

Age-Friendly Sault Ste. Marie – Phase One

Housing & Community and Health Services

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Executive Summary

According to Census data, the community of Sault Ste. Marie will have a population with 35% of citizens being over 60 years of age in 2018 and 41% by 2028. The growing population of aging citizens, along with the critical need for social services, healthcare and sufficient community infrastructure, has led to Mayor Amaroso's call for Sault Ste. Marie to become part of the World Health Organization's (WHO) network of Age-Friendly Cities.

Sault Ste. Marie's current status will be assessed against a series of requirements¹ set out by the WHO in order to become part of the network. A written 5 year plan that adheres to those requirements and addresses where the city falls short will be put in place and continuously followed with ongoing revisions and considerations to meet the needs identified by the community.

Age-Friendly Cities are recognized by the World Health Organization as cities that promote **active aging**. **Active aging** is "the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age" (*Active Aging: A Policy Framework*, WHO, 2002). The Age-Friendly City project follows a locally-driven, "bottom-up" approach which focuses on the lived experience of older people; what is and what is not "age-friendly" and what can be done to improve their community.

Currently, Age-Friendly Sault Ste. Marie is assessing the city's "age-friendliness". A steering committee—and a number of sub-committees have been formed in order to move this process along. Key stakeholders and field-related professionals have offered their expertise and advice in the project. There are four phases in the initial assessment. Each phase focuses on two different areas that make a city age friendly. The city wide assessment was conducted through a number of focus groups and surveys. This report will be followed by three others explaining, in detail, the information that has been gathered (trends, gaps in services, suggestions, etc.); after the reports are reviewed by council they will be given to city planners to discuss in terms of feasibility, timelines, and budget. After the report is discussed by city staff it will return to council for approval.

Sault Ste. Marie's status as an Age-Friendly city will not only improve the quality of life for all citizens, but also promote the quality of life that can be obtained here on a global scale. It is essential that our aging population has the right to enjoy good health and participate fully in their community. This initiative will anticipate and respond to the needs and preferences of one of our largest demographics².

¹ See Appendix 2.a.

² See Appendix 1.a.

The committee was able to determine several critical areas in which the city needs improvement. Some of these improvements are already in place; others are in future plans. There are targeted strengths and weaknesses within each category that the community has identified. This report will act as an information guide brought forward by the committee on behalf of over **500 respondents** who gave their input for Age-Friendly Sault Ste. Marie: Phase One.

¹ See Appendix 2.a.

² See Appendix 1.a.

Survey, Format and Reach

WHO's Guidelines

"Year 1-2: A comprehensive and inclusive baseline assessment of the age-friendliness of the city or community. This needs to be rigorous but can be flexible. At a minimum, it needs to at least consider each of the eight domains identified in the Global Age-friendly Cities guide." (*Network Cycle on Continuous Improvement*. WHO, 2002).

Any city wishing to become part of the WHO's Age-Friendly Network must adhere to a set of specific guidelines³. These guidelines were created to ensure that each community has exceptional assets in every area of what the WHO's defines as Age-Friendly. There are eight sub categories;

1. Housing
2. Community and Health Services
3. Transportation
4. Outdoor Spaces and Buildings
5. Social Participation
6. Respect and Social Inclusion
7. Civic Participation and Employment
8. Communication and Information

Note: No one sub category hold more importance than another. The categories have been prioritized by Mayor Amaroso as most critical to least at this time in Sault Ste. Marie.

There will be four phases in the assessment. Each phase will be allotted four months to address two of the categories (in the above order). This report will focus on Housing and Community and Health Services

Survey Format

When the Housing survey⁴ was released on April 1st, 2012, the format was simple and concise. The questions were directly quoted from the WHO. The questions were posed in the form of a statement. The respondents were then given an accuracy rating scale from 'very accurate' to 'very inaccurate'. The respondents were also given a small area to make comments on each topic. However, the steering committee learned, through constructive feedback, that the format was lacking in explanation.

When the Community and Health Services survey⁵ was released on May 14th, 2012, an explanation of the Age-Friendly concept was written at the top of the first page, as well

³ See Appendix 2.a.

⁴ See Appendix 3.a.

⁵ See Appendix 4.a.

as guidance on how to fill out the surveys. The accuracy rating scale was reduced from five ratings to three (to simplify data collection) and the statements were turned into questions. This format still needs tweaking; the steering committee will have a final format of the survey for the commencement of Phase Two that can be carried through the rest of the assessment.

Number of Respondents, Geographic Reach and Availability

The Age-Friendly Surveys have been made available online and at public locations throughout the community. The steering committee tried, at best, to place hard copies in one or more locations per city ward. The locations are as follows:

Websites

1. Algoma Public Health - <http://www.ahu.on.ca/index.aspx?l=,1,2,3>
2. Mayor Amaroso's Social Media Sites – www.facebook.com/saultmayor
www.twitter.com/saultmayor
3. Community Engagement Coordinator Social Media Sites—
www.twitter.com/saultengagement www.saultengagement.wordpress.com
4. Retired Elementary Teachers Ontario –
5. Libraries – <http://www.ssmpl.ca/>

Box Locations

1. Cambrian Mall
2. Essar Centre
3. John Rhodes Community Centre
4. George Leach Centre
5. Senior Drop In Centre
6. Steelton Centre
7. Soup Kitchen
8. All Library Branches
9. Royal Canadian Legion

During the Housing Survey, we reached **246 respondents**⁶ through online and public locations. We reached an additional **60 (+/-) respondents** through focus groups.

During the Community and Health Services survey, we reached **56 respondents**⁷ through online and public locations. We reached an additional **51 respondents** through focus groups.

⁶ See Appendix 3.b.

⁷ See Appendix 4.b.

Several community organizations and groups were approached for Phase One consultation and participation;

- Francophone seniors
- Urban Aboriginals
- Sault Youth Association
- YMCA Girl Guides

The committee hopes to work with these organizations in the future.

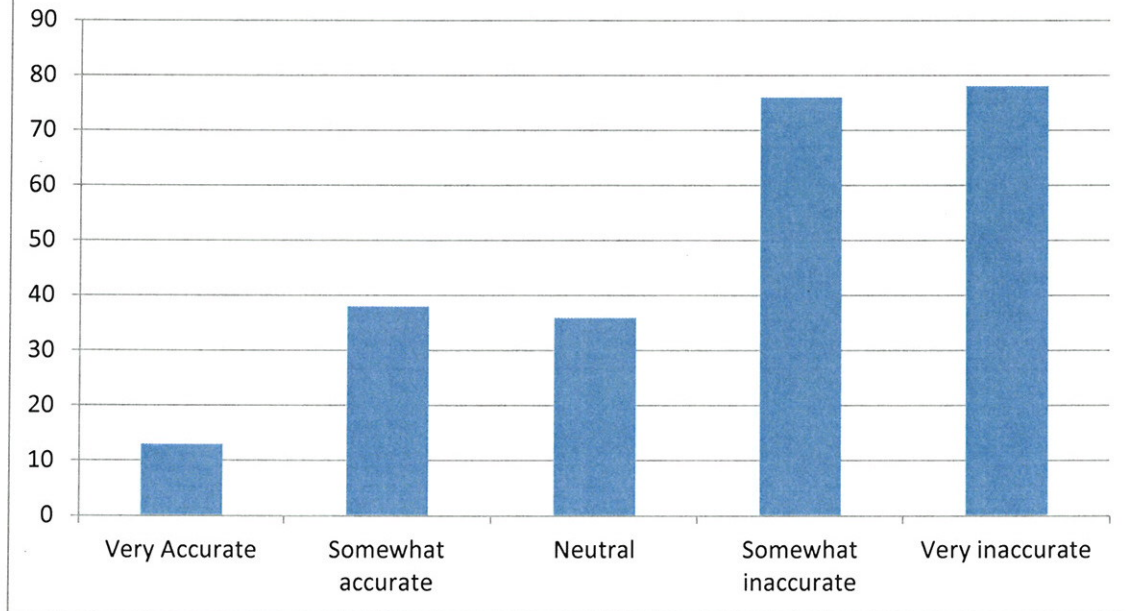
⁶ See Appendix 3.b.

