

# Members of the Seniors Coalition

A&O: Support Services for Older Adults

Alzheimer's Society of Manitoba

Active Aging in Manitoba (AAIM)

Centre on Aging- University of Manitoba

Fédération des aînés franco-manitobains  
(FAFM)

Long Term & Continuing Care Association of  
Manitoba (LTCAM)

Manitoba Association of Senior Centres  
(MASC)

Retired Teachers' Association of Manitoba  
(RTAM)

Transportation Options Network for Seniors  
(TONS)

## Priority Actions

Ageism

Social Engagement

Healthcare

Income Security

Active Aging & Wellness

Housing

Transportation

Dementia Care

## 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.

**Action:**

- 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.

**A&O: Support Services for Older Adults (A&O)**

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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.

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.

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.

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's social activity, we could reduce the proportion of individuals who develop a mobility disability from 62% to 43%. Similarly, older adults who participated on a daily or weekly basis in social activity had a 40% reduced risk of developing dementia compared those who were not socially engaged

## **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 programming
  - 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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Support Services for Older Adults

### **Manitoba Association of Senior Centres (MASC)**

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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.

## **Recommendations**

- 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 it)
- 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

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## 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 adult Canadians/Manitobans must file a tax return each year otherwise they are **NOT** eligible for 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 receive the CCB you and your spouse or common law partner each must file an income tax return every year, even if you did not have income in the 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 neighbors who require help in their home.
- Retirement Income should assure citizens a financial income adequate enough to support an active life style.

### **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,
- Compassionate Care Benefits Credits
- Primary Caregiver Tax Benefit
- Disability Tax Credit
- Retirement Pensions and Private Savings

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 and work-life balance issues
- Lack of workplace accommodations
- Disincentives or lack of incentives,
- Health and Safety
- Employment legislation,
- The retirement Income System
- Skill Development
- 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 employees to under-fund the pensions of their employees and to ignore their pension obligations under current law.
- Defined Benefit Plans need to remain the pension of choice in the Pension Benefits Standards Act of 1988. They guarantee retirement security to their members which, in turn, contributes to national prosperity.
- Protect Pensioners from Corporate defaults.
- Provide study and support for proposed Basic Minimum Income pilot programs.
- Restore the recent mortgage and rent subsidy that was in place for 35 years in Manitoba and expired July 31, 2018.

**It is critical that people:**

- Be made aware of the existing government programs
- Are encouraged to 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).

- Health and quality of life for older adults in our society is significantly influenced by their opportunities to stay active, engaged and informed.

With more Manitobans living longer, we need to change the way we think about aging and create or enhance opportunities to engage older adults in choices and behaviors that contribute to their optimal health. 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 health literacy skills (ability to access, understand, evaluate and communicate active aging information) to promote, maintain and improve health across the life-course.
  - Support physical literacy (across the life-course)
  - Encourage participation at any age and promote 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.

**Active Aging in Manitoba (AAIM)**

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## PRIORITY AREA: HOUSING

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

**Background:**

As the population ages, it will need more safe care and living options. Many of today's seniors are looking for independence and *control* in their care, as opposed to residential care. As long-term care and elderly housing providers for more than 100 years, members of the Long Term & Continuing Care Association of Manitoba, LTCAM is well positioned to help Manitoba's healthcare planners understand the capacity and support needed for safe care and living options.

Working closely with other provincial long-term care providers, we have seen how provinces like Ontario, Alberta, and British Columbia are investing in operational and capital funding. The average annual base-funding increase to long-term care in these provinces is 1.6%–2%. They are investing in the future while Manitoba is falling behind.

**Actions:**

The size of Manitoba's aging population continues to grow. Now is the time to strengthen long-term care in preparation for what will be the largest group of seniors our province has ever seen. Members of the Long Term & Continuing Care Association of Manitoba believe that the opportunity to expand on our foundation of excellent care and service, within a cost-effective model, can address the challenges seen in terms of both capacity and financial pressure. However, our ability to continue to serve Manitobans both now and in the future is wholly dependent on a stable, well-planned, and predictable environment.

Seniors' housing must be appropriate, easily accessible, and safe, and it must take into account the care level that is required as needs increase. Currently, Manitoba offers a number of different care and living options for seniors. More needs to be done, however.

We are looking for Government support in the following key areas.

