

***BETTER AT HOME***

**IN THE**

**TRI-CITIES REGION**

**Community Consultation Process**

**Report**

**December 2012 to February 2013**

**Submitted by**

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# 1. INTRODUCTION

Better at Home is a program that helps seniors with simple day-to-day tasks so that they can continue to live independently in their own homes and remain connected to their communities. The program is funded by the Government of British Columbia and managed by the United Way of the Lower Mainland, with services delivered by a local non-profit organization. The Better at Home program is designed to address the specific needs of local seniors, allowing communities to choose from the following basket of services:

- friendly visiting
- transportation to appointments
- snow shoveling
- light yard work
- simple home repairs
- grocery shopping
- light housekeeping

The Tri-Cities Region has been identified as a potential Better at Home site. This region includes the cities of Coquitlam, Port Coquitlam and Port Moody as well as the villages of Anmore and Belcarra. Linda Western was contracted as community developer to assess community readiness, identify seniors' assets, needs and priorities in regards to the basket of services, and help identify a potential lead organization best suited in the community to deliver the Better at Home program.

This report reflects the findings of the community developer and will be used by the lead organization to design an appropriate local Better at Home program that meets community needs.

## 1.1 Community Development Approach

The Consultant used an asset-based and value driven approach. The strengths in the community, leaders among organizations and the senior's community itself became the links into the community as the basis for the community development process. Key stakeholders were approached from the point of view of making a contribution and having a say in the future of their community. They were asked for their thoughts, suggestions and connections to other potential contributors to the process. The diversity and complexity of the community was recognized as a key factor in the variety of contacts made with seniors and the service providers. The three-stage process was

explained from the premise that each person had a contribution to make to the future of the Better at Home Program for the Tri-City region.

**Phase One** was composed of the identification of key stakeholders, the gathering of reports and documents about seniors and the review of the inventory of programs and services provided in the region. Specific contacts among service providers were identified as well as the contacts for existing groups of seniors. Other organizations within the scope of support to seniors such as the RCMP, Fraser Home Health, Community Response Network, Fraser Northwest Division of Family Practice and the group of For-Profit service providers serving the area were identified. This phase also included the development of a background document and the development of the Community Survey.

**Phase Two** was primarily the contact with stakeholders. This contact took a variety of formats depending on how key this stakeholder was to the gathering of information and the future of the program in the community. These contacts included small meetings, presentations at regular seniors' group activities, meetings with seniors in housing complexes, interviews with key stakeholders in person and by telephone. All seniors and representatives of staff working with seniors were asked to complete a brief survey of 5 questions. Meetings included conversations at language classes for Korean and Farsi speaking seniors with the assistance of translators.

The consultant also spent time at one of the seniors' centres to meet casually with people in the lunchroom. This might be a one to one conversation or talking briefly to a group having a break from their program. People were very interested and responsive to the idea of such a program and were very willing to take the time to complete a survey

In addition to the meetings and presentations, two focus groups were held. One was held with the for-profit organizations while the second included the non-profit organizations providing services to seniors. The focus group questions were similar to those of the survey. During the discussion with the non-profit group, the 12 participants developed a list of possible criteria for the lead agency for the Better at Home program.

Although a very small and isolated part of the region, time was spent connecting with the manager and the Health Outreach Worker at the Kwikwetlam First Nation.

The consultant was invited to attend a staff meeting of the 15 case managers and senior staff for the Fraser Home Health office. Understandably, they were very interested in the unfolding of the program in their area and the possible links to the support they provide to seniors in the region. Surveys were completed here as well.

Two meetings were held at local libraries in response to internal library promotion to discuss the Better at Home Program and gather further information about needs and issues in the community.

### **Summary of Phase Two Community Consultation Contacts:**

During this phase the consultant met with:

- 26 seniors groups that included 813 seniors
- 31 stakeholders meetings with individuals and groups
- 2 focus groups with for profit and nonprofit organizations with 17 participants

and received

- 169 surveys from 135 seniors and 34 organizations

In recognition of the diversity of the region, effort was made to hold the meetings and gather the surveys from each of the larger municipalities as well as the culturally diverse community. Presentations were made to a variety of special interest groups. These ranged from the WHO (Women Helping Others) groups, to language classes, a choir, the Stroke Club and a group of caregivers for spouses with Parkinson's Disease.

**Phase Three** was dedicated to the review of the survey information, gathering notes from the meetings and focus groups in preparation for the Community and Stakeholder Meetings and the final report. Contact with the media and the promotion of the community meetings were included in this phase.

This phase also included the Community Meeting and the Stakeholder meeting held February 12, 2013. At the Community Meeting, the issues and priorities based on the discussions from the meetings and surveys were presented.

## 2. COMMUNITY PROFILE

### 2.1 Description of Local Seniors Population

The Tri-Cities region is made up of 5 separate and distinct areas: the cities of Coquitlam, Port Coquitlam, Port Moody, as well as the villages of Anmore and Belcarra. There are 5 separate municipal governments. There are two police departments. Port Moody has its own department while the remainder of the region is served by the RCMP. There are 3 library systems that are now linked. There are 3 separate municipal Leisure and Parks services. There are 5 separate Fire Departments. The Kwikwetlam Band has reserve lands within the region that houses a population of approximately 40. All service providers, both no-profit and for profit, serve the region.

The following demographics speak to the numbers of seniors living in the region but do not reflect the context within which they live.

#### Regional Demographics

		2011	2006	% of change
Tri-Cities Region	Total Population	218,510	197,230	11%
	65+	24,020	19,300	24
	75+	10,165	8,205	20
	85+	2,655	1,140	13
	55-64 (Near seniors)	27,115	20,755	30

Source: Statistics Canada, 2011 census

While the overall population of the region has increased by 11 %, the population of seniors has increased by 24%. The group of “near seniors”, at 30% of the current population, will change the dynamics and demand for services over the next 10 years. A similar change is expected in the next 20 years.

As can be seen in the following chart, the increase in population is in all but one municipality. Although records are not currently available, a visual review of the region

speaks to the amount of building that has taken place over the past 5 years. This change continues with the increase of the number of high rises being built around the town centres with the building of the new Evergreen Rapid Transit line being built through Port Moody and into Coquitlam. Port Moody and Port Coquitlam are also experiencing transitions in the inner core of the cities from older single-family homes to three or four-story condominium complexes.

