

SOCIAL INCLUSION OF SENIORS AND INFORMAL CAREGIVERS IN ELLIOT LAKE: A SCOPING STUDY

Final Report

March 25, 2011

**Prepared for:
Human Resources and Skills Development Canada**

**Prepared by:
Jill E. Sherman, M.P.H.
Patrick E. Timony, M.A.**



Centre for Rural and Northern Health Research

Laurentian University
935 Ramsey Lake Road
Sudbury, Ontario, P3E 2C6

www.cranhr.ca

ACKNOWLEDGEMENTS

Jill E. Sherman conducted the document review, informational interviews, and wrote the report. Patrick Timony conducted informational interviews and drafted organizational summaries. The authors acknowledge the contributions of John C. Hogenbirk, Senior Researcher, CRaNHR, who contributed to the early stages in the research design, and Elizabeth F. Wenghofer, Acting Research Director, CRaNHR, who reviewed the draft report.

Special thanks to the many individuals and organizations in Elliot Lake who (again) gave their time and graciously provided information for this study. Any errors or omissions are solely the responsibility of the authors.

This report was prepared for Human Resources and Skills Development Canada under Contract 9946-10-0015/00.

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SOCIAL INCLUSION OF SENIORS AND INFORMAL CAREGIVERS IN ELLIOT LAKE: A SCOPING STUDY

I. INTRODUCTION

Seniors and their informal caregivers are two special populations who may suffer from social exclusion and isolation in any community. Increasingly, social inclusion is viewed as a community development objective, a health promotion strategy, and a human right. Given the rising age of the Canadian population, particular attention has been focused on creating policies and programs to support “age friendly” communities.

This study is a preliminary investigation of how a planned retirement community ensures the social inclusion of seniors and informal caregivers. Elliot Lake, in northeastern Ontario, is known as the “oldest city in Canada.” The story of how Elliot Lake successfully redeveloped itself as a retirement community after the closure of its uranium mines is well-known. With its concentration of seniors who are now aging in place, the community may offer some important lessons to other struggling resource-based communities considering a retirement-focused economic development strategy, as well as all communities with aging populations. This scoping study will review documentary evidence to describe services in Elliot Lake that target the social inclusion of seniors and informal caregivers, identify potential gaps in services currently offered, and highlight community innovations.

A. Background to the Study

Although programs and policies addressing seniors have a long history in Canada,^{1,2} preparing Canadian society for the coming “surge in seniors” has become a significant policy priority, as evidenced by a number of recent reports examining policy options for healthy aging. In 2006, the Healthy Aging and Wellness Working Group of the Federal/Provincial/Territorial Committee of Officials published its background paper on *Healthy Aging in Canada*.³ In 2009, The Special Senate Committee on Aging released its final report entitled *Canada's Aging Population: Seizing the Opportunity*.⁴ The Public Health Agency of Canada (PHAC) has taken the lead in the age-friendly community initiative, contributing to the World Health Organization’s Age Friendly Cities project and adapting the age-friendly guidelines for rural and remote Canada in 2009.⁵ In 2010, the Chief Public Health Officer’s *Report on the State of Public Health In Canada: Growing Older, Adding Life to Years* focused on healthy aging.⁶ Also in 2010, the National Seniors Council published a report on *Volunteering Among Seniors and Positive and Active Aging*.⁷ All of these documents significantly address the issues of social inclusion, social participation, and social connectedness of seniors.

In Ontario, the Ministry of Health and Long-Term Care (MOHLTC) announced a new *Aging At Home Strategy* in August 2007.⁸ The three year strategy, to be implemented through the Local Health Integration Networks (LHINs), increased overall funding for home care and community support services, and placed an emphasis on innovation. In 2010, the North East Local Health Integration Network (NE LHIN) announced that it would continue funding for the *Aging at Home Strategy*.⁹

In its *2010-2011 Report on Plans and Priorities*, Human Resources and Skills Development Canada (HRSDC), under its social development program activity, identifies as a priority, “Support individuals, families and communities in overcoming barriers to social/economic inclusion and well-being.”¹⁰ This priority is linked to HRSDC’s Strategic Outcome 3, “Income security, access to opportunities and well-being for individuals, families and communities.”

One of four programs under this priority is the New Horizons for Seniors Program (NHSP), which offers three types of funding to community organizations: Community Participation and Leadership Funding, Capital Assistance Funding, and Elder Abuse Awareness Funding.⁶ A recent evaluation describes the NHSP:

The NHSP provides grants of up to \$25,000 to community organizations (non-profit sector organizations, community-based coalitions, networks, ad hoc committees, municipal governments, band/tribal councils and other Aboriginal organizations) for a wide range of projects across Canada that encourage seniors to contribute their skills, experiences and wisdom in support of the social well-being in their communities, to build community capacity and to increase social participation and inclusion of seniors. The NHSP helps to ensure that seniors are able to benefit from and contribute to the quality of life in their communities through social participation and active living (p. i).¹¹

In the past decade, HRSDC has sponsored a number of studies on social inclusion and informal caregiving. One study examined the relationship between social inclusion and community economic development.¹²⁻¹⁴ Another examined risk factors related to informal caregivers, finding that social isolation was the most significant risk.¹⁵ Another examined factors that supported the aging at home of oldest-old seniors and their caregivers.^{16;17} Participants in the study, seniors and their caregivers, attributed a number of “Social Activities of Daily Living” (analogous to “Activities of Daily Living” and “Instrumental Activities of Daily Living”) to their ability to remain in their own homes. Social activities provided value and meaning to the participants’ lives, as well as creating opportunities for exchange of information. One important type of social activity was “getting out” and being mentally and physically active. Technology played a role as well, with cell phones and email enabling social interactions, as well as providing an impetus to keep mentally active through learning new skills. A final subtheme involved “checking in,” both formal and informal.

The Elliot Lake Tracking Study, initiated in 1990, received funding from HRDC between 1995-1998.¹⁸ Thus, this case study on social inclusion and participation of seniors in Elliot Lake will build on this earlier work, and benefit HRSDC and future grant recipients by adding to the knowledge base of successful strategies to increase the social inclusion of seniors and informal caregivers.

B. Study Objectives and Methods

This scoping study is intended to be broad in scope and preliminary in nature. In this scoping phase of the research, the goals of the research are to:

- Describe community planning for seniors and informal caregivers
- Develop an inventory of current programs and services available to seniors and informal caregivers
- Develop a preliminary description of informal caregiving in Elliot Lake

The primary method of data collection is a targeted review of documents. Documents reviewed include research reports, planning documents, newspaper articles, and websites. The documentary data have been supplemented with a small number of informational interviews, conducted with key service providers to better understand the available services, their features, and their relevance to seniors and informal caregivers. Appendix B provides an inventory of relevant services available to seniors and informal caregivers. The project will also develop a preliminary description of informal caregivers and recipients, which may be used in planning and developing subsequent stages of research.

As the study does not involve human subjects, the Research Ethics Board of Laurentian University waived the requirement for ethics certification.

Limitations of the study. Elliot Lake serves as a regional service centre for a number of nearby communities on the North Shore, and is integrated at the economic, service, and social levels with Blind River and the Serpent River First Nations communities. However, the focus of this study is on the retirement community of Elliot Lake, and thus exploring services at the regional level is beyond the scope of this study.

This study is preliminary in nature, focused on evidence from a document review, and does not solicit information directly the perspectives of seniors, informal caregivers, or formal care providers. Therefore the results are not intended to be conclusive in nature. Rather, it is suggested that the results be viewed as providing a basis for further in depth-research.

II. BACKGROUND

A. Defining Social Inclusion

A key challenge in undertaking this study is the lack of consistent definitions and usage for the concepts of “social inclusion.” Social inclusion has been defined in many ways, and the term overlaps with concepts such as social participation, social connectedness, and social engagement, as well as the opposing terms of social exclusion and social isolation. Some authors treat social inclusion, participation, connectedness, and engagement as synonyms; others make distinctions among some of these concepts.

Social participation can be a process or strategy to overcome social exclusion and social isolation; an outcome of programs and activities; a modifiable determinant of health, and increasingly a key health promotion intervention, particularly in models of healthy aging.¹⁹ Levasseur and colleagues (2010) examined 43 definitions of social participation, and found that most focused on activities that formed the basis of interaction between an individual and his or her community or society.¹⁹ The researchers then classified activities at various levels:

- (1) activity in preparation for interacting with others;
- (2) being with others
- (3) interacting with others without doing any specific activity
- (4) doing an activity with others
- (5) helping others
- (6) contributing to society

The researchers then used their taxonomy to distinguish between “participation” (levels 1-6), “social participation” (levels 3-6), and “social engagement” (levels 5 and 6).

Social connectedness. According to the Chief Public Health Officer of Canada, “social connectedness directly influences health and well-being, and initiatives that address social isolation and promote a sense of community and belonging are of importance across the lifecycle.”⁶ Social connectedness promotes mental and physical health, happiness, and easier life transitions, and encompasses the elements of social support, social networks, and supportive social environments.³

Social inclusion and civic participation. In the Age-Friendly Cities literature, where an Age-Friendly City is defined as “an inclusive and accessible urban environment that promotes active ageing,” distinctions are made between social inclusion, social participation, and civic participation.^{5:20}

*Respect and Social Inclusion deals with the attitudes, behaviours and messages of other people and of the community as a whole towards older persons; **Social***

Participation refers to the engagement of older persons in recreational, social, cultural, educational and spiritual activities; and **Civic Participation and Employment Opportunities** addresses opportunities for citizenship, and paid and volunteer work—it is related to both social environments and the economic determinants of active aging (p. 9).⁵

Because of the interrelatedness of the concepts, and because all appear to be important to understanding community supportiveness of seniors, all will be considered for this report. Except where otherwise indicated, “social inclusion” will be used as an umbrella term to cover concepts referred to as social inclusion, social and civic participation, social and engagement, and social connectedness.

B. The Meaning of Social Inclusion

Social inclusion, as a policy objective, has its roots in a number of different perspectives, including community and economic development, health promotion, and human rights.

Social inclusion as economic/community development. The UN defines social inclusion as “the process by which societies combat poverty and social exclusion.”²¹ The term originated from a concern over the negative impacts of poverty and other processes of social exclusion, defined as the “involuntary exclusion of individuals and groups from society’s political, economic and societal processes, which prevents their full participation in the society in which they live” (p. 1). The multidimensional nature of social exclusion means that

Alongside economic resources and employment, one needs to take account, inter alia, of health, education, affordable access to other public services such as justice, housing, civil rights, security, well-being, information and communications, mobility, social and political participation, leisure and culture (p. 7).²¹

According to Reimer, “Social exclusion and inclusion are about having access to the assets and resources critical to well-being” (p. 77).²² The resource perspective demonstrates that socially inclusive processes occur at the individual, community, and larger societal levels. As the focus on poverty broadened to a more comprehensive view of disadvantage and deprivation, discourses of rural disadvantage served to produce a view of social inclusion as a rural community development issue.^{23;24} In their review, Toye and Infanti (2004) comment that social inclusion became “a strategy for change and a vision for improving people's conditions, not simply an understanding of a particular problem. In that sense it is similar to community economic development.”¹²

For Hodge, community planning issues that influence senior's independence center on a triad of housing, transportation, and support services.²⁵ In communities facing economic stress (either bust or boom), social participation (volunteering, helping others) may be a community development strategy, either in terms of reinvigorating a declining economy or as a means to bridge to the lack of services during a boom.²⁶

Social inclusion as a health promotion strategy. The Public Health Agency of Canada supports healthy aging as a key health promotion strategy. One element of healthy aging is social connectedness:

Social connectedness has a positive effect on health. People who remain actively engaged in life and connected to those around them are generally happier, in better physical and mental health, and more empowered to cope effectively with change and life transitions. Distress, isolation and social exclusion increase substantially the risk of poor health and loneliness, and may even act as predictors of death (p. 15).³

Cattan and colleagues (2005) reviewed the evidence of health promotion interventions and their impact on social isolation among older people. Evidence was suggestive, but not conclusive, that group activities were more effective than one-on-one interventions. The researchers did conclude that programs which involve older people in “planning, developing, and delivering activities were the most likely to be effective.”²⁷

Social inclusion as a human right. As previously noted, in the Active Aging and Age-Friendly Cities models, “respect and social inclusion deals with the attitudes, behaviours and messages of other people and of the community as a whole towards older persons.”⁵ The human rights perspective on social inclusion focuses on issues of justice, dignity, and valuing seniors' contributions to society. Barriers to social inclusion are disrespect, ageism, and elder abuse.

Lack of respect contributes to feelings of social isolation. Respect means supporting seniors' preference regarding aging in place of choice, creating age-friendly communities, anti-stigma and awareness education (e.g. creating understanding of age-related cognitive impairments), and preventing abuse and neglect of seniors.⁶ Respect means recognizing seniors' abilities, providing opportunities for them to be productive and to contribute to the community, and recognizing those contributions. It also means respecting seniors' choice to not participate if they do not wish to do so.⁵

Encouragingly, focus groups in held in rural and remote Canada concluded that:

. . . older persons in rural and remote communities are treated with a great deal of respect, kindness and courtesy by all generations—a view shared by both older

participants and confirmed by service providers in the groups. . . In fact, most said that older persons were included, consulted and made to feel a part of the community, with several attributing this to the “small-town” philosophy of rural or remote Canada.⁵

C. Why Elliot Lake?

Another type of retirement community is exemplified by Elliot Lake in Ontario, which made a deliberate effort to attract retirees because of the decline in the community's mining fortune and population. In this situation, services and facilities for seniors were incorporated into the community... Not unexpectedly, such retirement communities find, as all do, that residents age in place and their needs change especially in regards to health, personal support, and transportation. Many of the towns and villages that become retirement destinations have the commercial and physical structure on which to build a more enabling community environment for seniors. Yet they too often have limits, when care for the very old looms as an issue and long-term care facilities cannot be made available, as Elliot Lake experienced. Not infrequently, it is found that as residents age there is a lack of amenities and services to support them. Their options then are either to move, or to remain somewhat isolated and dependent on others (p.267).²⁵

The transformation of Elliot Lake from a mining town gone bust into a growing retirement community has been documented through extensive research, notably through the Elliot Lake Tracking Studies¹⁸ and published in work such as *Boom Town Blues: Elliot Lake, Collapse and Revival in a Single-Industry Community*.²⁸ Since these studies were conducted in the 1990s, Elliot Lake has been maturing as a retirement community, and now presents a fascinating opportunity to examine the relationships between its aging population, social inclusion, and informal caregiving.

Even where deemed successful, retirement migration as an economic development strategy comes with a number of unintended consequences, some of which are now well-known and have been identified across various contexts.²⁹⁻³⁶ For example, it seems inevitable that significant in-migration creates classes of “oldtimers” and “newcomers,” and planners are constantly faced with balancing the often-divergent interests of the two groups; failure to do so places community cohesion at risk, and establishes the conditions for the political and social exclusion of one group. And, where a low cost of living is a key selling feature (as it was in Elliot Lake), communities attract retirees and others living on low or fixed incomes, lowering the community's overall income and revenue-generating potential.

Other consequences are less-well documented and may be more idiosyncratic or context-dependent. The successful marketing of Elliot Lake as a retirement community has perversely created a negative perception of the community among younger, working age adults – precisely those who are needed to provide the goods and services and support a good quality of life for the retirees.

Many of these retirees relocated to Elliot Lake as healthy older adults, but are now advancing in years and may be experiencing significant declines in health. As retirement migrants, however, many are now distant from the friends, family, and other social connections they developed during their working lives.²⁹ As well, Elliot Lake is perceived by some to be remote and distant from urban service centres and lacking in services and community amenities, suggesting an increased reliance on the informal sector to provide necessary goods and services.³⁷ Thus, the interactions between retirement migration, aging and dependency, and limited services and amenities in rural and small town Canada create the potential for high levels of social exclusion in combination with high levels of informal care-giving and care-receiving among seniors.

That Elliot Lake continues to be regarded as a success suggests that, as a community, Elliot Lake has developed some effective strategies over time to mitigate the high potential for exclusion and to promote inclusion. Equally important to understand are the ongoing and evolving challenges of creating a socially inclusive community after such a dramatic economic and social turnaround. As other rural and remote communities contemplate retirement migration as a potential community development strategy, a comprehensive case study of Elliot Lake may provide important lessons that go beyond creating age-friendly communities, to communities that are friendly to all ages.

Table 1. Select statistics, 2006 Census³⁸

	Elliot Lake	Canada
Median Age	54.8	39.5
Total Dependency Ratio ^a	73.5	46.5
Old Age Dependency Ratio ^b	54.9	19.9
Change in population 2001-2006 (%)	-3.4	6.6
Median income 2005 – all census families (\$)	46,223	69,156
Median after-tax income in 2005 - All census families (\$)	41,976	59,377
Median income in 2005 - All private households (\$)	36,366	60,455
Government transfers, as a % of total income	30.2	9.8
Percent of households that are one-person households	33.9	24.3
Adults aged 15 and older with higher education (%)	43.6	51.0
Participation in the Labour Force		
Participation rate	38.2	67.1
Employment rate	33.2	62.8
Unemployment rate	13.2	6.4
Not in the labour force (%)	61.8	32.9

^a Derived; TDR = Population (0-14 years + 65 and older)/ Total Population *100

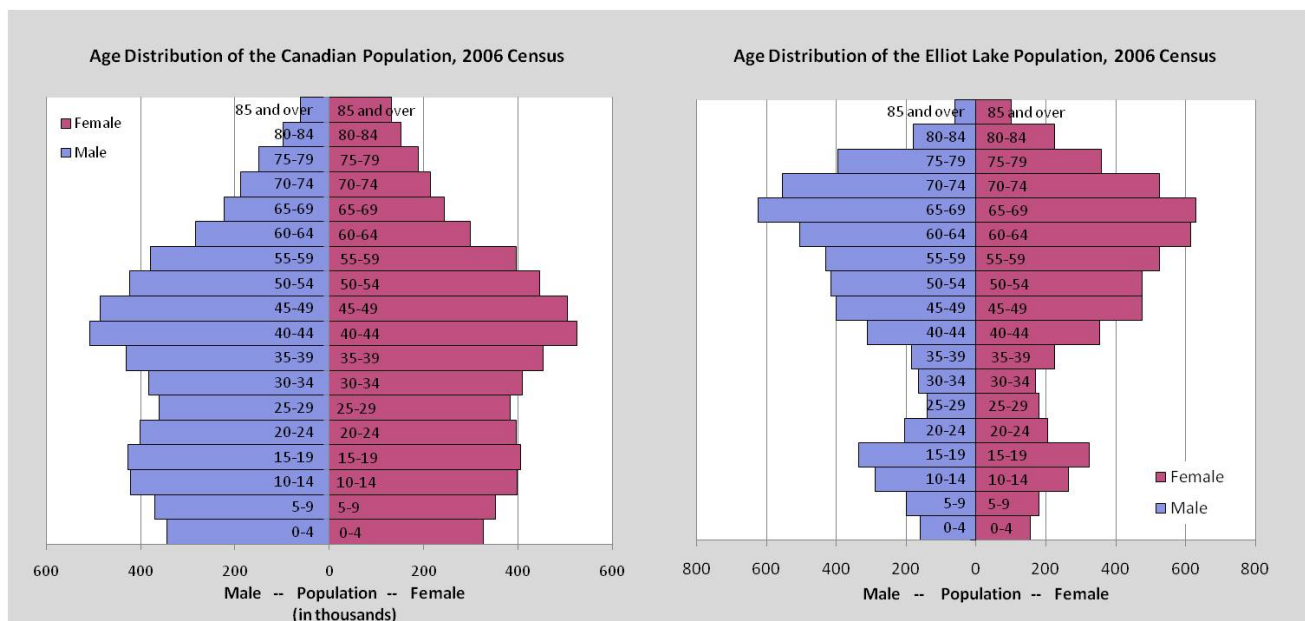
^b Derived; OADR = Population (65 and older)/Total Population *100

Population data. Like many rural, remote, and small town communities, the population of Elliot Lake has been declining, from 16,723 in 1981, to 11,549 in 2006. However, it is the age of the population that distinguishes Elliot Lake as the “oldest community in Canada.”

