



# MASTER AGING PLAN

Final Report  
November 11, 2016

SHERCON ASSOCIATES INC.  
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## EXECUTIVE SUMMARY

### Background

The District of Muskoka and its partners has developed a Master Aging Plan with assistance from an Age-Friendly Community grant received from the Government of Ontario. An Age-Friendly Community (AFC) is one where policies, services and structures related to the physical and social environments support and enable older people to live in a secure environment, enjoy good health and continue to participate fully in their communities.

Implementation will be closely linked to existing plans such as the District's Official Plan, Strategic Priorities document and Town and Township strategic plans. Implementation should also build on the plans of other key Muskoka groups and organizations.

### Approach

Work commenced in June 2016 and was complete in September 2016. Steps in carrying out the project were the following:

- Recruitment of an external consultant and establishment of a community-based Steering Committee to oversee the project
- A review of relevant background information including the earlier Muskoka AFC assessment conducted in 2014
- Establishment of three separate Working Groups aligned with the needs of different segments of seniors (well/fit, requiring some assistance, requiring 24 hour supports)
- A needs assessment questionnaire completed by 67 service providers from a broad cross-section of local organizations
- A community survey completed by 378 respondents
- Seven focus group sessions directly engaging 192 seniors
- Phone interviews with 11 key informants including political officials, senior service providers and other community leaders.
- A half-day facilitated community stakeholder forum that was well attended by a dynamic mix of over 100 seniors and service providers
- An implementation planning session with Working Group members to identify specific actions, time frames and potential partners for moving the plan forward.

High levels of stakeholder engagement were achieved. The needs assessment and consultation process generated more than 800 interfaces with seniors, family members, service providers and community members accomplished through the various meetings, interviews, surveys, community forum and implementation planning session.

There was great consistency in the views expressed across the various groups leading to a high level of confidence in the data.

Needs identified through the consultation/data gathering initiatives were the following:

<b>Outdoor Spaces and Buildings</b>	<ul style="list-style-type: none"> <li>Bike and scooter lanes</li> <li>Improved sidewalks and paved shoulders</li> <li>Improved snow removal</li> <li>Improved building accessibility</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>Transit in towns and to rural areas</li> <li>Increased special transit/shorter booking times</li> <li>Coordinated and integrated bus service</li> <li>Affordable taxis</li> <li>Expanded volunteer drivers/pooled/shuttle options</li> <li>Reinstated train service</li> <li>Active transportation initiatives</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>Affordable and appropriate housing</li> <li>More RGI (rent geared to income) housing</li> <li>More rental options</li> <li>Supports for aging in place</li> <li>Affordable home maintenance services</li> <li>Affordable retirement homes</li> <li>More long-term care beds</li> </ul>
<b>Social and Recreational Opportunities</b>	<ul style="list-style-type: none"> <li>More information about programs and activities</li> <li>Transportation to venues</li> <li>More options in rural areas</li> <li>Youth engagement/intergenerational programs</li> <li>Employment opportunities</li> <li>Educational opportunities</li> </ul>
<b>Health Care</b>	<ul style="list-style-type: none"> <li>Maintenance of two hospitals</li> <li>Increased service hours in health hubs</li> <li>More in-home health care</li> <li>Coordination between service providers</li> <li>One stop shopping, service navigation assistance</li> <li>More physicians and specialists</li> <li>Mental health supports</li> <li>Dementia care</li> <li>End of life care</li> </ul>
<b>Other Community Needs</b>	<ul style="list-style-type: none"> <li>Financial support and cost relief</li> <li>Improved access to information</li> <li>Service coordination</li> </ul>

**There are major gaps in services to seniors, particularly in Muskoka's rural areas. Ratings of existing services in all categories were low and fell below the comparatives from six other communities studied by the consultants.**

## **Goals and Objectives**

Twenty goals emerged from the process addressing priorities related to transportation, housing, services and supports, community life and information and communication.

### Transportation

- 1.1 Expand the transportation system across the region
- 1.2 Increase local transportation options available to seniors
- 1.3 Enable and facilitate active transportation

### Housing

- 2.1 Increase home services for seniors
- 2.2 Increase the supply of appropriate and affordable senior-specific housing
- 2.3 Increase the supply of long-term care beds
- 2.4 Pursue innovative housing options that allow for progressive care and aging in place

### Services and Supports

- 3.1 Improve coordination across service providers
- 3.2 Expand and enhance health care services for seniors
- 3.3 Increase home care services
- 3.4 Strengthen social and recreation programs and expand rural programming
- 3.5 Address service affordability issues

### Community Life

- 4.1 Improve accessibility of buildings and outdoor spaces throughout the community
- 4.2 Develop additional outdoor spaces accessible to seniors and reflective of the interests of the local population
- 4.3 Leverage volunteers across all community services, events and activities
- 4.4 Increase employment for seniors
- 4.5 Improve safety and security of seniors and community members

### Information and Communication

- 5.1 Increase awareness and knowledge of services, events and activities for seniors
- 5.2 Establish an information infrastructure
- 5.3 Track, monitor, evaluate and communicate progress on all seniors' initiatives across the district

Suggested strategies to achieve the goals are described in the body of the report.

## Next Steps

Experience from other jurisdictions has shown that community aging plans require some form of a permanent entity in order to ensure successful ongoing implementation, monitoring, revision and evaluation of goals and strategies.

On reviewing the various options for a sustainability model it is recommended that responsibility for ongoing coordination, monitoring and updating of the AFC plan be overseen by a newly formed Seniors Advisory Committee.

Muskoka's Master Aging Plan will be a living document to serve as a blueprint for ongoing community relationship building and collaborative planning by the District and its partners, other levels of government, service agencies, businesses and the community at large.

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## 1.0 INTRODUCTION

An Age-Friendly Community (AFC) is one where policies, services and structures related to the physical and social environments are designed to support and enable older people to live in a secure environment, enjoy good health and continue to participate fully in their communities.

Following receipt of an AFC planning grant from the Province of Ontario, the District of Muskoka and its partners issued a request for proposals and selected a consulting firm to facilitate the development of a District-wide Master Aging Plan. Shercon Associates Inc. of Oakville was engaged and a work plan was approved in June 2016. The project was overseen by a community-based Steering Committee with representation from District staff, the Seniors Services Planning Table, major service provider organizations and community leaders. Steering Committee members are listed in Appendix A. A comprehensive needs assessment and consultation process was carried out throughout the summer with a draft report being submitted to the Steering Committee for review in mid-October. The final report will be submitted to District Council in November 2016.

This report outlines the project methodology, reports on the findings from the needs assessment and consultation process, outlines goals, objectives and strategies and recommends a model for implementation and ongoing sustainability.

Implementation will be closely linked to existing plans such as the District's Official Plan, Strategic Priorities document and Town and Township strategic plans. Implementation should also build on the plans of other key Muskoka groups and organizations.

Muskoka's Master Aging Plan will be a living document to serve as a blueprint for ongoing community relationship building and collaborative planning by the District, other levels of government, service agencies, businesses and the community at large.

## 2.0 THE PLANNING PROCESS

### 2.1 Methodology

The project made extensive use of the Age-Friendly Community (AFC) checklists and assessment tools developed by the World Health Organization (WHO) and closely referenced the guidelines for Age-Friendly Community Planning outlined in the 2013 Ontario Seniors Secretariat publication “Finding the Right Fit: Age-Friendly Community Planning”. It also drew on approaches employed in several master aging plans developed in the United States and adapted by the consultants in their earlier AFC work in Brantford, Brant County, Oxford County and Niagara.

Best practices in planning for the needs of older adults suggest that services should be targeted to seniors on the basis of their functional abilities rather than on arbitrary age groupings. Recommended clusters based on the consultants’ experiences with similar projects are the following:

Well and fit seniors

Seniors requiring some assistance with activities of daily living

Seniors requiring 24-hour support

The focus of any Age-Friendly strategy should be on maintaining seniors in their present ability grouping and slowing down their transition to higher needs groups. The project methodology therefore involved identifying community needs and mapping them on a matrix crossing World Health Organization (WHO) dimensions against groupings of seniors with different needs and capabilities.

WHO Category	Well and Fit	Require some ADL assistance	Require 24 hour support
Transportation			
Housing			
Social participation			
Respect and social inclusion			
Civic participation and employment			
Communication and information			
Community support /health services			
Outdoor spaces and buildings			

The matrix also served as a useful guiding template during the goal setting and action planning stage of the project.

## 2.2 Information Review

At the outset of the project relevant background information was reviewed including World Health Organization literature about Age-Friendly communities, leading practices from other jurisdictions, provincial government planning and policy documents, District, Town and Township plans, the 211 service listing and websites and literature of community groups and service provider organizations. The 2016 Muskoka Age Friendly Community Assessment prepared for the District of Muskoka by Heather Hay provided a thorough inventory of resources for seniors across the region and reported on earlier needs assessment findings from a survey and focus group sessions conducted in 2014. The data from this important earlier work provided a good backdrop for the project and is cited throughout the report.

## 2.3 Working Groups

To ensure the needs of the three service segments (well fit seniors, seniors requiring some assistance with activities of daily living and seniors requiring 24 hour supports) three separate Working Groups were established at the outset of the project and aligned with each segment. The Working Groups consisted of service providers drawn from the Seniors Services Planning Table, District staff, other organizations, and community seniors from across the region. The consultant held inaugural meetings of each group to conduct a preliminary identification of needs and resources in their respective target groups, prepare client profiles and identify initial priorities. Working Group members then participated actively in other project events and milestones, ensuring that the needs of their constituencies were addressed. Working Group members are listed in Appendix A

## 2.4 Community Survey

A questionnaire was designed to solicit information from members of the Muskoka community on their perceptions of the system of services and supports for seniors. The questionnaire was made available in hard copy form at numerous community locations across the District, sent to seniors groups and organizations, handed out at focus groups and distributed on-line through the District website and e-mail distribution lists.

The survey followed the WHO categories and utilized some of the questionnaire items suggested in the Ontario Senior's Secretariat guidelines. 378 responses were received reflecting a good geographical cross-section of the Muskoka population, particularly seniors and family members. The sample size obtained permitted some statistical generalizations and enabled some limited cross-group comparisons. The community questionnaire along with the detailed findings obtained appears as Appendix B. (The electronic data set has been turned over to the District for further analysis.)

## 2.5 Service Provider Survey

In order to gather detailed input from direct and indirect providers of services to seniors in the Muskoka area a service provider questionnaire was constructed and distributed on-line to the agencies and individuals identified through the information review and community resource inventory. The survey questions addressed perceptions of service effectiveness and gaps between demand and supply. The survey also focused on the WHO AFC dimensions. Sixty-seven local service providers representing 47 different organizations across the District completed and returned the questionnaire.

The provider questionnaire along with the detailed findings obtained appears as Appendix C.

## 2.6 Seniors Focus Groups

Direct in-person contribution from seniors and their families was the centrepiece of the needs assessment and consultation process. Seven separate focus group sessions were scheduled to ensure involvement of the different population segments - well-fit (WF) seniors, seniors requiring some assistance with activities of daily living (ADL) and seniors requiring 24-hour supports) and were hosted by different community groups and organizations.

