



United Way helping seniors  
remain independent.

**United Way British Columbia's Healthy Aging Program**

**Community Consultation & Stakeholder Meeting  
Revelstoke**

**October 13th, 2021 at 1:00 PM Via Zoom**

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## Overview:

*“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 British Columbia (UWBC), with services delivered by a local non-profit organization. UWBC is collaboratively working with communities in BC’s Interior, Lower Mainland and Central & Interior Vancouver Island.”*

The **Revelstoke** region has been identified as potential **Better at Home** site. The United Way British Columbia assessed community readiness, identified seniors’ assets, needs and priorities in regard to the potential delivery of the **Better at Home** program.

This report reflects the Community Input and Stakeholder Meeting held on **October 13<sup>th</sup> at 1:00 (via Zoom)** and will be shared with invited guests and used by the lead organization to design an appropriate local **Better at Home** program that meets community needs. This was the third of three meetings. The first was held on July 14<sup>th</sup>, 2021 and an additional meeting August 18<sup>th</sup>, 2021. The August 18<sup>th</sup> meeting was cancelled favouring a fall meeting where more attendees would be available. However, on the 18<sup>th</sup> a couple of the community members attended and a robust discussion regarding the need of services for seniors took place. This report focuses on the **October 13<sup>th</sup>** meeting when presenters shared their interest in hosting Better at Home in their community.

The meeting attendees included members of the public and representatives from key stakeholders from the entire region. It was attended by 21 individuals including 3 representatives from the United Way British Columbia (UWBC) and one BH Program Coordinator. Invitations were sent to stakeholders including the local First Nations Bands and key members of each location in preparation for the community meeting. Attendees were community members and representatives from various local organizations and businesses from the Revelstoke and surrounding region and included key stakeholders, the health authority and local government.

*United Way British Columbia would like humbly acknowledge that we live, work and play as a guest on the beautiful, traditional, ancestral, and unceded lands of the Indigenous Peoples of this place we now call British Columbia. We honour the Elders for their stewardship of this place and peoples of these nations.*

## Facilitators:

**Jessica Kleissen**, Regional Community Developer (RCD), Interior British Columbia, United Way British Columbia

**Cathy Holmes**, Provincial Community Planner, Better at Home, United Way British Columbia

**Jessica Kleissen** acknowledged territorial lands of the First Nations Communities and our use of their land for this meeting. After a bit of housekeeping, we welcomed participants.

## Introduction to United Way British Columbia's Healthy Aging program

To better support older adults to be socially connected, live healthy lifestyles, and maintain independence, United Way British Columbia's (UWBC) Healthy Aging program's strategy aims to help British Columbia's seniors stay at home and in their communities longer. Working towards a vision of a healthy, caring, inclusive community for all members. UWBC's Healthy Aging program embraces a holistic setting where older adults have unrestricted access to community programs and services so that they can age in place. Together with community agencies, local, provincial, and federal governments, and a diverse set of vested partners and donors, the Healthy Aging Team delivers programs including **Better at Home**, *Active Aging*, *Social Prescribing*, *Therapeutic Activation Programs for Seniors*, *Family Friends and Caregivers Support*, *Men Shed's*, *Safe Seniors*, *Strong Communities* and *Community and Sector Development* initiatives, such as *Healthy Aging CORE* and *Project Impact*.

This work is based on three **Healthy Aging Pillars** – priorities that were identified through extensive research, community consultations and recommendations, and learnings uncovered through 12 Better at Home Communities of Practice (COPs) facilitated across the province:

*Increase physical activity:* Physical immobility and lack of leisure activity are related to social isolation and loneliness. One of the Healthy Aging program's Strategic goals is to increase physicality to help older adults remain socially connected and active as they age.

*Reduce social isolation:* The UWBC's Healthy Aging Strategy aims to keep seniors mentally engaged in their communities, therefore reducing feelings of social isolation and social frailty.

*Maintain and enhance independence:* Through provincial investments that maintain and enhance seniors' independence, the UWBC's Healthy Aging Strategy strengthens United Way's commitment to providing home and community services that encourage self-determination.

## Raising the Profile Project (RPP)

The RPP was launched in 2016, and was created to increase support and recognition of the role of community-based seniors' services in promoting health and fostering resilience in seniors in BC.

A significant component of the RPP was the development of a provincial network, the goal of which is to understand and build on the capacity of community-based seniors' services to meet the growing needs of an aging population. The network consists of executive directors and managers from municipal and non-profit organizations around BC, seniors who are volunteer leaders in the community-based senior services sector, as well as provincial organizations and others that support the work of the sector.

While **Better at Home** was not created from the RPP project the overall needs of individuals staying in their homes for longer periods of time revealed that complex needs arise as older adults age in place. In noting these changes, **Better at Home** has been able to support, educate and even influence many strategies in the sector.

## Healthy Aging CORE

Healthy Aging Collaborative On-line Resources and Education is a platform to connect community-based senior services organizations and allied agencies and individuals in British Columbia. CORE is designed to provide up-to-date information, resources, and training opportunities and to make it easier to

communicate, coordinate, and collaborate in order to help build capacity, strengthen the network, and develop a collective and cohesive voice among volunteers, staff, and others who support healthy aging initiatives.

**Healthy Aging Core Canada** was launched in the Spring of 2021 and Programs and Initiatives profiled on *Healthy Aging CORE* provide examples of the important work being done by local, provincial, and national organizations and the value of these programs and initiatives in promoting health and well-being and fostering resilience for seniors.

The knowledge hub was created for **Community Based Seniors' Services** (CBSS) organizations and allied agencies and individuals in British Columbia. This portal features training, resources such as tool kits, guides, highlighted community programs, and CBSS Leadership Council's Provincial Working Groups discussion groups. **Better at Home** continues to be an integral part of the steering of the sector.

