



A community for all ages

# **NIAGARA AGING STRATEGY AND ACTION PLAN**

Project Report

April 8, 2015

## **PREFACE**

### **Niagara Community Actively Engaged in Producing Aging Strategy and Action Plan!**

#### **The Community's Input**

This Aging Strategy and Action Plan captures the intelligence within the Niagara community – from a divergent group of seniors, service providers and community leaders to other stakeholders from each municipality across Niagara. The community's varied input has produced a document that can be harnessed by any government, not-for-profit organization or business that serves seniors.

#### **The Outcome**

The report, implementation template and age-friendly toolkit can be used by these organizations to improve the way they meet the needs of the increasingly large segment of the Niagara population - a population that everyone will become a part of as we age.

As a community driven report that summarizes the input from over 500 individuals, it may:

- Validate needs of older adults that are currently being perceived by older adults, advocacy groups, service providers and others
- Identify new or emerging needs of older adults, as the population and society changes
- Provide insights into existing and emerging needs that will help communities and organizations within communities to become more age-friendly and advance to achieve the world-class age-friendly community characteristics of the World Health Organization

#### **The Future**

We urge readers with an interest in older adults in Niagara to read the overview or full report and access the companion implementation template and/or toolkit and working papers to learn the community's advice and achieve the above-stated age-friendly goals for all of Niagara's communities. Your future is in your hands.

Niagara Age-Friendly Community Network Leadership Council  
and Project Steering Committee Members

April 8, 2015

## TABLE OF CONTENTS

<b>1.0</b>	<b>Introduction</b>		
1.1	Background .....		4
1.2	Approach .....		4
1.3	Next Steps .....		5
<b>2.0</b>	<b>The Planning Process</b>		
2.1	Building on Prior Success.....		5
2.2	Planning Teams .....		5
2.3	Seniors' Focus Groups .....		6
2.4	Survey of Providers .....		7
2.5	Key Informant Interviews .....		8
2.6	Community Stakeholder Forum .....		8
2.7	Discussion Paper .....		9
2.8	Implementation Planning Workshop .....		9
<b>3.0</b>	<b>Situation Analysis</b>		
3.1	Target Group Characteristics.....		10
3.2	Transportation .....		11
3.3	Housing .....		12
3.4	Social, Recreational, Cultural and Educational .....		13
3.6	Health Care .....		13
3.7	Other Community Needs .....		14
3.8	Summary of Needs .....		15
3.9	Overall System Analysis .....		16
<b>4.0</b>	<b>Moving Forward</b>		
4.1	Vision and Goals .....		17
4.2	Objectives and Strategies .....		17
4.3	Implementation Template .....		20
4.4	Tool Kit .....		21
4.5	Sustainability Model.....		21
4.6	Next Steps .....		22
<b>Appendices</b>			
A	Steering Committee Members .....		23
B	Planning Team Members .....		24
C	Key Informants Interviewed .....		25
D	Provider Questionnaire and Findings .....		26

**Companion Documents:** Overview, Implementation Template, Tool Kit

**Project Working Papers** (Separate cover)

- WP1 Reports from Planning Committee Meetings
- WP2 Compilation of Feedback from Seniors' Focus Groups
- WP3 Session Report from Community Stakeholder Forum
- WP4 Discussion Paper and Compilation of Feedback
- WP5 Related Studies and Publications

## 1.0 INTRODUCTION

### 1.1 Background

In early 2014 the Niagara Age-Friendly Community Network received a grant from the Ontario Trillium Foundation to develop an Aging Strategy and Action Plan for Niagara. Partners forming the Community Collaborative that was successful in obtaining Trillium funding for the project included the Rose City Seniors Foundation, Welland Senior Citizens Advisory Committee, Niagara Connects, Brock University, Niagara College and Niagara Region, with support from the Hamilton Niagara Haldimand Brant Local Integration Network.

The purpose of the project was to engage the community of older adults, service providers and stakeholders from the business, non-profit and government sectors across Niagara to produce:

- A comprehensive aging strategy and action plan
- Tool kits to enable the implementation of the plan
- A sustainability model to ensure ongoing implementation across Niagara

Work commenced in April 2014 and was complete in March 2015. SHERCON ASSOCIATES INC. of Oakville, Ontario was engaged by the Niagara Age-Friendly Community Leadership Council to provide planning, facilitation and project coordination support across all phases of the project. The project was led by a formal Steering Committee representing a broad range of individuals and community organizations across Niagara.

