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# Engaging Aging

A summary of Senior Engagement Sessions in NB  
September 9-16, 2015

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## Background & Context

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The Canadian Medical Association, in association with the New Brunswick Medical Society, gathered in Fredericton on September 21<sup>st</sup> and 22<sup>nd</sup> to generate a conversation and momentum on a campaign they titled ‘Demand a Plan.’ This campaign, in advance of the federal election, aimed to put pressure on politicians to develop a national seniors strategy.

In advance of this gathering, the Collaborative for Healthy Aging and Care (the Collaborative) organized community gatherings around the province with the intention to engage seniors and encourage them to share priorities, concerns, ideas, and solutions affecting seniors and the aging experience in New Brunswick.

French-language gatherings were held in the Edmundston area (Sept. 9), Moncton (Sept 11), and Tracadie-Sheila (Sept 16). English-language gatherings were held in Moncton (Sept 15), Oromocto (Sept 16), and Saint John (Sept 16).

Participants were asked to identify any and all issues and topics affecting seniors. From this, the group identified prevalent issues, and participants were then able to share their voice in identifying the most important/pressing items and their possible solutions.

Participants also expressed concern that while the sessions were valuable, the feedback and ideas they shared would simply be ignored. Therefore, it is of the utmost importance that we consider the views and ideas shared in this document, and incorporate them into the work of the Collaborative, the Collaborative Partners, and indeed all of us who envision New Brunswick as the proactive leader in aging in Canada.

The conversations summarized in this document were also shared at the Canadian Medical Association gathering. They will also be used by the Collaborative and its partners to inform and guide future activities affecting the aging experience in New Brunswick.

# Prevalent Themes<sup>1</sup>

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Several topics and items consistently arose during the engagement sessions, most of which are not issues presently discussed by policymakers, government or in the media.

From these commonalities, we can confidently say that in order to have a functional and relevant aging strategy, we need to first focus on three major themes:

## 1. **Communication**

- a. Navigating and accessing government services for seniors is complicated and often disconnected. Government needs to ensure that all seniors receive the same information and guidance. This lack of consistency in communication may be the cause of some of the bottlenecks we see in the system. This is an opportunity to introduce a system navigator to alleviate said bottlenecks.
- b. Seniors want a one-stop-shop service to access information related to aging. This goes beyond a phone number for accessing government services (such as the province's Seniors' Information Line), and should include activities, community service clubs, etc. It was also expressed that this should be handled at the regional level (i.e. not centralized in Fredericton), and could emulate the model used by Moncton's Senior Information Centre.
- c. Communicate the services already available at the community level, including service clubs and mobile clinics. We understand government cannot be the answer to every aging question, but if we can create momentum at the grassroots level for cooperation and leveraging of resources/expertise, we can achieve results much more quickly than if government was solely responsible.

## 2. **Home Support**

- a. Many of the issues expressed with respect to home support can be summarized as communication between home care providers and recipients: managing expectations, consistency of services, hours of care, training, etc.
- b. Re-examine how to support home-care providers, especially in rural settings. These individuals need access to ongoing training and a resource to answer questions and respond to issues in a timely way, similar to what is available in long term care facilities (e.g. iTacit).
- c. Consider redefining what home care actually means. To some, it is home upkeep, ensuring conditions are liveable and the values of their assets are maintained. To others, home support is the personal care and assistance with activities of daily life. Once we are able to better define home support, we can develop policy and the appropriate mechanisms for support.

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<sup>1</sup> These three themes came up consistently at all of engagement sessions. A more thorough listing of all concerns can be found in the appendices of this document.

### **3. Affordability**

- a. Engagement session participants understood the fiscal realities of the province, and the need to find better ways to manage resources. It was suggested that some resources from areas like acute/primary care be diverted and reinvested in other areas like aging care. We need to re-examine the services that government provides to determine which ones are delivering real value for seniors; this value is not only limited to the financial value, but also their impact on quality of life.
- b. Participants were also concerned about the affordability for seniors. They noted a discrepancy between non-profit and for-profit facilities that may offer the same services but are funded differently. The participants are suggesting that funding follow the individual and not be based on the facility.
- c. Certain policies make it challenging for seniors to be able to afford some services, such as the assessment process. But they also point to the eligibility of family members to provide care: family members are not able to receive funding to provide care, but a total stranger is.
- d. Coordinate and distribute services in a more effective and efficient way, move beyond political limitations (North vs. South, Anglophone vs. Francophone, Urban vs. Rural) and make real improvements that can be replicated and adapted to fit the needs of communities around NB. “We don’t have time to make sure everything is ‘right’, we need to ‘just do it’ and fix it and adapt as we go”.

