

## **MUSKOKA MASTER AGING PLAN**

### **Report from Inaugural Meeting – Working Group 3**

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On July 27, 2016 the members of the Muskoka Master Aging Plan Working Group for Seniors requiring 24 hour supports (Working Group 3) met from 1:30 p.m. to 3:30 p.m. at the District offices in Bracebridge. The objective of the meeting was to launch the planning process, conduct a preliminary situation analysis and receive input to the project design.

Activities and deliberations at the facilitated session included the following:

- Participant introductions
- A detailed review of the project work plan with discussion of the role of Working Group members in the various project steps
- A flip chart activity to identify strengths, weaknesses, opportunities and threats pertaining to the system of services and supports for well-fit seniors
- A visioning exercise to describe a preferred future for seniors in Muskoka
- A round table discussion to create a client profile
- A discussion of focus group logistics including potential locations and sponsors
- A review of next steps

This report captures the information generated by session participants. These observations and insights will help shape the design of the upcoming consultation and data gathering initiatives and will provide a backdrop for the Planning Team when it reconvenes in September to develop goals and recommendations specific to seniors requiring some assistance with activities of daily living.

Project Consultant:

Dr. David Sheridan  
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[www.shercon.ca](http://www.shercon.ca)

Attached: Working Group Members  
Client Profile  
Project Work Plan  
SWOT Exercise  
Vision Elements  
Composite SWOT Analysis – All Teams

August 5, 2016

**MEMBERS OF WORKING GROUP 3**  
**Services for Seniors Requiring 24 Hour Supports**

<b>Present</b>	Bob Goodfellow	EMS Muskoka
	Mary Lodge	The Pines
	Jeff McWilliams	EMS Muskoka
	Kelly Sawyer	The Friends
<b>Regrets</b>	Tracey Badger	Fairvern Nursing Home
	Sandra Winspear	Hospice Muskoka

**CLIENT PROFILE – Seniors Requiring 24 Hour Supports**  
*Round table discussion*

- Mid 80's
- Female
- Lower income
- About 60% live alone
- Dementia
- Depression/anxiety
- Confusion
- Diabetes, COPD, arthritis, stroke
- May have personal hygiene issues
- Poor living conditions
- Vulnerable
- Entering long-term care older and more frail
- Not well informed or misinformed about services
- May resist access to services

## MUSKOKA MASTER AGING PLAN Project Schedule

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Shaded items represent points of WG involvement

### Project Launch

1.1	RFP closing date	June 6
1.2	Approval to proceed	June 10
1.3	Start-up teleconference	June 16
1.4*	Steering Committee meeting	June 28
1.5	Finalized work plan	July 4

### Needs Assessment

2.1	Information review (ongoing)	July 8
2.2	Notification of key informants/working groups	July 12
2.3	Provider survey developed/distributed	July 21
2.4*	Inaugural Working Group meetings (n=3)	July 26/27
2.5	Community survey developed/distributed	August 2
2.6	Key informant interviews complete (n=12)	August 8
2.7	Provider survey deadline	August 12
2.8	Seniors focus groups (n=6+)	Aug. 9-24
2.9	Community survey deadline	August 26
2.10	Compilation/summary of findings	August 29
2.11	Steering Committee teleconference	TBD August

### Action Planning

3.1*	Community stakeholder forum	September 8 morning
3.2*	Working Group meetings	September 8 afternoon
3.3	Draft goals and action plans	September 14
3.4	Input received from Working Groups	September 21
3.5	Wrap-up teleconference with Working Groups	late September
3.6	Draft strategy report and implementation plan	October 11
3.7	Steering Committee review/revisions	October 17
3.8*	Wrap-up Steering Committee meeting	TBD October

### Reporting and Sustainability

4.1	Final report	October 28
4.2	On-call support/advice	Six months

\* Consultant(s) on site

Revised July 25, 2016

**SWOT EXERCISE: Seniors Requiring 24 Hour Supports**  
*Flip chart activity*

**Strengths**

Seniors are the majority re: demographics  
Increasing lifespan  
New services – e.g. Healthlinks for navigation  
Environment  
Tourism and seasonal residents generating money and ideas

**Weaknesses**

Lack of staff and resources  
Long wait lists for home care and long-term care  
Accessibility  
Poverty  
Geography challenges  
Communication  
Cognition issues  
Lack of family nearby  
Knowledge of services available  
Duplication of services  
Cost of services

**Opportunities**

Community paramedics  
Health system transformation  
Health hubs  
Community centres  
Addressing transportation and housing issues  
Education re: services  
Coordinated approach  
Increased community outreach

**Threats**

Funding  
Safety and security issues  
Lack of capacity  
Isolation  
Services leaving the area  
Addiction  
Weather challenges  
Homelessness

**VISIONING ACTIVITY – Input from all Three Working Groups**  
*Based on a visioning exercise where participants wrote desirable headlines to appear in Muskoka media in July 2020*

