

Mackenzie and Area Seniors' Needs Project:
Seniors' Housing and Support Services Database Compendium

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Greg Halseth, Neil Hanlon, Virginia Pow, and Rachael Clasby
Prince George
September 2004

Availability

Copies of all reports associated with the Mackenzie and Area Seniors Needs Study are available in a number of locations. In Mackenzie, copies have been deposited with the District of Mackenzie and the public library. At the University of Northern British Columbia, copies have been deposited at the Weller Library or can be accessed on Greg Halseth's website: <http://web.unbc.ca/geography/faculty/greg>

Project Reports

Methodology Report
Background Literature Report
Population Background and Trends
Northern Seniors Housing and Support Services Report
Final Report
Executive Summary

Contact Information

For further information about this topic and the project, feel free to contact one of the principal researchers at UNBC:

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1.0 Project Description

The purpose of the Mackenzie and Area Seniors Needs Project is to examine housing and support service needs for seniors in the District of Mackenzie and surrounding area. The work was carried out by a research team from UNBC with the goal to provide decision-makers and community groups with information relevant to decision-making over community planning and infrastructure investments. The project was carried out over the summer of 2004.

Since the 1980s, Canada's population has been aging. In small towns, the provision of housing, services, and facilities influence the decisions of individuals when choosing to retire in a community. In Mackenzie, there were about 50 people over the age of 65 in 1991, but by 2001 there were approximately 140 people over age 65 (Statistics Canada, 2001). The increase in the number of older residents, and the increase in the number of residents who wish to remain in Mackenzie when they retire, has raised the level of interest in how the community, local services, and available housing options will meet the needs of a growing seniors' population. As a result, UNBC and the District of Mackenzie are working together to assess the housing and service needs for older residents.

2.0 About this Report

This report provides a compendium of housing and service options available throughout Northern BC, as well as selected other jurisdictions that were mentioned by participants in Mackenzie at different phases of our research project. We also provide an update on recent provincial government initiatives in the areas of continuing care (i.e., long-term care, community-based initiatives and home care), since these have a major impact on the range of options available to seniors, including the areas of private care and residential options. The database compendium also contains links to various levels of government, research institutes and associations, health authorities, housing and care providers.

As a note of caution to readers, this document provides only a sampling of resources by selected communities, and does not claim to be a comprehensive guide or resource. We have collected information that is as up-to-date as we could find, but readers should be aware that conditions can change fairly quickly in these activities, and all of the information provided here is subject to change.

Much of the information in this report has been extracted verbatim or adapted from other materials, and we have been careful to make reference to these sources. Interested parties should consult these sources for further information.

3.0 Glossary

3.1 Definitions of Types of Seniors Housing

Independent living is one component in the continuum of support options for seniors and people with disabilities. Independent living encompasses two types of housing; independent housing with some support services, and assisted living for those who need a greater level of care. The key difference between these two types of housing is the level of personal assistance provided. Typically *independent living* units offer support services and are self-contained, barrier-free apartments. Occupants receive hospitality services such as meals, housekeeping and laundry services, social and recreational opportunities, and a 24-hour emergency response system.

Residential care provides supervision and assistance with the activities of daily living in a protective, supportive environment for people who can no longer be looked after in their homes. To receive residential care you must satisfy age, health status and residency requirements.

Continuing care retirement facilities offer a range living units from independent to skilled nursing facilities, often in one location. Residents enter independent units when in good health, but remain and move to more supportive housing within the facility when additional services are needed.

Continuing care is an integrated mix of health, social and support services offered on a prolonged basis to individuals whose functional capabilities are at risk of impairment, temporarily impaired or chronically impaired. The objective of continuing care is to maintain, and improve the functional independence and quality of life of these individuals. Care is provided by formal and informal caregivers in the least restrictive setting: at home, in the community, or within facilities.

Retirement communities refer to seniors-only, single-family houses, condominiums, or rental apartments that do not provide any personal services. These developments may provide amenities and recreational facilities, such as golf courses.

3.2 Home and Community Care Designations*

*Adapted from NHA Caring for Our Seniors May 2003

In 2002 the Northern Health Authority implemented new provincial policies for residential care facilities.

These policies include:

- clients are now waitlisted on the priority of their care needs, instead of the previous system when clients were waitlisted on a first-come first serve basis,

- residential care is now reserved for clients with the highest care needs in a level now called Complex Care. Complex Care includes people who would have previously been in extended care or higher levels of Intermediate Care (IC3).

Current Designations:

Home Care*

*Home Care remains the same under the old and new care designations.

Home care is provided to support seniors' independent living.

The range of home care options includes:

- post-acute care such as intravenous and oxygen therapies,
- home care assistance with activities of daily living,
- adult day-care programs,
- meals-on-wheels and other services,
- home-based palliative care,
- home-care nursing,
- home-based rehabilitation like occupational therapy or physiotherapy,
- case management, and
- social work services.

Independent Living-Independent Housing with Support Services

This housing option combines shelter features and services to enable people to remain in the community as long as they are able to self-direct their own care. These housing options help seniors retain their independence, with some extra assistance.

These housing units typically include:

- one-bedroom private apartments where tenants receive some assistance with:
 - meals,
 - housekeeping,
 - laundry services,
 - recreational opportunities,
 - case management,
 - home care nursing,
 - 24-hour emergency response services, and
 - scheduled home support care services.

Independent Living-Assisted Living

These housing units typically include all the features of Independent Housing with Support Services, as well as:

- two meals a day.

Personal care services such as:

- grooming,
- mobility,
- medication, and
- scheduled and unscheduled care services.

Assisted living provides an environment that balances the desire for independence and privacy with ready access to support and personal care services.

Complex Care*

*Complex Care includes the former Extended Care designation, and the more serious levels of Intermediate Care.

Complex Care is provided to clients in residential facilities who require 24 hour care who have:

- severe behavioral problems on a continuous basis,
- have cognitive impairment, ranging from moderate to severe, and
- are physically dependent but not cognitively intact with medical needs that require professional nursing, have multiple disabilities and/ or medical problems.

Former Designations:

Home Care

Home Care remains the same under the current new care designations.

Intermediate Care*

*Clients in the lower designations of Intermediate Care (IC1, IC2) are now provided assistance Independent Living Units, either in Independent Housing with Support Services or Assisted Living. Clients in the higher levels of Intermediate Care (IC3) are now under the Complex Care designation.

Intermediate Care has provided residential care for clients with wide-ranging conditions.

Intermediate Care 1 (IC1): This level of care recognizes the person who is independently mobile, with or without mechanical aids requires moderate assistance with ADL and requires daily professional care and/or supervision.

Intermediate Care 2 (IC2): This level of care recognizes heavier care and/ or supervision requiring additional care time. The basic characteristics of this level of care are the same as IC1.

Intermediate Care 3 (IC3): This level of care recognizes the pshcyogeriatric person who has severe behavioral problems on a continuing basis. However, this level of care may also be used for persons requiring a heavier level of care involving considerably more staff time than above, but who are not eligible for extended care. The basic characteristics of this level of care are the same as IC2.

Extended Care*

*Extended Care clients are now under the Complex Care designation.

Extended Care has been provided for people who:

- have a severe chronic disability,
- require 24 hour a day professional nursing services and medical supervision, and
- do not require all the resources of an acute care hospital.

3.3 Continuing Care Definitions

Community Based Services:

Meals-on-wheels is a voluntary community service providing hot, nutritious meals delivered to clients in their homes or in a communal setting at a reasonable cost. Meals on wheels and congregate meals (served in a group setting) may also be available. The goal of Meals-on-Wheels is to supplement a client's diet by delivering an attractive nourishing meal to help maintain or improve health.

Homemaker services are provided to clients who require nonprofessional personal assistance with care needs or with essential housekeeping tasks. Personal assistance needs may include help with dressing, bathing, grooming, and transferring, whereas housekeeping tasks might include activities such as cleaning and meal preparation.

Home nursing care provides comprehensive nursing care to people in their homes. This community-based program provides one-to-one nursing care in the clients own environment. Home nursing care encourages clients to be responsible for and to actively participate in their own care. Goals for nursing care can be curative, rehabilitative, or palliative.

Community physiotherapy and occupational therapy services provide direct treatment and consultative and preventive services to clients in their homes, arrange for the necessary equipment to cope with physical disability and train family members to assist clients.

Adult day centres are an organized program of health, social, and recreational activities in a group setting, depending on local needs, resources and client characteristics. Adult day centres provide personal assistance, health services such as changing medical dressings, nutrition counseling and assistance with medication, and may include additional services. The program is designated to maintain persons with physical and/or mental disabilities, or restore them to their personal optimum capacity for self-care. Adult day centres may be established within a residential care facility or may be located in a free standing building.

Group homes are independent private residences which enable persons with physical or mental disabilities to increase their independence through a pooling a group resources. They must be able to participate in a cooperative living situation with other disabled individuals.

