

Spring 2016

Western Ottawa
Community Resource
Centre

Julie A. McKercher
Rural Community
Developer

Dr. Barry Bruce
West Carleton Family
Health Team

Michelle Murray
Director, Programs and
Services

[RCD: ENGAGEMENT ON HEALTH PRIORITIES FOR SENIORS AND CAREGIVERS IN WEST CARLETON]



Table of Contents

Summary

i)	Introduction	p. 2
ii)	Assumptions	p. 3
iii)	Project Background	p. 4
iv)	Report on activities	p. 5
v)	Findings	p. 8
vi)	Upcoming opportunities	p. 9
vii)	Final words	p. 11

Summary report

INTRODUCTION

“Rural Community Development: Engagement on Health Priorities for Seniors and Caregivers in West Carleton***” was a project that developed out of multi-year funding from the United Way Ottawa’s Stronger Neighbourhoods funding in 2011 and 2014. The activities, and deliverables, discussed in this report, have benefitted also from funding for research and findings from the community support program known as “be-friending” from the Champlain LHIN and from funding for evaluation through the Rural Ontario Institute (ROI) initiative: “Measuring Rural Community Vitality in 2016”.

The Western Ottawa Community Resource Centre (WOCRC) deliverables for the ROI component of the project, in partnership with local stakeholders were as follows:

- To support the development of an integrated approach to improving health, wellness, and resilience at the community level;
- Address issues of isolation and the realities of low-income;
- Identify community assets; and,
- Foster resident skill development.

Specific ROI related outcomes for the West Carleton community were to include:

- a) A common understanding of supporting factors, and barriers, to aging in place;
- b) Priorities and issues identified by residents;
- c) Shared goals and objectives relating to the objective of “aging in place” identified;
- d) The creation partnerships to support sustainable immediate and long-term strategies to address needs through a “collective impact”* approach;
- e) Determine “community readiness” for co-production of services;
- f) Development and implementation of projects designed and phased in to achieve the identified objectives;
- g) An evaluation of the effectiveness of the project and engagement process (Social Planning Council of Ottawa);
- h) Broad community participation;
- i) Increased community capacity to improve the lives of both seniors receiving services and community members providing the ongoing support;
- j) Participants empowered and given the opportunity to acquire skills to influence the services in their community, and
- k) Ensure a sense of resident ownership, seen as pivotal to success.

The engagement project, now complete, has met each of its deliverables to the ROI with the submission of this report, was underway in November 2015, when a confluence of program evaluations, resident asks, challenges, and learning opportunities came together enabling the WOCRC to examine the feasibility of program enhancement, recognizing that the organization had for many years not adequately meet the needs of residents in the rural catchment. This report will document the engagement process

undertaken, and outline the model developed for rural consultation, and capture successes, challenges and opportunities.

ASSUMPTIONS

The Engagement on Health Priorities (EHP) project model was developed and sponsored by WOCRC staff in partnership with Dr. Bruce of the West Carleton Family Health Team (WCFHT), with support from residents of West Carleton. Heavily resourced on the front-end by the United Way Ottawa - Stronger Neighbourhoods funding, it has been resourced on the “back-end” by both the WOCRC and the WCFHT.

On the part of the WOCRC, there was a collaborative change process undertaken by several teams to realign organizational priorities and reallocate funds in order to place the needs of rural seniors and caregivers under the microscope. There were no new funds to support enhancement of programming. The EHP model was, therefore, built on the following assumptions:

- That WOCRC community support services not well known among residents (supported by data), seen as too costly (anecdotal), and as operated externally without the support of local volunteers the community (required for word of mouth promotion of the services available);
- That residents rely on neighbours and small, informal community organizations for support, and on the WCFHT and the Arnprior health system to meet social, recreational, and health needs;
- That co-production of health services and programs (doing “with”, not “for”) was an essential ingredient to success of any non-clinical programming designed for West Carleton, and that ongoing consultation would be necessary for the foreseeable future to continue the evolution of services;
- That community health priorities set forth by the Ministry of Health and Long Term Care in the Patients First: Action Plan for Health Care 2015 were foundational and aspirational documents, detailing the future of community care;
- That appropriate and well planned engagement would provide a focal point to channel the communities interest in assisting seniors and caregivers, to ensure that volunteers would be engaged in meaningful ways;
- That the lenses of “multidimensional poverty”** and health equity could lead to replacing the current “siloes” system with an integrated, holistic, collaborative system to address issues of physical and mental health, isolation and poverty in seniors and caregiver in West Carleton.