## Possible Solutions<sup>2</sup>

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In addition to sharing concerns and observations, participants were asked to provide possible solutions and/or strategies to address the issues. Suggested solutions to the prevalent themes include (but aren't limited to):

### *Communication*

- Have snippets/vignettes of what is available for seniors throughout the province; highlight seniors' groups and activities on a regular ongoing basis.
- Create a 'community buddy' system that encourages neighbours to check-in on each other; this could help prevent some aspects of social isolation and act as a tool for community building.
- Share initiatives like FirstLink, and expand the referral based model to include other health conditions, link physicians with community health providers, clinics, etc.
- Create a one-stop-shop for seniors' services and activities:
  - Promotion, especially traditional media, and a toll-free helpline
  - Regional/community-based
  - Act as a common voice, an advocate and champion for seniors
- Remove/eliminate silos in seniors' services.
- Perform an audit and create an asset map of existing community programs found around the province.
- Encourage newspapers to cover/profile seniors and their activities (e.g. a page a week, events/activities calendar). Include the findings from the engagement sessions in an opinion/editorial piece.

### *Home Support*

- Develop standards and performance management measures for home care workers and agencies.
- Create more adult day programs in the community, and provide more meaningful activity and programming.
- Develop programming and resources aimed at the mental and physical health of caregivers, both informal and formal.
- Define Home Support and develop resources for managing expectations, communicating needs, etc.

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<sup>2</sup> The selected solutions in this particular section only respond to the prevalent themes described on the previous page; a listing of all solutions for all issues can be found in the appendices of this document.

- Offer an ‘à la carte’ menu of home support services.

### *Affordability*

- Move to a health prevention/promotion model to keep well people out of the system.
- Transparent reporting of financial outcomes, investments, overall savings and/or the value added of aging-related initiatives. Keep in mind that value added doesn’t necessarily mean financial, but rather quality of life.
- Develop and/or facilitate partnerships with private/community-based service providers to provide more community-based services that ease strains on the health system. For example, the mobile foot clinic and the mobile clinic from the Dental Hygienists Association could partner on community clinic days. This also serves to reduce seniors’ isolation, better understand the needs of the community, and provide preventative care.
- Host a forum with the private sector to develop solutions and ideas to better serve the aging population. Topics can include service delivery, employing retirees, future and adapting needs, etc.

## Summary

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While some of the concerns shared by seniors in the engagement sessions focus on provincial public policy, the solutions and opportunities require all players in the aging sector to play their part.

These discussions were modestly attended yet the feedback received is invaluable in ensuring the Collaborative, its partners, and everyone involved in the aging sector provide meaningful service to our elders. We need to make sure that we act on the feedback and demonstrate throughout the province that our activities were guided by seniors' input. These engagement sessions should be held recurrently around the province to ensure that seniors remain engaged and empowered in their communities.

It is incumbent upon all of the Collaborative Partners to demonstrate leadership and foster a culture of collaboration, inclusion, and openness throughout New Brunswick. This will require us to identify solutions and be open to facilitating and/or participating in initiatives, both inside and outside of our respective organizations, in moving our province forward. All of us have an obligation and desire to make New Brunswick the proactive leader in aging in Canada.

## The Top 5 Issues, by Region

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### *From Moncton (Anglophone):*

1. Communication (20)
  - Between care providers
  - System navigation
  - Seniors advocate
  - Government departments and services
2. Home Support (18)
  - Rural
  - Consistency
  - Education
  - Affordability
  - Communication
3. Affordability (12)
  - To remain in and upkeep of home
  - Care services (in home, special care homes, nursing homes)
4. Abuse (10)
  - Financial
  - Emotional
  - Physical
5. Transportation/Accessibility/Mobility (10)

***From Oromocto (Anglophone):***

1. Information/Communication
2. Home Support
3. Isolation, Self Esteem, and Mental Health
4. Affordability
  - From a government/service delivery point of view;
  - From the seniors'/users' point of view
5. Medical Service Delivery and access to preventative interventions

***From Saint John (Anglophone):***

1. Preventative interventions and ageism in medical decisions
  - “An ounce of prevention is worth a pound of treatment”
2. Communication
  - Silo effect
3. Accessibility & Transportation
4. Quality of Life & Preservation of Self
  - Programming and engagement in care settings; can also be considered an upstream intervention
  - Human Connection
  - Intergenerational activity
5. Government regulations and assessment processes
  - Funding should follow the person, not the facility
  - Too much regulation in some areas, not enough in others

*From Tracadie<sup>3</sup> (Francophone):*

1. More emphasis in Nursing Homes is placed on medical issues than as a residence;
2. Lack of formal social activities and interaction among seniors;
3. Infrastructure is not sustainable
4. The role of the Nursing Home needs to be more important.
5. Evaluation vs. needs-based systems

*From Moncton (Francophone):*

1. Recruitment, Education & Training of staff, care providers, and volunteers;
2. Ageism, stigma, and fear;
  - Aging is seen as an illness or condition, and not a natural process.
  - Seniors are afraid to ask for help as it could mean losing their homes and assets, so they opt to suffer in silence.
3. Autonomy & Access
4. Government
  - Lack of vision and planning (“The cries of seniors seem to fall on deaf ears.”)
  - Government only made changes to policy because they couldn’t take pressure from various groups.
5. Poverty and isolation

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<sup>3</sup> Most of the attendants at this meeting were administrators and directors of nursing from local nursing homes, which is evidenced in the feedback.