Respite services may be provided to primary caregivers to give them temporary relief by providing a substitute for the caregiver in the home or by providing an alternate accommodation to the client.

Home support provides assistance to clients to continue living in their own homes, or to provide respite and assistance to informal caregivers. The services include personal assistance (bathing, dressing, grooming, preparing meals, etc) and housekeeping when appropriate. There may be a charge for these services, depending on a person's income. Below a certain income there is no charge for these services.

Caregiver support services provide a period of relief to caregivers (e.g. family member or friend) either through home respite services, adult day centres or by admitting the client to a care home for a short period.

Palliative care includes professional nursing, rehabilitation, home support, respite, counseling, bereavement and grief support directed towards improving the quality of life for clients who have an end-stage illness or are preparing for death. The goal of palliative care is to enhance the client's comfort, dignity, quality of life and to relieve, eliminate and/ or control symptoms. Services are provided whether the client is, be it home, hospital, residential care facility, or hospice.

Residential Services:

Long-term care residential facilities provide care for clients who can no longer safely live at home. Residential care services provide a protective, supportive environment and assistance with activities of daily living for clients who cannot remain at home due to

their need for medication supervision, 24-hour surveillance, assisted meal service, professional nursing care and/ or supervision.

Chronic care units/ hospitals provide care to persons who, because of chronic illness and marked functional disability, require long-term, hospitalization but do not require all of the resources of an acute, rehabilitation or psychiatric hospital. Twenty-four hour coverage by professional nursing staff and on-call physicians is provided, as well as care by professional staff from a variety of other health and social specialties. Only people who have been properly assessed and who are under a physician's care are admitted to chronic care facilities.

Assessment and treatment centres and day hospitals provide short-term diagnostic and treatment services in a special unit within an acute care hospital. These centres provide intensive assessment services to ensure that elderly persons with complex physical and psychiatric disorders are correctly assessed and treated. The objective of the centres is to assist the client to achieve and maintain an optimal level of functioning and independence. Centres may have beds for inpatient assessment and treatment, a day hospital service, and/ or an outreach capability that permits staff to assist clients in care facilities or in their homes.

Congregate living facilities are apartment complexes which offer amenities such as emergency response, social support, and shared meals.

Assessment and treatment centres provide short-term, specialized diagnostic and treatment services.

4.0 Housing and Support Services*

Information obtained for the selected housing and support services was collected from a series of phone conversations from providers, website information and the Canadian Healthcare Association's *Canadian Healthcare Facilities Guide* (2002-2003 Vol. 10).

4.1 Selected British Columbia Community Examples

- 4.1.1 Quesnel
- 4.1.2 Prince George
- 4.1.3 Dawson Creek
- 4.1.4 Pouce Coupe
- 4.1.5 Fort St. John
- 4.1.6 Vanderhoof
- 4.1.7 Kitimat
- 4.1.8 Terrace
- 4.1.9 McBride
- 4.1.10 Valemount
- 4.1.11 Williams Lake

4.2 Selected Communities in the Rest of Canada

- 4.2.1 Grand Cache, Alberta
- 4.2.2 Springhill, Nova Scotia
- 4.2.3 Antigonish, Nova Scotia
- 4.2.4 Elliot Lake, Ontario

4.1. Selected British Columbia Community Examples

4.1.1 Quesnel

Dunrovin Park Lodge

361 Murphy
Quesnel, B.C
V2J 3S3

Tel: 250-992-5263

Fax: 250-992-5277

Intermediate Care Facility (IC2)

Owned and operated by the Northern Health Authority

Total beds: 75 beds (1 respite bed, 20 special care beds, 55 intermediate care beds)

Baker Lodge

543 Front Street
Quesnel, B.C
V2J 2K7

Tel: 250.992-0600

Extended Care Facility

Total Beds: 40

Activities offered:

- picnics,
- lunch at different restaurants,
- trips to Wells, Barkerville, and Prince George,
- walking program, and
- seasonal activities.

Services offered:

- physiotherapist.

Fraser Village Homes Society

211-451 Front Street
Quesnel, B.C
V2J 2K4

Tel: 250-992-8850

Website: <http://www.contactline.bc.ca/senior.html>

Individual self-maintained apartments rented to senior citizens.

Total Units: 57 (12 one bedroom suites for couples, 45 bachelor suites)

This complex is for seniors who are in good health, and are 65 years and older. The average rent is \$300 per month; and the complex provides low income housing for seniors.

Alzheimer Disease Support Group

Tel: 250-992-6272

C/o Patty Nicholls

Provides information about Alzheimer's disease.

Lifeline

543 Front Street

Quesnel, B.C

V2J 2K7

Tel: 250-992-1002

Fax: 250-992-1031

C/o Florence White - Office Manager

Gold Pan Emergency Response Society (GPHER)

Office Hours: Monday to Friday 9am to 1pm.

The Lifeline Monitoring System allows senior's who are handicapped (permanently or semi-permanently) to remain independently in their homes.

Home & Community Care

Eileen Ramsey Memorial Building

511 Reid Street

Quesnel, B.C

V2J 2K7

Tel: 250-992-4360

Fax: 250-992-4152

C/o Public Health Nursing

And

Hospital

523 Front Street

Quesnel, B.C

V2J 2K7

Services offered:

- long term care,
- physiotherapy department, and
- home nursing program.

Quesnel Community Work Program

208-350 Barlow Avenue
Quesnel, B.C
V2J 2C1
Tel: 250-992-4258
C/o Donna Kozic

Provides free labour to non-profit organizations/agencies, pensioners and handicapped people in the form of yard work or housekeeping. This is a community service program provided through the Community Corrections Adult Probation Program.

Quesnel Home Support

543 Front Street
Quesnel, B.C
V2J 2K7
Tel: 250-992-7761
Fax: 250-992-7798
C/o Barb Neilson

Home support workers provide services for long-term care clients such as housekeeping, meal preparation, transportation, and personal care.

Quesnel & District Palliative Care Association

Tel: 250-992-0695
C/o President Judy Monych
Volunteer Co-ordinator Bev Klossen

Offers support and counseling to individuals and their families that are living with a life threatening illness. This association strives to provide comprehensive, competent, coordinated, and compassionate care by working with the health care community. Providers are trained volunteers that offer a befriending service and education to individuals and caregivers.

Quesnel & District Seniors' Society

461 Carson Avenue
Quesnel, B.C
V2J 2B6
Tel: 250-992-3991

Quesnel Transit

Tel: 250-747-1100

A transportation service is provided for handicapped and seniors requiring assistance with shopping, doctor/dental appointments, etc.

Seniors Activity Centre

461 Carson Avenue

Quesnel B.C

Tel: 250-992-3991

Monday to Friday 10am to 2pm

Staffed by volunteers

Activities offered:

- table tennis,
- darts,
- pool,
- cards (whist, crib, bridge),
- yoga,
- bell ringing,
- campfire singing,
- line dancing,
- drama club, and
- monthly pot lucks.

Golden Activity Centre

401 Front Street

Quesnel, B.C

V2J 2R8

Tel: 250-992-8850

General Meeting - 1:30 pm every second Tuesday of month

Monday to Friday Drop-in 10:00am – 3:00 pm

Activities offered:

- floor curling,
- carpet bowling,
- pool,
- shuffle board,
- cards (cribbage, canasta, and whist),
- monthly pot luck dinners,
- annual flu clinics,
- seasonal events, and
- annual bus trip to Prince George.

Lunches are offered on Monday, Tuesday, Thursday and Friday from 11:30 to 1:00. Sandwiches for \$1.25, soup for \$1.25 and coffee with timbit for \$0.50 are the prices of the meals.

Barkerville Excursion

C/o Quesnel Rotary Club

Enjoy a trip to Barkerville, have a nice lunch and take in a show at the Theatre Royal for free. The excursion is on the second Monday in August (the Monday following B.C. Day) and leaves the Baker Lodge parking lot at 9am.

Fun & Fitness Programs for Seniors

500 Northstar Road

Quesnel, B.C

V2J 5P6

Tel: 250-992-8200

Programs offered:

- stroke improvement,
- scared stiff, and
- senior's aquasize classes.

Old- Timer's Picnic

July 1 - Canada Day

Enjoy a meal provided by the Kiwanis with a Canada Day Birthday cake for dessert. Held in the Senior Centre for those 65 and older and their spouses. Sponsored by the Kiwanis Club and Town Council.

4.1.2 Prince George

The Prince George Château

Contact Holiday Retirement Corp.

2250 McGilchrist St.

SE Salem, OR 97302

Semi-Assisted Living Facility

Activities offered:

- pool table,
- common room,
- fitness room (treadmill, stair stepper), and
- weekly activity schedule (movies, games, baking, cards, poetry corner and stretch 'n ex).