From the outset, the priority was to target residents in the communities of Fitzroy Harbour, Carp and Constance Bay because data revealed that they house the highest percentage of seniors living alone in West Carleton, with 24.5% in Constance Bay and Fitzroy Harbour at 18.2%. While the caregiving population is more challenging to identify, given the rate of aging in the community, evidence collected during the

consultation phase, and the lack of formal supports and services, it is acceptable to assume that there are caregivers lacking formal support in these communities.

Residents of West Carleton are required to travel an average distance of 37.6 km to the closest resource centre (WOCRC), compared to Barrhaven (2.5 km), and Bridlewood – Emerald Meadows (5 km). Community services for the rural wards in Ottawa and for West Carleton specifically are poorly accessible, creating health and social vulnerability. This has served as a starting point of many discussions with residents and service providers to determine issues and priorities. These communities function as main population centers in West Carleton. With assumptions, population data and the geographical area sketched out, the EHP was designed to assist the local communities to:

- Identify and prioritize the specific needs of seniors and caregivers;
- Identify local assets in order to build an inventory and capacity; and,
- Develop a community and place-based task force that would include stakeholders from multiple sectors (seniors, caregivers, faith communities, education, business and health/community service providers).

PROJECT BACKGROUND

The ongoing United Way investment is a critically important to underscore. The organization funded the Rural Community Development program (RCD) of the WOCRC in 2011, again in 2014, and 2016 saw a commitment to fund into 2018. With this support, WOCRC has been able to take a leadership role, committing time and energy to building social capital, often extending beyond its official reach and working with other rural areas and partners. This investment has resulted in several key partnerships that figure prominently in the success of the EHP, including multiple faith communities, the WCFHT, the city councillor for Ward 5, and numerous departments within the City of Ottawa.

The EHP began as a “grassroots” project, beginning to take root informally through dialogues with Rev. Monique Stone of the Anglican Parish of Huntley in 2015, with Minister Steve Moore of Bethel St. Andrews in Fitzroy Harbour, and with Councillor el-Chantiry of Ward 5. As with appropriate community development processes and strategies, the community identified challenges, and major gaps in service and the WOCRC responded with the required support to conduct a meaningful exploration of the issues. On reflection, it became clear that West Carleton categorically lacks community supports. In contrast, the village of Richmond is rich with the support of numerous agencies, supportive housing units, day hospice, community support agencies, and thriving transportation supports. Supporting data was drawn from multiple sources, including the WOCRC system (CIMS) that tracks calls for Community Support Services (transportation, meals on wheels and other programs). A review of this data, juxtaposed against the costs of programs on offer, revealed that despite good intentions, all services were under-used in the rural areas. This qualitative data was

reinforced with the anecdotal feedback heard during the consultation phase. Statistics on aging and geography from the Ottawa Neighbourhood Study (available at <http://neighbourhoodstudy.ca/>), showed great needs with respect to aging in West Carleton. While this poses logistical challenges to developing services that meet the needs, it also represented an opportunity to explore different ways of offering services.

In addition to the “rural realities” presented so far, the social-rec and equity issues bear mentioning. Isolation is seen as a key health concern and determinant of health, and rural residents are at an increasingly high risk of experiencing isolation given distance, health concerns, and caregiving rates. This has been corroborated by the experience of the Community Paramedic Program of the WCFHT, which has found that meeting the needs of the most complex patients in their home has reduced the reliance on more formal and costly visits to health care (captured by the WCFHT), prompting a conclusion that many are accessing formal care are doing so as a means of reducing their isolation. Further, there is the reality of low-income in this huge community. Despite being labelled as a “fifth quintile community” by Ottawa Public Health, and therefore not forming a “priority population” there is a thriving, and chronically underfunded food bank, answering calls from over 200 families annually, suggesting that food security and poverty is a serious, but hidden issue in West Carleton.