**1. Safety**

In the past few years, a number of new housing builds for seniors—called independent living with services or assisted living, have begun to offer an environment that is similar to a personal care home. Many of these buildings are offering a high level of care without important quality monitoring such as Accreditation. As you know, personal care homes must abide by Legislation, Provincial Standards and many other safeguards to ensure the well-being of our seniors.

We are asking Government to ensure all residences where care is provided to seniors are subject to safeguards appropriate to the care level offered.

## **2. Infrastructure Funding**

Federal funding exists for housing where care for seniors is not provided. This funding, however, does not include seniors' housing, such as personal care homes, where care is provided even though this is their home.

The majority of the current personal care home infrastructure is more than 40 years old. The physical layouts are obsolete, especially in terms of treating individuals with dementia, which puts both residents and staff at risk. These outdated designs feature two to three beds in ward-like rooms, shared washrooms and bathing facilities, crowded dining rooms, narrow hallways, and noisy, hospital-like nursing stations that are in close proximity to residents' rooms. Crowded areas, noise, and confusion, can cause anxiety, which can lead to residents striking out or other protective or responsive behavior.

Currently \$40 Billion in Federal funding is available for seniors housing where care is NOT provided. LTCAM is asking Government to lobby for change in the Federal funding criteria for seniors' housing to include seniors' residences where care is provided.

## **3. Staffing**

In Manitoba, staffing in personal care homes is legislated at 3.6 hours of care per resident day with the care provided by nurses—both RNs and LPNs—and healthcare aids in a prescribed formula. The term used for this is “medical model of care” as its focus is medicinal. These seniors are living in their own home, but their home more often closely resembles a hospital. What is needed is a balance between the medical model and the more holistic social model of care. Boredom, loneliness, and sadness are three major problems that seniors face. A social model of care looks at the entire spectrum of the residents' quality of life. It employs exercise to promote healthy living, fun and stimulating activities, and opportunities to engage in social interactions.

LTCAM is asking Government to invest in resident quality of life by re-focusing the emphasis on the social model of care. Our seniors need to be engaged and active. They could, with the assistance of occupational therapists, physiotherapists, social workers, rehabilitation and recreational staff in long-term care.

## **4. Funding**

### **Personal Care Homes**

Over the past fifteen years, funding increases in long-term care have been almost non-existent. In the Winnipeg region alone—where more than 50% of the personal care home beds reside—personal care homes have absorbed rising costs in all areas of their operations. This includes food, medical and surgical supplies, transportation, maintenance, and other areas that contribute to the quality of care and services to residents.



Along with rising costs, funding has decreased, while care and service levels increased. There are greater expectations, but no funding to support the ever-increasing need.

We are asking for Government support to commit to a stable and predictable funding environment for personal care homes to ensure our seniors have the quality of life they so deserve.

### **Supportive Housing**

There are approximately 800 supportive housing suites in the province. In Winnipeg, Supportive Housing is staffed by the owner with tenant companions, who are well-trained laypeople. Home Care provides health care services to clients in Supportive Housing who require it. Outside of Winnipeg, Supportive Housing is often staffed by the regional health authority, which uses home care personnel.

Supportive Housing is an environment that provides a high quality of life for residents who cannot safely stay at home but do not need to be in a personal care home. It is the most cost-effective care option for our health system as the client pays for the service package and rent. There are some subsidies and rent geared to incomes spaces.

Just like personal care homes, there are greater expectations with no funding to support the ever-increasing needs of our aging population. In 2006 approximately 15% of Supportive Housing clients needed Home Care services. Today it is closer to 50% of the clients. Many need these services upon admission. This places such a huge burden on Home Care that 30 to 50% of visits cannot be completed.

We are asking for Government support to modernize the Provincial Supportive Housing Program in structure, capacity, staffing, and funding in order to adequately meet the needs of our aging population and to enhance the sustainability of this valuable care and living option.

### **About the Long Term & Continuing Care Association of Manitoba**

For over 60 years, the Long Term & Continuing Care Association of Manitoba, a non-profit, membership-based organization, has been a valued adviser and partner in the promotion of safe care and living options for seniors living in Manitoba.