### Demographics by Municipality

CITY	POPULATION	2011	2006	% OF CHANGE
<b>Coquitlam</b>	Total Population	126,455	114,565	10.4
	65+	15,070	12,505	21.5
	75+	1,800	1,090	65
<b>Port Coquitlam</b>	Total Population	56,345	52,690	7
	65+	5,700	4,445	28
	75+	2,325	1,830	27
<b>Port Moody</b>	Total population	32,975	27,515	20
	65+	3,010	2,170	39
	75+	1,045	820	27
<b>Anmore</b>	Total population	2,090	1,785	17
	65+	145	105	38
	75+	50	35	43
<b>Belcarra</b>	Total Population	645	675	- 4
	65+	105	75	40
	75+	30	20	50

Source: Statistics Canada, 2011 census

The significant number of older/ frail seniors throughout the region, may suggest the need for multiple service sites and confirm the need for additional services.

## **VULNERABILITY FACTORS:**

**Language:** According to the Statistics Canada report of 2006, 34.74 % of the region's population is immigrant.<sup>1</sup> Coquitlam had the largest percentage at 39.4%, Port Coquitlam at 28.2% and Port Moody at 29.4%. According to the 2011 census data, 12,050 living in the TriCities speak neither of the official languages as the first language. The region continues to change with the increase in building both in single-family homes as well as multiple unit dwellings. It is expected that with the numbers in the 2011 Census, these numbers will have increased.

During the consultation process, it was very evident that the current needs for translation services and advocates with language skills are critical for the seniors among the immigrant population. Although many have family support, the sense of isolation was often reported. The need for drivers to appointments with language skills was reported among the Immigrant Seniors groups as the primary concern. Language classes are available only on a casual basis, as seniors are not considered eligible for the ELSA programs.

**Income:** According to the Statistics Canada report for 2006, 2,186 seniors or 11% of the seniors' population were living in a low-income category. Coquitlam had the highest prevalence of low income seniors at 13%.

SHARE Family and Community Services reports in their review of 2011/12 services, that 538 people 60+ were served by the Food bank.

Based on information provided through the BC Housing website and the Seniors Services Society Housing Registry website, the region has 28 buildings dedicated to seniors and people with disabilities. 22 of these are buildings where rents are income based. However, these buildings are not distributed equally among the cities. Port Coquitlam and Coquitlam each have 12. Port Moody has the remaining 4.

### **Isolation:**

Based on information provided by Stats Canada report for 2011, many of the seniors in the region are living alone. The following chart provides information on seniors living in Private Households, those living alone and the number of men and women in those situations.

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<sup>1</sup> Statistics from 2006 indicate that 41.78% of immigrants in the area are Chinese, 13.42% are Korea, 11.6% are South Asian.



<b>City</b>	<b>Number of 65+ living in private households</b>	<b>Number of 65+ Living alone</b>	<b>Number of men</b>	<b>Number of women</b>
Coquitlam	14,130	2,875	815	2,060
Port Coquitlam	5,380	1,215	330	885
Port Moody	2,890	615	165	445
Anmore	155	5	0	5
Belcarra	115	10	0	10
<b>TOTAL</b>	22,670	4,720	1,310	3,405

Source: Statistics Canada 2011

Based on the above chart, 39% of those seniors living alone are women. Living alone may be an indication of the need for friendly visiting as well as transportation to both appointments and social activities. According to the consultation process, the need for regular but casual contact, telephone reassurance calls and help in emergencies was a concern expressed in most meetings.

Isolation may also be the result of mobility issues related to both physical and mental health concerns. Unfortunately data on the potential mobility limitations of seniors in the region were not available. SHARE Family and Community Services, POCO Mental Health, New View Society and Alzheimer BC offer a variety of supports that assist with issues that may be a result of or a factor related to isolation.

Isolation was among the top 5 of the issues facing seniors in the region according to the survey. We do know that transportation issues along with housekeeping and meal preparation were a priority. Access to information about services and resources were also high among the issues presented. The inability to get to appointments or social activities due to transportation difficulties and a lack of information about program and services may increase this sense of isolation.

Transit is particularly difficult in the region as most community bus routes are aimed at getting people to transit hubs for Sky train or West Coast Express taking passengers out of the region and not to the community service areas.

## **2.2 Summary of Community Assets**

The following is a list of the non-medical home supports that are currently available in the region that are similar to or related the Better at Home basket of services

### **Non-Medical Home Supports**

- Community Volunteers Services for Seniors offers Grocery Shopping assistance is offered on a weekly basis to seniors registered with the program. Volunteers call the seniors to develop the shopping lists, while another group of volunteers does the shopping with a local Safeway. Local grocery stores will deliver for a nominal fee.
- Friendly visiting is offered by Community Volunteer Services for seniors
- Pocomo Meals on Wheels
- Red Cross Equipment Loan cupboard
- The Snow Angel program operated through the City of Coquitlam and Port Coquitlam in specific areas of the community only and on a limited basis. Assistance is given to those unable to remove snow from sidewalks in front of their homes to be in compliance with local by-laws. This does not include private driveways or outdoor walkways.
- Private companies offer light housekeeping, friendly visiting, shopping assistance and transportation. Two such organizations are designed specifically for transportation and will also include support getting into appointments rather merely door to door.
- Local faith organizations offer informal support to members of their congregations

### **Summary and observations:**

Based on the comparison of the population of the region and the available resources, there appears to be a need for additional services and supports for seniors in the region. Community Volunteers for Seniors offers a shopping program, friendly visiting, telephone reassurance calls as well as information and referral support. Approximately two thirds of the survey responders were unaware of these services or any others other than Meals on Wheel or Handi Dart. CVSS is operated out of Wilson Centre in Port Coquitlam. In spite of considerable promotion, those living out of Port Coquitlam or not accessing Wilson Centre were not aware of the program or the services offered.

## **Social Supports:**

- Coquitlam: 2 older adult specific Centres; Dogwood Pavilion and Glen Pine Pavilion. Maillardville Community Centre also provides a limited services for seniors and hosts Centre Bel Age for francophone seniors.
- Port Coquitlam: 1 older adult specific centre: Wilson Centre
- Port Moody: 2 sites offer programming opportunities for recreation/ leisure activities for older adults integrated with programs for other age groups.
- A limited number of culturally specific social/ support/ recreation groups are offered to the Chinese, Korean and Persian seniors community by SUCCESS and SHARE
- Social support groups for people with specific health issues are available at the local centres as well as other locations such as local churches. These include vision and hearing loss, Stroke Club, Parkinson's and Alzheimer's.
- There are supports for caregivers through the Seniors Caregiver Program, the Alzheimer Society, and the Parkinsons' Support Group. Two private organizations Home Instead and Wecare have specific programs for caregivers.
- Both Dogwood and Glen Pine have a Women Helping Others (WHO) group for women living on their own. They provide information on resources as well as support for their members.

