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**An Evolving Healthy Aging Service & Program
Design Model**

*Regional Consultation
Langley, BC
September 20, 2023*



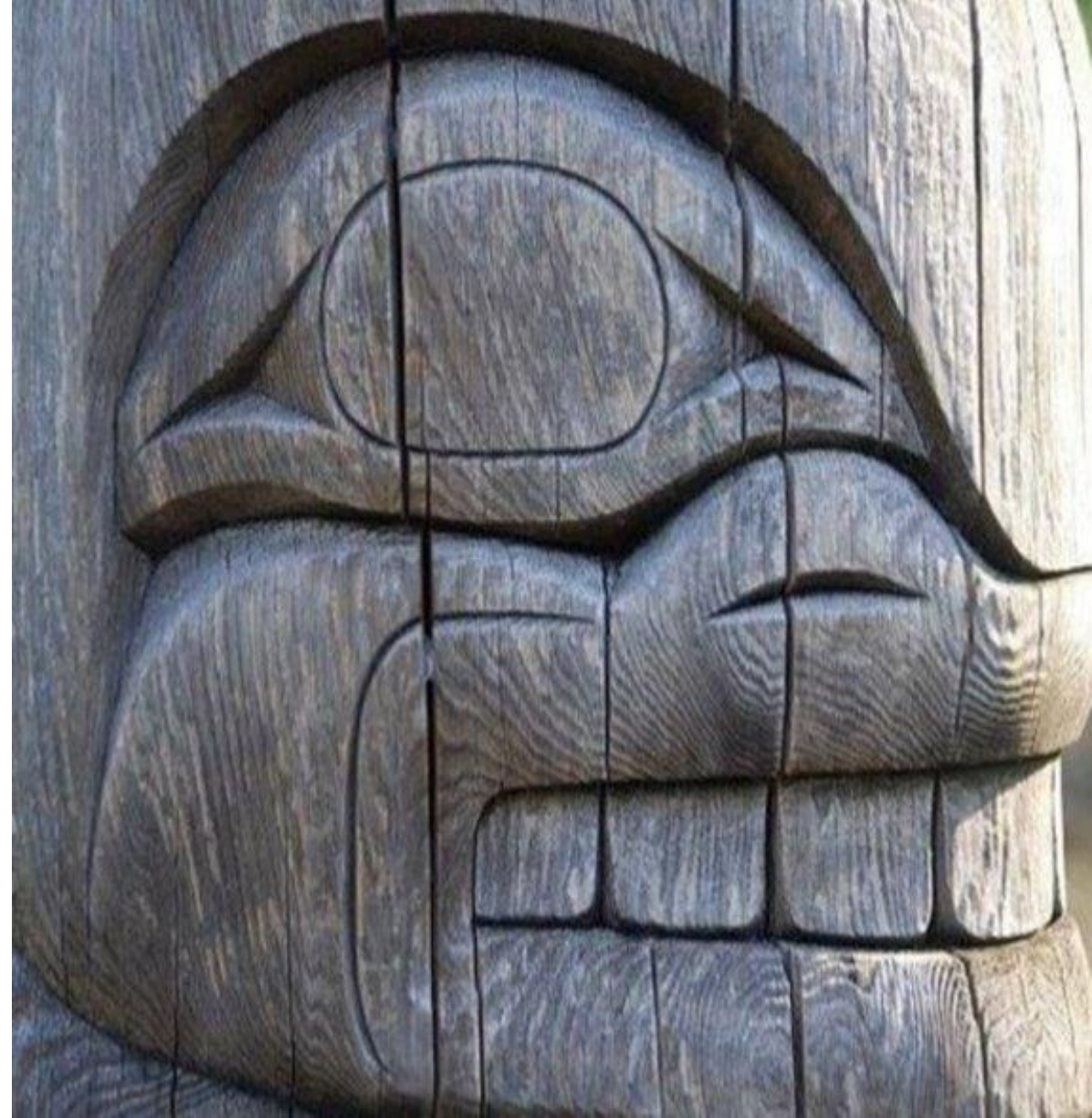
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Today, we want to humbly and respectfully acknowledge all Indigenous nations and peoples throughout this province and raise our hands to their resistance and resilience in the face of grave injustices and the continuing legacy of colonialism.

Today, we are on the **ancestral and stolen** homelands of the Cayuse, Umatilla and Walla Walla, Stó:lō, Semiahmoo, W_SÁNEĆ, Kwantlen, Tsawwassen, and Katzie First Nations. We feel indebted to them for caring for this land.

For more information, visit <https://native-land.ca/> or text +1 (907) 312-5085.



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Our Vision

- A province with a network of community collaboratives that will strengthen partnerships within communities and enhance the CBSS sector's ability to effectively support seniors
- Our vision will require agencies to work collaboratively together and with partners, to support seniors in their community
- To enhance the ability of CBSS to meet the holistic needs of seniors, through expanded access to services and improved referrals and coordination with other sectors.
- Through the community collaboratives, seniors have access to an expanded basket of services through Better at Home that will support them to stay socially connected, have access to nutritious food, engage in physical activity, and be connected with the services and information they require



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Our Vision

- Supplemental funding will be made available for social meals, transportation, volunteer supports and enhanced housekeeping - to address innovation areas and system gaps that have been identified. The community collaboratives will also include a new Community Connector (CC) role that will provide seniors with coordinated access to programs and services and facilitate referrals to and from the health care system.
- Addressing loneliness and fostering social connections will be a core function of Better at Home and Healthy Aging
- Invest in capacity-building within the sector. Agencies will have access to UWBC staff support and resources to support building collaborations within community; training, learning, and quality assurance; and volunteer supports.



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Our Journey: How and why are we here

- We have engaged with CBSS agencies through regional consultations, provincial summits and communities of practices and have heard what's working, where we need to do better
- We looked at what is happening in other parts of the Country, looked at evidence-based literature and considered learnings from the work here in BC such as BH evaluations, the What we Heard Report and learnings from the SSSC initiative and the 3 demonstration projects: TAPS, Social Prescribing and Family and Friends Caregiver Support Programs
- We need to address the increasing demand for CBSS programs & services and the increasing number of older adults who are frail/pre-frail and/or have co-vulnerabilities which are requiring CBSS services



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Our Journey: How and why are we here

- We need to work closer with one another as well as our partners in local government, in health and in surrounding communities
- In service to enhancing our Learning & Quality Assurance we need to ensure UWBC and our partners are accountable for the use of public funds
- Many agencies may require learning and capacity building support; we are aiming to enhance the CBSS's role in ensuring high quality and impactful programming.
- To re-imagine our target population and ensure social connection is at the core of what we do (including BH)



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Journey to Vision

Three key messages that we have consistently heard from partners in the sector are the need to:

1. Using social determinants of health as a framework, enhance/increase seniors' access to community-based services to support aging in place at home in the community;
2. Increase the capacity of the CBSS sector; and
3. Strengthen collaboration within communities, the CBSS sector, with municipalities and the health system.