⁷ See Appendix 4.b.

Housing Results

Note: These results are summarized. For complete results please see Appendix 3. All comments from respondents in this section are paraphrased and have been grouped into common themes.

Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.



Very Accurate: 5.4%

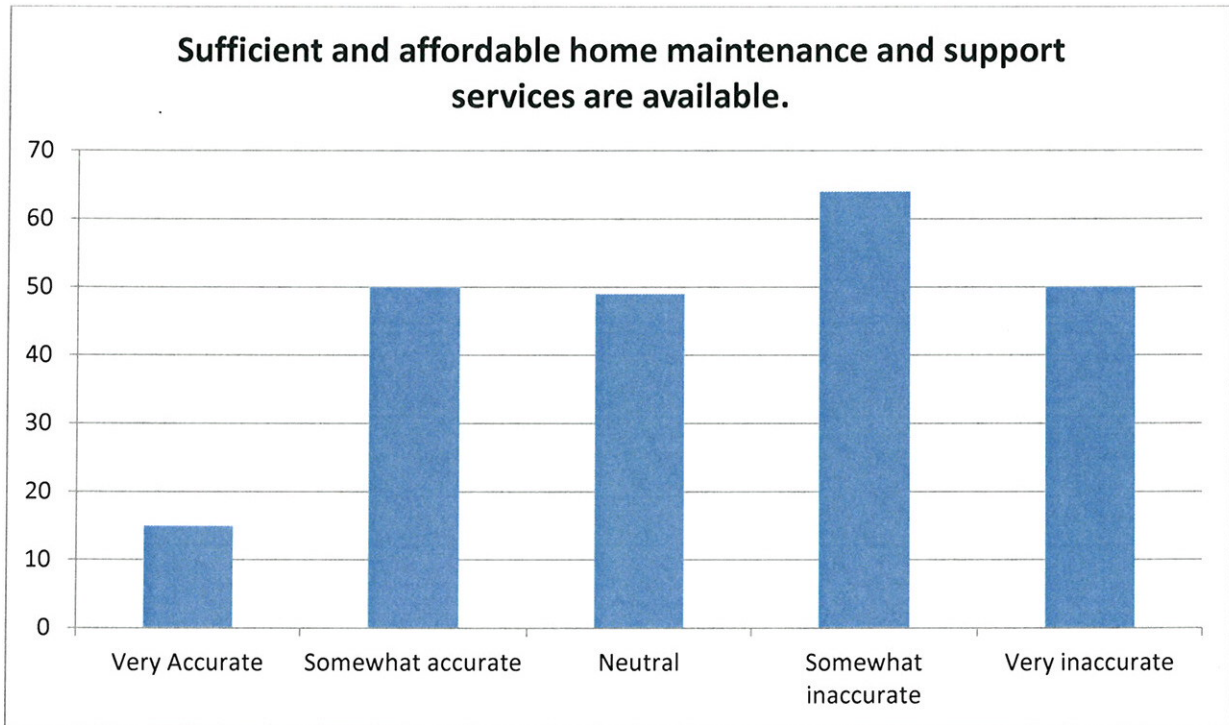
Somewhat accurate: 15.7%

Neutral: 14.9%

Somewhat inaccurate: 31.5%

Very inaccurate: 32.4%

- Affordability of housing was the most common theme (lack of geared to income, low-income housing with dependable landlords or close services)
- Safety and security was another common theme from all ages. There are concerns for increased security in seniors' homes. Downtown was another area of main concern.
- Waiting lists were another commonly expressed concern. Most services and seniors' homes have long waiting lists. Geared-to-income waiting lists are very long. This has been a common theme from all ages.



Very Accurate: 6.6%

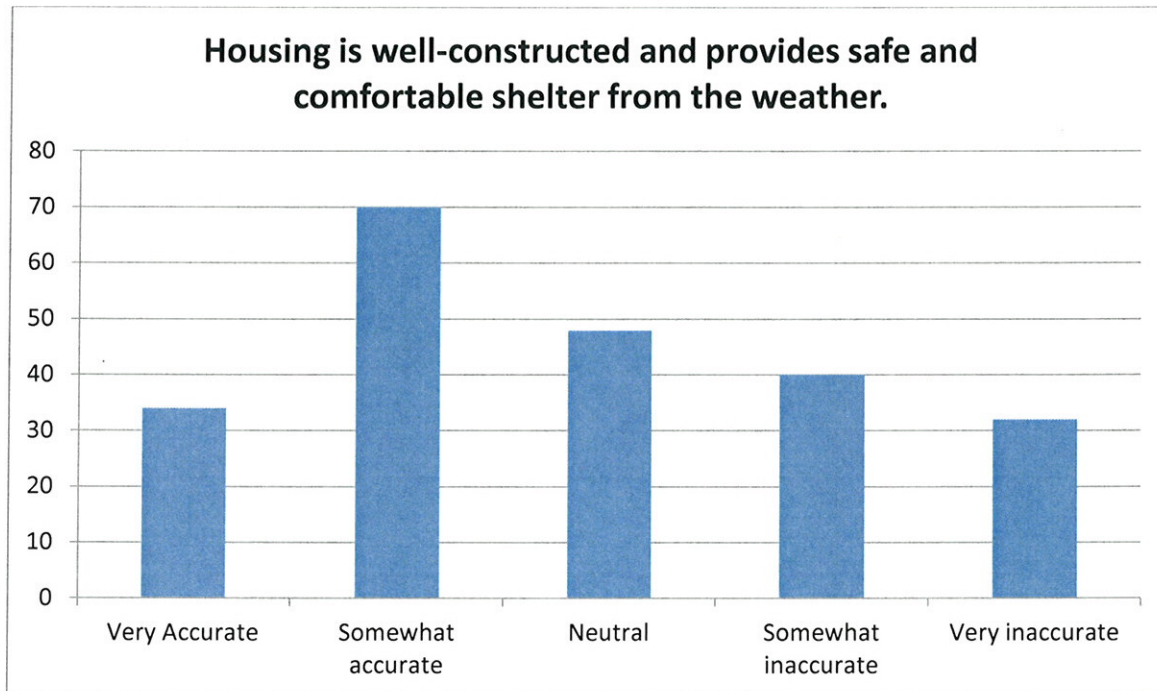
Somewhat accurate: 21.9%

Neutral: 21.5%

Somewhat inaccurate: 28.1%

Very inaccurate: 21.9%

- “Costs for home maintenance are too high” – expressed by majority of respondents
- Lack of communication was a common theme in these comments. A lot of seniors don’t know where to find resources or who to call.
- Most expressed that there was a lack of volunteers or staff to address home support services (Red Cross, etc.)



