



LOCAL AGING PLAN

The Township of Tiny



March 2017

TABLE OF CONTENTS

| | |
|--|----|
| Executive Summary | 1 |
| Introduction | 6 |
| Community Profile | 7 |
| Community Demographics - Quick Facts (2006 Census) | 7 |
| Environmental Scan Results | 14 |
| Overview Input Workshop, On-Line Survey, and Stakeholder Interviews | 14 |
| Key Stakeholder Interview Results | 14 |
| Mandates and Age Friendly Communities..... | 15 |
| Key Challenges..... | 15 |
| Strategies to Address the Challenges..... | 16 |
| Township Support..... | 17 |
| Older Adult Programming..... | 17 |
| What Needs Immediate Attention..... | 17 |
| Partnerships..... | 18 |
| On-line Survey and Input Workshop Results | 18 |
| Outdoor Spaces and Buildings..... | 19 |
| Transportation..... | 19 |
| Housing..... | 20 |
| Respect and Inclusion..... | 20 |
| Social Participation..... | 21 |
| Civic Participation and Employment..... | 21 |
| Community Support and Health Services..... | 22 |
| Communication and Information..... | 23 |
| Vision, Mission | 24 |
| Key Priority Areas and Strategies | 25 |
| Overview | 25 |
| Positioning Key Priority Areas | 25 |
| Goals, Objectives, Strategies | 26 |
| Community Partnerships | 33 |
| Implementation | 34 |
| Appendix | 35 |
| Appendix #1 – Input Meeting Results | 35 |
| Appendix #2 – On-Line Survey Results | 35 |
| Appendix #3 – Key Stakeholder Interview Results | 35 |

EXECUTIVE SUMMARY

Background

The Township of Tiny identified the significance of the contribution older adults make to the community during the recently completed strategic planning process. It also recognizes a responsibility to have a variety of services available to older people either in the Township or in neighbouring communities, so that people can age in place, and remain active, contributing members of the community.

To this end, the Township appointed a Senior Advisory Committee, whose responsibility is to advise Council on all matters that relate to senior residents and to facilitate the development of a Seniors Strategy. To offset the costs of this planning process the municipality received funding from the Provincial Government, the Ministry of Citizenship, Immigration and International Trade, Ontario Seniors' Secretariat.

Planning Process

The process included a number of key steps:

- Review of Age Friendly background reports and materials.
- Research conducted of senior citizen demographics and health indicators.
- Six Community Input Workshops that attracted 67 community residents.
- On-Line Survey, completed by 81 residents.
- Seventeen (17) Key Stakeholder Telephone Interviews.

These input opportunities were structured to obtain resident and stakeholder viewpoints in the context of 8 globally recognized domains of Age-Friendly Communities - Outdoor Spaces and Buildings; Transportation; Housing; Social Participation; Respect and Social Inclusion; Civic

Participation and Employment; Communication and Information; Health and Social Services.

Influencing Facts about Tiny Township

The Township occupies most of the Penetanguishene peninsula and has a total of 334 square kilometers, a coastline on Georgian Bay of 70 kilometers, and is surrounded by the Towns of Midland and Penetanguishene, the Townships of Tay and Springwater, and the northerly portion of the Town of Wasaga Beach. The Beausoleil First Nation on Christian, Hope and Beckwith Islands is situated at the northerly end of the Township.

Influencing Demographics (2006 Census)

Tiny Township has a residential population of 11,232, which expands in the summer months with cottagers and tourists to approximately 27,000. The median income across all families is \$67,212 and the language spoken most often at home is English with 720 residents speaking French. The total aboriginal population of the Beausoleil First nation is 820.

Resident View of Tiny

It is evident from the consultations that good neighbours, the environment, municipal services and the agricultural community are important to the residents. They think that the community is well maintained, safe and has a good variety of natural spaces and services. The lack of an identified "town centre", an alternative transportation system, grocery store and local community health services, create challenges for older adults to remain in their homes over the longer term.

However, most felt that they could overcome the challenges with some assistance from service agencies, friends, family and volunteers.

Area Services Available for Seniors

There are few health and social services offered in the Township, but there are a variety of recreation programs offered by the municipality, senior citizen centres and the Rendezvous Complex. The large geographical area poses challenges in the delivery of accessible and affordable health, social and recreation services. Generally, older adults are able to attend local events and access health services in nearby municipalities, but it is not without some challenges, particularly related to transportation.

The North Simcoe Muskoka Local Health Integrated Network (LHIN) plays a key role in coordinating the delivery of health services through contracted agencies and providers. In their 2016-17 Business Plan, their priorities are to improve access to appropriate care, build capacity and enhance coordination and drive system accountability, and work closely with their stakeholders to service local seniors. There are also a wide range of service providers in Midland/ Penetanguishene and in some parts of Tiny, all providing services to older adults, many of whom rely on LHIN and other forms of government funding.

Senior Citizen Demographics - Quick Facts

People 65 years and over represent Canada's fastest growing age group and in Ontario 14.9% of Ontarians are in this age group. Canada's older

population is set to double over the next twenty years, while the over 85 age group is going to quadruple. 31% of Simcoe County's population is 55+ years and by 2014 will have increased to 41%. There are 2,920 people in Tiny Township over the age of 60 years.

The top 10% of Ontario's older population have the most complex health issues and account for 60% of health care spending. One in three Canadians over 65 years has developed a disability.

The proportion of seniors living below Statistic Canada's Low Income Measure was 8.1%. Close to ¾ of senior led households own their own home. Falls account for about 85% of all injuries to seniors with almost 62% of hospitalizations as a result of these falls.

For seniors aged 65-69 years, the participation rate in the workforce doubled to 25.5% which attenuates some of the impacts of a decreasing labour pool and provides opportunities for older Canadians to remain engaged and socially connected through work.

The median age for retirement in Canadians is 61, and low income has reached an all time low, in large part due to the retirement system, particularly the maturation of the Canadian Pension Plan and access to employer pension plans and savings. 97% of Canadians receive a pension, with the average CPP benefit being \$6,800/year.



Environmental Scan Results

Key stakeholders are facing many challenges in providing services that include funding constraints, increasing numbers of clients and demands, getting people to and from services, and competing for staff in a shrinking labour pool. To address these challenges many are consolidating services, forming service partnerships, and staying current with changes in the funding and service environments. They see the Township as a partner in growing their senior services. They suggest that relationships with service organizations could be strengthened through an affordable and accessible transportation system, accurate and timely communication, supports and subsidies to seniors to help them stay in their homes, reduced facility rental rates, and engaging older adults in municipally sponsored programming. While there are going to be many challenges over the next several years, there is an immediacy for providing more services in the Township that are accessible and affordable. Some of these are family health team services, in-home support, social and mental health support and outreach services like Meals on Wheels etc. Other partnerships with service agencies and organizations will also be key to meeting new demands for service.

It was evident in the survey results that Transportation and Health and Social Services are two Domains requiring immediate attention in the future. Year round travel conditions, affordable and accessible transportation, and good options for other forms of transportation restrict the movement of older adults and impede their access to good health care. While there is an

adequate range of health and community support services in neighbouring municipalities (and in selected facilities in the Township), ratings overall were low for this area of service, largely due in part to having to travel long distances. Housing also received relatively low ratings, with having affordable “services” in the home.

Vision and Mission

A vision statement and five principles were developed to guide service delivery. Vision: “An inclusive and caring community that provides the necessities for healthy aging and personal quality of life”. Principles: Respect and Support of All Citizens; Access and Inclusion For All; Community Engagement in Decision Making; Liveability; and Accountability.

A Mission statement was developed to support the Vision and Principles: “The Township of Tiny will provide access to housing, transportation, healthcare, recreation and such other services that will enhance the dignity of older adults as they age.”

Key Priorities and Strategies

A Goal, Objectives and Strategies were developed for each of the eight globally recognized Domains of Age-Friendly Communities. Following is a listing of the Goals and related Objectives; the Strategy details are outlined in the report.