The revised service and program design aims to address these priorities and transform the ways we support seniors living in our communities.



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Who are we serving?

- Focus on the delivery of services to vulnerable seniors, while at the same time respecting the need to provide agencies with flexibility to ensure they are meeting the unique needs of their community.
- Serving community-dwelling seniors living in BC,
- Agencies will be asked to prioritize the delivery of services to vulnerable seniors. Vulnerable seniors are defined as seniors who are experiencing two or more of the following vulnerabilities:
 - Low- or modest-income
 - Socially isolated / Lonely
 - Low to moderate frailty
 - Member of an underserved population, including immigrant and ethnocultural minority seniors, Indigenous elders, caregivers, 2SLGBTQIA+ seniors, and persons living with a disability



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The New Healthy Aging Service and Program Design



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Better at HomeMoving Forward

Expanded Basket of Services

- Value and uphold social connection
- Focused on frailty prevention
- Embed nutrition as a social component of programming
- Offer information & referral at the core

Existing basket of services:

- Friendly visiting
- Light housekeeping
- Light yardwork
- Minor home repairs
- Snow shoveling
- Grocery shopping
- Prepared meal delivery
- Prescription pickup/drop-off
- Transportation to appointments

Additional services in the basket:

- Information & referral
- Peer support
- Transportation to non-medical appointments
- Expanded group activities
- Social meals

Additional services a member of the collaborative can apply for through their application:

- Expanded Light Housekeeping
- Food for social meals
- Volunteer infrastructure support & training
- Transportation innovation



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Food Supports

- We have consistently heard from community about the need for more food supports for community-dwelling seniors.
- Grocery shopping has been a core Better at Home service since the program's inception, and more recently during the COVID-19 pandemic many programs expanded to also provide prepared meal delivery.
- Food support is being incorporated as a strategy to increase social connections and prevent loneliness. Under the new Better at Home model, social meals (i.e., provision of food in social settings to increase social connection) will now be available for agencies to offer in their basket of services.
- Investments will be prioritized for communities with the highest need (i.e. where there are no/limited existing programs to support meal provision in a social setting)



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Volunteer Strategy & Support

- There is a critical need for enhanced supports to address challenges throughout the volunteer lifecycle (i.e., volunteer recruitment, training and retention).
- We have also heard from agencies about the desire for standardized trainings and tools that can be adapted by agencies for use at the local level.
- UWBC will be increasing its capacity to support the CBSS volunteer landscape and will also support communities where there are significant volunteer lifecycle challenges.
- UWBC will provide support on recruitment & retention initiatives as well as general and subject matter training.



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Volunteer Strategy & Support

- UWBC will be providing resources, templates, and general guidelines for volunteering programs; offering subject matter expertise trainings specific to the CBSS sector (e.g., identifying elder abuse, how to interact with people living with dementia, safety in client homes); and developing strategies to support the recruitment of high impact volunteers.
- Supplemental funding will support regional/community volunteer coordinators who will work on the ground with local CBSS agencies and be the liaison with the UWBC Provincial Lead. This will require deep collaboration to maximize coverage
- Stabilization of the CBSS volunteer force is a critical success factor in the implementation of the Healthy Aging services



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Transportation

- Transportation has been consistently recognized as a gap in the current services available to support seniors to age in place and remain active in their communities.
- Agencies will continue to be able to offer transportation services (both medical and non-medical) through Better at Home. In addition, access to transportation services will be enhanced through additional funding that agencies can apply for to supplement the resources they receive through Better at Home.
- While the funding may not be sufficient to use for capital purchases (e.g., purchasing a bus), it can be used for expenses such as volunteer honorariums, gas costs, etc.
- Innovative ideas in transportation are encouraged.
- The transportation funding will be prioritized for communities where there are transportation deserts.



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Light Housekeeping (Expanded)

- To be implemented April 1, 2024
- Focus on Housekeeping with social support – an opportunity to get to know the older person
- Early intervention/identification through provision of HK services
- Meaningful and impactful service delivery (i.e., twice a month for 2 hours as a minimum)
- Additional funding for limited number of innovative approaches on April 1, 2024



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Community Connectors

- At the heart of the new redesign is the introduction of a new role, the *Community Connector* (CC). The concept of the CC originated from the Social Prescribing demonstration project that is being implemented with 19 agencies across BC
- The purpose of the CC role is to support seniors by connecting them with needed resources in the community, and when appropriate facilitate referrals to and from the health care system. In addition to supporting individual seniors, the CC also plays a role in building networks within their communities and strengthening relationships between the CBSS sector – including Healthy Aging funded programs, the health care system and local government services.



Community Connectors

- We anticipate the network of CCs will ensure provincial coverage. Each CC will be embedded in, and employed by, an agency in the community. The agency the CC is employed in may be the Better at Home agency in the area or could be another appropriate agency in the community.
- This role will be phased in starting in communities where there is existing commitments in the CBSS sector and the local health system and will roll out throughout the province in cohorts.



Therapeutic Activation Program for Seniors (TAPS)

Currently 15 TAPS programs operating across BC

- A structured program that provides group activities (e.g., light exercise, shared learning opportunities, and wholesome meals accompanied by enriching conversations) in a supportive and inclusive environment. The program aims to provide therapeutic and captivating experiences for seniors, particularly those facing physical, cognitive, or emotional challenges who can no longer access community resources or build social connections on their own.

Family and Friend Caregivers Support (FFCS)

Currently 16 FFCG programs operating across BC

- Supports caregivers who provide unpaid care to older adults living in the community. FFCG programs provides caregivers, and particularly those with complex challenges with access to one-to-one support, group activities, educational materials and assistance to enhance caregivers' skills and foster a sense of confidence and well-being in their caregiving roles.
- Due to the distinct target audiences and service delivery models of TAPS and FFCG, these programs will continue to operate as independent programs



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Operational Requirements



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Community Readiness and Application Process

- Roll out of the new model will be a phased approach
- Community collaboration will be integral to the success of this model
- **Phase 1 – April 1, 2024:**
 - Provincial roll out of Better at Home
 - Option to apply for additional funding for:
 - Enhanced housekeeping
 - Food for social meals
 - Volunteer supports
 - Transportation
- Optional funding applications, as above, will require applicants to work in partnership and collaboration with other CBSS agencies in their community



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Community Readiness and Application Process

- **Phase 2:**
 - Roll out of Community Connectors – staggered across communities. First cohort to start in April 2024, second cohort to start April 2025 and the third cohort (if needed) April 2026.
 - Communities will be selected based on having a high level of readiness:
 - Identification of lead applicant
 - Demonstration of collaboration among CBSS organizations
 - Effective partnerships in place with local health system
 - Effective partnerships with local government(s)
 - Agencies will need to work collaboratively to identify who will apply for the CC (may or may not be the local BH agency)



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Learning and Quality Assurance (LQA)

- Goals:
 - To support agencies to build capacity to enhance the effectiveness of their programming
 - Ensure that public dollars are being well-utilized.
- UWBC will make additional investments to enhance capacity and ensure the impact, efficiency and accountability of HA-funded services/programs.
- Focus on learning systems - systems in which data, evidence, and experience are continuously being collected and integrated into practice in order to make improvements to the system. Learning systems share similarities with the developmental evaluation approaches that are currently being used by many agencies in the CBSS sector.
- Data collection and reporting will support information gathering and assessment of the model's impacts
- UWBC, in partnership with the Leadership Council, has established a LQA committee and is currently in the process of developing a LQA framework



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What do we mean by Collaboration?