Dates and locations of the community focus group sessions appear below:

<b>Date</b>	<b>Sponsor/Location</b>	<b>Segment</b>	<b>#</b>
1. August 22 am	Pines LTC	24 hr	15
2. August 22 pm	MacTier	WF	16
3. August 23 noon	Huntsville Friendship Luncheon	WF/ADL	120+
4. August 24 pm	Port Carling Library	WF	6
5. August 25 am	Gravenhurst Seniors Centre	WF	4
6. August 25 pm	Honey Harbour/Port Severn	WF	3
7. August 26 am	Dwight SMART class	WF	28
	<b>Total Participants →</b>		<b>192</b>

The facilitation approach at the sessions varied depending upon the group size and included a briefing on the project, likes/dislikes of existing services and supports, improvement suggestions and future priorities. All the groups were lively, positive and generated good discussions that revealed high levels of consensus regarding seniors' needs. Notes were produced and a cumulative record of input was maintained.

## 2.7 Key Informant Interviews

Semi-structured telephone interviews were conducted by the consultant with a range of key informants including political officials, District staff, senior service providers and other community leaders. The respondents are listed in Appendix A. Starting with a briefing on the project, the questions covered high level perceptions of the current system of services and supports for seniors in Muskoka, key trends, events and emerging issues, and comments and advice regarding the planning process underway. Eleven formal interviews were carried out by the consultant as well as numerous informal discussions with key players over the course of the project.

Points raised by the key informants included: the high and increasing number of seniors in Muskoka; the existence of service gaps in many areas; transportation challenges; urban/rural diversity; significant income disparities; and, the need for improved coordination to address service silos and overlapping mandates. Their comments helped to corroborate and understand the data from the surveys and focus groups and are reflected in the discussion of findings that follows in Section 3.0.

## 2.8 Community Stakeholder Forum

A half-day facilitated community stakeholder forum was held at the Bracebridge Rotary Centre for Youth on the morning of Thursday, September 8, 2016 and attended by members of the Steering Committee, District officials, service providers and a solid contingent of Muskoka seniors. Activities and deliberations included the following:

- Presentation of the information from the surveys, interviews and focus groups
- An exercise to assemble a “SWOT” analysis identifying strengths, weaknesses, opportunities and threats related to services and supports for Muskoka seniors
- Visioning and brainstorming exercises to identify potential initiatives
- Breakout work, followed by plenary discussion to develop broad strategic goals related to identified needs areas in the WHO Age-Friendly categories.
- A session debrief and written evaluation

The community forum was attended by about 120 participants and the dynamic mix of seniors, service providers and municipal officials resulted in high quality input and advice stemming from the day. Participant feedback about the session was positive.

## 2.9 Implementation Planning Workshop

On the afternoon of September 8, immediately following the stakeholder forum, members of the three working groups participated in a three-hour implementation planning workshop. Participants reviewed the output from the morning session, refined

the emerging goals and identified specific actions, time frames and potential partners for moving the plan forward. A draft implementation template reflecting the work at the session was distributed and revised by workshop participants.

Information from the session was then used to finalize the plan that was submitted to the Steering Committee for review.

## 2.10 Stakeholder Engagement

The table below identifies the stakeholder interfaces achieved through the needs assessment and planning process. Identified needs were highly consistent across the groups.

	<i>Seniors</i>	<i>Providers</i>	<i>Community</i>
Steering Committee	4	13	
Working Groups	15	35	
Key Informant Interviews	-	6	5
Community Survey	257	-	121
Provider Survey	-	67	-
Focus Groups	185	7	-
Community Forum	40	50	20
Implementation Planning Workshop	5	10	-
<b>Total Stakeholder Interfaces: 840</b>	<b>506</b>	<b>188</b>	<b>146</b>

**There were well over 800 individual stakeholder interfaces during the needs assessment process, indicating the highly consultative nature of the process to develop Muskoka's Master Aging Plan.**

### 3.0 NEEDS ASSESSMENT FINDINGS

#### 3.1 System Overview

Members of the Steering Committee and Working Groups, attendees at the September community forum and other participants in the AFC planning process identified the following strengths, weaknesses, opportunities and threats pertaining to the overall system of services and supports for seniors in Muskoka:

<u>Strengths:</u>	<ul style="list-style-type: none"> <li>Existing programs and services</li> <li>Seniors groups and organizations</li> <li>Active, engaged and vocal seniors</li> <li>Libraries</li> <li>Health hubs</li> <li>Existing collaboration among service providers</li> <li>Some specialized and public transit</li> <li>Natural beauty of environment</li> <li>Caring inclusive community</li> </ul>
<u>Weaknesses:</u>	<ul style="list-style-type: none"> <li>Activities/services in rural areas</li> <li>Affordable housing</li> <li>Transportation</li> <li>Awareness of existing programs</li> <li>Internet access</li> <li>Overlapping service boundaries with Simcoe and Parry Sound</li> <li>Weather and geography challenges</li> <li>Lack of specialized services</li> <li>Wait lists and service gaps in different geographic areas</li> <li>Lack of provincial designation as a northern community</li> <li>External perception of Muskoka as a “wealthy” community</li> </ul>
<u>Opportunities:</u>	<ul style="list-style-type: none"> <li>Knowledge and experience base of seniors</li> <li>Resource coordination/sharing</li> <li>Increased collaboration among agencies</li> <li>Communication and information sharing</li> <li>On-line learning and sharing</li> <li>Leveraging volunteers</li> <li>People retiring to Muskoka</li> <li>Improved technology</li> <li>Intergenerational programs</li> <li>Funding and grant opportunities</li> <li>Engaging seasonal residents</li> </ul>

... *Cont'd*

<u>Threats:</u>	<p>Economic decline</p> <p>Rising costs and financial challenges to seniors</p> <p>Gaps between demand and resources</p> <p>Resources/services leaving the area</p> <p>Major income disparities</p> <p>Isolated living</p> <p>Young people leaving the area</p> <p>Lack of family support</p> <p>Poverty and homelessness</p> <p>Increasing mental health and dementia issues</p>
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Any initiatives undertaken as part of the Muskoka Master Aging Plan should build on strengths, rectify weaknesses, capitalize on opportunities and address threats.

### **3.2 Target Service Groups**

The study focused on target groups of seniors based on their abilities rather than ages. This approach was employed as it offered a meaningful way of focusing on needs based upon personal circumstances rather than arbitrary age distinctions. The broad characteristics of the three different groups are described below:

#### Well/Fit Seniors

These individuals generally are in good health and able to live independently without assistance. The goal of services for this population is to help them maintain their health and independence for as long as possible. Previous work carried out by the consultants in other Ontario communities and confirmed in discussions with the three Working Groups has produced the following profile:

- Wide age range from 50 to 80+ (typical is late 60's)
- Many are retired, some working beyond typical retirement age
- Living independently in own homes – although affordable and appropriate future housing is often an issue
- Closely oriented to their local community
- Physically mobile and most drive
- Varying family situations
- Increasing in number and more demanding of services
- May have some early stage health issues
- Becoming more “tech-savvy” and beginning to use social media

Minimal specialized supports are required for this group although it will be important to watch for risk factors such as isolation and depression which could jeopardize their wellness.

### Seniors Requiring Some Assistance with Activities of Daily Living

This population requires some assistance with activities of daily living in order to allow them to stay in their own homes. In many cases the support comes from family members. This group can be profiled as follows:

- Mid and lower income, with increasing numbers of low income
- Some have financial concerns and challenges
- Predominantly female
- Families living elsewhere
- Acute and chronic disease and illness including diabetes, stroke, MS, arthritis, Parkinson's, heart and renal disease
- Increasing dementia and mental illness issues
- Some are driving, others have friends/caregivers who drive
- Some are invisible and inaccessible especially in outlying areas
- Most have local family doctors – who are gradually retiring
- Increasing expectations for services and supports
- Includes some seasonal residents at cottages with families or who retired to cottages

The need for services that support caregivers and individuals to stay in their own homes is very evident with this group.

### Seniors Requiring 24 hour Support:

The majority of these individuals reside in long-term care homes. The consultants profiled this group as follows:

- Age range 50 to 85+, with the majority in older age groups
- Entering long-term care older and more frail
- About two-thirds are female
- Increasing acuity and complexity of needs with higher care requirements
- Increasing behavioural challenges related to dementia

Quality of care is a priority issue for this segment of the older population.

**The next six sections outline seniors' needs identified through the surveys, focus groups, interviews, meetings and review of existing data. There was strong convergence of findings across the various research methods suggesting good levels of data validity.**

### 3.3 Outdoor Spaces and Buildings

The 2007 World Health Organization (WHO) guide on Age-Friendly cities states that the outside environment and public buildings have a major impact on the independence and quality of life of older people and their ability to “age in place”.

Findings from the community survey related to outdoor spaces and buildings appear below:

<b>Green = High rating 3.0+</b> <b>Red = Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>	N=378 Average	(4) Excellent	(3) Good	(2) Fair	(1) Poor
	#	%	%	%	%
<b>Outdoor Spaces and Buildings</b> – Consider sidewalks, trails, bike and scooter lanes, building accessibility, etc.  <b>Comparatives range from 2.5 to 2.9</b>	<b>2.3</b>	<b>5</b>	<b>37</b>	<b>38</b>	<b>20</b>

1. Average is based on a four-point scale where 4=excellent; 3=good; 2=fair; 1=poor
2. Comparatives drawn from AFC needs assessments of five other Ontario communities conducted by the consultants in 2015 and 2016.

The survey ratings are mid-range with over half the respondents giving a negative rating (fair or poor) and below the scores from other communities studied by the consultants.

Focus group participants referred to the natural beauty of the area but pointed to problems in getting around posed by the rocky and hilly topography of the area. Some “walkability” issues were flagged and the need for more lanes and paved road shoulders for bicycles and scooters was identified. A number of focus group participants reported difficulties accessing local buildings and facilities due to stairs, doors and a lack of ramps. Traffic congestion in the summer months in some of the towns was also raised as a concern.

These findings are similar to the findings from the 2014 Muskoka AFC Assessment conducted by Heather Hay, although snow removal was emphasized more in 2014 due to the severe winter that year.

Seniors’ needs related to outdoor spaces and buildings identified through the needs assessment were categorized by service groups and are summarized on Page 17.

<b>Service Group →</b>	<i>Well/Fit</i>	<i>Some Assistance</i>	<i>24 Hour Supports</i>
<u>Outdoor Spaces and Buildings:</u>			
Bike and scooter lanes	x	x	n/a
Improved sidewalks and paved shoulders	n/a	x	x
Improved snow removal	x	x	x
Improved building accessibility	n/a	x	x

### 3.4 Transportation

The 2007 WHO guide on Age-Friendly Cities identifies transportation as a key factor influencing active aging. Being able to move about the community determines social and civic participation as well as access to services. Community survey findings related to transportation appear below.

<b>Green = High rating 3.0+</b> <b>Red = Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>	<i>N=378</i>	<i>(4)</i>	<i>(3)</i>	<i>(2)</i>	<i>(1)</i>
	<i>Average</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
	<i>#</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
<b>Transportation</b> – Consider roads, public transit, special transit, roads, taxis, etc.  <b>Comparatives range from 2.2 to 2.9</b>	<b>1.9</b>	<b>3</b>	<b>21</b>	<b>39</b>	<b>37</b>

1. Average is based on a four-point scale where 4=excellent; 3=good; 2=fair; 1=poor
2. Comparatives drawn from AFC needs assessments of five other Ontario communities conducted by the consultants in 2015 and 2016.