For more information visit and/or join Healthy Aging Core at [www.healthagingCORE.ca](http://www.healthagingCORE.ca)

## Community-Based Seniors Services sector (CBSS)

The key stakeholders of the province's broad and diverse CBSS sector, including seniors themselves, form an extensive network that is connected through Healthy Aging CORE (Collaborative Online Resources and Education). Besides this provincial knowledge hub, the sector shares information, knowledge, expertise, and experience through learning events, Provincial Working Groups, Regional and Provincial Consultations, Communities of Practice, and the Biannual Provincial Summit on Aging. Between September 2020 and May 2021, eight virtual Regional Consultations and one Provincial Consultation were held.

These community engagement mechanisms are guided by the CBSS Leadership Council, and play an important role in informing their work, as well as keeping the CBSS sector informed about new resources, programs, and research relevant to the sector.

Community based organizations provide seniors with access to a range of low-barrier programs in seven core areas: 1) nutritional supports, 2) health and wellness programs, 3) physical activity, 4) education, recreation, and creative arts, 5) information, referral, and personal advocacy, 6) transportation, 7) affordable housing.

## Better at Home Expansion Sites

Over the past few years, there has been considerable interest in expanding the **Better at Home (BH)** program to more communities in BC. Based on a reviews of community population, data and needs assessments of prospective communities, in 2021, BH will expand to serve up to six (6) new program sites in British Columbia. **Revelstoke** was identified as a potential **Better at Home** site.

The meeting on **October 13th, 2021** could not have happened without the dedication behind the scenes of the following people from:

**Siobahn O'Connor & Sheena Wells** Community Connections Revelstoke

**Lynn Loeppky & Reeve Christensen** BCCRN & Revy Helps, Revelstoke Women's Shelter Society

All participants were thanked for their participation and support throughout the meeting.

### Revelstoke Community Consultation Attendees:

Mayor Gary Sulz  
Heather O'Brian  
Audrey Austin – Interior Health  
Tracy Anderson – UWBC Interior  
Louella Cam – Program Coordinator BH Arrow Lakes  
Michele Cole – Executive Director - Indigenous Friendship Society Revelstoke  
George Hopkins – Senior First Nations Community  
Rosemary Kelsall - Participant  
Lynn Loeppky – Executive Director – Revelstoke Women's Shelter  
Reeve Christensen – BC CRN & Coordinator Revy Helps  
Sheena Wells – Executive Director Community Connections  
Siobahn O'Connor – Community Connections  
Bailey Kublick – Community Connections  
Erin MacLachlan – Community Connections  
Taha Attiah – Community Planner – City of Revelstoke  
Julie Lowes – Clinical Operations Manager, Victoria Hospital  
Donna Barnet – South Cariboo Chamber of Commerce  
Officer Chris Dodds – RCMP Revelstoke  
Jessica Kleissen – UWBC Regional Community Developer Interior

### The intent of the community meeting on October 13th at 1:00 PM was:

- Support isolated areas as soon as possible in order to help support seniors in Revelstoke;
- That all seniors who need supports have access to bc211 and COVID-19 emergency supports as well as **Better at Home** supports to community;
- Recommendation for **Better at Home** services in identified communities;
- Readiness in each community to pursue expansion in the region and determine community need and appetite which was confirmed by those in attendance.

The agenda for the meeting via Zoom was to come together as a community, through structured conversations, to identify senior's needs and priorities with regards to **Better at Home** services, as well as help identify a potential lead organization in the community best suited to deliver the Better at Home program.

### Community Assets Revelstoke

A community asset is something that has value that is part of a community. Includes skills, networks, current initiatives, programs, policies, structures, or other resources that can be leveraged to improve the community's sustainability (*This is not an exhaustive list*):

- District of Revelstoke
- Mayor Gary Sulz– Revelstoke
- Revy Helps
- Community Connections
- Veteran’s Affairs
- Revelstoke Seniors Centre
- Revelstoke Legion
- Revy Unstuck
- Revelstoke Hospice
- Victoria Hospital
- Home and Community Care
- Division of Family Practice
- Moberly Manor
- Halcyon Place
- Red Cross
- BC CRN
- Community Paramedics
- RCMP / Community Policing
- BC Emergency Services
- Chamber of Commerce
- City of Revelstoke

First Nations Communities including: **Secwepemc, Ktunaxa, and Syilx**. First Nations also have traditional land use in this region. When the first settlers came to Revelstoke in 1885, they didn’t recognize this area as the territory of the Sinixt people. We were delighted to have Michele Cole from the newly named **Indigenous Friendship Society of Revelstoke**.

*Note: These communities are not included in the below population demographics as they were not available in the most recent census (2016)*

## Community Demographics Revelstoke

- According to the *2016 Census*, the population of Revelstoke is **7547**
- **1075** persons are 65 years and older
- **135** over the age of 85
- In 2016, **690** seniors over the age of 65 **9.4%** lived independently in their own homes
- **13.4%** lived below the poverty line in the region
- Average Cost of living: The total cost of living is **around \$1,685** in Revelstoke.
- The average rent in Revelstoke for a one-bedroom apartment in the city centre is approximately \$1,158 per month, and utilities cost around \$121 a month. Other costs will be around \$648 including markets, transportation, restaurants, and sports and leisure for one-person.

## What does Better at Home do?

The Better at Home program helps seniors live in their own homes by providing nonmedical support services delivered by local lead organizations, which may be a non-profit organization; using a mix of paid

workers, private contractors and volunteers. **Better at Home** programs are guided by local Advisory Committees and each program will have a paid Program Coordinator. In our 10<sup>th</sup> year of service delivery, we are thrilled to continue supporting existing programs, and welcome new ones, as they ensure that seniors live well, remain independent, and are active contributors to their communities.

