

Services to Seniors– Ideas Fairs: Prairie Mountain Health

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PRAIRIE MOUNTAIN HEALTH
SANTÉ PRAIRIE MOUNTAIN



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Enabling Aging in Place collaborative

The Enabling Aging in Place collaborative brought together health and social service organizations from across the healthcare continuum to implement promising practices that can delay people's entry into long-term care. The collaborative aimed to improve safety, health and quality-of-life outcomes, while also reducing emergency department visits, lessening demands on care partners and making better use of health and social care resources.

Teams from communities across the country participated in the Enabling Aging in Place collaborative.

Services to Seniors

Prairie Mountain Health's (PMH) Services to Seniors program supports older adults and their care partners to navigate local health and community services. The PMH region covers a large rural area in southwestern Manitoba. With the significant geographic spread between communities – and the distance from communities to urban centres – it is critical that older adults and their care partners be aware of and able to access local services. Navigation coordinators provide support through a centralized telephone line, offering older adults and their care partners information and referrals specific to their local communities.

To support navigation coordinators in providing up-to-date information across the health region, the PMH team has developed a central database of programs, services and supports that enable older adults to age in place.

The team travelled to communities within the PMH region to explore the supports available in each local community. They completed asset mapping with the communities and were able to build out their understanding further by hosting ideas fairs. The ideas fairs convened by PMH aim to engage with the community and help develop community assets. They bring together community members and groups to learn from and with each other about what is already strong within their communities, and to identify new opportunities to support older adults.

The ideas fairs have not only helped foster connections within communities but also set the Services to Seniors team up for success in supporting older adults and their care partners across the health region to age in place.

Key Features

Objectives

The objectives of Services to Seniors include:

- building capacity for older adults and their care partners to access programs and supports
- supporting older adults to age in place
- improving quality of life for older adults and care partners, including fostering social connections
- improving health and social services access and utilization
- decreasing care-partner burden

Population served

Services to Seniors supports individuals age 55+ in the PMH region.

Program team

The program team includes a full-time director for Home Care and Services to Seniors, a full-time supervisor for Services to Seniors, two part-time navigation coordinators and a full-time administrative assistant.

Navigation coordinators directly support older adults and their care partners to navigate health and community services. They also build and maintain an up-to-date central database of programs and services for older adults in the PMH region.

Services to Seniors

Services to Seniors provides navigation and social prescribing support through a centralized telephone line that allows older adults and care partners to call in for

assistance from the navigation coordinators. Through a partnership between Home Care and Services to Seniors, there is also a pathway for homecare clients to connect with navigation coordinators. The navigation coordinators help them access health and community services in addition to homecare services. This supports homecare clients to address other needs, such as instrumental activities of daily living, and enables them to age in place and avoid admission to long-term care.

Navigation coordinators are supported by the PMH central database, which provides up-to-date information on local programs and services available in communities across the PMH region. The central database was developed through asset mapping of communities and through connections made at ideas fairs.

The Services to Seniors team also develops resources to help older adults and care partners access community services. They have a bi-monthly Services to Seniors newsletter that is distributed to over 1,000 individuals, featuring information on local programming, free events for older adults to attend, recipes and more. This resource and others are enhanced by working groups who provide feedback on priority topics and design elements and help distribute the newsletter.

Ideas fairs

With the intention of expanding the Services to Seniors navigation supports, the PMH team convened a series of ideas fairs across their region. The ideas fairs aimed to explore the many gifts of the people and resources in their communities, bringing together:

- older adults and care partners
- home care clients
- home care attendants

- direct service nurses
- local organizations that support older adults
- local government
- other community groups and community members

Ideas fairs seek to build connections and share information about the strengths and opportunities available within local communities – an important component of supporting older adults to age in place. While PMH acts as the convenor of the ideas fairs, the events are largely shaped by the unique communities and groups of people who participate.

“[Ideas fairs were] a humbling experience, as we were able to shine a light on what is strong within a community – such as the gifts and talents of its members that are often overlooked, undervalued and unseen – in a way that allowed neighbouring communities to learn more about the true essence of their neighbours. This unique opportunity allowed for networking amongst individuals who may have known each other but were unaware of the gifts they share, or those who were total strangers but shared the same interests and community values.”

– PMH team member

Ideas fairs were held in several communities, and careful consideration was given to ensuring the event spaces were accessible and strategically located to enable participation from individuals across the region.

