WELLNESS & QUALITY-OF-LIFE PROGRAMS FOR LOW-INCOME SENIORS

Benchmark sector report and program summary

Measuredoutcome

Bridging the information gap in the non-profit sector

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ACKNOWLEDGEMENTS

Wellness and Quality-of-life programs for Low-income Seniors Benchmark Sector Report and Program Summary

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Data in this report was compiled from multiple sources. Much of the information was sourced from the 2006 and 2011 Statistics Canada Census of Population Programs. Updated data from the 2016 Census Program will begin a public release rollout on February 8, 2017.

EDITION NOTE

This report was initially commissioned as an internal review report by a Foundation who has a focus on funding programs for seniors living in poverty in Canada, and who wishes to operate anonymously. The focus of this report is to provide a sector review and recommendations to advise the Foundation on specific grantmaking activities. This version of the report has been edited from its original format in order to make the information and recommendations accessible to other stakeholders in the sector.

EXECUTIVE SUMMARY

" A nation's greatness is measured by how it treats its weakest members."

- Mahatma Gandhi

While the baby boom represents the wealthiest generation of seniors in history, a full 5% of Canadians over 65 live in poverty. For the most part, these individuals have access to reasonable healthcare, basic housing, and adequate nutrition; however, they often live in isolation with few opportunities to engage in their community, or to be able to connect, contribute, and enjoy life. In some cases, they also fall victim to neglect and abuse. This document centres on the approximate 16,000 seniors living in poverty or need in nine target communities in Alberta, Manitoba, and Ontario, as served by 18 of the Foundation's partner charities.

This report aims to help stakeholders identify and develop strategic guidelines for seniors' quality of life programs. In addition to providing a broader context regarding seniors' housing, welfare, and healthcare issues in Canada, this report summarizes a selection of initiatives and highlights feedback from these agencies. It also presents the most recent regional data in three selected provinces on seniors and poverty, and makes recommendations with regards to potential areas of funding focus and areas that might warrant further investment or investigation.

This report identifies the following areas of focus, along with several outcomes and recommendations:

Aging in Place

Most individuals and agencies interviewed for this report identified that whenever possible, aging in place is preferable over institutionalization. This encourages independence; however, it requires homecare infrastructure and transportation for social programs, which can be inconsistent and difficult to fund.

Quality vs. Quantity

Foundation grants to seniors' organizations have developed organically over many years. Several programs, such as access to live theatre and arts, are one-off events. Though these experiences have merit, it is recommended that the Foundation focus on programs that provide higher-quality, ongoing relationships for highest needs seniors over programs that provide one-time events.

Intergenerational Opportunities

Though not currently a main focus of funding, the Foundation has been successful in supporting a variety of intergenerational activities. These programs benefit both young people and seniors, and contribute to social cohesion. Given trends regarding aging in place, greater opportunities exist to develop community connections. Expansion of support for these programs is encouraged.

Elder Abuse

Abuse and neglect of seniors is a serious problem. Government groups at all levels are now devoting resources to this issue; however, the infrastructure and referral network has yet to develop to the same extent as it has with spousal abuse. Add to this the vulnerability and dependence of seniors, and the stigma of the abuser often being a family member or care worker, and good programs may not reach those in greatest need. Careful, strategic investments and investigations are recommended should the Foundation wish to become more active in this area.

Opportunity for Collaboration

There are few private or corporate foundations with specific mandates regarding support for seniors' programs. This is changing slowly as foundation and corporate board members age, themselves, and the challenges and interests of seniors become personalized. At present, there appears to be no coordinated funder group in Canada looking specifically at seniors, as there is with environment, food, education, Indigenous peoples, or health.

The subject of seniors' care in Canada is complicated and multi-layered. Approaches vary greatly between jurisdictions, and government policy at municipal, provincial, and federal levels can have a significant impact on the need for private funding. This report cannot answer all questions about the sector, nor can it highlight every situation a low-income senior might encounter. There are agencies in Canada that deal specifically with advocacy and health issues around seniors' care. While this report makes mention of a few of those agencies, this is not the focus of this investigation. It is important to note that this report is also not a review of the healthcare system in Canada, although government policies and healthcare mandates do have a direct impact on the work of agencies. This report aims to help focus sector funding and develop a grants program that can more effectively be evaluated for impact within the sector and the individual communities.

INTRODUCTION

Providing quality-of-life opportunities for seniors living in low-income situations may seem to some like a non-essential exercise, especially with health, housing, and care issues for Canada's aging population being so critical. However, a day outing, a home visit, a healthy meal with neighbours, or tea and a manicure provided by local high school students can be a simple approach to making life a little more worth living for a senior managing on limited means. This report provides a summary, context, and recommendations for granting in this area.

Only a few grantmaking foundations in Canada specifically identify senior's programming as a funding focus and priority. Investment in seniors' programming by the Foundation covers 18 programs located in four cities. Most of this funding is directed to support over 16,000 seniors living in poverty in Foundation communities. In 2015/16 approximately 14,000 seniors had exposure to or were impacted by Foundation funded activities.[1] Current support focuses on varied programs that promote health and fitness, access to performing arts, therapeutic animal visits, intergenerational programming, and abuse prevention.

Quality-of-life Programs:

Quality-of-life programs are non-essential activities that nevertheless enrich lives. Those living in low-income circumstances may have basic needs met such as housing, food, and healthcare; however, they may have few opportunities to engage in social events or connect with youth, arts, and other activities that help to maintain their connection to the community and provide them with purpose and an opportunity to contribute to and enjoy the community around them.

[1] This is a rough estimate of numbers, based on incomplete reporting by agencies. Not all programs do or are able to offer attendance numbers; some programs offer services to individuals of all ages, and some programs offer a more in-depth and meaningful impact to their participants. As well, there may be overlap with the same individual being served by multiple programs. As such, numbers, alone, cannot attest to the true impact of the programs that the Foundation supports.

REPORT METHODOLOGY

This report was developed by researching available statistics and literature reviews, as well as conducting formal discussions with program participants and managers, sector leaders, federal and provincial benefit program representatives, municipal staff, community members, and seniors.

The report provides the following:

- Background on seniors' issues in Canada
- Sector trends
- Overview of programs currently funded by the Foundation
- Summary of issues faced by Foundation partners

This report features further details on nine of the 18 programs currently being funded in Winnipeg, the Former City of York, Marathon, and Ottawa. Groups were selected by Foundation staff for this review based on geography, innovation, variety of approach, amount of donation (Foundation donations to these programs vary from $1,000 to over $40,000), and potential for program dissemination.

The highest risk factors for seniors of all income levels in Canada, but more acutely for seniors living in low-income situations, were identified as: social isolation, transportation and program accessibility, nutrition, and healthcare. Support and follow through for medical and social programs was also mentioned by agencies featured in this report, as well as by contributing hospital and medical teams.

The report concludes with an exploration of any apparent gaps in funding or services as identified by seniors, caregivers, and experts in the field, and makes recommendations for priority areas of focus for funders.

Chapter 1

DEFINITIONS: UNDERSTANDING THE TERMS "SENIOR," "POVERTY," AND "QUALITY OF LIFE" IN CANADA

Chapter Summary

- A typical senior who depends solely on government assistance will be living on an average of around $20,000 per year. Many live on less income than this. Services and benefits vary depending on life circumstances and between provinces.
- The Canadian government does not endorse any single definition of poverty, although there are many different measurements that are used to study income levels, including the LIM, the LIM-AT, the LICO, and the MBM. (definitions and examples in Appendix III)
- The 2015 Low Income Cut Off (LICO) for a single person in any of the major cities that the Foundation supports sits at $24,600. Seniors who live entirely on social assistance are living well below the official LICO for the major city centres. This leaves an income gap from LICO of around $3,036–$5,892 for seniors who live on full social assistance.
- While there is officially no set age at which people are designated as "senior," the term generally refers to members of the population who are 65 years of age and up. Many seniors' programs in Canada serve people aged 55 and up.
- "Quality of life" refers to activities that take place beyond basic shelter, food, and medical needs. These are activities that enrich lives and have been proven to improve the mental and physical health, as well as productive longevity, of participants.

DEFINITIONS

WHAT IS A "SENIOR"?

There is no nationally accepted definition of the term "senior" in Canada. The most practical application of the term is currently intended to represent people aged 65 and over. In Canada, the senior population is statistically divided into three age groups:

- 65 to 74 years old
- 75 to 84
- 85 and over[2]

The divisions have been made because the medical, social, and care needs and characteristics of each of the three age groups can be quite different. More services and care are typically required as a person ages; however, there are younger seniors who require a higher level of services due to life circumstances or mental or physical health challenges.

The agencies in this report typically serve individuals aged 55 and up, although a few programs, such as the First Nations programs, don't use age as a qualifier to define "elders" in their communities.

WHAT IS "POVERTY"?

Poverty is measured in a few different ways. Though the Canadian government has "endorsed no official measurement of poverty,"[3] it is generally agreed that the term refers to the intersection of low income and other dimensions of social exclusion, including access to adequate housing, essential goods and services, health and well-being, and community participation.[4]

Service agencies use different tools to measure poverty. These metrics are independent of one another, and can result in varying statistical results. For this report, we will use the LIM (Low Income Measure) and the LIM-AT (Low Income Measure – After Tax) measures. These measures help define the LICO (Low Income Cut Off) line, which is most often used to indicate when an individual is living beneath what is referred to in the media as "the poverty line."

For more information on the different measures of low-income used in Canada, please refer to Appendix III on page 51.

[2] Martin Turcotte and Grant Schellenberg, "A Portrait of Seniors in Canada: Introduction," Statistics Canada, last modified February 27, 2007, www.statcan.gc.ca/pub/89-519-x/89-519-x2006001-eng.htm.

[3] Ibid.

[4] "How Is Poverty Measured in Canada?" Government of Nova Scotia, 2008, www.novascotia.ca/coms/department/backgrounders/poverty/Poverty_Stats-May2008.pdf.

LOW-INCOME CANADIANS

Poverty rates among the elderly have decreased since the mid-60's, with the introduction of the Canada Pension Plan and Old Age Security. However, rates have been climbing again since the mid-90's, due, in varying parts, to policy changes and economic shifts, as well as to the sheer number of individuals now reaching retirement benefits age.[5] The 2010 low-income rate for seniors in Canada was 12.4% (using the pre-tax LICO measurement). Using the after-tax LIM-AT standards, those numbers fall to 5.3%.[6] Diminished personal savings, the rapidly rising cost of living, an unstable economy, as well as fewer companies offering pension plans and the decline of stable, full-time employment, predict that many challenges lie ahead for aging Canadians.[7]

LOW-INCOME SENIORS IN FOUNDATION COMMUNITIES

Support for seniors living in low-income circumstances varies somewhat between provinces. Assuming life-long work at a minimum-wage job and limited personal savings, a senior can expect to receive between $18,700 and $21,500 annually in government assistance support. Many seniors who are not aware of all their entitlements receive less than this amount.

