



United Way



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remain independent.

Better at Home is funded by the Government of British Columbia.

FINAL REPORT

BETTER AT HOME

COMOX VALLEY COMMUNITY CONSULTATION

April to June 2013



www.pacificwebsites.com

Prepared for The United Way of the Lower Mainland
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INTRODUCTION

1.1 The Better at Home Program

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

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

The Comox Valley has been identified as a potential *Better at Home* site. Local Community Developers, Jacqueline Kinney and Jody Macdonald, were contracted to assess community readiness, identify seniors' assets, needs and priorities in regards to the basket of services, and help identify a potential lead organization best suited in the community to deliver the *Better at Home* program.

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

1.2 Local community development approach & findings

Using an asset-based community development approach, the community developers identified and engaged existing community strengths. These strengths included: the skills in the community, the knowledge of local organizations, and the supportive functions of key stakeholders. The community developers engaged with the community with a focus on rediscovering and mobilizing assets.

1.3 Methodology and data sources

Community consultation occurred in three phases:

1. Community assessment and initial engagement with stakeholders and seniors
2. Capacity-building using appreciative inquiry model with key stakeholders
3. Community Forum and Key Stakeholders meetings

This multiphase approach allowed the community several avenues and opportunities for participating in the community development process.

Phase I: Community assessment and engagement with stakeholders and seniors

Community developers connected with 50 local agencies. Interviews were completed with 53 key stakeholders from 30 of the local agencies. Interviewees were often in leadership roles within their organizations and shared knowledge and insights on seniors home support needs and priorities. In addition to these interviews, eight services agencies completed an online survey.



A total of 205 seniors were consulted in the first phase. Four focus groups and five modified focus groups with seniors resulted in consultation with 178 seniors, family members, and caregivers (Table 1). Information on the *Better at Home* consultation process, input from local seniors, caregivers, and families on specific home support needs and priorities, and criteria for a strong lead organization was gathered during these sessions. Posters and advertisements in the community elicited engagement with 27 additional seniors: 5 telephone interviews; 15 e-mails / telephone messages identifying priority of services; 1 in-person interview with seniors or family members and 6 seniors completed an online survey.

Table 1: Focus group locations and number of participants

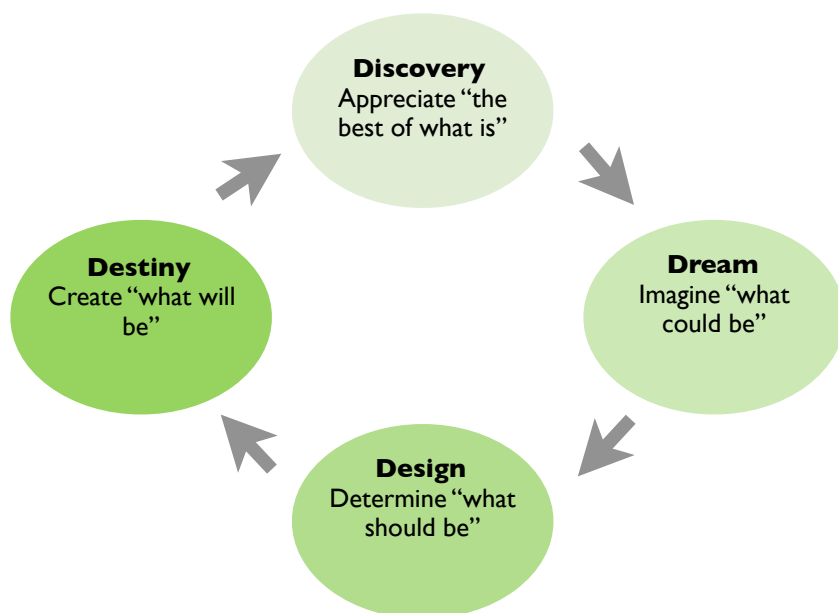
Focus Groups	Modified Focus Groups
Berwick n= 5	Evergreen Seniors Centre n = 83
United Church Women’s Group n = 16	Comox Seniors Centre n = 19
Kiwanis Village n = 15	
Wachaiy Friendship Centre n = 40	

Phase 2: Capacity-building appreciative inquiry with key stakeholders

After initial consultation, interested potential lead agencies were invited to an agency collaboration meeting. Following an appreciative inquiry model (Figure 1) the objectives of this meeting were to:

1. Present preliminary findings from Phase 1 consultation with seniors
2. Share what was working well at each non-profit agency with respect to existing services for seniors and examples of successful partnerships/collaborations (Discover),
3. Brainstorm what would or could work well for the delivery of *Better at Home* (Dream).

Figure 1: The appreciative inquiry model



Nine participants from the five agencies attended this initial meeting:

- Canadian Red Cross
- Comox Valley Family Services Association
- Comox Valley Boys and Girls Club
- Wachiay Friendship Centre
- Hornby & Denman Community Health Care Society.

In addition, three local businesses, Nurse Next Door, OmniCare and Services for Seniors Under One Roof, expressed interest in participating in the delivery of the *Better at Home* services and were invited to a meeting to further explore their current capacities as potential contractors for the future delivery of *Better at Home* services where volunteers were not available.

