

Healthy Aging in BC

A community based model

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& Northern Vancouver Island



Land Acknowledgement

For thousands of years, First Nations up and down the coast celebrated a rich cultural heritage. The abundance and richness of this land is due to the care and respect of the First Peoples that have stewarded this land since time immemorial in what is presently known as British Columbia. We are deeply grateful to connect, live, work, and play on these lands. These lands are unceded as it was never handed over to the settlers. Therefore, these lands still rightfully belong to the First Peoples.



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Community-Based Seniors' Services (CBSS)

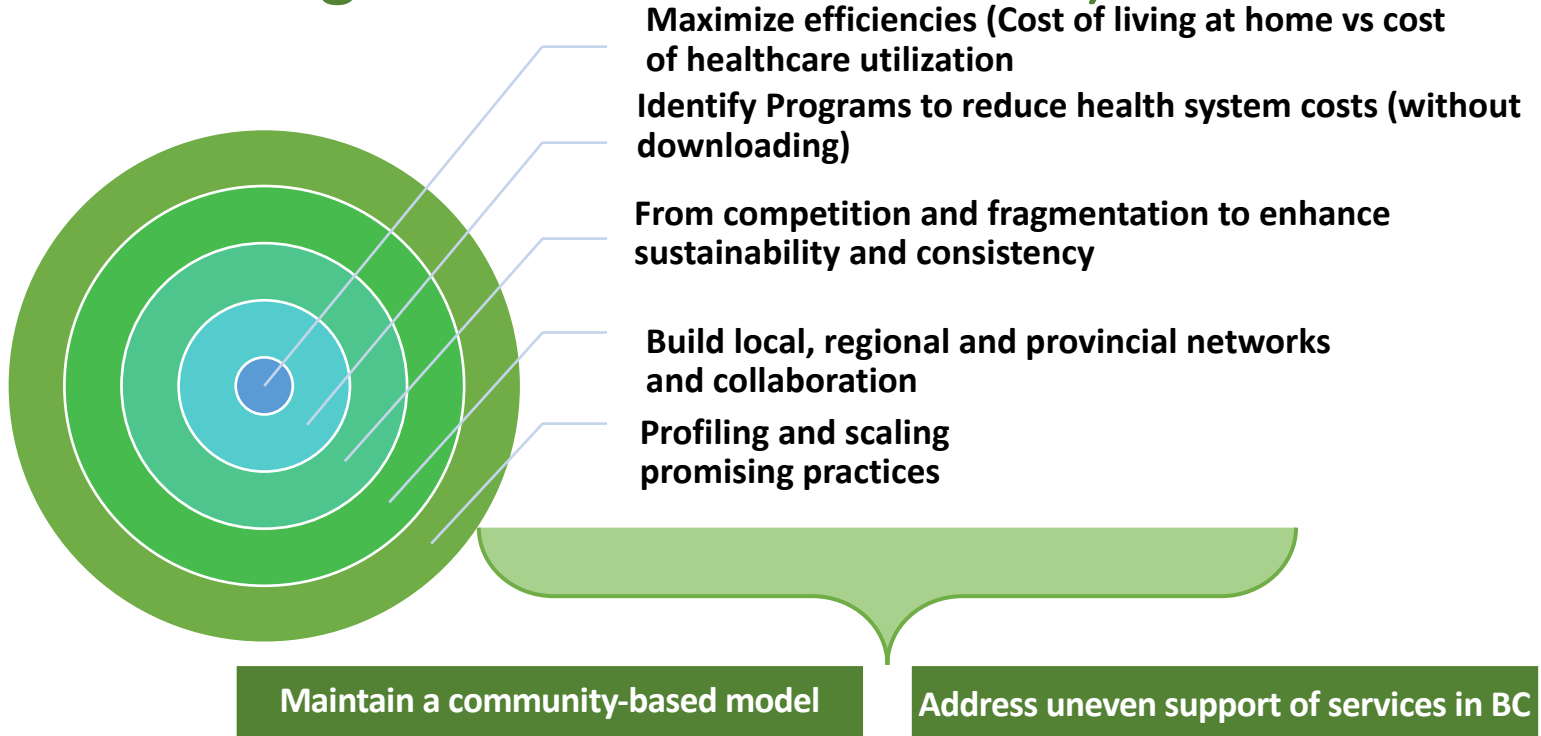
A broad definition that includes all municipal and non-profit services that provide programming for older adults including recreation centres, community centres, multi-service agencies, seniors centres, community coalitions, and neighbourhood houses.



