



ST. JOSEPH'S CARE GROUP

ST. JOSEPH'S HOSPITAL

## North West Regional Rehabilitative Care Program

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# Building Capacity for Elder Exercise Programming in Northwestern Ontario's Remote and Rural Indigenous Communities

April 1, 2019

### Prepared by

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## EXECUTIVE SUMMARY

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The “Building Capacity for Elder Exercise Programming in Northwestern Ontario's Remote and Rural Indigenous Communities” project developed a sustainable, community-based exercise and falls prevention program in three remote, First Nation communities in Northwestern Ontario. Access to rehabilitation and exercise programming for the remote Northern communities was identified as a gap in the North West LHIN Capacity Planning Report (2017) with a goal to focus on preventative, self-management programming to address the aging population and reduce chronic disease. At the start of the project, the three remote Indigenous communities were at different stages along the continuum of access to rehabilitation services, with Eabametoong Home and Community Care program having regular exercise classes most of the year and access to physiotherapy in their community every six weeks, North Caribou Lake First Nation Home and Community Care having sporadic exercise sessions and in community physiotherapy and Fort Severn Home and Community Care Program, through Keewaytinook Okimakinak, never having rehabilitation services or even home care nursing services in their community.

The project included cultural adaptation of an existing Exercise and Falls Prevention program, development of a training program including paper and video resources, and implementation of the exercise and falls prevention program in the three communities. The program training was done in community. The exercise program and falls prevention talks were delivered locally with ongoing videoconference support as required.

The aim of the program, to improve the health of Elders in a culturally appropriate holistic context, was achieved, as evidenced by the individual post-intervention assessments and in the qualitative comments. The program was well received by the communities and there is a commitment to continue. Through communications with other Indigenous communities in Northwestern Ontario, there is an expressed interest to expand the program to other communities and a commitment from the Sioux Lookout First Nation Health Authority Primary Care Team to support this.

## ACKNOWLEDGEMENT

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This project was successful because of the collaboration, leadership and commitment among the project partners and their respective staff. As experienced in many projects in Northwestern Ontario, relationships among partners are key and take time to develop. Because of the pre-existing relationships between the partners, the collaborative project was possible from inception. Throughout the project, partner relationships strengthened, new partnerships within each community developed, and new relationships with other partners throughout Northwestern Ontario emerged in order to sustain the exercise and falls prevention program and initiate service delivery to meet the identified rehabilitation needs within each community.

## The Project

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This project developed sustainable exercise programming for Elders in the communities of Eabametoong, North Caribou Lake and Fort Seven. The North West Local Health Integrated Network (LHIN) Regional Rehabilitative Care Program partnered with Victoria Order of Nurses (VON) Community-based Exercise and Falls Prevention program to expand to these communities as they offered exercise programming and Falls Prevention classes in a number of communities throughout Northwestern Ontario (NWO) but not within any Indigenous communities. Following the recommendations outlined in 'Healthy Aging through Fall Prevention among Older Aboriginal People: From Many Voices to a Shared Vision' (Reading, et al. 2011), the project involved local adaptation of the VON exercise and Falls prevention program, training and local delivery by existing Home and Community Care Programs (HCCP) and the joint creation of knowledge products to improve the health of Elders holistically in a culturally appropriate context with the technological support of Ontario Telemedicine Network (OTN).

### INITIAL PLANNING

The project started with the development of the joint proposal and involved key people in each of the partner communities. Depending on the community, these included the Health Director, HCCP Nurse, HCCP Coordinator, Personal Support Workers (PSWs), Nurse in Charge, Physician at the Nursing Station, and Community Health Representative (CHR). These initial meetings, over the phone and in person, established:

- a) the need for this programming in their community;
- b) the infrastructure capacity of the community such as space to exercise, lodging for project staff during community visits, equipment needs such as exercise and technology equipment, community internet and cellular capacity for ongoing telemedicine support, and how and where to buy refreshments for the participants;
- c) the health partners in the community to communicate with, current programming for Elders and others related to exercise, local champions for training and delivery of the program and ongoing rehabilitation or training needs including staff in the HCCP, other rehabilitation professionals, staff at the Family Well-being programs, Diabetes programs, Elder Mental Health workers, nurses and physicians at the Nursing Station, medical drivers for transportation and CHRs; and
- d) requirements to ensure cultural accessibility: language needs, translation services, traditional and Christian values and customs, provision of meals versus snacks for socialization and food security, and the need for additional social or educational activities.

Each community was different and ongoing communication was critical.

During the time of this project, many communities were establishing and implementing their Jordan's Principle programming for pediatric and special needs populations in both the health and education portfolios. As such, there was an influx of rehabilitation professionals from multiple agencies often in the community, or planning community visits at the same time. This required coordination and communication

to ensure there was both health staff availability during the time of local visits for training, community venues to host exercise class, training or feasts and also accommodation as this is limited in communities.