**Expanded and Innovative Services and Supports ...**

Central Dispatch Provides Affordable Public Transportation to all Areas of District  
 Muskoka Now Has Multidisciplinary Seniors Care Centres  
 Muskoka Car Share Programs for Seniors Win Innovation Award  
 Gerontologist Hired for Muskoka Health Network  
 Endless Programs and Activities Available in all Areas of Muskoka  
 24 Hour Respite Support via Phone or In-person for Caregivers  
 Seniors Enjoy New Recreation Centre that Meets Physical and Social Needs  
 Full Service Communities for Seniors  
 Affordable Senior Citizen Housing Being Built Throughout Muskoka  
 Local Transit Expands to Outlying Areas  
 Funding Provided to Seniors for Assistive Devices and Home Modifications  
 Muskoka an Accessible Community for Seniors  
 New Supportive Living Centres with On-site Supports Open for Seniors  
 Gardens for Seniors Promoting Healthy Choices  
 Day Away Program Expands to Provide More Supports for Caregivers  
 Improved Health Networks in all Communities  
 Age-Friendly Community Subdivision Planned  
 Geared to Income Housing Opens Next to Health Hub  
 More Specialized Geriatric Doctors Come to Muskoka  
 Muskoka Paramedics Provide in-home Wellness Checks and Flu Shots  
 Redesigned LTC Home Offers Small Group Living Pods for Home-Like Environment  
 Dental Care Covered for Seniors with OHIP  
 Door-to-door Transportation for Those 65+

**High Degree of Community Engagement ...**

Muskoka Seniors are Leaders in Community Engagement  
 Seniors Groups Thrive in Muskoka  
 Open House Celebrates Success between Co-op Students and Retirement Home  
 Youth Volunteer Matched with Seniors to Provide ADL Assistance  
 Muskoka Seniors Volunteers at All-time High  
 Seniors Participating in Exercise Programs Increases by 25%  
 Seniors Help Out at Local Daycare  
 Intergenerational Activities Now Common in Muskoka School System  
 Muskoka Motivates Seniors to Live and Play in our Communities  
 School Volunteers Consist Mainly of Seniors  
 Teens Reading to Muskoka Seniors  
 Nursery School and Retirement Home Share Accommodation  
 Seniors Talk about Safety with Local Firefighters  
 Seniors Club House Expands to Offer Intergenerational Programs  
 Muskoka Paramedics Working with Seniors Organizations

... Cont'd

## **VISIONING ACTIVITY (Cont'd)**

### **High Profile Destination of Choice ...**

The Heart of Muskoka – Our Seniors  
Muskoka is “Golden” for Your Retirement  
Muskoka the Retirement Destination for Seniors  
Muskoka is the #1 Senior-Friendly Place to Live  
Muskoka Seniors Have 5-Day National Healthier Environment Symposium  
Muskoka Wins Three Golds at Seniors Games  
Muskoka Seniors are Activity Activists  
Muskoka a Welcoming Community for Seniors  
Muskoka Seniors Show Canadians How to Age Gracefully  
Muskoka is the Place to Retire due to Abundance of Seniors Services

### **Successful Outcomes**

Muskoka Seniors Healthiest in Ontario  
Senior Women in Muskoka No Longer Living in Poverty  
Muskoka Seniors Communicating  
Muskoka Seniors are Technology Savvy  
Seniors Poverty in Muskoka Reaches 0%  
Muskoka Seniors Now Living Longer and Healthier Lives  
Muskoka Senior Graduates with Masters Degree at 92  
Older Adults in Muskoka Have Highest Happiness and Quality of Life in Province  
Type II Diabetes among Seniors Decreasing Due to Exercise Programs  
Muskoka Seniors Rank #1 on Life Satisfaction Survey  
Aging at Home in Muskoka a Success  
Seniors Thrive in Muskoka Environment

### SWOT ANALYSIS - All Three Working Groups

	<b>Well/Fit Seniors</b>	<b>Requiring Some Assistance</b>	<b>Requiring 24 Hour Assistance</b>
<b>Strengths</b>	Existing programs and services Activities for seniors Seniors groups and organizations Libraries Volunteers Retirement community	Some specialty transit Group gatherings CCAC supports and services Other programs – MOW, SMART, Alzheimer’s, seating clinics, support groups, mobile banking, etc.	Majority re: demographics Increasing lifespan Existing services and facilities
<b>Weaknesses</b>	Activities/services in rural areas Internet access Geography and distances Cost of living Inter-community communication “Donut” demographic – old and young, no middle group	Funding and resource shortfalls Wait lists Affordable housing Physical accessibility Distances to services Awareness of existing programs Weather and geography challenges	Wait lists for home care and LTC Lack of staff and resources Poverty Cognition issues Lack of family support Knowledge of services Cost of services
<b>Opportunities</b>	Growing seniors population Provincial grants Resource coordination/sharing Inter-agency collaboration Utilizing seniors knowledge base	Intergenerational programs New businesses to address needs Innovative housing Increased service navigation Improved equipment and technology	Health system transformation Health hubs Community paramedics Service coordination Community outreach
<b>Threats</b>	Retirement financial status Stress on available services Funding cut-backs Rural vs. town differences Income disparities Fewer church/school hubs Economic issues Loss of local resources	Increasing needs Diminishing resources Emergency response times Aging homes and equipment Isolated living Falls and injuries Limited incomes with rising costs	Funding Safety and security issues Isolation Services leaving the area Addiction and mental health issues Poverty and homelessness