Phase 3: Community Forum and Key Stakeholders Meeting

A community forum held on May 27, 2013 at the Comox Recreation Centre presented findings on the *Better at Home* consultation process in the Comox Valley and provided a final opportunity for seniors, service providers, and stakeholders to contribute to the process. There were 35 participants who attended the Community Forum: 15 seniors and 20 non-seniors. The community was fairly represented by the attendees with individuals from: Local services providers (n=3), Community agencies (n=13); Local government, (n=2), Health Care (n=5), and Church/Faith based organizations (n=1).



Findings from the community engagement phase were presented. Additional information was gathered through two small facilitated group discussions:

1. Prioritization of services for seniors in the Comox Valley
2. Criteria for a strong lead agency to deliver the *Better at Home* program.

The information gathered during the first phase of the project was validated at the community forum: the priority of services identified during the community forum matched the Phase I results. Lead agency criteria also matched Phase I findings and included a few new criteria that were integrated into the criteria for the key stakeholders meeting.

The key stakeholders meeting was held on May 28, 2013 at the Crown Isle Boardroom and was attended by the two community developers plus the following agencies:

- United Way of the Lower Mainland (n=1)
- Canadian Red Cross (n=2)
- Hornby and Denman Community Health Care Society (n=3)
- Wachiay Friendship Centre (n=1)
- St. Joe's Seniors Health Team (n=3),
- VIHA Home and Community Care (n=1).

Using a similar approach to the initial phase capacity-building meeting, described in Phase I, an appreciative inquiry approach (Figure 1 page 6) was used to facilitate the decision-making process during the key stakeholders meeting. Agencies were invited to present their visions as to how their agency matches the community-identified criteria (Dream) and discuss how they envision their agency successfully delivering the *Better at Home* program in the Comox Valley (Design). Facilitated round table discussion and questions to agencies from the key stakeholders resulted in all agencies present supporting Hornby & Denman Community Health Care Society as the agency with the most capacity to successfully deliver *Better at Home* in the Comox Valley.

COMMUNITY PROFILE

2.1 Description of the local seniors population

The Comox Valley

The Comox Valley is an amalgamation of several communities located halfway up the east coast of Vancouver Island. The City of Courtenay and the Town of Comox are the two predominant communities that provide significant population and services to the area. The area is home to the K'ómoks First Nation. The Courtenay Local Health Area (071) includes the rural areas north to Black Creek and south to Fanny Bay as well as Hornby and Denman Islands. (Map 1: Courtenay Local Health Area 071).

Map 1: The Comox Valley



The K'ómoks First Nation are historically a Coast Salish people that have since integrated into Kwakwaka'wakw society. They are a member government of the Kwakiutl District Council. Kwakiutl District Council Health (KDC Health) provides preventative and health promotion services. At the K'ómoks Health Centre, educational and awareness information as well as healthy lifestyle resources are available. Services are available to on-reserve members of the K'ómoks First Nation. The K'ómoks First Nation is an important contributor to the Comox Valley. The K'ómoks First Nation is involved in numerous arts and cultural events as well as commercial activities in the area including: I-Hos Gallery, Queneesh Development, Puntledge RV Campground, Pentaltch Seafoods, and K'ómoks Forestry Company.

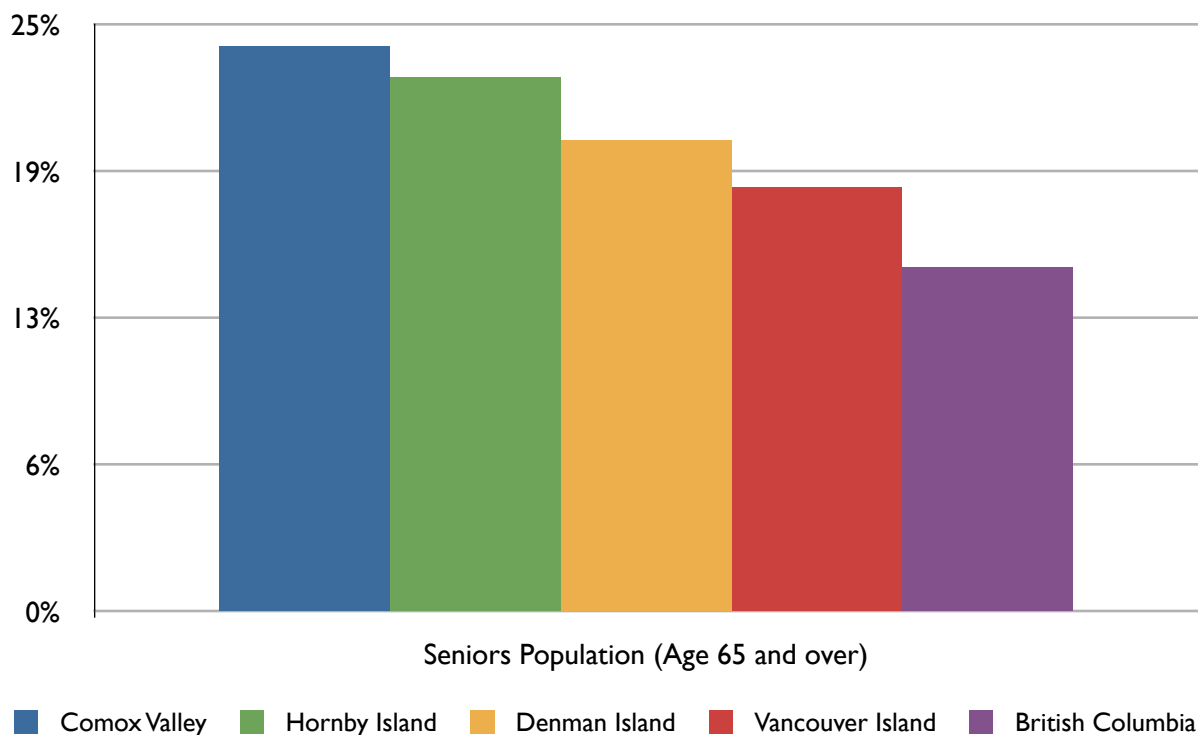
Transportation

There are more than 10 bus routes serving the Comox Valley, as well as a HandyDART system. BC Ferries provides service from Fanny Bay to Denman and Hornby Islands (LHA 71, 2011).