### Cultural Adaptations

Within the community of Eabametoong, the HCCP program is well established and offered regular exercise opportunities for their Elders; however, they wanted new opportunities for variety and wanted it to be open to other populations in their community such as those with chronic disease and those currently on the suboxone program. As such, the purchase of a NuStep reclined stepper for ongoing fitness and aerobic training available to all community members was identified as part of this project (Appendix A). This community has a large prevalence of rheumatoid arthritis and this was important to understand and make adaptations in the exercise program. As such, wooden blocks were used for hand strengthening, rather than sponge balls, to ensure joint protection. Eabametoong identified that the Elders appreciate the social time with one another during the exercise class but the exercise did not need to be paired with a formal social activity or meal to engage participants. It was decided that only snacks would be offered during the sessions.

In North Caribou Lake First Nation, the holistic social nature of an Elder gathering is important and food security is an ongoing issue in this community. As such, it was decided that a hot lunch once a week with a healthy snack the second session would be offered and prepared by the HCCP. The culture of the Elders is primarily Christian and as such the meal was preceded by grace. Time to socialize during the meal and after the class was also identified as important and the class time was scheduled to accommodate this.

Fort Severn has never had rehabilitation or exercise within their communities, but does offer regular Elder Activities on a monthly basis which include teachings, meals and time to socialize. As such, as part of the project, an exercise component was planned for three of their monthly activities, using the support of the project team and the multiple agencies within the community such as Family Wellbeing, Prevention Services, and Diabetes programming. Fort Severn has a well-integrated health program at the nursing station including their medical services, CHRs, Diabetes program, and local HCCP of PSWs. This community's HCCP is organized within their tribal council, Keewaytinook Okimakinak, and as such does not have a local nurse or coordinator position. The opportunities to expand awareness of rehabilitation, such as in-home visits as recommended by nurses at nursing station and community physician and a physiotherapy clinic at the nursing stations, were identified by the community. The Health Director emphasized the importance of capacity-building and training for the health staff with ongoing support and reinforcement rather than one-time activities. This community also uses their television studio extensively, more so than their radio services which is common in many other Northwestern Ontario Indigenous communities, so video resources to support the project were suggested.

All three communities acknowledged the need for communication with their members through posters (Appendix B), radio and television and the need for transportation for their Elders to the exercise program. All three communities identified that the HCCP could assist with this role.

## TRAINING AND EDUCATION

Training in each of the communities included a session outlining:

- Principles of Exercise
- Screening for risk
- Safety
  - The Exercise class- delivered and practiced to experience the movement with discussion throughout to discuss proper positioning, postures and how to make the individual exercises easier or more difficult and
  - Technology- how to use Personal Computer VideoConference (PCVC) e-visits over Ontario Telemedicine Network, setting up the speaker and projector and practicing a session including “accepting” an appointment.

Sessions were delivered over two to three hour to half days, depending on the availability of the staff. Prior to delivering an exercise class, each facilitator had a chance to participate in training as above, watch the delivery of a session by the Kinesiologist or Physiotherapist and deliver a class in conjunction with a trained exercise leader- either the Kinesiologist, physiotherapist or someone locally. Training sessions were organized at each visit to the community to build capacity within the community, accommodate the turnover of staff in the many community organizations and to ensure the ongoing sustainability of the program. Appendix C is a link to the full training manual and a sample of the first few pages, developed throughout the project and Appendix D is a picture of the DVD cover and a link to the videos available in each of the four languages (English, Ojibway, Oji-Cree and Cree) that can be used to support the ongoing implementation or training. Each community was provided with multiple copies of the video in DVD format, at their request.

## IMPLEMENTATION

The program was delivered locally in each community center to more than 20 participants and supported by the VON over videoconference, three times a year. The activities were delivered in English, Ojibway, Oji-Cree or Cree as appropriate. The room was arranged so people could join in a circle with the exercise leader at the front.

## Timelines

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In Eabametoong First Nation, training for the first exercise leader and project coordinator started April 10, 2018, in Thunder Bay, as the exercise leader was relocating from Thunder Bay back to Eabametoong. The first in-community session was delivered May 22. This initial in-community visit was delayed by one day and ultimately in collaboration with another scheduled community-wide education session on Arthritis. This was necessary as there had been a death and subsequent funeral in the community. Their summer session was delivered twice a week from May 30 until August 28. The fall session started with another in-community visit by the Kinesiologist and the Physiotherapist September 25- 27, 2018. The fall session finished November 29th. Eabametoong's Falls Prevention session was scheduled to start January 22, 2019 but was delayed until February 4<sup>th</sup> as again, tragically, there was a death in the community. The Falls prevention program ended March 21<sup>st</sup>.

In North Caribou Lake First Nation, the program started June 4<sup>th</sup>, 2018 for training. Exercise classes were delivered twice a week from June 5- August 28<sup>th</sup>. North Caribou Lake started their Falls Prevention programming October 1<sup>st</sup> and finished December 7<sup>th</sup>, one week earlier than anticipated, as there had been a death in the community. Their final exercise session was significantly delayed until February 12 as there had sadly been multiple deaths in the community. It finished March 28<sup>th</sup>.

In Fort Severn, the first community visit was September 10<sup>th</sup> with training and capacity building and the Elder Activity was hosted on September 12<sup>th</sup>. The community delivered another exercise session during their Elder Activity in October. The third exercise class was delivered January 9<sup>th</sup>, 2019 and the final exercise class was delivered March 6<sup>th</sup>, 2019.

