

Healthy  
Aging  
by United Way



Better  
*at* Home



United Way helping seniors  
remain independent.

**Community Consultation & Stakeholder Meeting**  
Sooke Region  
August 1, 2019

## 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 of the Lower Mainland, with services delivered by a local non-profit organization.”*

The Sooke Region has been identified as a potential Better at Home site. The United Way of Victoria and the United Way of Lower Mainland 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 August 1<sup>st</sup>, 2019. 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.

The meeting was held in Sooke inviting the public and representatives from key stakeholders from the entire region which was attended by approximately 25 individuals. Attendees included community members and representatives from various community organizations and businesses in the Sooke region including various Better at Home Programs from Vancouver Island.

**The United Way & The Sooke Region Communities Health Network would like to acknowledge the traditional territories of the Coast Salish, SCIA’NEW Nation and T’Sou-ke Nation, and Nuuchahnulth Pacheedaht Nation to the west, upon which we work together to improve health and wellbeing for all.**

### ***Facilitators:***

**Cathy Holmes, Regional Community Developer, Vancouver Island, United Way of Central and Northern Vancouver Island, Population Health, United Way Lower Mainland**

### ***Support Guests:***

***Danella Parks – Director Community Impact, United Way Greater Victoria***

***Elizabeth Holland – Program Coordinator – NFLA Better at Home Gabriola Island***

***Nikki Neff – Program Coordinator – Esquimalt Neighbourhood House***

***Jennifer Lazenby – Executive Director – Volunteer Cowichan / Host Agency Better at Home***

After a bit of housekeeping and a formal welcome from Danella Parks, Director Community Impact, United Way of Greater Victoria, and warm greetings from the UWLM and the team of Population Health, a brief overview of the purpose of the meeting was presented by Cathy Holmes, RCD Vancouver Island. This was followed by an explanation of the focus of the meeting of which the findings are discussed within the report. The meeting agenda began with an overview of Healthy Aging, CORE and CBSS

## **Introduction to Healthy Aging by United Way**

To better support older adults to be socially connected, live healthy lifestyles, and maintain independence, United Way’s Healthy Aging 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. Healthy Aging by United Way 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, 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 Strategy goals is to increase physicality to help older adults remain socially connected and active as they age.

*Reduce social isolation:* The 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 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.

The knowledge hub was created for Community Based Seniors' Services 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.

[www.healthagingCORE.ca](http://www.healthagingCORE.ca)

## **Community-Based Seniors Services sector (CBSS)**

The CBSS sector is broad and diverse bringing together key stakeholders, including seniors themselves from across the province in a central forum; Between April 2019 and July 2019, 12 regional consultations showcased Healthy Aging CORE, recommendations from the Provincial Summit on Aging, and guidance from the CBSS Leadership Council.

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.

These programs and services are offered through a range of municipal and non-profit agencies including: senior centres; community centres; neighbourhood houses; community coalitions; ethnocultural organizations; and multi-service non-profit societies.

### **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 2019, BH will expand to serve six (6) new program sites in British Columbia.

Sooke was clearly identified as a potential Better at Home site.

The meeting on August 1<sup>st</sup>, 2019 could not have happened without the dedication behind the scenes of the following people:

**Mary Dunn, Christine Bossi, Lori Mclead, Layton Eegwer, Nikki Logins** and the entire membership of the **Sooke Communities Health Network**; and **Agnes Kowssakowska, Coordinator, Sooke Region Volunteer Centre**.

Further, gratitude to **Mayor Tait** for her participation and support throughout the meeting. Many thanks to **Al Beddows, District of Sooke** for his contributions to the day.

The initial planning call and introductory meeting held in July was key for several reasons:

- Establishing a date
- Sourcing a venue and nourishments for the day
- Identifying who from the Sooke region should be invited.
  - o The invitation went out to approximately 54 individuals.
- Identifying potential lead organizations and champions of older adults in the area.
  - o After several contacts were made within the region, the overwhelming majority of non-profit agencies and support associations noted that The Sooke Region Communities Network Association (SRCHN) would be the best fit to present at the community meeting noting that the membership was a Cooperative Association of Service Agencies

(CASA) and the Sooke Community Health Initiative (CHI) which had formed an alliance to become SRCHN.

The agenda for the August 1<sup>st</sup> meeting 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.