The plan built on and extended the significant work already done in Niagara such as the “Aging Well in Niagara” study completed by Niagara Region and the extensive initiatives completed through the Niagara Age-Friendly Community (AFC) Initiative, which had also been funded by the Ontario Trillium Foundation to raise awareness and initiate local action groups.

Niagara AFC Network Leadership Council and Steering Committee members are listed in Appendix A

### 1.2 Approach

The approach to the project was based on methodologies employed in Orange County, North Carolina, the location of one of the first comprehensive aging plans in North America. Dr. Jean Kincaide was involved in two 5-year Master Aging Plans in Orange County before she retired from the faculty of the University of North Carolina and moved to Brantford, Ontario. Professor Kincaide introduced the methodology in Brantford and Brant County leading to the highly successful implementation of a Master Aging Plan in 2010. A plan following a similar methodology was completed in Oxford County in 2012 and is currently being rolled out.

In Niagara, the Age-Friendly Community Initiative raised awareness in all 12 local area municipalities and promoted local AFC action committees between 2010 and 2013. Welland's Senior Citizens Advisory Committee suggested the development of an aging plan for Niagara to the Niagara AFC Network Leadership Council, which agreed and decided to replicate the Brant approach, with a greater focus on action plans and a sustainability model for implementation of the action plans.

### **1.3 Next Steps**

The Niagara Aging Strategy and Action Plan, released to the community in the spring of 2015, will become a living document, and serve as a template for planning by service agencies, different levels of government, businesses and the community at large. A separate detailed implementation template has also been produced and the project's Steering Committee is engaged beyond the project's term in creating a sustainability model.

## **2.0 THE PLANNING PROCESS**

### **2.1 Building on Prior Success**

At the outset of the project relevant background information was reviewed including previous work carried out by the Niagara Age-Friendly Community Initiative, reports issued by Niagara Connects, research papers produced by Brock University Recreation and Leisure students, briefs from the Brock Community Observatory, demographic projections from Niagara Region, reports of round table discussions carried out in 2012 by the Niagara Research and Planning Council, the 2012 "Aging Well in Niagara" report commissioned by Niagara Region and a range of related local planning documents.

A strong focus of the project methodology involved building on research and initiatives completed or underway in order to leverage the effectiveness of the project and avoid duplicating previous work.

### **2.2 Planning Teams**

Three separate Planning Teams of service providers and community members were recruited by the Steering Committee to focus on different segments of the aging population: well and fit seniors; seniors requiring some assistance with activities of daily living; and seniors requiring 24-hour support.

Each Planning Team met twice to review data collected by the consultants and make recommendations for addressing the needs of seniors in their target group. Planning Team members also were invited to participate in other key meetings and events over the course of the project.