## Implementation Adjustments

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Overall, the project was carried out as anticipated with some minor adjustments as outlined below.

**TIMELINES:** As outlined in the initial proposal, the need to be adaptable and flexible to meet the needs of each community is essential. Timelines were altered to accommodate the frequent deaths in the community and subsequent funerals. In these small, close communities where many community members are related, it is culturally appropriate to stop all planned activities to allow for grieving and support to the family. It was anticipated initially that training would be required during the initial visit in each community, but it was quickly realized that training sessions were required at each and every community visit to accommodate the staff turnover and build capacity within the community.

**COORDINATION:** Each community organized the project based on their own resources and previous experiences. Initially, Eabametoong hired a 0.5 FTE exercise leader and coordinator. Unfortunately, when this individual left the community at the end of the summer, much work to ensure sustainability and ownership of the program was required. Eventually, all three communities took a shared-responsibility approach to the delivery of the project with Home and Community Care organizing the space, travel, food preparation and communication about the sessions, and the Diabetes programs, Family Well-being programs and Tikanagan Prevention programs assisting with delivering the exercise classes. Having multiple programs for exercise delivery not only reduces the number of cancellations, but also builds capacity within the community for other exercise programming. Communication about the sessions (time and location) was important, identified as necessary with one week's notice and done in a variety of ways (television, radio announcements, posters in the band office and nursing station, community Facebook page, and word of mouth to HCCP clients and family members).

**SPACE:** One of the challenges in each community was finding consistent space to book for the exercise classes. In these small communities, there is limited community hall space with many programs. The same space for exercise may be required for large community events such as elections, town hall meetings or training with outside partners. Once the program was communicated among all the community partners, not just health, and a consistent schedule was determined, this was no longer a barrier.

**TECHNOLOGY:** Internet infrastructure to support PCVC was an issue in Eabametoong. Due to the large size of this community, bandwidth is insufficient. It was September before the issue was resolved by



moving the exercise classes needing PCVC support to the Community Hall which has additional ExploreNet satellite internet. This space had additional logistics: the password to the internet can only be accessed by the band manager and the hall is locked and unlocked by the community maintenance employee; rather than the other spaces in the nursing station which are more easily available. Accessibility is also limited at the community hall as there are stairs to enter, but no participants in Eabametoong were limited by this obstacle.

Many of the communities already had appropriate technological equipment, so a decision was made to have a video professionally collated in the four different languages. It was also initially anticipated more PCVC support would be required for each of the communities and exercise leaders; however, they generally only required two weeks of PCVC support before they felt comfortable delivering the class on their own. As capacity for exercise leaders in the community built, there was no longer need for PCVC support by the third winter session, and the exercise leaders in the community supported one another. In North Caribou Lake, as in Eabametoong, if the PCVC component wasn't required, the exercise classes were moved to locations that were more convenient to arrange such as the HCCP office or the nursing station.

All communities and partners agreed that delivering the Falls Prevention education sessions were best in person.

**FOOD AND PRIZES:** It was correctly anticipated that in North Caribou Lake and Fort Severn, the provision of food during the exercise events was both important as a motivator but also valuable for food security. It was realized throughout the implementation that small door prizes also improved attendance and motivation. Door prizes included household items such as tarps, dishclothes and food items such as tea, rice packages and soup. Each community had a feast at the end of the project to celebrate the successes as individuals, as a community and to recognize the valuable partnerships. (Appendix E)

**INTERGENERATIONAL PROGRAMMING:** Although the initial proposal identified benefits of a partnership with the elementary school for inter-generational programming and relationship-building, the local HCCPs did not have the capacity to engage this additional partner during the implementation. The school had additional workload due to the implementation of the Jordan's Principle program and the HCCP had high turnover throughout the year in all three communities. The HCCP in each community is aware of this opportunity for future development.

**FUTURE SUSTAINABILITY:** It was unanticipated that there would be a new partner in Northwestern Ontario, the Sioux Lookout First Nation Health Authority (SLFNHA) Primary Care team, at the time of the proposal development. This new partner is significant as it is within their mandate to provide service delivery to the remote communities in the North West and their staffing has a Kinesiologist. As such, joint visits to the communities to introduce the SLFNHA primary care team were held and they have agreed to continue the support for these three existing programs and support further development of an Elder exercise and Falls Prevention program in additionally interested communities. As a result, there was no need for advocacy and funding proposals to ensure the sustainability of the program.

## Outputs and Outcomes

There were a total of 64 Elders involved in carrying out the Project and its activities, from Eabametoong-23; North Caribou Lake: 23 and Fort Severn: 18.