Very Accurate: 15.2%

Somewhat accurate: 31.2%

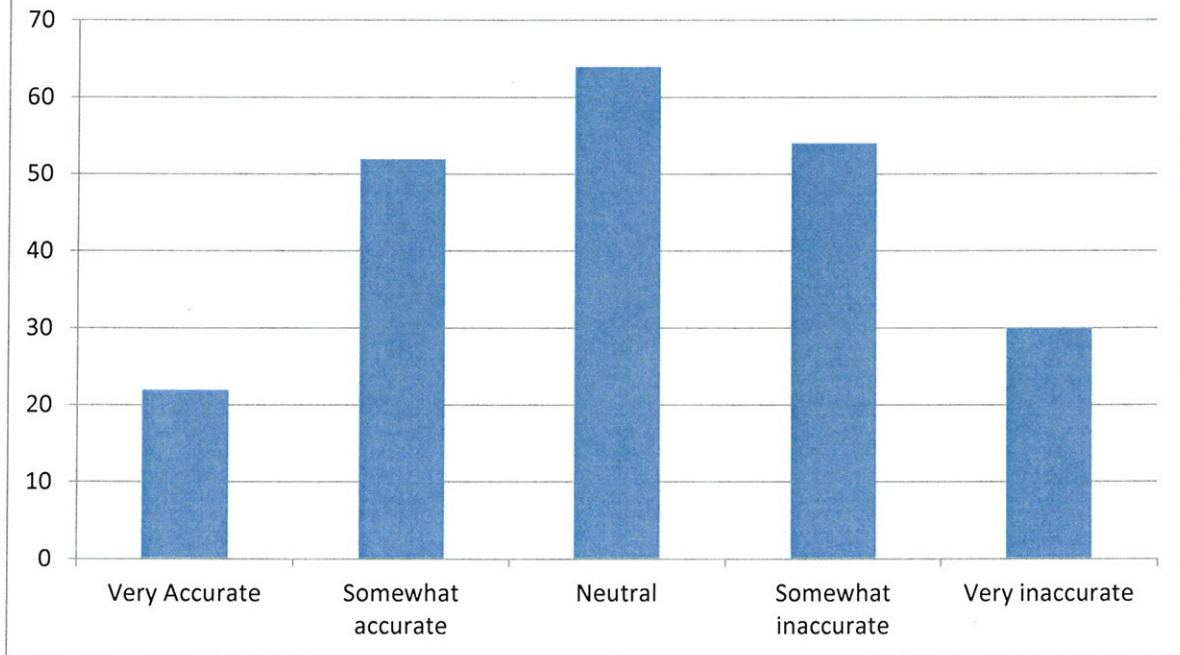
Neutral: 21.4%

Somewhat inaccurate: 17.8%

Very inaccurate: 14.3%

- Most respondents expressed negative comments about their housing – a lot of these comments reflected the decisions of landlords that owned the building (neglecting needed repairs).

Interior spaces and level surfaces allow freedom of movement in all rooms and passage ways.



Very Accurate: 9.9%

Somewhat accurate: 23.4%

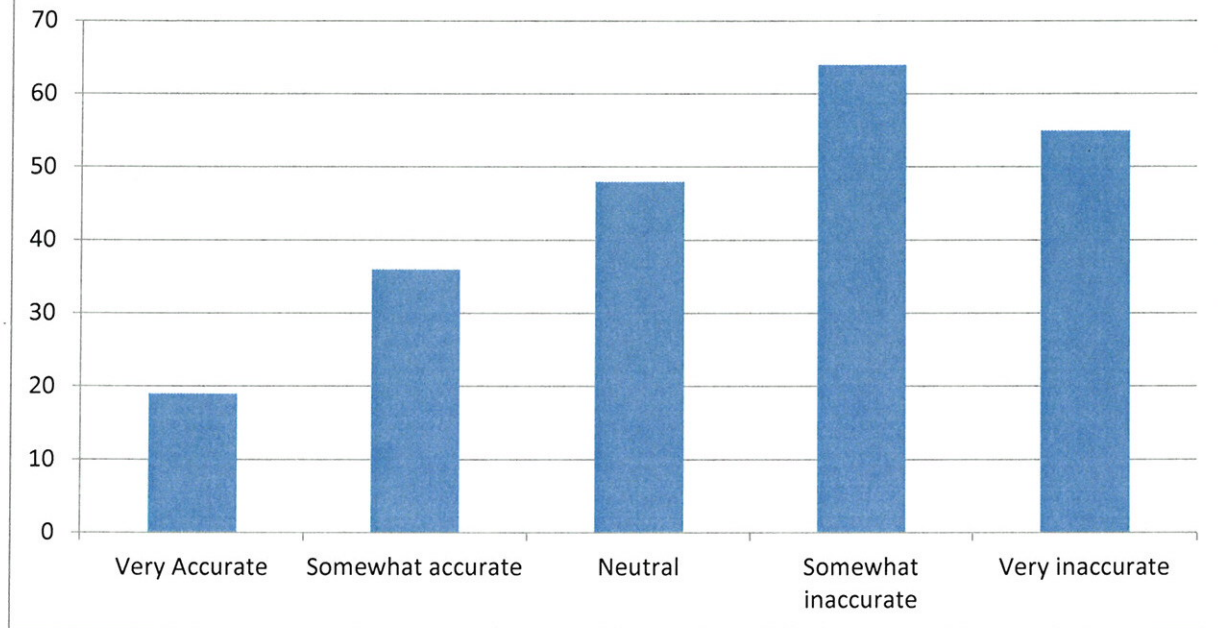
Neutral: 28.8%

Somewhat inaccurate: 24.3%

Very inaccurate: 13.5%

- Many respondents expressed an accessibility concern (hallways being too narrow, etc.)

Home modifications options and supplies are available and affordable, and providers understand the needs of older people.



