

Department of Seniors and Long-Term Care

In January 2022, the Government of Manitoba announced the creation of the department of Seniors and Long-Term Care. A key focus of this new department is to lead the development and implementation of a provincial seniors strategy. Through this strategy, the Government of Manitoba aims to make the province an ideal place to age and ensure that:

- Seniors can live a healthy and active life, safely and independently and in their own homes and community for as long as possible
- Support and resources are available for the transitions between living settings; from living independently in their own home and community to living in another setting
- Quality, dependable, and affordable supports are available when independent living is no longer possible

To guide the direction and focus of this strategy, the department conducted a series of EngageMB surveys to consult with the public on the needs of seniors in Manitoba and gather input into the development of the seniors strategy. This document reports the results of survey #3, entitled “Building a Plan with Manitoba Seniors – Narrowing in on our Seniors Strategy Focus.”

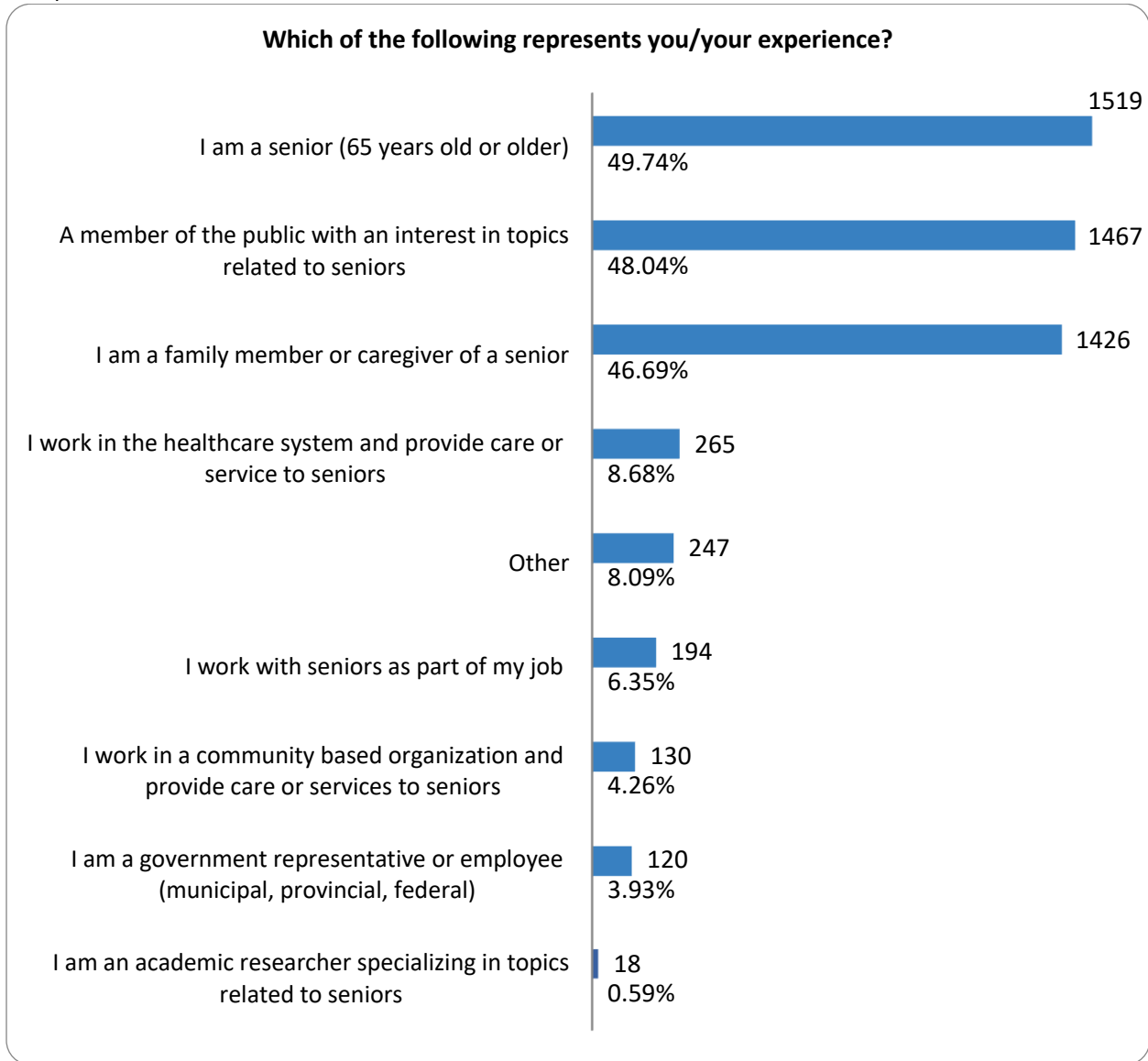
The analyzed data covers 3054 responses, collected in a period from October 7th, 2022, to October 31st, 2022.

The survey contained 20 questions focused on six main areas:

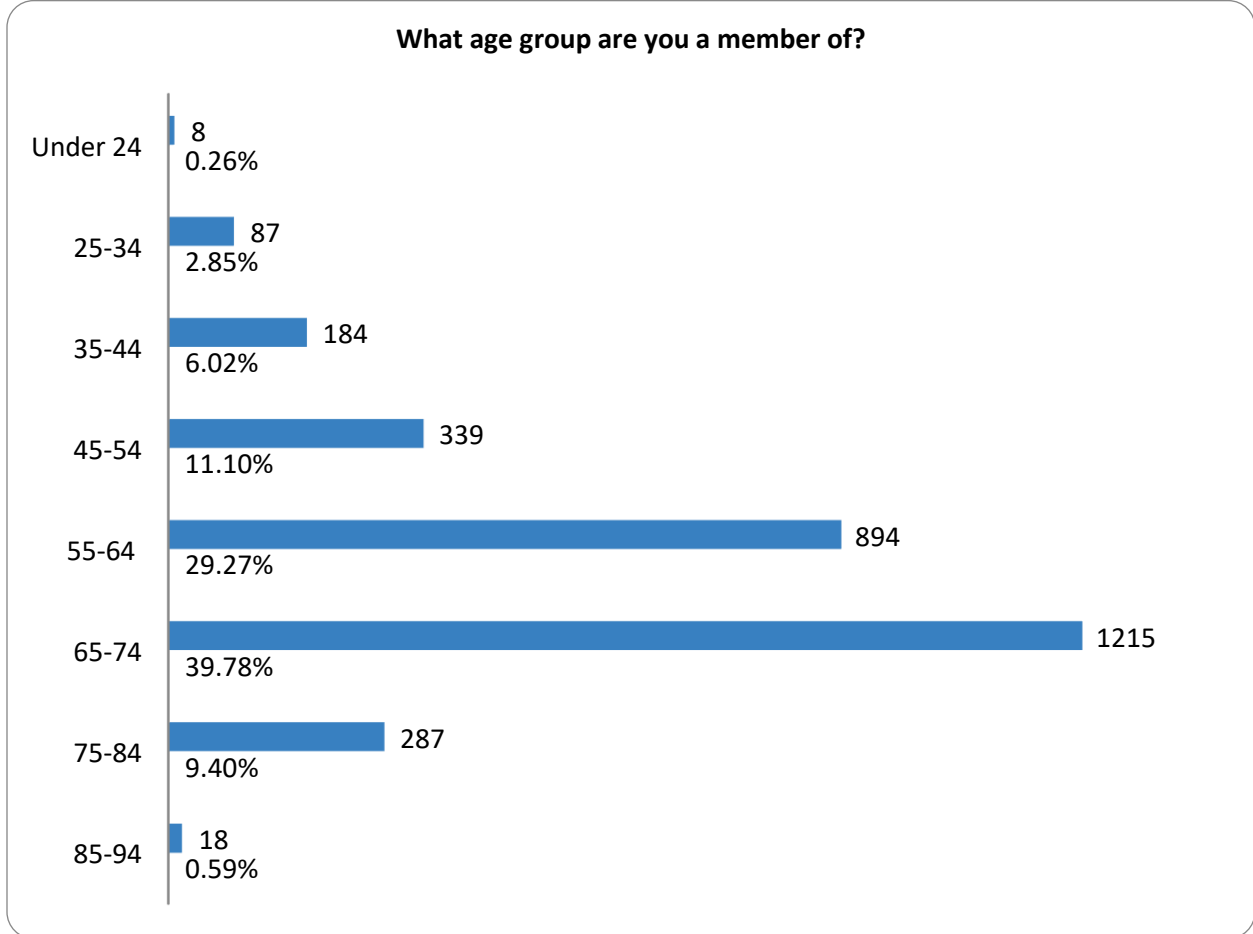
- 1) Demographics and representation
- 2) Vision
- 3) Values
- 4) Strategic focus areas
- 5) Specific topics for further input, including:
 - a) Financial security
 - b) Housing
 - c) Healthcare (Primary and Home care)
 - d) Red tape reduction
- 6) Measures of success