Output Measures	Target	Actual
Participants: Total number participating in project	50	Total: 90 Eabametoong: 23 Elders North Caribou Lake: 28 (23 Elders) Fort Severn: 39 (18 Elders)
Sessions: Total number of exercise/well-being sessions delivered in person with videoconference support	115	Total: 101 Eabametoong: 52 North Caribou Lake: 45 Fort Severn: 4
Partnerships: Number of new partnership develop with groups and organizations	11	26

1. Qualitative narrative indicating participants' perceptions of the project's ability to help them to participate more actively in their community:
  - "This program is great because it promotes healthy living and socialization among our Elders who don't get out as much, and we don't want to leave them behind." Health Director
  - "I'm seeing the benefit of it (the classes) already. It's really helping. I'm seeing the positive effect. I see the Elders even walking to the store now!" Exercise Leader
  - "Our Elders are the knowledge keepers of our community and have an important role to play in their families as caregivers. This program supports them to socialize with one another and keep their role in the community vibrant." Home and Community Care Coordinator
2. Qualitative narrative indicating the participants' perceptions of the project's affect on their strength, mobility, function, safety and well-being

- “The Elders that have participated commented that it really helps them with their daily activities. They seem to enjoy the exercise, food, prizes and the company of the other Elders.” (function, well-being) HCCP Coordinator
  - “Some Elders continue to exercise on their own at home!” (exercise efficacy) Exercise Leader
  - “One of our Elders goes out regularly for a medical stress test. Last week he went out and this time he had a good score. The doctor said ‘I don’t know what you are doing differently, but keep doing it!’” Exercise Leader
  - “I am so proud of the improvements I made as shown on my certificate. [to the other Elder participants] Never give up! Keep on going. Help yourself, even though we are aging, we need to keep going. It’s when you give up you get stuck at home.” Elder participant
3. Qualitative narrative indicating the partners’ perceptions of the project’s ability to assist in the development and sharing of sustainable senior programming
- “The project has brought together rehabilitation resources from St. Joseph’s Hospital which will help when our community members are sent out and then when they are sent back.” HCCP Coordinator
  - “The Elder Exercise program introduced us to the Sioux Lookout First Nation Health Authority Primary Care team which will be able to help us out for rehabilitation needs in the future.” Health Director
4. Identification of rehabilitative care needs assessment for each community:
- In addition to the training and implementation of the exercise program, the project allowed in-community visits by Physiotherapists, Occupational Therapists and Kinesiologists. The following unanticipated positive outcomes resulted:
    - Meeting regarding ongoing Rehabilitation needs in Eabametoong: community and out of community stakeholders and partners met in September to identify and acknowledge some ongoing rehabilitation gaps. It was noted the high incidence of Rheumatic Arthritis and the benefit of having an ACPAC-trained OT available, which has recently not been available. The community need for programming for those in the Suboxone program was also identified and the opportunity for more programming to use the newly purchased NuStep.
    - Ten Occupational Therapy home visits with the purchase and installation of 20 grab bars, seven hand-held showers and slip mats, the prescription of a tub chair, walker and bed rail, and follow up on four wheelchairs and four walker prescriptions. These home visits also increased the risk assessment skills of the home care workers in the communities. (Appendix F)
    - A Community Foot Screening day (six participants) and training to perform the Inlow’s 60 Second Foot Screen(six staff)
    - Education re: swallowing, safe strategies and postures and food textures for six staff

Outcomes address multiple Senior Community Grant priorities and include: improved health, improved mood, falls prevention, healthy lifestyle, social participation, and self-management while developing age-friendly community exercise infrastructure and promoting inter-generational and organizational partnerships.

In addition to the above outcomes and outputs, the following products and publications were produced with funding

from this Program grant:

- NuStep reclined stepper (Appendix A)
- A video of the exercise class taught by each local community in their own language in streaming (theymedia.com/stjoseph), and DVD, link and cover picture (Appendix D)
- Healthy Living and Cancer Prevention Screening Series Presentation to 17 sites via OTN (Appendix G)
- Water bottles for each participant to use during exercise, decreasing environmental impact of purchased plastic water, and for a keepsake (Appendix H)
- Exercise equipment for ongoing programming: resistance bands, dumbbells and wrap-around weights
- Abstract to Canadian Physiotherapy Association Forum on Aging, June 2019 (Appendix I)

## Sustainability and Future Recommendations

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Ongoing partnerships, the community-lead approach and overall flexibility were key and all three were well maintained and respected.

There may be an opportunity for more dedicated staffing so the program is not just using existing resources and this would provide an opportunity for exercise programming with other populations within the community (suboxone program, teens, women).

Building the partnership for the intergenerational component will also add value to all partners as previously outlined.

### SAFETY

**Recommendation #1:** *Continue to have involvement of registered physiotherapists and/or kinesiologists in the adaptation, training and further implementation of the exercise portion of the program.*

**Recommendation #2:** *Ensure that all Elders are cleared by the nurse for participation in the program and that all exercises are supervised by a trained leader. Put a system in place to refer any Elder deemed not well enough to participate to the appropriate registered health professional for a full assessment.*

### PROGRAM IMPLEMENTATION AND SPREAD

**Recommendation #3:** *Continue the program in Eabametoong and North Caribou, offering events three times per year, twice per week for eight weeks.*

This program was very well received in North Caribou Lake and Eabametoong and most of the essential elements are in place to continue it with limited expense. Certain seasons lend themselves to personal independence or seasonal activities. Offer the program January - February when isolation is at its highest; mid-March to mid-May; and October-November.