Very Accurate: 8.5%

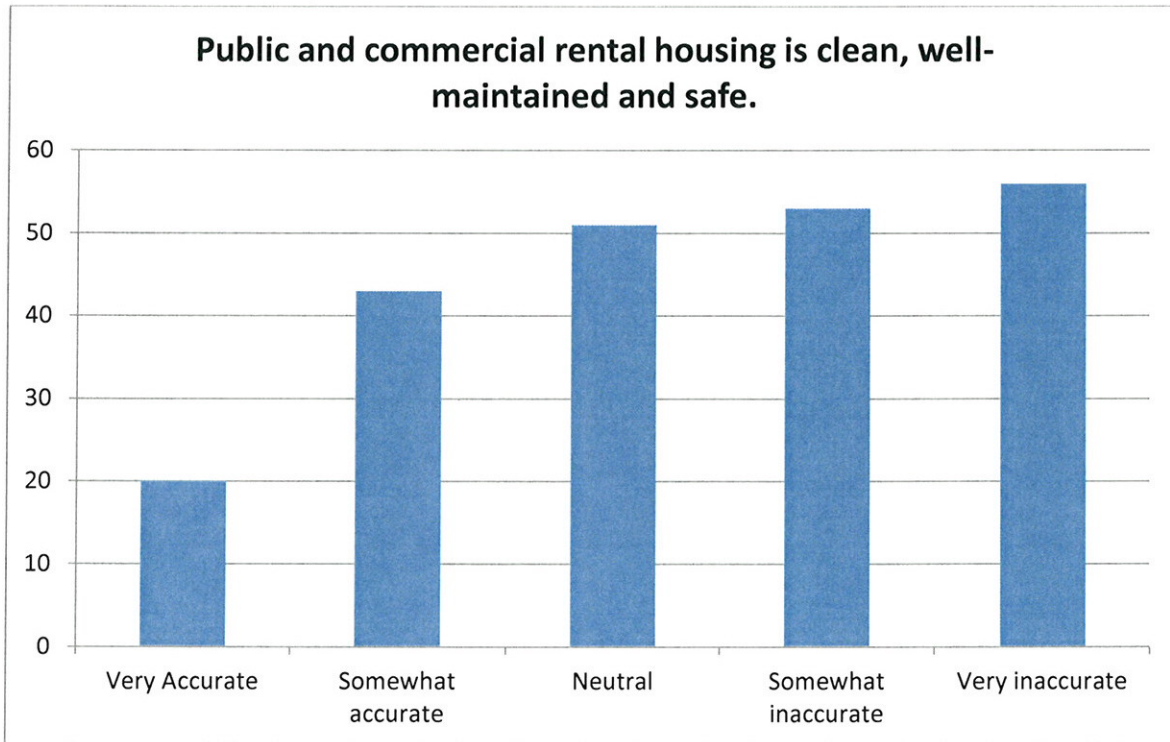
Somewhat accurate: 17.5%

Neutral: 21.6%

Somewhat inaccurate: 28.8%

Very inaccurate: 24.8%

- Common concerns were affordability, communication and landlords neglecting needed repairs and maintenance. A lot of respondents felt they were being taken advantage of by service providers (high cost).



Very Accurate: 8.9%

Somewhat accurate: 19.3%

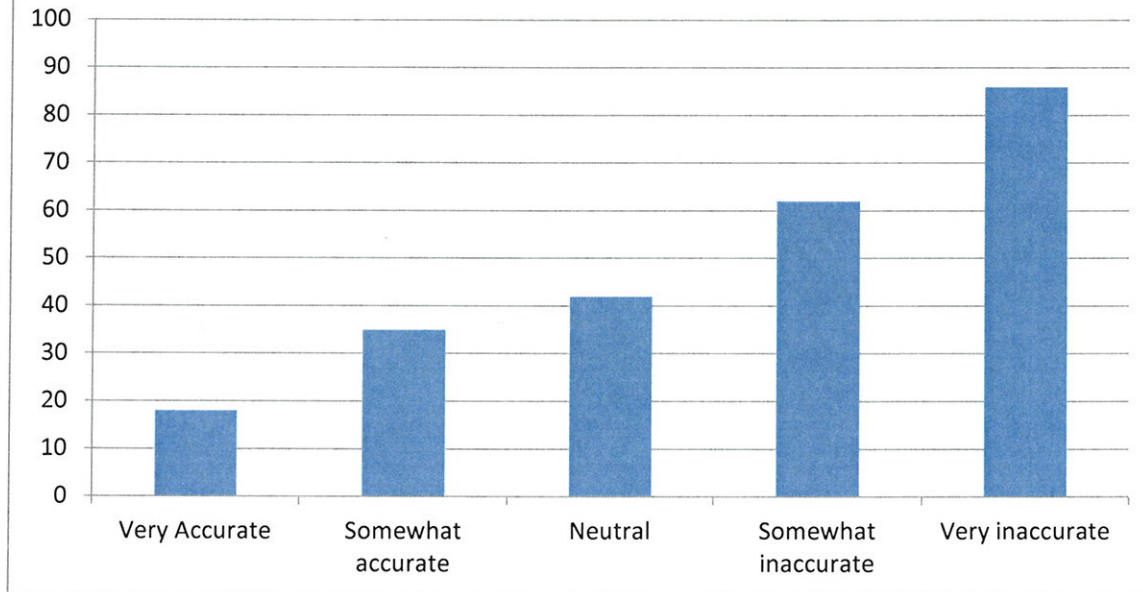
Neutral: 22.8%

Somewhat inaccurate: 23.7%

Very inaccurate: 25.1%

- Cleanliness was a common issue in these comments. A lot of respondents felt the accessibility of the buildings was lacking.

Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.



Very Accurate: 7.4%

Somewhat accurate: 14.4%

Neutral: 17.3%

Somewhat inaccurate: 25.5%

Very inaccurate: 35.4%

- Many respondents said the waiting lists for this type of housings are way too long. Sufficient and accessible housing is lacking. Pensioners or low income seniors do not feel they have the funds to live comfortably in described homes (cost of living keeps increasing but their income does not).

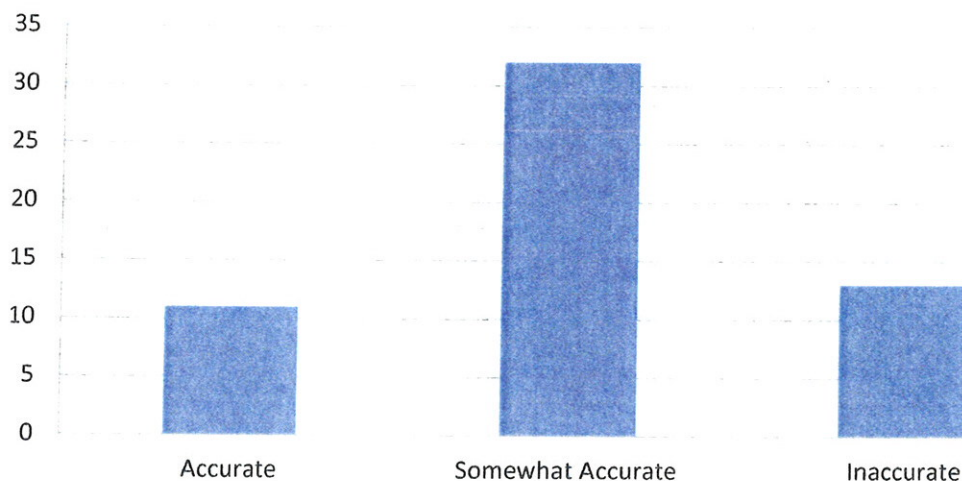
Suggestions – Housing

- The city should have a hospital/grocery stores in central area
- There needs to be much more affordable housing for seniors or people on disability
- City needs to talk to disabled to hear what they really need in their apartments in terms of accessibility
- A reorganization of services is needed
- More funding should be allocated to the development of sustainable low income housing
- Elderly receive lower rates
- There needs to be education to providers about appropriate renovations to enable seniors to stay in their homes longer. Granny flats are a great solution.
- Seniors need assistance in locating legitimate contractors for home modifications.
- Perhaps students could reside in seniors' homes and trade minor maintenance and support for rent
- We need an inventory of services that are available to older people and if they can access them.
- Changes to transit to make the trip from home to services less burdensome.
- Granny Flat bylaw.
- CCAS doesn't provide homemaking for many seniors yet this may be all they need to stay in their own homes.
- Should be more services to support seniors to stay in their own homes.
- "It is my suggestion that the Mayor and members of Council take a drive around the city and see the conditions of houses and apartments owned privately in the community. Where are the bylaws and "proper" carrying out of them in the city?"
- Ongoing inspections of all units by a random, rotating team of specialists and construction personnel.
- Notices in the newspaper of opportunities for home modifications or rental availability for seniors.
- Nurses who go into homes should be reporting deficiencies.

Community and Health Services Results

Note: These results are summarized. For complete results please see Appendix 4. All comments from respondents in this section are paraphrased and have been grouped into common themes.

Is there an adequate range of health and community support services offered for promoting, maintain and restoring good health?