Goals and Objectives

| Goal | Objective |
|---|---|
| Create outdoor spaces, buildings and amenities that encourage older people to be active and foster social interaction. | <ul style="list-style-type: none"> • Ensure that public and private infrastructure design and maintenance are consistent with the needs of older adults. • Engage older adults in the planning and delivery of facilities, and develop fee and access policies reflective of community need. |
| Devise a community based transportation strategy that includes a variety of options for older adults to get to where they need to go. | <ul style="list-style-type: none"> • Establish a community based transportation transition planning process that will result in access to services and decreased social isolation. • Maintain a transportation infrastructure that facilitates effective movement of older adults. • Increase the accessibility of transportation for older adults. |
| Create an environment in which there are a variety of housing options and supports in place so that older adults are able to age in place in the Township of Tiny. | <ul style="list-style-type: none"> • Develop municipal planning policies and process that facilitate the development of additional, alternative housing choices. • Assist older adults with housing transition and build capacity to remain in a residential home. • Explore options for increasing the number of long term care facilities in the Township. |
| Promote an environment in which older people feel included, acknowledged and respected. | <ul style="list-style-type: none"> • Build positive community attitudes by fostering positive attitudes of aging and intergenerational understanding. • Demonstrate inclusiveness of older adults by their involvement in community decision making. • Provide adaptive programs, services, and facilities to accommodate the needs of older people. |
| Foster social integration so that older adults can continue to exercise their competence, enjoy and maintain caring relationships and continue to exercise their competence. | <ul style="list-style-type: none"> • Establish partnerships to deliver a wide range of recreational and social events. • Deliver more diversified programs and services for older adults at the right times and in the right places. |
| Recognize, celebrate and capitalize upon the wealth of knowledge and experience that older people bring to the community. | <ul style="list-style-type: none"> • Create multiple opportunities through which older adults can contribute to the community. • Provide skill building and personal enrichment opportunities. |
| Create and distribute timely information to the older adult population to ensure they are kept well informed of programs and services. | <ul style="list-style-type: none"> • Raise the profile of older adult services and programs to increase participation. • Develop formats and types of information that will be effective in reaching older adults. • Establish mechanisms and processes through which information can be easily distributed to and accessed by older adults. |
| Contribute to maintaining the health and independence of older adults through the availability of accessible and affordable physical health, mental health and other social services. | <ul style="list-style-type: none"> • Develop a physical health, mental health, and social service strategy that will address the four barriers to health care as identified in a publication of the 2015 Global Watch. • Work with service agencies and organizations to enhance home support services. • Bring a greater number of accessible and affordable physical and mental health care and social services to the Township. |



Community Partnerships

In the Key Priority Areas and Strategies Section of this plan, there are a number of partnerships identified that will result in enhanced service delivery in the Township of Tiny. Township Council and staff can play a key role in assisting the Senior Advisory Committee to implement the plan by taking leadership in working with the partners, and also in identifying new partners to consider in the future.

The North Simcoe Muskoka LHIN will continue to evolve over the next few years through service consolidation and wherever possible will be relying on local municipalities and service organizations to play a bigger role in coordinating the delivery of services in the community. The County of Simcoe is in the process of completing an Age-Friendly Plan so it will be important for the Township to continue to liaise with the County and tie local initiatives to those being planned by the County. In the short term, improvements can be made to the service system by partnering with the Community Care Access Centre (CCAC) to promote the 211 Information System. As provincial health funding continues to be “stretched”, there will be added pressure on the local level to expand in-home/local servicing outlets and facilities. The Township of Tiny could provide leadership and be a key member of a local servicing network of providers.

Implementation

The Local Aging Plan will be reviewed by the Senior Advisory Committee and further input will be solicited. This plan will then be presented to Township Council in March for acceptance. The plan will then be launched at a Community Symposium scheduled for March 2017 with the implementation process to follow.

It will be necessary during the first phase of implementation to ensure that all individuals that contributed during the planning process are notified of the plan completion and invited to participate in the implementation. The Senior Advisory Committee has been identified as lead committee to implement the direction contained in this Local Aging Plan. As this is a “framework for action”, the committee will be required to prioritize the work of each domain in relationship to the financial and human resources that are available, begin a process of financial planning that will ensure that the process continues to be sustainable in the future, and establish a timeline and identify individuals who will be responsible to do the work.



INTRODUCTION

The Township of Tiny identified the importance of helping people “age in place” and feeling included in the community during the development of a strategic plan in 2015. During the process, it became evident that the population is aging, there is a lack of support programs for seniors and that there are opportunities for establishing partnerships to share and maximize resources.

The Strategic Plan contains five strategic goals, one of which is “Support community health, safety and well-being – improve access to healthcare services and improve connectivity across the Township, build well-planned communities that are healthy, diverse and safe.” A related strategic priority is to “enhance community services for community members (seniors and youth).” As a result of the Strategic Planning Process, Council appointed a Senior Advisory Committee charged with the responsibility to establish a “seniors strategy”.

To begin this planning process, the Municipality was successful in receiving funding from the Provincial Government through the Ministry of Citizenship, Immigration and International Trade, Ontario Seniors’ Secretariat, to conduct an extensive research and community engagement process to develop a Local Aging Plan (seniors strategy). The process included a number of key steps:

- Review of research, demographic and Aging-Community resource materials.
- Facilitation of six Community Workshops that attracted 67 residents at facilities distributed throughout the Municipality.
- An On-Line Survey that was posted on the Township website with 81 respondents.
- Conducting of 17, 30-45 minute Stakeholder Telephone Interviews with a cross section of service providers and community organizations.

The questions asked during each of these processes were based on eight globally recognized Domains of Age-Friendly Communities - Outdoor Spaces and Buildings; Transportation; Housing; Social Participation; Respect and Social Inclusion; Civic Participation and Employment; Communication and Information; Health and Social Services.

This Local Aging Plan is organized in sections as outlined below:

- Executive Summary – High-level overview of the report.
- Introduction – Overview of originating impetus for the report.
- Community Profile – Snapshot of the make-up of the Township of Tiny, a residents’ view of where they live, senior services in the Township, and Quick Facts on Senior Citizen Demographics to help position the current profile of older adults.
- Environmental Scan Results – An overview of the On-line Survey, Community Input Workshops and Stakeholder Telephone Interview Results.
- Vision and Mission – Statements that will help position the work that will be done as a result of the Local Aging Plan.
- Key Priority Areas and Strategies – A detailed listing of the strategic Goals, Objectives and Strategies to guide the work of the Senior Advisory Committee in the implementation of the plan.
- Community Partnerships – A brief overview of the importance of creating and maintaining service partnerships, to enhance services to older adults.
- Implementation – Thoughts on the next steps to be taken in the planning process.
- Appendix – Results of the On-line Survey, Input Workshops, and Stakeholder Telephone Interviews.



COMMUNITY PROFILE¹

Community Demographics - Quick Facts (2006 Census)

The Township of Tiny is part of Simcoe County in south-central Ontario and can be found in the Southern Georgian Bay region. It is the most northerly township in the County and occupies most of the Penetanguishene peninsula. It has a total area of 344 square kilometers and has a coastline of 70 kilometers on Georgian Bay.

The municipality is surrounded by the following municipalities: Town of Midland; Town of Penetanguishene; Township of Tay; and Township of Springwater. It borders to the south on the northern tip of the Town of Wasaga Beach. It is comprised of the communities/hamlets of: Lafontaine; Perkinsfield; Wyevale; Wyebridge; and Toanche.

Three First Nations Islands are situated just off the north shoreline, namely Christian, Hope and Beckwith. Christian Island is home to the Chippewa people of the Beausoleil First Nation and is a self-governing body. The Beausoleil First Nation also own an 8 hectare shoreline property on the mainland at Cedar Point.

The municipality has:

- 430 km of roads that are maintained by the municipality.
- 40 km of roads maintained by the County of Simcoe.
- 19 water systems supplied by 43 drilled wells and 25 pumping stations.
- Five large water park/beaches on the shoreline of Georgian Bay – Woodland, Bluewater, Jackson Park, Balm Beach, and Lafontaine Beach Park.
- A 741 acre Tiny Marsh Provincial Wildlife Area, the Awenda Provincial Park, and 3,422 acres of Simcoe County Forest.

The demographics of a community provide important information to service providers in order that they can more accurately plan and target the delivery of services. The data that follows is meant to serve as a “thumbnail” sketch of the characteristics of the people that live in the Township of Tiny. The information can be used as a reference point and inform the deliberation of the types of programs and services and the target audiences that require servicing.

In Tiny Township:

- Permanent residential population 11,232, in the summer months it doubles to approximately 27,000.
- Private dwellings number 9,056 (4,323 permanent, 4,733 seasonal).
- Of the 4,000+ residences, 96.4% are single-detached houses. Of 3,955 owned residences, 380 are rented.
- Median income across all census families (types) is \$67,212.
- The Mother Tongue of the total population - English (8,280), French (1,320), English and French (60), the remaining a variety of tongues.
- Language spoken most often at home (of the total population) is English (9,620) and French (720).
- Total Aboriginal and non-Aboriginal population 10,765, of which 820 have Aboriginal identity and 9,940 have non-Aboriginal identity.

Resident's View of Tiny

During the planning process to develop a Local Aging Plan, residents who attended Input Workshops (67), were asked to describe “what they saw when they stepped outside their

¹ Township of Tiny Website <https://www.tiny.ca>

residences”. It was evident that neighbours and sense of community, natural environment and serenity, municipal services and the agricultural community are important to the quality of life in Tiny.

They indicated that there is a sense of community in neighbourhoods and amongst friends and neighbours, a clean and well-maintained community that is safe and has a variety of municipal services, a natural environment that has a variety of wildlife, trees and natural habitats and hiking trails, and a close proximity to Georgian Bay which is a source of recreation and relaxation.

On the other hand, they also cited a number of factors that impact the degree to which older adults can access services and participate in community activities. There is no recognizable Town centre, a severe lack of public and/or subsidized transportation, no permanent bank, library, local grocery store and other retail centres, and minimal municipal involvement in delivery of older adult recreation programs.

During the workshops, these same older adults expressed optimism in being able to age in place, and that as a result of the Local Aging Plan process, there will be improvements in the types of programs and services and alternatives for transportation delivered over the next several years.