1. Demographics and Representation

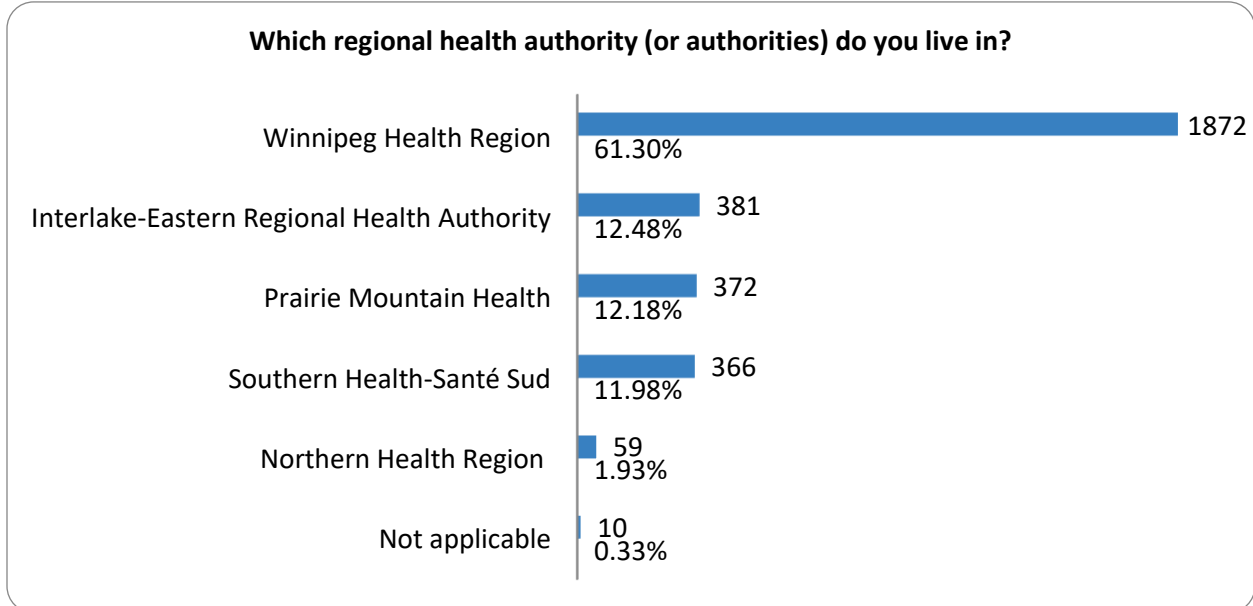
49.74 per cent of survey participants identified as seniors, followed by members of the public with an interest in topics related to seniors (48.04 per cent), family members or caregivers of seniors (46.69 per cent).



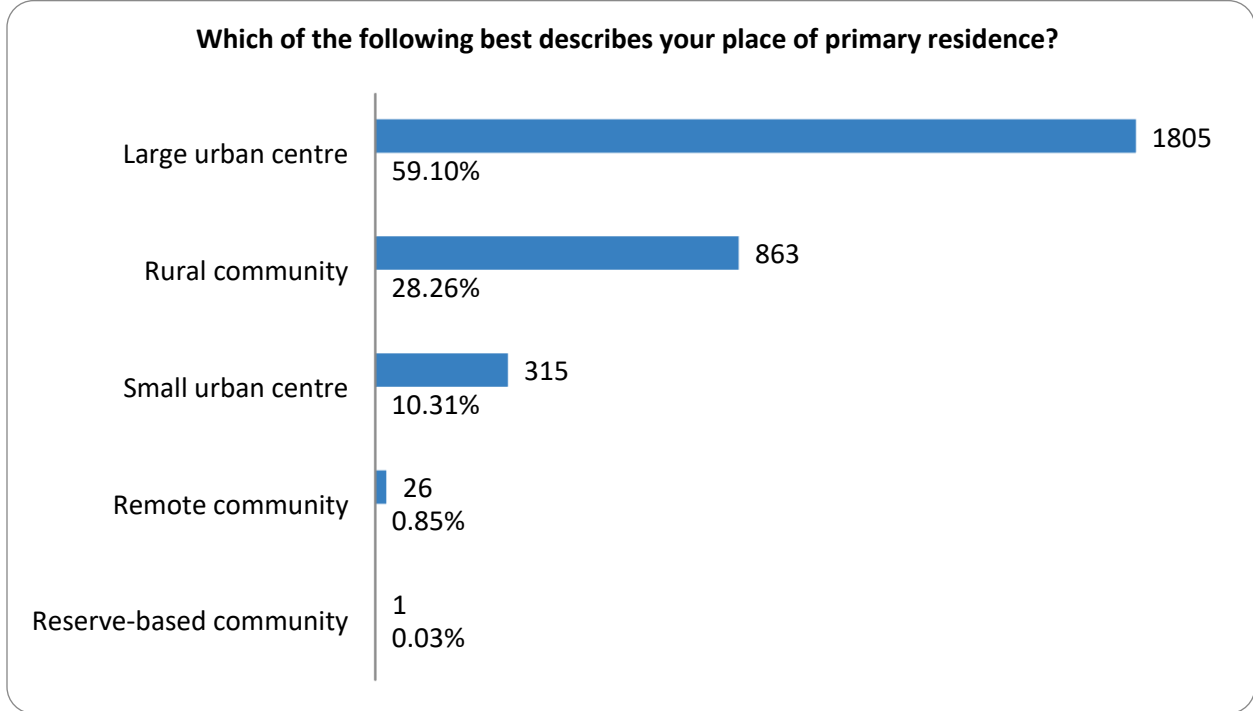
49.77 per cent of the survey participants were seniors, with seniors aged 65-74 being the biggest age group, with 39.78 per cent of participants.



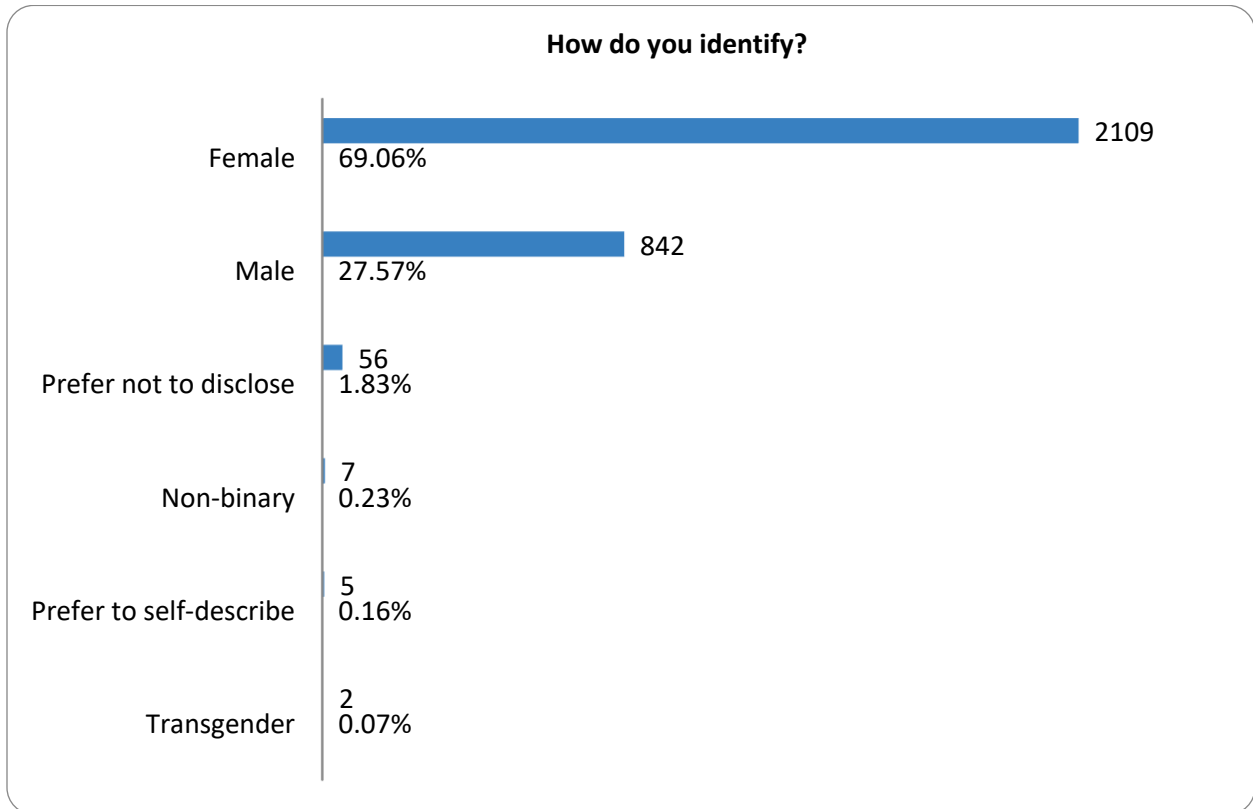
Most of the survey participants, over 61 per cent, live in the Winnipeg Health Region.