Elliot Lake’s population recomposition reflects three simultaneous processes: the aging-in-place of residents, the in-migration of retirees, and the out-migration of youth.²⁵ The median age has risen steadily from 40.8 years in 1991, to 54.8 in 2006, while the percentage of the population 65 years and older has grown from 17.1% in 1991, to 31.7% in 2006. And, with a decrease of the youth cohort by 47.3% from 1996-2001, and by 29.4% between 2001-2006, Elliot Lake has experienced the highest rates of youth out-migration among northern Ontario cities, as well as the largest overall population decline.³⁹

Population pyramids illustrate the differences in age distribution of the population of Elliot Lake compared to Canada as a whole (Figure 1). Compared to the national level, Elliot Lake’s population is much older; its largest age cohort is 65-69 years old, compared with Canada’s largest cohort of 40-44 years old.³⁸

Figure 1. Comparison of population-age distributions, Canada and Elliot Lake, 2006.



Dependency ratios. Dependency ratios are crude proxy measures of net consumers to net producers. “Dependents” are those 0-15 years of age, as well as those 65 years and over. In 2006, the Total Dependency Ratio (TDR) in Elliot Lake was 73.5, compared with 46.5 for Canada. That is, for every 100 workers in Elliot Lake, there are approximately 74 persons who do not work and who depend on those 100 workers. The Old Age Dependency Ratio (OADR) includes only those 65 years and over in the numerator. In 2006, Elliot Lake’s OADR was 54.9, compared with 19.9 for Canada.

Urban, rural or remote? Although Elliot Lake is described as being rural or remote, Statistics Canada classifies populations of over 10,000 as urban areas, thus Elliot Lake's census designation is urban. As well, the city's "compact urban form" means that service provision is easier in Elliot Lake than in most rural communities with dispersed populations. Further, Elliot Lake has a broader range of health services than most northern Ontario communities outside of the referral centres.

Yet Elliot Lake is 30 km off of the TransCanada Highway 17, and two hours away by road from the nearest major urban areas (Greater Sudbury to the east, Sault Ste. Marie to the west), upon whom many residents depend for access to higher order goods and services (e.g. medical specialists, retail opportunities). The lack of commercial air transportation may contribute to a perception of isolation, if residents first have to drive two hours to get to an airport. As Rozanova et al. (2008) write, "communities are often described as remote when people cannot take advantage of amenities found in urban centres because of distance or other barriers."²⁶ And, whether 100 or 500 km from an urban centre, the experience can be "remote" for older residents who cannot drive and have no access to transportation to an urban centre.

The community's slogan, "Jewel in the Wilderness" and promotion of its outdoor adventure lifestyle again suggests a community identity of remoteness. Elliot Lakers themselves seem divided on whether the community is "isolated" or "remote," with some emphatically denying that Elliot Lake is isolated or remote. This perception is likely dependent on personal transportation options as well as length of residence in the community (e.g. whether or not it is "normal" to drive two hours to go shopping). As well, many service providers are aware that "remote" and "isolated" are terms frequently reserved for communities farther north, including those accessible only by air transportation; from this relative perspective, Elliot Lake is well-connected and easily accessible.

Community Planning and Economic Development. The modern city of Elliot Lake was established as a planned community for mine company workers, and although Elliot Lake is now held as an example of "best practice" in planning for seniors,⁴⁰ since its inception it has been held as model of community planning.⁴¹ The idea of attracting retirees to Elliot Lake was first launched in 1987, prior to the mine closures. After the closures, the strategy took on increased importance with the threat of having the housing bulldozed. Elliot Lake Retirement Living (ELRL) was launched as a not-for-profit housing corporation in 1991 to renovate mine houses for seniors and provide these on a rental basis; other developers bought houses for resale to seniors. Thus, senior housing formed the basis of planning for seniors in Elliot Lake.^{42;43} The vacant mine housing was relatively new, compact in form, and relatively easy to convert to meet seniors' needs. However, the city administration was aware that the older population would need different services, and commissioned The Elliot Lake Seniors' Needs Assessment in 1994-95 (see discussion on p. 33).⁴⁴

Despite its apparent success as a retirement community, concerns remain over Elliot Lake's sustainability:

With the mine closures, Elliot Lake's industrial tax base has fallen sharply, forcing the city to raise residential tax rates and alienate residents. With infrastructure built for a city twice as large as it is now, Elliot Lake bears very high costs for providing municipal services. A high number of retirees moving to Elliot Lake have fixed incomes that cannot turn the economy around; these same retirees place an increasing burden on health and long-term care services (p. 34-35).⁴⁵

The non-profit ELRL has branched off into for-profit development, with new housing development focusing on higher-end residences that target wealthier retirees.⁴⁶ While it may be an important strategy to increase economic diversity within the community, there is some criticism within the community that the for-profit pursuits have resulted in insufficient attention to its non-profit housing.

Image of Elliot Lake. A study was conducted in the late 1990s of Sudbury residents who had taken the Retirement Living Tour of Elliot Lake.⁴⁷ The objective was to understand whether negative perceptions of the community existed due to perceived environmental health risk related to the uranium mines. Respondents were largely unconcerned about the health risk of uranium; instead they reported other barriers to moving to Elliot Lake. Despite the recognized benefits of inexpensive housing, recreational opportunities, and beautiful scenery, respondents' negative perceptions included a lack of facilities (including retail facilities), isolation from family and friends, and a fear of leaving their present medical provider.

More recently, the City of Elliot Lake conducted a consumer survey of travel and retail behavior. Results indicated that, among the respondents, the most common reasons for making trips outside of Elliot Lake were to 1) visit family and friends, 2) travel for medical/health purposes, and 3) shopping.⁴⁸

III. SOCIAL INCLUSION OF SENIORS

The availability of cheap housing has often resulted in a number of communities having an inflow of retirees and younger people. People drawn to rural communities by the inexpensive housing and closeness to nature, are often involved in the informal economy and practice values like voluntary simplicity. Many of them are artists, craftspeople, and "jacks of all trades." They are resilient, and bring education, theory, and a real economic contribution to the existing population.⁴⁹

The guide on Age-Friendly Rural and Remote Communities uses eight themes to classify age-friendly features:⁵

- A. Outdoor Spaces and Buildings
- B. Transportation
- C. Housing
- D. Respect and Social Inclusion
- E. Social Participation
- F. Communication and Information
- G. Civic Participation and Employment Opportunities
- H. Community Support and Health Services

The first three (outdoor spaces and buildings; transportation; housing) relate to the human-built environment in the resource or planning model^{25;50} and have been described as the pre-conditions or enabling factors for social inclusion. The next four encompass the broad range of issues that, for the purpose of this project, fall under social inclusion as an “umbrella term” (respect and social inclusion; social participation; communication and information; civic participation and employment opportunities). The final theme (community support and health services), together with the themes under social inclusion, comprise the social environment.

A. Outdoor Spaces and Buildings

Lack of accessibility to opportunities is a form of social exclusion.⁵¹ According to Hodge, urban design creates an "environmental press" that influences people's use of space and amenities within a community, such as walking patterns.²⁵ The design of a community influences an individual's access to opportunities by influencing the destination (numbers and types within walking distance), and the degree of pleasure of using a given route based in its attractiveness. Other factors are particularly important for seniors' mobility, such as site topography and gradient (steepness), time of day, weather, surface, sidewalks, and mobility barriers for assistive devices (e.g. wheelchairs, motorized scooters).

Safety is an important factor in senior's activity patterns as well; fear of falling, traffic, crime, or other neighborhood incivilities will also affect a senior's perception of community accessibility. Seniors' activities are frequently curtailed at night time, due to poor visibility, fear of crime, and/or moral evaluations of evening activities; spaces that may be "walkable" during the day become unwalkable during the evening or in bad weather. According to Hodge, this restricts the mobility of older women in particular in their effort to avoid unsafe situations, impinging on caregiving activities.

In the focus groups with rural seniors, the following community features were identified as creating "age-friendly" communities:⁵

- Walkable sidewalks, pathways and trails (inclusive of snow removal and considerations for safe use of scooters, other personal mobility devices); indoor walking clubs, and Intergenerational activities to assist seniors with their mobility
- Provision of services within walking distance of where many seniors live; amenities located close together.
- Good accessibility to and within public buildings (e.g., few stairs, wheelchair ramps that are not too steep, accessible washrooms)
- Along footpaths with accessible washrooms and rest areas, including benches that are an appropriate height (includes signage and good lighting)
- Adjustments and adaptations that help seniors feel safe and secure in the community

Walkability. According to the Ontario Urban Planners Institute, Elliot Lake has an "urban form that fostered a safe, cohesive community."⁴⁰ The housing development is compact, shops and services are clustered in a small downtown area, and there are numerous sidewalks, walking paths and trails. The general view is that the city is very walkable for seniors; however, some point out that the city is hilly with some steep inclines, and indicate that is little more difficult to navigate for persons with mobility challenges. According to the OPP, a few years ago there was some community conflict over the use of scooters on sidewalks; since the highway safety act does not address scooters, the community had to pass a bylaw to regulate the use of scooters.

The City of Elliot Lake's website describes leisure programs for seniors that includes a year-round indoor walking program;⁵² one contact described a very active walking club that is intergenerational, giving the young and old the opportunity to go for walks or to go snowshoeing together.

Accessibility. The City of Elliot Lake appears to be proactive in considering accessibility issues. For the past eight years, the city's Accessibility Advisory Committee has prepared and implemented an accessibility plan. The current plan reviews improvements made over the past year and sets goals for the coming year; it also provides the results of a building audit.^{53;54} Examples of action taken include a "Wheelchair Discovery Tour" of public facilities, providing

for a “Voter Assist Terminal” to enable voters with visual impairments, and the installation of the first Accessible Pedestrian Signal (audible/tactile signal) at a city intersection. Goals for the coming year are efforts to educate the public on the safe use of personal mobility devices, and ways to encourage the public to assist persons with disabilities.

Although the city appears to be paying attention to accessibility issues, there is no available data on residents’ views of accessibility. At least some feel there is room for improvement; a recent commentator on *The Elliot Lake Standard* newspaper online discussion board wrote:

I looked at wheel chairs (\$5000 and up) and decided that I will become more isolated not less, if I buy one. I will have to go everywhere alone and at my age I don't fancy being stranded on the streets after dark. Scooters are not allowed in most building elevators nor are they safe left on the main floors of buildings. Scooters are not allowed in the elevator of the FAMILY HEALTH CLINIC (ELNOS BLDG).⁵⁵

The city is also concerned about financial accessibility of programs and services, and has instituted an Affordable Access policy to promote “the full participation of all Elliot Lake Residents regardless of financial circumstances.”⁵⁶ Residents can apply for a “welcome card” that indicates the level of discount or subsidy, based on income. However, eligibility is based on LICO cutoffs; for a single person to qualify for the smallest subsidy, s/he could earn no more than \$16,273 in the previous year. Applicants must show their notice of assessment to qualify, and re-apply every year. While this policy is an important step in reducing income-based social exclusion, some residents reject what is perceived as a humiliating process in the “show me your poverty card program.”⁵⁷

Safety and security. Seniors’ awareness of their own vulnerability and fear of victimization may be a barrier to social participation.²⁵ Volunteer and professional services that focus on seniors’ safety and security may include emergency response services (e.g. electronic devices that can communicate to a security service in the event of a fall or accident); security checks or reassurance services (e.g. regular contacts or visits to the home to inquire about the health and safety of individuals living alone); and services to prevent and ameliorate victimization of seniors.^{58;59}

Safe Community designation. The community has undertaken a progression of initiatives to ensure that seniors feel safe in the community. Through the efforts of the Elliot Lake Safe Community Coalition (ELSCC), Elliot Lake was certified as a Safe Community in 2003.⁶⁰ The designation reflects a commitment on the part of the community to injury prevention and safety promotion.⁶¹

Falls prevention. Elliot Lake also participated in a demonstration project to implement a seniors' fall prevention program, called *Stay on Your Feet*. The project, sponsored by the Ontario Neurotrauma Foundation, involved a two-year grant to adapt and implement the program in three Ontario communities; the project was evaluated in 2006.

Prior to the development of the funding proposal, there was a small amount of activity underway . . . Falls prevention among seniors was a small part of the injury prevention agenda. Most of this activity related to community awareness and education including fact sheets, some limited information to the public, some home assessments, as well as pre-discharge safety checks (p. 18).⁶²

In the other two demonstration communities, the project was implemented through the public health unit, however, Elliot Lake's public health unit was a satellite office with insufficient staff and resources to implement the program. Instead, Retirement Living (ELRL), through its Customer Service/Operations Manager, implemented the community-wide program. According to the evaluation report, despite the advantages found implementing the program through the public health units in the other two communities,

...the experience of Elliot Lake proves that community leadership can come from a number of different sources . . . ELRL, the leading business in this community, provided the marketing, project management and financial administration for SOYF. The program was embedded in the everyday operations of ELRL (p. 13-14).

Further,

The City of Elliot Lake did have strong mechanisms in place for collaboration including Seniors At Risk, the Elliot Lake Safe Community Coalition and the Seniors Committee of the Elliot Lake Safe Community Coalition (ELSCC). The ELSCC agreed to serve as the community umbrella for SOYF. This ensured the project was linked to the broader community and would support the project's sustainability beyond the demonstration period. The Project Community Coalition had direct links with Seniors At Risk and the ELSCC Seniors Committee for further communication and collaboration (p. 18).

Crime and Victimization. The city is policed by the East Algoma detachment of the Ontario Provincial Police (OPP). Elliot Lake has a relatively low crime rate, and creating a "sense of safety" is a key tenant of the OPP detachment's business plan, with the goal of ensuring that seniors are not afraid to "get out." Property crime (break-ins and theft) the most common form of crime. However, rates of elder abuse are proportionate to the size of Elliot Lake's senior population. Moreover, the different policing needs of seniors places a unique set of requirement on the police force.

Citizens on Patrol (COPs). COPs are volunteers, mainly seniors, who are trained by the OPP to “provide an extra set of eyes and ears” to the police. Volunteers are provided with a vehicle and a cell phone to assist the OPP on weekends. The OPP credits the volunteers with providing effective assistance to the police and contributing to an overall climate of safety in the community.

VCARS. VCARS (Victim Crisis Assistance and Referral Service) is another volunteer agency present in Elliot Lake that works closely with the police; VCARS volunteers are trained to provide assistance to victims of crime or accidents.

Security checks and reassurance services. There are various options in the community for security checks and safety services. The Ontario Provincial Police and Retirement Living will both perform checks on residents upon request, including for worried out-of-town family members. There is a caveat, however; not all seniors are on good terms with all family members, and Retirement Living respects the right to privacy of tenants who do not wish to communicate with these family members; in such cases, Retirement Living cannot respond to these requests.

Other providers include Huron Lodge, the Alzheimer’s Society, and Life Alert. Huron Lodge runs a telephone visiting program for seniors living in their own homes in the community; a worker will touch base with seniors to ensure that all is well. If they have a client who has been sick and who does not answer the phone, someone will go and check on them, and if necessary, send an ambulance. The Alzheimer’s Society has a “Safely Home” program, essentially a registry and identification service for clients with cognitive impairments who may wander and not be able to find their way home. Life Alert is a local business providing personal emergency response services.

B. Transportation

Transportation is a dominant, cross-cutting theme. Access to transportation is a key enabler of social participation, and lack of transportation results in social exclusion.^{22;63} In rural communities, most residents, including seniors, rely on private automobiles because of long distances and lack of alternative transportation. The ability to drive, financial resources to afford a car, and access to family or friends who can drive, are also key mobility factors.⁶⁴ Those who are married have an advantage over single persons if their spouse can drive, but those who are dependent on someone else for transportation are at increased risk for unmet healthcare needs; as well, the loss of transportation is often viewed as a loss of independence, with psychological consequences. Reluctance to be a burden on others may further curtail a senior’s activity.

Transportation issues are also a major barrier to senior volunteering. Transportation strategies identified by the National Seniors Council to promote volunteering included “reimbursing

volunteers for their transportation costs; providing free transportation; and ensuring volunteer sites are conveniently and accessibly located.”⁷ Home-based volunteer opportunities were also important for seniors, as that would eliminate the need to travel.

The Age-Friendly guide divides consideration of transportation issues to those dealing with older drivers, and those who do not drive. Loss of ability to drive starts to become a barrier after age 65; factors reported to aid older drivers are good roads, light traffic flow, prompt snow removal, and adequate and well-lit parking, including parking for seniors who don't qualify for disability parking.⁵ For those who don't drive there may be few options. Most rural communities have no public transit; those that do typically have limited hours, which curtails the activities of those dependent on it. For example, Hodge indicates that seniors' evening activities are also frequently curtailed by the lack of evening transportation. "The ability and cost of getting around when providing such support plays a crucial role in sustaining caregiving activities by seniors, as well as in their obtaining support" (p.14).²⁵ The rural and remote focus group participants recommended volunteer drivers and/or informal networks that provide transportation; vans or shuttles available to seniors; assisted transportation; and affordable and accessible taxis.⁵ Some solutions recommended by Hodge include attention to transportation not only within the community, but to nearby communities; expanding hours of public transit; and taxi vouchers or fuel vouchers.²⁵

Because of Elliot Lake's compact form, transportation issues are not as challenging as in many rural and remote communities, and according to the City's website, "Transportation into and around the City is superior to most communities of the same size."⁶⁵ The city has a local public bus service with accessible buses, and "95% of residences are within a 5-minute walk of a bus stop." There are four bus routes that run every half hour; two run from 7:30am-5:30pm (Monday-Saturday) with service extended until 8:30pm on Thursday and Friday, the other two run from 7:00pm-5:00pm the same days, with service until 9:00pm on Thursday and Friday. Notably, there is no bus service on Sundays or statutory holidays. The bus service does not travel outside of the city. A monthly bus pass for seniors is \$50.00 (or 2.00 per ride) compared with \$60.00 for other adults (or 2.25 per ride).

The City also offers a Handi-lift bus service for those who cannot board the regular service, operated by Huron Lodge. To use the service, applicants must meet two eligibility criteria: unable to board the regular transit bus, and unable to walk a distance of 500 ft (150 m). Applicants must also obtain the signature of a physician, chiropractor, or registered therapist. Fares are the same as the regular bus; however, service is limited to weekdays and ends at 4:00pm.

The limited transit schedule is a source of concern for many Elliot Lake residents. Because buses do not run on Sundays, it is not available for people who want to attend church services.