Area Services Available for Seniors

The Township of Tiny’s large geographic area presents challenges in the delivery of health, social and recreation programs and services. Generally, older adults who are able to attend recreation and

social events in the Township need to have their own transportation or rely on friends and family, a volunteer driver, taxi or voluntary community organization transportation assistance. The same holds true for accessing health and social services as the majority are located in Midland, Penetanguishene, Barrie and/or Orillia, depending upon the type of service required. However there are a number of agencies/organizations that provide health, social and recreation opportunities in a variety of locations including private homes, senior residences, senior citizen clubs, and municipal facilities.

The North Simcoe Muskoka Local Health Integrated Network (LHIN) plays a key role in ensuring that health and social services are developed and delivered based upon the needs of the service area. Their Vision of, “Healthy People, Excellent Care, One System” provides the strategic basis for decision making. In their 2016-2017 Business Plan, there are three Integrated Health Service Plan Priorities that will have relevance in implementation of the Local Aging Plan:

- *Improve Access to appropriate care* - Timeliness, appropriate use of emergency services, enhanced mental health and addiction services, access to specialty care and culturally safe and linguistically appropriate care.
- *Build capacity and enhance coordination* - Enhanced infrastructure and coordinated care from providers including care of seniors and those with complex health needs, strengthening palliative care and increasing electronic integration between providers.
- *Drive system sustainability* -



Accountability for results, return on investment, access to serve and efficient use of system resources including enhancing quality and efficiency in acute care, improving quality and safety in long term care, transparency in planning and directing of future investments.

The LHIN is currently working closely with service providers to better and more quickly coordinate care for high needs patients. Through a new initiative, “Health Links”, service providers will be able to more efficiently and effectively deliver health and social services. Some of the ways this could occur include:

- Family care providers, specialists, hospitals, long-term care, home care and other community supports will work more efficiently as a team.
- Doctors will be able to connect more quickly with specialists, home care services, mental health services etc.
- Family Health Team, Community Health Centre, Community Care Access Centre or hospital.

It also continues to provide leadership in the development and coordination of the delivery

of senior services, through contracted service providers, the highlights of which are:

- Specialized Geriatric Services (SGS) - Coordinated health care services to improve health, independence, and quality of life for frail seniors with complex health needs – also helps caregivers – hospitals, CCAC, family physicians, other health professionals, home support services and community groups.
- Assisted living Services for High Risk Seniors supports - personal care, essential homemaking, ability to respond to short notice urgent situations – help seniors remain safely at home.
- Transitional care – transitional beds (e.g. Helping Hands in Orillia) support, personal support services (dressing, personal hygiene), assisting with mobility, assisting and monitoring medication use and other routine activities of living, symptom management, meal preparation, care coordination.

The LHIN receives its funding from the Ministry of Health and Long Term Care and in turn contracts service delivery through a variety of social service agencies in the context of its Integrated Health Service Plan Priorities and Health Links.

There is a wide range of key service providers that residents can access, several of which have been described below.

| North Simcoe Community Care Access Centre (CCAC) | |
|---|--|
| <ul style="list-style-type: none"> • Nursing • Personal support (help with bathing, dressing, etc.) • Physiotherapy • Occupational Therapy • Speech/language therapy • Social Work • Nutritional Counselling • Medical Supplies and Equipment | <ul style="list-style-type: none"> • Specialized Nursing – front line care for vulnerable patients – frail seniors and adults, children with complex illnesses and people who require end of life care, mental health and addiction support for students, rapid nursing care for high needs patients transitioning home from hospital, palliative care support and remote health monitoring for people with severe chronic diseases |

| Simcoe Muskoka Health Unit | |
|---|---|
| <ul style="list-style-type: none"> • Prenatal Classes • Clinics – Child Car Seat, Dental, Immunization, Sexual Health, Low Cost Rabies Clinics • Dental Screening • Parenting Water Testing/Monitoring • Water Testing/Monitoring | <ul style="list-style-type: none"> • Connection, confidential health and information service. • Food Handler Training • Triple P – parenting classes • Tobacco Cessation • Inspection/Enforcement |
| Simcoe Muskoka Red Cross | |
| <ul style="list-style-type: none"> • Friendly Visiting for seniors – one on one visitations by a trained Red Cross volunteer for an hour at least once every two weeks. • Equipment Loan Program (HELP) – health equipment to help with mobility issues. • Home Care Services – light housekeeping, laundry, grocery shopping and meal preparation – two hours twice a month. • Manual Wheelchair Recycling Program – restores, reuses and recycling of donated equipment. | <ul style="list-style-type: none"> • Meals on Wheels – affordable, nutritious meals delivery. • Telephone Assurance Program – regularly scheduled reassuring telephone call and a safety check (e.g. daily, weekly, bi-weekly, monthly). • Transportation for Elderly and Disabled – affordable transportation with a combination of cars, mid-sized vans, accessible vehicles etc. |
| Victorian Order of Nurses | |
| <ul style="list-style-type: none"> • Home At Last (HAL) – support to aging or frail adults as they are discharged from hospital to their homes. • Overnight Respite Services – centres where seniors, people with intellectual or cognitive challenges or with chronic conditions can receive care in a home-like setting, giving care givers a rest. • Private Duty Nursing and Shift Nursing – brings expertise of nurses to the home. • Smoking Cessation Program. • Wellness and Health Promotion Clinics – held in public areas or pharmacies, to offer screening tests and assessment of cholesterol, blood pressure, body mass index and other indicators or potential health problems. | <ul style="list-style-type: none"> • Adult Day Program – exercise, card and word games, communal outings, crafts for seniors and adults living with a disability or with Alzheimer’s disease, dementia or cognitive impairment (caregivers, families, and seniors). • Alzheimer’s Day Program – therapeutic, social, recreational activities. • Caregiver Support and Education- provide information, education and emotional support. • Foot Care Clinics – assessment, care and advice for all ages. • Immunization Programs – vaccinations. • In-home Foot Care. • Seniors Maintaining Active Roles Together (SMART) – community based volunteer led exercise programs. |
| Chigamik Community Health Centre | |
| <ul style="list-style-type: none"> • Community Outreach – persons living on the streets, at-risk of being homeless. • Dietician – assessment of nutritional status, provide health education. • Health Promotion – through a variety of programs and mechanisms. • Mental Health and Addictions Counselling. • Mental Health Walk-In Clinic. • Physiotherapy • Lafontaine Point of Access – clinic room providing French language services, nurse practitioner every other Wednesday. | <ul style="list-style-type: none"> • Primary Care – nurse practitioners, family doctors, registered nurses. • Telemedicine – connecting clients and providers via cameras/monitors. • Traditional Healing – Healers using traditional Aboriginal approaches to bring about wellness. • Programs including Cultural Wellness, Family Care, Healthy Eating, Healthy Lifestyle, Mental Health, Substance Abuse. |



Senior Citizen Demographics - Quick Facts

While it is important to have some awareness of the general demographic information of a community, it is equally important to gain some understanding of the characteristics, behaviours and age related implications on servicing of a target audience. In this instance, the older adult/senior citizen will be the focus of the priorities and strategies contained in the Local Aging Plan. The following information is included to help inform planning and program, service and facility/infrastructure delivery decisions.

Population

- Canada's population continues to change in ways that will influence public health in the future.
- People 65 years old and over represent Canada's fastest growing age group. This trend is expected to continue for decades.
- In Ontario
 - 14.9% of Ontarians are 65 and older, yet account for nearly half of all health and social care spending (census 2011).
 - Canada and Ontario's older population is set to double over the next twenty years, while its 85 and older population is set to quadruple (Snha, Healthcare Papers 2011).
 - In 2017, for the first time, Ontario will be home to more people over 65 than children under 15 years of age.
- In the County²
 - 31% of Simcoe's population is 55 years and over (2015), by 2041 that population is expected to increase to 41%. In 2015, 17% of the population was 65+ years.
- In Canada³
 - In 2014/15 the growth rate of the population

aged 65 years and older was 3.5%, approximately four times the growth rate of the total population. The annual growth rate of this age group was accelerated since 2011 when the first members of the baby boom generation (persons born between 1946 & 1965) turned 65. On July 1, 2015, 18.2% of baby boomers were aged 65 years and older.

- In the Township of Tiny the population 60 years and over:

| | | | |
|-----------------------------|-------------|-------------|-------------|
| 60-64 years | 870 | 440 | 430 |
| 65-69 years | 700 | 375 | 330 |
| 70-74 years | 595 | 320 | 275 |
| 75-79 years | 405 | 200 | 200 |
| 80-84 years | 240 | 110 | 125 |
| 85 years & older | 110 | 45 | 70 |
| Totals | 2920 | 1490 | 1430 |

Health^{4,5}

Canada

- Continued research and investment in public health practices will be required to address demographic changes in the future.
- Demographic shifts have brought societal change with implications for health including changes to work, retirement, pensions, families, caregiving and intergenerational relations.
- Aging is an expensive process, the top 10% of Ontario's older population characterized as having the most complex health issues accounts for 60% of the annual health care spending for this population (Ontario Senior Strategy).
- In 2004, life expectancy for men was 77.8

² United Way Centraide Simcoe Muskoka Vital Signs Report 2016

³ The State of Seniors Health Care in Canada September 2016 (CMA)
<http://www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.htm>

years and for women 82.6. However differences in life expectancy have begun to narrow and consequently the gender composition amongst seniors is expected to become more even in the coming years.

