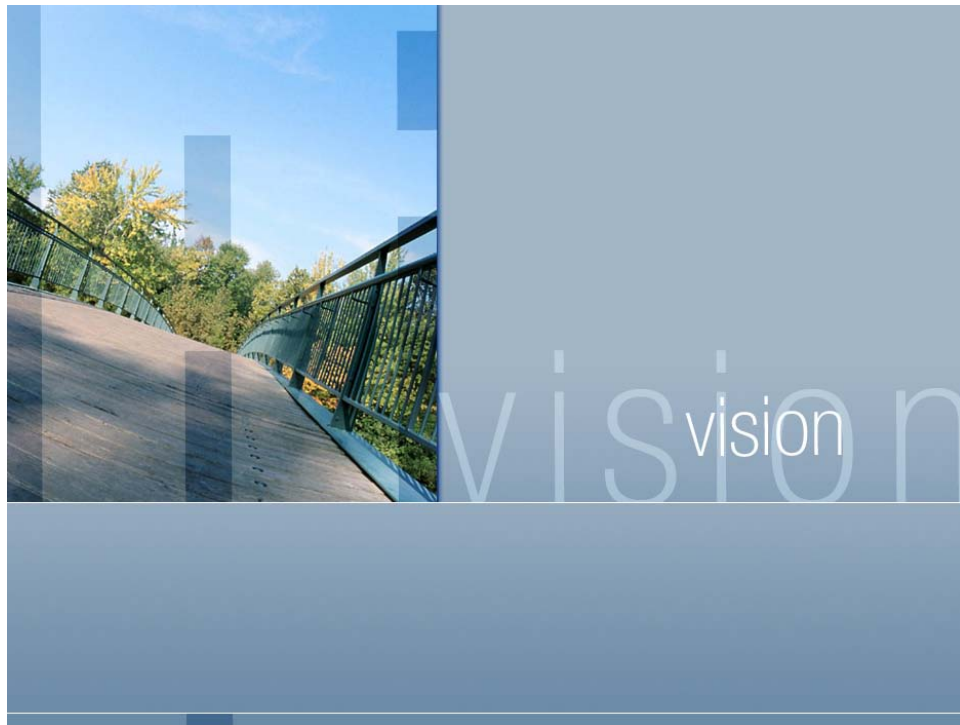


Aging in Place A Northern and Rural Model



*Presented by
The Marathon and Area Aging at Home
Committee*

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EXECUTIVE SUMMARY

Marathon and surrounding communities became interested in how best to encourage successful aging in place by supporting people at home and in the community. Surveys of seniors consistently have shown that older people want to remain in their own homes as long as possible. However, many seniors will need to access some form of assisted living housing. Once the necessity to make this move becomes apparent, those same individuals want to remain living in the community they have lived their whole lives. They want the ability to access the appropriate services to meet their needs ensuring a quality of life without moving to a larger centre.

The provincial government's "Aging at Home" strategy will aid in addressing some of the needs of an aging population. However, it is important to remember that the goal of seniors to age in their own home is desirable but just as important is their wish to remain in their home community. Therefore, our challenge was to develop a model that allowed our seniors to access the appropriate level of care based on their individual needs. This model has to offer a full range of services both in the community and in assisted living housing. Marathon and area having a relatively small population base had the added challenge of overcoming the low economy of scale and designing a cost efficient model.

In designing the "Aging in Place" model the community established some basic principles for development.

1. Partnership, Partnership, Partnership
2. Locally driven, locally determined
3. Solution based
4. Use what's there
5. One size fits no one
6. Respond to community needs and community issues

These six principles must be inherent in the design and operations of an Aging in Place model.

Early on in the process it became apparent to the Marathon and Area Aging at Home committee that our community had the ability to take advantage of the services and facilities we already had in place. It also became apparent that our current environment lacked a number of critical programs and services and all housing alternatives for senior's excluding the private home and hospital chronic care beds. Therefore, this all inclusive model had to be an integrated system including the entire community as partners.

The delivery of programs is from a single facility providing both on-site and community programs to our seniors. It incorporates a full range of community support programs ensuring that seniors can remain in their homes and housing options once a senior decides it is more appropriate to move to a facility that provides high levels of service.

The Marathon and Area Aging at Home committee has presented a concept of a model as they perceive it. The “Aging in Place” model presented in the paper is in the beginning stage of development. Greater community input and participation will be required to move this project forward to reality. The community must work with the Ministry of Health and Long Term Care and the North West Local Health Integration Network to develop the concept we outline in this paper into an operational model that permits our senior citizens the right to age in the place of their choice. By working with the MOH & LTC and our LHIN, the community has the opportunity of developing a unique Aging in Place model that can be utilized in our northern and rural communities.

Based on this study and assessment of the community, the Marathon and Area Aging at Home Committee puts forward the following recommendations.

Recommendations

- 1. It is recommended that Wilson Memorial General Hospital promotes the formation of a community based Aging in Place Committee to expand upon this study.**
- 2. It is recommended that this new community base committee work with the Ministry of Health and Long Term Care and the North West Local Health Integration Network to further develop an operational model for “Aging in Place” that may be utilized by other northern and rural communities.**
- 3. It is recommended that the new community “Aging in Place” committee continue to engage our senior population thereby ensuring a model is designed to meet their current and future requirements of healthy aging.**
- 4. It is recommended that the community utilize the knowledge and experience of the individual members on the Marathon and Area Aging at Home committee, as a basis in developing a new community committee to expand this study.**

INTRODUCTION

Ontario's population is aging. As per the 2006 Canadian population census, about 12% of Ontario's population is over the age of 65 and recent estimates project the seniors' population to double in the next 16 years. Therefore, it became vitally important that Marathon and area investigate the opportunities and challenges for our communities in the future. An aging population will have an impact on all areas of life and the programs and services available to our seniors.

On August 28, 2007, the Government of Ontario launched a 1.1 billion, four year initiative designed to allow seniors to live healthy independent lives in their own homes. The "Aging at Home Strategy" is aimed at fulfilling our senior's desire to continue living at home whether it is in a private home, or other living arrangements. This strategy is designed to match the needs of seniors with appropriate local support services and avoid the loss of their independence and dignity due to premature admission to long-term care homes or hospitals. The Aging at Home Strategy is designed to improve the lives of Ontario resident seniors and reduce costly admission to institutional care which should help ensure the sustainability of Ontario overall health care system.

Marathon like many other small rural and northern communities saw Ontario's "Aging at Home Strategy" as an opportunity to enhance local services for seniors improving their quality of life. The community formed a new partner that was inclusive of the number of segments. The group became the "Marathon and Area Aging at Home Committee" and began to research a model of community support for seniors we could use or build upon. It soon became apparent that such a model for Marathon would have to be developed locally.

The partners collaborated and actively planned to ensure our senior residents had the opportunity to be healthier to a more advanced age. They wanted to be able to promote and support an aging society where our seniors had a sense of pride in healthy aging and provided opportunities to live independently in a safe and supportive environment. The community partners wanted to ensure that these long time residents had the opportunity to continue living and enjoying life in their home communities. Health aging provides a better quality of life and enables the health system to be more sustainable.

This report is intended to;

1. Present a conceptual "Aging in Place" model that promotes health aging and senior's wellness;
2. Provide a reference for the community in addressing the opportunities and challenges posed by an aging population;
3. Provide guidelines for the North West Local Health Integration Network in developing an "Aging in Place" model for northern and rural communities.

The hard work, knowledge, expertise, experience and diligence of the Marathon and Area Aging at Home Committee” was integral to the development of this report.

HISTORY

The development of senior support services has been an ongoing project for many years. Marathon Seniors Club became concerned about the quantity and quality of services in place to support their needs. They developed and carried out a senior’s needs survey in Marathon. The survey highlighted a number of shortfalls and gaps in support services necessary for our seniors to continue a healthy lifestyle or move to a different community.

The needs survey ignited the development a Marathon Assisted Living Group, which included membership from both consumers and providers. In the fall of 2006 they approached Wilson Memorial General Hospital’s Board of Directors, to take a leadership role with senior services and particularly with senior supportive living.

In response to the group’s request Wilson Memorial General Hospital established the Supportive Housing Committee. This committee presented to the community a paper on “Senior Supportive Housing” in the spring of 2008, which recommended;

“That Wilson Memorial General Hospital expand its’ study of senior support services to incorporate Ontario’s Aging at Home strategy of which Senior Supportive Housing is an integral component.”

Utilizing the Supportive Housing Committee as our basis, Wilson Memorial General Hospital expanded its membership to include greater community participation and renamed it the Marathon and Area Aging at Home Committee. Established in September 2008, the committee had a mandate to complete and present the findings to the community by June 2009. The purpose of the committee was;

“To ensure that a sustainable community model to assist seniors living in the community is developed for Marathon and the surrounding area. “

The committee members represents a cross representation of the community which was the first of strategic partnership that could be continued in the future. The Terms of Reference, Principles and Membership of the Marathon and Area Aging at Home Committee are included in appendices A, B and C respectively.

PROVINCIAL POLICY

As the population continues to age, issues related to seniors are at the top of our political agenda. Seniors are becoming an influential group and it is very likely that the aging baby boomers will be the most prosperous and outspoken group of seniors. Seniors want to remain active in their home communities. The government of Ontario will be challenged to meet the needs of a larger more active and demanding seniors population while maintaining some degree of fiscal responsibility.

In response to the current and future seniors issues, the government of Ontario launched a \$1.1 billion (over four years) initiative designed to allow seniors to live healthy, independent lives in the comfort and dignity of their own homes. Ontario's Aging at Home Strategy was in direct response to the desire of seniors to continue aging in their own community.

Most seniors want to continue living at home, whether it is in a private home, an apartment or some other living arrangements. This Aging at Home Strategy will promote matching the needs of seniors and their caregivers with appropriate local support services. The Age at Home Strategy should avoid premature admission to institutional care and promote independence and dignity for seniors.

The Aging at Home Strategy is designed to support services that help seniors to stay healthy and live in their homes, such as community support services, home care, assistive devices, assisted living, supportive housing, long-term care beds and end-of –life care. This strategy will promote innovation that finds new ways to provide the supports and services seniors require to live where they want and the way they want.

Marathon and area view this strategy as an opportunity to design a community that would be a good place to grow old. However, we currently lacked many of the facilities, recreation and goods and services that seniors wanted.

The North West LHIN along with other LHINs in our province encouraged their communities to develop a plan to achieve an integrated system of community based services. Marathon and area took this challenge and asked the question. How can our community ensure that seniors are supported, through the proper social environment which permits easy access to senior-centred care and promotes innovative solutions for keeping seniors healthy in their home community?

In response we are presenting a "Aging in Place" model that incorporates the delivery of appropriate health care for seniors across the continuum, from independent living, to those at home needing minimal support to those requiring moderate support services to the frail who require residential long term care.

COMMUNITY PROFILE

The Marathon and Area Aging at Home committee completed an environmental scan of Marathon and the communities that are historically serviced by the health care providers located in Marathon. The analysis of the population considered such factors as demographics, health status, and determinants of health. The Committee reviewed local services and programs and analyzed them as to current performance, utilization and capacity of services being delivered.

The environmental scan was to provide a profile of the local population, their health and preliminary assessment of the communities needs for the establishment of appropriate services and programs. This report presents limited quantitative and qualitative information based on our environmental scan. A more extensive community environmental scan process would be required to validate and support the information.

1. Geography

This study embraced the concept of providing services to seniors as close to home as possible, thereby reversing the trend of seniors leaving their rural home communities in order to secure services available in urban centres such as Thunder Bay. Our goal was to provide seniors the opportunity to age in the community they spent most or all of their lives. Therefore, the Committee only included the historical catchment area of Wilson Memorial General Hospital. They believe that Schreiber/Terrace Bay and Manitouwadge should develop senior services within their community, thereby allowing their seniors the option to age at home.

