

**Supporting Aging in Place in Terrace Bay**

**Final Report**

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## Introduction

Aging in place continues to be a topic of concern and discussion among many countries around the world, Canada included. More recently, various housing and support options have emerged as popular alternatives to traditional supportive housing or retirement homes, including co-housing, villages or naturally occurring retirement communities (NORCs), and livable communities or age-friendly communities (Koss & Almelda, 2016). Many of these models have focused on addressing issues related to social isolation as well as the need for physical support. However, in many communities, the continuum of care options is not available or is limited, and this is even more likely in rural communities. As such, there are often few options for those people who are “in between”—that is, no longer able or willing to remain in their own homes but are not eligible or frail enough for a long-term care home (Koss & Almelda, 2016).

Most seniors prefer to stay in their own homes with in-home support services and/or with home modifications (Struthers, 2005). While seniors prefer to stay in their homes, many would consider relocating to retirement homes, whereas moving closer to family is considered less desirable (Ewen, Hahn, Erickson, & Krout, 2014). Most seniors prefer congregate housing and assisted living as compared to shared housing or home matching (Struthers, 2005).

Research suggests that people who own their own homes are less likely to be in need of residential or institutional care (McCann, Grundy, & O'Reilly, 2012; Nitiälä & Martikainen, 2007). Terrace Bay has a high rate of home ownership given the reasonable cost of housing (Statistics Canada, 2017) which has positive implications for the future if these research findings are transferable to the community. However, a lack of home supports and other options prior to institutional care has been detailed in previous research (Wiersma & Denton, 2016). This highlights an important gap in rural communities—how to support older people to age in place with limited community supports?

Push and pull factors (Lee, 1966) contribute to decisions to relocate. Push factors refer to factors associated with the area of origin which cause people to move, and can include a disconnect between the individual and his/her home environment, health changes, and driving status (Ewen et al., 2014; Struthers, 2005; Weeks et al., 2012). Previous research by Wiersma & Koster (2011) in northwestern Ontario suggested that push factors included health reasons, housing options, low cost of living, available long-term care, social support, recreation, and transportation. Pull factors, or those factors associated with other areas which entice people to move included weather, housing options available in other communities, proximity to urban centres, and family (Wiersma & Koster, 2011).

Terrace Bay (population 1,611) is one of several communities located along the north shore of Lake Superior between the two urban centers of Thunder Bay (255km to the west, population of 93,952) and Sault Ste. Marie (481km to the east, population 73,368) (Statistics Canada, 2017). This portion of the province includes approximately 80% of the land mass and one-sixth of the population, making Terrace Bay peripheral to both the urban centres of the north, and the urban core of southern Ontario. The

implication is that specialized healthcare services and programs are not easily accessible.

Terrace Bay began as a single-industry community in 1946 and continues to rely heavily on the forestry industry (mill) as its basis for employment and municipal revenue. At its peak (1980s), the mill employed over 350 people, but the period between 1990s and early 2000s was a time of upheaval with change in ownership and downsizing, and by 2010 the mill was closed; it reopened in 2012, and has been running since, but this industry is historically unstable, requiring municipalities to be cautious in developments that rely on a strong tax base. Despite uncertainty, the town has been able to maintain a quality of life and provision of services for its residents, including health care (a hospital and medical clinic), schools (one senior and three elementary), grocery, pharmacy, restaurants, automotive dealerships, retail services, a seniors' centre and recreational facilities (Koster & Main, 2019).

Not only does Terrace Bay have an older population than the provincial average, with 20% of the population over the age of 65 (versus 16% for Ontario) it is also an aging population, with 60% of the total population being between the ages of 50-64 (Martel & Noiseux, 2017; Statistics Canada, 2017). Terrace Bay's business structure is dominated by self-employed persons or small businesses, and the mill, employing approximately 360 people (AV Terrace Bay, 2018), with a small percentage of people employed in social and community services (9.6%) and health related occupations (4.5%) (Martel & Noiseux, 2017). Labour force participation rates are positive (70%), with unemployment rates at 9%, and the average wage (\$47,933) is higher than the provincial average (\$41,371).

For many years, Terrace Bay has been considering ways of supporting members of their community to stay in Terrace Bay as they get older and potentially require more supports. The economic climate, reliance on primary resource industry, and changing demographics have made this issue a priority for the community. A feasibility study and other initiatives have led Terrace Bay to consider a supportive housing complex. Building a supportive housing complex, however, is a major undertaking along with a considerable financial investment by the township in an era of financial instability due to reliance on primary resource industry, which makes this potential investment even riskier. Terrace Bay has no shortage of buildings, with many houses and storefronts vacant in the community. Constructing a new building in an era of fiscal instability is a major risk. There are several other alternatives that may provide less risk and be more financially sustainable for the community. However, these options need to be explored, with a focus on how the community perceives these options and would utilize them.

## **Study Methodology**

To this end, we conducted a two-phase project to support Terrace Bay in their decision-making processes in how to best support aging in place for its seniors. What seniors perceive their needs to be and what needs they actually have related to community services may differ (Cohen-Mansfield & Frank, 2008), and as such, a variety of tools are needed to better understand how to plan for an aging population. The two phases of the project are as follows:



### ***Review of Alternative Models of Aging-in-Place***

We conducted a comprehensive review of available models of aging-in-place in fall 2019. Utilizing scholarly research, other studies, and online sources, we will search for aging in place strategies and options internationally. Most of this information is not found in scholarly sources, but rather in the grey literature.

### ***Exploring Perceptions of Aging in Place***

We conducted a mixed methods study exploring the issues of aging in place in Terrace Bay. Of concern were the individuals who have relocated to other places as they have gotten older. Exploring their reasons for relocation along with what push and pull factors may have led them to consider staying in the community was included in the study. We explored the perspectives of people currently aging and living in Terrace Bay through focus groups and interviews. Guiding this work were the resources available from the Government of Canada's Federal/Provincial/ Territorial Ministers Responsible for Seniors Forum <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum.html>, mainly the document "Thinking About Your Future: Plan Now to Age in Place (2015), and the National Aging in Place Council resources, namely community and individual assessments for aging in place, which can be adapted to a rural Ontario context. These resources include documents to help individuals and communities assess their readiness to age in place.

The report is presented in three parts—Part One Quantitative Results; Part Two Qualitative Findings; and Part Three Recommendations.

## Part One Quantitative Results

### *Methodology*

The quantitative survey was based on information from the Government of Canada Employment and Social Development's document titled Thinking About Your Future? Plan Now to Age in Place (2015), which covers nine areas: health, home, transportation, finances, social connections, safety, supports and services, community, and partners. This guide was intended for seniors themselves to assess their needs for aging in place and was used to obtain quantitative data. We revised the survey based on discussions with the Supportive Housing Committee. For a final version of the survey, please refer to Appendix A.

The survey was distributed in several ways. A Survey Monkey was created with the online survey and links were sent out through the township email, Facebook, and the seniors' centre. The survey link was also posted on the desktop of the public library computers for people to easily access. In addition, we brought laptops to the seniors' centres to set up for people to complete the survey. Hard copies of the survey were distributed by members of the Supportive Housing Committee, the library, and were also available through the Seniors' Centre. A total of 191 responses were received. Of these, 115 were fully completed and were used for analysis.

### *Interpreting the Data*

This report is written utilizing several statistical tests to determine the average responses as well as differences between groups. Most frequently, descriptive statistics, such as counts and means (or averages) will be presented. In addition, t-tests will be used to determine if there are significant differences between the averages of two groups. In these cases, the p value represents the statistical significance. ***If the p value is less than 0.05, then this means there are likely differences between groups.*** SD or standard deviation refers to the range of differences between participants' responses. For example, on a question asking if individuals followed the guidelines on physical activity on a scale of 1 to 5 (1 being never, 5 being always), if the average is 2.5, and if a standard deviation is 2.5, this means that there was a wide variance among participants' responses with some individuals reporting never or rarely following physical activity guidelines with others reporting that they always followed the guidelines. If the standard deviation was 0.4 on an average of 2.5, that means that most responses were consistent.

**With all statistical tests, we are utilizing a p value of equal to or less than 0.05. This p value indicates a statistically significant test.**

## Quantitative Results

The purpose of this survey was to explore perceptions of aging in place from the perspectives of various community members, specifically focusing on what assets and needs the community has related to aging in place. While there were 191 responses, only 115 were fully completed and therefore our data will be looking specifically at those completed survey responses.

## Overall Demographics

Out of the 115 respondents who fully completed the survey, a general demographic breakdown is as such:

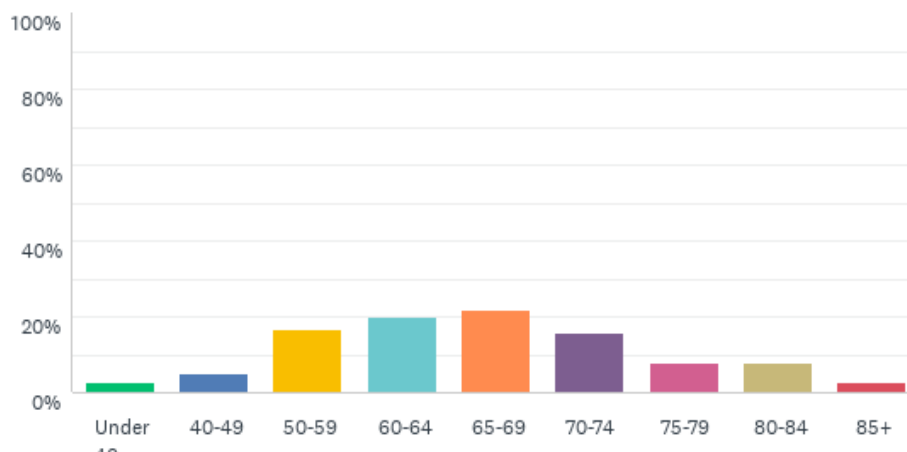


Figure 1 Age

As the graph demonstrates, 45% of respondents were under 65, whereas 55% of respondents were over the age of 65 and of the over 65 respondents only 12 respondents, or 10% were over the age of 80. This shows that those between 65 and 80, who are the largest demographic to benefit from additional attention being placed on aging in place studies, were engaged in the survey.

Adding to this is that the respondents primarily lived in Terrace Bay, with 103 or 89% stating that they resided in Terrace Bay. Although the benefits of creating an aging in place plan would benefit surrounding communities, such as Schreiber or Rossport, the Township of Terrace Bay was the guiding force in this study.

In terms of marital status, 77 participants (67%) described themselves as married, 21 (18%) as widowed, 7 (6%) in a domestic partnership, 6 (5%) as divorced, with the remainder of 4 (3.5%) either single and cohabitating, single and never married, or separated.

In terms of employment status, 70 (62%) participants were retired, 20 (18%) were full-time employed, 15 (13%) were part-time employed, with the remainder (n=8; 7%) not employed for various reasons

Related to housing, 104 (90.5%) participants owned their own home, 8 (7%) rented, and 3 (2.6%) stated neither. Most participants (n=72; 63%) lived with a spouse or partner, 32 lived with none of the options (likely indicating they lived alone), 12 (10%) lived with a child, with 7 (6%) living with a grandparent, grandchild, or “other”.

### **Health Status**

Participants were asked to indicate how frequently the following statements applied to them. These statements focused on health status and daily activities, and respondents were asked to rate on a scale including never, rarely, sometimes, usually, and always.

**Table 1**      *Health Status and Daily Activities*

<i>Statement</i>	<i>Never</i>		<i>Rarely</i>		<i>Sometimes</i>		<i>Usually</i>		<i>Always</i>		<i>Mean</i>
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	
<i>I am physically active and do a variety of physical activities that I enjoy.</i>	0	<b>0</b>	8	<b>7.1</b>	18	<b>15.9</b>	53	<b>46.9</b>	34	<b>30.1</b>	4.00
<i>I keep my mind active through a variety of hobbies and interests</i>	2	<b>1.8</b>	1	<b>0.9</b>	20	<b>17.5</b>	42	<b>36.8</b>	49	<b>43.0</b>	4.18
<i>I have health conditions that limit my mobility</i>	33	<b>29.5</b>	36	<b>32.1</b>	31	<b>27.7</b>	7	<b>6.3</b>	5	<b>4.5</b>	2.24
<i>I have health conditions that limit my daily activity</i>	44	<b>38.9</b>	37	<b>32.7</b>	22	<b>19.5</b>	6	<b>5.3</b>	4	<b>3.5</b>	2.02

As one can see from the responses in Table 1, most participants indicated that they were physically active and cognitively active. Very few participants had health conditions that limited their mobility or daily activity regularly.

We conducted analysis to determine if there were differences between groups of those over aged 65 and under aged 65. Based on the data in Table 2, we can surmise that those under the age of 65 are more physically active and do a variety of physical activities that they enjoy, and they are more likely to keep their mind active. Although the last two statements—having health conditions that limit mobility and daily activity—is not significant (where  $p < 0.05$ ), the differences are approaching significance. Thus, a larger sample may provide different results, but this is a point to note—that people over the age of 65 have greater potential to have health conditions that limit mobility and daily activity.

**Table 2** *Differences in Health Condition and Daily Activities by Age*

<i>Statement</i>		<i>Mean</i>	<i>Standard Deviation</i>	<i>t-value</i>	<i>P value Significance</i>
I am physically active and do a variety of physical activities that I enjoy.	Under 65	4.22	.679	2.46	<b>.012</b>
	Over 65	3.83	.959		
I keep my mind active through a variety of hobbies and interests	Under 65	4.22	.702	.343	<b>.026</b>
	Over 65	4.16	1.003		
I have health conditions that limit my mobility	Under 65	1.96	.979	-2.564	.084
	Over 65	2.48	1.120		
I have health conditions that limit my daily activity	Under 65	1.80	.939	-1.968	.096
	Over 65	2.19	1.128		

We then asked participants to respond to statements about planning for the future as related to health. This included knowledge about health history, planning today, and planning for the future as reported in Table 3. Most participants have not talked with their doctor about pre-existing medical conditions and what services and supports they may need. This may be related to not having a pre-existing medical condition or to not planning for the services and supports needed. Most participants were aware of their family's medical history, and there was an even distribution among individuals who spoke with their doctor about maintaining their health and aging and those who didn't. The same even distribution is found in those who have participated in advance care planning, writing down their wishes for care.

**Table 3** *Planning*

<b>Statement</b>	<b>No</b>	<b>Yes</b>
I have talked with my doctor about my pre-existing medical condition and what services and supports I may need as I age..	77 (67%)	38 (33%)
I am aware of my family's medical history.	5 (4.3%)	110 (95.7%)
I have talked with my doctor about what I can do now to maintain my health and how my health needs might change as I age.	50 (43.9%)	64 (56.1%)
I have written down my wishes for care in the event I become incapable of giving my consent.	54 (47%)	61 (53%)

### Health Care Access

We asked participants to indicate how frequently statements were true related to access to health care providers as found in Table 4. Dentists and dental checkups were the most frequently accessed when needed. Access to primary care providers and optometrists were also available most often when needed. Personal support services, however, were only rarely to sometimes available in the community according to participants. This can also be seen visually in Figure 1.

**Table 4** Access to Health Care Providers

Statement	Never		Rarely		Sometimes		Usually		Always		n/a		Mean
	N	%	N	%	N	%	N	%	N	%	N	%	
<i>I can see my primary care provider when I need to</i>	5	4.3	4	3.5	18	15.9%	51	45.1	34	30.1	1	0.9	3.9
<i>I have access to an optometrist</i>	10	8.7	7	6.1	9	7.8	26	22.6	59	51.3	4	3.5	3.91
<i>I have access to audiologists</i>	18	15.7	7	6.1	12	10.4	27	23.5	32	27.8	19	16.5	2.92
<i>I have access to dentists and dental checkups</i>	5	4.3	4	3.5	8	7.0	25	21.7	70	60.9	3	2.6	4.23
<i>I can access allied health professionals</i>	12	10.4	19	16.5	16	13.9	32	27.8	24	20.9	12	10.4	3.01
<i>I can access specialists</i>	7	6.2	8	7.1	23	20.4	40	35.4	27	23.9	8	7.1	3.42
<i>Personal support services are available in my community.</i>	9	7.8	10	8.7	20	17.4	24	20.9	26	22.6	26	22.6	2.74

In exploring differences between age groups, particularly those over the age of 65 and those under the age of 65, there were no apparent differences in access to any of the above health care providers except dentists and dental checkups. Those under the age of 65 ( $M=4.47$ ,  $SD .966$ ) reported having greater access to dentists and dental checkups than did those over the age of 65 ( $M=4.05$ ,  $SD = 1.430$ ),  $t(113)=1.811$ ,  $p=0.019$ .

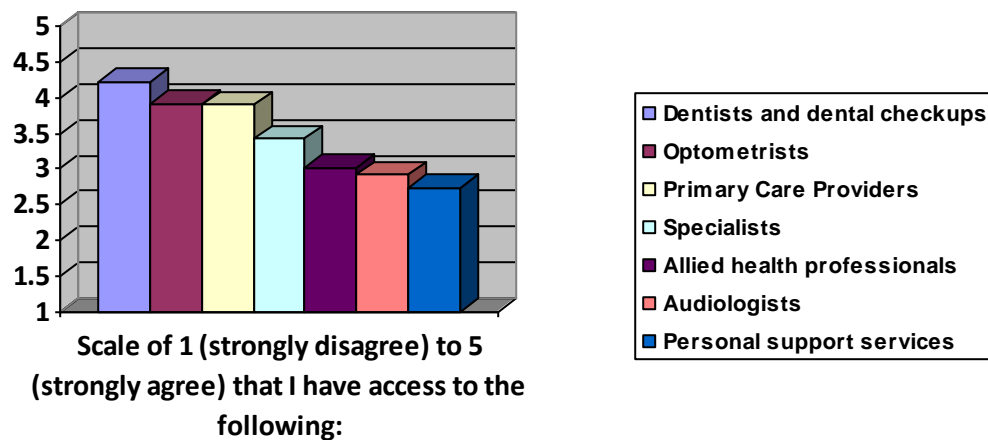


Figure 2 Access to Health Service Providers

Despite the availability of health care providers, there was some concern from participants that they would not be able to manage their present or future health status or conditions in Terrace Bay (see Table 5). While most participants didn't seem to worry, around 10% of participants usually or always worried that they will not be able to manage their current health status, while 27% of participants usually or always worried that they will not be able to manage their future health status in Terrace Bay.

Table 5 Managing Health Conditions in Terrace Bay

Statement	Never		Rarely		Sometimes		Usually		Always		Mean	SD
	N	%	N	%	N	%	N	%	N	%		
I am worried that I will not be able to manage my <b>current</b> health status or conditions in Terrace Bay	45	39.5	33	28.9	24	21.1	4	3.5	8	7.0	2.10	1.175
I am worried that I will not be able to manage my <b>future</b> health status or conditions in Terrace Bay	23	20.2	15	13.2	45	39.5	16	14.0	15	13.2	2.87	1.266

There did not appear to be any differences in concern in those ages under 65 and over 65 in managing current health status or conditions in Terrace Bay, but there was a significant difference in those under the age of 65 being more concerned about managing their future health status in Terrace Bay ( $M=3.06$ ,  $SD=1.15$ ) compared to



those over the age of 65 ( $M=2.72$ ,  $SD=1.34$ ),  $t(112)=1.435$ ,  $p=0.041$ . When analyzing more specifically by groups through a chi-square test, there was still no significance in different age groups and managing their current status in Terrace Bay. Concern among managing future health conditions was just approaching significance when examining differences among age groups. This is rather surprising given that we would have expected that the older one becomes, the more concern there might be about managing one's future health status or conditions in Terrace Bay.

