthier Manitoba population will benefit from the rich experience and skills that older Manitobans can contribute.

The Federal, Provincial and Territorial Ministers responsible for sport, physical activity and recreation have developed a Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada: Let's Get Moving. This document provides a framework for moving forward in creating an enabling environment for health, active aging and wellness in Manitoba. It identifies the cultural norms, spaces and places, public engagement, partnerships, leadership and learning required to achieve a more active and engaged population. It also identifies key areas of convergence that weave through all levels of systems and organizations relating to active lifestyles (Canadian Sport Policy, Framework for Recreation in Canada, Active Canada 20/20 and initiatives to promote supportive environments for healthy weights):

Actions:

- Advocate for dedicated capacities and mechanisms that support an open and ongoing dialogue with government and non-government organizations and agencies toward coordinated and collaborative approaches for active aging in Manitoba.
- Collectively create and sustain enabling environments for active aging for all Manitobans including: access to credible healthy aging information, programs and services that are age & ability appropriate and policies that promote and support meaningful engagement of older Manitobans across their life-course.
- Promote and support, through policy, the inclusivity of older Manitobans in all planning processes affecting their health toward the following:
 - Adopt a life-course approach – engagement throughout one's entire lifetime
 - Improved access
 - Equity and diversity
 - Support physical literacy (across the life-course)
 - Encourage participation at any age – ageless engagement opportunities relating to:
 - Active for life ○ Sport for life ○ Physical Literacy for life ○ Positive role models for life
 - Advocate for supportive community design (built environment/enabling environment) that encourages regular physical activity, social engagement, connections with community and ensures safety and security of older adults in their community.
 - Encourage ongoing engagement of older Manitobans through volunteerism to support them in remaining active contributors and resources to their families, peers and community throughout their entire lifetime.
 - Make active aging the norm and cultural trademark of living in Manitoba.
 - Promote the positive and inspiring aspects of growing older in Manitoba.

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PRIORITY AREA: HOUSING

Goal Statement:

To ensure safe affordable housing is available and suitable for ageing in place as care needs increase.

Background:

Currently, MB offers a number of different care and living options for seniors:

The Manitoba Home Care Program, established in September 1974, is the oldest, most comprehensive, province-wide, universal home care program in Canada. Home Care is provided to Manitobans of all ages based on assessed need and taking into account other resources available to the individual, including families, community resources and other programs. The Home Care program was established to help people live at home and remain independent for as long as possible, thereby avoiding or delaying the need for individuals to go into long term care facilities.

The mandate of the program is to provide effective, reliable and responsive community health care services to support independent living, develop appropriate care options with clients and/or family, and facilitate admission into long term care facilities when living in the community is no longer possible. You may be eligible for home care.

Home Care is not a guaranteed service. It requires collaboration from families to be successful. Many missed visits, missed communication of missed visits and time frames for visits are too brief, and inadequate services were noted in the last report by the Provincial Auditor. Assessments and re-assessments are not performed regularly. Social Isolation is not assessed and is often missed.

Actions:

Home Care needs to become more accountable for the services they offer. Social Isolation **MUST** be included in the assessment.

-Self and Family Managed Care:

This may be an option for some motivated families, however the funding provided is less than the actual cost of Home Care and therefore could present a financial challenge.

Recommendation: Funding should be provided at the same cost as if Home Care were providing this service.

-Transitional Care Environment:

Sixty-five new transitional beds opened in the fall of 2017, in support of improved patient care within the Winnipeg Regional Health Authority. Following a competitive bidding process, All Seniors Care has been awarded the contract and will accommodate additional residents in a unique care environment at their River Ridge II location at 2701 Scotia Street.

-Priority Home

The new service provides intensive home care to clients. Programming will be provided to clients for up to 90 days, after which it's anticipated that most clients will be able to remain in their homes with regular, ongoing home care, and not require immediate paneling for a personal care home. This intensive service will also help reduce the length of time clients spend in hospital, and may help some avoid placement in a personal care home altogether.

-Transition Care Environment has proved successful. The Priority Home initiative is too new to evaluate.

-Private Care

There are also private agencies who offer home care and other special services.

-Independent Living with Services (>100 in province – aka Assisted Living)

Independent Living or a Retirement Residence (sometimes referred to as Independent Living with Services or Assisted Living), is a private seniors living building where you rent your own suite and pay for a service package. The residence may offer various services such as housekeeping, meals, and recreation. Many offer much more.

MB Health does not provide any coverage for this type of living option. You are free to choose the residence you prefer. In this type of living option, you are living in your own home and therefore you may be eligible for Home Care Services, should you require this.

In Summary these are:

- Private residences that are not governed or regulated by the province Governed by Residential Tendencies Act
- Services vary and are described differently – buyer beware!
- For example 24 hour nursing may not mean what you think. Make sure there is a fire Safety plan!

-Supportive Housing:

Supportive Housing is a seniors' housing program with three main components: rent, services and a support component. The rent and services components are paid by the resident. The support staff component of this service is funded through the Regional Health Authorities of Manitoba.