The historical catchment area for the health services provided by Wilson Memorial General Hospital includes the town of Marathon, The First Nation communities of Pic Heron and Pic Mobert and a proportion of the town of White River. The vast majority of the two First Nation communities receive their health care services by providers in Marathon; therefore we have included 100% of this population as part of the study. White River is located in a separate LHIN; however Marathon health care providers service approximately half of the community while the other half receives services in Wawa. For simplicity, the Committee included 50% of White River's population in our study.

2. Population

The population of Marathon and surrounding area is similar to Northwestern Ontario in that it has been declining for several years. Statistics Canada data indicates that Marathon and White River populations have significantly declined in comparison to Ontario's population increase.

Population and Percentage Change

	Population			% Change	
	1996	2001	2006	1996 to 2001	2001 to 2006
Ontario	10,753,573	11,410,046	12,160,282	6.1	6.6
Marathon	4,791	4,416	3,863	(7.8)	(12.5)
White River	1,022	993	841	(2.8)	(15.3)

This trend of declining population for our communities will have implications for the delivery of senior services. As the population declines, so does the tax base which impacts the ability of municipalities to raise funds for area initiatives such as Senior Supportive Housing. With fewer people in our communities, the population base needs to justify how new or additional services will further impede the financial feasibility of implementing an integrated service model for our seniors.

The cause of this population decline is our heavy dependence on natural resources and related industries. The region is heavily dependent on mining and forest products industry. As these sectors of our economy decline as a result of downsizing and closures, the displaced workers are forced to obtain employment outside the area. Over the past year Marathon has seen the closure of their pulp mill and further layoffs in mining. This has resulted in an out-migration of youth and young families who have moved closer to the jobs. This was evident when the committee analyzed the median age of population between 2001 and 2006 per Statistics Canada data. Both Marathon and White River experienced a greater increase in the median age than the Ontario average, which can be directly attributed to this trend and it has been accelerated by recent closures and layoffs in our community.

Median Age and Percentage Change

	Median Age		% Change
	2001	2006	2001 to 2006
Ontario	37.2	39.0	4.8
Marathon	36.	39.8	10.6
White River	39.1	42.2	7.9

The increase in the out-migration of our youth results in fewer younger people to provide services to an aging population. Historically, our youth have played a significant role as part of their aging relatives informal care network. When a community loses this block of informal care givers their seniors become more dependent on their friends to fill this void. However, their friends are often part of that aging population and the final result is to access community health care services when they are available or forcing them to move to major centres to access needed services.

The number of seniors in Marathon continues to increase at a rate comparable to all of Ontario. Statistics Canada from 2001 to 2006 shows a 12.0% increase for residents over 65 in Ontario while Marathon's data indicates a comparable rate of 12.8% and White River a lower rate of 6.7%. White River may be at a lower rate because of a lack of health care services available in the community when compared to Marathon.

A review of current literature appears to recognize one exception to these population trends. Census data reveals that the aboriginal population is younger than the non-aboriginal population. However, the literature reveals that aboriginal people have lower health status than non-aboriginal people. They experience an earlier onset of chronic conditions and disability. This situation would likely mean that they will require supportive services at an earlier age than the non-aboriginal population.

Marathon is a designated community under the Ontario French Language Services Act. The community of Marathon has Francophone residents at 10% to 17% of the population depending on whose data you are using. There are concerns as to the accuracy of this information based on statistics Canada Census data. As a designated community under the Ontario French Language Services it is important that any discussion on senior supportive programs includes providing services to this segment of our population.

In analyzing our population, the Committee considered known socio-economic indicators across Northwestern Ontario. Communities in Northwestern Ontario, when compared to Ontario in general, have lower education levels, higher unemployment rates and higher level of single parent families. These indicators when combined with a declining economy normally results in a negative impact on people's health and an increased demand for community health services.

3. Population Health Status

The assumption the Committee made is that our population health status is similar to that of Northwestern Ontario. During their review and discussion of local population health status there was no significant variance that was identified. However, it is important to recognize issues that are common in Northwestern Ontario.

The poorer a population's health status the greater the demand for health services at an earlier age. A few of these health status end outcomes that concerned the Committee are as follows;

- Lowest life expectancy in province
- Lowest birth weight in province
- Highest age-standardized mortality rate in Ontario.

- Highest in the province for external causes of mortality (i.e. Inquires) and for endocrine, nutritional, and metabolic diseases (i.e. Diabetes)
- Suicides for Northwestern residents are more than double the provincial average and much higher than for any other region
- Highest rates of smoking and heavy drinking for Northwest residents
- Low rate of inactivity and high rate of being overweight and obese.

These items are concerning enough but when combined with a lack of preventive health care services this creates a formula for promoting chronic health care problems within our population. The use of preventive health care services can lead to early detection of disease, which ultimately results in increased health status and improved health outcomes for our residents. In comparison, the urban areas such as the City of Thunder Bay, our rural population have limited access to these preventive health care services, resulting in an increase in chronic health problems in our residents.

4. Needs Study

Inventory of Services to meet Aging Population

The Marathon and Area Aging at Home Committee examined present services and resources available in our district, and consulted two separate needs studies which were conducted by the Marathon Seniors Club and the Marathon Family Health Team. Based on these results, the committee proceeded to further investigate the services offered to our seniors by categorizing them under the following hierarchy of needs for balanced living. These included the following categories; food, shelter, transportation, spiritual health, social health, physical health, mental health and financial resources. This exercise clearly identified, under the hierarchy of needs, areas where service delivery was better than expected as well as areas with serious gaps and non-existent resources, (See Appendix 1)

The use of the hierarchy of needs allowed for a thorough look into those services essential to support seniors aging in place. It provided an opportunity to examine necessary supports for health, giving equal recognition and value to both medical and non-medical essential services in supporting seniors with healthy aging.

Current and Future Gaps in Service

The present system has gaps in service, is not user friendly and can be confusing and difficult to navigate. The services provided for seniors are often medical in nature and geared to high need and multi need clients. Many are governed by specific rules and regulations that restrict and limit access. At times, smaller programs are inefficient and the integration of services is minimal or non-existent and often results in unnecessary duplication. Few if any services are made available to seniors with minor and moderate needs for support,

completely eliminating a possibility of early intervention to prevent further risk and deterioration.

Seniors have needs that cross existing program boundaries. There are large gaps in senior housing options, social and active living programs, and supports for caregivers. The need to fill these gaps and create a model for aging that support the needs for healthy living is clear in the following categories: Housing, Social and Active Living, Caregiver Support Programs and Volunteer Support Programs.

In examining the supports for senior's living in our community it became clear that overarching principles for provision of services are that they be accessible and available to all seniors wherever they may be on the continuum of need and that the autonomy of these choices is placed in their hands.

Housing

A Seniors Living Centre will allow seniors in our area choice when it comes to housing. Developing local housing units will eliminate the need for seniors to relocate outside of our community. This will enable seniors to remain in their communities with family and friends close by and where connections and a sense of belonging and familiarity exist. It will allow them to continue being followed by the medical resources they have come to know and depend on over the years.

Relocation is difficult at the best of times but having to consider relocating because proper housing choices for seniors are non-existent is not acceptable at a time where the urgency to plan and provide services for seniors is essential.

Access to proper housing to support healthy aging is non-existent. Marathon and Area have an incredible void in housing where the present choices available are residing in one's own home or in the Chronic Care Unit of the Hospitals. All other housing options in the continuum of care are presently non-existent.

A Senior Living Centre will include a long term care residence, supportive housing units, a supportive housing short term stay unit (respite), senior apartments, and access to a menu of support service options which are available to any senior either at the Senior Living Centre or in the community and area. A Senior Living Centre will also offer a home maintenance and renovations program supporting that segment of our elderly population capable of the delivery in their own home. This program will support seniors with snow removal, grass cutting, and assistance in making minor home renovations such as putting up grab bars for home safety.

Marathon and area seniors require programming that specifically promotes social activities, exercises, recreation and activities specially designed for seniors to interact, access education and enjoy life collectively.

Caregiver support programs such as education, adult day centre and short term respite care will provide social activities for seniors as well as respite and support for seniors and their families.

The need for a volunteer support program is essential to the workings of a Social Living Centre. Volunteers will assist in the delivery of programs and services and will play an integral role in the Senior Living Centre. Volunteer support, education and training are necessary to create a solid volunteer base from which to deliver programming. Financial support and the proper coordination of volunteers are necessary in providing completely rounded and sustainable programming.

Senior Living Centre Services

The following services should be available at the Senior Living Centre and are accessible to all seniors in Marathon and area, wherever they may be on the continuum of need.

Non Medical Community Services accessible in the central location will include:

- Adult Day Service
- Dining Club
- Equipment and Assisted Devices loan and rental program
- Caregiver support programs and education
- Wellness programs
- Recreation and social programs
- 24 Hour support service
- Transportation Service
- Meals on Wheels, Wheels to Meals
- Senior Drop In
- Home Maintenance, Renovation and Technology worker (includes grass cutting, shovelling)
- Homemaker / Cleaning service
- Personal Support Worker
- Friendly visiting / Assistance to help seniors participate in social events
- Referrals to other community services and service providers

Detailed service descriptions can be found in Appendix 2.

Opportunities for Development

Presently, deficiencies in housing and support options result in "forced institutionalization" where seniors have no other option than hospital care before it is actually necessary. The urgent need to address the senior housing crisis rests in the creation of effective and relevant service delivery to help seniors age in place. Resources and financial support is needed to improve services that help with the activities of daily living as well as those that focus on socialization and

stimulation. Helping seniors age in place with the ability to self manage these services requires an approach which includes building partnerships, developing core services and fully integrating all services.

A senior living centre will provide a single physical site where core non-medical community services are blended with housing options. It will serve as a hub from which workers can provide services to those on location as well as those in private homes and apartments in their community. Partnerships with service providers will promote services that follow seniors. Transitional support plans and communication of service providers will be coordinated and be accessed along the continuum of need. Integration of services will be supported by the physical site, the model for aging, the allocation of human resources and the partnerships created for effective delivery of senior services. The foundations of this work will need to be built on sufficient and permanent funding arrangements to succeed now and into the future.

The success of the “Model for Aging” is dependant on effective partnerships. Partners must include CCAC, the Town of Marathon, Marathon Family Health Team, Marathon Senior Citizens’ Club, the two First Nation communities in our catchment’s area namely Ojibway of the Pic River First Nation and Pic 50 Mobert, the Francophone community of which Marathon is a designated community under the Ontario French Services Act, and current senior service and care providers.

CCAC is the current agency responsible for the coordination of medical services to those seniors with high medical needs. This opportunity to work in partnership will enable these seniors to access non medical service enhancement with the option for clients to choose from the menu of service options and the provision of services that answer all their hierarchy of needs. It will also provide the CCAC coordinator with referral source for those seniors who do not meet CCAC criteria.

The Town of Marathon is responsible for its citizens. The number of seniors in Marathon continues to increase at a rate exceeding that of Ontario. Local economic pressures with the Mill closure, our citizens seeking work outside of the Marathon area and the out migration of our youth all add continued pressure on seniors, many of whom will loose their informal care network and come to rely on community members and services offered by the Town of Marathon and its providers. The responsibility in addressing senior services is urgent and this opportunity to partner with the Town of Marathon will allow for cost effective ways of creating supports for seniors.

The Marathon Family Health Team provides the medical care and wellness for seniors in our community. Their participation in this partnership will bring valuable input to the group and provide opportunity to partner and assist in the delivery of quality services in helping seniors with well rounded services, addressing needs for healthy aging.

Marathon Senior Citizens Club is a well established and progressive group in our community. Their collective voice and partnership is invaluable in the planning of services. The opportunity for partnerships and creation of supports could not be done without their input.