**Recommendation #4:** *Establish regular programming of the exercise class in Fort Severn.*

Now that this community has seen the exercise program and has established a partnership with SLFNHA Primary Care Team for ongoing rehabilitation needs, their capacity to deliver regular

exercise programming should be discussed and pursued. In the meantime, they will be airing the exercise DVD on their local television station twice a week.

**Recommendation #5: *Introduce the program to two new communities each year by Sioux Lookout First Nation Health Authority Primary Care Team. As it is introduced to new communities, the same attention to detail and alternative plans will be required.***

Given the success of the program and the time needed to build relationships, spread to two new communities in each year is reasonable. Elders of the existing programs can help with promotion of this program through the weekly Elders videoconference, Health Directors can talk about this at their annual meetings and the Home and Community Care Programs can discuss this at their monthly Chiefs of Ontario meetings.

## SUMMARY

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In summary, this project will improve the health and safety of Elders within remote, First Nation communities of NWO, in a locally-delivered, culturally appropriate context.

## APPENDICES



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### APPENDIX A – NUSTEP RECLINE STEPPER



## APPENDIX B – ADVERTISEMENTS OF CLASSES

# Free Elders Exercise

VON  
CANADA

**What our program is about?**

VON's Exercise and Falls Prevention Program is designed to help you stay active, social, and healthy. We focus on preventing debilitating falls by doing exercises that strengthen your upper and lower body in sitting and standing. Our class also includes exercises specifically designed to improve your balance and endurance. We want you to feel comfortable and confident on your feet while doing your daily activities. We also give you the information and tools to help you understand what causes elders to fall and how to prevent them.

**Who can attend our classes?**

Our program is dedicated to elders in Northwestern Ontario and is focused on including all elders that would like to participate. This program is specifically designed to help EVERYONE who would like to:


- Improve balance
- Improve their quality of life
- Decrease their chances of falling
- Participate in a social setting
- Learn more about preventing falls

**Tuesday and Thursdays 2:00-3:00**


**Eabametoong First Nation (Fort Hope) RDS Building**

**Starting Thursday May 31/18**

For more information and to sign up for our program call:  
Molly Boyce at 212-1566  
No Cost.




ST. JOSEPH'S CARE GROUP  
ST. JOSEPH'S HOSPITAL



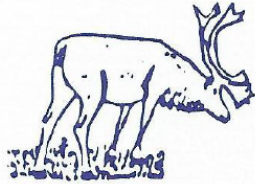
Ontario  
North West Local Health  
Integration Network

Funded by:





## Free Elders Exercise



CANADA

### What our program is about?

VON's Exercise and Falls Prevention Program is designed to help you stay active, social, and healthy. We focus on preventing debilitating falls by doing exercises that strengthen your upper and lower body in sitting and standing. Our class also includes exercises specifically designed to improve your balance and endurance. We want you to feel comfortable and confident on your feet while doing your daily activities. We also give you the information and tools to help you understand what causes elders to fall and how to prevent them.

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Our program is dedicated to elders in Northwestern Ontario and is focused on including all elders that would like to participate. This program is specifically designed to help people who would like to:

- Improve balance
- Improve their quality of life
- Decrease their chances of falling
- Participate in a social setting
- Learn more about preventing falls

### North Caribou Lake First Nation

Tuesday and Thursdays at 1:30 for lunch, exercise and social time

In the Nursing Station Community Room

Starting Tuesday June 5/18

For more information and to sign up for our program call:

Home and Community Care office (469-5397)

No Cost





**Elder Gathering**  
**Wednesday September 12/18**  
**12:00-2:00**

**Fort Severn Youth Centre**

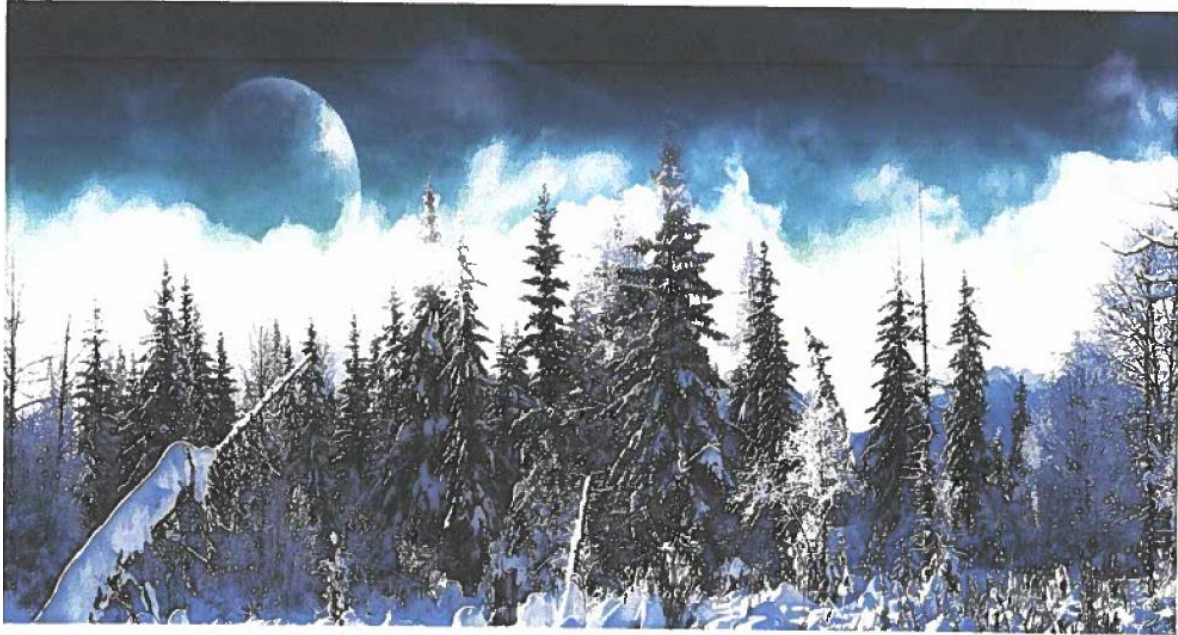
**Hot Lunch and Prizes**  
**Falls Prevention Talk and Exercise with**  
**Exercise Leader Tiffany Gervasi, R Kinesiologist, VON and**  
**Denise Taylor, Physiotherapist, St. Joseph's Care Group Thunder Bay**