The schedule also limits transit-dependent seniors' ability to participate in intergenerational activities, as activities including youth and working-age adults take place in the evenings and on weekends. And, reader comments made to the *The Elliot Lake Standard* newspaper's website indicate that the handi-lift schedule may be a barrier to civic participation:

*The public transportation system in EL isn't available at the times when council is open to the public. Shut-ins like me cannot use the wheeltrans bus either, the bus has to be back in it's BAY at Huron Lodge by 4 pm working weekdays.*⁵⁵

*As a Retirement Community it is imperative to understand the REAL situation for those reliant upon WHEELTRANS. The weeknights, weekends and holidays are a problem for those who rely upon Wheel Trans for these are the hours that Wheel Trans does not operate. Going alone to these events is not very appetising - so for those who are Home Bound nothing changes. There still isn't anything for us to do.*⁶⁶

Huron Lodge also coordinates two other transportation programs. "Wheels to meals" provides transportation to congregate dining services. And, its medical transportation uses volunteers to drive clients to medical appoints at referral centres. Elliot Lake has few medical specialists, and those in need of a specialist need to travel, usually to Sudbury or Sault Ste. Marie. Huron Lodge is a third party advance funding agency for the MOHLTC's Northern Health Travel Grant program.⁶⁷ Volunteers drive qualifying patients and accompany them to their appointments; they are then reimbursed for their travel expenses by Huron Lodge, who submits the application for the grant to the MOHLTC.

Although no other organized transportation program was identified (there are likely others), it was frequently mentioned that members of any club or organization provide transportation to other members who need it. One person suggested that the entire community was aware of senior's transportation issues, and most provided transportation assistance to seniors as a community norm. Thus transportation appears to be a significant type of informal caregiving in Elliot Lake.

Other commercial transportation options exist, but do not appear very practical. For example, a Sudbury-based shuttle service can provide on-call transportation, however, the round-trip fee from Elliot Lake to Sudbury is \$285, and \$495 to Toronto. There is a municipal airport, but no commercial flights to Elliot Lake; residents need to go to Sudbury or Sault Ste. Marie for air transportation. The lack of a commercial flight was mentioned as a potential barrier to visitation from distant family and friends.

C. Housing

In the focus groups held in rural and remote Canada, seniors indicated once again that they want to stay in their own homes as long as possible.⁵ Costs associated with heating and maintenance appear to be the biggest financial barrier. As well, costs associated with retrofitting a home for accessibility are seen as prohibitive. Seniors have a variety of different housing needs, but most rural and remote communities do not offer an adequate range of senior-friendly housing options. Rural and remote communities are also typically underserved for home care, which could enable many seniors to remain in their homes.⁶⁸ Lack of long-term care could mean being forced to leave the community. Separation of spouses when one requires assistance, but the other does not (and therefore does not “qualify” for living in the same facility) is also an issue. Recommendations included providing a range of types of housing for sale and for rent, making it affordable (including the use of subsidies), ensure housing is accessible and/or adaptable for persons with disabilities, and provide housing-related supports.

According to one study, Elliot Lake is different from most rural and remote communities, in that housing was not a barrier to aging in the community; in fact, “housing for aging individuals was reported as a draw for many people...”⁶⁹ The City of Elliot Lake strives to integrate retirees in the community, rather than segregate seniors in to a gated community. Elliot Lake Retirement Living (ELRL) is a non-profit housing corporation that provides rental housing and maintenance services to retirees.⁷⁰ With 1473 units spread throughout the community, housing options include apartment complexes, semi-detached houses and town houses, and detached houses; monthly rental ranges from \$475 to \$705. ELRL performs all maintenance, and house/townhouse units receive lawn cutting services.

Huron Lodge is an assisted living facility that provides accommodation and services to 36 residents. Applicants are assessed through the Community Care Access Centre (CCAC) to determine eligibility, but are accepted regardless of ability to pay. The facility is operated by a charitable organization and partially supported by the Ministry of Health and Long-Term Care. For residents who require higher levels of health care services, St. Joseph’s Manor is a 64 bed long-term care facility attached to the hospital. Both facilities have social and recreation programs for residents. The city also has one privately owned retirement residence, Hillside Park.

For seniors who live in their own homes, Huron Lodge provides a “brokerage” service for home maintenance services. However, these services are provided at market rates. Free or affordable home maintenance services and snow removal were indicated as needs in the community.

D. Respect and Social Inclusion

Social inclusion is defined here as feeling respected, valued, and integrated in the community. Programmatic approaches cited as increasing respect and social inclusion include those that focus on intergenerational activities, preventing elder abuse and neglect, accommodation of seniors, including actively soliciting seniors' participation through outreach, and events or awards that recognize senior's contributions to the community.⁵ Hodge recommends collaboration with schools for recreation and education programs for seniors; and social and recreation centres for seniors.²⁵

Seniors at Risk Committee. The Seniors at Risk Committee was described as the most significant force in creating and maintaining an age-friendly community. The committee has been in existence since the early 1990s, and has been behind the creation of the Safe Communities Coalition, the falls prevention initiative, and the creation of the Senior Issues Office position with the municipal police. The committee represents a cross-sectoral partnership of agencies and providers in the community, with representatives meeting monthly. The committee identifies not only community-level needs, but also meets to discuss specific cases of seniors at risk, and arrive at solutions to meet individual needs. The committee forms the basis for effective community-wide and intersectoral collaboration,⁶² as well as aiding in the integration of services and promoting the effective use of available resources.

Elder Abuse and Neglect. According to Brown (2009),

*Unlike the child welfare system in Ontario, there is no systematic approach towards a proactive, early warning method of legal protection for vulnerable adults and seniors. With an increase in the number of aging parents and informal caregiving arrangements, the number of incidents of identified and unidentified abuse, neglect, and unsafe or inappropriate living conditions will grow.*⁷¹

The Ontario Provincial Police indicates that over 60% of elder abuse is financial abuse. "Seniors are targeted for many different reasons that include loneliness, lack of family support, age, vulnerability and for health-related reasons such as Alzheimer's."⁷² Communities with a high proportion of seniors like Elliot Lake are targeted by illegal schemes such as the "grandson scam,"⁷³ but also sales schemes that, while not technically illegal, take advantage of senior's vulnerability, such as sales of a new roof to a someone who rents their home or apartment. Financial victimization of seniors, particularly those with cognitive impairments or those grieving the loss of a spouse, was reported as an important mental health issue in northern Ontario, as well as one with a dramatic impact on financial security and the ability to age in place.⁷⁴ Where legal services advocate for "those who cannot help themselves," and help clients

“get their lives back,” they were viewed as important component of seniors’ and mental health services.

In Elliot Lake, a number of significant innovations are designed to address elder abuse and neglect as well as enhance the safety and wellbeing of seniors, including the previously discussed Seniors at Risk Committee, the Senior Issues Officer, and the Legal Clinic.

Senior Issues Officer. One of Elliot Lake’s most significant innovations is the Senior Issues Officer (SIO) with the OPP. The position was created on the initiative of the Seniors at Risk Committee in 1995, initially with the municipal Elliot Lake Police Service, and continued with the OPP as a condition for disbanding the municipal police service in 2003. The Senior Issues Officer is the only such position within the province and (it is believed) in Canada.¹

The position is a civilian position that “blends social work and policing service specifically focusing on the seniors segment with the goal to facilitate and foster the development of independence and security of seniors in Elliot Lake.”⁷⁶ Where regular officers may not have the time or specialised skills to adequately respond to calls involving seniors, the SIO has specialised interviewing techniques for working with victims who have cognitive impairments, and can spend the time necessary to get to the root of a problem, make contacts with other service providers, and take a proactive approach to rectifying a situation before a problem becomes a crime. The SIO also strives to educate seniors to protect themselves, by giving presentations on telemarketing scams, for example. The SIO is a member of the long-standing Seniors at Risk Committee, the recently formed Hospital Discharge Planning Committee, and is a board member of the North Shore Legal Clinic (below).

Being a civilian rather than a uniformed officer gives the SIO a number of advantages when working with seniors. First, being a civilian increases the acceptability of involving the SIO to individuals who are uncomfortable with police, or who prefer not involve the law. Secondly, being a civilian affords the SIO a broader range of response options in situations where laying charges may not be the most productive response. Rather, the SIO can work with other agencies and professionals to determine the best course of action. For example, where extreme stress can result in a caregiver’s abuse or neglect of a family member in their care,⁷⁷ alternatives may be working to get the caregiver the services that they need, such as education, support services, respite care, or needed medical care.

The support of the professionals and the community at large was described as essential to the success of the position. Unfortunately, as some providers indicated, the position has been reduced to part-time position, but the needs of the community require that the SIO be a full-time position.

¹ The only other Senior Issues Officer identified through a Google search was in Lincoln, Illinois, USA.⁷⁵

Elliot Lake and North Shore Community Legal Clinic. The legal clinic is a Legal Aid Service for low income residents.⁷⁸ As described on their website,

*The Legal Clinic has been part of the Elliot Lake and North Shore community since 1991. We have witnessed over the years many seniors being taken advantage of by unscrupulous salespeople and contractors. We have seen the devastation that results from seniors who are ill equipped or wrongly informed about matters that affect their lives and their ability to function independently. Our commitment to try and respond to these issues continues and this program is just another facet of our community strategy.*⁷⁹

The staff of the clinic present a course on “Seniors and the Law” through the Learning in Retirement Program to educate seniors on legal issues.

Support for families to prevent abuse and neglect. Neglect and abuse of seniors is most often committed by family members and caregivers; caregivers can experience extreme stress which can result in abusive behavior. While in some cases abuse and neglect may especially egregious and require criminal prosecution, it is widely agreed that education and support of family members and caregivers is required to prevent abuse and ameliorate conditions for seniors. This is in part the role of the Senior Issues Officer, to ensure that families get the help they need. In addition, the social worker at the Family Health Team provides specialized treatment for caregiver stress, and co-facilitates a caregiver support group.

Intergenerational Programs. The importance of intergenerational programming is increasingly recognized in Elliot Lake; for example, Learning in Retirement programs were initially open to adults aged 50 years and over; now they are open to all adults over the age of 18. Both St. Joseph’s Manor and Huron Lodge support intergenerational programs in their social and recreational programming. At Huron Lodge, one school teacher brings students for regular visits in an “adopt a grandparent” program.

Because of the high proportion of seniors in the community, all programs and organizations that are open to the general population or adults will have a large number of seniors in their membership, and are thus inherently intergenerational. However, program hours and availability of transportation can sometimes segregate seniors from other members of society. For example, programs held during weekdays generally exclude school- and working-age participants. For this reason, Learning in Retirement is exploring the possibility of holding night classes; however, because of transit schedules, this may exclude people dependent on municipal transportation.

E. Social Participation

In the age-friendly guide, social participation refers to organized activities such as recreation, sports, and leisure activities, cultural events, and learning opportunities, as well as adult day programs and home visiting activities for seniors who are less mobile. Events that include food were rated as highly important social activities, such as potlatches and community dinners. The age-friendly guide reminds readers that respecting seniors also means respecting their right not to participate.

A study of rural seniors found four distinct patterns of social connections to other people and to services among “community active seniors,” “stoic seniors,” “marginalized seniors,” and “frail seniors.”⁸⁰ Similarly in Elliot Lake, seniors were described as belonging to one of three groups: “community-active,” or those that are very active in the wider community, and so are never home; “residence-active”, or those that are very involved in the social activities close to home, such as within building / tenant community; and “not socially active,” or those who are not involved in social activities outside of their home. Providers in Elliot Lake generally feel that they are doing a good job of meeting the social participation needs of the first two groups. However, some are concerned that the people who “isolate themselves” are the ones at greatest risk; others indicate they have no way of knowing whether or not the non-active residents are having their needs met.

Recreation and social activities. One of Elliot Lake’s key selling features is its access to outdoor recreation, from fishing and hiking to downhill and cross-country skiing. The city also has a number of recreation facilities, including an indoor pool and municipal beaches, several parks including a fitness park and a dog park, a multi-use gym and social event facility, and an arena (ice sports in the winter only).⁸¹

Twice a year, the city’s Department of Recreation and Leisure puts together a Community Guide that includes an extensive contact list of clubs and organizations in Elliot Lake (arts & culture, health & social services, recreation, youth & children’s programs, service clubs, programs for adults 55 plus, miscellaneous, places of worship); the contact list can be downloaded from the City of Elliot Lake website.⁸² The list of clubs and organizations included 28 arts and culture organizations; 44 recreation organizations; 5 children and youth organizations; 13 service clubs; 7 programs for adults 55 plus; 6 “miscellaneous” organizations; and 14 places of worship (see Appendix C).⁸³

Programs for adults 55 plus include Learning in Retirement; Le club des Aines l’Etoile d’or; Rainbow Square Dancers Club; Renaissance Seniors’ Centre; Retiree’s Slowpitch Baseball; Seniors Mixed Slo-Pitch Rainbow Warriors; and the Seniors Issues Office. Of these, two recreation and leisure opportunities are repeatedly cited as innovations that make Elliot Lake an

attractive community for seniors: The Renaissance Seniors' Centre, and the Institute for Learning in Retirement.

A thriving arts community is supported by ARIEL, the Arts and Culture Roundtable of Elliot Lake.⁸⁴ The Elliot Lake Arts Club and the Stage Door Players theatre group are just two of the organizations that provide opportunities for artistic expression.

The city has proposed a new multiuse recreation complex, which would replace aging facilities and centralize a number of facilities and activities under one roof to increase accessibility and promote greater use.⁸⁵ The proposed facility would become a “hub for social interaction”:

While establishing a major focus for social interaction is desirable in all communities, it is particularly important in Elliot Lake. Elliot Lake is a community where many residents are new, and many of these are older individuals prone to social isolation at a time in their lives when interaction with others is a prime determinant of a healthy and enjoyable lifestyle. Long winters exacerbate the problems of social isolation in Elliot Lake. Finally, in Elliot Lake where such a disproportionately large segment of the population is older adults, the need for intergenerational contact, understanding and appreciation is perhaps more pronounced. The Multiuse Complex will create a hub for social interaction in Elliot Lake and have a very positive impact on the community's lifestyle (p.5).⁸⁶

Renaissance Seniors' Centre. For 20 years, the Renaissance Seniors' Centre has provided a space for seniors to socialize and participate in activities ranging from exercise programs like tai chi, to diversions like darts and bingo, to special events and entertainment.⁸⁷ According to the centre's website, the centre

...strives to be a leading community-based organization, that makes available to the Senior Citizens of Elliot Lake and the North Shore opportunities for the development and maintenance of their personal well-being and independence through identifying their needs and endeavouring to ensure that these needs are met.⁸⁸

The Centre provides meeting space for various clubs, and serves as a centralized source of information for seniors about services, activities and events in the community. The Centre's website maintains a downloadable calendar of activities. Membership is open to seniors 50 years of age and up.

Institute for Learning in Retirement. The Institute for Learning in Retirement is “is an organization dedicated to the acquisition of new information, knowledge and ideas that can change the way one understands, acts or views the world, while at the same time, valuing and

preserving the lessons of the past.”⁸⁹ The Institute offers courses and workshops that range from arts and crafts, wilderness education and bird watching, learning to play bridge, language courses, massage, genealogy, and computer classes; course offerings for 2010 are shown on the institute website (it has not recently been updated).⁹⁰ Course offerings depend on the skills and interests of the community, as all course instructors are volunteers from the community. The Institute accomplishes social inclusion of seniors by recognizing and making use of seniors’ knowledge and experience as course leaders, and by offering a continuous learning environment for seniors. Previously, courses were only open to seniors, but the program is now offered to all adults over the age of 18.

Residential programs. St. Josephs Manor has a recreation department that is committed to providing high quality leisure experiences that meet the social, emotional, physical, cognitive and spiritual needs of all residents.”⁹¹ Programs are offered from 8:30am-8:00pm, seven days a week, and family members are encouraged to participate. Huron Lodge assisted living residents can participate in the community services Adult Day Program (below).

Adult Day Programs. Huron Lodge offers an adult day program for older adults, five days per week. Activities include arts and crafts, exercise, recreation, excursions and entertainment. The program also includes a midday meal. “Caregivers are welcome to attend to ease the transition and assist in your family member’s comfort.”⁹² The day program involves an intergenerational component, a kind of “adopt a grandparent” program with students from an elementary school.

Another day program, Club 90, is one of the North Shore Community Support Services. The program serves mental health clients and provides a recovery-based psychosocial rehabilitation program for adult mental health clients. The program is not specifically targeted toward seniors, however, some of the clients are seniors. The program has a social recreation component and is open to “ex-psychiatric patients, people experiencing emotional stress or those who are socially isolated.”⁹³

Social Dining. Besides the myriad of special events and fundraising activities, social clubs, including the Renaissance Senior’s Centre, offer social dining opportunities to seniors. In addition to the Adult Day Program, Huron Lodge also has a congregate dining program; similar to its Meals on Wheels program, meals are brought to ELRL apartment buildings, but the meals are served in a dining hall or other group setting.

F. Communication and Information

According to the rural and remote focus groups, seniors often find it challenging to obtain information on events in the community, and information and contacts on programs that may be available to them. Seniors recommended multiple channels of communication, including low-

tech methods such as bulletin boards, telephone chains, and newspapers and newsletters, and community service directories, as well as offering computer classes for seniors and access to computing facilities.

The local newspaper is *The Elliot Lake Standard*, which has a print and online version. Every week on Wednesday, “Page 2,” the second page of *The Standard*, prints “important notices, notes from the past Council meeting, public announcements, and a Message from the Mayor.”⁹⁴ Page 2 from each week is available on the city website. Page 2 also prints calendars of events and activities in the community.

The City of Elliot Lake has a well-designed website, creating online access to information on community services. In the City’s 2009 Strategic Plan, a weakness identified through SWOT analysis was the infrastructure for communication technology; according to the plan “A particular concern in the near term is the further development of technology to maintain and enhance communication both within the community and externally.”⁹⁵ Among the planned actions are “Develop the “last mile” to ensure that the municipality contributes to resident connectivity through technology,” “Implement the wireless feasibility study,” and “Maximize the use of technology for municipal business and create an “e” City Hall.”

The Elliot Lake public library has fee-based access to computers and internet connections as well as wireless internet access. An “accessible” computer for visually- and hearing-impaired and physically disabled patrons is also available.⁹⁶ Computer classes are offered through the Institute of Learning in Retirement, as well as the Adult Education Centre of the Algoma District School Board.⁹⁷ Elliot Lake also has a computer club that meets at the Civic Centre.

As noted before, the city’s Parks and Recreation Department puts out a comprehensive guide on events and activities, and includes a contact list of clubs and organizations (see Appendix C).⁸³ The guide is published twice a year and mailed to all residents; it is also available online from the City’s website, and available in print at City Hall, Collins Hall (recreation centre), the Welcome Centre, and other locations.

Other community information sources are the Seniors’ Renaissance Centre and the Welcome Centre at the Pearson Civic Centre. A volunteer resource centre appears to have been initiated, however it is now closed.

G. Civic Participation and Employment Opportunities

Civic participation and employment opportunities refer to opportunities for both paid and unpaid employment (volunteer), and opportunities for political participation. Seniors in the rural and remote focus groups indicated that it is important for volunteer work to be accessible to seniors

and accommodate special needs; that organizations be open to seniors' participation on local councils and boards of organizations; and that the range of opportunities offer seniors the opportunities to use their skills; and that the work of older volunteers be recognized and appreciated. Barriers to civic participation include an overreliance on seniors/volunteers, leading to burnout; transportation issues; and health and physical challenges that may prevent seniors from participating. Requiring extensive commitments from seniors may pose a barrier as well; involving seniors in short-term projects is suggested.