- At age 65, about one in three Canadians have developed a disability and the likelihood continues to increase with age.
- In 2015, 85% of seniors aged 65 to 79 years and 90% of seniors aged over 80 years reported having at least one chronic condition.
- About 24% of seniors have three or more chronic diseases and account for 40% of all healthcare use among seniors. Living with chronic diseases can weaken the immune system and increase the likelihood of complications due to interactions between medications.
- Today's seniors face chronic, mental health and neurological conditions as well as injuries and concerning trends are also evident among younger age groups.

Housing

- In 2011, most Canadian seniors (92%) lived in private households, and some lived in collective dwellings (8%), however of those in collective dwellings almost half were 85 years and older.
- The proportion of seniors living below Statistics Canada's Low Income Measure Line was 8.1% in 2010, up from 1.9% in 1995. In 2006, there were 164,115 senior led households unable to afford adequate, suitable and affordable shelter. That is 17.1% of all senior households in the province (Ontario Senior Strategy).
- Close to three quarters of (71.2%) senior-led households own their home. 85% of senior

homeowners have paid off their mortgages (2001).

- Falls account for approximately 85.0% of all injuries among seniors. Almost 62% of injury-related hospitalizations for seniors result from falls (2007).
- Between 4% and 10% of older adults experience one or more forms of abuse.

Employment

- From the early 1930's to the mid-1960's, about 60% of Canadians were working age, but the baby boom population increased this proportion to nearly 70%. In the future, this proportion is expected to decline rapidly and the number of working-age Canadians will fall from about 5 for every senior in 2012 to about 2.7 for every senior by 2030.
- Some older people may want to be employed for the sake of a second or subsequent career, whereas for others, employment may also be a necessity to make ends meet. Seniors participation in the workforce has more than doubled since 2000, from 6% in 2000, to 13.3% in 2013.
- For seniors aged 65 to 69 years the participation rate in the work force more than doubled between 2000 and 2012 from 11.4% to 25.5%. Seniors' participation in the labour force attenuates some of the impacts of a decreasing labour pool, leverages investments made in seniors' knowledge and skills, and provides opportunities for older Canadians to remain engaged and socially connected.

⁴ Statistics Canada <http://www.phac-aspc.gc.ca/cphorsphc-respcac-sp/2014/chang-eng.php>

⁵ Statistics Canada <https://www.canada.ca/en/employment-social-development/programs/seniors/reports/aging.html#h2.3-h3.2>



Income

- The median age of retirement is 61 (62.6% for men and 60.0 for women (2005).
- Low income among seniors in Canada has reached an all time low (2003) due in large part to the retirement system, particularly the maturation of the Canada Pension Plan and access to employer pension plans and private savings.
- According to the 2015 Global Watch Index – Canada ranks 5/96 as the best country to age in and health and finances are the primary concerns for older Canadians:
 - While 97% of Canadians receive a pension, the average CPP benefit is \$6,800 /year.
 - While Canadians have one of the longest life-expectancies, 79% are concerned about having access to affordable, quality acute, home and long-term care services.



Volunteering

- Of the population in Tiny of 8,490 that are 15 years and over, 1,900 reported providing unpaid care or assistance to seniors (e.g. in own household, outside household, friends and neighbours).



ENVIRONMENTAL SCAN RESULTS

Overview Input Workshop, On-Line Survey, and Stakeholder Interviews

A critical component of the planning process included extensive consultation with older adults that live in the Township of Tiny. 67 Township residents attended six Community Input Workshops and 81 people completed an on-line interactive survey. Of the 81 survey respondents, 40% were 66-79 years of age, 36% were 55-65, and 24% were under 55 years. Of 51 respondents, 46 live in the Township of Tiny, 3 are seasonal, 2 from Penetanguishene, and 1 from Midland and 8 have lived in their communities for less than 5 years, 8 between 5 and 10 years, 27 between 10 and 30 years, and 9 more than 30 years.

The format and questions for each method of soliciting input were developed in the context of the eight domains of an Age Friendly Community: Outdoor Spaces and Buildings; Transportation; Housing; Social Participation; Respect and Social Inclusion; Civic Participation and Employment; Communication and Information; and Health and Social Services.

While questions varied for each of the survey and workshops, they were focused on obtaining input related to things like: degree of accessibility; ability to move around; housing for now and in the future; program and service barriers; level of respect received; ease of socialization; access to information; and ability to access the health care and social services they need; etc.

A number of documents were used to help formulate questions and reporting formats and included: The Wasaga Beach Age-Friendly Community Plan; A Master Aging Plan for Brantford and The County of Brant; Finding the Right Fit – Age Friendly Community Planning (Ontario Seniors' Secretariat, Accessibility Secretariat of Ontario); Age-Friendly Rural

and Remote Communities: A Guide (Federal/Provincial/Territorial Ministers Responsible for Seniors); and Global Age-Friendly Cities: A Guide (World Health Organization).

A total of seventeen, 30-45 minute confidential telephone interview calls were held with key stakeholders that provide services to older adults in the Township of Tiny and/or in surrounding municipalities. These interviews were utilized to obtain input regarding: the mandates of the organizations; organizational servicing challenges and strategies to address the challenges; types of services provided for older persons; gaps in programs and services in the Township of Tiny; and suggestions for partnerships the Township of Tiny could pursue to extend program and service delivery.

Upon commencement of the Local Aging Plan Implementation Process, it will be important to determine the extent to which each of these organizations could be involved, along with other agencies and organizations not listed, in future delivery of services to older people in the Township of Tiny.

Key Stakeholder Interview Results

Seventeen Key Stakeholders participated in telephone interviews to provide their input related to things like: mandates of the organization; challenges that each are facing in service delivery and strategies to address them; gaps in service delivery; ways that the Township could support them in the future; what needs immediate attention; and potential partnership opportunities; etc. They included:



Key Stakeholders

- | | |
|---|--|
| <ul style="list-style-type: none">• George Cornell, Mayor, Township of Tiny• Susan MacDonald, Community Reach• Karla Trewin, Georgian Bay General Hospital• Ulla Rose, Victorian Order of Nurses• Michele Henderson, Georgian Village• Michelle Pauze, Georgian Village• Christy Tosh, Simcoe County Long Term Care• Bryan Anderson, Township of Tay | <ul style="list-style-type: none">• Sandra Eason-Bruno LHIN• Ligaya Byrch, LHIN• Marg Redmond, Past Bd. Member LHIN• Jessica North, Chigamik• Jeff Graham, Chigamik• Christine Johnston, SMD Health Unit• Judy Contin, Askennonnia Senior Centre• Christine Patenaude, CRC Tiny• Shirley Desroches, Rendezvous Complex |
|---|--|

Mandates and Age Friendly Communities

The mandate of all the key stakeholders are tied in some way to provide programs, services and/or facilities to the target population of older adults. The County is providing leadership in the development of an Age-Friendly Community Strategy that has involved a number of the key stakeholders and the Township of Tiny. In addition, the County has been providing affordable housing for 55+ adults for a number of years. Senior centres and municipalities are currently providing a variety of affordable and accessible opportunities for older adults to participate in recreation and social programs as well as in specialized physical activities. Community-based servicing organizations are providing home care, home support and education programs so that older people can age in their homes. The Township has recognized the need to be more directly involved in enhancing the living experience for older people, illustrated by their leadership in the development of a Local Aging Plan. In many instances the organizations don't have services directly offered in the Township, but Tiny residents are able to access services at facilities located in surrounding municipalities.

Key Challenges

There are a number of challenges the key stakeholder organizations are experiencing that may affect the way in which programs and

services are delivered to older adults in the future which include:

- Financial constraints created through changes in government policy and funding formulas, increasing and changing demands for services, integration of health service delivery at the provincial level, a tight labour market and increasing costs of manpower, infrastructure and operating supplies.
- The increasing number of older persons and the related growth for service, creates demands on the current health care system and voluntary service organizations and clubs.
- The inability to effectively communicate with the older adult population to ensure that there is an awareness of the services available and ways that they can be accessed.
- Not being able to transport older people that are geographically isolated, are not able to drive and/or don't have access to alternative forms of transportation.
- Having limited access to and retaining capable and qualified volunteers to plan and deliver programs and services.
- Limited capacity to maintain physical and operational infrastructure to meet new service demands and depreciation of assets.

Strategies to Address the Challenge

All key stakeholders have developed strategies to address their challenges and the following provides a “snapshot” of how they will be addressed;

- Offering community support programs with in-house resources, and also by relying on external service partners.
 - Integrating nursing and nursing support into a service team which ties into the LHIN Health Links and Integrated Service Planning.
 - Developing service partnerships with agencies and volunteer organizations to share services, and develop referral processes to increase the level of service.
 - Changes in the municipal planning process to increase housing options and the degree to which older adults can age in place to facilitate retaining home ownership and residency for a longer period of time.
 - Using evidence-based decision making processes to strengthen service planning, delivery and measurement.
 - Creating an Age-Friendly Community Plan and related communication plan as well as a transportation portal, Affordable Housing Plan, and research intergenerational programming. There are opportunities for member municipalities, service agencies and organizations to be involved in these initiatives and access resources they create.
 - Staff resources reviewed and allocated in the context of the level of funding and specific needs of the older adult population.
 - Assist senior citizen associations so they can continue to be viable and effective mechanisms in order to continue to reach older adults for recreation, provide social and health programs and services, and provide a central point of reference for service information.
- Help service providers and other stakeholders stay current with the changes being proposed to the overall health care system, particularly the ability of patients to become more involved in planning and coordinating their health care.