Finally, this community has been had the experience of facing chronic reductions in services, many would argue since amalgamation, nearly 16 years ago. The most recent assaults come from the removal of Public Health Nurses from the area, causing a reduction of support in volunteer run health promotion activities, and increasing the perception that the City of Ottawa has forgotten the needs of the community. Further, and more recently, the Rural Affairs Office – an office of three public servants – experienced a loss of one staff in the most recent cuts to City staffing. Finally, it has been made publically available that community policing will be removed from the community as well, resulting in a closure of the Community Policing Centre currently housed at the Kinburn Client Service Centre. The impact of all restructuring remains to be seen but the optics of yet another service cut to the rural population are profound given the demographic realities and the scarcity of services in West Carleton.

REPORT ON ACTIVITIES

The community forums were officially underway after the ROI funding announcement at the West Carleton Complex on January 28, 2016. The announcement, interestingly, had the effect of galvanizing the community – drawing interest and engagement from the outset. The formal event, six in total, were preceded by pre-consultation visits made to meetings of pre-existing groups in the community to “whet the appetite” and begin a dialogue as so much work in rural areas is communicated by word of mouth. The EHP has furthermore, been captured on a blog designed to “tell the whole story,” with the hopes of using the Most Significant Change (MSC) method of evaluation allowing for multiple community change stories to be told. The blog can be found here: <https://wordpress.com/stats/year/ruralcommunitydevelopmentstory.wordpress.com>.

The EHP Forums in 2016 took place on:

- March 2, 2016 at Bethel St. Andrews United Church in Fitzroy Harbour;
- March 12, 2016 at the West Carleton Complex;
- April 10, 2016 at the Constance Bay Community Centre;
- April 16, 2016 at the St. James Parish Hall in Carp; with a wrap-up event on:
- May 7 2016 at the West Carleton Complex

Informal events that facilitated data collection are as follows;

- November 21 2015: an unofficial “kick-off: at St. James Parish Hall in Carp, hosted in collaboration with Rev. Monique Stone;
- February 7 2016: Bridging Generations forum in Pakenham facilitated by the Mills Community Support. This event focused on rural senior needs and served as a key source of information regarding rural realities for seniors; and,
- March 11 2016: a facilitated presentation, discussion and survey exercise completed by the participants at the WOCRC Kinburn Diners luncheon.

The EHP relied on multiple channels of data collection to ensure that those who could not participate in person had the opportunity to be counted. These multiple channels included:

- A call was put to the community as part of the invitation to participate in the consultation through the media (multiple sources including social media, the West Carleton review, the councillor’s column, etc.) to provide feedback to the question – “what are your health priorities, if met, would facilitate staying in your home and community, for longer?” This resulted in several personal and confidential letters and c emails detailing stories of the challenges of living rurally and the “fixes” required to support better aging in place;
- A personal phone-call was placed to Tracy McCormack, Manager Recreation and Adult Day Program at Arnprior Regional Health (ARH) to understand the migration patterns of West Carleton residents to the ARH day program;
- WCFHT supplied key information relating to the number of West Carleton clients with a diagnosis of dementia and the corresponding numbers of caregivers in the community. This may support the development of a more concrete wraparound service for residents through an explicit partnership with the WCFHT ;
- Personal interviews were conducted with residents that had identified barriers to attending the official forums in person. Each of the individuals counted in this way presented with conditions that make living rurally while aging with complex health challenges extraordinarily difficult (cancer and chemotherapy, heart conditions and early diagnosis of dementia);
- April 18 2016, an interview and discussion with Dr. Barry Bruce and the WCFHT Community Paramedic Tracy Supranchuk, acting as a proxy for an estimated 80

complex clients of the WCFHT, describing the challenges of residents face on a daily basis.

In total, the project captured feedback from more than 400 residents and stakeholders.

