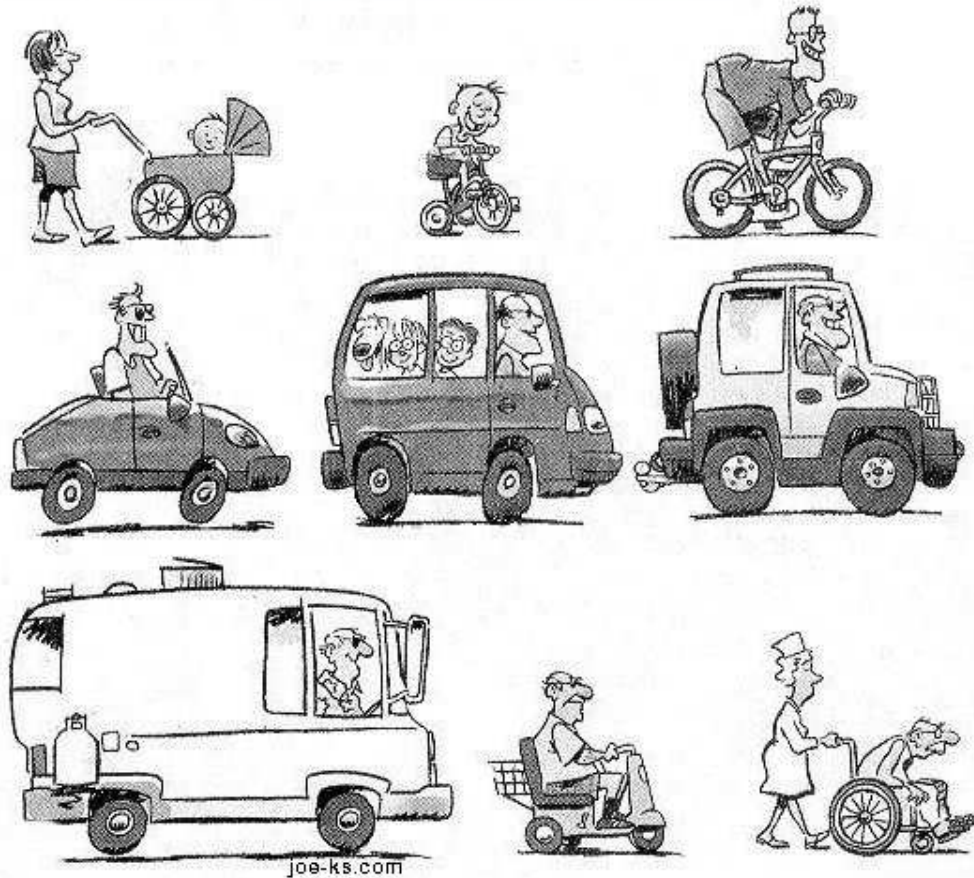


SENIORS HOUSING IN LAC DU BONNET

SENIORS HOUSING STUDY DURING 2009 IN LAC DU BONNET
WITH RECOMMENDATIONS FOR THE FUTURE

The Wheels of Life



Life as a Continuum: We go from little wheels to big wheels and back to little wheels. As a member of the human society, we go from dependence as babies to independence and inter-dependence as adults and returning to dependence in our declining years.

Prepared for RM and Town of Lac du Bonnet
Lac du Bonnet Seniors Housing Committee
Gus Wruck, Chair & Senior Author,
Sharalyn Reitlo, Co-author, Community Futures
October 2009

SENIORS HOUSING IN LAC DU BONNET

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LAC DU BONNET SENIORS HOUSING REPORT & RECOMMENDATIONS

INTRODUCTION

In early 2008, the Councils of the Lac du Bonnet (LdB) Town and Rural Municipality (RM) identified the need to look further into local senior housing gaps to determine community issues and opportunities related to this topic. It was determined that a committee of interested persons would be developed to conduct further research in this area on behalf of the local municipalities. The Lac du Bonnet Seniors Housing Committee was formed in June 2008 to assess existing and future housing needs for senior citizens in the Lac du Bonnet area and to develop unified and coordinated recommendations that are based on community needs and research.

The Summary Report consists of key research findings; an analysis of existing and future housing needs for seniors in the LdB area; and recommendations of the LdB Seniors Housing Committee for what is required to meet present and future needs. Detailed information and complete research results are provided in the Lac Bonnet Seniors Housing report.

Through the research process, the committee learned that needs exist not only for appropriate physical housing spaces for seniors, but for related services and supports as well. As a result, both housing spaces and services/supports for seniors were researched and assessed.

SUMMARY OF KEY RESEARCH FINDINGS

- Baby boomers (born 1946-1965) were ages 41-60 in 2006. They are now starting to retire and age in large numbers.
- Lac du Bonnet is a popular retirement destination and our senior's population will continue to grow in Lac du Bonnet. Population statistics easily demonstrate these trends for Lac du Bonnet.
- Baby boomers are wealthier than their parents and expect a higher standard of living.
- Not all residents of Lac du Bonnet are retiring with good incomes and they may also be needing support for housing and other services.
- Income trends for seniors are varied. Many seniors in Lac du Bonnet have modest incomes in retirement while others have adequate incomes for most needs. Income levels in Lac du Bonnet seem to suggest two levels a high and low level of income with not too many in the intermediate levels.
- Support services for seniors are greatly needed. Most seniors want to remain in their own dwelling but require some type(s) of supports to age in place which is the ideal.
- Challenges exist for families to assist with senior support services. Many of the children of retiring seniors live in a different area than their aging parents.
- Families are smaller now so there are fewer children to care for aging parents. More women are currently working than in the past. Children of today's seniors, especially women, are

finding it more difficult to care for aging parents while working and possibly caring for their own children.

- Requests for home care and other services for seniors are increasing each year. These support systems are overtaxed. One estimate suggested that 50% of people waiting for admission to a personal care home could be supported in the community if options existed.
- Overreliance on the personal care home as seniors housing is common.
- Many seniors want to downsize from their family homes in retirement years. They are finding that home maintenance is more difficult and exhausting.
- The Needs Assessment Survey findings generally confirmed the research findings. The responses to the survey questions provided important subjective input for the needs of seniors and are provided in the document.

ABOUT THE LAC DU BONNET SENIORS HOUSING COMMITTEE

This section explains the purpose, structure and operation of the Lac du Bonnet Senior's Housing Committee.

Committee Establishment

In early 2008 the Town and RM of Lac du Bonnet municipal councils identified the need to look at local senior housing gaps to determine issues and opportunities for improvement. A committee was established to study the issue of housing for seniors in Lac du Bonnet and report back to the councils with recommendations. A committee of interested persons was formed to conduct research in this area on behalf of the local municipalities. The process began in June 2008 when an initial meeting of potential committee members took place to discuss the committee development and possible project activities.

Purpose of the Lac du Bonnet Seniors Housing Committee

The purpose of the Lac du Bonnet Seniors Housing Committee was to assist the local municipal governments and interested partners to assess existing housing needs for seniors in the Lac du Bonnet area and to develop unified and coordinated recommendations that are based on needs and research. Any further involvement of the committee will be determined by the local councils.

Authority

The Lac du Bonnet Seniors Housing Committee was to act as an advisory committee of the Town and RM of Lac du Bonnet municipal councils. The councils have authority over the Lac du Bonnet Seniors Housing Committee and any respective projects undertaken by the committee.

Target Group and Definition of Senior Citizen

According to the Gage Canadian Dictionary, a senior citizen is defined as being: any member of the community who is of advanced years. Much of what we base our conception of 'senior' on comes from what is considered retirement age. For the purpose of this committee, the term "senior citizen" will refer to all persons that are 55 years and older. The committee worked to assess the range of housing needs for all people ages 55 and over in the Lac du Bonnet area.

Committee Objectives

All work of the Lac du Bonnet Seniors Housing Committee was linked and relevant to achieving the following objectives:

- Develop a strong base of partner organizations and people interested in determining and addressing local senior housing issues and opportunities.
- Conduct research; gather and compile relevant data (local, regional, provincial and national) to accurately determine issues, needs and opportunities for senior housing in the Lac du Bonnet area.
- Develop both detailed and summary research reports.
- Develop recommendations for addressing senior housing issues, needs and opportunities in the Lac du Bonnet area that are based on independent research findings and determined collectively by partner organizations.
- Determine how to share/communicate research findings and recommendations to municipal councils, partners, stakeholders and the general community.

Additional objectives for the committee may be determined by the municipal councils following the recommendations report.

Committee Composition

The Lac du Bonnet Seniors Housing Committee was comprised of representation from various sectors of the community. Representation consisted of, but was not limited to, the following representatives:

- RM of Lac du Bonnet Council (Russ Preston)
- Town of Lac du Bonnet Council (Bill Campbell)
- Two Rivers Seniors Resource Council Inc. (Pat Porth)
- Individual committee members came forward from the community and included Gus Wruck, Marline Wruck, Gordon Emberley, Clifford Zarecki, Henrietta Shegalski, Brian Arnason (Pioneer Club), Colette Opper, and more recently Al and Lynn Penner. They have all provided valuable input as resource people.

Committee Chairperson

The Chairperson was chosen for the committee from among the committee membership. The Chairperson was responsible for the following:

- Develop and distribute meeting agendas.
- Chair and conduct committee meetings in a fair and efficient manner (ex. starting and adjourning meetings on time, working within agenda item timelines, etc).
- Ensure that the minutes of the meetings reflect the major points of discussion and major decisions made.

- Provide an opportunity for all members of the committee to participate in the discussion of the meeting.
- Ensure that the tasks assigned to the committee are addressed within the specified timeframe.
- Work with committee members and resource people as necessary in preparation for meetings and between meeting dates.
- Gus Wruck was elected as the Chairperson.

Committee Secretary and Treasurer

The Secretary was chosen for the committee from among the committee membership. The Secretary was responsible for the following:

- Documenting meeting discussions, motions, and assigned actions during committee meetings.
- Developing meeting minutes of the committee meetings which reflect the major points of discussion and major decisions made.
- Distributing meeting minutes to committee members and guests in a timely manner following each meeting.
- Kathy Willis was elected as the Secretary.

The Treasurer was chosen for the committee from among the committee membership. The Treasurer was responsible for the following:

- Opening and maintaining a bank account to handle funds received from the municipal councils.
- Brian Arnason was elected as the Treasurer.

Committee Resource Support and Membership

Outside resource supports were attained by the committee as required.

- Community Futures Winnipeg River provided planning assistance and numerous suggestions during report writing. Sharalyn Reitlo was the main resource person.
- Mauri Rutherford acted to provide legal counsel to the committee as required.
- North Eastman Health Authority (NEHA). NEHA acted as a resource only to provide information.
- Resources and information from other jurisdictions and similar projects were sought and are referenced throughout the report.

Meeting Schedule

The Lac du Bonnet Seniors Housing Committee met on a monthly basis during the research and recommendation process. The Lac du Bonnet Seniors Housing Committee will remain intact until they and the municipal councils determine there is no further need for the committee.

Decision Making

Decisions were determined by consensus as much as possible. It was determined that if the committee was not able to achieve a consensus, then a 2/3 majority vote would determine the decision. The chairperson would be able to vote along with other committee members.

Committee Boundaries

The Lac du Bonnet Seniors Housing Committee primarily considered residents living in the Lac du Bonnet business catchment area.

SENIOR HOUSING DEFINITIONS AND OPTIONS

The following definitions commonly describe the various types of housing options available for seniors. These definitions provide a reference to the reader as this report is reviewed.

OWNERSHIP ACCOMODATION

Private Dwelling

A private dwelling is any home that is owned and occupied by someone on a regular basis. Common types of private dwellings are single detached, condominiums and mobile homes. Owning a house is the most frequent and desirable type of housing for many people. Older people with houses prefer to live in them as long as possible but eventually the reality of age and failing health will force relocation to a facility where less care and maintenance is required from the resident. Usually a private dwelling will provide some access for the resident to senior supports and services.

Condominium

A condominium is a form of property ownership in which each owner holds title to their individual unit, plus a fractional interest in the common areas of the multi-unit project. Each owner pays taxes on their property, and is free to sell or lease it. A condominium usually means the owner has full title to their living unit only, and all other common areas are owned jointly with other residents, such as the recreational amenities, grounds, stairways and hallways.

Mobile Home

A mobile is a form of home ownership in which the owner owns the dwelling but pays rental for the lot the home is situated on. The lot rental will usually provide sewer and water services. Although it is not often considered, a mobile home in a trailer park is a common form of housing where many seniors live because the cost is reasonable and the upkeep of the housing is low. In addition the newer mobile homes are quite well constructed and provide considerable comfort for the occupants.

RENTAL ACCOMODATION

Private Non-Profit Housing

This is rental accommodation that is owned and managed by charitable or non-profit organizations such as service clubs or church groups. Restrictions regarding tenant eligibility, rent levels and available subsidies differ depending on the project.

Public Subsidized Housing

The Manitoba Housing Authority (MHA) offers group housing to individuals 55 years of age or older, whose income is too low to obtain affordable, suitable and adequate accommodations in the private sector. Rental rates are based on the person's total gross income (25 % of gross income for single person & 27% for a couple). Some buildings may be subsidized by MHA, but managed by a non-profit organization.

Co-operative Housing

Co-operative housing is owned by not-for-profit community groups who have incorporated to provide housing for their members. Co-op members purchase equity shares in the project and collectively become owners of the building. Subsidies may be available to low-income members. Persons wishing to become tenants in an existing project must purchase a share in the co-op.

Life Leasing

A life lease tenancy guarantees the right to occupy the dwelling for the lifetime of the tenant. In projects built by non-profit organizations, the potential resident purchases a life lease, which is used as equity toward the construction of the project. Equity contributions reduce the monthly rental costs to residents. Some suites may be designated as rent supplement units. Seniors considering this type of tenancy are encouraged to consult a lawyer in order to understand the implications of this kind of agreement.

HOUSING WITH SUPPORTS

Independent Living with Enhanced Service Package (Assisted Living)

Often referred to as assisted living, this type of housing provides some onsite support services such as meals, housekeeping and laundry. If tenants require assistance with personal care, home care can be accessed through the Regional Health Authority. Independent Living with Service Package buildings do not provide 24 hour support services or care.

Supportive Housing

Supportive housing provides personal support and supervision 24 hours a day, 7 days a week. It is intended for persons with cognitive difficulties and the “frail elderly” (Manitoba Health). Supportive housing is an option for people who can no longer manage in their own home but are not ready to move into a personal care home. People live in their own apartment and may share a common living area and kitchen. Services include congregate meals, laundry, housekeeping services and recreational activities (WRHA, 2008).

Eligibility for this program is assessed by the Regional Health Authority’s Coordinator. The cost of this housing varies by location. Individuals pay the landlord or sponsor directly for rent and service packages and are covered under the Residential Tenancy Act.

It differs from Independent Living with Enhanced Service Package (Assisted Living) in that it provides 24 support and supervision and is intended for those with cognitive difficulties. See Appendix for a table of various types of housing and supports. ¹

¹ Appendix F; Table of Seniors Housing Options

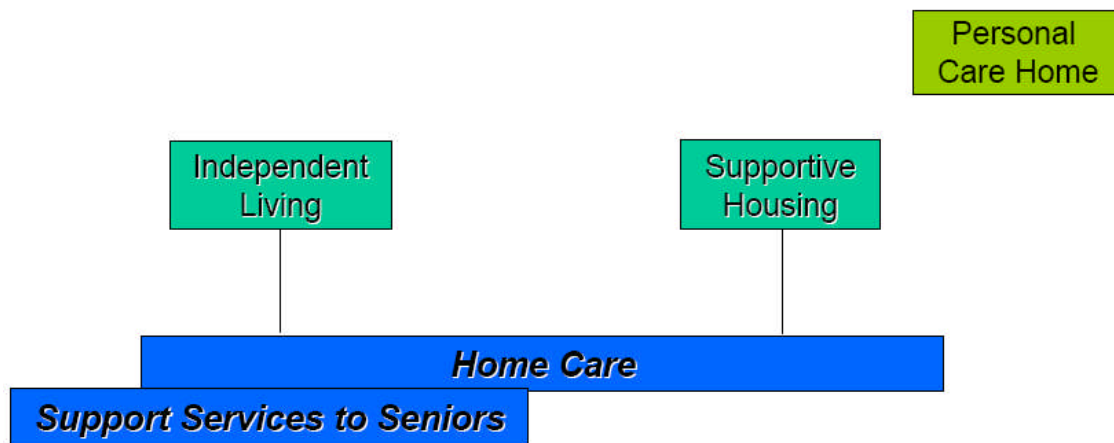
PROVINCIAL PLANNING STRATEGIES AND POLICY INITIATIVES

Aging in Place – Manitoba’s Long Term Care Strategy

Manitoba Health’s Aging in Place strategy is the central principle of Manitoba’s Long Term Care Strategy. This strategy was launched in January, 2006 to address the need for more comprehensive community based housing with support options as affordable and appropriate options to premature personal care home placement. Choice, flexibility and the ability for individuals to remain in their community are factors integrated within the principle.

The following are points derived from a presentation given to the International Federation on Aging in September 2008 by Jackie Prentice, Manitoba Health / Healthy Living.²

EXISTING: PRE-STRATEGY SUPPORT SYSTEM



Gaps in our System are Evident

- Between 2001 and 2011 a 37.8% increase in the 85 and over age group is expected. (Fastest growing segment of the older population).
- Approximately 50% of individuals awaiting personal care home placement could be supported in the community if options existed.
- In 2006/07, Home Care served 39,067 individuals with an average monthly caseload of 23,141 clients.
- Baby boomers are coming! They are significant and are retiring now.

Results of the Gaps in our Senior Care System

- There is little capacity to assist seniors with life management skills (Instrumental Activities of Daily Living).

² Ageing in Place – A Long Term Strategy in Manitoba, Presented by: Jackie Prentice, Manitoba Health/Healthy Living Cross-Department Coordination Initiatives to International Federation on Ageing, Montreal, Quebec, Canada

- There is a lack of social supports for seniors in their existing housing. This is a frequently overlooked but critical need for seniors living alone especially in larger urban centres.
- Families are increasingly unable to cope with parental needs and provide for their own families.
- There is lack of potential caregivers and there are high numbers of women in the workforce already.
- Adult children are unable to look after aging parents due to job mobility.
- There are no transitional/rehabilitation beds for seniors after a health crisis.
- There is a shortage of affordable housing with social supports services.
- There is a high demand for Home Care services.
- Over reliance on personal care home beds. MB has highest per capita use of personal care home beds and it is the highest cost type of housing.

Other changes have occurred over the past 20 to 40 years. Families are smaller and more widely separated geographically. As a result as compared to earlier times seniors are not staying in their homes with their children but they are expected to provide for themselves with their own resources.

Three Target Populations

There are distinct target groups of seniors that need care and assistance:

- Individuals who require instrumental activities of daily living (IADL) support but not 24 hour supervision.
- Individuals who require 24 hour support and supervision (not 24 hour care and supervision).
- Individuals with complex medical and personal care needs who are inappropriately placed in personal care homes or are awaiting institutional placement in acute care.

Seniors at Risk

The following are some of the risk factors that have been identified for seniors when they are living at home alone:

- Frequently they have a lack of nutrition leading to malnutrition and depression.
- Seniors often have a lack of social interaction with other people, leading to isolation, depression and malnutrition.
- There is an inability to monitor personal health status, often leading to a health crises that may have been preventable.
- Seniors may become unable to manage or direct Instrumental Activities of Daily Living (IADL).
- There is often no all night emergency support. This support offers comfort and security for family of the senior.

- There is inability to provide additional supports for short-term illnesses.
- There is a lack of access to supports and problem-solving.

Current Needs

- There is need for comprehensive, integrated rationalized planning to ensure resource allocation for the appropriate service in the appropriate place for a reasonable cost.
- There is need to increase the ability to inform capital decisions in long term care.
- There is need to sustain the health care system in Manitoba.
- There is need to align senior care with changes, enhancements and reconfiguration of other areas of the health care continuum.
- There is need to align with contemporary health care that is community based for modernization of the long term care continuum.

Housing for Seniors

- In October 2005, the provincial government endorsed the “Aging in Place” strategy to be used as a central principle in the planning of all government housing and Long Term Care initiatives.
- The principles of Aging in Place addresses the need for affordable options for housing with supports, as alternatives to premature personal care home placement.
- The Long Term Care Strategy addresses the gap between an individual living in their home and personal care homes.
- The strategy focuses on three community models of support for seniors:
 - 1) Supports to Seniors in Group Living (SSGL),
 - 2) Supportive Housing Program, and
 - 3) Specialized Supports.

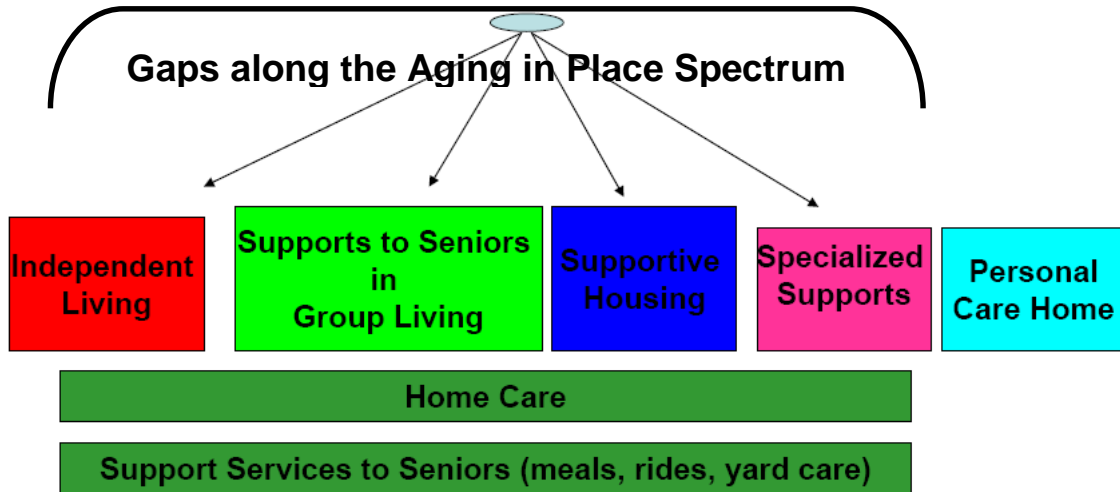
Aging in Place Continuum

The following model displays the housing options that should be available in a community to allow seniors to age with supports in their own community.

The Long Term Care Strategy addresses the gap between individuals living in their own home and Personal Care Homes. The strategy focuses on three community models of support thus address; Supports to Seniors in Group Living (SSGL), Supportive Housing and Specialized Supports for seniors.

The following model displays the housing options that should be available in a community to allow seniors to age with supports in their own community.

This arrows illustrate where the gaps exist and are to be addressed along the “Aging in Place Continuum” This model is focussed on disease prevention and health maintenance.



Each of the housing options and the support services identified in the model are explained below:

Independent Living

Person remains in home; any type of housing where seniors live on their own or with family (i.e. low-income housing, apartment, congregate setting). As health deteriorates, the senior is able to access home care services as required.

Supports to Seniors in Group Living (SSGL)

Target Population:

These are seniors in existing community congregate settings. These seniors **do not require** 24-hour support and supervision but it can be available if needed.

Model:

There are enhanced support services for the senior. There are health promotion programs such as social and physical activities. There is a focus on Instrumental Activities of Daily Living (IADL's) (telephone, banking, appointments).

Tenants are expected to pay their own rent. The required services are provided by the North Eastman Health Association (NEHA).

Supportive Housing

Target Population:

These are seniors that are usually in supportive housing. They are primarily the cognitively impaired and frail elderly people. These seniors **do require** 24-hour support and supervision on an ongoing basis.

Model:

These seniors are in a community, congregate setting. They receive personal support and supervision on a 24 hour, seven days per week basis. They are in a secure environment to prevent them straying and protect them from outside dangers.

The resident in supportive care is responsible for rent and the service package. The service package includes meals, laundry and light housekeeping. NEHA provides care component for supportive housing.

Specialized Supportive Housing

There is provision of community based specialized supports and services for individuals who otherwise might be maintained in acute care settings (hospital) or personal care home. These are services for individuals with complex health and personal care needs requiring special supports to live in the community. The resident pays for rent and the service package including meals, if they are required.

The required specialized support services are provided by the NEHA.

Personal Care Homes³

Personal Care Homes provide numerous services for the resident. They include 24 hour nursing and personal care services. Physician services, medications and pharmacy services and basic medical supplies plus food and nutrition services. There are activities/recreation opportunities, access to Occupational Therapists, Speech-Language services and Physiotherapists, if required. Ordinary housekeeping, laundry/linen services, and access to transportation are provided with some exceptions.

Admission is based on a multidisciplinary assessment of the needs and health of the senior.

Manitoba's Home Care Program

The Home Care Program is the cornerstone of the province's long term care continuum for seniors. The Home Care Program provides individuals with the opportunity to remain in a state of high level of wellness while living independently in a familiar environment in their community. One of the main outcomes of the Home Care Program is to prevent premature admission or overstay in a care facility such as a hospital or personal care home.

Core Home Based Care Services

The following table illustrates some of the numerous home based care services that are provided by the Manitoba Home Care Program.

| | |
|---|--|
| Assessment – eligibility, care needs | Care planning |
| Case management | Service co-ordination |
| Health teaching | Therapy assessment and services |
| Assessment for and facilitation of long term care placement | Self-Managed Care |
| Home oxygen therapy | Nursing services |
| Personal care assistance | Meal preparation |
| Cleaning and laundry services | Respite/family relief |
| Access to Adult Day Care services | Medical equipment and supplies assessed as necessary to support the client's care plan |
| Family-Managed Care | |

Where are we now?

Since the introduction of Aging in Place in January 2006, over 2,760 units of Support to Seniors in Group Living have been implemented, over 358 units of Supportive Housing have been developed and 83 spaces for Specialized Supports are active.

While these numbers may seem low they do suggest progress in this direction. As a result of changes in policy, funding for regular seniors housing has been curtailed by government except for personal care home. This means seniors are to be responsible for their own housing needs or some of the costs need to be shared

³ <http://www.wrha.mb.ca/ltc/pch/index.php>

with the community or other funders. This is the approach that is commonly followed on the numerous Hutterite colonies in Manitoba. Hutterites provide housing for their elderly members and this could serve as an example for the rest of the community.