When we conducted an independent samples t-test to explore differences between those who were retired and those who weren't, significant differences were found. Those who were not retired ( $M=2.12$ ,  $SD=1.247$ ) were more likely to be worried that they can't manage their future health status in Terrace Bay than those who were retired ( $M=2.09$ ,  $SD=.992$ ),  $t(112)=-.143$ ,  $p=0.058$ . Those who were not retired were also more likely to worry about managing their future health status or conditions in Terrace Bay ( $M=2.91$ ,  $SD=1.071$ ) than those who were retired ( $M=2.85$ ,  $SD=1.343$ ),  $t(112)=-.218$ ,  $p=0.037$ . This is also surprising given that one might expect that those who were retired might be more concerned about maintaining their future health status and conditions while in Terrace Bay. While the mean differences were not very large, it is interesting that those who are younger and not retired are more concerned about managing their future health status or conditions in Terrace Bay.

## Housing and Home

The following questions asked participants to think about the home they live in now, and to consider the following questions: Do you plan to live there when you are 70 or 80 years of age or older? Do you own or rent? If you rent, your ability to make changes to your home to support your needs may be limited. First, we asked participants if they lived close to family or friends.

**Table 6** *Living Distance from Family and Friends*

Statement	<i>I don't live close ...</i>		<i>I live close to some but not all...</i>		<i>I live close...</i>	
	N	%	N	%	N	%
<i>Family</i>	39	<b>33.9</b>	39	<b>33.9</b>	31	<b>27</b>
<i>Friends</i>	13	<b>11.5</b>	50	<b>44.2</b>	50	<b>44.2</b>

It is worth noting in Table 6 that 34% of participants did not live close to any family. While not everyone lived close to friends and/or family, approximately 2/3 felt that they had someone in the community, whether it was friends or family.

We then asked participants to indicate how they felt about several statements related to their homes. The following table outlines participants' responses:

**Table 7** *Home and Housing Conditions*

Statement	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Mean	SD
	N	%	N	%	N	%	N	%	N	%		
<i>I have thought about the current and future costs of staying in my home</i>	3	<b>2.7</b>	6	<b>5.4</b>	13	<b>11.7</b>	62	<b>55.9</b>	27	<b>24.3</b>	3.94	.907
<i>I would consider moving if my home does not meet my needs as I get older.</i>	5	<b>4.3</b>	7	<b>6.1</b>	11	<b>9.6</b>	63	<b>54.8</b>	29	<b>25.2</b>	3.9	.991
<i>I recognize safety risks in my home and have taken steps to fix them.</i>	3	<b>2.6</b>	15	<b>13.2</b>	23	<b>20.2</b>	56	<b>49.1</b>	17	<b>14.9</b>	3.61	.983
<i>My home is in a location where I will not feel isolated in my later years.</i>	5	<b>4.4</b>	16	<b>14</b>	23	<b>20.2</b>	50	<b>43.9</b>	20	<b>17.5</b>	3.56	1.073
<i>I can afford to make</i>	8	<b>7.0</b>	16	<b>13.9</b>	15	<b>13.0</b>	63	<b>54.8</b>	13	<b>11.3</b>	3.5	1.087

## Aging in Place in Terrace Bay

Statement	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Mean	SD
	N	%	N	%	N	%	N	%	N	%		
<i>changes as needed to my home to help me to age in place</i>												
<i>I can afford to pay for services (e.g. house cleaning, yard maintenance) to maintain my home, if needed</i>	7	6.1	16	14.0	28	24.6	49	43.0	14	12.3	3.41	1.071
<i>If I find myself living alone now or in the future, I could manage it on my own.</i>	8	7.1	21	18.6	20	17.7	52	46	12	10.6	3.35	1.116
<i>I have thought about reducing my belongings and/or moving to a smaller home.</i>	13	11.3	22	19.1	26	22.6	32	27.8	22	19.1	3.24	1.281
<i>The features in my home will adequately support my mobility and health needs over the next 10 to 15 years</i>	8	7.0	37	32.5	10	8.8	44	38.6	15	13.2	3.18	1.223
<i>If my health changes and I need to use a wheelchair or another mobility device, I can afford to modify my home to accommodate my needs</i>	19	16.5	36	31.3	18	15.7	33	28.7	9	7.8	2.8	1.244
<i>There are people and companies I would be able to ask or hire to modify my home if I needed</i>	23	20.4	30	26.5	27	23.9	28	24.8	5	4.4	2.66	1.185
<i>I am aware of the different funding options to renovate my home if I</i>	23	20.0	41	35.7	23	20.0	23	20.0	5	4.35	2.53	1.150

<i>Statement</i>	<i>Strongly disagree</i>		<i>Disagree</i>		<i>Neither agree nor disagree</i>		<i>Agree</i>		<i>Strongly agree</i>		<i>Mean</i>	<i>SD</i>
	N	%	N	%	N	%	N	%	N	%		
<i>needed.</i>												

Participants did not appear to agree strongly with the statements, perhaps with the exceptions that they agreed or strongly agreed that they had thought about the current and future costs of staying in their homes but they would also consider moving if their home did not meet their needs as they got older. Participants also stated that they had addressed safety issues within their homes. Most participants felt that their home was in a location where they would not feel isolated in their later years. However, for many of the other statements, there was not strong agreement or disagreement with them.

In looking closer at the homes and overall living conditions of the respondents, we delve deeper into not just the brick and mortar of buildings but the conversations that they are having at home with their spouse or partner and how they are planning for their future. The survey revealed that the majority would like to age in their home and believe that this is something that they can manage.

- 82.61% of respondents indicate that they agree and strongly agree that as they age, they would prefer to stay in their own home or existing accommodations, with appropriate supports and services.
- 80.18% of respondents indicated that they agree and strongly agree that they have thought about current and future costs of staying in their home and whether they can afford to live there as they age.
- 83.34% of respondents indicated that they can afford to make changes as needed to their home to help them age in place.

However, this highlighted some conflicting areas or areas where while there is a desire and affordability, there is a definite gap in services available.

- 83.33% of respondents disagree and strongly disagree that there are people and companies available to ask or hire to modify their homes

We then explored differences between seniors and non-seniors. There were only two statements where there were differences between seniors' and non-seniors' responses. First, seniors (over 65) were more aware of funding options to renovate their home ( $M=2.81$ ,  $SD = 1.220$ ) than were non-seniors ( $M=2.18$ ,  $SD=.9530$ ,  $t(113)= -3.053$ ,  $p = .011$ ). Second, seniors agreed that they could afford to modify their home to accommodate their mobility needs ( $M=3.02$ ,  $SD=1.327$ ) than non-seniors ( $M=2.53$ ,  $SD=1.084$ ),  $t(113)=-2.114$ ,  $p=.022$ . Clearly, the issues related to finances and home modifications were more important to seniors than to non-seniors.

Finally, we asked participants about their awareness of other available housing options in their community. Participants stated that they were somewhat aware of

options in their community (n=31, 27%) while 27 (23.5%) participants were not at all aware of other available housing options, and 25 participants (21.7%) felt there were no other housing options. Some of the comments included the following:

- Not many apartments available. The ones that are here do not have elevators.
- We need to hire out of town trades
- Difficult to get anyone to do repairs of any kind
- In Terrace Bay, it is either live at the hospital or LTC if you are unable to stay in your own home
- How I wish now that I lived in a bungalow or a single story home
- I would like my laundry room on the main floor.
- The amount of stairs in my home might become an issue as I age.
- Too big for me and I have a basement that I will not be able to access as I age.
- Not wheelchair friendly

## Transportation

The following section focuses on transportation. We asked participants several questions related to transportation, their methods of transportation, and their thoughts about their future transportation needs.

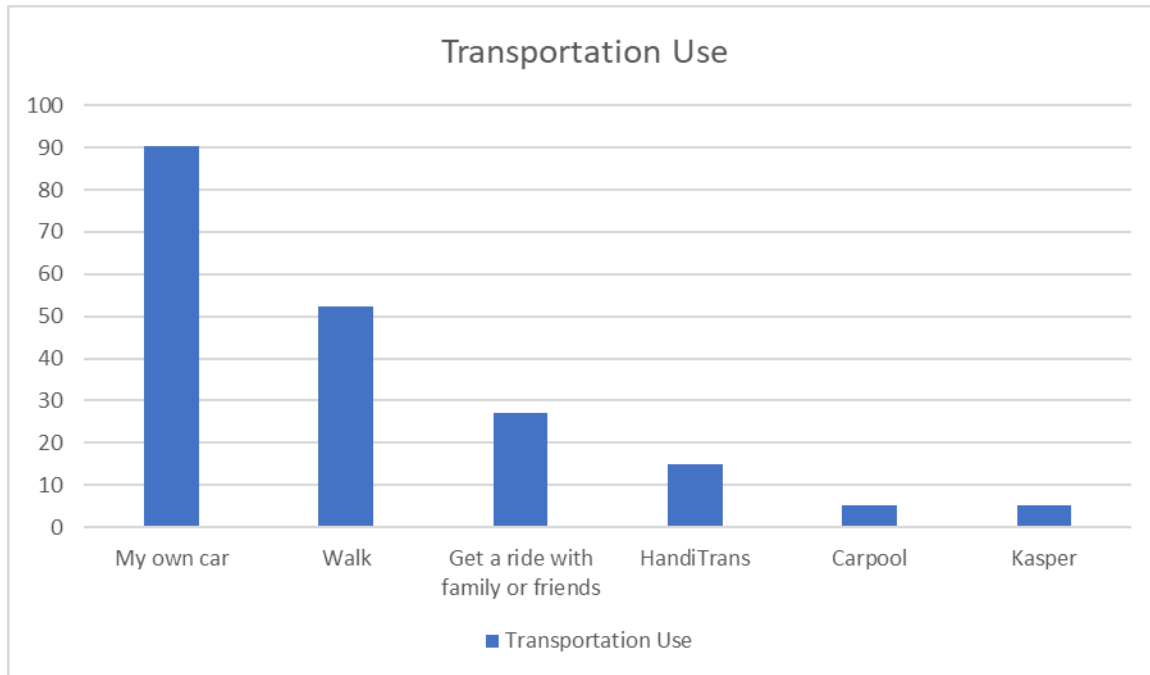


Figure 3 Transportation Use

As is demonstrated in Figure 2, most individuals used their own car or walked for transportation. A smaller percentage (27%) got rides with family or friends, and even fewer used Handitrans (14.8%), Kasper (5.2%) or carpooled (5.2%).

In terms of planning for future transportation needs, participants rated the following statements on a scale from 1 (strongly disagree) to 5 (strongly agree).

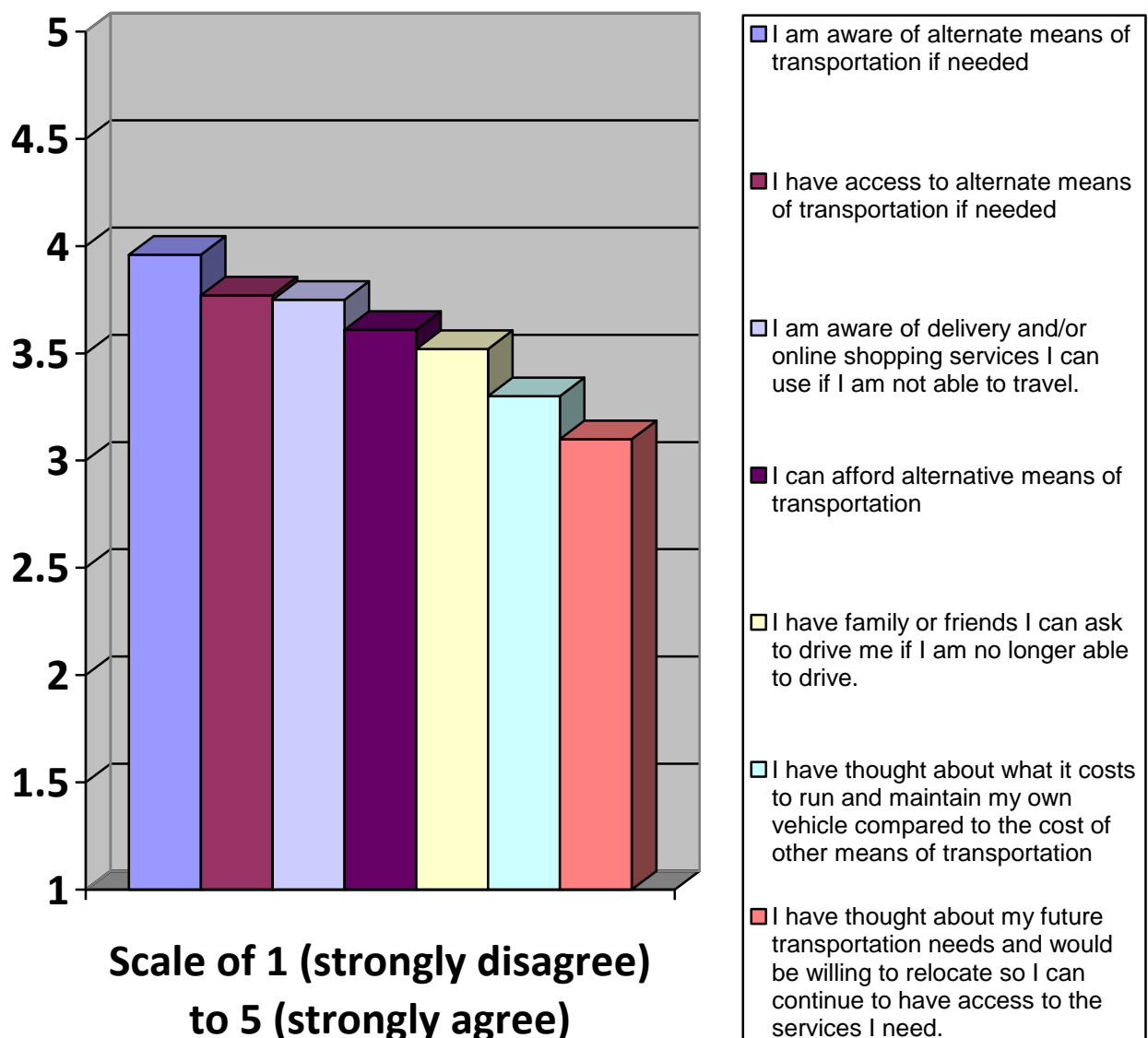


Figure 4 Planning for Future Transportation Needs

When participants were asked about future transportation needs, most participants agreed with the statements that were presented. However, it appears that not all participants have thought about what it costs to run and maintain their own vehicle compared to other means of transportation, and not all have thought about future transportation needs and would relocate to have access to needed services.

When exploring the differences between seniors and non-seniors' responses to planning for future transportation needs, three significant differences emerged.

- First, seniors were more likely to be aware of alternative transportation options (M=4.05, SD=.653) than people under 65 (M=3.84, SD=.880),  $t(113)=-1.425$ ,  $p=.053$ .
- Second, seniors were more likely to have access to alternative means of transportation (M=3.94, SD=.833) than those under the age of 65 (M=3.55, SD=1.064);  $t(113)=-2.196$ ;  $p=.005$ .
- Third, seniors were less likely to be aware of delivery or online shopping services (M=3.70, SD=1.122) than people under age 65 (M=3.80, SD=.825),  $t(113)=536$ ,  $p=.033$ .

We also explored whether there were differences between those who currently had a spouse or partner. There were key differences that emerged among those who currently had a spouse and those who didn't. People with a spouse or partner were more likely to have family or friends they would ask to drive them if they were no longer able to drive. Those with a spouse or partner were more likely to be aware of delivery or online shopping. Those with a spouse or partner were also more likely to have thought about future transportation needs and be able to afford alternative transportation.

*Table 8 Differences of Future Transportation Needs of People with and without a Spouse or Partner*

Spouse/Partner Status					
Statement		Mean	Standard Deviation	t-value	P value Significance
I am aware of alternate means of transportation if needed	With a partner	3.88	.788	-1.572	.503
	Without a partner	4.14	.651		
I have access to alternate means of transportation if needed	With a partner	3.78	.913	.482	.226
	Without a partner	3.68	1.090		
<b><i>I have family or friends I can ask to drive me if I am no longer able to drive</i></b>	With a partner	3.57	.940	.602	<b>.001</b>
	Without a partner	3.43	1.425		
I have thought about what it costs to run and maintain my own vehicle compared to the cost of other means of transportation	With a partner	3.35	1.049	.824	.712
	Without a partner	3.15	1.084		
<b><i>I am aware of delivery and/or online shopping services I can use if I am</i></b>	With a partner	3.84	.852	1.907	<b>.000</b>
	Without	3.43	1.317		



<i>not able to travel</i>	a partner				
<i>I have thought about my future transportation needs and would be willing to relocate so I can continue to have access to the services I need.</i>	With a partner	3.22	1.110	1.551	<b>.039</b>
	Without a partner	2.82	1.389		
<i>I can afford alternative means of transportation</i>	With a partner	3.65	.967	.828	<b>.032</b>
	Without a partner	3.46	1.232		

## Finances

Participants responded to questions focusing on the state of their finances and sources of income. They were asked to consider what things might be like for them when they were 70 or 80 years old or older.

Participants were asked to respond to a set of key statements about their finances on a scale of 1 (strongly disagree) to 5 (strongly agree).

