

Ideas Exchange Event

Innovative Ways to Increase Social Inclusion of Seniors in the Comox Valley

December 10, 2015, Courtenay, BC

Introduction

Social isolation among seniors is increasingly recognized as a significant issue by policy-makers, governments, researchers, and other stakeholders. In 2014, the Federal/Provincial/Territorial Forum of Ministers Responsible for Seniors (Forum) made a commitment to share promising approaches that lead to socially innovative solutions to address social isolation among seniors, including those living in rural and remote communities. This led to the establishment of the F/P/T Social Isolation and Social Innovation (SISI) working group, whose work plan includes the following two deliverables:

1. Update the F/P/T toolkit first developed in 2007, entitled *Working Together for Seniors: A Toolkit to Promote Seniors' Social Integration in Community Services, Programs and Policies*.
2. Host three or four local/regional "Ideas Exchange" events to share knowledge on the social isolation of seniors, inspire connections, and explore socially innovative ways to address the social isolation of seniors, including those in rural and remote communities.¹

The SISI working group is supporting a total of three "ideas exchange" events across Canada. The first was held in Newfoundland on October 20, 2014; British Columbia's was held on December 10, 2015 in Courtenay; and the final event will be held on March 7, 2016 in Ontario. This report provides a summary of B.C.'s Ideas Exchange Event.

Funding and support for the event was provided by the Forum and the B.C. Ministry of Health. On behalf of the Forum, the Ministry of Health and the Hornby and Denman Community Health Care Society (HDCHCS) hosted the Comox Valley event. Guidance was provided by a steering committee comprising representatives from the B.C. Ministry of Health, which has responsibility for seniors' services in the province (two members); Island Health, the body responsible for managing and delivering health services on Vancouver Island (four members, bringing expertise in Aboriginal and senior-focused care); and three Comox Valley community non-profit and senior-serving organizations (four members).

¹ The ideas exchange events (and what is learned from them), will help inform the updating of the F/P/T Working Together for Seniors toolkit.

The Purpose of the Event

The purpose of the event was to begin a multi-sector dialogue on how to address the issue of social isolation among seniors in a region that included both urban and rural communities. The specific objectives of the event included the following:

- Increase understanding of seniors' social isolation and socially innovative approaches to address it;
- Initiate dialogue with diverse stakeholders in the Comox Valley to inspire connections and collaboration on innovative approaches to increase social integration of seniors; and
- Develop a shared understanding and build a foundation for future follow-up and action, using seniors' transportation to promote social integration.²

Participants

A total of 40 participants attended the ideas exchange (of 42 people invited). Attendees represented a wide variety of sectors and organizations (see Appendix 1 for the full list of participants):

- Community (5) and senior-serving (8) organizations;
- Island Health (8) and local health care practitioners (5);
- B.C.'s Office of the Seniors Advocate (1);
- Local (4), provincial (5), and federal (1) government representatives, including B.C.'s Parliamentary Secretary to the Minister of Health for Seniors;
- First Nations and Aboriginal representatives (2), including the Aboriginal Health Nurse Liaison from Island Health and Mary Everson, a respected Elder from the K'ómoks First Nation, who provided a welcome and introduction to the event; and
- Dr. Norah Keating, an internationally-known expert on seniors' social isolation, who provided the keynote address (see Appendix 2 for Dr. Keating's biography and an abstract of her presentation).

² The focus on transportation as a risk factor for seniors' social isolation was identified as a priority by the community partners, and has also been raised through a number of recent reports and consultations (e.g., Island Health's Supporting Frail Seniors in the Comox Valley community consultation event on August 5, 2015; the Better at Home Comox Valley Community Consultation Final Report, April-June 2013; and the Office of the Seniors Advocate's October 2014 report, *The Journey Begins: Together, We Can Do Better*).

Presentations

The day consisted of three main activities (See Appendix 3 for the agenda). First, Dr. Keating presented current international and national research on seniors' social isolation, as well as research that she has done that paid particular attention to rural communities. This was followed by the event facilitator leading a discussion about social isolation of seniors in the Comox Valley and defining social innovation. In the afternoon the participants began exploring possible innovative ways to improve transportation in the Comox Valley to support seniors' social inclusion.

1. Setting the Stage

i. Welcome and Introductions

Elder Mary Everson opened the event with an inspirational welcome to the traditional territory of the K'ómoks First Nation. She spoke of how her experiences of living both on- and off-reserve have helped shape her understanding of the issue of social isolation and the importance of community. One of her key messages was that seniors are diverse and that a "cookie cutter" approach will not effectively address social isolation for all seniors and Elders in the Comox Valley.