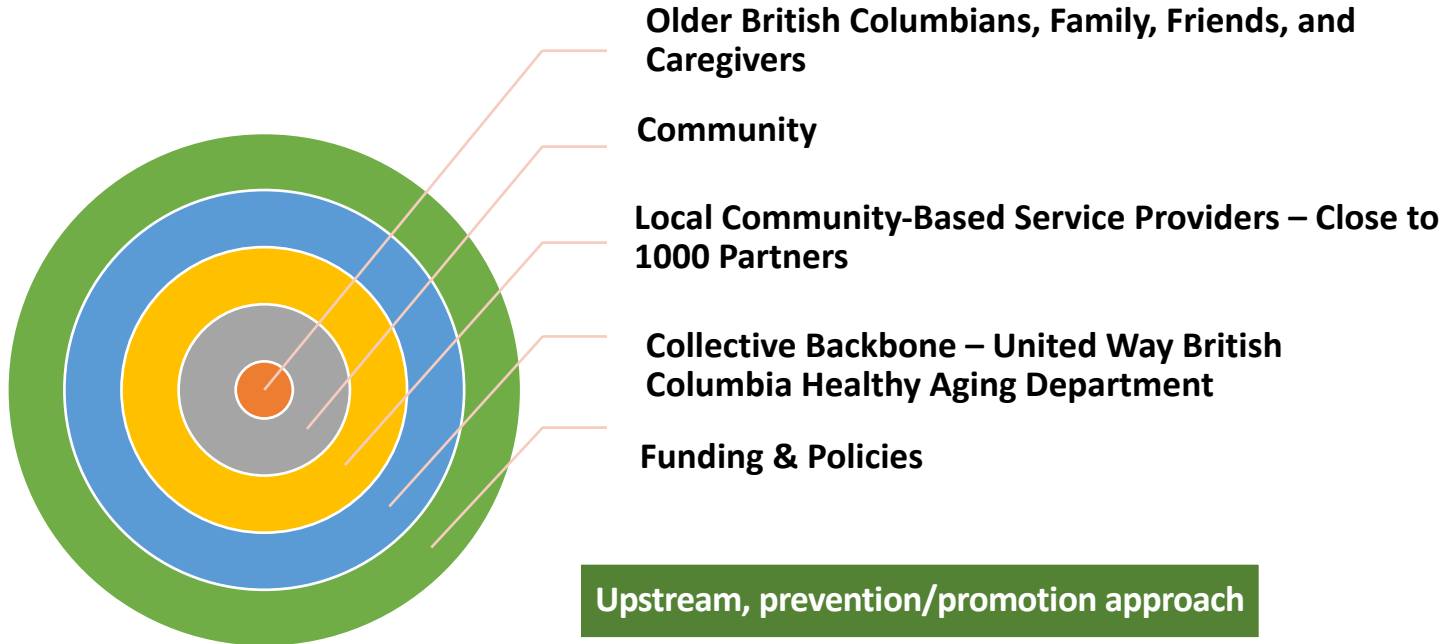
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Strategy (Community Development Process through Central Coordination)