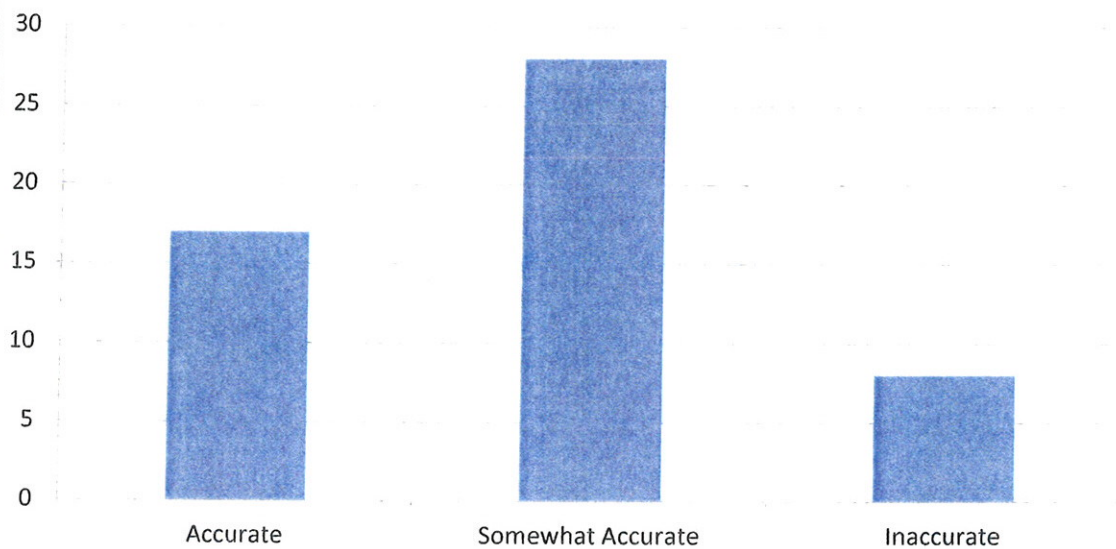
Accurate: 19.6%

Somewhat Accurate: 57.1%

Inaccurate: 23.2%

- Transportation was widely discussed as an issue. In order to access the range of health and community support services in Sault Ste. Marie, most agreed that having access to a car (or enough funds for a taxi) is the only way to maintain good health in an efficient and timely manner.
- Many respondents expressed a concern for the shortage of doctors/medical specialists in the Sault Ste. Marie area.
- Wait lists for health care in Sault Ste. Marie is a common concern.

Do homecare services include health and personal care and housekeeping?



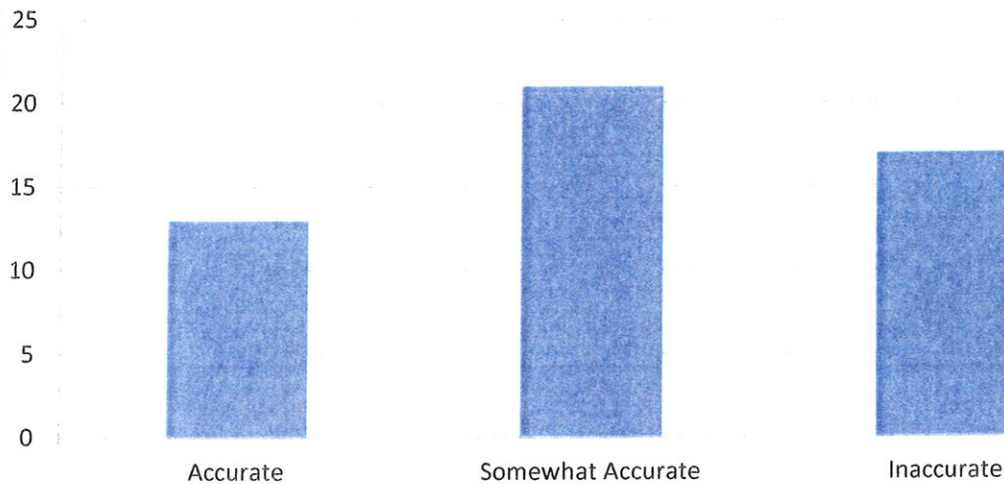
Accurate: 32.1%

Somewhat Accurate: 52.8%

Inaccurate: 15.1%

- A shortage of clear and concise information was brought up through this question. Many feel that there may be services in Sault Ste. Marie, however, they don't know of them or how to access them.
- Many respondents expressed a need for less expensive or subsidized services.
- Red Cross was widely discussed in these responses, however most expressed a need for more volunteers as they are very busy.

Are health and social services conveniently located and accessible by all means of transport?



Accurate: 25.5%

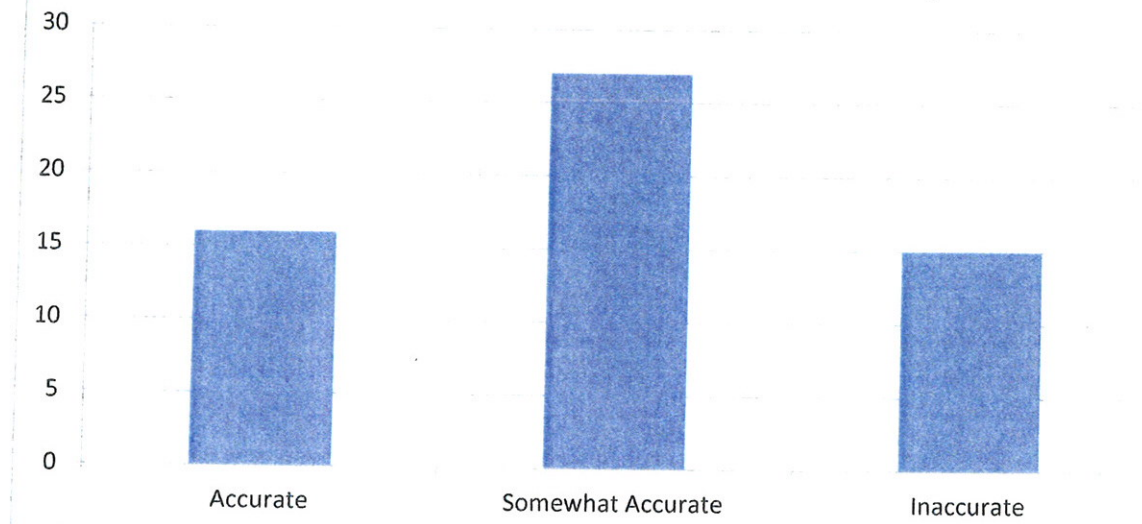
Somewhat Accurate: 41.2%

Inaccurate: 33.3%

- Respondents had both positive and negative comments on the location of the new hospital. Those who live downtown feel as if the services that were once easily accessible are now much too far away; others believe the move has had a positive impact on transportation between services.
- Parking is an enormous issue for respondents. Many feel that the parking at the new hospital is far too expensive/inaccessible.
- Many respondents would like to see the transport system expanded past its existing routes.

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Are residential care facilities and designated older people's housing located close to services and the rest of community?