At each formal event, with the exception May 7, residents and stakeholders were invited to discuss in small group facilitated fashion, the following agenda items:

- a) Assets and community advantages (defined as people or groups with extraordinary gifts, time and patience and capacity, and community spaces - that could be used to benefit seniors and caregivers;
- b) Problems and needs (defined in the context of staying and aging in the wider community of West Carleton, "...from housing to hospice,") of seniors and caregivers in the community; and,
- c) Services and partnerships with health and social service partners that would be of benefit to **seniors and caregivers, as well as who and what organizations residents would like to engage in a co-production relationship.**

The priorities for seniors and caregivers, as identified by the community, compiled after each event and listed in order of importance were:

1. Improvements to the transportation program, including:
 - Increased promotion of existing WOCRC services;
 - Increased affordability;
 - Increased accessibility (time of day and on weekends);
 - Simple scheduling; and
 - Rides by local volunteers to local events and addresses (Church /Sundays).
2. Local formal/informal programs for peer-led, org. supported caregiver support:
 - With access to social activities in the community; and,
 - Provision of workshops as a means of reducing isolation
3. Access to local, tailored, place-based respite and adult day programs (ADP):
 - Place-based and mobile, for frail seniors and, when appropriate, their caregivers, with transportation options built in to programming;
 - For seniors with a diagnosis of dementia; * Need for this service corroborated by the evidence supplied by the WCFHT re: an estimated number of clients with a diagnosed dementia who might access a Day program, and the number of caregivers associated with the clients.

4. Home maintenance, and support around the house

- Help with putting away groceries, gardening, light painting, etc.
- Local, and vetted by the agency as “safe,” for seniors;
- Potentially with an intergenerational focus, making use of West Carleton Secondary School as a source of student “assets” requiring the completion of 40 hours of volunteer service;

* LHIN funded research on befriending at the WOCRC, completed in spring of 2016, identified that supports of this nature are supportive of health as they meet the dual objectives of helping an older adult stay in the home for longer and the activity may contribute to breaking isolation, a key indicator of health.

The May 7 event was a solution-focused event that included residents and health and social service providers that consisted of providing feedback to the community about “what we heard” in the preceding events. The task given the 70 estimated participants was to come up with what we termed “enabling solutions”: one or more solutions that would meet the many issues identified through the EHP consultation phase. The participation record has indicated a strong mix of residents and service providers, and overwhelmingly, facilitators documented a consistent call for “one stop access” that opens the door to multiple programs, done locally, supported by local residents, with organizational support from WOCRC and partners.

Project leads (WOCRC and WCFHT) reviewed notes, considered the available organizational resources and reviewed the community priorities identified through the EHP and developed a “straw dog” proposal. This proposal included an entirely new program delivery model for West Carleton and was presented at the initial “task force” meeting, made up of community champions and stakeholders on June 28, 2016.

FINDINGS

Residents in West Carleton knew very little about the available community support services, or of the subsidies that exist. The lack of awareness of the organization is lesson number one for the WOCRC. Internally, there has been incredible cross-functional team effort to embark on a coordinated rural strategy to increasingly work with partners to offer more place-based programming in the community.

Lesson number two is an extension of lesson number one. Rural communities in Ottawa generally, and West Carleton specifically have experienced the withdrawal of supports in a semi-ongoing manner. The Ottawa Public Health example is a recent loss that was referenced earlier in this document. Organizations interested in having a rural presence must intentionally commit to working in a visible way in these communities to develop key relationships, and that must be combined with a willingness to be in it “for the long haul”. If an organization is committed to being place-based and strives to equitably provide a level of service, it must be a part of the fabric of the community, and thus, the

co-development (programs and policies developed with residents of community, and not for them) is a crucial aspect of design that cannot be overlooked.

Lesson number three: A rural model of support must be developed that is holistic, and meets multiple needs. Urban and suburban options that are “transplanted” in rural are not generally successful, or require substantial re-imagining for them to work. The most respectful mode of program development is not to offer a “pre-packaged” program, but rather to create a set of programs to serve very specific needs, developed with the support of key champions and assets in the community.