*From Edmundston (Francophone):*

1. Homecare
  - Focus of the assessment process should be on needs of the individual and not the category a senior fits into (i.e. Level I, II, III)
  - Instead of investing in Nursing Homes (e.g. Adding 600 beds in X number of years), re-invest in needs of seniors and the services offered at home.
  - À la carte service for seniors to choose from (e.g. cleaning their home, laundry, medication, hygiene, etc.)
2. Communication
  - People need to understand the programs and resources that are available and how to access
3. Isolation
4. Infrastructure
5. Government's lack of a vision and plan for integrated service delivery

## Solutions, by Region

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### **From Saint John:**

- Move to a health prevention model
- Have snippets/vignettes of what's available for seniors, highlight seniors' groups and activities, etc. This should be an ongoing and regular activity.
- Understanding the challenges with having a variety of family doctors, community health clinics, hospital outdoor, and the lack of communication between these players, we should look at the idea of having 'family pharmacists in the same vein as family physicians.
- Inclusion and embracing of Nurse Practitioners in the delivery of care.
- Adopt a 'Dementia Village' model in providing care for persons with dementia.
- Adult Day Programs that are meaningful than simply 'minding/babysitting' seniors. These programs should have elements of health care delivery/monitoring and preventative interventions, as well as engaging and holistic activities as well.
- Create a 'community buddy' system that encourages neighbours to check-in on each other; this could help prevent some aspects of social isolation and can also bring the community together.
- We need to share initiatives like FirstLink, and expand that referral-based model to include other health conditions, linking physicians with community health providers, clinics, etc.
- We need to share our successes in the province. There is great work being done in the province in pockets of activity that often doesn't get shared. This can not only raise morale in the province that there are positive things happening related to aging, but also inspire others to move to action.

### **From Moncton (Francophone):**

- Develop a long term policy and strategy on 'Aging'
- Focus on mental and physical wellbeing of formal and informal caregivers
- Develop opportunities for intergenerational dialogue and re-establish the role of seniors as elders and wisdom-keepers in the community.
- Transparency of financial outcomes, investments, and overall savings of aging-related initiatives.
- Better coordination of services in the community

### **From Edmundston:**

- Share resources
- Partner with private companies and community organizations to better deliver services and outreach.

### **From Moncton (Anglophone):**

- Create a one-stop-shop for seniors' services
  - Promotion, especially traditional media, and a toll-free helpline
  - Regional/community-based
  - Act as a common voice, an advocate and champion for seniors
- Remove/eliminate silos in seniors' services
- Develop a communication plan and use an aging lens to policy
- Perform an audit of what exists around the province and create an asset map
- Develop standards and performance measurements for home care companies
- Support for informal caregivers
- Intergenerational programming in the school system
- Create additional adult day program placements

### **From Fredericton:**

- Clustered service delivery
- Adult Day Centres
- Access to care in LTC facilities for community service/outreach
  - Community Hubs of Care, to benefit the whole community
- Implementing education initiatives that are already developed
- Information & Communications
  - Public awareness campaigns
  - Encourage newspapers to cover/profile seniors, activities, etc. (e.g. a page a week, events/activities calendar)
  - Create a communication plan
  - Communication within government
- Senior fair/expo at the community level
- Promote prevention
- Promote NB as an innovative/incubator for aging-related solutions
- Look at the positives, why are we the oldest? What are we doing right?
- (Re-)Purposing of accessible space
- Change the management culture within government
- Volunteer/Neighbourhood clubs to reach out and engage

- Elements/spirit of volunteerism within communities
- Inclusion of seniors in policy, not policies in isolation
  - Seniors' council, not just “government folks” and friends
- Affordability
  - Encourage businesses to employ seniors
  - Reinvest resources from acute care to aging/long term care/community support
  - Community clinics
  - “Healthy Smiles, Clear Vision” program for low/fixed income seniors
  - Forum with private sector to develop solutions
  - Subsidies should follow the person, not the facility
- Opinion/article in paper summarizing the findings from sessions

## All Concerns, by Region

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### From Moncton (Anglophone)