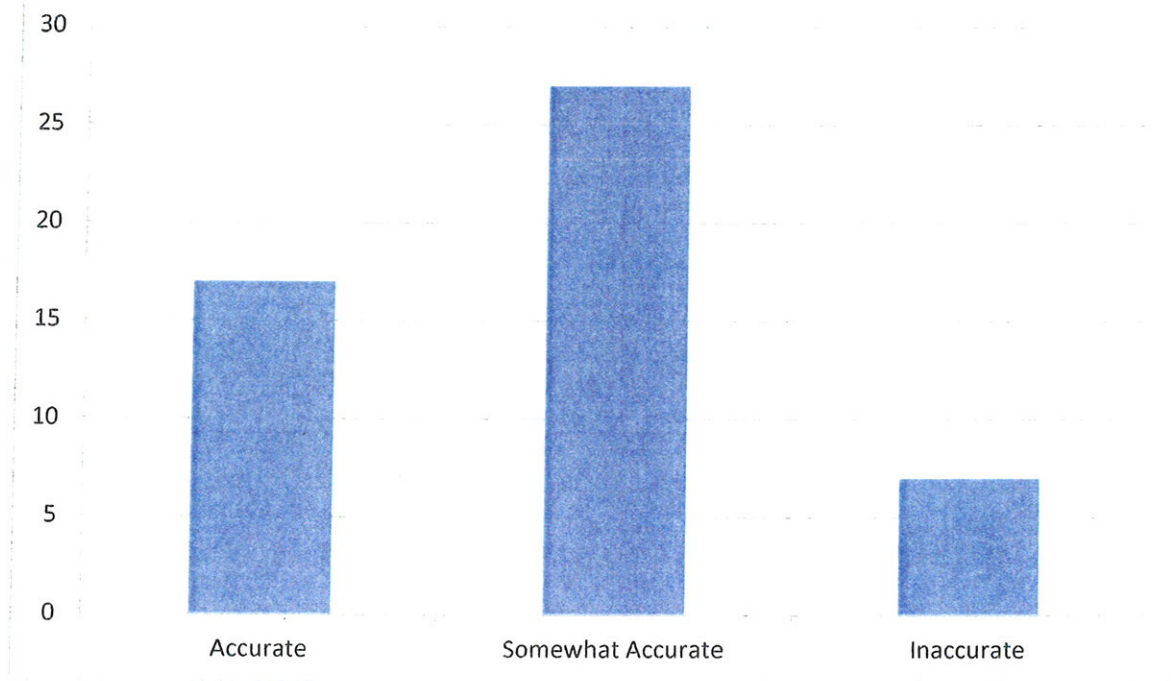
Accurate: 27.6%

Somewhat Accurate: 46.5%

Inaccurate: 25.9%

- Respondents, again, expressed positive and negative views on the newly constructed hospital and long term care facilities on highway 17. Although some long term care facilities are downtown, many don't believe they have enough services in that particular area now that everything is moving uptown.
- Long waitlists are a common concern.

Are health and community service facilities safely constructed and fully accessible?



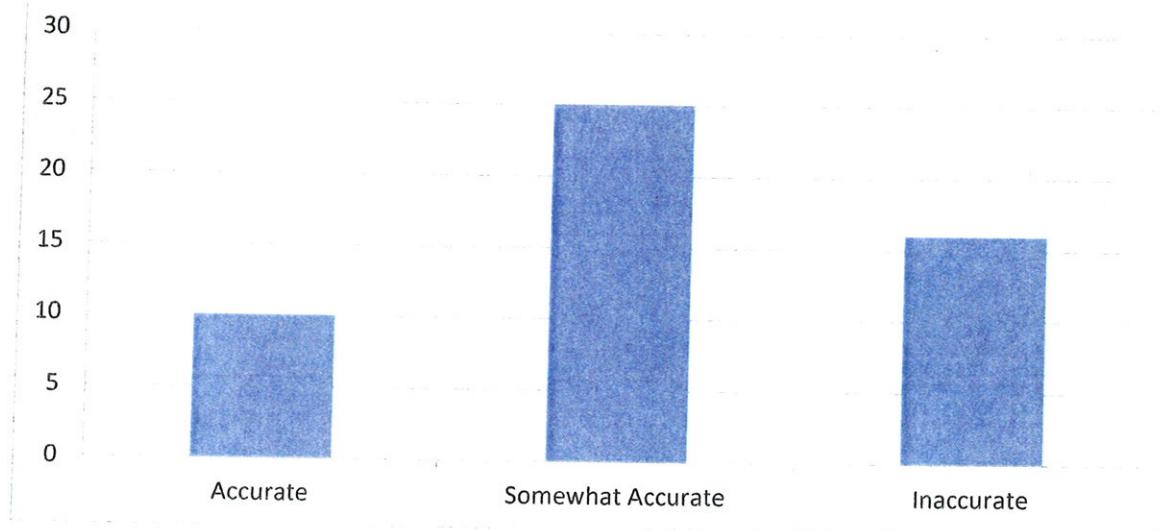
Accurate: 33.3%

Somewhat Accurate: 52.9%

Inaccurate: 13.7%

- Some respondents believe that not all health and community service facilities are fully accessible.
- Overall, this is an area of lesser concern.

Is clear and accessible information provided about health and social services for older people?



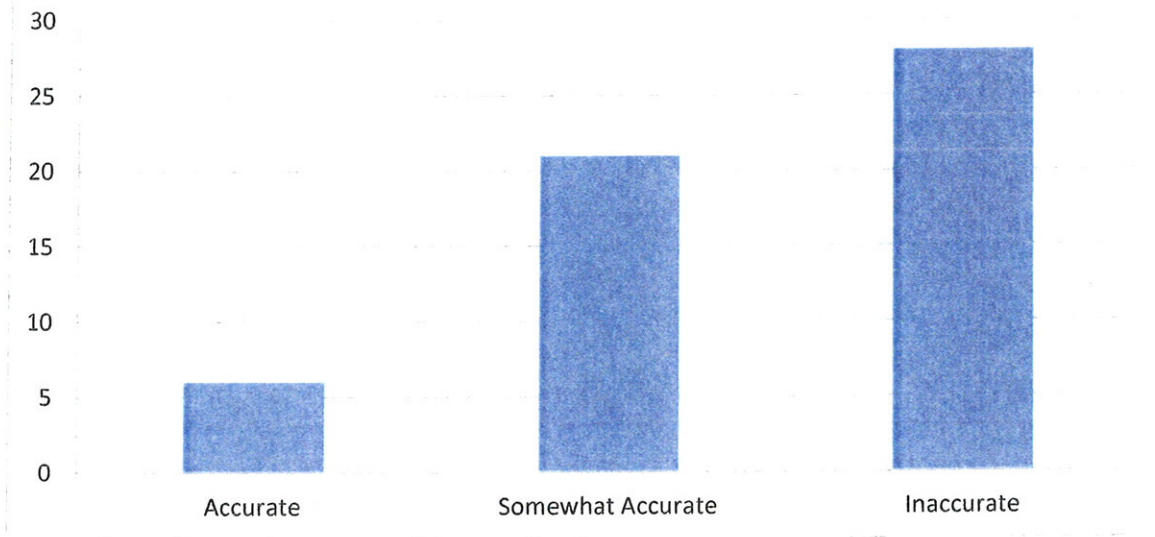
Accurate: 19.6%

Somewhat Accurate: 49%

Inaccurate: 31.4%

- Many respondents have a hard time finding clear and concise information about services in their community
- Respondents want 211 to be revitalized and properly kept up
- Some respondents requested easier access to internet through community services so they may find information

Are the delivery of services coordinated and administratively simple?