Civic participation. City council meetings are open to the public, however, regular meetings are scheduled on Mondays at 7:00pm, after public transit has stopped running; meetings are televised on a local television station so that they can be watched at home.⁵⁵ Watching is not the same as participating, however. It does not appear that the City Council has a Senior's advisor, however, the recently elected council includes two service providers.

Last year, after implementing the affordable access policy for city services, Council considered eliminating the senior's discount, believing that the two programs overlapped. Seniors organized a protest, and Council reversed its decision. Since then, a Seniors Action Group of Elliot Lake (SAGE) has formed; its mission is "To defend, advance and communicate the common interests of the Seniors and retirees of Elliot Lake."⁹⁸

Employment. No information was found regarding employment of seniors, possibly due to time constraints. In general, insufficient employment opportunities are a challenge for Elliot Lake. Providers indicated that most professional positions were relatively easy to fill from inside or outside the community. However, where low wage jobs were concerned, there is an ongoing labour shortage; this is attributed in part to the outmigration of youth. Further research should identify the proportion of seniors who are working or who may be interested in working, whether this interest would include low-wage employment, as well as employers' attitudes towards hiring seniors. However, many seniors appear to find retirement to be a time to "give back" through volunteering, and may find their occupational needs met through unpaid work.

Volunteering

Having a large cohort of older adults in a community can be beneficial to communities. However, as such cohorts age, the proportion of older people requiring assistance and the community organizations needing volunteers may surpass the ability of older adults in the community to provide assistance to them.²⁶

Some scholars distinguish between "formal" volunteering, that is, volunteering through a volunteer organization, versus informal volunteering or "helping" family, friends and neighbours (e.g. caregiving), as two distinct types of social participation.²⁶ For the purpose of this study,

volunteering refers to formal volunteering, as informal volunteering will be discussed in the section on informal caregivers.

Volunteering is simultaneously a mechanism of service delivery, an opportunity for social participation, and a significant opportunity for seniors to contribute to the civic life of their community. Not surprisingly, then, volunteerism has been a significant topic of research related to the social inclusion of seniors and informal caregivers. A critical review of recent literature on voluntarism, aging and place highlighted a number of themes: service sector reform, economic restructuring, and the voluntary sector; voluntarism; older adults and senior volunteers; identity, place and commitment; leadership and entrepreneurship in community/economic development; and aging and aging in place.⁹⁹ Volunteerism among seniors is particularly important to rural communities where outmigration of young people is the norm, resulting in a decline in service infrastructure (for example, in communities that experienced decline in primary industries).²⁶

A number of scholars have written about the downloading of health and social services to volunteer agencies, warning that in rural communities, volunteer resources are already stretched to capacity.¹⁰⁰⁻¹⁰² The increased demand for volunteers and community pressure to volunteer can result in “coerced altruism,” volunteer fatigue, and diminished benefits of participating.²⁶ Health professionals are difficult to recruit and retain in these communities, in part because of “stealth voluntarism,” or the expectation that professionals work above and beyond their remunerated duties.¹⁰³ Concurrent funding limitations on volunteer organizations exacerbate the situation “where voluntary organizations are being called upon to fill the gap in services as public or private providers close operations in rural and small town places.”¹⁰⁴ The differential impact of this economic strategy on rural areas is increased strain on both providers and volunteers, and gaps in services to rural and small town residents.

Healthy young retirees volunteer more than working age adults and older, more frail seniors, and length of time in the community is also reported in another study as a significant factor in social participation.²² Newcomers to communities tend to volunteer more than long-term residents as they seek to integrate themselves into the community by volunteering; those coming from urban areas may be more accustomed to contributing through formal associations. Long-term residents, in contrast, have stronger locally-based social networks and help others more through kinship ties and reciprocity obligations (communal-based relations).

While retirement communities may have a wealth of volunteers, as noted above, when it comes to health and social services, reliance on the volunteer and informal sector may not be effective. A pilot study of volunteering in Elliot Lake demonstrated the relevance of these issues for Elliot Lake, concluding,

Volunteers are relied upon heavily in Elliot Lake as the community faces challenges to recruiting and retaining staff due to its ageing population and isolated location. However, as volunteers increasingly are relied upon for service delivery in Elliot Lake, volunteer burnout and shortages has become a concern for the community (p. 22).⁶⁹

According to one respondent cited in the report,

Here [in Elliot Lake] we have one of the largest volunteer cores I've seen anywhere, but there is a fine line between getting a volunteer and burning them out (p. 16).⁶⁹

Nonetheless, the range of volunteer opportunities in the community meant that there was “something for everyone.” Elliot Lake used to have a Volunteer Resource Centre, but that appears to be shut down at this time. Nonetheless, the Renaissance Seniors’ Center appears to be an information resource for seniors who seek volunteer opportunities.

All of the service providers with whom we spoke relied on volunteers in some form, and run volunteer training programs. Both St. Joseph’s Manor and Huron Lodge have volunteer programs; Huron Lodge delivers services through volunteers, such as Meals on Wheels and transportation programs. Courses offered by the Institute for Learning in Retirement are taught by volunteers. However, recruiting and retaining a sufficient number of volunteers appears to be challenging.¹⁰⁵ Organizations that need more volunteers often will have a story in the Elliot Lake Standard about the volunteer opportunities. Volunteers are recognized in the community; since 1991, the City has held an annual Annual Civic Awards Volunteer Recognition Banquet.¹⁰⁶ The local newspaper also frequently runs stories about volunteers.¹⁰⁷ It is not clear whether seniors as volunteers are specifically honored.

H. Community Support and Health Services

Many older adult participants expressed that their greatest fear is being forced to leave their community when the services they need are not available there.⁵

The seniors in the rural and remote focus groups indicated that the following services made for age-friendly communities: Caring and responsive professionals (doctors, nurses, pharmacists and specialists); diverse health services and facilities in the community, including palliative care; provision of home health care support; access to affordable meal programs; availability of housekeeping and home maintenance services; availability of equipment and aids; and programs that support caregivers, including respite care.

Health Services. In the Elliot Lake Seniors’ Needs Assessment (1994-95), researchers reported that the city was relatively well-supplied with primary care physicians, but that as seniors aged, this might change.¹⁰⁸ One issue was the lack of specialists in the community; given that the city

was unlikely to attract the specialists to provide the care needed by residents, other options would need to be explored, such as having specialist visit. A 2007 study reported finding a broad spectrum of health and social care services in Elliot Lake, with services that target seniors the largest focus among service providers.⁶⁹ However, nearly all participants reported clients who had to travel out of town for services, particularly to visit medical specialists.

In a study conducted in 2001 on the use of emergency department services in Elliot Lake, 80.9% of ER patients reported having a family physician, however, many of these patients were using the ER for non-emergency care.¹⁰⁹ Authors reported a 1-2 week wait on average to see a family physician. Health care providers, asked to recommend strategies reduce the inappropriate use of the ED, indicated a need for more family physicians and nurse practitioners, as well as a walk-in clinic, to alleviate pressure on the ER.

This study similarly finds that Elliot Lake has an impressive array of health and community support services for a community of its size. It has a general hospital, a long-term care facility that opened in 2002, and an inpatient drug and alcohol treatment center. The community has had a Family Health Team since 2007, which is currently comprised of 13 family physicians, a nurse practitioner and three registered nurses, a dietician, a social worker, a pharmacist, and a respiratory therapist, all located under one roof along with a medical lab and commercial pharmacy, to provide comprehensive and integrated primary health care.¹¹⁰ A total of 17 physicians reside in the community. However, the city continues to run an active physician recruitment program, as part of its strategic goal to “To ensure residents have access to the best possible medical and health services.”^{95;111} A walk-in clinic remains an expressed need for the community.

Community Support Services. The Community Care Access Centre (CCAC) assesses eligibility for and coordinates access to home- and community-based services, as well as ministry-funded assisted living and long-term care facilities. Elliot Lake is under the NE LHIN’s Algoma District CCAC, and has a satellite office in Elliot Lake. The CCAC provides case management services and arranges for the provision of home health services through other providers. Elliot Lake has the full range of services identified on the CCAC website, mostly provided through the Huron Lodge Community Support Services:

- Meal delivery and dining programs
- Homemaking and home help
- Caregiver relief
- Transportation services
- Community dining
- Friendly visiting
- Supportive housing
- Adult Day Programs

A recent needs assessment conducted by the NE LHIN concluded that the existing Aging at Home services provided by its CCACs needed to be more increased in quantity, more flexible, and more varied.¹¹²⁻¹¹⁴ The assessment reported that options for seniors housing, home maintenance services (cleaning, repairs, shoveling), companionship, transportation, information and system navigation are crucial to aging at home. The study also concluded that that provision of services in a “specialty boutique model,” where multiple agencies each provide a single product line or service, was not as client-friendly as a “local supermarket model” (one stop-shopping); services also needed to be language-appropriate. Seniors also highlighted the need for services and providers that respect their dignity; the clear message was “*We are not stupid and we are not useless.*”

Homemaking services. One provider of home care services is the Canadian Red Cross’ Homemaking Services. The program has evolved over time, and is now a program of personal support work offered through private pay or through the CCAC to provide personal care (increasingly involving medical assistance), household tasks and meal preparation, with the goals of allowing people to stay in their homes. Work provided by the Personal Support Worker (PSW) also allows the informal caregiver the opportunity to spend quality time with the care recipient, rather than continuously providing care. Clients may be short-term (e.g. while recovering from surgery), or long-term (either intending to stay in the home, or waiting for a placement at a long-term care facility). The program currently serves about 240 households, and at this time does not have to turn away any clients. However, anticipated changes in health care financing may undermine this capacity. There is a concern over a perceived increase in demand for “unregistered” care providers. The Red Cross offers other services through various programs, including snow removal and housekeeping services, subsidized to keep the costs down to \$4-5 per hour.

Two of the specialized services available in Elliot Lake include services for Alzheimers, and mental health and addictions. The Alzheimer’s Society provides one-on-one supports to clients and their caregivers, conducts a caregiver support group at Huron Lodge, and provides community education sessions on Alzheimers and dementia.¹¹⁵ North Shore Community Support Services provides a Senior’s Mental Health Consultation Service, in affiliation with the North Bay Psychiatric Hospital.¹¹⁶ The program provides assessment, diagnosis, and treatment recommendations, and collaborates with other health care providers in the community with the goal of supporting mental health clients to remain in the community where possible. The program serves seniors (65 and older) with mental health issues complicated by age-related health or functional issues; it also serves younger adults who have an age-related illness such as Alzheimers.

End-of-life care. In addition to the medical and other support services available in the community, the Elliot Lake Palliative Care Program (ELPCP) delivers social support to

palliative care patients and their families, either at the hospital or in the community. The volunteer-based program receives partial funding from the North East LHIN, in the amount of \$56,000 per year; the municipality provides additional funds. The program currently has 25 clients, which exceeds the capacity of the program. At present, there is no hospice facility in Elliot Lake. A recent study conducted on behalf of the NE LHIN found that, of the 75 clients served by the program during the study period, 30% were suitable for a hospice bed, and 10% indicated a preference a hospice bed.¹¹⁷ The study also reported that the occupancy rate of LTC beds in Elliot Lake was 98.5%, with 28 persons on the wait list for 63 beds, another potential indicator of the need for alternative care options in Elliot Lake.

IV. SOCIAL INCLUSION OF INFORMAL CAREGIVERS

Informal caregiving, in its current state, leads to a high level of physical and mental stress. 46% of caregivers experience stress. 14% experience physical discomfort or physical pain. 15% report that people for whom they care are verbally or physically abusive. 19% were frail, disabled, or needed care themselves (p. 12).⁷¹

According to the Canadian Institute of Health Information (CIHI), only 2% of home care clients are able to cope without additional help from informal caregivers. In the CIHI study, of the more than two million informal caregivers in Canada, the highest rates of distress were experienced by those who provide more than 21 hours of care per week (28%), and those caring for seniors with symptoms of depression (32%), cognitive disorders such as Alzheimers/ dementia (37%), and those presenting physically or verbally abusive behaviours (52%).¹¹⁸ Caregiver distress also results from a caregiver's own burden of illness. When caregivers burn out and are unable to cope, care recipients require placement in a long-term care facility.

As discussed previously, some scholars refer to informal caregiving as informal volunteering or "helping" family, friends and neighbours, to distinguish it from formal volunteering.²⁶ "Helping others" is based on social ties, felt obligations, and patterns of reciprocity. Among older adults, gender differences show a greater proportion of women "participating" by helping others, although men are more likely to help others by providing transportation; nonetheless, the burden of informal caregiving typically falls on women.^{119;120} A recent study of rural communities reported a great deal of variability in the proportion of residents who provided unpaid care or assistance to seniors, from less than 1% to 56%.⁸⁰ Factors associated with communities in which at least 25% of residents provided unpaid support to seniors were smaller populations, more seniors and more long-term residents, and "a culture of helping one another." This suggests a mixed picture for Elliot Lake, which has more seniors and a culture of helping one another, but not, however, the other two factors.

A study by Reimer (2004) exploring the processes of social exclusion found that, for help with health-related needs, people either relied on communal relations (relations of mutual obligation, as with family and friends) or the formal care sector; few people relied on associative relations (communities of interest or organizations), suggesting that “the current emphasis on volunteer and other 3rd-sector groups as a replacement or backup for government support may be misplaced” and likely contributed to social exclusion.²² In communities with a high proportion of retirement migrants, however, the new residents typically do not have family or established communal relations.

In the 1994-95 Elliot Lake Seniors’ Needs Assessment, researchers found that “newcomers” (retirement migrants) were more likely to live in smaller households or live alone than “old-timers” (long-time residents), and 69% had no family members living in the community, compared with 38% of the old-timers.⁴⁴ Pong et al. (1999) point out that while this does not necessarily mean that newcomers experience greater social isolation, “it appears that the old-timers had more closely related people nearby to whom they could turn if company or assistance was needed” (p. 212).⁴⁴ As a consequence, “It is possible that health and support services that rely heavily on informal caregivers may be less suitable for the newcomers than for the old-timers because the former tend not to have relatives living nearby and are less likely to share households with other people” (p. 216).⁴⁴

Further support of this conclusion comes from a 2007 study, in which “Many participants agreed that being a retirement community, the absence of an extended family was one of the greatest challenges to providing care” (p. 12).¹²⁰ In a different report from the same study, a provider is cited:

We see a client population with more needs but fewer family members there to provide the service they need, especially in Elliot Lake, where people move to retire. They are healthy when they first get there but they have no family members to take care of them when their health declines (p. 12).⁶⁹

This finding is consistent with the literature on retirement communities as well as Reimer’s (2004) study on the processes of social exclusion.²² According to a participant,

The lack of family support is the major gap. People may develop friendships but they do not have family and it is a lot different asking a friend to do something than it is asking a family member (p. 19).⁶⁹

A. Description of Informal Caregivers

Little information was available on caregivers themselves; according to a service provider, caregivers in Elliot Lake are giving care to a spouse, to a parent, or to a child with a chronic

illness, disability, or other special needs (including adult dependent children) – all types of caregiving are seen in Elliot Lake, so caregivers can be adults of any age. It appears that many, if not most caregivers are spouses of the care recipient; in this case they are usually seniors, frequently experiencing their own declines in health; it is not uncommon for a caregiver to experience a serious illness or even death before the care recipient.

According to one service provider, caregivers often feel personal responsibility for, or ownership of the caregiving duty, and may resist seeking or accepting services. A challenge in providing care to a caregiver is helping them understand that they must take care of themselves to be able to provide care to their loved one. And, to take care of themselves, they must give themselves permission to accept services for themselves as well as the care recipient.

B. Services for Informal Caregivers

As a subset of services, relatively fewer services were identified that targeted informal caregivers. Informal caregivers and seniors as care recipients were often viewed as a dyad, and a service for the care recipient could secondarily benefit a caregiver. Most agreed that caregivers needed more help, particularly more respite care, and more help with housekeeping and home maintenance chores.

Respite services. St. Joseph's Manor is a long-term care facility adjoining to the hospital. The facility presently maintains one bed dedicated to respite care. Currently, the cost of the service is 34.53 per day, which covers a private room, meals, 24-hour personal care, and access to recreation and social activities. Clients who meet eligibility criteria may use the service for up to 90 days per year; the service is not available for those who do not. Access to the service is managed through the CCAC, who assesses clients against need and eligibility criteria. When the facility opened in 2002, there were 2 beds designated to respite care. Because of a low occupancy rate, one bed was eliminated; occupancy was estimated to be around 70% for the remaining bed. Because of this, one bed is perceived as sufficient to meet community needs; however, one provider suggested that most clients who would be eligible are already in long-term care. One provider indicated that awareness of the service could be improved; it was suggested that physicians could educate patients and caregivers regarding the use of respite services, and promote the services within the community.

Huron Lodge maintains the one other respite care bed; again, eligibility is determined through CCAC assessment. There is higher demand for this bed, because there are more clients living in the community that meet the eligibility criteria. The bed is used to capacity and has a waiting list; clients book the room as much as a year in advance. More of this type of respite care was reported as a strong need.

Caregivers receive some respite as a secondary benefit of some services. As previously mentioned, there are two adult day care facilities in Elliot Lake, one at Huron Lodge, including a program primarily for seniors with Alzheimers or dementia, and Club 90, geared towards rehabilitation of people with mental disorders. There was a perceived need for more daycare services, however, cost is reportedly a barrier to the use of existing services; for example, some may use the available daycare service only once a week, because that is all they can afford.

For clients eligible for home care services and/or homemaker services caregivers may receive some respite as well. However, according to one service provider, this “respite” is usually brief and is the time when the caregiver does chores outside of the home (e.g. grocery shopping); this it is not the type of “respite” that allows the caregiver to focus on their own wellbeing.

In addition to insufficient hours of home based care, services have increasingly become focused on home health care (nursing services, personal support workers) rather than homemaking services. According to Brown, “Priority was given to 'medically necessary' services to accommodate the earlier hospital discharge of acute and sub-acute patients and their needs for care” (p. 9).⁷¹ According to service providers, caregivers - especially those who are seniors - have a strong need for assistance with housekeeping and home maintenance tasks. However those services are no longer part of home care as available in Elliot Lake. A private company, Home Instead Senior Care,¹²¹ does offer homemaker services in Elliot Lake, however, the services are perceived as too expensive for most residents.

Support services. Two other services were identified that are designed for informal caregivers. First, the social worker at the Family Health Team and a counsellor with the Counselling Center of East Algoma co-facilitate a Caregivers’ Support Group. The group initially started as a formal 4-week intervention that started by discussing the stages of caregiving, and finished with problem solving. At the end of the program, the participants wanted to continue informally, and they now meet on the first Friday of every month. Meetings last for about 1 ½ hours and draw on average 8-10 participants, who come in and out of the group as needed. The group can have guest speakers, discuss topics they select, and check in with and support one another. Some find the group a particularly valuable social connection, and continue to participate after the death of the care recipient. Despite the strong interest in the group, one facilitator is aware of some logistical challenges for caregivers to be able to attend on a Friday afternoon (or any given time) – they need to arrange for respite care to attend. Although the facilitators wish to take a break during the summer, demand for the group is year-round, and the group is considering being participant-led during the summer.

The Alzheimer’s Society runs a support group for those providing care to a family member with Alzheimers or dementia; the society also provides caregiver education, as well as periodically running a community education forum. Caregivers for persons with serious mental illness (SMI)

were mentioned as a group for whom few services were available; eligibility criteria for respite care and personal support care exclude SMI.