- Home Support
  - Rural
  - Consistency
  - Education
  - Affordability
  - Communication
- Access to primary and specialized care
- Transportation/ Accessibility/ mobility
- Affordability
  - To remain in and upkeep of home
  - Care services (in-home, special care homes, nursing homes)
- Medication
  - Abuse
  - Overmedication
  - Monitoring/tracking
- Communication
  - Between care providers
  - System navigation
  - Seniors' advocate
  - Government departments and services
- Isolation
- Informal (family) Caregivers
  - Community
- Abuse
  - Financial
  - Emotional
- Specific Health Conditions
  - Vision Loss
  - Chronic Conditions
  - Rehab services
- Too many special care homes with empty beds, hospitals have people that could be in special care homes
- Social Isolation

- Transportation
- What is the hourly cost of in-home care help
- Upkeep on home (e.g. lawn/snow/maintenance)
- Seniors' advocates
- Health/medical issues
- Help at home/home care assistance
- Mobility
- Mental health/isolation/anxiety/depression/dementia
- Getting held up in hospital, waiting for placement
- Loss of healthcare workers and waiting list times
- Reliability of home care workers and low pay of home care workers
- Assessment for placement should be done at home, not in hospital
- Burnout of family members or lack of family members nearby
- Financial needs – loss of pension income, etc.
- Seniors taken advantage of – fraud, scams
- Help for age-related eye sight loss
- What do you do when hired workers don't show up? (i.e. WeCare, etc.)
- Better trained in-home care providers
- Too long for seniors to wait for medical services and specialists
- Provide proper medical supplies (i.e. diabetic test strips)
- Medicare should include vision and dental coverage
- Information more easily available on where to find help and where to find groups that will help
- When in care facilities, proper personal care (feeding, personal hygiene, conversation)
- Where to find people who can come to our home to help with simple things or groups (senior groups) to know who to go to.
- Matching services and needs with volunteers who can deliver
- Follow the money
  - Do individuals (seniors) have enough of their own money?
  - Government responsibility and accountability with our tax dollars
- Younger people moving out of NB...because we're not attracting jobs for young people
- Available and affordable consistent workers and home care in rural areas...to build relationships between caregiver and client
- Lots of chronic conditions...why are there not clinics with appropriate resources and alternate care
- Transportation is key to healthy community to be able to live in own home
- Education on living finances being taught in schools-spending priorities...planning for the future
- Affordable nursing homes and retirement homes

- Abuse and bullying both in home and in care centres
- Gender issues – need addressed, needs education
- Better communication from government re: policy making for seniors
- Medication
- Personal support workers training agencies should be monitored

### **From Fredericton**

- Quality of personal care
  - Can easily snowball
- Oral hygiene
  - Social Development needs to better support
  - Dental hygienists can practice in home
- Home care
  - No support for seniors aside from informal supporters
- Isolation
- Services covered by social development/policy
- Ability of seniors to pay
- Affordability
  - Upkeep/maintaining living conditions
- Financial security
  - What's the real value of support mechanisms?
    - “Living” pensions and benefits
  - Employer benefits often end at retirement
- Underutilization and awareness of resources and services; many seniors won't fight of know what's available
- Silos, even within departments of the same organizations
  - Getting the run-around
- Patient/senior advocates
- Medical services
  - Distribution and accessibility
- Home support
  - Home issues
  - Gaps
  - Turnover/wages
  - Travel time
  - Issue is not rate of pay, it is guarantee of hours
- Seniors living in clusters in community
- Transportation
- Insurance/liability
- Ability to get a response to questions

- Intergenerational young/middle/elder
- Value, respect, selfish, ageism
- Seniors don't like change
- Seniors don't like to bother people for help
- Families of seniors must become more involved in the care of their parents
- Do whatever possible to keep seniors in their home longer
- We need to train Gen X and Y to respect our seniors and help out.
- Politicians (government) do not have the experience to run a province the way business people do! We need to elect business-minded people, not politicians.
- Let's pay our healthy seniors to be advocates or home care workers for other seniors.
- Government needs to listen to the not-for-profit organizations and groups. The NBDHA (New Brunswick Dental Hygienists Associations) has been told two years ago that we would have a meeting with Health Minister/Social Development. We were told somebody would be in touch with date and time...two years and still waiting. Certain groups can help cut costs and offer service to help the government.

**TOP five:**

1. Home Support (incl. hygiene, personal care, formal care, etc.)
  - a. Importance of upstream interventions
2. Information/system navigation
  - a. Transparency/communication
3. Isolation and well being (self esteem) mental health
4. Affordability (senior, gov't, outreach groups)
  - a. Poverty
  - b. Where is \$ coming from?
  - c. Exploitation
5. Value and respect
  - a. Understanding/appreciation of seniors
  - b. Engagement of seniors
  - c. Inclusion of marginalized seniors, literacy, and poverty
  - d. Exploitation