The **Better at Home** program is designed to address the specific needs of local regions, 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

## Presentation and Reflections

Revelstoke has a tightly knit group of community advocates who look after each other at all times, but particularly during COVID. In their desire to work with community they have worked together in partnership with various agencies to ensure that the seniors who live in their region are a priority. They have various programs for seniors currently in place, including Revy Helps, a Seniors Center, an active BC CRN, a Women's Shelter, Revelstoke Hospice, Division of Family Practice, and options for Seniors Housing including the Revelstoke Housing Society.

In brief, please find a summary of each of the organizations who presented at the meeting on October 13<sup>th</sup>, 2021 via Zoom.

**Revy Helps** - Working with other local organizations such as Revelstoke Hospice Society, Community Connections, Revelstoke Seniors Association and Revelstoke Unstuck, the volunteer and referral service provides support to vulnerable adults – seniors in particular – that need help isolating from COVID, or with other tasks and odd jobs such as errands and groceries, home maintenance, light snow removal, and phone call check-ins or other forms of socio-emotional support. Revy Helps is a free service connecting seniors and adults in need.

**Community Connections** - Community Connections (Revelstoke) Society has been providing a broad range of professional integrated social services to Revelstoke and the surrounding community for more than 20 years. As an organization, we respect the diversity, capacity and strengths of the people we serve, our community and our co-workers. We recognize the integrity and unique natures of individuals and value the human capacity for growth and change: we strongly believe people are the experts in their own lives. As such we take into account an individual's physical, mental and social experiences engaging in a whole system of beliefs rather than its individual components.



## Feedback & Questions from Meeting Participants

After a bit of housekeeping, the meeting began with an overview of Better at Home and the United Way British Columbia's Healthy Aging program's contributions to the Interior.

**Better at Home** would be a welcome addition to current community supports in Revelstoke.

The floor was then turned over to Reeve Christensen who presented on behalf of Revy Helps. (Note short summary above).

### **Revy Helps, Reeve Christensen**

Reeve presented an overview of Revy Helps. Revy Helps was created to assist members of the community with non-medical supports through funding from the BC CRN. The Revy Helps volunteer program started out as a social response at the onset of Covid-19 and was launched as a more personalized service in January 2021. As the demand for community assistance increased, it grew into a collaborative partnership project by **the CRN and Women's Shelter**, while also working with local organizations such as **Revelstoke Hospice Society, Community Connections, Revelstoke Seniors Association and Revelstoke Unstuck**.

Its mission was to provide assistance to vulnerable adults in town. Throughout the course of the 2020-2021 year, it was evident that community help was becoming a necessity for seniors in town who were struggling with isolation caused by the pandemic. We have seniors calling the Revy Helps phone line weekly for requests and who report that the work volunteers are providing helps in the effort to connect them in the community and be assisted with tasks that they are no longer able to do. Our program's main mission remains the same: To provide support to seniors and vulnerable adults in the community. Why? Because more and more seniors and adults are living alone, away from family, than ever before. Nearly half of people age 65 and older need help with routine daily activities, and most of this help is performed by friends and family, and not by professional caregivers.

### **Services:**

- Food Bank Grocery Delivery,
- Prescription
- Mail Pickup Home Help
- Shovelling and Yard Work Support
- Check-ins through phone calls, emails, texts and outdoor walks
  - 60% 65
  - 40% Below 65
- Clients Who Use the Grocery Delivery Service by Age
- Clients below the age of 65 are serviced under outreach calls

- 65+ 70%
- Below 65 - 30%
- *What's Already in Place?* Revy Helps – has an email list of 35 volunteers and representation in community.

### **Community Connections, Sheena Wells**

Presented regarding their organization through conversation:

Community Connections is well known in Revelstoke and has a solid foundation of administration, a vibrant Community Development Team and a Food Bank. They service older adults working with Revy Helps, Nurses, Community Care, Schools etc., to support and assist in filling gaps. They work with medical teams, police departments, and family services. They work with all ages, different places in peoples lives, counselling support with children special needs and various other supports in community. Adults with diverse needs and reaching much of the community through the variety of programs housed at their agency. Regarding the food bank, in 2019 there were just over 6700 total visits participants, and in 2020 that rose to over 13,300 visits. People are reaching out to the foodbank more frequently than ever. Further, they have programs that assist seniors who may not be connected to technology and they assist in providing supports for these seniors. The agency works in collaboration with other organizations to ensure that older adults and all members of their community can be supported through the various programs available in their community.

Community Connections explained the community's participation noting there are about 80 employees with the organization who are responding to the changes and challenges of Revelstoke, often partnering with various agencies including Revy Helps to deliver services on the ground as the changes in needs arise. She went on to say that their organization has about 100 volunteers across the teams. In the foodbank or in food recovery that many of these volunteers reside, but in their family programs volunteers also like to mentor or have ideas they want to support including grandparents volunteering to hold babies, and so there are lots of different ways to be creative.

### **Community Conversations:**

Taha Commented: *There are a lot of program partners in community – but it is important to get out that knowledge around the programs – quantifying programs noting that there are maybe 1000 programs and service navigation has been a wide spread need. They can't support people unless they can find the supports. Navigation is important for service delivery.*

Sheena Responded: *Since the BH conversation has been going on, the discussion around we have been talking to people or people have been reaching to myself or the organization in community...one of the issues is provincial funding models often don't fit for what we have or don't fit to fit the gaps. It can be quite isolating, for any population, and it can be hard to navigate where to go, where is the right place and so on, when is the program offered, which door to go through, and so, I think the outreach that is being done with vulnerable adults across agencies in Revelstoke is probably being done by a volunteer, or isn't funded or is leveraged from other programs or contracts. It's those people on the ground, or in support work, know who the vulnerable folks are and they have a relationship with them and that's what*

*helps them to get their needs met or helps them feel more connected and included in the community. And it's hard to find the right funder for that. So often, it's a community table response to those needs. I'd say from the conversations that I've been having that's what people see.*

A discussion about networking and what people have been doing during COVID and a community dialogue about what community is doing without funding. It is important to recognize the amazing work being done on the ground and the resiliency of the Revelstoke community.