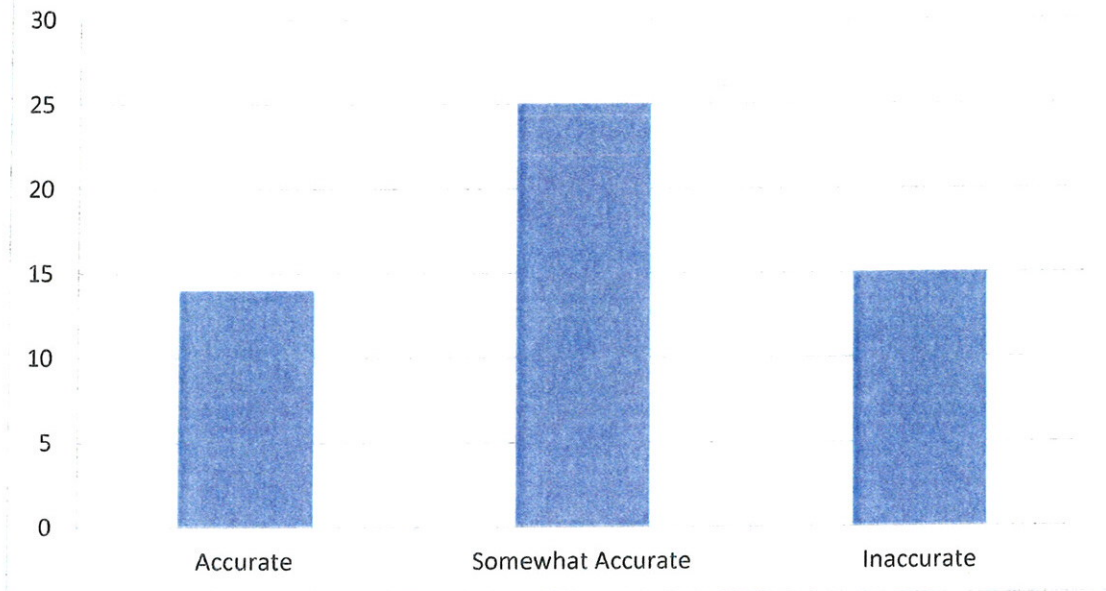
Accurate: 10.9%

Somewhat Accurate: 38.2%

Inaccurate: 50.9%

- Respondents felt that there is a lot of red tape in order to get help; the system is built around those who work within it, not around people who need help from it.

Are all staff respectful, helpful and trained to service older people?



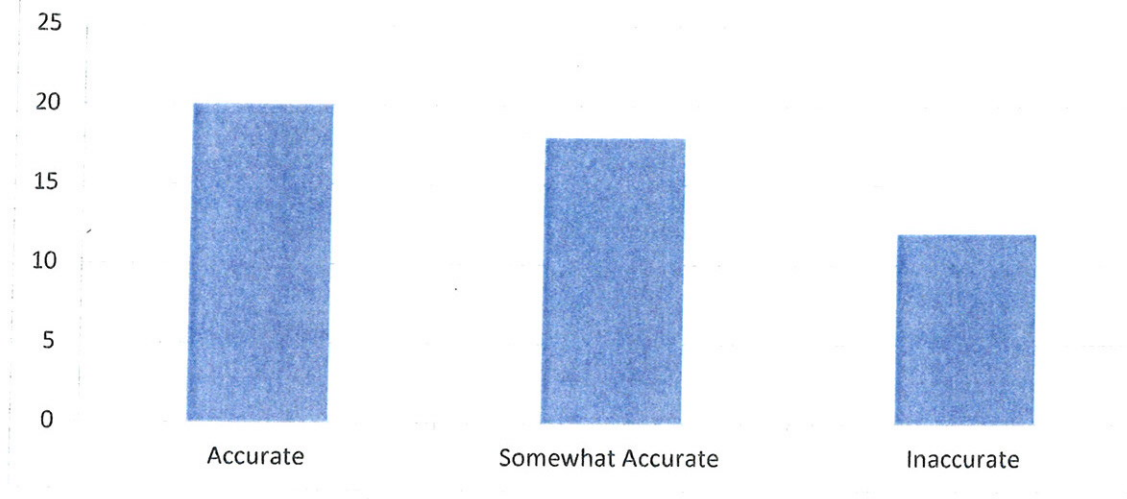
Accurate: 25.9%

Somewhat Accurate: 46.3%

Inaccurate: 27.8%

- Respondents gave both negative and positive comments; many expressed concerns about the level of respect from workers at the Sault Area Hospital
- Some believe more training is needed in order for service representatives to properly address people of *all* ages

Are economic barriers impeding access to health and community support services minimized?



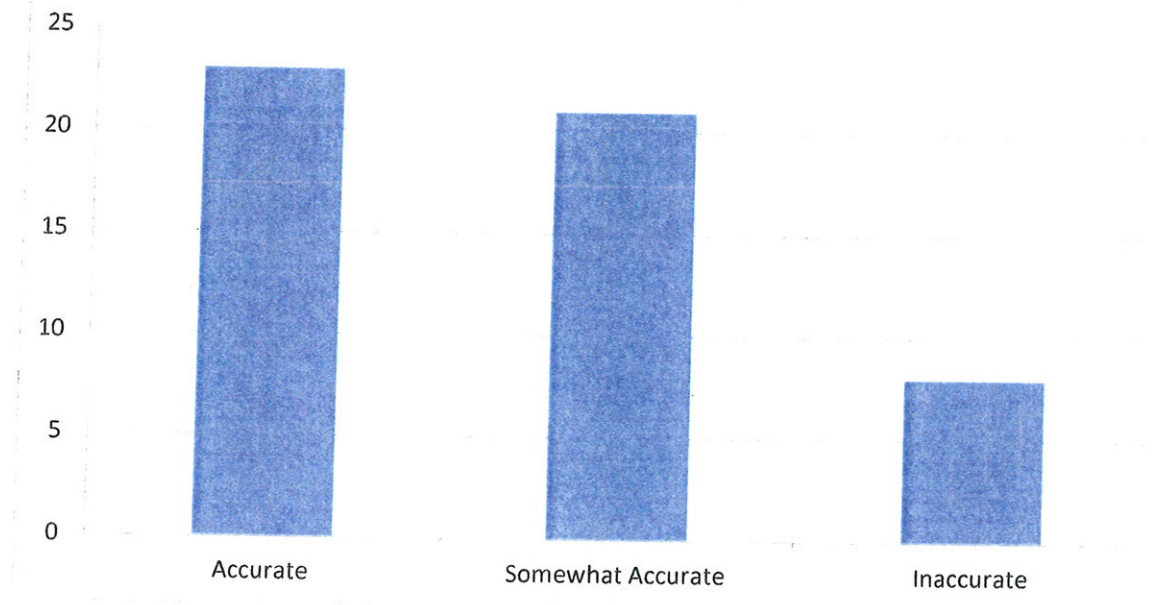
Accurate: 40%

Somewhat Accurate: 36%

Inaccurate: 24%

- Parking fees, paying for private services and a lack of affordable housing in areas close to services were all concerns expressed by respondents.
- Many believe that health services should not have additional costs in order to receive care (i.e. paying for transportation and then parking at the hospital)

Are voluntary services by people of all ages encouraged and supported?



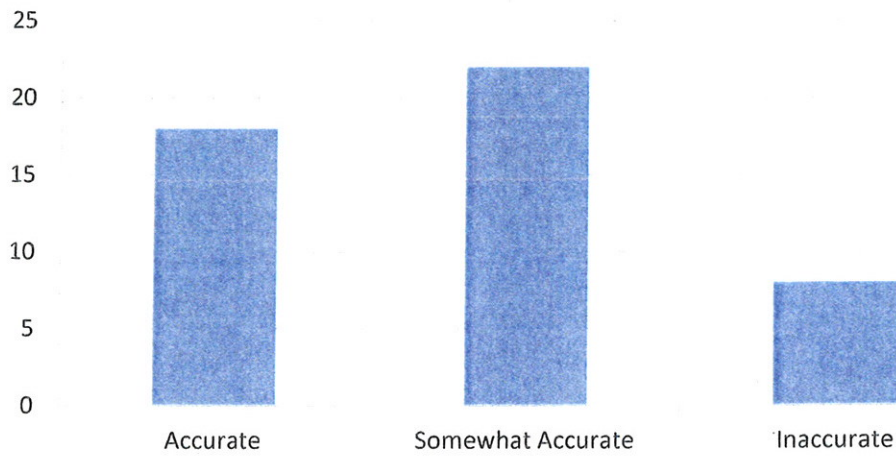
Accurate: 44.2%

Somewhat Accurate: 40.4%

Inaccurate: 15.4%

- Overall, respondents had very positive things to say about the volunteer network in the community (i.e. Red Cross)
- Most common concern is a lack of volunteers

Are there sufficient and accessible burial sites?