## **Summary and Observations:**

The Community Centres operated by the municipalities of Coquitlam, Port Coquitlam and Port Moody play a key role in disseminating information, providing a meeting space, providing lunch programs, bringing community resources to a central location and providing a safe place for seniors to gather and meet others with similar interests. These programs range from the Arts to fitness activities to cards. The Newsletters are created quarterly by these centres also include a listing of a variety of ongoing support groups to meet a wide range of needs. Although information dissemination is not coordinated nor the mandate of the community facility, the staff at these facilities do a wonderful job of displaying and sharing any information provided to them.

## 2.3 Seniors' Needs and Issues

The following were the top seven issues reported by the surveys and during the conversations that were held with the seniors groups and other key stakeholders. They are clearly connected to the “Basket of Services” being offered by the Better at Home program.

1. Help with basic housekeeping tasks was a priority for those living alone as well as living as a couple. Heavier housekeeping tasks, recycling and de-cluttering were discussed. Several women living on their own in single family homes for over 40 years found the task of downsizing to a more manageable location too overwhelming to consider at this point in their lives.
2. Help with meals. This would include shopping as well as preparation such as chopping of vegetables. Those with vision difficulties or mild dementia may require more support. Adequate nutrition was a key factor in remaining healthy and in their home. Those that had access to prepared meals felt healthier.
3. Transportation: Assistance is needed to get to appointments but also to get to opportunities for social connections. For many of the more frail, a weekly outing to a social program they have been attending for years is as important as a doctor's appointment.
4. Access to information about programs and services. Many asked that there be one number that they could call to get access to the “basket of services” as well as explain their needs. It was important to be able to speak with someone that would know what other services were available and how to access them.
5. Isolation: the need to stay connected to familiar resources and services in the community reduces the sense of isolation and provides a sense of connectedness. A group of older seniors reported that they had been in their building for over 20 years. They were close to social supports, doctors' offices, banks and shopping all within walking distance. Families and friends may provide support with appointments and daily life activities but the sense of connectedness to their peers and community may be missing. The need for weekly or even daily contact with someone would reduce the sense of isolation. One suggestion was to get a brief phone call each evening from someone who could simply ask, “How was your day? What is happening for you tomorrow?”
6. Personal care: the need for support or help to get haircuts, nail care and bathing were of major concern. For many that live alone, it was a matter of safety while bathing. Personal care and assistance with laundry may make the difference for

someone's feeling of self worth. The desire to being presentable to go out in public would allow ongoing social contacts and reduce isolation.

7. Yard work, minor home repairs and snow shoveling: These services was equally as important for men as women. It spoke to the sense of pride but also safety in the yard and in the home. There were specific areas of older neighbourhoods in the region where many seniors are still in their single-family homes.

The following list is a continuation of the issues articulated by seniors and stakeholders but are not related the *Better At Home* Basket of Services list and is provided in order of the number of responses.

1. Mobility issues in and out of the home
2. Translation: the ability to communicate to get their needs met and to understand the services and community supports being offered. Assistance to get to specialists appointments were of primary concern to provide an understanding of instructions and follow up care.
3. Banking, paying bills, forms etc.
4. Personal safety in the home is of primary concern for those living alone. Many were not aware of or were able to pay for the LifeLine or similar systems. The need to be able reach someone or have someone contact each day was important.
5. Income: limits the access to food, housing, transportation and social connections not to mention necessary medications.
6. Temporary illness: Many felt they manage very well on their own until a minor sudden illness happens. Assistance may be needed then or after a brief medical procedure such as cataract surgery.
7. Overall health issues
8. The complicated system of care
9. Help with downsizing or moving is confusing, complicated and relies heavily on trust.
10. The need for assistance with pets ranged from dog walking to finding suitable accommodation that permitted their pet to remain with them. Pets are a significant part of life for many and lessened the sense of isolation.
11. More medical support

12. Independence the desire for more and the lack of due to current circumstances
13. Affordable housing
14. Medical assessment by someone who is experienced and informed for those who do not have a family doctor or are reluctant to go
15. The shift among the service delivery system and life in general to rely more on technology makes services for some inaccessible or at least very difficult
16. Respite for caregivers

The next three points are issues related to the seniors themselves rather than gaps or issues in the service delivery system. The impact on the seniors ability to remain in their community and may make the difference in the person's ability to age in place and to be "better at home". The list was based primarily on comments from services providers but was confirmed by seniors themselves.

1. *Early stage dementia may be misdiagnosed or seen by family and friends as forgetfulness, suspicion, fear of strangers or a denial that anything is wrong and no help is needed*
2. *A reluctance to ask for or accept help*
3. *Fear of change*

**Summary:** An effort was made to include in this report the diversity of needs expressed by the community. The diversity of the needs appears to reflect the diversity of the community. There are 5 municipalities that offer different levels of support, have a mix of older and newer housing. The limited number of services available are unevenly distributed throughout the region. Many seniors, some quite a bit older than others, reported that they were doing well and did not require any assistance at this time. At some point in most of the conversations, the issue of access to information about services and the coordination of these services was raised.

#### **2.4 Opportunities for Service Integration and Coordination**

- As has been mentioned, grocery shopping services and friendly visiting support exists within the region. There is the need and opportunity to expand this to other areas of the region beyond Port Coquitlam and one area of Coquitlam. Better communication / promotion about programs is essential as many seniors do not know these services exists. The perception in the community is that this is a Port Coquitlam service.

- The opportunity exists to offer a single access point phone number for services in the region.
- The community centres are membership-based organizations with oversight by an advisory board from senior members. Each has a set of municipally driven policies and access points. Many of the seniors connected through the process are members of more than one centre and attend programs based on their interests. Seniors have suggested better communication and cooperation between the municipal centres. Other seniors who are on limited income are unable to access the fee based programs and services.
- Through this consultation process and the previous work on the development of the Seniors Network (community planning table), organizations became aware of the services that are being offered and began to work together on specific programs. Coordination and cooperation needs to continue.
- As the culturally diverse population grows in the region, organizations such as SUCCESS will continue to respond to the need for translation. Integration of seniors into community programs will continue to be very important for service delivery and volunteer recruitment. Coordination and cooperation will be essential.
- As volunteers will be forming the foundation for service delivery in the Better at Home program, working with the Volunteer Centre and having cooperative volunteer recruitment mechanisms will be crucial.
- Organizations could begin to think regionally and meeting the needs of community seniors.
- The Seniors Network is being developed, use it and build on it.
- Organizations are encouraged to see Better at Home as one program within the community not the driver of services for seniors
- Better communication with the Home Health services and the local physicians is critical for a strong continuum of care.
- Recognize the value and the role that for-profit organizations can play

### 3. COMMUNITY READINESS

The Tri-Cities Region lacks a stand-alone provider of comprehensive services for seniors or a multi-service organization that has a long-term history of working with seniors. Examples of such organizations can be found in other communities such as New Westminster, the North Shore or the Maple Ridge, Pitt Meadows area. The community organizations provide regional services that require multiple connections to the various municipalities and their infrastructure. Currently, there is one social planner within the region working for the City of Coquitlam. This position has been in place for the last 5 years.