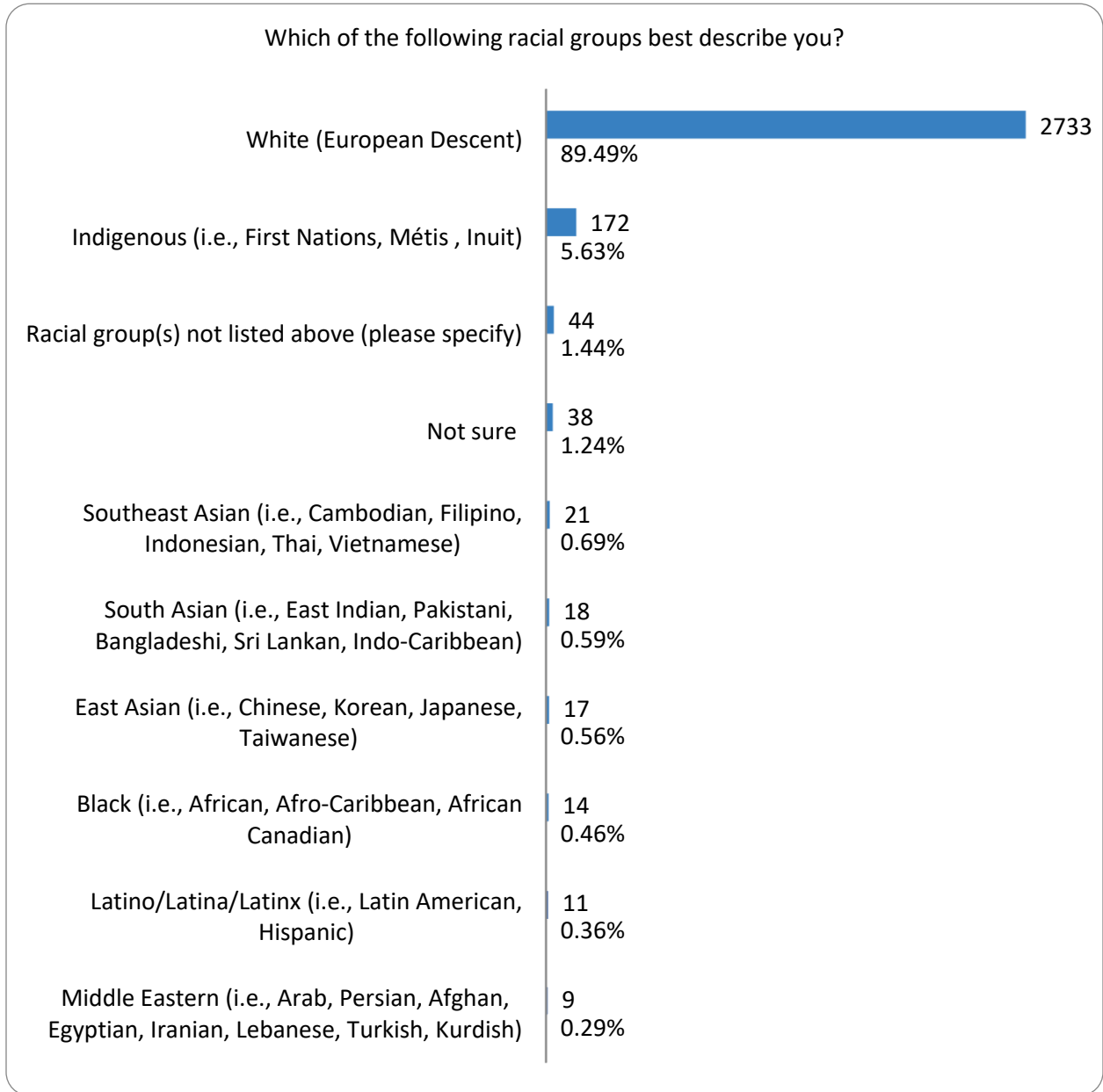
59.1 per cent of the survey participants in the survey lived in a large urban center, followed by over 28 per cent of the survey participants living in rural communities.



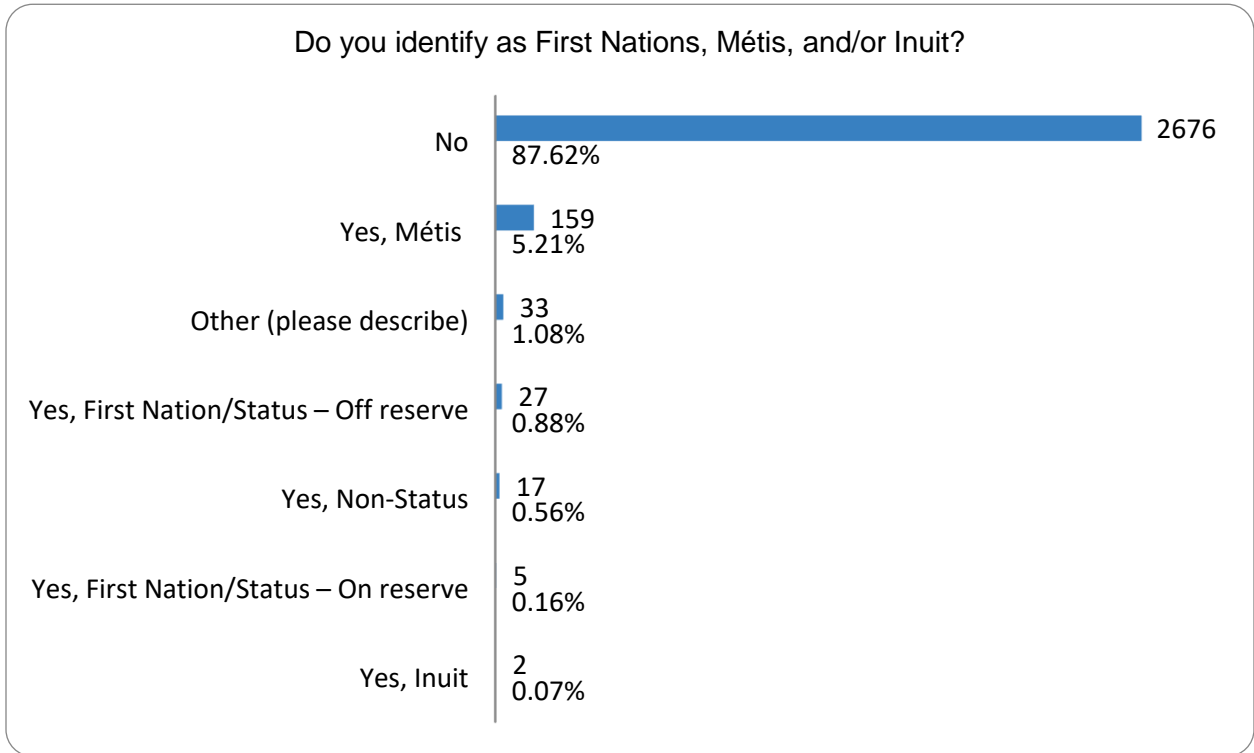
69.06 per cent of survey participants identified as female, followed by around 27.57 per cent who identified as male.



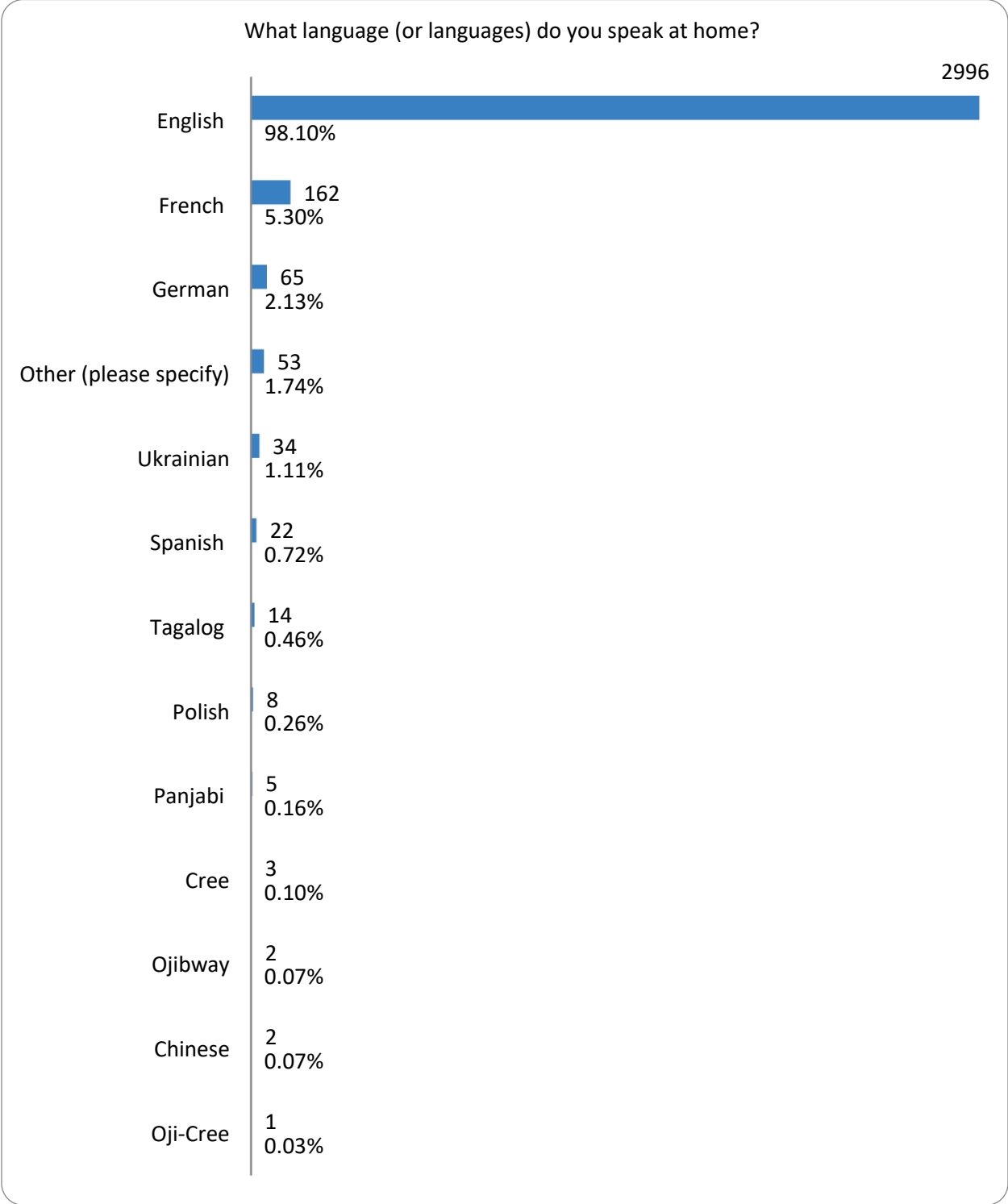
89.49 per cent of survey participants identified as white, followed by 5.63 per cent of the survey participants who self-identified as Indigenous.



5.21 per cent self-identified as Métis, and 0.88 per cent self-identified as First Nation/Status – Off reserve. On-reserve First Nation individuals represented 0.16 per cent of responses.