In addition to helping the PMH team build new partnerships and identify more supports to include in the central database, these events

helped build connections and create new opportunities among community members. For example, following an ideas fair, neighbouring community organizations have come together to host a weekend-long event for older adults. The idea was sparked at the ideas fair, and they successfully implemented the event by leveraging local resources from their respective communities.

Connections made through ideas fairs have contributed to expanding networks and improving ways of working, leading to better awareness and access to supports for older adults and their care partners – ultimately enabling them to age in place.

The PMH team will continue to connect with seniors resource coordinators and older-adult-serving grant-funded agencies in bi-monthly meetings to continue the discussion and work of asset-based community development.



Implementation context

As PMH serves a large geographic area, it is important that the small team of navigation coordinators have access to up-to-date information about local supports for older adults. Their approach to asset mapping with communities – along with building partnerships to help maintain this information into the future – supports their ability to do this across many small communities with limited human resources.

Outcomes¹

Delayed entry to long-term care

Twenty-two and a half percent of older adults who were assessed for long-term care declined admission when a room became available because of the resources and services they accessed in their community.

The following story illustrates how PMH navigation coordinators have helped older adults avoid long-term care placement.

¹ The outcome and impact information shared reflects information available at the time of writing this promising practice. HEC would like to acknowledge that evaluation activities are an ongoing process for many promising practices and

the type of data collected is influenced by program goals, the length of time the program has been implemented and the level of resources available to support evaluation.

The navigation coordinators received a referral from a son whose mother had recently been discharged from the hospital and needed assistance with meals. Her son was having difficulty getting to his mother's home to deliver a meal after work, especially with small children at home. This was causing him extensive anxiety as he felt that paneling his mother (for long-term care) was becoming the only option. After a 15-minute consultation with the navigation coordinator, meal options were presented, and the son was able to choose an option that suited his mother's needs. During a post-intervention discussion with the son he stated, "That was exactly what we needed to keep mom home".

Navigation coordinators are able to connect older adults and their care partners to local health and community services that help address their needs so they can remain at home. This delays entry to long-term care, as older adults receive appropriate supports in their community, and their care partners are also supported.

Improved health and social services access and utilization

One hundred percent of ideas fairs participants reported that they were now aware of how to access supports from Services to Seniors, in contrast to the 15.8 percent who were aware prior to the events.

Gina was discharged after a hip replacement to her home on a farm in rural Manitoba. Gina did not feel comfortable doing her own foot care and had seen a poster advertising the telephone line and Services to Seniors when leaving the hospital.

While Gina had been given a list of foot care providers from the hospital; they were located almost an hour away from her home. "I am worried I will not be able to tolerate the drive to get my feet done," Gina shared. The navigation coordinator was able to use the database to assist Gina in finding a local foot care nurse.

In a follow-up discussion, Gina shared, "I was able to get my feet done at home, and after a few home treatments I started attending the foot care clinics she provides in the town nearest to me. I thought I would have to drive all the way to the city for foot care and now I attend monthly clinics just down the road." Gina was very thankful for the assistance she received from the navigation coordinators using the database.

Further, the foot care clinics were held at the local seniors' centre, a place Gina had never frequented before. When attending the foot care clinic, she saw a calendar of events and has started to attend other events at the seniors' centre.

Decreased care partner burden

When care partners are not well supported and experience high levels of burden and burnout, older adults are at a higher risk of admission to long-term care.

In 2024, 28.9 percent of care partners expressed that they were experiencing burnout. After the introduction of navigation services and access to the central database, during the first six months of 2025, only 19.04 percent expressed the experience of burnout.

Funding

Funding for the Services to Seniors program is provided through the annual operational planning process within Prairie Mountain Health. This funding comes from Manitoba Health, the provincial funder for the regional health authority.

Asset-Based Community Development Approach

Asset-Based Community Development (ABCD) is a strengths-based approach to solving challenges in communities that focuses on and develops the strengths of local assets (e.g. people, physical assets) that are key to ensuring sustainable community.

The PMH Services to Seniors team used an asset-based community development approach in exploring the supports available for older adults and care partners to enable them to age in place.

Through the ideas fairs, community connectors were invited to share their stories, insights and ideas about what has already been achieved in their community and to talk about what is possible for the future. This helped reveal a broader set of supports available in the community to help older adults to age in place.