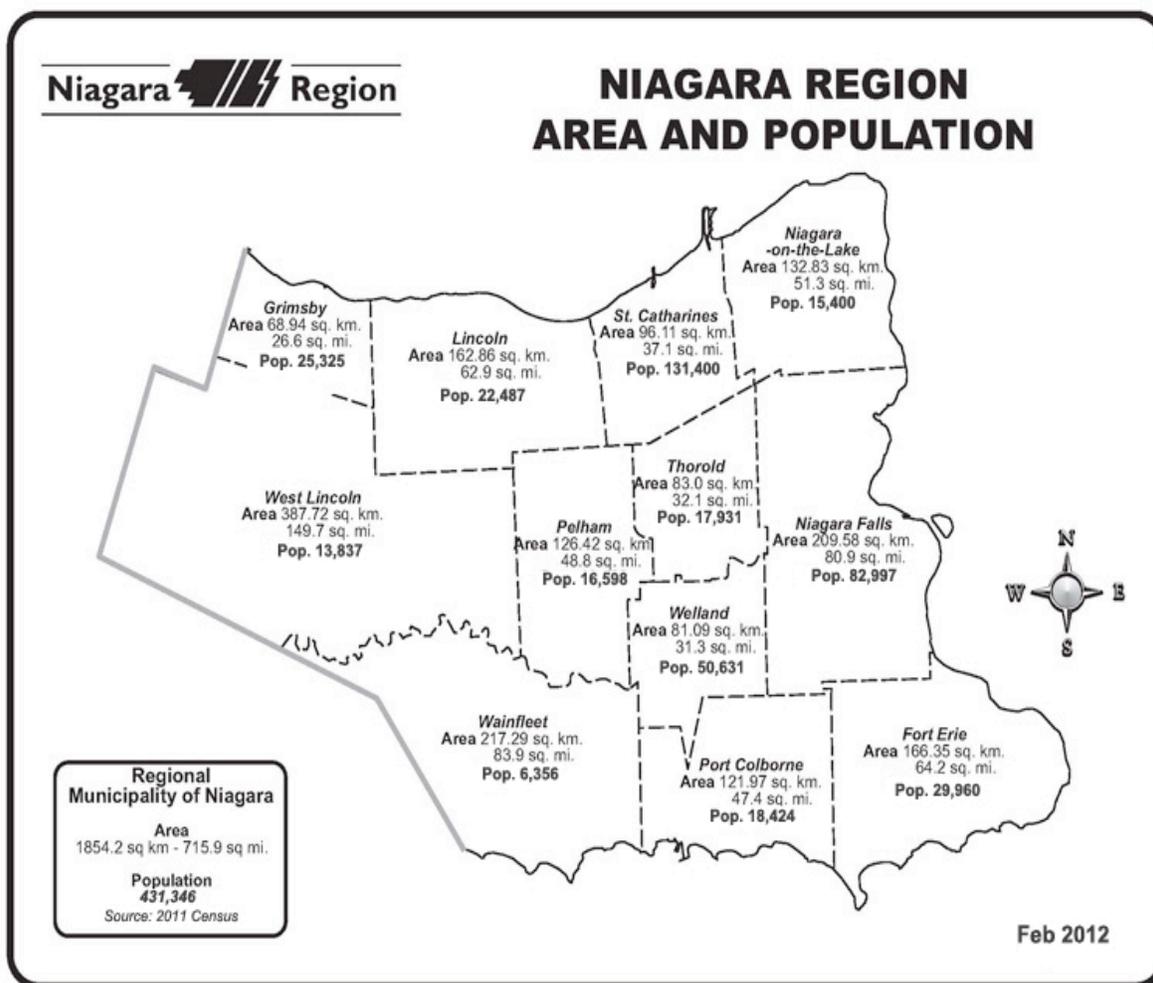
Members of the three Planning Committees are listed in Appendix B.

## 2.3 Seniors' Focus Groups

Direct in-person input from seniors was the centerpiece of the consultation component of the Niagara Aging Strategy and Action Plan. Fifteen focus groups were organized at locations selected to enable representation from the 12 Niagara municipalities and reach seniors with different needs and capabilities. Participants were recruited through flyers and word-of-mouth promotion through the Niagara Age Friendly Community Network.

The facilitation approach varied depending on the group size and included a briefing on the project, feelings about local communities, likes/dislikes of existing services and supports, present and future needs for services and supports and suggestions for improvements and future priorities. The groups were facilitated by the consultants with support in some cases from members of the Planning Teams and the AFC Network Leadership Council. Session notes were produced for each session and a cumulative record of input was maintained.

Municipalities in Niagara covered by the focus groups and their populations appear on the map below:



The locations and dates of the 15 community focus group sessions appear below:

<b>Location</b>	<b>Date</b>	<b># Participants</b>
1. West Lincoln	June 10 morning	19
2. Thorold	June 10 afternoon	3
3. Niagara Falls	June 11 morning	4
4. Grimsby	June 17 morning	9
5. Welland	June 17 afternoon	23
6. Pelham	June 18 afternoon	19
7. St. Catharines	June 18 evening	9
8. Fort Erie	June 19 morning	22
9. Pt. Colborne	June 19 afternoon	2
10. Welland (Francophones)	June 26 morning	37
11. Niagara-on-the-Lake	June 28 morning	11
12. Niagara-on-the-Lake (Chateau Gardens Long Term Care Home)	June 28 afternoon	12
13. Welland (South Niagara Health and Wellness Centre at Niagara College)	June 29 afternoon	12
14. Niagara Falls	August 28 afternoon	16
15. Pt. Colborne	August 29 morning	7
	<b>Total Participants→</b>	<b>205</b>

The project was well received by the focus group participants and generated thorough and comprehensive discussions that revealed high levels of consensus regarding seniors' needs.