Services offered:

- beauty salon,
- local bus,
- 24 hour front desk assistance,
- weekly linen cleaning,
- weekly maid service, and
- meals*

*All meals are all provided for the residents in the dinning room for a reasonable price. If a guest wishes to entertain, there is a private dining room that can be reserved for special occasions.

Hart Pioneer Centre

6986 Hart Highway

Prince George B.C

V2K 3A8

Tel: 250-962-6712 or 250-962-9834

Fax: 250-962-6775

Email: hartpioneer@canada.com

Centre open: Monday to Saturday 9 am - 4 pm

Office hours: Monday to Friday 9 am- 4 pm

Activities and events offered:

- hot lunches (available 6 days a week),
- monthly breakfasts and supper (breakfast is pancakes on the 1st Sunday of every month, and supper is roast beef (or ribs and lasagna) every 3rd Sunday of the month,
- fitness classes (offered 4 times a week),
- exercise equipment (exercise bike, treadmills, exercise mats,
- small exercise equipment and various fitness videos),
- activity groups,
- cards (canasta, bridge, whist),
- mini bingo (members only),
- crafts,
- country western dances,
- holiday events,
- pool tables,
- shuffle board,
- dart boards,
- floor curling,
- computer lessons and internet access,
- library, and
- health clinics.

Prince George Council of Seniors

104-1270 Second Avenue

Prince George, B.C

V2L 3B3

Tel: 250-564-5888

Fax: 250-564-9155

Email: seniors@mag-net.com

Seniors Housing & Lifeline Program

Northern Health Authority

1444 Edmonton Street

Prince George, B.C

V2M 6W5

Spruce Capital Seniors Recreation Centre

3701 Rainbow Drive

Prince George, B.C

V2M 3V9

*4.1.3 Dawson Creek***Rotary Manor**

9225-19th St.

Dawson Creek, B.C

V1G 4E3

Tel: 250-782-1151

Fax: 250-782-1221

Email: rotary@pris.bc.ca

Site Manager: Elaine Washington

Intermediate Care Facility (IC1, IC2, IC3)

Total Beds: 44

Owned and operated by the Northern Health Authority

Private Residences:

Glenwood Terrace is an apartment-style complex offering carefree and safe living environment. The condominiums range from 750 to 960 square feet. Residents share the use of six common areas.

Fireside Glen is a gated community with detached homes from 1,072 to 1,800 square feet.

Evergreen offers duplex-style homes with fully customized finishing.

Bethel Seniors Citizen Housing Society (BSCHS) was formed in 1980, with a commitment to developing and operating a complex of Seniors apartments.

Heritage Heights, opened in 1981, is a member of the British Columbia Non-Profit Housing Association and works with the BC Housing Ministry of the Government of British Columbia. The complex is managed by an executive committee, elected from the society members. Rental rates are geared to income. A hot meal program is available for a small fee three days each week (currently Monday, Wednesday and Friday). This meal program is provided by the Northern Health Authority.

This information is based on materials provided on the Heritage Heights website, <http://www.neonet.bc.ca/heritageheights/index.htm>, retrieved 8 July 2004.

4.1.4 Pouce Coupe

Peace River Haven

5213-50th Ave
Pouce Coupe, B.C
V0C 2C0
Tel: 250-786-6100
Fax: 250-786-5407
Intermediate Care Facility Level (IC1, IC2, IC3)
Total Beds: 60
Provides Alzheimer's and Palliative Care to clients.
Owned and operated by the Northern Health Authority.

Pouce Coupe Care Home

P.O. Box 98
Pouce Coupe, B.C
V0C 2C0
Tel: 250-786-5791
Fax: 250-786-0197
Manager of Residential Care: Debby Wolf
Complex Care Facility
Total Beds: 54
Respite Care: 1
Provides Alzheimer's and Palliative care to clients.
Owned and operated by the Northern Health Authority

An activities coordinator arranges outings and entertainment evenings with special guests.

A physiotherapist visits Monday to Friday.

4.1.5 Fort St. John

North Peace Care Home

9907-110th Ave

Fort St. John, B.C

V1J 2S9

Tel: 250-785-8941

Fax: 250-785-2296

Director of Residential Care: Ruby Johnson

Intermediate Care Facility (IC2, IC3)

Total beds: 95

Alzheimer's and Palliative and Respite Care are also provided to clients.

Owned and Operated by the Northern Health Authority

Activities offered:

- bus trips,
- walks,
- music, and
- crafts.

Services offered:

- physiotherapist,
- dietician,
- facility doctor,
- handi-dart, and
- 24 hour nursing,

Heritage Manor

9819 107th Ave

Fort St. John, B.C

Tel: 250-787-1121

Total units: 35 (1 bedroom and bachelor units)

Services offered:

- housekeeping,
- lifeline,
- home support,
- meals-on-wheels, and
- hair dresser.

North Peace Seniors House

Tel: Peace Lutheran Church 250-785-8983

Peace Lutheran 1 (PL1)-9816 108th Ave

Peace Lutheran 2 (PL2)-10804 98th Ave

Independent Living

Total Units: 100 (PL1 has 50 units and PL2 has 50 units-1 bedroom or bachelor suites available)

Services offered:

- meals-on-wheels, and
- homemaker.

4.1.6 Vanderhoof

Omineca Lodge Retirement Homes

242 Louvain St.

P.O. Bag 5000

Vanderhoof, B.C

V0J 3A0

Tel: 250-567-2216

Fax: 250-567-5377

Intermediate Care Facility (IC2, IC3)

Total Beds: 36

IC2: 31 beds

IC3: 5 beds

Respite Care: 1

Provide Alzheimer's care to clients and 18 low rental housing units for seniors.

Owned and operated by the Northern Health Authority.

4.1.7 Kitimat

Kitimat Senior Citizens Association of B.C., Branch 129

Tel: 250-632-3405

145 City Centre

Kitimat, B.C

V8C 1T6

Contact: Alec Gueguen

Open Monday-Friday 10:00am - 4:00pm

Drop-in Saturday 1 - 4pm

Senior Citizens Counselor

Seniors' Citizen Association of BC (Branch 129)

145 City Centre

Kitimat, B.C

V8C 1T6

Tel: 250-632-3405

Fax: 250-632-3464

Contact: Maxwell Cheyne

Program consists of seniors helping seniors. Counselor is available at the Seniors' Centre Wednesday afternoons, 1:00pm-3:00 pm to advise seniors about the resources available to them.

4.1.8 Terrace

Terraceview Lodge

4103 North Sparks Street

Terrace, B.C

V8G 5G9

Tel: 250-638-0223

Fax: 250-635-9775

Website: <http://www.kermode.net/volunteer/page39.html>

Director: Doris Mitchell

Intermediate Care Facility (IC1, IC3)

Total Beds: 75

Extended Care: 20 beds

Personal Care: 55 beds

Respite Care: 1

Provide Alzheimer's and Palliative Care to clients.

Owned and operated by the Northern Health Authority.

Activities offered:

- arts and crafts,
- bake groups,
- bingo,
- bus outings,
- activities related to current events,
- library program,
- lunch program,
- monthly birthday parties,
- music therapy,
- exercise group,
- pet visitation program,
- prayer groups,
- church services,
- pub night,
- reading programs,
- sing-alongs, and
- movies (video).

Services offered:

- laundry,
- food services (including personal dietary requirements),

- housekeeping services,
- maintenance and safety services,
- hairdressing/ barber services,
- mail service,
- respite care (one room, high demand so call well in advance– 250-638-2272),
- 24 hour nursing, dental services (in-house, by appointment),
- emergency ambulance services,
- lab and x-ray services (provided on a weekly basis by Mills Memorial Hospital),
- pharmaceutical services,
- physician services,
- podiatry services (in-house, by appointment), and
- rehabilitation.

Visitors are welcome to visit at Terraceview anytime.

Long Term Care

3412 Kalum Street

Terrace, B.C

V8G 2N6

Tel: 250-638-2272

Website: <http://www.kermode.net/volunteer/longterm.html>

Coordinator-Services: Cathy Broadway

Terrace Home Support Services

4720 Haugland Avenue

Terrace, B.C

V8G 2X8

Tel: 250-638-4013

Fax: 250-638-4030

Director: Betty Stewart

This program provides a broad range of Home Support Services to assist people with a physical disability, a mental handicap, or people with a short or long term illness to stay in their own homes thus delaying institutional care.

Services provided:

- household care (cleaning, shopping, meal preparation, assisting with meal planning, laundry, instructing client and family on living skills),
- personal assistance (assist with bathing, walking, hair care, grooming and other personal tasks),
- respite care,
- activity workers (recreation and wellness),
- mental health workers (provides one-on-one assistance to clients to meet goals set by the client),

- hospital bed rental (for a small monthly fee a hospital bed can be used in clients' homes),
- meals-on-wheels,
- palliative care,
- live-in-service (twenty-four hour care to allow a client or family to remain in their home when health deteriorates or during the absence of the primary caregiver),
- alert-line program,
- nursing services,
- family skills (one-on-one assistance to families in crisis),
- adult day centre,
- short term care program (for clients not eligible for the Long Term Care Program and needing short term help at home), and
- quick response program (a quick response worker can be accessed by pager through physician referral only from 8 am to 10 pm on same day of request).