For more information call:  
Betty Bluecoat, CHR at 478-2575  
No Cost.



# January

# 2019



Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
7	8	9	10	11
	2:00 to 3:00 Community Hall		2:00 to 3:00 Community Hall	
14	15	16	17	18
<b>No Exercise</b>		<b>No Exercise</b>		
21	22	23	24	25
	2:00 to 3:00 Community Hall		2:00 to 3:00 Community Hall	
28	29	30	31	
	2:00 to 3:00 Community Hall		2:00 to 3:00 Community Hall	

## APPENDIX C – TRAINING MANUAL

Full training manual available in resource section at:

<https://www.rrcp.sjcg.net/geriatric-assessment-rehabilitative-care>



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## REGIONAL REHABILITATIVE CARE PROGRAM

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# ELDER EXERCISE AND FALLS PREVENTION PROGRAM TRAINING PACKAGE

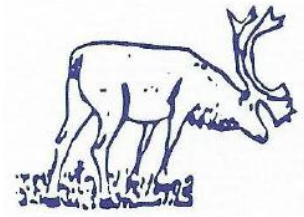
March 1, 2019

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ELDER EXERCISE AND FALLS PREVENTION PROGRAM TRAINING PACKAGE



## Elder Exercise Leader Training

Welcome! You will be a great leader and make a real difference for your community members. In order for everyone to remain safe, there are a few key points. If you are at all concerned, check with Home and Community Care program or the Nursing Station.

1. All participants should be on the attendance list so you can keep track of who is coming and how many times they come.
2. Let participants know that they are not obligated to come every time but it is encouraged and they will see better results the more often they come.
3. Let the participants know to do the exercises to the best of their ability and only do what they are comfortable doing.
4. None of the exercises should cause pain. If they are experiencing PAIN, they should contact the nursing station or the Home and Community Care. It would be important to connect with the Kinesiologist with the program or the Physiotherapist in the community.
5. Before assisting any participants, ask their permission to assist them, unless their is direct safety concerned.
6. Let everyone know that if they have any of the **RED FLAGS** below, to let you know immediately.
  - 1. Nausea
  - 2. Shortness of breath
  - 3. Hyperventilation
  - 4. Chest Pain
  - 5. Dizziness
  - 6. Extreme fatigue
  - 7. Severe pain with exercise
  - 8. A recent fracture (broken bone), joint replacement (e.g. hip, knee, shoulder)
- If you notice any participant with these symptoms or they report any of these symptoms, it is important to address them immediately. Follow any emergency guidelines for the community (e.g. call 911).

## Elder Exercise Equipment Guidelines

For the purpose of our exercises we use resistance bands to promote muscle and bone strengthening. The resistance varies in tension and is classified by color. Orange has the least resistance (or tension) and purple has the most resistance (or tension). The color progression is as follows:

**ORANGE → GREEN → BLUE → PURPLE**

### When to give out a new band:

1. If you have a new participant you should equip them with a new band and a “squishy” ball or hand block for those with Rheumatoid arthritis. New participants usually start out at green unless they are more frail, and then start them with orange; however, ask them if the band is a good resistance.
2. If a band has ripped at all then give them a new band and throw out the old one.
3. If someone has lost their band or ball you may supply them with a new one. If someone keeps losing their band or ball then put their name on the bag and you keep it for them. You may choose to do this for everyone, but keep their names on it for “cleanliness”.
4. If someone has forgotten their band/ball at home then let them borrow one for the duration of the class.
5. If someone has progressed beyond the level of their band then you may upgrade them to a harder resistance (they can still keep their old band and alternate between hard and new if they like).
6. If someone decides not to do an exercise or has had an injury, then you may give them an easier band or tell them to use no band (just use range of motion).