Dr. Darryl Plecas, Parliamentary Secretary for Seniors to the Minister of Health, then welcomed participants on behalf of the Government of British Columbia. His opening remarks included providing context for the event with respect to population aging, the importance of the topic of social isolation, and Government's focus on supporting seniors' independence and senior-centred care.

Facilitator Paul Pallan provided an overview of the event and its objectives. Participants introduced themselves and shared the first words that came to mind on the topic of seniors' social isolation. Key themes that emerged included: ageism, injustice, loss of self-esteem, loneliness, health risks, depression and sadness, and the need to balance individual autonomy and risk. This highlighted the complexity of social isolation, including its interrelationships with family and paid and unpaid caregivers.

ii. Keynote address

Dr. Norah Keating's presentation, *Isolated and Lonely: Are older Canadians at Risk?*, provided an overview of the broader national and international context for seniors' social isolation. Dr. Keating challenged participants to think about how they will address social isolation and why, and also challenged them to reflect on their assumptions about ageing. The presentation included the following key points:

- **Geographic isolation** is defined as being located far from needed services and can lead to:
 - Having a high cost of everyday goods and services;
 - Having unmet health needs including not filling prescriptions, poor dental care, having no family physician to monitor/manage chronic conditions;

- Inability to age in place;
 - Being placed in residential care far from the individual's home community; and
 - Having a lack of information about services and supports.
- **Social isolation** is defined as having few family or friends and little contact with others. It can lead to:
 - Having unmet health needs because changes in health go unnoticed and there is no one to facilitate contact with services and encourage a healthier lifestyle; and
 - Having unmet social needs, including friendships and a sense of connection and belonging, feeling valued.
- **Loneliness** is defined as being dissatisfied with the quantity and quality of connections with others. The following factors increase the risk:
 - Gender: men are more likely to experience loneliness;
 - Poor health, low formal education, changes in life circumstances (loss of partner, worsened financial situation and unmet needs);
 - Few relatives (but not quantity of contacts with relatives);
 - Little contact with friends (but not having a large number of friends); and
 - No organizational affiliations.
- The importance of non-kin relationships and how they can greatly contribute to reducing social isolation (e.g. everyday connections at the bank, the grocery store can provide a sense of continuity).
- **Rural communities are diverse** and there is a need for different policy responses. Types of rural communities include³:
 - Bucolic (natural beauty, increasing amenities, retirement destination);
 - Farming; and
 - Bypassed (declining in economic well-being, infrastructure).
- **Seniors are diverse** (e.g., community-active and engaged, stoic, marginalized, frail) and there is a need for supports and policy responses that recognize and respect this diversity.
- Social connections may function differently for older people with different levels of capacity.

³ It was noted that the Comox Valley has all three types of communities, which creates complexities.

- High and stable capacity - seniors who have the capacity to maintain their social relationships have greater choice in their connections with friends, neighbours and others. They may have broad social networks, both proximate and distant, and can benefit from technologies such as Skype and Facebook to maintain them.
 - Declining capacity - social networks may be more geographically restricted when mobility is reduced. Services can be put in place to enhance functional ability. Relationships of choice may be vulnerable as they are more difficult to maintain.
 - Significant loss of capacity - Family relationships may be especially important as friendship relationships can be increasingly difficult to maintain. For those who are able, social media can help to maintain contact with family/friends. Arranged services/connections can be critical for closing the capacity/ability gap.
- Seniors' intrinsic capacity refers to all the physical and mental capacities that an individual can draw on at any point. However, intrinsic capacity is only one of the factors that will determine what an older person can do. For example, the person's environment may provide a range of resources or barriers that will influence what a person is able to do given the individual's level of capacity. Thus functional ability is a combination of individuals, their environments, and the interactions between them. Effective services can help close the gap between intrinsic and functional capacity. (Note - This comes from John R Beard, et al (2015). The World report on ageing and health: a policy framework for healthy ageing. The Lancet. Published Online 28 October 2015. [http://dx.doi.org/10.1016/S0140-6736\(15\)00516-4](http://dx.doi.org/10.1016/S0140-6736(15)00516-4))
 - The need to reframe spending on seniors' health as an investment rather than a cost. Health care investments produce significant benefits and returns (e.g., health and well-being), and supporting seniors as they age should be viewed as a sound investment.