### Profile of the Sooke Region:

- In 2016, the enumerated population of Sooke (District municipality) was 13,001, which represents a change of 13.7% from 2011. This compares to the provincial average of 5.6% and the national average of 5.0%.
- The land area of Sooke (District municipality) is 56.62 square kilometers and the population density was 229.6 people per square kilometer.
- In 2016, there were 5,253 private dwellings occupied in Sooke (District municipality), which represent a change of 16.6% from 2011.
- T'Souke First Nations population is 227 and is 2.7% of the above demographics with 90 living on Reserve. 11% are over the age of 65



### Sooke Regional Housing & Transportation Constraints

- Housing and Transportation remain the two highest points of concern in the Sooke Region
- In Sooke the average monthly costs for owned dwellings is \$1,357.00 with the mean monthly cost of \$1,454.00
- For rented homes in Sooke the average monthly costs are \$971.00 while the mean monthly cost is \$990.00
- The average cost to buy a single-family home in Sooke is approximately \$ 599,000 (House)
- Lots currently range from approximately \$ 290,000

### Sooke Region Community Data:

- Average age of population: **41**
- Low income seniors: **11%**
- Life expectancy: **83.1**
  - above BC's average of 82.6
- **33%** seniors in 75+ age group are primary home maintainers
- Increase in general population (2018 Island Health): **25.2%** over next 10 years
  - Well above BC's average of 12.6%

**In 2016 the number of people who were 65 and over 2150 which equals 16% of the population of the Sooke Region. For those 85+ the population was 175 accounting for 1.4% of the population.**

### **Assets in The Sooke Region:**

A community asset, or community resource, is anything that can be used to improve the quality of community life. Includes networks, people, current initiatives, programs, services, policies, structures, or other resources that can be leveraged to improve the community's sustainability.

- United Way Victoria
- Sooke Region Age Friendly Committee
- South Island Division of Family Practice
- Sooke Region Community Health Network
- Non-profits offering programs
- Seniors Drop-In Society
- Service groups like Fraternal Order of Eagles, Legion, Ladies Auxiliary, Rotary
- Homeless Coalition

### ***During the Community Dialogue additional organizations were identified as Community Assets:***

- ✓ Coast Capitol Savings
- ✓ Island Savings
- ✓ West Coast Tile
- ✓ Home Hardware
- ✓ Lions Clubs
- ✓ Teachers, School Administrators
- ✓ Meals on Wheels
- ✓ Sooke Fire and Rescue
- ✓ Several Local Churches
- ✓ Sooke Community Association
- ✓ Ayre Manor Care Home
- ✓ Loan Cupboard
- ✓ An engaged Municipal Government Sector
- ✓ Local Food Bank and Thrift Stores
- ✓ Hospice
- ✓ A committed Community

Those in attendance also wanted to clearly point out that resources that were found in East Sooke were limited and not as easily accessed by the region. The notation that many of the service providers, community assets and

supports were managed by volunteers and employees of organizations who wear “Double Hats” in order to ensure that the community receives services was a significantly high proportion of individuals dedicated to community values and supports.

The discussion then spoke to the ‘Campus of Care’ and the need for community to notice that there were gaps that needed to be addressed particularly as they relate to front line supports. One of the participants reminded the meeting that, “lots of young retirees are moving into the area, and while they may not currently need resources, planning for this inevitably was critical.” The reminder of a lower volume of volunteers or a trained community for involvement was necessary but most importantly that residents of their community needed to access information and that partnerships within the community were critical to their overall success.

The group also spoke of an Age Friendly designation as determined by the World Health Organization (WHO) was highly favoured noting that this was a huge benefit to Sooke and to it’s future supports for older adults in the region. The conversation supporting all areas of Collective Impact described serving the community as one of the highest values of the community at large.

***What we know about Sooke according to the Community:***

- ***There is a high density of population within Sooke***
- ***Resources are not available to all areas of the community particularly in East Sooke***
- ***The two highest points of concern are transportation and housing***
- ***Society doesn’t take care of it’s seniors and elder isolation remain to be of huge concern***
- ***Families are putting older adults into homes at an alarming rate and there are not enough assisted living alternatives***
- ***Many people don’t have time to connect and therefore supports are limited***
- ***Supports are fought for at every level of government***

**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 7<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

## **Group Reflections - *What are the needs of Seniors in the Sooke Region?***

A significant discussion focused on group reflections. Tables were given 45 minutes to discuss their thoughts on the needs of older adults in the Sooke Regional communities. The following are highlights that were reported back as priorities in the Sooke Region:

1. *What non-medical home support services from the **Better at Home** basket of services are the top priorities in our community?*

Overall the top suggested **Better at Home** services appeared to be: Grocery Shopping and Transportation. There was some discussion on why Meal Preparation was not included and if it was going to be in the future of the program. There were more questions asked about the specifics of the Better at Home programs and what other communities offer.