Transportation ratings are low with three quarters of the respondents giving a negative rating (fair or poor), well below the scores from other communities studied by the consultants. Most (86%) of the survey respondents indicated that transportation and the geographic location of services was a concern for seniors.

Survey respondents referred to the importance of being able to drive, especially in rural areas. One respondent said “Nothing here (services) applies to rural people if you do not have a vehicle or can’t drive”. Another stated “Losing your license is a trigger point – you have to rely on others or move”.

The 2014 Muskoka AFC Assessment also identified transportation as a major issue.

Respondents who completed the service provider survey identified public transit, special transit and volunteer, shuttle and pooled driving as service gaps to be addressed, particularly for the group of seniors requiring some assistance with activities of daily living. Active transportation was flagged as a major gap for the well/fit seniors group.

<i>N=67 service providers</i>		<i>Seniors Group Served:</i>		
<i>Category</i>	<i>Service/Support</i>	<i>Well/Fit Seniors</i>	<i>Some ADL Assistance</i>	<i>24 hour support</i>
<b>Transportation</b> <i>7 gaps &gt;20</i>	Public transit	<b>29</b>	<b>38</b>	<b>21</b>
	Special transit	<b>7</b>	<b>34</b>	<b>25</b>
	Taxi services	<b>4</b>	<b>11</b>	<b>8</b>
	Volunteer, shuttle and pooled driving	<b>16</b>	<b>32</b>	<b>19</b>
	Driver supports – signage, parking, etc.	<b>10</b>	<b>18</b>	<b>5</b>
	Active transportation: Pedestrian and cycling friendly environment	<b>31</b>	<b>17</b>	<b>7</b>

*Shaded items were identified as a gap by more than 20 service provider respondents*

Focus group participants confirmed the findings from the community and provider surveys and told stories about the difficulties encountered by seniors unable to drive. Expanded transportation options tended to top the seniors' "wish lists" created at each focus group session.

Seniors' needs related to transportation identified through the needs assessment were categorized by service groups and are summarized below.

<b>Service Group →</b>	<i>Well/Fit</i>	<i>Some Assistance</i>	<i>24 Hour Supports</i>
<u>Transportation</u>			
Transit in towns and to rural areas	x	x	n/a
Increased special transit/shorter booking times	n/a	x	x
Improved disabled parking*	n/a	x	x
Coordinated and integrated bus service	x	x	n/a
Affordable taxis	x	x	x
Expanded volunteer drivers/pooled/shuttle options	n/a	x	x
Reinstated train service	x	x	n/a
Active transportation initiatives	x	x	n/a

*\* Suggested improvements included wider spaces and more rigorous enforcement*

### 3.5 Housing

The 2007 WHO AFC guide cites appropriate housing as an important determinant of the independence and quality of life of older people.

Housing is a major issue in Muskoka. The great majority (80%) of community survey respondents rated housing as “fair” or “poor” producing an average near the bottom of the community comparatives. Findings appear below. Similar findings were obtained in Heather Hay’s 2014 Muskoka AFC Assessment.

<b>Green = High rating 3.0+</b> <b>Red= Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>	N=378 Average	(4) Excellent	(3) Good	(2) Fair	(1) Poor
	#	%	%	%	%
<b>Housing</b> – Consider housing supply, home maintenance, affordability, in-home supports, retirement homes, long-term care homes, etc  <b>Comparatives range from 1.5 to 2.3</b>	<b>1.9</b>	<b>3</b>	<b>17</b>	<b>45</b>	<b>35</b>

1. Average is based on a four-point scale where 4=excellent; 3=good; 2=fair; 1=poor
2. Comparatives drawn from AFC needs assessments of five other Ontario communities conducted by the consultants in 2015 and 2016.

Personal finances are a determinant of housing satisfaction. One survey respondent stated “Real estate is for tourists who have money. No building of homes for us locals.”

Findings from the service provider survey are reported below and parallel the community survey data, with providers identifying major gaps in long-term care beds, affordable housing options including rent geared to income accommodation, in-home supports, and home maintenance and renovation supports.

N=67service providers		Seniors Group Served:		
Category	Service/Support	Well/Fit Seniors	Some ADL Assistance	24 hour support
<b>Housing</b> 12 gaps >20	Home maintenance and renovation supports	<b>16</b>	<b>26</b>	<b>14</b>
	Affordable and accessible housing options	<b>31</b>	<b>40</b>	<b>29</b>
	Rent geared to income accommodation	<b>32</b>	<b>35</b>	<b>23</b>
	In-home supports – meals, housekeeping, etc.	<b>11</b>	<b>31</b>	<b>22</b>
	Personal support workers	<b>7</b>	<b>33</b>	<b>26</b>
	Retirement homes	<b>6</b>	<b>18</b>	<b>16</b>
	Long-term care beds	<b>4</b>	<b>19</b>	<b>37</b>

Shaded items were identified as a gap by more than 20 service provider respondents

Service providers also expressed concerns about the affordability and availability of appropriate housing. One survey respondent said “Housing is an issue for low income seniors. A four year waiting list is too long.” Another service provider respondent, referring to housing supports in the District, stated “In my job I see seniors trying to live at home as long as possible or waiting a long time for a long-term care bed and there are just not enough workers for this to occur in a safe manner.”

Focus group participants corroborated the findings from the community and provider surveys and emphasized affordability issues. Housing needs were particularly acute in the rural areas. Affordable, accessible and appropriate housing was high on the wish lists of all the focus groups.

Seniors’ needs related to housing identified through the needs assessment were categorized by service groups and are summarized below:

<b>Service Group →</b>	<i>Well/Fit</i>	<i>Some Assistance</i>	<i>24 Hour Supports</i>
<u>Housing:</u>			
Affordable and appropriate housing	x	x	x
More RGI (rent geared to income) housing	x	x	x
More rental options	x	x	n/a
Supports for aging in place	n/a	x	n/a
Affordable home maintenance services	x	x	n/a
Affordable retirement homes	n/a	x	x
More long-term care beds	n/a	n/a	x

### **3.6 Social, Cultural and Recreational Opportunities**

In describing the AFC “Social Participation” dimension the 2007 WHO guide points out the importance of seniors participating in leisure, social, cultural and spiritual activities in the community.

Findings from the community survey, reported on Page 21, reveal a mid-range rating for Social and Recreational opportunities, although still at the bottom of the community comparatives.

Cross-analysis by location revealed that ratings were higher in the urban areas (Bracebridge, Gravenhurst, Huntsville) and significantly lower in the rural areas.

<b>Green = High rating 3.0+</b> <b>Red = Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>	N=378 Average	(4) Excellent	(3) Good	(2) Fair	(1) Poor
	#	%	%	%	%
<b>Social and Recreational Opportunities –</b> Consider clubs, recreation facilities, activities and events, education, volunteer opportunities, employment opportunities, etc.  <b>Comparatives range from 2.6 to 2.9</b>	<b>2.6</b>	<b>14</b>	<b>47</b>	<b>26</b>	<b>13</b>

1. Average is based on a four-point scale where 4=excellent; 3=good; 2=fair; 1=poor
2. Comparatives drawn from AFC needs assessments of five other Ontario communities conducted by the consultants in 2015 and 2016.

Service provider survey respondents did not identify any major gaps in social and recreational opportunities although recreation centres, clubs and social groups were centred out as needs areas for seniors requiring some assistance with daily living and employment and educational opportunities were also seen as important for this group and for well/fit seniors.

N=67 service providers		Seniors Group Served:		
Category	Service/Support	Well/Fit Seniors	Some ADL Assistance	24 hour support
<b>Social and Recreational</b> <i>0 gaps &gt;20</i>	Recreation centres	<b>7</b>	<b>17</b>	<b>5</b>
	Clubs and social groups	<b>8</b>	<b>13</b>	<b>9</b>
	Faith based organizations	<b>3</b>	<b>6</b>	<b>5</b>
	Arts and culture organizations	<b>4</b>	<b>6</b>	<b>7</b>
	Library resources	<b>2</b>	<b>5</b>	<b>4</b>
	Educational opportunities for seniors	<b>11</b>	<b>14</b>	<b>5</b>
	Volunteer opportunities for seniors	<b>5</b>	<b>8</b>	<b>4</b>
	Employment opportunities for seniors	<b>15</b>	<b>13</b>	<b>5</b>
	Parks and outdoor space	<b>2</b>	<b>10</b>	<b>8</b>

*Shaded items were identified as a gap by more than 20 service provider respondents*

Focus group participants generally spoke positively about recreation in Muskoka referencing the excellent available seniors centres, programs, clubs and seniors groups in the District. Libraries were very well regarded and programs such as the VON SMART classes and rural programs provided by the District of Muskoka were highly rated. They did raise some affordability, accessibility and transportation issues related to attending programs and events and many participants indicated a need for more

information about available recreational opportunities. Focus groups participants from Georgian Bay tended to give lower ratings of their recreational opportunities, paralleling a pattern noted in the survey findings.

Seniors' needs related to social, cultural and recreational opportunities were categorized by service group and are summarized below:

<b>Service Group →</b>	<i>Well/Fit</i>	<i>Some Assistance</i>	<i>24 Hour Supports</i>
<u>Social and Recreational:</u>			
More information about programs and activities	x	x	n/a
Transportation to venues	n/a	x	x
More options in rural areas	x	x	x
Youth engagement/intergenerational programs	x	x	x
Employment opportunities	x	x	n/a
Educational opportunities	x	x	x

### 3.7 Health Care

The 2007 WHO AFC guide cites health and support services as an important dimension vital to maintaining independence in the community. Good mental and physical health is deemed essential to quality of life and a key determinant of a senior's ability to socialize and engage in social activities.

Community survey findings related to health appear below and ratings are relatively low, falling below all the external comparatives from other studies conducted by the consultants. Again, ratings were higher in the towns and lower in the rural areas.

<b>Green = High rating 3.0+</b> <b>Red = Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>	<i>N=378</i>	<i>(4)</i>	<i>(3)</i>	<i>(2)</i>	<i>(1)</i>
	<i>Average</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
	#	%	%	%	%
<b>Health Services</b> – Consider medical services, therapies, health care providers, coordination of services, dental, etc.  <b>Comparatives range from 2.4 to 3.1</b>	<b>2.3</b>	<b>8</b>	<b>35</b>	<b>38</b>	<b>19</b>

1. Average is based on a four-point scale where 4=excellent; 3=good; 2=fair; 1=poor
2. Comparatives drawn from AFC needs assessments of five other Ontario communities conducted by the consultants in 2015 and 2016.

The community survey also revealed health services issues with transportation, information availability, service coordination and wait times. Wait times were noted as “a large concern” by more than half of the community survey respondents.

Service provider survey respondents, reported below, identified gaps across most categories and service groups, particularly with primary care, medical specialists, mental health supports, caregiver supports and system navigation. End-of-life care was also identified as a gap area by many service providers.