2. Activities

Activity 1: Seniors' Social Isolation in the Comox Valley and Social Innovation

This activity began with a review of the effects of social isolation, as well as risk and protective factors, then established the community context through an overview of demographic, geographic, and other characteristics of the Comox Valley. Participants discussed two local case studies that illustrate how failure to address specific risk factors can contribute to social isolation. This was followed by a group discussion of social innovation, including how it is defined, the key principles, and how it can be used

to engage a broad range of stakeholders and participants to address social isolation among seniors.

Activity 2: Developing a Shared Understanding

This activity began with participants breaking into small groups (6-7 participants) to discuss key challenges (15 minutes) and opportunities (15 minutes), and generate ideas or “solutions” (15 minutes) related to the role of transportation in seniors’ social integration. Each group was organized to maximize stakeholder and sector diversity. The small groups then reported back on the top five challenges, opportunities, and solutions they had identified, and “word clouds”⁴ (for the “word cloud” results see Appendix 4) were made to represent these discussions. This was followed by a full group discussion of emerging themes and potential approaches to transportation as a means of addressing seniors’ social isolation.

The key challenges included:

- Geography – large area with a mix of urban and rural and island communities, each with common and unique challenges;
- Inflexibility/Access – including public transit services (HandyDART eligibility criteria and limited transit services in rural areas);
- Service delivery challenges – especially the challenges facing seniors in the rural and remote parts of the region with low population density;
- Cost – providing and obtaining public transit and other transportation services (i.e., taxi);
- The built environment – to include seniors transportation needs in local/regional community planning; and
- Bureaucracy – dealing with the different levels of government.

Some of the key opportunities included:

- Optimizing existing capacity expertise/knowledge and other resources of community based organizations and other local stakeholders;
- Public transportation planning – regional and provincial transportation planning processes provide opportunities to advance seniors transportation needs; and
- Collaboration across sectors – there is a willingness in the community to work collaboratively.

Some of the key potential ideas for further consideration (solutions) included:

- Door through door services – transportation services that deliver and accompany seniors during their activities and ensure that they return home safely;

⁴ A word cloud is a free-form cluster of words that serves as a visual representation of textual data. The relative importance of each word is depicted through font size and colour, so that key terms and concepts can be identified quickly. This format is often used to illustrate the results of brainstorming sessions.

- Local transportation champions – identify/create a lead to advance seniors transportation objectives. For example, establish a body/agency whose role is to educate the public, engage the community, liaise with government, coordinate services and work to create efficiencies;
- Eliminating geographic barriers – ensuring that existing/new services meet the needs of seniors in all areas of the region;
- Funded 24 hour dispatchers/navigators – to assist seniors to identify and access transportation services at all times;
- Streamlining HandyDART applications - including reviewing changes to the application process and eligibility criteria;
- Dealership sponsored vehicles – for new transportation initiatives;
- Pooling vehicles and volunteers – across seniors’ serving agencies;
- Coupon incentives;
- Neighborhood/community action;
- Innovative partnerships; and
- Education programs – for example, transit and scooter use.

Following the full group discussion at the end of activity 2, the facilitator provided a summary of the event proceedings which was followed by the evaluation of the event.

Evaluation

The final component of the event involved asking event participants to fill out evaluation forms (see Appendix 5 for the evaluation form). A total of 28 evaluation forms were completed.

The evaluation suggests that, overall, the event was a success, and participants increased their knowledge of seniors’ social isolation and social innovation, and strengthened their connections with other partners or stakeholders in the community.

The following indicates the combined percentage of participants **who agreed or strongly agreed** with each of these statements:

1. The purpose and objectives were clear: **82%**.
2. Adequate background information was provided: **79%**.
3. I found the activities useful: **90%**.
4. I have increased my knowledge about social isolation of seniors: **72%**.
5. I have increased my knowledge about social innovation: **72%**.
6. I can see ways to apply the principles of social innovation in my community: **64%**.
7. I strengthened connections or made new ones: **86%**.
8. I leave the meeting today feeling positive and inspired: **85%**.

The final three questions on the form were open-ended. Following are the top responses.

9. Name two aspects of this event that were valuable:
- Small group activity (ranked by **64%** of participants);
 - Dr. Keating's presentation (ranked by **36%** of participants); one participant described Dr. Keating as "fabulous and inspiring";
 - Networking (ranked by **32%** of participants); and
 - Others highlighted learning about the challenges of transportation and its critical role in reducing social isolation; the multi-sector participation and vast array of attendees, which brought new perspectives forward; and the significance of having the Parliamentary Secretary in attendance.
10. How could this event have been improved?
(Responses combined with Question 11: Additional comments)
- Including additional stakeholders (ranked by **32%** of participants), particularly Ministry of Transportation/BC Transit and seniors/patients themselves; one participant suggested engaging with legion and military representatives;
 - Providing more investment at the community level in preparing for events, with support available for follow-up (although this is a direct quote from one participant, **28%** of participants flagged the need for follow-up, a local champion, and/or support moving forward); and
 - Demonstrated government commitment (ranked by **11%** of participants), particularly with respect to leadership, engagement, and funding.