The seniors' community has come to rely on the local Seniors Centres and the support they provide to community programs. These centres play a significant role in bringing active seniors together and act as a vehicle for information sharing, networking and mutual support.

The recently formed Seniors Network is still at the stage of determining the terms of reference. Prior to this recent development, no coordinating committee for seniors' services existed for the region or within one community. The Network is made up of seniors and representatives of interested community organizations and is being hosted/ supported by Community Volunteer Connections, the regional Volunteer Centre.

Community Volunteer Connections often plays a leadership role in the region around the issues of volunteer management and recruitment. They are supportive of the direction of the community toward better coordination of services for seniors and the engagement of seniors in this planning.

Community Volunteer Services for Seniors has been providing much needed services for over 15 years to the community through their grocery shopping program, the friendly visiting program as well as a small telephone reassurance program and information and referral. The programs operate with a small staffing component and a significant volunteer base. The organization has been limited by a lack of funds over the years. It had relied primarily on gaming, fundraising and a grant from Fraser Health until all preventive services community grants were canceled. United Way currently funds it through the Outreach funding stream. CVSS is dependent on the support of the Wilson Centre Seniors Advisory Association for ongoing leadership and infrastructure.

SHARE Family and Community Services has provided leadership in the community as well as programs and services to all age groups in the region for over 30 years with the exception of seniors. Only recently has the community development staff begun to work with seniors on a limited basis. They do have the experience and capacity to expand



into the area of seniors. Many other multi-service organizations in the Lower Mainland such as Maple Ridge Community Services Council have experience providing a variety of services to seniors. There is a strong connection to the more vulnerable of the community as the organization operates several subsidized housing projects for seniors and families and has 3 locally based food bank sites. There is a strong history of working with volunteers.

SUCCESS has been very active in the community providing settlement services and language training to the ever- growing culturally diverse community. Currently they provide support to social groups for Chinese, Korean and Persian seniors. Added to this is a much-needed bank of volunteer translators and volunteers who assist with information and referral.

Based on the information gathered from seniors and other stakeholders, the community needs to move forward with service delivery planning and coordination. Seniors are very concerned that they do not know what is available and what they can ask for. The *Better at Home* program is seen as an opportunity to move the regional services for seniors to the next level.

**There is considerable community support for the Better at Home program and a willingness at all levels to work together to create a version of a service delivery system that works in this community with all its complexities. The resources do exist in the community and the will to move forward is there as well.**

### **3.1 Possible Risks and Challenges**

The following list of possible challenges facing a lead agency for the Better at Home program was generated at the Community Meeting held February 12, 2013.

1. Sustainability beyond the 3 years for UWLM and the 2 years now available for the community. The amount of \$100,000 offered to the community to set up a program is very small. It may take several months for some aspects of the services to get started.
2. Finding the isolated seniors who most needs the services will need to be a priority.
3. The volunteer recruitment in a community that has many commuters may be a challenge although many programs currently operate with volunteers.
4. The possible competition between the for profit and not for profit organizations in delivering services identified by the Basket of Services

5. There is an urgent need for outreach to the all seniors as well as those organizations/individuals that may come into contact with the more vulnerable and isolated seniors.
6. Marketing and communication with seniors will be key in the initial stages of the program.
7. Capturing the learnings and the evaluation of services within the program will be critical to any program planning for the future.
8. The lead agency needs to make sure that translation supports are available for those seniors with minimal and/or very limited English language skills.
9. The region is very diverse and covers a large geographic region. One site will not meet the needs of all seniors. There is a need to bring services and information about services to the seniors in a variety of ways and languages.
10. A fair and equitable means testing process will need to be developed to ensure that those seniors who are in the most financial need get priority access to services.
11. There is considerable concern about the liability aspect of the program for drivers as well as for one to one contact. The need for rigorous screening of volunteers was expressed.
12. The hidden costs of volunteer based programs are a factor in the planning.
13. Possible confusion among the referring organizations which may include the medical profession

**Summary:**

It appears to be comprehensive list, however, it has not spoken clearly about the need for services to be well coordinated if the some of the services are going to be delivered by a collaboration or partnership organizations.

## **4. LOCAL BETTER AT HOME DETAILS**

### **4.1 List of Preferred Services**

The following is a list of priorities identified from the Basket of Services by the survey, conversations, meetings as well as the community meeting. The list is presented in order of the most needed in the community.

1. Transportation
2. Grocery Shopping
3. Light housekeeping

The above group was heavily favoured as compared to the following list.

4. Home repairs
5. Friendly visiting
6. Yard work and snow shoveling

It is possible that the need for friendly visiting would be more of an issue for those more isolated than those attending the meetings. The need for regular telephone contact was much more prevalent as a priority. The concern about isolation and loneliness may speak to the need for friendly visiting indirectly.

Each of the top seven priority issues, identified in the above section, are reflected in some way to the Basket of Services being offered through Better at Home with the exception of access to information, the coordination of services and personal care. Help with meals would include shopping for food as well. The issue of transportation speaks to the need for more support beyond appointments. Access to social opportunities is very important and may be linked to friendly visiting. Having a visitor is important but getting out into the community with peers is seen as important. Feedback from clients and friendly visiting volunteers indicated that getting out was very important in the lives of these isolated seniors.

## 4.2 Lead agency

The following is a summary of the conversations and process leading up to the selection of the lead agency.

During the conversation at the focus group for non-profit organizations the question of the lead agency was discussed from the point of view of possible criteria for this lead agency. The following were the criteria suggested by the participants:

1. Visibility as a service provider in the region.
2. A trusted name in the community
3. Tri-Cities based: lives here, knows "us"; has a focus on the region
4. Knows the seniors, where they are and understands their needs
5. Willing to enter into a partnership
6. Operates in a collaborative manner
7. Has a broad/ holistic base in the community
8. Has existing connections and relationships with seniors in the community
9. Participates in the existing Seniors Network
10. Has the capacity to lead the administration of the program in the region.

The focus group concluded with a decision that those organizations possibly considering the role of lead agency would meet prior to the community meeting. A meeting was to be held at a later date among SHARE, SUCCESS and Community Volunteer Services for Seniors. CVSS was seen as the only organization providing any of the services offered by Basket of Services at this time.