<i>N=67 service providers</i>		<i>Seniors Group Served:</i>		
<i>Category</i>	<i>Service/Support</i>	<i>Well/Fit Seniors</i>	<i>Some ADL Assistance</i>	<i>24 hour support</i>
<b>Health Care</b> <i>17 gaps &gt;20</i>	Health education and promotion	<b>14</b>	<b>19</b>	<b>15</b>
	Primary care – family physicians, clinics	<b>31</b>	<b>31</b>	<b>21</b>
	Medical specialists	<b>26</b>	<b>28</b>	<b>31</b>
	Therapies – Physio, OT, etc.	<b>19</b>	<b>22</b>	<b>16</b>
	Pharmacy	<b>3</b>	<b>2</b>	<b>1</b>
	Dental, vision and hearing	<b>14</b>	<b>14</b>	<b>13</b>
	Dementia care	<b>10</b>	<b>23</b>	<b>20</b>
	Palliative care/hospice	<b>8</b>	<b>17</b>	<b>16</b>
	Mental health supports	<b>24</b>	<b>28</b>	<b>23</b>
	Addictions services	<b>15</b>	<b>18</b>	<b>12</b>
	Counselling	<b>15</b>	<b>16</b>	<b>13</b>
	Supports for caregivers – respite, training, etc.	<b>19</b>	<b>26</b>	<b>22</b>
	System navigation	<b>24</b>	<b>27</b>	<b>24</b>

*Shaded items were identified as a gap by more than 20 service provider respondents*

Focus group participants appreciated the health hubs but expressed a desire for expanded hours of operation and greater availability of physicians and nurse practitioners. One participant stated “*The health hub is not doing what we thought. People cannot just drop in if they happen to become sick that day.*”

There was a strong feeling that the two hospitals in Bracebridge and Huntsville should be maintained. There were also some boundary issues that surfaced with seniors in the northern part of the District accessing doctors and health services in Parry Sound and southern residents accessing services in Simcoe County.

LHIN boundary issues surfaced frequently in the key informant interviews, provider survey and focus groups. Many seniors access services provided outside the North Simcoe Muskoka catchment area.

Seniors' needs related to health care identified through the needs assessment were broken out by service groups and are summarized below:

<b>Service Group →</b>	<b>Well/Fit</b>	<b>Some Assistance</b>	<b>24 Hour Supports</b>
<b>Health Care:</b>			
Maintenance of two hospitals	x	x	x
Increased service hours in health hubs	x	x	x
More in-home health care	n/a	x	x
Coordination between service providers	x	x	n/a
One stop shopping, service navigation assistance	x	x	n/a
More physicians and specialists	x	x	x
Mental health supports	x	x	x
Dementia care	n/a	x	x
End of life care	n/a	x	x

### 3.8 Other Community Needs

The 2007 WHO guide on Age-Friendly cities states that the “Respect and Social Inclusion”, the general feeling of respect and recognizing the role that older adults play in society is a critical factor for establishing an Age-Friendly community. The item on the community survey related to this dimension appears below.

	<i>N=378</i>	<i>(4)</i>	<i>(3)</i>	<i>(2)</i>	<i>(1)</i>
	<i>Average</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
	<i>#</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
<b>Green = High rating 3.0+</b> <b>Red = Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>					
<b>Community Life</b> – Consider respect for seniors, involvement in decision making, volunteer opportunities, employment opportunities, etc.  <i>Comparatives not available</i>	<b>2.5</b>	<b>9</b>	<b>42</b>	<b>34</b>	<b>15</b>

Slightly over half of the survey respondents gave positive ratings to community life, with the lower ratings coming from the rural areas. Focus group participants praised the small town atmosphere, community spirit and relaxed lifestyle of the area. Most felt comfortable, safe, respected and included.

The availability of cost relief and financial support was rated low by community survey respondents. One respondent stated “A person’s income plays a large role in using and

*rating the various services.*” Almost half (48%) of the community respondents indicated that the financial cost of accessing services was “a large concern”.

The availability of information about services and supports was a persistent theme across all the AFC categories. Only 15% of the community survey respondents felt they were “very informed” about services provided to older adults in Muskoka and almost a third (32%) reported they were “not too informed” or “not at all informed”. One service provider said *“We need a communication plan so that our seniors know what services are available and how to access them – recognizing that many of them don’t have computers.”*

Further analysis revealed that older age groups were more aware of services available and also gave higher ratings of the services, suggesting a positive relationship between service awareness and service ratings. The table below also reveals a notable preference for information through electronic means for younger age groups and a clear preference for conventional media among older age groups.

<i>Community Survey</i> <i>N=378</i>	<b>&lt;55 years</b> %	<b>56-65 years</b> %	<b>66-80 years</b> %	<b>Over 80</b> %
Prefer conventional media	<b>41</b>	<b>48</b>	<b>73</b>	<b>86</b>
Prefer electronic media	<b>59</b>	<b>52</b>	<b>27</b>	<b>14</b>

As the various cohorts age there will be an increasing preference for electronic communication.

### 3.9 Conclusion

*“Because of the demographics of the baby boomers, Muskoka is going to get slammed and is not prepared.”*

(Community survey respondent, Age 66+)

Only half of the community survey respondents gave positive ratings (“excellent” or “good”) to services and supports for Muskoka seniors. This rating falls below the comparable service ratings obtained in the six other communities studied by the consultants.

The breakdowns on Page 26 reveal considerable differences in ratings between the Towns and Townships, a factor that was very evident in the focus group discussions.

Community Survey Ratings of Services for Older Adults in Muskoka

%	Overall N=378	Bracebridge n=87	Georgian Bay n=26	Gravenhurst n=55	Huntsville n=94	Lake of Bays n=24	Muskoka Lakes n=52
Excellent	9	8	0	15	11	5	4
Good	42	47	18	38	52	45	39
Fair	37	35	41	28	33	50	46
Poor	12	10	41	19	4	0	11

Notable urban/rural differences in service ratings are revealed in the table below, particularly with transportation and health services.

Urban/Rural Breakdown of Service Ratings

	Overall N=378 #	Urban n=159 #	Rural n=179 #
<b>Green = High rating 3.0+</b> <b>Red = Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>			
<b>Outdoor Spaces and Buildings</b> – Sidewalks, trails, bike and scooter lanes, building accessibility, etc.	2.3	2.4	2.2
<b>Transportation</b> – Roads, public transit, special transit, roads, taxis, etc.	1.9	2.2	1.7
<b>Housing</b> – Housing supply, home maintenance, affordability, in-home supports, retirement homes, long-term care homes, etc.	1.9	1.9	1.8
<b>Social and Recreational Opportunities</b> – Clubs, recreation facilities, activities and events, education, volunteer opportunities, employment opportunities, etc.	2.6	2.7	2.6
<b>Health Services</b> – Medical services, therapies, health care providers, coordination of services, dental, etc.	2.3	2.5	2.2
<b>Community Life</b> – Consider respect for seniors, involvement in decision making, volunteer opportunities, employment opportunities, etc.	2.5	2.5	2.4

Notes

Average is based on a four-point scale where 4=excellent; 3=good; 2=fair; 1=poor

Comparatives drawn from AFC needs assessments of five other Ontario communities conducted by the consultants in 2015 and 2016.

Urban areas include Bracebridge, Gravenhurst and Huntsville.

Parallel findings from the survey of service providers revealed a similar pattern:

Provider Survey Ratings of Services for Older Adults in Muskoka

% N=67	Effectively addressing seniors' needs in Muskoka's towns	Effectively addressing seniors' needs in rural areas
Excellent	<b>0</b>	<b>0</b>
Good	<b>37</b>	<b>2</b>
Fair	<b>58</b>	<b>55</b>
Poor	<b>5</b>	<b>43</b>

Slightly over a third of the service provider respondents felt services were effectively addressing seniors' needs in Muskoka's towns but only 2% felt this was the case in rural areas.

Almost all respondents felt seniors' needs in rural areas were not being effectively addressed.

While Muskoka faces some challenges in addressing seniors' needs, there is evidence that the District has already made some progress in achieving the eight WHO dimensions for Age-Friendly Communities. Key points from the needs assessment appear below.

WHO Dimension	Existing Strengths	Improvement Areas
1. <u>Outdoor Spaces and Buildings:</u>	Green space	Accessibility/walkability, Bike/scooter lanes
2. <u>Transportation:</u>	Inter-town transit Special transit Volunteer drivers	Expanded public transit More transportation options Active transportation
3. <u>Housing:</u>	Existing retirement homes and LTC beds	Affordable and accessible housing Expanded LTC beds Home maintenance supports
4. <u>Social Participation:</u>	Township recreation programs and facilities Seniors groups District engagement initiatives	Educational options Intergenerational programs Rural programming  <i>... Cont'd</i>

<b>WHO Dimension</b>	<b>Existing Strengths</b>	<b>Improvement Areas</b>
5. <u>Respect and Social Inclusion</u> :	Welcoming, friendly small town atmosphere Community spirit	Increased communication/ collaboration across communities
6. <u>Civic Participation and Employment</u> :	Volunteer opportunities Service clubs	Employment for seniors Engagement opportunities Financial supports
7. <u>Communication and Information</u> :	Public Libraries Existing publications Local media 211	Service coordination Accessible information One-stop shopping Internet access
8. <u>Community and Health Services</u> :	Two hospitals Health hubs Collaboration between service providers	Increased health hub hours In-home health care Physicians and specialists Service navigation and coordination Mental health supports Dementia care Geriatric services

The next section describes the Master Aging Plan developed to address the findings from the needs analysis and move Muskoka closer the WHO notion of an Age-Friendly community.

## **4.0 MOVING FORWARD**

### **4.1 Guiding Principles**

The Steering Committee participated in an exercise at its inaugural meeting on June 28, 2016 to identify broad principles to govern the development and implementation of the AFC plan. These were compared and found to be consistent with the guiding principles suggested on the University of Waterloo AFC website, a source recommended in the Ontario Seniors Secretariat AFC guidelines.

The five guiding principles for the Muskoka Master Aging Plan are therefore the following:

1. Respect and support of all individuals
2. Access and inclusion
3. Openness and transparency
4. Community engagement in plan development and decision making
5. Accountability for actions and follow-up

These principles governed the development of the Muskoka Master Aging Plan and will guide its ongoing implementation.

### **4.2 Vision**

A vision statement describes the "preferred future state" of a community and its stakeholders. Working Group members and community forum participants engaged in several visioning exercises to develop elements of a future vision for seniors in Muskoka:

- Affordable and accessible housing, transportation, recreation and health services that meet the needs of seniors in all areas of Muskoka
- Engaged seniors thriving in healthy active lifestyles enjoying high quality of life
- A high profile as a seniors destination

Achievement of the vision will position Muskoka as a leading Age-Friendly community in the province.

### **4.3 Goals**

Twenty goals emerged from the planning process addressing priorities related to transportation, housing, services and supports, community life and information and communication. The goals appear below.