What Seniors and Families Are Saying About Supportive Housing⁴

“Didn’t realize how their parent was actually isolated in their own home until they moved to a Supportive Housing site.”

“Specialized Supports in Group Living has given us a new lease on life and has helped to stay independent. Senior feels they will be able to stay in the community.”

“Happy for an option for my parent (Supportive Housing) as they did not require all the services of the Personal Care Home, just the 24 hour supervision and support. Parent has been encouraged to participate in household activities (e.g. baking) and parent feels they are contributing and participating in life.”

Affordability

Affordability for the individual is improved by partnerships both public and private. Other strategies for housing include unique funding sources such as a social enterprise solution for senior housing. There is a need for a mix of various types of housing both affordable housing for low income and higher cost rentals for seniors that do not need affordable housing. Both private and public sector involvement will be required to make a senior’s housing solution work.

Affordability for the system is improved by community-based models that are more cost-effective because with supportive housing the capital costs are covered by the sponsor. The Home Care Supports for Seniors in Group Living will reach more people with less cost. Health promotion and enhanced supports in community are less costly than formal health care especially when it delays or avoids institutionalization of the senior in a personal care home or hospital. To make all of these ideas work a system change is required to make it effective.

To more fully illustrate how improved seniors housing can be integrated with existing housing and what the relationships will look like the care continuum with the existing seniors services please refer to the Appendix.⁵

Human Resources

Who are the workers to provide the needed support services for seniors? The retiring baby boomers can rightfully ask, “Who will look after us?” The population groups that follow the retiring baby boomers are smaller. There needs to be flexibility in mix and qualifications of staff that will be required.

Senior’s housing that is in a congregate setting gives more efficient use of human resources and requires less time to travel for the care givers. Working with unions can be a challenge as there can be embedded work rules that hinder the provision of the most effective care support.

Anticipated Outcomes for Aging in Place in Manitoba

It is expected that an increased number of affordable housing options with supports for seniors will become available. We can expect increased efficiency in personal care home bed utilization by keeping

⁴ Ageing in Place – A Long Term Strategy in Manitoba, Presented by: Jackie Prentice, Manitoba Health/Healthy Living Cross-Department Coordination Initiatives to International Federation on Ageing, Montreal, Quebec, Canada

⁵ Appendix A; Policy Relationships

people out of personal care homes until they are really in need and not because there are no other alternatives to the personal care home.

We can expect to see enhanced Home Care services that are economically delivered with a reconfigured staff mix and there is cost containment with some cost avoidance. Some care could be provided with less well trained staff.

With this enhanced home care strategy we can make informed capital decisions for new spending. Overall, we should see reduced a personal care home bed ratio for those aged 75 and over.

Age-Friendly Manitoba Initiative⁶

In February 2007, the Government of Manitoba announced its Age Friendly Manitoba Initiative. Under the responsibility of the Seniors and Healthy Aging Secretariat, this initiative supports efforts and provides resource information to help Manitoba communities enhance the quality of life and working for older citizens, and creates an environment that promotes health, independence and well-being for local seniors.

Our world is aging – it's a fact. As a result of the growing population of seniors, the World Health Organization, with participation from the Public Health Agency of Canada, embarked on a global age-friendly project. Manitoba is working with these organizations to create age-friendly communities that will contribute to the participation, health, independence and security of older persons.

Manitoba's population of seniors is also growing. It is expected to increase by 43 per cent over the next 20 years. Of the seniors currently living in Manitoba, 93 per cent live in the community. With the increase in the number of seniors, we know that communities will face both new opportunities and challenges in responding to their needs and desires.

To make this initiative possible, Manitoba has partnered with the Association of Manitoba Municipalities, the Manitoba Chambers of Commerce, seniors organizations, and the University of Manitoba's Centre on Aging. Other partners include community leaders, faith leaders, service providers and public officials.

The Age-Friendly Manitoba Initiative supports seniors in leading active, socially engaged, independent lives that contribute to healthy aging. An age-friendly community will have the following characteristics:

- **Recognizes** the diversity among older Manitobans
- **Encourages** healthy, active aging
- **Supports** the contributions of older Manitobans
- **Promotes** the participation of older Manitobans in all aspects of our community
- **Engages** stakeholders in building age-friendly communities
- **Creates** accessible, safe environments for older adults
- **Treats** people of all ages with respect

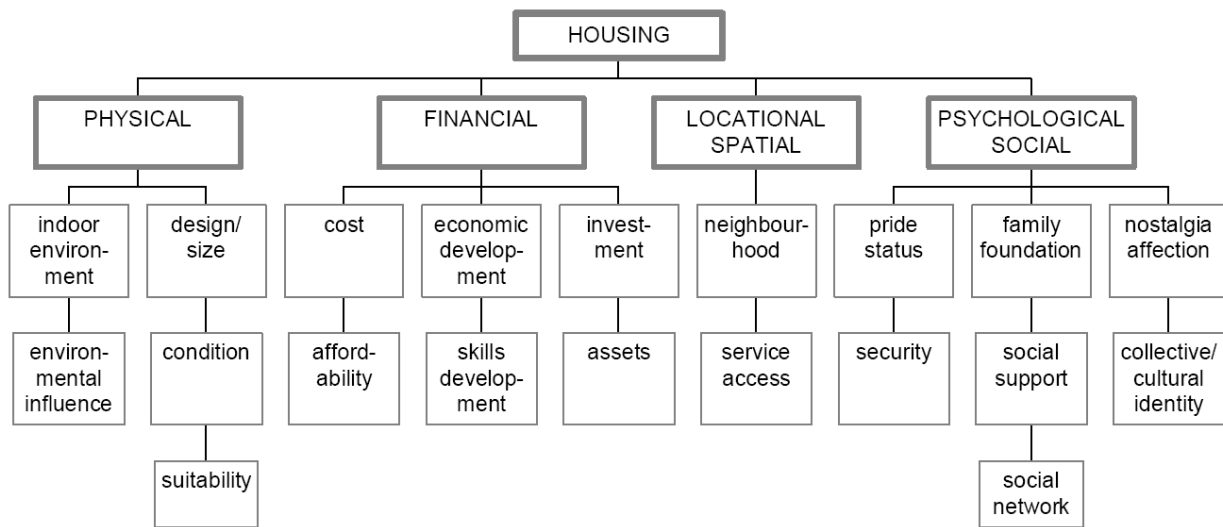
The operative word in an age friendly community is **RESPECT**. We have no trouble nurturing and respecting our children in their formative years. We should be able to do the same for our seniors in their

⁶ <http://www.gov.mb.ca/shas/agefriendly/index.html>

declining years. They have contributed greatly to our country and are part of our community. They need to preserve their pride and dignity as they grow older.

As noted above the Age-Friendly Manitoba Initiative provides supports that contribute to healthy aging. When viewed in this context it can be seen as a program to promote dignity and respect. Promoting healthy ageing is also a program of health maintenance and disease prevention. The result will be healthy, active seniors that get the respect they deserve in their community. Currently and in addition to the work of the partner organizations, 54 Manitoba communities are participating in the Age Friendly Manitoba Initiative.

Housing plays a very central role in people’s lives⁷. Housing policy analysts feel the importance of housing to the population has never been matched by the importance it has received at the public policy level. Housing policy has never been given the attention received by other basic necessities such as education and health despite the fact that good quality, affordable housing results in positive education and health outcomes and other positive spin-offs. The chart below describes how important housing is in people’s lives.



Four very important dimensions of housing in people’s lives include the **physical**, **financial**, **locational/spatial** and **psychological/social** aspects of housing (see above). The **physical** dimension can include the quality of the indoor environment, the condition of the home and design features. The environmental aspects of a home have health implications and design features are important for an aging population and people with disabilities. Size and number of bedrooms affect suitability and crowding, particularly important for large families. Crowding does not facilitate good health and educational outcomes.

Financial aspects include the cost of purchase or rental and operation. This determines affordability and also income remaining to spend on health, recreation, education and nutrition and how much money people can save. Housing generally represents the largest expenditure people make and for owners the equity can be of significant financial benefit.

The **locational / spatial** aspects of the home include the location relative to services and the characteristics of the surrounding neighbourhood. Neighbourhood characteristics affect how people feel about their home and their residential satisfaction. Isolation from services can be a significant barrier for high need households and those who depend on public transportation.

⁷ Housing for Manitobans; A Long Term Plan; Tom Carter, Canada Research Chair in Urban Change and Adaptation and Professor of Geography

Homes also carry **psychological / social** meaning. A home can be a source of pride, status, the foundation of family life, a hub for social networking with family and friends, the front line in the social support system and central in the development of personal, collective and cultural identity. It is a place where one finds refuge, rest, security and personal freedom. It is why seniors frequently prefer two bedroom suites. They then have the option of having their friends and relatives in for over night visits.

Housing is also an industrial good as it provides jobs and a need for skills development, as well as generating wealth for individuals, communities and the economy in general. Housing should also be considered in environmental planning as homes consume resources and generate waste and emissions.

None of these functions or characteristics in themselves necessarily justify government involvement in housing but collectively they are very significant in the health and well-being of individuals, community health and vitality, the state of the environment and the economy. These needs provide an excellent opportunity for public and private input to finance low income housing in local communities.

Senior Housing Support Options and Available Community Supports

Senior Housing Support Options

Independent Living

Person remains in home; access to home care or support services is available; any type of housing where seniors live on their own or with family (i.e. low-income housing, apartment, congregate settings).

Supports to Seniors in Group Living

These are community congregate settings; tenants pay rent, supports are available; 24 hour support and supervision is not required.

Assisted Living

Assisted living is designed for those who wish to remain independent, but who need a little extra help with daily tasks. It combines independent living with services such as meals, housekeeping and laundry, without 24-hour home care. Assisted living residences are independently owned and operated so the level of services provided varies from facility to facility. Assisted living facilities are room and board facilities geared to the needs of seniors.

Supportive Housing Program

Community congregate settings; residents are provided with 24 hour support and supervision – mainly people with cognitive disabilities and frail elderly; tenants pay for rent and supports.

Personal Care Home

Personal care home provides for the provision of housing, food service, and personal services (personal services include but are not limited to individual assistance with and supervision of self-administered medications and essential activities or daily living such as eating, bathing, grooming, dressing, and toileting); 24 hour nursing staff is provided.

Acute Care

Many hospitals are acute care facilities with the goal of discharging the patient as soon as the patient is deemed healthy and stable, with appropriate discharge instructions. For most patients this will be a discharge back to their home environment before admittance. For many patients with chronic or terminal conditions this will mean transfer to a personal care home if a bed is available. When a personal care home bed is not available, the hospital frequently has no other option other than to keep the patient until a bed is available.

Available Community Supports

Home Care

Home care services delivered at home to recovering, disabled, or terminally ill persons in need of medical, nursing, social, or therapeutic treatment.

Support Services

Support services to seniors may include such things as meals, rides, lawn care or house cleaning.

BACKGROUND INFORMATION AND PAST REPORTS

Past Activities to Address Seniors Housing in Lac du Bonnet⁸

During 2005, the Lion's Club in Lac du Bonnet did exploratory work under the Lac du Bonnet Seniors Housing Project to investigate the feasibility of developing additional seniors housing in Lac du Bonnet. This initiative was under the direction of Mr. Cliff Zarecki.

The Lac du Bonnet Lion's Club committee consulted various levels of government to look for assistance and sources of funding. A proposal for a 35 unit rental complex was developed and preliminary cost estimates were obtained. The cost was estimated to be in the order of \$4 million. The project would require \$3 million in financing to make it feasible. Government granting programs were insufficient to make the project possible, resulting in an excess of \$3M in required financing to allow the project to proceed. The required financing was beyond the means of the Club and further activity was subsequently postponed.

NEHA Dent-Prychun Report ⁹

In support of the Lion's seniors housing initiative in 2005 a paper was prepared by Lorraine Dent-Prychun (NEHA) to outline some of the needs in the Lac du Bonnet area. At that time it was identified that good quality affordable housing was essential for an aging and increasing population in the Lac du Bonnet area.

"Living in good quality, affordable and safe housing contributes to seniors; quality of lifechanging needs may mean they can no longer live safe, fully independent lives in private households. Supportive living environments that combine shelter, safety and some level of support services, can allow an older senior to continue living an independent, socially active life and delaying - perhaps indefinitely - a move into a long-term care facility."

This report also noted that:

Manitoba Health's strategy to modernize Manitoba's Provincial Long Term Care Continuum is to support the increase of appropriate community based service options for seniors through housing and service options which allow for aging in place and a seamless service continuum. The strategic direction is to move resources from institutional based services to community care and from a medical model to a more holistic model of care. Examples of a community based system of care would be to support assisted living and supportive housing options within the community.

The most affordable and income adjusted housing facilities for seniors in Lac du Bonnet is the Bonny Vista Lodge, which is elderly person's housing owned and operated by Manitoba Housing. Bonny Vista Lodge is an older 38 suite elderly person's housing which has a substantial waiting list and is designed to meet only the basic needs without much additional space for communal dining, recreation or social programming. The Lodge is consistently full and it has a substantial waiting list.

⁸ Personal Communication from Cliff Zarecki, July 2009

⁹ Lac du Bonnet Seniors Housing Project, Lorraine Dent-Prychun, Director Long Term Care, North Eastman Health Association, December 21, 2005

Other senior's housing that is available in Lac du Bonnet include Park Manor and numerous types of private housing facilities such as single family dwellings and multiple unit dwellings.

As seniors age, they are more likely to experience progressive activity limitations and disabilities. This report noted the following:

“We know from experience that middle-aged groups traditionally perform the role of informal caregiver to their elderly parents or relatives. These are additional demands and it compounds the stress this group may feel as they manage other responsibilities i.e. their own children and work life. Support for the aging population contributes to the wellbeing of the normal elderly person by seeing those they care about remain as independent as possible and in the community.”

In promoting the concept of "aging in place" the Lac du Bonnet and surrounding areas could benefit from additional housing options to support senior in independent living, assisted living and supportive housing options. In addition concern has been expressed about the need to identify vulnerable members in the seniors group who were more isolated and described as “lonely”. It is known from research that when the elderly are living alone, there is a high risk factor for injuries (e.g. falls). Encouraging seniors to move to long-term care facilities will reduce that risk. Improved housing options preventative measure could also reduce the pressure to move to long-term care facilities.

The need for supportive housing options would postpone the need for personal care home placements and reduce the long waiting list and wait times for these facilities. Additional appropriate housing for seniors with the availability of a variety of service options is very necessary and it would reduce the need for personal care home placements.

The Dent-Prychun report concluded that supportive housing, although primarily benefiting older seniors, will also significantly help their relatives or neighbours by easing their emotional concerns about safety and access issues to retail and health services. Society in turn would benefit by the knowledge that whatever enhances health and quality of life benefits all.

POPULATION AND DEMOGRAPHIC RESEARCH FOR LAC DU BONNET

Population Research and Indicators for Lac du Bonnet

To make any reasonable recommendations for Seniors Housing one needs to study the population dynamics of the community and compare that with other communities. There is also a need to understand some of the changes that are currently in progress as well as those changes that have occurred over the past 10 to 15 years. An important point to remember is that our population is aging.¹⁰

To get an understanding of this information research into provincial and national trends was considered. This information was then applied to what was generally found to be occurring in Lac du Bonnet.

POPULATION BASELINE INFORMATION; TRENDS AND CONCEPTS¹¹

People are living longer than they have in the past. In 2000, 13.5% of the Manitoba's population was at age 65 plus. In 2021, plus 65 year olds are projected to be 18.8% of the population. By 2026, 1 in 5 Canadians will be aged 65 plus or 20%. In contrast the population in 2006 of Lac du Bonnet aged 65 and over was 825 of a total of 3830 or about 22% in total. This is already well over the projected percentage of the population for 2021 for Manitoba as whole.

More than one in five seniors aged 65 and over face restrictions in daily/social activities and that percentage grows to nearly half for seniors aged 85 and over.

In 1996, 93% of seniors ages 65 and over, resided in private households with 7% residing in health care. In 1996, 84% of seniors ages 65 plus received some type of social support services from friends, family or community services. Sixty percent of seniors ages 65 and over provided care to other seniors in 1996. Seniors aged 85 and over are the fastest growing segment of the senior population in Canada. Forty-six percent of Canadians in 1996 and living in health care facilities are aged 85 and over.

The well known baby boomer phenomenon from the Great Depression of the 1930's and WW II is evident in Manitoba's population. Baby boomers are commonly defined as having been born as a result of delayed family forming because of the Depression and the War.

Baby boomers are commonly defined as babies born in the 20 year period from 1946 and 1964. In Manitoba this "baby boomer" effect was probably delayed slightly. The baby boomer effect is clearly evident in the chart "Population Characteristics for Manitoba and Winnipeg". Economics may have played a role in this delay in Manitoba.

Because of the results of delayed family formation and fewer babies being born during the depression and war years, these people have in turn produced fewer babies in their peak years for giving birth to babies during the late 1960's and early 1970's.

David Foote defined many of these concepts in his book "Boom, Bust and Echo".¹² Other factors were at play that are now often forgotten. During the sixties birth control came into widespread use and this

¹⁰ Health Canada website

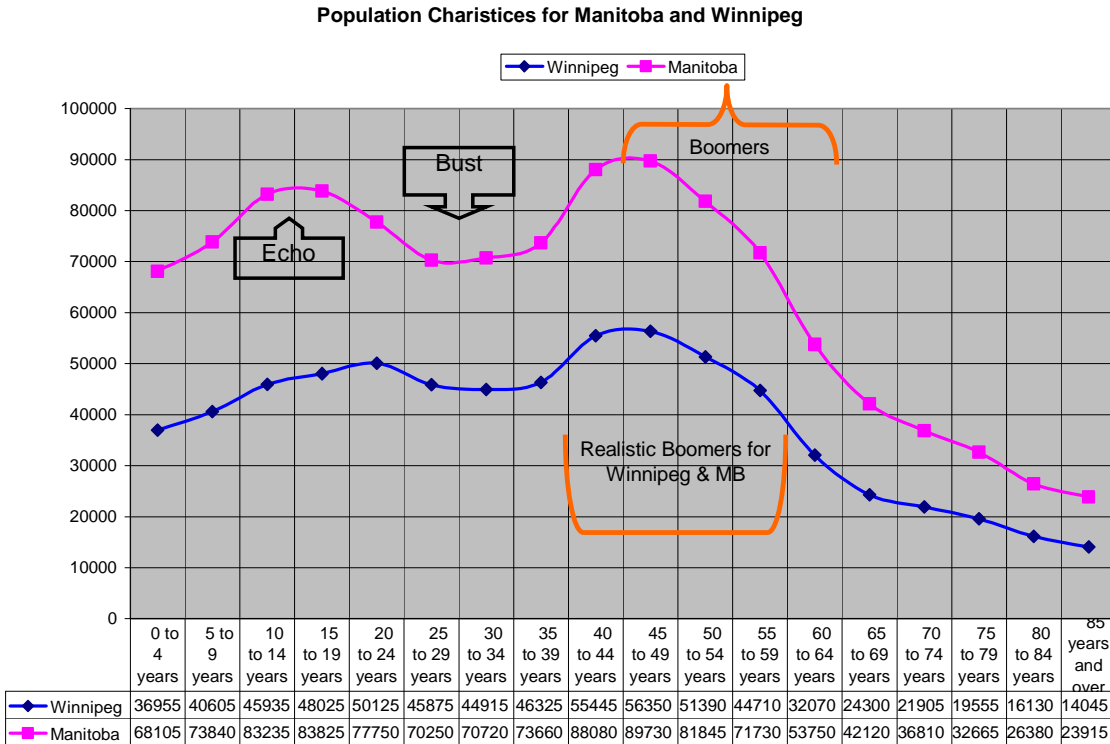
¹¹ All data from [Statistics Canada](http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=CSD&Code1=4601057&Geo2=CSD&Code2=4601060&Data=Count&SearchText=Lac%20du%20Bonnet&SearchType=Begins&SearchPR=01&B1=All&Custom=) at <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=CSD&Code1=4601057&Geo2=CSD&Code2=4601060&Data=Count&SearchText=Lac%20du%20Bonnet&SearchType=Begins&SearchPR=01&B1=All&Custom=>

resulted in generally smaller families. When the baby boomers began to have their children in the 1980's we see the development of the so-echo generation but it is in reduced numbers because of widespread use of birth control and the propensity to have smaller families.

In addition the boomers have been able to accumulate considerable amounts of wealth under generally favourable economic conditions. This wealth has resulted in higher standards of living that have never before been experienced. Some of the effects of these phenomena have been a change in the type of products and services that people want and expect. This will vary from demand for good schools, to housing and health care. Houses have become larger and more costly. Many forms of recreation are popular such as boating and motorised recreational vehicles.

The boomers have worked hard, saved some money and generally live much better than their parents. They are also more demanding and want to have the better things of life. In Lac du Bonnet we see the boomers as the people that are generally buying and building the larger and more extravagant cottages that are very suitable as all-season dwellings.

*Population Characteristics for Manitoba and Winnipeg*¹³



¹² Boom, Bust and Echo - How to Profit From the Coming Demographic Shift
David K. Foot with Daniel Stoffman
Macfarlane, Walter and Ross, Toronto, 1996

¹³ All charts except where otherwise noted and pertaining to population in Manitoba and Lac du Bonnet in this paper were created in Microsoft Excel from statistical data found on the Statistics Canada website for the year 2006 and before.

The problem facing our aging boomers now is concern for who will care for them as they grow older. They have had fewer children and these children are likely living some distance from their parents. This can only mean that a gradual shift of care in old age will move to the public sector.

This is in clear contrast to earlier generations where the care of the elderly was considered a family responsibility. Care of the elderly was not as serious because seniors did not live as long as they do today. Currently, seniors now expect they will generally live to more advanced ages because of improved health care.

Manitoba Population Aged 65 and over as reported by Manitoba Health¹⁴

Summary of Provincial Population by Regional Health Authority

| Regional Health Authority | Age Group 65+ | | | | |
|---------------------------|----------------|----------------|----------------|----------------|----------------|
| | 2003 | 2004 | 2005 | 2006 | 2007 |
| Winnipeg | 91,359 | 91,578 | 91,741 | 92,389 | 93,210 |
| Brandon | 6,819 | 6,798 | 6,840 | 6,896 | 6,956 |
| North Eastman | 5,015 | 5,139 | 5,258 | 5,409 | 5,517 |
| South Eastman | 6,031 | 6,160 | 6,288 | 6,425 | 6,634 |
| Interlake | 10,726 | 10,905 | 11,016 | 11,286 | 11,478 |
| Central | 13,103 | 13,139 | 13,257 | 13,423 | 13,526 |
| Assiniboine | 13,454 | 13,330 | 13,243 | 13,237 | 13,203 |
| Parkland | 7,998 | 7,941 | 7,810 | 7,830 | 7,813 |
| Nor-Man | 1,976 | 1,984 | 2,023 | 2,037 | 2,070 |
| Burntwood | 1,588 | 1,641 | 1,675 | 1,731 | 1,805 |
| Churchill | 53 | 61 | 58 | 64 | 65 |
| Provincial Total | 158,122 | 158,676 | 159,209 | 160,727 | 162,277 |

The table above clearly shows an increase over time in the senior's population in most regional health authorities in Manitoba. In our region, North Eastman, this increase is clearly evident especially from 2005 to 2007. This increase is consistent with the information obtained from Statistics Canada for the last census in 2006. It is also in contrast to some regions in western Manitoba such as Parkland and Assiniboine where the plus 65 population has actually decreased in the past 5 years. This decrease in population is likely the result of the general depopulation of many of the rural areas of Manitoba as farms have become larger.