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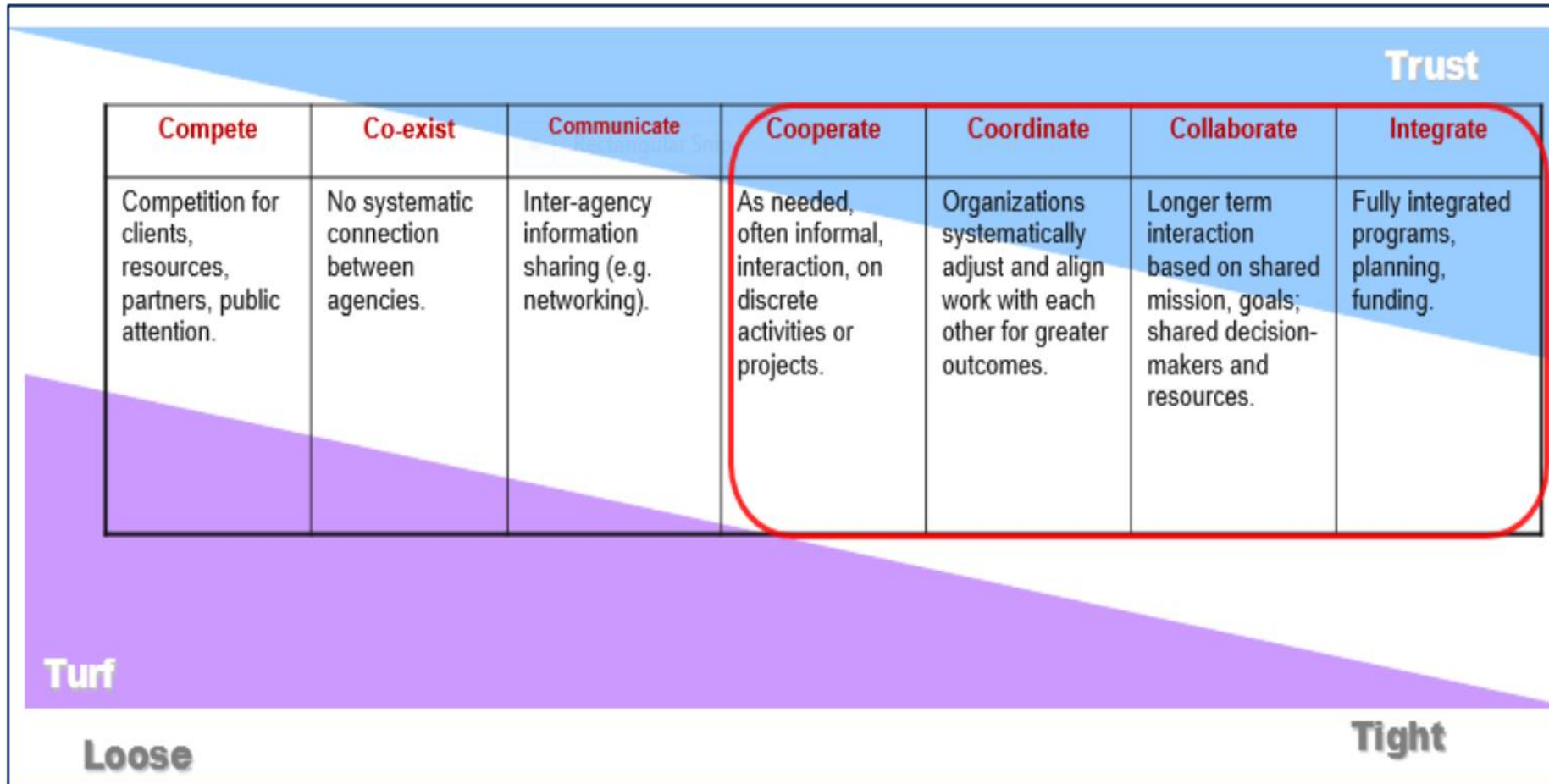
An Integrated Community

1. Strong community through active, functional committees/tables
2. Strong partnerships/collaborations between programs, agencies and CBSS sector
3. Strong working relationships with Health Authorities/Municipalities in region



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COLLABORATION CONTINUUM¹



IMMURING
Conducting activities without input from or exchange with other institutions



NETWORKING
Exchanging information for mutual benefit



COORDINATING
In addition, altering activities to achieve a common purpose



COOPERATING
In addition, sharing resources (e.g., staff, finances, space, instrumentation)



COLLABORATING
In addition, learning from each other to enhance each other's capacity



INTEGRATING
Completely merging operations, administrative structures, and budgets. The constituent parts are no longer discernable



8 factors to consider when working collaboratively

1. **Intent:** Do we agree on what we are trying to make happen?
2. **Interests & Values:** Do we share the same basic interests?
3. **Analysis:** Do our various analyses of what's going on with this issue complement one another, or compete in fundamental ways?
4. **Need:** Why should we work together? What are the benefits of working together?
5. **Contribution:** Can I contribute meaningfully to this work?
6. **Capability:** Are we up to meeting this challenge?
7. **Plans:** What would an effective, collaborative plan look like
8. **Commitment:** Are we all truly committed to making this happen?