Demographics: Seniors in the community

The population of the Comox Valley is aging. This is due to natural aging dynamics as well as the areas popularity with retirees (CVRGS, 2010). However, the population has increased faster in the Comox Valley than the province as a whole, with the median age increasing by 11 years over the past 20 years, compared with the provincial increase of just 7.2 years (CVRGS, 2010). Seniors make up 24.1% of the total population in the Comox Valley (Figure 1) (Comox Valley Statistical Profile, 2011; Statistics Canada, 2012).

Chart 1: Percentage of the population that are seniors (age 65 and over) in the Comox Valley



The very senior population, those seniors 80 years and over is, expected to increase from 4.7% to 7.4% in 2031 (CVRGS, 2010). This will have significant impacts on the services that are required by seniors, such as housing, transportation, and community services.

Chart 2: Increasing Aging Population Projections 2008 to 2031 in the Comox Valley

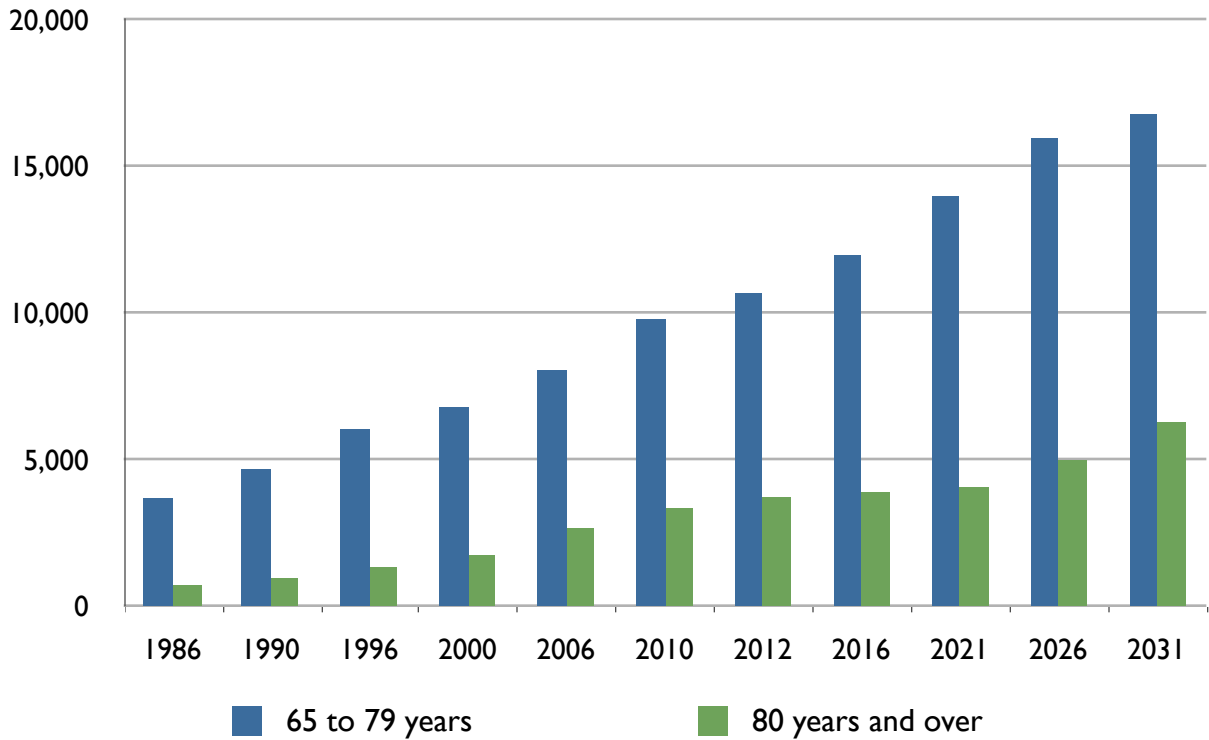
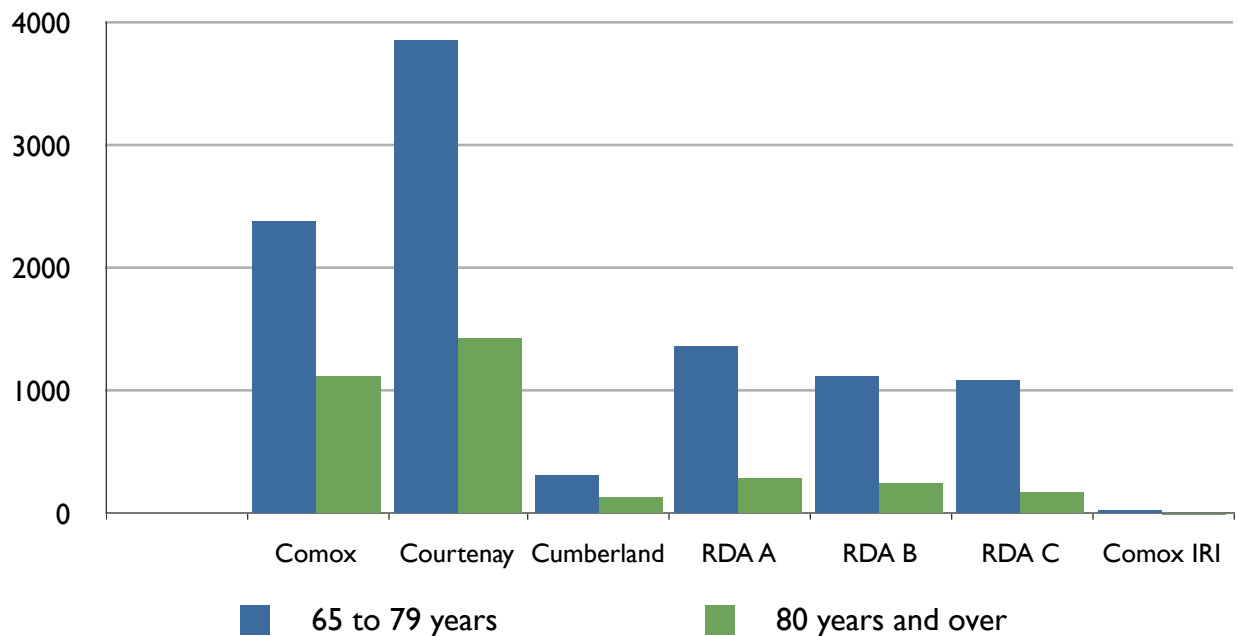