Pharmacology is not covered as it is in PCH. Supportive Housing is the right choice for people who require access to 24 hour supervision and some assistance managing with physical limitations, or ongoing health conditions such as dementia. Residents receive support and cueing with activities of daily living such as bathing, dressing, and medication reminders. To find out if you are eligible to reside in Supportive Housing, contact your regional health authority (RHA) or speak to your home care case coordinator.

Additional Actions May Include:

Staffing and funding modernization needs to occur in order for this option to fill the gap between living in a community setting and moving to a PCH. Pharmacology should be covered to help offset the cost.

-Personal Care Homes

A Personal Care Home (PCH) is sometimes referred to as a 'Nursing Home' where 24-hour Nursing care and services are on hand and provided by healthcare personnel in a secure environment 24 hours a day. There are approximately 130 PCHs with just under 10,000 beds, in Manitoba.

Approximately 6 years ago the Centre For Health Policy completed a report that estimated the care and housing we would need for the "White Tsunami" in 2021 and then again in 2036. Four thousand PCH and "PCH equivalent beds" were estimated to be needed. To date approximately 500 beds have been added and Government is promising 1,200 more by 2025.

Currently there are Private "PCH like" buildings in place and being built and staffed like a PCH without any oversight or regulatory framework. The monthly rent and service cost can be up wards of \$6,000 per month. There have been stories of clients being evicted when their care needs become too high.

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PRIORITY AREA: TRANSPORTATION

Goal:

To enhance older persons' ability to access transportation that meets their needs.

Background:

Access to transportation is pivotal to keeping older people in our province healthy and actively engaged in their community. Having appropriate transportation that meets older adults' needs allows access to health care services, employment, recreation and reduces the likelihood of social isolation.

It is essential that we look to further develop a transportation system that provides accessible, affordable and reliable options for older people. This can be done by increasing support for transportation services that provide door through door services, we can look to strengthen our rural accessible (handi-van) services that are essential for older people who choose to age in place in their rural communities and we can look to further reduce the costs of ambulance services throughout the Province.

Rural Accessible Transportation (handi-Vans):

Accessible vans are an important transportation option for people with mobility challenges and to those who no longer drive. It allows eligible riders to work, attend medical appointments, participate in recreational activities, and pursue daily living activities such as banking and shopping.

Handi-van operational costs have steadily increased over the years and the demand is increasing as the population ages, yet the funding formula for rural handi-van has not changed in 29 years, since the Mobility Disadvantaged Program's (MDTP) inception in 1989. This means that communities are not receiving more funding even though the costs and demand for rides have increased.

The increasing cost differential is being born by communities and by riders, the majority of whom are on a fixed income. For example, an older person in Swan River can expect to pay \$600 for round trip transportation to a medical appointment in Winnipeg. Low income seniors cannot afford this.

Volunteer drivers:

Volunteer drivers provide a vital transportation option for seniors who do not drive and do not have family or friends who can help. Volunteer drivers contribute to continued engagement in social and community life that is necessary for health, well-being, and quality of life. Volunteer drivers ensure that older adults can access medical appointments, participate in social events, grocery shop, or visit a friend. They not only get seniors to where they need to go, but they provide door through door, accompaniment services. It is a safe transportation option.

With the aging population, there is an increasing number of older people who no longer drive and find public transportation challenging, which has increased the need for qualified volunteer drivers to support door through door services. Attracting volunteer drivers in Winnipeg is made more difficult by the cost of recruitment. In Winnipeg (unlike in rural areas) volunteer drivers must assume the cost of the criminal record check, which can cost over \$150. Although, non-profit organizations working with older adults sometimes cover the cost of criminal record checks, these organizations operate on very limited budgets. Paying for these costs puts them under even more financial pressure.

Ambulance Costs: As we encourage older people to age in place, access to affordable ambulance services becomes an important priority and especially for those who choose to age in place in rural communities. As a Province, we need to continue considering the impact of barriers such as the costs of ambulances and how it will affect the long-term health and well-being of our residents and older people in Manitoba. Ambulances in our Province not only provide essential transportation services in getting to the hospital but the emergency personnel also provide essential medical assessments /triage and treatment to ensure that immediate care can lessen the long-term consequences of a medical emergency (e.g., heart attack and stroke). In times of emergency, individuals need to know they can afford transportation that will connect them to medical services within a timely manner.

Actions:

Possible mechanisms to enhance older people's access to affordable transportation options might include:

- Encourage the review of Accessible transportation (Handi- van) policies for rural areas to ensure that they meet the needs of older persons.
- Look to sharing resources and create collaborative strategies for Rural Accessible transportation (Handi-vans).
- Encourage expansion of volunteer driving programs throughout the province.
- Work on reducing the costs of criminal record checks for volunteer drivers in Winnipeg.
- Encourage further reductions to the cost of ambulances in the Province and potentially adopt strategies that have been used across Canada that either fully cover or partially subsidize these services to older people.

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