Terrace Adult Day Centre

C/o Terrace and District Community Services

Tel: 250-638-4013

Fax: 250-635-6319

Coordinator: Paulette Stuart 250-615-7635

United Church: Monday, Wednesday and Friday-10:30am to 3:30pm.

The adult day centre is a program that assists seniors to regain lost social skills and enables them to become involved in a more social and interactive way, enabling them to maintain a sense of independence and self worth.

Activities offered:

- sit-down exercise program,
- hot lunch,
- mental aerobics,
- cards, and
- scrabble.

Terrace Hospice Society

207-4650 Lazzelle Avenue

Terrace, B.C

V8G 1S6

Tel: 250-635-4811

Fax: 250-635-4811

Email: terracehospice@telus.net

Coordinator: Lora Maki,

Happy Gang Centre For Seniors

3226 Kalum

Terrace, B.C

Tel: 250-635-9090

Website: <http://www.getawaybc.com/story.cgi?id=649§ion=10>

Activities offered:

- daily lunch (\$4 for a bowl of soup, a sandwich, a dessert and a beverage, offered Monday to Friday 11:30am-12:45pm),
- monthly pancake breakfast,
- bingo,
- bridge,
- carpet bowling,
- cribbage,
- floor curling,
- games night,
- glee club,
- monthly meetings,
- quilting,
- scrabble,
- snooker,
- tai chi,
- whist,
- holiday dinners,
- outings, and
- picnics.

Terrace Volunteer Bureau & Seniors Information Access

4621B Lakelse

Terrace, B.C.

Tel: 250-638-1330

Fax: 250-638-1331

Website: <http://www.kermode.net/volunteer/page3.html>

Mission Statement:

The Terrace Volunteer Bureau and Seniors' Information Access will enhance community life through rewarding, enriching, and meaningful volunteer experiences. Our organization will serve seniors' needs by circulating essential information, and providing volunteer services.

Helping Handyman Program

2-3215 Eby Street (lower level City Center)

Terrace, B.C

Tel: 250-638-1330

Fax: 250-638-1331

Website: <http://www.kermode.net/volunteer/page30.html>

Referral Coordinator: Ida Nedellec

Director: Sonja Slana

Office Hours: Monday-Thursday 8:30am-4:30pm

Program is offered for:

- seniors residing in their own homes,
- persons disabled by age and/or short or long term illness, and
- persons with disabilities requiring handyman help to remain in their own homes (service provided by volunteers through the Terrace Volunteer Bureau).

Some of the Areas We Can Help You With:

- minor home repairs,
- minor plumbing,
- minor carpentry,
- cleaning of outside windows,
- spring and fall yard work,
- changing out-of-reach ceiling lights,
- installation of grab bars, ramps, etc. (clients pay for materials only),
- winter-time Snow Shoveling (sidewalks and stairs only), and
- free home repair consultation by a qualified handyman.

Who Helps the Handyman?

Men, women, young adults and teens... community volunteers who are dedicated to helping the elderly/disabled maintain a comfortable and safe independence while living in their home.

Volunteers for Seniors Program

Volunteers take seniors grocery shopping, to doctors appointments, on social outings and are friendly visitors.

Community Readers and Writers

Volunteers are trained as reading tutors for adults with literacy problems.

Volunteer Referral Program

Volunteers fill 75% of the volunteer needs of the support societies and nonprofit agencies in Terrace. Many volunteers will also find paid work through volunteering.

4.1.9 McBride

Beaverview Lodge

1084 5th Avenue

McBride, B.C

Tel: 250-562-9251

Total units: 19 (4-bachelor, 1-two bedroom, 14-one bedroom)

Low rental independent seniors housing

Beaverview Lodge is a one storey complex, with access to all units from either inside the building or an outside entrance to the unit. The complex also has a common room, and a common kitchen that can be used for potlucks.

Activities offered:

- 3 bus trips a year (Mount Robson, Miette hot springs, and Prince George).

Services offered:

- visiting public health nurse,
- home support, and
- meals-on-wheels.

McBride Hospital and Health Centre

594 King St.

McBride, B.C

V0J 2E0

Tel: 250-569-2251

Fax: 250-569-3369

Total beds: 9 extended care

4.1.10 Valemount

Golden Years Lodge

1300 Main Street, Box 598

Valemount, B.C

V0E 2Z0

Tel: 250-566-4867

Independent Living, low income

Total Units: 12 one bedroom units

Services offered:

- home care,
- home support, and
- meals-on-wheels.

Activities offered:

- pool,
- shuffle board,
- cards,
- carpet bowling,
- monthly musical guests, and
- bi-weekly pot-luck dinner.

4.1.11 Williams Lake

Williams Lake Seniors Village*

*Replaces the current Cariboo Lodge and Deni House. Once construction is complete, the Williams Lake Seniors Village will offer a 'campus of care', where people can move from assisted living to residential care as their care needs increase.

Contact people:

Azim Jamal or Carlo Elstak 604-662-4969 (from the Retirement Concepts Seniors Services Ltd.)

Interior Health Mary Shennum 250-395-7645

Sharon Stevens Communications 250-374-3640

Continuum of Care Facility

Total Beds: 68 (3-private pay, 65-funded by Interior Health Authority)

Total Units: 33 (15-subsidized by Interior Health Authority** and BC Housing, 18 private pay)

**Interior Health will arrange access to the 15 new assisted living apartments for clients who are assessed as requiring this level of care and who are in need of financial support. Interior Health staff will also continue to monitor the personal care and hospitality services provided.

The new facility should be ready for Interior Health clients by Fall 2004.

Cariboo Lodge Adult Day Centre

175 North 4th Avenue

Williams Lake, B.C.\

V2G 2C8

Tel: 250-398-3307

Website: <http://www.williamslake.ca/index.asp#>

The program runs from 9:30am-2:30pm Monday to Friday.

The clients are assessed before becoming part of the program, and either come from private homes or from care facilities.

Services offered:

- health and social services,
- health care providers,
- community care facilities, and
- services for seniors.

Activities offered:

- games (carpet bowling, cards, bingo, board games),
- exercises (daily, done from a tape that allows all exercises to be done from the sitting position),
- outings (for lunch to Tim Hortons, A&W or for picnics, also go out to lakes in the summer or have bbq's at the centre),
- baths are available to the clients, as well as pedicures and manicures, and a hairdresser,
- crafts (a wide array),
- wood working, and
- lunch.

Senior Citizen's Activity Centre

176 North 4th Avenue

Williams Lake, B.C

V2G 2C7

Tel: 250-392-7946

Hours of Operation: 9am-3pm, and the facility is available for a fee in the evenings.

Activities that are offered are:

- poker club,
- crib,
- floor curling,
- exercise class – lead by a 75 year old women involves both chair exercises and low impact aerobics,
- beginners bridge,
- quilting,
- painting,
- carpet bowling,
- crafts,
- line dancing,
- tai chi,
- choir,
- bingo on Saturday's 1-3,
- hot lunch (Monday to Friday: \$1.50 for homemade soup, \$1.25 for sandwich, \$1.25 for dessert and there is also coffee and tea available),
- monthly pot-lucks,
- computers, and
- information sessions.

4.2. Selected Canadian Community Examples

4.2.1 Grande Cache, Alberta

Town of Grande Cache Website

<http://www.town.grandecache.ab.ca>

Some of the highlights of retiring in Grande Cache are: choice of apartments, townhouses or homes with easy to manage gardens and low rental or purchasing costs.

Grande Cache promotes itself as the community that is becoming the choice for many retirees aged 50 and over.

Personal services offered are:

- manicures, pedicure, facials and sun tanning beds,
- chiropractic office,
- mental health clinic,
- Grand Cache Massage Therapy, and
- several fitness facilities.

Activities Offered:

- golf,
- walking,
- hiking trails,
- horse trails/riding,
- pack trips,
- soccer,
- baseball,
- fishing,
- hunting,
- canoeing,
- cross country skiing,
- backcountry skiing,
- ATV riding,
- Legion,
- Lions,
- Scouts & Cubs,
- Knights of Columbus, and
- Library – including a good selection of large print books.

Seniors' Wellness Clinic

Discussion of general health issues, blood pressure checks & other special programs including exercise, diabetic information and teaching.

Home Care

Works with the Wellness Clinic and addresses issues such as foot care clinic, massage & physiotherapy. Home care also offers home visits to those who can not get out.

Mental Health Clinic

Provides family, individual and groups a variety of support and counseling for emotional and family issues. Also includes a walk-in clinic one day a week.