Chart 3: Comox Valley municipalities and regional district areas population by age



Diversity, ethnicity & language in the community

Diversity refers to a simple description of where people come from and what their ethnic origins are (Comox Valley, 2009). In the Comox Valley, 87% of the population is Canadian-born and 3% of the population can be defined as a visible minority (Statistics Canada, 2006). The Aboriginal population in the Comox Valley has remained relatively constant with most recent statistics showing it to be 7.2% (Comox Valley, 2009). In the Comox Valley, 98.2% of the population speaks only English most often at home, 0.5% speaks only French, and 0.8% speak only a non-official language (Statistics Canada, 2012).

Income

Recent statistics show that 9.0% of seniors in the Comox Valley are low income¹ compared to 14.7% in British Columbia as a whole (LHA 71, 2011). In the Comox Valley, 0.7% of OAS recipients received the maximum government income support, compared to 3.1% of the recipients in BC as a whole (BC Stats, 2011). The elderly can be among society's most vulnerable and can be significantly affected by low income and poverty.

Living arrangements & Isolation

In the Comox Valley, 27.8% of persons aged 65 years and over are living alone (LHA 71, 2011). Housing needs change as people age due to health issues, changes in household composition and financial situations. An aging population requires a range of housing forms, models of supportive services, and community planning to respond to the needs of seniors and to enhance quality of life. Seniors can live longer, healthier lives by living in their own homes, staying connected to the community, staying physically active, and eating well. Despite this, barriers to aging well exist: age, gender, culture, education, mobility, income, isolation, and ageism can reduce the ability for some seniors to access services and information.

Housing profile

Courtenay has been ranked as the fourth fastest growing community in British Columbia, a 14.47% increase since 2001 (Quality of Life report Comox Valley, 2009). A consequence of this growth has been increasing housing prices and higher rates of homelessness and "near homelessness". Rental vacancy rates in the area are low and high demand and limited availability result in increasingly unaffordable rents (Quality of Life report, 2009).

¹ Low Income Seniors are defined as persons 65 years of age and over that were below the Statistics Canada Low Income Cut-off point before tax.

A seniors' housing survey conducted by Canadian Mortgage and Housing Corporation (CMHC) indicated that the average rent for standard spaces on Vancouver Island ranged from: bachelor unit (\$2177), 1 bedroom unit (\$2560), to 2 bedroom or den (\$3,069 to \$3,565).

The survey targeted private and non-profit residences where the majority of residents were over 65 years of age, and had access to services such as laundry, meals, or housekeeping (CMHC, 2008). Vancouver Island's vacancy rate is low for independent living seniors' residences. The Comox Valley reported a vacancy rate of zero in 2007 (CMHC, 2008). Table 1 lists the non-market housing options for seniors and the number of units in each development.

Table 1 Non-market housing for seniors (and persons with disabilities)in the Comox Valley

Name	Location	Number of Units
D'esterre Gardens	Comox	16
Quara Gardens	Comox	28
Kiwanis Village	Courtenay	62
Laketrail	Courtenay	5
Centennial Place	Cumberland	15
Union Square	Cumberland	28
Total Number of Units		149

2.2 Summary of the community assets

“Community assets include both stakeholders (a person, group, and organizations with investments in senior’s health and wellbeing) and services (non-medical and medical support services and programs available for seniors that help them live longer in their own homes and remain engaged in the community).”

Better at Home, United Way of the Lower Mainland

The Comox Valley has a variety of both medical and non-medical support services for seniors. In order for the community assets to be accessible to seniors, there is a need for co-ordination and navigation of these services. A comprehensive list of the community assets can be found in Appendix A.