### *Table Discussion - Top Priorities*

- The top priorities: transportation, groceries, going to the bank to pay bills and yard work
- Minor repairs were also a concern
- Geeks and Geezers – a partnership with the students and the libraries was suggested with a recommendation that an IT program could be a benefit to an older adult and a welcomed addition to the basket of services.
- Petcare was also of notable concern
- Also the distribution of assets as they related to regions in East Sooke specifically – there was considerable dialogue about equity in service for regions further out of the Sooke municipal area

We then went around the room again with the tables sharing highlights from discussions on question #2.

2. *What are some important criteria for a lead organization in our community?*

### *Table Discussion – Lead Criteria Must Have's*

- Connection to service groups in all communities in the Sooke Region
- Track Record for managing Grants
- 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



## Better at Home Stakeholder Meeting

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 of the Lower Mainland 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 70 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

\*69 out of 70 programs reporting

## From April 2018 - March 2019\*:

 **11,596**  
active clients

 **179,446**  
services provided

 **4,609**  
new participants

 **23,045**

Transportation

 **31,056**

Friendly Visiting

 **94,807**

Light Housekeeping

 **2,866**

Snow Shoveling

 **7,545**

Light Yard Work

 **13,115**

Grocery Shopping

 **951**

Minor Home Repairs

 **12,525**

Other Services

## Better at Home on Vancouver Island



- ✓ \$1,805,250 invested
- ✓ 15 programs
- ✓ 2,471 seniors received at least one service
- ✓ 785 new seniors enrolled
- ✓ 75% are female
- ✓ 64% live alone
- ✓ 32% are 85+
- ✓ 806 volunteers engaged

*Data provided is based on BH programs 2018-2019 reporting.*

### **Better at Home on Vancouver Island**

Better at Home programs have been established on Vancouver Island since 2012 initially under the CASI project. Currently Vancouver and Gulf Island programs are located in: **Victoria, Southern Gulf Islands, Salt Spring Island, Saanich Peninsula, Port Alberni, Oceanside, North Island, Nanaimo, Galiano Island, Esquimalt, Cowichan First Nations, Cowichan Region, Comox Valley, Campbell River and West Shore.** These programs often serve several communities. While there are 15 programs, there are almost double the communities served in the region. Throughout the Islands, several First Nations communities both on and off Reserve receive services. Close relationships with First Nations Health Authorities have proven invaluable. In addition, many “bedroom communities” including Saltair, Bowser, Yellowpoint, Ladysmith, Mill Bay, Thetis Island, and Lantzville, to name a few are also part of the jurisdiction of Island Host Agency ranges.

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 sessions two to three times per year serving South and North Regions of Vancouver and the Gulf Islands. They also connect via the HUB several times per year for learning opportunities and to support each other's program growth and to consult on best practices as program challenges occasionally arise. **Better at Home** Programs are constantly evolving to meet the needs of the community.

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 the 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 were 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.

Our Guest **Better at Home** Speakers offered the following insight:

***Elizabeth Holland – Speaking on behalf of Nanaimo and Gabriola Island Better at Home hosted by Nanaimo Family Life Association***

- Notes that each region is different and it is important to figure out that what may work in a larger region, may not work the same way in a smaller region
- Community 'buy-in' is important but the relationships created in the community are the most important task undertaken
- It takes time to establish a program and collaboration is key
- Gabriola Island Hospice is now sharing volunteers with other members of the community which has been very helpful – sharing resources is incredibly powerful on many levels
- Every client and every contractor are unique and that is why the program is so unique and effective. Each program is community driven

***Nikki Neff – Program Coordinator – Esquimalt Neighbourhood House***

- Offers 'grass roots' supports and suggests that the key is to get to know your allies
- Get to know your team really well and take the time to listen
- Has a mix of volunteers and external contractors
- Has over a 100 Clients and goes above and beyond to support their changing needs. She notes that it is vital to work with the health authority and to ensure you have great team supports
- Have passion for your work and show up every day ready and willing to listen to your clients. Sometimes that extra phone call, or direction is all that a client needs to feel like they are important.
- Understand that the Better at Home Program is not the "be all, end all", but a vehicle to provide assistance and to direct people to other services if that is what is needed. Listen to what the clients need and take it from there.