Occupational Therapy

This service is not in town but is offered needed from Grande Prairie.

Nutrition Counseling

Clinic operates through the Grande Cache Hospital giving advice for weight problems, eating disorders, and other dietary needs.

Speech Therapy

Works with individual that have problems with swallowing, speech impediments, including stroke patients and other special needs.

Physiotherapy

Provides services through the Grande Cache Hospital. Home visits are available as required.

Big Horn Golden Age Club

Open everyday of the week, offering varied leisure activities. The calendar of events is produced monthly.

Akasaka Recreation Centre and Swimming Pool

This facility offers a 25m indoor heated pool with 6 lanes, fitness center facilities, fully equipped weight room. In the winter the facility provides outdoor skating rinks, curling rinks, and an ice arena for hockey and community skating. The local branch of the Royal Canadian Legion offers free swim and aqua programs for its senior members.

Arts

Local artists put on classes in painting and photography.

Community Adult Learning Council

There are modest fees, no compulsory attendance, exams or academic requirements. Students of all ages can also attend workshops at their own pace. English as a second language is free and taught confidentially.

4.2.2 Springhill, Nova Scotia

Springhill Seniors Citizen's Centre

Senior Citizen Recreation Centre

28 McDougall Street

Springhill, N.S

B0M 1X0

Tel: 902-597-3141

Website: <http://town.springhill.ns.ca/s%5Fto%5Fz.htm>

High-Crest Springhill

Website: <http://www.high-crest.com/highcrestspring.html>

High-Crest is located in downtown Springhill across from the hospital. The facility has 56 beds; 45 level two nursing homes beds, 10 beds for the Department of Veterans Affairs and 1 respite bed. The complex provides independent living with 24 hour professional care.

Included in the cost of the centre are:

- 3 meals per day ,
- daily housekeeping,
- laundry services,
- 24 hour security,
- local transportation, and
- numerous planed activities for entertainment.

Resident Services & Amenities:

- recreation coordinator (organizes social and special events),
- physiotherapy (available through the hospital and/or home physio),
- blood collection (out patient), in patient service can be provided for a fee,
- V.O.N. services are available in-house,
- parking area is provided for families to use,
- all rooms are furnished, but chairs, pictures, quits, TV, clock and radio's can be brought in. Personal bedroom furniture may also be brought in, and
- food is not to be brought into the resident's rooms with out staff knowledge. The meals are on a 5 week rotation.

4.2.3 *Antigonish, Nova Scotia*

High-Crest Enterprises

250 Main Street

Antigonish, N.S

B2G 2C2

Tel: 902-863-2491

Fax: 902-863-0400

E-mail: ThePeopleWhoCare@High-Crest.com

High-Crest Enterprises was founded in 1981 and provides healthcare to seniors in Nova Scotia. Presently operating five facilities, it is one the largest providers of health care in the province.

The company is provincially licensed and regulated and recognized for its standards and delivery of services, and claims to create a safe, healthful, stimulating and enjoyable lifestyle for their residents.

Other seniors' facilities operated by High-Crest Enterprises:

- Highland Crest Home (Antigonish, NS) – Seniors residential care,
- High-Crest Place (New Glasgow NS) – Seniors residential care,
- Sunset Haven Home (New Glasgow NS) – Residential care,
- High-Crest Sherbrooke (Sherbrooke, NS) – Nursing home, and
- High-Crest Springhill (Springhill, NS) – Nursing home.

4.2.4 *Elliot Lake, Ontario*

Elliot Lake

Website: <http://www.cityofelliotlake.com/retirement.html>

Elliot Lake offers retirees a beautiful wilderness setting of rolling hills, lakes and rivers which are ideal for recreational pursuits and a relaxed atmosphere.

Community social activities offered:

- art clubs,
- exercise and dance classes,
- fishing derbies,
- golf tournaments,
- social clubs,
- community theatre, and
- music performances.

Elliot Lake Retirement Information (*Housing, Health Care Services, Activities*)

Housing:

The variety of housing options in Elliot Lake is typical of any modern community. The diversity of rental, condominium and ownership options include two or three bedroom homes, townhouses, apartments, bungalows - all available at affordable prices.

Elliot Lake Retirement Living

Website: <http://www.retireelliotlake.com/>

Elliot Lake Retirement Living offers a variety of apartments, semi-detached and detached homes, as well as townhouses in an assortment of styles to suit your lifestyle and budget. All at a cost you'll have to see to believe.

Elliot Lake Retirement Living (ELRL) has 1473 rental units in its stock. The current occupancy rate is over 91% and is steadily increasing.

Each unit's up-keep and maintenance, such as grass cutting services are provided by qualified staff.

All of Elliot Lake Retirement Living's staff is dedicated to customer service and a high level of care for our tenants.

Deanne's Lodging

4 Laprairie Crescent

Elliot Lake, ON

P5A 3B6

Tel: 705-461-1458

Services offered:

- retirement care home facilities,
- personal support care, and
- respite care.

Activities offered:

- golf,
- tennis,
- walking and hiking trails,
- skiing,
- fishing,
- snowmobiling,
- hunting,
- canoeing,
- tennis, and
- curling.

Health Care Services:

Algoma Community Care Access Centre

In Algoma, people of all ages, in homes, schools, long-term care facilities and places of work may access health, support and information services from the Algoma Community Care Access Centre. These services are based on client needs and are provided on a visitation basis.

Canadian Red Cross Homemaker Service

Provides non-medical personal support assistance and household management in the home for individuals and/or families.

East Algoma Mental Health Clinic

Provides a variety of counseling and support services to individuals, couples, families and groups.

Community Living Algoma

Offers support and services to individuals with developmental disabilities and their families throughout the District of Algoma.

Elliot Lake Family Life Centre

Provides individual, couple and family counselling in marital/couple relationships; family relationships; anxiety/stress; addiction, family violence and sexual assault.

Huron Lodge Community Service Board Inc.

Provides extended residential care for seniors as well as community service programs for seniors in their homes.

Oaks Treatment Centre

Houses both the Detoxification Services and the Camillus Centre - a 40 bed residential treatment program for individuals addicted to alcohol and drugs.

St. Joseph's General Hospital

Located within Elliot Lake is St. Joseph's General Hospital, a 57 bed fully accredited facility serving a catchment area of 18,000 people. The hospital provides residents with medical, surgical, obstetrical, pediatric, chronic care facilities and a 24 hour emergency department.

An ambulatory care unit operates Monday to Friday and provides day surgery, specialists clinics, diabetes education, chemotherapy, cardiac rehabilitation and out-reach programs. A helicopter provides emergency transfers larger centres from the Elliot Lake airport.

The community of Elliot Lake is equipped to provide a continuum of health care, from acute hospital care, to Hillside Park, a retirement home; Huron Lodge, an assisted living residence; as well as St. Joseph's Manor, a 64-bed long-term care facility, which is currently under construction. For those requiring care and assistance in their own residence, home care services of all types are readily available through a variety of private and public agencies.

The community is also served by a host of medical professionals and services including 2 medical clinics, 2 optometrists, 1 optician, 7 dentists, 2 denturists, 2 massage therapists, 2 chiropractic clinics and 1 acupuncturist.

Out-patient services include:

- ambulatory clinics,
- breath easy clinics,
- cardiac rehab,
- chemotherapy,
- clinical nutrition,
- diabetics clinics,
- dialysis,
- laboratory,
- palliative care,
- pastoral care,
- radiology/ultrasound,
- social services,
- ECG & exercise stress testing,
- Operating room/Day surgery
- 24 hour emergency services
- rehabilitation services available at the hospital,
- physiotherapy,
- audiology (4 times per month) 1-800-461-4890,
- speech language pathology, and
- loan cupboard for equipment (i.e. wheelchairs, beds, walkers, etc).

Elliot Lake Natural Health Clinic

11 Columbia Walk

Elliot Lake, ON

P5A 1Y6

Tel: 705-461-1213

Massage Therapy, Naturopath, Chiropractor & More

Activities:

The Renaissance Seniors' Centre is open every day of the week and offers a wealth of different leisure activities.

Community Centre and municipal swimming pool offer seniors' programs. For the artistically inclined or those who wish to dabble in the arts as a hobby

Elliot Lake Civic Centre offers the artistic and cultural retirees the luxury of a long list of artistic or cultural endeavors to choose from. Participants can practice hands on pottery, quilting and weaving and performing on stage or simply view and purchase paintings and other art.

Institute for Learning in Retirement offers programs to students of all ages, and they can complete workshops at their own pace. A wide range of courses are offered at the Institute.

Courses offered include:

- french as a second language,
- computers,
- art, and
- woodworking.

Some of the clubs and organizations offered are:

- Kinsmen,
- Legion,
- Rotary,
- Lion's Club, and
- The seniors' club.