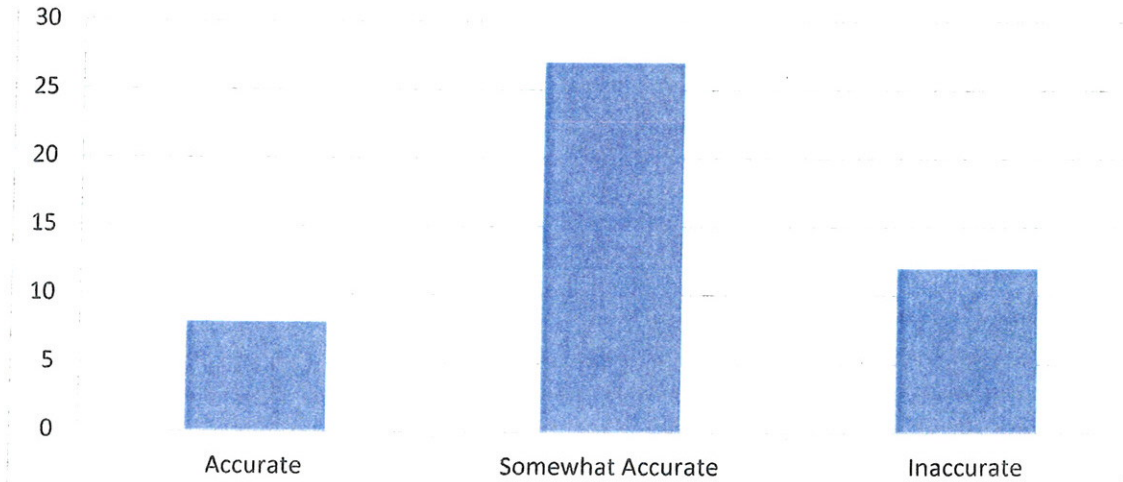
Accurate: 37.5%

Somewhat Accurate: 45.8%

Inaccurate: 16.7%

- Many respondents believe that funeral/burial expenses are very high
- Most believe the burial sites in the community are sufficient

Does community emergency planning take into account the vulnerabilities and capacities of older people?



Accurate: 17%

Somewhat Accurate: 57.4%

Inaccurate: 25.5%

- Most respondents are unaware of any community emergency planning
- A need for more education/information on this subject is needed

Suggestions – Community and Health Services

- Hospitals need to educate patients on what their needs are when they are discharged.
- All plans for buildings should be encouraged to follow the accessible guidelines and submit plans to the city for review by the Accessibility Advisory Committee.
- A clear, people manned phone number may help older people get info.
- More funding should be allocated to the development of sustainable low-income housing.
- Volunteer security services could be provided by law and security students. Retirement/nursing home residents are very vulnerable (security in these residences is non-existent).
- Information on Community and Health Services should be advertised on local TV stations, websites and 211 more.
- We need more hands on grass roots communication between the municipality and service providers and seniors.
- Agencies need to be encouraged to participate and to be willing to educate the senior population about their services and then deliver those services.
- Perhaps our leaders can be made aware of community emergency plans so we can be educated.
- More public parking needs to be available
- A subcommittee formed by older adults should be attached to city council so they can act as an advisory board

Conclusion

Through the assessment of Phase One, the steering committee has determined targeted areas (in response to the questions asked), in each subcategory, in which the city exhibits weakness and strength.

In the **Housing category**, the most critical issues are:

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community. This statement ranked **very low** with **31.5%** of respondents describing it as **somewhat inaccurate**, and **32.4%** of respondents describing it as **very inaccurate**.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally. This statement also ranked **very low** with **25.5%** of respondents describing it as **somewhat inaccurate**, and **35.4%** of respondents describing it as **very inaccurate**.

Respondents gave somewhat positive reviews of the following statements:

- Housing is well-constructed and provides safe and comfortable shelter from the weather. This statement ranked **fairly high** with **31.2%** of respondents describing it as **somewhat accurate**, and **15.2%** of respondents describing it as **very accurate**.
- Interior spaces and level surfaces allow freedom of movement in all rooms and passage ways. This statement ranked **high** with **23.4%** of respondents describing it as **somewhat accurate**, **28.8%** describing the statement as “neither accurate nor inaccurate”, and **9.9%** of respondents describing it as **very accurate**.

In the **Community and Health Services category**, the most critical issues are:

- Health and social services are conveniently located and accessible by all means of transport. This statement ranked **low** with **33.3%** of respondents describing it as **inaccurate**, and **41.2%** of respondents describing it as only **somewhat accurate**.
- Clear and accessible information is provided about health and social services for older people. This statement ranked **low** with **31.4%** of respondents describing it as **inaccurate**, and **49%** of respondents describing it as **somewhat accurate**.
- The delivery of services is coordinated and administratively simple. This statement ranked **extremely low** with **50.9%** of respondents describing it as **inaccurate**, and **38.2%** of respondents describing it as **somewhat accurate**.

Respondents had positive responses to many areas in Community and Health services:

- Health and community service facilities are safely constructed and accessible. This statement ranked **high** with **52.9%** of respondents describing it as **somewhat accurate** and **33.3%** of respondents describing it as **accurate**.
- Voluntary services by people of all ages are encouraged and supported. This statement ranked **very high** with **40.4%** of respondents describing it as **somewhat accurate** and **44.2%** of respondents describing it as **accurate**.
- There are sufficient and accessible burial sites. This statement ranked **very high** with **45.8%** of respondents describing it as **somewhat accurate** and **37.5%** of respondents describing it as **accurate**.

In Housing, the need for more low-income housing was widely expressed. There is a need for more funding to develop a wide and adequate range of housing for citizens of all ages. Positive comments were made about the accessibility and construction of safe buildings.

In Community and Health Services, there is an extremely prevalent concern for clear, concise and easily accessible information about services in Sault Ste. Marie. This is an issue that has come up numerous times in focus groups and survey comments. Transportation between these services is also a main area of concern. The committee believes this will be properly addressed when Phase Two begins as one of the subcategories focuses solely on transportation.

Appendix

1. Items from Mayor and Council
 - a. Age-Friendly motion passed by Council
 - b. Letter to WHO from Mayor Amaroso
 - c. Press Release 20120326
2. World Health Organization
 - a. Checklist
 - b. Application to WHO
 - c. Certificate of Designation from WHO
3. Housing Survey Results
 - a. Survey
 - b. Statistics
 - c. Comments
 - d. Focus Groups
 - i. Canadian Red Cross
 - ii. Housing Committee
 - iii. Senior's Drop-In Centre
4. Community and Health Services Survey Results
 - a. Survey
 - b. Statistics
 - c. Comments
 - d. Focus Groups
 - i. Canadian Red Cross
 - ii. Community and Health Services Committee
 - iii. Senior's Drop-In Centre
 - iv. Sault Rising Stars/Seniors Health Advisory