Liz Weaver, TURF, TRUST, CO-CREATION AND COLLECTIVE IMPACT, Tamarack, p. 13



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Regional Information

Fraser Health

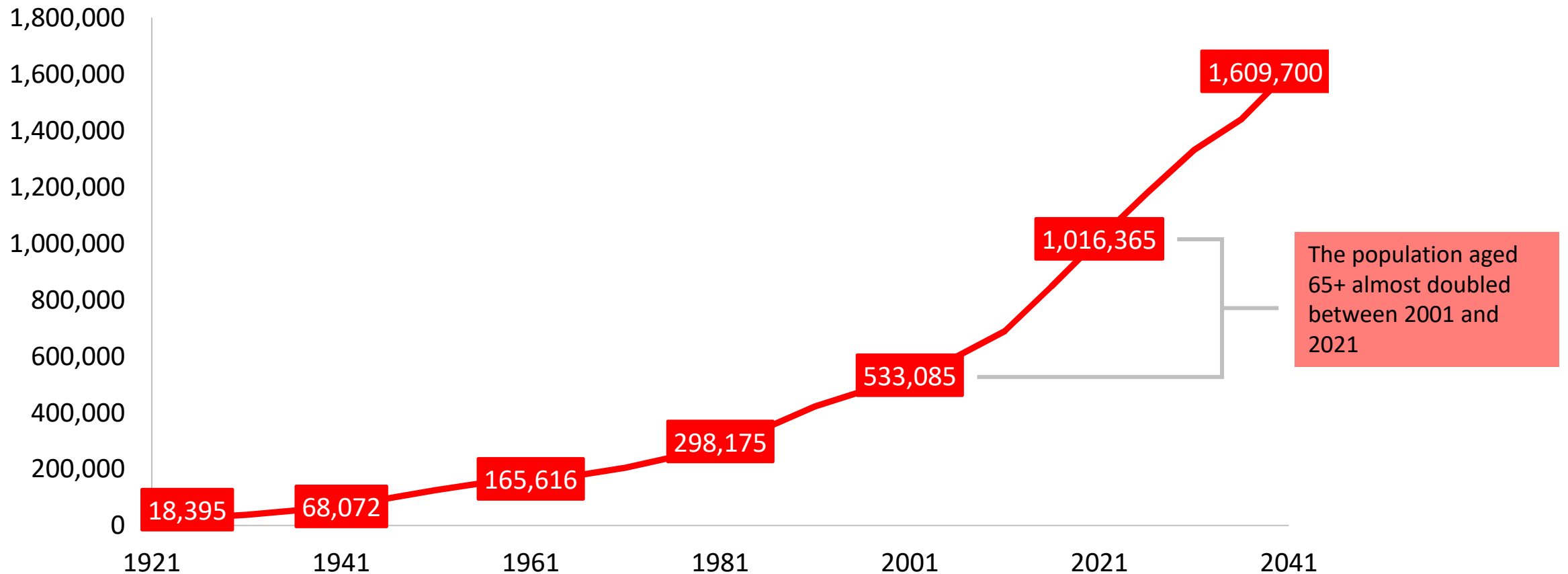


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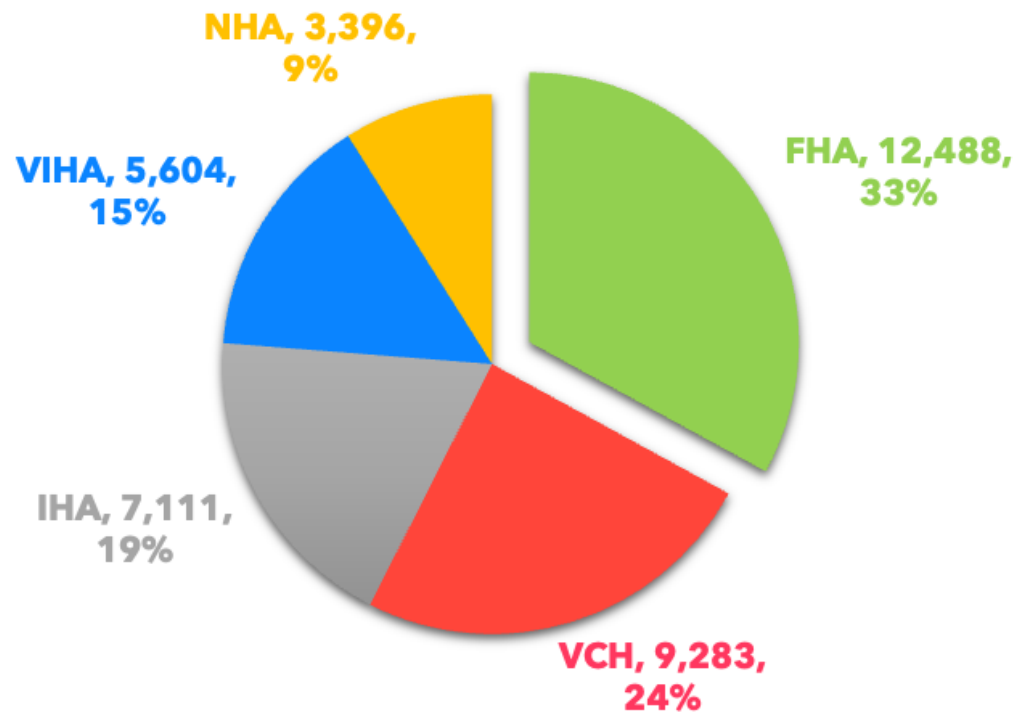
Past trends and future growth for British Columbia

Total population aged 65+, 1921-2041

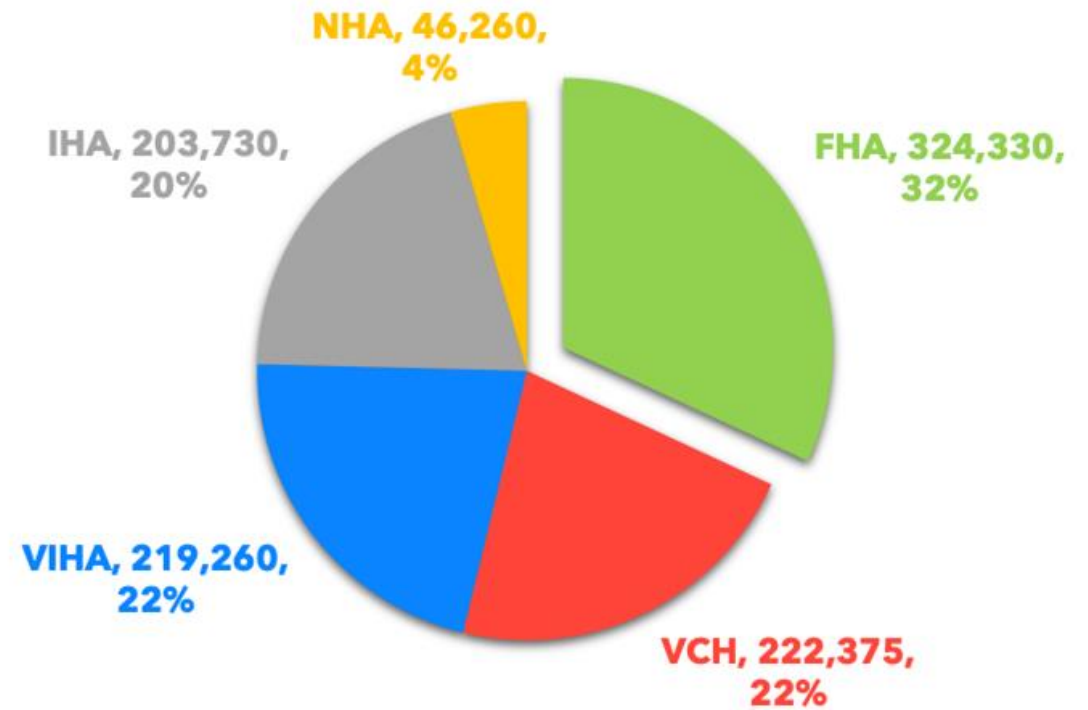


Breakdown by Health Authority

2022-23 Healthy Aging Participants



Population 65+ (2021 Census)