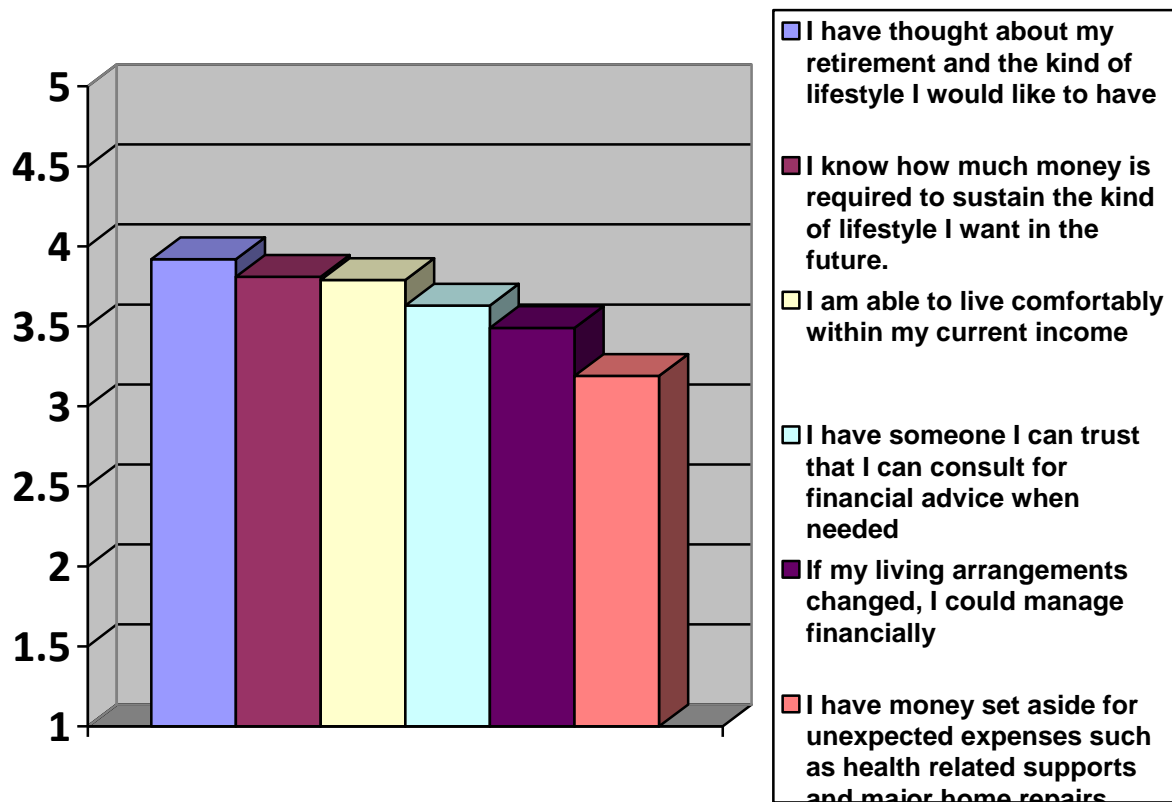
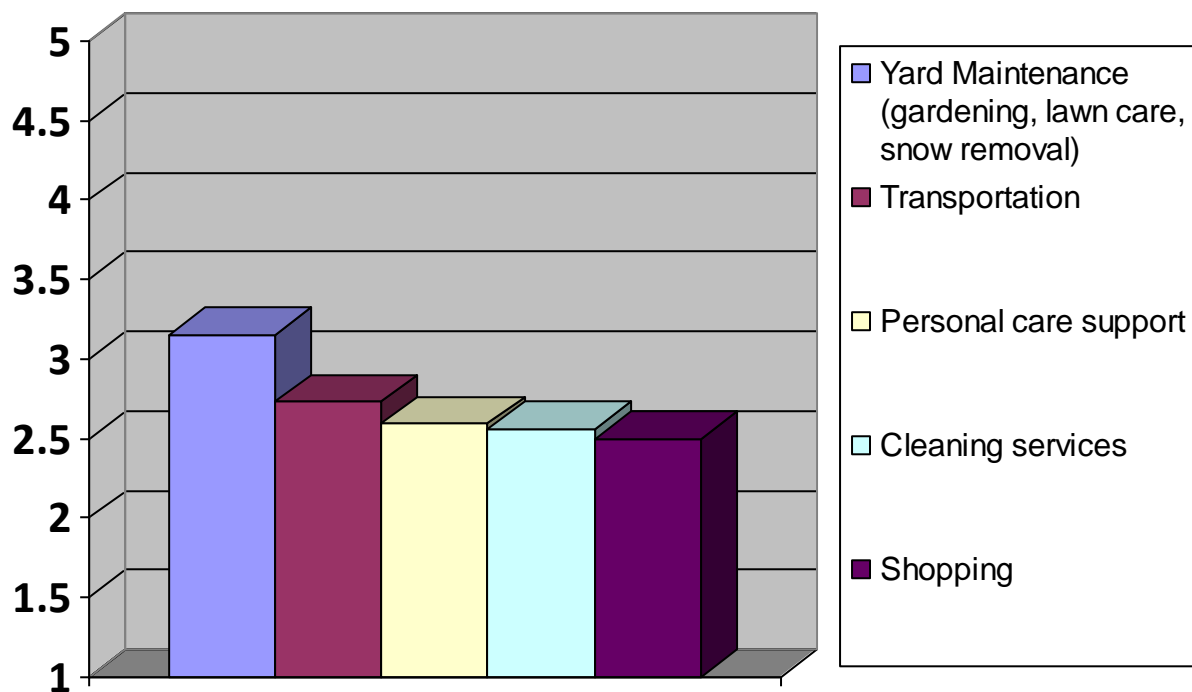


Figure 5 Financial Status

Most participants agreed with the statements, although participants were divided on having money set aside for unexpected expenses.

We then asked if participants had thought about the following supports and services they might need to purchase as they aged. They rated this on a scale of 1 (not at all) to 5 (a lot).



*Figure 6 Consideration of Supports and Services to Purchase*

Participants had generally given some thought but not a lot of thought to the services they might need to purchase as they got older. Yard maintenance was most commonly thought about, and then transportation. Interestingly, cleaning and shopping services were the lowest average.

When we explored the differences between those over the age of 65 and under the age of 65, seniors thought more about yard maintenance ( $M=3.22$ ,  $SD=1.507$ ) than non seniors ( $M=3.06$ ;  $SD=1.139$ ),  $t(113)=-.640$ ,  $p=.002$ . Transportation and personal care were nearing significance but were not statistically significant in differences between groups.

When we explored differences between those who had a spouse or partner and those who didn't, no statistically significant differences between these groups emerged. This is important to note, because then older people living on their own should be encouraged to think about purchasing these services.

## Connections

This section asked participants to think about their social lives currently and what they would like their social lives to look like when they are older. A series of statements were posed, and participants were asked to indicate on a scale of 1 (strongly disagree) to 5 (strongly agree) what they thought about these statements. Most participants agreed with the statements but did not strongly agree as seen in Figure 6.

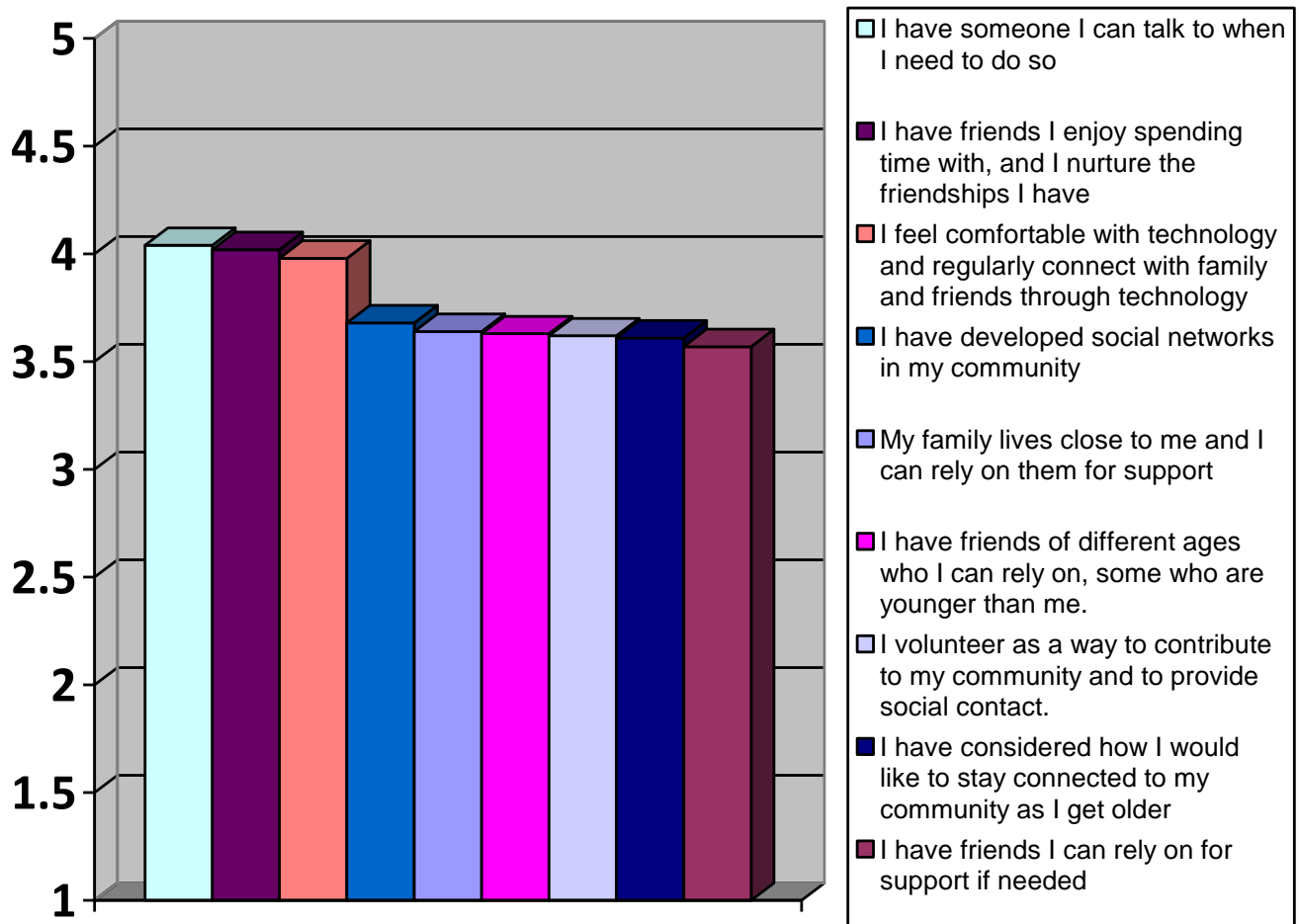


Figure 7 Social Connections

There were no significant differences among seniors and non-seniors, apart from the statement “I feel comfortable with technology and regularly connect with family and friends with technology.” Seniors were less likely to agree with this statement ( $M=3.92$ ,  $SD=1.013$ ) than were non-seniors ( $M=4.06$ ,  $SD=.785$ ),  $t(113)=-.794$ ;  $p=.016$ .

There were, however, significant differences between those who stated that they currently had a partner or spouse as compared to those who didn't as seen in Table 9.

*Table 9 Social Connectedness and Spouse/Partner Status*

<b>Statement</b>		<b>Mean</b>	<b>Standard Deviation</b>	<b>t-value</b>	<b>P value Significance</b>
My family lives close to me and I can rely on them for support.	With a partner	3.52	1.135	-1.964	.065
	Without a partner	4.00	1.054		
I have friends I can rely on for support if needed.	With a partner	3.50	.864	-1.863	.700
	Without a partner	3.86	.932		
<b><i>I have someone I can talk to when I need to do so.</i></b>	With a partner	4.08	.517	1.308	<b>.000</b>
	Without a partner	3.89	.994		
I have friends I enjoy spending time with, and I nurture the friendships I have.	With a partner	4.01	.694	-.601	.147
	Without a partner	4.11	.832		
I have friends who are of different ages who I can rely on, some of whom are younger than I am.	With a partner	3.65	.878	.221	.196
	Without a partner	3.61	1.031		
<b><i>I have developed social networks in my community.</i></b>	With a partner	3.71	.810	.344	<b>.005</b>
	Without a partner	3.64	1.096		
I have considered how I would like to stay connected to my community as I get older.	With a partner	3.65	.878	.955	.392
	Without a partner	3.46	.962		
<b><i>I volunteer as a way to contribute to my community and to provide social contact.</i></b>	With a partner	3.65	1.003	.659	<b>.046</b>
	Without a partner	3.50	1.202		

<b>Statement</b>		<b>Mean</b>	<b>Standard Deviation</b>	<b>t-value</b>	<b>P value Significance</b>
<b><i>I feel comfortable with technology and regularly connect with friends and family through technology, such as Skype, FaceTime or social media.</i></b>	With a partner	4.02	.854	.827	<b>.011</b>
	Without a partner	3.86	1.113		

The following differences were noted between those who had a partner and those who didn't:

- Those with a partner felt more strongly that they had someone to talk to when they needed to (M=4.08, SD=.517) than those who didn't (M=3.98, SD=.994),  $t(113)=1.308$ ,  $p=.000$ .
- Those with a partner felt more strongly that they had developed social networks in the community (M=3.71, SD=.810) than those without a partner (M=3.64; SD=1.096),  $t(113)=.344$ ,  $p=.005$ .
- Those with a partner felt more strongly that they volunteered as a way to contribute to the community and provide social contact (M=3.65, SD=1.003) than those without a partner (M=3.50; SD=1.202),  $t(113)=.659$ ,  $p=.046$ .
- Those with a partner felt more comfortable with technology and regularly connected with friends and family through technology (M=4.02, SD=.854) than those without a partner (M=3.86, SD=1.113),  $t(113)=.817$ ,  $p=.011$ .
- It is also worth noting that while the first statement was not significant, it was nearing significance. Those without a partner felt more strongly that they had family living close to them and they could rely on them for support than those with a partner.

## Safety

A series of statements were posed for participants to consider, thinking about some of the things they might do to protect themselves and reduce the potential for injury, harm or abuse. Participants again rated statements on a scale of 1 (strongly disagree) to 5 (strongly agree).

Participants seemed to have considered reducing considerable safety risks as indicated in the chart below:

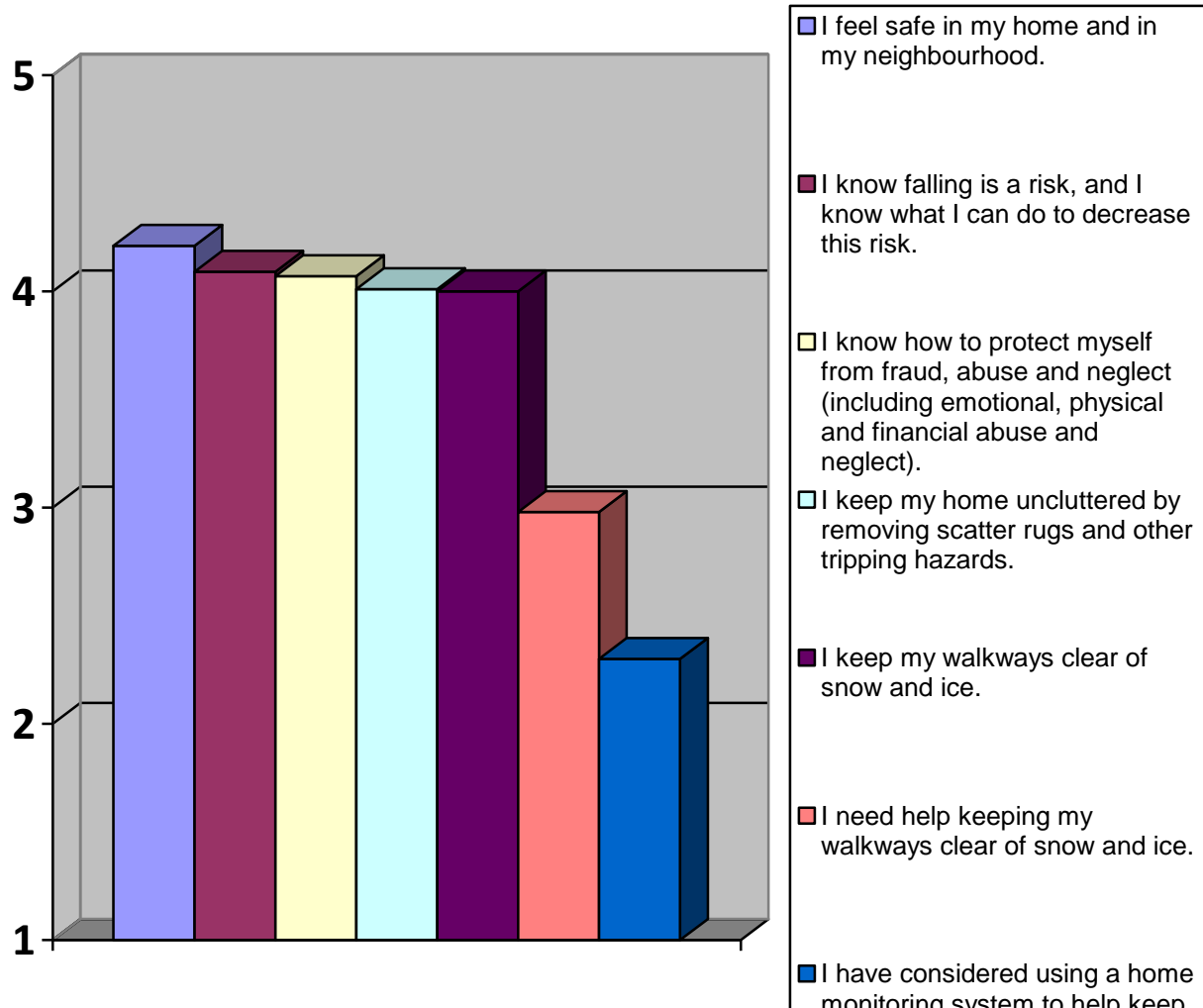


Figure 8 Safety

Safety within the community does not seem to be a concern. 92.98% feel safe in their home and neighbourhood. As an important note, while the majority of respondents claim to feel safe in their community and in their homes, doing what they can to mitigate falls, fraud and other hazards, the majority also have not considered technology that could assist with this.

- 91.31% agree and strongly agree that they know falling is a risk and understand how to decrease the risk
- 66.09% disagree and strongly disagree to having considered using a home monitoring system or personal emergency response system for fall detection to help keep them safe at home

With the lack of available community supports, such as handy-people to offer repairs or homecare services to check in on residents, this is an area that will need to be addressed in the future.

In exploring differences between groups, there were no differences between groups except that those with a partner felt less strongly that they needed help keeping walkways clear of snow and ice ( $M=2.86$ ,  $SD=1.190$ ) as compared to those without a partner ( $M=3.39$ ,  $SD=1.499$ ),  $t(112)=-1.925$ ,  $p=0.46$ .