Township Support

The Township has not been directly involved with many of the key stakeholders interviewed in the past. However, given the Township’s interest and leadership in developing a Local Aging Plan, there are a number of opportunities to support the County, LHIN, social service organizations and volunteer groups providing older adult services.

Opportunities for the Township include:

- A designated staff member at the Township offices (for easy access and resources) to co-plan and co-sponsor programs and services with local organizations in order to assist with the implementation of the Local Aging Plan.
- Free use or reduced rental rates for facility use.
- Formally acknowledge the Rendezvous Lafontaine Complex as a Seniors home and work with them to solidify their financial position.
- Ensure that existing working relationships continue following the next municipal election.
- Municipal involvement in the Health Links initiative of the North Simcoe LHIN.
- Joint program and facility partnerships with other municipalities.



Older Adult Programming

The key stakeholders deliver a variety of recreation, social and health services to older people in the Midland, Penetanguishene, Tiny, Tay, and Springwater municipalities. The County also provides three levels of senior residences and supportive housing, with a variety of programs and services (e.g. Falls Prevention, Music and Memory, Adult Day Away, etc.). As well, it provides a variety of social services (e.g. emergency dental/dentures, vision care) and subsidized affordable housing for low-income seniors. The Health Unit provides a variety of health education and promotion, and falls prevention programs.

The Beausoleil Island First Nation provides a variety of senior citizen programs at the Guiding Lights Senior Centre and in-house and contracted health services with the Chigamik Community Health Centre in Midland. The residents also travel to Midland and Penetanguishene for a variety of other social and health services.

The Chigamik Community Health Centre in Midland provides primary care for adults, recreation and social programs (e.g. dance therapy, mindful meditation, etc.), as well as satellite family health team services at the Rendezvous Lafontaine Complex and Beausoleil Island First Nation Community Health Centre. This agency is currently recruiting a Francophone Health Promoter to work with French speaking residents of the area.

The majority of these programs are available and accessible to the general older adult population in the Township of Tiny and surrounding municipalities. The availability of affordable and accessible transportation is a primary barrier to older adults being able to access programs and services. Programs and supports that could/should be in place as people age include things like:

- Affordable and accessible transportation that will result in access to services and decrease social isolation.
- Communication of information to the right people, at the right time, in the right format so that they know what is available to them when they need it.
- Supports for and subsidy options to enable them to stay in their homes.
- Refurbishment and/or building of new municipal infrastructure.
- Health, mental health and education services that can be accessed by all (e.g. Family Health Team operating at satellite centres or a service hub).
- Respite and End of Life care either at a Hospice or in the home.
- Traditional healing and social and cultural based programming and health service delivery.
- Open access to healthy food, social inclusion, banking, medical and home health services, leisure services and shopping.
- Engaging the older adult population in determining/participating in programs and services.

What Needs Immediate Attention

There will be many challenges to address over the next few years, as a larger senior citizen population gets older. Policies and funding formulas will change, the need for accessible and affordable transportation will be greater, and more health, social and mental health care will be needed, as well as a variety of affordable and/or subsidized housing.

Therefore, it will be important to deliver an increased number of programs and services including things like; primary care, in-home

support, health education and communication of information, end of life care, grocery shopping, meals, etc. Supportive services for caregivers will be equally important (e.g. respite care) as there will be added pressure for friends, relatives and volunteers to perform many of the services that are currently being provided by agencies and organizations.

Partnerships

Partnerships will be important with key service organizations like LHIN, CCAC service providers, Chigamik, Community Reach, Hospitals and the County. Working relationships can be formed with the volunteer community organizations like Wheels for Wheels, Meals on Wheels, Askennonnia Seniors Centre, Georgian Shores Swinging Seniors Club, Bayshore Seniors Club etc. to extend service reach.

On-Line Survey and Input Workshop Results

The summary that follows, provides a brief overview of the results of the on-line survey, and Input Workshops. The findings of which are further described in the Key Priorities and Strategies Section of the Local Aging Plan (which follows). Table 1 below shows the ranking of the 8 Domains of an Age-Friendly Community as recognized by the World Health Organization (WHO). Also included are the results of the survey process and the things that should be addressed in a Local Aging Plan as a result of a low response rate.

| Table 1 | % Responding to Strongly/Somewhat Agree | Online Survey Topics With A Low Response Rate |
|---|---|---|
| Outdoor Spaces & Buildings | 54 | <ul style="list-style-type: none"> • Easy for older people to get around walking • Public Toilets in convenient locations • There are places to sit and rest in towns and villages • Strict enforcement of traffic rules and drivers give way to walkers |
| Transportation | 44 | <ul style="list-style-type: none"> • Year round driving conditions help me get to where I need to go • Affordable/accessible transit is available • Transportation is available/easily accessible • Good options for volunteer, shuttle or pooled driving |
| Housing | 52 | <ul style="list-style-type: none"> • Financial assistance is provided for home modifications • Affordable services enable older people to remain in homes • There are a variety of housing options for older people in Tiny • A variety of affordable housing options for low income people |
| Social Participation | 65 | <ul style="list-style-type: none"> • Enough recreation, social activities and events for older people • Enough fitness and health opportunities for older people • Enough educational opportunities for older people |
| Respect & Inclusion | 67 | <ul style="list-style-type: none"> • Municipal decisions take into account the needs of older people • Older people are consulted buy public, volunteer, commercial • Older people are rarely victims of crime |
| Civic Participation & Employment | 60 | <ul style="list-style-type: none"> • Skill building or personal enrichment education • Flexible employment opportunities (seasonal/part time) • Employment in retirement • Skill building for unpaid work |



| Table 1 | % Responding to Strongly/Somewhat Agree | Online Survey Topics With A Low Response Rate |
|--|---|--|
| Community Support & Health Services | 51 | <ul style="list-style-type: none"> • There is an adequate range of health and community support services for older adults available • Health and community support services for older people are easy to access, there when they need them and coordinated |
| Communication & Information | 62 | <ul style="list-style-type: none"> • I know what services are available for older adults in Tiny • Information on services for older people is easily available |

Outdoor Spaces and Buildings

| Survey | Input Workshops |
|--|--|
| <p>Survey results show that the open space and public spaces are clean and accessible, with cleanliness receiving the highest rating of 91%, followed by number of spaces and outdoor seating. The ease of walking (46%), availability of rest areas (36%) and the convenience of public toilets in open space and towns and villages (36%) are all in the low range of percentages. Of significant concern (30%) is the enforcement of traffic rules and pedestrian right of way.</p> | <p>There are a number of factors that impact the degree to which older adults can access services and participate in community activities they include:</p> <ul style="list-style-type: none"> • No recognizable Town centre. • Lack of public and/or subsidized transportation. • No permanent bank, library, local grocery store and other retail centres. • Minimal municipal involvement in delivery of older adult recreation programs. |

Transportation

| Survey | Input Workshops |
|--|--|
| <p>The results indicate that respondents generally believe they can get to the places they need to go in the Township, but year round driving conditions are sometimes challenging. It is clear that respondents have trouble accessing special transit, volunteer/shuttle or pooled driving and other general modes of transportation.</p> <p>The overall average rating of the domain at 44% (lowest of all domains) shows a real need to review current and future plans for moving people in the Township.</p> <p>An additional question was asked, “indicate which of the following transportation options you use on a regular basis”. A car driven by the respondent was the primary mode of transportation (95%) followed by walking unassisted (58%) and a car someone else drives (12%). The responses to this question show cars are the primary mode of transportation within the rural areas of the Township.</p> | <ul style="list-style-type: none"> • A well maintained municipal road infrastructure is in place to facilitate travel to and within the Township. Roads are in good condition and cleared of snow as soon as is possible. • The Township’s geography requires residents to drive or be driven by others to use facilities and access programs and services. • Modes of transportation include: taxis, rides with personal friends/relatives, personal vehicles, volunteer drivers, the ferry to Christian Island, airport shuttle services, and car pooling, and volunteer transportation services including: Community Reach; Wheels for Wheels; Community Link; Community Reach; and the Red Cross. • Winter weather impacts the manner in which people move around the Township. • Increased tourism and cottage use in the summer creates more traffic on roads and lanes, congestion in heavily populated areas and the beaches, and increased speeding infractions. <p>Barriers to Older Adults</p> <ul style="list-style-type: none"> • Lack of public transportation, or coordinated transportation support. • Ability to drive as they grow older. • Winter driving condition challenges. • Remoteness of residency in relationship to facility, program and service location. • Car ferry breakdowns and resulting extended service interruption. • Dealing with increased number of vehicles during the summer months. • The size and location of directional and parking signage. |