Volunteer-based visiting groups exist in the community, although little information was available in the documents identified for this study; and while some may benefit caregivers, like the programs offered by the Elliot Lake Palliative Care Palliative Care program and the Alzheimer's Society programs, it is not clear how much the service is intended for them.

V. SUMMARY AND CONCLUSIONS

Since the early 1990s, Elliot Lake has focused on planning for seniors. Its success can be attributed to a number of factors. First, its unique geography as a “remote urban” community provides both the environmental amenities that attract “lifestyle retirees,” and the compact urban form that eases the development of infrastructure and the delivery of services. It should not be overlooked that Elliot Lake originated as a planned community, distinguishing it from most other small town, rural, and remote communities. Further, its historical role as a service centre for the North Shore region has meant that services are designed to support a population beyond the immediate community.

Secondly, while inadequate and inappropriate housing is a major challenge for seniors in most rural and remote communities, available and affordable housing formed the basis of Elliot Lake's development strategy. Alternative housing has been added to the community to meet a variety of service needs, including assisted living and long-term care facilities. It has been beyond the scope of this study to assess whether available housing options are currently meeting the needs of Elliot Lake, however there are some suggestions that more assisted living units are desired; there may be a trade-off between a need for more assisted living units, and a need for more home maintenance and homemaking services.

Thirdly, a large part of Elliot Lake's success is attributed to both its initial and ongoing marketing efforts. These marketing efforts succeeded not only in attracting seniors to Elliot Lake, but in promoting the “success story” as part of the community's image. The flip-side of a singular focus on the planning and marketing of a retirement community has meant that the community has less to offer for children, youth, and working-age adults, and the community has struggled to attract and retain the working-age adults that are needed to provide services. The current Strategic Plan reflects an interest in addressing this imbalance, with strategies that aim at making Elliot Lake “age-friendly for all ages.” Strategic objectives include (1) increasing economic diversity (instead of focusing exclusively on retirement development), (2) increasing retail services, and (3) increasing the working age adult population (or at least stemming the

loss).⁹⁵ Along with the plan's attention to intergenerational issues, these objectives, if achieved, will benefit seniors by ensuring that the personnel needed to provide services are available.

Finally, Elliot Lake has a large group of die-hard advocates that “refuse to let the community die.” This is reflected in the community leadership, the endless fundraising, and extent of volunteerism. In particular, the Seniors at Risk Committee seems to keep the service providers up-to-date on the growing knowledge base related to the service needs of seniors. Their ability to implement these services however may be constrained by municipal and provincial resources, as well as the ability to attract and retain the skilled workers needed to provide the services. Reliance on volunteer service provision can result in the inconsistent availability of services, and “volunteer burnout” does seem to be a factor.

A. Service Gaps and Unmet Needs – Seniors

Elliot Lake has a fairly comprehensive set health and social services, including assisted living, long-term care, palliative care, Alzheimer's/dementia services, seniors' mental health services, adult day care, transportation services, meal delivery and congregate dining, and home care. Despite the breadth of services, it is beyond this study to conclude whether there is sufficient depth to meet the needs of the community. Not surprisingly, some indicated the need for “more of everything.” Program eligibility criteria were frequently mentioned as barriers to services, such as those denying respite care and personal support care for persons with SMI. As well, some commented that a number of the available community support services were largely limited to residents of ELRL housing, leaving seniors in private housing without access to services.

In general, service providers felt they were doing a good job of meeting the needs of “active” seniors, those who were already participating in social and civic activities, and voicing their needs. They were uncertain whether they were meeting the needs of “non-participants,” or even how to go about assessing their needs, while at the same time respecting their right to not participate and their right to privacy.

Most frequently indicated needs were for more assisted living options and/or more home maintenance and homemaking services. The cost of private services was viewed as a challenge for seniors, and some seniors do outmigrate when their need for services cannot be met in the community. Another challenge for home care was the availability of qualified providers in the community; a concern was expressed over the increasing demand for “unregulated” providers.

Strategies to assist seniors in “aging in place” have overlooked the inevitable need to assist them in “dying in place.” Although the city has a palliative care program, the ELPCP is limited to a volunteer-based friendly visiting service, with aging volunteers constrained by the lack of

evening transportation services. Concern was expressed by some providers over the number of seniors dying alone in their homes. This suggested need for the community to offer alternatives to a hospital-based, medically-supervised death, to either a home-based palliative care model, which would require more home care resources and more support for informal caregivers, and/or a hospice care model. According to providers, leaving the community for hospice care is not an option, as the residents of Elliot Lake are not eligible to use hospice services in Sault Ste. Marie or Sudbury. The city is exploring the feasibility of building a hospice facility, and the ELPCP has obtained support from the NE LHIN to conduct a palliative care needs assessment in the community.

As for opportunities for social and civic participation, the community has a vast range of options. There is some concern over the physical accessibility of some buildings, and the financial accessibility of some programs, may lead to the social exclusion of persons with mobility challenges and limited financial resources. Importantly, there appeared to be an interest among seniors to have greater input into both community and healthcare decision-making.

B. Service Gaps and Unmet Needs – Informal Caregivers

While a number of services exist in the community for informal caregivers, the expressed need for increased services for informal caregivers was greater than for seniors in general. Although the community appears to have a “culture of helping,” the fact is that, except for spouses, few retirement migrants have family members in the community to provide informal care, and many spouses have care needs themselves. While there was acknowledgement of funding constraints that have hampered the delivery of home health services, it is not clear if funding models consider the relative lack of informal caregivers in retirement communities.

The foremost need was for more respite care, and more assistance with home maintenance and homemaking activities. The greater need for home care services described above was as much to provide caregivers with respite as to enable seniors to age at home. There were two respite care beds in the community, one at the long-term care facility, and one at the assisted living facility. While there was less demand for the LTC bed (requiring a higher level of care needs to qualify), demand for the respite care bed at the assisted living facility exceeds capacity, with a wait list and year-in-advance bookings. And, best practice models for end-of-life care suggest that expansion of palliative care services should include more grief and bereavement services for families.

According to a report from Statistics Canada, one in five informal caregivers live at least one hour away from the care receiver, and those who live more than a half-days’ drive incur greater expenses and are more likely to miss work.¹²² Presumably, many would-be informal caregivers of Elliot Lake residents (adult children of seniors, for example) live in distant communities, such

as Toronto. At this time, there is no indication of any type of initiative to facilitate or support “caring at a distance.”¹²³ However, as noted in the City’s strategic plan, improved communications infrastructure would support residents’ relationships with distant family members. Additional long-distance transportation options would benefit long-distance caregivers.

C. Innovations

Seniors at Risk Committee. Ever since Elliot Lake transformed itself into a retirement community, the Seniors At Risk Committee has been overseeing community-level and individual-level interventions to ensure the health and safety of seniors in the community. The committee is attributed with providing the basis of community-based collaboration, maximizing the use of available resources, and ensuring that providers in the community are informed of one another’s programs and services.

Senior Issues Officer (SIO). Because “Policing seniors is different,” the SIO with the OPP has a unique set of skills to ensure the safety and security of seniors in the community. The SIO blends police work with social work, and is often the first contact seniors have when starting to experience problems. Through collaboration with other service providers in the community, the SIO works to resolve problems by ensuring that seniors get the help that they need. Currently, the SIO is a part-time position; many indicated that the position should be full-time.

Elliot Lake Retirement Living (ELRL). As a not-for-profit corporation that serves a special population, ELRL is a different kind of landlord. ELRL is the “in-between” housing option for seniors that provides home maintenance services while supporting seniors’ independent living. ELRL’s Customer Service/Operations department and building superintendents help keep an eye out for seniors in need of assistance, again suggesting the need to blend social work with the usual business operations. ELRL can check in with residents and offer to make referrals if the resident is receptive. ELRL also collaborates with Huron Lodge’s community support services, which target ELRL tenants with services such as congregate dining.

Institute for Learning in Retirement. The Institute recognizes that “lifelong learning” does not end upon retirement or any given age; it also recognizes the tremendous knowledge and talent pool represented by a seniors’ community. The institute provides a venue for seniors to share their knowledge and to continue with their own personal growth.

Senior’s Renaissance Centre and Les Aniés de L’Étoile d’Or. The Senior’s Renaissance Centre provides a place dedicated to supporting seniors’ social, recreational, and informational needs. Les Aniés de L’Étoile d’Or is a membership-based organization that, while smaller, provides similar functions specifically for Francophone residents.

D. Implications

Elliot Lake's unique geography and development history suggest that its model may be difficult to replicate in other rural and remote communities. A key constraint in many communities is the lack of senior-appropriate housing. Beyond housing, the community has invested a great amount of time and resources into developing the health and social services, and ensuring that seniors feel sufficiently safe and secure in the community to be active within the community. Often overlooked or downplayed, the community has also recognized the importance of recreation and leisure services to ensuring the social inclusion of seniors.

With much policy attention currently focused on "aging at home" strategies, it is crucial that policy makers and funding agencies not only increase funding to home care services, but have funding formulas that recognize that seniors in retirement communities like Elliot Lake do not have access to the same level of informal caregiving that others may have. More home care services are needed in general, and more formal respite care services are needed for informal caregivers, because there is less informal respite.

Importantly, planning for end-of-life care is essential, but has not yet received the policy attention or funding needed to meet needs in most communities across Canada.^{6;124;125} While Elliot Lake is no exception in this regard, its demographics are. Encouragingly, the community is taking steps to remedy this gap in services, but with the community's age trajectory, the current and immanent needs create a sense of urgency.

E. Next Steps

This study has described community planning for the social inclusion of seniors and informal caregivers, inventoried the services available to these special populations, and developed a preliminary description of informal caregiving in this retirement community. The findings of this study are based on documentary evidence and informational interviews with service providers in Elliot Lake.

Given the time and resource constraints of this study, not all relevant provider organizations were successfully contacted. A significant limitation on the discussion of home services is that the CCAC was not successfully interviewed; given that the CCAC provides case management for home care, it is important to acknowledge that their perspective is not represented here, and much of the information on home care may be considered second-hand.

Although the study has provided an account of the services available in the community, many questions remain to be answered. Because we did not speak directly with seniors or informal caregivers, we do not know what their perceived needs are, or whether available services meet

their needs. Most of the providers with whom we spoke were program managers, so the perspective of front-line providers is limited. Further research with Elliot Lake residents - seniors, informal caregivers, and front-line providers – is needed to evaluate the success of these initiatives.

VI. REFERENCES

- (1) Linda McLeod and Associates. 1997. *Toward Healthy-Aging Communities: A Population Health Approach*. Ottawa, Report prepared for Health Canada, Division of Aging and Seniors. Accessed 11-26-2010 at <http://www.phac-aspc.gc.ca/seniors-aines/publications/pro/healthy-sante/chcs-sscs/healthy-sante/index-eng.php>.
- (2) Public Health Agency of Canada. 1998. *Principles of the National Framework on Aging: A Policy Guide*. Accessed 2-15-2011 at <http://www.phac-aspc.gc.ca/seniors-aines/publications/pro/healthy-sante/nfa-cnv/index-eng.php>.
- (3) Healthy Aging and Wellness Working Group of the Federal/Provincial/Territorial (F/P/T) Committee of Officials (Seniors). 2006. *Healthy Aging in Canada: A New Vision, A Vital Investment, From Evidence to Action - A Background Paper*. Background Paper Prepared for the Federal, Provincial and Territorial Committee of Officials (Seniors). Accessed 2-15-2011 at http://www.phac-aspc.gc.ca/seniors-aines/publications/pro/healthy-sante/haging_newvision/vision-rpt/index-eng.php.
- (4) The Special Senate Committee on Aging. 2009. *Canada's Aging Population: Seizing the Opportunity*. Special Senate Committee on Aging Final Report. Ottawa, The Senate. Accessed 3-8-2011 at http://www.parl.gc.ca/40/2/parlbus/commbus/senate/com-e/agei-e/subsite-e/Aging_Report_Home-e.htm.
- (5) Federal/Provincial/Territorial Ministers Responsible for Seniors. 2009. *Age-Friendly Rural and Remote Communities: A Guide*. Ottawa, Public Health Agency of Canada, Division of Aging and Seniors. Accessed at http://www.phac-aspc.gc.ca/seniors-aines/publications/public/healthy-sante/age_friendly_rural/index-eng.php.
- (6) Butler-Jones D. 2010. *The Chief Public Health Officer's Report on the State of Public Health In Canada, 2010: Growing Older, Adding Life to Years*. Accessed at <http://publichealth.gc.ca/CPHOreport>.
- (7) National Seniors Council. 2010. *Report of the National Seniors Council on Volunteering Among Seniors and Positive and Active Aging*. CA-581-05-10. Gatineau, Quebec, Human Resources and Skills Development Council. Accessed 1-31-2011 at http://www.seniorscouncil.gc.ca/eng/research_publications/volunteering/page00.shtml.
- (8) Ministry of Health and Long-Term Care. 2011. *Ontario's Aging at Home Strategy*. Accessed 3-15-2011 at http://www.health.gov.on.ca/english/public/program/ltc/33_ontario_strategy.html.
- (9) North East Local Health Integration Network. 2011. *Aging at Home in Northeastern Ontario*. Accessed at http://www.nelhin.on.ca/Page.aspx?id=946&ekmense1=e2f22c9a_72_254_946_3.

- (10) Human Resources and Skills Development Canada. 2010. *2010-2011 Report on Plans and Priorities*. Ottawa, HRSDC. Accessed at http://www.hrsdc.gc.ca/eng/publications_resources/dpr/rpp/index.shtml.
- (11) Human Resources and Skills Development Canada. 2010. *Formative Evaluation of the New Horizons for Seniors Program: Final Report*. Evaluation Directorate, Strategic Policy and Research Branch, Human Resources and Skills Development Canada. Accessed 12-9-2010 at http://www.hrsdc.gc.ca/eng/publications_resources/evaluation/2009/nhsp/page00.shtml.
- (12) Toye M and Infanti J. 2004. *Social Inclusion and Community Economic Development: Literature Review*. Victoria, BC, The Canadian CED Network.-58 p. Accessed 12-9-2010 at http://cuexpo.uwinnipeg.ca/Mike_Toye_CED_SI_LitReview.pdf.
- (13) Toye M. 2005. *Social Inclusion and Community Economic Development: Profile of Effective Practice. Survey Report*. Victoria, BC, The Canadian CED Network. Accessed 12-9-2010 at http://www.who.int/social_determinants/resources/survey_report.pdf.
- (14) Toye M and Downing R. 2006. *Social Inclusion and Community Economic Development: Final Report*. Victoria, BC, The Canadian CED Network.-39 p. Accessed 12-9-2010 at http://www.ccednet-rcdec.ca/files/ccednet/PCCDLN_Final_Report.pdf.
- (15) VON Canada. 2008. *Program and Policy Perspectives on the Interplay of Risk Factors and the Associated Negative Outcomes Among Family Caregivers: Key Informant Report*. Accessed 11-9-2010 at <http://www.von.ca/en/caregiving/docs/VONCaregiverRiskFactorsReportFINAL.pdf>.
- (16) Richards JL, Sverdrup-Phillips S, Du J, Maddocks H, Brooks J, and Spiegel H. 2008. *Social Inclusion of the Oldest-Old: Toward Housing Policies that Work to Keep Seniors Living at Home*. Final Report - Fourth Deliverable. Accessed at <http://sociology.uwo.ca/cluster/en/documents/Research%20Briefs/Richards%20et%20al.%20Social%20Inclusion%20of%20the%20Oldest-Old.pdf>.
- (17) Sverdrup-Philips. 2010. *Social inclusion of the oldest old: Toward supportive housing policies*. - 73 p. Accessed at <http://www.policyresearch.gc.ca/doclib/PS-pwfc2008-Richards-eng.pdf>.
- (18) Robinson D and Wilkinson D. 1998. *The Adjustment of Displaced Mining Workers: Elliot Lake, 1990-1996. Final Report of the Elliot Lake Tracking Study*. ELTAS Analysis Series #2A23. Sudbury, ON, Laurentian University, Institute for Northern Ontario Research and Development (INORD). Accessed 11-11-2010 at <http://inord.laurentian.ca/eltasfinal.htm>.
- (19) Levasseur M, Richard L, Gauvin L, Raymond E. 2010. Inventory and analysis of definitions of social participation found in the aging literature: Proposed taxonomy of social activities. *Social Science & Medicine*. 71(12):2141-2149. Available: <http://www.sciencedirect.com/science/article/B6VBF-518TDWB-2/2/0f989e35ee85953ce707a144d0cdd3b8>.
- (20) World Health Organization. 2007. *Global Age-friendly Cities: A Guide*. Geneva, WHO. Accessed 3-8-2011 at http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf.

- (21) Atkinson AB and Marlier E. 2010. *Analysing and Measuring Social Inclusion in a Global Context*. ST/ESA/325. New York, Department of Economic and Social Affairs, United Nations. Accessed 3-8-2011
- (22) Reimer B. 2004. Social exclusion in a comparative context. *Sociologia Ruralis*. 44(1):76-94.
- (23) Shucksmith M, Chapman P. 1998. Rural development and social exclusion. *Sociologia Ruralis*. 38(2):225-242.
- (24) Shortall S. 2004. Social or economic goals, civic inclusion or exclusion? An analysis of rural development theory and practice. *Sociologia Ruralis*. 44(1):109-123.
- (25) Hodge G. 2008. *The Geography of Aging: Preparing Communities for the Surge in Seniors*. Montreal & Kingston: McGill-Queen's University Press.
- (26) Rozanova J, Dosman D, de Jong Gierveld J. 2008. Participation in rural contexts: Community matters. In: Keating N, ed. *Rural Ageing: A Good Place to Grow Old?* Bristol, UK: The Policy Press; pp. 75-86.
- (27) Cattan M, White M, Bond J, Learmouth A. 2005. Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions. *Ageing & Society*. 25(01):41-67.
- (28) Mawhiney A-M, Pitblado J (eds). 1999. *Boom Town Blues: Elliot Lake: Collapse and Revival in a Single-Industry Community*. Toronto: Dundurn Press.
- (29) Longino CF. 1990. Geographical mobility and family caregiving in nonmetropolitan America: Three-decade evidence from the U. S. Census. *Family Relations*. 39(1):38-43.
- (30) Rowles GD, Watkins JF. 1993. Elderly migration and development in small communities. *Growth and Change*. 24(4):509-538.
- (31) Walters WH. 2002. Later-life migration in the United States: A review of recent research. *Journal of Planning Literature*. 17(1):37-66.
- (32) Serow WJ. 2003. Economic consequences of retiree concentrations: A review of North American studies. *The Gerontologist*. 43(6):897-903.
- (33) Skelley BD. 2004. Retiree attraction policies: Challenges for local governance in rural regions. *Public Administration and Management: An Interactive Journal*. 9(3):212-223.
- (34) Glasgow N, Brown DL. 2006. Social integration among older in-migrants in nonmetropolitan retirement destination counties. In: Kandel WA, Brown DL, eds. *Population Change and Rural Society*. Springer Netherlands; pp. 177-196.
- (35) Brown DL, Glasgow N, Kulcsar L, Bolender BC, Arguillas MJ. 2008. Community challenges and opportunities associated with retirement in-migration. *Rural Retirement Migration*. Springer Netherlands; pp. 141-177.
- (36) Keating N, Phillips J. 2008. A critical human ecology perspective on rural ageing. In: Keating N, ed. *Rural Ageing: A Good Place to Grow Old?* Bristol, UK: The Policy Press; pp. 1-10.