The StatsCan Consumer Price Index lists Calgary as the most expensive of the four Foundation cities cited below, followed by Toronto, Winnipeg, and then Ottawa. Calgary, Toronto, and Ottawa rank higher in population base than Winnipeg and have typically had stronger social support networks and provincial infrastructure for seniors.

Consumer Price Index 2015 by City

Calgary	134.3
Toronto	128.3
Winnipeg	126.6
Ottawa-Gatineau	126.5

2015 Pre-Tax LICO Cut Off

$24,600/Annually

2015 Pre-Tax Estimated Income for a Senior Living on Social Assistance:

Alberta: TOTAL INCOME: $1,797/month = $21,564/annually
Ontario: TOTAL INCOME: $1,559/month = $18,708/annually
Manitoba: TOTAL INCOME: $1,720/month = $20,640/annually

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[5] "Elderly Poverty," The Conference Board of Canada, last modified January 2013, www.conferenceboard.ca/hcp/details/society/elderly-poverty.aspx.

[6] Ibid.

[7] Tavia Grant and Janet McFarland, "Generation Nixed: Why Canada's Youth Are Losing Hope for the Future," The Globe and Mail, last modified November 2, 2012, www.theglobeandmail.com/report-on-business/economy/jobs/generation-nixed-why-canadas-youth-are-losing-hope-for-the-future/article4705553/?page=all.

Quality-of-life programs involve enriching activities that lie outside of essential healthcare and basic shelter.

WHAT DOES "LOW-INCOME" MEAN?

The 2015 Low Income Cut Off (LICO) for a single person in any of the major cities that the Foundation supports sits at $24,600. Seniors living entirely on social assistance are living well below the official LICO. This leaves an income gap of around $3,036–$5,892 for seniors on full social assistance to reach the poverty line cut off.

For a more detailed breakdown of the basic provincial income supports for seniors, please see Appendix V., page 55.

These amounts represent the total support available to seniors who are accessing all of their federal and provincial financial assistance options. With some variations, this is how much a senior on a public pension with little to no life savings can expect to receive. Each province and municipality has variations of services available to low-income seniors. This has implications regarding quality of life and the ability of individuals to access benefits and programs.

For this report, we asked each featured agency to clarify how they define "poverty" or "in need." Many program managers indicated that frailty and infirmity are indicative of "high-needs," regardless of general income level. However, agencies in this report also typically focus their efforts in known lower-income areas, so it is generally accepted that program attendees are "in need." Some programs work in a more direct and daily way with seniors living in poverty, as opposed to other organizations, which offer short-term experiences.

WHAT DOES "QUALITY OF LIFE" ("QoL") MEAN?

Not to be confused with "standard of living," which is based on income levels, "quality of life" is a term used in many different sectors to measure the more qualitative emotional well-being and interconnectedness of individuals. Increasingly, quality of life is understood to be crucial to overall health and longevity.

The World Health Organization Uses the Following QoL Framework, as Developed by Dr. Robert Schalock[8]:

Quality of life is represented by eight domains that provide an indication of an individual's quality of life in three broad areas:

- Independence
- Social participation
- Well-being

The eight domains are:

- **Emotional Well-being** — contentment, self-concept, lack of stress
- **Interpersonal Relations** — interactions, relationships, supports
- **Material Well-being** — financial status, employment, housing
- **Personal Development** — education, personal competence, performance
- **Physical Well-being** — health and healthcare, activities of daily living, leisure
- **Self-Determination** — autonomy/personal control, personal goals, choices
- **Social Inclusion** — community integration and participation, roles, supports
- **Rights** — legal, human (respect, dignity, equality)

Typically, quality-of-life programs involve enriching activities that lie outside of essential healthcare and basic shelter. Individuals living in low-income circumstances may have basic needs met, such as housing, food, and basic healthcare; however, they may have few opportunities to engage in social activities and few connections with youth, the arts, and other activities that help to maintain their connection to the community and provide them with purpose and an opportunity to contribute and connect to other people in the greater community.

[8] What Is Quality of Life?" Community Living British Columbia, last modified 2010, www.communitylivingbc.ca/projects/quality-of-life/what-is-quality-of-life/.

Chapter 2

EXAMINATION OF SELECTED FOUNDATION SENIORS' PROGRAM PARTNERS

Chapter Summary

- The Foundation currently supports 18 different seniors-related programs in two provinces.
- The Foundation is a minor contributor to each overall agency budget. All but one agency is supported at .01–3% of the total budget. The exception is Smile Theatre, where the Foundation funds a full 17% of the total budget, and is its largest single funder.
- Interviews with nine selected agencies revealed different program reach, evaluation methods, and depth of involvement in the communities they serve. Although the programs vary widely in services offered, all agencies support seniors who are experiencing, or who are in danger of, social isolation.
- Each agency cited different opportunities for growth in their areas; however, a few common themes emerged. These themes are: access to reliable transportation, volunteer growth, nutrition, engagement of senior men, and program sustainability.

SELECTED FOUNDATION SENIORS' PROGRAM PARTNERS

The following section provides highlights from interviews with nine of the 18 seniors' programs currently supported by the Foundation. Along with summaries of program activities, interviewees were questioned about evaluation methodology, as well as priorities and areas of need they see in their community.

A&O: SUPPORT SERVICES FOR OLDER ADULTS (A&O) formerly Age & Opportunity (WINNIPEG)

Agency Budget: $1,948,563

Program Budget: $47,000

The Foundation supports the A&O Safe Suites program for seniors fleeing abuse. The safe suite funded by the Foundation is in South East Winnipeg. The donation ensures that the property is furnished and maintained, as well as supported by trained social, legal, and financial counselors. Seniors spend an average of 90 days in a suite, depending on their situations and medical needs. The Foundation -supported suite is one of three pet-friendly safe suites at A&O, allowing seniors to flee abuse with their beloved animal companions. The Foundation grant also provides funding for Safe Suite Program awareness and presentations in high-risk populations, including new Canadian and ethnocentric groups.

In addition to Safe Suites and safety and security programs, A&O offers a variety of community social engagement programs for isolated and at-risk seniors, as well as programs specifically for seniors who are new Canadians. It also provides counselling, support, and volunteer opportunities.

EVALUATION METHODS USED:

Safe Suites Exit Survey — modeled on the SAGE Edmonton program evaluations. Primarily qualitative. A&O is very open to collaboration and support with evaluation development.

OPPORTUNITIES FOR GROWTH

Continued support for Safe Suites, food security (including medication), transportation, housing, hoarding.

GOOD NEIGHBOURS ACTIVE LIVING CENTRE (WINNIPEG) — $15,000

Agency Budget: $538,670

Program Budget: $129,000

Good Neighbours is a community and services centre that serves all seniors in Winnipeg. It offers a wide range of activities, such as fitness classes, tax clinics, social support networks, community meals, foot care clinics, and resource access.

The Foundation -supported Home Maintenance Program lends assistance to seniors living in their homes. The program helps with home repairs, cleaning, gardening, snow clearing, and other odd jobs. Services are provided by other older adults and seniors in the community who are vetted by Good Neighbours. In addition to supporting seniors living in their own homes, the program provides supplementary income for others in the community. Additionally, the program has alerted Good Neighbours to other issues facing isolated seniors, including personal health, pet welfare, and hoarding.

EVALUATION METHODS USED:

Good Neighbours tracks all services provided. Participants fill out a qualitative evaluation form as the program ends. Once a year, a qualitative survey is conducted, agency-wide, results of which are available on request.

OPPORTUNITIES FOR GROWTH

Good Neighbours has found it difficult to get older men involved in social programs. Aging in place means more seniors require services in their homes, and the services don't yet exist/little funding for them yet. Transportation (especially in the winter), ambulance/emergency transportation funding ($500 per trip for Manitoba — A&O advises all program participants that it will cover the cost of emergency transportation, but many low-income seniors still won't call because the fee scares them despite the assurance of reimbursement.)

MACAULAY CENTRE — NONA AND ME PROGRAM (FC YORK)

Agency Budget: $14,600,273

Program Budget: $27,294

The Macaulay Centre offers a number of parenting and child development support programs that focus on community, family, and individual development. The program managers collaborate with a number of child development facilities, specialized and ethno-specific agencies, health centres, and researchers in order to deliver programs that are effective and accessible.

The intergenerational, Foundation -supported Nona and Me program is for seniors in high-needs areas who are caring for their grandchildren. Four six-week long multilingual programs are held in three neighbourhoods in the Former City of York. Each program features targeted subject matter, such as physical health and well-being, child development information, as well as social supports for seniors. The children in their care also benefit from play-based learning opportunities. An annual symposium engages participants in an information event that also develops their leadership skills and confidence.

EVALUATION METHODS USED:

The Centre uses a "Perceived Benefit Tool," an impact evaluation created by the program leaders that the program participants fill out with the help of the leaders. Grandparents in the Nona & Me program are asked to complete a qualitative evaluation form at the end of every program. Every two to three years, a more comprehensive agency-wide outcome evaluation is undertaken with the assistance of an external evaluation consultant.

OPPORTUNITIES FOR GROWTH

Transportation. It is challenging to secure transportation to bring seniors to the program, especially in the winter months. Programs are often limited in reach because of isolated seniors who cannot leave their homes. Interpretation and building language capacity – given the demographics of the former City of York, strategies to increase our multi-lingual capacity would result in reaching more isolated seniors.

MARATHON HIGH SCHOOL (MARATHON, ONTARIO)

Agency Budget: n/a

Program Budget: $3,500

Marathon High School serves a high-needs population, and, as the only local high school in a traditional Ojibway territory, it has a large First Nations attendance. The Spring Powwow is an opportunity to connect Elders in the nearby First Nations communities of Pic River and Pic Mobert with their younger Band and community members by participating in traditional activities (drum making, sewing, quilting, native art, guest speakers, feasts). The event is student driven and works to engage the community Elders in vital cultural and personal mentoring and leadership activities with the younger students.

EVALUATION METHODS USED:

All teacher observation and anecdotal. Program success is seen in student engagement both with the event and throughout the year in school activities and academic life.

MAIN ISSUES FACING SENIORS:

Sense of purpose, isolation from youth (who move off the reserve to attend school) — can't pass down values and traditions in the informal way that is culturally typical.

OPPORTUNITIES FOR GROWTH

Transportation and poverty reduction.

MASC (OTTAWA, ONTARIO)

Agency Budget: $1,100,000

Program Budget: $56,000

Ottawa-based MASC provides community-based artist workshops and performances for both student groups and seniors' groups in schools and community settings in Eastern Ontario and Western Quebec. The program focuses on arts education and creative experience. The Foundation has provided core funding since 2010 to expand MASC activities to include seniors living in retirement homes and long-term care facilities. The MASC Seniors Program runs in collaboration with the Ottawa Public Library, and presents interactive cultural and arts programs to seniors in the Ottawa community. The Awesome Arts en folie program and festival includes senior's programming in a neighborhood setting.