Housing

| Survey | Input Workshops |
|--|--|
| <p>Respondents strongly indicated that their housing meets their needs (98%) and that they are able to maintain the place they live in (94%) and that it is safe and accessible (73%).</p> <p>The ratings are considerably lower for having home modification financial assistance (25%) and affordable services to help older people stay in their home (16%).</p> <p>The availability of other housing options for older people in the Township received the lowest rating (12% and 11% respectively), which may indicate that if they were to need alternative housing it may not be available to them.</p> | <p>The Township of Tiny is largely rural, with a number of hamlets and pockets of populated areas. Most people live in private residences (there is one privately operated senior living centre and a number of in-home apartments/living areas and a small number of “granny flats”).</p> <p>Many of the homes in the areas of the beaches are converted summer cottages, to which the owners have retired to become full-time residents of the Township. There is no subsidized housing in the Township for older adults.</p> <p>Challenges to Living in the Township</p> <ul style="list-style-type: none"> • Increased downsizing is anticipated as people grow older and less capable of taking care of a home and/or being able to afford the upkeep. • Vandalism and break-ins, due to remoteness and isolation. • Being able to access health, social and recreation services when they are needed. • Rising costs of utilities and property taxes and other services needed to age in place. • Availability and affordability of home repairs and maintenance. • Retrofitting of homes to be more energy efficient and maintenance free. |

Respect and Inclusion

| Survey | Input Workshops |
|---|---|
| <p>This domain is the highest average ranked of the eight domains, which indicates that there is a strong need to continue to build community amongst older people and other Tiny residents.</p> <p>Of 60 respondents, 96% feel safe, 78% feel an acceptance of diverse backgrounds, 74% believe there is a sense of community, 72% think they are respected, older people are included in community wide events and recognized for contributions (71%, and 63% respectively), and 62% feel they are valued for wisdom and experience.</p> <p>Consulting older people (51%) and taking into account their needs in municipal decisions (55%) will continue to be challenges in the future. Only 47% considered seniors are rarely victims of crime, which may reflect the rating of feeling safe.</p> | <p>There is a feeling of respect from Township Council and many fellow residents, opportunities for being involved in intergenerational activities and are recognized for contributions.</p> <p>On the other hand, disrespect is shown by not slowing down for older people, leaving trash and being noisy at beaches, not sufficient translation of important and/or other communication of information into the French language, and the credibility older people have with youth.</p> <p>Ways Older People are Involved in the Community</p> <p>The community feels they’re involved in community events and activities. They believe there are sufficient opportunities to be a volunteer. In the past, older people were not specifically invited to community events, but this practice has improved. They feel listened to by Council but sometimes there is not sufficient follow up on promises made.</p> <p>Older people are included in the following ways:</p> <ul style="list-style-type: none"> • Chair of a church group. • Volunteer for the Education Authority and Health Committee (First Nation). • A Georgian Bay Elder (First Nation). • Help neighbours with appliance and home repair. • Member of the Veteran Association. • Member of the Heritage Committee. • Catholic Church Volunteer |



Social Participation

| Survey | Input Workshops |
|--|---|
| <p>Respondents clearly indicated that activities and attractions are affordable (84%), and are held at convenient times (83%).</p> <p>They generally feel that there are enough spiritual or religious activities for older people and lots of ways to meet new people (77% and 63% respectively).</p> <p>Results show that having enough recreation and social activities and events (56%), and enough fitness and health opportunities (54%) may be an area of focus for an aging plan.</p> <p>Having enough educational opportunities received the lowest rating (38%).</p> | <p>There are numerous ways older people can socialize, become involved in social and other groups, and generally stay in touch with their friends and each other.</p> <p>Some of the ways this is accomplished is through; volunteering, events, small networks centred on specific needs, seniors programs, ratepayer/shoreline association meetings and events, organization Annual General Meetings and Special Events, coffee shops, Rendezvous Centre sponsored activities; and municipal special events like the Santa Claus Parade, Tree Lighting, and festivals.</p> <p>Many participate in special interest activities like golf, curling, walking, pickle ball, VON exercise classes, drumming (Rendezvous Centre), and cultural celebrations.</p> <p>Barriers to Social Participation</p> <ul style="list-style-type: none"> • Few coffee shops, restaurants and 'cafes' for visiting with friends. • No library. • Geographical distances and transportation short falls. • Fear by older people of change, the unknown and fraud. • Internet challenges – expertise and comfort level low. |

Civic Participation and Employment

| Survey | Input Workshops |
|---|--|
| <p>Most of the respondents reported that they believe volunteering (88%) and attending or participating in meetings about local government (92%) are important, as is being involved in advisory councils and boards etc. (83%).</p> <p>Respondents rated opportunities for skill building, for work or unpaid work, employment in retirement, flexible employment opportunities and skill building or personal enrichment as requiring attention (low of 30% - 53%).</p> <p>92% have an interest in volunteering, 91% have enough money to pay property taxes and bills, 74% know where to find volunteer and employment opportunities, 61% believe input is welcome from older people to decision making bodies, and 48% have an interest in part time employment.</p> <p>Of 55 responses, 100% of respondents voted in the last election, 18% have never attended a council/public meeting, 53% have never watched a Council or public meeting on media.</p> | <p>Time did not permit during the meetings to ask any questions, however the On-Line Survey results will provide sufficient information to determine the extent to which people participate in civic and/or employment activities.</p> |

Community Support and Health Services

| Survey | Input Workshops |
|---|--|
| <p>This domain was the second lowest rated domain at 51%. Results indicate that there are gaps in the range and availability of health services as only 25% of respondents strongly agree/somewhat agree.</p> <p>Of the 53 responses, only 25% of respondents generally believe health services are easily accessed and are there when they need them.</p> <p>84% of respondents have access to a physician and 72% believe that most health care providers are aware and sensitive to the unique needs of older people.</p> <p>Of 26 responses, there is an availability to preventative health screening (73%), but rated lower is the availability of affordable quality physical health care (53%), health information and support (50%) and mental health care (34%).</p> <p>Of 43 responses, 89% stay physically fit, but have lower rating for getting the oral health care (44%), getting health care they need (37%), affordable medications (32%) and affordable health insurance (18%).</p> <p>Retail and service staff are courteous and helpful (75%), but lower scores were noted for a good variety of shopping options (31%), and cost relief and financial support available when needed (11%).</p> <p>Of 52 responses, 3% of respondents rated health and social services as excellent, 31% good, 41% fair, and 23% poor.</p> <p>53 respondents were asked to rate the factors that affect their ability to access services. 30% indicated hours of services are available, 44% geographic location of services, 34% transportation and being physically able to get there, cost or out of pocket expenses 34%, long wait lists/times 31%, not meeting eligibility criteria 32%, lack of awareness of services 42%, language or cultural differences 16%, and stigma related to accessing some services 7%.</p> <p>84% of respondents consider themselves to be in good health, 5% require assistance in daily living and 19% listed themselves as other (most general comments about state of health).</p> | <p>It was clear during the meetings that the need for these services is greater than the services that are currently available. For example, there is no blood work facility for public access, people drive to surrounding communities for physicians and nursing services. Often new residents are required to maintain relationships with health professionals and practitioners in the communities they moved from. Specialist services, including rheumatology, cardiology, etc. require driving to Midland and Penetanguishene.</p> <p>Fortunately, the hospital emergency department and other emergency related support services are efficient and generally available when needed. Local aging plans are being developed by the surrounding communities and the County of Simcoe which will also influence the manner in which services will/can be provided in the future.</p> <p>Gaps in Service</p> <ul style="list-style-type: none"> • No services located in the Township - all are in surrounding municipalities or in Barrie and Orillia. • No central hub or satellite clinics open to the general public in the Township. • Blood work clinic in Midland is available on a first come, first served basis, and is often quite busy. • No walk-in clinic for the general public, currently need an affiliation with one of the practicing physicians/nurse practitioner. <p>Suggestions for Remaining in Community and Aging Actively</p> <ul style="list-style-type: none"> • Develop a “service hub” with a walk-in clinic, centrally located in the Township for health, social and recreation services that contains a family health team of practitioners and is open to all in the community that require the services. • Provide access to a variety of home centred services including home health visits, paramedic services, CCAC services (home support, personal care, housekeeping, etc.), meals, snow removal, and grocery shopping, etc.). • Outreach services to all parts of the Township that include things like Meals on Wheels, physiotherapy, foot care, respite care, and programs of other facilities like the Huronia Transition Homes, etc. • Form partnerships with agencies and organizations like the Rendezvous Centre, Georgian Bay Cancer Support Unit, Hospice Huronia, Chigamik and Askennonia Seniors Centre to provide services in the Township. |



Communication and Information

| Survey | Input Workshops |
|---|---|
| <p>Most respondents are well informed about events (79%), have adequate information about public programs like CPP (71%) and the information that they get is clear, readable and in the right format (67%).</p> <p>Responses for knowing what is available (50%) and getting information easily (48%) are much lower.</p> <p>The top four sources of information were word of mouth (77%), free newspapers (67%), and local newspaper 62% and the internet on a personal computer (45%). The lowest rated methods were seniors help line and internet on a borrowed or public computer (both 0%) and church newsletters or bulletins (3%).</p> | <p>Many people don't have access to the internet or choose not to use technology, some of those that the access indicated it is very slow. Others may have technology and equipment and are not skillful at using it.</p> <p>Many people don't read information or listen to media until they have a need, which often is difficult to accommodate. Often there is so much information available that it seems overwhelming to some.</p> <p>Respondents indicated that the responsibility for lack of information and awareness should be shared between the communicators and the older audience.</p> <p>Communication Challenges</p> <ul style="list-style-type: none"> • The font size and type of telephone books and other directories are difficult to see and read. • Expectations of new residents for more information in new formats creates friction with some long-standing members of community. • Often communications and reports are not translated into French. • High-speed internet connections are not consistent throughout the Township • Automated answering machines are confusing for many older people to navigate to the services/person in which they have an interest. |



VISION, MISSION



Vision Statement

An inclusive and caring community that provides the necessities for healthy aging and personal quality of life.