- (37) Reimer B. 2006. The informal economy in non-metropolitan Canada. *Canadian Review of Sociology/Revue canadienne de sociologie*. 43(1):23-49.
- (38) Statistics Canada. 2007. *Elliot Lake, Ontario (Code3557041), 2006 Community Profiles*. Table, 2006 Census of Population. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. Accessed 2-18-2011 at <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>.
- (39) Southcott C. 2007. *Youth Out-migration Trends in Northern Ontario: 2001 to 2006*. 2006 Census Research Paper Series. #2. Prepared for the Local Training Boards of Northern Ontario. Accessed 2-23-2011 at http://www.awic.ca/english/user_uploaded/File/%232%20Youth%20Out-Migration%20Trends%20in%20Northern%20Ontario.pdf.
- (40) Ontario Professional Planners Institute. 2009. *Planning for Age-Friendly Communities: A Call to Action*. Accessed at <http://www.ontarioplanners.on.ca/pdf/Call%20to%20Action%20Age-Friendly%20Communities%20June%2018,%202009.pdf>.
- (41) Heard S. 1999. The City of Elliot Lake to 1991: Before the roof fell in. In: Mawhiney A-M, Pitblado J, eds. *Boom Town Blues: Elliot Lake: Collapse and Revival in a Single-Industry Community*. Toronto: Dundurn Press; pp. 21-35.
- (42) Mayor George Farkouh. 1999. "Never say die": Seven years later, Elliot Lake enjoys new business and renewed optimism. In: Mawhiney A-M, Pitblado J, eds. *Boom Town Blues: Elliot Lake: Collapse and Revival in a Single-Industry Community*. Toronto: Dundurn Press; pp. 188-196.
- (43) Lowe M. 1999. Elliot Lake: Where wildcat strikes have given way to line dancing. In: Mawhiney A-M, Pitblado J, eds. *Boom Town Blues: Elliot Lake: Collapse and Revival in a Single-Industry Community*. Toronto: Dundurn Press; pp. 197-203.
- (44) Pong RW, Salmoni A, Heard S. 1999. Aging in a hurry: Changing population profile in Elliot Lake. In: Mawhiney A-M, Pitblado J, eds. *Boom Town Blues: Elliot Lake: Collapse and Revival in a Single-Industry Community*. Toronto: Dundurn Press; pp. 204-218.
- (45) Provincial and Territorial Departments Responsible for Local Government, Resiliency and Recovery Project Committee. 2005. *Facing the Challenge of Industry Closure: Managing Transition in Rural Communities*. Toronto, ICURR Press. Accessed at http://www.muniscopes.ca/files/file.php?fileid=fileafobOUeYJw&filename=file_ICURR_Report_Feb05_online_Final_.pdf.
- (46) Ross I. 2010. Elliot Lake upscales lakeside living with condo project; On a roll with retirees. *Northern Ontario Business*. Online(8/3/2010). Available: <http://www.northernontariobusiness.com/Industry-News/construction/Elliot-Lake-upscales-lakeside-living-with-condo-project.aspx>.
- (47) Hine DW, Prystupa M, Lewko J, Summers C. 1999. Risk perceptions and relocation decisions of prospective residents of Elliot Lake: A mental models study. In: Mawhiney A-M, Pitblado J, eds. *Boom Town Blues: Elliot Lake: Collapse and Revival in a Single-Industry Community*. Toronto: Dundurn Press; pp. 278-292.

- (48) City of Elliot Lake. 2007. *City of Elliot Lake Retail Study 2007: Consumer Survey Results, Tally and Crosstabulation Report*. Accessed 3-2-2011 at www.cityofelliottlake.com/en/invest/resources/RetailStudyTallyReport.pdf.
- (49) Kuyek J and Coumans C. 2003. *No Rock Unturned: Revitalizing the Economies of Mining Dependent Communities*. Ottawa, Mining Watch Canada.-66 p. Accessed 11-11-2010 at http://www.miningwatch.ca/sites/miningwatch.ca/files/No_Rock_Unturned.pdf.
- (50) Eales J, Keefe J, Keating N. 2008. Age-friendly rural communities. In: Keating N, ed. *Rural Ageing: A Good Place to Grow Old?* Bristol, UK: The Policy Press; pp. 109-120.
- (51) Preston J, Rajc F. 2007. Accessibility, mobility and transport-related social exclusion. *Journal of Transport Geography*. 15:151-160.
- (52) City of Elliot Lake. 2011. *Leisure Programs:55+*. Website. Accessed 3-2-2011 at <http://www.cityofelliottlake.com/en/recreisure/matureadults.asp>.
- (53) Accessibility Advisory Committee. 2010. *Accessibility Plan, September 2010-September 2011*. The Corporation of the City of Elliot Lake. Accessed 3-3-2011 at <http://www.cityofelliottlake.com/en/cityhall/accessibilityplan.asp>.
- (54) Accessibility Advisory Committee. 2010. *Building Audit Results, City of Elliot Lake*. The Corporation of the City of Elliot Lake. Accessed 3-3-2011 at <http://www.cityofelliottlake.com/en/cityhall/resources/Clerk%27s%20-%20AAC%20Plan%20-2010-2011-BUILDING%20AUDIT-June%2017%202010.pdf>.
- (55) Quesnel S. Councils care about community, future. *The Elliot Lake Standard* 2011. Accessed on 3-12-2011 at <http://www.elliottlakestandard.ca/ArticleDisplay.aspx?e=3013230>.
- (56) City of Elliot Lake. 2011. *Affordable Access Policy / Recreation for All*. Accessed 3-15-2011 at <http://www.cityofelliottlake.com/en/recreisure/1234.asp>.
- (57) 2010. *Lessons in Humiliation*. Electronic discussion board. Accessed 3-15-2011 at <http://www.elliottlakestandard.ca/Community/NewsDisplay.aspx?c=44607>.
- (58) Ontario Community Support Association. 2007. *Care Guide: Home Services*. Website. Accessed 2-14-2011 at http://homeandcommunitysupport.ca/care_guide/home_services.asp.
- (59) Turcotte M and Schellenberg G. 2006. *A Portrait of Seniors in Canada*. Catalogue no. 89-519-XIE. Ottawa, Statistics Canada. Accessed 2-15-2011 at <http://www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=89-519-XIE&lang=eng#formatdisp>.
- (60) Algoma Health Unit. 2003. *Elliot Lake - A Safe Community. 2003 Report to the Community*. Sault Ste. Marie: Algoma Health Unit Board; pp. 3.
- (61) Safe Communities Canada. 2011. Website. Accessed 2-25-2011 at <http://www.safecommunities.ca/>.
- (62) Corlett S and Warren R. 2006. *Evaluation of Stay on Your Feet (SOYF): A Senior Falls Demonstration Project*. Report to the Ontario Neurotrauma Foundation. Toronto, Corlett and Associates. Accessed 3-8-2011 at

[http://www.onf.org/documents/Corlett%20Sue%20\(250\)%20Final%20Report-March%202006.pdf](http://www.onf.org/documents/Corlett%20Sue%20(250)%20Final%20Report-March%202006.pdf).

- (63) Litman T. 2003. *Social inclusion as a transport planning issue in Canada*. Accessed at http://www.vtpi.org/soc_ex.pdf.
- (64) Dobbs B, Strain L. 2008. Staying connected: Issues of mobility of older rural adults. In: Keating N, ed. *Rural Ageing: A Good Place to Grow Old?* Bristol, UK: The Policy Press; pp. 96.
- (65) City of Elliot Lake. 2011. *Transit and Transportation*. Website. Accessed 3-11-2011 at <http://www.cityofelliottlake.com/en/cityservices/transit.asp>.
- (66) Quesnel S. Nothing to do in Elliot Lake, despite city with everything. *The Elliot Lake Standard* 2011. Accessed on 3-12-2011 at <http://www.elliottlakestandard.ca/ArticleDisplay.aspx?e=2947768>.
- (67) Ontario Ministry of Health and Long-Term Care. 2011. *Northern Health Travel Grant Program*. Accessed 2-2-2011 at <http://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx>.
- (68) Williams AP, Challis D, Deber R et al. 2009. Balancing institutional and community-based care: Why some older persons can age successfully at home while others require residential long-term care. *Longwoods Review*. 7(1):95-105. Available: http://www.ryerson.ca/cncc/knowledge/related_reports/pdf/LR_vol7_no1_Williams.pdf.
- (69) Waldbrook N, Herron R, and Skinner M. 2007. *Volunteer Services in Ontario's Ageing Rural Communities: Pilot Study of Elliot Lake, Preliminary Report*. Petersborough Ontario, Trent University. Accessed 3-8-2011 at <http://people.trentu.ca/markskinner/Elliot%20Lake%20Preliminary%20Results%202007.pdf>.
- (70) Elliot Lake Retirement Living. 2011. Website. Accessed 2-9-2011 at <http://www.retireelliottlake.com/>.
- (71) Brown A. 2009. *Caring-About-Caregivers: Caregiving for the Future of Ontario. Long Range Scenario Planning Supporting Caregiving into 2033*. Toronto, Ministry of Health and Long-Term Care. Accessed 3-13-2011 at http://www.ryerson.ca/cncc/knowledge/related_reports/pdf/abrown_Caring_About_Caregivers_Final_Report.pdf.
- (72) Ontario Provincial Police. 2006. *Fact Sheet - Fraud Involving Older Adults*. Accessed 2-17-2011 at <http://www.opp.ca/ecms/index.php?id=156>.
- (73) Mahoney J. Police bust phone-fraud ring that targeted seniors in "grandson scam". *The Globe and Mail* 2011. Accessed on 2-25-2011 at <http://www.theglobeandmail.com/news/national/toronto/police-bust-gta-phone-fraud-ring-that-targeted-seniors-with-grandson-scam/article1917715/>.
- (74) Sherman J, Swenson JR, Cooke R, Rudnick A, Ravitz P, Grondin F, Montgomery P, Pong R, Delmege M, and Timony P. 2010. *Mental health services in smaller northern Ontario communities: Preliminary findings from community case studies*. Presentation to the Ontario Psychiatric Outreach Program Annual Retreat 2010, Northern Ontario School of Medicine West Campus at Lakehead University, Thunder Bay, ON, September 16-17, 2010. Accessed 2-16-

- 2011 at
<http://www.opop.ca/CMFiles/Publications/Annual%20Retreats/2010/Jill%20Sherman%20-%20Case%20Studies%20-%20PrelimFindings.ppt>.
- (75) Lincoln Daily News. Silver Beat training at Oasis tells seniors of scams and exploitation tricks. *Lincoln Daily News* November 19, 2010. Accessed on 2-16-2011 at
http://archives.lincolndailynews.com/2010/Nov/19/News/today111910_sr.shtml.
- (76) City of Elliot Lake. 2010. *Senior's Issue Officer - Elliot Lake*. Website. Accessed 2-9-2011 at
<http://www.cityofelliottlake.com/en/cityservices/seniorsissuesofficer.asp>.
- (77) Brazil K, Kassalainen S, Ploeg J, Marshall D. 2010. Moral distress experienced by health care professionals who provide home-based palliative care. *Social Science & Medicine*. 71(9):1687-1691.
- (78) Ontario Ministry of the Attorney General. 2011. *Chapter 11: "Poverty Law" Legal Aid Services*. Website. Accessed 2-16-2011 at
<http://www.attorneygeneral.jus.gov.on.ca/english/about/pubs/olar/ch11.asp>.
- (79) North Shore Legal. 2011. *Seniors and the Law - Learning in Retirement*. Website. Accessed 2-16-2011 at <http://www.northshorelegal.ca/articles/seniors-and-the-law-learning-in-retirement>.
- (80) Eales J, Keating N, Rozanova J, Bardick A, Swindle J, Bowles RT, Keefe J, and Dobbs B. 2011. *Caring Contexts of Rural Seniors: A case study of diversity among older adults in rural communities*. Phase III - Technical Report. Accessed at
<http://www.msvu.ca/site/media/msvu/Rural%20SeniorsPhaseIIIreport.pdf>.
- (81) City of Elliot Lake. 2011. *Recreation and Leisure*. Accessed 3-15-2011 at
<http://www.cityofelliottlake.com/en/reclisure/index.asp>.
- (82) City of Elliot Lake. 2010. *Contact list*. Department of Recreation and Leisure, City of Elliot Lake. Accessed 3-3-2011 at
www.cityofelliottlake.com/en/reclisure/resources/ContactsforWebsite.pdf.
- (83) City of Elliot Lake. 2011. *Recreation & Leisure: Community Guide Fall & Winter 2010-2011*. Accessed 3-15-2011 at <http://www.cityofelliottlake.com/en/reclisure/activelivingguide.asp>.
- (84) ARIEL. 2011. *ARIEL - Arts and Culture Roundtable in Elliot Lake*. Accessed 3-14-2011 at
<http://www.arielgroup.ca/>.
- (85) City of Elliot Lake and City of. 2010. *Proposed Multi Purpose Recreational Facility*. Accessed 3-14-2011 at <http://www.cityofelliottlake.com/en/cityhall/multipurposecentre.asp>.
- (86) City of Elliot Lake. 2009. *Multiuse Recreation Complex - Feasibility Study*. Accessed 3-15-2011 at www.cityofelliottlake.com/en/resources/FeasibilityStudyReportFeb09.pdf.
- (87) City of Elliot Lake. 2011. *Renaissance Seniors' Centre*. Accessed 3-15-2011 at
<http://www.cityofelliottlake.com/en/cityservices/rennaisanceseniorcentre.asp>.
- (88) Renaissance Seniors' Centre. 2011. Accessed at <http://rennaisanceseniorscentre.ca/>.

- (89) City of Elliot Lake. 2010. *Learning in Retirement - Elliot Lake*. Accessed 2-9-2011 at <http://www.cityofelliottlake.com/en/cityservices/learninginretirement.asp>.
- (90) Learning in Retirement - Elliot Lake. 2011. Website. Accessed 2-9-2011 at <http://www.learninginretirement.ca/index.html>.
- (91) St. Joseph's General Hospital - Elliot Lake. 2010. *St. Joseph's Manor - Health Care Services*. Accessed 3-14-2011 at <http://www.sjgh.ca/portal/Default.aspx?tabid=115>.
- (92) Huron Lodge. 2011. Website. Accessed 2-9-2011 at <http://www.huronlodge.ca/>.
- (93) North Shore Community Support Services. 2011. *What is Club 90?* Website. Accessed 3-14-2011 at <http://www.nscss.com/support.htm>.
- (94) City of Elliot Lake. 2010. *Page 2*. Website. Accessed 3-14-2011 at <http://www.cityofelliottlake.com/en/pagetwo.asp>.
- (95) City of Elliot Lake. 2009. *City of Elliot Lake Strategic Plan*. Final Report. Accessed 2-17-2011 at <http://www.cityofelliottlake.com/en/cityhall/strategicplan.asp?mid=3741>.
- (96) City of Elliot Lake Public Library. 2011. *Internet access at the Elliot Lake Public Library*. Website. Accessed 3-15-2011 at <http://www.elliottlakelibrary.com/en/whatweoffer/Internet.asp>.
- (97) Algoma District School Board. 2011. *Adult Continuing Education*. Website. Accessed 6-14-2011 at <http://adulthood.adsb.on.ca/computers.htm>.
- (98) Senior's Action Group of Elliot Lake (SAGE). 2011. Website. Accessed 3-14-2011 at <http://www.sage-elliottlake.ca/>.
- (99) Giesbrecht K, Skinner M, Halseth G, Hanlon N, and Joseph A. 2010. *Volunteerism, aging and place: A critical review*. Peterborough, Ontario, Trent University. Accessed 3-3-2011 at <http://people.trentu.ca/markskinner/VoluntarismAgeingPlace.pdf>.
- (100) Cloutier-Fisher D, Joseph AE. 2000. Long-term care restructuring in rural Ontario: Retrieving community service user and provider narratives. *Social Science & Medicine*. 50(7-8):1037-1045.
- (101) Skinner MW. 2008. Voluntarism and long-term care in the countryside: The paradox of a threadbare sector. *The Canadian Geographer / Le Géographe canadienne*. 52(2):188-203.
- (102) Skinner M, Joseph A. 2011. Placing voluntarism within evolving spaces of care in ageing rural communities. *GeoJournal*. 76:1-12.
- (103) Hanlon N, Halseth G, Ostry A. 2011. Stealth voluntarism: An expectation of health professional work in underserved areas? *Health & Place*. 17(1):42-49.
- (104) Desjardins S, Halseth G, Leblanc P, and Ryser L. 2002. *Services, Social Cohesion, and Social Capital: A Literature Review*. Accessed at <http://web.unbc.ca/geography/faculty/greg/publications/NRE%20Services%20Lit%20Review.pdf>

- (105) Quesnel S. St. Joseph's Manor wants more volunteers. *The Elliot Lake Standard* 2009. Accessed on 2-22-2011 at <http://www.kingstonthisweek.com/ArticleDisplay.aspx?archive=true&e=1027859>.
- (106) Quesnel S. Two residents get city's highest volunteer honour. *The Elliot Lake Standard* 2008. Accessed on 3-7-2011 at <http://www.elliottlakestandard.ca/ArticleDisplay.aspx?archive=true&e=1317367>.
- (107) McSheffrey K, Quesnel S. Volunteers make the world and the city go. *The Elliot Lake Standard* 2009. Accessed on 3-1-2011 at <http://www.elliottlakestandard.ca/ArticleDisplay.aspx?archive=true&e=2192729>.
- (108) Pong RW, Salmoni A, Heard S. 1999. Physician visits by older persons in Elliot Lake: Issues and challenges. In: Mawhiney A-M, Pitblado J, eds. *Boom Town Blues: Elliot Lake: Collapse and Revival in a Single-Industry Community*. Toronto: Dundurn Press; pp. 240-251.
- (109) Harris L, Bombin M, Chi F, deBortoli T, Long J. 2004. Use of the emergency room in Elliot Lake, a rural community of northern Ontario, Canada. *Rural and Remote Health*. 4(online):[<http://rrh.deakin.edu.au>]. Available: <http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=240>.
- (110) Elliot Lake Family Health Team. 2010. Accessed 3-15-2011 at <http://elfht.com/>.
- (111) City of Elliot Lake. 2011. *Elliot Lake Physician Recruitment*. Accessed at <http://www.physicianselliottlake.com/en/>.
- (112) McGoey F. 2011. *NE LHIN Senior/Family Engagement On Aging @ Home A Status Report*. Presentation to the North East LHIN's Seniors' Health Summit - Aging at Home Successfully, March 18-19, 2008, Sault Ste. Marie. North East Local Health Integration Network. Accessed 3-15-2011 at <http://www.nelhin.on.ca/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=1944>.
- (113) North East Local Health Integration Network. 2008. *Proceedings of the North East LHIN Seniors' Health Summit: Aging @ Home Successfully*. Sault Ste. Marie, March 18-19, 2008. Accessed 3-15-2011 at <http://www.nelhin.on.ca/page.aspx?id=1966>.
- (114) OraclePoll Research. 2008. *Seniors Care in Northeastern Ontario*. Accessed 3-15-2011 at <http://www.nelhin.on.ca/assets/0/16/2100/2728/2730/cca9974a-2443-44bf-ba2e-c0b5382ebb89.pdf>.
- (115) McSheffrey K. Understanding more about dementia. *The Elliot Lake Standard* 2011. Accessed on 3-1-2011 at <http://www.elliottlakestandard.ca/ArticleDisplay.aspx?archive=true&e=2926407>.
- (116) North Shore Community Support Services. 2011. *Senior's Mental Health Community Consultation Service*. Website. Accessed 3-16-2011 at <http://www.nscss.com/seniors.htm>.
- (117) SHS Consulting. 2009. *Seniors' Residential/Housing Options – Capacity Assessment and Projections*. Final Report to the North East Local Health Integration Network Aging at Home Strategy. Accessed 3-30-2011 at <http://www.nelhin.on.ca/workarea/linkit.aspx?ItemID=3434>.