***Jennifer Lazenby – Executive Director Volunteer Cowichan / Host Agency Better at Home***

- As an Executive Director the roles are different. Wearing multiple hats means looking for other funding opportunities.
- From a management perspective it is important to consider liability and insurance but to balance best practices, and to talk to others who have already paved the way. They will provide you with some direction and will be an important network as the program grows
- Set clear boundaries with the Health Authorities
- Train and work with people to work in the local region
- Know your community supports
- Be involved in the community and know who to turn to for support, advice, information, and to be present with the people who are inline with what the community needs.

## 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:

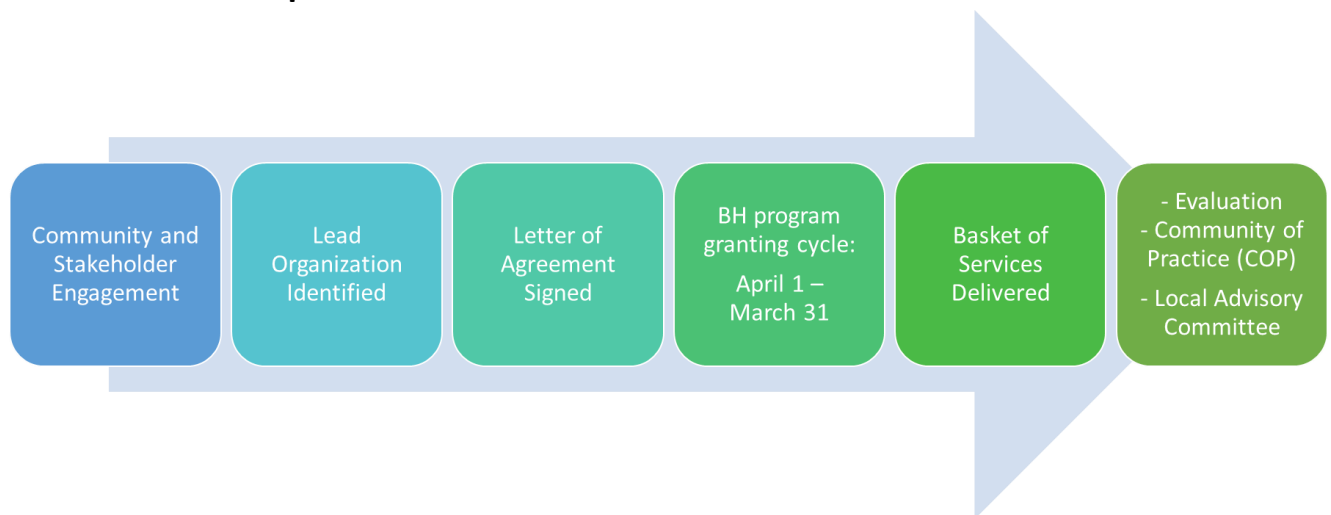
1. **Be a non-profit, charitable organization,**
2. **Employ a program coordinator,**
3. **Complete a BH application form, including the following:**
  - a. **Governance structures, financial statements**
  - b. **A description of geographical boundaries for service delivery**
  - c. **A list of Better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

**BH program must meet the following grant criteria:**

- **Clients must be 65 years of age or over**
- **Clients served must be residents of the identified service area**
- **Determine fees for service(s) based on provided Sliding Scale.**
- **The program must have a paid program coordinator**
- **The organization that receives and is accountable for the funds must be a non-profit and charitable organization.**

- The program must seek in-kind support (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' needs.
- 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 Sooke Better at Home

An ideal timeline was suggested for the Sooke B@H program be:

- ✓ Mid- late July 2019 a Lead organization be identified.
- ✓ August through September 2019, the Lead organization fulfill and meet all grant criteria.
- A signed Letter of Agreement for dispersal of funds be for October 1, 2019.
- A Program Coordinator be employed in time to participate in the Provincial Better at Home Communities of Practice Meet-Up in Richmond, BC on Nov 6, 2019.
- That BH services be delivered to seniors no later than January 1, 2020.