*Michele talked about the "ruggedness of the people" and their being seen as independent as a high priority in community. She reminded the group that many seniors don't know to ask for help as they see themselves as being fiercely independent don't know to ask for what they need. A lot of folks don't define themselves as vulnerable. "Even my mum, the last thing she'll ask for is help, even though home support comes twice a day" She went on to reflect on a previous meeting, noting that the discussion was around homes that don't look lived in when in fact, an older adult is living in the home and isn't asking for help or support.*

We talked about the sector driving change which comes from community.

*Sheena asked: Is Revy Helps struggling with volunteers? As far as gaps in services, as part of the experience, have there been any needs that can't be met?*

*Reeve: Yes, we can always use more volunteers. As far as gaps in services, as part of the experience – some basic tasks for delivery, or tasks to help move people.*

*Lynn responded: Volunteers, a lot, are looking for easier tasks like delivering prescriptions or food, but if they have to spend a lot of time, they may say that they 'don't have the capacity for today'. For snow shoveling, we have partnered with Revy Unstuck because we kind of pass the snow shoveling off to them and there are some things we pass along to other agencies if we feel the other agencies can maybe help out better.*

*Julie: So then, Cathy, can that Better at Home support volunteers?*

*Cathy: Volunteering at this stage, across the board since Covid, has been a challenge for many, many organizations across the country, across the board and in every community, and so certainly volunteerism is down, but we need to be aware of the PPE, and the equipment, and more importantly the comfort level of the volunteers and look for ways that we can engage them safely. Using digital media, dropping groceries, and how people are engaging with each other, so at the end of the day, there are just different ways that we can connect while keeping everyone's safety in mind. What I can tell you is that Better at Home and the United Way British Columbia, work very hard in supporting every community that has this program. Having said that many pieces are operational so we can support in training and guide, but it still relies on community assets.*

*Jessica: Such a good conversation, and so many good things, but in just about every community we hear from those that have had a Better at Home program for some time, so, it's not something that is in*

*isolation in Revelstoke. As much as Better at Home is an amazing program, and the program is unique to each community, it definitely does have limitations, some of those limitations are the services that programs can deliver. Some of those limitations are also dependant on community. And the search for volunteers, the retention, the recruitment, is a challenge, so that is something that regardless of how, or which services, Revelstoke BH will offer, if there is that reliance on volunteers, there still may be that struggle. The other limitations, are the service requests. So BH is typically not in a position to offer moving services or deep cleaning homes or even preparing meals in someone's home. And these are limitations of the program.*

Jessica continued sharing the importance of a planning table or an advisory council to determine the needs of the community including the priority services for community. She went on to talk about the sliding scale, fee, community and context of those costs. She spoke of the fee for services and the operational pieces that need to get sorted over time. She reminded the attendees that any program will need an advisory committee, perhaps comprised of many of the people in the room and that it should also include seniors, key stakeholders and the health authority and others that can support the program. We recognize there is a senior's center, and resources limited because of covid, the pandemic has reduced the ability to reach to community, but potentially they could find partners in transportation or other services. There are so many intricacies. It may be that Revelstoke only offers one or two from the basket.

#### **Some comments via chat:**

Cathy read aloud:

*From Taha Attiah - City of Revelstoke: A specific gap to note: the Seniors Centre had reduced much of their programming and may not have bounced back post pandemic - has this changed to anyone's knowledge? Volunteer medical appointment transportation was one of their programs, and may have been easier to 'ask for' in the context of a Society, and not a service per se*

*From Audrey to Cathy Holmes UWBC (Direct Message): In Home Health, we have seen gaps on an ongoing basis*

*13:47:49 From Audrey to Cathy Holmes UWBC (Direct Message): Private hire Care providers, Housekeeping, Companionship and introduction of seniors new to Revelstoke to others in their generation or others*

*13:48:35 From Taha Attiah - City of Revelstoke: A specific gap to note: the Seniors Centre had reduced much of their programming and may not have bounced back post pandemic - has this changed to anyone's knowledge? Volunteer medical appointment transportation was one of their programs, and may have been easier to 'ask for' in the context of a Society, and not a service per se*

*13:49:06 From Audrey to Cathy Holmes UWBC (Direct Message): We are seeing many children moving their parents here from other areas of BC or other provinces who may be well initially but have no social*

*contacts other than family. Private hire Care providers, Housekeeping, Companionship and introduction of seniors new to Revelstoke to others in their generation or others*

13:50:09 From Siobhan O'Connor/Bailey Kublick - Community Connections: *I know transportation has been happening but to what volume I'm not 100% sure. They're on my list to connect with and check into and see where they're at.*

13:51:09 From Erin MacLachlan: *Can you please explain how much funding comes with the program and what that money can be used for?*

Cathy: *That is one of the reasons we are here. The premise behind it being that two agencies have stepped forward and who have presented here today, **Revy Helps and Community Connections**. It is also important that we are reminded about what Jessica said in the advisory committee in determining what from the basket of services you will offer in your program. BH is replacing anything, rather being in partnership with the community so this component is really important. (Question is answered more fully later in the script)*

13:52:43 From Siobhan O'Connor/Bailey Kublick - Community Connections: *Are there clear service restrictions (Moving, deep cleaning etc.).? And eligibility?*

Jessica fielded: *BH has a basket of services and over the last 10 years or so, often have built in templates and lots of resources that we share provincially and then we have Communities of Practice and Regional Communities of Practice to talk about best practices and are similarly geographic communities. There isn't a clear service restriction with the exemption of some very clear for legal, insurance and liability restrictions and that sort of sits outside the BH program.*

She continued to speak directly to program such as light housekeeping, occasional services, participant needs and partnerships.