The two First Nations communities in our catchment's area namely Ojibway of the Pic River First Nation and Pic 50 Moberg are responsible for the provision of services for their citizens. The Aging at Home Strategy, administered under the North West LHIN's is responsible for providing services to seniors in First Nation communities and partnerships from the onset will allow for planning and delivery of services. Clearly, this will provide an opportunity to address critical senior needs within the First Nation communities. It will allow for a sharing of resources and the enhancement of present programs. Funding for the delivery of these services in their communities allows for an opportunity to look at new ways in funding such services as well as possible funding partnerships. Conversations, collaboration and partnerships are essential to planning useful services for seniors in First Nation communities. The majority of members from both First Nation communities access their healthcare in Marathon. This partnership allows for planning input never ventured in the past.

A designated French Language Community, under the Ontario French Language Services Act, clearly brings forth the need for partnership with representation from the Francophone community. The provision of appropriate services provided to French speaking seniors under the Ontario French Languages Services Act is to be incorporated throughout the planning of services for seniors.

Partnerships with all agencies providing support to seniors will allow for an integrated service delivery. It will allow the opportunity to examine service delivery in a comprehensive way with the outcome being improved services for seniors. It will create a sound framework from which to examine new services and partner in the most proficient ways to deliver the services. Smaller programs that are presently funded to deliver senior programming will find support in this partnership, with improved recognition and promotion of their services. The single point of access provides ease of access for seniors and solidifies the delivery of service. Integrating present services along with the creation of new services will allow for a comprehensive integrated system of services.

All of these partners are key decision makers for the creation and provision of services for seniors within Marathon and area, and thus it is imperative, from the onset, that all partners actively participate and work in a collective approach to deliver senior services. The partnerships will be intentional with one goal in mind; an integrated delivery of senior services in which partners communicate and cooperate towards the creation of a complete array of senior services. This may mean partnerships in ways that have never before been explored or

ventured. This Model of Aging will be specific to serving diverse needs in a northern rural area.

A senior living centre will provide a central location from which to deliver wellness programs and community education for seniors. Community partners will be invited to use the facility to deliver senior specific wellness programming and seniors, wherever they are on the continuum of need will be encouraged to participate.

A NORTHERN AND RURAL MODEL

1. Components of Healthy Aging

Healthy aging is more than the medical aspects of aging or the medical focus of health promotion and disease prevention. Healthy aging must take a holistic approach toward health addressing the physical, mental social and spiritual needs of individuals. It supports the idea that optimal health an enriched living can be experienced by everyone and any age.

Healthy aging should be viewed as having a medical and social dimension. The medical dimension focuses on physical health and functional capabilities, while the social dimension focuses on the emotional, social and mental functions. Any model that promotes Aging in Place through healthy living must fully incorporate these two dimensions.

Healthy aging requires a broad approach that reaches beyond the health system and address those factors that have an effort on the health of individuals, families and communities. Issues such as income, social status, employment and physical environment have shown to effect a person's health status, thus directly relates to quality of life. These items are not mutually exclusive, but rather they are inter-related determining an individual's health and related quality of life.

In designing an "Aging in Place" model for Marathon and area we considered four necessary components required to ensure our seniors achieve healthy age in their home community. Successful aging is often determined by incorporating three basic factors, avoiding disease, maintaining high mental and physical functions and being actively engaged in life. The Marathon and Area Aging at Home Committee determine that any successful community Aging Model required four components to ensure that the medical and social dimensions of healthy aging are addressed.

1. Promoting health and preventing disease and injury – Health promotion focuses on giving individuals, families and communities the knowledge and capabilities to make healthy choices and develop healthy supportive environments.
2. Enhance individual's mental and physical functions – allowing people to remain independent as possible in carrying out the activities of daily living.

3. Manage chronic conditions – enable people to facilitate self-care and independence by utilizing a collaborative approach with other community partners.
4. Promoting a community that engages life – allowing people the ability to have meaningful relationships with others and become involved in activities that are satisfying.

A community model that successfully supports our seniors must be all inclusive to allow individuals to achieve healthy aging and a level of wellness necessary for quality of life.

The “Aging in Place” model must incorporate the following principles for development.

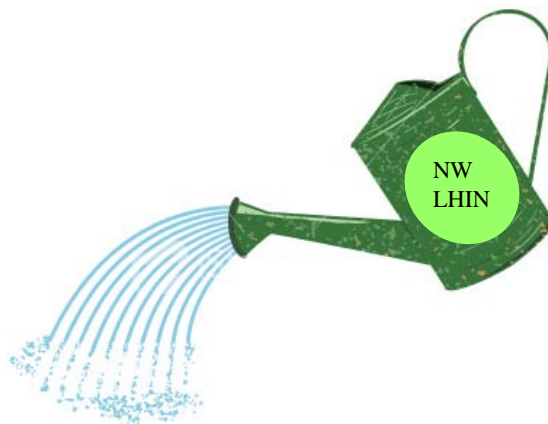
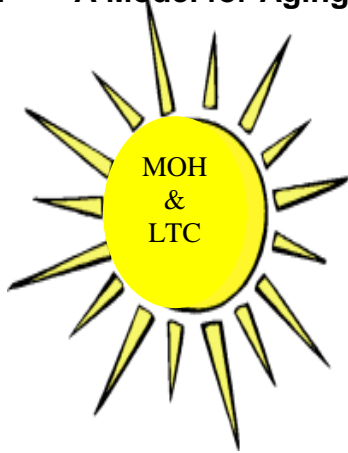
1. Partnership, partnership, partnership – This is a community based model that must include the support of the entire community. Partnerships between health, social service, industry, and all levels of government are required to fully service and build an environment that promotes quality of life for all our residents at any age.
2. Locally driven, locally determined approaches – The senior population should lead in the development of the community model. They are the best authority on what is required for them to remain in our community as active members.
3. Solution based – In developing the model we must look at issues as opportunities. The question should never be will this happen but must be how can we make this happen?
4. Use what’s there – build on current strengths and existing community services. It is more efficient to build on what we have than developing from the beginning.
5. One size fits no one – Every client needing services is a unique individual. Programs and services must remain flexible to meet the distinctive needs of individuals and the diversity of communities.
6. Respond to community need and community issues – The model is designed for a distinctive community and various segments within that community. The model must incorporate the needs and issues of different cultures and honour their diversity.

In the development of the “Aging in Place” model the committee struggled with supplying a full range of services, long-term residential care, supportive housing, respite care and day programs while remaining cost efficient. Each service operating independently based size limitations in a small community like Marathon and area would dictate inefficiencies. Therefore, economy of scale would imply that all senior services should be under a single organization. A single organization would eliminate duplication and utilize personnel to ensure that an individual’s community living plan would be altered in a seamless manner.

2. The Concept

Imagine a blossoming flower. Consider the centre of the flower is representative of the senior. All layers and stem of the flower support and protect the most important part. The petals are agents for the client, the main staff members. The Active Living Coordinator, Manager, Volunteer Coordinator, and Senior Concierge assist the client to coordinate supports and services, like the petals support the centre. The outer layer of the flower is indicative of the key supports; such as transportation, spiritual health, home services, social support, recreation, personal support, wellness and education. The stem sustaining the flower will be representative of “home”, whether it is the long term care residence, supportive housing, senior’s apartment or an external home from the centre. The leaves dignity, flexibility, independence, self-management, security and choice signify the mold for self-governance. Partners will be the roots of flower, to help the client to age with dignity and assist to anchor them at home. To allow this flower to flourish, it requires watering and sunshine, the North West Local Health Integration Network will be the irrigation system and the Ministry of Health and Long Term Care will signify the sun.

3. A Model for Aging



Inner Petals = Agents for Seniors
 Manager
 Senior's Conierge
 Volunteer Co-ordinator
 Active Living Co-ordinator

Outer Petals = Support Services
 Transportation
 Spiritual Health
 Home Services
 Social Support
 Recreation,
 Personal Support
 Wellness
 Education

Leaves = Philosophy of Care
 Dignity
 Flexibility
 Independence
 Self management
 Security



Stem = Housing
 Long Term Care
 Supportive Housing
 Senior's Apartments
 Home

Roots = Partners and other Providers

4. The Facility

The economies of smaller communities like Marathon do not make it cost effective or sensible to support single service organizations. The Senior Living Centre will strive to act as a channel bringing community resources together and offer opportunities for community partners to participate. This centre will be located in a central location convenient to all services. A central location will make it easily accessible, for seniors, families and easier and less expensive for providers and partners to assist and share resources.

The welcoming entrance will be weather protected with an accessible path and sensor lighting. The exterior of the building will be easily maintained with picturesque gardens. These gardens will be designed and maintained by the clients with assistance if necessary. Outdoor spaces and gardens will be carefully and closely integrated with the structure encouraging outdoor physical activity.

Upon entry the atmosphere will have a home like feeling, with no nursing station, but a comfortable family room setting. This area will be an inviting casual environment. Lots for natural lighting and passive heating will be incorporated into the structure.

The common areas will be designed to encourage social interaction and provide space for families and visitors. They will be friendly spaces, enriched by both plant and animal life that will help integrate residents and staff in harmonious, respectful relationships. One large space will be provided to accommodate large gatherings on the same floor and possibly adjacent to the dining room. This space could be used for windows of educational initiatives, fitness, and festive gatherings. A smaller common area will also be provided as a recreation room and chapel, as well as housing a small library and computer facilities.

This dining and kitchen area will have a number of uses. It will not only provide service to the residents, but will be key in a number of services provided to seniors living in the community. Such programs as the Meals on Wheels, Wheels to Meals and Diners Club will be dependant on these spaces being adequately sized and staffed. The onsite kitchen and dining facilities will be shared by the residents, volunteers and staff of a seniors living centre. Residence and staff will be encouraged to eat meals together. This promotes both a sense of community and opportunities for feedback and discussion. Access and flow of traffic will be important to accommodate residents, some with mobility aids, family and visitors. An area will be made available to store or park mobility aids.

The facility would also house a senior's gathering place. Residents and all seniors living in the community will be encouraged to access these facilities. On

a daily basis there will be innovative programs for seniors, soon-to-be seniors, and families. The gathering place will be available for all life's celebrations, community meetings, and workshops. It will be intergenerational where seniors can share their experience and talents with others in the community.

The Senior's Living Centre will offer a choice of homes that include good food, comfort, security and independence to seniors who no longer wish to or are unable to live at home. The housing options will include a long term care home, supportive housing (single and double occupancy) senior apartments, and a respite / short term stay unit. Homes will be provided in an adaptable fashion to meet the ever changing needs of our clients and community demands. Flexibility will keep costs down while providing tailor-made options for the clients along the continuum of need.

1) Supportive Housing

Supportive housing offers seniors an alternate choice in which they retain their independence while enjoying a community network of friends in a safe and secure environment. Knowing that supports are available should the need arise will provide a sense of security. These units will enable couples to live together longer. One or two bedroom supportive housing apartments will encourage self sufficient living, with each suite having the client's own furnishings. The client is living in their home without all the responsibilities that go with running a home and making meals. However, a small kitchenette would include a refrigerator, and some small appliances for clients to make some simple meals if they desired. A stacking washing machine and dryer could be provided in an interchangeable closet. Each suite will be a wheelchair accessible. The client will have access to all common rooms, dining room and lounge, garden and chapel. To qualify for this type of service the client will require 24 hour on-site personal support and a minimum of two community support services offered at the Senior Living Centre, such as personal care and assistance with routine hygiene, meal service, and housekeeping. A full menu of service options are always available as required, including, but not limited to assistance with shopping, transportation, and daily visits.

2) Senior's Apartments

Apartments for seniors will allow the client a simple way to downsize, but still have independence with people living life all about them. This client will have the capability to look after themselves and care for their own home. Lower housing costs at the senior apartments will allow more freedom and security, with less to maintain. The client however, may take advantage of having services options offered centrally.