Recreational and sports clubs:

- hockey for all age groups,
- baseball,
- soccer,
- horseback riding,
- figure skating, and
- martial arts

5.0 Federal and Other Provincial Initiatives in Continuing Care

The following information contains information copied directly from the Canadian College of Health Service Executives' (2002) Health Systems Update, 9th edition. More recent editions are available from the College <http://www.cchse.org/>.

5.1. Home Care Initiatives

5.1.1 Federal

The Health Transition Fund (HTF) supported 45 pilot and evaluation projects related to home care. A synthesis of the results of these projects was made available in 2002.

Home Care Human Resources Sector Study- Human Resources Development Canada, Health Canada and stakeholders launched an 18-month study (January 2001 to June 2002) to provide a comprehensive analysis of human resource issues and challenges in the home care sector and to develop consensus and build a foundation for action.

In February 2002, The National Steering Committee overseeing the study released Phase I results, which confirmed what many in the home care sector already knew. As a result of massive change in Canadian health care, home care is facing critical issues that have impacted home care consumers, workers, families and informal caregivers and volunteers.

Phase II, now in progress, will strive to better understand the in-depth characteristics of formal and informal care-giving and the role of volunteers in home care. It will focus more intently on issues related to recruitment and retention of home care providers, while further exploring such issues as: the role of scheduling; the increasingly important role of technical support staff; concerns regarding occupational health and safety; and methods used to improve the home care work environment.

F/P/T Ministers of Health - In September 2001, federal, provincial and territorial health ministers met and took an important step toward strengthening the home and community care sector, an increasingly critical component of Canada's health system, by reviewing a report on a common vision and principles for home and community care. Ministers agreed to forward the vision and principles to First Ministers for further consideration.

F/P/T Advisory Committee on Health Services Working Group on Continuing Care - In January 2002, the Advisory Committee on Health Services Working Group on Continuing Care created two task groups to analyse two key policy issues: 1) sustainability of the continuing care sector, and 2) appropriate utilization of long-term care beds within the broader continuum of care.

Palliative Care Secretariat - In June 2001, former Health Minister Allan Rock and leader of the Government in the Senate, and Sharon Carstairs, Minister with Special Responsibility for Palliative Care, announced that the Government of Canada will devote \$1 million this year to coordinate the development of a national strategy on end-of-life care, beginning with the establishment of a Secretariat on Palliative Care which is part of Health Canada. In March 2002, the newly formed Secretariat hosted a planning workshop that attracted more than 100 experts and practitioners in the field with an aim to move forward on a collaborative, national approach to palliative and end-of-life care. One result of this workshop will be a consensus report planned for public release.

5.1.2 Alberta

In May 2000, Alberta Health and Wellness released a document called **Healthy Aging and Continuing Care in Alberta**, outlining policy directions to implement reform in the long-term care system. One of the directions is to enhance home care services in home living and supportive living sites.

In 1999/2000 and 2000/2001, \$40 million was allocated to regional health authorities to expand home care services. This funding was continued as a base funding for regional health authorities through the population health funding system for the fiscal year 2001/2002. Regional Health Authorities were requested to report annually to Alberta Health and Wellness on their implementation for enhancing home care services.

5.1.3 Saskatchewan

In 2001-2002, the budget for home care was \$86.492M. This was \$53.869M (165.1%) higher than in 1991-1992. This allowed a further 10,000 people per year to access home care services. The average cost of providing home care to one person for one year is about \$2,600 (individuals pay a portion of these costs based on their income).

Home-based services provide the following services: information and care coordination, nursing supervision and nursing care, personal care, homemaking, meals, respite services, home maintenance and therapies.

Home care programs within all health districts provide palliative care, acute care, and supportive care. Services that were once only available in hospitals, such as IV therapy, can now be delivered at home.

Home and community services are an alternative to institutional care, are more flexible and responsive to individual needs, and allow for better quality of life and greater independence.

5.1.4 Manitoba

The Manitoba Health Home Care Information Systems Pilot Project is still ongoing and was extended to March 31, 2001. This project is conducting a comparative evaluation of two home care assessment tools - SACPAT and the InterRAI Minimum Data Set for Home Care.

Manitoba Health has provided consultation to First Nations communities within Manitoba as they pursue development of Home and Community Care Programs as part of an initiative through the federal government's First Nations and Inuit Health Branch. Manitoba is one of the partner provinces in the Continuing Care Electronic Health Record Initiative, a project put forward for CHIPP funding under the umbrella of the

Western Health Information Collaborative (WHIC). WHIC is a collaborative effort between the four western provinces and the three territories.

5.1.5 Ontario

Services Provided by Community Care Access Centres (CCACs)

CCACs offer a simplified point of access to Ontario's long-term care system.

CCACs:

- arrange for visiting health and personal support services in people's homes;
- authorize services for special needs children in schools;
- manage admissions to long-term care facilities; and
- provide information and referrals to the public about other community agencies and services.

CCACs purchase the highest quality and best-priced services from local not-for-profit and for-profit service providers through a request for proposals process. These services include nursing, physiotherapy, occupational therapy, speech-language therapy, dietitian services, social work, personal support and homemaking.

CCAC Reform:

On November 7, 2001 the government announced a series of initiatives to strengthen the role of CCACs and introduced the *Community Care Access Corporations Act, 2001*. The Act received Royal Assent on December 14, 2001 and came into effect on February 16, 2002.

The reform strategies focus on governance and promote consistent operations through strengthened accountability and best practices. These strategies are essential to the operation of the CCACs and ensure that CCACs will meet their mandate effectively and efficiently.

Under the *Community Care Access Corporations Act, 2001*, the government is changing the corporate nature of CCACs from non-profit corporations under the *Corporations Act* to statutory corporations that consistently apply all ministry policies and guidelines.

In 2001/2002, the Ministry of Health and Long-Term Care (MOHLTC) allocated more than \$1.66 billion towards long-term care community services (including CCAC services and community support services), of which \$1.17 billion went to CCACs.

5.1.6 Québec

In December 2000, the committee for the review of the *Cadre de référence pour les services à domicile* (home care services framework) submitted its report, and a draft policy is currently in preparation.

It proposed to:

- improve general access to home care,
- respond to needs in an equitable fashion,
- effectively organize home care services based on a clear division of responsibilities,
- ensure continuity between home services, ambulatory services and specialized services,
- adopt a continuous quality improvement plan, and
- work together for a national home care strategy.

5.1.7 New Brunswick

The Extra-Mural Program provides acute care and palliative care services in the patient's home.

The Department of Family and Community Services, through their Long-Term Care Program, provide most in-home support services.

5.1.8 Nova Scotia

Home care remains the responsibility of the Department of Health. It is anticipated that the program will be devolved to the nine district health authorities.

The province has expanded home care's single point of access infrastructure and case management system to include assessment and placement to all continuing care services under the mandate of the Department of Health. By contacting the 1-800 number, individuals can access home care services, nursing homes, residential care facilities and community options that are approved or licensed by the Department of Health, as well as adult protection services.

Continuing care is introducing the international assessment tool known as RAI HC as the assessment instrument for single entry access. The automation of this tool will provide needed information for evidence based decision-making both for clinical care and program planning.

The program continues to look to best practice both clinically and administratively. Home care has introduced a wound management protocol, which has resulted in improved outcomes to the client and cost savings to the program.

5.1.9 Prince Edward Island

The 2002 Strategic Plan for the Health System proposes that the availability of home care services will be increased to improve quality of life for Islanders wishing to remain at home, and to provide alternatives to more expensive hospital care. A review has been undertaken to plan the future role of home care over the next three to five years.

The PEI/NS Rural Palliative Care Project, an 18-month pilot project funded through the Health Transition Fund, was completed in 2001. The project was implemented in three rural regions in Atlantic Canada: the East Prince Health Region and Southern Kings Health Region of Prince Edward Island and the Northern Health Region of Nova Scotia. The project developed, implemented and evaluated a model to improve the delivery of palliative care to persons living at home in rural areas. The final report outlines a number of recommendations related to palliative care service delivery.

These recommendations are now being incorporated into a broader palliative care strategy that will allow palliative care patients and their family members options that include home, hospital or other settings for appropriate palliative care support. The model is to be supported by enhanced training for professional and non-professional care providers, the use of new technologies, and coordination with community palliative care organizations.

A Telehospice Project was initiated in 1999 in the West Prince Health Region with financial support from the Health Infostructure Support Program. This pilot project utilized telehealth technology to provide support to rural families caring for a dying loved one at home. The project enabled the dying person and their family access to live visual and audio contact with health professionals up to 24 hours per day.

An evaluation of the project, which was completed in March 2001, found that the use of this technology has enabled an enhanced level of service to those involved in the pilot project, and can be a cost-effective method of service delivery. The evaluation found that the number of physician office and outpatient department visits decreased. It was also determined that a Tele-home care nurse can make approximately 20 client visits per day, whereas a conventional home care nurse can make eight to 10 visits per day.