English was the household language for over 98 per cent of participants, followed by French (5.3 per cent)

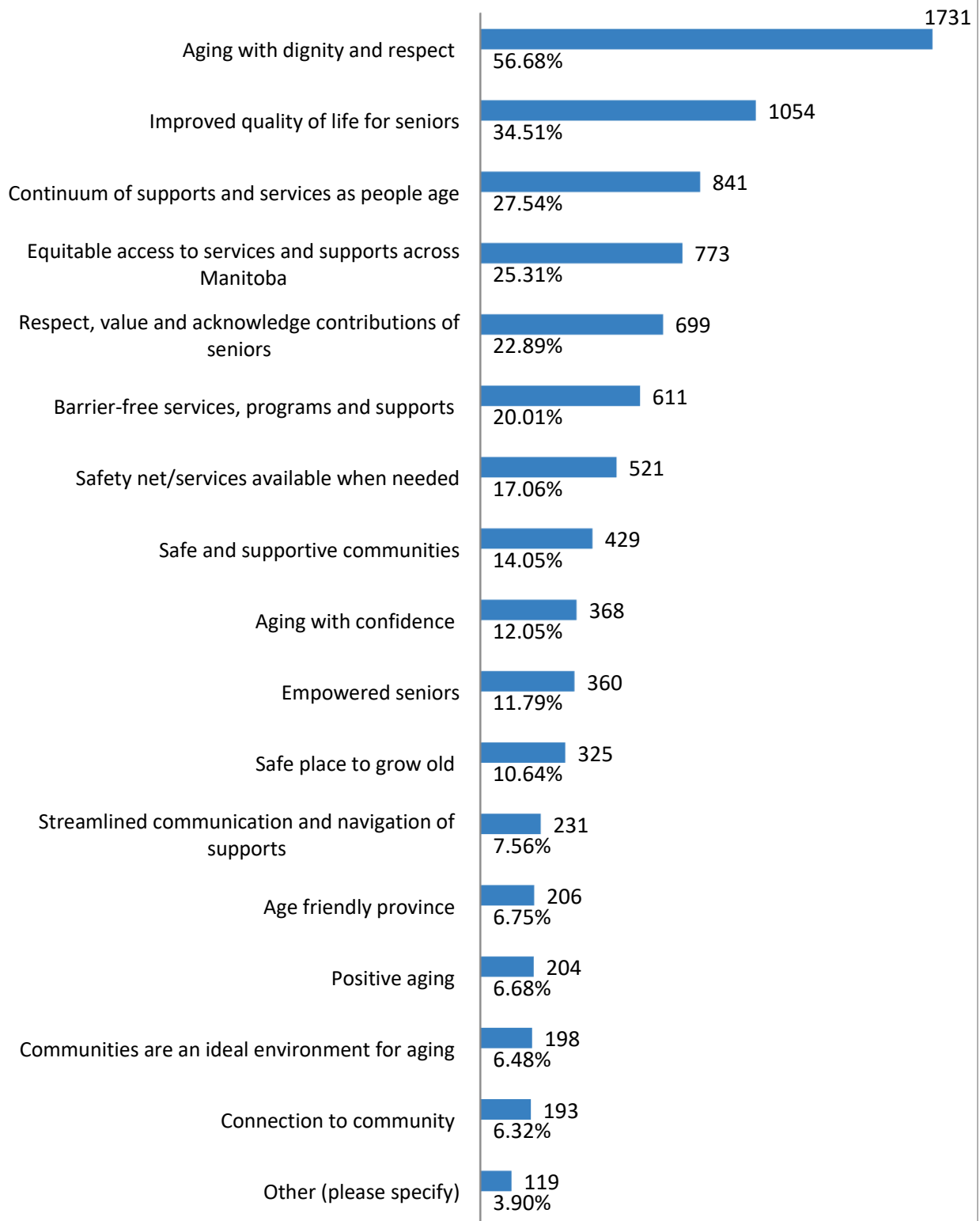


2. Vision

2.1 Based on feedback from previous surveys, this survey included a list of phrases that could be included in a vision statement. The top five (5) vision phrases that were chosen by the participants include:

- a. Aging with dignity and respect (56.68 per cent)
- b. Improved quality of life for seniors (34.51 per cent)
- c. Continuum of supports and services as people age (27.54 per cent)
- d. Equitable access to services and supports across Manitoba (25.31 per cent)
- e. Respect, value and acknowledge the contributions of seniors (22.89 per cent)

Please select the top three (3) phrases that you think should be included in the vision statement for Manitoba's seniors strategy.



The other category (3.9 per cent), included the following themes:

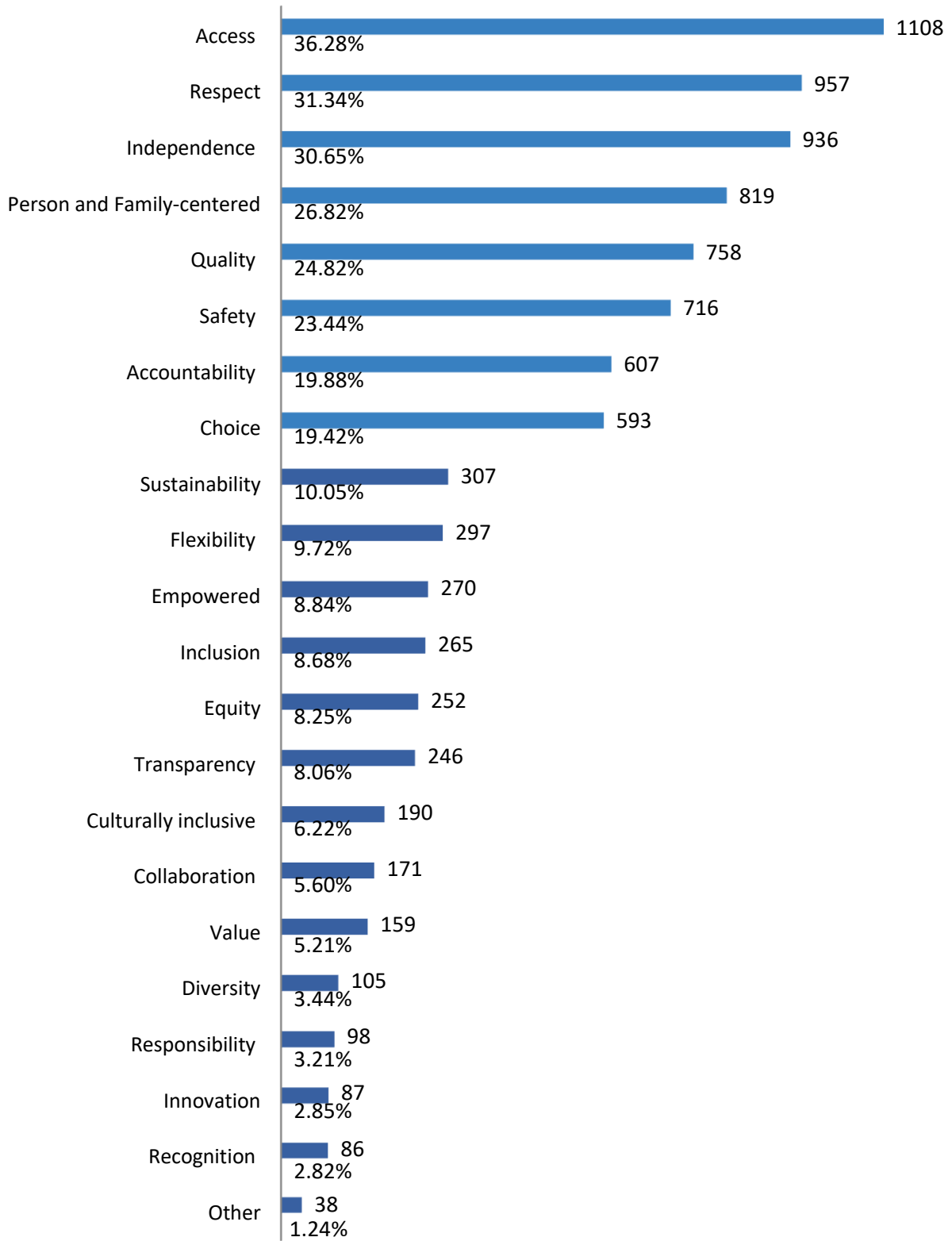
- a. Accountability for care and services
- b. Active lifestyle for seniors
- c. An age-informed system
- d. Aging with diversity and inclusion
- e. Ending poverty for seniors

3. Values

- 3.1. Based on feedback from previous surveys and engagement done to date, this survey included a list of potential values below. The top five (5) values chosen by participants were:
- a. Access (36.28 per cent), which was defined by the participants as the following:
 - i. Services and supports are delivered in or close to the community with transportation and mobility supports
 - ii. Services and supports are delivered in a timely and facilitated manner, with decreased wait times, facilitated processes, less red tape
 - iii. An affordable and inclusive range of social, medical, and support services and program options, including activities, care, home supports and information resources
 - b. Respect (31.34 per cent), which was defined by the participants as the following:
 - i. The autonomy and individual preferences and choices of seniors are central to the chosen approach to delivering services and supports to them.
 - ii. Seniors are listened to, included, valued, and appreciated for what they offered and can continue to offer to society in a society that is age informed
 - iii. Equity, dignity, compassion, and inclusivity of all seniors (regardless of location, income level, cultural background, or disability), are central to the design of all services delivered to seniors
 - c. Independence (30.65 per cent), which was defined by the participants as the following:
 - i. Seniors can age in their community and place of choice and are supported in doing so by appropriate housing and a variety of in-home supports as per their choice in terms of the timing, type, and level of assistance and delivered services.
 - ii. Seniors are empowered to make their own decisions in matters that pertain to them (financial, housing, health, and other decisions)
 - iii. Seniors are empowered in their daily lives with financial, mobility, transportation, and physical accessibility supports
 - d. Person and Family-centered (26.82 per cent), which was defined by the participants as the following:
 - i. Seniors and their families are empowered to make decisions and advocate for the senior in all matters that pertain to them
 - ii. Maintaining the seniors' relationship and connectedness with their families and communities is a priority in all service delivery approaches
 - iii. All services are delivered in an individualized approach that considers the preferences and wishes of the seniors and their families
 - iv. Caregivers and families are empowered with supports to allow seniors to age in place
 - e. Quality (24.82 per cent), which was defined by the participants as the following:
 - i. Comprehensive services and supports that have the facilities, staff number and level of training, and funding capacity to fulfill the needs of all seniors at a well-monitored and standardized level of excellence aimed at enhancing and improving the seniors' quality of life, connections with the community, and emotional, physical, and mental well being

- ii. Reliable, consistent, inclusive, safe, facilitated, and timely access to all services in the long term for all seniors regardless of their income level or where they live in the province
- iii. Respect, autonomy, and dignity for all seniors as a basic element of quality in all aspects of support, facilities, and services provided

Please select the top three (3) values that should be reflected in Manitoba's seniors strategy.