### Supports and Services

A series of statements related to supports and services and planning for the future were proposed. Participants again rated statements on a scale of 1 (strongly disagree) to 5 (strongly agree). Below, the average responses are presented:

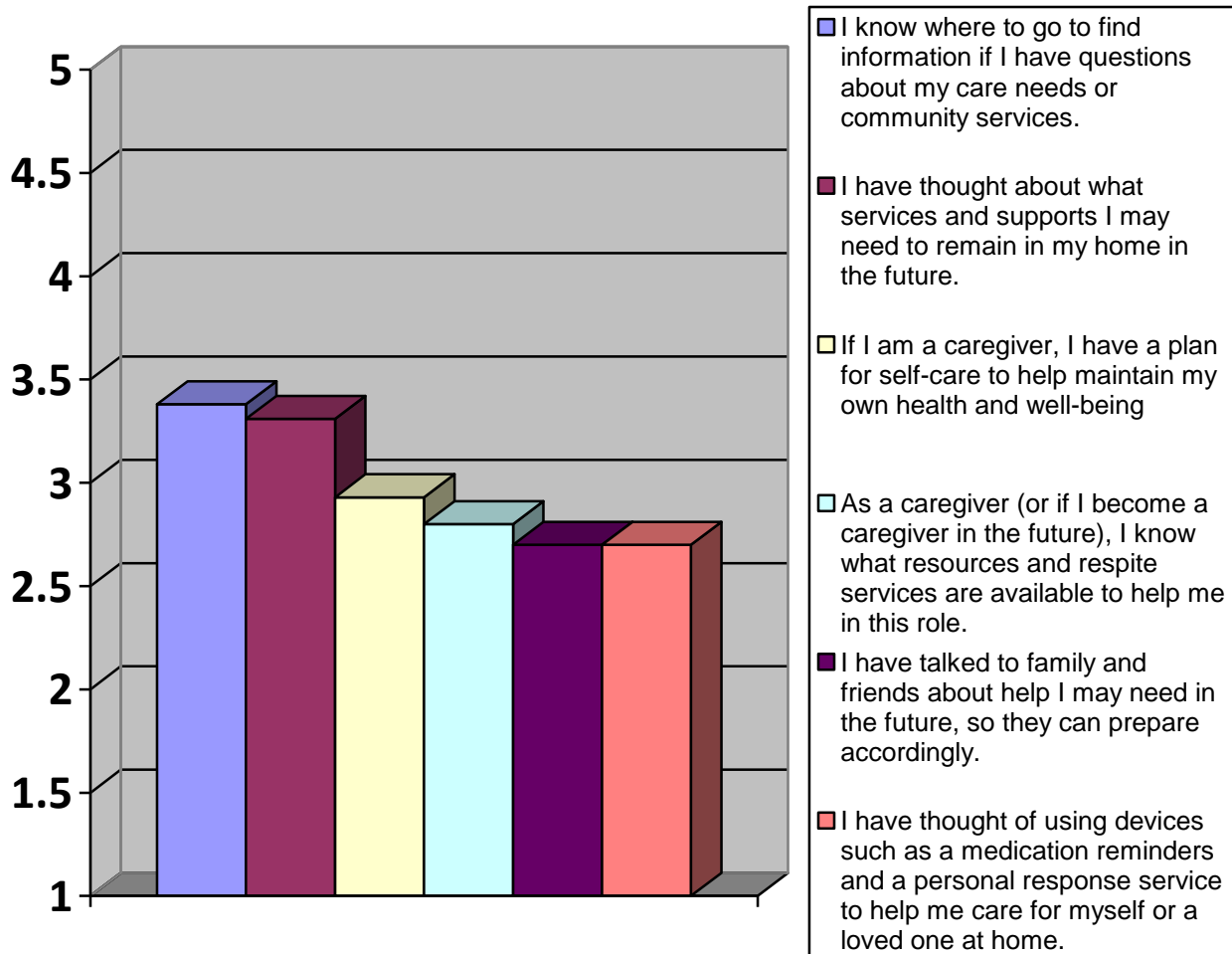


Figure 9 Supports and Services for the Future

As indicated in the above chart, participants did not strongly agree or disagree with most of these statements. In fact, most of the statements were generally within “neither disagree nor agree”.

When exploring differences between seniors and non-seniors, the differences between groups for some statements were verging on significant, but the only statement that was significantly different between the groups was that more seniors felt that if they became a caregiver, they knew what resources and respite services were available to them ( $M=2.98$ ;  $SD=1.057$ ) as compared to non-seniors ( $M=2.76$ ,  $SD=1.142$ ),  $t(110)=-$

1.053,  $p=.017$ . There were no significant differences between those who had partners and those who didn't.

## Community

Participants were presented with a series of statements about their community. Participants again rated statements on a scale of 1 (strongly disagree) to 5 (strongly agree). Participants were asked to consider the following: Think about the community you live in now. How close are you to a grocery store, a drugstore, a coffee shop, the library or a restaurant? How much farther do you travel to reach medical offices, a dentist or a hospital? And how far do you travel to visit family and friends? What features are important to have in your community when you are older, and will your current community meet your future needs?

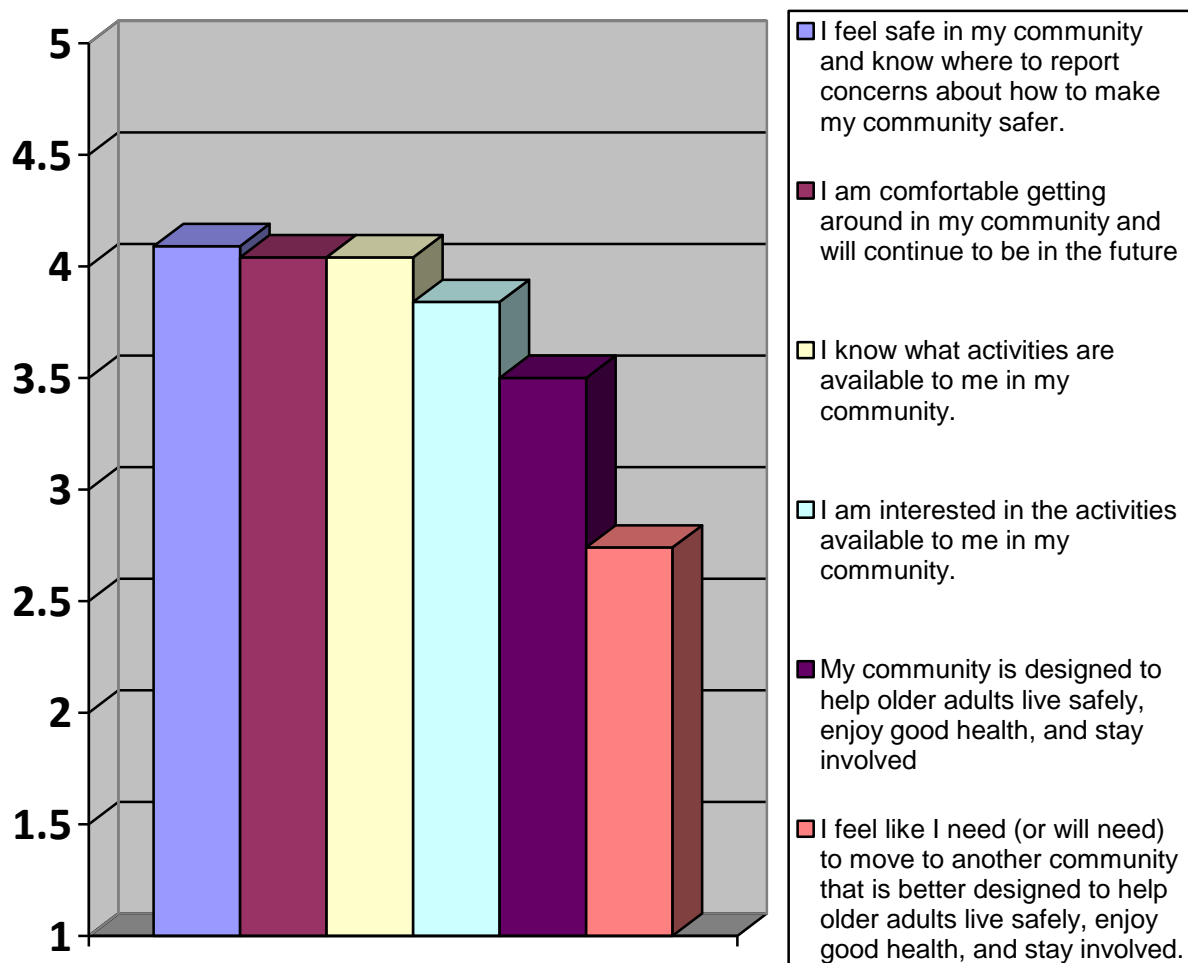


Figure 10 Perceptions of the Community

When exploring differences between groups, there were no differences between those over the age of 65 and those under age 65. In addition, there were no differences between those with a spouse/partner and those without.

We also asked people to indicate how frequently they used the following programs and services.

*Table 10 Use of Community Services (Percentages)*

	Never	Once in a while (once a year to once a month)	Occasionally (once a month to once a week)	Regularly (once a week or more)
Grocery shopping	5.26	1.75	12.28	<b>80.70</b>
Shopping (other than for food)	4.5	32.43	<b>46.85</b>	16.22
Health and support services	12.17	<b>54.78</b>	30.43	2.61
Recreation programs	17.39	24.35	<b>30.43</b>	27.83
Personal services such as hairstylists, manicures, pedicures, massage, etc.	20	<b>38.26</b>	37.39	4.35
Health and fitness programs/facilities	<b>39.13</b>	24.35	15.65	20.87
The library	<b>35.96</b>	27.19	21.05	15.79
The Seniors' Centre	<b>38.6</b>	12.28	16.67	32.46
Local churches or places of worship	<b>48.7</b>	19.13	7.83	24.35
The community centre	29.57	<b>33.91</b>	22.61	13.91

80% of respondents are interested in activities available to them in the community and as the above chart indicates most are engaging with these programs on an occasional basis, which helps with staying connected and avoiding isolation.

## ***Housing Options***

A series of statements about various housing options were proposed to participants. Participants again rated statements on a scale of 1 (strongly disagree) to 5 (strongly agree). These statements focused on various housing related options, and how strongly participants felt about various future housing options.

*Table 11 Housing Options for the Future*

	<b>Mean</b>	<b>Standard Deviation</b>
As I get older, I would prefer to stay in my own home or existing accommodation with appropriate supports and services.	4.10	.892
As I get older, I would consider moving in with a family member.	2.06	1.070
As I get older, I would consider moving in with a friend.	2.23	1.118
As I get older, I would consider moving in with 3 to 4 other people who I know.	2.02	1.034
As I get older, I would consider moving into a seniors' apartment.	3.83	.939
As I get older, I would consider moving into supportive housing.	3.61	1.001
I would be/am comfortable living on my own.	4.17	.805

As outlined in an earlier section, most respondents do not feel that there are viable alternative housing options or they are unaware of them. This could be why most agree and strongly agree that they would prefer to stay in their own home or existing accommodations with appropriate supports and services. This is further strengthened by the fact that 73.56% disagree and strongly disagree that they would consider moving in with a family member ( $M=2.06$ ) and in the same vein 66.28% who would disagree and strongly disagree ( $M=2.23$ ) to moving in with a friend. Most participants had some knowledge of more traditional housing options such as supportive housing, assisted living, and retirement homes, but alternative housing options, such as co-housing, naturally occurring retirement communities, cooperative housing, and home sharing were mostly unfamiliar to participants. This is very limiting for a community the size of Terrace Bay, especially given the large investments needed to support seniors' apartments, supportive housing, and assisted living facilities.

*Table 12 Knowledge of Various Housing Options*

	I don't know anything about this.		I have heard about this but I don't know what it is.		I know a little bit.		I have explored this and know a lot about it.	
	N	%	N	%	N	%	N	%
Co-housing	<b>70</b>	<b>60.3</b>	15	12.9	22	19.0	7	6.0
Naturally occurring retirement communities	<b>54</b>	<b>46.6</b>	22	19.0	27	23.3	9	7.8
Supportive housing	26	22.4	20	17.2	<b>54</b>	<b>46.6</b>	15	12.9
Assisted living	16	13.8	19	16.4	<b>66</b>	<b>56.9</b>	12	10.3
Retirement homes	15	12.9	12	10.3	<b>74</b>	<b>63.8</b>	14	12.1
Cooperative housing	<b>58</b>	<b>50.0</b>	25	21.6	23	19.8	7	6.0
Home sharing	<b>65</b>	<b>56.0</b>	17	14.7	26	22.4	7	6.0

When exploring the differences between those with spouses/partners and those without, only one statement was found to be different. Those with a spouse/partner felt strongly about staying in their own home with appropriate supports and services ( $M=4.20$ ,  $SD=.794$ ) than those without a spouse/partner ( $M=3.86$ ,  $SD=1.113$ ),  $t(112)=1.775$ ,  $p=.046$ .

When exploring differences between seniors and non-seniors, two differences appeared between groups:

- Non-seniors were more likely to agree to consider moving in with 3 to 4 other people they knew ( $M=2.35$ ,  $SD=1.128$ ) than seniors ( $M=1.75$ ;  $SD=.873$ ),  $t(113)=3.232$ ,  $p=.038$ .
- Non-seniors were more likely to agree to consider moving into supportive housing as they got older ( $M=3.69$ ;  $SD=.860$ ) than seniors ( $M=3.54$ ;  $SD=1.105$ ),  $t(112)=.776$ ,  $p=.020$ .

When we correlated the years living in the community with the statements of future housing options, two important correlations appeared:

- The longer people lived in the community, the more likely they were to consider moving into a seniors' apartment,  $r=.216$ ,  $N=107$ ,  $p=.025$ .
- The longer people lived in the community, the more likely they were to consider moving into supportive housing,  $r=.262$ ,  $n=106$ ,  $p=.007$ .

We also asked about participants' knowledge of various housing options on a scale of 1 (I don't know anything about this), 2 (I have heard about this but I don't know what it is), 3 (I know a little bit) and 4 (I have explored this and know a lot about it). Most participants knew something about supportive housing, assisted living, and retirement

homes, but knew very little or nothing about co-housing, cooperative housing, home sharing, or naturally occurring retirement communities.

It seems that co-housing, where a group of friends cohabitate is definitely not an option that these respondents are open to, as 72.17% disagree and strongly disagree that they would consider moving in with 3 to 4 other people they know. Again, 86.08% of respondents would agree and strongly agree that they would be comfortable living on their own. The issue with this is the lack of community supports and resources to ensure that the seniors choosing this option are doing so in a safe, well informed manner.

### ***Spouses and Partners***

When asking about relationships with spouses or partners, 28 (24.1%) participants did not have a spouse or partner, whereas 86 (74.1%) did. Only those with spouses or partners were asked to respond to the following questions about spouses or partners. Despite this, 99 people responded to the questions. It may be that some participants had more recently lost a partner or spouse, and were reflecting on their experiences.

*Table 13 Planning with Spouses/Partners*

	<i>N</i>	<i>Mean</i>	<i>Standard Deviation</i>
My partner and I have discussed what we want to be able to do financially as we age.	99	3.73	.901
My partner and I have discussed where we want to live as we age.	99	3.71	.884
My partner and I have discussed if and how we want to live together.	99	3.67	.881
My partner and I have discussed how aging or changing needs could affect our relationship.	99	3.32	.956
My partner and I have discussed how aging or changing needs can impact our living arrangements.	99	3.26	.954
My partner and I have discussed what amount of caregiving we are willing to take on.	99	3.10	.974

Of the 115 respondents, 75.41% have a spouse or partner currently. Looking at the housing data and that most want to live on their own, it seems that conversations between spouses and partners are not a frequent occurrence. Only 46.48% of respondents can agree and strongly agree to have had conversations with their partner around how aging could affect their relationship. Only 34.34% can agree or strongly agree that they have had a conversation around caregiving and the types of needs that either of them will need or are willing to take on. Finally, only 45.45% can agree and strongly agree that they have discussed how aging will impact their living arrangement. The piece that we want to raise here is that there are still limited conversations happening in homes between spouses and partners, therefore more awareness needs to happen about future planning to ensure that people are prepared. When exploring the differences between seniors and non-seniors, no differences emerged among groups.



## Summary of Key Results from the Quantitative Study

- 55% of participants were over age 65 and 45% were under age 65
- 89% lived in Terrace Bay
- 67% were married, 23% were widowed or divorced
- 62% were retired
- Most were physically and cognitively healthy with few limitations on mobility or daily activity
- Not many participants were planning for the future, with only half having completed advance care planning and having spoken to their doctor about planning for aging
- The types of health care that were most accessible were dentists, optometrists, and primary care providers
- Most were not worried that they couldn't manage present or future health conditions, with those under age 65 and employed more concerned about managing future health conditions in Terrace Bay
- Most preferred to stay in their own homes as they got older, although the majority felt that they would consider moving if their home did not meet their needs as they got older
- Most participants used their own cars or walked, and more seniors were aware of alternate means of transportation if needed than non-seniors. Seniors were less likely to be aware of delivery or online shopping options.
- People with a spouse or partner were more likely to have family or friends they would ask to drive them if they could no longer drive, and were more likely to have thought about future transportation needs.
- Participants have thought about retirement and the lifestyle they would like. Participants mostly neither agreed or disagreed that they had money set aside for unexpected expenses.
- Most participants had given little thought about the supports and services they may need to purchase as they got older, although seniors thought more about yard maintenance than non-seniors.
- Most participants were strongly connected in the community and there were no differences between seniors and non-seniors. However, those with a spouse or partner felt more strongly that they had someone to talk to, had developed social networks, volunteered as a way to contribute to the community and provide social contact, and felt more comfortable with technology than those without a spouse or partner.
- Most participants felt safe in the community including in their own homes.
- Participants did not strongly agree that they had thought about supports and services for the future.

- Participants felt safe and comfortable in their community and generally interested in the activities that the community provided. However, participants disagreed that they would need to move to another community that is better designed to help older adults live safely, enjoy good health, and stay involved.
- Participants indicated strongly that they would prefer to stay in their own homes with appropriate supports and services even if they were living on their own, and are far less likely to consider moving in with family members, friends, or other people who they knew. Participants would be more comfortable moving into a seniors' apartment or supportive housing, although most did not strongly agree or agree with this.
- Most were familiar with supportive housing, assisted living, and retirement home options, with few familiar with other non-traditional options such as co-housing or home sharing. Non-seniors were more likely to consider moving in with other people they knew and were more likely to consider moving into supportive housing than seniors.
- Participants with spouses or partners did not strongly agree or agree that they discussed how to plan for their aging and future together.

## **Part Two      Qualitative Findings**

### ***Methodology***

To ensure that we received a fulsome picture of the wants, needs and demands of the community we employed several information gathering methods. We began our study with several in person and virtual meetings with the Supportive Housing Committee, which helped our group to establish a baseline and understand what had transpired in the past. From there we were able to set up a series of Town Hall meetings, which were held with the purpose of introducing the research team to the community, sharing more about the study, and answering questions. These meetings also served as a way to establish and set ourselves apart from the previous studies and consultants that had taken place so that the community could understand that we were not there to simply gather information to support the construction of a building, but more so to gather information on how the community was supporting the aging population, what gaps existed and how we could use this information to help create a plan for moving forward.

To this end we established a series of focus groups to invite anyone in Terrace Bay, Schreiber, Rosspoint and the surrounding areas to join in small group discussions. We developed a list of questions, shown below, in collaboration with the Housing Committee to help get an idea of the wants and demands of the community. We promoted the focus groups through the Township of Terrace Bay's Facebook page, posters throughout key areas of the community (i.e. library, Senior Centre, hospital, physio clinic and hair studios) and through radio and newspaper PSAs. Interested participants were asked to confirm their participation through email, however we also welcomed walk-ins. The focus groups were held primarily at the library, however we also hosted a few at the Township community centre.

Qualitative focus groups were conducted throughout December 2019 to February 2020 with 47 participants living in Terrace Bay and 4 people who had left Terrace Bay to explore their perceptions of growing older in the community, as well as the factors that would or did impact relocation decisions. The focus groups ranged from one-on-one discussions to groups as large as 12 participants and took as long as 2.5 hours or as short as just over 30 minutes.

We utilized the following focus group guide with the group; however, it is important to note that they were asked and discussed in more of an open forum to facilitate free flowing conversation, and not directed in sequential order.