Non-Profit Seniors Support Services:

The Hornby & Denman Community Health Care Society offers services for island seniors to remain in their own homes and communities as they age or recover from illness or injury through the Home Assist and Home Support Programs. Other non-profit organizations that have services within the basket of services offered by the Better at Home program include:

- Wheels to Wellness
- Comox Valley Senior Peer Counselling
- Salvation Army Family Services
- Wachiay Friendship Centre
- Local churches and faith-based organizations

The services offered by these agencies were identified throughout the consultation process and are summarized in Table 2.

Table 2: Non-profit seniors support services community assets

NON-PROFIT / GOVERNMENT COMMUNITY ASSETS	BETTER AT HOME SERVICES						
	Transportation to appointments	Simple Home Repair	Light Housework	Groceries	Friendly Visiting	Snow Removal	Light Yard Work
BC Transit / HandyDART	✓						
Churches / Places of Worship					✓		
Hornby & Denman Community Health Care Society	✓	✓	✓	✓	✓	✓	✓
Salvation Army Emergency Help	✓						
Senior Peer Counselling Society					✓		
Wachiay Friendship Centre	✓			✓	✓		
Wheels for Wellness Society	✓						

Public and Private Seniors Support Services:

Publicly funded community assets for seniors to remain independent in their own homes include:

- VIHA Home and Community Care
- BC Transit and HandyDART
- Meals on Wheels
- VIHA Seniors Health Team
- Hornby & Denman Island Home Support program (funded in cooperation with VIHA)
- GlacierView Lodge Adult Day Program for caregiver respite.

To meet the increasing demands for these services and sometimes limited access due to waiting lists and/or ineligibility, a number of private agencies offer services. Private services identified throughout the consultation process that align with the *Better at Home* basket of services are summarized in Table 3.

Table 3: Public and private seniors support services community assets

PRIVATE COMMUNITY ASSETS	BETTER AT HOME SERVICES						
	Transportation to appointments	Simple Home Repair	Light Housework	Groceries	Friendly Visiting	Snow Removal	Light Yard Work
A Little Lift	✓		✓	✓	✓		
Ask Andrea	✓			✓			
Caring for You Today	✓	✓	✓	✓	✓	✓	✓
Commute with Care	✓						
Driving Miss Daisy	✓			✓			
Grocery Delivery Services (Thrifty's and Quality Foods)				✓			
Karen's Care for Seniors and their Caregivers	✓		✓	✓	✓		
Nurse Next Door	✓		✓	✓	✓		
OmniCare	✓		✓	✓	✓		
Seniors Services Under One Roof	✓	✓	✓	✓	✓	✓	
Taxi Services	✓						
WeCare	✓		✓	✓	✓		

2.3 Seniors needs related to non-medical home support services

Better at Home provides non-medical support services to help seniors remain independent, living in their own homes longer and connected to the community. Through the community engagement process, priorities for services were established. While many seniors, caregivers, and family members in the Comox Valley agreed that all the services were important, when asked to prioritize, key services were identified. Table 4, below, outlines the *Better at Home* services, as prioritized by community members and stakeholders in the Comox Valley. Through the community engagement process, participants were able to specify what services were most important as well as to provide details about how the service could be tailored to be the most helpful. These details, where provided, are outlined on the right hand column of Table 4

Table 4: Priority Services in the Comox Valley

<p>1. Transportation</p>	<ul style="list-style-type: none"> • Seniors were clear it is important to have access to transportation for appointments but that transportation services to recreational facilities and social engagements were also needed. Specific requests for transportation included: to go for an ice cream, to go to the swimming pool, or to enjoy the many outdoor recreational spaces in the Comox Valley • Transportation to the grocery store so seniors could do their own grocery shopping was frequently heard as an important service
<p>2. Housekeeping</p>	<ul style="list-style-type: none"> • Laundry and linens included in housekeeping services as well as stripping bed linens and making beds. • Heavy cleaning such as fridges, windows, and walls
<p>3. Yard Work</p>	<ul style="list-style-type: none"> • Assistance with starting vegetable gardens in the spring and harvesting in the fall. Tilling and planting seeds. • Chopping and bringing in firewood
<p>4. Home Repair</p>	<ul style="list-style-type: none"> • Assistance with tasks such as hanging pictures and installing curtains and blinds
<p>5. Friendly Visiting</p>	<ul style="list-style-type: none"> • Daily check-in service
<p>6. Snow Shoveling</p>	
<p>7. Grocery Shopping</p>	

2.4 Suggested opportunities for service integration/coordination

1. Accessing isolated, vulnerable and at risk seniors

Coordination of services with local organizations and agencies will assist in bringing the *Better at Home* program to the seniors who would benefit most from the services. Coordination with the Wachiay Friendship Centre will enhance the programs ability to provide services to the urban Aboriginal population in the Comox Valley. Coordination and collaboration with VIHA Seniors Health Team and VIHA Home & Community Care will increase the capacity of *Better at Home* to reach isolated, vulnerable, and at risk seniors.

2. Volunteer services

Ongoing communication with The Evergreen Seniors Centre and the Comox Seniors Centre as well as Valley Links, the Comox Valley's volunteer directory can assist in developing and sustaining a strong volunteer base.

3. Potential partnerships for service delivery

Partnerships with existing organizations will ensure that *Better at Home* in the Comox Valley can deliver the widest range of services to a broader spectrum of the population. Coordinating the services of Senior Peer Counseling with *Better at Home* may assist in providing friendly visiting services. Wheels for Wellness provides longer distance transportation services to medical appointments.