¹⁴ Population Report June 1, 2007; Manitoba Health and Healthy Living

SENIORS HOUSING IN LAC DU BONNET

*Population comparison of the various districts of the North Eastman Health Authority*¹⁵

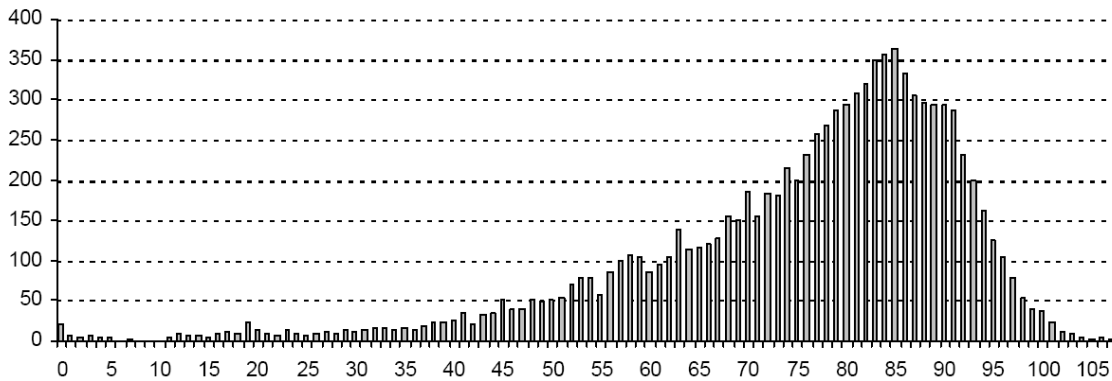
Manitoba Health and Healthy Living Population Report - June 1, 2007

| North Eastman R.H.A. | | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75 + | Total |
|-------------------------------|---|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Bluewater | F | 70 | 259 | 353 | 354 | 335 | 259 | 206 | 220 | 235 | 248 | 278 | 285 | 264 | 209 | 173 | 120 | 208 | 4,076 |
| | M | 74 | 265 | 322 | 351 | 313 | 272 | 221 | 224 | 224 | 280 | 309 | 297 | 254 | 215 | 209 | 143 | 187 | 4,160 |
| Brokenhead | F | 38 | 150 | 210 | 259 | 241 | 204 | 191 | 224 | 235 | 313 | 310 | 281 | 246 | 218 | 175 | 143 | 378 | 3,816 |
| | M | 28 | 148 | 227 | 281 | 264 | 204 | 171 | 219 | 236 | 324 | 333 | 307 | 279 | 226 | 157 | 135 | 250 | 3,789 |
| Iron Rose | F | 15 | 71 | 88 | 125 | 129 | 98 | 85 | 79 | 90 | 123 | 114 | 126 | 114 | 104 | 92 | 54 | 106 | 1,613 |
| | M | 14 | 76 | 115 | 126 | 125 | 101 | 88 | 92 | 102 | 122 | 144 | 141 | 116 | 118 | 93 | 72 | 106 | 1,751 |
| Northern Remote North Eastman | F | 47 | 149 | 187 | 181 | 187 | 115 | 117 | 92 | 122 | 100 | 94 | 55 | 33 | 29 | 20 | 24 | 20 | 1,572 |
| | M | 38 | 169 | 200 | 221 | 168 | 118 | 117 | 106 | 115 | 131 | 94 | 78 | 45 | 32 | 18 | 23 | 28 | 1,701 |
| Springfield | F | 68 | 252 | 357 | 475 | 523 | 358 | 284 | 322 | 402 | 585 | 570 | 562 | 425 | 317 | 205 | 167 | 266 | 6,138 |
| | M | 59 | 264 | 429 | 485 | 494 | 429 | 301 | 327 | 359 | 545 | 599 | 558 | 464 | 355 | 265 | 155 | 247 | 6,335 |
| Winnipeg River | F | 25 | 87 | 108 | 128 | 147 | 111 | 90 | 94 | 143 | 202 | 207 | 242 | 290 | 304 | 240 | 163 | 214 | 2,795 |
| | M | 14 | 77 | 123 | 157 | 197 | 179 | 118 | 108 | 125 | 207 | 229 | 208 | 274 | 299 | 275 | 179 | 207 | 2,976 |
| RHA Sub-Total (Sex) | F | 263 | 968 | 1,303 | 1,522 | 1,562 | 1,145 | 973 | 1,031 | 1,227 | 1,571 | 1,573 | 1,551 | 1,372 | 1,181 | 905 | 671 | 1,192 | 20,010 |
| | M | 227 | 999 | 1,416 | 1,621 | 1,561 | 1,303 | 1,016 | 1,076 | 1,161 | 1,609 | 1,708 | 1,589 | 1,432 | 1,245 | 1,017 | 707 | 1,025 | 20,712 |
| RHA Total | | 490 | 1,967 | 2,719 | 3,143 | 3,123 | 2,448 | 1,989 | 2,107 | 2,388 | 3,180 | 3,281 | 3,140 | 2,804 | 2,426 | 1,922 | 1,378 | 2,217 | 40,722 |

Lac du Bonnet is in the Winnipeg River district of the health region and it is of interest to note that Springfield has 3 to 4 times as many people in the under 25 age groups while Winnipeg River has a similar number of people in the population groups that are over 60 years of age.

*Ages when most elderly people are dying*¹⁶

Number of Deaths by Single Year of Age - June 1, 2006 to June 1, 2007



In the chart above the numbers shown are the actual numbers of deaths reported to Manitoba Health when an individual's health registration has been cancelled during the indicated year. In Manitoba, the age from 80 to 90 appears to be the time when most of the elderly are dying.

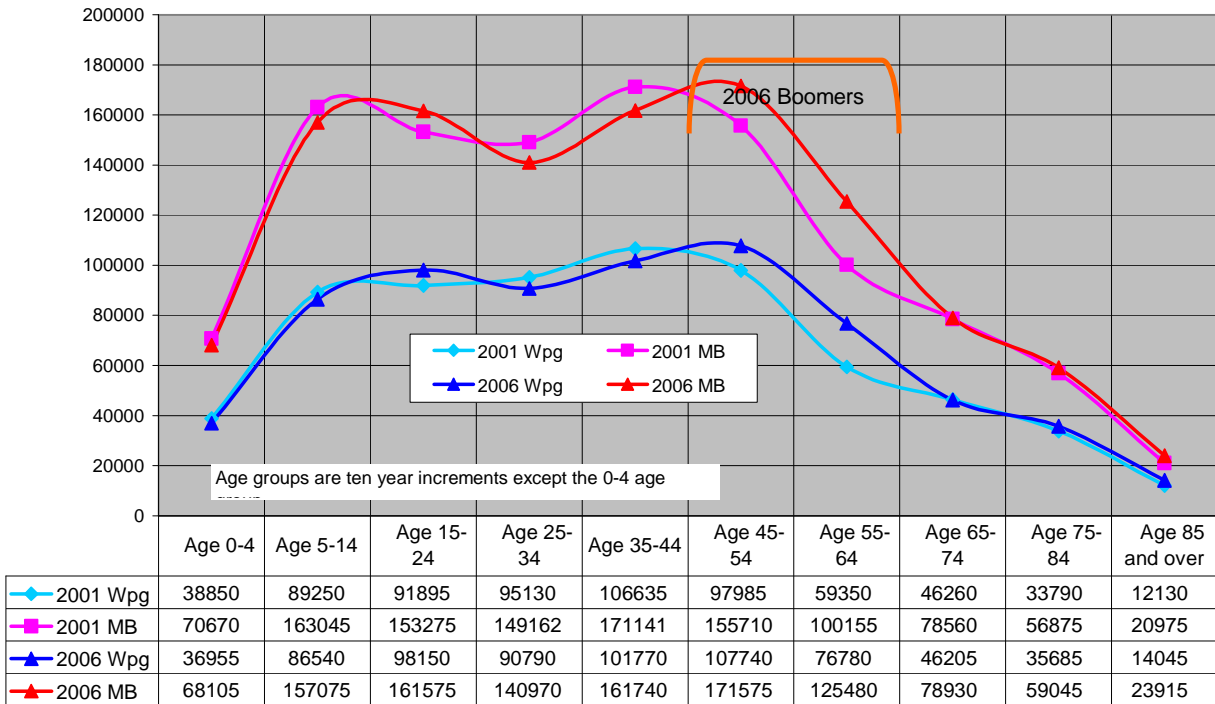
The age when most people are dying is useful to know as it gives one an idea of how long a person can expect to live when he or she reaches retirement age.

¹⁵ Population Report June 1, 2007; Manitoba Health and Healthy Living

¹⁶ Population Report June 1, 2007; Manitoba Health and Healthy Living

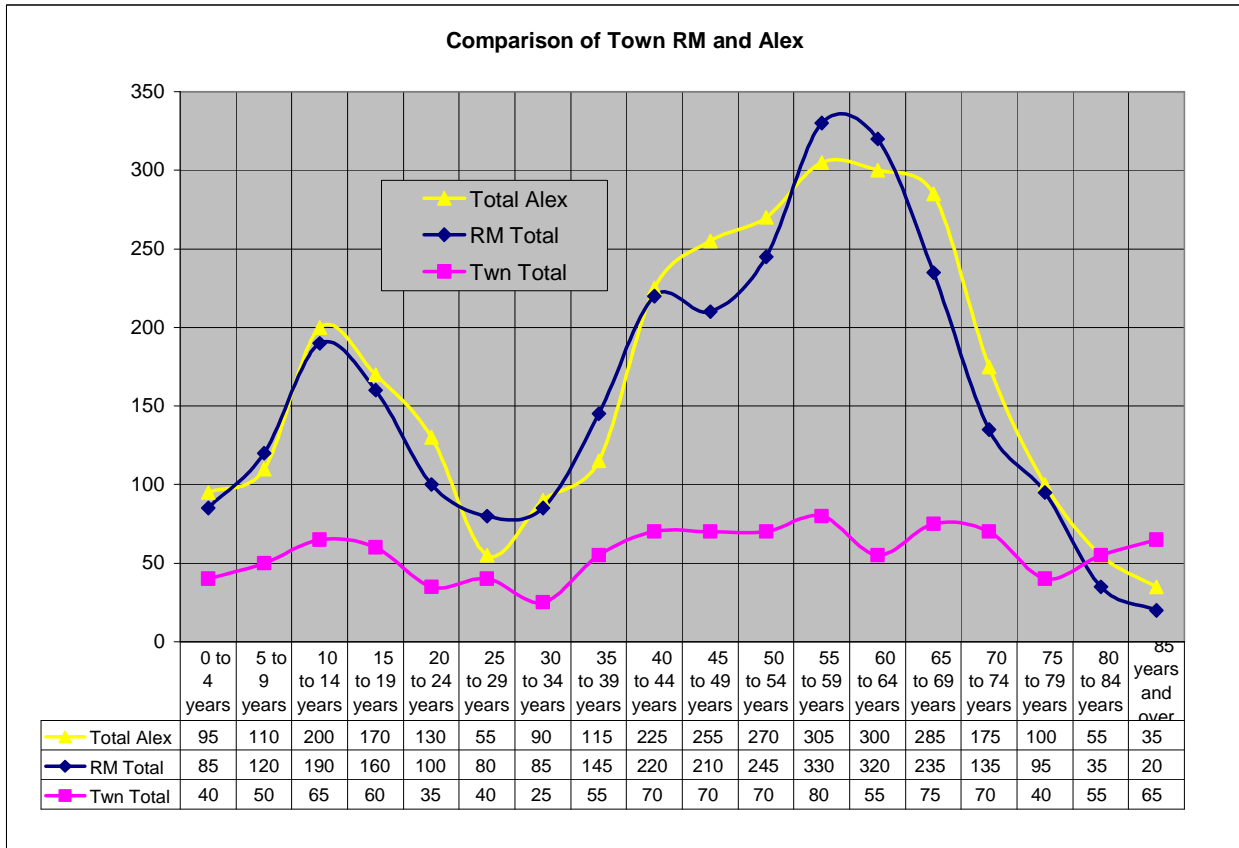
Effect of Time on the Population Age Groups (Cohorts) in Manitoba and Winnipeg

MB & Wpg Population Cohorts Over Time



The aging baby boomers trend is occurring and is clearly evident in the population characteristics over time. This can be observed in the chart above “MB & Wpg Pop Population Cohort Over Time”. As time goes on we can expect the peak of the boomer group to move further to the right as it has moved in the past five years. This chart is presented to illustrate the normal changes that occur over time and to provide a base for comparison for the population in Lac du Bonnet. This will be shown on another page for Lac du Bonnet.

Population in RM & Town of Lac du Bonnet plus RM of Alexander

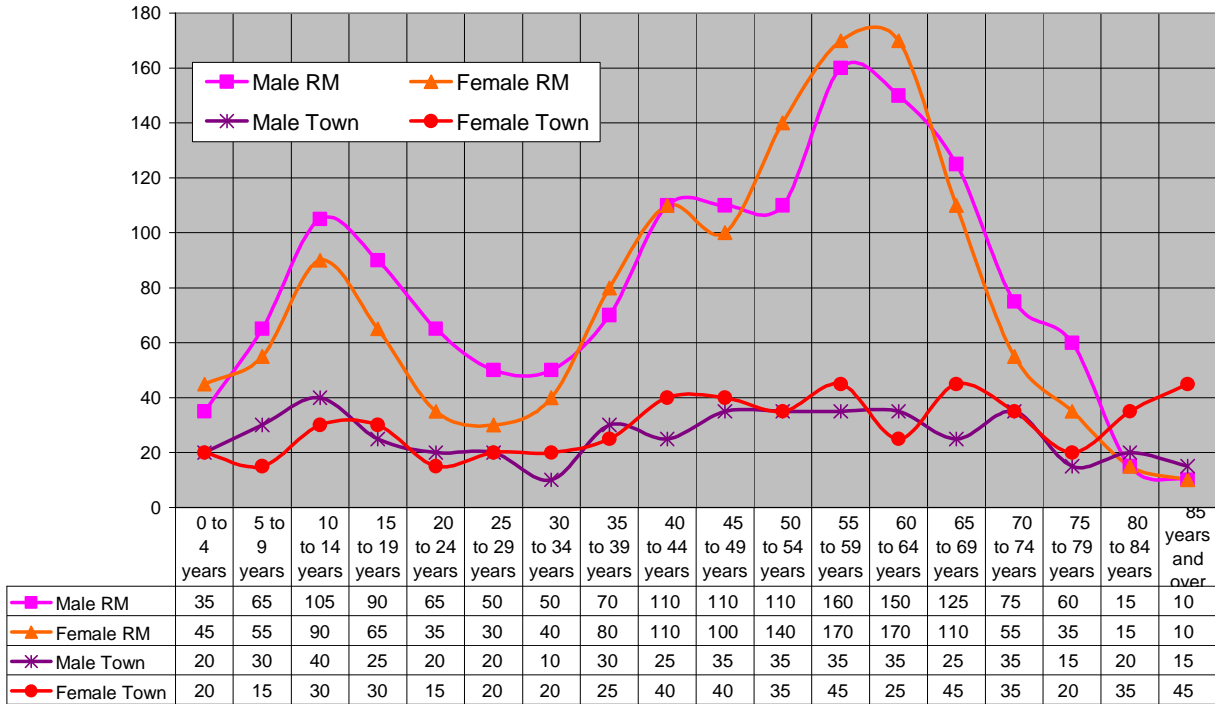


In the chart above it can be observed that the RM of Alexander has comparative population characteristics to the RM of Lac du Bonnet. It should be noted that the Town of the three municipalities has the largest population of seniors in the over 80 group. These seniors are primarily woman as they do live longer.

The RM of Alexander was included since most of their residents in the area east of the RM of Lac du Bonnet are primarily dependant on Lac du Bonnet for most of their normal goods and services. No population data of these adjacent areas of the RM of Alexander is available so the entire municipality is shown in the chart above. The RM of Alexander includes most of the areas east of Lee River and in the Bird River area.

Population Breakdown for Male and Females in the RM and Town of Lac du Bonnet

Comparison of Male & Female Population in RM and Town

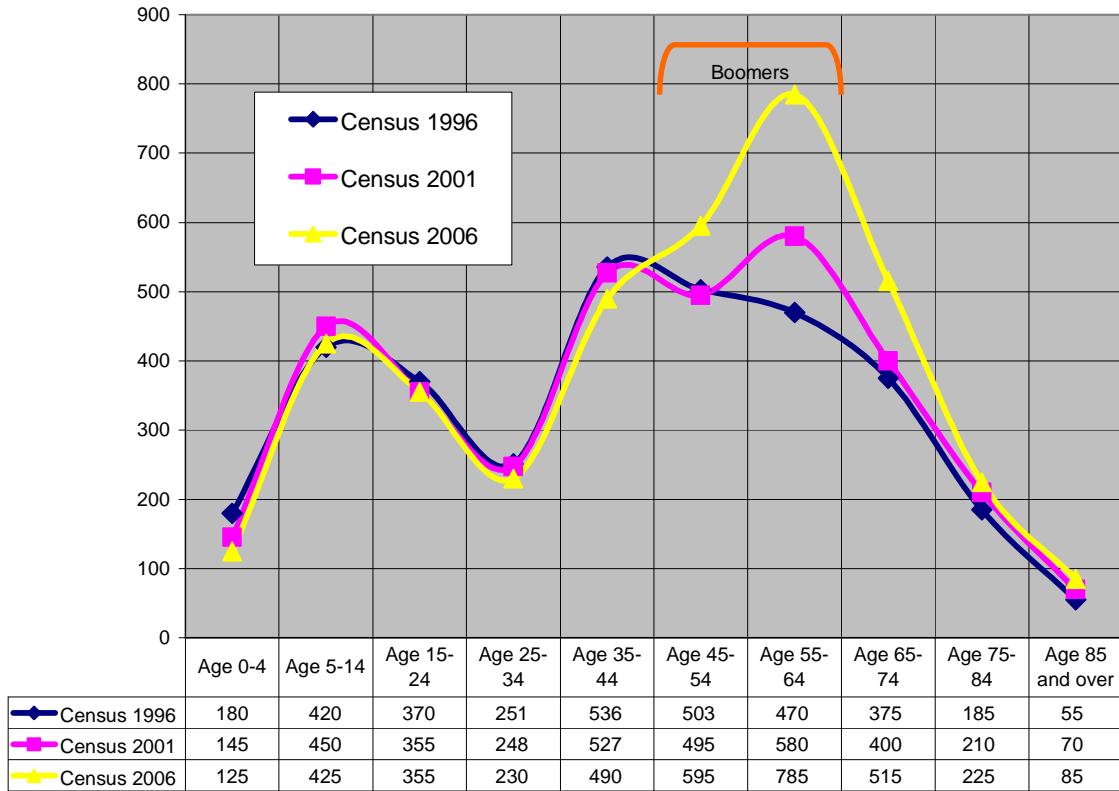


It is well known that women live longer than men and this can be observed in the above chart “Population Male and Females in RM and Town of Lac du Bonnet. Women in the population age group of 85 and over are one of the largest single age groups in the Town of Lac du Bonnet. This group is growing and will continue into the future. The low numbers of older women in the RM is likely a reflection of the fact that seniors housing is available in the Town and not in the RM.

In addition, the above chart shows a relative lack of people in the 20 to 35 year old age group. This is likely due to so called “bust” effect already noted and because many of our young people in Lac du Bonnet leave home for employment in larger centers and for further education.

Effect of Time on the Population in the Lac du Bonnet Area

LDB Population over time



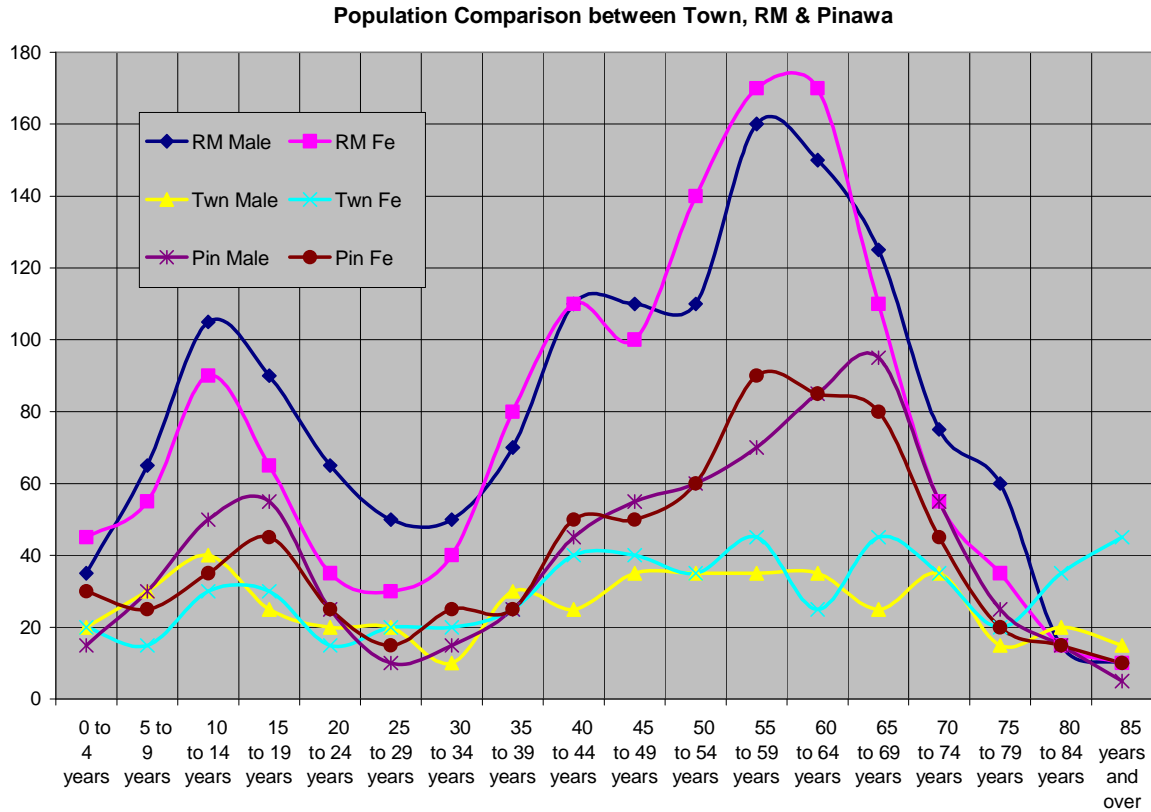
The information on this chart is likely the most significant finding of all of the population research carried out. There is a clear in-migration of people in the 50 to 70 year old range. They are also the people that are building the larger retirement houses in the community especially along the Winnipeg River, Lee River and the adjacent areas of the RM of Alexander.

It is clear from the above chart that the major population increase in Lac du Bonnet over time has been from the over 55 age group. They are building the permanent dwellings for retirement and expect to live there as long as they can. When seniors retire they expect to continue to live long and healthy lives well into the future. See Appendix for further information on population characteristics.¹⁷

The reality is that poor health and sudden death can occur at any time and with increased probability as one ages. Planning by the communities and the governing municipalities needs to focus on how they will address these upcoming challenges. As people age they will become more dependant on the rest of society. More services and facilities for elderly care will be required in the local community. If appropriate services are not available in Lac du Bonnet, the only alternative will be for the elderly person to move out of the community to a community where these services are available.

¹⁷ Appendix C; Seniors Population Increase in Lac du Bonnet

Population Comparison of Lac du Bonnet with Pinawa with a Breakdown by Sex



This chart provides a comparison of the Lac du Bonnet population with the population of Pinawa. The population data for Pinawa is similar for that of the Town of Lac du Bonnet, but there is a very large segment of the population in the 55 to 70 year old range. These older people would reflect the movement of people into the Town at the time of its development in the early 1960's and afterwards.

When the nuclear research plant closed they did not move away but stayed on to retire in the community. They have continued to live in Pinawa and are now older. In addition, Pinawa has been promoting itself as a retirement community with all of the amenities and no doubt this has had some success. The relative lack of young people in the Town is also clearly evident.

Some understanding of the population in Pinawa is useful. The company building the Ironwood seniors housing in Pinawa has recognised that a need exists for senior's housing. This construction is occurring in spite of the fact that the population of seniors in Pinawa is actually considerably less than that of Lac du Bonnet. Currently, NEHA has no plans for construction of a Personal Care Home in Pinawa but it has been identified as a priority in Lac du Bonnet. There is thus a need for Lac du Bonnet to consider carefully an appropriate response for senior's housing and there is need for cooperation between the two communities on senior's housing issues.

POPULATION ANALYSIS & CONCLUSIONS

The population increases in Lac du Bonnet are almost entirely due to in-migration of people aged 55 and over. This movement of retirees to cottage country brings about further implications and community responsibility. This in-migration of retirees and the consequent building activity provides benefit with

SENIORS HOUSING IN LAC DU BONNET

increased property tax revenue for the municipalities. There is also an implied and looming social responsibility for the community in the future as these retirees begin to age.

In general there appears to have been little consideration or planning for advanced old age by these seniors or the local municipalities. Leadership in the community needs to be strong to insure services for seniors are present when they are needed. Seniors must be recognised an important and valuable resource for the community. The seniors arriving in the Lac du Bonnet area currently do have the means to sustain themselves. The community needs to be ready to provide services for seniors to allow them to “Age in Place” with the dignity and respect they wish to have.

However, it should not be expected that all of the required services are to be provided by the public sector but some public services will be required especially home care services. Many seniors do have the means to pay for their future needs and should do so, especially the housing component.

Where will the elderly go when they are no longer able live independently in their retirement homes? Will alternative support and services as well as seniors housing be available for them to move to when it is needed? It is normal and expected that the community care for its people as best they can. The care of the elderly within the community is still the model that is followed on each of the Hutterite colonies in Manitoba and Canada when they are no longer able to work and contribute to the community.

Eventually as the health of our senior residents begins to fail there will be a need to become dependant on the senior resources that are available in their local community. These incoming retirees have come to the area in good faith and they wish to spend their final years here. They have a right to expect to age in place in their community. There have already been reports of people having to move back to Winnipeg and other population centers to get the services they need when their health is failing because it was not available in Lac du Bonnet.

Another unanswered question is; who will be the caregivers for these seniors? Other seniors, family and friends can provide some of these services, but in the future we can anticipate a need for more health care professionals in the community.

Summary of Population Information

The information in the following table provides a detailed summary of the total population and senior population in the RM and Town as compared to other local jurisdictions over three census periods.

| | 2006 Population | 2006 Ages 55+ | 2001 Population | 2001 Ages 55+ | 1996 Population | 1996 Ages 55+ |
|-----------------------------|--------------------|------------------------------|--------------------|-------------------------------|--------------------|-------------------------------|
| RM of Lac du Bonnet | 2812 | 1170 (41.6% of population) | 2405 | 825 (34.3% of population) | 2280 | 705 (30.9% of population) |
| Town of Lac du Bonnet | 1009 | 440 (43.6% of population) | 1089 | 435 (40% of population) | 1070 | 380 (35.5% of population) |
| North Eastman Health Region | 40,258 | 11,205 (27.8% of population) | 38,817 | 9,085 (23.4% of population) | 37,520 | 8,056 (21.5% of population) |
| Total Manitoba | 1,148,401 | 287,370 (25% of population) | 1,119,583 | 256,565 (22.9% of population) | 1,113,898 | 242,945 (21.8% of population) |

The population in the Lac du Bonnet area is growing and the major growth is in the senior population. The senior population is much higher in Lac du Bonnet than the Manitoba average. At a 14% growth rate, we can expect there to be approximately 4356 people living in the Lac du Bonnet area in 2016 and 4966 residents

SENIORS HOUSING IN LAC DU BONNET

in 2026. At a more conservative 10% growth rate the population figures would be 4203 in 2016 and 4623 in 2026. Approximately half (50%) of the population will be ages 55+.