1. Tell me about your history in Terrace Bay.
2. What do you like about the community? What do you find challenging?
3. What are your plans as you get older? Will you stay in Terrace Bay or relocate? Why or why not?
4. What factors would keep you in Terrace Bay as you age?
5. What factors would contribute to your decision to relocate?

6. What kinds of supports and services are available in the community to help people as they age?
7. Have you thought about what kinds of supports and services you will need as you get older?
8. Is your home accessible and modified to support your mobility and health needs as you get older? What available resources do you have to renovate your home?
9. What transportation do you use? What is available in Terrace Bay? How do people who are no longer able to drive get around? Within town? Out of town?
10. While we don't want to be intrusive related to finances, if your living arrangements changed, would you be able to manage financially?
11. Would you consider moving to congregate housing (such as a seniors' apartment or supportive housing)? What would influence your decision?
12. Would you consider other options such as co-housing arrangements?
13. Tell me about safety. Do you feel safe in your home and neighbourhood? Why or why not?
14. If you require assistance as you get older, who will help you? What family and friends or other supports do you have in place? Consider a variety of things such as finances, cooking, grocery shopping, house cleaning, yard work, personal care, transportation.

### *Overview of Participants*

Out of the 51 participants, 43 lived in Terrace Bay, 4 lived in Schreiber or Rossport, and 4 lived elsewhere.

Additional demographic information was collected from only 46 out of the 51 participants due to distance challenges. Four participants were under aged 49, 11 were between ages 50 to 64, 20 participants were between ages 65 to 74, and 11 participants were over age 75. Thirty-two participants were married or partnered, and 14 participants were widowed, single, or divorced. Thirteen participants were employed, 29 retired, 2 not employed, and 2 listed "other". On average, participants lived in their present location (Terrace Bay, Schreiber, Rossport, or area) for 31 years, with a minimum of 7 years and a maximum of 66 years. Most participants (33) did not go away for over a month during the year, either to camp or south for the winter. Seven participants stated that they have gone away for more than a month, but it is not an annual occurrence. Forty-two participants owned their own home. On average, 2 people lived in participants' homes permanently, with participants reporting a maximum of 5 and a minimum of 1. Three participants had children under age 18.

### ***Qualitative Findings***

The data presented here are presented in basically the same categories as the quantitative results. To ensure an appropriate comparison, we chose to present the data in this way. We have, however, added a few categories to the qualitative findings to ensure that we captured participants' responses. The data is presented in the following sections:

- Demographic changes
- Health
- Family
- Connections
- Health Care and Home Care
- Supports and Services
- Community
- Safety
- Finances
- Transportation
- Home
- Housing options
- Proposed Solutions

## **Demographic Changes**

Unsurprisingly, several participants described demographic changes occurring within the community of Terrace Bay. While this has been reported in the initial data from Statistics Canada, participants also recognized the changing demographics of the community. Several participants commented on the aging population in Terrace Bay:

*Terrace Bay really has an old population. You go to church, there's no young people at church.*

*It's also the aging population. Like, people live longer now.*

Part of the challenge with an aging population are the care and support needs that this population requires:

*Well, one thing that I think that's going to happen, ... that there's a lot of elderly, all at the same time, that are going to need all this help and care. And there's nowhere for them to go.*

In addition, participants also described the changes that had occurred with the closure of the mill several years previous. Many families had left the community, while other new families were moving in:

*Nobody came here except to work [in the past]. That totally changed. It became everybody was leaving because they had no work, and the people who were moving in had large families and on welfare and our food bank, it's just insane, even now. Yeah, it can't keep up with it now. So yeah, like I mean the town just took a total switch and that's something that I don't think ... and there's a lot of people who do not contribute to the town. But yeah, it is a huge change. Well, we have lived here 35 years and there's been one new home built in those 35 years.*

Another participant commented on how it wasn't always possible now to know everyone who moved into town. Houses were still identified by previous owners, not by addresses:

*Well, just think of the last five years, how many new people have come to town and before that, everyone – yes, it was, everyone knew everyone. And I mean, it was so bad that we'd say, "Oh, you know, that house sold. Mr. Jones' house sold." "Oh, yes, I know that." Like, that's how you identified a house, was by the name of the person.*

One additional concern that some participants mentioned was the poverty that was often hidden within the community. Participants commented on people they knew within the community who couldn't afford food and some who couldn't afford to heat their homes. They commented particularly on the fact that poverty was often hidden

within the community but was an important consideration when planning for an aging population.

## Health

Most participants did not describe any considerable health issues for themselves, especially challenges that were ongoing. Some participants did talk about some major health issues they had experienced previously, but other than managing with medication and a healthy lifestyle, they were not experiencing day to day challenges due to health concerns. Some discussion occurred about others in the community who were experiencing health challenges, particularly around mobility concerns, mental health concerns, dementia, strokes, and other concerns. Some participants had been caregivers for family members with chronic conditions such as dementia and frailty.

While we did not ask specifically about planning for the future, several participants did bring up planning for the future due to the nature of questions that were asked. However, most participants were not thinking about planning for the future. Some participants described getting rid of possessions within their house but did not talk further about planning for the future.

*– and that’s part of why it’s hard for us to think about this other [health issues in the future] because we’ve been able to do these things and we’ve had our health (woman)*

*Woman: You don’t like to think the inevitable is going to happen and I think sometimes you want – it’s a process through your mind but then you think “Well, that’s quite a ways away.”*

*Man: “It’s not for me, it’s not going to happen to me.”*

*Woman: To other people. I know from personal experience one day you can be fine and then next day you’re not fine, you know. There’s lots of medical problems and you don’t know if you’re going to be here or not. So can’t tell; it’s day by day isn’t it really?*

Similarly, another woman described how long-term planning didn’t typically happen: *“Yes, you take today and whatever comes and deal with it at the time. Long-term planning, it’s pretty much out the window...”* As one woman stated, *“Yeah, you got time.”*

The uncertainty of the future was brought up by a few participants, but because most of them had their good health, they described little worry or concern for the future. One participant, however, did describe some concern over the future: *“Yes, what I find in Terrace Bay, like it’s – you worry, like what’s next if I can’t take care of my house and then I have to sell it.”*



## **Family**

Participants had a variety of comments and experiences about their family and spouses. Many participants did not live close to family members, particularly children. Even if children were raised in Terrace Bay, most had relocated to other places. One participant stated, *"[T]hat's what I found when I started working here because there's so many of our seniors that moved here, they have no family."*

Some participants discussed how family was important to help support seniors as they aged. Family, although not necessarily only children, played a big role in checking up on seniors, advocating for them, and looking after them: *"...a lot of the people here grew up here, so they've got family and so it's easier for them because they look after one another."*

A family member described how family checks up on an older family member on a regular basis: *"Like, one of us in the family is checking on her every day. If we don't physically check her we're talking on the phone, right."*

Some older participants described grandchildren who shoveled their walkways and cut lawns, family members who check in on them, cook meals for them and eat together, and assisted with other household tasks. There was also some description of the value of having a spouse or partner to participate in activities with.

Several participants were widowed or living alone. There were numerous discussions about the challenges of being alone both in terms of household chores, planning for the future, participating in community life, and how many widows and widowers were socially isolated. Some participants commented on the older single men:

*...like our seniors group is we've got a lot of people who have moved here because housing is cheap and, you know, it's mostly – I shouldn't say that – but a lot of them are single men who have moved here for ... yeah, and/or maybe couples and one has passed since they came.*

A concern mentioned about older men who were widowed was the challenge of cooking and eating alone:

*But I find one of the things that seniors do very poorly at is eating alone and especially men. It's hard for men to adjust to cooking if they never have because our age group men were the breadwinners, you know, they didn't cook like the modern husbands do now--lots of them are in the kitchen as much as their wives or maybe more. And I find men do not do well at having a balanced meal and looking after themselves.*

There were also several discussions about the numbers of women who were widowed and the concerns about their abilities to maintain the upkeep on their homes.

There were varying opinions on if older people should move to be closer to their children. Many participants described people who had moved away to be closer to their children and other family. However, there were also numerous ongoing discussions about people's reluctance to burden their children. One participant stated, "[B]ut you know, you can't follow your kids..." Another stated:

*you know, people say don't follow your kids because all of a sudden your grandkids grow up and they're busy and they're gone away to college and I can't expect my daughter and her husband to fulfil the need that we have for a social life*

However, several people had stated that they would consider moving away from Terrace Bay to be closer to their children. Clearly, this is a very individual decision based on personal values and beliefs.

## Connections

There was clearly a sense of strong attachment to the community by most participants. In particular, participants spoke about the value of knowing everyone in the community. Even if participants were not familiar with everyone, they described the sense of familiarity and friendliness that exists:

*But it's small town. So, you know everybody around you. When you walk down the street, you can say hello to everyone pretty much, and even if you don't know exactly who they are, they still respond with a smile. But that's another nice thing, you go up for the mail and it's "Good morning" "Hello" and you know, everybody knows – even if you don't know them, it's still "Hello" "Good morning" which is nice.*

Participants also described many situations and circumstances where neighbours were helping out other neighbours in informal ways. Some of these included checking up on people, fixing small things within their homes, shoveling walkways and driveways, and having people over for meals.

*... he takes care of his neighbourhood, which he is surrounded by, you know, very elderly people, which he does that and it's amazing.*

While this type of helping was often informal, when big situations or tragedies had struck Terrace Bay, the community came together to support each other.

*I think people in Terrace Bay really, if there's been an accident or something, that they come together, almost like a family and I find that very much so in our community, especially when there's a big disaster or something, we really come together.*

Many participants also spoke about how the community looks out for those who are older. As one participant stated, "Yeah, or in town you see an elderly person – you'd say to them, are you going home? Do you need a ride? No problem." An older participant herself also stated on how many people helped her when she was out in the community: "...but now that I'm older, I find that people are so good – I don't know if it's, like, the magic cane, but there's always a hand to help me." For those who were involved in the seniors' centre, a sense of community had developed there where older people helped each other:

*You know, well that's – yeah, exactly and at the seniors' centre all you need to do is say to somebody, "So and so is moving into an apartment" and all the guys' hands go up, "We'll help", you know, and so you've got like enough help to go and ... they probably shouldn't be moving all that stuff because they're all [laughs] over 70 or whatever, but anyway, they do. So that's the kind of support that there is. I'm telling you our seniors' centre is absolutely amazing.*

The general feel within the community was that most people looked out for each other and helped their neighbours. As one participant stated, *"If you need help or a hand, people are there."*

An additional theme emerging from the data is the close friendships that developed for some people within Terrace Bay. Friendships were the reason that many people wanted to stay in Terrace Bay as they got older: *"In a small community, you're all friends, though, you know what I mean? Like, that's what your small-knit community is. It's like your family, your friends. You know everybody."*

A strong sense of volunteerism was also prevalent within the community. One participant stated, *"...we have a really good volunteer base in this community."* Another participant commented on the numbers of events within the town that are run by volunteers:

*...but you look at any of the organizations in town and anything that brings people into town are drag races. It's all done by volunteer. Our lighthouse festival that the town puts on, a lot of that is volunteer. Just about any event that you look at within the community, our golf club hosts a number of golf tournaments throughout the year. They're always sold out. They're always well-run and it's all volunteer-driven.*

Another participant also commented on the fundraisers in the community which are all facilitated by volunteers:

*But again, it all goes back to volunteers doing it. It's not paid people sitting around saying, "Well, you know, we're going to do this to raise some money." We do raise money and then we pass it on to the hospital that needs it or whatever group needs funding in the community for a worthy initiative. The seniors step up to the plate.*

The majority of volunteers, as described by participants, were mostly seniors. As one participant stated: *"...that's something else that is worrisome is the fact that the majority of the volunteer base is our seniors or people who are approaching seniorship..."*. Another participant stated about the senior volunteer base: *"All of those people are less and less and less and they all have health issues themselves."*

While many participants felt that Terrace Bay was a friendly and welcoming community, there were also some comments about how certain people were not included within the community and certain environments were not always welcoming. For those who were new to the community, feeling a sense of belonging was sometimes difficult. As one participant stated, *"It's just hard starting out, but once you've been and you meet people and – yeah. You wouldn't want to come here and be a house body. That would not be good."* A participant who was newer to the community stated, *"...people would say 'Ah, you're new here'. It really bugged me."* Another participant

stated that if someone married a person who was in the community for a long time, it would make a difference: *“Because you came into roots. His roots are here, but your roots aren’t here. It makes a difference.”*

For those individuals who were more introverted and quieter, fitting into the community was sometimes difficult:

*I got nobody to talk to and there’s women all over, like – But because I’m – I’m really a quiet person...And so, then you feel kind of uncomfortable there...Because everybody is busy talking to somebody and you’re just sitting there by yourself.*

Some participants noted that some older people didn’t have a lot of connections and were quite socially isolated: *“I see a lot of seniors who don’t have a lot of connections.”* In addition, there was some discussion about seniors with certain conditions being excluded from the community, particularly people living with dementia.

In summary, connections were strong in Terrace Bay and people helped their neighbours and other seniors. However, it is important to note that not everyone was included and connected to the community, and there were numerous discussions about those seniors who were socially isolated. As such, while it is important to capitalize on the strong bonds among community members, it is also very important to recognize that there are likely to always be people who are socially isolated for a variety of reasons.

### **Health Care and Home Care**

There were several positive and negative comments about health care and home care. For the most part, participants were happy about the health care that was available within Terrace Bay. However, they did speak about challenges as well.

Participants felt that the hospital was a reason to stay in the community. One participant stated, *“But everything that I want out of life is in Terrace Bay. I will rave on till you’ll be bored about the quality of our hospital.”* Another participant stated, *“...at least there’s a hospital so, you know, that kind of gives you a good feeling.”* Participants also stated that there was generally good access to emergency care because of the local hospital, although there were challenges with accessing timely emergency care when people had to be transported out of the community. There were also positive comments about access to primary care within the community—both doctors and nurse practitioners. Access to the long-term care home was mentioned as an asset in the community, as was access to physiotherapy, naturopath, foot care, and a chiropractor. Finally, participants spoke about the pharmacy and the benefit to the community, despite some of the challenges that they experienced.

Participants described several challenges with health care in Terrace Bay. Not unlike other small communities, participants felt that services were under-funded and there was often a lack of availability. Access to specialists in particular was limited, although the use of Telehealth often helped. Access to specialists was one of the reasons that caused people to leave the community, since specialists often had to be accessed in Thunder Bay or other larger centres: *“Yeah, we do have that. I just think that just maybe convenience. I know a lot of people are moving to Thunder Bay for the convenience of, you know, specialty doctors’ appointments and just getting around”*. Driving for appointments, particularly in the winter, was problematic for many people. One participant stated, *“...like the only challenges there were basically where is – worrying about get up here for appointments especially in the wintertime.”* Another participant stated:

*We love Terrace Bay and like I say, the medical thing too can start to become an issue. We, you know, had to drive to Thunder Bay for everything but we probably could have managed that for longer because they do have a good vehicle there with the senior’s club that takes you for appointments. We could have managed it but it wouldn’t have been preferable because it’s kind of hard if you’re not feeling well. I know people that take it, they’re glad to have it, but you know, it’s just nice to be here where we’re close to the specialist and the doctors and yeah.*

Another frequently mentioned gap was the limited mental health services. This was mentioned by a number of participants who noted that although there were some services available, these were not enough: *“...they don’t have the resources to have all the supports in place.”*

The limited home care was mentioned by many participants. First, participants felt that *“...the services are there, but they’re overrun and don’t get the right people.”* In addition, there were concerns that home care didn’t show up on the days that they were scheduled to come. As one participant stated, *“...But if you’re at home and you need one every single day and every day you wake up and you think, I wonder if they’re going to come today, I wonder if they’re going to come today. Oh they’re not going to come today.”* Another participant stated, *“...homecare is really hit and miss.”* And another stated that homecare *“...is not reliable in any way, shape, or form.”*

One of the biggest challenges with homecare, likely contributing to the above challenges, is the lack of personal support workers in the community to do homecare. As one person stated, *“They have like people, personal service workers that will go to people that need help but there’s not enough of it.”* Another participant stated, *“... reality is, is that nowadays, there are very few people who want to work in that kind of a system. We have shortages of people who want to work in home care.”* Home care is a difficult environment for staff to work in, particularly due to scheduling, and so many personal support workers [PSWs] found positions at the hospital or long-term care home.

Participants felt that the health care services available in Terrace Bay were not likely to support the care that an older population needs. One participant stated, *“Obviously, it’s not going to provide the kind of care that an older population may need in terms of specialists and that sort of thing...”* Another participant stated that there were a number of gaps within the system before people became eligible for admission into the long-term care home: *“So, I do see a lot of seniors and I see them in various different transitions throughout their senior years and I do think that there’s a few gaps before they end up reaching long term care that maybe we can help fill in.”*

Despite the gaps in health care, one participant felt that the same challenges existed in other parts of the province as well, stating: *“We have our challenges but I can tell you the people down south, their challenges are every bit as great and financially every bit as great.”* Indeed, the challenges described with access to home care and specialists are not unique to Terrace Bay or any other rural community. Many other cities face the same challenges. However, travelling for health care poses the challenges for access to doctors and specialists, and not having a pool of home care workers to draw on poses challenges for the home care system.

### ***Supports and Services***

Several supports and services were available in the community, providing positive benefits particularly to an aging population. Meals on Wheels was available in the community, and this was very helpful for several people within the community. The snow removal service by the town was described as a very good thing (see more in “Home”). There were delivery services as well, including grocery store delivery and library delivery. The seniors’ centre offered a VON exercise class as well as monthly meals. Volunteers through Hospice provided respite and friendly visiting services. Finally, a food bank was also available in the community.

Despite the many supports and services available, participants described several needs and gaps. There was a need for more support services, and some participants described the need for live in caregivers which were not available in the community. Many participants spoke about the need for housekeeping and laundry services (please see the section on “Home” for more information). More homecare was also described (more fully described in the section on Health Care and Home Care). Finally, participants discussed the need for more supports for caregivers, and concern about the burnout that caregivers experienced.



### ***Transportation Services***

As one might expect, transportation was discussed by many participants. Given that Terrace Bay is over two hours drive from Thunder Bay, the closest city, transportation was discussed extensively. The highway drive from Terrace Bay to Thunder Bay is on an isolated stretch of highway with numerous hills, mountains, and curves. In the winter, this highway can often be closed because of treacherous conditions. As such, transportation was a major concern for participants. The comments below illustrate this:

*And the older you get the harder it is especially when you're widowed and you're driving yourself. Every year it gets harder. Every winter.*

*But I'm the only real driver in the group and that worries me.*

*I guess the issue also is the driving is not really safe. The highways are not safe in the winter.*

Given that the highway is the Trans-Canada highway, there is a significant amount of transport truck traffic along the way. Numerous accidents occur, and highways can also be closed because of these accidents: "I sat for four hours behind a jack-knifed transport ... You don't know what's going to happen."

While driving has been described as dangerous, there is no longer alternative ways to travel to Thunder Bay. Since Greyhound cancelled many of its routes in more northern and isolated areas, there were limited options to travel to Thunder Bay. There is currently a small transportation company that people can book to travel to small communities.