A further discussion regarding one off supports using service clubs but that these are at the discretion of the agency. A reminder that the RCD is the lead regarding any of these additional programs.

Jessica continued: *A conversation about wellness checks, and community priorities with formalized organizations particularly with Interior Health with the reminder that BH isn't to supplement or replace Home and Community Care although that relationship between Home and Community Care for those who receive BH is vital in wrap around care for participants age in place. Many of our programs work intimately and hand in hand with community leads and many sit on the advisory committees to support the overall delivery of services to seniors. Many programs work with the community paramedic with those seniors who are vulnerable. Many of the BH participants are not receiving Home and Community Care. It isn't a supplement to Interior Health but is a stand-alone community program.*

Audrey commented: *That being said, some of the services that were provided in the past are no longer offered, housekeeping being one and companionship another, that is not part of health care anymore, so that is a part that maybe Better at Home can support.*

Jessica: *Absolutely Audrey, often those BH programs do that. We do know that many programs have that relationship built with their home and community care team.*

A further discussion around partnerships and how programs often work alongside the health authorities to help each other ensued, discussing a variety of simple examples on how community works together to facilitate supports for people to age in place. A reminder that when BH comes to a community we make *no assumptions about what these partnerships can potentially look like*, but we are available to offer support, guidelines and mentorship.

The conversation expanded touch pointing to programs ability to pivot and change in community due to affordability or other priority services. UWBC understands that at times programs need to shift their choices from the basket. Programs evolve and change as the community changes. A reminder that the parameters of the program included the reflection that this program is not specific to vulnerable population, rather it is available to any older adults 65 and over; younger if the agency feels that the participant on a case-by-case basis needs support, can potentially qualify based on the sliding scale. The need will be driven by the community.

*Michele* noted that things change, and the community paramedic is being trained up and so occasionally there are blips in service, and so maybe it isn't sustainable in one area, it may be in others.

*Shelby* discussed meal prep, community sharing, a meal or two, a way of giving to community to make sure that the community is cared for and nothing goes to waste.

*Cathy* gently reminded the community, that while BH can't do meal prep, they can work with community on food delivery and that this idea is very important for the community. It makes for a great opportunity to work with agencies to support older adults to age in place.

We discussed the resiliency of community and the appreciation that seniors have for the support. There are so many ways people can help. Bc211, requests to support seniors etc.

*Shiobahn* shared that she echoes Audrey in that so many programs have and a few programs have had to change because of COVID and the changes, navigations, social visits are such a necessary part of the health of seniors. *"Social connections and relationships are really valuable and hope that BH can help. With so many people not able to get out, it is a real barrier. It would be great to be able to knock on doors and just check in and see how people are doing. It seems like a really great gateway"*

*Louella* speaks to the group sharing her insight as a BH program. She spoke to how it has changed and noted that many people have been volunteering in her area. If anything, she said she has more than ever. In the beginning, the seniors didn't really want anyone friendly visiting, but with COVID, they really wanted to talk to someone. They opened it up in August for FV outside, but now that the weather is changing it's gone back to virtual. She also discussed PPE and transportation and some of the challenges there currently, noting that it was also changing. They have a taxi service that they try not to infringe on but it is available for seniors, also, Handi Dart, and transit and that meets the challenge in near by communities. She also talked about other transportation options, and it is doing well. Housekeeping was

discontinued during COVID, but there are full service now. Occasionally, they get an odd request for minor home repair. There has been shifting and pivoting during COVID. As part of the process of shifting and pivoting, it can be done with the support of UW, but we have seen a large picture of Friendly Visiting in many ways. The connection is huge across the province.

*Sheena* discussed some of the clear ideas regarding delivery. Funding, reporting, and the growth of the program in process? Her hope was that the model would be enough for a coordinator? Community assets and connections between other programs is important. *Sheena* shared with the attendees that the needs of seniors through coffee groups, or newly establishing groups to help, outreach supports to instill confidence to help seniors feel more comfortable with the programing.

We answered this by offering a brief overview of the BH programs requirements to have a Program Coordinator, either full or part time to support the program, the creation of a budget for the administration of the program, and confirmation that whomever would become the lead organization, support would follow from UWBC.

We then began the process of closing the meeting with next steps and how all of the components work together to recommend the lead agency. The discussion of application, LOA, funding timeline, and the importance of the decision-making process. A note that the dollar amount was still in negotiation and that we would be getting back to the potential host with a prorated amount. A reminder that we do not want any new program to reinvent the wheel, rather that we hope to support the new program by supporting the agency at the foundation level of program building. Evaluation, community of practice, the importance of reviewing programs regularly to ensure quality assurance was mentioned with a deeper conversation about the Better at Home Provincial Meetup.

*Shelby* shared that she appreciated the stability of the program.

*Cathy*, acknowledge the inclusion of FN in these meetings and the importance of ensuring that these communities were part of BH and that FN participation is encouraged and supported at every level of planning and at each community dialogue.

*Tracey* from the UWBC who resides and works in the Interior, talked about the partnerships and programs and how encouraging it is to see new programs become part of the UW family.

*Taha* echoes support to the funding model and thinks it is a great approach to take, and that both candidates would be a great fit for the program.

Reeve shared that CRN has an advisory committee that included community policing, RCMP, paramedics and close relationships with the health authorities.

Julie – Remarked that ‘*stability is huge*’, and she was really glad to hear it was a multiple year program and funding model noting that it is huge in community. She favoured both presenters and reminded attendees that both of the organizations did great work in community.

Michele – in terms of community members that are not accessing programs, she reminded us – how important it is in community that it be opened up, as some programs are just gaining traction. *“As a selection process how do we make it approachable. Seniors Societies may never call for help, so that is the one thing I’d like to put out there to make it accessible.”*

Cathy responded, reminding attendees that this was the perfect conversation for the advisory committee. This is where community can really come together and help find the solution. Their knowledge and expertise, other BH and COP’s and the expertise of other programs all help to drive these solutions.