A debriefing teleconference conducted with the members of the Steering Committee following completion of the event also identified that the event was successful at creating a foundation for developing a network of engaged stakeholders in the community and introducing the key issues of seniors social isolation as well as taking the first steps to explore the key challenges, strengths and opportunities related to seniors' transportation needs in the Comox Valley.

Conclusion and Next Steps

This ideas exchange event was designed to share knowledge about the social isolation of seniors, inspire connections among multiple sectors to begin exploring opportunities for collaboration to find innovative ways to address seniors' social isolation.

This is the first time that multi-sector representatives in the Comox Valley met to discuss addressing seniors' social isolation, and the event was successful in meeting its objectives. Participants increased their knowledge of the social isolation of seniors as well as social innovation, they strengthened connections or made new ones, and they left the meeting feeling positive and inspired. The HDCHCS has indicated that it will take the lead on following up with participants on next steps and actions. There was clearly a strong appetite to keep this process moving forward and a number of participants indicated interest in being involved in next steps. The activity of identifying potential solutions seemed to inspire participants to want to be involved.

The summary discussion at the event centred on what the community requires to move forward, namely, leadership and ownership, a vision and a plan, funding for coordination, multi-sector partnership and volunteers.

Appendix 1: List of Participants

FPT Ideas Exchange Participant List			
First Name	Last Name	Title	Organization
Roger	Albert	Community Representative	Comox Valley Social Planning Council
Debbie	Andersen	Director, Seniors Services	Ministry of Health
Laurel	Anderson	Aboriginal Health Nurse Liaison	Island Health
Susan	Barr	Social Worker, Home & Community Care	Island Health
Pauline	Bernard	Director	Home and Community Care, Island Health
Monica	Blais	Manager, Seniors Services	Ministry of Health
Christine	Bowlby	Comox Valley Manager for Community Care Island Health	Island Health
Sheena	Campbell	Project Manager	Better at Home Comox Valley
Lynn	Christie	Event Coordinator	Better at Home Comox Valley
Brent	Clayton	Manager	Home and Community Care, Island Health
Mike	Corkish	President	D'Esterre House Seniors Centre
Mary	Everson	K'ómoks First Nation Elder	
Jaime	Fortier	Nurse Practitioner	Seniors Health Team, Island Health
Nancy	Gault	Deputy Seniors Advocate	Office of the Seniors Advocate
Liz	Gilbank	Nursing Student	North Island College
Jenny	Gohl	Board Chair	Comox Valley Senior Peer Support
Dr. Norah	Keating	Guest Speaker	
Gord	Kruger	President	Evergreen Seniors Club
Rebecca	Lennox	Councillor	City of Courtenay
Butch	Leslie	Board Chair	Hornby & Denman Community Health Care Society
Connie	Luck	A GP for Me Project Manager	Division of Family Practice
Ann	MacDonald	General Manager Planning & Development Services	Comox Valley Regional District
Jody	MacDonald	Community Impact & Development Officer	The United Way
Susan	Morgan	Owner / Operator	Baynes Sound Home Support
Susan	Murphy	Manager, Recreational Services	Evergreen Seniors Club
Lori	Nawrot	Executive Director	Hornby & Denman Community Health Care Society
Liam	Odell	Policy Analyst, Seniors Services	Ministry of Health
Lance	Pace	CEO	Omni Care
Paul	Pallan	Facilitator	
Kim	Paquin-Forman	Senior's Nurse Consultant	Island Health
Jennifer	Pass	Community Representative	Elders Taking Action

Paul	Pilieci	Co-chair	Seniors' Social Isolation and Social Innovation Working Group
Dr. Darryl	Plecas	Parliamentary Secretary	Parliamentary Secretary to the Minister of Health for Seniors
Derek	Robertson	Executive Assistant	Ministry of Health
Laurel	Steed	Occupational Therapist – Seniors and Spiritual Health	Island Health
Maureen	Swift	Councillor	Town of Comox
Priscilla	Tetley	Day Program Coordinator	Cumberland Lodge
Tamara	Vojnic	Social Worker	St. Joseph's Hospital
Pam	Willis	Executive Director	Comox Valley Senior Peer Support
Michael	Zbarsky	Manager of Transportation	Comox Valley Regional District

Appendix 2: Dr. Norah Keating Biography and Presentation Abstract

Professor Norah Keating is a social gerontologist. She is Co-Director of Research on Aging, Policies and Practice at the University of Alberta; Professor of Gerontology at Swansea University and Extraordinary Professor at North-West University in South Africa. As part of her international research and capacity building activities, she directs the International Association on Gerontology and Geriatrics' (IAGG) Global Social Initiative on Ageing.