3) Long Term Care Residence

Long term care homes will offer preferred accommodation or basic accommodation. Both types of homes will be single occupancy. The preferred

accommodation will have a larger bathroom and sitting area. A full service package is included in this type of care; special devices, medication administration, meals, linens, housekeeping and assistance with activities of daily living. A bed is provided, but all other furnishings will belong to the client, making this their home. The availability of 24-hour nursing personnel and high levels of personal support are provided for the client. The client will have access to the same common dining rooms and lounge, garden and chapel that clients staying in supportive housing have. This setting that can accommodate varying health needs with on-site supervision for client safety and well-being. Programming will be provided for social and recreational activities. As well, this client would have access to all activities at the Senior Living Centre.

4) Respite and Short-Term Stay Accommodation

The respite and short term stay unit may provide caregivers a break from their duties or may provide a client support to regain strength and confidence following hospital discharge. This enables caregivers to work or take time off from responsibilities, knowing their loved ones are getting the care they need. Caregivers and clients will also have access to the menu of services offered at this central site, which may include educational and support opportunities.

5. Philosophy of Care

The philosophy of care is based on self management. Seniors choose from the menu of services at their disposal allowing for self-management. This model provides a complete array of senior services more suited to their needs and demands. A single point of access provides assistance, education and easy access around service choices. It encourages accepting services to help support and maintain independence.

Ongoing partnerships will share resources, exchange information while reducing duplication which will increase access to programs for seniors. Partnerships will support educational programs that assist seniors to take personal responsibility for their well-being. By developing partnerships and collaborating with other organizations within our community both the medical and non-medical needs, such as transportation services, spiritual and social supports for the clients, will be fulfilled.

6. Philosophy of service

The philosophy of service goes hand in hand with the Model for Aging in helping seniors maintain as much autonomy as possible by providing useful support services and housing options that are easily accessed by seniors, respecting their rights to choose and manage those services.

Seniors are well rooted in their ability and ways of managing their affairs, be it in activities of daily living, personal care or in the care of their home and belongings. Service will be provided always being respectful of senior's abilities which they have so graciously earned. Governed by genuine human caring and a person centered approach, services are developed and delivered ensuring this is done while preserving the seniors dignity, providing choice, flexibility and self-management all the while allowing the senior to maintain as much independence as possible with providing enough security to allow peace of mind.

This philosophy of service allows all seniors, their family and or advocates full participation in self directed choices of service. The maximum possible decision-making authority is placed in the hands of the seniors and those closest to them. For those requiring more help, guidance and assistance, that too can be accommodated.

The key to helping seniors age in place and remain in their home community is to provide useful and easily accessible services. A full menu of home and community-based services will help seniors live independently whether it is in their own home or at the senior living centre. One person may need only a little help with shopping to be able to live at home. Another person may need a mix of services, such as help with housekeeping, transportation and meal preparation. Others may seek social contacts through the gathering place or day programs. A single point of access provides assistance, education and easy access around service choices. It encourages seniors to accept services that assist seniors maintain independence. (See appendix 2)

Ongoing partnerships will share resources, exchange information while reducing duplication which will increase access to programs for seniors. Partnerships will support educational programs that assist seniors to take personal responsibility for their well-being. By developing partnerships and collaborating with other organizations within our community, services in support of all hierarchy of needs such as food, shelter, transportation, spiritual health, social health, physical health, mental health and financial resources will be fulfilled, offering complete service for seniors.

7. Governance

The governance model will encourage self management with strong representation and direct input from residents and service users, while allowing community partners an opportunity to participate as well.

The model of governance remains true to the Model of Aging where seniors have the greater voice in their services. The model of governance will have 51% representation from residents, family members and service consumers and 49% representation from a collaboration of community partners to make up the Board of Governors. Community partner representation could include such partners as Town of Marathon, the two First Nations communities in our catchments area, a francophone representative, Marathon Family Health Team, community services, the Marathon Seniors' Citizens Group, CCAC, but to name a few.

8. Human Resources

Four Key positions will support Marathon and area seniors at the exceptional seniors living centre. These include a Seniors Concierge, an Active Living Coordinator, a Volunteer Coordinator and a Community Programs Manager.

1. Seniors' Concierge

Based on the Philosophy of Care and the Model for Aging, all seniors will be assisted by a Seniors Concierge. Allowing seniors choice and self-managed services, seniors have at their disposal a Senior Concierge, to aid them with their choices from our menu of services. The role of the Senior Concierge is similar to that which one would find in the service industry; a contact person who is able to assist with questions, services, and resources, necessary for an enjoyable experience. The decision to use the assistance from the Senior Concierge rests solely upon the senior, allowing them self directed services. Under this model all seniors choosing support services can be followed by a Seniors Concierge, who can align new services at their request. The Seniors Concierge provides a constant shadow of support for seniors as their needs change, wherever they may be living; on site or in the community and however their health needs fluctuate. This position will be the first point of access for anyone requiring community services for seniors. The Seniors Concierge will have the responsibility to assist the client by explaining the array of services at their disposal and by educating them as to how each of these services could be beneficial in helping them age in place.

2. Active Living Coordinator

As one would plan a social life in our own homes, by sharing meals, inviting guests, gathering for festivities and socializing with friends and loved ones, the senior living centre will be home to our seniors and it is essential it provides these same activities.

The Active Living Coordinator will ensure activities are available in the centre's common area filling the centre with opportunities for socialization, companionship and enjoyment. Appropriate social programming either in groups or individually will be available. These activities will be client, family and community driven based on suggestions from the individual and their family as well as suggestions from a tenant and family advisory committee and community and area needs. The monthly calendar will be active, inviting and inclusive with our community partner's events.

The goal is to provide seniors a happy home and community life, with supportive social, recreational and educational programming in which seniors feel included, have great input and often partake in the planning. Making connections and maintaining friendships and a sense of belonging enhances happiness and wellness. The Active Living Coordinator will be supported by volunteers who will provide an enhanced ability deliver effective programming and to connect with seniors. The Active Living Coordinator will also be responsible for the delivery of services such as the Dining Club, the Adult Day Service, the Senior Drop in and

the Caregiver support programs. The Active Living Coordinator will be responsible for all social and educational activities held in the common area and assist in the coordination in attending other community events and outings. This position will help enhance the visibility of seniors in our area and community as they take their place as the cornerstone of our communities.

3. Volunteer Coordinator

Volunteers are an integral part of Community Programs Services offered by Wilson Memorial General Hospital. They allow for the delivery of such programs as Meals on Wheels, Seniors Services' Van and all programs delivered by the Auxiliary to Wilson Memorial General Hospital. Clearly volunteer contributions will continue to enhance our ability to deliver excellent programming and it has come time to dedicate human resources, and financial commitment to maximize on volunteer skills and talents providing an experience for volunteers that is enriching and pleasant.

With serious commitment towards our volunteers, the coordinator will affiliate and implement the Canadian Code for Volunteer Involvement in association with Volunteers Canada. The Volunteer Coordinator will take a leadership role in recruitment, training, scheduling, supervision and recognition of all volunteers. The roles volunteers take on will be clear in their expectations and will match the needs of the delivery of services and those of the volunteers. Volunteers can look forward to having a coordinator to assist them and provide the training and support necessary to do their work. They will monitor and evaluate the volunteers and deliver a program of recognition to optimize the volunteer experience and enhance retention.

A seniors living centre can be proud to have services enhanced with the help of volunteers from our communities and partners.

4. Community Programs Manager

The Community Programs Manager will oversee all programs, staff, volunteers and budgets under Community Services Program. The person will work closely with its coordinators to provide a "person centered" approach to the delivery of community services for seniors in Marathon and area. The Community Programs Manager will be responsible for the applications, admissions and administration of the housing programs associated with a seniors living centre. This individual will be a "system integrator"; establishing and maintaining relationships with other service agencies and organizations that provide senior services to ensure full integration to best meet the needs of community and area seniors. Partnerships are essential to the delivery of sound and integrated programming for seniors. As Community Programs Manager, exploring new and innovative ways to deliver integrated and sound programming to both Marathon and the area will require strong links with all its partners in the creation of new ways to integrate and partner on service delivery. Such things as sharing of resources and exploring ways to expand on present delivery of senior services, at times with different levels of government funding, to meet the needs of our seniors is what makes this Model of Aging unique and inviting. The Community

Programs Manager will advocate for sound and dependable senior services that are affordable, equally accessible and that are governed by few restrictions to access.

Support Staff

Support staff, such as registered nurse, registered practical nurses, personal support workers and homemakers, maintenance and repair persons, dietary staff and volunteers will become partners in assisting seniors under the Model of Aging. All volunteers and staff will be governed by genuine human caring and provide a “person centered approach” to service. Staff will assist seniors to fully maximize their independence and enjoy life as partners with support staff assisting them with living.

APPENDICES

**Appendix 1
Non-Medical Community Services**

NON-MEDICAL COMMUNITY SERVICES

Service Offered	Current Provider	Meeting Needs	Potential Partnership and Further Development
Adult Day Service	none	no	WMGH, NOSP, MISN, Alzheimer's Society
Dining Club	none	no	Volunteers
Equipment/Assisted Devices Program	WMGH Rehab	no	Pic River Clinic and Moberg Clinic
Caregiver Support	Comcare, VON, CCAC, Hagi, MFHT, Wesway, Respite	no	Pastoral Care, Pic River Clinic and Moberg Clinic
Wellness Programs	none	no	Library, NOSP, MISN, TBDHU, Service Clubs, Senior's Club
Recreation Social Programs	Senior's Club, Town Activities	some	Service Clubs
24 Hour Support Services	EMS, OPP	no	Pastoral Care
Transportation Service	WMGH, Med Express, Taxi, Bus, Family	some	None Required
Meals on Wheels	WMGH, Volunteers	most	First Nation communities are not serviced
Wheels to Meals	none	no	Volunteers
Senior Drop In	Senior's Club	some	Senior's Club, Library, Theatre
Home Maintenance/Renovation	CCAC (limited), Comcare (private), NOSP (some funding may be available)	no	Municipality, Private Business, Volunteers, March of Dimes, Veteran Affairs, ODSP, CNIB and Hearing Society
Homemaker/Cleaning	CCAC (limited), Comcare (private)	no	Private Business, Volunteers
Personal Support Worker	Comcare, VON, CCAC, Hagi, MFHT	some	Pic River Clinic and Moberg Clinic
Friendly Visiting	NOSP (some funding may be available)	no	NOSP, Hospice NW

Appendix 2

Community Programs Services

These services are not all inclusive. Instead, they provide a menu from which seniors can choose their much needed supports to age in place. As their needs change, their choices of support services can evolve with them.

- The community support programs and services are flexible to meet the demands and demographics of population changes
- The human and financial resources are mobile to meet the changing demands of the population

Adult Day Service

Adult Day Service is a community support service which provides individualized and group social and recreational programming and a nutritious meal. It assists adults to achieve and maintain their maximum level of functioning in a comfortable, safe, secure and homelike setting. Staff and volunteers help adults stay socially active through the Adult Day Service to help prevent premature and inappropriate institutionalization. It offers wellness and safety information to seniors.

This service provides respite for caregivers as well as a valuable source of information and support.

The Adult Day Service serves individuals with a variety of needs within the community including the frail elderly, individuals with Alzheimer disease and other progressive cognitive disorders or dementia.

This program can be accessed through a seniors living centre.

Dining Club

The Dining Club is a perfect way to provide both a nutritious hot meal and an opportunity for seniors to socialize and mingle with friends. Entertainment is provided to make the experience even more enjoyable.

Seniors are invited to join in and come to socialize at the centre. Transportation is provided.

This service is a perfect opportunity to get out of your home environment, share a meal with friends and enjoy some entertainment.

Equipment and Assistive Devices Rental Program

The Equipment and Assistive Devices Rental Program can be very useful for seniors. It facilitates senior's transition into using assistive devices by having local and easy access to these devices. A change in one's health or Hospital discharges become facilitated with the use of a new assistive device to try out at home and experiment with how useful it can be. This program will assist seniors in helping seniors to think of safety and assist them with their independence.