### When to progress or regress someone:

1. When they find the exercises too easy provide them with a harder band or tell them to fold the band in half to double the resistance.
2. When you observe that they are performing the exercises easily provide them with a harder band or tell them to fold the band in half to double the resistance. (Not everyone will want to progress to a band with more tension so you will need to be persuasive).
3. When you see someone in pain, discomfort, or making noise or facial grimace then they may require an easier band or potentially no band at all.
4. If someone has undergone a physical change either surgical or injury then ask if they would like to use an easier band as not to injury further.

Remember that everyone is different and exercise with resistance is on a continuum. People can move up and down the continuum over time so it is important to know what is changing in their life so that if need be we can adjust or offer adaptation to exercise. When in doubt ask the participant how they are feeling.



## Exercise Class Outline

Always start class with two nice deep breaths. This get everyone settled and draws all attention to you.

All exercise band and standing exercises are done in 2 sets of 10 repetitions unless otherwise stated.

All stretches and ROM exercise should be held for a minimum of 7 sec.

No strengthening exercises are to be done above shoulder height

### **Range Of Motion and Stretching in Sitting**

#### Neck Stretching and ROM

- Turn head Right/Left 2x
- Look Up/Down 2x
- Tilt Right/Left 2x

#### Shoulder Stretching and ROM

- Raise shoulders up to ears for
- Swim Forward/Backward

#### Wrist and Finger Stretching and ROM

- Arms straight out and point fingers to the Ceiling/Floor 2x
- Touch each finger with thumb
- Shake out

#### Spinal and Shoulder Blade Stretching and ROM

- Hands on opposite shoulders and turn torso Right\Left 2x
- Hug yourself/Squeeze Shoulder Blade together 2x

#### Ankle and Foot Stretching and ROM

- Point toes to Down/Up 2x

- Roll ankles around

### Leg and Back Stretching and ROM

- Right/Left Leg out and touch your toe 2x
- Reach down to Right/Left side 2x

### **Strengthening Exercises in Sitting or Standing**

- Straight Arm Raises (band under feet and one end in each hand)
- Arm Curls (band under feet and one end in each hand)
- Rowing (band under feet and one end in each hand)
- Pull Apart (done by grabbing 2 foot piece in middle of band)
- Pull Downs (done by grabbing 1 foot piece in middle of band)
- Punch Out (band behind back and under elbows with one end in each hand)
- Knee Push Apart (done by tying knees together with band) sitting
- High Knees (done by tying knees together with band) 30sec.-45sec. sitting

### **Balance Exercises in Standing and Holding Chair from Behind(extra challenge leave your knees tied together)**

- Right/Left Side Leg Raises
- Right/Left Leg Kick Backs
- Marching (high knees) 30 sec. (untie band)
- Knee Bends (Feet Apart)
- Single Leg Stands 2 sets 10sec.
- Up on toes 20x

### **Leg Strength in Sitting**

- Sit to Stands 2 Set of 10 Reps
- Right/Left Leg Kick Outs

### **5 deep breaths - Finished**

**Thank everyone for coming!!!!!!!!!!!!!!**

## APPENDIX D –VIDEO LINK AND DVD COVER

Video link: [www.theymedia.com/stjoseph](http://www.theymedia.com/stjoseph)




## APPENDIX E – PICTURES OF COMMUNITY FEASTS




## APPENDIX F- PICTURES OF OCCUPATIONAL THERAPY HOME SAFETY VISITS NORTH CARIBOU LAKE



## APPENDIX G – HEALTHY LIVING AND CANCER PREVENTION SCREENING SERIES PRESENTATION



KEEWAYTINOOK OKIMAKANAK  
**eHEALTH**  
TELEMEDICINE



KO eHealth Telemedicine Services  
8 Mine Road, P.O. Box 340  
Balmertown, ON P0V 1C0  
Phone: (807) 735 1381  
Toll Free: (800) 387 3740  
Fax: (807) 735 1123

### Healthy Living and Cancer Prevention & Screening Series

*KO e-Health and the Prevention & Screening Services at Thunder Bay Regional Health Sciences Centre (TBRHSC), as part of its Regional Engagement Outreach plan, are pleased to invite you to participate in the following session:*

**Event:** Elders Exercise and Falls Prevention Program

**Presenter:** Denise Taylor – North West Regional Rehabilitative Care Program  
Tiffany Gervasi – VON Falls Prevention & Community Exercise Coordinator

**Date:** Thursday, December 6, 2018










**Time:** 2:30 pm to 4:00 pm (EST)/1:30 pm to 3:00 pm (CST)

**Presentation:** <http://webcast.otn.ca/mywebcast?id=98931903>

The session will share the successful partnership between the communities North Caribou Lake, Eabametoong, and Fort Severn with VON, OTN and the Regional Rehabilitative Care Program to establish an Elder Exercise and Falls Prevention Program within each community. The program is designed to help Elders stay active, social, and healthy. The classes focus on preventing debilitating falls by doing exercises that strengthen the upper and lower body in sitting and standing, helping Elders feel comfortable and confident on their feet while doing your daily activities.