A Community Based Model



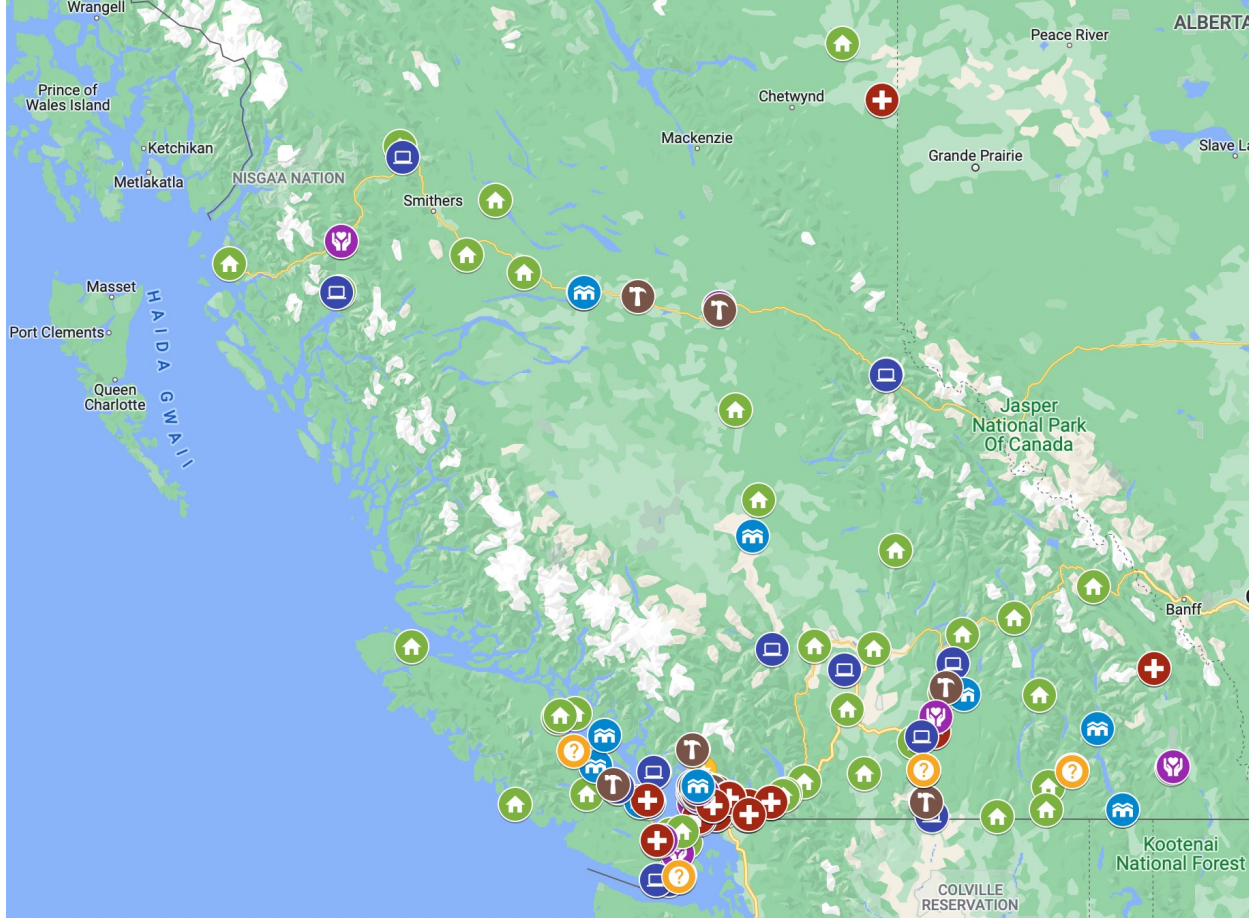
Maintain a community-based model

Address uneven support of services in BC

Provincial Reach

A community development approach

-  Better at Home
-  Family & Friend Caregivers Support Programs
-  Therapeutic Activation Programs for Seniors
-  Social Prescribing Programs
-  Digital Learning Pilot Project
-  Navigation and Peer Support
-  Men's Sheds



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What is Social Prescribing? The BC Version

A targeted initiative which partners primary care physicians with at-risk seniors and Community Based Seniors' Services.