The ABCD approach also aimed to shift power from health region staff by inviting the community to lead the sharing of local assets, as experts of the community, while the PMH team functioned as listeners and learners. This shift aligns with the ABCD principle of applying the appropriate mode of social change to the task at hand:

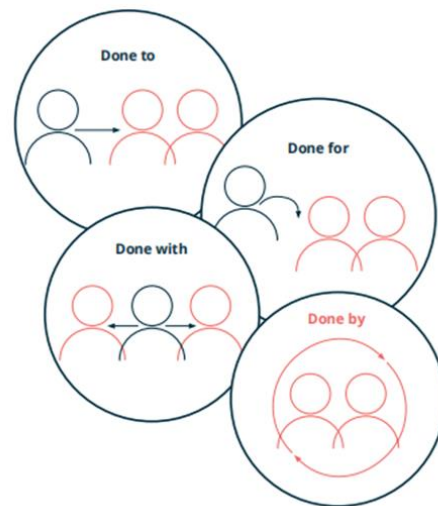


Figure 1: The Helper's Crossroads²

The PMH team wants to shift their work away from the traditional approach of doing things “to” and “for” people. Instead, they aim to focus on community development activities done “with” and “by” ultimately seeing the community taking the lead on activities they are best suited for.

² Author: Cormac Russell, www.nurtureddevelopment.org

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“As a regional health authority, we often want to fix things. We need to be asking communities:

- What can the residents do themselves?
- What can they do with outside support?
- What can't residents do for themselves that requires outside actors?"
- PMH team member

The PMH team has successfully started shifting their mode of social change by thoughtfully asking and responding to the questions above. They are intentionally focusing on activities where the community both requires and desires their support and are encouraging the community to lead activities they are best positioned to lead.

Partnerships

Services to Seniors is fortunate to have many partnerships with community members and community-based organizations, as well as with other Prairie Mountain Health teams.

Seniors resource coordinators and PMH partners

This working group brings together seniors resource coordinators from communities across the health region. Within communities, seniors resource coordinators support older adults and act as connectors. This group provides the opportunity for seniors resource coordinators to connect and learn from and with each other about ways they can support

older adults. They also provide guidance to the Services to Seniors team when creating resources for older adults.

Grant-funded agencies boards and PMH partners

This working group has representatives from older-adult-serving, community-based, grant-funded agencies. This group acts as an ongoing committee to help establish and maintain relationships at the local level to support older adults. They also provide guidance to the Services to Seniors team when they are creating resources for older adults.

Community partners

Services to Seniors has also partnered with community organizations, including food banks, municipal offices and local politicians, age-friendly organizations and local community-based volunteer organizations. These partners include those that provide services to enable older adults to age in place, as well as other partners that contribute to building the sustainability of this work.

Internal Prairie Mountain Health partnerships

The Services to Seniors team has also been able to build partnerships with internal PMH teams such as:

- Home Care
- Indigenous Health Services
- Chronic Disease Education Program
- Volunteer Services

These internal partnerships within PMH have promoted awareness of Services to Seniors among older adults and communities, and the

partners act as subject matter experts in community-building activities. For example, the Chronic Disease Education Program and Volunteer Services presented at ideas fairs, speaking to programs and ways they can support older adults and community-based, grant-funded agencies.

Their partnership with the PMH Indigenous Health Services team is helping them advance their priority of better supporting the First Nations and Métis communities within the health region. The PMH Indigenous Health Services team has begun incorporating important teachings into the Ideas Fairs such as the Blanket Exercise, which is a teaching on the history of First Nations peoples from pre-colonialism to present day.

“This exercise is interactive and powerful, as it allows for participants to briefly step into the life of a First Nations individual and momentarily experience and learn about the impacts that colonialism, residential schools and, ultimately, government policy has had. I cannot express how powerful this exercise is and the lasting impact that it has had on those who have attended and experienced the event.”

– PMH team member

To build upon this, the Services to Seniors team is working to continue developing relationships with First Nations and Métis communities, ensuring their voices are heard and partnerships are expanding.

As the Services to Seniors team supports navigation for older adults and their care partners, their partnerships have been foundational to their ability to do this work well. They continue to strengthen existing partnerships and build new ones across the health region to enable older adults to age in place.

This promising practice was co-produced with Prairie Mountain Health. Information was compiled in the fall of 2025. To reflect the changing and evolving nature of care, the information may change. We encourage you to reach out to this team for any information that could help you as you work to improve care for those you serve.

How can I learn more?

<https://prairiemountainhealth.ca/programs-and-services/home-care/services-to-seniors/>