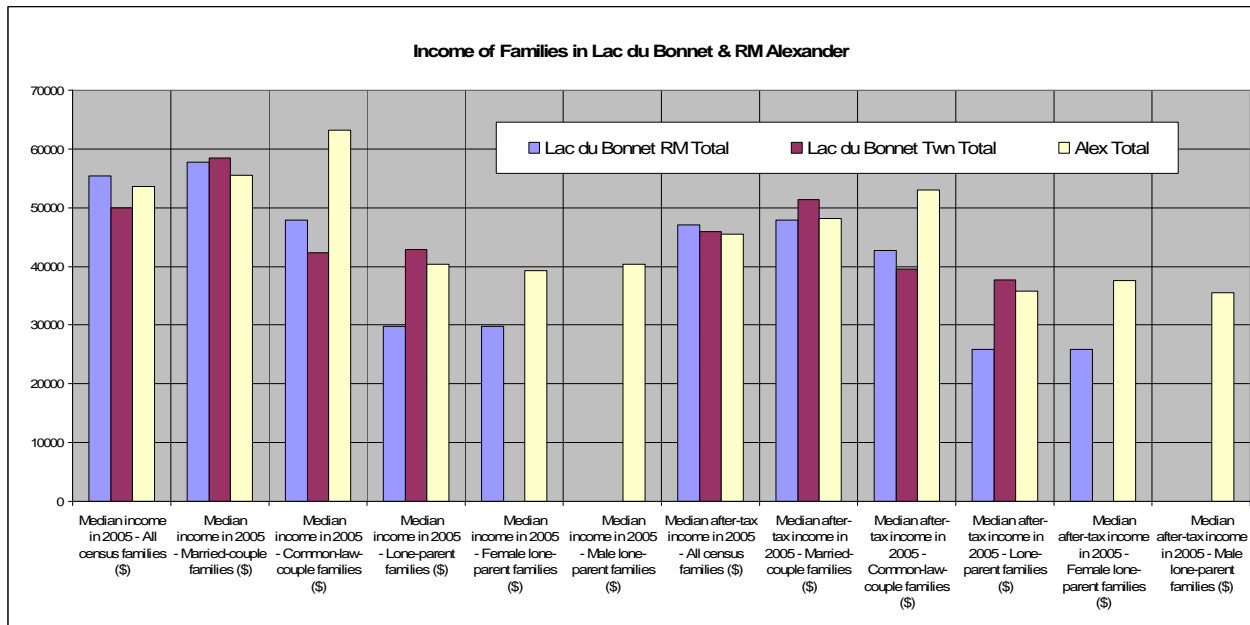
The Lac du Bonnet area is a popular summer destination. Visitors and cottage owners many times turn into permanent residents (mainly upon retirement). For this reason, the Lac du Bonnet area is expected to continue to grow in population and particularly in the senior population.

ECONOMIC INDICATORS FOR LAC DU BONNET

Economic data is a useful criterion for determining the need for seniors housing. Ordinarily, people are expected to provide for their own housing needs by way of purchased or rental housing. It is well recognised that many of the current seniors in our community have meagre resources and are unable to provide for their own housing needs. This is when public expenditures would be justified to provide for some of these needs. Some indicators of the relative financial means of residents in a given area can be gleaned from the census data, however and the specific data is not complete for the senior’s population group.

INCOME DATA FROM SELECTED SOURCES ¹⁸

Income for Families in the Town & RM of Lac du Bonnet and the RM of Alexander



The data in the chart above only represents the income for the people that are permanent residents in the indicated municipalities. This is representative for the residents of the Town of Lac du Bonnet. Economic data for Lac du Bonnet is from Statistics Canada census and it shows both before and after income tax.

The information takes into account the entire population of the area including the seniors group of plus 55 years. For the most part income levels are similar for the various municipalities. The chart also shows the levelling effect of tax on income, since lower income people are not taxed as greatly.

There is a marked reduction in income for lone parent families as compared to two parent families as one would expect. The median before tax income for lone parent families ranges from \$30,000 in the RM of Lac du Bonnet to \$40,000 in the RM of Alexander. The after tax income for this same group appears to range from \$25,000 in the RM of Lac du Bonnet to \$37,000 in the RM of Alexander.

¹⁸ Statistics Canada

<http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/details/page.cfm?Lang=E&Geo1=CSD&Code1=4601057&Geo2=CSD&Code2=4601060&Data=Count&SearchText=Lac%20du%20Bonnet&SearchType=Begins&SearchPR=01&B1=All&Custom=>

SUMMARY OF ECONOMIC INDICATORS

Income levels in Lac du Bonnet seem to suggest two levels, a high and low level of income with few people in the intermediate group. A significant number of seniors (52% of survey respondents) have a yearly income of \$30,000 and less. See the report from the Questionnaire Survey later in this document.

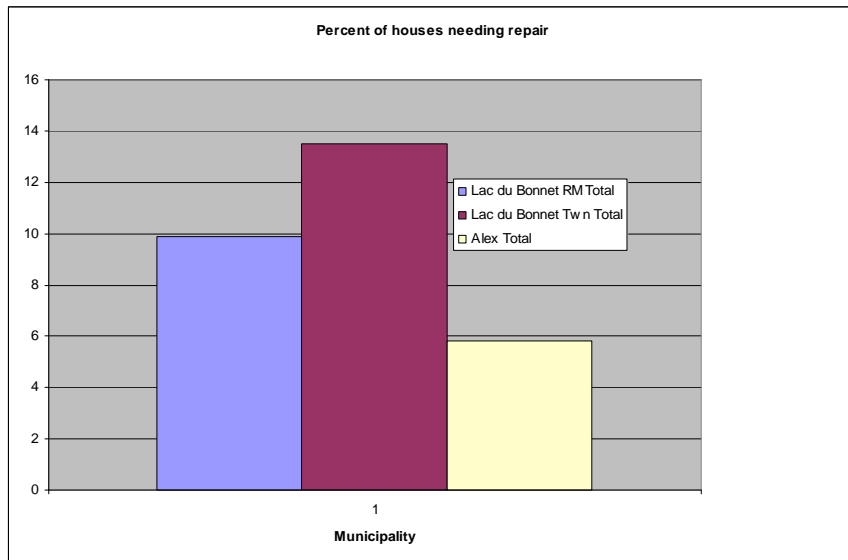
The income values are important in that they can be used as determination of eligibility for an assisted living center. Arborg for example uses \$30,000 annual gross income as the criteria to determined eligibility for admission to their assisted living centre.

HOUSING RESEARCH IN THE LAC DU BONNET AREA

The quality of housing can be an economic indicator for the community. As housing deteriorates, it may be reflection of the decreased ability both financially and physically for seniors to maintain their dwellings. Some assessment of the housing was made but the data is somewhat subjective in nature.

Percent of Houses in the Lac du Bonnet Area In Need of Repair (as Based on Census Data)

Many of the older houses have been allowed to deteriorate with little or no upgrading to them over the years. It is in these older houses that our seniors are frequently living because this is the traditional family home and there is not much desire for the occupants to move to better housing. They have deteriorated largely because the required financial resources to upgrade them are not present.



Repair and maintenance needs in housing can also be considered as a reflection of the financial ability of the owner. Deteriorated and unrepaired houses can reflect the owner’s ability to make building improvements. The chart above shows that most houses do not need repair but there some that do need repair. In the RM of Alexander the percentage of houses requiring repair is low with fewer than 6% needing repair. In the RM of Lac du Bonnet it is just under 10% while in the Town of Lac du Bonnet percentage is higher at just under 14%. While the validity of this data is not known, it could be a suggestion that the owners of these dwelling do not have the resources to implement repairs.

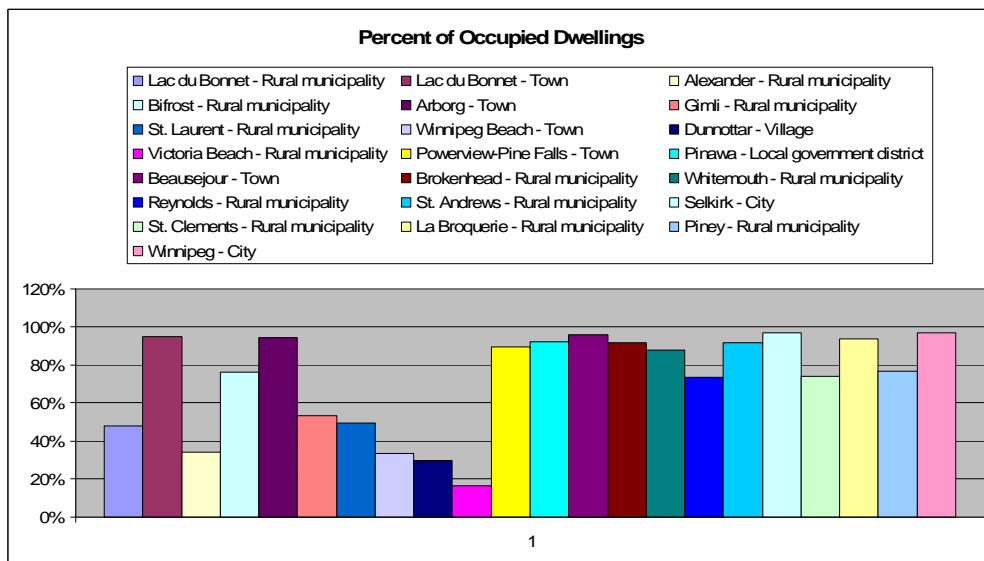
Home construction in Lac du Bonnet in recent years

| Permits Issued for Building by Lac du Bonnet Planning District | | | | | | |
|--|------|-------------|------------------|----|--------------|------------------|
| Year | Town | Value | Average per unit | RM | Value | Average per unit |
| 2006 | | | | 63 | \$8,924,901 | \$141,665 |
| 2007 | 10 | \$1,733,760 | \$173,376 | 62 | \$10,277,015 | \$165,758 |
| 2008 | 5 | \$1,242,000 | \$248,400 | 63 | \$11,236,315 | \$178,354 |
| 2009 | 5 | \$486,000 | \$97,200 | 41 | \$8,717,527 | \$212,623 |

Although the numbers are down for 2009, there have been about 60 houses built in Lac du Bonnet in each of the last four years. As can be observed from the data, the average value of these houses is significant. This is outside money that is coming into the area to build these houses. The construction represents future residents that are planning to come to Lac du Bonnet to live for part or all of the year. At two people per dwelling and over five years this would suggest that about 600 people are coming to live in Lac du Bonnet. This rough calculation for future population increase is reasonably close to what actually happened. The actual population increase for the 45 to 74 year age group for the period from 2001 to 2006 was 420.

People are continuing to build homes/cottages and move into the Lac du Bonnet area and a large percentage of residents are ages 55+ (42.1% in 2006). Indications are that the increases in permanent residents, seasonal residents, residents ages 55+, dwellings, and occupied dwellings will continue well into the future.

Percent of Occupied Dwellings for Selected Municipalities



Because of the geographic location of the RM of Lac du Bonnet, there are a considerable number of dwellings that are not occupied by the usual resident. If the dwelling is such that it can not be occupied as a year round residence, it will not likely have an impact on the future needs of a senior resident.

For the RM's of Lac du Bonnet and Alexander, it must be kept in mind that a large number of dwellings are occupied by seasonal residents. They have their primary residence in another municipality. These seasonal dwellings do however represent probable future residents in the municipalities when they do retire.

In the RM of Lac du Bonnet it was calculated that of the 2424 private dwellings only 1165 of these dwelling or 48% were occupied on a full time basis by the usual resident. In the RM of Alexander, there are 3770 dwellings and of these 1295 or 34% are occupied on a full time basis by the usual resident. In the Town of Lac du Bonnet there are 506 private dwelling and 480 or 95% are occupied by the usual resident. The low numbers in the two RM's would indicate that the unoccupied dwellings are cottages or second homes. These values are what are usually expected for occupancy rates in cottage country communities. This is readily evident when the occupancy rates for other cottage country communities are studied.

The large number of unoccupied residences in the RM also suggests that these are the seasonal residents. They do not ordinarily make full use of the shared municipal services that are provided by the RM and the Town but they will when they become full time resident.

Summary of Housing Research in Lac du Bonnet

Summary of Number of Lac du Bonnet Dwellings & Comparison to Manitoba Averages

| | 2006 Dwellings | 2001 Dwellings | 1996 Dwellings |
|-----------------------|---|---|--------------------|
| RM of Lac du Bonnet | 2424 (1167 or 48% are occupied by usual resident) | 2204 (940 or 42% are occupied by the usual resident) | (870 occupied) |
| Town of Lac du Bonnet | 506 (477 or 94% are occupied by usual resident)) | 528 (505 or 95% are occupied by usual resident) | (470 occupied) |
| Manitoba | 491,724 (448,766 or 99% are occupied by usual resident) | 477,085 (432,550 or 91% are occupied by usual resident) | (419,385 occupied) |

If the unoccupied dwellings in the RM is of such nature that it could be occupied on a year round basis, it is a suggestion that there may be future senior residents that will be requiring services in the future. It is also reasonable to conclude that their incomes are in the upper side of the income median of \$30,000 shown in the chart above.

- The number of dwellings increased in the Lac du Bonnet area by 198 from 2001 to 2006 (2732 in 2001 and 2930 in 2006).
- The number of occupied dwellings has steadily increased from 1996 to 2006 (1340 in 1996; 1445 in 2001; and 1644 in 2006).
- In 2006, 2930 dwellings existed, but only 1644 were occupied by permanent residents. A difference of 1286 which are primarily used as cottages.
- Based on population and the number of occupied dwellings, the average number of people per home in the Lac du Bonnet area is 2.32. Using this figure, we can estimate an increase of population in the summer months to be 2984 (2.32 people x 1286 cottages). This makes the minimum summer population in the Lac du Bonnet area approximately 6805 people.
- Many baby boomers are choosing to retire in the Lac du Bonnet area as shown above in the population, age, and dwellings statistics.

Summary of Types of Dwellings in Lac du Bonnet - Comparison to Manitoba Averages

Eighty-nine percent of the dwellings in the Lac du Bonnet area are single detached houses compared to the Manitoba average of 68.5%. Many people have the intention to use their cottage as part of their overall retirement plan.

| | 2006 Occupied Dwellings | Single Detached House | Semi-Detached House | Row House | Apt/ Duplex | Apt with less than 5 stories | Apt with 5 or more stories | Other |
|---------------------|-------------------------|-----------------------|---------------------|-----------|-------------|------------------------------|----------------------------|-------|
| RM of Lac du Bonnet | 1167 | 95.3% | 0% | 0% | 0% | 0% | 0% | 4.3% |

SENIORS HOUSING IN LAC DU BONNET

| | 2006 Occupied Dwellings | Single Detached House | Semi- Detached House | Row House | Apt/ Duplex | Apt with less than 5 stories | Apt with 5 or more stories | Other |
|-----------------------------|-------------------------------|-----------------------------|----------------------------|--------------|----------------|------------------------------------|-------------------------------------|-------|
| Town of Lac du Bonnet | 477 | 75% | 2.1% | 4.2% | 0% | 16.7% | 0% | 0% |
| Manitoba | 448,766 | 68.5% | 3.1% | 3.1% | 1.4% | 13.4% | 8.4% | 2.1% |

The conclusion is that that many of these dwellings will become the principal residence of the owners as they retire in the future. They plan to move to the cottage upon retirement and many have plans to spend some time travelling during the winter months. This would then imply that there will be a significant need and demand for future senior's housing with support services should it be available in the future.

SENIORS HOUSING IN LAC DU BONNET

Existing Senior Specific Housing

Lac du Bonnet Personal Care Home

This is the current personal care home in Lac du Bonnet, which is located near the Health Centre on McIntosh Street. Housing is on the main floor. There are no vacancies and it accommodates 30 residents.

Connected to the Lac du Bonnet Personal Care Home is the Bonny Vista Lodge. This is a separate but inter-connected structure. Both facilities have a place along the senior’s housing support services continuum.

The number of people on the waiting list for the Lac du Bonnet Personal Care Home has averaged about fourteen over the past several months. There is an overreliance on personal care homes in Manitoba, leading to over taxing of the facilities and this is an expensive form of housing for the health care system. One study suggested that 50% of people awaiting personal care home placement could be supported in the community if options existed.



Lac du Bonnet Personal Care Home

Bonny Vista Lodge

Bonny Vista Lodge is an existing low-income rental facility and it is available to seniors. There is no vacancy and 38 suites are available as one bedroom and bachelor suites on two floors. An elevator is present in the building. This independent living facility belongs to Manitoba Housing. Home Care Services and Services to Seniors are accessed as required. Staffing is present from Home Care for over-night assistance if required. Meals are provided at cost as requested from the Personal Care Home. Other available services include a weekly recreational event, laundry and medication assistance.

Although this complex is designated as an independent living facility, it has been operating much like an assisted living housing complex with the changes that have been made to the operation over the past 15 years. Further upgrading of this building will be needed as time goes on.



Parkview Place

Parkview Place has eleven small one bedroom suites and it is located on McIntosh Street West. These suites are presently designated as independent housing facilities for seniors.

SENIORS HOUSING IN LAC DU BONNET

These units are all user friendly as they are built on ground level with no steps. The suites are restricted to seniors aged 55 and over. Rents are in the \$500 range. There is currently no vacancy.

Edgewater Condos (Park Avenue and Fifth Street)

These condominiums are privately owned and are designated as 55+ units. Cost is in the range of \$185,000 to \$200,000 per unit.

EXISTING STANDARD HOUSING AVAILABLE FOR SENIORS

Park Manor

This building is located on Park Avenue. It is considered as senior friendly as it has an elevator and a common room. There are eleven two bedroom and one bachelor suites. The rental for the two bedroom unit is in the range of \$700.00 per month. There are currently no vacancies.

The owner is considering a possible expansion of this facility but it is in the preliminary stages. The owner wants to establish 12 new attached assisted living units to Park Manor. These units would have access to the elevator with eleven units as two bedrooms and one as one bedroom.

The proposed rent for the new suites of 850 sq. ft. per unit would be \$1,150.00 per month (2 bedroom) and for the 650 sq.ft. unit (1 bedroom) would be \$1,050.00 per month.



The owner would like to work with the community to establish a congregate meal service for the immediate adjacent local area. The cost for this service could be in the range of \$6.00 for the main meal and offered three days per week. A local planning committee group has been established to further study the possibility of getting a congregate meal services started in Lac du Bonnet.

If developed the cook's salary can be paid by NEHA but volunteers are needed to help and serve meals.

Lesko Four-plex

This four-plex is located on McArthur Avenue. These are newer units. There are four suites open to the general public as rental units. They all have stairs. There is no vacancy.

Kulikowsky's on Park Avenue

This facility is located on Park Avenue. It is not considered as senior friendly as there are many steps in the building, but many 55 plus persons are living in the building. This is an older building that is in need of upgrading. There is no vacancy.

Scott Apartments:

The apartments are located on Scott Crescent. They are not considered as senior friendly. This is a three story walk-up type apartment. Some seniors live here because of affordability. There is no vacancy.

Lakeside Condominiums (Johnson Condos)

All condominiums are privately owned and many are occupied by seniors. Currently, no condominiums are available for sale. Some units are in need of repair.

SENIORS HOUSING IN LAC DU BONNET

Single Family Dwellings

Many seniors in Lac du Bonnet have spent most of their lives in the community and frequently they are living in the same houses as they started in many years ago. Many of these houses are in need of repairs and upgrades.

TABLE SUMMARIZING EXISTING LAC DU BONNET MULTI-UNIT DWELLINGS

| Name of Dwelling | Dwelling Type | Owner/ Operator | Rent/ Lease/ Own | # of Units | Senior Housing | Additional Services | Cost | Vacancy |
|---|------------------------------|-----------------|------------------|------------|--|---------------------------------------|---|--|
| Lac du Bonnet Personal Care Home | Personal Care Home | NEHA | Rent | 30 beds | Yes | All health and care services provided | Based on net income of \$30.60/day min. | None (average of 14 on waiting list) |
| Bonny Vista Lodge | EPH (Elderly Person Housing) | MB Housing | Rent | 38 suites | Yes has some supportive housing services | Low income subsidy; elevator | Based on income | None |
| Parkview Place | EPH (55+) | Private owner | Rent | 11 suites | Yes | Common room | \$500/ month approx | None |
| Park Manor | EPH | Private owner | Rent | 12 suites | Yes | Elevator; common room | \$1,100/month approx | None (39 on waiting list at July 2009) |
| Lesko Four-Plex | Four-Plex | Private owner | Rent | 4 suites | Not specific | | \$700/ month approx | None |
| Kulikowky's | 3-Story Apt | Private owner | Rent | 6 suites | Not specific | | Un-known | None |
| Scott Apartments | 3-Story Apt | Private owner | Rent | 12 | Not specific | | \$500 | None |
| Lakeside Condos | Condo | Privately owned | Own | 22 | Not specific | | \$170K approx | None |
| Edgewater Condo Association Phase 1 & 2 | Condo (55+) | Privately owned | Own | 6 | Yes | | \$185K + | None |
| Carrefour au Soleil | Condo | Privately owned | Own | 5 | Not specific | | \$177K + | 4 Vacant |

UNDER CONSTRUCTION JULY 2009

Carrefour au Soleil (Old Gymnasium site)

Carrefour Au Soleil (Crossroads in the Sun) is located in the facilities of the old gymnasium at 174 Minnewawa Street. It is not specifically designed for seniors but could include some as the units are all at ground level.

This facility was completed in late summer of 2009. It has a total of five units available as condominiums. Three units have 937.5 sq. ft. and these are priced at \$177,500; one unit has 1,172 sq. ft. and is priced at \$186,500; one unit is a stand alone with 1,082 sq. ft. and is priced at \$191,500.

These are “For Sale” only units and not rental. Additional seniors units may be built in the future depending on sale of present units. These units are currently available (September 2009).

SOCIAL TRENDS AND FACTORS THAT IMPACT SENIORS HOUSING

Aging Population

The Canadian population is aging. By 2026, 1 in 5 Canadians (20%) will be aged 65+. People are living longer than they have in the past. According to Health Canada, seniors aged 85 and over are the fastest growing segment of the senior population in Canada.

Baby Boomer Population

Baby boomers (born 1946-1965) were ages 41-60 in 2006. They are now starting to retire in large numbers. Baby boomers are wealthier than their parents and expect a higher standard of living and a wide variety of services. There are issues and concerns that need to be addressed to care for the ageing baby boomers.

Needs and Challenges of Seniors

Many seniors want to downsize from their family homes in their retirement years as there is less need and interest in maintaining a large home. For some seniors, home maintenance becomes difficult, and other seniors want more flexibility with their leisure time. To keep people in a given area as they age, we must provide housing options and the supports and services they need and desire.

Seniors want to remain in their own dwelling (independent living) as long as possible. As health deteriorates, various supports are required. Supports are received from family and friends and from coordinated community services for seniors and home care. Challenges exist for families to assist with care for aging loved ones. Many of the children of retiring seniors live in a different geographic area than their aging parents. Families are smaller now so there are fewer children to care for aging parents. More women are working now than in the past.

In Canada, more than one in five seniors aged 65 and over face restrictions in daily/social activities and that percentage grows to nearly half for seniors aged 85 and over. In the Lac du Bonnet area in 2006, 165 of 825 seniors ages 65+ faced restrictions in daily/social activities.

According to the 2002 Canada's Aging Population Report, in 1996, 84% of seniors ages 65 plus received some type of social support services from friends, family or community services, and 60% of seniors ages 65 and over provided care to other seniors in 1996. In the Lac du Bonnet area in 2006, 693 of 825 seniors ages 65+ received some type of social support.

Many Canadians provide some form of direct help to others. According to Volunteer Canada's 2007 Canada Survey of Giving, Volunteering and Participating, people helped people in the following ways:

- 60% helped with work at someone's home
- 53% provided someone with health-related or personal care
- 47% helped by assisting with shopping or by driving someone to a store or appointment
- 29% helped with paperwork tasks
- 16% helped someone with unpaid teaching, coaching, tutoring, or assisted with reading

- 25% provided help directly to someone in some other way.

Compared to 2004, the percentages of Canadians providing these forms of direct help were largely unchanged, with the exception of an increase in the percentage of Canadians providing health-related or personal care (from 50% in 2004 to 53% in 2007).

PERSONAL CARE HOME RESEARCH

This section provides an overview of personal care home usage in Canada, Manitoba, and the North Eastman Region, and the gaps that exist in the Lac du Bonnet area for meeting personal care home needs.

- According to Health Canada, about 7% of Canadian seniors ages 65+ live in a long term care facility and in 1996, 46% of Canadians living in health institutions were ages 85+.
- According to 2007-2008 Manitoba Health Annual Statistics, the average age of people living in personal care homes in Manitoba was 83 (age 82 in North Eastman) and their average stay is 2.7 years (2.5 years in North Eastman).
- According to the NEHA – 2007/2008 Annual Report, the average number of clients awaiting placement into the Lac du Bonnet Personal Care Home is 14 clients, Whitemouth Personal Care Home is 4 clients, Pine Falls Personal Care Home is 9 clients. The average length of time on the Lac du Bonnet waiting list is 16.6 months, Whitemouth waiting list is 6.2 months and Pine Falls is 4.7 months.
- In the North Eastman Region there are 190 personal care home beds, or 82 beds/ 1000 population 75+ years of age. The population of residents 75 years and over from 1998 to 2020 will increase by 74%. Based on the lowest formula for personal care home beds of 110 beds / 1000 residents over 75 years of age, the North Eastman Region qualifies for a minimum of 209 beds and will need 367 by 2020.
- The level of care of residents living in the personal care home has increased over the past 10 years. People with higher care needs have first priority when personal care home beds come available. This means more people requiring care are currently living independently in the community.

In 2006 in the Lac du Bonnet area, 825 residents out of 3821 were ages 65+. At a rate of 7%, 58 people in the Lac du Bonnet area should be living in a long term care facility. With only 30 beds available, that means 28 people who need long term care are not receiving it. Many people refuse to be panelled for submission to a personal care home and therefore are living independently and may not be living in a safe environment. Other accommodations and supports are required. More space as assisted living or supportive housing would alleviate this pressure on the personal care home

A recent study suggests that adequate home care services for seniors in group living and supportive living situations can help to reduce the need for personal care home beds. Since the 1980's Denmark¹⁹ for example has reduced its reliance on nursing homes. Instead it has experimented with 24-hour home care services, supportive housing for elders, and integrating care between home care and nursing home staff.

Since 1988, there has been a ban on the construction of new nursing homes in Denmark. Existing nursing homes are being converted into single occupancy rooms. Between 1985 and 1997, nursing home beds decreased from 301 per 1000 population aged 80+ down to 166 (to put that in perspective, in Manitoba in 1997 the ratio was 220/1000). At the same time Danish spending dropped 12% per person (after adjusting for inflation). Health outcomes have been generally positive with lower death rates, lower incidence of circulatory disorders and fewer days in hospital.