Short term equipment rental of items such as wheelchairs, canes, walkers, shower stools, raised toilet seats commodes and other basic items will be available to Marathon and area residents. It will benefit seniors who are considering making a purchase of an assisted device. It will allow seniors access to a local assistive device program when at times they must wait to be seen and assessed by an occupational therapist. This service will also prove useful to community members who have guests visit their home and may need such devices to assist them while visiting friends or loved ones.

This service would allow for further referrals and assistance for those seniors requiring more specific and technical assistive devices information.

The Equipment and Assistive Devices Program provides extra safety options for seniors. It improves a senior's independence and helps them remain in their home setting. It provides family members with support, peace of mind and some respite.

This program can be accessed from private homes or apartments and the supportive housing and long term care units.

Caregiver support and education program

A seniors living centre will provide a valuable gathering place for caregivers to access education and information resources. Education programs will be delivered by a wide array of community partners and service providers delivering senior care.

Education and support programs tailored to caregivers will be delivered to provide a resource, support and short respite. This will provide a location, where caregivers can find the information, support and friendship from others providing similar care.

Wellness Programs

The Senior Living Centre as well as other community groups offers wellness programs. Programs can be health related such as a diabetes education session, smoking cessation groups, or falls prevention workshops. The wellness

programs can also be social in nature such as crafts, art classes or relaxation classes. Seniors will have access to these community sessions and transportation will be provided for seniors to access other community wellness sessions.

Social and Recreation Programs

Social and recreation programs fill our lives with enjoyment and keep us healthy and fit. Senior specific recreation and social programming will be available at the Senior Living Centre. These can include both individual and group activities. Access to social and recreational programs delivered by our community partners such as the Marathon Seniors Club and the Town of Marathon, as well as those provided by other social clubs is encouraged. The social and recreation programs at a seniors living centre will provide a full array of social and recreational services for seniors and transportation to and from the events.

24 Hours Emergency Support Services

This Emergency care service is available for seniors wanting the peace of mind of having access to outside supports at hand, to continue to reside independently. The 24 Hour Emergency Support Services are available to seniors in their homes.

This service can prove useful for family members and / or caregivers who would usually tend to their loved ones needs but need respite or have to leave town. It will provide security to seniors who have no one to rely on, should a household emergency come up. It will also provide the security of added services for seniors awaiting entry into supportive housing or a long term care unit.

Transportation Service

Transportation is available by volunteer drivers for all seniors age 55 and older, to attend medical appointments, health related appointments and wellness programs.

This transportation service is available to seniors accessing activities and programming available at the senior living centre.

The transportation van is a fully accessible service.

Meals on Wheels

The Meals on Wheels service provides hot nutritious meals delivered to seniors homes, with a choice of service either 3 days per week or 5 days per week. Meals are picked up by volunteers and delivered to the home. Meals are prepared by the dietary department at Wilson Memorial General Hospital and can accommodate persons with special dietary regimes.

This service is helpful for seniors who find it difficult to prepare hot nutritious meals. It is useful to seniors who need to adhere to a particular diet. It is also helpful in providing some respite to caregivers or family members. Seniors recovering from illness or surgery may also find this service useful while they recover.

Wheels to Meals

Wheels to Meals is a service where seniors can pick up their own hot nutritious meal at the dietary department. These meals are prepared by the dietary department and can accommodate persons with special dietary regimes.

This service is helpful for seniors who need to adhere to a particular diet. It gives an alternative choice to ensuring a balanced and nutritious meal is consumed. The option of picking up ones owns meal continues to promote senior independence and choice.

Senior Drop In

This service provides social, cultural and recreational activities for independent community seniors. Activities are set on a monthly basis, based on input from the senior advisory committee, the Marathon Seniors Club and the community seniors at large. Activities could include cards, games, crafts, speakers, movies, socializing, but to name a few.

These scheduled activities will be supported with the help of the Active Living Coordinator at the Senior Living Centre.

Coffee, tea, juice and snacks will be provided.

Home Maintenance, Renovations and Technology Service

This program provides a worker who can make small home renovations and adaptations to a senior's home. These can include, installing bars, new railings, and safety equipment. This service can also include making small home repairs including regular home maintenance necessary to keep a home safe.

There comes a time when cutting the grass, garden maintenance and shovelling becomes more difficult for seniors. This service provides seniors with a reliable service to help keep their outdoor home environment safe and free from safety hazards.

The service also offers access technology services such as home appliances and computers. Help and assistance with remote controls, home computers and the technological set up of new appliances enables senior's access to someone

who can take the time to explain and educate them on the safe use of their home appliances.

Homemaker / cleaning service

The homemaker / cleaning service offers seniors help with housecleaning which includes dusting, sweeping, vacuuming, and the washing of floors, washrooms, kitchen, bedroom and living areas. This service will offer changing of bed linens, making of beds and a personal laundry service. Minor food preparation and assistance with shopping, running of errands and assistance with bill payments and answering of mail would also be available. The homemaker provides assistance in maintaining personal items and keeps dresser drawers, closets and storage spaces in good order. This service will offer a once per year larger full scaling cleaning.

The senior will have a choice of service based on their personal needs.

Personal Support Worker

This service offers the provision of direct personal care which supports seniors and promotes independence. eg. Bathing, dressing, toileting, This service offers flexibility to seniors to choose a mutually determined time of day for such services. The following options in service are available such as daily medication preparation, assistance with meal planning and preparation. This service provides assistance for shopping, paying of bills and running errands. The Personal Support Worker can accompany seniors to their medical appointments and escort them to activities.

The senior will have a choice of service based on their personal needs.

Friendly Visiting / Assistance to help seniors participate in social events

Friendly Visiting is a home support service that matches volunteer visitors with seniors. This service provides volunteer visits on a regular basis and provides companionship and friendship. This service can be delivered in the seniors home setting or out in the community. Volunteers can also escort seniors to local social events.

Single access referral to other community services and service providers

This service offers access to a senior concierge who is familiar with all programs and services offered to seniors and who has the ability to make referral to these services. The Senior Concierge provides a constant shadow of support for seniors as their service needs change.

Appendix 2
Senior Supportive Housing Report

Senior Supportive Housing



Wilson Memorial General Hospital

P.O. Bag "W" – 26 Peninsula Road
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Executive Summary

In Marathon, Senior Supportive Housing can provide an important alternative to institutional care, allowing individuals the option of remaining in our community with relative independence. It can offer the necessary care and support to individuals who are no longer able to manage all daily functions independently and safely, but do not require regular nursing care in a long-term care facility. Senior Supportive Housing is designed for seniors who need minimal to moderate help in their daily living. It is designed to be safe, secure, enabling and homelike with support services such as meals, housekeeping and social and recreational activities. Five key components of a successful Supportive Housing project are

1. Residential character
2. Supportive physical environment
3. Access to necessary support services
4. Progressive management philosophy
5. Affordability and choice

All five components must be inherent in the design and operations of any Senior Supportive Housing project.

The Senior Supportive Housing Committee reviewed and assessed a great amount of information over the last year. As part of the study, committee members evaluated information from numerous resources. All the relevant information and data explored could not be incorporated into this report, however listed below are the key findings.

- There appears to be overwhelming support by the community for Senior Supportive Housing units.
- The demand for Senior Supportive Housing continues to grow.
- There is an overwhelming belief in the need for additional senior support services, including housing.
- Innovation and flexibility in design and development are important to meet the unique needs of individuals in our community.
- Affordability is a major factor in senior supportive housing.
- Ontario's Aging at Home Strategy is an opportunity for communities to develop senior care programs which may include Supportive Housing units.

People are living longer, the aging population is increasing hence there is an overwhelming belief and growing need for Supportive Housing to service this segment of the population. It was difficult to determine precisely how many Senior Supportive Housing units are required in Marathon, as there are no provincial benchmarks established by the Ministry of Health and Long-Term Care for this service.

In order to provide some quantitative assessment of Senior Supportive Housing needs for Marathon and area, this report utilized two population-based benchmarks, the Boldy and Heumann approach used a benchmark of 4.5% of the population over 65 years of age and the British Columbia government uses a benchmark of 4.0% of the population segment. However, it should be noted that population based numerical projections may not be the only determinant in considering the number of spaces required in a community. These benchmarks do not allow for the unique-characters of rural and northern communities or their population.

There are many factors that may contribute to a higher demand for Senior Supportive Housing units in Marathon and area. As a result of the out-migration of youth, a higher percentage of our seniors are living alone without support from family members. There is a lack of alternative housing and senior support service in general in Marathon. Our residents, similar to most rural Northwestern Ontario communities experience an earlier onset of chronic disease and disability than other areas of our province. These and many more factors indicate a higher need of Senior Supportive Housing units than the benchmark projections.

A sufficient critical mass of eligible clients is necessary to financially support and provide Senior Supportive Housing services in any community. Marathon as a small rural community in Northwestern Ontario may not have a sufficient critical mass. However, by designing innovative and flexible alternatives the needs of our seniors can be met thereby ensuring these individuals maintain independence and quality in their lives for years to come.

The focus of our assessment was seniors and a common theme that emerged during our research and fact finding is that seniors in Supportive Housing prefer to live amongst other seniors. Where possible they prefer to remain in their own homes and age in their community.

Based on this study and assessment of the community, the Senior Supportive Housing Committee makes the following recommendations to the Board of Directors of Wilson Memorial General Hospital.

1. Recommendations

1. It is recommended that Wilson Memorial General Hospital expand its' study of senior support services to incorporate Ontario's Aging at Home Strategy of which Senior Supportive Housing is an integral component.
2. It is recommended that Wilson Memorial General Hospital continue their partnerships developed during the study and invite other community partners to become full participants.

3. It is recommended that Wilson Memorial General Hospital and its partners financially support the hiring of consultants to assist with the development of a community Aging at Home Strategy that will fulfill the unique needs of our senior residents.
4. It is recommended that Wilson Memorial General Hospital utilize their Senior Supportive Housing committee, as a basis in developing a new ad hoc committee to expand this study.
5. It is recommended that the local “Aging at Home Strategy” committee works with the Northwest LHIN to ensure that the criteria outlined in Ontario’s Aging at Home Strategy is adhered to and built upon.
6. It is recommended that Wilson Memorial General Hospital and partners investigate alternative funding sources to expand this project.

OVERVIEW

Senior Supportive Housing is non-existent in rural areas east of the City of Thunder Bay. As the number of seniors continues to grow, there is ongoing reinforcement for the development of Senior Supportive Housing, which has been recommended in a number of reports. Marathon has been named as a possible location for these services in reports such as Supportive Housing in Northwestern Ontario, A Needs Assessment (Northwestern Ontario District Health Council, 2004), Integration Service Plan for Northwestern Ontario (Report of the Special Advisor, Tom Closson) and Integrated Health Services Plan (North West Local Health Integration Network).

Supportive Housing is a part of today's continuum of care placed between home and/or community services and placement in a long-term care facility. Supportive housing continues building features and personal services to enable people to remain in the community as long as they are able and choose to. Supportive Housing is designed for people who only need minimal to moderate care, such as homemaking or personal care, which allows these individuals to live independently.

Accommodations normally consist of rental apartment units or a small group residence.

These buildings are usually owned and operated by a variety of charitable and non-profit organizations. The care arrangements between a tenant (senior) and a service provider are community defined through a contract between the two parties. There are multiple variations and must remain flexible in order to service a variety of tenants and their individual needs.

1. The Committee

In the fall of 2006 the Marathon Assisted Living Group made a presentation to Wilson Memorial General Hospital's Board of Directors, highlighting the need for additional services to allow seniors to remain in our community. They suggested that the Hospital take a leadership role with senior services and particular with senior supportive housing. This request was immediately accepted by the Board of Directors as it fit well within one of our strategic directions established in 2006.