At the first meeting, SHARE, SUCCESS and CVSS made presentations to the group. This ensured that each was aware of the current services and potential opportunities for partnership.

There was one additional meeting between a SHARE senior staff member and the Board representative of CVSS prior to the Stakeholders meeting.

During these conversations among the potential agencies, the consultant was providing each of the organizations with the outcomes of the consultation process and the priorities that had been identified through conversations and emails. The consultant felt it was important to ensure that each organization had access to the material regarding the issues, the criteria for the role of lead agency and had a clear

understanding of what would be expected of a lead agency for the Better at Home program.

During the Stakeholders Meeting, the participants reviewed the list of lead agency criteria that combined those stipulated by Better at Home and those developed by the community. This group included several seniors.

Organizations participating in the meeting were invited to speak to their readiness / willingness to act as lead agency for the Better At Home program. A representative from Wilson Centre Seniors Advisory Association, overseeing CVSS, indicated that they were not able to take on this role but were very interested and supportive of a partnership in which CVSS continued to provide grocery shopping and friendly visiting services to the community.

Additional organizations indicated a willingness to be involved in the future delivery of services. This included Meals on Wheels, New View Society, Glen Pine Pavilion and Dogwood Pavilion.

SHARE and SUCCESS came prepared to make presentations indicating their readiness and capacity to take on the role of lead agency. These presentations were made to the group and it became clear that a decision needed to be made between these organizations. Participants asked questions of clarification of each of the presenters.

Suggestions from the floor as to how the two organizations could consider a partnership were unsuccessful.

Although uncomfortable for all involved, the group was not prepared to postpone the lead agency decision to another day or process. Those present decided that a secret ballot was necessary to finalize the decision at this meeting. Both presenting organizations accepted this decision.

The vote was taken and the result was a decision by a significant margin that SHARE should be the lead agency. It should be noted that the Community Survey also asked the question for a possible lead agency. SHARE being the better known organization was most often suggested. This decision may reflect the view that SUCCESS is not yet seen as an organization that can provide services to the non-immigrant community. The challenge remains for SHARE to be able to respond adequately to the needs and concerns of the immigrant senior community.

SHARE Family and Community Services is seen as meeting all of the necessary criteria. The most significant of those would appear to be that they are locally based and focus on the needs of the region. They have the capacity to take on the role of lead agency and expressed a willingness to take this on and work with the community while moving into the new direction.

## **5. RECOMMENDATIONS AND POSSIBLE NEXT STEPS**

1. SHARE Family and Community Services enter into negotiations for the contract as lead agency for the Better at Home program in the Tri-City region.
2. SHARE and CVSS develop a Letter of Agreement / Memorandum of Understanding with respect to the services currently being provided by CVSS that are in line with the basket of services and that CVSS is supported to continue to provide these services and to expand into other areas of the region.
3. SHARE find ways to work with SUCCESS and other immigrant-serving organizations in the community.
4. The first priority for implementation would be the exploration of a transportation program.
5. While SHARE is setting up the details of the program, consideration also be given to the larger picture of the overall service delivery system for seniors in the region.
6. That the Advisory Committee be put in place quickly to engage the community and the seniors in it as soon as possible.

## **APPENDICES**

- A.
  - 1. Summary of notes from the focus group with the for-profit organizations
  - 2. Summary of notes from the focus group with the non-profit group of organizations
  - 3. Summary of Community Survey results
  - 4. Meeting Notes from Community Meeting and the Stakeholders meeting held February 12
  
- B.
  - 1. Community assets are listed in the body of the report
  - 2. List of stakeholders
  
- C. List of Proposed Advisory Committee Members
  
- D. Documentation of media coverage

## **Appendix A#1: Notes from Focus Group with For-Profit Organizations**

Meeting held January 24, 2013

10 am to 12noon at the office of WEcare

Attended by:

1. Safecare Home Support
2. Home Instead Senior Care
3. Home Instead Senior Care
4. Home James
5. Wecare Home Health Services

Regrets:

1. Driving Miss Daisy
2. Nurse Next Door
3. Comfort Keepers

1. Introductions: Each of the participants provided an overview of their services in the context of medical and non-medical services.

2. The discussion followed the outline of the Community Development Survey:

### **Issues facing seniors:**

- Accurate information about the services and the system is not getting to the seniors in a way that is accessible and useful to them
- There is very little if any follow up after hospital stays
- Help is need with meal preparation.
- Better communication within the system is needed to ensure seniors do not fall through the cracks
- Many seniors are reluctant to ask for help when it is needed. “ Pride is an issue”
- There is a lack of information or resources about living alternatives and the assistance available to help with downsizing or a move to more suitable accommodation without going to a care facility
- There is a lack of understanding about the levels of care
- Transportation for social support is as important as for medical appointments
- Additional level of adult day programs with less stringent criteria would be very helpful to more seniors ie, Supported outreach to activities and meals
- Denial of the aging process and the challenges often leads to crises that seniors and their families are not prepared to handle. There is a lack of planning.



- Existing resources and supports do not take into consideration the need for seniors to maintain their cultural identity. Very few opportunities for appropriate cultural activities, access to familiar foods, programs offered in their own language. Many seniors are unable to become proficient in English and are concerned that they are missing or not providing information critical to their care.
- The need to save financial resources for “later” or for their family is having a negative impact on the day to day health and the ability to remain in the homes as they are currently set up.
- Families need to have a better understanding of the system and the resources available and how to connect with them.
- Consistency among caregivers/ staff / supports builds trust over time. This is often not the case even in the hospitals.

### **What services are currently provided?**

- Most support services are being provided by private companies
- There is a friendly visiting program
- A shopping program exists as well as support directly from local grocery stores such as Thriftys’
- The Faith community has provided considerable support on a casual basis
- The Seniors Helping Seniors home repair program
- 211 as an access point for information
- Community Volunteers Services for Seniors offers more than the shopping and friendly visiting

### **What are the priorities among the basket of services to be provided through Better at Home?**

#1 Light Housekeeping: heavier work, laundry; de-cluttering; garbage removal ; vaccuming; washing floors

#2 Transportation: to appointments as well as to social activities; many older/ more frail seniors need the support of someone that is more than a door to door service that is offered by HandiDart or a taxi

#3 Grocery Shopping: assistance with meal preparation is also need for those who may lack the health, motivation or skills to prepare nutritious meals

#4 Yard Work

### **Additional Non-medical home supports needed:**

- Meal preparation
- A system for emergency contact information that includes medication, allergies etc.
- Supervised bathing (seniors living alone have a fear of falling while they are bathing and may choose not to)
- Personal hygiene ie. Getting a haircut adds to a personal sense of well-being and a willingness to go out in the community.
- Accurate and up to date information about available resources
- Access to foot care/ nail care
- Will / estate and power of attorney information
- Dementia supports
- Caregiver supports