4. Strategic Focus Areas

- 4.1. The top five (5) Strategic focus areas that participants thought were most important for the seniors strategy were:
- a. Equitable, accessible, and appropriate health services for seniors (65.75 per cent), which were defined by the participants as the following:
 - i. Healthcare system that is holistic, age-informed, delivered with dignity and accountability, well-staffed and equipped, and senior and family centred
 - ii. Reliable and affordable healthcare information, supports, and services (including emergency services) that are available or delivered in or close to the home and the community in a timely manner regardless of income levels, geographic location, cultural background, or healthcare need
 - iii. Healthcare is coordinated between organizations and is team-based inside organizations with teams that include care providers who specialize in or are trained to deliver geriatric care
 - b. Providing for basic needs (64.11 per cent), which was defined by the participants as the following:
 - i. Quality, safe, accountable, well-monitored, and affordable care facilities, housing options, and in-home supports aimed at helping seniors age in place with dignity and stay independent for as long as possible
 - ii. Equitable access to all senior services, needs, and care regardless of location, income level, cultural background/
 - iii. Ensuring affordability and accessibility of basic needs such as food, utilities, housing options, transportation, and safety (in terms of cultural safety, safety from abuse and neglect, safe transportation, safe services delivery, and safe communities) to allow seniors to age with dignity
 - iv. Social activities and relationships, as well as community engagement, should be considered basic needs
 - c. Oversight and accountability (26.23 per cent), which was defined by the participants as the following:
 - i. Oversight, monitoring, and regular unannounced inspections of care facilities multiple times a year to keep them accountable to existing standards, regulations, and stated goals
 - ii. Public and transparent strategy, budget, funding and expenditure, records, performance, feedback and satisfaction information from seniors, caregivers, families, and care providers for care facilities providing services to seniors
 - iii. Accountability for the quality and performance of services and care provided to seniors at all levels of government, public facilities, community organizations, private facilities, and all other bodies providing services to seniors
 - d. Innovation and continuous improvement (26 per cent), which was defined by the participants as the following:
 - i. Use innovations (such as dementia villages), best practices, and technological advancements (like Artificial Intelligence) that are proven in other jurisdictions to

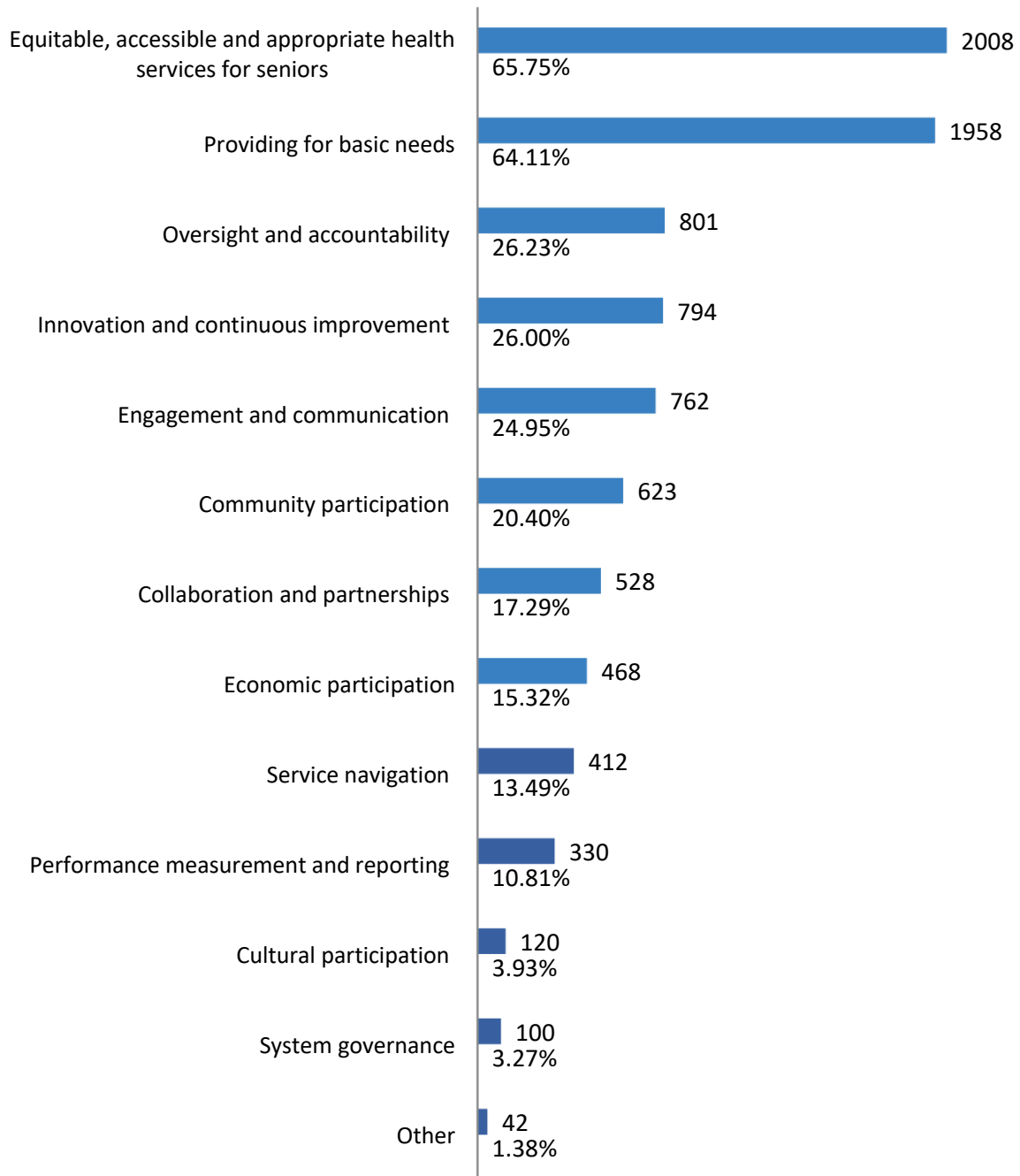
make services and care better planned, more accessible (with less red tape), closer to home, timely, and cost-effective, and train care providers accordingly

- ii. Be proactive and future-focused in looking for opportunities for innovation and improvements, using current research, performance results, oversight, outcomes and accountability measures to identify ongoing changes and challenges
- iii. Use innovations to enhance services to underserved regions (like rural areas) and groups of seniors

1.1. Engagement and communication (24.95 per cent), which was defined by the participants as the following:

- i. Allowing seniors, caregivers, community organizations, and care providers to have a voice and input in matters relating to them at the provincial, city, and community level
- ii. Empowering seniors to engage with their communities, which are in turn well-informed on the age and ageism
- iii. Information that aims to make seniors aware of current issues, services, challenges, and progress being made is available for seniors in simple language, using methods that are inclusive of all seniors, regardless of digital skills levels, disabilities, and other needs

Please select the top three (3) strategic focus areas that you think are most important when building Manitoba's seniors strategy.



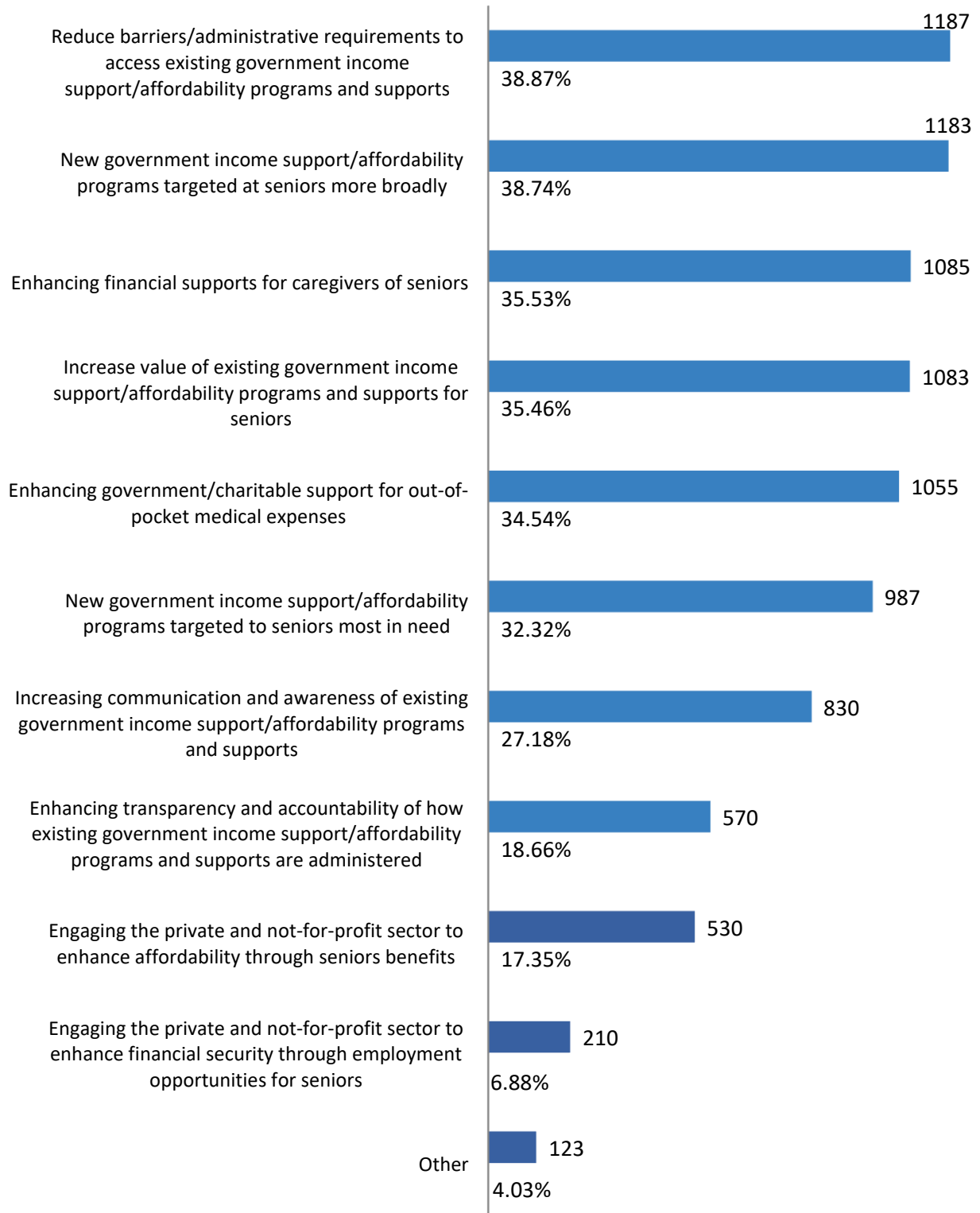
5. Specific Topics for Further Input

5.1. Financial Security

5.1.1. Previous survey participants reported that financial security and affordability are significant challenges for Manitoban seniors. The top five (5) potential initiatives that were chosen by the participants to address this topic include:

- a. Reduce barriers/administrative requirements to access existing government income support/affordability programs and supports (38.87 per cent)
- b. New government income support/affordability programs targeted at seniors more broadly (38.74 per cent)
- c. Enhancing financial supports for caregivers of seniors (35.53 per cent)
- d. Increase the value of existing government income support/affordability programs and supports for seniors (35.46 per cent)
- e. Enhancing government/charitable support for out-of-pocket medical expenses (34.54 per cent)

Financial Security: Please select the three (3) potential initiatives below that you believe should be explored further



The other category (4.03 per cent), included the following themes:

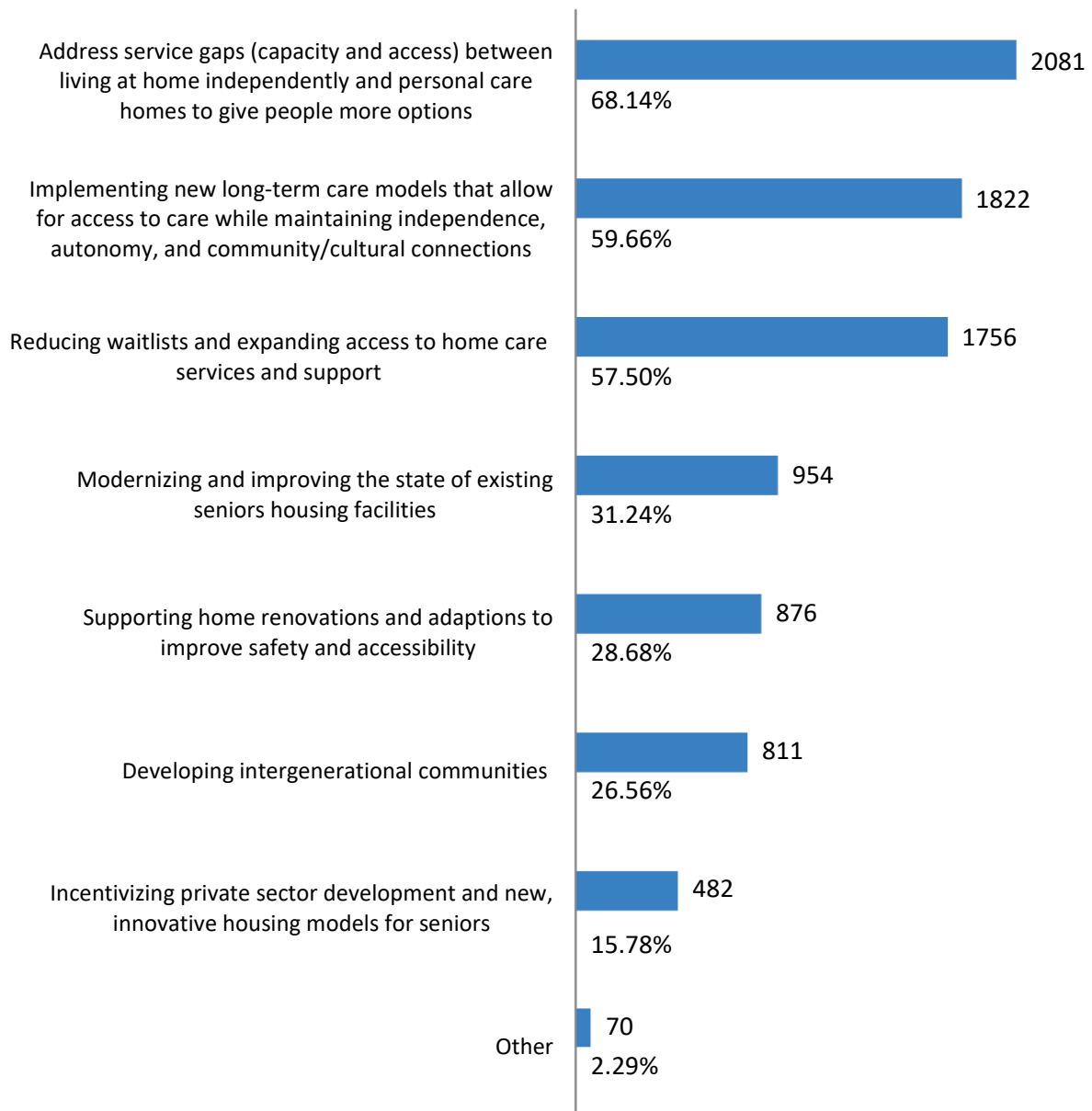
- a. Reducing taxations on seniors' pensions and income
- b. Re-evaluation of what the income threshold should be to qualify for various government supports
- c. Financial literacy education and information resources for all age groups on saving for retirement, aging, financial security, and debt

5.2. Housing

5.2.1. Previous survey participants reported that access to safe, affordable, and accessible housing is a significant challenge for Manitoban seniors. The top five (5) potential initiatives to address this topic that was chosen by the participants include:

- a. Address service gaps (capacity and access) between living at home independently and personal care homes to give people more options (68.14 per cent)
- b. Implementing new long-term care models that allow for access to care while maintaining independence, autonomy, and community/cultural connections (e.g., green-house model) (59.66 per cent)
- c. Reducing waitlists and expanding access to home care services and support (57.50 per cent)
- d. Modernizing and improving the state of existing seniors housing facilities (31.24 per cent)
- e. Supporting home renovations and adaptations to improve safety and accessibility (28.68 per cent)

Housing: Please select the three (3) potential initiatives below that you believe should be explored further.

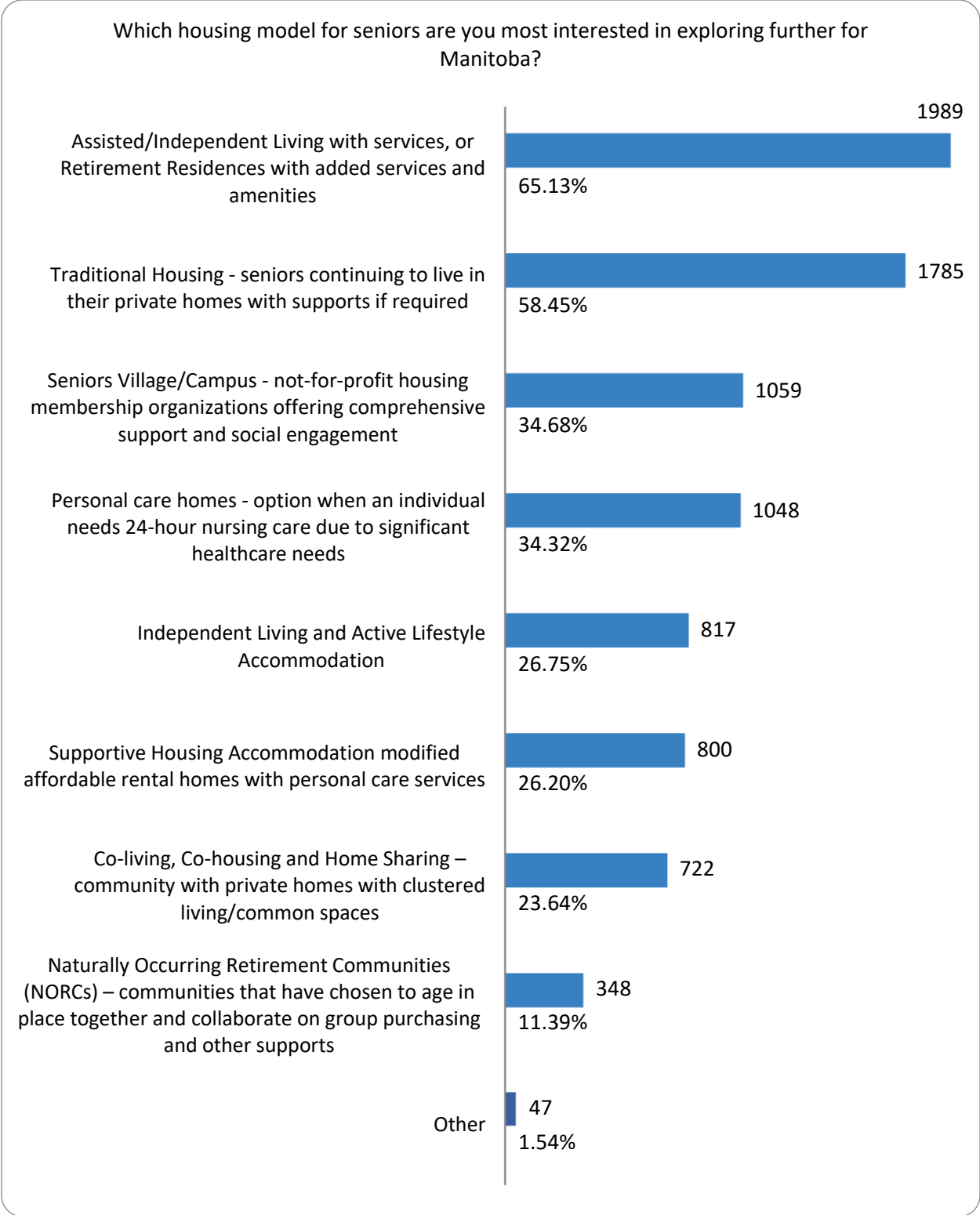


The other category (2.29 per cent), included the following themes:

- a. Make not-for-profit and public facilities the main model for housing, especially for housing models that have an element of care delivery.
- b. Financial supports such as utilities and rent supports

5.2.2. The top five (5) housing models for seniors that participants were interested in exploring further in Manitoba include:

- a. Assisted/Independent Living with services, or Retirement Residences with added services and amenities for people who can live independently but want services like meals, personal emergency response, recreation etc. (65.13 per cent)
- b. Traditional Housing - seniors continuing to live in their private homes with supports if required (58.45 per cent)
- c. Seniors Village/Campus - not-for-profit housing membership organizations offering comprehensive support and social engagement (34.68 per cent)
- d. Personal care homes - option when an individual needs 24-hour nursing care due to significant healthcare needs (34.32 per cent)
- e. Independent Living and Active Lifestyle Accommodation (inclusive of home share, life lease, cooperatives, and flex housing) (26.75 per cent)



The other category (1.54 per cent), included the following themes:

- a. Affordable rental apartments
- b. Supported accommodations to live in extended family settings

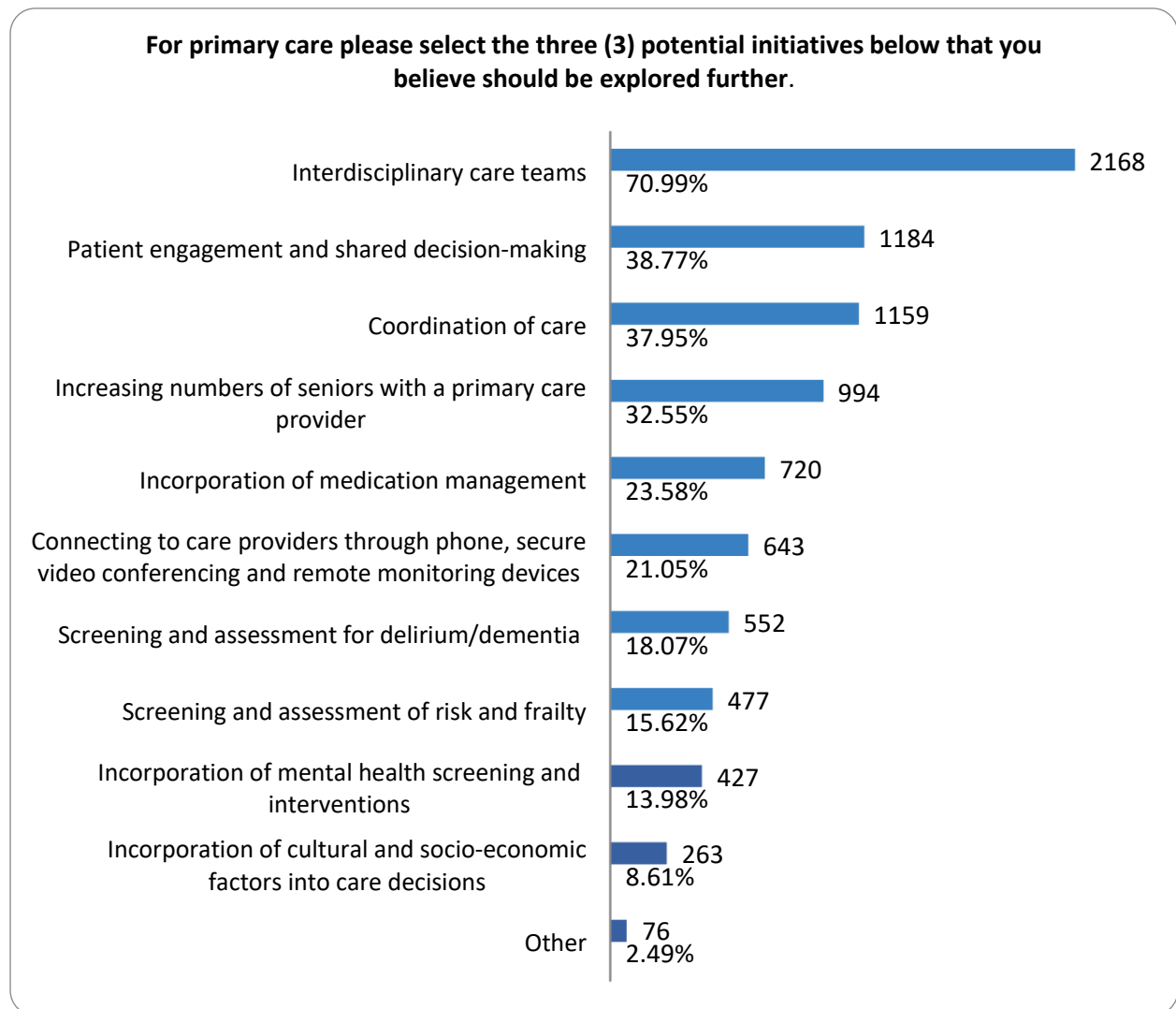
5.3. Healthcare

In previous engagements, Manitobans reported that seniors do not always have access to the healthcare services that they need. Primary care and home care were identified as the biggest opportunities for improvement.

5.3.1. Primary Care

5.3.1.1. For primary care, the top five (5) potential initiatives that were chosen by the participants include:

- a. Interdisciplinary care teams (70.99 per cent)
- b. Patient engagement and shared decision-making (38.77 per cent)
- c. Coordination of care (37.95 per cent)
- d. Increasing numbers of seniors with a primary care provider (32.55 per cent)
- e. Incorporation of medication management (32.58 per cent)



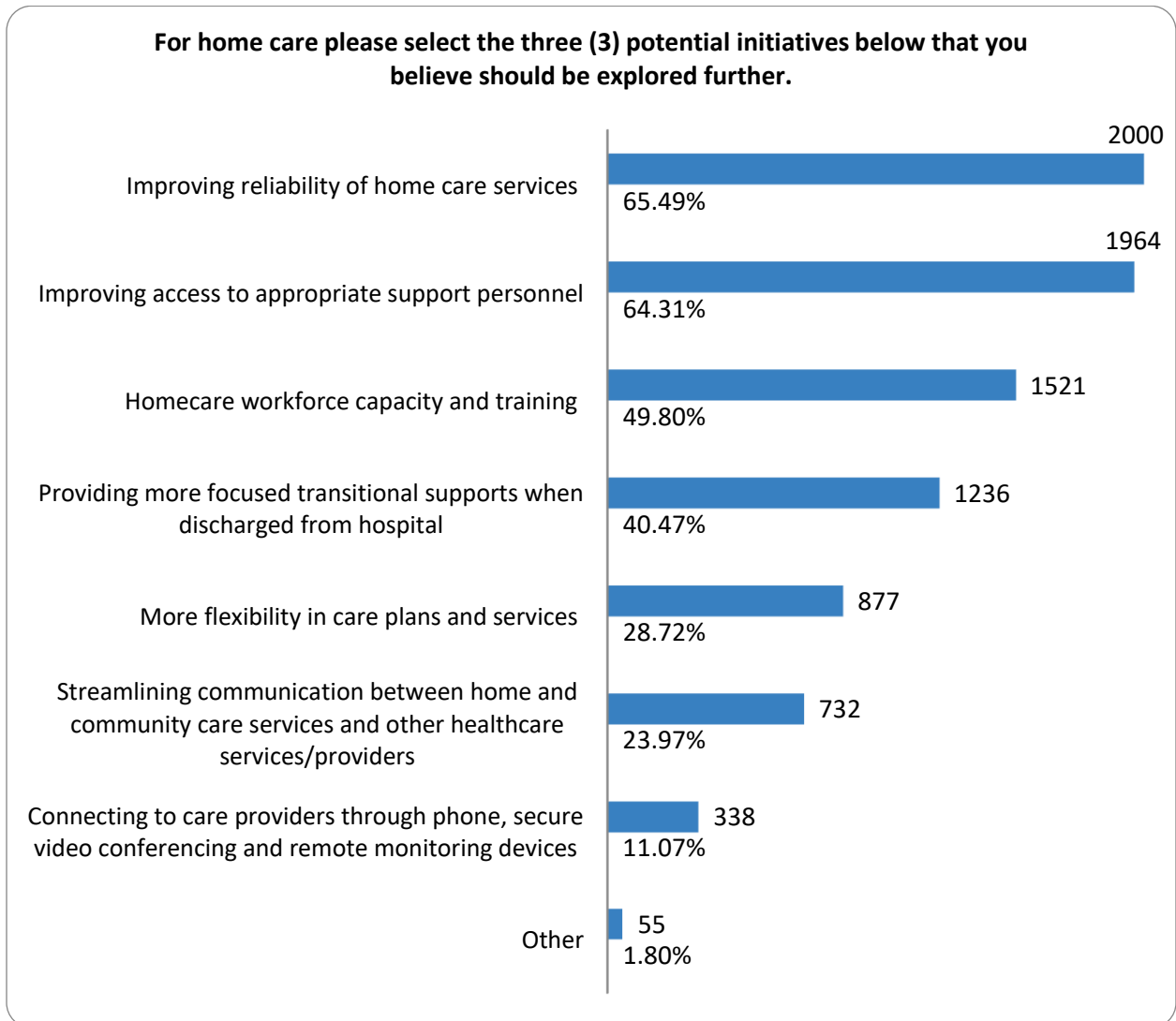
The other category (2.49 per cent), included the following themes:

- a. Increasing care providers in rural areas
- b. Decreasing wait times for medical care
- c. Incorporation of nutrition, exercise, and other preventative intervention

5.3.2. Home Care

5.3.2.1. For home care, the top five (5) potential initiatives that were chosen by the participants include:

- a. Improving the reliability of home care services (65.49 per cent)
- b. Improving access to appropriate support personnel (64.31 per cent)
- c. Home care workforce capacity and training (49.8 per cent)
- d. Providing more focused transitional supports when discharged from the hospital, such as pharmacist counselling, telephone follow-up, and general practitioner or nurse follow-up home visits (40.47 per cent)
- e. More flexibility in care plans and services (28.72 per cent)



The other category (1.8 per cent), included the following themes:

- a. Appropriate compensation for home care workers
- b. Continuity of care for home care providers and more time allotted to each visit
- c. Home care that is centred around the decisions and preferences of seniors and their families
- d. In-home support services that are accountable, reliable, consistent in terms of quality and staff, and comprehensive of all needs including daily chores

5.4. Red Tape Reduction

5.4.1. In previous engagements, we heard that providing services for seniors is unnecessarily difficult because of “red tape”; excessive administrative burdens due to legislation, policy, regulation, or jurisdictional issues. “Red tape” prevents service providers from providing services as effectively and efficiently as possible, which in turn makes it difficult for seniors and their loved ones to get access to necessary services. The top five (5) common themes among the “red tape” administrative burdens that were described by the participants include:

- a. Facilitate the legal and bureaucratic processes that caregivers must go through to acquire supports for or legally represent seniors
- b. Decrease wait times and required forms in all levels of care, placements, and supports
- c. Facilitate and fast-track access to panelling and physical assessments necessary for bureaucratic processes such as income tax, Canadian Pension Plan, and access to care
- d. Seniors, caregivers, and families need support in acquiring information about and navigating various processes and procedures, as well as available supports. This includes more options for communication beyond online resources (in-person and phone services with real people)
- e. Facilitate processes to build facilities and hire staff to enhance services in rural areas

6. Measures of Success

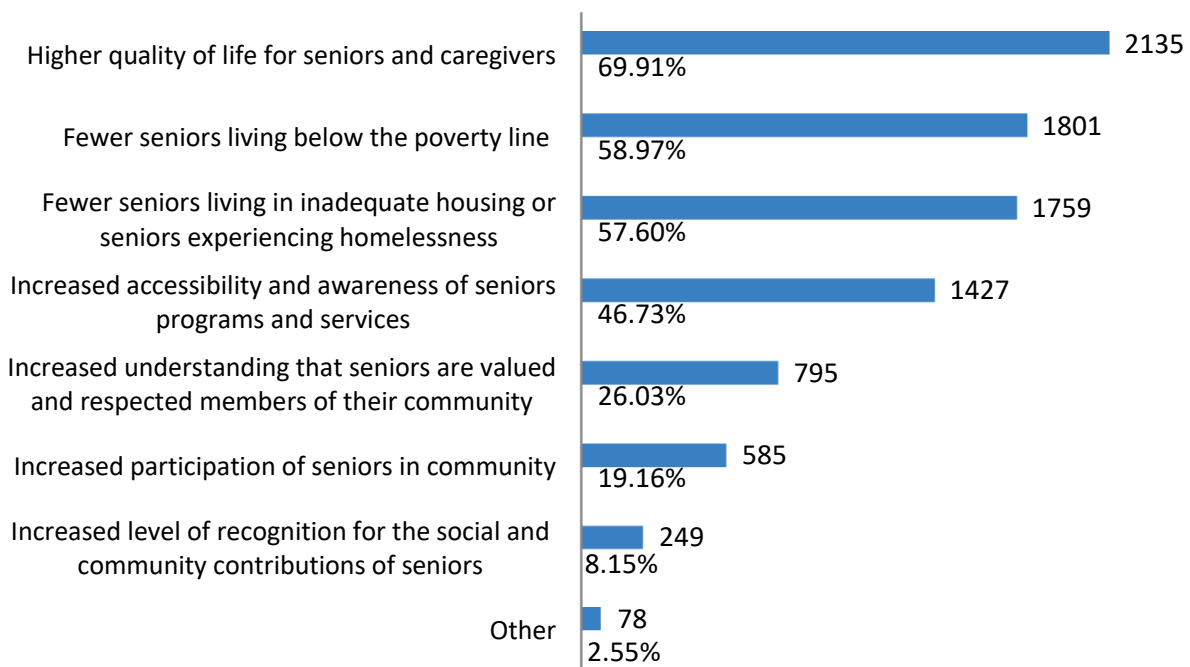
Measures allow the Government of Manitoba to monitor and report on progress against its goals.

6.1. General/Community Measures

6.1.1. The top 5 ideal General/Community Measures of success that were chosen by the participants include:

- a. Higher quality of life for seniors and caregivers (69.91 per cent)
- b. Fewer seniors living below the poverty line (58.97 per cent)
- c. Fewer seniors living in inadequate housing or seniors experiencing homelessness (57.6 per cent)
- d. Increased accessibility and awareness of seniors programs and services (46.73 per cent)
- e. Increased understanding that seniors are valued and respected members of their community (26.03 per cent)

General/Community Measures: Please select the top three (3) ideal measures of success.



The other category (2.55 per cent), included the following themes:

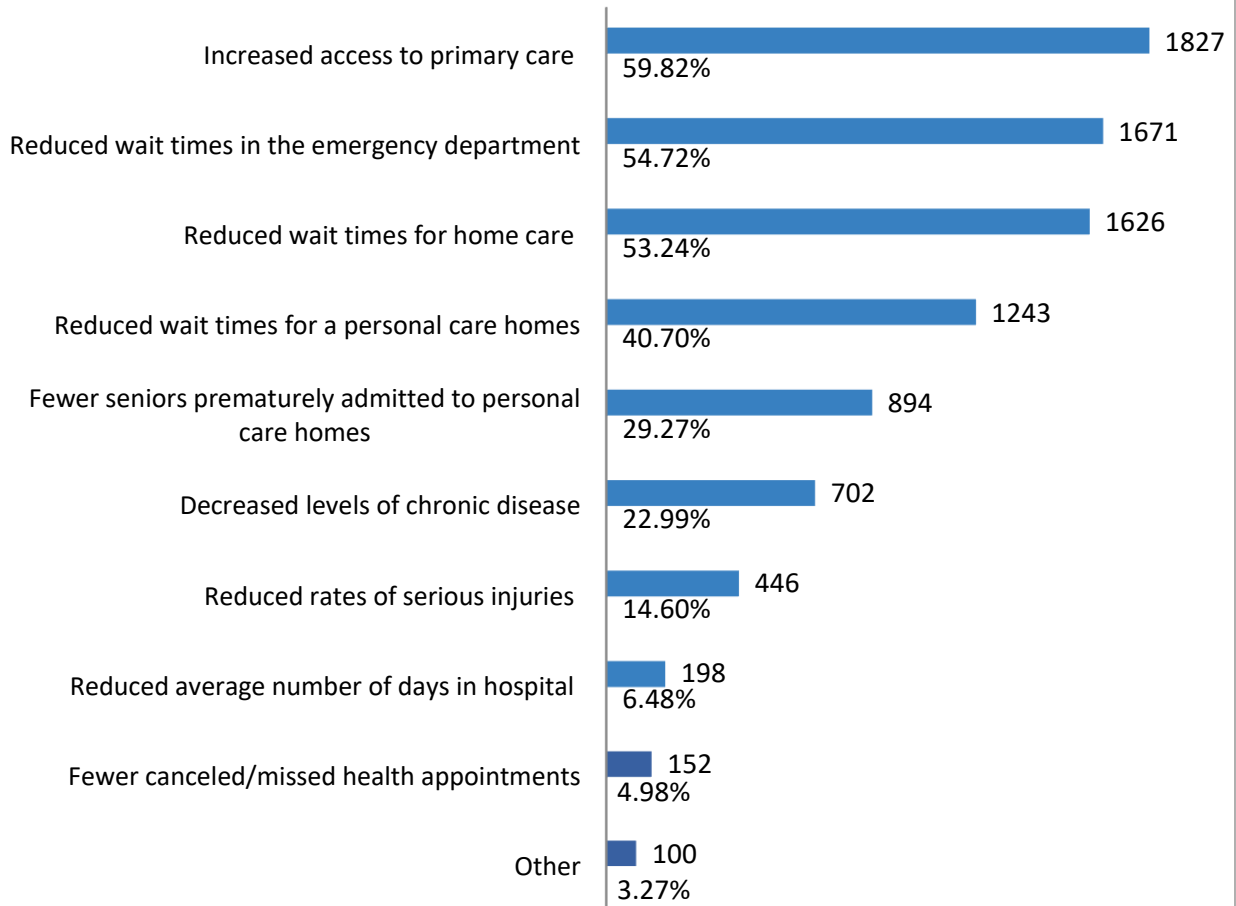
- a. Increased number of seniors aging in place
- b. Decreased distance that the seniors and their caregivers must travel to acquire services

6.2. Health System Measures

6.2.1. The top 5 Health System Measures of success that were chosen by the participants include:

- a. Increased access to primary care (59.82 per cent)
- b. Reduced wait times in the emergency department (54.72 per cent)
- c. Reduced wait times for home care (53.24 per cent)
- d. Reduced wait times for a personal care home (40.7 per cent)
- e. Fewer seniors prematurely admitted to personal care homes (29.27 per cent)

Health System Measures: Please select the top three (3) ideal measures of success.



The other category (3.27 per cent), included the following themes:

- a. Reduced wait times to access medical care (surgeries, appointments, tests, specialized care etc.)
- b. Numbers of care providers and their levels of training
- c. Increased access to mental health and allied health services like physiotherapists and occupational therapists