Upon completion of the Telehospice Project, the West Prince Health Region expanded the Program to include a broader range of services provided in the home. The West Prince Tele-Home Care Program has been established in the Region and is now included as part of the Regional Home Care Program.

5.1.10 Newfoundland and Labrador

In December 2000, the Home Support Advisory Committee completed a detailed report on home support services. The report recommended a provincial framework to address inequities for seniors and persons with disabilities. The Government is currently reviewing this report, which makes a number of recommendations for implementation over five years.

5.2. Long Term Care Initiatives

5.2.1 Federal

No new developments reported in 2002.

5.2.2 *Alberta*

Alberta Health and Wellness announced an additional \$29 million to expand current capacity and upgrade existing long-term care facilities in the Calgary region and \$37 million in the Capital region. Capital Health has negotiated contracts for 371 beds of which 320 will be new capacity. Calgary Health Region is in the process of developing a strategy that will be consistent with its 10-year continuing care service plan.

\$42 million was announced as funding to upgrade or replace older long-term care facilities, and to convert vacant hospital space for long-term care use. As recommended in the Broda Report *Healthy Aging: New Directions for Care*, the primary focus will be on replacing ward accommodation with a more appropriate living environment.

Allocation of the \$42 million will be considered after the health authorities. 10-year continuing care service plans, long-term capital plans and business plans are reviewed.

The Healthy Aging Partnership Initiative, which provides incentives for building supportive housing spaces, was transferred to Alberta Seniors. That department is responsible for the development of seniors housing in Alberta.

5.2.3 *Saskatchewan*

In 2001-2002 funding for long-term care is \$327 051 million. Funding in 2000-2001 was \$304 576 million.

When an individual's needs cannot be met through community-based services, including community housing options, the individual is considered for placement in a special care home.

Because of an increase in community-based and home-based services, long-term care beds have decreased from 10,141 beds in 1991-1992, to 8,878 beds in 2000-2001.

Saskatchewan Health and the DHBs are continuing to implement a new assessment and classification system. Implementation of the quality indicator component of the system is now underway.

5.2.4 *Manitoba*

No new developments reported in 2002.

5.2.5 *Ontario*

In 1998, Ontario committed \$1.2 billion in funding towards long-term care that includes the construction of 20,000 new long-term care beds by 2004 and the redevelopment of up

to 16,000 beds in older facilities (Category .D. beds) that do not meet legislated standards by 2006.

All locations for the 20,000 new LTC beds to be developed have been identified.

To date, 3,832 new beds have been built, more than 7,430 beds are currently tendering or under construction, and 1,025 .D. beds have been redeveloped.

5.2.6 *Québec*

The Ministry mandated the *Association québécoise de soins palliatifs* (Québec palliative care association. AQSP) to collect data on resources in the field of palliative care. Their report was presented in May 2000, followed by the establishment of a departmental working group charged with developing a better understanding of the issues at stake, proposing solutions to the problems identified and defining priorities for the action plan.

This committee's first report was submitted in March 2001, and efforts continue in 2002 to develop a policy framework for palliative care, including directions, strategies, actions, and priorities, as well as an evaluation framework and a budget framework for this field.

5.2.7 *New Brunswick*

New Brunswick's Long-Term Care Services include in-home support, residential facilities and nursing home services. The Department of Family and Community Services administers most of the Long-Term Care programs services, including nursing homes. services, residential facilities and in-home support services (excluding Extra-Mural health services).

5.2.8 *Nova Scotia*

In Nova Scotia, long-term care refers to all nursing homes and homes for the aged, and those residential care facilities and community-based options, which primarily serve seniors. Generally, all facility-based continuing care for both seniors, excluding Veterans Affairs continuing care units, and others who require nursing care or nursing supervision is served by these facilities. The 2001/2002 Health budget for these facilities is \$174 million.

Most facility boards and owners are at arm's length from the Province. Ownership varies between municipal, private-for-profit and non-profit operators. Nine small nursing homes are owned by District Health Authorities. Administrative responsibility for the long-term care program remains with the Department of Health but will be transferred to District Health Authorities, established in October 2000, in the future. Integration of DHAs and nursing homes will begin fiscal 2002/2003.

In October 2000, a Single Entry Access process (SEA) was introduced in Health Districts 7 and 8. The SEA process was for all clients requiring long-term care and home care

services under Health's jurisdiction. The RAI HC assessment tool was being tested in the SEA project and all prospective, financially subsidized, long-term care clients were approved by a panel, consisting of a physician, nurse and social worker, prior to placement in a facility. A key objective of SEA is to provide enhanced and consistent information for continuing care program planning. Planning, development and implementation work for SEA has continued in 2001-2002. SEA will be implemented province-wide by the fall of 2002.

From April to December 2000 a demonstration project for the InterRAI Resident Assessment Instrument 2.0 was carried out in four nursing homes with positive results. An evaluation of the project was completed. In November 2001 the Department of Health endorsed use of RAI 2.0 in nursing homes and encouraged homes to adopt the RAI 2.0 as resources permit. After the implementation of Single Entry Access, Department of Health support for a province-wide implementation of RAI 2.0 will be considered in the context of available resources and sector priorities.

5.2.9 Prince Edward Island

An increase in funding for subsidized residents in private nursing homes was approved in FY 2001/2002.

Ten additional nursing care beds were established in the southeastern region of the province.

5.2.10 Newfoundland and Labrador

Long-term care or continuing care services is offered in the community, personal care homes, and nursing homes. A single entry framework ensures that clients receive an appropriate level of long-term or continuing care services. Regional Health and Community Services boards manage the single entry system.

Community-based services include professional services such as nursing, physiotherapy, occupational therapy, and home support (i.e. personal care, home management, and respite care). Professional services are provided through public funds. Home support services are provided to seniors and persons with disabilities. Eligible seniors (based on a financial assessment) receive a maximum of \$2,707/month and persons with disabilities may receive a maximum of \$3,875/month.

There are 83 personal care homes located in various communities across the province. These homes have 2,000 beds and provide residential accommodation primarily to persons requiring Level I care who do not require on-site professional supervision. Some personal care homes that meet provincial design and program standards admit Level II clients. Professional consultation services (i.e. nursing, dietetics) are provided to personal care homes on a visiting basis by staff employed within the regional Health and Community Services Boards. Clients in personal care homes pay a maximum of \$1,018 a month based on their ability to pay.

Facility-based long-term care is provided in 18 Community Health Centres and 19 nursing homes. While these facilities provide primarily Level III and IV type care, some facilities continue to admit Level I and II residents due to design limitations. Persons admitted to facility-based long-term care pay a maximum of \$2,800/month based on a financial assessment.

Some publicly funded nursing homes require major upgrading/redevelopment as these facilities are not appropriately designed for residents requiring high levels of nursing care. Role studies and master programming/master planning activities have been completed in the St. John's region and planning accounts are underway for the next phase of the project. These studies will also consider the role of the private sector in the future delivery of facility-based long-term care.

6.0 Internet Links

The following is not an endorsement of any of the organizations, agencies or programs listed, and readers should be aware that website addresses change frequently. The URLs provided were operational as of September 2004.

6.1. Government Departments and Agencies

Health Canada

<http://www.hc-sc.gc.ca/>

Nunavut Ministry of Health & Social Services

<http://www.stats.gov.nu.ca/>

NWT Ministry of Health & Social Services

<http://www.hlthss.gov.nt.ca/>

Yukon Ministry of Health & Social Service

<http://www.hss.gov.yk.ca/>

British Columbia Ministry of Health and Ministry Responsible for Seniors

<http://www.gov.bc.ca/healthservices/>

Alberta Health & Wellness

<http://www.health.gov.ab.ca/>

Saskatchewan Health

<http://www.gov.sk.ca/govt/health/index.html>

Manitoba Health

<http://www.gov.mb.ca/health/index.html>

Ontario Ministry of Health and Long-Term Care
<http://www.gov.on.ca/health/>

Québec Ministry of Health and Social Services
http://www.msss.gouv.qc.ca/index_b.htm

New Brunswick Ministry of Health and Community Services
<http://www.gov.nb.ca/hcs-ssc/>

Nova Scotia Ministry of Health
<http://www.gov.ns.ca/health/>

Prince Edward Island
<http://www.gov.pe.ca/hss/index.php3>

Newfoundland & Labrador Ministry of Health & Community Services
<http://www.gov.nf.ca/health/>

6.2. Research Institutes and Networks

Canadian Institute for Health Information
<http://www.cihi.ca>

Canadian Health Network
<http://www.canadian-health-network.ca/>

Canadian Institutes of Health Research
<http://www.cihr.org>

Canadian Society for International Health
www.csih.org

Statistics Canada
www.statisticscanada.ca

Canadian Nurses Association
www.can-nurses.ca

Ontario Hospital Association
www.oha.com

6.3. Seniors Groups / Resources

Seniors Home

Website: www.seniorhome.com

This webpage is a resource for seniors housing and care registry within Canada. You can search by all of BC, town or health region. There are also a number of selector options available, such as assisted living, rental apartment, accessible housing, and palliative care.