**Possible Lead Organizations:**

- Community Volunteer Services for Seniors (CVSS)
- SHARE Family and Community Services
- SUCCESS
- City of Coquitlam Leisure Services

**Other Comments:**

- Concerns about reaching out to the vulnerable seniors; who is going to do this and how will they be reached?
- The communication that is needed within the system to get connected to the most vulnerable and ensure that the continuum of services need is provided
- The assessment process: skills needed to determine needs and the possible determination of priority
- The possible wait list for seniors if volunteers are not available
- The distinction and determination between Non-medical and medical home support services

## Appendix A #2: Notes from Focus Group with Non-Profit Organizations

JANUARY 17, 2013

### Meeting Notes

Attended by:

1. Alzheimer Society, BC
2. New View Society
3. SHARE Family and Community Services
4. Community Volunteer Services for Seniors
5. Immigrant Services Society
6. Pocomo Meals on Wheels
7. Society for Community Development
8. Tri-Cities Senior Caregiver Program
9. SUCCESS
10. Eagle Ridge Bible Fellowship

Regrets:

1. Community Volunteer Connections
2. BC Assoc. of Community Response Networks
3. Red Cross
4. Place Maillardville

Facilitator: Linda Western

The Non-Profit Organization Focus Group followed the questions from the Community Development Questionnaire. Following introductions, the facilitator provided an overview of the Better at Home Program, the goals and expectations of the community development process as well as the process to achieve program operation within the Tri-Cities.

1. Discussion of possible issues to keep seniors living in their own homes.
  - Transportation with assistance: there are pockets of very poor access to public transit; poor weather adds to the difficulty; assistance is needed to get to programs to reduce isolation; transit has restricted hours; Handi-Dart does not meet most needs; those who have recently lost their ability

to drive have a fear of transit and are anxious about learning the system; many do not know how to access information about transportation

- Mental health issues such as fear, anxiety, depression and Dementia
- Physical conditions that increase isolation such as vision and hearing loss
- Lack of social connections/ isolation; breakdown in family relations; lack of neighbours that they know or are comfortable with; blended families; sense of shame at the circumstances and needing to ask for help; possible issues of elder abuse
- Language: communication gaps; lack of appropriate translations; many do not know where to get information; many seniors are not able to learn a second/ third language and may not have family support when they need it
- Technology: society is rapidly changing with a great reliance on technology; older seniors do not and will not access information or day to day living skills based computers; banking and bills are becoming more computerized
- Ability to physically maintain a home due to ongoing and ever increasing physical impairments
- Financial issues; fear of spending; lack of financial literacy (money management skills); financial abuse by spouse or family
- Legal issues:
- Proximity to services: in an area with such diversity as this region services need to be closer to seniors rather than seniors going to the services.
- Nutrition: Access to grocery shopping; access to appropriate food products for the culturally diverse community; some seniors need to learn to cook after the loss of a spouse/ partner; reliance on the food bank for basic needs
- Affordable housing alternatives in the same familiar community with friends, family, programs and services
- Fear of new services that may not last
- Poor distribution of information to those who need it most
- Lack of friends or family that can be an advocate with the various systems

## 2. Knowledge of existing services available in the region:

- Grocery shopping services: shop by phone by CVSS; delivery for a fee; variety of services by grocery stores differ by community
- Friendly visiting services by CVSS
- Settlement services with limited outreach SUCCESS and ISS
- Help with mental health/ emotional issues SHARE
- A variety of client specific services SHARE and Mental Health services
- Several for profit services providing a wide range of medical and non-medical support services including driving
- Snow angels on a very limited, community-specific basis Municipal services
- Limited moving assistance through local recovery centres
- Many churches are providing emergency support to members

3. Priorities among the “basket of services” identified through the *Better at Home* program:
  - #1 Transportation is missing in the community
  - #2 Shopping/ access to food
  
4. What is missing in the community in addition to transportation services
  - Advocacy
  - Technology support
  - Translation services
  - Financial literacy assistance
  - Transportation to social connections
  - System/ service navigators
  - Mentors such as those offered through ISS and SUCCESS.
  
5. In lieu of Identifying/ suggesting a possible host organization, the participants entered into a brainstorming process to identify and clarify the possible criteria for a host organization for the Better At Home program in the Tri-Cities. In addition to those identified as essential by the funder the group suggested the following criteria:
  - Visibility as a service provider in the region
  - A trusted name in the community
  - Tri-Cities based: lives here, knows “us”; has a focus on the region
  - Knows the seniors, where they are and understands their needs
  - Willing to enter into a partnership
  - Operates in a collaborative manner
  - Has a broad/ wholistic base in the community
  - Has existing connections and relationships with seniors in the community
  - Participates in existing network
  - Has the capacity to lead the administration of the program in the region
  
6. In addition to the above criteria as suggested by the community, the following are criteria as stipulated by the Better at Home Program that must be in place to be eligible as the lead agency:
  - Demonstrates community accountability through strong volunteer governance and leadership
  - Is a qualified donee as stipulated in Revenue Canada guidelines ie registered charity or government body
  - Demonstrates effective Human Resources, program and financial management and deliver programs and services in an effective manner
  - Complies with Federal, provincial and municipal laws including laws concerning labour, employment, and human rights standards
  - Be recommended and identified as a potential candidate to offer a *Better at Home* program as a result of the *Better at Home Community Development* process.

## Appendix A #3: Notes from Survey Results

### RESULTS OF COMMUNITY CONSULTATION SURVEY

The following results were obtained through meetings and conversations with:

- 19 SENIORS' GROUPS that were attended by 377 SENIORS that day
- 10 STAKEHOLDER groups or individuals with 58 Organizational Representatives
- TOTAL SURVEYS GATHERED: 167 (133 seniors)

It is important to note that although the following list is long and detailed, many seniors were unable to respond as they felt they were doing fine with very few challenges and had no need for services "at this time".