## **MASTER AGING PLAN AFC GOALS**

### Transportation

- 1.1 Expand the transportation system across the region
- 1.2 Increase local transportation options available to seniors
- 1.3 Enable and facilitate active transportation

### Housing

- 2.1 Increase home services for seniors
- 2.2 Pursue innovative housing options that allow for progressive care and aging in place
- 2.3 Increase the supply of appropriate and affordable senior-specific housing
- 2.4 Increase the supply of long-term care beds

### Services and Supports

- 3.1 Improve coordination across service providers
- 3.2 Expand and enhance health care services for seniors
- 3.3 Increase home care services
- 3.4 Strengthen social and recreation programs and expand rural programming
- 3.5 Address service affordability issues

### Community Life

- 4.1 Improve accessibility of buildings and outdoor spaces throughout the community
- 4.2 Develop additional outdoor spaces accessible to seniors and reflective of the interests of the local population
- 4.3 Leverage volunteers across all community services, events and activities
- 4.4 Increase employment for seniors
- 4.5 Improve safety and security of seniors and community members

### Information and Communication

- 5.1 Increase awareness and knowledge of services, events and activities for seniors
- 5.2 Establish an information infrastructure
- 5.3 Track, monitor, evaluate and communicate progress on all seniors initiatives across the district

#### **4.4 Linkages to Other District Plans**

Implementation will need to be closely linked to existing plans such as the District's Official Plan, Strategic Priorities document and Town and Township strategic plans. Implementation should also build on the plans of other key Muskoka groups and organizations.

## IMPLEMENTATION AND SUSTAINABILITY

### 5.1 Implementation Template

This section describes the strategies, accountabilities and time frames necessary for achieving the goals of the Master Aging Plan. The template is based on work completed by participants at the implementation planning workshop held in September 2016 and further discussion with the Steering Committee.

It is presented as a preliminary draft and will need to be expanded and refined as AFC implementation proceeds.

### Transportation

#### 1.1 Expand the transportation system across the region

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
1.1.1*	Provide clear policy support in the Muskoka Official Plan for the development of a sustainable transportation system	District and Municipalities Agencies/volunteer drivers Users Hammond Transportation	2017
1.1.2	Develop a comprehensive long range region-wide plan that includes existing, needed and potential transportation options	Ontario Northland Via Rail Private providers	2018-19
1.1.3	Seek funding and sponsorship		2019
1.1.4	Initiate pilot projects and evaluate		2019
1.1.5	Implementation and monitoring		2020 ongoing

\* Designated for early action as a "quick win"

#### 1.2 Increase local transportation options available to seniors

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
1.2.1	Coordinate and expand volunteer, shuttle and pooled transportation options	Taxi companies Church groups School Boards (buses) Red Cross Canadian Cancer Society Muskoka Seniors Royal Canadian Legion Service clubs	Pending 1.1
1.2.2	Develop a data base of volunteer drivers	AFC Steering Committee IT program coordinator	Pending 1.1

### 1.3 Enable and facilitate active transportation

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
1.3.1*	Provide clear policy support for active transportation in the Muskoka Official Plan.	District and Municipalities	2017
1.3.1	Leverage active transportation best practices across the District	District and Municipalities	2018 ongoing
1.3.2	Continue to improve year round road and sidewalk maintenance including snow removal	District and Municipalities	Ongoing
1.3.4	Construct additional bike and scooter lanes and paved shoulders where appropriate, safe and feasible	District and Municipalities	2019 Ongoing

\* *Designated for early action as a “quick win”*

## Housing

### 2.1 Increase home services for seniors

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
2.1.1*	Establish a network of services and supports to keep seniors in their homes longer – including snow removal, grass cutting, minor maintenance, home safety, laundry, yard work, heavy house cleaning, shopping, transportation to appointments and socialization	District of Muskoka Seniors groups and organizations Service providers Emergency services Local contractors	2017-18
2.1.2	Seek grants/funding to allow seniors to stay in their homes	District of Muskoka Government of Ontario	Ongoing

\* *Designated for early action as a “quick win”*

### 2.2 Increase the supply of appropriate and affordable senior-specific housing

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
2.2.1*	Ensure affordable housing policies include senior specific housing in the Muskoka Official Plan	District and Municipalities	2017
2.2.2	Develop small, single story accessible homes and co-housing geared to seniors	Contractors Home builders associations	2019 Ongoing
2.2.3	Equip all seniors housing with residential fire sprinklers and audible/visual fire and CO alarms	Contractors Fire Departments	Ongoing

\* *Designated for early action as a “quick win”*

### 2.3 Increase the supply of long-term care beds

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
2.3.1	Advocate for increased long-term care beds to address projected increases in the Muskoka seniors population	District of Muskoka NSM LHIN	2017 ongoing
2.3.2	Create specialized environments within existing facilities to address specialized care needs such as dementia, behavioural and rehab	LTC homes Alzheimer's Society Waypoint Centre for Mental Health	2018 ongoing
2.3.3	Construct new facilities to address demand	2025 to coincide with LTC licensing	

### 2.4 Pursue innovative housing options that allow for progressive care and aging in place

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
2.4.1	Plan a "campus of care" community housing model servicing individual needs on a continuum of care including independent individual homes, independent community housing, assisted living, retirement home, long-term care, hospital, hospice with geared to income options, etc.	District and Municipalities MOHLTC and NSM LHIN Current health service providers Long-term care homes Retirement homes	2018-19
2.4.2	Seek funding and sponsorship	Private partners (builders, philanthropists, donors for-profit corporations)	2020
2.4.3	Implement pilot site and expand across District	District and Municipalities	2021 ongoing

## Services and Supports

### 3.1 Improve coordination across service providers

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
3.1.1*	Continually seek opportunities for service consolidation and collaboration through partnership agreements, resource sharing and articulation protocols	Seniors Services Planning Table	Ongoing
3.1.2	Advocate for and support a patients-first provincial health plan that coordinates hospital and community care	District of Muskoka NSM LHIN Health Links Muskoka Algonquin Healthcare Assoc. of Ont. Health Centres Assoc. of Family Health Teams	Ongoing

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
3.1.3	Develop and enhance a navigation system that provides services and supports to diverse seniors with varying levels of ability	NSM LHIN	2018
3.1.4	Support universal health care recording system or a (less desirable) option of system compatibility	MOHLTC NSM LHIN	2019

\* Designated for early action as a “quick win”

### 3.2 Expand and enhance health care services for seniors

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
3.2.1	Attract/increase the number of locally available physicians and specialists	District and Municipalities Muskoka Algonquin Healthcare Family Health Teams	Ongoing
3.2.2	Increase hours and staffing in health hubs, family health teams and clinics	District of Muskoka NSM LHIN, Family Health Teams, NP Led Clinics	2018-19
3.2.3*	Leverage paramedics and first responders	Muskoka Paramedic Services	2017-18
3.2.4	Increase mental health services and supports	Alzheimer Society CMHA Muskoka Parry Sound NSM Dementia Network Waypoint Centre for Mental Health, Family Health Teams NP Led Clinics	2017 ongoing
3.2.5	Ensure continued support of existing hospital facilities/services in Bracebridge and Huntsville	Muskoka Algonquin Healthcare	Ongoing
3.2.6	Maintain and expand health and wellness initiatives	District of Muskoka Public Health and VON	Ongoing

\* Designated for early action as a “quick win”

### 3.3 Increase home care services

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
3.3.1	Advocate for increased funding for home care and rehabilitation services	District of Muskoka NSM LHIN	Ongoing
3.3.2	Provide leadership to ensure appropriate training, qualification and remuneration of home care professionals and paraprofessionals	NSM LHIN Regulatory Colleges Accreditation bodies	Ongoing
3.3.3	Reduce staff attrition by addressing factors such as workload, compensation, risks of working on virtual team in isolation, transportation, etc.	NSM LHIN Service provider agencies	Ongoing

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
3.3.4	Provide early promotion and education about careers in health care	Local high schools, job fairs Guidance departments Service provider agencies	Ongoing
3.3.5	Increase family and caregiver support, education and respite	NSM LHIN Service providers Alzheimer Society	2018 ongoing

### 3.4 Strengthen social and recreation programs and expand rural programming

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
3.4.1*	Share best practices related to recreational programming for seniors	Seniors Services Planning Table	2017 ongoing
3.4.2	Ensure stable and continued funding for existing recreation programs	Municipalities	Ongoing
3.4.3	Increase social and recreational opportunities in rural areas	Municipalities Seniors Services Planning Table Seniors groups	2017-18
3.4.4*	Expand educational opportunities for seniors	Georgian College Canadore College Libraries Probus Clubs Contact North	2017-18
3.4.5	Engage isolated and hard to reach seniors in programs and events	Home care service providers Churches Seniors Assessment and Outreach Team	2017-18

\* Designated for early action as a “quick win”

### 3.5 Address service affordability issues

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
3.5.1	Identify and communicate available existing subsidies, discounts and financial support programs	District and Municipalities Library Utilities	2017 Ongoing
3.5.2	Approach businesses and utilities for expanded seniors discounts	Chambers of Commerce USCO	2017
3.5.3	Advocate for increased subsidies for seniors in need to cover health, housing, transportation and social and recreational programs	District of Muskoka USCO CARP	Ongoing

## Community Life

### 4.1 Improve accessibility of buildings and outdoor spaces throughout the community

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
4.1.1*	Research and develop data base inventory of criteria that define AFC buildings and outdoor spaces	Collaborative Working Group with District, Municipalities, service providers and users	Early 2017
4.1.2*	Adopt and communicate acceptable definitions and criteria	Working Group	2017
4.1.3	Identify and reduce barriers to accessibility	District and Municipalities Businesses Individuals/groups/clubs Users – snowmobile clubs, trail organizations, horticultural groups, etc.	2018
4.1.4	Application and enforcement, continuing to ensure AODA accessibility standards are being met	District and Municipalities	2018 ongoing

\* Designated for early action as a “quick win”

### 4.2 Develop additional outdoor spaces accessible to seniors and reflective of the interests of the local population

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
4.2.1	Review the inventory of existing outdoor spaces against the established AFC criteria	District and Municipal Parks and Recreation Departments Local residents/seniors	2017
4.2.2	Perform gap analysis	Consultant working with above groups	Early 2018
4.2.3	Develop a district-wide outdoor spaces plan	Municipalities Private sector organizations Individuals/groups/clubs	2018
4.2.4	Sustain and enhance outdoor spaces	Area municipality led outdoor spaces collaboration	Ongoing

### 4.3 Leverage volunteers across all community services, events and activities

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
4.3.1*	Recruit, train and deploy volunteers to help with friendly visiting, grocery delivery, respite, spiritual care and other services for seniors	Muskoka Seniors (new grant just received) Service Clubs Churches – e.g. Trinity United Hospice Muskoka Fire, EMS, OPP Victim Services Alzheimer Society	2017

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
4.3.2*	Establish a seniors talent bank	Senior Services Planning Table	2017
4.3.3*	Pursue intergenerational programming and skills exchanges between youth and seniors	School boards Youth groups Seniors Intergenerational Mentorship Program	2017 ongoing
4.3.4	Recognize, support and sustain existing seniors groups and organizations	District and Municipalities	Ongoing

\* Designated for early action as a "quick win"

#### 4.4 Increase employment for seniors

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
4.4.1	Pursue economic development opportunities	District and Municipalities	Ongoing
4.4.2	Seek grant opportunities for seniors employment	District of Muskoka	2017-18
4.4.3	Offer seniors employment skills training/upgrading, business consultation/mentoring and start-up help	District of Muskoka Georgian College Chambers of Commerce Muskoka Small Business Centre YMCA Employment Services	2017 ongoing
4.4.4*	Promote employment of seniors	District and Municipalities Chamber of Commerce	2017 ongoing