¹⁹ Estimating Personal Care Home Bed Requirements, by Norman Frohlich, Carolyn De Coster and Natalia Dik; Nursing bed homes in 2020: More? Fewer? Or Just enough? Manitoba Center for Health Policy

Using the population of the over 75 year olds for Lac du Bonnet which is 310 and a ratio of 110 beds per 1000 indicates a need for 42 personal care home beds in Lac du Bonnet. With the current number of beds available there are nearly enough beds to meet our current needs for the Town and the RM. This does not of course consider the population in the surrounding areas, which would in fact increase the need for more personal care home beds in Lac du Bonnet. It would appear that based on this simple calculation that a 70 bed personal care home would be an appropriate size.

Summary and Conclusions Seniors Housing and Aging in Place

In reviewing the Aging in Place Continuum and assessing seniors housing in Lac du Bonnet, the following gaps and concerns were identified:

Independent Living

Lac du Bonnet has few rental units available. Seniors wanting or needing to downsize from their family home to an apartment or condominium in Lac du Bonnet, have few options available to them. Condos are being constructed that will satisfy people in the higher income brackets. For seniors in the low and moderate income brackets, there are few housing choices available (i.e. widows who lost the family pension that was in husband's name; farmers and small business owners who do not have pensions, etc).

Group Living for Seniors

All of the seniors housing apartments in Lac du Bonnet are full with a waiting list. Lac du Bonnet has no assisted living facilities (those that offer services to assist with daily living such as light housekeeping, congregate meals, laundry, escort service to appointments/shopping, etc.) For seniors at risk many or some parts of the identified risk factors could be addressed through a congregate meal program in the community and other forms of group living.

Supportive Housing

Lac du Bonnet has no supportive housing facilities (those that offer residents access to 24 hour support and assistance with daily living). This is an alternative housing option that would be less expensive and more suitable for many people waiting for a personal care home bed. Community based housing with support options appears to be the major emphasis and direction for seniors in the future.

Personal Care Home

According to 2006 population statistics, NEHA has determined that a minimum of 209 personal care home beds are required in the North Eastman region. At this time 190 personal care home beds exist. It is predicted that North Eastman will require 367 personal care home beds by 2020.

Support Services for Seniors

The following services/supports for seniors are not available in Lac du Bonnet. There is no congregate meal, meals on wheels, coordinated social opportunities in some group living facilities, and welcome wagon service to provide community information to newcomers.

PROPOSED SENIORS HOUSING IN LAC DU BONNET

New Personal Care Home Lac du Bonnet²⁰

NEHA has a proposed in their strategic plan to replace existing personal care home with a new 70 bed personal care home. Government funding has not been committed and no construction start date has been announced. The timing of an announcement for construction of a new personal care home may have impact on planning for a seniors housing complex. The proposed site location for the personal care home is on Leslie Avenue South (behind Fire Hall). Personal care home space is designated primarily for people (primarily seniors) requiring 24-hour care and support.

NEHA has also proposed a twelve suite Supportive Housing Program facility ...at....for the existing personal care home once the new personal care home is built. In addition, facilities for an Adult Day Program, Community Seniors Congregate Meal Program, Meals on Wheels as well as Services to Seniors Resource Centre are planned for the existing personal care home. The current timeframe is unknown as it is dependant on government priorities and funding.

Fifty-two Park Avenue Condominium Complex (Chippers / Yellow Door location)

This proposed 23 unit condo complex will be located at Park Ave and Third Street. These units will be “For Sale” only condos and not rental units. The site is also planned to have 6000 sq. ft. of commercial/office space on the main floor. An elevator and underground parking will be provided.

This facility is not specifically designed for seniors but definitely will include some. Land preparation on the site has begun in September 2009. The developer is Nova Shelter (Fern Doucet) and the realtor is Wendigo Realty.

SUMMARY OF PROPOSED NEW DWELLINGS IN LAC DU BONNET

| Name of Dwelling | Dwelling Type | Owner/ Operator | Rent/ Lease/ Own | # of Units | Senior Housing | Additional Services | Cost for Resident | Vacancy |
|---|--------------------|-----------------|------------------|------------|----------------|--|--|--------------------------------|
| Lac du Bonnet Personal Care Home (Proposed) | Personal Care Home | NEHA | Rent | 70 beds | Yes | All health and daily living support provided | Based on income | 40 new personal care home beds |
| Supportive Housing | EPH | NEHA | Rent | 12 | Yes | 24-hour support and care, recreation activities, optional service package for meals, laundry, light house-keeping. | Rent is based on income. Service Package extra cost. | 12 suites |

²⁰ Proposed as per NEHA strategic plan <http://neha.mb.ca/strategicplan2008.pdf>

SENIORS HOUSING IN LAC DU BONNET

| Name of Dwelling | Dwelling Type | Owner/ Operator | Rent/ Lease/ Own | # of Units | Senior Housing | Additional Services | Cost for Resident | Vacancy |
|--------------------|---------------|-----------------|------------------|------------|----------------|--------------------------------|-------------------|--------------------------------|
| 520 Park Ave Condo | 4-story Condo | Privately owned | Own | 23 | Not specific | Elevator, under-ground parking | \$232K + | 2 sold, 3 pending @ Sept 16/09 |

NEEDS ASSESSMENT SURVEY QUESTIONNAIRE

The Lac du Bonnet Senior’s Housing Committee developed a Needs Assessment Survey to get community input regarding present and projected housing needs of seniors in Lac du Bonnet and the surrounding area. The Needs Assessment Survey sub-committee consisted of Henrietta Shegelski, Marline Wruck and Colette Opper. This committee met several times to develop a survey questionnaire to gather the required information from the community. With the assistance of the Lions Club of Lac du Bonnet, the surveys were hand delivered to the residents of the RM’s of Lac du Bonnet and Alexander. The Town of Lac du Bonnet surveys were mailed. The completed surveys were collected from boxes placed in the community or they could be mailed in to the committee.

SENIORS’ HOUSING NEEDS ASSESSMENT SURVEY RESULTS²¹

- Number of respondents to survey

| | # delivered | # returned | % |
|--------------------|-------------|------------|-------|
| RM Lac du Bonnet | 1165 | 75 | 6.44% |
| Town Lac du Bonnet | 480 | 39 | 8.13% |
| RM Alexander | 1295 | 17 | 1.31% |
| others | | 5 | |
| total | 2940 | 136 | 4.63% |

Although at first glance the number of respondents appears low it is actually quite reflective of a good portion of the older population.

| QUESTION 1 | Would you or a family member be in need of additional housing in the Lac du Bonnet area for independent living 55+? | | | | | | | |
|------------|---|--------------------------|----|-------|----|---------|-----|---------|
| | 109 | YES | 85 | MALES | 94 | FEMALES | 179 | persons |
| | 22 | NO'S | | | | | | |
| | 19 | within the next 2 years | | | | | | |
| | 38 | within the next 5 years | | | | | | |
| | 49 | within the next 10 years | | | | | | |

It should be noted that most of our 55 plus group recognised the need for a change in housing within the next ten years.

| QUESTION 2 | Please check the following age bracket YOU the participant, filing out the survey, falls under. | | | | | | |
|------------|---|-----|-------|-------|-------|-----|-------|
| | Age | -25 | 25-35 | 35-45 | 45-55 | 55+ | Total |
| | # respondent | 0 | 1 | 2 | 11 | 121 | 135 |

It is clear from this answer most of our respondents were in the plus 55 years age group.

| QUESTION 3 | Would you or a family member, at your current residence, be in need of private seniors housing, other than a private dwelling? For example, Park Manor or Park View Place, which are independent living 55+ | | | | | | | |
|------------|---|-------------------------|----|-------|----|---------|--|-----|
| | 94 | YES | 69 | MALES | 81 | FEMALES | | 150 |
| | 17 | within the next 2 years | | | | | | |

²¹ Responses to the Needs Assessment Survey were tabulated by Brian Arnason

SENIORS HOUSING IN LAC DU BONNET

| | | | | | | |
|--|----|--------------------------|--|--|--|--|
| | 32 | within the next 5 years | | | | |
| | 43 | within the next 10 years | | | | |
| | 39 | NO'S | | | | |

There is still interest in living independently in a privately owned dwelling. This information tells us that a large number of seniors recognise that they may not be able to continue to live in their present dwelling indefinitely.

| | | | | | | | |
|------------|---|--------------------------|----|-------|----|---------|-----|
| QUESTION 4 | Would you or a family member be in need of seniors housing with support? For example Bonny Vista Lodge or the Lac du Bonnet Personal Care Home, which supply a variety of services such as food services, and recreational activities | | | | | | |
| | 69 | YES | 51 | MALES | 57 | FEMALES | 108 |
| | 11 | within the next 2 years | | | | | |
| | 17 | within the next 5 years | | | | | |
| | 43 | within the next 10 years | | | | | |
| | 57 | NO'S | | | | | |

Fewer people appear willing to live in a dwelling with supportive services. It should be noted that for those that completed the questionnaire the first three questions may have been a bit confusing. This was only realised after printing and distribution.

| | | | | |
|---------------|--|-------------------|-----------|------|
| QUESTION 5 | What yearly income before taxes would be related to your senior family member? | | | |
| Income range | <\$20,000 | \$20,000-\$30,000 | >\$30,000 | |
| # respondents | 40 | 28 | 59 | 127 |
| Percent | 31% | 22% | 46% | 100% |

Based on the relatively large number of respondents to this question and assuming a reasonable accuracy to the responses, there appears to be some clear separation of the before tax income of the seniors in Lac du Bonnet. While nearly half (46%) of the seniors reported incomes of over \$30,000, a very significant percentage (31%) of seniors reported that their incomes before tax were less than \$20,000. This information is very important when planning for seniors housing and the type of rent supports that might be needed. This information would suggest that are two major segments of the population economically, those seniors that are secure financially and those that are in the lower income category.

| | | |
|------------|--|--------------------------|
| QUESTION 6 | Would you or a family member be in need of affordable low income housing with a possible government subsidy? | |
| | 66 | YES |
| | 14 | within the next 2 years |
| | 17 | within the next 5 years |
| | 33 | within the next 10 years |
| | 62 | NO'S |

The answer to this question also appears reflective of the previous question above. About half said that they could need support for affordable low income housing.

| | | | | | | | |
|------------|---|-----|---|-------|---|---------|----|
| QUESTION 7 | Are you or a family member currently on a waiting list for senior's housing within the Town of Lac du Bonnet? | | | | | | |
| | 11 | yes | 6 | males | 8 | females | 14 |
| | see list of places | | | | | | |

SENIORS HOUSING IN LAC DU BONNET

This is significant in that 14 of the respondents indicated that they were on a waiting list for seniors housing. It is indicative of a need that currently exists in Lac du Bonnet. It is also the average number that are usually on the waiting list.

| QUESTION 8 | Where do you currently reside? | | | | |
|-------------------|--------------------------------|------------------|------|-------|-------|
| | Town | RM Lac du Bonnet | Alex | Other | Total |
| # respondents | 39 | 75 | 17 | 0 | 131 |
| Percent responses | 30% | 57% | 13% | | 1 |

The response from the RM was actually quite high and would indicate a considerable interest in this issue.

| QUESTION 9 | Important services for seniors housing? Average of all responses | | | | | | | |
|----------------------|--|---------------------|----------------------|-------------------|-----------------|---------------|---------------|-----------------|
| | Meal services | Common area cooking | Common activity room | Court /yard patio | Social activity | House-keeping | Couple suites | Bachelor suites |
| Average of responses | 7.1 | 4.9 | 7.9 | 7.9 | 8.1 | 7.6 | 8.2 | 5.6 |

On the services question, the respondent was asked to rate the kinds of services they would like to see in seniors housing on a scale of one to ten with ten as the most desirable. The answers are the average of the responses received.

| QUESTION 10 | Would you be willing to volunteer to assist the committee? | |
|-------------|--|--|
| | 21 | advisory committee |
| | 19 | sub- committee (see list of areas of interest) |
| | 4 | research |
| | 5 | specialized skills (see list of volunteers) |

This appears to be significant number of positive responses out of the total responses received for this question.

| QUESTION 11 | Would you be willing to have a personal interview with a committee member? | |
|-------------|--|----|
| | YES | NO |
| | 41 | 90 |

A significant number indicated “yes” they would be willing to have an interview but many said “no”. The comments below are the results of the personal interviews and they are listed below.

Comments Received as a Result of the Personal Telephone Interviews

The following comments were taken from personal telephone interviews of the survey participants’ by the sub-committee:

- 1) Today’s seniors and upcoming baby boomers want to be independent as long as possible, but will require some services to do so.
- 2) Couple suites are important.
- 3) Transportation is a necessity.
- 4) A courtyard for contact with nature is important for well-being, especially for those moving from farm locations.
- 5) Seniors want the location to be close to normal town amenities. This should be a priority when considering a location for such a complex.

- 6) The younger care-givers for seniors are experiencing mental anguish as parents and loved ones are staying at home longer than they should and when there are safety issues present.
- 7) It is imperative that we as a community immediately take responsibility for the future needs of our growing seniors' population!

The quality of the comments received during these interviews indicates a high degree of awareness and understanding among today's seniors of the issues that they are facing.

Comments from the Survey

These responses were all unsolicited invitations to comment in the questionnaire conducted in June of 2009.

- 1) As seniors we don't wish to be "warehoused".
- 2) I really feel local residents that have paid taxes here for x number of years, should have priority to housing, before out-of-towners.
- 3) At this time we are living in a condo so don't require extra but down the line it could happen that our circumstances change.
- 4) Don't feel I know enough about this issue at the present time, however, as my parents & family age I will have a better understanding of the issues surround senior housing.
- 5) I've had a major head injury in 1984/85 and things don't seem to fall together properly.
- 6) Section 9 answers can be misleading- for example meal services are only 7 because common room and socializing tend to pay better attention to eating properly.
- 7) I plan on living at home as long as I can, when I need to move, it might be a personal care home.
- 8) In my opinion this is something the area requires more of and is long past due.
- 9) This is needed & important. More condos/apartments are needed for elderly in RM and widows in Town. Several friends in RM are tired of cutting grass, caring for water and sewage pumps, gravel roads and distance from town. Would love a place in town but there are no vacancies in town to accommodate. Wait until someone else does it seems to be the process here.
- 10) Attend to the needs of Lac du Bonnet & surrounding areas first.
- 11) This is a health related concern. As healthy seniors we expect to stay in our present home for many years. A senior facility would only be necessary for us if there was a major change in our health and attitude.
- 12) Want a waterfront view & close to down town.
- 13) Regarding need for affordable low-income housing, but it might depend on cost of private seniors housing.
- 14) Not currently, 5 years or so down the road I/we would be willing to be interviewed.
- 15) Lac du Bonnet is an aging community and health issues should be of utmost importance. Thank you / good luck.
- 16) Senior housing may be necessary for us in 15-20 years as baby boomers who retired in or near Lac du Bonnet.
- 17) The Government (allowances) does not pay enough to afford any housing for a single person.

SENIORS HOUSING IN LAC DU BONNET

- 18) Lobby local government for regulations to be adjusted to assist private development of multiple housing units to allow speedy planning and implementation of suitable independent housing for 55 year olds and over.
- 19) Private/affordable housing for 55 plus age category. People aged 55 plus have a better picture of needs & how soon.
- 20) With an aging population, if we do not address this situation many people will be on the street. Or living with family members which lead to all parties being stressed, agitated & neglected.
- 21) Perhaps Park Manor could be added onto as it was designed to be.
- 22) Should build condos and / or life-lease units in Town.
- 23) There are already a high percentage of seniors living in the RM & town and many more are moving here. We already have a long waiting list for accommodations.
- 24) There are more seniors moving into and living in this area, and I feel senior's accommodations are not going to be adequate in the future.
- 25) We currently own a large piece of property in town that would be perfect for senior's complex development.
- 26) Couple suits and bachelor suits are required. We have completed this survey as a couple, living in our own home and so far we have not required any assistance, but who knows! Thank you for the survey. It's good to know Lac du Bonnet cares.
- 27) Very important project to help keep residents in this area.
- 28) I wish you the best of luck and success on you endeavours.
- 29) I would like a two-bedroom apartment as my large family visits often.
- 30) Must have elevator if more than one level.
- 31) There is an immediate need for home care.
- 32) Instead of condos I'd like to see affordable apartments.
- 33) Build by tennis courts, at least three floors with elevators and patio or decks.
- 34) There is an immediate need for affordable housing.
- 35) Very important to have housing in Lac du Bonnet area. We won't know what our true needs are. We could be healthy, sick or dead in the next 10-20 years depends on what life deals us.
- 36) Please note that for people living outside of Lac du Bonnet that once they sell their lake property they have no choice but to return to Winnipeg. Instead they could move into Lac du Bonnet to an appropriate condo.
- 37) Great to see this survey. A bit hard to answer at my age currently.
- 38) I am a senior in the middle 80's. All of my family live in Winnipeg. I would need a two bedroom for visitors of a family member on a week day or weekends.
- 39) I think there is a current need for more seniors' housing due to our aging population and due to the number of seasonal residents retiring to the area.
- 40) Also I strongly feel that residents should either be allowed small pets or that the home should have several (pets) for therapeutic purposes. While I hope to be able to mange on my own (in my own home) for many years yet, it would be nice to have the option of more supportive housing if needed.

- 41) There is a definite need for seniors housing and we will probably need some type within the next 10-12 years, but at the moment it is hard to predict "what type".

These responses were unsolicited and they also indicate a high degree of concern and awareness about housing and the associated services for seniors in the Lac du Bonnet area.

Needs Assessment Survey sub-Committee Conclusions

Most survey respondents indicated a future need for seniors' housing. It is the conclusion of the sub-committee based on the survey responses, that the majority of seniors desire rental units in independent living complexes which would provide a variety of services (i.e. meal availability, recreational activities, etc.) being offered. These responses confirm what was already assumed in terms of seniors housing needs.

A residential facility for seniors must be designed with all of the normal design features for senior's housing as part of the building design. These needs for seniors would include wheelchair access, adequate door widths, hallway railings, floor surfaces, congregate meals and so forth that are recognised needs for senior's housing. The need for social interaction was also indirectly confirmed in this survey.

INPUT FROM A DEVELOPER IN LAC DU BONNET²²

The following information is based on the experiences of Al and Lynn Penner after owning and operating a private apartment complex for seniors in Lac du Bonnet and elsewhere. They had the following thoughts to share with the Seniors Housing Committee.

Older adult housing or seniors housing is really not about housing at all. Older adult housing is about living with pride and dignity notwithstanding the onset of certain frailties and health issues.

Aging in Place

“Aging in Place” may be a myth but it is easy to talk about. The reality is assisted living can be quite complicated. Many people have different kinds of needs. There is not likely a one size of program to fit the needs of everyone. “Aging in Place” is best achieved when the following services are available;

- 1) Congregate meals; a congregate meal program helps to insure that seniors have proper nutrition for their health condition. Congregate meals become a very useful way for seniors to socialize with each other during meal time. Humans are in fact social beings and have a need to interact with each other.
- 2) Social programs; an organised social program is essential to prevent loneliness and depression.
- 3) "Bulk" access to home care; when seniors housing facilities are located in close proximity to each other. It will facilitate the provision home care services.
- 4) Domestic assistance; weekly house keeping etc. As a people get older their ability to perform the daily activities of keeping a home diminishes and many seniors will need help for this.
- 5) Ease of access for grocery shopping for non-congregate meals; seniors housing should be located near to all of the usual shopping services plus cultural and social facilities, which is the town center. Easy access to these services by seniors is very important. When seniors no longer drive, they need access to these services on foot or with their walkers or their electric scooters. Exercise is important for everyone and this is one way this can be achieved.
- 6) Handi-van access is useful for seniors for some aspects but there can be limitations. Depending on handi-van services transport can often be unreliable and limited. It does not make good use of resources and is likely best used for longer distance needs such as from town to town.
- 7) Personal grooming assistance e.g. hair dresser. These services are available in the Lac du Bonnet downtown area already.
- 8) Organized outings; such outings would be part of need for organised social services and it would keep seniors active and engaged.

²² Personal Communication, Al and Lynn Penner, Park Manor, Lac du Bonnet, July 2009

In an ideal world, all such services should be provided as part of the assisted living method of aging in place. Practically speaking in a small community, it may be necessary to "piece-meal" many such services for seniors.

Policies and Procedures to be addressed in a senior's housing program

- Need a congregate food service; a congregate meal service is essential to best meet the needs of seniors, nutritionally, socially and economically and to provide assurance to their family members that their needs are being met.
- Serve those in most need; not all seniors will have the same needs or desires.
- Need a volunteer organizer; a volunteer group for seniors' activities is essential for it to be successful.
- Public / private partnerships may have a role; it must be recognised that government cannot be expected to do it all. There is need to coordinate activities of all interested developers.

General Observations from the Penner's

- In the ideal world, all such services should be provided as part of the assisted living method of aging in place. Practically speaking in a small community, it may be necessary to "piece-meal" such services.
- We recognize a need in Park Manor and the general community for a congregate meal program and we are willing to provide the Park Manor Common Room and kitchen for the program location. The program would need a volunteer organizer.
- Assisted living is quite complicated for private business owners to implement.
- Park Manor is not a good business investment, but we are happy to serve those in most need.
- Public / private partnerships should be considered when looking at future housing projects.
- Coordinating activities of all developers is smart business.

PERSONAL STORIES

No report would be complete without a few stories and experiences to illustrate the documented research findings and conclusions. Consequently the committee interviewed several personal contacts to produce the following information. These people or their families have consented to having their stories published in this paper.

Ernie Richmond²³, Carpenter, House Builder

When Ernie's health was failing he stayed at his daughter's home in Winnipeg. Shirley Augustine cared for him for three years. As Ernie's health deteriorated further he entered the Pinawa Hospital where he resided for two years.

Ernie was very adamant that the only personal care home he would move to would be Lac du Bonnet, as he knew no one either in Beausejour, Whitemouth or Pine Falls. The other facilities continued to be offered but he rejected them as he said he's lived in Lac du Bonnet for 60 years and would not live anywhere else.

After two years in the hospital there was an opening in the Lac du Bonnet Personal Care Home where he resided for only two months before his death. Being in the community enabled Ernie to continue with the important relationships in his life.

Ernie's daughter Shirley noted the sincere and respectful care that Ernie and she received at both the hospital and personal care home. She stated she was very grateful to all those persons who went beyond their job description to show acts of kindness to her father.

Alastair Brown²⁴, Former Transfer Station employee

Alastair (Al) Brown (74) is retired and has some health issues. His only income is his Old Age Assistance and Canada Pension Plan. Al lived in his home for many years in the RM of Lac du Bonnet but the home up-keep and yard work became too much work for him as a senior citizen. In July 2007, Al made application for low rental housing in Lac du Bonnet (Bonny Vista Lodge) without much success.

Al sold his home in June, 2008 and moved into a friend's home on a temporary basis until he could be placed in Bonny Vista. Al also looked for rental housing in the Town of Lac du Bonnet but he could not find a place that was affordable for his income level. Finally in March of 2009 Al became aware that there were several low income housing units available in Beausejour. Al obtained a placement in one of these units in March of 2009. His major problem now is his loneliness as his friends are in Lac du Bonnet and he is finding it hard to make new acquaintances. Al has made application for a transfer to a low income rental unit in Lac du Bonnet but so far (September 2009) he has not had success.

²³ Personal Communication, Shirley Augustine, daughter of Ernie Richmond, submitted by Marline Wruck

²⁴ Brian Arnason, Seniors Housing Committee

SUPPORT SERVICES FOR SENIORS IN LAC DU BONNET & PINAWA

Home Care Information and Services

THE MANITOBA HOME CARE PROGRAM²⁵

Home care is a core program of Manitoba Health. All Regional Health Authorities (RHA's) in Manitoba are required to provide home care services to persons who meet the program's criteria. The mandate of the home care program is to:

- (1) Provide services to persons assessed as having inadequate informal resources to return home from hospital or to remain in the community;
- (2) Assess and place individuals in long-term care facilities if and when home care services cannot maintain them safely and/or economically at home; and
- (3) Provide home care services, if needed, to persons awaiting placement in a nursing home. Persons admitted to the program receive the services they require free of charge.

Home care services that each RHA must provide if warranted include:

- Assessment of eligibility and care needs;
- Care planning;
- Case management;
- Service co-ordination;
- Health teaching;
- Nursing services;
- Personal care assistance;
- Meal preparation;
- Cleaning and laundry services;
- Respite care (family relief);
- Therapy assessment and services;
- Assessment for and facilitation of long-term care placement;
- Self-managed and family-managed care;
- Home palliative care;
- Access to adult day care services;
- Medical equipment and supplies necessary to support client's care plan; and
- Home oxygen therapy.

Home Care Program Statistics for North Eastman – Comparison to Manitoba Monthly Averages

| | 2002-2003 | 2003-2004 | 2004-2005 | 2005-2006 | 2006-2007 | 2007-2008 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|
| North Eastman | 545 | 565 | 580 | 329 | 611 | 614 |
| Manitoba | 21,112 | 21,644 | 22,088 | 22,480 | 23,039 | 22,986 |

These are monthly averages of program usage (number of clients) according to Manitoba Health Annual Statistics.

²⁵ A Look at Home Care in Manitoba; Manitoba Centre for Health Policy, October 2001

Use and demand of Home Care services has steadily increased in Manitoba and in the North Eastman region from 1990 to 2008. This trend is likely to continue because the population is aging, people are living longer, and there are growing waiting lists for personal care home beds.

As seniors want to remain in their homes longer, thereby delaying placement to a personal care home, the amount and complexity of care each client requires increases over time. Safety of seniors with complex care needs living on their own is a concern.

HOME CARE IN LAC DU BONNET ²⁶

The following data is for the Lac du Bonnet Home Care office and it includes data for individuals receiving home care in the Pinawa, Pointe du Bois and Great Falls areas in addition to the RM and Town of Lac du Bonnet areas.

For the month of July, 2009, the Lac du Bonnet Home Care office provided service to 44 clients for **nursing only** home care services. In this group, the average age was 57.7 years and all of these clients live in their own home or apartment/condo. In this group 33% live alone and 60% live with their spouse.

Typically, the nursing only clients are people with a health issue requiring nursing on an ongoing basis and are not necessarily in the senior's age group. They could need the traditional home care services in the next 10 years however.