**ISSUES:** The following is a list of issues / challenges that seniors face in their effort to remain independent in their homes in the community. "Home" include single-family dwellings with yards, townhomes, condominium apartments, rental apartments, both commercial and subsidized and accommodations with family. The first seven issues are

- **Help with housekeeping tasks: daily household tasks (separating garbage), maintaining a house inside and out, help with heavy work in the home, and laundry.**
- **Help with meals: preparation such as chopping vegetables, getting the food back to the home, specific nutritional needs, access to grocery shopping to meet specific food needs as well as culturally specific food.**
- **Transportation issues such as getting to appointments, coordinating appointments, getting to social activities, needing to rely on good neighbours, lack of ready transportation just get to do what they need to do, difficulty with learning bus routes and the challenges of relying on Handi-Dart.**
- **Access to information about services, coordination of services**
- **Isolation, needing to stay connected, wanting to stay in familiar community/ environment, staying connected**
- **Personal care: bathing, hygiene, hair cuts, nail care, shopping for clothes**
- **Yard work, keeping it looking respectable**
  
- Mobility issues with walkers and wheelchairs both in and out of the home.
- Translation, ability to communicate needs, understand directions for medical condition; support and translation to go to specialist appointments
- Banking/Paying bills, paper work, income tax

- Personal safety in the home, falling, injuries and no-one is around to help
- The cost of everything, income
- Help when sick with temporary illness
- Health issues
- The complicated system of care
- Help with downsizing, moving is too intimidating
- Needing medical support
- Aids to Daily Living
- Independence (need for and lack of)
- Affordable housing
- Local services
- Need visits by health care professionals who can assess the situation if seniors does not go to the doctor on a regular basis
- Shift to a more technology based community / services may be out of touch with the senior's reality
- Respite for caregivers
- **Early stage dementia that may be evident as forgetfulness, suspicion, fear of strangers**
- **Reluctance to ask for or accept help**
- **Fear of change.**

#### **WHAT RESOURCES ARE CURRENTLY AVAILABLE:**

- Meals on Wheels
- Grocery shopping through CVSS and local grocery stores ( Thrifty's on line shopping)
- Handi Dart
- Taxi saver
- Friendly visiting through CVSS
- Social programs through community /recreation centres
- Better Meals program
- Snow Angel program
- Private care companies
- Fraser Home Health
- Home James, Driving Miss Daisy
- Supports and friendly visiting through local churches
- Senior repair services
- Veteran's Affairs will provide assistance to those who qualify
- FRIENDS AND FAMILY

Of the 133 senior responses, 47 did not know of any services being provided. Of those who did, all knew about Handi Dart, Meals on Wheels and some form of shopping

program. Many knew about the Friendly Visiting and Shopping Program offered through CVSS. For many, the support of staff at the community centres is a key link to services. Others rely on friends or family to access services.

It is also important to note that many who might need services did not know where to go to ask for help.

### **WHAT NON-MEDICAL HOME SUPPORT SERVICES ARE NEEDED?**

The following list was identified as the most important in order of priority.

- #1 Transportation
- #2 Grocery Shopping
- #3 Light housekeeping

Although important the following list was significantly lower in responses. They are arranged by priority as well.

- #4 Home repairs
- #5 Friendly visiting
- #6 Yard work/snow shoveling

### **WHAT OTHER NON-MEDICAL HOME SUPPORTS ARE NEEDED?**

- Personal care, hair cuts, nail care
- Kitchen safety (outdated food)
- Telephone reassurance program/ check-in phone calls
- Advocacy / outreach
- Language supports
- Housing (affordable, accessible, rental assistance with looking)
- Legal information
- More mental health substance misuse programs
- Help with forms
- Simple one stop shop number for access and coordination of local services
- Technology assistance
- Meal preparation assistance, delivery of cooked meals
- Respite
- Transportation to social activities
- Information about programs such as lifeline and St. John's Ambulance



Many of the above list of supports was generated by representatives of organizations who provide support and services to seniors through community programs and in their homes.

### **SUGGESTIONS AS TO WHO COULD/ SHOULD BE THE LEAD AGENCY?**

- Salvation Army (2)
- Catholic Church
- SHARE (10)
- Community Volunteer Services for Seniors (7)
- Seniors centres (12) (city governments)
- Legion
- Fraser Health (5)
- St. Vincent De Paul (2)
- Red cross (4)
- SUCCESS
- New group in a partnership
- Private organization

The above responses appeared to be related to where people were currently getting their information, services and /or support

## Appendix A #4: Notes from the Community and Stakeholders Meetings

### HELD FEBRUARY 12, 2013

#### THE COMMUNITY MEETING: (held 10 am to noon)

The following notes were generated through small group discussion at the Better at Home Community Meeting during the morning session. Many of the ideas are in addition to or confirm those presented by the consultant as a result of the community consultation process. 93 people attended this session.

#### ISSUES:

1. Elder abuse- an issue relevant to the development of a Community Response Network in the Tri-City region
2. Pet care: pets need walking and the occasional trip to the vet. Having a pet may also determine their willingness to move or find suitable accommodation that will allow pets
3. Transportation and mobility issues
4. Mental Health Issues
5. Recreation / social activities that are accessible and culturally appropriate
6. Assistance in finding suitable housing options
7. English language classes and opportunities to practice language skills
8. Special issues for those with vision or hearing loss
9. The ability to find a family doctor that will be consistent and familiar/comfortable working with seniors and their issues
10. Dedicated seniors telephone information line
11. The number of volunteers in the Tri-City region may be limited
12. The possibility of having prescriptions delivered
13. The need for language /culturally informed services in the community beyond the largest three group (Cantonese/ Mandarin, Korean, and Persian)
14. The need for more intergenerational services/ programs
15. The vulnerability of seniors who may not be aware that some offers of services is not legitimate.
16. Isolation and loneliness among seniors often leads to issues both health and non-health related.

#### PRIORITIES:

A list of priorities was generated **in addition** to those presented from the community consultation process and the “Basket of Services”. It is evident that all forms of

transportation are considered a priority in the region for those who did not have or no longer have the ability to drive their own car.

- Transportation in all forms and to all activities as well as appointments
- More culturally specific social activities
- Translators
- Low cost social activities (for many the current fees for programs are still too high)
- Friendly visiting with language capability
- The gap in services between medical and non-medical home supports
- The need for advocates for those without family or appropriate friends
- Grocery shopping with the addition of meal preparation
- The possibility of elder abuse from family members
- The planning process of placing seniors housing near a full range of services

## **CHALLENGES:**

The group was asked to identify possible challenges that the lead agency might face in setting up the Better at Home program in this region.

1. Sustainability beyond the 3 years for UWLM and the 2 years now available for the community .The amount of \$100,000 offered to the community to set up a program is very small. It may take several months for some aspects of the services to get started.
2. Finding the isolated seniors who most needs the services will need to be a priority
3. The volunteer pool may limited as the community has many commuters
4. Competition between the for profit and not for profit organizations
5. Outreach, marketing and communication with seniors will be key in the initial stages of the program
6. Capturing the learnings and the evaluation of services within the program will be critical to any program planning for the future
7. The lead agency needs to make sure that translation supports are available for those seniors with minimal and/or very limited English language skills
8. The region is very diverse and covers a large geographic region. One site will not meet the needs of all seniors. Need to bring services and information about services to the seniors in a variety of ways and languages
9. A fair and equitable means testing process will need to be done to ensure that those seniors who are in the most financial need get priority access to services
10. Concern about the liability aspect of the program for driving as well as for one to one contact and the need for rigorous screening of volunteers.
11. The hidden costs of volunteer based programs
12. Possible confusion among the referring organizations which may include the medical profession

# THE STAKEHOLDERS MEETING

## Held from 1pm to 3:30 pm

In addition to the criteria developed by the community organizations during the Focus group held January 17,2013, the following criteria for the lead organization were generated at the meeting by participants that included seniors as well as representatives from community organizations both non-profit and for-profit.