EVALUATION METHODS USED:

Evaluation form is filled out by program administrators and artists. Qualitative stories are collected from partner agencies.

MAIN ISSUES FACING SENIORS:

No comments given. As a third-party provider, MASC provides artists to run programs in seniors' care facilities and are not involved in any other aspects of their care.

OPPORTUNITIES FOR GROWTH

Core operations funding.

SMILE THEATRE (FORMER CITY OF YORK, TORONTO, OTTAWA, WINNIPEG, CALGARY)

Agency/Program Budget: $355,600

Smile Theatre provides live theatrical and musical performances to isolated seniors living primarily in communities in Ontario. Foundation support helps subsidize the cost of the performances for the homes and centres that hire the theatre company to perform. The productions evoke a variety of familiar and nostalgic, as well as culturally relevant, subject matter that will appeal to and help connect the performers with their senior audiences.

EVALUATION METHODS USED:

Smile tracks all performances and number of audience members. Comment cards are provided for audience members to fill out. The host coordinator is sent a questionnaire to fill out after the performance as well. Success of the program is based on the number of repeat requests for performances.

MAIN ISSUES FACING SENIORS:

No comments given. As above, Smile is a third-party provider delivering performances to seniors' groups.

OPPORTUNITIES FOR GROWTH

Core funding.

SUNSHINE CENTRE FOR SENIORS (YORK, ONTARIO)

Agency Budget: $673,625

Program Budget: $129,000

Sunshine Centres programs are located at eight sites in Toronto and provide social, fitness, nutrition, and support programs to seniors. Camp Sunshine, operating from May to September, on Ward's Island,is a summer social and activity program for seniors across Toronto. The program serves both frail and active seniors who require specialized transportation and support assistance. Sunshine Centres works collaboratively with other Toronto-based agencies and often invites youth to participate with the seniors in activities at Camp Sunshine.

EVALUATION METHODS USED:

Participants in the Ward's Island program complete evaluation forms at the end of each program day, or for weekly participants, at the end of each season. The larger programs implement a twice-a-year survey that participants fill out. They are keen to improve and update their evaluation and survey tools, and are in the process of developing a new system.

MAIN ISSUES FACING SENIORS:

Social isolation, specifically for low-income individuals, senior men, and for individuals housed in long-term care facilities or who have physical or cognitive challenges.

OPPORTUNITIES FOR GROWTH:

The agency would like to expand their programs and services to reach more seniors, particularly those facing barriers to their full participation in the community. Volunteer recruitment is also a goal. Facilities improvement (summer program relies on facilities provided by the City of Toronto, and they are not able to make improvements to the facility without city approval).

UNISON HEALTH AND COMMUNITY SERVICES (FC YORK, ONTARIO)

Agency Budget: $18,364,029

Program Budget: $41,710

Unison provides a full roster of programming and support to Toronto residents through four main locations in high-needs areas across the city. It focuses on delivering health services, health promotion, community services, and community-building programs to high-needs populations.

The Foundation supports two programs at Unison that are focused in the Former City of York catchment area: Art Beat, which is a weekly art group for adults and seniors with developmental disabilities or mental health issues, and a Seniors' Nutrition and Exercise Group, which provides access to health promotion experts and social opportunities.

EVALUATION METHODS USED:

Unison has a wide range of programs that serve multiple catchment areas in the GTA. It has a well-developed evaluation and review system in place. Each program goes through an evaluation process every two to three years and is assessed by a formal evaluation committee. The measurement tools and standards applied to program evaluations depend on the nature of the programs. Health-related programs, for example, are linked to the provincial LHIN (Local Health Integration Network) system, where more one-off participation programs, such as Camp Sunshine, are measured with qualitative data collection. The nutrition program is evaluated using the Community Food Centres Evaluation Tool. The resulting data from each program evaluation is considered against the original, overarching logic model created for Unison.

MAIN ISSUES FACING SENIORS:

Isolation and deteriorating health without support, primarily among immigrant seniors with limited English skills.
Quality of life is also declining as savings, or Old Age Security, can't keep up with increased cost of living.

OPPORTUNITIES FOR GROWTH

Programs geared toward health promotion, chronic disease management, and community engagement have long been overlooked by funders.
"At Unison, we have no stable funding to sustain regular, ongoing programs to address the seniors' nutrition, physical exercise, brief case management and food security issues."

WEST PARK HEALTHCARE CENTRE - Recreation Therapy Programs (FC YORK, ONTARIO)

Agency Budget: $95,900,000

Program Budget: $70,000
(Music Therapy,Therapeutic Clowns, and West Park WISH Program),

West Park Healthcare Centre is a rehabilitation and complex continuing care hospital located in the Former City of York that helps patients with life-changing health challenges reclaim their lives and realize their potential. The Complex Continuing Care Program serves individuals with chronic illness that are medically complex but stable; whose conditions require a highly-specialized hospital stay.

The Foundation funds recreation therapy programs for West Park patients and residents, including music therapy and therapeutic clowning. The Foundation contributes a modest amount to West Park WISH program that fulfills the wishes of residents, including outings, activities, and special meals. The programs are comprised of approximately 65% seniors, and mostly tend to advanced cases of dementia and neuromuscular and degenerative issues.

EVALUATION METHODS USED:

The hospital conducts annual complex continuing care patient and family satisfaction surveys. Recreation Therapy conducts its own program specific evaluations primarily seeking qualitative feedback with the intention of improving programs to meet patient goals.

MAIN ISSUES FACING SENIORS:

Recreation Therapy has observed an increase in social isolation as well as increasing complexity of physical and cognitive decline and disease in the patient population.

OPPORTUNITIES FOR FUNDING AND GROWTH

General decline in volunteers, especially among the seniors' population (used to be its biggest volunteer base). As seniors live longer, their conditions are getting worse, so treatments are becoming more challenging.

YORK HUMBER SECONDARY SCHOOL (TORONTO, ONTARIO)

Agency Budget: n/a

Program Budget: $3,000

York Humber High School is one of Toronto's few specifically designated schools that serves "special needs" children and youth who have both physical and behavioural/intellectual challenges. The school is in a high-immigration area within the Former City of York. In addition to basic scholastic goals, the school offers vocational courses to students to help them find meaningful employment after graduation.

The Foundation-supported Tea and Nails program works with students who are enrolled in the cosmetology and nutrition courses at the school. This intergenerational program pairs students with seniors who live in a local, low-income, long-term care facility located near the school. Students not only provide manicures and conversation, but they also prepare lunch platters at the school to bring with them to the residence and spend half of each program day sharing a meal and chatting with the residents. Visits are limited by the ability to transport the high-needs students to the seniors residence. The program runs two to three times per semester depending on availability of transportation.

EVALUATION METHODS USED:

All verbal feedback and direct interaction with students. Anecdotal feedback with the senior facilities is ongoing throughout the planning and engagement stages of the program. Seniors at the facility visibly enjoy the physical and conversational contact with the students, and the students demonstrate increased engagement, self-esteem, and interest in learning.

MAIN ISSUES FACING SENIORS:

Social isolation for residents in the care facilities is obvious.
Need for enrichment and contact with others.

OPPORTUNITIES FOR GROWTH:

Transportation. The special needs students at the high school require specialized transportation (much like the seniors they serve), and this is expensive and very hard to organize. Program expansion to more seniors' homes in the community.

COMMON THEMES

Interviewees identified many challenges they face in delivering programs to reduce social isolation. As noted above, delivery of these programs often requires a complex, longer-term approach. Agencies often struggle with finding enough stable funding to keep programs active year-round. Many program managers also struggle to secure reliable volunteers. Transportation can be a significant barrier as it is often unfunded and impacted by weather. Programs must also be sensitive to any physical and cognitive limitations of participants. These factors and others can isolate seniors in their homes and cut them off from essential services and social activities. While senior women tend to suffer more on the poverty scale, senior men are harder to draw into activities and programs, making them more vulnerable on a social and mental health level.

SOCIAL ISOLATION AND VOLUNTEER DEVELOPMENT

A significant element of good mental health is feeling that one has a purpose and a contribution to make to the greater community. This is true for all ages, but especially for seniors. There is often a prejudice in communities and agencies against engaging the seniors' population in volunteer activities. Although this seems to be changing thanks to advocacy work, there is still significant under-utilized potential for seniors to be involved in volunteering.

SENIORS HELPING SENIORS

One surprising and encouraging feature of many Foundation-supported programs is the ability at some of the agencies for more able-bodied seniors to volunteer within the programs. In some of the intergenerational programs, seniors serve as volunteer mentors to children and youth. In many enrichment or therapy programs, seniors serve as guides, assistants, and program delivery volunteers to help older or less abled seniors.

Volunteering provides both a sense of purpose and a strong social connection for seniors who are able to physically and mentally participate. Both of these elements are crucial to warding off physical and cognitive decline.

One of the biggest barriers in supporting people who are victims of abuse is social isolation.

ELDER ABUSE

The topic of elder abuse was not one that was brought forward by those agencies that are not directly working with the issue, but has been included in this report, as it is has been identified as a topic of particular interest by the Foundation.

> *Elder abuse is any action or lack of action by someone in a position of trust that harms the health or well-being of an older person. Elder abuse can happen at home, in the community, and in acute and long-term care facilities. Abuse exists in many different forms. Abuse can be physical, psychological, or sexual. It can also exist in the form of neglect and financial exploitation.*[9]

Of the estimated two million seniors residing in Ontario, it is expected that between 2 and 10% will experience abuse. This translates to between 40,000 and 200,000 people over the age of 65 in Ontario who have been, or will be, abused.[10]

Each province and territory, with the exception of Nunavut, has an agency and definition for elder abuse. This issue has recently come more to the forefront of government and community agencies. It is a cause that has been challenging to find funding for in the past; however, it is increasingly becoming one that communities and funders are starting to embrace. Elder abuse is a growing subject of awareness and focus for communities and government at all levels. The federal government has an Elder Abuse Awareness Initiative[11] and provincial, territorial, and municipal resources are being made available across the country to enable seniors to access help.[12]

One of the biggest barriers in supporting people who are victims of abuse is social isolation. Abuse victims are often identified by primary care givers or social support workers and program workers. Oftentimes, helping seniors in abusive situations requires a "wrap-around" community approach to help the seniors first identify themselves as victims of abuse, and then help them access available resources. This wrap-around support is often lacking in underfunded, under-resourced communities.

Agencies providing safe homes and support for seniors leaving abusive situations exist in Manitoba (Winnipeg — A+O), Alberta, (Edmonton — SAGE), British Columbia, the Yukon, and Ontario (through various shelters and community programs). Each province and territory has policies and groups that focus on the issue, with varying levels of development and support.

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[9] "Manitoba Seniors & Healthy Agency Secretariat," Government of Manitoba, www.gov.mb.ca/shas/MobilePages/resourcesforseniors/abuse/factsheets.html.

[10] "What Is Elder Abuse?" Elder Abuse Ontario, www.elderabuseontario.com.