“Support the development of a comprehensive program for seniors ensuring the proper support systems allowing for quality life in their community”.

Wilson Memorial General Hospital then established the Supportive Housing Committee which began operating in January 2007. The purpose of this committee was to determine the need and feasibility of a Senior's Supportive Housing Program in Marathon and present recommendations to the hospital Board of Directors. In establishing this committee, the Board of Directors

attempted to ensure a cross representation of the community and hopefully developing strategic partnership that could be utilized in the future. The Terms of Reference, Principles and Membership of the Supportive Housing Committee are included in appendices A, B and C respectively.

2. Provincial Policy

The Ministry of Health and Long-Term Care states that a Supportive Housing program offers support to those who are frail and/or cognitively impaired, with physical disabilities, with acquired brain injuries or living with HIV/AIDS. This report will focus on Supportive Housing for seniors.

The Ministry of Health and Long-Term Care has established goals of Supportive Housing that include;

- To create community alternatives to institutional use
- To maximize independence and control
- To improve access to quality services
- To support continued participation in community living
- To strengthen the continuum of service between community-based and institutional services.

There has been interest in Supportive Housing project by the rural communities outside the City of Thunder Bay, but very little encouragement to progress beyond the early stages of development by the provincial government in recent years. This is evident by the lack of facilities in the rural communities and the non-existence of Supportive Housing east of Thunder Bay. However, timing is often an important factor in the development of provincially supported projects.

3. Ontario's Aging at Home Strategy

On August 28, 2007 the Government of Ontario announced a three-year, \$700 million initiative designed to allow seniors to live healthy, independent lives in the comfort and dignity of their own home.

Most seniors want to continue living at home, whether it is in a private home, an apartment or some other living arrangements. This Aging at Home Strategy will promote matching the needs of seniors and their caregivers with appropriate local support services. The Age at Home Strategy should avoid premature admission to institutional care and promote independence and dignity for seniors.

The Aging at Home Strategy is designed to support services that help seniors to stay healthy and live in their homes, such as community support services, home care, assistive devices, assisted living, supportive housing, long-term care beds and end-of –life care. This strategy will promote innovation that finds new ways to provide the supports and services seniors require to live where they want and the

way they want. Senior Supportive Housing projects are an important part of this strategy.

The North West LHIN along with other LHINs in our province is currently engaging their communities to develop a plan to achieve an integrated system of community based services. Senior supportive housing may be looked upon favourably by the North West LHIN as part of an overall Aging at Home Strategy for Marathon. The community may begin to be pressured to develop a community strategy since the LHIN identified Aging at Home services to be implemented beginning in 2008-09 through to 2010-11.

COMMUNITY PROFILE (2)

The Senior Supportive Housing Committee completed an environmental scan of Marathon and the communities that are historically serviced by the health care providers located in Marathon. The analysis of the population considered such factors as demographics, health status, and determinants of health. The Committee reviewed local services and programs and analyzed them as to current performance, utilization and capacity of services being delivered.

The environmental scan was to provide a profile of the local population, their health and preliminary assessment of the communities needs for the establishment of a senior supportive housing program. This report presents limited quantitative and qualitative information based on our environmental scan. A more extensive community environmental scan process would be required to validate and support the information.

1. Geography (2)

This study embraced the concept of providing services to seniors as close to home as possible, thereby reversing the trend of seniors leaving their rural home communities in order to secure services available in urban centres such as Thunder Bay. Our goal was to provide seniors the opportunity to age in the community they spent most or all of their lives. Therefore, the Committee only included the historical catchment area of Wilson Memorial General Hospital. They believe that Schreiber/Terrace Bay and Manitouwadge should develop senior services within their community, thereby allowing their seniors the option to age at home.

The historical catchment area for the health services provided by Wilson Memorial General Hospital includes the town of Marathon, The First Nation communities of Pic Heron and Pic Mobert and a proportion of the town of White River. The vast majority of the two First Nation communities service their health care services by providers in Marathon; therefore we have included 100% of this population as part of the study. White River is located in a separate LHIN; however Marathon health care providers service approximately half of the community while the other half receives services in Wawa. For simplicity, the Committee included 50% of White River's population in our study.

2. Population (2)

The population of Marathon and surrounding area is similar to Northwestern Ontario in that it has been declining for several years. Statistics Canada data indicates that Marathon and White River populations have significantly declined in comparison to Ontario's population increase.

Population and Percentage Change

	Population			% Change	
	1996	2001	2006	1996 to 2001	2001 to 2006
Ontario	10,753,573	11,410,046	12,160,282	6.1	6.6
Marathon	4,791	4,416	3,863	(7.8)	(12.5)
White River	1,022	993	841	(2.8)	(15.3)

This trend of declining population for our communities will have implications for the delivery of senior health care services. As the population declines, so does the tax base which impacts the ability of municipalities to raise funds for area initiatives such as Senior Supportive Housing. With fewer people in our communities, the population base needs to justify how new or additional health care services will further impede the financial feasibility of health care services.

The course of this population decline is our heavy dependence on natural resources and related industries. The region is heavily dependent on mining and forest products industry. As these sectors of our economy decline as a result of downsizing and closures, the displaced workers are forced to obtain employment outside the area. This has resulted in an out-migration of youth and young families who have moved closer to the jobs. This becomes evident when the Committee analyzed the median age of population between 2001 and 2006 per Statistics Canada data. Both Marathon and White River experienced a greater increase in the median age than the Ontario average, which can be directly attributed to this trend.

Median Age and Percentage Change

	Median Age		% Change
	2001	2006	2001 to 2006
Ontario	37.2	39.0	4.8
Marathon	36.	39.8	10.6
White River	39.1	42.2	23.8

The increase in the out-migration of our youth results in fewer younger people to provide services to an aging population. Historically, our youth have played a significant role as part of their aging relatives informal care network. When a community loses this block of informal care givers their seniors become more dependent on their friends and families to fill this void. However, their families are often part of that aging population and the final result is to access community health care services when they are available or forcing them to move to major centres to access needed services.

The number of seniors in Marathon continues to increase at a rate comparable to all of Ontario. Statistics Canada from 2001 to 2006 shows a 12.0% increase for residents over 65 in Ontario while Marathon's data indicates a comparable rate of 12.8% and White River a lower rate of 6.7%. White River may be at a lower rate because of a lack of health care services available in the community when compared to Marathon.

A review of current literature appears to recognize one exception to these population trends. Census data reveals that the aboriginal population is younger than the non-aboriginal population. However, the literature reveals that aboriginal people have lower health status than non-aboriginal people. They experience an earlier onset of chronic conditions and disability. This situation would likely mean that they will require supportive services at an earlier age than the non-aboriginal population.

Marathon is a designated community under the Ontario French Language Services Act. The community of Marathon has Francophone residents at 10% to 17% of the population depending on whose data you are using. There are concerns as to the accuracy of this information based on statistics Canada Census data. As a designated community under the Ontario French Language Services it is important that any discussion on Senior Supportive Housing includes providing services to this segment of our population.

In analyzing our population, the Committee considered known socio-economic indicators across Northwestern Ontario. Communities in Northwestern Ontario, when compared to Ontario in general, have lower education levels, higher unemployment rates and higher level of single parent families. These indicators when combined with a declining economy normally results in a negative impact on people's health and an increased demand for community health services.

3. Population Health Status (2)

The assumption the Committee made is that our population health status is similar to that of Northwestern Ontario. During their review and discussion of local population health status there was no significant variance that was identified. However, it is important to recognize issues that are common in Northwestern Ontario.

The poorer a population's health status the greater the demand for health services at an earlier age. A few of these health status end outcomes that concerned the Committee are as follows;

- Lowest life expectancy in province
- Lowest birth weight in province
- Highest age-standardized mortality rate in Ontario.

- Highest in the province for external causes of mortality (i.e. Inquires) and for endocrine, nutritional, and metabolic diseases (i.e. Diabetes)
- Suicides for Northwestern residents are more than double the provincial average and much higher than for any other region
- Highest rates of smoking and heavy drinking for Northwest residents
- Low rate of inactivity and high rate of being overweight and obese.

These items are concerning enough but when combined with a lack of preventive health care services this creates a formula for promoting chronic health care problems within our population. The use of preventive health care services can lead to early detection of disease, which ultimately results in increased health status and improved health outcomes for our residents. In comparison, the urban areas such as the City of Thunder Bay, rural population have limited access to these preventive health care services, resulting in an increase in chronic health problems in our residents.

4. Community Support Services

The committee reviewed current senior support services that are accessible to our residents. There is a very limited access to service providers when individual are considering alternatives to institutional care.

- a. Meals on Wheels (Wilson Memorial General Hospital)
- b. Homecare Services (Community Care Access Centre)
- c. Assisted Living Booklet (Marathon Seniors Club)
- d. North of Superior Mental Health Services

These supportive health care services must be expanded to ensure our senior residents are able to age at home and remain a vital part of their community.

An important part of any aging at home program must include relief for the family or informal caregiver. Currently, there is minimal access to these services in our community. Respite services on the Northshore consist of a single bed for Thunder Bay east, located in Nipigon Hospital. Respite care in various forms must be developed in our region to ensure our community has acceptable access when needed.

5. Health Human Resources

The recruitment and retention of health care professional is an ongoing concern for rural communities in Northwestern Ontario. Marathon has been fortunate to have a full compliment of health professionals over the past few years. This has been a challenge. However, the local health providers pulled together and developed initiatives and programs, which instituted community training programs that increased access to health care professionals. There will be a

greater demand for the community to recruit and retain health professionals if we hope to expand senior supportive services.

Requirement for Senior Supportive Housing

A number of recent reports have identified the need for added Supportive Housing in Northwestern Ontario. Currently there are no Supportive Housing programs operating in the rural communities east of Thunder Bay. The need for a greater number of Supportive Housing units has not translated into additional units. Over the past number of years the Ministry of Health and Long-Term Care has not been encouraging the development of these projects locally. This hopefully will change in the near future with the recent announcement of Ontario's Aging at Home Strategy. The problem we have is the absence of well-defined provincial benchmarks for Supportive Housing makes it difficult to estimate the community needs based on population data.

1. Senior Supportive Housing Benchmarks

The lack of the standard of benchmarking model acceptable to the Ministry of health and Long-Term Care meant the Committee had to review a number of models and apply the population data to each model. The Senior Supportive Housing Committee utilized three benchmark models. All three are based on population data for 65 plus.

The Pyramid Model used utilized in several Supportive Housing reports over the past years including Toronto and Hamilton. The model makes the following projections regarding the population 65 years and older; 5% require care in long-term care facility, 10% require Supportive Housing, 3% require high end and 7% require low end services. However, there does not seem to be a definition of what is meant by high and low end services. This model was determined to not be widely accepted, therefore the Senior Supportive Housing Committee decided to not apply population data to it.

The Committee will utilize other benchmark models to provide numerical projections of the need of Senior Supportive Housing in Marathon.

The Boldy and Heumann benchmarking model assumes 4.5% of seniors over the age of 65 years require a service such as Supportive Housing. Various District Health Councils have used this benchmark in the past across Ontario. The British Columbia government established another benchmarking approach the Committee utilized. This benchmark is 4.0% of the population over the age of 65 requires Supportive Housing. This model has also been used in the past by various District Health Councils.

Statistics Canada's 2006 census was utilized to compare the population data on residents in Marathon and White River 65 years and over (appendices 4 and 5). Marathon had 265 individuals 65 years or older, while White River has 80 during the 2006 census. In order to calculate the Senior Supportive Housing units

required we used half of White River’s data which equals the estimated population serviced by health care providers in Marathon.

Ojibways of Pic River First Nation and Heron Bay supplied the population data for on and off the reserve status for individual 65 years and over. They have identified 28 individuals for our population data. Pic Moberg First Nation didn’t provide data for our study; however we have conservatively estimated an additional 15 individuals from this community meeting our requirements.