One of the frequently mentioned assets of the community is the medical van that was a result of a grant that the township received. This van gives community members the option to be driven to Thunder Bay for medical appointments.

*Woman 1: ... we're lucky that the township has taken on the health transportation vehicle, which –*

*Woman 2: That's been a blessing in itself. It's just incredible.*

Another participant stated, "...the medical van is a big bonus, that's wonderful."

Another challenge of transportation is the lack within the community. As one participant stated, "*If you lose your driver's license or lose your partner who's done all the driving. If you can't drive anymore, it's huge and I know we have Handi-Transit, but it's maybe still not enough.*" Participants discussed the need for a taxi in town, although they recognized that it would not likely be able to be sustainable because of the high costs of running a taxi company:

*There were lots of people that would love to have done a taxi in Terrace Bay but they couldn't afford it. They would make no money because the insurance is so high and you don't – you might – somebody might want a taxi once a week.*

The Handitrans van was also a positive benefit in the community. While this was only for those who were eligible for this service, it was seen to be especially beneficial for those with limited mobility:

*So, that's another service that's quite handy, especially for people with canes or walkers that can't get in and out of their own vehicle or can't drive anymore, and you want to go to the Seniors Centre, you book the bus.*

## **Community**

Several participants expressed a strong connection to the community and a desire to stay in Terrace Bay as they got older. One participant stated, *"I have no intentions of ever leaving."* Another participant felt that she would never move back to her community of origin but would stay in Terrace Bay: *"But, no, I don't see myself moving back, because it's been too long. The friends that you left behind, they don't know you anymore, or even, you know, not at home anymore. So, here is home."*

Other participants noted that they might have to leave Terrace Bay as they got older. One participant stated, *"It's not a great place as you get older and we probably made the move a little bit sooner than some because I saw what happened to other people..."*

## **Community Assets**

There were several assets within the community that participants spoke frequently about. Mostly, participants spoke very highly of the seniors' centre. As one participant stated, *"...the senior centre's good, everything I want to do in Terrace Bay, is there..."* The annual fee was \$10 which was easily affordable for most people. There were many programs offered at the seniors' centre, from the pool tables where many men would hang out, to cards, to pickle ball, to monthly dinners, and many more programs.

Churches were mentioned by a few participants as an asset to the community. Some participants noted the high numbers of older people who attended church. As one participant stated, *"...our churches are trying hard to stay alive. And you have that population. The church is great, but not everybody goes to church, so they don't have that social activity going."*

Other participants noted the active arts community within Terrace Bay, noting the numbers of artists and a small gallery that was available.

Several participants also spoke about the recreation services offered by the township, including the outdoor pool, squash courts, a bowling alley, and the ice rink. While participants, particularly those who were older, did not use all these services regularly, they recognized that these were important offerings to the community.

## **Community Challenges**

One of the significant challenges in a small community, particularly given the distance from Thunder Bay, is the lack of shopping. Several participants discussed the

lack of opportunities for shopping in the community. Participants noted their desires to have more stores with more variety. The comments below illustrate this:

*The things that we don't have are you cannot buy clothing here. Lots of giftware, you know, and we have the pharmacy which is good and there's a liquor store for those who, you know, require that all the time. But other than that and one grocery store there's very little competition otherwise and we do not have – you couldn't buy underwear here.*

*I find that the lack of clothing store is – I think you get ... you just get that feeling of isolation, you know, that you'd just love to get into a mall or something and even just sit and watch people go by, you know, just to get out of here. It's if you want gifts or things; unless you want knick-knack things or something from a hardware store, but we can't buy clothing for our grandchildren or anything. You know, it's just those kinds of things are things that you can't do, and I mean we're used to it so you don't sit and fret over it, it's just a given.*

However, one participant noted that many people take trips to Thunder Bay, and the benefits of Terrace Bay and the limited amount of traffic outweigh the challenges.

*So you know, they complain about clothing stores and stuff like that, but those are just little details, right. Everybody takes a trip at least a couple of times a year up to Thunder Bay and they can get all their shopping done that they want. They don't miss the traffic, you know, that kind of stuff – that's a big factor in Terrace Bay, and the people who live there.*

Several participants spoke strongly about the bank closure and the challenges that this posed to the community.

*Man 1: We had one bank close that summer. Destroyed.*

*Man 2: They left us a machine though but you can't deposit anything.*

*Woman 1: You can only take money out.*

Participants recognized that this was not a fault of the town, but rather of large corporations with little understanding of small towns and the distances to larger centres.

Some participants also noted the disappearance of service clubs in town as well. While this was not frequently mentioned, it should be noted as a concern.

## Safety

Most participants stated that Terrace Bay was a very safe community and they had no concerns about their own safety. However, some participants noted that because of new people coming to town, they no longer felt as safe as they once did. As one participant commented, *“Like I keep my door locked now because I’m afraid.”*

Another concern noted by a few participants was the impact of weather on perceptions of safety. One participant noted that if the highways are closed, this may impact grocery delivery: *“The thing is the trucks can’t get in, if we get a storm here or the highways closed, we’ve had the highway closed where trucks can’t get in, so your milk’s not coming in or your food’s not coming in.”*

Another concern noted by some participants was the feeling of concern due to wildlife in the community:

*I wouldn’t go away for any length of time and leave my door unlocked, but you do have to be concerned about bears and we have lots of fox in town and there’s the odd moose. There was a moose on our street a couple of years ago. They don’t come into town as often but bears ...*

Safety within the home, particularly for older people, was a concern noted by many participants. Older people might feel vulnerable within their homes if there was no way for them to reach out for help during an emergency:

*Well safety’s a really big thing as you get older, right, especially when you’re by yourself. And you expect in a small community that you’re going to be in a safe environment. And yeah, to feel vulnerable all the time ...*

Another participant noted situations where people have fallen and are not able to access the phone to call emergency services: *“There’s situations where people have fallen at home, people who are living on their own and what do they do? You know, they can’t get to a phone, they can’t get to any kind of access...”* One participant discussed a strategy that she used in case something had happened to her:

*...if something happens you have somebody there to call an ambulance or whatever. Me, I have an extra set of car keys that I keep beside my bed at night. I figure if something happens I just grab that, set the car alarm off. And I told my neighbours don’t come over, just phone the police.*

If older people didn’t have access to a phone or to Lifeline or an emergency call service, one participant noted that people may have passed away within their homes without anyone knowing.

One concern that several participants noted related to safety was the stairs within people’s homes and the fall risk for them. This will be discussed more in the section of

*Home* but it is worth noting that many people commented on the stairs and the risks that these posed to older people.

## **Finances**

Finances were discussed by participants as it related to the affordability of the town, cost of living, and cost of housing.

Most participants felt that the town was affordable. The township actively worked to keep taxes affordable, and with the cost of housing, most felt that the town was affordable. However, the cost of living was mentioned as significantly high due to travel costs, high costs of groceries, and high cost of gas. Maintaining one's home, particularly given that any construction, repairs, or handiwork was expensive, was a concern for some people.

Several participants commented on the people within the community who did not have a pension from the mill. These individuals often had less disposable income during old age. As one participant stated, "...*that was going to be our little nest egg, but it's an empty nest.*" Another participant stated, "...*we have lots of seniors here that just have their pension and that's it.*" Finally, some participants felt that there was little understanding from many in the community who had a pension from the mill about what other people were experiencing.

One of the significant challenges related to finances was the lack of equity that was built into people's homes. Typically, as people age, their homes have built up equity and when they sell their homes, they are left with significant income for retirement living in another environment such as a retirement home or seniors' apartments. As one participant noted about some older people, "...but some can't afford to leave."

Because of the lack of equity built into people's homes, moving from Terrace Bay was seen to be a challenge because the cost of housing was significantly higher in larger urban centres. One participant stated,

*Could you afford to live in Thunder Bay? Nothing against Thunder Bay but I mean to say some people can't sell their house – that's one thing, sometimes houses are moving, sometimes not. So you could think "Okay, well I'll go to Thunder Bay. As long as I can sell my house, I can manage to live in Thunder Bay." But then sometimes you're up the creek because five years later your house is still for sale. Unless you want to give it away.*

Another participant stated:

*And so we're limited and for us to move to Thunder Bay is not probably feasible, you know, and not to live in an area that you'd want to, you know [laughs] ... you know what I mean. And so it's we feel I guess I can use that word stuck in Terrace Bay, and I don't mean that negatively totally because we do enjoy it here.*

Finally, a participant commented on how their home would be worth very little should they decide to sell it:

*...it's not a situation where we can just up and go because you can't sell your house. And, you know, we've got a fairly nice home and we feel like if we – goodness, if we lived anywhere near Southern Ontario, you know it would be nice, but we're not going to get anything for it here.*

While the cost of housing is generally very reasonable in Terrace Bay, this also became a challenge later when people contemplated leaving Terrace Bay and the implications of leaving.



## **Home**

This theme of “home” covered a number of issues and challenges in Terrace Bay.

First, several participants commented on their desires to stay within the community as they got older. They recognized that this may not be a reality, but they wanted to stay: *“So, that exodus should stop because I want to spend the rest of my time here, but I may not be able to, simply because well, the cost of maintaining the house that we’re in.”*

Other participants commented on their desires to stay living within their own homes:

*But if we could stay in our house, I mean I’ve got my dream kitchen and I would love to be able to stay there as long as we can, we’re really comfortable and it’s not too, too big but it’s more than I want to clean all the time, but it’s not a big house.*

*But me, I just hope I can stay in my home ‘til I die. I want to die here.*

*But I just wouldn’t imagine wanting to move somewhere else, at least not at this time.*

One participant commented on how families often moved older people out of the community as they began to have more difficulty managing:

*I know I’ve talked to many, many clients, in both Terrace Bay and Schreiber when I was working, about, you know, trying to keep up with their homes and they couldn’t. And you know, some of them expressed a desire that you know, they want to stay in their home but, you know, they can’t. And then what happens to some of them is a daughter from out of town or a son will come and pick them up one day and that’s the last time you see them.*

## **Accessibility Challenges**

Because many of the homes are older in Terrace Bay, there were several challenges with home maintenance, accessibility, and safety. As one participant stated, *“It’s a lot harder to renovate than to build new.”*

The lack of accessibility for the older homes in Terrace Bay was discussed by several participants. Many of the homes were built by the mill in a standard style.

*Woman 1: One of the problems in this town, you know, basically built by the mill, the older homes are -*

*Woman 2: A storey and a half.*

Woman 1: *They're a storey and a half and –*

Man: *And washrooms upstairs.*

Woman 3: *Well, main – half of them are.*

Within these older homes, the bathrooms were described as very small: *“And very, very small bathrooms that you can't get a wheelchair in – you can get in with a walker but – yeah, you can almost sit on the toilet, soak your feet in the tub and wash your hands in the sink at the same time.”*

As was also discussed previously under section about “Safety”, the stairs in individuals' homes are very challenging for older people. One participant described how she often looked out for a friend of hers:

*And I worry about her going up and down her basement stairs like because she goes down to do her laundry and I just freak out. Like any time I know she's doing laundry I'm calling her, you know, two or three times. But she's one of these people who doesn't answer her phone, she'll take a message and then when she feels like calling you back, she does. So it's not much consolation...*

Because of the challenges with stairs, some participants discussed putting in chairlifts. One participant stated: *“You were talking about possibly getting a chairlift. There was one in my house when we bought it; they took it out. Well now, we're to the point where we're probably going to have to get a chairlift in our house again because the bathroom's upstairs.”*

### *House Cleaning Needs*

One of the biggest concerns expressed by participants was the challenge of maintaining the home. One participant stated, *“... although it's not a big house, it would be too big for me to maintain.”* Maintaining the house included both the inside and the outside of the home. For the inside, many participants discussed the lack of availability of house cleaning services to assist older people or those who were unable to maintain the cleaning of their home. While participants knew of one or two people who have cleaned homes, there was no opportunity or availability for people to hire someone:

*Yeah, I don't know what all – if you want your house cleaned, I don't know of anybody at the moment, I couldn't name you anybody who does. I know one girl just retired who had done a lot of homes and I might know one person who maybe does.*

Another participant stated, *“I've been trying for three years to get a housekeeper. Nobody wants to work as a housekeeper.”* For those individuals who need assistance with cleaning their house in order to remain in their homes, this type of assistance was not available. As such, while these services might be eligible to be covered under home care for those who qualify, there were no individuals to hire within the community to provide that service.

### *Yard Maintenance Challenges*

In addition to the indoor maintenance of the home, outdoor maintenance in the yard was described as challenging. One participant described his challenges: "Before I used to do it in a couple hours, my whole lawn and the town, but now it takes me two days to do it. But I just take my time now, you know." Another participant commented on the difficulties with maintaining their yard:

*Yeah, I mean we would – I think ideally, we're at the point now where we wouldn't mind moving. If they had housing here where we could say – you know, like we've got a huge yard...and it's too much now. You know, it's getting to be too much, I can't keep up with all the flower beds and stuff and, you know, at one time we had lots of great ideas and everything was lovely and, you know, you just realized if you want to go and visit your kids you can't do both, you know, and so that's frustrating.*

There was a lack of availability of people to hire to assist with lawn care and yard maintenance. One participant stated, "Because there's nobody that does lawn care." Another participant stated, "There's not many I think for cutting grass. There's one fellow in town but he is just – he's just so overworked because he does every senior's yard in town almost so it's a lot."

### *Snow Removal*

Snow removal was provided by the town for people's driveways. This was described as a significant benefit to community members, particularly those who had difficulty shoveling their driveways. While this was a tremendous asset in the community, many people commented on how clearing the walkways were not part of this service:

*And those – and the other little thing is, like, if you need someone to – there's the snow removal program, okay. And you get on the snow removal program. But he's not going to come and shovel your sidewalks or he's not going to cut your grass and do – like you know. Just those little things that you can't really find anybody to do those kind of little things.*

*See, that what I was saying to last night. Like, the town offers a service, which is great. Like, it's appreciated, right? But they guys don't get out of the equipment to do the walkway. So if they don't do the walkway and there's four feet of snow in front of the door.*

### *Light House Maintenance*

Participants spoke about the challenges of finding people to help them with the upkeep of their homes. Particularly for older people, this was a challenge. In some cases, neighbours helped, but there were many situations and people who had no one to do light house maintenance. The following quotes illustrate this:

*... a lot is just being able to upkeep the house. I even know from my own situation with my mother-in-law, like, if she didn't have us there, she – like, a lot of things wouldn't get done.*

*...a lot of people's houses, you know, like if there's a board missing or this missing, it's just going to go missing, it's not getting fixed. I mean my grandmother has us to come over and screw in a screw or ... but as for here, they don't unless you have a good neighbour, like I said.*

*But there's heavy-duty contracting and remodeling, then there's just basic stuff, that for any reason you can't do, you know? I'm not into house maintenance type of things, my husband did that for years. But somebody might just not be physically able to do it. And just simple little things, your kitchen tap is dripping or leaking or you know...*

### *Major Home Renovations*

While light home maintenance was a concern, most participants spoke at great length about the challenges with major home renovations. Finding skilled tradespeople in the town was really challenging and often impossible, as the comments below illustrate:

*But if you need a plumber or something - ... it's very hard to find.*

*Anna: Yes, if you're hot water tank busts, who do you call?*

*Emily: No, there's nobody right now. There's nobody.*

*You can't find a tradesperson anymore in these little towns.*

*But I found finding a contractor very challenging and even finding a handyman, very challenging.*

Participants also noted that the skilled tradespeople were getting older or were retired and no longer working. Other contractors were working at the mill and didn't often take on jobs in the community. In the cases of accessibility and installing chair lifts, many contractors wouldn't do this type of work and as such, people had to be brought in from out of town to install them. As such, the costs became very high to install these types of things.

Finally, one participant summarized:

*...since I've been here, what I have found is it's very difficult to get contractors. If I were younger and male, I would move to a town like Terrace Bay and I could make a million dollars because what I've seen, right or wrong, my opinion is that contractors here could pretty much do what they want, when they want, because they have so little competition. And when it comes to grant money that's available to seniors and other low income people, many of these grants you have to get three prices, whatever – that's sometimes an issue, sometimes not.*

### *Challenges and Solutions with Younger People*

Finally, when participants were asked about solutions to some of the challenges they noted, many discussed the possibilities of young people helping out. However, it was quickly pointed out that many young people did not want jobs and were not particularly reliable. While the research team didn't observe this, perceptions from many community members suggested that the recruitment of younger people might not be a solution. First, the population of young people was small, and second, people felt that young people didn't want manual jobs such as yard work or snow shoveling.

*We don't have enough high school kids around to even shovel your – you know. High school population's very small.*

*Young people today don't want to – like years ago you could find a kid that would cut grass or do stuff for you. Nowadays with their other ambitions in life or lack thereof they don't – you don't find too many kids that want to go out and cut grass for people.*

*It's really too bad because if a few of them got together and just started a little business in the summertime of just cutting grass and then shoveling in the wintertime they could make themselves a killing.*

*It's not dependable, the kids do not want jobs. You can't get the young people to work in this town.*

## **Housing options**

Given that some participants expressed wanting to stay in the community as they aged, we asked about options and solutions to some of the challenges they expressed. Some participants expressed that there were few options should they wish to sell their house: “...even last night when we went home from here I said, you know, ‘The more you think about it, the more you think we should maybe put the house up for sale and try to sell it’, but then where do you go?”

Discussions were brought up about co-housing options. Some participants again thought it was a good idea, but not something they would be open to trying: “*But like we were talking last night...if you want some other person to move in with you. No, that’s not for me. I’m set in my ways and that’s not for me.*”

Others discussed wanting to have a home that had no steps—ideally a place that had no stairs and was not too big to maintain:

*Housing. Yeah, yeah. I have steps in my house. And the house is – although it’s not a big house, it would be too big for me to maintain. I would want a place to live, one or two bedrooms, one floor.*

Mostly, however, participants discussed the most common and familiar model—that of seniors’ apartments with some support as necessary. While most participants felt that there was a need for some kind of housing option between independent home living and a long-term care home, many also expressed that this was something that was needed either for other people or for themselves when they got older. Very few participants expressed a desire to move into a seniors’ housing complex immediately, although many people felt that there was a need in the community. The comments below illustrate:

*I just turned 65. But, my long-term concern, if you will, is the same as the ladies who are more advanced in the spectrum, and it’s transitional housing. I’m in my own house, I’m great right now. But, there will be a time when I can’t stay in my own house, but I’m too able-bodied for Wilkes Terrace or long-term care. It’s the middle – it’s the transition.*

*But by the same token, it’s a shame to see long-time residents leaving town and there have been quite a number in the past couple or three years. So, we need – we need apartments. We need senior housing here locally.*

*But what – if our biggest reason to leave would be affordable housing, when we’re ready to move into an apartment, but there’s nothing available, then we would move into – that’s what we need more than anything is senior housing.*

Other comments also discussed the need for seniors’ apartments:

*It would be nice to have a seniors' apartment building that was accessible. Not necessarily supportive housing physically, but an apartment building with a common room where people could get together.*

*But we definitely need a senior's community building or something here.*

*Ideally, the – I think that the solution are units that are six apartments per unit – like per building. It's doable without an elevator. It's doable with like, four up, two down, and then a common utility area. Because it's a six-unit building, then it gets a different tax treatment than a multi-res does.*

A few participants expressed their desire to live in an apartment that they could lock up and go travelling: “...my husband and I would like to have a place that we could lock up. And go away for three weeks in the summer...”