\* Designated for early action as a "quick win"

#### 4.5 Improve safety and security of seniors and community members

	<i>Strategies</i>	<i>Potential Champions/Partners</i>	<i>Timing</i>
4.5.1	Educate seniors and the community on safety and security matters	OPP Fire Muskoka Paramedic Services Alzheimer Society	Ongoing
4.5.2	Reduce instances of fraud	OPP	Ongoing
4.5.3	Increase crisis response capabilities	Fire Muskoka Paramedic Services Victim Services	Ongoing
4.5.4	Continue education and preventative programming re: elder abuse	Muskoka Elder Abuse Prevention	Ongoing

## Information and Communication

### 5.1 Increase awareness and knowledge of services, events and activities for seniors

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
5.1.1	Identify content/timing requirements for communicating on multi-media platform	AFC Steering Committee	ASAP 2016
5.1.2	Develop a comprehensive communication strategy	AFC Steering Committee Communications Consultant	2017
5.1.3	Implement and evaluate	Media outlets; churches; libraries; clubs; websites; newsletters; clubs	2017 ongoing

### 5.2 Establish an information infrastructure

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
5.2.1*	Formalize and expand role of libraries and community gathering places as key community information hubs	Public libraries Seniors Centres	2017
5.2.2	Improve internet service	Internet service providers Government of Ontario	2017-18
5.2.3	Institute a seniors navigator network in District and communities	District and Municipalities Seniors Services Planning Table	2018

\* Designated for early action as a "quick win"

### 5.3 Track, monitor, evaluate and communicate progress on all seniors initiatives across the district

<i>Strategies</i>		<i>Potential Champions/Partners</i>	<i>Timing</i>
5.3.1	Methodologies TBD	Seniors Advisory Committee (new)	Ongoing

Note that the Muskoka Master Aging Plan currently consists of five priority areas, 20 goals and over 70 individual strategies to achieve the goals. Detailed action steps will need to be developed to execute the strategies as the plan is built out further.

The implementation template should remain a perpetual draft, changing frequently as strategies and actions are executed and new ones are identified.

## 5.2 Sustainability Model

Experience from other jurisdictions has shown that community aging plans require some form of a permanent entity in order to ensure successful ongoing implementation, monitoring, revision and evaluation of goals and objectives.

The consultants have direct experience with several sustainability models used in other jurisdictions:

1. A separately incorporated not-for-profit unit (Brantford and Brant County Master Aging Plan, 2012; Niagara Aging Strategy and Action Plan, 2014).
2. Identified local organizations, groups and individuals to act as plan champions (Oxford County Master Aging Plan, 2012; Wasaga Beach AFC plan, 2016)
3. Independent and autonomous local committees not formally affiliated with municipal Council (Arnprior AFC Plan, 2016; Petawawa AFC Plan, 2016)
4. A local community advisory group as a formal standing committee of Municipal Council (Municipality of South Huron AFC Plan, 2016; Barrie AFC Plan, 2016).

The District and its partners are well positioned to continue their work with seniors by stewarding the Muskoka Master Aging Plan. Although the decision on a sustainability model will be up to the AFC Steering Committee, the consultants recommend a variation of Option 4, with the formation of a standing Seniors Advisory Committee reporting to District Council. The District already has successful seniors' initiatives and entities in place including the Seniors Services Planning Table and robust programming through the Seniors Programs and Services initiatives. The current AFC Steering Committee that oversaw the development of the plan could be expanded and reconstituted as a standing committee. Secretariat support and implementation coordination could be actioned through the Seniors Programs and Services Unit of the Community Services Department, at least for the first year or two of the plan rollout.

Functions of the Seniors Advisory Committee related to the carrying out the Master Aging Plan would include:

- Ongoing communication of the plan and its various initiatives to the Muskoka community
- Recruitment of partners to participate in executing AFC strategies
- Continually identifying service gaps and shortfalls
- Regular alterations to the plan based on changes in the environment and maintenance of the Implementation Template as a "living document"
- Monitoring progress on goals against pre-determined outcome measures
- Identifying and pursuing resources such as grants, new funders, corporate sponsorships or in-kind donations

### 5.3 Immediate Next Steps

Suggested steps for moving forward are the following:

1. Present the final plan to the District Municipality of Muskoka Council in the fall of 2016 for formal endorsement.
2. Visit all Town and Township Councils and develop a collaborative with lower-tier municipalities to move the plan forward.
3. Develop terms of reference and establish a Seniors Advisory Committee. Identify any additional resources required for the committee to discharge its mandate.
4. The Advisory Committee would then initiate an ongoing communication program with the following key messages:
  - The fact that the needs and solutions in the plan are based on extensive bottom-up input from 800+ members of the community and as such have considerable legitimacy
  - The fact that it is not a conventional plan but rather a template that draws linkages to existing and planned actions by community groups, individuals and organizations
  - The fact that the plan will strive to be cost-neutral wherever possible and even cost reducing due to the resource coordination efficiencies it will achieve
5. Assign Advisory Committee members as champions of the various goals who can approach potential partners for involvement and support. The Advisory Committee would then establish action plans for priority strategies identifying specific tasks, deliverables, time frames and accountabilities and resource requirements.
6. Expand the list of strategies and identify quick wins that can be implemented immediately. Include these in early communications.

The ultimate success of the initiatives in the Muskoka Master Aging plan will be dependent on broad and sustained engagement of the District, service providers and agencies, community members and most of all, seniors themselves. Effective implementation will require some new initiatives, but many of the strategies are already underway through the District, Municipalities, existing organizations and providers. The plan should guide collaboration and resource sharing, advocacy and long-term planning by all sectors. Throughout the implementation journey ongoing community and engagement will be a key success factor.

The lead consultant from Shercon Associates Inc. will remain on call for a six-month period to support and assist the District and the Seniors Advisory Committee with the roll-out of the plan.

Dr. David Sheridan, Principal  
 SHERCON ASSOCIATES INC.  
[www.shercon.ca](http://www.shercon.ca)

November 11, 2016

## APPENDIX A - Steering Committee, Working Groups and Key Informants

*Listed in alphabetical order*

### Steering Committee Members

Lydia Arnold	District of Muskoka
Diane Baranik	Simcoe Muskoka District Health Unit
Jo-Anne Boulding	Lake Country Community Legal Clinic
Judy Campbell	Ryde Community Co-op
Sara Clipsham	Canadian Hearing Society, Muskoka Branch
Charlane Cluett	CMHA
Heather Elliott	District of Muskoka, Community Services
Melissa Halford	District of Muskoka Planning Department
Susan Haller	North Muskoka Nurse Practitioner-Led Clinic
Peggy Hawthorn	Seniors Community Advisor
Heather Hay	Muskoka Network for the Prevention of Elder Abuse
Lindsay Lima	District of Muskoka
Jennie Nice	Ryde Community Co-op
Karen Quemby	Alzheimer Society Muskoka
Shelley Raymond	Solterra Housing
Alda Tee	Central East Stroke Network
Sandra Winspear	Hospice Muskoka

### Key Informants Interviewed

Natalie Buebela	CEO Muskoka Algonquin Health Care
Larry Braid	Mayor of Georgian Bay
Paisley Donaldson	Mayor of Gravenhurst
Michael Duben	District of Muskoka CAO
Charles Gardner	Medical Officer of Health
Don Furniss	Mayor of Muskoka Lakes
Samantha Hastings	District of Muskoka Planning and Economic Development
Fred Jahn	District of Muskoka Engineering and Public Works
John Klink	District of Muskoka Chair
Rick Williams	District of Muskoka Community Services
Bob Young	Mayor of Lake of Bays

### Working Groups

#### Services for Well-fit Seniors (Working Group 1)

Lydia Arnold	District of Muskoka, Seniors Programs and Services
Diane Baranik	Simcoe Muskoka District Health Unit
Marianne Braid	Georgian Bay Chamber of Commerce
Cathy Duck	Port Carling Library
Kim Gibbs	The Pines
Peggy Hawthorn	Seniors Community Advisor
Hanna Lin	YWCA of Muskoka
Eric Potts	Literacy Society of South Muskoka
Barb Swyers	Georgian Bay Libraries

Services for Seniors Requiring Some Assistance with ADL (Working Group 2)

Lydia Arnold	District of Muskoka, Seniors Programs and Services
Madeline Bergin	District of Muskoka, Housing Department
Judith Braun	Algonquin Family Health Team
Steve Clement	District Councillor
Sara Clipsham	Canadian Hearing Society, Muskoka Branch
Clair Corrigan	Seniors Community Advisory
Donna Crump	MAHC District Stroke Nurse
Terry DaSilva	District of Muskoka Housing
Chris Eby	Muskoka Victim Services
Denise Fraser	Simcoe Muskoka CCAC
Suzanne Hall	Home Care Oxygen
Robert King	Fire Department
Lindsay Lima	District of Muskoka, Seniors Programs and Service
Jodi Madden	VON SMART Program
Heather Mahon	Heather's Home Care
Jackie Mattice	District of Muskoka Housing
Susan McGee	Algonquin Family Health Team
Kelly McMackin	Community Living South Muskoka
Stu McKinnon	Muskoka Paramedic Services
Donna Nairn	Muskoka Seniors
Mike Peake	Fire Department
Karen Quemby	Alzheimer Society Muskoka
Karen Raaflaub	Muskoka Seniors
Shelley Raymond	Solterra Housing
Dione Schumacher	Community Living South Muskoka
Christy Skelly	Independent Living Services
Cathy Stroud	Community Living Huntsville
Daniel Todd	VON SMART Program
Shelley van den Heuval	Cottage County Family Health Team
Pat Walker	Seniors Community Advisory
Maureen Wilson	Muskoka Hills Retirement Villa

Services for Seniors Requiring 24-hour Supports (Working Group 3)

Tracey Badger	Fairvern Nursing Home
Bob Goodfellow	Muskoka Paramedic Services
Lindsay Lima	District of Muskoka, Seniors Programs and Services
Mary Lodge	The Pines
Jeff McWilliams	Muskoka Paramedic Services
Terri-Lynn Pain	North Simcoe Muskoka Palliative Care Network
Kelly Sawyer	The Friends
Inge Stothers	North Simcoe Muskoka Palliative Care Network
Sandra Winspear	Hospice Muskoka



## AGE-FRIENDLY COMMUNITY PLAN (Appendix B) Survey of Community Members

The District of Muskoka is developing a Master Aging Plan with assistance from an Age-Friendly Community grant received from the Ontario Government. An Age-Friendly community is one where policies, services and structures related to the physical and social environments are designed to support and enable older people (55+) to live in a secure environment, enjoy good health and continue to participate fully in their communities.

This survey is one of several community consultation initiatives to be launched and is seeking your views of about the current environment for seniors in Muskoka. It will take less than 10 minutes to complete. Findings will be presented at a community forum to be held at the Bracebridge Rotary Centre for Youth on September 8 and used to develop goals and objectives.

We are interested in the views of all members of the community. Your answers will help us better understand the needs of older adults in Muskoka. Please complete and return this questionnaire no later than Friday, August 26, 2016. Your responses will be confidential and go directly to the consultants helping us with the project.