Her research and capacity building activities are in families, liveability, and care. Her recent work includes editorship of special issues on "Families and Aging in Global Context" (Canadian Journal on Aging, 2015) and on "Ageing and Community" (Journal of Community and Social Psychology, 2014). Her work on social isolation includes a book "From exclusion to inclusion in old age: A global challenge" (with Professor T. Scharf, 2012) and articles on loneliness of older Canadians.

Professor Keating is engaged in research on liveability of communities for older persons in Australia, Canada, and South Africa and on economic, health, and social costs of care in Canada and China. She is an advisor to the World Health Organization on its World Report on Ageing and Health (2015).

Abstract: Isolated and Lonely: Are Older Canadians at Risk?

Social isolation has become part of our national conversations about how best to manage an aging population while maintaining good quality of life for older adults. In this presentation, Norah Keating will discuss what is known about isolation in Canada. She challenges us to think about distinctions between isolation and loneliness and to consider ways in which older persons might be excluded from full participation in their communities. She will discuss policy and practice in small communities that take into account the great diversity among older people and their needs. Partnerships that include older people, families, voluntary organizations, private sector and government can be strong levers to reduce isolation and loneliness while ensuring full citizenship of older persons. Unsung heroes including the grocery store manager, 'compulsory volunteers' and neighbours shop for the 'city list' are offered as examples of local innovations to address isolation and loneliness.

Appendix 3: Agenda

AGENDA Ideas Exchange Event: Innovative Ways to Increase Social Inclusion of Seniors in the Comox Valley Crown Isle Resort - Silver Room, 399 Clubhouse Drive, Courtenay December 10, 2015 – 9:00 a.m. to 4:00 p.m.	
Time	Agenda Item
9:00 – 9:15	Welcome/Blessing – Mary Everson, K'ómoks First Nation Elder
9:15 – 9:30	Opening – Dr. Darryl Plecas, Parliamentary Secretary for Seniors to the Minister of Health
9:30 – 9:45	Event Overview – Paul Pallan, Facilitator
9:45 – 10:30	Plenary Session: Isolated and Lonely: Are Older Canadians at Risk? Dr. Norah Keating, Guest Speaker
10:30 – 10:45	Plenary Session: Questions and Discussion
10:45 – 11:00	Refreshment Break
11:00 – 12:00	Activity 1: <ul style="list-style-type: none"> • Seniors' Social Isolation in the Comox Valley and Social Innovation – Full Group Discussion
12:00 – 1:00	Lunch
1:00 – 2:15	Activity 2: <ul style="list-style-type: none"> • Developing a Shared Understanding: Key Challenges, Opportunities and Potential Ideas on Transportation for Seniors' Social Integration (Future Vision)– Small Group Discussion
2:15 – 2:30	Refreshment Break
2:30 – 3:30	Activity 2 Cont'd: <ul style="list-style-type: none"> • Developing a Shared Understanding: Emerging Themes and Potential Approaches – Full Group Reporting/Discussion
3:30 – 4:00	Summary, Next Steps and Evaluation

Appendix 4: Word Clouds

Challenges



Opportunities



Solutions



Appendix 5: Participant Evaluation Form

Ideas Exchange Event Evaluation Form

Comox Valley, December 10, 2015

Affiliation: (Check all that apply)

Non-profit ___ Private Sector ___ Government ___ Academic ___ Other _____

Please indicate how much you agree with the following statements by circling your response using the scale provided: **1 = strongly disagree / 5 = strongly agree**

1. The purpose and objectives were clear.

1 2 3 4 5

2. Adequate background information was provided.

1 2 3 4 5

3. I found the activities useful.

1 2 3 4 5

4. I have increased my knowledge about social isolation of seniors.

1 2 3 4 5

5. I have increased my knowledge about social innovation.

1 2 3 4 5

6. I can see ways to apply the principles of social innovation in my community.

1 2 3 4 5

7. I strengthened connections or made new ones.

1 2 3 4 5

8. I leave the meeting today feeling positive and inspired.

1 2 3 4 5

9. Name 2 aspects of this event that were particularly valuable to you.

10. How could this event have been improved?

11. Additional comments:

Thank you for your participation and feedback!