Taha responded: *“Our ability to navigate is pretty critical in getting uptake, and Revelstoke Life can be helpful. Help Seekers is a local program that may be able to help with up take and navigate listings to supports. He also reminded the attendees of the importance of training.”*

Cathy: Community Navigation is a big conversation, and a highlight of BC Healthy Aging CORE and other resources are available noting that BH is often the conduit to finding that information.

Audrey noted that all of the community clinicians share information about all the programs available, the Seniors’ Health and Wellness center also is great in navigating. Also, the Seniors Center, some health care providers have also come to help and talk or present at their gatherings.

Cathy thanked everyone in the room expressing not only appreciation, but the generosity of the attendees at the meetings and the incredible work that each of these contributors brought to the table.

Officer Chris Dodds from Revelstoke RCMP came onto the call and we had a quick banter of regarding the importance of RCMP in helping to find some “lost seniors” and the gratitude that BH coordinators have to them for helping to find, rescue and support lost participants. He noted that he had been on the beginning and end of the call and that he was listening to our conversation. He supports and welcomes BH to their community.

After a bit more housekeeping, guests were thanked and the meeting was adjourned.

## **What are some important criteria for a lead organization in community?**

- Connection to service groups in all communities in the Revelstoke
- Track Record for managing grants and sourcing alternative funding to support programs
- The ability to distribute resources
- Able to manage the demands and expectations of the clients
- Ability to gather *In Kind* supports
- Have people “on the ground” in the region
- Possess long term sustainability
- Have the capacity and foresight for growth
- Promote Success



- Long standing in the community
- Cooperative and Collaborative
- Evolve and fluid

**Prevention oriented: Better at Home** programs are built on the primary assumption that preservation of independence, dignity and health, and the delay of functional decline are worthwhile investments.

**Seniors planning for and with seniors.** Seniors are engaged in the planning and governance of the local programs.

**Senior centered.** The local programs are designed to respond to the needs, priorities and changing circumstances of seniors.

**Community driven:** Within the Better at Home framework, local programs are built by the community for the community and will involve coordination of services from various organizations and partners.

**Evidence informed:** Local programs are built on the learning and evidence developed through the CASI evaluation, through ongoing monitoring, evaluation and learning, and on the desire to seek continuous improvements through additional learning and research.

**Independence focused:** Better at Home fosters self-sufficiency and independence by: offering services that assist clients to live independently; helping to promote health literacy and support self-care; promoting social inclusion, and; enabling community connectedness.

**Simple and understandable:** Services incorporate clear and accessible information, ease of access, and the least amount of official procedure needed to maintain standards of safety, privacy and quality.

**Based on need:** Local programs respond to seniors' needs for service and ability to contribute to the cost of providing those services.

**Integrated:** Local programs are developed in partnership with seniors and other key stakeholders and will be integrated where feasible and, by design, complementary to other services and supports.

**A non-governmental program:** Better at Home is managed by UWBC and identified as a non-profit sector program funded by government, which does not replace existing governmental programs or services.

## **Better at Home Program Highlights:**

**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 Government of British Columbia funds the program, United Way British Columbia manages it, and local non-profit organizations provide the services.

Its unique 'seniors planning for seniors' approach means older adults contribute to the design, operation and evaluation of their local program.

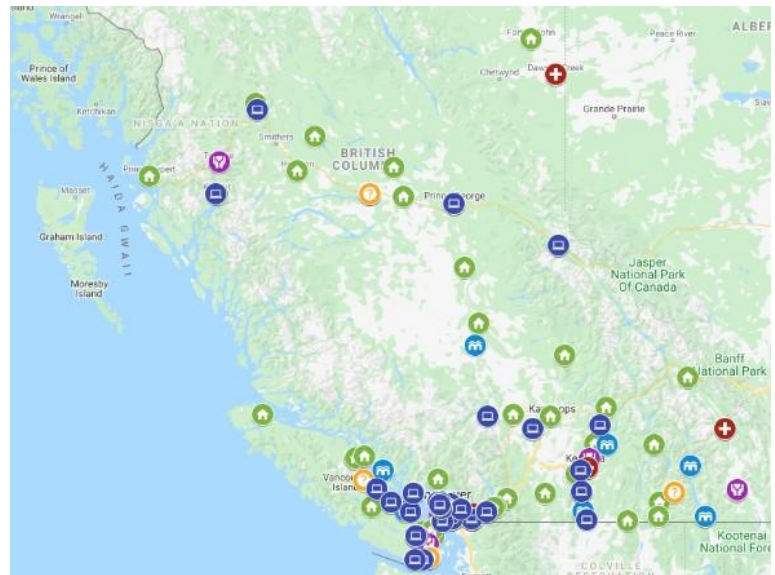
Older adults who receive Better at Home services may pay a fee based on their income. Some services may be free. These fees-for-service are fed back into the local program in order to serve more seniors. Although each program is unique and serves based on the community, there are also commonalities among 82 **Better at Home** programs:

- Service fees are established on an income-based sliding scale which ensures that services are free for low-income seniors, and market rate for seniors with an income above the BC average.
- All volunteers providing services directly to seniors must have a criminal record check.
- Programs submit regular reports to the provincial office to monitor performance and progress.
- Program Coordinators engage in a Community of Practice which includes sharing, learning activities, discussing best practices on an online portal, and meet annually for training opportunities and participation in collective dialogue. These activities help develop the capacity of each local program to best serve and support the older adults in BC. Better at Home Across the Province.