**Who should attend?** All Health Care Workers, CHN's, CHR's, Health Directors  
Diabetes Workers, Home Care Workers, Community Members

**Register now!!**



**Registration:** To register for this event contact your local community telemedicine coordinator or call Barbara Kakepetum, KOTM Scheduler at 1 800 387 3740 Ext 1344 or by email at [barbkakepetum@knet.ca](mailto:barbkakepetum@knet.ca).

EVENT # 98931903

## APPENDIX H – WATER BOTTLES



## APPENDIX I –ABSTRACT TO CANADIAN PHYSIOTHERAPY ASSOCIATION FORUM ON AGING

### Building Capacity for Elder Exercise Programming in Remote and Rural Indigenous Communities

#### Authors (Presenters in bold):

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5. **Kakekayash, Gracey**- North Caribou Lake First Nation, Diabetes Health Coordinator- Weagamow, ON.
6. Keeskitay, Nancy- Eabametoong First Nation Home and Community Care coordinator, Eabamet Lake, ON
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8. Salesse, Carol Lyn- North Caribou Lake First Nation Home and Community Care Nurse, Weagamow

#### Learning Objectives and Session Content

This session will enable participants to: 1) Understand health inequities faced by Indigenous peoples and the Truth and Reconciliation (TRC) Call to Action 19, "to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities" 2) Discuss strength-based, capacity-building models of care to deliver community-based programming, and 3) Describe the innovative use of technology to support a Falls Prevention and Community exercise program delivery for Elders in remote communities, addressing distinct health needs.

#### Relevance to the Physiotherapy Profession

One-third of seniors over 65 and 50% of seniors over 80 will fall at least once annually (WHO, 2007). Falls are the leading cause of seniors' injury, deaths and hospitalizations and can lead to loss of independence. Preventative programming is necessary to promote health aging in this rapidly increasing cohort (Sutherland, 2018). Indications show Indigenous fall-related injury rates are considerably higher compared to non-Indigenous older adults (Scott, 2018). Physiotherapists are well positioned to deliver falls and injury preventative opportunities using education and exercise programming for seniors (Sutherland, 2018). In addition, physiotherapy screening and assessment skills promote referral to appropriate services. In many Indigenous communities, additional advocacy is required to develop rehabilitation services, requiring innovative models of care using the strengths and capacity of each community.

#### Target population

This session will be of interest to clinicians, professional and community leaders, managers, educators and researchers interested in expanding current practices into rural or Indigenous communities using technology.



### Description of Supporting Evidence

Falls prevention programs and strategies have reduced seniors' falls by 20%, increasing quality of life and decreasing healthcare costs (SMARTRISK, 2006). Falls are multi-factorial. Risk factors include physiological, socio-demographic, medical, pharmacological, environmental and behavioural. As such, falls prevention programming must address multiple factors. The BEEACH evidence-based model addresses Behaviour, Education, Equipment, Environment, Activity, Clothing & Footwear and Health Management (Scott, 2017). The Elder Falls Prevention and Exercise classes focus on behaviour changes with modelling and experiential learning; education of participants and healthcare staff; and activity with a focus on strength, endurance, balance, and coordination. Exercise is one of the most recommended falls prevention interventions (Gillespie et al., 2009).

Falls prevention and exercise programming in Indigenous communities specifically needs to: consider the entire life course, use a wholistic framework, address local community priorities, provide local healthcare worker training including risk assessment skills, and build relationships within the community and with supporting organizations (Reading et al., 2011). The Elder Falls Prevention and Exercise classes are a community priority; delivered by local, trained healthcare workers using a wholistic framework; build on community strengths and capacity; and are a venue for relationship-building within the community and with rehabilitation organizations.

### Description of Session Format

Photographic lecture with discussion of participant organizational experiences.

### Conclusions and Implications

The Elder Falls Prevention and Community Exercise program responds to TRC Call to Action to reduce health disparities between Indigenous and non-Indigenous people. The program uses a community, strength-based, capacity-building model supported by kinesiologists and physiotherapists via personal computer videoconference. Each community delivers the program to meet their local capacities, needs, and cultural relevance. Using innovative technological support provides opportunities to expand rehabilitative programming despite limited human resources in remote and rural areas of Canada.

60 word Summary:

Elders in remote communities are at risk of falls with significant quality of life consequences. Using videoconference-support, the Elder Falls Prevention and Community Exercise program uses a strength-based, capacity-building community model of care to expand rehabilitative programming despite limited human resources and respond to the Truth and Reconciliation Call to Action to reduce health disparities between Indigenous and non-Indigenous people.

References:

Sutherland, G. Aging Well: Implications of an Aging Population for Canada's Physiotherapists. Ottawa: The Conference Board of Canada, 2018.

Reading, J, Scott, V, Perron, D, Edgar, R, Baba, L, Elliot, S, and Yassin, Y. Healthy Aging through Fall Prevention among Older Aboriginal People: From Many Voices to a Shared Vision (2011), Centre for Aboriginal Health Research Univeristy of Victoria. pp 18.

Scott, V. 2018. Indigenous Fall Prevention Symposium- Report to Public Health Agency of Canada.

Scott, V. (2017). Fall Prevention Programming: Designing, Implementing and Evaluating Fall Prevention Programs for Older Adults. Raleigh, North Carolina: Lulu Publishing.

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