Our Focus to Achieve the Vision

The World Health Organization was an originator of the framework for Age-Friendly Communities. We have adapted their five Principles to guide us in our planning and decision-making.

Respect and support of all citizens

- Citizens are vital members of the community, have the right to make lifestyle choices, and are deserving of respect and dignity.

Access and inclusion for all

- Create fair access to resources, supports, and spaces for all citizens.

Community engagement in decision-making

- Value and involve older adults in all aspects of decision-making and program development.

Liveability

- Promote the values of 'liveable communities' and create relevant services and vibrant public spaces.

Accountability

- Plan and deliver programs, services to create an age friendly community that reflects the five principles.

Mission Statement

The Township of Tiny will provide access to housing, transportation, health-care, recreation and such other services that will enhance the dignity of seniors as they age.



KEY PRIORITY AREAS AND STRATEGIES

Overview

The summary and analysis of the results of the Input Workshops, On-line Survey, and Stakeholder Interviews identified many of the services that are being delivered effectively (what we are doing well). Service gaps and areas of service delivery are needs for improvement.

The 8 Domains of an Age-Friendly Community have been used as a reference point for educating people about the concept, framing questions, and guiding discussions with older adults. To maintain consistency, the Domains have been used to provide the structure for the Eight Key Priority Areas. The descriptions of each that have been developed by the World Health Organization will provide context for the Objectives and Strategies in each Key Priority Area.

In each Key Priority Area, objectives and strategies encompass those services that older people are relatively happy with, and could continue to be enhanced through good planning and delivery. The objectives and strategies also encompass those services that are not being delivered well or may not exist, and could be improved through good planning and delivery and partnerships.

Care has been taken to clearly define high-level strategic objectives and strategies for each Key Priority Area to keep the number of initiatives manageable. The Senior Advisory Committee and municipal staff (and others involved in the implementation of the Local Aging Plan) will need to review each Key Priority Area and prioritize the work in relationship to the financial and human resources that may be available at any given time. This plan will continue to evolve as progress is made.

Positioning the Key Priority Areas

This Local Aging Plan will endeavour to demystify the “Myths of Aging” as defined by the World Health Organization in 2008 which include the following:

- Mental and physical deterioration can be expected.
- Healthcare is a primary issue for older persons.
- Investment in older people is a waste of resources.
- Older workers take away jobs from younger people.
- All older people have similar needs.

Valuing aging starts with challenging these myths and changing attitudes. With aging, as with most life transitions, there are changes but not all are negative. Also disease is not driven by age alone.

Healthcare is an important component for all populations, and while seniors can be larger users, other issues such as staying active and living independently are more often a focus. In addition, evidence suggests that investments into healthy aging can reduce healthcare and related costs.

Ontario Seniors Strategy

The Goals for Seniors as outlined in the Ontario Seniors Care Strategy will also serve as guideposts, ensuring that the initiatives are in alignment with the key priority areas of the Ontario Government.

1. Improved health and quality of life.
2. Ability to remain at home longer.
3. Unnecessary hospitalization avoided.
4. Increased ability to self-manage health.

Other Reports Outlining Key Priorities of other Stakeholders and Service Providers

It will be important to continue to position initiatives in alignment with the strategic direction of other stakeholders and service providers to reduce duplication and confusion. This alignment will manifest partnership opportunities and maximize already limited resources. Some of the key reports/programs include:

- LHIN – 2016-2017 Business Plan, Health Links Program.
- Ontario Senior Strategy.
- Simcoe Muskoka District Health Unit Strategic Plan.
- County of Simcoe Transportation Master Plan, Our Community Affordable Housing and Homelessness Prevention Strategy.
- Township of Tiny – Parks and Recreation Master Plan, Strategic Plan 2015-2020, Trails and Active Transportation Plan, Multi-Year Accessibility Plan 2016-2020.

Service Partnerships

It has to be expected that Municipal and Provincial policies, regulations and practices will continue to change, as will the availability of financial resources. Therefore it will be fundamentally important to identify, create and maintain mutually beneficial partnerships with as many service agencies and organizations as possible. Those that have been identified as potential partners through this planning process include:

- The North Simcoe Muskoka LHIN.
- The Simcoe Muskoka Branch Canadian Red Cross.
- Simcoe Muskoka District Health Unit.
- County of Simcoe.

- North Simcoe Muskoka Community Care Access Centre.
- Chigamik Community Health Centre.
- Beausoleil Family Health Centre.
- Community Reach.
- Georgian Bay General Hospital.
- Voluntary organizations like: Wheels for Wheels, Meals on Wheels, Askennonia Seniors Centre, Georgian Shores Swinging Seniors Club, Bayshore Seniors Club.

Goals, Objectives, Strategies

1. Outdoor Spaces and Buildings

Enhancing physical well-being and quality of life, accommodating individuality and independence, fostering social interaction and enabling people to conduct their daily activities. (WHO)

Goal: Create outdoor spaces, buildings and amenities that encourage older people to be active and foster social interaction.

Objectives:

- a. Ensure that public and private infrastructure design and maintenance are consistent with the needs of older adults.

Strategies:

- Develop walking paths, sidewalks and crosswalks in high traffic areas in villages and hamlets.
- Supplement foot traffic infrastructure with conveniently placed washrooms and rest areas.
- Work with traffic enforcement officials to reduce speeding violations.
- Continue to create and



maintain green space and recreation facilities that are accessible to all residents.

- Work with the Economic Development Corporation of North Simcoe to determine the feasibility of attracting banking and other retail services to the municipality.

- b. Engage older adults in the planning and delivery of facilities, and develop fee and access policies reflective of community needs.

Strategies:

- Review and adapt rental policies and rates to reflect user capacity to pay.
- Make beaches and recreation facilities open and available to the general public at times they are needed.
- Integrate the recommendations of existing plans as listed in the Local Aging Plan with new facility, service and program development.
- Ensure that recreation and health service facilities are dispersed throughout the Township, located in close proximity to the target audience.

2. Transportation

Access to transportation allows seniors to participate in social, cultural, volunteer, and recreational activities, as well as enabling them to carry out such daily tasks as working, shopping or going to appointments. (WHO)

Goal: Devise a community-based transportation strategy that includes a variety of options for older people to get to where they need to go.

Objectives:

- a. Establish a community-based transportation (transition) planning process that will

increase access to services and decrease social isolation.

Strategies:

- Appoint a Transportation Advisory Committee with representation from the Municipality, specialized transportation providers, and County officials.
- Review the County Transportation Master Plan and the Trails and Active Transportation Master Plan in the context of the Local Aging Plan to set the context for future planning.
- Create a short-term Transportation Plan that focuses on the transitioning needs of older adults as they age and other persons of need in the community.

- b. Maintain a transportation infrastructure that facilitates effective movement of older adults.

Strategies:

- Ensure that municipal roads, sidewalks and walkways are well designed and maintained, intersections are well marked, signage is visible and roads and walkways are well lit.
- Explore the feasibility of providing volunteer based driveway/laneway entrance-way clearing during periods of extended snow fall.

- c. Increase the accessibility of transportation for older adults.

Strategies:

- Conduct a review of existing non-profit, government, agency and private transportation options.
- Establish a community-based service encompassing community and Government organizations that increases access to affordable, alternative forms of

transportation.

- Identify and negotiate partnerships to enhance transportation within the Township and to surrounding municipalities.

3. Housing

The ability to live independently in one's own home depends on a range of factors, including good health, finances and the availability of support services. (WHO)

Goal: Create an environment in which there are a variety of housing options and supports in place so that older people are able to age in place while in the Township of Tiny.

Objectives:

- a. Develop Municipal planning policies and processes that facilitate the development of additional, alternative housing choices.

Strategies:

- Review and revise local planning area designations, particularly, in hamlets and villages to enable the development of alternative forms of affordable housing (granny flats and homes suitable for older people).
- Engage with developers during the planning approval process to incorporate housing styles and design features that are consistent with an aging population's needs.

- b. Assist older adults with housing transition and/or build capacity to remain in a residential home.

Strategies:

- Increase the capacity of older people through educational forums and workshops.

- Explore options and create opportunities for support with minor home repairs, yard maintenance and snow clearing.
- Provide support for modifications and renovations to homes and installation of specialized equipment.

- c. Explore options of increasing the number of long term care facilities in the Township.

Strategies:

- Conduct a formal review in conjunction with the County of Simcoe, private senior residence operators and other interested parties to determine the potential for future development of senior residences and multi-care facilities in the Township.