Projected Need for Senior Supportive Housing Units

Community	Population 65 years and over	British Columbia (4%)	Boldy & Heumann (4.5%)
Marathon	265	10.6	11.93
White River (80)	40	1.60	1.80
Pic River First Nation and Heron Bay	28	1.12	1.26
Pic Moberg	15	0.60	0.67
Total	348	13.92	15.66

The table above depicts the required number of Senior Supportive Housing units required for Marathon based on 2006 data. The requirement ranges from 14 units to 16 units. However, this data is approximately two years old. If we assume the population 65 years and over as we experienced between 2001 and 2006 then over the next few years our local requirements will be in the range of 16 to 18 units.

These benchmark models may not be entirely appropriate for identifying the needs of our communities. The lower health status of our residents, the earlier onset of chronic conditions, the number of seniors living alone, the look of alternatives and the out-migration of youth may be important factors when determining the need for Senior Supportive Housing units in our community. Decisions regarding the allocation of Senior Supportive Housing requirements must include both quantitative and qualitative information. The projections based on the Boldy and Heumann and British Columbia models should be considered as a base line for required units. Decisions regarding Senior Supportive Housing services should be based on a number of issues around health care and services in addition to the projections of the benchmarks.

2. Other Considerations

There are a number of issues that must be considered in the analyzing of required Senior Supportive Housing units. As few issues we reviewed are;

- Facility Utilization vs. Operating Efficiency
- Population projections for the next five years
- Required number of units to acquire operational efficiency
- Other possible usage of a shared facility to gain efficiency
- Alternative to supportive housing

These are only a few of the additional considerations to the examined and the Committee believes that an additional study must be expanded to include these and other issues that will have a direct bearing on the community's ability to develop and successfully operate a Senior Supportive Housing program.

Senior Supportive Housing Models

As the Committee researched supportive housing models, two details became very evident, the number of different models utilized and variance between the models. The importance of flexibility both in design and operating Senior Supportive Housing project is fundamental to their success. The model utilized must consider the unique geographic and demographics of the communities they will be serving.

Despite the differences between the models Supportive Housing endeavours to fill the gap between independent living and facility care. It does not offer the full package of services included in facility care, nor is it independent living. Senior Supportive Housing offers some help or security services in everyday living, but does not offer regular nursing care. This is a balance between independence and the need for support with security and activities of daily living.

Senior Supportive Housing models include an array of housing with support options. However, they all offer a level of independence, security and the option of help with everyday tasks as the residents require.

The following are four models that highlight the range of options available to either adapt or develop upon. There are numerous ways that Senior Supportive Housing can be provided that are beyond the scope of this study and can be explored in greater detail if the community decides to progress to the development stage.

Abigail Homes are senior housing projects built around garden suites or granny flats. They are normally placed in a residential area of the community but may be located in commercial areas. Abigail Homes support smaller complexes in which 10 to 16 seniors can live in their own separate lockable studio apartment. This model usually offers one or two meals per day centrally served and additional daily living services can be purchased by the residents as needed from outside providers.

Congregate Homes are facilities that combine private living quarters with centralized dining services, shared living spaces, and access to social and recreational activities. Many congregate housing facilities offer transportation services, personal care services, rehabilitative services, spiritual services and other support services. Professional staff can provide emergency assistance on-site. Residents have individually lockable doors and a choice of support services. Residents within this model often remain very independent and continue to function as an active member of the wider community.

Abbeyfield Houses main aim is to provide home-like supportive and affordable accommodation for people who are at risk of social isolation and its related hazards. This family style model provides a home with balance between privacy

and companionship and security and independence. They are often renovated houses in residential neighbourhoods where seven to ten people live in one home. They have the consistency of a house manager who may live on site and prepares meals and does the household shopping, while other care is often provided by dedicated volunteers. Residents normally have separate rooms with a sitting area, lockable doors and an ensuite bathroom. They eat together in a traditional dining room and share common spaces.

Campus Model Housing: refers to a clustering of independent apartments for senior residents, congregate Supportive Housing and nursing home care, all on one site. In this way, a continuum of care choice is available to residents. The advantage of the campus model is the support services such as commercial kitchen can provide services to all three facilities, thereby gaining operational efficiencies. Staff can be shared and are available to provide emergency response to residents and capable residents often provide volunteer services. The cost of developing this model often depends on existing infrastructures.

APPENDICES

Senior Supportive Housing Committee

1. Terms of Reference

Purpose: To ensure that the feasibility of a Supportive Housing Program in Marathon actively investigated.

Representation: cross section of community providers and consumers.

- Two (2) directors of WMGH Board
- A member from the Hospital staff
- A member of the Marathon Family Health Team
- Two (2) representative of the Assisted Living Group
- A representative from the Township of Marathon
- Two (2) community members
- A First Nation representative

The Board of Directors must approve the appointment of each member and may alter the committee structure and size to meet changing demands.

All members of the committee will be appointed by the Board of Directors of Wilson Memorial General Hospital for a period of 12 months.

Committee Executive: Shall consist of a Chair and a Vice-Chair of the Committee appointed by the Board of Directors of Wilson Memorial General Hospital. The Chair of the Committee shall be a member of the Board of Directors and Vice-Chair shall be a non Board member.

Duties: The Supportive Housing Committee will be an adhoc committee of the Board of Directors of Wilson Memorial General Hospital.

- 1.) Determine the need for Supportive Housing in Marathon.
- 2.) Report to the Board of Directors regularly.
- 3.) Ensure their goals and objectives are parallel to LHIN # 14.
- 4.) Determine the fiscal possibility of a Supportive Housing project in Marathon, (capital and operational).
- 5.) Present recommendation to the Board of Directors of WMGH on the feasibility of a project in Marathon.
- 6.) Assist the Board of Directors in the development of a business plan for presentation to possible funding agencies if the Board determines it necessary.

Termination: The Board of Directors may dissolve the Support Housing Committee by motion at any regular Board meeting.

Senior Supportive Housing Committee

2. Principles

- **Client Centered** – focus on needs of the client
- **Provide care as close to home** – as possible
- **Community focused** – service our current catchment population, do not create competition (between communities and/or facilities)
- **Quality information** – for planning, decision making
- **Right people are at planning table** (e.g. physicians, providers, consumers, etc.)
- **Engage community** – consultation, education
- **Fiscally responsible** –share scarce resources, partnerships
- **Consistent standard of quality care** – framework, philosophy, safety, risk management
- **Sustainability** – long-term planning that meets the needs of current and future populations
- **Flexibility, adaptability** – as needed
- **Accountability** – performance measurement (e.g. back to communities, clients, funders, families, etc.)
- **Holistic** – approach to healthcare

Senior Supportive Housing Committee

3. Membership

Organization	Name	Phone #	Email Address
WMGH – Director of Board	Irene Simpson-Bench	W. 229-1996	irene.simpson- bench@scotiabank.com
WMGH – Staff Member	Paul Paradis	W. 229-1740 ext.228	pparadis@wmgh.net
Marathon Family Health Team	Eli Orrantia	H. 229-1777	elisarah@shaw.ca
Assisted Living Group	Pat Richardson	H. 229-0380	prichap@xplor.com
Assisted Living Group	Ellie Cooper	H. 229-0780	etcooper@shaw.ca
Township of Marathon	Terry Fox	H. 229-3382	tfox@vianet.ca
Community Member	Val Biggs	H. 229-0492 W. 229-2290	BiggsV@lao.on.ca
Community Member	Bill Harris	H. 229-1643	wharris@mail.nwconx.net
First Nation Representative	Erica Penno	229-1836	epenno@picriver.com

4. White River Statistics

	White River			Ontario		
	Ontario (Township)			(Province)		
Population and dwelling counts	White River, Township			Ontario		
	Total	Male	Female	Total	Male	Female
Population in 2006 ¹	841			12,160,282 [†]		
Population in 2001 ¹	993			11,410,046 [†]		
2001 to 2006 population change (%)	-15.3			6.6		
Total private dwellings ²	443			4,972,869		
Private dwellings occupied by usual residents ³	355			4,554,251		
Population density per square kilometre	8.7			13.4		
Land area (square km)	96.94			907,573.82		
Age characteristics	White River, Township			Ontario		
	Total	Male	Female	Total	Male	Female
Total population ⁴	840	450	385	12,160,285	5,930,700	6,229,580
0 to 4 years	35	20	20	670,770	343,475	327,290
5 to 9 years	35	25	15	721,590	369,670	351,920
10 to 14 years	45	20	25	818,445	420,705	397,740
15 to 19 years	70	35	35	833,115	427,185	405,925
20 to 24 years	55	30	25	797,255	400,445	396,815
25 to 29 years	50	25	25	743,695	360,525	383,170
30 to 34 years	40	20	20	791,955	382,030	409,925
35 to 39 years	60	35	30	883,990	430,220	453,770
40 to 44 years	70	35	35	1,032,415	507,130	525,280
45 to 49 years	110	65	40	991,970	486,390	505,585
50 to 54 years	80	45	35	869,400	423,345	446,060
55 to 59 years	55	30	25	774,530	378,530	395,995
60 to 64 years	40	20	25	581,985	283,545	298,440
65 to 69 years	25	15	10	466,240	222,640	243,600
70 to 74 years	20	10	10	401,950	187,510	214,445

75 to 79 years	15	10	10	338,910	149,585	189,325
80 to 84 years	15	5	5	250,270	97,240	153,035
85 years and over	10	5	0	191,810	60,555	131,260
Median age of the population ⁵	42.2	42.6	41.9	39.0	38.1	39.9
% of the population aged 15 and over	86.3	87.8	87.0	81.8	80.9	82.7
Common-law status characteristics	White River, Township			Ontario		
	Total	Male	Female	Total	Male	Female
Total population 15 years and over ⁶	725	395	335	9,949,485	4,796,850	5,152,630
Not in a common-law relationship	625	345	285	9,257,730	4,448,935	4,808,790
In a common-law relationship	100	50	50	691,755	347,915	343,840
Legal marital status characteristics	White River, Township			Ontario		
	Total	Male	Female	Total	Male	Female
Total population 15 years and over ⁷	725	390	335	9,949,480	4,796,850	5,152,635
Never legally married (single) ⁸	275	165	110	3,143,960	1,662,930	1,481,025
Legally married (and not separated) ⁹	340	170	170	5,168,660	2,585,115	2,583,545
Separated, but still legally married ¹⁰	25	15	5	345,075	150,090	194,980
Divorced ¹¹	65	35	25	679,990	283,150	396,840
Widowed ¹²	25	5	25	611,805	115,565	496,235
Occupied private dwelling characteristics	White River, Township			Ontario		
	Total	Male	Female	Total	Male	Female
Total private dwellings occupied by usual residents ¹³	355			4,555,025		
Single-detached houses - as a % of total occupied private dwellings	67.6			56.1		
Semi-detached houses - as a % of total occupied private dwellings	14.1			5.7		
Row houses - as a % of total occupied private dwellings	0.0			7.9		
Apartments, duplex - as a % of total occupied private dwellings ¹⁴	0.0			3.4		
Apartments in buildings with fewer than five storeys - as a % of total occupied private dwellings ¹⁴	15.5			10.8		
Apartments in buildings with five or more storeys - as a % of total occupied private dwellings	0.0			15.6		
Other dwellings - as a % of total occupied private dwellings ¹⁵	2.8			0.5		
Number of owned dwellings ¹⁶	255			3,235,495		
Number of rented dwellings ¹⁷	100			1,312,290		

Number of dwellings constructed before 1986	290	3,124,010
Number of dwellings constructed between 1986 and 2006 ¹⁸	65	1,431,020
Dwellings requiring major repair - as a % of total occupied private dwellings	4.2	6.6
Average number of rooms per dwelling ¹⁹	6.4	6.6
Dwellings with more than one person per room - as a % of total occupied private dwellings ¹⁹	4.2	1.9