In the discussions about a need for seniors' apartments, some participants also noted the need for some support within a seniors' apartment:

*...I haven't gotten to that stage in my life yet – but when you really need people around you and you want to stay in your own little room or little apartment, it must be so nice to know that there's somebody just next door, down the hall. It's like a motel really, you know, with the thing – but I mean you can go and just – if you're desperate, just knock the wall and say “Help.” You don't feel so isolated I would say. You can get those nursing homes that let out three stages, or something like that, where you go in and you're just independent and then later on you move to the next level and then finally to the last level, you know.*

Previous discussions of a seniors' supportive housing complex were brought up in several conversations. Many participants discussed the challenges and frustrations with previous conversations and plans. First, most were not supportive of the location by the river that had been proposed in previous conversations. Many participants discussed the smell of the mill and the smell of the river and how this would not be an ideal location for a seniors' apartment building:

*But, you know, the idea that they had for here, the location was absolutely horrible I think for seniors. There's nothing worse than the smell of that river in the summer or winter, just the pulp mill smell just goes way up that river. And, not only that, it would just be – you'd be on the embankment of the river because that's where it was.*

In addition to the location, frustration was expressed by some residents about the lack of movement on a seniors' supportive housing complex. In fact, we had some difficulty recruiting participants to share their experiences about aging in Terrace Bay because many of them perceived this study to be about supportive housing, not about aging. Essentially, the economic risk of building a seniors' housing complex was very big, and some participants felt that the town was not willing to take that risk. Given that Terrace

Bay relies heavily on the mill for employment and is a single industry town, and given the precarious nature of single industry towns, the economic risk is even greater. The following comments from participants illustrate this:

*I don't think it's hard to visualize, I think it's hard to fund, right? I think financially. But the town backed out because the bulk of the load would fall to them and they didn't want to take on a giant amount of debt, that they don't believe the mill is going to stay open. They don't believe – they can't trust – ... So they didn't want to take a risk...*

*So we didn't even really look into it because we already knew that that – but we were very excited when they did have this study a few years ago and we all went to the meetings about maybe getting this building that would maybe even accommodate assisted living but of course they didn't get enough response and it's a huge expense and our population they can't support it ever, I'm thinking.*

In addition to the economic risk of building a seniors housing complex, participants felt that many people who wanted this type of housing should be built were not interested in moving in if and when the building was available. The conversations below illustrate this:

*Man: I think there's lack of support for that program. When push came to shove, people said, "Yeah, yeah, yeah," but when it came time to say, "Yeah, I'm willing to move in," there was no – almost no support.*

*Woman: Well, you know what, that's true, because I just put my name down to be – for numbers. I've no intentions of moving in,*

*Well see, that would be my grandmother because she's on the list, but I think if they called her today it would be a, "No, I'm not ready to go into that old" – you know, because that's just she has her mind, right, so she knows where she's going ...*



### ***Push and Pull Factors***

We explored factors that would keep participants living in Terrace Bay as they got older, and factors that would cause them to leave Terrace Bay as they got older. Many of the factors are listed in the above categories, but we provide more explanation of this below.

Participants described several reasons as to why they would continue to stay in Terrace Bay as they got older. First, those who expressed a desire to stay in Terrace Bay stated that they enjoyed the community and felt it was a good place to grow old. The town was well maintained, the slower pace of life was what participants wanted, and it was a good family community. The location of the community and access to the outdoors and to Lake Superior was a strong draw to keep people living in Terrace Bay. Participants felt safe in the community. Participants also expressed that they had made strong connections in the community with strong friendships and some were fortunate to have family living in the community as well. Employment also kept those who were still working living in Terrace Bay. Some participants described the good access to health care, particularly the hospital, long-term care, and primary care, in the community. Others expressed that they liked their home. Some participants expressed that they were unable to afford to move due to the resale value of their homes.

Despite the amenities that were keeping people living in Terrace Bay, there were several factors that either caused, or would potentially cause, participants to leave Terrace Bay. First, some participants wanted to be closer to family, particularly their children. This was a strong draw (pull factor) away from Terrace Bay. Having access to more cultural activities was also mentioned by a couple of participants. The distance to major urban centres, and the need to travel for health appointments was also a significant factor in people moving or thinking about moving away from Terrace Bay (push factor). Health reasons and access to specialists contributed to this. The lack of transportation within the community and to Thunder Bay was also cited as a contributing factor. Several participants spoke about the conditions of their house and the home maintenance challenges as a factor contributing to their move or potential move away from Terrace Bay (push factor). In addition, a lack of home care contributed to this as well. Some participants felt that if a seniors' apartment building was available, other people might not have moved away from Terrace Bay. Those who moved away from Terrace Bay felt that they might have stayed in Terrace Bay for a few more years had a seniors' apartment building been available, but that they would have still eventually moved away. Some participants also mentioned the smell of the mill and how that would be a factor in considering moving from Terrace Bay. Some participants felt that Terrace Bay was not a good community for older people due to some of the challenges that we have described.

## Proposed Solutions

Throughout our conversations, participants proposed several solutions to some of the challenges that they expressed. We list these solutions below:

- Grocery Sharing

Some participants discussed the possibility of grocery sharing. Because shopping for one person was challenging and often food would get thrown away, grocery sharing was seen to be a possible option:

*Female 1: But even for widows, widowers, for groceries, getting together and make up a list and then just split it.*

*Female 2: That's exactly what I wanted to do for a long time. I'm so sick and tired of throwing all that produce in the garbage –*

- Congregate Meals

While the seniors' centre offers congregate meals once a month, participants felt that congregate meals more frequently would benefit many people who are socially isolated in the community. One participant described this:

*there's a couple of places in the western and – west of Thunder Bay, that they have congregate dining. So, the meals, I don't know, I'm not sure who prepares the meals, I think it's a group of volunteers that prepare the meals and I'm not sure of funding.*

*But they have it once a week, so seniors will come. They'll get picked up by their transportation service in their town and they have like, 70 people that come to congregate dining. And so, they get the social outing, the visit, they get some extra nutrition and that. We don't have anything like that here.*

- Cooking Classes

Another participant suggested having cooking classes particularly for some widowed men who had very little experience cooking. A cooking class on how to cook for one was also suggested:

*That's only one meal a month but sometimes we'll make a soup or something or somebody will, you know, just on the spur of the moment have something there and the men always stay because – and some of them have become quite good at cooking but, you know, a lot of them they don't. They just buy frozen meals at the store that are not healthy. So I know I have thought often of doing a course at the seniors' centre, you know, how to cook for one.*

- Establishing Check-Ins for Isolated Seniors

Social isolation of seniors was a big concern for many participants. One participant suggested facilitating a check-in connection among seniors. She described a program in Thunder Bay that she had heard about that she thought might work in Terrace Bay:

*One of the things in Thunder Bay, one of the groups I went to, I can't even remember what it was called, Seniors – Happy Seniors Ageing and I don't know. And they were talking about how they had developed these lists that you put – they were laminated lists of friends or acquaintances that you could call if you needed someone, and you put the name and the phone number for this, for that, for that, and you needed at least eight of them on your list. And if one person died or moved away, that's why it was laminated, you could rub it off and add a new one. But those kinds of things would be great to facilitate, because it would be helpful for some of the people that are alone in their homes or whose partner can't do certain things.*

- Paramedic visits

In addition to that, the options of having paramedics do home visitation was also discussed:

*I was really hopeful about – the ambulance service was going to do a home visitation if – you know, if people - ... And I would think that that would be so valuable, but it just – I don't think it's materialized, because you know they'd go into your home, you know, visit, take your blood pressure. Overall, look at a person's wellness, especially shut-ins.*

- Compiling a List of Tradespeople at the Seniors' Centre

Given that home maintenance was a significant concern for many participants, various ways of finding people who would do home maintenance and helping to facilitate getting this information to others was discussed.

*I always thought it would be nice if our senior centre, if we could make a list of all the people who do this kind of thing. So if you had a problem you could go to the senior centre, look at the list and say, well I'll phone this person. You might not know them personally but this person does plumbing, this person does electrical. But then we don't have that many people to put on that list even.*

*So, I think – like, if we had some sort of like, a trade show geared to seniors that different people were at, they could have that discussion piece. You know, somebody needs to coordinate that, but to contact people that we might know, who might be willing to do some of this kind of handiwork around the house.*

*... we maybe have so many people in our community, we don't even know of that will be willing to do a bit of it. Maybe one can do this and the other one can do*

*that, but they would not come forward because they don't really want to have a job. But if it's a big group of people and they know that there's a need, in a certain way that they know, or there's more people that are willing to do it with me, maybe I will do it. But if they're all asking me, I'm retired. So, I can see, like Ava said, if they're identified and if they know that they're needed, maybe that will be a whole different story.*

As an additional suggestion, one participant described a program where seniors volunteer to fix other seniors' small maintenance issues:

*The seniors' club up in Thunder Bay has a fixit club and the guys – somebody lets them know there's a little old lady – window squeaks or it's jammed. So there of them go down and fix it for her. It costs her three coffees. And maybe they'll check the house if she wants to and they'll see if any other problems. And they start – that way this woman has contact.*

- Walkway Shoveling

Participants felt that possibly high school students could do some of their volunteer hours with helping seniors shovel their walkways. While there were challenges described for this, these are not insurmountable given that other communities do this.

*That can be done within the high school because they need to -... They need 40 hours of community service and yes, they could easily facilitate that.*

- Housing

Finally, related to housing, participants suggested that home sharing might be an option to encourage seniors to try in the community: *"I think that is such a great idea. I mean they have their own space but then they have a community."* Participants also thought that perhaps the township or government could buy some of the old houses in the community and renovate them.

## Summary of Key Findings from the Qualitative Study

- 47 participants living in Terrace Bay and 4 participants who had left Terrace Bay participated in focus groups or interviews.
- Terrace Bay has an aging population, although new people are moving in now for work at the mill and because of cheap housing.
- Most participants expressed that they had difficulty planning for their future health needs because they currently are healthy and enjoying life presently.
- Family was important to help support seniors, although many people felt that they would not move to where their children lived.
- There was concern over the number of older people who were widowed, and their abilities to maintain and care for themselves and their homes, to stay socially connected, and of their social isolation.
- Most felt a very strong attachment and sense of belonging in the community, although it is important to note that there was a subset of the population that did not feel this way.
- People looked out for each other and helped each other, particularly more vulnerable seniors.
- Seniors comprised a large volunteer base in the community.
- Access to health care, particularly primary care, pharmacy, physiotherapy, foot care, chiropractor, and naturopath was described as good. Access to specialists was challenging. Mental health services were limited. Home care particularly was described as challenging.
- Many supports and services were available and positively viewed by the community, although there was a need for live-in caregivers, more supports for family caregivers, and housekeeping and laundry service.
- Winter driving and the distances to major urban centres were considered problematic. However, the medical van was a very positive asset as was the HandiTrans bus in the community. The lack of transportation within the community was also viewed as a challenge.
- Participants felt strongly connected to the community and that the community had several assets, including being well managed and maintained, a very active seniors' centre, churches, recreation services offered by the town, and an active arts community.
- The lack of shopping was mentioned by many participants.
- Most participants felt very safe in the community. Safety concerns that were mentioned were being isolated in one's home, winter weather, and wildlife.
- The town was affordable, particularly housing, although cost of groceries and gas was high. The cost of housing in larger urban centres was unaffordable for many people as they did not want to take on a mortgage again in later years.
- Most participants wanted to stay in their homes as they got older.
- Homes were older and quite inaccessible, with many stairs posing safety risks.

- There was a lack of services to help maintain people's homes, including housekeeping, yard maintenance, snow removal of walkways, light house maintenance assistance, and major home renovation contractors.
- Participants described the need for seniors' housing, although most did not want to move into a seniors' housing complex. Location and financing for a seniors' supportive housing complex, as well as willingness to live there from community members, were seen as significant barriers to building a seniors' housing complex.
- Many solutions were proposed by participants, including grocery sharing, congregate meals, cooking classes, establishing check-ins for isolated seniors, paramedic visits, compiling a list of tradespeople for seniors to access, walkway shoveling, and housing for seniors through renovating old houses in the community.

## **Discussion and Recommendations**

As previously stated, our study was proposed and carried out in a way that worked collaboratively with the community with a goal to explore perceptions of aging in place from the perspectives of various community members, specifically focusing on what assets and needs the community has related to aging in place. The focus groups, interviews and town hall meetings highlighted a number of areas that showcased that while a building is desired by some people in the community, there are many other community gaps that exist which are impacting those residents who are aging in place and those that are looking to their future and what aging in place, in Terrace Bay could mean for them. Below, we discuss each of the categories and provide recommendations:

### ***Health Status Recommendations***

In both the quantitative and qualitative findings, it is clear that Terrace Bay has an aging population. It is also clear in both the qualitative and quantitative findings that people are not planning significantly for their future, particularly as it relates to aging, accessibility and mobility limitations, and other potential health conditions. This is a considerable challenge as older people may have limited options as they age in Terrace Bay which requires perhaps more forethought and planning.

Recommendations:

- Encourage people to consider their future and plan for getting older. Several documents and planning resources are available from the Government of Canada which can assist with this.
- Provide education through the seniors' centre on advance care planning and the need to have a strong advance care plan that is discussed with family members.

### ***Health Care and Home Care Recommendations***

In both the quantitative and qualitative findings, there were considerable gaps in health care access. Access to specialists was particularly difficult. Participants felt they had good access to primary care providers, but mental health supports were limited. There were also considerable challenges with home care, particularly around health human resources and PSW support.

Recommendations:

- Create a scholarship opportunity for young people in the community to train as PSWs with guaranteed jobs upon completing their schooling and a mandatory

commitment to the community for 2 years post-graduation. Models from other communities and from medical schools can be adapted and adopted.

- Continue to encourage the use of Telehealth as options to limit the travel to Thunder Bay for specialists.
- Continue to recruit and retain medical professionals, such as doctors, nurse practitioners, and nurses. This system seems to be working well, and should be maintained.
- Establish more communication between health care providers and the township to ensure that the activities, needs, and challenges are regularly discussed amongst the two groups. This includes conversations about assisted living, home care, and future government funding and planning.

### ***Housing and Home***

Significant gaps were described related to housing and homes. Addressing these gaps may go a long way in supporting the older population to remain in their own homes. Most people preferred to stay in their own homes as they got older, but there were activities that became more difficult to do, such as cleaning, cooking, maintaining a yard, and light home maintenance. Many participants have not considered the need to purchase some of these services as they got older, which is also an important consideration. Many of the older homes had stairs and accessibility issues as well. A very significant gap was the difficulty in finding contractors to renovate one's home.

Recommendations:

- Inventory homes which could be retrofitted for accessibility.
- Create partnerships with renovating companies and contractors in Thunder Bay where contractors could come in with a list of jobs to do rather than coming in solely for individual jobs.
- Employ a monthly "labour" day for the community where home maintenance workers could be brought into the community and booked in advance to make repairs to home and assist with making homes more long-term accessible (use the senior centre bus to bring them in and out once or twice a month).
- Create awareness of opportunities within the community for the employment of house cleaners. If it is not possible to recruit people from within the community, explore recruiting from outside of the community and brought through on a rotation, similar to the home maintenance employees (use the senior centre bus to bring them in and out once or twice a month)



- Create scholarship opportunities for young people in the community to apprentice in the trades or general home contracting with guaranteed jobs upon completing their schooling and a mandatory commitment to the community for 2 years post-graduation.
- Hire an “aging in place” coordinator that could assist seniors in finding housekeeping, yard maintenance, and home maintenance, and could initially assist with creating these partnerships with other communities.
- Create a list at the seniors’ centre of individuals and the work they are willing to do, and create a list of individuals’ needs for home maintenance. Hire a coordinator to match these individuals together to ensure that people’s housing maintenance needs are met.
- Coordinate volunteers to shovel seniors’ walkways similar to the Snow Angels program in Thunder Bay (for more information see <https://www.agefriendlythunderbay.ca/snow-angels/> ).
- Maintain the Meals on Wheels program.
- Expand opportunities for congregate meals where seniors who are socially isolated can be picked up and brought to the Seniors’ Centre or elsewhere for community meals once a week or more frequently. Consider models of community kitchens and community cooking programs within the voluntary sector.

### ***Housing Options***

The topic of additional housing structures was explored and while many stated that there was a need for seniors’ housing, most were reluctant to admit that they would move into such a place. The majority want to stay in their homes and while they can understand how this is not a long-term option, given the gaps that exist due to a lack of resources and labour in the community, they are still not immediately interested in moving out. Participants were also less likely to be interested or knowledgeable about non-traditional housing arrangements.

#### **Recommendations:**

- Provide information opportunities in the community about non-traditional housing opportunities and explore participants’ interest in this.
- Inventory homes which would be appropriate for accessibility and consider purchasing these homes if they come on the market for co-housing options.
- Hire an “aging in place” coordinator to assist seniors with finding housekeeping, yard maintenance, home maintenance, and the like, and re-evaluate the need for seniors’ apartments in 3 years.

- Explore options of public/private partnerships to develop seniors' housing.
- If building seniors' apartments is a decision that the town council makes, we would recommend a small number of apartments to begin, given that most participants have stated it is needed but they are not willing to move in.

### ***Transportation***

Most individuals use their own cars to get around, and there are significant gaps in terms of transportation within the community of Terrace Bay. Participants also expressed their concerns with limited transportation to Thunder Bay unless they were going for medical appointments.

Recommendations:

- Establish a car-pooling/ride sharing system to travel to Thunder Bay for shopping or parcel pickup.
- Encourage people to call friends or neighbours when they are going out to see if others need rides.
- Have the seniors' centre coordinate car pool lists for regular programs.

### ***Finances***

Individuals were thinking somewhat about their future and retirements (or had thought about their retirement), but few had considered the services and supports they may need to purchase as they get older. In addition, the resale value of people's homes was low compared to the prices of homes elsewhere. If a significant seniors' housing complex was built and should individuals sell their homes to move into it, the housing market would be flooded with homes which would decrease their price.

Recommendations:

- Create video conference/town hall meetings with financial planners where presentations can be made about planning for the future and have them be from the region so that they know the challenges that this population is facing.
- Have conversations and discussions about planning for the future.

### ***Connections***

Most participants felt connected to the community, although there were many people who were identified as being socially isolated. Those with a spouse or partner were more likely to feel like they had strong social connections as compared to those who were widowed, divorced, or single.