4. Collaboration between non-profit and private service providers

There are numerous local private service providers in the Comox Valley that have expressed an interest in providing services in cooperation with *Better at Home* (Appendix A).

5. Wheels TO Meals: coordination of transportation

Access to nutritious, fresh meals was often expressed as a needed service. While the *Better at Home* program cannot provide meal preparation, there may be opportunities for *Better at Home* to increase access to existing programs that provide meals. The concept of "Wheels TO Meals" was suggested, where *Better at Home* transportation services could increase accessibility to existing luncheons for seniors throughout the Comox Valley. It was also advised that more vulnerable seniors with medical conditions may not want to participate in luncheons at local seniors centres that draw in more high functioning seniors. Separate times and/or places were recommended as a more appropriate practice to facilitate inclusion in luncheon services. The following luncheons were identified as potential starting points for future coordination (Table 5):

Table 5: Existing luncheon services in the Comox Valley

Location	Availability
Wachiay Friendship Centre	Wednesdays
Evergreen Seniors Centre	Monday to Friday 8am to 3:30pm
Comox Seniors Centre at D'Esterre Centre	Coffee Club Monday to Friday 7:30am Lunch Monday to Friday 11am to 1pm
Sunshine Lunch Club at St. Georges United Church	Monday to Friday 11:30am to 12:30pm
Hornby Island New Horizons Society	Golden Lunch for seniors 70 years of age and over. Every second Monday Literary Lunch for seniors 50 years of age and over www.hornbyislandnewhorizons.ca
Hornby & Denman Community Health Care Society	Monthly seniors lunch on Denman Island

COMMUNITY READINESS

3.1 Explanation of community readiness that reflects community consultations and meetings

Through the community engagement process, it was clear that there is recognition of the need for *Better at Home* in the Comox Valley as well as enthusiasm for the community engagement process.

Three organizations, two local and one regional, were interested in delivering the *Better at Home* program, based on eligibility requirement outlined by the United Way of the Lower Mainland. The potential lead organizations were: Hornby & Denman Community Health Care Society, The Red Cross, and The Wachiay Friendship Centre. These three organizations delivered presentations at the Community Forum and the Stakeholders meeting, demonstrating their readiness and willingness to deliver the *Better at Home* program.

The Town of Comox and Hornby & Denman Community Health Care Society have recently commissioned age-friendly community reports (Town of Comox, 2010; Dunnet & Johnstone, 2011). The reports increase community awareness of the importance of urban and rural environments that support active and healthy aging. In addition, the reports support policies that are associated with age-friendly communities: appropriate urban planning concepts, transportation, housing, social programming, attitudes, employment & volunteerism, community support & health services as well as communication and information that recognize the societal value that older persons impart. The *Better at Home* program aligns with the goals of age friendly communities.

Information gathered throughout the community consultation process demonstrates that the Comox Valley is well-positioned to begin delivery of the *Better at Home* program.

3.2 Potential risks going forward

1. Accessible, visible location for seniors in Courtenay and Comox:

The lead agency will need to identify a location in either Courtenay or Comox that is easily accessible and/or visible. This was repeatedly mentioned as an important criterion from seniors and stakeholders. If a suitable location is not found, it will make it difficult for seniors to access services.

2. Keeping up with increasing demand

The senior population projections for the Comox Valley suggest that there will be increasing demands for these services as the population ages and grows. In addition, the Comox Valley has a large geographic boundary and includes rural and remote populations that will increase program implementation costs, having a limiting factor on the final number of seniors served by this program.

3. Vulnerable seniors not being prioritized for services

Through the community engagement process, several community organizations and agencies expressed the need for an effective prioritization process so that *Better at Home* services are delivered to the most vulnerable seniors population. Lack of a timely and thorough prioritization process may result in the vulnerable population not being served.

4. Volunteer recruitment, training and retention

It was suggested throughout the consultations that there is a risk in relying on volunteers to deliver the *Better at Home* program, due to difficulties in recruiting, training and retaining high quality, consistent and reliable volunteers.

5. Safety & Liability issues with respect to transporting the frail elderly or those with mobility and cognitive impairments

Safety and liability issues for both seniors and volunteers need to be carefully managed throughout the planning and delivery of the *Better at Home* services

6. Stability of Funding

Many stakeholders expressed concerns over the sustainability of the *Better at Home* services. There is a risk that beyond December 2015 the *Better at Home* program may not receive continued funding.

LOCAL BETTER AT HOME PROGRAM DETAILS

4.1 List of preferred services from the Better at Home basket of services that reflect community consultations and meetings

As a result of the community consultation, the following list of non medical home support services emerged as preferred services in the Comox Valley.