- (118) Canadian Institute for Health Information. 2010. *Supporting informal caregivers - The heart of home care*. Analysis In Brief: Health System Performance. Ottawa, CIHI. Accessed 12-16-2010 at <https://secure.cihi.ca/estore/productFamily.htm?pf=PFC1533&lang=fr&media=0>.
- (119) Williams A. 2002. Changing geographies of care: Employing the concept of therapeutic landscapes as a framework in examining home space. *Social Science & Medicine*. 55(1):141-154.
- (120) Herron R and Skinner M. 2008. *Volunteer Services in Ontario's Ageing Rural Communities: Pilot Study of Elliot Lake, Special Report on Gender*. Peterborough, ON, Trent University, Department of Geography.-14 p. Accessed at <http://people.trentu.ca/markskinner/Elliot%20Lake%20Gender%20Report%202008.pdf>.
- (121) Home Instead Senior Care. 2011. Website. Accessed 3-18-2011 at <http://www.homeinstead.com/Pages/home.aspx>.
- (122) Vézina M, Turcotte M. 2010. Caring for a parent who lives far away: The consequences. *Canadian Social Trends*. Statistics Canada - Catalogue no. 11-008:3-13. Available: <http://www.statcan.gc.ca/pub/11-008-x/2010001/article/11072-eng.htm>.
- (123) How to Care, Inc. 2000. *How to Care: Long-distance Caregiving*. Accessed at <http://howtocare.com/caregiving.htm>.
- (124) Collier R. 2011. Access to palliative care varies widely across Canada. *Canadian Medical Association Journal*. 183(2):E87-E88. Available: <http://www.cmaj.ca>.
- (125) The Honourable Sharon Carstairs, P. C. 2010. *Raising the Bar: A Roadmap for the Future of Palliative Care in Canada*. Ottawa, The Senate of Canada. Accessed at [http://sen.parl.gc.ca/scarstairs/PalliativeCare/Raising%20the%20Bar%20June%202010%20\(2\).pdf](http://sen.parl.gc.ca/scarstairs/PalliativeCare/Raising%20the%20Bar%20June%202010%20(2).pdf).

APPENDIX A

DEFINITIONS

from the Ontario Community Support Association

http://homeandcommunitysupport.ca/care_guide/default.asp

CAREGIVER SUPPORT SERVICES	
Respite	A support service provided in a client's home offering relief for family and friends from their caregiving role, relieving some of the stress placed on family relationships. Services may include supervision, personal care, light housekeeping and meal preparation.
Support and Counselling	This service provides therapeutic counselling to a caregiver with an emotional, behavioural or personality problems impeding their ability to provide care and support for a client. This service is provided to caregivers in a group or individual session under the direction of a professionally trained individual.
Training, Information and Education	This service provides information and education about diseases, as well as training and moral support that will assist the caregiver in providing physical care and emotional support to the client. Service is provided on a timely, goal-directed basis under the direction of a professionally trained individual. This service is provided in group or individual sessions.
Volunteer Hospice Visiting Service	A support service where volunteers are recruited, trained and aided in providing support to individuals in receipt of palliative care. The palliative care visitor supplements the support of family and friends. In some situations, a palliative care visitor may be the only source of support for the client.
COMMUNITY SUPPORT SERVICES	
Adult Day Service	This service is for frail older adults and adults with acquired brain injury and Alzheimer's Disease. It provides supervised activities to help them achieve and maintain their highest capacity for functioning and to prevent premature and inappropriate institutionalization. This service also provides respite and support for their caregivers. Services include transportation, meals, supervision, social and recreational activities, personal care, counselling and minor health care.
Alzheimer/Dementia Overnight Service	This is an adult day service that provides overnight accommodation, supervision, meals and activities for adults with Alzheimer's Disease and other progressive cognitive disorders and related dementias.
Friendly Visiting	A support service that matches a volunteer with an isolated older or physically disabled adult living in their home for friendly visits on a regular basis. These visits are generally to the client's home, but

	volunteers may also do some shopping on behalf of the client or accompany them on errands or social events outside the home.
Intergenerational Program	This program is designed to facilitate health relationships between young people and older adults, people with disabilities and those with special needs. Older adults may volunteer in elementary schools to meet with children and demonstrate a variety of creative activities. Teenagers may assist older adults in such activities as running errands, accompanying them while shopping or visiting with them.
Social and Recreational Services	This service provides social recreational activities such as swimming, cards, and crafts.
Transportation	This support service provides transportation for medical appointments, social programs and activities and errands such as shopping or banking. Agency staff or volunteers use private cars, agency vehicles and public transit to provide transportation. Clients may also be assisted in walking to destinations. (Eligibility criteria)
HEALTH SERVICES	
Attendant Service	A service providing homemaking and personal support service to people over the age of 16 with permanent physical disabilities requiring assistance with activities of daily living.
Foot Care	A service for older adults. A professional trained in foot care provides services including trimming toenails, monitoring the condition of feet and bathing and massaging feet.
Palliative Care	Palliative Care is the compassionate care of persons facing a life threatening or terminal illness, when treatment to prolong life has been discontinued and control of symptoms, both physical and emotional, are paramount. A specially trained Personal Support Worker often provides this service.
Personal Support Services	Personal Support Services includes personal hygiene activities and assistance with the routine activities of daily living. Services can include escorting the client to medical appointments and tracheostomy care.
Supportive Housing	Supportive Housing provides personal support services and essential homemaking in permanent residential settings for frail or cognitively impaired older adults, people with physical disabilities or acquired brain injuries and those living with HIV/AIDS. Supportive Housing service is for people who wish to remain independent that need support services on a 24-hour basis due to required monitoring, services during the night and emergency response services. Those living in Supportive Housing arrangements receive continuing interaction and socialization with others.

HOME SERVICES	
Emergency Response Systems	This service provides an electronic device within a client's home so they can communicate in an emergency, with staff available 24 hours a day that can summon assistance.
Home Help/Homemaking	Trained personnel assist with routine household activities such as light housekeeping, shopping and meal preparation. Homemaking services include: house cleaning, doing laundry, ironing, mending, shopping, banking, paying bills, planning menus, preparing meals and caring for children.
Home Maintenance and Repair	This support service provides or arranges for an individual worker or company to undertake home maintenance or make repairs. This may be required on a regular basis, occasionally or for one time only. This may include helping the client arrange home repairs and renovations such as decorating, plumbing, electrical work, new furnaces, roofs and structural modifications for personal safety, access or improved quality of life.
Intervention and Assistance Services	This support service provides intervention and assistance to vulnerable adults, at-risk older adults and persons with physical disabilities and their caregivers. Clients may include abused, unmotivated and alienated persons and those not served by other agencies or resources. The goal of this service is to provide support and crisis intervention in critical situations, and stability and assistance in planning for the longer term. Examples of client services include: problem identification, referral and services coordination, assistance in filling out forms, making applications for various services and programs, advice on nutrition, budgeting, household management, and long-term institutional placement.
Life Skills Services (Disabled)	Life Skills Services are provided in addition to Personal Support and Attendant Services. These services help clients and family members learn how to perform daily living activities and learn the skills necessary to increase personal independence.
Security Checks or Reassurance Service	This support service was designed to provide isolated persons with regular contact to reassure them that help is always available when needed. This service can be provided through a personal visit to the home, a telephone call or by other means. Security visits or reassurance visits to the home are generally on a one-time or infrequent basis as part of a general security and safety program. A general security check includes a short daily telephone call inquiring about the client's general health and safety.

NUTRITION SERVICES	
Congregate Dining	A support service providing a nutritious meal at a central location on pre-arranged days. This service includes social activities as well as transportation to the central location. This service is also known as Diner's Club and Wheels to Meals. After the meal, a variety of activities are offered such as outings, bingo, educational presentations and more.
Meals on Wheels	A support service that delivers nutritious meals to homebound individuals, up to seven days a week. Volunteers deliver the meals and also provide social contact and early monitoring of potential crisis situations. Therapeutic meals for special diets are also available, including diabetic, renal, gluten-free and lactose-free meals, easy to swallow meals, and/or ethnic meals.

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APPENDIX B: FORMAL SERVICES IN ELLIOT LAKE PROMOTING SOCIAL INCLUSION OF SENIORS AND CAREGIVERS

CAREGIVER SUPPORT SERVICES (Respite, Support and Counselling, Training, Information and Education, Volunteer visiting)				
Program/Service	Provider	Service Type	Services	Comments
Respite care	St. Joseph's Manor (Long Term Care facility)	Respite	One bed reserved for respite care, for clients with qualifying care needs. Same level of personal care, access to recreation and social programs and services as LTC residents.	Used to have two beds for respite care; reduced to one, capacity at about 75%.
Caregiver Support Service-Respite	Huron Lodge Community services	Respite	One bed reserved in the assisted living facility for respite care, for clients with qualifying care needs (lower care needs than the LTC facility). Same level of personal care, access to recreation and social programs and services as Assisted Living residents.	Eligible clients may stay for up to 3 months. Filled at capacity (approx. 98%), wait lists, booking a year in advance. Website description: A support service provided at Huron Lodge to enable family or friends to have relief from their care giving role. The service provides overnight accommodation, personal care, meals and activities.
Community Support Services	Canadian Red Cross Community Health Services	Respite	Homemaker Service (Community Health Services program) provide in home care and support to eligible clients.	Services accessed through the Community Care Access Centre. Eligibility requirements.
Alzheimer's Caregiver Support Group	Alzheimer's Society of Sault Ste. Marie and Algoma District	Support and Counselling	Caregiver education and support provided by the Alzheimer's Society; office located in Huron Lodge.	Huron Lodge website description: The group provides support, information, education and reassurance to caregivers, family members and friends of those suffering from Alzheimer's disease. Meetings held twice a month.
Caregiver support	Elliot Lake Family Health Team	Support and Counselling	Services within the context of the interdisciplinary primary health care team. Social worker	Social worker co-facilitates the Caregivers Support Group. Others (physician, nurse practitioner) conduct education forums in

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			has a practice focus on caregiver stress.	collaboration with the Alzheimer's society.
Community-based counselling	Counselling Centre of East Algoma	Support and Counselling	Offers counselling services to individuals, couples, families and groups in several different program areas. The addictions program offers a service stream for seniors. Other services relevant for seniors are grief counselling, and counselling for acceptance of limitations caused by health issues or aging.	One counsellor co-facilitates the Caregiver's Support Group.
First Link Learning Series	Alzheimer's Society of Sault Ste. Marie and Algoma District	Training, Information and Education	Caregiver education; also has general education programs for the wider public.	
COMMUNITY SUPPORT SERVICES (Adult Day Services, Alzheimer/Dementia Overnight Service, Friendly Visiting, Intergenerational Program, Social and Recreational Services, Transportation)				
Program/Service	Provider	Service Type	Services	Comments
Adult Day Program	Huron Lodge Community Services	Adult Day Services	Recreational and social activities, exercise and fitness, meals, personal care, Handi-lift transportation. Opportunity for residents of assisted living, day service participants, caregivers, and others in the community to socialize. Secondarily provides respite for informal caregivers.	Website description: Make social interaction a weekly routine. Five days per week, older adults and the physically challenged are invited to Huron Lodge to take part in a variety of activities, social events and a nutritious midday meal. This program can also assist those family members caring for a relative who need time away from the caring situation. Caregivers are welcome to attend to ease the transition and assist in your family member's comfort. Programs include arts and crafts, social activities, gentle exercise, movies, mini excursions, recreational activities, baking,

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				live musical entertainment and more. Assistance with transportation through the Handi-Lift service may be available.
Club 90	North Shore Community Support Services	Adult Day Services	Psychosocial rehabilitation for adults. Includes counselling, social and recreational activities, meals.	Program open to all adults; client base is aging.
Activities and Programs	Huron Lodge Assisted Living	Social and Recreational Services	Services for residents of assisted living.	Website description: A variety of regularly scheduled activities at Huron Lodge include recreational, educational, fitness and health promotion programs, crafts, and social events. There are countless opportunities for relaxation and social interaction. Huron Lodge offers inter-denominational religious services and pet therapy. Community tours, shopping trips, swims at the municipal pool and monthly birthday parties are also regularly organized for the residents' enjoyment.
Education and support services	Alzheimer's Society of Sault Ste. Marie and Algoma District	Support and Counselling for clients and caregivers	Provide ongoing education and support to ~ 100 patients and their caregivers. Will soon start a home visiting program with a Recreation Therapist	Have had a full-time office Elliot Lake for 5 years.
Support service	Alzheimer's Society of Sault Ste. Marie and Algoma District	Support and counseling	One-on-one support for clients and caregivers in the early stages of Alzheimers	
Informal Education	Learning In Retirement	Social and Recreational Services	Organization that coordinates the exchange of information and knowledge. Courses are led by volunteer facilitators in	The program initially was restricted to seniors; they are now beginning to open to all adult s (over the age of 18) to increase intergenerational learning. Classes are held

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			the community. Course fees cover the cost of facility rental; small discount for seniors. Courses are held at the Lester Pearson Civic Centre (accessible facility). Courses range from arts and crafts to practical topics like banking.	in the day, however, so they are now considering holding evening classes to allow greater participation from working age adults.
Renaissance Seniors Centre	Renaissance Seniors Centre	Social and Recreational Services	From the City of Elliot Lake Website: The Renaissance Seniors' Centre serves as a focal point for information referral, as well as social, recreational, and educational pursuits. Full membership is open to all those fifty years old.	The Centre maintains a meeting hall where activities take place and offers many social and recreational features. Has been open for 20 years. Open 7 days a week.
Les Aniés de L'Étoile d'Or	Les Aniés de L'Étoile d'Or	Social and Recreational Services	<p>The goal of the club is to reunite Francophone residents in order to prevent social isolation.</p> <p>The club is part of the <i>Fédération des aînés et des retraités francophones de l'Ontario</i> (FAFO), whose mission is to promote quality of life for Ontario francophone who are over 50. As such they offer certain educational services (funded by the government) for their club members</p>	<p>The club started in 1975, and has had its own building since 1990. They also have a campground 12 km north of the city, where summer activities take place.</p> <p>About 20% of the community is Francophone; the club has about 200 members.</p>

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W.H. Collins Centre	Community Services Department, City of Elliot Lake	Social and Recreation Services	Daily year-round indoor walking program; indoor badminton and tennis; swimming pool.	Also available for special events.
Elliot Lake Municipal Pool and Gym	Community Services Department, City of Elliot Lake	Social and Recreation Services	Fitness programs for all ages; includes programs designed specifically for seniors (e.g. Silver dolphins exercise class, arthritis program).	Discount for seniors; Welcome card program applies.
W. B. Pearson Civic Centre	Community Services Department, City of Elliot Lake	Social and Recreational Services	Elliot Lake Arts club (arts and crafts workshops and studios); Stage Door Players theatre group; many others.	
Bus service	Elliot Lake Transit	Transportation	Four bus routes within the city of Elliot Lake. Monthly passes for seniors and students cost \$50 (\$60 for others).	M-W, Sat 7:30am-5:30pm Th-F, service until 8:30pm No service on Sundays or statutory holidays
Handilift Service	Huron Lodge Community Services	Transportation	City website information: Transportation service for those unable to board the regular transit bus, and are unable to walk a distance of 500 feet. To become a registered client of the service, an application verifying eligibility must be completed and signed by a physician, chiropractor, or registered therapist.	Huron Lodge runs the handilift service for the City of Elliot Lake. All trips must be pre-booked a minimum of 7 days in advance by calling Huron Lodge - the contracted service provider. Service is Monday- Friday, 8:30-4:30 for the regular fare of \$2.00 per trip.
Volunteer transportation service to medical appointments	Huron Lodge Community Services	Transportation	Huron Lodge coordinates a volunteer transportation service to drive community members to medical appointments in referral	Huron Lodge is a 3 rd party advance funding agency for the MOHLTC's Northern Health Travel Grant program. Volunteers are reimbursed for their expenses by Huron Lodge, who then submits the application

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			centers (usually Sudbury and Sault Ste. Marie).	for the grant.
Shuttle service	Five Seasons Transit	Transportation	Five Seasons Transit offers a shuttle service from Elliot Lake to Sudbury and Toronto Airport by request. Service is provided for airport connections, medical appointments and basic travel.	Based in Sudbury. Cost is \$285 RT to Sudbury, \$495 round trip to Toronto. Do not get many calls from Elliot Lake.
HEALTH SERVICES (Attendant service, foot care, palliative care, personal support service, supportive housing)				
Program/Service	Provider	Service Type	Services	Comments
Attendant care service	March of Dimes	Attendant service	Provide one-on-one assistance to individuals with disabilities in the home. Services may include personal care, light housekeeping, transportation assistance to medical appointments. Individuals eligible for aging at home service may also qualify.	While not specifically targeted toward seniors, at least half of their clients are seniors. There budget constraints to the number of people served; waitlist exists.
Community Support Services	Canadian Red Cross Community Health Services	Personal support service	Homemaker Service (Community Health Services program) provide in home care and support to eligible clients. Care provided by personal support workers (PSW), include personal care, limited medical care, home management, respite, and companion care.	Services accessed through the Community Care Access Centre. Eligibility requirements.