[11] Programs and Initiatives," Government of Canada, last modified February 6, 2015, www.seniors.gc.ca/eng/pie/index.shtml.

[12] "Provincial and Territorial Resources on Elder Abuse," Government of Canada, last modified February 6, 2006, www.seniors.gc.ca/eng/pie/eaa/help.shtml.

Chapter 3

STAGES AND TYPES OF CARE FOR SENIORS

Chapter Summary

- Seniors' care can be broken down into six focus areas for funding and delivery purposes. These areas are primary healthcare, home care, community care, residential care, hospice and palliative care, and research and development.

- This report focuses mainly on agencies that fall into the Community Care and Residential Care sectors.

- The overwhelming majority of funding for these organizations comes from government sources, primarily provincial health funding.

- Service gaps exist in each area, especially for lower-income communities. There is also often a lack of coordination when individuals are transitioning between levels of care. (i.e., in transition from home to residential care.) Collaboration between agencies delivering different types of care is necessary to improve outcomes in the sector.

STAGES AND TYPES OF CARE FOR SENIORS

The focus of this report is to examine quality-of-life opportunities for low-income seniors. In order to do this, it is valuable to understand the different kinds of support and care afforded to seniors by Foundation partners as a context for funding activities. Seniors' care can be broken down into six focal areas,[13] with basic differences lying in target groups, delivery methods, and locations, as well as funding sources. Some agencies deliver services that fall into multiple streams.

PRIMARY HEALTHCARE

What Is It: Health and rehab care, as provided by general practitioners, specialist doctors, nurses, and trained and licensed care workers.
Where Is It Delivered: Hospitals, care facilities, and community health centres.
Who Funds It: Primarily government funded and policy driven (federal, provincial and municipal), large corporate and private funders for capital and research funding.
Program Examples: Hospitals and primary healthcare facilities.
The Foundation does not currently support primary healthcare or research

HOME CARE

What Is It: Nursing, physio and occupational therapy, personal support workers, living supports, such as general physical therapies, skills learning (blindness, etc.), bathing, and meals.
Where Is It Delivered: Private homes.
Who Funds It: Government subsidized, paid by individual seniors.
Program Examples: CNIB, CCAC (Ontario), private home care support companies.
This is an area of potential growth. In addition to programming, there may be opportunities for entrepreneurs who wish to provide services for seniors.

COMMUNITY CARE

What Is It: Community agencies that provide day programs, meals, companionship, enrichment, and support to caregivers.
Where Is It Delivered: Primarily in community centres or in residential facilities, some programs in private homes (Meals on Wheels, for example).
Who Funds It: Private donors, government support, foundations, private paid/supplemented.
Program Examples: Age & Opportunity, CNIB Seniors, Good Neighbours, Macaulay Centre, Marathon High School, Sunshine Centre, Unison Health, UrbanArts.
This is currently the secondary impact area of Foundation funding, with nine programs supporting individuals living in assisted facilities.

[13] The Conference Board of Canada lists five of these six categories of focus in its 2011 report, Future Care for Canadian Seniors — Why it Matters — BRIEFING OCTOBER 2013.

RESIDENTIAL CARE

What Is It: Live-in, supported residential facilities, generally for individuals with physical or cognitive limitations. Nursing and supportive care, along with meals and living support.
Where Is It Delivered: Long-term residential care facilities.
Who Funds It: Government subsidized or funded, private paid/supplemented.
Program Examples: CNIB Seniors, Manitoba Conservatory of Music, MASC, Ottawa Therapy Dogs, SMILE Theatre, Sunshine Centre, Unison Health, West Park Healthcare.
This is currently the main impact area of current Foundation funding, with 11 programs supporting individuals living in assisted facilities.

HOSPICE AND PALLIATIVE CARE

What Is It: Residential or home-based end-of-life medical care for chronic and early- to late-stage terminal conditions. Primarily nurses, PSW's, support team members, supported by primary healthcare specialists.
Where Is It Delivered: Long-term care homes, hospitals, hospices, private homes.
Who Funds It: Government subsidized or funded, private paid/supplemented.
Program Examples: West Park Healthcare Centre, Hospice Care Ottawa, Salvation Army Agape Hospice.
Hospice and palliative care is often privately subsidized. Lower-income communities are generally underserved when it comes to these services.

RESEARCH AND DEVELOPMENT

What Is It: Lab-based or clinical research into conditions and diseases of the elderly.
Where Is It Delivered: Hospitals, research labs, clinical studies.
Who Funds It: Government subsidized or funded, large corporations, special-focus foundations.
Program Examples: Major hospitals and research departments, national umbrella organisations, such as the Alzheimer Society, Heart and Stroke Foundation, etc.
The Foundation does not currently support primary healthcare or research.

The Foundation primarily partners with organizations whose missions fall into the community care and residential care categories. At the same time, the area of home care shows the greatest potential for growth, as government is moving toward encouraging seniors to age in place. This issue will be covered in greater detail in the following chapter.

Home care and palliative care are experiencing growth in the private sector. Services provided by for-profit companies supplement the very strained and limited resources that the government supplies. Agencies are beginning to respond to this need; however, seniors living in poverty are unlikely to be a market for these care providers.

Regardless of the quality of care services, the most likely place for a senior to experience crisis is in the transition from one type of care service to another. This is particularly the case if a senior does not have personal resources to supplement the transition. For example, seniors who are given primary care directives regularly have trouble navigating the often complicated and barrier-filled processes to access home care or community care, or even fulfill basic medical, diet, and activity instructions as provided by primary care specialists. Pilot programs, such as the McMaster-based Health Tapestry,[14] have been launched by the government, but rollout of the pilot is currently in debate by provincial and federal authorities. Many agencies are working to make the transition between types of care easier for seniors. This is also an area of potential development for Foundation activities.

[14] More on Health Tapestry and other government supported initiatives in Appendix VII. , page 61.

Chapter 4

AGING IN PLACE AND GENERATIONAL SHIFTS

Chapter Summary

- Federal and provincial healthcare bodies have mandated that it is preferable for seniors to "age in place," in their own homes, when possible. This impacts the design and delivery of quality-of-life programs, as it requires engagement of individuals living independently rather than serving seniors living as a group in retirement homes or long-term care facilities.

- Research shows that life expectancy and quality of life increase and improve when seniors live within a supportive community, as opposed to a traditional hospital or in-care environment.

- Currently, support services for individuals who are aging in place are limited, even for seniors who are financially stable. Governments are slowly recognizing this issue; however, there is currently a significant gap in services that many community agencies are struggling to fill.

- A potential opportunity for the Foundation lies in the support of intergenerational programming that assists seniors aging in place, provides learning and mentoring opportunities for young people and contributes to community cohesion.

- Federal and provincial mandates for seniors to "age in place" brings new challenges and opportunities to all levels of senior support programs and funders.

AGING IN PLACE AND GENERATIONAL SHIFTS

Federal and provincial healthcare bodies have mandated that it is preferable for seniors to "age in place," in their own homes, when possible, as opposed to be admitted to a care facility or, in the worst-case scenario, a hospital. Research shows that life expectancy and quality of life increase and improve when seniors live within a supportive community, as opposed to a traditional hospital or in-care environment. This direction change, and the current lack of resources supplied by the provinces, means that the demand for in-home personal support workers (PSWs), as well as home repair and living support services, is increasing.

Currently, support services for individuals who are aging in place are limited, even for seniors who are financially stable. Governments are slowly recognizing this issue (see the Health Tapestry program, Appendix VI page 58). There is currently a significant gap in services that community agencies are struggling to fill.

This does not diminish the need for programs in low-income, long-term care facilities. There will always be seniors who require more complex, higher levels of care and who must be admitted to long-term, hospice, or palliative care. The need for enrichment and support programs in these facilities will not disappear. Indeed, social isolation can be amplified in an overstretched care facility.

AGING IN PLACE AND HEALTHCARE

One of the many challenges of living on a low, fixed income is the lack of resources that often deter seniors from being able to follow recommended doctor's orders on release from care or a general practitioner's appointment. Often, medications, treatments, and even healthy food are out of reach because of transportation and financial limitations. Trips to the often hard-to-obtain provincially covered therapies and treatments also can become prohibitively expensive and/or complicated.

Hospitals are working on capacity building and are developing special team knowledge that can best support seniors in these situations; however, much of the burden of care will likely fall on the communities themselves. Municipal and provincial funding and training organizations are focusing on these issues in Ontario, with innovative pilot programs such as Health Tapestry at McMaster University.[15]

[15] More on Health Tapestry and other government supported initiatives in Appendix VI. , page 58.

AGING IN PLACE AND HEALTHCARE SUPPORT WORKERS

Many in-home care and personal support workers are untrained and unlicensed, which leads to an inconsistent quality of care. The need to train informal or freelance caregivers will increase as more individuals age in place, and in-home care becomes more reliably and widely available to lower-income seniors. Provincial governments are focusing research in this area; however, the need is immediate.

GENERATIONAL DIFFERENCES

The generation that is using the geriatric programs in 2016 is very different from those who will be using the system in the next 10–15 years. Where younger patients and their families use "Dr. Google" to inform them of procedures and treatment options, older patients require a more hands-on, wrap-around approach as they age. Computer literacy and availability are often hurdles to the current aging population, and many seniors need help navigating the services available online to access assistance. This will likely be less of an issue in years to come.

CULTURAL BACKGROUNDS AND SENSITIVITIES

As immigration patterns continue to shift, the need for culturally sensitive medical and care approaches increases. Many medical and program facilities already tailor their programs to the shifting communities and work to reach out to new Canadians, as well as indigenous seniors, but the need for training and responsive care approaches is always changing. This issue is being met head on by community agencies, and federally and provincially funded hospitals are developing new policies and supports for these groups.

AGING IN PLACE AND INTERGENERATIONAL PROGRAMMING

Aging in place makes a great deal of sense from a community and cost perspective. From a granting perspective, it would be wise to focus on the strengths and experience that already exist in the Foundation's granting history. The Foundation has some experience in supporting successful intergenerational programs. This is an area of expertise which should be considered for expansion and dissemination.

THE CASE FOR INTERGENERATIONAL PROGRAMS

" Somehow we have to get older people back close to growing children if we are to restore a sense of community, a knowledge of the past, and a sense of the future."

- Margaret Mead

It has only been recently that North Americans have segregated communities based on age. Historically, most cultures can trace traditions in which youth care for elders and elders provide vital care-giving and mentoring roles to young people in the community. Intergenerational programs are social vehicles that offer younger and older generations the opportunities to interact and become engaged in issues concerning our society.[16] These programs bring together people of different generations in ongoing, mutually beneficial, activities. Through intergenerational programs, people of all ages share their talents and resources, supporting each other in relationships that benefit both the individual and the community. There are a variety of reasons why intergenerational programs provide significant value:

1. People over the age of 65 are much more likely to volunteer and have the time to dedicate to community-building activities. Older volunteers contribute the highest number of average annual volunteer hours, with 65-74-year old's spending on average 231 hours annually engaged in volunteer activities.[17]

2. Younger generations provide an excellent source of energy and flexibility to the issues of volunteer sourcing. They can offer volunteer companionship to older people and/or serve alongside their elderly counterparts to benefit their communities.