- Transportation
- Housekeeping
- Yard work
- Home repairs
- Friendly visiting
- Snow shoveling
- Grocery shopping

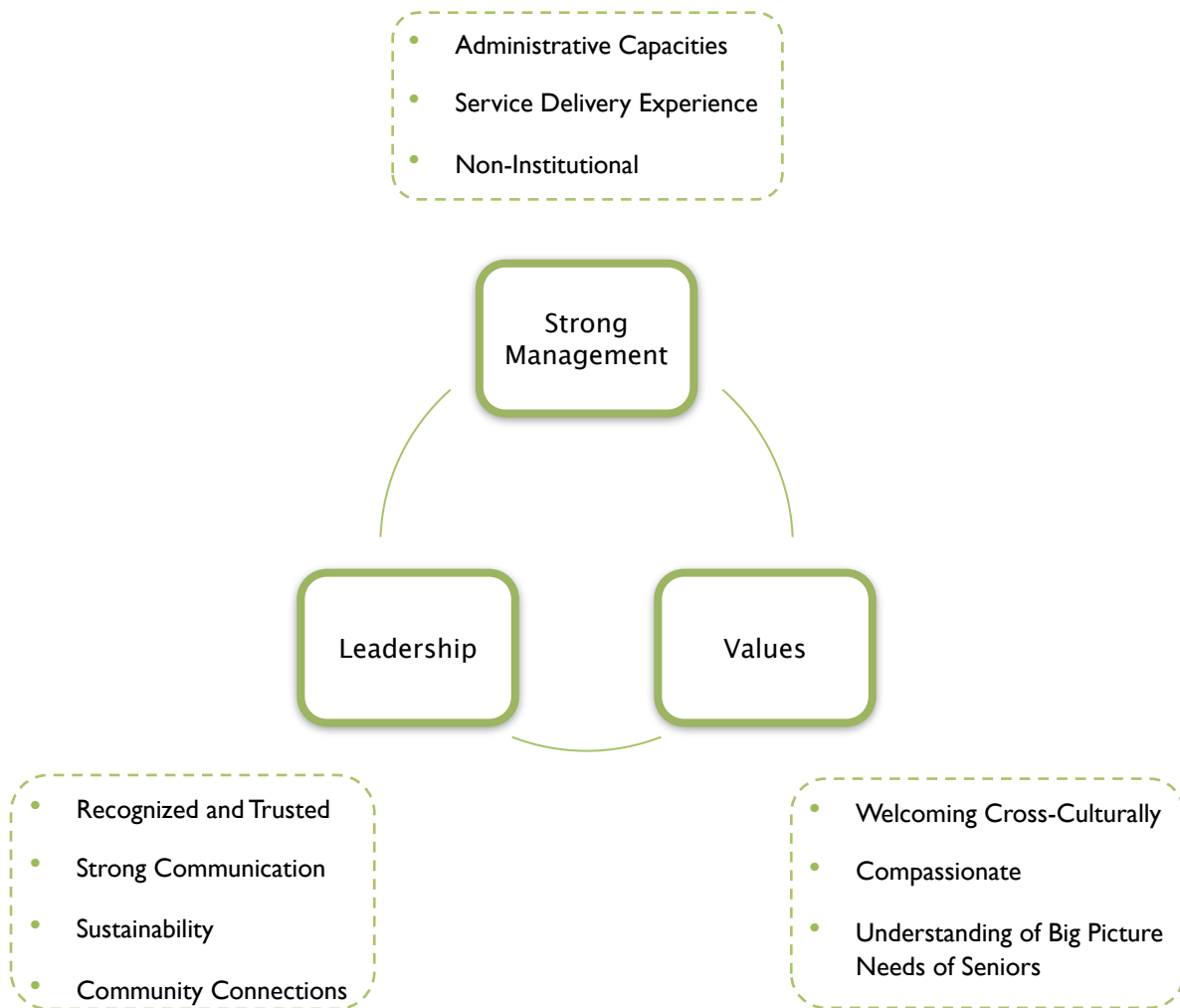
Table 4 on page 18 outlines the specific and detailed findings of the non-medical home support services that emerged from the community consultation process. The need for a flexible, affordable, and integrated transportation service to assist Comox Valley seniors to reach local services and amenities, including a trip to the grocery store, emerged as a key service. Using the knowledge and experience of the Hornby & Denman Community Health Care Society and their service delivery model of including a friendly visit in every interaction with a client, the priority non-medical home support services will be delivered through *Better at Home* in the Comox Valley.

Effective communication and cooperation with VIHA Home & Community Care and the Seniors Health Team will support service delivery to vulnerable seniors in the Comox Valley.

4.2 Key lead organization criteria identified by the community

Throughout senior and stakeholder interviews and the community forum, participants expressed a very detailed list of capacities they would like to see in a strong lead agency. The criteria were reviewed and organized into three main overarching themes: 1) strong management, 2) leadership, and 3) values (Figure 2).

Figure 2: Community identified criteria for lead organization



Strong Management

Participants wanted a lead agency with a history and track record of strong management to ensure the successful delivery of the Better at Home program. Three main categories include: 1) administrative capacities, 2) service delivery experience, and 3) non-institutional.

1. Administrative Capacities:

Participants wanted a lead agency with a strong Board and Executive and stable staffing. Volunteer management was also an important criterion that fits within this theme. Established procedures for the screening, training, support and retention of volunteers (including Criminal Records Checks) was often mentioned. Additional administrative capacities desired by the community included established financial administrative capacity, the capacity to monitor and evaluate the program and experience leading, managing and coordinating committees.

2. Experience Delivering Services

It was reported that strong and established processes were an important criterion. For example, there should be well-established standardized practices for working with vulnerable populations, screening processes for the prioritization and eligibility of services that are broader than income alone and the capacity to provide training and understand potential liability issues. Good assessment and follow-up processes were also reported to reduce the wait times, understand the processes involved to protect seniors (confidentiality, reporting abuse, etc.) and recognize when additional services are needed.

3. Non-Institutional

Many participants wanted to ensure the lead agency was non-institutionalized and non-medical.