For the month of July, 2009, the Lac du Bonnet Home Care office also provided **traditional home care** services to 102 clients. These services included personal care assistance, case management, supplies and equipment, meals, bath services, etc. In this group, the average age is 80 years of age. About 65% of these clients live in their own home or apartment/condo. About 32% of these clients live in an EPH (Elderly Persons Housing Unit). About 3% of home care clients live with a family member, 58% of these live alone and 37% live with their spouse.

SOME PROFILES OF CLIENTS IN HOME CARE²⁷

Using September 2008 data, the home care client profile was as follows for North Eastman Health Association. About 32% of the caseload was 75-84 years while 34% of caseload was 85 years and over. About 62% of the caseload was female. An analysis of the referrals indicates that 39% of referrals came from hospital and 23% of referrals from family. Of the Home Care clients 71% live in their home; 35% live in a rural area and 50% live alone.

The client services profile for the types of services provided was as follows: 32% receive meals; 51% receive personal care (up from 44% in 2006); 44% receive nursing; 21% receive supplies and 3% get palliative care (end of life care). Increasingly, people are also recognising that hospitals are not good places to die and more people are electing to die in the familiar surroundings of their home in the presence of their family and friends.

The diagnostic profile of clients receiving services was as follows: 45% had cardiovascular disease; 6% had a musculoskeletal disease; 19% had dementia (up from 12% in 2006); 11% had a cardio vascular accident (stroke); 19% were diabetic and 15% had chronic obstructive pulmonary disease. Using this diagnostic profile

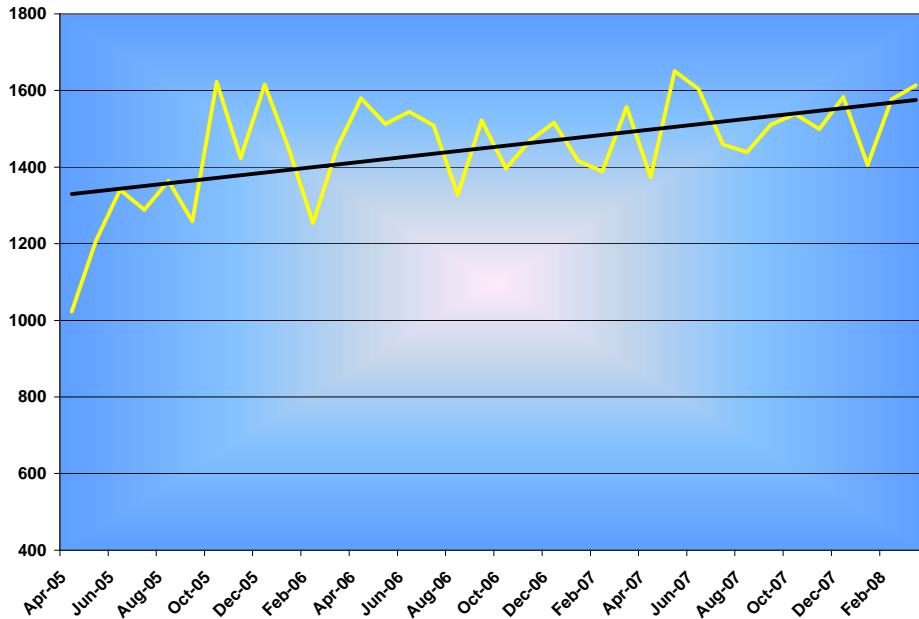
²⁶ NEHA, Dir of Home Care, Karen Stevens-Chambers

²⁷ Judy Colman, Vice-President, Programs and Services, NEHA

as a starting point some further analysis was carried out to show a relationship with the cause of death in seniors in Canada. See Appendix. ²⁸

HOME CARE TRENDS, CHALLENGES & OPPORTUNITIES

Trend 1 Home Care Nursing Demand:



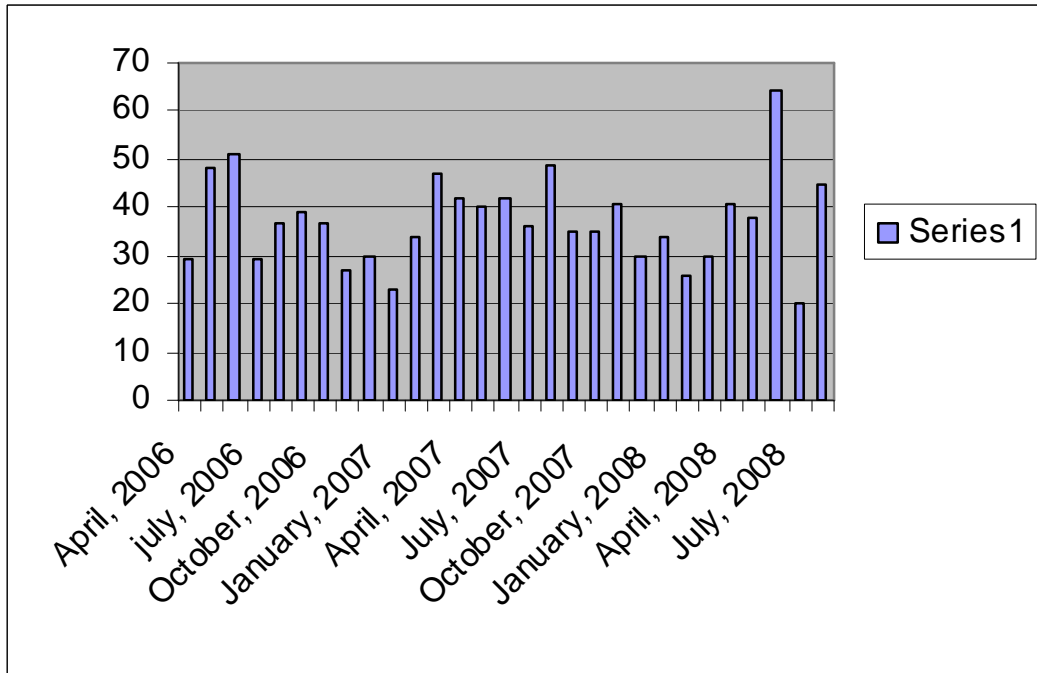
Analysis of Trend 1:

Requests for home care and other services for seniors are increasing each year. There is a consistent trend towards ever increasing demand for Home Care nursing services.

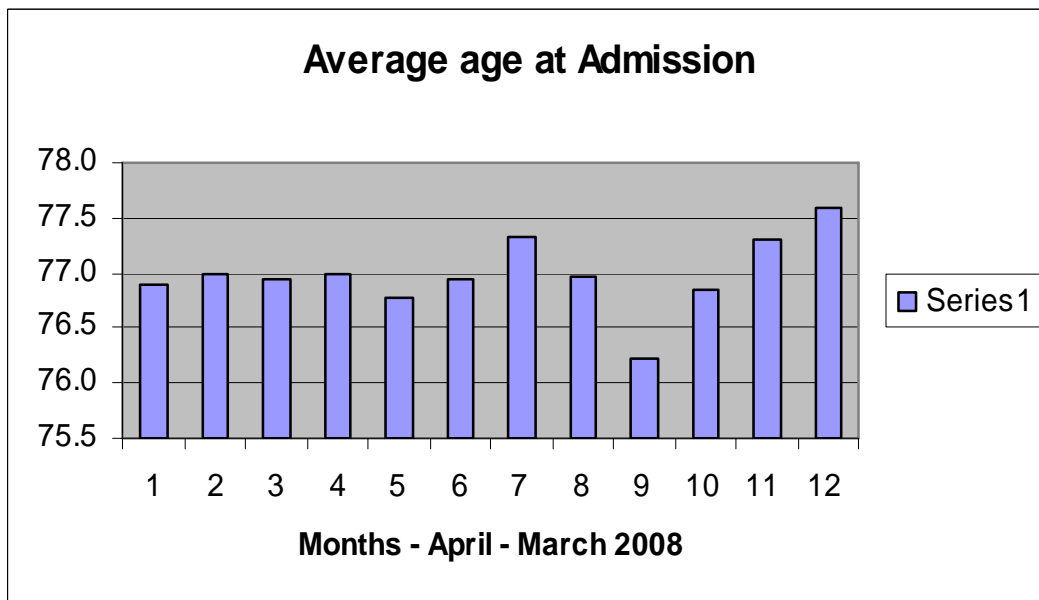
This may be due to a number of reasons including earlier discharge from hospitals with more complex care needs, growing waiting lists for personal care home beds and an aging population.

²⁸ Appendix B; Relationships Between Diagnostic Profile for Home Care and Cause of Deaths in Seniors

Trend 2 Slow growth in number of admissions to home care in the NEHA area:



Admissions by age range in the NEHA area:



Analysis of Trend 2:

There is a trend towards increasing admissions to the Home Care Program. In part, this is related to increasing demand for Home Care nursing services. As our population ages and we move towards early discharge from acute facilities, the demand for in home nursing services will continue to increase.

In addition, there is a trend towards increasing age at admission to the program and increasing age while on the program. This speaks to how well we are aging as a society

Trend 3 Clients requiring higher levels of care:

Although difficult to depict through a chart, we are aware that our clients are presenting at admission at an older average age. Once they come on to the program, we are recognizing a trend of keeping them in the home longer, thereby delaying placement to personal care home. This increasingly complex care while in the client's home, presents multiple resource pressures as the amount of care each client requires increases over time.

Summary for Home Care Services

With more seniors settling into the Lac du Bonnet area, more seniors will need Home Care services as they reach the age of 75 and over. The average age at admission for Home Care Services is in the range of 76 to 80 years.

Home Care is a major component of health care for many of our seniors. The services required are becoming more complex. This approach for health care delivery can be more cost effective for the system when compared to an acute care hospital. The increased availability of home care services means the patient to also be responsible for his or her basic housing needs.

Travel for Home Care staff is reduced when numerous clients reside in a groups housing complex or a small area of the community. This allows for the most effective use of the Home Care services.

Seniors Resource Councils²⁹

Seniors Resource Councils are a main source of support for seniors at the community level. They are located throughout Manitoba and operate independently within their communities. All programs and services are provided with confidentiality, keeping the individual's needs in mind.

The following describes how volunteers, users, fee-for-service workers and Services to Seniors staff are involved in providing services.

Transportation/Driver Escort:

This service enables the user to be transported from point A to point B. The purpose of the trip may be medical, recreational, shopping, etc. The driver providing this service receives compensation for mileage (gas and maintenance) from the user. Volunteer drivers are available to provide rides locally, to other towns and to the city of Winnipeg. Requests for rides can come from the clients themselves, family members, family friends, caregivers, victim services, employment income services, Manitoba Public Insurance, Home Care, the local hospital and other community service providers.

The driver escort service is a very attractive service as it provides door-to-door assistance for clients to their appointments and the driver ensures they reach the correct office or laboratory. This service is also available for people using walkers, wheelchairs or canes. Meanwhile the driver waits for them and escorts them back to the vehicle so they arrive home safely. Fees are based on a round trip and are determined by distance.

Handy-Helpers

Handy-Helpers are fee-for-service workers, who are available to provide a variety of services such as housecleaning, laundry and yard work (grass cutting, snow clearing, weeding gardens, cleaning eaves troughs,

²⁹ Pat Porth, August 18, 2009 Two Rivers Seniors Resource Council Inc., Lac du Bonnet MB, 345-1227

washing windows, minor home repairs-weather-strip, painting, trimming hedges, etc.). Workers provide minor plumbing repairs, home improvement services, install items such as hand bars in bathrooms, hand railings, etc. as part of falls prevention in the home.

Friendly Visitors or Friendly Phone Callers

These volunteers provide friendly visits to those who are shut-ins or lonely for companionship and support. The fee-for-service workers involved in providing other services most often take the time to visit with the clients separate from their assigned duties.

Lifeline

Lifeline is a personal response system that is available for people, when others can not be. It enables people to live independently in their own home and provides peace of mind for loved ones. Help is just a push of a button away 24 hours per day 7 days per week. Two Rivers Seniors Resource Council Inc. installs and maintains the program.

Home/ Community Visits

Home/ community visits are provided to new and existing clients on an “as required” basis. Regular visits to the seniors clubs provide ongoing awareness of the various services available.

Community Awareness

Information and Referral information is provided to seniors to describe available services, activities and programs. Workers in this area will make referrals to other appropriate agencies. Access is provided to health related pamphlets and brochures. Senior’s guides; senior’s activity guides, information on falls prevention and lifeline pamphlets are provided to seniors by the services to seniors’ office. Information on fraud and safety programs, check lists for bathroom safety and many other brochures are also available.

Completing Forms

Assistance with completion of forms is available on request. Some of the forms include the Handi-cap Parking Request Form, Safely Home Program with the Alzheimer Society and Medic Alert.

Emergency Response Information Kit[®]

The Emergency Response Information Kit (E.R.I.K.[®]) is a medical information kit containing personal information required by emergency personnel should an emergency arise. Kits are available for \$1.00 from the Senior’s Resource Coordinator’s office, doctor’s office and the Town and RM offices.

Intergenerational Supports

Students often are friendly visitors and will volunteer to visit with clients in their homes and/or with long-term care hospital patients. Some of these students are learning to knit and play cards with the seniors so it is a learning experience for the student as well as a visit for the client. This has been an excellent intergenerational component. Several seniors continue to participate in the ‘I love to read’ program at the elementary schools. Some students assist with computer training for the seniors, providing one-on-one training.

Other Services

Additional services provided by the Seniors’ Resource Council include support groups to provide practical information, emotional support and encouragement to caregivers and families. Foot care, hearing clinics, wellness events, falls prevention information, seniors exercise opportunities, respite compassionate support, etc. Several trained community volunteers offer volunteer tax preparation program each year. Income tax

forms are completed free of charge each year and these volunteers are retained on our referral list for clients to access.

Health and Wellness Events

Health and wellness events are arranged when requested or as new information becomes available. Some of the standard events include the Arthritis Self-Management Pain Workshop and pole walking demonstrations. Using poles for walking takes the weight off one’s knees and legs and gives an upper body aerobic work out.

The Lac du Bonnet Community Centre has made their hall available year round for walking. These low impact exercises are offered in both Lac du Bonnet and Pinawa. Other programs being offered include tai-chi training by the Arthritis Society, an agility clinic and Knowledge is the Best Medicine. Two Rivers Seniors Resource Council Inc. continues to offer services and support to the annual flu clinics held throughout the region.

Promotion/Marketing

The programs and services of the Two River Seniors Resource Council Inc are widely promoted throughout the area. The Pinawa local access channel continues to post any coming events, workshops and information notices. Two Rivers continues to submit articles to Pinawa Community Development Corporation (PCDC) for their website newsletter. Articles are also prepared for the Clipper, the Pinawa Paper and the Leader. We continue to utilize the weekly column of the Winnipeg River Recreation (Lac du Bonnet – Pinawa area) department to advertise upcoming events like hall walking and exercises. The “Paper” in Pinawa has a column for advertisements of up coming events free of charge. “Services to Seniors” pamphlets and posters have been distributed, displayed or posted in approximately seventy five to eighty locations. These include schools, public libraries, businesses, elderly person units, doctor’s office reception areas, rural municipality offices, town bulletin boards, emergency areas, seniors clubs, the food bank, credit unions, banks, personal care home’s, etc. We continue to submit a list of upcoming events and/or on going activities to the NEHA What’s Up in Wellness Promotion quarterly newsletter. Two Rivers also submits articles to the Home Care newsletter. The Two Rivers brochure is available on the following websites: Pinawa Community Development Corporation (PCDC), RM of Whitemouth, and the RM of Lac du Bonnet under the Town of Lac du Bonnet.

Volunteer or fee-for-service opportunities are always available!

The senior’s resource program has numerous challenges. Recruitment and retention of volunteers and fee-for-service workers is an ongoing concern. There is frequent volunteer and paid staff turnover. This may be a reflection of the fact that while the baby boomers are more capable, they are very mobile are not always available to provide needed services.

Age Breakdown of clients using Senior Support Services in the Lac du Bonnet and Pinawa areas for the year ending 31 March 2009

| Age in Years | People Using Support Services for Seniors |
|----------------|---|
| 100 and over | 1 |
| 90 to 99 years | 27 |
| 80 to 89 | 89 |
| 70 to 79 | 88 |
| 65 to 69 | 29 |
| 55 to 64 | 18 |

SENIORS HOUSING IN LAC DU BONNET

| Age in Years | People Using Support Services for Seniors |
|--------------------|---|
| Less than 54 years | 6 |
| Total | 258 |

The number of people utilizing the services is about 129 or half of the total for the Lac du Bonnet area. It is quite apparent that the heaviest users of the Services to Senior's program are people aged from 70 to 90 years of age. This would coincide with the time when health begins to deteriorate and when most deaths are occurring.

Services to Seniors Resource Program Statistics for Winnipeg River (Lac du Bonnet and Pinawa)

| | 2002-2003 | 2003-2004 | 2004-2005 | 2005-2006 | 2006-2007 | 2007-2008 | 2008 - 2009 |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| Winnipeg River | 57 | 111 | 194 | 229 | 244 | 248 | 258 |

Usage of the services for seniors program has seen steady and substantial increases from 2002 to 2008 (353%).

Summary for Seniors Resource Services

Senior Resource Services are an important resource for seniors:

- There are many programs for seniors in our community.
- Use of these programs / services is increasing each year.
- There are still gaps in the services provided in Lac du Bonnet.
 - These gaps include congregate meals, meals on wheels, coordinated social opportunities in some group living facilities, and welcome wagon service to provide community information to newcomers.

SENIOR'S HOUSING IN OTHER PROVINCES AND MANITOBA COMMUNITIES

This information was gathered to illustrate and learn from some of the best and new practices in other communities in Manitoba and Canada.

Senior Housing Options in British Columbia³⁰

Seniors in British Columbia wishing to relocate from their current home have several options available to them depending on their care needs and available monthly income. These options are outlined below:

Subsidized Housing

In subsidised housing rent is based on income rather than on market rate.

An application is required and there are waiting lists for these units. Members of The Housing Registry (not for profits or housing co-operatives) apply through their regular application process. Those that are not listed with the Registry require separate applications. Visit the BC Housing Registry at <https://apps.bchousing.org/bchc/wrapper.jsp>. For more information on applying for subsidized housing in British Columbia visit www.bchousing.org.

Independent Living

Independent Living BC is a provincial and federal government partnership that since 2002 has worked with regional and community partners to create Independent Living Units allowing low-income seniors an affordable option with a range of support services including meals, laundry, housekeeping and recreational programs along with care services to assist with medications, mobility and a 24-hour emergency response system. (information obtained from: <http://www.bchousing.org/news/Stories/affordable>). Eligible seniors would pay 70% of their after-tax income toward the cost of this housing option. The local health authority can advise if one is eligible to apply.

Assisted Living

In assisted living these residences are governed by the Community Care and Assisted Living Act and are defined as the following: “a premises or part of a premises in which housing, hospitality, and at least one but not more than two prescribed services are provided by or through the operator to three or more adults who are not related by blood or marriage to the operator.” (quoted from: <http://www.health.gov.bc.ca/assisted/pdf/guide.pdf>, page 1).

Assisted Living units can be for profit or not-for-profit and vary in size and accommodation. Available services may include assistance with activities of daily living (grooming, dressing etc.) and recreational/social activities. The Assisted Living Registrar is responsible for following up with all concerns and complaints. For further information see the article “Retirement Home Regulation in British Columbia” on www.bc.senioropolis.com.

Supportive Housing

In Supportive Housing these settings are similar to Assisted Living residences in that they do offer a living environment (housing) and services referred to as “hospitality”. They may also offer “personal assistance” but only as it pertains to support as opposed to “prescribed service level”. According to the Policy and Bylaw

³⁰ From Website <http://bc.senioropolis.com/article.asp?ID=8>

Guide for “Supportive Housing for Senior's” in British Columbia, supportive housing combines building features and personal services to enable people to remain living in the community as long as they are able and choose to do so. It is housing with a combination of support services, including, at a minimum:

- A private space with a lockable door
- A safe and barrier-free environment
- Monitoring and emergency response
- At least one meal a day available
- Housekeeping, laundry and recreational opportunities

“Nursing and other health-related services are delivered by the local health authority by special arrangement or as they would be to any other individuals living independently in the community.” (quoted from: <http://www.housing.gov.bc.ca/housing/SHSPBG/#what>)

The key difference between Supportive Housing and Assisted Living is that Supportive Housing has more to do with housing as opposed to care which is a predominant characteristic of Assisted Living settings.

Residential Care

Residential Care (nursing homes, long-term care) are facilities for those that cannot be independent in their own homes and require 24/7 care and support. Residents are provided with meals, medication assistance, assistance with activities of daily living and social/recreational programs.

Eligibility for a government subsidized Residential Care facility is determined by a case manager from the Regional Health Authority. Those assessed as having the greatest need will be given priority for admission to the first available and appropriate bed. Fees are determined by the person’s after-tax income. There are also Private Nursing Homes where no subsidies are available. The private homes set their own fees and manage their own waiting lists and admission procedures.

Summary

While the BC report should be considered as information only, it is indicative of what is available for seniors or is being offered. Most provinces attempt to follow a similar type of program.

Ironwood Seniors Housing Project Pinawa

The senior’s housing project is designed for senior’s housing but it is entirely privately funded. The complex is planned as a three phase project with the first phase currently underway. The first phase is designed with 24 units on a single floor. The foundation is to be a concrete slab with wood frame construction for the main part of the building. Land has been acquired and construction began in July 2009.

The development is owned and controlled by a private corporation of investors from the Pinawa area. They raised about \$1 million as equity capital. The original investors are expecting an economically competitive return on their equity investment. Nearly \$1 million was also collected from prospective residents. The balance of the financing was raised as a first mortgage from the bank and the equity contributed by the investors. The first phase will cost in the order of \$5 million.

The prospective resident is required to make refundable contribution of \$40,000 per tenant. The money raised in this fashion will be considered as a second mortgage. When a tenant leaves the facility the \$40,000 deposit will be returned without interest within 90 days.

SENIORS HOUSING IN LAC DU BONNET

The rental units range in size from 860 to 1155 sq. ft. per unit and the rent will be in the order \$1.20 to \$1.25 per sq. ft. per month. This means rents will be in the order of \$1075 to \$1444 per month but this is not definitive as the final costs are not yet known.

The group is still hoping for a grant from Manitoba Housing to address low cost housing but this is not part of the first phase. Hopefully, this will be part of the second or third phase. Twelve units of supportive housing are also part of the housing plan. Services will include three meals a day, laundry and housekeeping. Another \$1000.00 is needed to cover these services, so the rent with services could be up to \$2500.00/month.

While the desirability for low cost housing was considered it is not possible without a significant grant or subsidy from government.

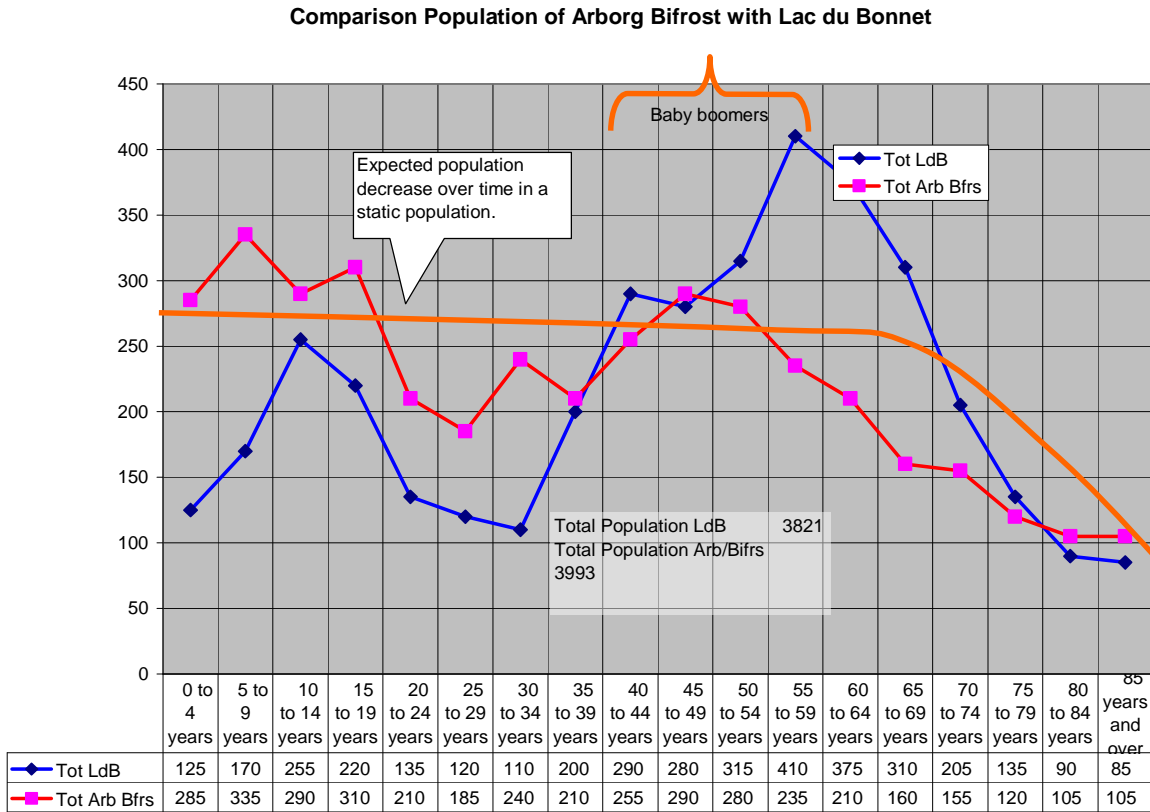
Arborg / Bifrost Area

The Arborg / Bifrost area in the northern part of the Interlake is of interest in this study. Many of the variable factors are similar such as population, income and number of private households. In addition the Arborg Seniors Housing Corporation has built a seniors residence that was visited in the course of this study.

POPULATION CHARACTERISTICS WITH COMPARISON TO LAC DU BONNET

The total population of Lac du Bonnet area is very similar but there are profound differences in some age categories. Lac du Bonnet is in the enviable position of being able to attract a large influx of seniors into the community as residents, especially as retirees. This implies a need to provide additional services and housing for these seniors as they move into the further advanced years of age.