3. The population is aging. The proportion of the senior population (aged 65 and older) has been increasing steadily over the past 40 years. From 1971 to 2011 the percentage of seniors grew from 8% to 14%.[18] This suggests a growing number of older people who wish to connect and contribute.

4. Families are living further away from each other and have lost their internal intergenerational component. Community-based programs can provide surrogate grandchild/grandparent opportunities which will continue on past structured programs.

5. There are major gaps in services provided to children and youth. There is a great need for tutors, role models and mentors. It can also be argued that the perspective provided by seniors can contribute to youth mental health.

6. There are major gaps in the services provided to older people. As the population of the elderly increases, more innovative care programs will be needed.

7. Intergenerational programs stimulate lifelong learning, care-giving, increase emotional support, community cohesion and improve the health of the elderly. Older adults want to remain productive and engaged in the community. A way to prevent isolation in their later years is to increase interaction with children and youth.[19]

Intergenerational activities benefit seniors, youth and communities. Children are exposed to their elders' life experience, traditions and wisdom. And because of these interactions, adults can expand their social networks and stay physically active, which betters their health outcomes. Communities benefit when all are engaged and feel included. Intergenerational programs help to dispel age-related myths and stereotypes. They can also address societal concerns such as literacy, environmental issues, health, crime prevention, and much more. Public policies can support intergenerational programs through the promotion of intergenerational civic engagement and encouragement of intergenerational solutions to community issues. Connecting generations through programs and public policies makes sense. Together we are stronger.[20]

[16] Generations United (2002). Young and Old Serving Together: Meeting Community Needs Through Intergenerational Partnerships. Washington DC

[17] Statistics Canada. (2013). Volunteering and Charitable Giving in Canada. http://www.statcan.gc.ca/pub/89-652-x/89-652-x2015001-eng.htm.

[18] Statistics Canada. (2016). http://www.statcan.gc.ca/pub/11-402-x/2012000/chap/seniors-aines/seniors-aines-eng.htm.

[19] Carlson M., Seeman T., & Fried L.P. (2000). Importance of Generativity for Healthy Aging in Older Women. Aging Vol.12, No. 2, p. 132-40.

[20] Generations United. (2007). The Benefits of Intergenerational Programs. Washington, DC.

Chapter 5

RECOMMENDATIONS

Chapter Summary

- Sector application of WHO Quality of Life definition to unify standards of care and measurement of program effectiveness.
- Developing a stronger set of grantmaking guidelines for the seniors' sector will allow for a more effective and measurable impact. Suggestions for developing these guidelines include focusing on:
  - Stages and Types of Care: Build on quality-of-life programs, with specific focus on existing community and residential care programs, with increased involvement in home care initiatives.
  - Social Isolation as a Quality-of-life Factor: Focus on continued support of existing social isolation programs with an eye to developing funding programs for accessibility/transportation, volunteer development, senior men, and intergenerational programs.
- Areas of suggested development for support of this sector include:
  - Focusing resources on longer-term, higher-impact programs.
  - Assuming a model of longer-term grant commitments instead of one-off or annual grants.
  - Developing communications with grantees, as well as creating a community for Foundation grantees in the sector where they can both inform the Foundation on changing issues and needs as well as connect with each other to share challenges and best practices.
  - Assisting selected agencies, where needed, with improving their measurement and evaluation tools.
  - Further focus and specialization around elder abuse is not immediately recommended. Expansion of programs if agencies prioritize the topic on consultation.

RECOMMENDATIONS

The recommendations below come out of investigation and interviews with sector leaders and community members, as well as interviews with partner agencies featured in this report.

RECOMMENDATION #1 — Granting Focus

Foundation funding in the seniors' sector has evolved organically over the years, without focused guidelines beyond serving low-income seniors. This is not an unusual pattern for private or family foundations to follow; however, a greater impact on the sector can be made if funding decisions are based on a more defined set of guidelines.

It is recommended that the Foundation focus on a few key areas of need and innovative approaches in this sector. We recommend a slight shift in funding - not to eliminate - but to more lightly fund the more passive arts programs, and move toward a greater investment in programs that deliver a multi-pronged, participatory benefit to residents and community members. Examples include intergenerational, community care, and the longer- term nutrition and therapeutic arts programs.

Under the same banner, we recommend a refined focus on funding agencies that provide the greatest impact to targeted highest needs communities, with a balanced outlook to the entire seniors' grant making portfolio. Given limited resources, it would be advisable for the Foundation to focus on existing strengths and the highest needs in specific areas, as identified by background and forecast research and by current Foundation agencies. This may reduce the overall number of seniors served, but will enable the Foundation to better manage funds, as well as more strategically evaluate impact and progress.

RECOMMENDATION #2 — Transportation

Most of the agencies supported by the Foundation cite transportation as one of their biggest hurdles to providing services. Low-income seniors, who are often more physically frail, are often unable to access community programs that combat social isolation and support well-being. This obstacle becomes even more pronounced in the winter months. Seniors not only miss out on community programs, but medical and health appointments are also missed due to lack of appropriate affordable transportation.

The issue of transportation is inextricably linked to the problem of social isolation and will continue to grow as an issue as more seniors are encouraged to age in place. It is recommended that the Foundation work with grantees to incorporate transportation into funding agreements.

RECOMMENDATION #3 — Volunteer Coordination and Development

Many programs supported by the Foundation rely heavily on volunteers. Volunteer retention and development is a challenge for many agencies, especially when programs require a higher level of training. Volunteer program development — specifically for able-bodied seniors — is a challenging area of need and growth for many agencies. It is recommended that the Foundation engage with partner agencies to assess whether further development will help engage more able-bodied seniors or reinforce intergenerational elements that already exist in the programs.

RECOMMENDATION #4 — Senior Men

Two recipient organizations identified senior men as being most at risk of social isolation and have found it more challenging to engage senior men in group activities and events. This need would vary in each community, so discussion about adjusting or creating programs for men would be worthwhile.

It is recommended that the Foundation engage in conversation with agencies to investigate the need to further support strategies of partner agencies to engage senior men living in isolation

RECOMMENDATION #5 — Intergenerational Programs

The Foundation has many years of experience with intergenerational programs that benefit both seniors and youth in the community. The Foundation currently supports four in-school programs that offer interactive intergenerational programs for high-needs students and seniors. In addition to these programs, three of the non-school–based programs specifically and directly encourage and enhance relationships between seniors and the younger generations.

Continued funding of intergenerational programs is recommended, with dialogue around any additional funding that might be required for transportation, volunteerism, program expansion and frequency. A mapping exercise that formally identifies existing intergenerational programs might also be of benefit to both funders and community program providers.

RECOMMENDATION #6 — Longer-Term Grant Commitments

Longer-term grant agreements allow agencies to focus more strategically on program development and growth, and they often foster greater internal learning and resource management. Grant payments are contingent on meeting reporting and program requirements. Annual or semi-annual reports to the funder help keep programs on track, and they alert the funder (and the agency) to any more immediate issues the programs might face, as well as build communications and a stable reporting structure.

It is recommended that the Foundation shift focus to multi-year grants, where possible. This will not only help programs flourish, it can also increase capacity for Foundation board and staff, who can shift focus from an annual review of grant proposals to an update and project evaluation and assessment that will better help build programs and keep targets on track.

RECOMMENDATION #7 — Grantee Communications

Government policies and funding relating to seniors are regularly shifting and developing. At the same time, neighbourhood demographics can also change, as local economies and immigration patterns develop. New languages, cultural requirements, and services issues often challenge an agency's resources and require program and funding shifts.

Foundation grantees are subject-matter experts who can inform the Foundation of trends, challenges, and opportunities. The Foundation has a history of gathering together grantees from across the country working in similar fields, such as therapeutic clowns, music educators, and entrepreneurship organizations. It is recommended that the Foundation provide the same opportunity for seniors serving agencies.

A community symposium with all Foundation agencies, either virtually or in person, would help build a network of support for agencies in different provinces. Connecting agencies with the intention of sharing challenges, best practices, ideas, and, where possible, resources, would help to build bridges and facilitate cross-provincial growth and development in the service sector.

RECOMMENDATION #8 — Measurement and Evaluation

The portfolio of the Foundation seniors' programs is eclectic and does not lend itself to a single, comparative evaluation process. Some agencies have well-developed evaluation systems, whereas others have limited impact measurements and conduct few, if any, formal program evaluations.

It is important to understand that not all programs lend themselves to in-depth evaluation, as some, such as the arts programs, are more one-off experiences that do not build longer-term relationships, nor do they expect longer-term results for their participants.

Further evaluation support and development is recommended for selected Foundation-funded organizations.

RECOMMENDATION #9 — Elder Abuse Consultation

The Foundation provides support to one program that supports elders experiencing abuse. This funding was ahead of the curve when it began and has done a great deal to help seniors recognize and leave abusive situations. It has also helped bring this issue to mind for policy makers and the public. There may be opportunities to expand this work to other Foundation communities. Government agencies have recently announced a specific focus on this issue so external funding might not be necessary in some provinces. Further consultation with agencies on this issue would be advised if expansion of granting to this type of program is to be considered.

RECOMMENDATION #10 — Financial Literacy

As indicated, seniors living in poverty may have access to between $18,700 and $21,500 in social assistance if they take advantage of government grants and tax deductions. At the same time, seniors are often targets for financial scams and predatory practices. Though not the primary focus of this research, given the Foundation's interest in financial literacy, there may be an opportunity to further support agencies that have programs to help seniors living in poverty secure all available entitlements and put what little money they do have to the best possible use.

RECOMMENDATION #11 — Entrepreneurship and Career Opportunities

Home care and various seniors' services have significant potential for business start-ups and those seeking a secure and rewarding career. The entrepreneurship organization SEED Winnipeg for example, runs a program for individuals who are hoping to establish home daycares. The same approach may be possible for individuals wishing to establish home care services. Targeted career support for individuals wishing to enter post-secondary studies for personal care, community nursing, etc. might also be an option. The Foundation may wish to further explore crossover with Foundation granting in entrepreneurship and career development.

RECOMMENDATION #12 — Standardized Definition of Quality of Life in the Sector

A defined and unified definition of "Quality of Life" would help agencies working in the sector not only refine program goals, but also measure and evaluate program reach and success. The framework defined by Dr. Robert Schalock of the World Health Organization (page 14 of this report) would be an excellent starting point for senior care agencies in Canada to discuss and use as a template for their own goals and measurements.