1. Have or create partnerships that build on existing resources
2. Have a focus on seniors or least a priority for programs
3. Have existing programming that is senior specific
4. Staff are paid a living wage

## CANDIDATES:

Prior to this stakeholders meeting, two organizations expressed an interest in being the lead agency for the *Better at Home* program in the Tri-Cities region. These were:

1. SHARE Family and Community Services
2. SUCCESS

## POSSIBLE PARTNER ORGANIZATIONS:

Each of the following organizations were present at the meeting and expressed an interest in working with the lead organization once selected.

1. Community Volunteer Services for Seniors under the sponsorship of Wilson Centre Seniors Advisory Association currently operates two of the services identified by the *Better at Home* basket of services (grocery shopping and friendly visiting). They declined the opportunity to be the lead agency. They did express an interest in working with the selected lead organization and will continue to offer their current services.
2. Meals on Wheels
3. Glen Pine Pavilion 50Plus Society
4. Dogwood Pavilion
5. New View Society

## PRESENTATIONS:

The CEO's of SUCCESS and SHARE each presented to the group. These presentations spoke to their history in the community, the nature of the services they

currently provide to the community and to seniors specifically. The presentations also addressed their capacity to undertake the *Better at Home* program in the region.

## **THE DECISION:**

This afternoon group was largely organizations, however several seniors chose to remain and participate in the lead agency selection process. There were 47 people in attendance for most of the afternoon.

Alternatives for a possible partnership were suggested to the candidates. The discussion of possible models that followed did not result in a cooperative solution between the two candidates. In an effort to bring about a final outcome for the day, the participants recommended that a vote by ballot be undertaken to bring the decision to resolution. The final decision on the lead agency for the Tri-City region was made by an anonymous vote.

SHARE Family and Community Services was selected as the lead agency by a significant margin of votes. A total of 41 participants voted.

## **Appendix B: List of stakeholders**

### **KEY STAKEHOLDERS**

The following is a list of 59 stakeholders that have been contacted through email correspondence, telephone conversations, face-to-face meetings and presentations. All were invited to participate in the process. All were provided with the background information on the Better at Home Program and the Community Survey.

#### **DIRECT SERVICE NON-PROFIT ORGANIZATIONS:**

1. SHARE Family and Community Services: 6 representatives of various departments and program.
2. SUCCESS: Settlement, Language and Community Division for Coquitlam
3. ISS of BC: Manager of ELSA program
4. Tri-Cities Senior Caregiver Program
5. Place Maillardville
6. Alzheimer Society of BC
7. Community Volunteer Services for Seniors: staff and Board
8. POCOMO Meals on Wheels
9. Red Cross: Christopher Libby
10. New View Society
11. Society for Community Development
12. Community Volunteer Connections

#### **ADDITIONAL NON-PROFIT ORGANIZATIONS:**

1. BC Association of Community Response Networks: ED and regional mentor
2. Fraser Northwest Division of Family Practice

#### **FOR PROFIT ORGANIZATIONS PROVIDING MEDICAL AND NON-MEDICAL HOME SUPPORTS:**

1. Home Instead Senior Care
2. Safecare Home Support
3. We Care Home Health Services
4. Comfort Keepers
5. Access Health Services
6. Driving Miss Daisy
7. Home James
8. Dementia Solutions

## **GOVERNMENT CONTACTS:**

### **MUNICIPAL:**

1. Coquitlam:
  - Glen Pine Pavilion
  - Dogwood Pavilion
  - Maillardville Community Centre
  - Social Planner
  - Librarian
  
2. Port Coquitlam:
  - Wilson Centre
  - Social Planner
  
3. Port Moody:
  - Director parks and Leisure Services
  - Recreation Programmer
  - Planner
  
4. Anmore: Manager, Corporate Service

### **FRASER HEALTH:**

1. Tri Cities Mental Health Centre
2. Fraser Home Health

## **PROVINCIAL LEGISLATURE REPRESENTATIVES**

### **RCMP**

### **SENIORS/ COMMUNITY GROUPS:**

1. Tri-Cities Seniors Network
2. Centre Bel Age (French speaking seniors group in Maillardville)
3. Wilson Centre Advisory Association
4. Glen Pine 50plus Centre Advisory Board
5. Mountainview Seniors Helping Seniors group
6. Glen Pine WHO (Women Helping Others) group
7. Chinese Leisure Group ( Glen Pine)
8. Parkinson's Support group
9. Senior Caregivers Program
10. Glen Pine Choir group
11. Cedars Housing Residents Group

12. Dogwood Pavilion WHO group
13. Friendship Manor residents group
14. Iranian Women's language group
15. Port Moody Seniors group
16. SUCCESS Korean seniors English language group
17. SUCCESS Persian seniors English language group
18. Dogwood Stroke Club
19. New View Society Seniors group

**FAITH COMMUNITY:**

1. Como Lake United Church
2. Eagle Ridge Fellowship Community Church
3. Ishmaili Community



## **Appendix C: Proposed Advisory Group members**

### **PROPOSED ADVISORY COMMITTEE MEMBERS**

1. Representative of Community Volunteer Services for Seniors ( Board member)
2. Representative from Tri-cities Seniors Network (a senior)
3. Representative from SUCCESS
4. Representatives from culturally diverse seniors groups (2)
5. Staff Representative from a municipal Older Adult Centre (Wilson Centre, Glen Pine or Dogwood)
6. Board representative from at least one of the Older Adult Centres (a senior)
7. Representative from the for-profit stakeholders
8. Representative from one of the WHO (women helping others) group (a senior)
9. Representative from the Centre Bel Age group at the Maillardville Community

## Appendix D: Media Documentation

The following is a list of articles that appeared in local newspapers:

1. Tri-City News , Friday Feb 1, 2013, pg A24 Community Calendar
2. Tri-City News, Friday Feb 8, 2013, Pg A6, Article on the program and the upcoming Community Meeting by Diane Strandberg "What help do seniors need so they're Better At Home?"
3. The NOW , Friday Feb 8, 2013, Community Events page for the following week.