### Healthy Aging's province-wide network:

Currently **127** community agencies are providing **195** programs in BC

-  Better at Home
-  Family & Friend Caregivers Support Programs
-  TAPS (Therapeutic Activation Programs for Seniors)
-  Social Prescribing Program
-  Navigation and Peer Support
-  Digital Learning Pilot Project:
  - Active Aging Plus Program
  - ITech Packages



**United Way**  
British Columbia

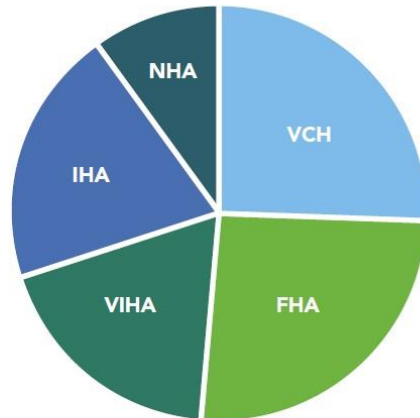
Working with communities in BC's  
Interior, Lower Mainland, Central  
& Northern Vancouver Island

# 2020-21 Highlights

## Total Community Programming by Region

Vancouver Coastal Health.....	\$3,923,610
Fraser Health Authority .....	\$3,937,270
Vancouver Island Health Authority...	\$2,853,533
Interior Health Authority .....	\$3,089,279
Northern Health Authority .....	\$1,487,282

**TOTAL - \$15,290,974**



Total includes the following streams: Better at Home, Social Prescribing, Therapeutic Activation Programs for Seniors (TAPS), Family & Friend Caregiver Supports and Safe Seniors, Strong Communities programs.

## Better at Home – Interior British Columbia



### In 2020-2021 – Investments / Interior of BC

- \$3,422,629 dollars invested
- 22 BH programs
- 11 HA programs
- 7955 seniors receiving at least one service
- 1777 volunteers provided services



Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island

## Better at Home Programs in Interior BC

**Better at Home** programs have been established in Interior BC since 2012 initially under the CASI project.

Currently, **Better at Home** can be found throughout the province; however, the following programs became HUB Agencies. They supported the efforts of Safe Seniors Strong Communities using a Hub and Spoke model to ensure that most communities in the Interior would be served during the pandemic.

**South Okanagan Similkameen** – OneSky Community Resources Society – Penticton

**Okanagan & Shuswap** – Seniors Outreach Services Society – Kelowna

**Thomson Nicola Cariboo** – Interior Community Services – Kamloops

**West Kootenays & Boundary** – Valley Community Services – Creston

**East Kootenays & Columbia Valley** – Family Dynamix – Invermere

**Better at Home** in the Interior can be found in: Arrow Lakes, Ashcroft/Cache Creek, Boundary, Castlegar, Central Okanagan, Columbia Valley, Cranbrook, Creston Valley, Kamloops, Logan Lake, Lower Columbia, Thompson, Peachland, Penticton, Shuswap, Southern Okanagan, and Williams Lake and Golden.

While there are 20 formal programs in the region, there are several smaller communities served in the region. Some follow a regional model and cover more than one community with communications and supports which work together to support seniors who may reside in remote areas that have few services. Throughout the Interior, several First Nations communities both on and off reserve receive services. Close relationships with First Nations Health Authorities have proven invaluable. The **Better at Home** programs listed will be of tremendous support moving forward and can provide advice on program development.

Learning, reflective practice, and knowledge-sharing are central to **Better at Home**, particularly to support program development and quality improvement. Together these programs participate in on two **Community of Practice (COP)** sessions who formally meet two to three times per year serving all Interior Programs in British Columbia; however, with COVID-19 they met more regularly as the needs of community changed and evolved. Host organizations also connect via the **Better at Home Working Group** (found on Healthy Aging CORE). Several times per year agencies come together for learning opportunities and to support each other's program growth or to consult on best practices as program challenges occasionally arise. **Better at Home** Programs are constantly evolving and pivoting to meet the needs of the community.

Regional models defined include:

### **Type 1:**

- 1 Host Umbrella + formal agreements with 2 or more Community Based Senior Services (CBSS) agencies in different communities served.
- This may be determined by population size and distance factors, differences in services from basket desired by differing communities

### **Type 2:**

- 1 Host, employs several coordinators in different communities.

#### **Type 3:**

- 1 Host Agency, 1 Coordinator responsible for a large geographic region with distinct communities with different local governments - We currently have many BH Programs of this type.

Because the program is established using a *community development approach* each program is unique to the communities it serves. **Each program must meet the basic grant criteria** and beyond that can offer some or all of the services from the basket using a mix of paid staff, contractors, and volunteers.

To get a feel for the scope of the work **Better at Home** Program Coordinators are invited to present a brief synopsis of how the program operates in their unique community and to highlight some of the wisdom learned through delivering services in their area.

Local Better at Home agencies can be of great value to new programs. It is encouraged to new programs reach out to the local representation and Regional Community Developer for guidance.

The Regional Community Developer (RCD) in the Interior is Jessica Kleissen [jessicak@uwbc.ca](mailto:jessicak@uwbc.ca)

## **Emergency Response**

### **Safe Seniors Strong Communities (SSSC) COVID-19 Response**

**Emergency COVID-19 Response Plan in partnership with United Way and bc211  
Funded by the Ministry of Health**

- Easy access to services through bc211, now province-wide
- Seniors connected to local community volunteers, friends, neighbors
- Added supports and expanded services specific to COVID-19 needs
- Expansion of United Way's Better at Home Services
- Funding of community agencies and programs through United Way

**As of the time of writing 866,924 services were delivered - SSSC services have been provided to seniors in British Columbia which may have included one or more of the following:**

- Seniors (65+) No cost for Service Delivery
- Urgent non-medical needs resulting from COVID-19
- Living independently in community without publicly funded services and/or have no other way to get support services
- Wellness checks /Virtual Friendly Visits
- Grocery shopping/delivery
- Meal prep (pre-made drop-offs and support in home)
- Prescription pick-up/drop-off

## **Better at Home - Identifying a Lead Organization**

We have designed a different approach to the selection of the Lead Organization for delivering the **Better at Home** program. Instead of a competitive process where the funder selects which agency will receive the grant, each community will go through a community engagement process. In this process, stakeholders

– seniors in particular – have a chance to shape the program according to local needs and help select the Lead Organization that is the best fit with the program they envision.