Leadership

Stakeholders wanted a lead agency with vision and community leadership skills. Four sub-categories of leadership include: 1) recognized and trusted, 2) strong communication, 3) sustainability, and 4) community connections.

1. Recognized & Trusted

A lead agency that is recognized in the community and trusted was important to stakeholders. At the community forum it was also suggested that there should be no nepotism within the organization to maintain the public trust.

2. Strong Communication

Stakeholders were clear that they wanted a lead agency with strong communication with seniors, the public, other community agencies such as VIHA Home and Community Care, and a process for stakeholders to provide feedback regarding the program. It was also suggested that the agency is easily accessible and highly visible in the community.

3. Sustainability

This includes the potential or ability to leverage further funding to enhance the sustainability of the program (i.e. social enterprising: market-based solutions to achieve a social purpose). A strong business sense was repeated as an important criterion due to the unknown longevity of the government funding beyond December 2015.

4. Community Connections

It was clear throughout the consultation process that stakeholders wanted a local agency with a history in the Comox Valley and knowledge of the community. A track record of established partnerships with existing agencies for referral streams and the ability to bring together and coordinate services were often cited criteria. Finally, stakeholders reported wanting an agency with links to existing seniors programs and the potential for future capacity-building (e.g. capacity to involve youth as volunteers).

Values

The community suggested that the lead agency should have the following values: 1) welcoming cross-culturally, 2) compassionate, and 3) understanding of the big picture needs of seniors.

1. Welcoming Cross-Culturally

Stakeholders want to see a lead agency that is welcoming to all cultures and establishes links and networks with the K'ómoks Band, Kwakiutl District Council Health and the Immigrant Welcome Centre.

2. Compassionate

It was suggested throughout the consultation process that a lead agency should be compassionate. For example, have processes that are respectful and service delivery that follows "old-fashioned values" such as reliability, trustworthiness and dependability.

3. Understands the "Big Picture" Needs of Seniors

Service providers reported that a strong lead agency will understand the importance of their role as the gateway to accessing other needed services as seniors can be reluctant to ask for help. Stakeholders wanted to see a lead agency that has experience working with seniors and/or vulnerable populations and providing seniors advocacy services. Finally, stakeholders reported that a strong lead agency will value staying knowledgeable about current seniors' issues.

4.3 Proposed lead organization

Support for Hornby & Denman Community Health Care Society (HDCHCS) to move forward as the lead agency to deliver the *Better at Home* program was expressed at the community forum. The other interested lead agencies were also supported and there was a positive sense that all potential lead agencies had strong capacity to deliver *Better at Home* and that the program would

be a success in the Comox Valley. At the stakeholder meeting the three potential lead agencies made strong presentations but through a consensus decision making process it was agreed upon that HDCHCS would be the most appropriate lead agency based on their years of successful service delivery.

The HDCHCS has over 34 years of experience in offering home support services using community-based knowledge and community capacity-building. Their strong management processes and administration, leadership and values match very closely with the criteria identified throughout the community consultations. They are very well positioned to expand their program beyond Hornby and Denman islands to bring their knowledge and expertise to deliver a strong *Better at Home* program to seniors in the Comox Valley.

RECOMMENDATIONS AND NEXT STEPS

It is recommended that the HDCHCS continue to work closely with the United Way of the Lower Mainland for the development of the program.

Identify Location in Courtenay or Comox:

Establishment of a highly visible location for a Courtenay or Comox location is an important next step and it is highly recommend that HDCHCS connect with the following community agencies to identify possible locations:

- City of Courtenay, Community Services
- Evergreen Seniors Club,
- Town of Comox,
- Senior Peer Counselling,
- Community Response Network
- VIHA Seniors Health Team
- VIHA Home and Community Care
- Kiwanis Village Society

Establish Local Advisory Committee:

The Comox Valley is rich with passionate and committed citizens who have knowledge and expertise to ensure that *Better at Home* in the Comox Valley is a success. It is recommended that HDCHCS capitalize on the strengths and assets in the community to build a representative Local Advisory Committee to guide and advise local program development and service delivery. Individuals that emerged as potential Local Advisory Committee members will be communicated to HDCHCS.

Capacity-Building and Community Connections:

There are many services throughout the Comox Valley that provide services to seniors using volunteers. It is highly recommended that the HDCHCS begin making these connections as early in the process as possible.

- Wachiay Friendship Centre is a strong potential partner for providing referrals to services for the urban Aboriginal seniors population through subsidies provided by the *Better at Home* program.

- Comox Valley Seniors Peer Counselling have been providing services in the Comox Valley for over 20 years based on a volunteer model. CV Senior Peer Counselling have established thorough volunteer training programs as well as support groups for caregivers.
- Red Cross has established programs such as the Health Equipment Loan Program (HELP), that can support the delivery of Better at Home in the Comox Valley:
- Wheels for Wellness was formed in the Comox Valley to provide transportation to centralized medical appointments in Nanaimo and Victoria.
- VIHA Home & Community Care and the Seniors Health Team can ensure that vulnerable seniors in the Comox Valley are aware of and accessing the services provided by *Better at Home*.

Service Delivery

It is recommended that HDCHCS establish strong communications with agencies that are currently servicing low income and vulnerable seniors in order to serve those most in need.

- VIHA Home & Community Care
- Seniors Health Team
- Seniors residing in non-market housing (Refer to Table 1 page 13)
- Community Response Network

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