CONCLUSION

An estimated 5% of seniors in Canada live in poverty today, and those numbers are expected to increase with each future generation.[21] Thanks to medical breakthroughs and lifestyle developments, we are living longer, which means an increase in the number of seniors who will require services and programming in the coming decades.[22]

In addition to a growing need for programming, this is also very much a sector in transition. Governments and a few corporate foundations have started to turn their focus to the issues of senior care in the country. Federal, provincial, and municipal governments are establishing new strategies, support networks, and policies to handle support for Canada's growing aging populations. These strategies differ significantly between provinces and municipalities, making the issues even more complex and localized.

While it is natural to focus on the health requirements of older individuals, it is important to remember that aging isn't purely a medical concern, it is also a social issue. Quality-of-life initiatives for the elderly provide an important contribution to the community as a whole by reducing isolation, improving mental health, generating a sense of purpose, and in many cases, creating unique learning opportunities for youth. Continued leadership by the Foundation in this sector is clearly of value to each community served by the Foundation.

The recommendations made in this report outline ways in which the Foundation's seniors' program funding activities could be refined to better meet the needs of those living in the most challenging circumstances. As these challenges are not unique, it is believed that it would be worthwhile sharing the results with others who recognize the value in providing quality-of-life opportunities for seniors in Canada.

[21] Tamsin McMahon, "Old and Loaded," Maclean's, September 2015, 39.
[22] Ibid.

APPENDIX I

MEASUREMENT AND EVALUATION TYPES

Programs featured in this report work to improve quality of life in a mostly non- medical capacity and are limited in that they mainly collect participant feedback and more qualitative data in their evaluation processes. Put simply, some programs lend themselves to more hard data feedback than others. Each agency interviewed for this report tracks their impact and performance in different ways, but there are some commonalities to how each type of program can collect and handle impact data.

Healthcare Agencies

Unison, Macaulay, West Park Healthcare Centre
Typically, agencies that deliver services that are linked to academic bodies or healthcare delivery, or who have high levels of government funding, are tied more closely to the LIHNS system and the official healthcare evaluation processes. These agencies have developed more robust reporting structures for their entire organizations; however, the smaller programs that the Foundation supports are typically not government funded and are also more conducive to qualitative feedback (nutrition, social isolation, music therapy), so the harder data feedback is limited to overall agency effectiveness, while individual programs have the softer, more qualitative data. These agencies do tend to have a mature and developed knowledge of evaluation methods and processes.

Community Service Agencies

Age & Opportunity, Good Neighbours Active Living Centre
Both of the Manitoba programs supported by the Foundation are community and health based, in similar ways to Unison and Macaulay, but they lack the academic connections that Macaulay has. The A&O Safe Suites program has indicated enthusiasm at the possibility of receiving assistance to further its evaluations and overall work

Arts Programs

Smile Theatre, MASC
The arts programs act mostly as one-off experiences for seniors already being cared for by health or community service providers, so long-term tracking and impact is not necessarily relevant, nor is it something that can be measured easily with limited staffing and budget. Indeed, the merits of instituting a deeper evaluation system for these programs is arguable. These programs rely on in-the-moment comment feedback cards from attendees and facility staff, as well as maintaining repeat customers.

In-School Programs

Marathon HS, York Humber SS
In-school programs also use a more informal qualitative feedback process. Their program impacts are not only intended to benefit the seniors, but they can also be seen in the behaviour and engagement of the students. Both principals in the two Foundation -supported school programs have indicated that they have seen a positive impact on the students and the school, as a whole. The seniors' communities they work with report a positive impact as well as a commitment to the program, but lacking time and resources, no formal impact measurement studies have taken place. It is of question whether a formal study would be useful in these programs.

APPENDIX II

MAIN FUNDERS IN THE SENIORS' SECTOR IN CANADA

Summary

- Governments at the federal, provincial, and municipal levels set direction and policies for healthcare funding in the seniors' sector and are the largest funders and contributors to the sector.

- Corporate, community, and private/family foundations lend limited support to the sector, primarily to reach out to their client base, to further corporate initiatives, or, in the case of private and family foundations, to impact areas of personal concern and awareness.

- Of the private and family foundations, and even the corporate foundations, the Foundation is one of the largest supporters of non-governmental, non-research—based support for programming for low-income seniors in Canada.

- Unlike education, arts, nutrition etc., there appear to be few private or corporate foundations with specific mandates regarding support for seniors' programs. This could be due to the heavy influence of government policy and funding as well as the relative age and personal focus of individuals who serve on corporate and foundation boards

SENIORS' PROGRAMS IN CANADA — MAJOR FUNDER DETAILS

GOVERNMENT

Government is the biggest funder of seniors' support in Canada, and federal and provincial governments set policies and targets for health-related service providers. This list is a sample of some government program funding for seniors' research and well-being.

Federal

- CIHR IA ($321,513,113 in 2015)
  Canadian Institutes of Health Research Institute of Aging
  (subdivision of the CIHR, whose funding is over $1B/year)

The Institute of Aging (IA) funds health research to develop and support a well-trained base of investigators with the skills and expertise needed to design and conduct innovative and diverse research-and knowledge-translation activities aimed at improving health.[23]

- Age-Friendly Community Planning Grant ($2m)[24]
- Justice ($100k) Elder Abuse in Niagara
- Citizenship & Immigration ($500k) Calgary outreach programs
- HRSDC ($35m) New Horizons for Seniors Program,

Community-based and pan-Canadian projects.
Projects must address one or more of the program's five objectives:

1. promoting volunteerism among seniors and other generations;
2. engaging seniors in the community through the mentoring of others;
3. expanding awareness of elder abuse, including financial abuse;
4. supporting the social participation and inclusion of seniors; and
5. providing capital assistance for new and existing community projects and/or programs for seniors.

[23] IA Funding," Canadian Institutes of Health Research, last modified May 18, 2016, www.cihr-irsc.gc.ca/e/46909.html.

[24] "Age-Friendly Community Planning Grant," Ontario Seniors' Secretariat, last modified September 15, 2015, www.seniors.gov.on.ca/en/srsorgs/afcpg.php.

Provincial (Ontario only)

- Trillium ($5.5m) Capacity and infrastructure for 50 seniors' programs in Ontario[25]
- Ontario Seniors' Secretariat Seniors Community Grant Program[26] ($2m)
- Age-Friendly Community Planning Grant ($2m)[27]

The Seniors Community Grant Program, the first grant program in Ontario dedicated solely to seniors, was introduced to give seniors more opportunities to participate in their communities by providing funding to not-for-profit community groups for projects that encourage greater social inclusion, volunteerism, and community engagement for seniors. The program is focused on encouraging initiatives and projects in the non-profit sector that encourage greater social inclusion, volunteerism, education, and community engagement for seniors across the province. Grants range from $500 to $8,000. Over the past two years (2014 and 2015), the Seniors Community Grant Program has already supported 544 projects and helped approximately 116,000 seniors across the province.

Municipal (Toronto only)

Seniors Strategy Accountability Table and various investments in seniors-livability studies, community groups, and programs

[25] "Grants Search Tool," Ontario Trillium Foundation, last modified 2015, www.otf.ca/our-impact/grants-search-tool.

[26] 2015 Seniors Community Grant Program Recipients," Ontario Seniors' Secretariat, last modified November 24, 2015, www.seniors.gov.on.ca/en/srsorgs/scgp_projects_2015.php.

[27] "Age-Friendly Community Planning Grant," Ontario Seniors' Secretariat.

CORPORATE/PRIVATE FUNDERS

While the vast majority of funding for seniors' programs comes from all levels of government and is typically tied in to federal, provincial, and municipally mandated programs and strategic directions, there are a few private and corporate funders who lend some focus to Canada's aging population.

The corporations who fund seniors' programs do so primarily out of recognition and support for their current and future customer bases *(GlaxoSmithKline, Rexall, Loblaws/Shoppers Drug Mart, Westminster Savings)*, or their retiring employee base *(TransAlta)*.

Corporations

- GlaxoSmithKline — National
- Rexall Foundation — National
  Seniors Health and Wellness is a new mandate in 2016.
  Programs and services that support seniors' health and well-being; equipment needs; and construction repairs.
  Total giving in 2015 $1,084,026
  2016 Grants to Seniors totals $29,000 (new mandate in 2016) (3% of total)
  - o $10,000 — Assaulted Women's Helpline — Senior Safety Line
  - o $10,000 — Dr. Bob Kemp Hospice Charitable Foundation
  - o $7,500 — Caledon Meals on Wheels
  - o $1,500 — Gibson Family Health Care Charitable Foundation
- TransAlta — Calgary
  POWER (Projects Organized With Energetic Retirees) Initiative
  - o In Kind donation
- Westminster Savings — BC
  Seniors' enrichment and arts programs
  Total giving in 2015 $313,133
  2015 Grants to Seniors totals $35,100 (11% of total)
  - o $20,000 — Alzheimer Society of BC
  - o $10,000 — BC Seniors Services and Housing Information Society
  - o $5,100 — Queen's Park Care Centre

Family Foundations

Private and family foundations typically become involved in the seniors' sector for personal reasons, mostly due to direct experiences with aging and the diseases that can appear with age *(W. Garfield Weston Foundation, Stollery Foundation).*

- T.R. Meighen Family Foundation/Catherine & Maxwell Meighen Foundation
  - — New Brunswick, Southern Ontario, Montreal
    - o Total giving in 2015 was $1,622,406
- Drummond Foundation
  - — Quebec (fund some clinical research into seniors' well-being)
    - o Total giving in 2015 $160,887
- Harry P Ward Foundation
  - — Ottawa ($1,000–2,500 grants)
    - o Total giving in 2015 $54,450
- Fondation Sibylla Hesse
  - — Quebec
    - o Total giving in 2015 $1,832,132
- The Foundation
    - o Total giving in 2015 $2,113,052
    - o 2016 Grants to Seniors totals $246,399 (11% of total)
- Stollery Charitable Foundation
    - o Total giving in 2015 $2,694,500
    - o 2016 Grants to Seniors totals $32,700 (1% of total)
    - o Edmonton and Kamloops
      (2016 — $32,700 Operation Friendship Seniors Society)
- W. Garfield Weston Foundation
    - o Weston Brain Institute
      — special $100M grant for dementia/Alzheimer's research (under its Neuroscience initiative)
    - o Total giving (general) in 2015 $22,956,545

Community Foundations, UJA/United Way

Community Foundations and United Way/UJA agencies often manage donor-directed gifts, which are included in their general grantmaking pools. Many acknowledge seniors' programs as an integral part of general community programs, along with youth and child programs.

- The Calgary Foundation
- Jewish Community Foundations
- United Jewish Appeal
- United Way
- Winnipeg Foundation (along with other CFCs)

This is by no means an exhaustive list of philanthropic organizations supporting programs for seniors in Canada. A more detailed examination of CRA data would likely lead to the identification of other key players in the sector. However, it is worth noting that unlike education, arts, nutrition etc., there appear to be few private or corporate foundations with specific mandates regarding support for seniors' programs. Most private funding for seniors seems to focus on medical issues, such as dementia care, capital improvements, and lab and clinical research. Few that we could find on first investigation appear to support enrichment and quality-of-life opportunities.