## **2.4 Survey of Providers**

In order to gather direct input from providers of services to seniors in Niagara, a five-page provider questionnaire was constructed and distributed on-line in July 2014 to agencies sourced through the Niagara 211 listing. The survey questions addressed awareness of current services for seniors, perceptions of service effectiveness, gaps between demand and supply, priorities for service enhancement, potential service duplication, perceived barriers to service, and suggestions for service improvement.

Replies were received from 53 respondents representing a good cross-section by provider type. The findings from the provider survey were very similar to the needs

identified by seniors attending the focus groups, revealing good convergence of views among stakeholders. Highlights were the following:

- Affordable housing, health promotion, public transportation, system navigation and recreation centres were the top five gaps identified for the well-fit seniors group. However, the gaps were relatively small compared to the other two target groups
- In-home supports, special transit, affordable housing, caregiver supports and supportive housing were the top gaps for the group requiring some assistance with activities of daily living
- Long-term care beds, special transit, primary care, mental health services and caregiver supports were the top gaps identified for the 24-hour support group
- Ratings of the overall effectiveness of the system of services and supports were only mediocre. Timeliness, coordination across programs and communication of information received particularly low ratings.
- Affordable and accessible housing was identified as the top funding priority, followed by long-term care beds and in-home supports
- Significant obstacles to accessing services were identified as wait lists, cost, transportation and lack of awareness of services.

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

## **2.5 Key Informant Interviews**

Interviews were also conducted with a range of key informants including political officials, specialists in the field, senior service providers and other community leaders. Questions covered high level perceptions of the current system of services and supports for seniors in Niagara, key trends, events and emerging issues, and comments and advice regarding the planning process underway. Findings from the key informant interviews provided important context to the study and corroborated the findings and conclusions drawn from the focus groups and provider survey.

About 20 key informant interviews were completed over the course of the project. They are listed in Appendix C.

## **2.6 Community Stakeholder Forum**

A full-day facilitated community stakeholder forum was held in Welland on Thursday September 11, 2014 and was well attended by members of the Steering Committee, the three Planning Committees, other service providers, municipal politicians and a solid contingent of seniors. Activities and deliberations included the following:

- Review and validation of the information from the focus groups, provider survey and key informant interviews
- Visioning and brainstorming exercises to identify potential initiatives and establish strategic themes

- Breakout group work, followed by plenary discussion to develop broad strategic goals related to identified needs areas including transportation, housing, social/cultural/ recreation/education, health, diversity, leadership, community engagement and resources

The forum was attended by over 100 participants, and the dynamic mix of seniors and service providers resulted in high quality input and advice stemming from the day. The session was well rated by participants receiving an overall score of 4.5 out of 5.

## 2.7 Discussion Paper

A 10-page discussion paper was prepared to update citizens and service providers about the project and solicit responses to the emerging goals and objectives. The paper was widely distributed on-line and in hard copy format in November 2014. Responses were received from 52 seniors, family members and providers by the November 28<sup>th</sup> deadline. Draft goals and objectives were then revised to reflect input from the discussion paper.

## 2.8 Implementation Planning Workshop

On January 22, 2015 a full-day implementation workshop was held in Welland and attended by over 40 individuals from across Niagara, representing a good cross-section of stakeholders and older adults including many community agencies and the project's Planning Teams. Participants reviewed the feedback from the discussion paper and affirmed the emerging goals and objectives and identified specific actions, deliverables and potential partners for moving the plan forward. Information from the session was used to finalize the implementation template that appears as a companion document to this report.

**In sum the consultation process directly engaged about 250 seniors through focus groups and the community forum, 45 service providers through direct committee work, an additional 40 providers through the provider survey and key informant interviews, and a further 50 community members through the discussion paper. There was great consistency and convergence of views across groups throughout the consultation period.**

### 3.0 SITUATION ANALYSIS

#### 3.1 Target Group Characteristics

The study focused on target groups of seniors based on their needs rather than ages. This approach was adopted from the Orange County Master Aging Plan as it offered a meaningful way of focusing on needs based on abilities and circumstances rather than arbitrary age distinctions. At their first round of meetings the Planning Teams identified broad characteristics of their respective target groups and these are summarized below:

##### Well/Fit Seniors:

These individuals generally are in good health and able to live independently without assistance. The goal of services for this population is to help them maintain their health and independence for as long as possible. The Planning Team for this group produced the following profile:

- Wide age range from 55 to 90+ with the typical age in the 70's
- Increasing numbers working beyond typical retirement age
- An uneven distribution of income with some relying on CPP and OAS while others have company pensions (this group is declining in numbers)
- Most living independently in own homes
- Some are technologically savvy – and these numbers are increasing
- Tend to be engaged and questioning
- Socially connected
- Languages spoken other than English include German, Italian and French
- In most cases children are living elsewhere
- Physically mobile
- Most members of this group drive

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

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

This population requires some assistance with activities of daily living in order to allow them to stay in their own homes. In many cases the support comes from family members. The Planning Team for this group produced the following profile:

- Older age range – 85+
- Predominantly female
- This group seeks independence and autonomy at all costs – reluctantly accepts help
- License/driving issues causing transportation challenges
- Caregiver issues – availability, burnout
- A range of economic circumstances, often involving tight finances
- Live alone or with spouse
- Limited support from family members, who often live elsewhere
- Usually have two or more chronic conditions

- Most have local family doctors – who are gradually retiring
- Physical safety issues, especially falls
- Some are seniors are difficult to access especially in rural areas

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

#### Seniors Requiring 24 hour Support:

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

- Mid 80s and older
- About 70% female
- Arriving at long-term care later in life, frailer with more complex needs
- All income levels, although many need financial support – lots of competition for the most subsidized (i.e. basic or standard) accommodation
- Multiple behaviours to manage – balance of physical and mental issues
- Less family support in urban settings, more in rural areas
- Increasing numbers of seniors in homeless shelters
- Diverse cultures – Polish, Ukrainian, Asian, Punjab
- Families educated and knowledgeable with high expectations
- Education levels increasing
- Frequent crisis situations, often due to lack of transition planning

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

**The next five sections outline the seniors’ needs identified in the study. Selected quotes from seniors and other stakeholders replying to the discussion paper are included to add richness and flavor to the data.**

### **3.2 Transportation**

*“Seniors want to live where they can walk, use public transit and enjoy public spaces. They aren’t going to walkable communities (in part because of housing prices) so walkable communities will have to come to the seniors!”*

*“Remove any barriers to physical mobility. Obstacles should be clearly marked and kept segregated from vehicular traffic areas like to parking lot.”*

Transportation was regarded as a major priority by all participants in the planning process. Current assets in Niagara include public transit in Welland, Niagara Falls and St. Catharines, special transit in most areas, inter-municipal bus transit and some active transportation supports. Specific needs identified by survey respondents, Planning Team members and participants at the various community meetings were the following:

- Expanded transportation between communities
- More public transit
- More special transit
- Sidewalk and lane improvements
- Scooter accessibility
- Volunteer, shuttle, and pooled driving options
- Improved parking in some municipalities
- Cost relief to defray transportation expenses

### 3.3 Housing

*“Seniors overwhelmingly want to live in their home communities as long as possible, or “age in place”.*

*“There are very definitely not enough senior communities in this area...similar to what is available, for one example, in Florida. Also, there are very few one storey houses and apartments etc. in this area or they are soooo small that there is no room for company, family or grandchildren to stay/visit. There is certainly enough land/space that could be developed for thriving seniors! If Florida can do it...Why not us?”*

*“We need an Ombudsman or someone to go to for home maintenance disputes.”*

*“Seniors elect to go into a senior’s residence when they cannot manage to maintain their homes any more. It is heartbreaking for them to give up their homes.”*

*“It all works if you have money”*

Niagara has eight long-term care homes operated by Niagara Region, 23 not-for-profit and for-profit long-term care homes distributed across the various municipalities, numerous retirement homes and social housing units and a relatively affordable housing stock, although prices are increasing with in-migration to the area. Housing needs identified by the planning process participants were the following:

- Affordable retirement homes
- Appropriate housing – in terms of type, affordability (e.g. rent geared to income), size and location
- Home renovation and maintenance supports
- Facilities with a continuum of supports to enable “aging in place”
- More long-term care facilities close to home
- Supportive housing options
- Supports for transitioning to different types of housing

### 3.4 Social, Cultural, Recreational and Educational Opportunities

*“Many of seniors’ social, recreational, cultural and educational needs can be met by seniors themselves in a voluntary capacity. This is particularly true for the well and fit seniors group.”*