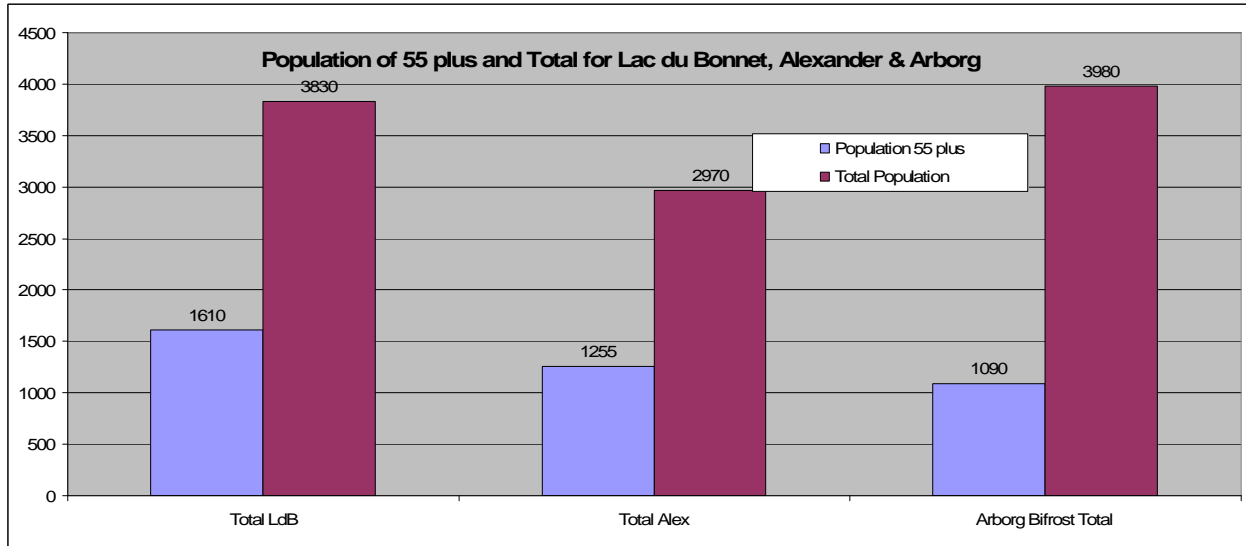
Population Comparison of Lac du Bonnet Area with the Arborg / Bifrost Area



SENIORS HOUSING IN LAC DU BONNET

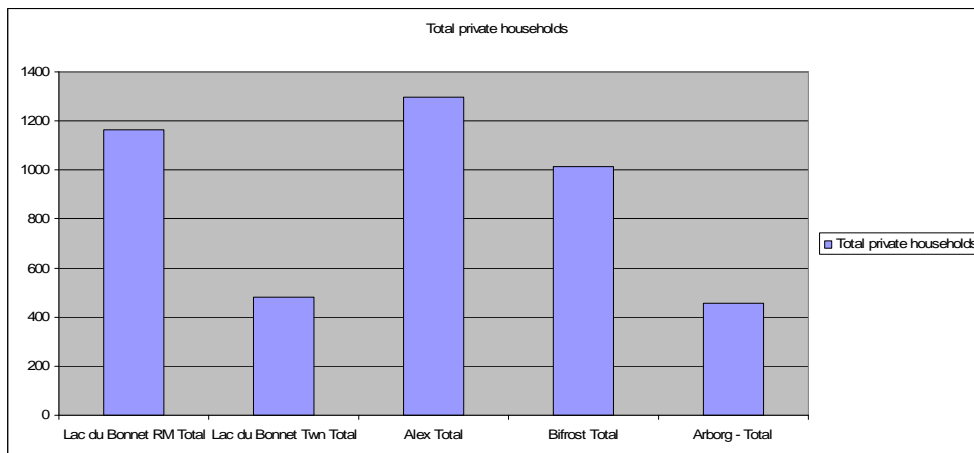
Age groups 55 and over are generally larger in the Lac du Bonnet area while in the under 40 age groups the population groups are larger in the Arborg / Bifrost area. From the graph above it appears that the young people aged 20 to 35 years in the Arborg / Bifrost community tend to stay in the community to work. This is probably a reflection of the considerable agriculture and manufacturing industry in the area.

Population of Over 55 Years and Totals in Lac du Bonnet and Alexander Areas with Comparison to Arborg / Bifrost Area



The above chart indicates that while the Arborg / Bifrost area has a few more people than Lac du Bonnet there are considerably more people (about 500) in the plus 55 age in Lac du Bonnet than in the Arborg / Bifrost area.

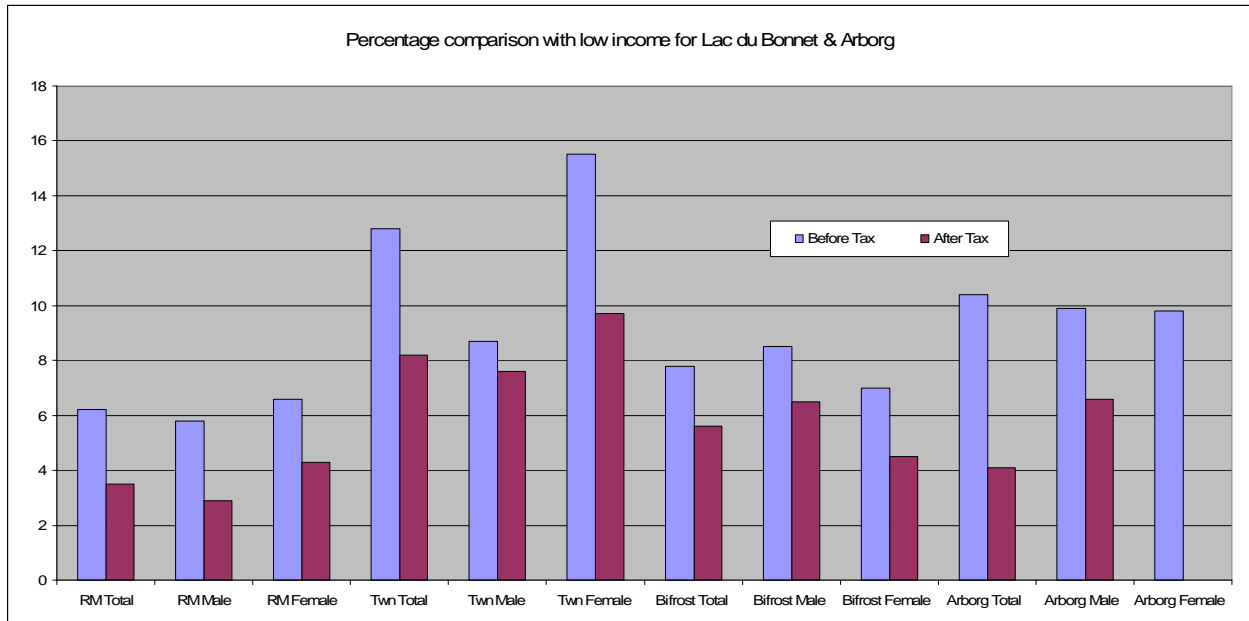
Total of the Private Households for Lac du Bonnet, Alexander and Arborg / Bifrost



For practical purposes these values in this comparison are about equal between Lac du Bonnet and Arborg/Bifrost.

ECONOMIC INDICATORS FOR LAC DU BONNET AND ARBORG

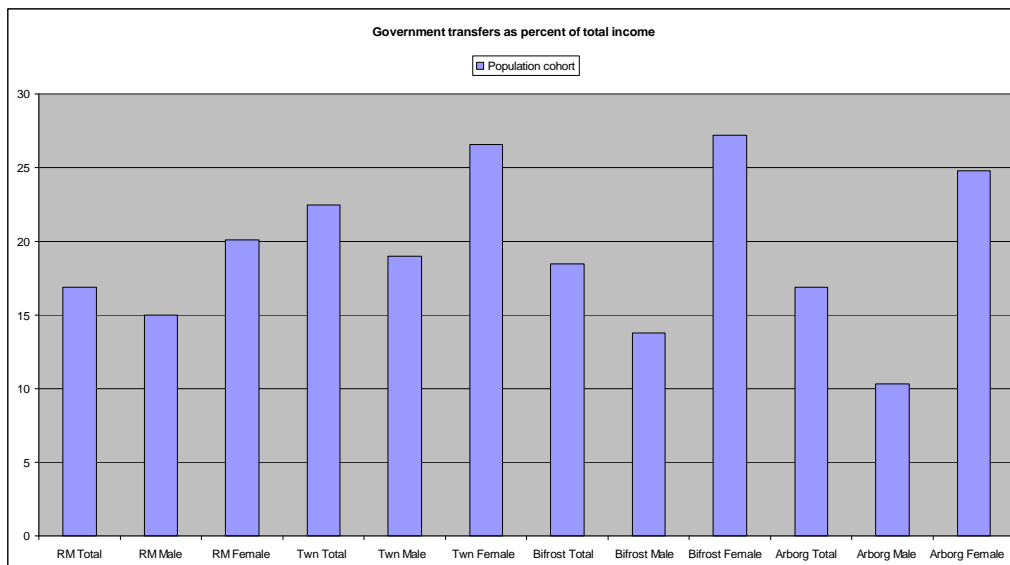
Percentages of Low Income Groups for Selected Population Cohorts in the Lac du Bonnet and Arborg Areas



The chart above provides a comparison of before and after tax income of various selected cohorts of population from the Arborg area and the Lac du Bonnet area. A low percentage would indicate that the group in question has relatively higher income than the other groups. Overall the graph also illustrates the levelling effect that taxation policy has on income.

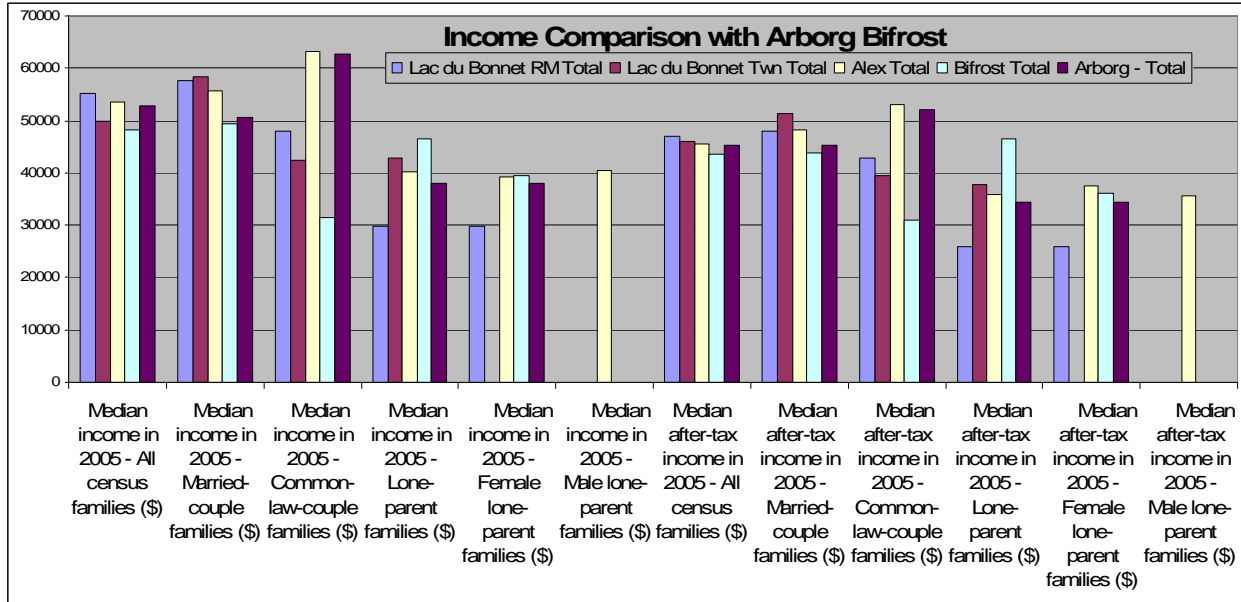
In general it can be observed that the percentage of residents with low income is lower in the RM of Lac du Bonnet than for residents in the RM of Bifrost. On the other hand it can be observed that the percentage with low income in the Town of Lac du Bonnet is higher than for the Town of Arborg.

Selected Population Groups receiving a Government Transfer as Percent of Total Income in Lac du Bonnet and Arborg Areas



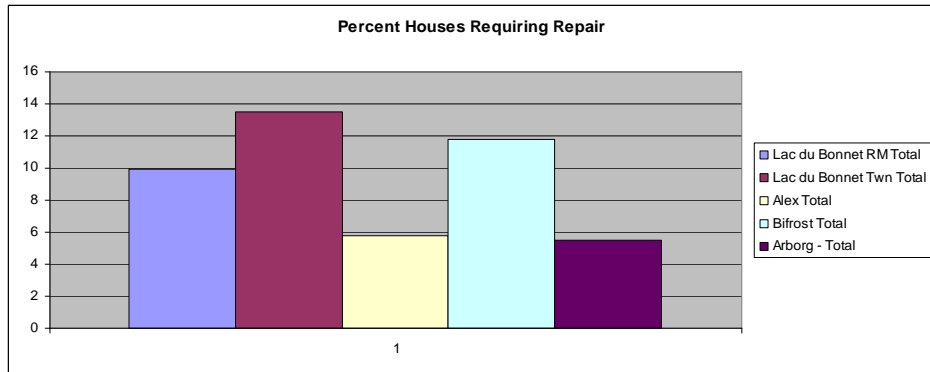
Similar trends are evident in the chart above, which graphs the percentage of income that is the result of a government transfer. The most significant information here is that in all locations the female segment of the population receives the largest percentage of income from a government transfer.

Comparison of Family Incomes for Married, Common Law and Lone Parent Families between Lac du Bonnet and Arborg areas



The effect of taxation, which makes incomes more equal between groups, can be observed in the chart above. The most significant observation is the marked reduction in income levels for lone parent families as compared to married or common-law families. In some cases there is no entry on the chart, meaning that the numbers were not adequate to generate a value for the chart.

Percentage of Houses Requiring Repair for Selected Municipalities



As discussed earlier the percentage of houses needing repair could be considered as an economic indicator for the area under consideration.

Frequently, houses in need of repair can be considered as an indicator of relative financial ability of the population that owns houses. The observation here is that the highest percentage of houses needing repair is in the communities of the Town of Lac du Bonnet and the RM of Bifrost.

Arborg Seniors Assisted Living Facility³¹

In 2005, through the Arborg Bifrost Community Development Corporation and the Arborg Seniors Housing Corporation, the Arborg Seniors Assisted Living Facility began to take form when the construction started. The facility was designed for people with incomes of less than \$30,000 and over 55 years of age. The Arborg Assisted Living Facility has 32 living units (24 one-bedroom units and eight two-bedroom units). Sixteen of these units are designated as supportive housing for seniors needing 24 hour care and support. The facility has four levels (with elevator) and is an assisted living facility designed to meet the needs of seniors who are unable to live in their own home but require a lower level of health care than is provided by a personal care home.



³²The Arborg Assisted Living Centre was available for occupancy in late summer of 2006. The Arborg Assisted Living Centre is designed for those persons with moderate health care needs, who may prefer the security and comfort provided by the additional services and amenities that may not be readily available in other independent living facilities (e.g. the Sunrise Lodge in Arborg). Some of these services include social (congregate) dining, exercise & recreation facilities, an atrium and greenhouse, 24-hour staff availability, and spacious 1- or 2-bedroom living units. A large whirlpool tub, massage therapy table, and exercise equipment is provided. Each tenant has access to a large secured storage locker on site.

The facility is located on Ingolfs Street, north of the Sunrise Lodge in the Town of Arborg. All basic services a resident may require are located within the town. These services include shopping, churches, recreational facilities and Handi-van transit. The Arborg Senior's Centre, Arborg Hospital, medical and dental clinics and numerous other services for seniors are available nearby. Within the facility, provisions may be made for visiting health care specialists, as well as massage therapy, and other services.

All applicants need to undergo an assessment process by the Admission Committee to ensure that residency and services are appropriate for the living needs of the applicant. The applicant needs to meet the established entry criteria. Preference is given to seniors that have been long term residents of the Arborg Bifrost area. Applicants are required to disclose certain health and financial information to determine eligibility for admission to the Arborg Assisted Living Centre.

As part of the Affordable Housing Initiative, the household income limit is based on 65% of the Stats Canada second quintile household income. The calculated "eligible household" income that applies to this project for 2005 was \$30,146.00. Any changes in basic rent or amenities surcharges must not exceed the levels set by the provincial rent control guidelines.

³¹ Arborg Seniors Assisted Living Facility, Expression of Interest, Prepared by Robert F. Lee, November 15, 2004

³² Information Regarding the Arborg Assisted Living Centre as contained in the Application Document

Rental Cost & Important Criteria in 2005 for the Arborg Assisted Living Centre

| <u>Unit type</u> | <u>Residential Component</u> | <u>Meals</u> | <u>Amenities Surcharge</u> | <u>Total monthly charge</u> |
|----------------------|------------------------------|---------------|----------------------------|-----------------------------|
| 1 bedroom (1 person) | \$500.20 | \$396 /person | \$114 per unit | <i>\$1010.20</i> |
| 1 bedroom (2 person) | \$500.20 | \$396 /person | \$114 per unit | <i>\$1,406.20</i> |
| 2 bedroom (1 person) | \$641.65 | \$396 /person | \$114 per unit | <i>\$1,151.65</i> |
| 2 bedroom (2 person) | \$641.65 | \$396 /person | \$114 per unit | <i>\$1,547.65</i> |

The facility is designed for people with low incomes and there are limits on the amount of rent that can be charged. There is a congregate meal service in the building for the residents. The rents range from \$500 to \$641 per month plus about \$396 for meals per person and \$114 for amenities per month.

DGH Engineering³³ served as the prime consultant and construction manager, providing design, engineering, field engineering services and construction management. The design concept for this assisted living facility focused on the creation of a home-like environment for seniors who required a lower level of health care than is typical of a personal care home. Building design guidelines for seniors housing were developed and utilised in the construction of the facility.

The building design features a commercial kitchen, a common dining room, a therapy room and a fourth level greenhouse with deck. The one and two bedroom apartments were designed for wheelchair access and with “tea kitchens” (a sink, small refrigerator and microwave). Lighting design, floor finishes and wall finishes were integrated for way-finding. Special features included high efficiency geothermal heating and cooling; individual room controlled heating and cooling systems; solar heating panels and high efficiency lighting; enhanced insulation levels and air-to-air heat recovery ventilators. These enhancements resulted in energy savings of approximately 35 percent over a conventional base building. An elevator ensures access for residents with varying abilities of ambulation.

The funding for this facility came from a combination of public and private sources. The total cost of the facility cost was about \$3.9 million. About \$1.25 million came as a loan from an Affordable Housing Initiative and it is forgivable over a 15 year period. The balance of the funding was from a commercial mortgage at 4% and other sources of donated funds. One person contributed about \$250,000 for initial funding. There was no funding from the municipal taxpayers but there was a loan guarantee for the mortgage on the housing facility.

| Funding Sources | Amount | Comments |
|-------------------------|---------------|---|
| Private Donations | \$400,000 | One individual gave \$250,000 |
| Provincial Federal Loan | \$1,200,000 | This loan is forgivable after 15 years with success |
| Mortgage | \$2,300,000 | \$13,000 is monthly payment |
| <i>Total</i> | \$3,900,000 | Initial Capital Cost |

ROLE OF THE HOME CARE PROGRAM

All individuals applying for suites in the Arborg Assisted Living Project are screened by the Interlake Regional Health Authority (IRHA), for assessment as clients of the Home Care Program. Preference is given to tenants seeking admission to these units that are clients of the Home Care Program.

³³ DGH Engineering website

SENIORS HOUSING IN LAC DU BONNET

Admission is based on the determination that it is no longer appropriate for the Home Care Program to provide services to applicant individuals in their own homes. Periodic monitoring of tenants' care needs will be undertaken by the Home Care Program. The final tenancy decision remains with the Arborg Seniors Housing Corporation as described above and as based on income and possible other factors.

AMENITIES

The Arborg Seniors Housing Facility offers the following amenities as part of the rental package:

- All utilities are included such as heat, light, water and air conditioning.
- Tenants can use laundry equipment according to a published schedule.
- A functional fire alarm and sprinkler system is part of the building.
- Scheduled recreational activities & entertainment is available. The facility will do basic repairs to suites as well as grounds maintenance.
- Tenants have unsupervised use of the exercise equipment and therapy rooms.
- Tenants have access to all common areas, lounges, courtyards and garden areas.
- There is a rooftop atrium and greenhouse.
- Tenants get delivery services from the Arborg Pharmacy.
- There is a Tenant Council to discuss and resolve issues of recreation, services, etc.



The monthly rate does not include telephone or cable television.

EXPERIENCES LEARNED FROM THE ARBORG GROUP³⁴

During the preparatory work before construction, Arborg experienced considerable bureaucratic delay for getting funds and approvals. The project proponents need to have commitment from local government and the community to insure success. There will be many setbacks but it is important to stay committed. For any such project to succeed, it will require a one or two champions to oversee everything and make sure that all of the details are attended to on time and as required.

A suitable organisation or corporation is required to obtain financing and insure proper governance during both construction and operations. This is the role of the Arborg Seniors Housing Corporation.

The concerns of the tenants must be considered at all times. Seniors need to have some independence within the facility. Socialization is extremely important for seniors. Many new residents after moving to the Arborg Assisted Living Centre feel relieved that they are no longer a burden to their children. Socialization can generally be accomplished with the congregate meal program. There should also be options for husband and wife visitation and interaction if their health conditions are such that separation is required.

³⁴ Steve Lupky was the urban Director for the Association Manitoba Municipalities, Interlake District in 2005 and is currently the Deputy Mayor for the Town of Arborg. Steve serves as the Chair of the Arborg Bifrost Community Development Corporation and also is the Chair the Arborg and Districts Health Centre Foundation. Steve was the driving force behind the Arborg assisted living complex.

OBSERVATION AND COMMENTS ON ARBORG STUDY

The Arborg facility was built with the assistance of a government grant and a local and sustained community effort to raise the required equity capital to allow construction. Good cooperation among the various groups within the Arborg community allowed them to achieve the desired goals. Currently, a second project is being constructed by the Arborg Seniors Housing Corporation with rents to be at more commercial rates. The approach taken in Arborg should be viewed as a good example of social enterprise in action.

Grunthal Community in RM of Hanover

A recent News Release on October 16 2009 release stated the following.

Governments of Canada and Manitoba Celebrate New Affordable Housing in Grunthal

Grunthal, MB- The Honourable Vic Toews, President of the Treasury Board, on behalf of the Honourable Diane Finley, Minister of Human Resources and Skills Development Canada, and Minister Responsible for Canada Mortgage and Housing Corporation, along with the Honourable Gord Mackintosh, Manitoba Minister of Family Services and Housing, broke ground today on a new complex for seniors housing in Grunthal.

Funding in the amount of \$2.7 million has been made available for the initiative through Canada's Economic Action Plan, the federal government's plan to stimulate the economy and create jobs during the global recession. The federal and provincial governments are contributing equally to this investment through the amended Canada-Manitoba Affordable Housing Program Agreement.

Canada's Economic Action Plan provides \$400 million over two years, to build new rental housing for low-income seniors.

Overall, the Economic Action Plan includes more than \$2 billion for new and existing social housing, plus up to \$2 billion in loans to municipalities for housing-related infrastructure.

"The Government of Canada is helping Canadian seniors during these tough economic times," said Minister Toews. "Here in Grunthal, this achievement gives hope to residents who need quality, affordable housing that meets their needs."

"It's important for seniors to have the option to age in their community, and through programs like supportive housing, they are able to remain closer to home even longer," said Minister Mackintosh. "This is an important project for the community and it's great to work with such committed partners who will make sure it's a success."

The project, led by Menno Home for the Aged, will have 42 housing units, including 12 supportive housing units and 30 one-bedroom assisted living units for low-to-moderate income seniors. Total cost of the project is estimated to be \$4.5 million.

"This is one of the biggest projects undertaken in Grunthal," said Albert Driedger, Board Chair for Menno Home. "There has been tremendous support from the community, individuals and churches, which is a big help to our seniors."

Canada's Economic Action Plan builds on the Government of Canada's commitment in 2008 of more than \$1.9 billion over the next five years to improve and build new affordable housing and help the homeless.

More information on this and other measures in Canada's Economic Action Plan can be found at www.actionplan.gc.ca.

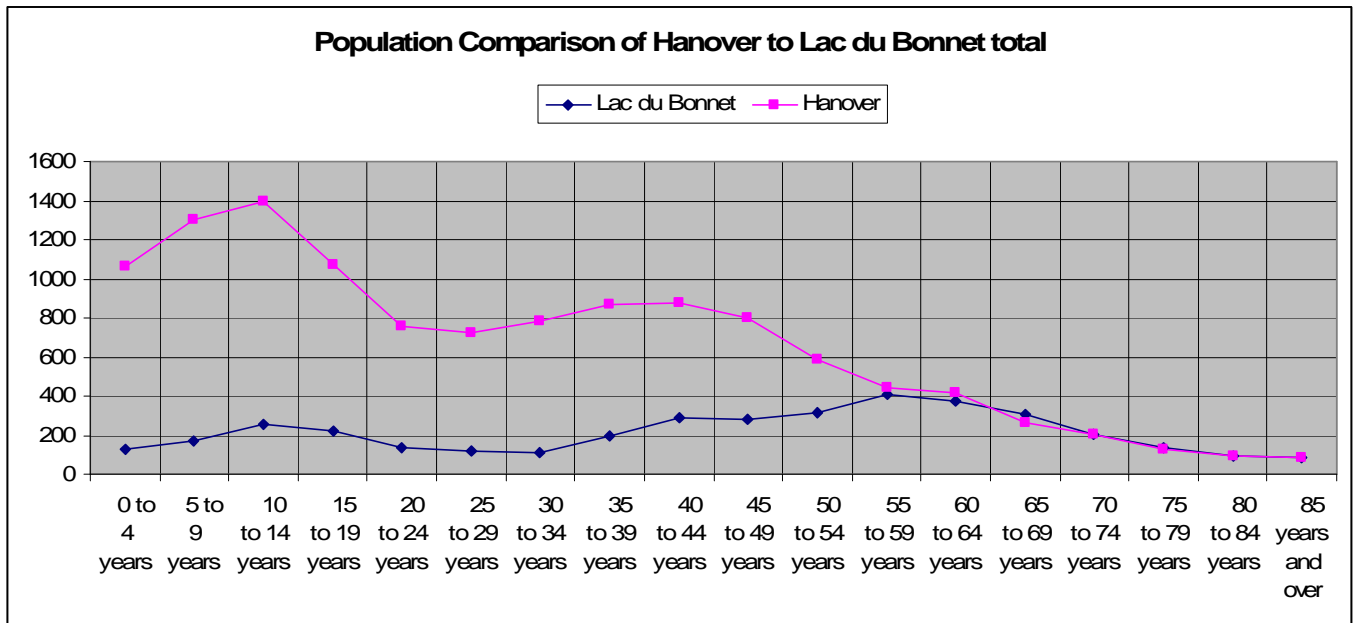
SENIORS HOUSING IN LAC DU BONNET

To find out more about how the Government of Canada and CMHC are working to build stronger homes and communities for all Canadians, call CMHC at 1-800-668-2642 or visit [Canada Mortgage & Housing Corporation](#)

Background for Grunthal

Grunthal is a small rather prosperous rural farming community in the southwest part of the RM of Hanover. An examination of the population for Grunthal indicated that there was not a census subdivision but that it was part of the larger RM of Hanover.