WHO ARE THE MAIN ADVOCACY GROUPS IN THIS SECTOR?

There are active advocacy and support groups for seniors across the country, a few of the more major and well-known ones include:

- CARP
  — Canadian Association of Retired Persons
- Care Watch
  — founded in 1995, advocates for quality home and community care, regardless of income level or mental or physical health issues
- Concerned Friends
  — founded in 1980, support and advocacy for seniors living in long-term care facilities
- Advocacy Centre for the Elderly
  — community-based legal clinic for low-income seniors

APPENDIX III

LOW INCOME MEASUREMENT INDICATORS IN CANADA

Low Income Measure (LIM)

Statistics Canada relies on the LIM (Low Income Measures) — 50% of the median family income adjusted for different household types and derived from both before- and after-tax income, LIMs are used primarily for international comparison purposes.

Low-Income Measure After-Tax (LIM-AT)

Low-income measure after-tax (LIM-AT) refers to a dollar threshold that defines low income as half of median adjusted after-tax income of households. Households with an income under this threshold are considered to be in low income, representing the "poverty line" total for provinces.[28]

Low Income Cut-Off (LICO)

Many anti-poverty advocates rely on the LICO (Low Income Cut-Offs) "set at the point where a family spends on average at least 20 percentage points more of its income than the average family on food, clothing, and shelter (given family and community size)"[29] to define poverty. The LICO-IAT indicates that someone spends 63% or more of his or her income on food, clothing, and shelter.[30]

Market Basket Measure (MBM)

The MBM (Market Basket Measure) is a measure of low income developed by Employment and Social Development Canada that is based on the cost of a specific basket of goods and services representing a modest, basic standard of living. It includes the costs of food, clothing, footwear, transportation, shelter, and other expenses for a reference of a variety of family and non-family individuals. It provides thresholds at a finer geographic level than the LICO, allowing, for example, accounting for different costs for urban vs. rural areas in the different provinces.[31]

Consumer Price Index (CPI)

The CPI (Consumer Price Index) is a measure of the rate of price change for goods and services bought by Canadian consumers.[32] CPI data is adjusted monthly and is often used to refine other poverty measures, such as the MBM, to more accurately reflect more immediate changes in the cost of basic goods and expenses.

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[28] Low-income measure after tax (LIM-AT)" Statistics Canada, last modified January 4, 2016, https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/fam021-eng.cfm.

[29] Philip Giles, "Income Research Paper Series: Low Income Measurement in Canada," Statistics Canada 75F0002MIE, no. 011 (2004): 10–11, www.publications.gc.ca/site/archivee-archived.html?url=http://publications.gc.ca/Collection/Statcan/75F0002MIE/75F0002MIE2004011.pdf.

[30] "Who's to Say I'm Poor?" CBC Manitoba, www.cbc.ca/manitoba/features/notenough/measuring_poverty.html.

[31] "Market Basket Measure (2011 Base)," Statistics Canada, last modified November 27, 2015, www.statcan.gc.ca/pub/75f0002m/2013002/mbm-mpc-eng.htm.

[32] "Your Guide to the Consumer Price Index," Statistics Canada, no. 62-557-XPB (1996), www.eco.gov.yk.ca/fr/pdf/cpi_guide.pdf.

APPENDIX IV

SENIORS IN THE CANADIAN HEALTHCARE SYSTEM

Senior citizens make up the fastest growing age group in Canada — a trend that is expected to continue for the next several decades. Aging puts everyone at a higher risk for physical and mental challenges, but no one is more vulnerable in old age than those living in low-income situations.

Families now are often geographically separated, and older generations can no longer rely on younger relatives to support and care for them as their medical needs increase. This is an issue for all income levels; however, options for lower-income aging populations are significantly fewer than for those individuals who can afford higher-end in-home healthcare or retirement facilities and homes. Low-income seniors on basic pensions have limited options when it comes to choosing living and healthcare options.

Each province in Canada has a Ministry that handles the administration and programming that supports the general healthcare and the well-being of seniors. In the spirit of brevity, this preliminary Summary Report focuses on Ontario programs, policies, and measures, except those that have been noted as federally mandated.

HOSPITALS AND SENIORS' HEALTHCARE

The current federal healthcare system encourages seniors to stay in their homes and out of long-term residential or hospital care, if possible. This is otherwise known as "aging in place."

Socially isolated seniors might enter a hospital trauma unit with relatively minor complaints, but with no one to care for them on release, or indeed, no one to release them to, they are often admitted back into the hospital system, only to remain there. Once in the hospital, these patients tend to decondition and risk deteriorating so much that releasing them back into the community becomes impossible. Eliminating this form of chronic progressive dilapidation is a goal that is currently a focus of many hospital-based gerontology programs across the country.

It appears that this is an income-related issue. In general, individuals of all age groups in lower-income neighbourhoods are re-admitted to hospital at a significantly higher rate after receiving treatment than people in higher income areas.[33]

[33] Health Quality Ontario, Quality in Primary Care: Setting a Foundation for Monitoring and Reporting in Ontario, (2015), 26, www.hqontario.ca/Portals/0/Documents/pr/theme-report-quality-in-primary-care-en.pdf.

HOME AND COMMUNITY CAREGIVERS

Community Care Access Centres in Ontario provide government-supported, in-home healthcare professionals for seniors living independently. This includes service supports such as community nurses, CNIB training and support, physiotherapists, dieticians, occupational therapists, social workers, etc.; personal care and homemaking issues such as bathing, mobility, cleaning, shopping, banking, etc.; and end-of-life care at home, including nursing, equipment, and transportation.

Home and community caregivers provided by the province have limited hours and availability to those in need. (As an example, depending on jurisdiction this may mean that individuals are provided with bathing assistance once every two weeks.) Most individuals with some personal means end up hiring private care workers, to either supplement or replace the infrequent and often inadequate services provided by the provincial programs.

THE COST OF AGING IN CANADA

Seniors are supported in Canada by a web of financial, medical, and care support programs that differ within each province and municipality. For those seniors living independently, there is access to the Canadian Pension Plan (CPP), as well as the Old Age Security (OAS) and the Guaranteed Income Supplement (GIS). Each province has its own additional financial support program, as well as plans that look after a portion of medical, dental, and optical costs.

For individuals who are not able to live independently, each province offers varied levels of basic coverage for institutionalized long-term care.
These amounts are set by each province annually and they cover basic care.

SENIORS IN LONG-TERM CARE FACILITIES

In 2011, there were over 200,000 Canadians living in long-term residential care facilities in Canada.[34] The cost of living in long-term care varies depending on the level of care needed, as well as the quality of care provided. Each province provides basic subsidies for seniors who must be admitted into long-term care; however, quality of care differs greatly not only between provinces and cities, but among individual facilities as well. It should be noted that long-term care facilities, once a mainstay of seniors living in general, are now primarily used as end-of-life and long-term terminal care facilities.

The amount that each province will cover to pay for care is reset each year and pays for basic living and healthcare. In Ontario, for example, this covers a bed in a ward-style room, medication administration, laundry, and nursing care while bathing, dressing, and using the bathroom. Individuals must pay out of pocket for extra costs, including television, telephone service, newspaper delivery, medication dispensing fees, travel, clothes, and extra services like hair dressing, dental, and external events.

AVERAGE COST OF LONG-TERM CARE FACILITIES[35]

Independent Living (Active Living Retirement Communities)

Ontario = $2,789/month
Alberta = $2,351
Manitoba = $1,779

Assisted Living (Supportive Living, Long-Term Care Homes, Residential Seniors Homes/Lodges)

Ontario = $3,204/month
Alberta = $2,798
Manitoba = $2,378

Memory Care (Dementia and Alzheimer's Care)

Ontario = $4,584/month[36]
Alberta = $3,744
Manitoba = $ n/a (provincial confidentiality restrictions)

[34] "Residential Care Facilities: 2009/2010," Statistics Canada, last modified December 19, 2012, www.statcan.gc.ca/pub/83-237-x/83-237-x2012001-eng.htm.

[35] "Seniors' Housing Report: Canada Highlights," Canada Mortgage and Housing Corporation, last modified 2013, www.cmhc-schl.gc.ca/odpub/esub/65991/65991_2013_A01.pdf?lang=en.

[36] "How to Pay for Senior Housing in Canada," A Place for Mom, www.aplaceformom.com/canada/how-to-pay-for-senior-housing.

APPENDIX V

MODEL LOW INCOME SENIOR PROFILES

The following provides a comparison of seniors from different provinces who have worked in minimum-wage occupations and have no pension or retirement savings.

JIM IN ALBERTA

Jim is a 70-year-old man, single (never married), and renting an apartment, who has worked in Alberta all his life at a minimum-wage job. He does not work currently and collects the following benefits from the Federal and Provincial governments:

CPP: $350 = $4,200 annually (average is between $350 and $600/month)
OAS: $573 (maximum allowable, excluded at time of GIS assessment)
GIS: $636 (based on income level, including CPP and other income)
ASB*: $238

TOTAL INCOME: $1,797/month = $21,564/annually

100% dental assistance
$230 optical assistance
Free ambulance emergency transportation

***ASB (Alberta Seniors Benefit)**
and Special Needs Assistance for Seniors Programs General Eligibility
In general, a single senior with an annual income of $26,965 or less, and senior couples with a combined annual income of $43,785 or less, are eligible for a cash benefit. These income levels are guidelines only and are for seniors whose income includes a full OAS pension.

Maximum annual benefit available (for OAS recipients):
Homeowner, Renter, or Lodge Resident
Single Senior $3,360
Senior Couple $5,040
Other Residence Categories
Single Senior $2,340
Senior Couple $4,680
Seniors living in a long-term care or designated supportive living facility
Benefits for seniors living in long-term care and designated supportive living facilities are calculated to ensure a senior has at least $315 in disposable income every month after paying their accommodation charges.

If Jim were eligible for Alberta Seniors Benefit, his total income may increase to between $24,000 and $25,000 per year.

JIM IN MANITOBA

Jim is a 70-year-old man, single (never married), and renting an apartment, who has worked in Manitoba all his life at a minimum-wage job. He does not work currently and collects the following benefits from the federal and provincial governments:

CPP: $350 = $4,200 annually (average is between $350 and $600/month)

OAS: $573 (maximum allowable, excluded at time of GIS assessment)

GIS: $636 (based on income level, including CPP and other income)

55+*: $161 MAX (rep would not give an assessment, so this assumes maximum)

TOTAL INCOME: $1,720/month = $20,640/annually

***55 PLUS PROGRAM**

General Eligibility

The 55 PLUS Program, a Manitoba Income Supplement initiative, provides quarterly benefits to lower-income Manitobans who are 55 years of age and over, and whose incomes are within certain levels. Eligibility is based on income reported in your tax return from the previous year. Applications can be submitted anytime during the year.

Maximum quarterly benefits:
$161.80 for a single person and $173.90 to each eligible person in a married or common-law relationship.