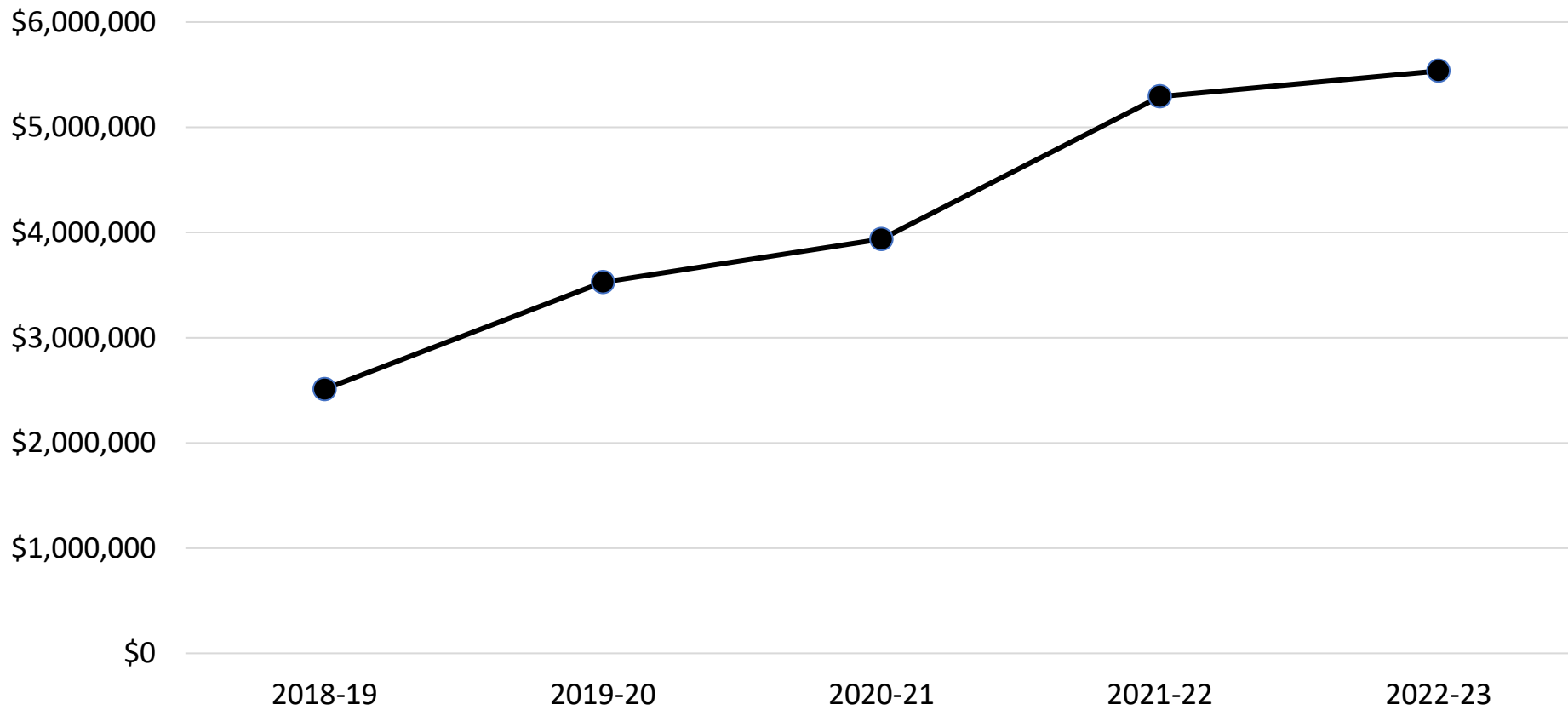


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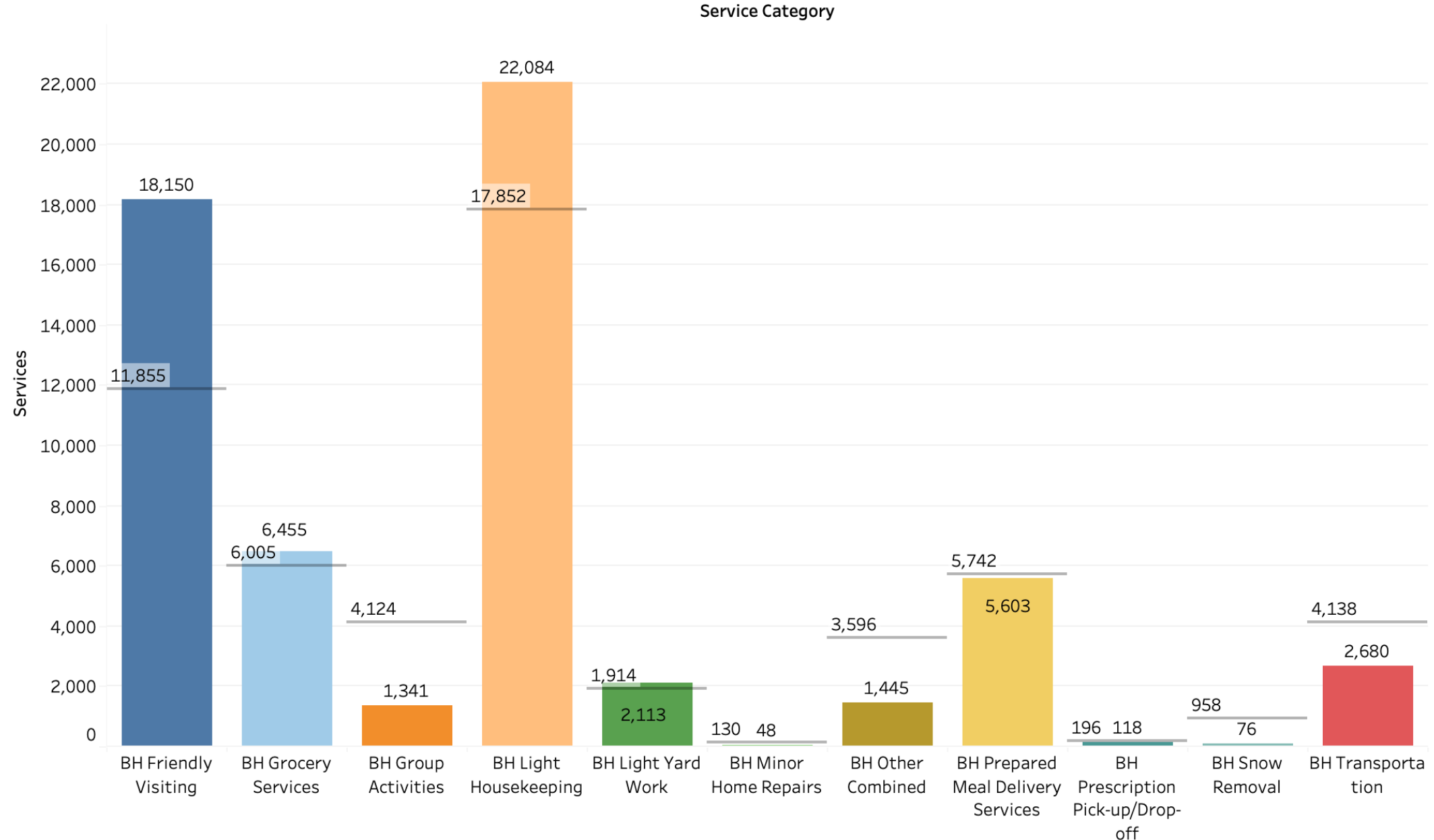
Healthy Aging Funding in the Fraser Health Authority