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Case Management	North East Community Care Access Centre (CCAC), Sault Ste. Marie Branch, Elliot Lake Satellite Office	Health Services	The CCAC provides assessment and case management services, referrals, and service coordination.	
Assisted Living (Residential)	Huron Lodge Assisted Living	Supportive Housing	Supportive housing; eligibility assessed through the CCAC. Primarily for clients with minimal medical needs who require assistance with activities of daily living (e.g. patients with Alzheimer's / Dementia).	Huron Lodge accommodates all persons who qualify for admission regardless of their ability to pay.
Assisted Living (Community-based)	Huron Lodge Community Services	Supportive Housing	Provide assisted living services to seniors in their own home, in Five Retirement Living apartment buildings. Staff are on site for 16 hours per day and provide assistance with activities of daily living, personal care services	
Informal education	Elliot Lake Lifelong Learning		Seniors/Retirees	100% volunteer; workshops, speakers; luncheons. Recently opened to all adults; municipal subsidy eliminated, prices have recently risen.
Seniors Mental Health Community Consultation Program	North Shore Community Support Services		Website description: It is a consultation service providing mental health assessment, diagnosis, treatment recommendations and limited follow-up and/or referral on an outreach basis. The service also collaborates with health care agencies and caregivers in order to provide advocacy for	The Seniors Mental Health Program is affiliated with the Northeast Mental Health Centre, North Bay Campus

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			consumers and their families to ensure that the mental health needs of seniors are met, and provides education and consultation to community agencies. Model of service is treatment. Average length of stay is a maximum of six months.	
HOME SERVICES – Emergency Response Systems, Home help/homemaking, Home maintenance and repair, intervention and assistance services, Life skills (disabled), security checks or reassurance service				
Program/Service	Provider	Service Type	Services	Comments
Customer Service	Elliot Lake Retirement Living	Home maintenance and repair	Tenants in Retirement Living housing receive home maintenance and repair services.	
Customer Service	Elliot Lake Retirement Living	Intervention and Assistance	Building superintendants and Customer Service Manager provide surveillance of properties; identify tenants who require assistance with homemaking and personal care; make referrals to CCAC, service providers .	Work closely with Senior Issues Officer, Huron Lodge Community Services, others.
Customer Service	Elliot Lake Retirement Living	Security checks and reassurance services	Will check on a tenant on request.	Frequently provides this service for out-of-town family members.
Seniors Issues Officer	Elliot Lake Detachment of the Ontario Provincial Police	Intervention and assistance service	Provides specialized police services for seniors; interface between police and social/health services	
Personal Emergency	Life Alert	Security checks and	Commercial business providing within-community equipment	In the event of an alert, the service will contact friends, family members,

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Response Service		reassurance services	and service for personal emergency. Cost is between \$26-36 per month.	neighbours, first responders, or make visits to the home.
Safely Home – Wandering Registry	Alzheimer’s Society of Sault Ste. Marie and Algoma District		Registration and identification service for clients with Alzheimer’s who may wander away from home.	Clients wear bracelet with information; also registered with local police.
Home Maintenance & Repair Service	Huron Lodge Community Services	Home Maintenance & Repair		Website description: Year-round home service includes grass cutting, snow removal, heavy cleaning, and minor repairs to eligible clients.
NUTRITION SERVICES				
Program	Provider	Service Type	Services	Comments
Meals on Wheels	Huron Lodge Community Services	Meals on Wheels	Delivery of a hot meal ...	Need-based; there is a fee for the service, this can be waived.
Congregate Dining	Huron Lodge Community Services	Congregate Dining	Services provided in cooperation with Retirement Living; meals served at senior’s residence buildings to provide opportunity for social dining.	Guest speakers from various social service agencies may give presentations at dinners.

APPENDIX C: Clubs and Organizations: Contact List

Accessibility Advisory Committee

ACCESSIBILITY ADVISORY COMMITTEE

Al Collett - Chairman
 Lesley Sprague - Secretary
 Lorna Swift
 Jacquelyn Macknight
 Wendy Bromley-Cyr
 Gary Morgan
 Keith Moyer

MANDATE OF THE COMMITTEE

To work toward a barrier-free community for all persons with disabilities and to work with the community to fulfill the mandate of the committee.

Clubs & Organizations- Contact List

ARTS & CULTURE

ARIEL (Art Roundtable in Elliot Lake)		705-461-3297	[arielgroup@live.com]
Art Among Friends	Gail Lacasse	705-848-8164	[lacassl@cyberbeach.net]
Cercle des artistes	Cecile Senechal	705-848-2088	[senechaux@personainternet.ca]
Dance Works Studio	Christine Brunet	705-848-8464	[danceworks@bellnet.ca]
Community Band	Ann Foy	705-461-3245	[suitemusic@bellnet.ca]
Elliot Lake Amateur Theatre Ensemble (ELATE)	Luc Morrisette	705-848-5657	[alpflolm@onlink.net]
Elliot Lake Amateur Youth Theatre Ensemble	Priscilla Hollic	705-461-3191	[hollicks5@yahoo.ca]
Elliot Lake Arts Club	Christine Roberts	705-849-9167	[cuseroberts@sympatico.ca]
Elliot Lake Bluegrass Jammers	Gloria Hansen	705-461-8077	[glowin@persona.ca]
Elliot Lake Entertainment Series	Kate Matuszeuski	705-848-2287 Ext. 2400	kmatuszeuski@city.elliottlake.on.ca
Elliot Lake Horticultural Society	Margaret Vivyurka	705-848-7070	
Elliot Lake Model Railroad Club	Art Hilder	705-461-3622	[ahilder@sympatico.ca]
Elliot Lake Music Teachers	Ann Foy Lucille Gauthier	705-461-3245 705-848-2360	[suitemusic@bellent.ca]
Elliot Lake Quilters' Guild	Karen Dickey	705-848-9714	
Elliot Lake Secondary School (ELSS) Drama Productions	Tom O'Grady	705-848-7162	[http://www.ellss.ca/index.html]
Elliot Lake Woodcarvers Club	Jim Lindamood	705-461-1745	[jil@persona.ca]
Elliot Lake Writers' Workshop	Audrey Austin	705-848-5992	[Audrey@persona.ca]
Jewels of Harmony	Jane Miller	705-848-7685	[janeemiller@hotmail.com]
King of the North Festival	Thor Bonfig	848-8848	[thor@kingthor.com]
Knitting Machine Club	Ione Boivin	705-848-3341	[dcmarg@sympatico.ca]
Le club des aines l'etoile d'or	Suzanne Perreault	705-848-6983	
Learning in Retirement	Boby Young	705-461-9112	
Men of Song	Dave Braidwood	705-848-1073	[dfb@cyberbeach.net]
OC Scrapbookers	Debbie Rutledge	705-848-9595	[oscrapbookers@yahoo.ca]
Precious Ladies Productions	Lois Turner	705-848-1411	[loturn@persona.ca]
Quilters Plus	Bev Mallvon or Thelma Astley	704-461-5285 705-848-7085	[bam329@sympatico.ca]
RAFO (Regroupement des associations francophones de l'Ontario)	Robert Bailey	705-848-5005	[raforivenord@bellnet.ca]
Stage Door Players	Ron Gallichan	705-848-8526	[misty59@sympatico.ca]
Suite Chimes	Ann Foy	705-461-3245	[suitemusic@bellent.ca]
Suite Harmony Chorus	Ann Foy	705-461-3245	[suitemusic@bellent.ca]
Suite Music Youth Choir	Ann Foy	705-461-3245	[suitemusic@bellent.ca]
Toot Suite (Community Band)	Ann Foy	705-461-3245	[suitemusic@bellnet.ca]

HEALTH & SOCIAL SERVICES

Alcoholics Anonymous	Rose-Marie	705-461-3150	
Algoma Public Health Unit	Susan Bourret	705-848-2314	
Alzheimer's Society	Carolyn Ross	705-848-8145	[carolynross@alzheimeralgoma.org]
Anchor Club	Ed Lanktree	705-461-6418	
Big Brothers/Big Sisters Elliot Lake	Ted Wurster	705-848-5027	
Camillus Centre	Ralph Regis	705-848-2129	
Canadian Cancer Information Services		1-888-939-9333	
Canadian Cancer Society Services		1-888-930-8883	
Canadian Hearing Society	Barbara Marsden	705-848-5306	[bmarsden@chs.ca]
Club 90- North Shore Community Support Services	Anke Lansky-Johnson	705-848-2879	[nscss@nscss.com]
Community Health Services CRC	Jacquelyn MacKnight	1-866-775-8581 ext. 201	[jacquelyn.macknight@redcross.ca]
Community Living Algoma	Valerie Marceau	705-848-2475	
Counselling Centre of East Algoma (formerly Family Life Centre)	Shelly Watt-Proulx	705-848-2585	[www.counsellingeastalgoma.com]
East Algoma Diabetes Education and Care Program	Doris Janveaux	705-848-7182	
East Algoma Mental Health Clinic HRSRH	Diana Price	705-848-9131	[dprice@hrsrh.on.ca]
Elliot Lake Community Care Access Centre	Sheila Forsythe	705-461-9329	
Elliot Lake Community Food Share Gardens	Chuck Zietsma	705-848-1076	[zietsel@persona.ca]
Elliot Lake Emergency Foodbank	Don McBean Cindy Faw	705-848-3195 705-461-3153	
Elliot Lake Support Group for CNIB Clients	Bobbie Montpetit Lorna Swift	705-848-9688 705-461-1428	[tootsie41@sympatico.ca]
Family Health Team	Pierrette Brown	705-848-8882	
Huron Lodge Community Service Board Inc.	Norman Mann	705-848-2019	
Fibromyalgia/Chronic Fatigue Syndrome Support	Virginia Boilard	705-848-7309	
Le Centre Victoria Pour femmes	Julie Caissy	705-461-6120	centrevictoria@bellnet.ca
MADD	Marie Henning	705-848-2135	[maddelliotlake@persona.ca]
Maplegate	Melody Rose-Gauthier	705-461-7977	
Meals On Wheels	Norman Mann	705-848-2019	
Narcotics Anonymous		705-843-0779	
Memorial Society of Northern Ontario		1-866-203-5139	
North Star Family Resource Centre/Fresh Start Hub	Francine Bolduc	705-848-6669	
Oaks Treatment Centre	Ralph Regis	705-461-4508	
Office of the Worker Advisor	Theresa Maillet	705-848-6413 1-800-398-3228	
Ontario March of Dimes	Shirley Cutts	705-848-4840	[scutts@marchofdimes.ca]
Palliative Care Program	Kelly Jeffords	705-848-7182 ext. 2235	[palliative@sjgh.ca]
Protect Our Children, STOP SEXUAL ABUSE	Tania VanNorman	705-869-6396	[calvinvn@cyberbeach.net]
Safe Communities Elliot Lake	Jacquelyn MacKnight	705-848-1276	
St. Joseph's Hospital Auxiliary	Margaret Vivyurka	705-848-7070	
The Multiple Sclerosis Support Group	Shirley Cutts Sharon Tresidder	705-848-4840 705-461-9436	[scutts@marchofdimes.ca]
United Way of Sault Ste. Marie	Gary Vipond	705-256-7476	
Welcome Wagon	Cynthia Chitty	705-461-3801	

RECREATION

Algoma Paddlers	Wally Van Dyke	705-849-6429	
Aquafit	Joce Labreche	705-848-2287 ext. 2500	
Arthritis Program	Joce Labreche	705-848-2287 ext. 2500	
Canadian Sisterhood	Verna Malcovich	705-461-6102	
Coureurs de Bois Voyageur Trail Club	Phill & Liz Barnes	705-848-8767	
Elliot Lake & District Special Olympics	Barbara Hopkins	705-848-4905	[dbhobby@vianet.ca]
Elliot Lake Aquatic Club	Joce Labreche	705-848-1297	
Elliot Lake Amateur Radio Club	Dave Sutherland	705-848-7232	[dsutherland@sympatico.ca]
Elliot Lake Astronomy Club	Hans Uhl	705-848-9609	[hans.uhl@sympatico.ca]
Elliot Lake ATV Club	Jeanne Lampman	705-461-8635	[lampmanalex@sympatico.ca]
Elliot Lake Bobcats	Ryan Leonard	705-848-8601	[ryan@elliottlakebobcats.com]
Elliot Lake Community Tennis Club	Fran Perkins	705-848-5291	
Elliot Lake Computer Club	John Barker	705-461-8922	[jbarker30@canada.com]
Elliot Lake Cross Country Ski Club	Bob Stirling	705-848-2525	
Elliot Lake Deer Trail Curling Club	Doug MacLeod	705-848-7301	
Elliot Lake Duplicate Bridge Club	Ted Martin	705-848-7132	
Elliot Lake Fly Fishing & Tying Club	Erick Russel	705-461-3721	
Elliot Lake Fur Harvesters Association	Ted Foxell	705-848-3522	
Elliot Lake Youth Slo-Pitch League	Susan Alamenciak	705-848-8391	
Elliot Lake Judo Club	Rick Gingras	705-848-2994	
Elliot Lake Ladies Hockey	Julie Roy	705-848-8633	
Elliot Lake Minor Hockey	Allyson McLean	705-461-1440	
Elliot Lake Minor Soccer Association	Tammy Datars	705-848-4871	
Elliot Lake Mixed Slo-Pitch League	Jenna Dickson	705-848-0080	
	Jill Loder	705-848-8212	
Elliot Lake Oldtimers Hockey	Don Michaluk	705-461-3464	[donm@inorth.on.ca]
Elliot Lake Rod and Gun Club	Keith Balfour	705-848-9682	[balfie@eastlink.ca]
Elliot Lake Sharp Shooters	Donna Rochon	705-848-2761	
Elliot Lake Skating Club	Chantal Robert	705-461-7814	
Elliot Lake Snowbirds Club	Jerry Bertrand	705-848-4620	
Elliot Lake Wrestling Club	Joey Lagace	705-461-7553	[elliottlakewc@hotmail.com]
Friends of Algoma East	Jim Johnston	705-848-7377	[jimajohnston@sympatico.ca]
Junior Curling	Marjorie Smith	705-848-3059	
Korean Martial Arts of Canada (E.L. Chapter)	Ivan Bergeron	705-848-3544	
Little Rock Curling	Jenna Dickson	705-848-7301	
Mount Dufour Ski Area	Dave Brunet	705-848-6655	
North Shore Association of Basketball Officials	Ted Hyndman	705-848-5670	
North Shore Cruisers	Jack Bardgett	705-461-1793	[applbust@bellnet.ca]
North Shore R.C. Modellers	William Elliott	705-848-5993	
Nuclear Basketball Association	Parks & Recreation	705-848-2287 ext. 2134	
Penocean Hills Field Naturalists	Gerard MacGillivray	705-848-8382	
Red Hat Society:			
Radium Red Hot Sisters	Shirley Preece	705-848-6053	
Northern Gems	Verna Malcovich	705-461-6102	
Vintage Chicks	Margaret Sinclair	705-848-8134	
Silver Dolphins	Joce Labreche	705-461-2287 ext. 2500	
Stamp Club	Dieter Gey	705-461-9815	
Stone Ridge Golf Course	Travis Speiss	705-848-8695	[www.golfstoneridge.com]

YOUTH & CHILDREN'S PROGRAMS

2710 Royal Canadian Army Cadets	Ron Bilton	705-356-2407	
306 Royal Canadian Sea Cadets	Tom Turners	705-848-6149	
696 Air Cadets Squadron	Darla Hennessey	705-461-9039 705-356-2608	
Bible Learning Time (KG-Grade 3)	Verona Huff	705-461-8441 705-848-7171	[fbaptist@bellnet.ca]
Quest (Grade 7 to 12)	Edward Dickey	705-848-9714	
Scouts Canada	Brad Lees	705-848-7742	

The **Youth Advisory Committee** is designated by City Council to provide local youth with activities and assistance where possible. The group comprised of youth delegates discuss and debate topics such as youth initiatives, program support and leadership development.

Mandate:

1. To Keep Council informed of important matters affecting youth.
2. To occasionally host youth workshops/forums, conduct surveys to address concerns and needs that affect youth
3. To act as a positive advocate for youth.
4. To actively seek input from youth on important matters.
5. To support events created by the Committee that relate to the mandate.
6. To provide leadership experience for youth.

YOUTH ADVISORY COMMITTEE

Melissa Pike – Chair
 Mayor Hamilton
 Councillor Patrie
 Angela Harwood
 Darla Hennessey
 Marie Henning
 Carmaine McCallum
 Corey Officer
 Marsha Pike
 Carter Quesnel
 Suzanne Roy

SERVICE CLUBS

Beta Sigma Phi	Brenda Lackie	705-848-8516	
Chevaliers de Colomb	Gerald Beurdy	705-461-1533	
Delta Eta Iota Omicron	Ailene Hach	705-848-9589	
Elliot Lake Chamber of Commerce	Todd Stencil	705-848-3974	[elchamber@onlink.net]
Elliot Lake Lions Club	Andreena Brant Carmaine McCallum	705-461-8144 705-848-9227	[andreenabrant@sympatico.ca]
Elliot Lake Masonic Lodge #698	Ken Pierce	705-848-3947	
Huron Shrine Club	Jim Gibbs	705-848-0369	
Knights of Columbus	Clem Charest	705-848-2710	[maryclem@personainternet.com]
Moose Family Centre	Earl Hardy	705-848-7938	
Order of the Eastern Star	Bob Prout	705-848-9303	
Rotary Club	Norman Mann Gil Contant	705-848-2019 705-848-2019	[norm@huronlodge.ca] [gil@huronlodge.ca]
Royal Canadian Legion BR. 561	Tom Hywarren	705-461-8486	[tombuoy@eastlink.ca]
Royal Canadian Legion BR 561 Ladies Auxiliary	Colleen Manuel	705-848-2712	

PROGRAMS FOR ADULTS 55 PLUS

Learning in Retirement	Diana MacGowan	705-461-9112	
Le club des Aines l'Etoile d'or	Olga Beaulieu	705-848-6983	[olgabeaulieu@persona.ca]
Rainbow Square Dancers Club	Sheila Darbyshire	705-848-5481	
Renaissance Seniors Centre	Sylvia Cayen	705-848-9721	[rencen@persona.ca]
Seniors Mixed Slo-Pitch Rainbow Warriors	Gabe Cazabon	705-848-0881	[gcazabon@hometown.com]
Seniors Issues Office	John Gagnon	705-848-6975	

MISCELLANEOUS

Anti-Poverty Coalition	Irene Breckon	705-848-9692	[Irene_breckon@hotmail.com]
Citizens On Patrol	Maurice & Jacquelyn MacKnight	705-848-1276	[jacquelynm@personainternet.com]
Citizens Aiding Police	Christine Ouimet	705-848-6975	
North Channel Literacy Council	Cheryl DeNeire	705-848-3334	[literacy@cyberbeach.net]
Society for Animals In Distress S.A.D.	Brandi Duquette	705-461-3197	[society4animals@bellnet.ca]
The Elliot Lake & Area Kennel Club	Kris Kiviaho or Carole Snow	705-865-2434 705-848-9048	[krisk@inorth.on.ca] [snoglo@eastlink.ca]

PLACES OF WORSHIP

Elliot Lake Bible Chapel	Doug Price	705-848-8660	[dprice@personainternet.com]
Elliot Lake First Baptist Church	Rev. Dr. Livingstone Huff Phyllis Youmans	705-848-7171	[fbaptist@bellnet.ca]
Faith Lutheran Church		705-848-0209	
Gentle Shepherd Church	Lynda Fannerman Pastor Bob Davies	705-848-8569	[gentlesheperd@bellnet.ca]
Grace Christian Centre (www.gracechristiancentre.com)	Pastor Glenn Forest	705-848-1249	[gccforest@bellnet.ca]
Gospel Lighthouse United Pentecostal Church	Pastor Reg Harwood	705-461-1801 705-848-3683	
Holy Trinity United Church	Rev. Robert Gardner	705-848-3560	[htrinuc@bellnet.ca]
Kingdom Hall of Jehovah's Witness	Wayne Denmark	705-848-6902	
New Life Pentecostal Assembly	Pastor Paul McGowan Asst. Pastor Joan Clubine	705-848-3333	[lifers@personainternet.com]
Our Lady of Fatima Roman Catholic Church	Father Paul Conway	705-848-3350	[Fatimachurch@bellnet.ca]
Paroisse Ste. Marie Catholique Romain	Solange Caron Abbe Constantin Kazadi	705-848-2386	[psaintemarie@persona.net]
Seventh-Day Adventist Church	Pastor Doug Pollington	705-848-9728	[dpollington@adventist.org]
St. Peter's Anglican Church	Rev. Williems	705-848-2512	
The Church of Jesus Christ of Latter Day Saints	Tom Ewart	705-461-3397	[t_j_ewart@sympatico.ca]
The Salvation Army	Captains Williams & Stainger	705-848-5316	[elsarmy@onlink.net]