If Jim in Manitoba is eligible for the 55 Plus program his total benefits would increase to approximately $21,335.

JIM IN ONTARIO

Jim is a 70-year-old man, single (never married), and renting an apartment, who has worked in Ontario all his life at a minimum-wage job. He does not work currently and collects the following benefits from the Federal and Provincial governments:

CPP: $350 = $4,200 annually (average is between $350 and $600/month)

OAS: $573 (maximum allowable, excluded at time of GIS assessment)

GIS: $636 (based on income level, including CPP and other income)

GAINS*: $0 (would not qualify, based on income)

TOTAL INCOME: $1,559/month = $18,708/annually

There are many variables to this income formula, including, but not limited to: marital status, number of years residing and working in Canada, number of years worked (breaks for childcare, retraining, unemployment, injury or disability, etc. are deducted from the CPP formula), If the CPP is accessed before the age of 65, a 0.6% penalty is taken off the total amount awarded until the age of 65 is reached.

*ONTARIO GAINS — GUARANTEED ANNUAL INCOME SUPPLEMENT

Low-income Ontario residents may be eligible for the Ontario Guaranteed Annual Income System, which ensures that single seniors have an income of at least $1,992 and that married couples have a combined income of at least $3,984 per month.[37] This requires a 10-year residency in Canada, however, so would exclude many new Canadians.

*The guaranteed income levels for July 1, 2016, to September 30, 2016, are:
$1,512.76 monthly ($18,153.12 annually) for single pensioners
$1,171.90 monthly ($14,062.80 annually) per person for qualified couples

[37] Ibid.

APPENDIX VI

INNOVATIVE PROGRAMS IN THE SECTOR

Aging populations are a concern in most first-world countries around the world. Programs to support research, implementation, and collaboration are generally funded on a national scale. The federal and provincial governments are working to develop new approaches and standards to care for the increasingly large cohort of older people in the population. Benchmarking and new standards for care are closely aligned with government priorities. Some of the innovations coming out of this sector include the following programs:

WORLD HEALTH ORGANISATION (WHO) — AGE-FRIENDLY CITIES AND COMMUNITIES

A pledge signed by cities and communities around the world, culminating in a global database featuring examples of existing, innovative, and concrete actions that make communities better places to grow old. Cities that have signed on in Ontario include Burlington, Toronto, Ottawa, Hamilton, London, Waterloo, Thunder Bay, and Sault Ste. Marie.

MOVE IT — PROMOTING MOBILIZATION

Mobilization of Vulnerable Elders in Toronto
Collaboration between hospital specialists in Toronto and Calgary.
Focused mainly on Ontario hospitals, the evidence-based learnings from this project can be implemented in hospitals and care facilities across the country.

MCMASTER UNIVERSITY

McMaster University is a national collaborative centre for multiple innovative programs on healthy aging, including, but not limited to:

- TAPESTRY *(working with St. Michael's Hospital, U of Sask, Michael deGroote SOB, Shalom Village, St. Peter's Hospital)*
- Canadian Longitudinal Study on Aging (CLSA)
- Geriatric Education and Research in Aging Sciences (GERAS) Centre

HEALTH TAPESTRY — 3-YEAR GOVERNMENT ACADEMIC PROJECT

Three-year project at McMaster University in Hamilton, Ontario.
Trained volunteers visit with "health safety map," which includes such things as needs-assessment, living condition evaluation, and program and medical referrals, as well as follow-up communications and visits. Information is gathered and shared electronically to link all care-team members with the senior. The program encourages volunteerism, community collaboration, clinical research, and technology development and integration.
Clients are 70 years of age or older, who are living with chronic conditions. Clients are also frequent users of the healthcare system, individuals who have been recently discharged from hospital, as well as First Nations communities, and homebound seniors who have been identified as at-risk by their primary healthcare providers.

Funding for this program is provided by Health Canada, the Government of Ontario (MOHLTC), Labarge Optimal Aging Initiative, and McMaster Family Health Organization.

CANADIAN LONGITUDINAL STUDY ON AGING (CLSA)

A large national long-term study of more than 50,000 men and women who were between the ages of 45 and 85 when recruited. These participants will be followed until 2033 or death. The aim of the CLSA is to find ways to help us live long and live well, and understand why some people age in healthy fashion while others do not. This data is available only to approved and accredited researchers and is not a diagnostic tool. The data will, however, provide valuable statistics for social and health research into aging. Current approved research projects, which will have practical implications, are available on the CLAS website at: https://www.clsa-elcv.ca/researchers/approved-project-summaries.

Many researchers are applying to access currently collected data to generate findings that will improve our understanding of why some people age in healthy ways and other do not.
The results from the CLSA will:

- Contribute to the identification of ways to prevent disease and improve health services;
- Develop better understanding of the impact of non-medical factors, such as economic prosperity and social changes on people as they age;
- Answer questions that are relevant to decision-makers to improve health policy and inform government programs and services;
- Generate new knowledge on many interrelated biological, clinical, psychosocial, and societal factors that influence disease, health, and well-being; and
- Develop Canadian research capacity and train future generations of researchers who will use the CLSA data and infrastructure to explore previously unimagined areas of research on aging.

What is learned from the CLSA over the coming years will help to improve the lives of people in Canada and around the world. It will touch all generations, changing the way we live and approach growing older.

The CLSA is a strategic initiative of the Canadian Institutes of Health Research (CIHR). Support for the study has been provided by the Government of Canada through the CIHR and the Canada Foundation for Innovation, as well as the provincial governments of British Columbia, Alberta, Manitoba, Ontario, Quebec, Nova Scotia, and Newfoundland and Labrador.

Funding for this program is provided by multiple provincial, university and federal sources, as well as a long list of corporate and major foundation donors.

GERIATRIC EDUCATION AND RESEARCH IN AGING SCIENCES (GERAS)

Hamilton Health Sciences Centre

The researchers at St. Peter's are leaders in frailty, falls & fractures and dementia research and guideline development both nationally and internationally. The GERAS Centre also supports research excellence at the undergraduate, graduate, and postgraduate levels. There is an important emphasis on knowledge translation, using scientific expertise to contribute to rapid, point-of-care improvements.

APPENDIX VII

EVALUATION: QUALITY OF CARE TRACKING IN LOW-INCOME SENIORS' PROGRAMS AND LONG-TERM CARE FACILITIES

Hospitals and healthcare centres use very well-developed evaluation tools to measure quality of care and a variety of metrics on many operational levels. Larger government-funded institutions typically have teams dedicated solely to evaluating and measuring performance and impact.
While each province sets its own direction and standards for healthcare, there is a quality of care tracking system that is being used across the country by many long-term care facilities.

RAI-MDS

The Canadian Institute for Health Information (CIHI) has the Resident Assessment Instrument - Minimum Data Set (RAI-MDS), collected through the Continuing Care Reporting System (CCRS) that collects multiple indicators for quality of life for seniors in short- and long-term care facilities across multiple provinces in Canada.

Long-term care facilities in Canada can opt into using a standardized assessment tool when individuals are admitted to a facility — the RAI-MDS. Typically, in this system, a formal quarterly evaluation is also performed, as well as when the resident has a significant change in health status.

The RAI-MDS was adapted from an international tracking system developed by interRAI, an international research agency. Thirty countries use this system to track the quality of care for their senior populations. In Canada, the CIHI database currently collects data on over 1,100 nursing homes and 300,000 residents across the country.[38]

Tracks: Cognition, mood, and behaviour, continence and skin condition, medications, and types of services received.[39] Participating agencies have access to quarterly reports, and they can measure their performance against other homes in the country, with the potential to have worldwide comparisons in coming years.[40]

Relevant to enrichment programs, long-term care homes that track behavioural and mental health issues, as well as pharmacological interventions, in their residents with the RAI-MDS system would be able to measure the impact of enrichment programs on their residents.

This system is starting to be rolled out in community services, home care programs, as well as emergency and palliative care units, using the interRAI Contact Assessment.

[38] Canadian Institute for Health Information, When a Nursing Home Is Home: How Do Canadian Nursing Homes Measure Up on Quality? (Ontario: CIHI, 2013), https://secure.cihi.ca/free_products/CCRS_QualityinLongTermCare_EN.pdf.

[39] Ibid.

[40] Ibid.

PROVINCIAL HEALTH STANDARDS

Each province determines its own standards for healthcare policy delivery. These systems exist in different forms in every province and generally work to ensure that government support and policies are monitored and delivered, as well as working to minimize duplication of services and bring community agencies together to maximize impact. Standards are set for hospitals and other healthcare providers. However, community organizations such as Good Neighbours, Sunshine Centre, and others generally do not fall within provincial standards programs.

ALBERTA — AHS (ALBERTA HEALTH SERVICES)

Alberta Health Services is the single health authority for the province; it was created in 2008 from nine former regional health authorities (RHAs), plus the Alberta Mental Health Board, the Alberta Cancer Board, and the Alberta Alcohol and Drug Abuse Commission. The RHAs were in turn created in 1994, from the former hospital boards and local health units.

ONTARIO — LHIN (LOCAL HEALTH INTEGRATION NETWORKS)

LHINs were created as not-for-profit corporations to work with local health providers and community members to determine the health service priorities in each of their regions. LHINs are specifically responsible for: hospitals, Community Care Access Centres (CCACs), long-term care facilities, mental health and addiction services, and community health centres. The total current budget for healthcare in Ontario administered primarily through the LHINs is $50 billion.

MANITOBA — MULTIPLE AGENCIES

Manitoba Health, Manitoba Healthy Living, Seniors and Consumer Affairs, Cancer Care Manitoba, Diagnostic Imaging of Manitoba, Office of the Chief Provincial Psychiatrist, Office of the Chief Public Health Officer, The Aboriginal and Northern Health Office.[41]

For an in-depth report on the details of healthcare spending across Canada, please refer to the Canadian Institute for Health Information Chartbook.[42]

CANADIAN INSTITUTE FOR HEALTH INFORMATION

interRAI
Continuing Care Reporting System (CCRS)

CANADIAN INSTITUTES OF HEATH RESEARCH — RESEACH CENTRES ON AGING (CIHR IA)

Each province in Canada has at least one centre that focuses on scientific and applied research into aging. There are 34 designated centres across the country, mostly housed in medical or academic research bodies.

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[41] The Institute of Public Administration of Canada (IPAC), *Healthcare Governance Models in Canada: A Provincial Perspective, Pre-Summit Discussion Paper, (2013), www.ipac.ca/documents/ALL-COMBINED.pdf.*

[42] Canadian Institute for Health Information, National Health Expenditure Trends, 1975 to 2015 (Ontario: CIHI, 2015), www.cihi.ca/sites/default/files/document/2015-nhex_chartbook_en.pdf.

Measuredoutcome

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If you are a group who runs a similar program, or if you are interested in the work that Measuredoutcome.org does, we'd love to hear from you. Please contact us at: (416) 487-9114, or write to us at info@measuredoutcome.org.

www.measuredoutcome.org