Recommendations:

- Conduct a community assessment to determine who is socially isolated. Identify the single and widowed seniors and their needs.
- Establish a check-in and safety system for those who are socially isolated. This could fall under the purview of an “aging in place” coordinator.
- Identify caregivers and connect them with volunteers and organizations for support and respite.
- Conduct community focused “Aging in Place” meetings where discussions are focused on opportunities and ways in which people can ask for assistance from their peers and work with each other (the seniors’ centre could be the lead in this)

**Safety**

Most participants felt very safe within their community, but the stairs posed a risk within their homes to their safety.

Recommendations:

- Identify individuals who want a chair lift to be installed in their homes. Bring in an installer to install them all at once rather than individually.
- Create a laundry service so individuals do not have to go downstairs to do their laundry creating safety hazards for themselves. This could either take the form of someone picking up laundry to do or setting up laundry facilities at the seniors’ centre that are available to seniors.

**Supports and Services**

Supports and services identified were seen very positively in the community. However, people are not thinking about these needs as they get older.

Recommendations:

- Encourage people to consider their future and plan for getting older. Several documents and planning resources are available from the Government of Canada which can assist with this (mentioned above).
- Create awareness of opportunities within the community for the employment of house cleaners. If it is not possible to recruit people from within the community, explore recruiting from outside of the community and brought through on a rotation, similar to the home maintenance employees (use the senior centre bus to bring them in and out once or twice a month) (mentioned above)/
- Continue to maintain the snow removal program offered by the township.
- Coordinate volunteers to shovel seniors' walkways similar to the Snow Angels program in Thunder Bay (described above).

### ***Community***

Most participants felt strongly connected to the community, although those with spouses/partners felt more strongly that they had people to talk to and had developed social networks. This clearly speaks to the need to identify those who are socially isolated and reach out to them. Recommendations are already listed under "Connections".

Participants discussed some of the community assets that they felt were limited in Terrace Bay, particularly shopping.

Recommendations:

- Provide coordinated regular shopping trips to Thunder Bay for those who are not able to access shopping or find it difficult to travel to Thunder Bay.

## Conclusions

While we know that the township of Terrace Bay wanted us to directly point to a direction forward with a supportive housing complex for the seniors of Terrace Bay, this study identified a number of key gaps in community services that could assist in keeping people in their homes for longer as they got older. Given the population predictions of Terrace Bay, a supportive housing complex would only meet the needs of a small number of people within the community, leaving a significant number of older people and others with activity limitations still with little support. Some of the reasons for people moving away, such as family connections and access to specialists, will not be changed by the township as these are factors that are “unchangeable.”

As such, our key recommendation is that the township should hire an “aging in place” coordinator who could begin to set up and implement some of these recommendations within this report. The issues with home and yard maintenance, lack of transportation, distance to Thunder Bay, and the many other issues described will not be solved with the building of seniors’ apartments. Rather, we recommend that having someone to coordinate some of these initiatives and working particularly on the housing and home maintenance issues and accessibility within the home, which would enable people to remain in their homes for longer.

In conclusion, we feel that the Township could implement a number of community based initiatives to assist the aging population in a way that will not result in a large investment in a single structure, but could create opportunities for the community and those looking to stay in the community. The Township needs to recognize these gaps and work towards solutions that will address the immediate needs before investing in a building that will still be several years away and only meet the needs of a select few residents.

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## Appendix A Survey

We would like to invite you to participate in a study that we are conducting called ***Supporting Aging in Place in Terrace Bay***. This research is being led by Dr. Elaine Wiersma, Centre for Education and Research on Aging & Health (CERAH) at Lakehead University, and colleagues Dr. Rhonda Koster (School of Outdoor Recreation, Parks, and Tourism) and Dr. Rebecca Schiff (Department of Health Sciences). Our research purpose is to explore perceptions of aging in place from the perspectives of various community members, specifically focusing on what assets and needs the community has related to aging in place. This research study is being conducted in partnership with the township of Terrace Bay to assist in local planning and decision-making for an aging population, and is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) and the township of Terrace Bay.

We are inviting you to fill out a survey about aging in place in Terrace Bay. The link is below. The survey should take you 20-30 minutes to complete. Only the research team from Lakehead University will have access to the surveys. A report will be generated for the township of Terrace Bay that will include only anonymous and non-identifiable information.

Filling out the survey is completely voluntary. You do not have to do this. All of the information you write on the survey will be anonymous and confidential. Only Dr. Wiersma's research team will be able to read and access the surveys and comments. The information on the survey and comments will be stored for 5 years, and then destroyed. It will be kept on a password protected computer and paper copies will be kept in a locked filing cabinet in a locked office. There are no foreseeable harms or risks to completing the survey. The information we collect can benefit Terrace Bay in planning for the future and for aging in place, along with various housing options.

You can contact Dr. Elaine Wiersma at [ewiersma@lakeheadu.ca](mailto:ewiersma@lakeheadu.ca) or 807-766-7294.

This research study has been reviewed by the Lakehead University Research Ethics Board. If you have any questions related to the ethics of the research and would like to speak to someone other than the researcher, please contact Sue Wright at the Research Ethics Board at 807-343-8283 or [research@lakeheadu.ca](mailto:research@lakeheadu.ca).

Thank you for your consideration in participating in our research.

☐ **I have reviewed and agree to the above information and would like to proceed to the survey.**



## 1.0 MY HEALTH

1.1 Please read the following statements and indicate how frequently these apply to you.

	Never	Rarely	Some- times	Usually	Always
I am physically active and do a variety of physical activities that I enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep my mind active through a variety of hobbies and interests, such as reading.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have health conditions that limit my mobility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have health conditions that limit my daily activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1.2 Please respond to the following statements.

	NO	YES
I have talked with my doctor about my pre-existing medical condition and what services and supports I may need as I age.	<input type="radio"/>	<input type="radio"/>
I am aware of my family's medical history.	<input type="radio"/>	<input type="radio"/>
I have talked with my doctor about what I can do now to maintain my health and how my health needs might change as I age.	<input type="radio"/>	<input type="radio"/>
I have written down my wishes for care in the event I become incapable of giving my consent.	<input type="radio"/>	<input type="radio"/>
I have access to a primary care provider.	<input type="radio"/>	<input type="radio"/>

1.3 I am aware of electronic tools, such as medication reminders and health management systems that will allow me to remain healthy.

	Yes, I use regularly
	I know about these tools, but do not use them.
	No, I don't know.

## 1.0 HEALTH CARE ACCESS

2.1 Please read the following statements and indicate how frequently these are true.

	Never	Rarely	Sometimes	Usually	Always
I can see my primary care provider when I need to.					
I have access to an optometrist.					
I have access to audiologists or hearing specialists if I need them.					
I have access to dentists and dental checkups when I need them.					
I can access allied health professionals if I need them (e.g., physiotherapy, occupational therapy, speech therapy)					
I can access specialists when I need to.					
Personal support services (ie., home care) are available in my community.					

2.2 Please read the following statements and indicate how much you agree or disagree with them.

	Never	Rarely	Sometimes	Usually	Always
I am worried that I am not able to manage my <b>current</b> health status or conditions in Terrace Bay.					
I am worried that I will not be able to manage my potential <b>future</b> health status or conditions in Terrace Bay.					

## 3.0 MY HOME

The following questions ask you to think about the home you live in now. Do you plan to live there when you are 70 or 80 years of age or older? Do you own or rent? If you rent, your ability to make changes to your home to support your needs may be limited. Consider what you can do to age in your place as a renter or homeowner.

3.1 Please check the following statements:

	Yes, I live close to my family.
	I live close to some of my family members but not all of them
	No, I do not live close to my family.
Comments:	

3.2 Please check the following statements:

	Yes, I live close to my friends
	I live close to some of my friends but not all of them
	No, I do not live close to my friends.
Comments:	

3.3 Please read the following statements and indicate how you feel about them.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
My home is in a location where I will not feel isolated in my later years.					
I have thought about the current and future costs of staying in my home (e.g. mortgage or rent, taxes, repairs, maintenance) and whether I can afford to live there as I age.					
I can afford to pay for services (e.g. house cleaning, yard maintenance) to maintain my home, if needed.					

If I find myself living alone now or in the future, I could manage it on my own.					
I recognize safety risks in my home and have taken steps to fix them.					
The features in my home will adequately support my mobility and health needs over the next 10 to 15 years (e.g. entryways and doorways that can be accessed by a walker, bathroom walls that can support the installation of handrails, etc.)					

3.4 Please read the following statements and indicate how you feel about them.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I can afford to make changes as needed to my home to help me to age in place (e.g. night lights in the stair areas, solid handrails on both sides of the staircase and a grab bar in the tub area).					
If my health changes and I need to use a wheelchair or another mobility device, I can afford to modify my home to accommodate my needs (e.g. widen doorways, build a ramp, or install a walk-in bathtub).					
I have thought about reducing my belongings and/or moving to a smaller home.					
There are people and companies I would be able to ask or hire to					

modify my home if I needed.					
I am aware of the different funding options to renovate my home if I needed.					
I would consider moving if my home does not meet my needs as I get older.					

**4 I have spoken to my landlord to find out if changes can be made to my current home:**

	Yes
	No
	Not applicable—I own my own home

**5 If I am no longer able to remain in my current home, I am aware of other available housing options in my community.**

	Very aware
	Somewhat aware
	Not at all aware
	There are no other housing options in my community.

## **MY TRANSPORTATION**

Think about the type(s) of transportation you use now. Do you plan to continue travelling in the same way when you are older?

**1. I use the following transportation modes. (Please check all that apply).**

	My own vehicle
	Carpool
	Get a ride with family or friends
	HandiTrans
	Kasper

	Walk
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**2. Please respond to the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I am aware of alternate means of transportation if needed (e.g. walk, bus, HandiTrans, volunteer driving programs and carpool).					
I have access to alternate means of transportation if needed (e.g. walk, bus, HandiTrans, volunteer driving programs and carpool).					
I have family or friends I can ask to drive me if I am no longer able to drive.					
I have thought about what it costs to run and maintain my own vehicle compared to the cost of other means of transportation.					
I am aware of delivery and/or online shopping services I can use if I am not able to travel.					
I have thought about my future transportation needs and would be willing to relocate so I can continue to have access to the services I need.					
I can afford alternative means of transportation (e.g., Kasper, HandiTrans).					

**MY FINANCES**

Think about the state of your finances and your source(s) of income now. What will they be like when you are 70 or 80 years of age or older?

1. Please indicate how strongly you agree or disagree with the following statements based on your life circumstances.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I am able to live comfortably within my current income.					
I have money set aside for unexpected expenses such as health-related supports and major home repairs					
I have someone I trust that I can consult for financial advice when needed.					
I have thought about my retirement and the kind of lifestyle I would like to have.					
I know how much money is required to sustain the kind of lifestyle I want in the future.					
If my living arrangements changed, I could manage financially.					

2. I have thought about the following supports and services I may need to purchase as I age:

	<b>Not at all</b>	<b>Somewhat</b>	<b>A lot</b>
Cleaning services			
Shopping			
Yard maintenance (including gardening, lawn care, and snow removal)			



Transportation			
Personal care support			

3. Are you retired? ☐ Yes ☐ No

4. I plan to retire debt-free (e.g., pay off mortgage and credit cards).

	<b>Very likely</b>		<b>Likely</b>		<b>Neither likely nor unlikely</b>		<b>Unlikely</b>		<b>Very unlikely</b>
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5. I plan to have my retirement income based on more than one source (e.g. personal savings, Canada Pension Plan (CPP), Registered Retirement Savings Plan (RRSP), Old Age Security (OAS), other pensions, investments and/or employment income).

☐ Yes ☐ No

## MY CONNECTIONS

Think about your social life as it is now. What will it look like when you are older?

1. Please read the following statements and indicate how strongly you agree with them.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
My family lives close to me and I can rely on them for support.					
I have friends I can rely on for support if needed.					
I have someone I can talk to when I need to do so.					
I have friends I enjoy spending time with, and I nurture the					

friendships I have.					
I have friends who are of different ages who I can rely on, some of whom are younger than I am					
I have developed social networks in my community.					
I have considered how I would like to stay connected to my community as I get older.					
I volunteer as a way to contribute to my community and to provide social contact.					
I feel comfortable with technology and regularly connect with friends and family through technology, such as Skype, FaceTime or social media.					

## MY SAFETY

Think about some of the things you do now to protect yourself and reduce the potential for various types of injury, harm or abuse. Might you have other safety concerns when you are older? What could you do to reduce the risk of these occurring?

1. Please read the following statements and indicate how strongly you agree with them.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I feel safe in my home and in my neighbourhood.					
I know how to protect myself from fraud, abuse and neglect (including emotional, physical and financial abuse and neglect).					
I know falling is a risk, and I know what I can do to decrease this					

risk.					
I keep my home uncluttered by removing scatter rugs and other tripping hazards.					
I keep my walkways clear of snow and ice					
I need help keeping my walkways clear of snow and ice.					
I have considered using a home monitoring system, personal emergency response system or a fall detection system to help keep me safe at home.					

## MY SUPPORTS AND SERVICES

1. Please read the following statements and indicate how strongly you agree with them.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I have thought about what services and supports I may need to remain in my home in the future.					
I know where to go to find information if I have questions about my care needs or community services.					
I have talked to family and friends about help I may need in the future, so they can prepare accordingly.					
I have thought of using devices such as a medication reminders and a personal response service to help me care for myself or a					

loved one at home.					
As a caregiver (or if I become a caregiver in the future), I know what resources and respite services are available to help me in this role.					
If I am a caregiver, I have a plan for self-care to help maintain my own health and well-being					

## MY COMMUNITY

Think about the community you live in now. How close are you to a grocery store, a drugstore, a coffee shop, the library or a restaurant? How much farther do you travel to reach medical offices, a dentist or a hospital? And how far do you travel to visit family and friends? What features are important to have in your community when you are older, and will your current community meet your future needs?

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
I am comfortable getting around in my community and will continue to be in the future.					
I feel safe in my community and know where to report concerns about how to make my community safer.					
I know what activities are available to me in my community.					
I am interested in the activities available to me in my community.					
My community is designed to help older adults to live safely, enjoy good health and stay involved.					
I feel like I need (or will need) to move to another community that					

is better designed to help older adults live safely, enjoy good health, and stay involved.					
--	--	--	--	--	--

2. Please indicate how frequently you use/attend the following programs and services in Terrace Bay.

	<b>Never</b>	Once in a while (once a year to once a month)	Occasionally (once a month to once a week)	Regularly (once a week or more)
Grocery shopping				
Shopping (other than for food)				
Health and support services				
Recreation programs				
Personal services such as hairdressers, manicures, pedicures, massage, etc.				
Health and fitness programs/facilities				
The library				
The Seniors' Centre				
Local churches or places of worship				
The community centre				

## HOUSING OPTIONS

1. Please read the following statements and indicate how strongly you agree or disagree with them.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>

As I get older, I would prefer to stay in my own home or existing accommodation with appropriate supports and services.					
As I get older, I would consider moving in with a family member.					
As I get older, I would consider moving in with a family member.					
As I get older, I would consider moving in with 3 to 4 other people who I know.					
As I get older, I would consider moving into a seniors' apartment.					
As I get older, I would consider moving into supportive housing.					
I would be/am comfortable living on my own.					

2. Please indicate how much you know about the following housing options.

	I don't know anything about this.	I have heard about this but I don't know what it is.	I know a little bit.	I have explored this and know a lot about it.
Co-housing				
Naturally occurring retirement communities				
Supportive housing				
Assisted living				
Retirement homes				
Cooperative housing				
Home sharing				

**MY PARTNER AND ME**

Think about your relationship with your partner or spouse as it is now. What changes might you anticipate as you age and your needs change?

**My Partner and Me**

1. Do you have a spouse or partner currently?

☐

Yes

☐

No

***Please only answer the following questions if you have a spouse or partner currently.***

2. Please read the following statements and indicate how strongly you agree or disagree with them.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
My partner and I have discussed what we want to be able to do financially as we age.					
My partner and I have discussed where we want to live as we age.					
My partner and I have discussed if and how we want to live together.					
My partner and I have discussed how aging or changing needs could affect our relationship.					
My partner and I have discussed what amount of caregiving we are willing to take on.					
My partner and I have discussed how aging or changing needs can impact our living arrangements.					

**DEMOGRAPHIC INFORMATION**

We would like to learn a little bit more about you. Please answer the following questions.

**(1) Where do you live?**

- ☐ Terrace Bay
- ☐ Rossport
- ☐ Schreiber
- ☐ Other: \_\_\_\_\_

**(2) What is your age?**

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 40 | <input type="checkbox"/> 70-74   |
| <input type="checkbox"/> 40-49    | <input type="checkbox"/> 75-79   |
| <input type="checkbox"/> 50-59    | <input type="checkbox"/> 80-84   |
| <input type="checkbox"/> 60-64    | <input type="checkbox"/> Over 85 |
| <input type="checkbox"/> 65-69    |                                  |

**(3) Which of the following best describes your current relationship status?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Married   | <input type="checkbox"/> In a domestic partnership            |
| <input type="checkbox"/> Widowed   | <input type="checkbox"/> Single but cohabiting with a partner |
| <input type="checkbox"/> Divorced  | <input type="checkbox"/> Single, never married                |
| <input type="checkbox"/> Separated |   |

**(4) Which of the following categories best describes your employment status?**

- ☐ Employed, working full-time
- ☐ Employed, working part-time
- ☐ Not employed, looking for work
- ☐ Not employed, NOT looking for work
- ☐ Retired
- ☐ Not able to work due to disabilities
- ☐ Other \_\_\_\_\_

**(5) What is the highest level of school you have completed?**

- ☐ Less than high school
- ☐ High school diploma
- ☐ College diploma
- ☐ Some university but no degree
- ☐ Undergraduate degree
- ☐ Graduate degree

**(6) How long have you lived in your present home? \_\_\_\_\_**

**(7) How long have you lived in your present community? \_\_\_\_\_**



**(8) Do you spend a month or more consecutively in a year away from Terrace Bay (or your community) (e.g., going south for the winter, going to camp for the summer)?**

- ☐ **Yes**
- ☐ **No**
- ☐ **We have gone away for more than one month, but this is not an annual occurrence**

**(9) Do you rent or own the place where you live?**

- ☐ **Own**
- ☐ **Rent**
- ☐ **Neither (Please specify) \_\_\_\_\_**

**(10) How many people, *including yourself*, live in your household permanently?**

\_\_\_\_\_

**(11) Who, if anyone, currently lives with you in your household? Please include permanent residents only.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Child       | <input type="checkbox"/> Roommate/friend    |
| <input type="checkbox"/> Grandchild  | <input type="checkbox"/> Spouse or partner, |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> None of the above  |
| <input type="checkbox"/> Grandparent |   |

**(12) Do you have any children under 18?**

- ☐ **Yes**
- ☐ **No**

**(13) How many people living in your household *including yourself* are currently 65 years or older?**

\_\_\_\_\_

Thank you for participating in our survey! For more information, please contact Elaine Wiersma at [ewiersma@lakeheadu.ca](mailto:ewiersma@lakeheadu.ca) or Emily Shandruk at [eshandruk@lakeheadu.ca](mailto:eshandruk@lakeheadu.ca). We will provide summaries to all who have participated and will be doing a community presentation in fall 2020.