“At my age, most of my close friends have passed away. I have no one to ask for help nearby. This program gives me peace of mind.”

-Shizu

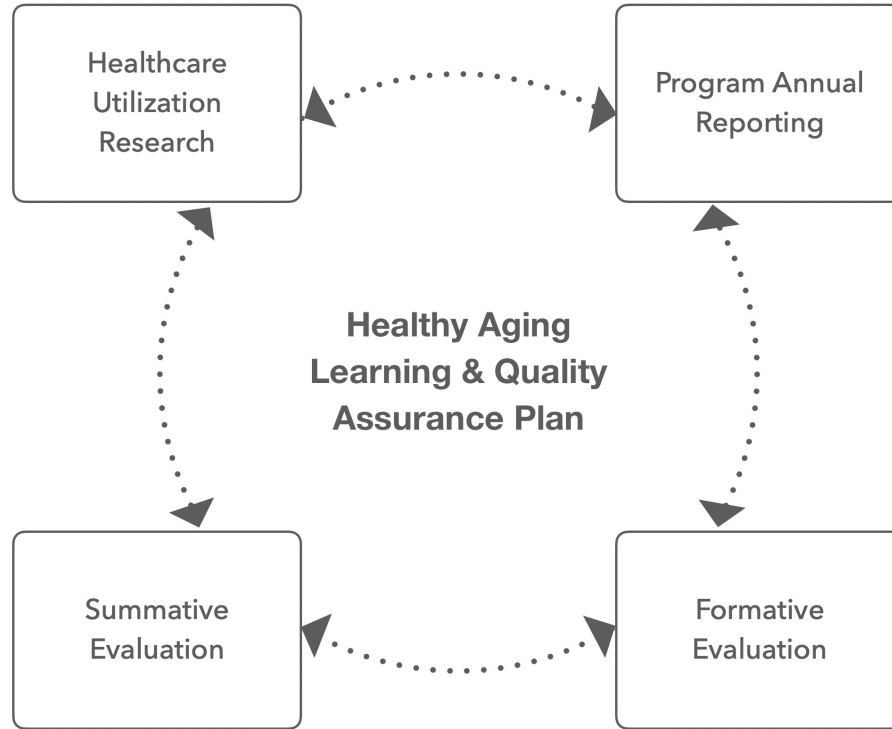
Health care professional makes the initial referral to CBSS. CBSS link worker or connector makes a personal connection with the individual and develops a personal plan. The services and supports are delivered by the CBSS sector.



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Social Prescribing Evaluation in BC



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Interim findings:

- Increased access to social, physical and nutritional supports (e.g. meal and grocery delivery);
- Improved physical and mental health (e.g. participation in physical activity, improved ability to feel seen and heard);
- Increased sense of social connectedness (e.g. connection to peers via conference calls, support groups, etc.);
- Upstream preventative nature of programming led to less medical issues being left unaddressed (identification of health issues, recommendations to community resources, and suggestions participant seeks medical care); and
- Improved quality of life.



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Louisa

Louisa was attending the Social Prescribing program, Healthy Aging: Arts, Movement & Health programming at Collingwood Neighbourhood House. She has been experiencing high anxiety and finding little or no motivation to be outside. Yet, with the support of the Health Link Coordinator, she has been trying different activities in the neighbourhood, she attended 3 sessions of Healthy Aging program and felt so much better. She met with other likeminded folks, had a gentle exercise and did art. This program has brought joy to her life.



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Demonstrated Impact

- Heat Wave
- Wild Fires / Emergency Response
- Health Care Utilization (SP, BH)
- Collaboration with Health Authorities
- Person Centred Approach (Community vs Health Care)



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Critical Success Factors

- Resource Allocation
- Partnerships esp. Primary Care Providers
- Avoiding downloading of Services
- Service distribution
- Sector Alignment



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The work continues...

- Provincial CoPs
- Pan Canadian convening / mapping
- Ongoing learning / scale out
- System integration (policy, research, curriculum)
- Awareness and Engagement



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