**It is not necessary to answer all the questions. If you are unsure, or do not want to answer a question, leave it blank. You can also complete this questionnaire on-line by going to the District website [www.muskoka.on.ca](http://www.muskoka.on.ca)**

***Based on 378 responses – 155 on-line and 223 hard copy  
Findings appear in bold italics***

1. In general how would you rate the overall services provided to older adults in Muskoka?

%	Overall <i>N=378</i>	Bracebridge <i>n=87</i>	Georgian Bay <i>n=26</i>	Gravenhurst <i>n=55</i>	Huntsville <i>n=94</i>	Lake of Bays <i>n=24</i>	Muskoka Lakes <i>n=52</i>
Excellent	<b>9</b>	<b>8</b>	<b>0</b>	<b>15</b>	<b>11</b>	<b>5</b>	<b>4</b>
Good	<b>42</b>	<b>47</b>	<b>18</b>	<b>38</b>	<b>52</b>	<b>45</b>	<b>39</b>
Fair	<b>37</b>	<b>35</b>	<b>41</b>	<b>28</b>	<b>33</b>	<b>50</b>	<b>46</b>
Poor	<b>12</b>	<b>10</b>	<b>41</b>	<b>19</b>	<b>4</b>	<b>0</b>	<b>11</b>

2. Now rate the various services in the following categories:

<b>Green = High rating 3.0+</b> <b>Red = Low rating &lt; 2.0</b> <b>Yellow = Midrange</b>	Average	(4) Excellent	(3) Good	(2) Fair	(1) Poor
	#	%	%	%	%
<b>Outdoor Spaces and Buildings</b> – Consider sidewalks, trails, bike and scooter lanes, building accessibility, etc.  <i>Comparatives range from 2.5 to 2.9</i>	<b>2.3</b>	<b>5</b>	<b>37</b>	<b>38</b>	<b>20</b>
<b>Transportation</b> – Consider roads, public transit, special transit, roads, taxis, etc.  <i>Comparatives range from 2.2 to 2.9</i>	<b>1.9</b>	<b>3</b>	<b>21</b>	<b>39</b>	<b>37</b>
<b>Housing</b> – Consider housing supply, home maintenance, affordability, in-home supports, retirement homes, long-term care homes, etc.  <i>Comparatives range from 1.5 to 2.3</i>	<b>1.9</b>	<b>3</b>	<b>17</b>	<b>45</b>	<b>35</b>
<b>Social and Recreational Opportunities</b> – Consider clubs, recreation facilities, activities and events, education, volunteer opportunities, employment opportunities, etc.  <i>Comparatives range from 2.6 to 2.9</i>	<b>2.6</b>	<b>14</b>	<b>47</b>	<b>26</b>	<b>13</b>
<b>Health Services</b> – Consider medical services, therapies, health care providers, coordination of services, dental, etc.  <i>Comparatives range from 2.4 to 3.1</i>	<b>2.3</b>	<b>8</b>	<b>35</b>	<b>38</b>	<b>19</b>
<b>Community Life</b> – Consider respect for seniors, involvement in decision making, volunteer opportunities, employment opportunities, etc.  <i>Comparatives not available</i>	<b>2.5</b>	<b>9</b>	<b>42</b>	<b>34</b>	<b>15</b>

Notes

Average is based on a four-point scale where 4=excellent; 3=good; 2=fair; 1=poor

Comparatives drawn from AFC needs assessments of five other Ontario communities conducted by the consultants in 2015 and 2016.

4. How informed or uninformed do you feel about services, programs and activities provided to seniors in Muskoka?

**15%** Very informed                      **25%** Not too informed  
**53%** Somewhat informed              **7%** Not at all informed

5. What is your preferred way of receiving information about programs, services and activities?

**32%** Newspapers                      **7%** Posters in facilities  
**4%** Radio                                  **4%** District of Muskoka website  
**1%** TV                                      **8%** Social media (Facebook, Twitter)  
**15%** Flyers/brochures              **23%** Direct e-mail  
**6%** Some other way (Please specify) **Mail, word of mouth**

	<b>&lt;55 years</b> %	<b>56-65 years</b> %	<b>66-80 years</b> %	<b>Over 80</b> %
Conventional media	<b>41</b>	<b>48</b>	<b>73</b>	<b>86</b>
Electronic media	<b>59</b>	<b>52</b>	<b>27</b>	<b>14</b>

6. Accessing services can be challenging for individuals. Potential obstacles or barriers to services are listed below. Please indicate the extent to which you feel each of these is a concern for seniors in Muskoka:

	<i>Not a concern at all</i> %	<i>Somewhat of a concern</i> %	<i>A large concern</i> %
The hours that supports or services are available	<b>22</b>	<b>50</b>	<b>28</b>
The geographic location of where the services are provided	<b>14</b>	<b>43</b>	<b>43</b>
Transportation	<b>14</b>	<b>28</b>	<b>58</b>
Being physically able to get to services	<b>19</b>	<b>39</b>	<b>41</b>
The financial cost or out-of-pocket expenses to individuals	<b>9</b>	<b>43</b>	<b>48</b>
Long wait lists/wait times	<b>8</b>	<b>37</b>	<b>55</b>
Not meeting eligibility criteria for services	<b>18</b>	<b>42</b>	<b>40</b>
Lack of awareness of services	<b>11</b>	<b>50</b>	<b>39</b>
Language or cultural differences	<b>78</b>	<b>18</b>	<b>4</b>

**About You** - Your answers to these questions will help us analyse the data:

Your age:     **9%** Under 55 years  
                   **23%** 56 to 65  
                   **46%** 66 to 80  
                   **22%** Over 80 years

Are you:       **7%** A seasonal resident  
                   **93%** A year-round resident

Where do you live?

<u>Bracebridge:</u> (n=87)	<b>64</b> Bracebridge town <b>5</b> Vankoughnet <b>18</b> Other (rural)
<u>Georgian Bay:</u> (n=26)	<b>5</b> Honey Harbour <b>10</b> Mactier <b>10</b> Port Severn <b>1</b> Other (rural)
<u>Gravenhurst :</u> (n=55)	<b>19</b> Gravenhurst town <b>10</b> Ryde <b>17</b> Severn Bridge <b>9</b> Other (rural)
<u>Huntsville:</u> (n=94)	<b>76</b> Huntsville town <b>4</b> Utterson <b>4</b> Port Sydney <b>10</b> Other (rural)
<u>Lake of Bays:</u> (n=24)	<b>5</b> Baysville <b>7</b> Dorset <b>8</b> Dwight <b>4</b> Other (rural)
<u>Muskoka Lakes:</u> (n=52)	<b>3</b> Bala <b>17</b> Pt. Carling <b>16</b> Milford Bay <b>3</b> Torrance <b>1</b> Ullswater <b>12</b> Other (rural)

*N=338 40 respondents did not indicate their location*

## Representative Comments from Community Survey Respondents

### Outdoor Spaces and Buildings

*“Accessibility to Bracebridge and some Gravenhurst buildings is nil. In some places we have to carry our walkers up the steps.”*

*“There are still many barriers for scooters and wheelchairs.”*

*“We need more urban bicycle paths and rural bike lanes.”*

*“All roads should be designed for active transportation, not just cars. Lakes need more parks and other public realms.”*

*“Brick sidewalks are uneven and vary unsafe for anyone with mobility issues. They need to be replaced with one even surface.”*

*“The Muskoka terrain is not seniors-friendly – hills, rocks and lots of uneven surfaces. Seniors have to be a hardy breed.”*

*“Sidewalks, roads and trails are often in deplorable condition. They are difficult for able people to walk on, impossible for people with canes, walkers and wheelchairs.”*

### Transportation

*“Nothing here applies to rural people if they do not have a vehicle or can’t drive.”*

*“Bring back the Northlander train!”*

*“Public transportation between the three towns is great, we need more rural routes.”*

*“There are rural areas when seniors may be living in financially assisted housing, but have no transportation to see a doctor or do grocery shopping.”*

*“Losing your license is a trigger point - you have to rely on others or move.”*

### Housing

*“Real estate is for tourists who have money. No building of homes for us locals.”*

*“Long-term care homes are understaffed now and with the aging population it will only get worse.”*

*“Housing is an issue for low income seniors. Four year waiting list is too long.”*

*“My husband and I would like to keep in our home as long as possible but we need help with maintenance and snow removal.”*

*“We don’t see community style housing developed in rural areas so seniors can stay in their community with rural support.”*

### Social, Cultural and Recreational Opportunities

*“Most of our services are excellent but the public has to do some work on their own to realize these features are there for them.”*

*“The libraries are excellent.”*

*“Stop running programs so early. I am not young so it takes a while to get moving each day.”*

*“The VON exercise program is excellent.”*

*“We need more programs and activities that stimulate the brain.”*

*“Do not look at seniors as one group as there is great diversity in our capacity and needs.”*

*“District of Muskoka Community Services has provided greatly improved seniors services in rural areas through their support and programming. We are very appreciative.”*

*“Many of our small rural communities are now having limited church service therefore this limits the opportunities for social gatherings.”*

### Health Care

*“Keep the hospitals!”*

*“Seniors are so isolated in the rural area that accessing medical care is beyond difficult.”*

*“Finding a doctor is a long wait.”*

*“The health hub is not doing what we thought. People cannot just drop in if they happen to become sick that day.”*

*“The government tells us to keep our homes but some of us are too far away from hospitals and doctors.”*

*“Doctors are not in the clinics enough.”*

*“We need geriatric specialists and in-home healthcare to keep seniors out of facilities as long as possible.”*

### Other Community Needs

*“We need a communication plan so that our seniors know what services are available and how to access them – recognizing that many of them don’t have computers.”*

*“A person’s income plays a large role in using and rating the various services.”*

*“If one person were in charge of directing seniors to the services they require it would really simplify our lives.”*



## MASTER AGING PLAN (Appendix C) Survey of Providers

The District of Muskoka is developing a Master Aging Plan with assistance from an Age-Friendly Community grant received from the Ontario Government. An Age-Friendly community is one where policies, services and structures related to the physical and social environments are designed to support and enable older people (55+) to live in a secure environment, enjoy good health and continue to participate fully in their communities.

Work on the plan is underway and will be complete in the fall. The project is being led by a Steering Committee with representatives from the District, service providers and seniors. It will produce a comprehensive and sustainable Master Aging Plan that will serve as a template for collaborative planning to address the needs of our growing seniors population in Muskoka.

This survey is one of several stakeholder consultation initiatives being launched and is designed to gather service provider perceptions of the current system of services and supports for older adults in Muskoka. It will take about 20-25 minutes to complete. Findings will be presented at a community forum to be held in September and used to develop goals and objectives.

Please complete and return this on-line questionnaire no later than 5:00 p.m. Friday, August 12, 2016. Your responses will be confidential and will go directly to the external consultants assisting us with the project.

*If you are unsure, or don't know the answer to a particular question, simply leave that item blank. It is not necessary to answer all the questions.*

1. Please provide the following background information:  
**67 respondents from 47 organizations (attached)**

Estimated percentage of your services that are provided to seniors/older adults (55 years and older): **Average = 70%**

Which groups of seniors receive services from you or your organization?