Amount Invested Each Year 2018 – 2023

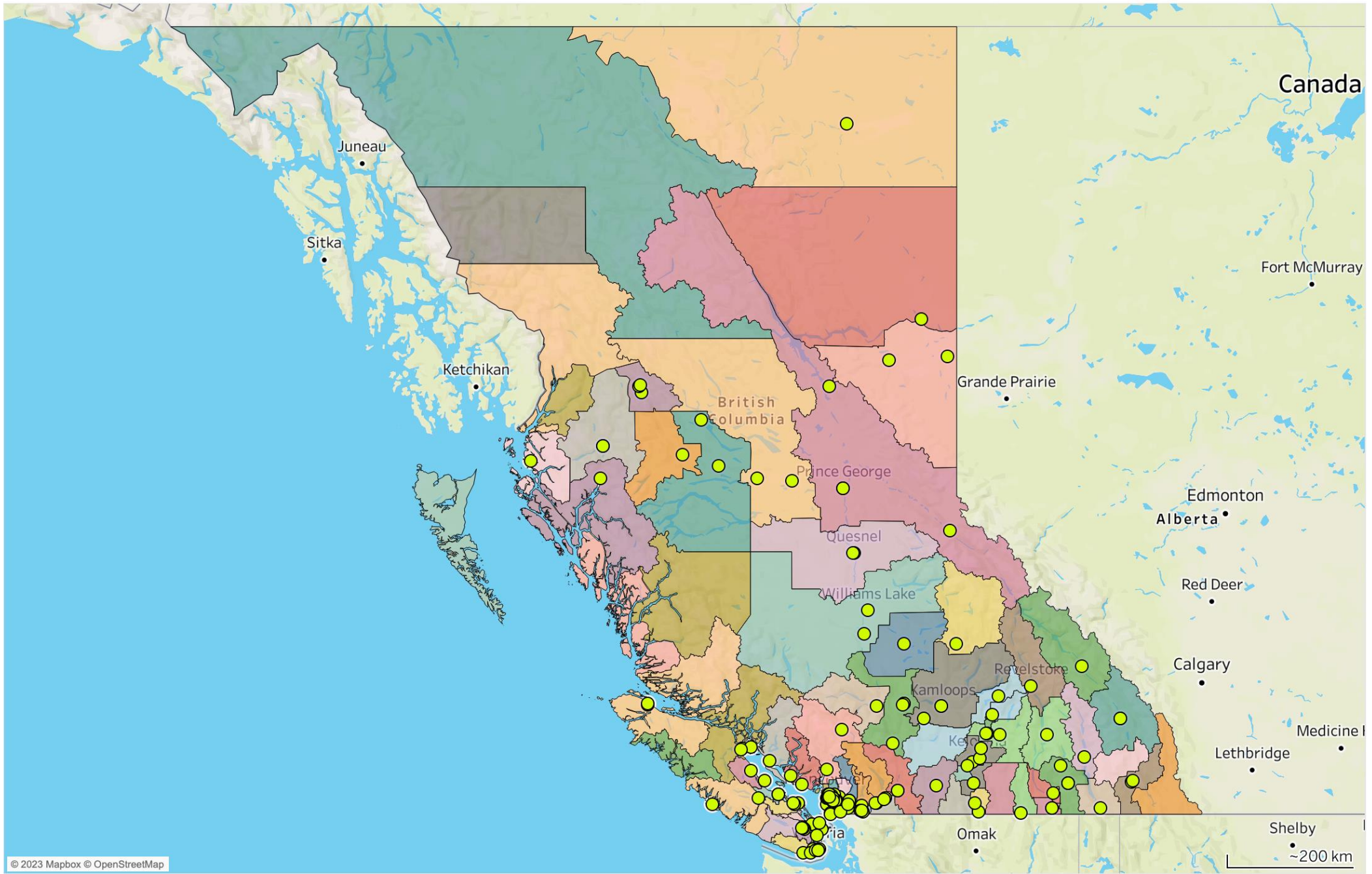


2022-23 Total Better at Home Services for the FHA

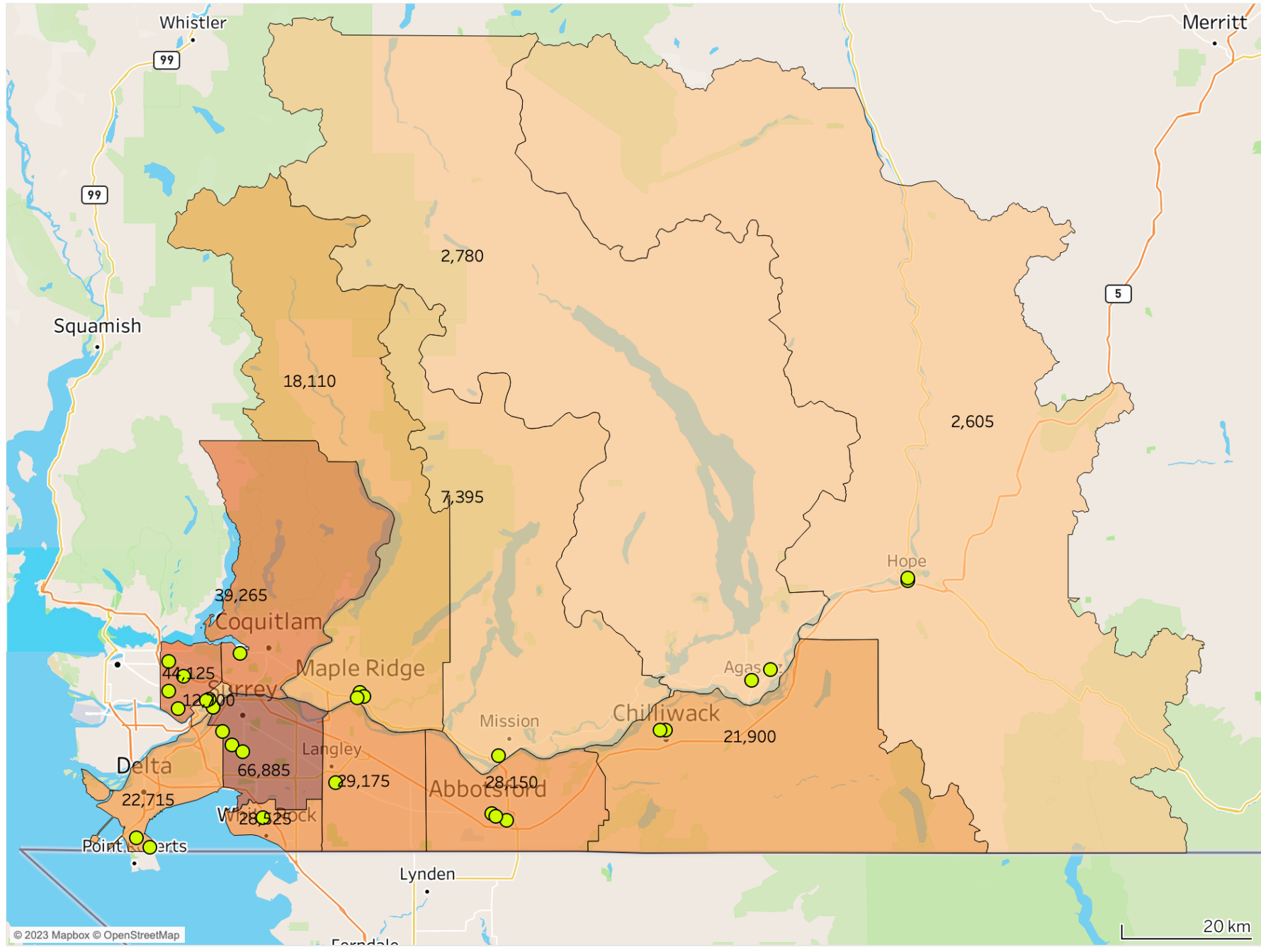
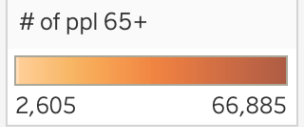
Reference Line - Average # of Services Across All 5 Health Authorities