Finally, and an extension of lesson three, is the use of language and lingo. Throughout the life of the EHP engagement period, it was recognized that it was occasionally very difficult to discuss certain themes, the most obvious being the caregiver concept. While there were many who approached the staff to identify their struggles, they were often the adult children of the seniors, living away from West Carleton. Spouses who were clearly providing care for one or the other, had difficulty identifying themselves with the “caregiver” label. Further, the term “day program,” presented challenges for many of the older participants. While there was consistent reporting that people caring for their spouses “could use time to do things,” the idea of putting them in “day care,” seemed daunting. One woman said that she was reluctant to take her husband to a day program because she was concerned about others “reporting” his condition and that [they] would put him in a home or “not let him return home”.

These are significant lessons for the team at the WOCRC and the WCFHT as we move ahead with plans to co-develop programming and support the community with capacity building. These will become principles by which we gauge success. At each step, these considerations will be addressed to ensure that work stays informed.

Upcoming opportunities

Many difficult and lower priority issues were raised during the engagement period. For example, the need for different types of housing arrangements for seniors (suggestions included coach houses, abbey houses, co-living arrangements, cooperative housing, repurposed church lands) require a multi-system and multi-partner approach because of the complexity. Likewise, funding will be challenging, and requires considerable planning, and support from a broad range of partners. Nevertheless, these issues have been flagged as “important” by the community, providing greater weight to discussions with partners whose mandate it is to support the community, and some planning is underway. With respect to housing, for example, the WOCRC has taken a lead on convening a roundtable on housing with the Anglican Diocese of Ottawa as a major partner (as they have made affordable housing a priority and part of a key mission renewal strategy). The focus is on rural West Carleton and the development of a rural model for affordable housing development. This dialogue is planned to extend into 2017 and will include a number of organizational partners.

With respect to developing the capacity of the local community to respond to needs, the WOCRC has received federal funding from Human Resources and Social Development Canada (HRSDC) under the New Horizons for Seniors funding pot as part of a larger collective known as the Ottawa Impact plan; this was the purpose of the funding announcement made by the Hon. Karen MacCrimmon on May 19, 2016. This funding, will support community training aimed at reducing the rate of isolation in the senior population aged 55+, with a focus on the reducing the barriers endemic to living in rural Ottawa. Those trained in the program, “Community Helpers”, who hail from all walks of life, will work directly with rural seniors to reduce isolation and achieve the following objectives:

1. Increase the proportion of seniors who have formal and informal support and help when needed;
2. Increase the proportion of seniors who participate regularly in activities;
3. Increase the proportion of seniors who feel connected; and
4. Increase the proportion of seniors who feel valued.

There is an ongoing search for funding to support the program enhancement in West Carleton. It is hoped that much of the support may be given in kind as WOCRC seeks to engage with Community Associations, Faith Communities, and work alongside academic institutions to increase the number of student placements available in the community.

Funding opportunities that may support expansion of this work will be presented to the Task Force as they become available.

Cautionary tales

There are always lessons to be learned in any community engagement process. For the WCFHT and WOCRC the cautions are around resourcing and partnerships. Resourcing this project has been intensive. While a dollar figure is not available, suffice to say that a financial commitment to working with the community in a consultation of this size is daunting, and for a small organization, might represent a significant challenge. Thus funding and commitment on the part of the organization (entrenched in a strategic direction, perhaps) are critical elements to the success or failure of the endeavor. Further, the work requires a long-term investment up front to develop and nurture community relationships, which will ultimately solidify social networks and contribute to the long-term success of the work.

With respect to the issue of resourcing, it helps if there is strong leadership and an organization-wide approach, which may require a change management lens, a commitment to equity and perhaps the development of a cross functional project team for the life of the process and beyond. Where WOCRC was concerned, the entire Community Support Services (CSS) team was engaged on the project and supported the group facilitation process at event and, note-taking, as well as attending meetings,

and getting into the community. A bonus and an argument for tackling change – many of the staff reported being excited at the opportunity to engage with clients “on the ground” because it weighted the stories of challenge and provided perspective on gaps, needs and supports required to improve vitality in the community.