One potential lead organization was identified as potential lead agencies during the planning call. All organizations were sent Better at Home materials to inform their decision to present including:

- Better at Home 2019/2020 Application
- Better at Home 2018 Annual Reporting Template
- A list of program criteria a lead organization must meet

Although agencies were encouraged to collaborate from the onset of the community consultations, only one organization elected to present: Sooke Region Communities Health Network (SRCHN)

~See Appendix for presentation slides.

## Dialogue with Community

Following the presentation, Sooke Region Communities Health Network were present and were asked to participate in a dialogue with the stakeholder's present. **Mary Dunn provided a presentation outlining the following plans if selected as the Better at Home Host Agency for the Sooke Region:**

### Highlights from the SRCHN presentation include:

#### ***SRCHN Community Programs and Projects***

- Volunteer and Resource Centre
- Lifelong Learning
- Age-Friendly Committee
- Nutritious cooking sessions for seniors
- Falls prevention
- Seasonal Shelter
- Seniors Centre & affordable rental housing
- Senior's summit
- Primary Healthcare
- Transportation Working Group
- Bringing relevant services to the region

#### ***SRCHN Previous Successful Community Projects and Capacity***

- CASA Building housing child, youth and family services (2003)
- Adult and Youth Mental Health Navigation (2005)
- Sooke Food Community Health Initiative (2009)
- Sooke Region Health Summit public consultation (2015)
- Seniors Managing at Home Study (2015-2016)
- Sooke and Juan de Fuca Health Foundation (2018)
- Extreme weather shelter (2018)
- Low income tax preparation (2016 - 2019) – 144 returns completed in 2019

#### ***SRCHN Network of Partners***

- District of Sooke
- CRD - Juan de Fuca electorate
- Scia'new, T'Sou-ke and Pacheedaht First Nations
- Island Health
- Sooke Family Resource Society
- Seaparc Leisure Centre
- Sooke Seniors Drop-In Society
- Sooke Seniors Bus

- Sooke Options for Community Living Association
- Vancouver Island AIDS
- Sooke Shelter
- Our Place
- Primary Health Care Services Working Group
- South Island Division of Family Practice
- Homelessness Coalition
- Affordable Housing Working Group
- Community Response Network

### ***Why Choose the SRCHN?***

- Active Sooke Region Volunteer Centre (SRVC) to recruit the volunteers
- Our SRVC Coordinator has past experience with running the Better at Home program in Surrey
- Regional resources already available through SRVC and the Sooke Region Resources website
- Solid non-profit with strong ties to the community
- History of community engagement and consultation
- Documented quality needs assessments already completed
- 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 Primary Care Networks
- Committed to sustainable and secure operating policies
- History of accountability in reporting to funders
- Accomplished fundraisers and program developers

In addition:

- 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
- Willingness and ability to take advantage of Better at Home for our residents across the region

### **Next Steps**

No final decision was made at the Community Input and Stakeholder Meeting on August 1<sup>st</sup>, however a recommendation and invitation from the community was agreed upon requesting the SRCHN to proceed with the application process and fulfill the requirements of the UWLM Better at Home Proposal.



## Thank you!

The day would not have been possible without the support of everyone who assisted in putting the meeting together. From the location to the catering, this meeting was created by the community of Sooke Region and we are most grateful for the opportunity to discuss the Better at Home Program in your area!

Special thanks to Jessica Klassen, Beverly Pitman, Camille J Hannah, and the support of the entire Project Health Team for making so much of the groundwork for this meeting possible. Thank you Danella Parks UWGV and Signy Madden UWCNVI for your support and advice.

Thank you Kahir Lalji, Provincial Director Population Health for your vision and encouragement to bring Better at Home to more communities in the Province of BC through meaningful initiatives for older adults in our communities.

In addition, to the planners of the Sooke Regional Community Stakeholders Meeting - Mary Dunn, Agnes Kowssakowska and Nikki Login for the logistics of putting the meeting together at the venue including the set up, tear down and nourishment. To my colleagues - Jennifer Lazenby, Nikki Neff and Elizabeth Holland thanks for saying yes whenever I call and ask for support and for showing up on so many levels including note taking, tear down, and all-around kindness. You inspire me.

Finally, thanks to each of you for attending the day with a 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 for trusting the unfolding facilitation process and being supportive of working within complex challenges presented in our communities.

We look forward to the next steps.

Further feedback, comments or questions can be directed to:

**Cathy Holmes**  
**RCD Population Health**  
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