Below is a chart for the population of Lac du Bonnet and Hanover.



Hanover's total population is in the order of 11,871 people as compared to 3820 for Lac du Bonnet, but in looking at the plus 55 year old age groups in Lac du Bonnet the population numbers are nearly the same.

CONCLUSION

The Lac du Bonnet area is a popular retirement destination and as such we have a much higher than average senior population. According to the 2006 Census, 42.1% of the Lac du Bonnet area population were aged 55+ (Manitoba average is 25%), and 22% were aged 65+ (Manitoba average is 13.5%). Trends show that the population and in particular the senior population will continue to grow in this area of the province.

People are living longer than in the past and may well require more care as an elder senior. In Lac du Bonnet with the marked influx of retiring seniors to their retirement homes there will be an even greater demand for senior's housing as the population ages and becomes less able to live independently. It is our responsibility as a community to ensure that our seniors are cared for and have the supports and services that they want and need.

Many seniors are forced to move from their community if they cannot find appropriate housing and/or supports when needed or desired. Often times, local people want to bring their aging parents here to live so they can be closer to them. We do not want to see our local seniors leaving Lac du Bonnet as they are too valuable. Seniors contribute greatly to the economic stimulus in a community and provide much knowledge and time to help the community in various ways. We also have a great opportunity to bring and keep seniors into our beautiful area, but we must have the housing options and supports that they seek available here.

Seniors have a right to age in their community and in the most comfortable way. In reviewing the research compiled, the Lac du Bonnet Seniors Housing Committee has identified the following gaps that exist in our community that restrict this goal from being achieved at this time.

1. There is a shortage of personal care home beds for seniors requiring high level care (complete nursing care and assistance with daily living).
2. There are no supportive housing facilities for seniors requiring moderate level care (daily living supports and nursing care available on site as needed).
3. There are no assisted living facilities that offer assistance for low level care seniors (supports on site for activities of daily living).
4. Rent subsidy or low income housing is required for seniors receiving income of \$30,000/year and less.
5. Additional community support programs that help seniors reside independently are needed. Meals on Wheels, Congregate Meal Program, and Welcome Wagon services are key support programs that were identified as missing in the LdB area at this time.

Assisted living and supportive housing facilities offer services to assist with daily living such as meals, laundry, appointments, shopping, social opportunities, etc. In addition to these services, supportive housing also provides residents with 24-hour access to a nurse. When health deteriorates markedly, individuals are admitted to a personal care home (PCH). If more support for seniors to live independently in their homes and in group housing existed in Lac du Bonnet it would relieve some pressure off the PCH and acute care in the hospital. As the population continues to age, the need for personal care home residency will also continue to increase. In the long term, the Community Aging in Place strategy will be more economical for our health care system and more beneficial to our community.

In the next section, you will review the recommendations that the committee has made. These recommendations are based on the conclusions drawn and are supported by the research conducted. It is the belief of the Lac du Bonnet Seniors Housing Committee that the new housing and services for seniors that are

suggested within this report are needed today and will be needed well into the future in the Lac du Bonnet area.

Lac du Bonnet must provide opportunities for adequate, affordable senior's housing so our seniors can age in their community, with the dignity and respect they each deserve.

LAC DU BONNET SENIOR'S HOUSING COMMITTEE RECOMMENDATIONS

Through group discussion, and based on research conducted, the following recommendations were determined by the Lac du Bonnet Seniors Housing Committee:

- 1) All decisions and actions regarding seniors housing in Lac du Bonnet need to coincide with the **Age Friendly and Aging in Place** principles and policies recommended by the Government of Manitoba.
- 2) To form a Lac du Bonnet Seniors' Housing Corporation to act as the governing organization to oversee planning, building, and housing activities for local seniors.
 - a) The Town and RM of Lac du Bonnet Councils would own this Corporation and the Corporation would in-turn own and operate any public seniors housing facilities developed.
 - b) The Corporation would provide research and recommendations to the councils and private industry for future seniors housing development needs.
 - c) The Corporation would need to have the necessary authority delegated to it by the councils to proceed without undue interference.
 - d) The Councils would need to provide the commitment and support to allow the project to proceed.
 - e) The Councils would likely need to act as a guarantor for any debt obligations that may be needed for construction of a senior's complex.
- 3) The Lac du Bonnet Senior's Housing Corporation would act to create local seniors housing opportunities that:
 - a) Accommodate and meet the needs of people on waiting lists for seniors' apartments in Lac du Bonnet ;
 - b) Consider projected future increases in the senior population and their housing needs;
 - c) Provide a continuum of housing options that allow seniors to stay in the community for as long as possible; and
 - d) Incorporate the services and supports that seniors require to maintain a high quality of life.
- 4) To construct a new seniors' group housing complex with a minimum of 32 units as independent assisted living units. This would include 12 units which would be pre-designed and pre-constructed as supportive housing units, which could be easily converted to supportive housing if required. This work should begin as soon as possible to meet the immediate existing needs for physical living spaces for seniors in the community. The new facility would:
 - a) Offer affordable rent options for seniors.
 - b) Contain mainly two-bedroom units but could be subject to change
 - c) Include a common room space for social activities, congregate meals and visiting
 - d) Design to provide a suite or room to be used for visitor accommodations

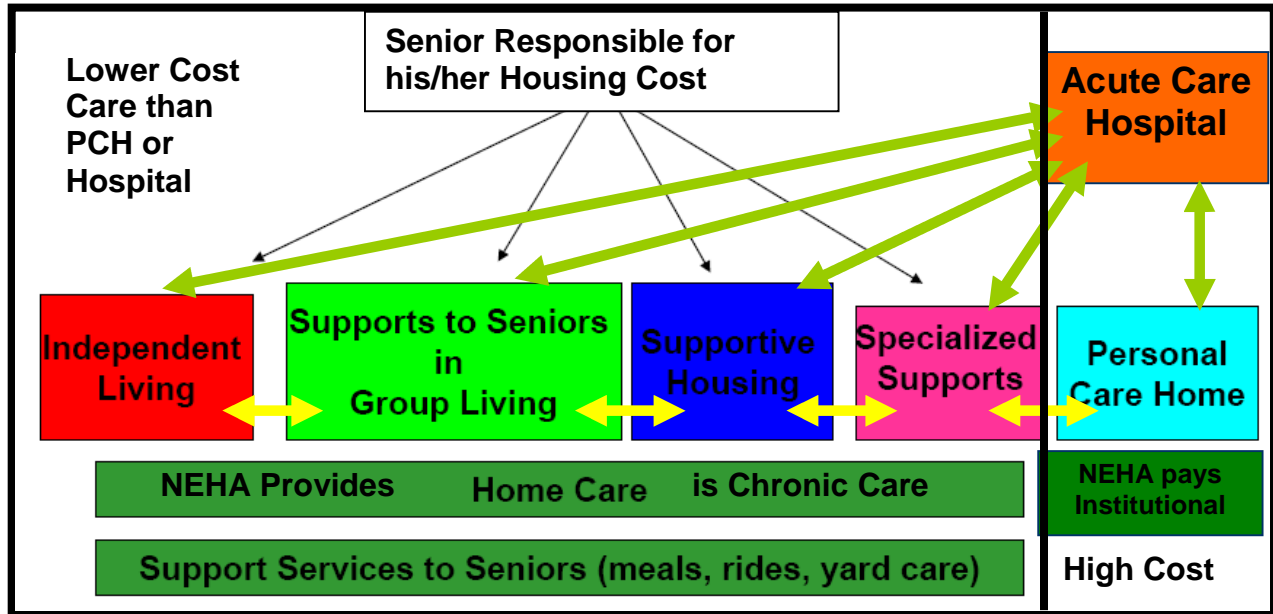
- e) Offer various support services to tenants that include congregate meals, escorts to appointments and shopping, light housekeeping, laundry, etc.
 - f) Be built in a space that is in close proximity to the downtown area would allow for future housing expansions. Research of land options will need to take place for any proposed area.
 - g) Be built with a public/private approach where as community groups, private builders, and the various levels of government would work together for financing and partnerships. See Appendix “The Need for Public Private Partnerships”.³⁵
 - h) Be a public facility that is owned by The Lac du Bonnet Seniors Housing Corporation.
 - i) Be financially viable both for building, and for sustainable operations for future years.
 - j) Utilise building guidelines for seniors as outlined in Arborg Expression of Interest for Affordable Seniors Housing or any other recognised guidelines
 - k) Work with NEHA and others in the development and operation of a senior’s assisted living facility and maximise support from all sources.
 - l) The housing corporation will consult frequently with local municipal Councils to during initial development and design phases.
- 5) To conduct further research for government funding programs available for affordable seniors housing. Community Futures will conduct this research and provide a summary of available funding programs to the councils. Note: The Arborg facility cost \$4 million to build.
- 6) It is recommended that the councils and community groups/residents support NEHA’s proposal for the construction of a 80-bed personal care home and 12-unit Supportive Housing facility in Lac du Bonnet. The need for additional personal care home beds in Lac du Bonnet and the North Eastman Region is evident, but this project will only occur if it is determined to be a priority by the provincial government. See Appendix for further information on care comparison between various types of housing.³⁶
- 7) To implement a Congregate Meal Program in the community. A local committee has been struck to determine logistics and to find a sponsor organization to assume responsibility for the program. This initiative should be independent of the housing initiative and be available for all seniors.
- 8) Seek support from various levels and departments of government following an agreed upon unified approach before proceeding.
- 9) To conduct research of other similar projects to find a model for corporate and private source funding of a seniors housing facility.

³⁵ Appendix D; Need for Public / Private Partnerships

³⁶ Appendix E; What do we really need?

APPENDIX A; POLICY RELATIONSHIPS

Provincial Policy Summary Illustrating Relationships along Continuum



With age, the health of a senior will deteriorate. This can be as an acute deterioration with a cardiovascular failure, senile fracture accident or a stroke. More commonly the deterioration will be chronic in nature and will involve a wide variety of diagnoses such as arthritis, cancers and tumours, diabetes or chronic lung disease. The diagnosis of these conditions does not usually require an acute care hospital on an emergency basis. Frequently the patient is referred to a larger center for a diagnosis using highly specialised equipment.

As a senior's health deteriorates, the senior may move from independent housing to group or supportive housing that provides for more Home Care or supportive services. The senior may then progress to more intensive and higher cost care such as a personal care home. Depending on the senior's individual diagnosis that person may or may not receive care in an acute care hospital.

In most cases when acute care is required, their condition will be stabilized in a few days so that they can return to their regular residence. If the senior requires more or special care, the senior will need to move to a housing facility or unit where a higher level of home care can be provided. Currently and all too frequently because of a lack of appropriate facilities, a senior person's health will have been stabilized after a health crisis but the senior will not be able to live independently and is "panelled" for a personal care home.

As has been noted above there is a relationship between the various types of housing from Independent Living through to the Personal Care Home and to the hospital. An overload and /or shortage of housing in any of these areas will have an impact on available space either above or below that area on the continuum. For example, if the hospital has a patient that should go to the personal care home but accommodation is not available, they are then forced to stay in the hospital until space is available or death occurs. Alternatively, if more supportive housing units with required specialized supports are available, it means that residents will be able to remain in their own dwellings without having to go to the personal care home.

Denmark³⁷ has shown that this approach is workable and the overall cost whether public or private can be reduced. This information needs to be utilised when making decisions regarding the construction of a new personal care home. Currently, NEHA has determined there is a priority for more personal care home beds in Lac du Bonnet and certainly projecting these needs into the near future will confirm this recommendation. Of more immediate concern for Lac du Bonnet is the need to construct more supportive housing units.

APPENDIX B; RELATIONSHIPS BETWEEN DIAGNOSTIC PROFILE FOR HOME CARE AND CAUSE OF DEATHS IN SENIORS

A review of the diagnostic profile of the typical Home Care Client in the Lac du Bonnet shows the following breakdown:

- 45% Cardiovascular
- 6% Musculoskeletal
- 19% Dementia (up from 12% in 2006)
- 11% Cardio Vascular Accident (stroke)
- 19% Diabetic
- 15% Chronic Obstructive Pulmonary Disease

When the information on home care use is compared to the causes of death in Canada we can observe similarity to the disease conditions that require the most care for the individual before death. As a group, heart and stroke diagnoses are the most frequent cause of death and this group is also the most frequent user of services from home care. While cancer is the most frequent cause of death in Canada, in most cases the patient is not severely incapacitated and is able to care for their self until just before death.

| Deaths in Canada by Year ³⁸ | 2001 | 2002 | 2003 | 2004 | 2005 |
|--|---|--------------|--------------|--------------|--------------|
| Both Sexes | Age Standardized Rate per 100,000 population | | | | |
| All causes of death | 600.8 | 598.2 | 586.9 | 571.9 | 563.7 |
| Malignant neoplasms (cancer) | 178.7 | 178.2 | 175.6 | 173.7 | 170.3 |
| Diseases of heart and blood vessels | 143.1 | 138.6 | 133.3 | 126.8 | 121.5 |
| Cerebro-vascular diseases (stroke) | 40.4 | 39.5 | 37.7 | 34.9 | 32.5 |
| Chronic lower respiratory diseases | 26.3 | 25.9 | 25.8 | 24.8 | 25.1 |
| Diabetes mellitus | 19.3 | 20.9 | 20.5 | 19.6 | 19.1 |
| Influenza and pneumonia | 12.2 | 11.9 | 12 | 13.4 | 13.2 |
| Accidents (unintentional injuries) | 25.1 | 26 | 25.5 | 24.7 | 25.6 |
| Intentional self-harm (suicide) | 11.4 | 11.2 | 11.3 | 10.8 | 10.9 |

In the table above, it can be observed that the top four causes of death have decreased over the years from 2001 to 2005 and in some cases rather markedly. For all of these causes of death, it is now well known and accepted that tobacco use and cigarette smoking is a causative factor for several forms of the final disease causing death in seniors. If these trends continue there may be further decreases in these as a cause of death.

³⁷ Nursing Home Beds in 2020: More? Fewer? Just Enough? Manitoba Center for Health Policy; Estimating Personal Care Home Bed Requirements, by Norman Frohlich, Carolyn De Coster and Natalia Dik

³⁸ <http://www40.statcan.gc.ca/l01/cst01/health30a-eng.htm>

Over time, we have observed a gradual shifting in the way health care is being delivered especially in older age individuals. When hospitals were first introduced in the early middle ages, they were considered as a hostel for the sick and infirm to go where they could be cared for while dying. Over time disease knowledge and health care has improved markedly but so has the cost of hospital care. We now know that for many disease conditions especially those of our seniors, the needed health care can be provided more efficiently and at lower cost in a home based setting. In addition many people are choosing to die in a home setting rather than in the hospital.

The table below is the author’s interpretation and analysis of the care required before death for the major causes of death in Canada using the information provided by Home Care.

| Disease Condition | Acute | Chronic | Comment on Care Required |
|------------------------------------|-------|---------|--|
| Malignant neoplasms (cancer) | X | X | Most care is chronic except surgical, some treatment & diagnostic procedures, most care on out-patient basis home care not often used except palliative care may be used |
| Diseases of heart | X | X | Often acute care initially and of emergency nature with chronic recovery and care, a major user of home care |
| Cerebro-vascular diseases | X | X | Often acute care initially and of emergency nature followed by chronic care, significant user of home care |
| Chronic lower respiratory diseases | | X | Usually chronic, slow onset, significant user of home care |
| Diabetes mellitus | | X | Usually chronic, lab diagnosis, significant user of home care |
| Influenza and pneumonia | | X | Usually acute care not required, except for severe cases, responds to treatment usually |
| Accidents (unintentional injuries) | X | X | Acute care initially with chronic recovery |
| Intentional self-harm (suicide) | | | Not treated no care required if successful |

APPENDIX C; SENIORS POPULATION INCREASE IN LAC DU BONNET

Baby boomers (born 1946-1965) were ages 41-60 in 2006. They are now starting to retire in large numbers. Lac du Bonnet is a popular retirement destination and our senior population will continue to grow in Lac du Bonnet. Population statistics easily demonstrate these trends for Lac du Bonnet. Baby boomers are wealthier than their parents and expect a continued high standard of living. As this large group of people continue to age, they will want and need to downsize their housing and many will require supports.

Not all residents of Lac du Bonnet are retiring with good incomes and may need subsidy support for housing and other services. Income trends for seniors are varied. Many seniors in Lac du Bonnet have modest incomes in retirement while others have adequate incomes for most needs. Income levels in Lac du Bonnet seem to suggest two levels a high and low level of income with not many people at the intermediate levels. One level is above \$30,000 while another distinct lower level is below \$20,000.

Support services for seniors are greatly needed. Most seniors want to remain in their own dwelling but require some type(s) of supports to age in place which is the ideal. Challenges exist for families to assist with support senior support services. Many of the children of retiring seniors live in a different area than their aging parents.

Families are smaller now so there are fewer children to care for aging parents. Currently, more women are working than in the past. Children of today's seniors, especially women, are finding it more difficult to care for aging parents while working and possibly caring for their own children.

Many seniors want to downsize from their family homes in retirement years. They are finding that home maintenance is more difficult and exhausting.

The Needs Assessment Survey findings generally confirmed what was expected. The survey provided confirmation of research finding. The responses to the question provided important subjective input for the needs of seniors.

APPENDIX D; NEED FOR PUBLIC / PRIVATE PARTNERSHIPS

Housing for seniors will of necessity require a combination of public and private resources. This will allow for limited public resources to be used most effectively. The most common reaction from the community is often, "I pay lots of taxes, let the government do it!" Realistically government resources are already stretched to the limit and additional private input will be required to make things happen.

Prices in the last 40 years have increased by about 10 times but our personal giving has not. It may be time to think in terms of how much we now pay for some of the things we spend money on but could really do without. The cost of the winter holiday by many people to a warm climate for example would, if pooled into a single fund be more than sufficient to initiate start-up activities for a seniors housing complex.

A contribution of the cost of a winter holiday to a seniors housing complex would be a bit self-serving in that it could address future needs for many seniors and possibly one's own future needs. When seniors or anyone returns from a winter holiday the only thing that is left to show for the trip is the memory while a contribution to housing complex continues to work indefinitely.

The major focus in the future will be to provide support services to allow seniors to age-in-place. In other words provide those services and supports as required to allow them to remain in independent living longer before they are required to move to group housing with assisted living or supportive housing. By staying in these forms of housing it will in turn ease the need for space in a personal care home. See the Seniors Housing Options Grid for details.

APPENDIX E; WHAT DO WE REALLY NEED?

The most common reaction to a seniors housing issue is to suggest that more personal care home space is required or that a hospital is required in Lac du Bonnet. Is this type of housing the real issue or is there need to provide more Home Care and services for seniors to age in a place where they can be easily served? Adequate senior's housing is the issue but senior's housing needs to provide for assisted living and supportive housing in a relatively small area to allow easy servicing by the care givers. Seniors should expect to pay according to their means for their housing at any age whether in a private dwelling or a senior's housing complex.

A need for a hospital in Lac du Bonnet has received considerable discussion over the years but the realities are hard to ignore. Ageing seniors do not normally require acute or emergency health care. The only major exception to this general observation is sudden heart failure or stroke and falls (fractures). Currently emergency or acute care is available about 20 minutes away in Pinawa. When viewed realistically this is about the same amount of time one would have to travel from some areas of a larger urban center to access emergency or acute medical care. Furthermore, Pinawa has been advised that they should not expect to get support for personal care home beds as these were allocated to Lac du Bonnet.

SENIORS HOUSING IN LAC DU BONNET

For a number of years, Manitoba Health has used a ratio of 120 beds per 1000 population aged 75 or older as a means of planning the number of nursing home or personal care home beds for an area.³⁹ Whether this number is correct or right is uncertain but Manitoba already has some of the highest ratios in the country. The determining factor is the amount of home care services and supportive housing spaces that are available before a personal care home bed is required. Part of the study suggested by the Manitoba Centre for Health Policy suggested that 110 beds per 1000 may be more reasonable. Other countries such as Denmark have achieved remarkable reduction in personal care home use through more home care and support programs.

What we really need appears to be more housing facilities and support services for seniors to live independently in independent or group housing with assisted or supportive living arrangements as required. Such housing and services could include meals, laundry and other amenities as needed. Only when their health deteriorates markedly would more specialized supports be implemented or the individual is admitted to a personal care home. Such an approach would relieve the pressure on the personal care home and in turn relieve the pressure on hospitals that are currently providing acute care type services to individuals that could more easily be provided by a personal care home.

A case for a personal care home and / or a hospital can certainly be made and with some justification but it is well keep in mind some crucial issues that would be part of such a decision. In most cases the funder will make many decisions for the recipient. The following table should help to keep some of the issues in prospective.

| → Need Parameter ↓ | Seniors Group Housing | Personal Care Home | Regional Hospital |
|---|---|--------------------------------------|--------------------------------------|
| Decision Making Process and Control | Community based but needs a unified process | Outside community; Provincial / NEHA | Outside community; Provincial / NEHA |
| Source of Capital Funding | Community, with some provincial / federal funding plus mortgage | Provincial | Provincial |
| Ownership of Facilities | Community | NEHA | NEHA |
| Operational Funding | Residents from rents and services, self sustaining | Some rents, primarily provincial | Provincial |
| Cost per Unit | Lower | Medium | Highest |
| Priority Rating for Facility | High; Community Priority | Identified as Priority by NEHA | Not currently a priority for NEHA |
| Ability to Meet Medical Needs | Medium | High | High |
| Ability to Meet Senior's Physical Needs | High | High | High |
| Ability to Meet Psychological / Social Needs | High | Medium | Low |
| Present Availability of Facilities | No Group Housing | Present but Fully Utilised | Present but 20 minutes away |
| Source of Senior's Services | NEHA as required by law | NEHA | NEHA |
| Personnel Training Needed | Medium | High | Very high |

³⁹ Nursing Home Beds in 2020: More? Fewer? Just Enough? University of Manitoba

SENIORS HOUSING IN LAC DU BONNET

| | | | |
|---|---|---|---|
| Overall Cost Effectiveness | User pay; Senior responsible for housing portion | Some input from senior plus provincial | Provincially based funding |
| Timing and Expected Timeframe for Action | Can be done now with Community Decision; Dependant on Community | Dependant on Outside Decision; Timing Unknown; Now to Near Future | Dependant on Outside Decision; Timing Unknown, Near to Far Future |

APPENDIX F; TABLE OF SENIORS HOUSING OPTIONS

for Rural Manitoba

| | | | | |
|---|---|--|---|---|
| <p>INDEPENDENT LIVING About 94% of Manitoba's 65 and over live in independent living. This housing includes living independently in an owned or rented home or dwelling, or in housing with supports such as supportive housing or assisted living. Coverage for consumer protection falls under the Residential Tenancy Act in most rental arrangements under Independent Living.</p> | | | | <p>PERSONAL CARE HOME Almost 6% of Manitobans 65 and over live in Personal Care Homes (2002)</p> |
| <p>INDEPENDENT HOUSING</p> | <p>INDEPENDENT LIVING WITH SERVICE PACKAGE (Assisted Living)</p> | <p>SUPPORTIVE HOUSING</p> | <p>*NEW PROGRAMS (see footnote)</p> | <p>PERSONAL CARE HOME</p> |
| <p>Housing where there are usually no onsite supports; however, some 55 plus buildings may offer some meals, social and recreational programs.</p> <p>Supports may be delivered into your home such as home support, respite, and meals delivery.</p> <p>Includes private rental, subsidized and non-profit low-rental housing, purchased housing, co-ops, condominiums, and life leases.</p> | <p>Tenants live in own apartment-like dwelling with a combination of on-site support services</p> <p>Services may include</p> <ul style="list-style-type: none"> ▪ Meals ▪ Laundry & housekeeping. <p>This housing type is not required to provide 24 hour support services.</p> <p>No referral required</p> <p>Costs vary</p> | <p>Tenants live in their own dwelling. May share common living and kitchen areas.</p> <p>Services include</p> <ul style="list-style-type: none"> ▪ Meals ▪ Laundry & House-keeping ▪ Some assistance for personal care provided. <p>24 hour support, care, and supervision is available</p> <p>Referral through Regional Health Authority Coordinator.</p> <p>Costs vary</p> | <p>*NEW PROGRAMS (see footnote)</p> <p>*SUPPORTS TO SENIORS IN GROUP LIVING</p> <ul style="list-style-type: none"> ▪ Enhanced services such as shopping, appointments and banking in senior apartment blocks <p>*SPECIALIZED SUPPORTS</p> <ul style="list-style-type: none"> ▪ Intended for individuals with complex health & personal care needs ▪ Provides specialized supports to live in the community. | <p>Personal Care Home Program is to provide 24-hour professional nursing services to eligible to individuals who can no longer manage independently at home with family support and/or community services like Home Care.</p> |

***NEW PROGRAMS;** The Manitoba Government has committed to new spaces for the *Supports to Seniors in Group Living Program* and *Specialized Supports Program* for Rural and Northern Manitoba. Please contact your local health authority for upcoming services in your area.