Selected family characteristics	White River, Township			Ontario		
	Total	Male	Female	Total	Male	Female
Total number of census families ²⁰	255			3,422,315		
Number of married-couple families ²¹	170			2,530,560		
Number of common-law-couple families ²²	45			351,045		
Number of lone-parent families	40			540,715		
Number of female lone-parent families	35			441,105		
Number of male lone-parent families	0			99,605		
Average number of persons in all census families	2.9			3.0		
Average number of persons in married-couple families ²¹	2.8			3.1		
Average number of persons in common-law-couple families ²²	3.7			2.7		
Average number of persons in lone-parent families	2.2			2.5		
Average number of persons in female lone-parent families	2.4			2.6		
Average number of persons in male lone-parent families	0.0			2.4		

Selected household characteristics	White River, Township			Ontario		
	Total	Male	Female	Total	Male	Female
Total private households ²³	355			4,555,025		
Households containing a couple (married or common-law) with children ²⁴	100			1,420,515		
Households containing a couple (married or common-law) without children ²⁵	120			1,288,140		
One-person households	100			1,104,865		
Other household types ²⁶	35			741,505		
Average household size	2.4			2.6		

5. Marathon Statistics

	Marathon			Ontario		
	Ontario (Town)			(Province)		
	Marathon, Town			Ontario		
Population and dwelling counts	Total	Male	Female	Total	Male	Female
Population in 2006 ¹	3,863			12,160,282 [†]		
Population in 2001 ¹	4,416			11,410,046 [†]		
2001 to 2006 population change (%)	-12.5			6.6		
Total private dwellings ²	1,678			4,972,869		
Private dwellings occupied by usual residents ³	1,491			4,554,251		
Population density per square kilometre	22.7			13.4		
Land area (square km)	170.48			907,573.82		
Age characteristics	Marathon, Town			Ontario		
	Total	Male	Female	Total	Male	Female
Total population ⁴	3,865	1,980	1,880	12,160,285	5,930,700	6,229,580
0 to 4 years	195	95	100	670,770	343,475	327,290
5 to 9 years	205	100	110	721,590	369,670	351,920
10 to 14 years	290	155	135	818,445	420,705	397,740
15 to 19 years	360	195	170	833,115	427,185	405,925
20 to 24 years	270	145	130	797,255	400,445	396,815
25 to 29 years	175	85	85	743,695	360,525	383,170
30 to 34 years	205	90	120	791,955	382,030	409,925
35 to 39 years	230	105	125	883,990	430,220	453,770
40 to 44 years	390	190	200	1,032,415	507,130	525,280
45 to 49 years	480	245	240	991,970	486,390	505,585
50 to 54 years	385	220	165	869,400	423,345	446,060
55 to 59 years	255	140	115	774,530	378,530	395,995
60 to 64 years	145	75	70	581,985	283,545	298,440
65 to 69 years	100	55	45	466,240	222,640	243,600
70 to 74 years	65	30	30	401,950	187,510	214,445
75 to 79 years	50	30	25	338,910	149,585	189,325

80 to 84 years	25	10	20	250,270	97,240	153,035
85 years and over	20	10	10	191,810	60,555	131,260
Median age of the population ⁵	39.8	40.6	39.0	39.0	38.1	39.9
% of the population aged 15 and over	82.1	82.1	81.7	81.8	80.9	82.7
Common-law status characteristics	Marathon, Town			Ontario		
	Total	Male	Female	Total	Male	Female
Total population 15 years and over ⁶	3,165	1,630	1,540	9,949,485	4,796,850	5,152,630
Not in a common-law relationship	2,750	1,425	1,330	9,257,730	4,448,935	4,808,790
In a common-law relationship	415	210	205	691,755	347,915	343,840
Legal marital status characteristics	Marathon, Town			Ontario		
	Total	Male	Female	Total	Male	Female
Total population 15 years and over ⁷	3,170	1,630	1,540	9,949,480	4,796,850	5,152,635
Never legally married (single) ⁸	1,035	580	455	3,143,960	1,662,930	1,481,025
Legally married (and not separated) ⁹	1,715	860	850	5,168,660	2,585,115	2,583,545
Separated, but still legally married ¹⁰	135	65	70	345,075	150,090	194,980
Divorced ¹¹	180	100	80	679,990	283,150	396,840
Widowed ¹²	100	25	75	611,805	115,565	496,235
Occupied private dwelling characteristics	Marathon, Town			Ontario		
	Total	Male	Female	Total	Male	Female
Total private dwellings occupied by usual residents ¹³	1,490			4,555,025		
Single-detached houses - as a % of total occupied private dwellings	78.9			56.1		
Semi-detached houses - as a % of total occupied private dwellings	0.0			5.7		
Row houses - as a % of total occupied private dwellings	5.0			7.9		
Apartments, duplex - as a % of total occupied private dwellings ¹⁴	0.7			3.4		
Apartments in buildings with fewer than five storeys - as a % of total occupied private dwellings ¹⁴	15.1			10.8		
Apartments in buildings with five or more storeys - as a % of total occupied private dwellings	0.0			15.6		
Other dwellings - as a % of total occupied private dwellings ¹⁵	0.0			0.5		
Number of owned dwellings ¹⁶	1,115			3,235,495		
Number of rented dwellings ¹⁷	380			1,312,290		
Number of dwellings constructed before	1,035			3,124,010		

1986						
Number of dwellings constructed between 1986 and 2006 ¹⁸	455			1,431,020		
Dwellings requiring major repair - as a % of total occupied private dwellings	7.4			6.6		
Average number of rooms per dwelling ¹⁹	7.0			6.6		
Dwellings with more than one person per room - as a % of total occupied private dwellings ¹⁹	0.7			1.9		
	Marathon, Town			Ontario		
Selected family characteristics	Total	Male	Female	Total	Male	Female
Total number of census families ²⁰	1,210			3,422,315		
Number of married-couple families ²¹	845			2,530,560		
Number of common-law-couple families ²²	235			351,045		
Number of lone-parent families	125			540,715		
Number of female lone-parent families	105			441,105		
Number of male lone-parent families	25			99,605		
Average number of persons in all census families	2.9			3.0		
Average number of persons in married-couple families ²¹	3.0			3.1		
Average number of persons in common-law-couple families ²²	2.9			2.7		
Average number of persons in lone-parent families	2.6			2.5		
Average number of persons in female lone-parent families	2.6			2.6		
Average number of persons in male lone-parent families	2.6			2.4		
	Marathon, Town			Ontario		
Selected household characteristics	Total	Male	Female	Total	Male	Female
Total private households ²³	1,490			4,555,025		
Households containing a couple (married or common-law) with children ²⁴	525			1,420,515		
Households containing a couple (married or common-law) without children ²⁵	535			1,288,140		
One-person households	275			1,104,865		
Other household types ²⁶	165			741,505		
Average household size	2.6			2.6		

Notes:

1. 2006 and 2001 population based on 100% data

Statistics Canada is taking additional measures to protect the privacy of all Canadians and the confidentiality of the data they provide to us. Starting with the 2001 Census, some population counts are adjusted in order to ensure confidentiality.

2. Total private dwellings

For the 2006 Census, a private dwelling is defined as: A set of living quarters designed for or converted for human habitation in which a person or group of persons reside or could reside. In addition, a private dwelling must have a source of heat or power and must be an enclosed space that provides shelter from the elements, as evidenced by complete and enclosed walls and roof and by doors and windows that provide protection from wind, rain and snow.

[Private dwellings](#)

3. Private dwellings occupied by usual residents

A separate set of living quarters which has a private entrance either directly from outside or from a common hall, lobby, vestibule or stairway leading to the outside, and in which a person or a group of persons live permanently.

[Private dwellings occupied by usual residents](#)

4. Age - 100% data

Refers to the age at last birthday (as of the census reference date, May 16, 2006). This variable is derived from date of birth.

5. Median age

The median age is an age 'x', such that exactly one half of the population is older than 'x' and the other half is younger than 'x'.

6. Common-law status - 100% data

Refers to persons who live together as a couple but who are not legally married to each other. These persons can be of the opposite sex or of the same sex.

7. Legal marital status - 100% data

Refers to the legal conjugal status of a person.

8. Never legally married (single)

Persons who have never married (including all persons less than 15 years of age) and persons whose marriage has been annulled and who have not remarried.

9. Legally married (and not separated)

Persons whose spouse is living, unless the couple is separated or a divorce has been obtained. In 2006, legally married same-sex couples are included in this category.

10. Separated, but still legally married

Persons currently married, but who are no longer living with their spouse (for any reason other than illness or work) and have not obtained a divorce.

11. Divorced

Persons who have obtained a legal divorce and who have not remarried.

12. Widowed

Persons who have lost their spouse through death and who have not remarried.

13. Occupied private dwellings - 20 % sample data

'Occupied private dwellings' refers to a [private dwelling](#) in which a person or a group of persons are permanently residing. Also included are private dwellings whose usual residents are temporarily absent on Census Day.

14. Apartments, duplex - as a % of total occupied private dwellings

In 2006, improvements to the enumeration process and changes in structural type classification affect the historical comparability of the 'structural type of dwelling' variable. In 2006, 'apartment or flat in a duplex' replaces 'apartment or flat in a detached duplex' and includes duplexes attached to other dwellings or buildings. This is a change from the 2001 Census where duplexes attached to other dwellings or buildings were classified as an 'apartment in a building that has fewer than five storeys'.

15. Other dwellings - as a % of total occupied private dwellings

'Other occupied private dwellings' includes other single attached houses and movable dwellings such as mobile homes and other movable dwellings such as houseboats and railroad cars.

16. Number of owned dwellings

'Owned occupied private dwellings' refers to a [private dwelling](#) which is owned or being purchased by some member of the household. A dwelling is classified as 'owned' even if it is not fully paid for, such as one which has a mortgage or some other claim on it.

17. Number of rented dwellings

'Rented occupied private dwellings' refers to a [private dwelling](#) which is provided without cash rent or at a reduced rent, and dwellings that are part of a cooperative.

18. Number of dwellings constructed between 1986 and 2006

Includes data up to May 16, 2006.

19. Average number of rooms per dwelling

A 'room' is an enclosed area within a dwelling which is finished and suitable for year-round living (e.g., kitchen, dining-room, or bedroom). Not counted as rooms are bathrooms, halls, vestibules and rooms used solely for business purposes.

20. Family characteristics - 20% sample data

Census family refers to a married couple (with or without children of either or both spouses), a couple living common-law (with or without children of either or both partners) or a lone parent of any marital status, with at least one child living in the same dwelling. A couple may be of opposite or same sex. 'Children' in a census family include grandchildren living with their grandparent(s) but with no parents present.

21. Number of married-couple families

In 2006, this category includes both opposite-sex and same-sex married couples.

22. Number of common-law-couple families

Since 2001, this category includes both opposite-sex and same-sex common-law couples.

23. Household characteristics - 20% sample data

Private household refers to a person or a group of persons (other than foreign residents) who occupy the same dwelling and do not have a usual place of residence elsewhere in Canada. It may consist of a family group (census family) with or without other persons, of two or more families sharing a dwelling, of a group of unrelated persons, or of one person living alone. Household members who are temporarily absent on Census Day (e.g., temporary residents elsewhere) are considered as part of their usual household. For census purposes, every person is a member of one and only one household. Unless otherwise specified, all data in household reports are for private households only.

24. Households containing a couple (married or common-law) with children

Refers to one-family households containing a couple (with or without persons not in census families) with at least one child under 25 years of age.

25. Households containing a couple (married or common-law) without children

Includes one-family households containing a couple (with or without persons not in census families) with all children 25 years of age and over.

26. Other household types

Includes multiple-family households, lone-parent family households and non-family households other than one-person households.

Source: Statistics Canada, 2006 Census of Population.