Seniors Housing Information Program* (SHIP)

*This program operates in conjunction with The Real Estate Foundation of British Columbia, BC Housing, Vancouver Coastal Health Authority, HRDC, & Fraser Health Authority.

Tel: 604-520-6621

Fax: 604-520-1798

Website: <http://www.seniorshousing.bc.ca/>

Office: 209-800 McBride Boulevard

New Westminster, BC

V3L 2B8

SHIP is the seniors housing information program that is a non-profit organization that provides information on housing and services for seniors living in or wishing to live in the Vancouver and the Lower Mainland of British Columbia.

As a member of SHIP you will play an important role in supporting the work of this vital service and you will be entitled to:

- the right to be a part of decision making,
- certificate of membership,
- up-to-date information in our newsletter,
- networking opportunities with other non-profit organizations, and
- our annual report.

Client services offered:

- Housing Counseling – assist in helping to find information appropriate to your needs,
- Home Share Program – a housing arrangement for seniors designed to promote independent living, and
- Client Outreach – a client outreach worker will work with seniors who are at risk of being homeless or are homeless.

Information services offered:

- Seniors housing directory – a directory of over 1000 listing of seniors housing in the lower mainland,

- Seniors Resource Database – a database of resources and services for seniors,
- Seniors Resource Library – a collection of related brochures and pamphlets available at the SHIP office, and
- SHIP Research – seniors’ housing development forecast tool and homelessness research initiative out of site out of mind.

Seniors Housing Development Forecast Tool involves:

- Designing a more effective and accessible way to collect SHIP data to illustrate seniors housing and services needs and preferences.
- Preparing a tool designed to assist planners and developers better understand the seniors housing market niche.
- The Seniors Housing Development Forecast Tool includes suggested questions to research when considering the development of seniors housing.
- Suggesting ways of using federal, provincial, regional, municipal and SHIP data to ensure that affordability, location, design, and programs and services needs of the target population are understood.
- Statistics on variables such as gender, age, marriage status, housing problems, and support needs will be helpful in determining how communities and governments can address the particular concerns and needs of seniors.

Elderly Liberation Movement Society of BC (ELMS)

Website: www.elms.ca

P.O. Box 243
STN MAIN
Kamloops, BC
V2C 5K6

The following communities are part of the ELMS network. The website also archives news articles that deal with seniors and the following communities; Chilliwack, Cranbrook, Creston, Dawson Creek, Esquimalt, Kamloops, Overlander, Ponderosa, Maple Ridge, Merritt, Mission, Smithers, Surrey, Vancouver, Victoria, Williams Lake.

ELMS Constitution:

1. The name of the society is Elderly Liberation Movement Society of British Columbia.
2. The purpose(s) of the society is (are):
 - a) To politically lobby on behalf of elderly individuals adversely affected by government policy and who reside in province of British Columbia, on a

municipal, provincial, federal and international level.

(b) To politically lobby on behalf of family members of elderly individuals adversely affected by government policy and who reside in the province of British Columbia, on a municipal, provincial, federal and international level.

(c) To politically lobby on behalf of those directly caring for elderly individuals within the province of British Columbia, including but not limited to employees of care facilities, on a municipal, provincial, federal and international level.

(d) To formulate and engage in political opposition towards actions and policies which the society deems are not in the best interests of elderly individuals, their families or their caregivers.

(e) To provide the general public with information regarding current social and political issues emotionally, intellectually, physically or otherwise affecting elderly residents of British Columbia.

(f) To research social and political issues emotionally, intellectually, physically or otherwise affecting elderly residents of British Columbia.

(g) To research social and political issues emotionally, intellectually, physically or otherwise affecting the family members or caregivers of elderly residents of British Columbia.

(h) To politically lobby for the creation of additional publicly owned and operated care facilities for elderly persons, to politically lobby against the inappropriate conversion of Government-operated care facilities from intermediate and extended care to "assisted living" facilities, and to politically lobby against the closure of current intermediate and extended care facilities within the province of British Columbia.

(i) To provide assistance to elderly persons, relatives of elderly persons, and caregivers of elderly persons, in their personal lobbying activities, such as the writing of editorials and the staging of protests, and to act as liaisons between the aforementioned individuals and government officials, public administrators, landlords, or other persons of authority.

(j) To fund legal action that, in the opinion of society, would ease emotional, intellectual, physical or other pressure on elderly residents of British Columbia, their families, or their caregivers.

Seniors Policies and Programs Database

Website: <http://www.sppd.gc.ca/sppd-bdppa/english/default.jsp>

The seniors policies and program database is a collaboration of federal/provincial/territorial government initiative. The program was launched in 2000 and is a database of all government policies and programs for which seniors are the primary beneficiaries. The database was created by the federal/provincial and territorial governments.

One the home page along the left hand side is a list of all of the provinces and territories in Canada. When you click on them, up comes a list of all of the programs and policies done by the government for that area.

The webpage contains a 'what's new' section, national framework on aging, statistics on seniors, and other resources.

British Columbia – Rural Transportation Assistance Program

An affiliate of the Department of Transportation Planning and Policy
Small Business Economic Development Department
Contact: Iris Gilchrist
Tel: 250-952-0678

This program is going to be part of the Municipal Rural Infrastructure Fund. Through this fund each province will underline what they will be doing with the funding.

For more information on the Municipal Rural Infrastructure Program consult:

- Municipal Rural Infrastructure Fund
http://www.infrastructure.gc.ca/mrif-fimr/index_e.shtml?menu3,
- Infrastructure Canada – Infrastructure Funding for Canada's Communities
http://www.infrastructure.gc.ca/funding/index_e.shtml, or
- Municipal Rural Infrastructure Fund – New Release
http://www.infrastructure.gc.ca/mrif-fimr/publication/newsreleases/2004/20040212ottawa_e.shtml.

Access to Travel Government of Canada

Website: <http://www.accesstotravel.gc.ca/main-e.asp>

The government of Canada has created a website in conjunction with transportation Canada called access to travel. This website is not specific to British Columbia, but the following list shows the communities that have been included.

100 Mile House, Abbotsford, Agassiz, Aldergrove, Anmore, Belcarra, Bowen Island, Burnaby, Campbell River, Castlegar, Chilliwack, Clearwater, Comox, Coquitlam, Cranbrook, Creston, Delta, Duncan, Fort St. John, Gibsons, Grand Forks, Halfmoon Bay, Haney, Harrison, Hazelton, Kamloops, Kaslo, Kelowna, Kimberley, Kitimat, Langdale, Langley, Lions Bay, Maple Ridge, Nakusp, Nanaimo, Nelson, New Westminister, Osoyoos, Penticton, Pitt Meadows, Port Alberni, Port Coquitlam, Port Edward, Port Moody, Powell River, Prince George, Prince Rupert, Princeton, Quesnel,

Revelstoke, Richmond, Salmon Arm, Sechelt, Smithers, Squamish, Summerland, Surrey, Terrace, Trail, Vancouver, Vernon, Victoria, Whistler, White Rock, Williams Lake.

The website has three categories: to travel within a community, to travel between communities in the same province and to travel between provinces.

In the section travel within a community, the individual may click on the city of their choice to see what travel options are available. These will range from public transport, handi-dart, and cab to the Care Vans. The Antigonish Seniors Care Van Society is listed as the only form of transportation in Antigonish, Nova Scotia. The van operates Monday to Friday 8 am to 5 pm.

The once the individual has clicked on the city of interest and reviews the available options, they can select the transportation type. This will bring up the mode, contract information (i.e. phone numbers and address), hours of operation, geographic area serviced, a description of the services provided and restrictions and/or requirements for use.

The format and layout of the website proves to be user-friendly. The website appears to be set up for seniors or people with disabilities.

7.0 Phone Numbers

British Columbia Seniors Information Phone Numbers: (Ministry of Seniors)

Medication Information Line BC
Mon. to Fri. 10am to 4pm
1-800-668-6233

Seniors Supplement
1-800-665-2656

British Columbia Pension Corp – General Inquires
1-800-663-8823

Seniors Line
1-800-665-2656

MHR - for information about services the ministry provides for seniors.

Veterans Affairs
1-800-647-1822

Veterans' Independence Program & Counseling Services
Prince George District Office
1363 4TH Avenue
Prince George, B.C. V2L 3J6

Veterans' Allowance & Treatment Enquiries 1-800-663-1931
Suppliers Enquiries-Treatment 1-800-663-1233, or 1-800-647-1822

Seniors Guide to Federal Programs & Services

For a free guide, write to:

C/o Health Canada

P.L. 1908 A1

Ottawa, ON

K1A 1B4