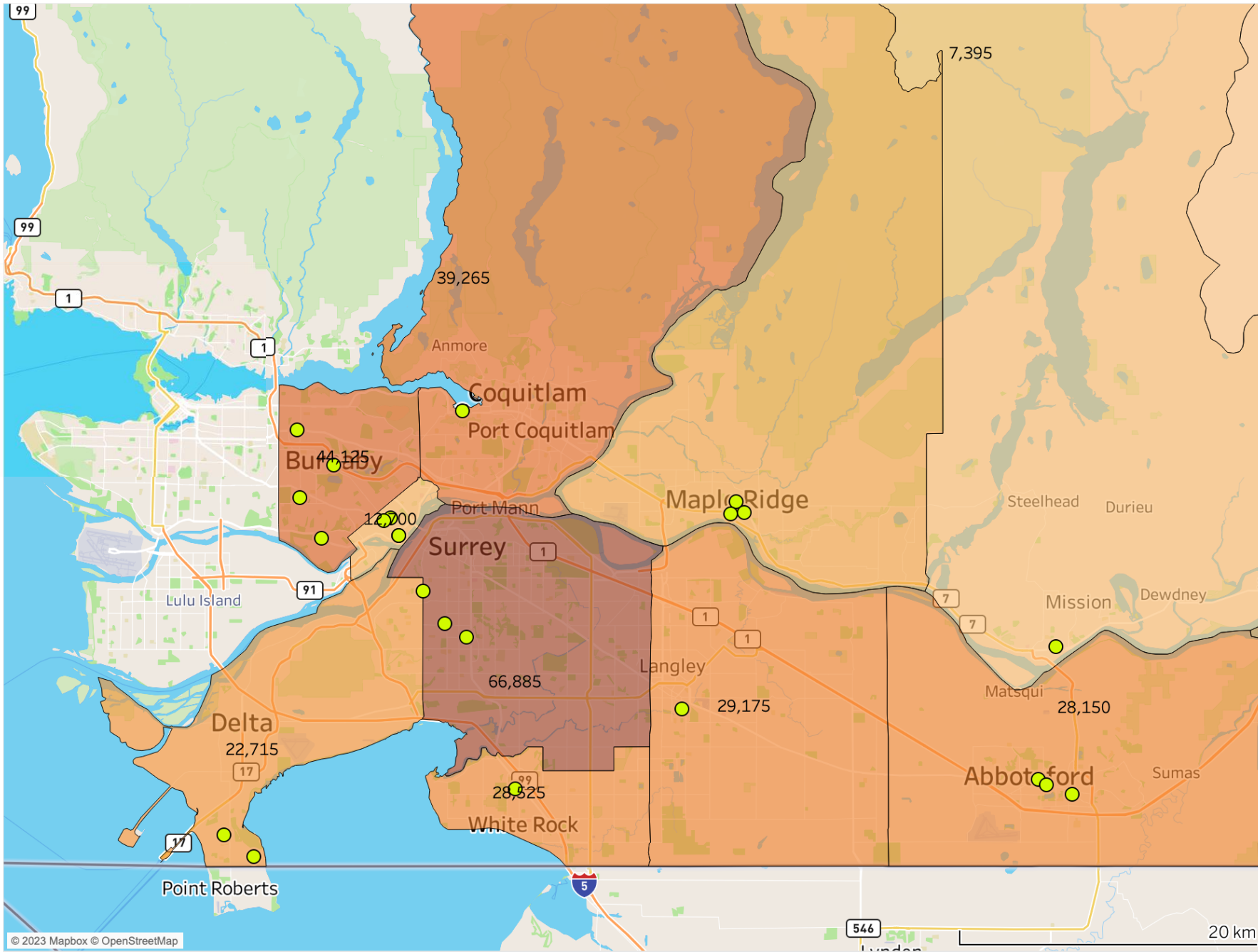
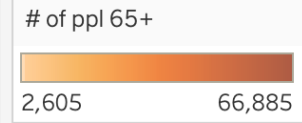
Map of Healthy Aging Agencies By Local Health Area (LHA)