Incorporated in 1959, our mission has always been to improve the quality of care provided to residents. We introduced standards of care well before the provincial government outlined official standards. Each day, we care for Manitoba's most vulnerable seniors, many of whom reside in our residences. We also work closely with provincial long-term care providers across Canada through the Canadian Association for Long Term Care, and we continue to share information and education that uses the best national evidence available to improve quality of care for residents throughout the province. Today we have more than 100 members.

## **Care & Living Options - Definitions**

### **Independent Living with Services, Retirement Living, Assisted Living**

Independent Living with Services or a Retirement Residence, sometimes referred to as 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. It is not associated with the Health Care system.

### **Supportive Housing**

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. Clients receive support and cueing with activities of daily living such as bathing, dressing, and medication reminders. Admission is controlled by the Regional Health Authority and based on established criteria.

### **Personal Care Home**

A Personal Care Home (PCH) is sometimes referred to as a 'Nursing Home' where 24-hour nursing care and services are available and provided by healthcare personnel in a secure environment. Admission is controlled by the Regional Health Authority and based on established criteria.

## **Long Term & Continuing Care Association of Manitoba (LTCAM)**

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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.

**Action:** 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.

**Transportation Options Network for Seniors (TONS)**

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## PRIORITY AREA: SUPPORT FOR PERSONS WITH DEMENTIA & CAREGIVERS

**Goal:** Ensure best practices are implemented and fully resourced to support persons living with dementia, families and caregivers throughout the progression of dementia.

**Background:** Currently, over 23,000 Manitobans have Alzheimer's disease or another dementia. This number is growing at an alarming rate and by 2038 it is expected to reach over 40,700. Fifty-six per cent of Manitobans are impacted by dementia because they have a family member or close personal friend with the disease.

*Dementia friendly communities:* Dementia-friendly communities include and support people with dementia in the places they work, live and play. They are defined by both their social and physical characteristics. These attributes can help support people with dementia by reducing anxiety, stigma or frustration. People living with the disease feel supported by their community members whether they are at post offices, retail outlets, using transportation or enjoying hobbies out in the community. Dementia-friendly communities complement age-friendly initiatives by adding nuance and depth with respect to the needs of people with dementia.

*Information and Support:* A progressive and terminal disease, persons with dementia and their families require reliable access to information and support early in a diagnosis in order to anticipate next steps in the progression of the disease and do the necessary advanced planning to avoid crisis. Research indicates that families who access help early are better able to cope, avoid crises and experience better quality of life, yet only 30% of respondents to a recent survey indicate they have advanced care plans in place. Increased access to information and support for families impacted by a dementia diagnosis is key to ensuring quality care throughout the progression of the disease.

*Dementia Education for Professionals:* Professional caregivers are an important part of the care team supporting people with dementia, particularly in later stages of dementia. Access to additional training specifically related to dementia can help staff assist residents, clients and patients to maintain an optimal quality of life. Health care professionals who receive dementia education will improve the care and experience of people with dementia and their families across the health care continuum.

*Home Care:* Many persons with dementia live in the community for all or most of the time the disease progresses, but proper supports must be in place for families to manage this successfully. Home care is a critical component of support for persons with dementia living at home, particularly as the disease progresses beyond early stage. Adequately resourced, quality home care that follows best practice and is accessible consistently throughout the province must be in place to meet the current and growing needs of persons with dementia and their caregivers.

*Personal care home settings:* While most people with dementia want to live in their own homes for as long as possible, the reality is that many will move to a personal care home. In fact, almost 70% of personal care home residents have some form of dementia and 70% of all individuals diagnosed with dementia will die in a personal care home. Personal care homes are an important part of the continuum of care and they must be designed, resourced and supported to ensure best practice quality care is consistently delivered throughout the province.

**Actions:**

- **Support dementia-friendly communities** by reducing organizational, social and physical barriers that prevent people with dementia from fully engaging in community activities; support people with dementia to live safely and comfortably in their communities for as long as possible.
- **Increase access to information and support** so that people with dementia and their families have access to information, support and education as early as possible and throughout the progression of the disease.
- **Invest in dementia education for health care professionals and in particular for personal care home staff, staff working in homecare and supportive housing.**
- **Increase home care** resources and consistently implement best practices in home care across the province to meet current and growing needs for persons with dementia and their caregivers.
- **Increase personal care home care resources** and ensure best practice quality care and support consistently across the province for personal care home residents.

Alzheimer's Society Manitoba

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