Regarding the challenge of partnership and good will; inviting those would-be partners to the table requires very clear communication from the outset. The fact that non-profit organizations overlap values and share objectives does not negate the need to clearly outline and be “up-front” with respect to over-arching, and potentially hidden or organization specific objectives. There is almost always a WITHMA (what’s in it for me/them) and it would behoove organizations that are stepping in to explore a collaboration to ensure the clearest of communications and ask the appropriate questions, around for example, the expectation of financial gain, what constitutes in-kind support, and organizational preferences. Ultimately, better to have a full picture of the wants and needs, effort and level of contribution from all parties.

As this project has resulted in the opening of two community hubs, and is rather complex in the sense that programming requires a new approach, WOCRC has engaged a task force (working group / project team) of residents that is action oriented and time-limited. This group, made up of individuals with various levels of expertise and influence, have become advocates for the project and have built social networks through which to communicate successes, changes and evolutions. The involvement of WOCRC staff and residents has “greased the wheels” for implementation now and for the future. The buy-in generated by inclusion on this task force has become especially valuable as the project outcomes impact the service levels of an entire community.

FINAL WORDS

The Task Force has overseen the soft launch of the WOCRC service “hubs” in November 2016. The task force, through a series of meetings, and by dispersing into two work-groups focused on place-based delivery of services, has approved the model and the community support programming that is planned, as per the priorities identified during the consultation phase. Its role over the coming year is to remain action-oriented, and tasked with providing ongoing feedback about the community response to the programs.

In October 2016, the Ottawa Social Planning Council (SPC) conducted an in-person “ripple mapping” evaluation, the results of which are expected in November 2016. It was a very well received exercise, providing engaged residents an opportunity to voice their opinions regarding the EHP process. Outcomes will be captured in the evaluation document from the SPC. For the purposes of tracking future outcomes to this work, WOCRC is designing an evaluation strategy based on a results-based accountability framework (RBA) that is intended to capture the following markers of “vitality”:

- The increase of volunteers that emerge and become place-based assets;

- The increase in seniors and caregivers connect with our support services;
- The increase in seniors accessing the lower-cost transportation options from the K0A, K7S and K2K postal codes;
- The uptake of seniors accessing the home maintenance program;
- The increase in seniors purchasing Meals on Wheels;
- The evolution of programming over the pilot phase of 2017.

The overall objectives of this “pilot” year are to engage with the isolated senior, increase the awareness of the WOCRC services and increase those engaged in volunteer roles for place-based service delivery. Further, developing a deepening level of level trust of the organization, and increased are critical objectives. As a result of this work, there is great recognition that the “caregiver” cohort is the target audience; they are the population group that requires key supports in their daily activities and the one that possesses the capacity to advocate for additional programming, based on the needs they have developed. Thus, the measurable objectives of this pilot phase are as follows:

- Connect and engage seniors and caregivers in knowledge-building activities;
- Engage seniors and caregivers in new opportunities to socialize;
- Empower seniors and caregivers to build knowledge and skills to contribute to the vitality of their family, community, and city;
- Seniors are able to stay in their rural home longer and able to delay moving away from their communities.

All material will be made available to the community on request.

This report will officially give closure to the extensive community engagement phase of the project and will provide the community with the feedback they’ve been awaiting. We can hope for a future when WOCRC programs like these become community fixtures, but these fixtures will grow from the “seed” processes described herein.

*A “Collective Impact” approach is “...a framework to tackle entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change,” obtained from <http://www.collaborationforimpact.com/collective-impact/>.

** “Multidimensional poverty” is “made up of several factors that constitute a people's experience of deprivation – such as poor health, lack of education, inadequate living standard, lack of income (as one of several factors considered), disempowerment, poor quality of work and threat from violence,” obtained from <http://www.ophi.org.uk/policy/multidimensional-poverty-index/>

*** West Carleton is officially known as “Rural Northwest Ottawa.