This approach encourages partnerships and collaboration, results in better service delivery for the seniors, and empowers communities to make their own decisions.

In order to qualify to hold the **Better at Home** program, the lead organization must:

1. Be a non-profit, charitable organization,
2. Employ a program coordinator,
3. Complete a BH application form, including the following:
  - A. Governance structures, financial statements
  - B. A description of geographical boundaries for service delivery
  - C. A list of Better at Home services that your program will offer
4. Provide two (2) completed budgets;
  - UWBC Program Funds budget,
  - and a Total Program Funds budget.
5. Provide any other documentation considered key by the community or by UWBC to support approval of the implementation plan and application.

### **BH Program Must Meet the Following Grant Criteria**

- Participants should be older residents, sometimes defined as 60 or 65 years of age or over
- Participants served must be residents of the identified service area
- A paid program coordinator
- The organization that receives and is accountable for the funds must be a non-profit and charitable organization.
- Provide in-kind support and seek additional funding as needed e.g., donated office space, equipment)
- The program must comply with evaluation requirements (data collection, reporting, participation in Community of Practice).
- That a *Better at Home Advisory Committee* be established to support, guide, and to help the integration of the program into community and be responsive to seniors for the first two years.
- Establish strategies to maximize reach / impact of the program, volunteers, and in-kind support.
- Undertake outreach, marketing and public awareness to reach older adults.
- Provide Volunteer training and support.

## Better at Home Implementation Process



## Suggested Timeline for Implementation of Proposed for Revelstoke

An ideal timeline was suggested for the **Revelstoke BH** program be:

- July – October – Work with the community to identify a *Lead Organization* for Revelstoke
- Mid October 2021 the Lead Organizations to fulfill and meet all application and grant criteria
- A signed Letter of Agreement for dispersal of funds be for January 2022
- A Program Coordinator be employed in time to participate in the Provincial Better at Home Communities online COPs by February 2022
- At least one BH service be delivered to seniors no later February 2022

The UWBC Healthy Aging program team shared their experiences with the presenters and tried to affirm concerns by sharing the current dynamics of the program throughout the province reflecting the needs of community, particularly during COVID-19 and the current landscape of successful BH Programs.

## Recommendations from Regional Community Developer & Provincial Community Planner, Better at Home

It became very clear that the members of the Revelstoke community, the Regional Community Developer, key stakeholders, and seniors felt that both candidates had strong presentations and that either of them could hold the program.

Over several meetings, conversations regarding the administrative, management, collaborations of the agency with community, and attendees of the October 13<sup>th</sup> meeting combined, the community leaned deeper in favour of **Community Connections** as the right choice for this community. Not only does the agency have capacity in all levels, it also has relationships with the United Way in the Interior, (now amalgamated with UWBC), it also has a proven track record of building solid relationships with existing



programs. It is the belief of the Regional Community Developer and the Provincial Community Planner that the best fit for Better at Home in Revelstoke is **Community Connections** noting that relationships with Revy Helps and other agencies may form lasting partnerships as the program develops.

Therefore, we recommend **Community Connections** as the lead agency for Revelstoke.

### Why Community Connections?

- Solid non-profit with strong ties to the community
- History of community engagement and consultation
- Committed Board Members with a wide range of relevant experience
- Membership reflects the region's communities
- Extensive community engagement in defining regional requirements and solutions
- Providing significant input to evolving needs of seniors and close relationships with health authorities including First Nations Health Authority
- Committed to sustainable and secure operating policies
- History of accountability in reporting to funders
- Accomplished fundraisers and program developers
- Independent Board that represents the community
- Support from all corners of the region
- Strong and growing network of contacts locally and beyond
- Significant track record of service to the community

### Next Steps

Findings of this report will be reviewed and discussed and an application will be sent to the successful host agency candidate. An application will then be sent to the successful candidate and supports for the new program will commence.

The Provincial Community Planner and the Regional Community Developer will work with the perspective agency to support the application process. Once the LOA has been approved and is in place our team will work with the agency to train, support and facilitate a successful launch of the **Better at Home** program in the community.

### Thank you!

The day would not have been possible without the support of everyone who assisted in putting the meeting together. From the Zoom meeting itself to the information gathering, this dialogue was created by the community of **Revelstoke** and we are grateful for the opportunity to bring the **Better at Home Program** in your region.

Thank you **Kahir Lalji**, Provincial Director, Government Relations & Programs for your vision and encouragement to expand **Better at Home** to more communities in the Province of BC through meaningful initiatives for older adults in our communities.

Many thanks to **Jessica Kleissen**, RCD Interior BC, United Way British Columbia for her co-facilitation and insight into the region. Special thanks to the team of **UWBC's** Healthy Aging Program, including **Bobbi Symes**, Assistant Director, Population Health, **Jessamine Liu**, Administrative Assistant, Population Health, **Camille J Hannah**, Provincial Coordinator, Population Health, **Jean Rikhof**, Provincial Coordinator, Grants & Data, and everyone on the Healthy Aging team who assists in the facilitation of new programs in the Province of British Columbia.

Finally, thanks to each of you for attending the entire community engagement process and particularly on October 13<sup>th</sup> with the desire to co-create a shared future that invests in our older adults to live independently in their own homes and remain connected to their communities. Thanks also for demonstrating humility, courage, grace and leadership to explore differences and uncover what could be the greatest asset and outcome of the session; in particular trusting the facilitation process and being supportive of working with complex challenges presented in our communities.

We look forward to the next steps.

Further feedback, comments or questions can be directed to:

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