- 53%** Well-fit seniors living independently
- 70%** Seniors requiring some support with activities of daily living (ADL)
- 41%** Seniors requiring 24-hour support

*As you answer these questions think in terms of the overall services provided for seniors across the region as a whole rather than the specific services that you offer.*

2. A list of services and supports for seniors in Muskoka appears below. Please review the list and indicate those services and groups that you feel are currently experiencing system pressure in terms of gaps between supply and demand.

*Consider each service across the three senior's groups. Only check a box if you feel a gap exists*

**Shaded items identified as a gap by more than 20 respondents**

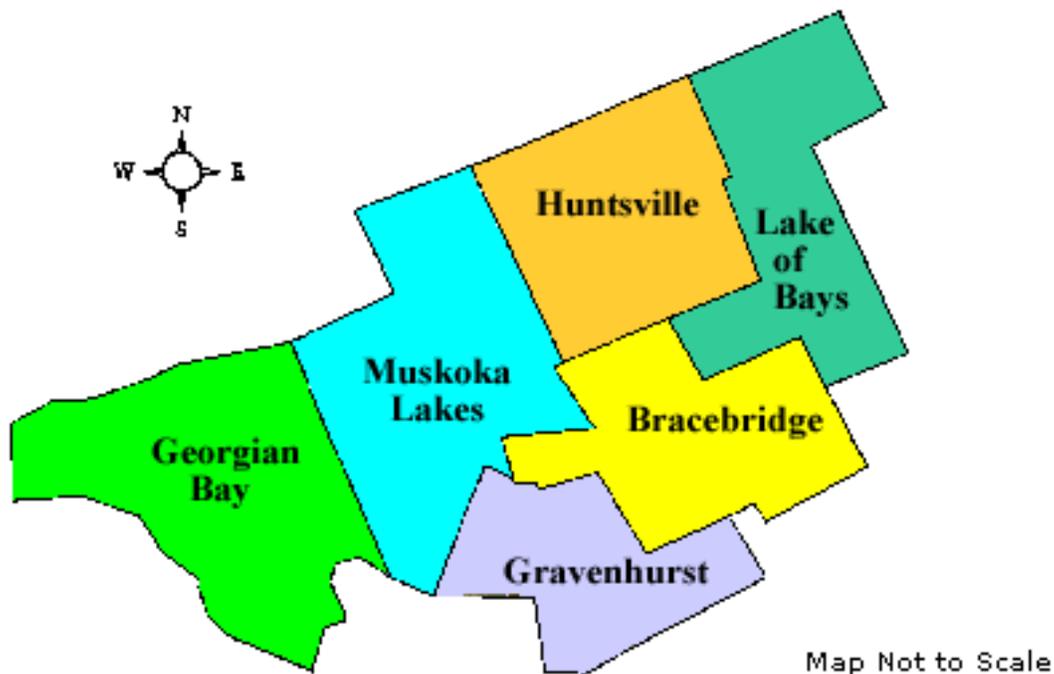
Category	Service/Support	Seniors Group Served:		
		Well/Fit Seniors	Some ADL Assistance	24 hour support
<b>Transportation</b> 7 gaps >20	Public transit	29	38	21
	Special transit	7	34	25
	Taxi services	4	11	8
	Volunteer, shuttle and pooled driving	16	32	19
	Driver supports – signage, parking, etc.	10	18	5
	Active transportation: Pedestrian and cycling friendly environment	31	17	7
<b>Housing</b> 12 gaps >20	Home maintenance and renovation supports	16	26	14
	Affordable and accessible housing options	31	40	29
	Rent geared to income accommodation	32	35	23
	In-home supports – meals, housekeeping, etc.	11	31	22
	Personal support workers	7	33	26
	Retirement homes	6	18	16
	Long-term care beds	4	19	37
<b>Social and Recreational</b> 0 gaps >20	Recreation centres	7	17	5
	Clubs and social groups	8	13	9
	Faith based organizations	3	6	5
	Arts and culture organizations	4	6	7
	Library resources	2	5	4
	Educational opportunities for seniors	11	14	5
	Volunteer opportunities for seniors	5	8	4
	Employment opportunities for seniors	15	13	5
	Parks and outdoor space	2	10	8
				Cont'd

<i>Category</i>	<i>Service/Support</i>	<i>Well/Fit Seniors</i>	<i>Some ADL Assistance</i>	<i>24 hour support</i>
<b>Health Care</b> <i>17 gaps &gt;20</i>	Health education and promotion	<b>14</b>	<b>19</b>	<b>15</b>
	Primary care – family physicians, clinics	<b>31</b>	<b>31</b>	<b>21</b>
	Medical specialists	<b>26</b>	<b>28</b>	<b>31</b>
	Therapies – Physio, OT, etc.	<b>19</b>	<b>22</b>	<b>16</b>
	Pharmacy	<b>3</b>	<b>2</b>	<b>1</b>
	Dental, vision and hearing	<b>14</b>	<b>14</b>	<b>13</b>
	Dementia care	<b>10</b>	<b>23</b>	<b>20</b>
	Palliative care/hospice	<b>8</b>	<b>17</b>	<b>16</b>
	Mental health supports	<b>24</b>	<b>28</b>	<b>23</b>
	Addictions services	<b>15</b>	<b>18</b>	<b>12</b>
	Counselling	<b>15</b>	<b>16</b>	<b>13</b>
	Supports for caregivers – respite, training, etc.	<b>19</b>	<b>26</b>	<b>22</b>
	System navigation	<b>24</b>	<b>27</b>	<b>24</b>
<b>Other</b>	Retail services	<b>2</b>	<b>6</b>	<b>4</b>
	Safety and security programs (falls, fraud preventions, fire safety, etc.)	<b>9</b>	<b>14</b>	<b>9</b>

3. Thinking in general terms, rate the overall effectiveness of the system of services and supports for seniors throughout the region in accomplishing the following:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Responding to the unique needs of seniors	<b>0%</b>	<b>37%</b>	<b>58%</b>	<b>5%</b>
Coordination across programs and service providers	<b>0%</b>	<b>14%</b>	<b>62%</b>	<b>24%</b>
Providing flexibility and choice to seniors	<b>0%</b>	<b>18%</b>	<b>69%</b>	<b>13%</b>
Ensuring individuals receive the right services	<b>0%</b>	<b>24%</b>	<b>66%</b>	<b>10%</b>
Ensuring individuals receive services in a timely fashion	<b>0%</b>	<b>15%</b>	<b>53%</b>	<b>32%</b>
Communicating information about services available	<b>0%</b>	<b>17%</b>	<b>57%</b>	<b>26%</b>
Identifying and responding to community needs	<b>0%</b>	<b>26%</b>	<b>67%</b>	<b>7%</b>
Having a positive impact on the lifestyle and well-being of seniors	<b>2%</b>	<b>37%</b>	<b>61%</b>	<b>0%</b>
Effectively addressing seniors' needs in Muskoka's towns	<b>0%</b>	<b>37%</b>	<b>58%</b>	<b>5%</b>
Effectively addressing seniors' needs in rural areas	<b>0%</b>	<b>2%</b>	<b>55%</b>	<b>43%</b>

**APPENDIX D – Community Profiles**



**Town of Bracebridge**

<p><u>Ratings of Services for Seniors:</u></p>	<p>Excellent – 8%                  Good – 47%                  Fair – 35%                  Poor – 10%</p> <p><i>Based on 87 community survey responses</i></p>
<p><u>Wish List Items:</u></p>	<p>Improved accessibility                  Shorter transportation booking times                  Shopping and attendant assistance                  Assistive devices                  Home health care                  Coordination between services</p> <p><i>Focus group held at Pines LTC with 15 participants</i></p>
<p><u>Local Resources:</u></p>	<p>See Heather Hay <u>Muskoka Age Friendly Community Assessment</u>, March 2016.</p>
<p><u>Related Municipal Plans:</u></p>	<p>Community Based Strategic Plan                  Community Improvement Plan                  Active Transportation Plan</p>

### Township of Georgian Bay

<u>Ratings of Services for Seniors:</u>	Excellent – 0% Good – 18% Fair – 41% Poor – 41% <i>Based on 26 community survey responses</i>
<u>Wish List Items:</u>	Retail and commercial services Housing specific to seniors Social and recreational opportunities Expanded health services Passenger train <i>Focus groups held in MacTier and Honey Harbour/ Pt. Severn with a total of 19 participants</i>
<u>Local Resources:</u>	See Heather Hay <u>Muskoka Age Friendly Community Assessment</u> , March 2016.
<u>Related Municipal Plans:</u>	Corporate Strategic Plan 2016-2019 Community Based Economic Strategy 2014-2017
<u>Other Issues:</u>	Health and safety concerns re: swamp in MacTier Services accessed out of District – Parry Sound in the north and Coldwater/Midland in the south

### Town of Gravenhurst

<u>Ratings of Services for Seniors:</u>	Excellent – 15% Good – 38% Fair – 28% Poor – 19% <i>Based on 55 community survey responses</i>
<u>Wish List Items:</u>	Active transportation Collaboration among service providers Improved roads and sidewalks Enhanced home care Dementia supports <i>Focus group held in Gravenhurst with 4 participants</i>
<u>Local Resources:</u>	See Heather Hay <u>Muskoka Age Friendly Community Assessment</u> , March 2016.
<u>Related Municipal Plans:</u>	Economic Development Strategic Plan Municipal Cultural Plan Active Transportation Plan (underway) Community Improvement Plan Downtown Revitalization Plan

**Town of Huntsville**

<u>Ratings of Services for Seniors:</u>	Excellent – 11% Good – 52% Fair – 33% Poor – 4% <i>Based on 63 community survey responses</i>
<u>Wish List Items:</u>	Accessibility Expanded transportation options Maintain two hospitals Passenger train Home service supports Seniors housing <i>Focus group held at Muskoka Seniors luncheon with 120 participants</i>
<u>Local Resources:</u>	See Heather Hay <u>Muskoka Age Friendly Community Assessment</u> , March 2016.
<u>Related Municipal Plans:</u>	Accessibility Plan Community Master Plan Cultural Strategy Strategic Visioning Survey (underway)

**Township of Lake of Bays**

<u>Ratings of Services for Seniors:</u>	Excellent – 5% Good – 45% Fair – 50% Poor – 0% <i>Based on 24 community survey responses</i>
<u>Wish List Items:</u>	Home care Home services supports Passenger train service Coordinated bus service Improved internet service Seniors housing Maintain hospital in Huntsville <i>Focus group held in Dwight with 28 participants</i>
<u>Local Resources:</u>	See Heather Hay <u>Muskoka Age Friendly Community Assessment</u> , March 2016.
<u>Related Municipal Plans:</u>	Community Based Strategic Plan

### Township of Muskoka Lakes

<u>Ratings of Services for Seniors:</u>	Excellent – 4% Good – 39% Fair – 46% Poor – 11%  <i>Based on 52 community survey responses</i>
<u>Wish List Items:</u>	Seniors housing Medical services Nursing home In-town and rural transit Lower food, fuel and hydro expenses  <i>Focus group held in Port Carling with 6 participants</i>
<u>Local Resources:</u>	See Heather Hay <u>Muskoka Age Friendly Community Assessment</u> , March 2016.
<u>Related Municipal Plans:</u>	Strategic Plan 2015-2018