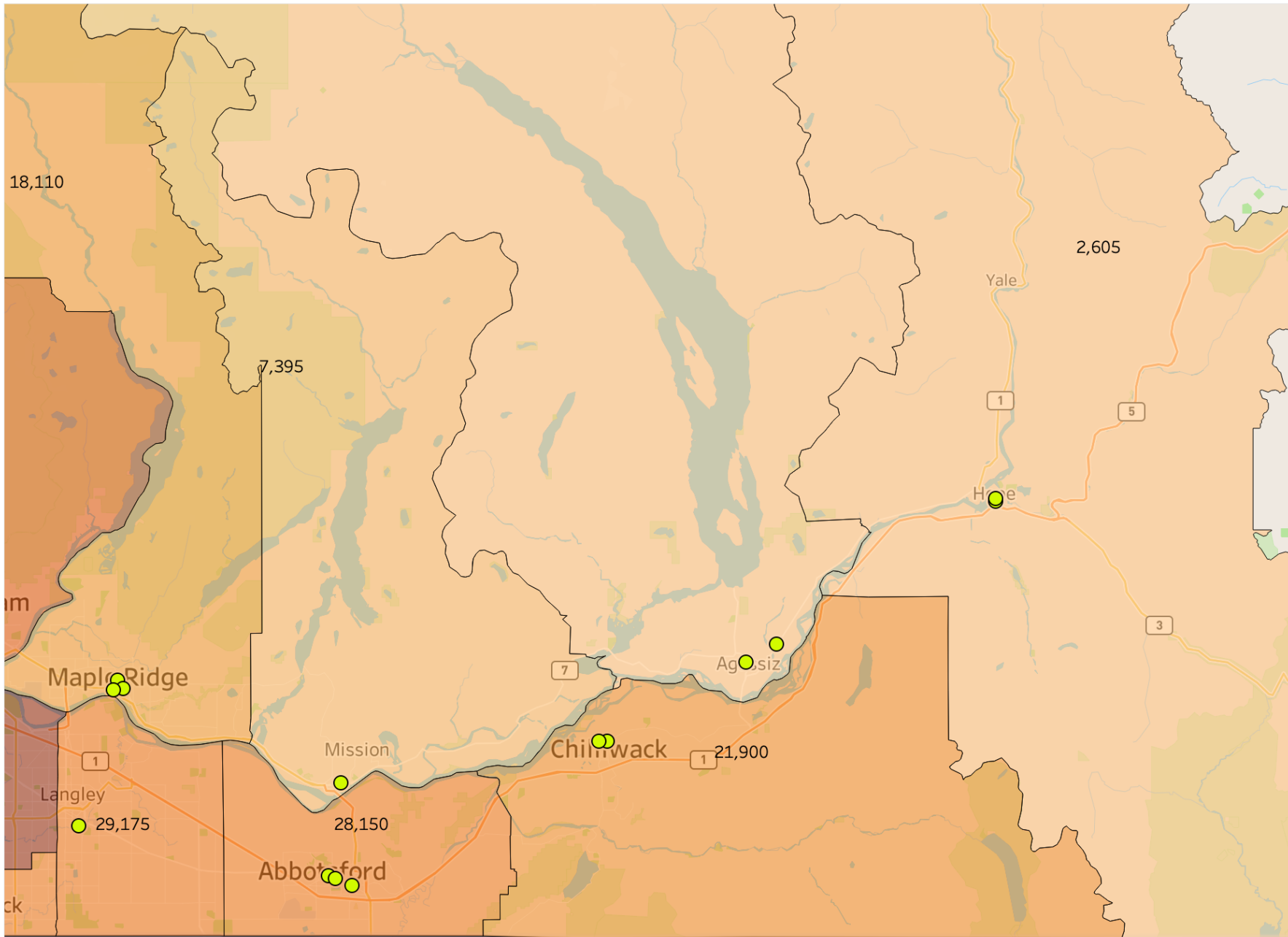
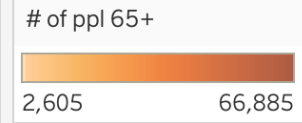
Healthy Aging Agencies with Pop65+ by Local Health Area (LHA) for FHA - 2021 Census Data



Healthy Aging Agencies with Pop65+ by Local Health Area (LHA) for FHA - 2021 Census Data



Healthy Aging Agencies with Pop65+ by Local Health Area (LHA) for FHA - 2021 Census Data



2022-24 Healthy Aging Funded Agencies by LHA - Fraser Health Authority

LHA	Organization Name	Granting Stream							
		AA+	BH	EPR	FFCS	MS	NPS	SP	TAPS
Abbotsford	Abbotsford Association for Healthy Aging	AA+			FFCS		NPS		
	Archway Community Services		BH	EPR				SP	
	Fraser Valley Brain Injury Association			EPR					
Agassiz/Harrison	Agassiz-Harrison Community Services		BH	EPR					
	Seabird Island Band		BH						
Burnaby	Burnaby Neighbourhood House	AA+		EPR					TAPS
	Burnaby Seniors Outreach Services Society				FFCS				
	City of Burnaby - Citizen Support Services		BH						
	MOSAIC			EPR				SP	
Chilliwack	Chilliwack & District Seniors' Resources Society			EPR			NPS		
	Chilliwack Community Services		BH					SP	
	Chilliwack Men's Shed					MS			
Delta	Deltassist Family & Community Services Society		BH						
	DRS Earthwise Society	AA+							
	KinVillage Association							SP	
Hope	Canyon Golden Agers Society			EPR					
	Hope Care Transit Society		BH						
	Yale First Nation			EPR					
Langley	Langley Senior Resources Society		BH	EPR					
	Men's Shed Langley					MS			
Maple Ridge/Pitt Meadows	CEED Centre Society					MS			
	Columbus Charities Association					MS			
	Maple Ridge/Pitt Meadows Community Services	AA+	BH	EPR			NPS	SP	
	Ridge Meadows Seniors Society				FFCS				
Mission	Mission Community Services Society		BH					SP	
New Westminster	Century House Association	AA+							
	Seniors Services Society of BC		BH	EPR					
South Surrey/White Rock	Brella Community Services Society	AA+	BH	EPR				SP	
Surrey	DIVERSEcity Community Resources Society	AA+	BH	EPR	FFCS		NPS	SP	TAPS
	Progressive Intercultural Community Services Society		BH						
Tri-Cities	Fraserside Community Services Society					MS			
	SHARE Family and Community Services Society		BH			MS		SP	

Granting Stream (Full Name)

- Active Aging Plus
- Better at Home
- EPR
- Family & Friend Caregivers
- Men's Sheds
- Navigation and Peer Support
- Social Prescribing
- TAPS

Breakout Groups:

1. **What resonates with you about what you just heard? (10 mins.)**
2. **Talking about collaboration:** What are the pros and cons of collaboration? What are indicators of success? How do you see this working in your region? What support would be required to ensure effective collaboration? **(20 mins.)**
3. **Deep dive into ‘Better, Better at Home’:** How do these enhancements feel? How do we ensure connectedness and social connection are at the core of this work? Where do BH boundaries end and health begins and vice versa? What’s still missing? **(20 mins.)**
4. **Bringing on Community Connectors:** How do you see this benefitting your community? How can we leverage this role to strengthen relationships with local health systems? What are the challenges you anticipate in your area? **(20 mins.)**
5. **The vision:** What ideas do you have to enhance the CBSS programs and ecosystem in your region? **(20 mins.)**



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Next Steps:

1. Complete series of consultations
2. Formulate what we heard from consultations
3. Further details on approach, collaboratives, and application process to come early December
4. Application to open in late Winter



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Final Information Session and Questions/Feedback

Remember to join us at the final Provincial Information Session:

Provincial Information Session - <i>What We Heard in Community</i>	Zoom (link to be sent post-event)	October 31, 2023	10:00AM - 11:00AM PST
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For Questions and Extra Feedback:

Fill out the form here

<https://tinyurl.com/uwbchafeedback>

Or scan QR code here

United Way BC Healthy Aging New
Program and Service Design -
Online Questions and Feedback



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On behalf of United Way BC Healthy Aging, the
Leadership Council, and the CBSS Sector...

Thank you!!



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