4. Respect and Inclusion

Older people want to do more than simply continue to reside in their communities – they want to be able to contribute to, and benefit from, community life. Active and involved seniors are less likely to experience social isolation and more likely to feel connected to their communities. (WHO)

Goal: Promote an environment in which older people feel included, acknowledged and respected.

Objectives:

- a. Build positive community attitudes through an increased understanding of aging and intergenerational needs within the community.

Strategies:

- Provide support to families in challenging circumstances to help prevent elder abuse.
- Initiate a program of public education on the importance of treating older people with



respect while also recognizing their roles in the community.

- Formally recognize the past and present achievements and contributions to the community older adults have made.

b. Demonstrate inclusiveness of older people by their involvement in community decision-making.

Strategies:

- Regularly consult with older adults on matters of public planning, policy and recreation programs and services.
- Actively recruit older adults to participate on civic and volunteer agency and organization boards of directors.
- Ensure that communication and consultation with the Francophone community is in their language of origin.

c. Provide adaptive programs, services and facilities to accommodate the needs of older people.

Strategies:

- Review and improve access to the internet, making it more user friendly.
- Invite older adults to participate in the planning of community activities and special events.
- Review the existing inventory of arts and culture program space. Begin a process of upgrading and enhancement to accommodate the special needs of the older adult population.

5. Social Participation

Social networks, social participation and feelings of belonging are important to healthy living, disease prevention and the prevention of isolation among seniors. Older people who remain active

in society and socially connected are happier, physically and mentally healthier, and better able to cope with life's ups and downs. (WHO)

Goal: Foster social integration so that older people can continue to exercise their competence and maintain and enjoy caring relationships with other people.

Objectives:

a. Establish partnerships to deliver a wide range of recreational and social events.

Strategies:

- Assist local and neighbouring senior citizen associations and clubs to continue to be financially viable.
- Establish cooperative working relationships with neighbouring municipalities to plan programs, share facilities and jointly promote services.
- Work with the Rendezvous Lafontaine Complex and other care providers to integrate senior resident activities with those in the community.
- Align with the Beausoleil First Nations to integrate indigenous recreation and health programming with the Township of Tiny's senior citizen programs and events.

b. Deliver more diversified programs and services for older people at the right times and in the right places.

Strategies:

- Develop a series of Senior for Senior in-home visiting programs in conjunction with service partners.
- Initiate whenever possible, intergenerational programming, to increase the interaction between youth and older adults.
- Involve older adults in the design of

recreation and social programming in municipal facilities.

- Promote church and related community activities (that include food) to encourage more networking and socialization.

6. Civic Participation and Employment

Seniors have a great variety of skills, knowledge and time to contribute to their communities in a range of areas, including civic participation, volunteer activities and employment. (WHO)

Goal: Recognize, celebrate and capitalize upon the wealth of knowledge and experience that older people bring to the community.

Objectives:

- a. Create multiple opportunities through which older people can contribute to their community.

Strategies:

- Establish a volunteer database that includes a description of qualifications, experience and preferences for involvement.
- Work with the local businesses and the agricultural community to identify and promote paid employment and volunteer opportunities that are accessible and accommodate the needs of older adults.
- Provide incentives for older people to be politically active on Municipal Council and other related Committees.

- b. Provide skill building and personal enrichment opportunities.

Strategies:

- In conjunction with other community partners, develop a series of skill building and/or personal enrichment educational

courses for older adults.

- Offer municipally sponsored volunteer training programs in conjunction with community organizations and agencies.

7. Communication and Information

Keeping older adults informed about community events and broader community information allows seniors to be better connected to their community and supports them in their daily activities. (WHO)

Goal: Create and distribute timely information to the older adult population to ensure they are kept well informed of programs and services.

Objectives:

- a. Raise the profile of older adult services and programs to increase participation.

Strategies:

- Develop an annual marketing and communication plan.
- Continue to work with other government agencies and service providers to assist with messaging and information distribution.

- b. Devise formats and types of information that will be effective in reaching older people.

Strategies:

- Conduct market research to determine the types of information, preferred methods of delivery and other methods to reach older adults, and integrate findings into communication practices.
- Translate information relevant to older people into the French language and ensure that it is distributed to the Francophone community.



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- c. Establish mechanisms and processes through which information can be easily distributed to and accessed by older adults.

Strategies:

- Establish a media relations contact list with service providers and government agencies to distribute and request information about senior services.
- Establish an information clearing house at the Municipal Offices and develop an “Age Friendly” section on the Township website.
- Provide assistance to older people in navigating the local health care network.
- Partner with the North Simcoe Muskoka Community Care Access Centre (CCAC) to promote the Make the Connection 211 Information service.
- Work with local media and other information distribution organizations to ensure that print size, colour and voice messaging is “older adult friendly”.
- Provide public spaces where older people can access high-speed internet services and print materials etc.
- Collaborate with organizations that provide home care to devise ways to distribute information directly to older people in their homes.

8. Community Support and Health Services

Whether or not people are able to age in place depends upon a number of factors, including the availability of support and services like medical and personal care. (WHO)

Goal: Contribute to maintaining the health and independence of older people through the availability of accessible and affordable physical health, mental health and other social services.

Objectives:

- a. Develop a physical health, mental health and social service strategy that will address the four barriers to health care as identified in a publication of the 2015 Global Watch Index.

- We do little to empower patients and caregivers with the information they need to navigate the system
- We don't require any current or future health or social care professional to learn about the care of the elderly.
- We don't talk to each other well within and between sectors and professions.
- We work in silos and not as a system.
- We plan for today and not for tomorrow with regards to understanding the mix of services we should invest in to support sustainability.

- b. Work with service agencies and organizations to enhance home support services.

Strategies:

- Provide organizational and administrative support to agencies and organizations providing home support services so that primary care, social and mental health, and Friendly Visiting services can be expanded. Explore the feasibility of introducing end of life care, located either in the home or other facility in the township.

- c. Establish mechanisms and processes through which information can be easily distributed to and accessed by older adults.

Strategies:

- Work with the Rendezvous Complex to determine the feasibility of establishing a satellite or service “hub” to deliver services of a Family Health Team.
- Establish working relationships with service

agencies to enable the delivery of non-traditional medicine like massage therapy, physiotherapy, traditional healing, etc.

- Consult with the North Simcoe Muskoka LHIN to establish a local servicing point for the frail elderly within the context of the Specialized Geriatric Services strategy.
- Improve outreach service delivery in collaboration with service agencies and organizations to expand the delivery of chiropractic, physical aids equipment loan, grocery delivery, Meals on Wheels, and foot care, etc.

- Begin the process to integrate a respite care component to all municipally sponsored recreation and social programs.
- Improve the availability of affordable, accessible transportation so that older people do not have to use personal vehicles or friends and families to access care.
- Use retired physicians and pharmacists to assist older people in navigating the local and regional health care system.



COMMUNITY PARTNERSHIPS

Throughout the consultation process, it was evident that the most efficient and effective way to move forward is to form mutually beneficial partnerships with local, regional and provincial service agencies and organizations. In the Key Priority Areas and Strategies Section of this plan, there are a number of partnerships identified that will result in enhanced service delivery in the Township of Tiny. Township Council and staff can play a key role in assisting the Senior Advisory Committee to implement the plan by taking leadership in working with the partners, and also in identifying new partners to consider in the future.

The North Simcoe Muskoka LHIN will be continuing to evolve over the next few years through service consolidation and wherever possible be relying on local municipalities and service organizations to play a bigger role in coordinating the delivery of

services in the community. Forming partnerships with local agencies and organizations positions the Municipality to capitalize upon provincial initiatives.

The County of Simcoe is in the process of completing an Age-Friendly Plan so it will be important for the Township to continue to liaise with the County and tie local initiatives to those of the County. In the short term, improvements can be made to the service system by partnering with the CCAC to promote the 211 Information System.

As provincial health funding continues to be “stretched”, there will be added pressure on the local level to expand in-home/local servicing outlets and facilities. The Township of Tiny could provide leadership and be a key member of a local servicing network of providers.



IMPLEMENTATION



This plan is based upon extensive community consultation and other research related to Age-Friendly Communities. A number of strategically positioned Goals, Objectives and Strategies have been developed for each of the 8 Age Friendly Planning Domains. This plan will be reviewed by the Senior Advisory Committee where further input will be solicited. This plan will then be presented to Township Council in March 2017 for acceptance. The plan will then be launched at a Community Symposium scheduled for March 2017 with the implementation process to follow.



It will be necessary during the first phase of implementation to ensure that all individuals that contributed during the planning process are notified of the plan completion and invited to participate in implementation. The Senior Advisory Committee has been identified as Lead Committee to implement the direction contained in this Local Aging Plan. As this is a “framework for action”, the committee will be required to prioritize the work of each domain in relationship to the financial and human resources that are available, begin a process of financial planning that will ensure that the process continues to be sustainable in the future, and establish a timeline and identify individuals that will be responsible to do the work. The Transportation, Housing and Health and Social Services Domains were identified in the process of needing special attention early on in the implementation process.



An annual Community Symposium should be held with service providers, community residents and other stakeholders to provide an update on the plan.



APPENDICES

Appendix #1 – Input Meeting Results

Appendix #2 – On-Line Survey Results

Appendix #3 – Key Stakeholder Interview Results



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