*“We need someone to answer our silly little questions on the computers.”*

*“Partner seniors with young adults so that goals can be achieved using the strengths offered by both age groups. By working in groups of seniors alone we may indirectly fan the “ageism” flame by identifying this population as a “separate” group.”*

*“More needs to be done to let people know about what is going on locally and regionally.”*

*“Need help to find a service, not a 45 button telephone call.”*

*“Utilize churches and schools for activity hub/centres for seniors.”*

*“Improve the connectivity between the services that are available and the seniors’ awareness of the services.”*

*“The city has raised the Franco-Ontarian flag and it will be there permanently – makes us proud to be here.”*

There is a wide range of social, cultural, recreational and educational options available to Niagara seniors including several excellent wellness centres, active faith based organizations, nature trails, bike paths, parks, a university and a college and numerous organized groups, activities and events. However, the services are mainly aligned with the needs of the “well-fit” seniors group – and less accessible to seniors with mobility, financial or transportation challenges.

This category of services is very important as it contributes directly to the health and well being of seniors. Needs identified by both providers and seniors included:

- More, expanded recreation centres
- Youth engagement through intergenerational programming
- Home visiting/outreach to engage more seniors
- Increased information and awareness on services available

### 3.5 Health Care

*“I recently had a weak spell – went to the Medical Centre – my doctor was not available. Another doctor thought I should have a heart monitor. It was a “do it yourself” solution. The kit came in the mail with a return addressed plastic bag. I was told to wear it two weeks. How the health system has changed!”*

*“Change the word “palliative care” to “supportive care”, or “comfort care” etc. The word palliative scares people and they will not agree to having this very wonderful form of service.”*

*“Families need to speak up at the hospital about what supports they need when sent home.”*

*“Knowing who to call for help can be very frustrating and complicated – put on hold forever, given the run around or not having computer access or knowledge. Just a nice smile, a listening ear and guidance in the right direction could be very helpful for many people, whether senior or not. Knowledge is very empowering.”*

*“The pharmacies are good – they will always talk to you.”*

Health care needs identified in the planning process included:

- More home care and in-home support
- Transportation to specialized services
- Cost relief for dental, vision and hearing
- Information and ease of navigation through the health care system
- Dementia care
- Mental health supports
- Individual advocacy for seniors accessing services

### **3.6 Other Community Needs**

*“Change the image of seniors from that of being ill, decrepit, consumers of health care dollars, confused and waiting to die, to that of vital contributors to the economy, and possessing knowledge, skills, and experiences that are untapped resources.”*

*“Seniors engagement with local municipalities: We need to get “eye of seniors on City Council” and work with groups like “Youth Eyes on City Hall”. We need to be the central driving force of the “eyes”.*

*“Encourage the integration of all generations with a common understanding of the benefits for all, and generate an integrated way of life so seniors do not age alone.”*

There was a strong leadership theme across the stakeholder input in all the categories as exemplified by the previous quotations. A number of other community needs not related to a particular category were identified and included more retail services in some areas, increased involvement of business, financial support/cost reduction, increased youth engagement and safety and security programs.

### 3.7 Summary of Needs

Seniors' needs identified by the survey respondents, focus group participants, key informants and Planning Team members are summarized below. The needs are mapped against the three target groups - well and fit seniors (WF), seniors requiring some assistance with daily living (ADL) and seniors requiring 24-hour assistance (24/7).

	<b>Needs</b>	<b>WF</b>	<b>ADL</b>	<b>24/7</b>
<b>Transportation</b>	Transportation between communities	X	X	-
	More special transit	-	X	X
	Expanded public transit	X	X	-
	Sidewalk and lane improvements	-	X	X
	Scooter accessibility	-	X	X
	Volunteer, shuttle and pooled driving options	-	X	-
	Improved parking	X	X	-
	Cost relief	X	X	X
<b>Housing</b>	Affordable retirement homes	X	X	-
	Rent geared to income units	X	X	-
	Appropriate housing – type, size, etc.	X	X	-
	Home renovation and maintenance supports	X	X	-
	Facilities with continuum of supports	X	X	X
	More LTC facilities close to home	-	-	X
	Supportive housing	-	X	X
	Transition supports	X	X	-
<b>Social, Recreational, Cultural and Educational</b>	More, expanded recreation centres	X	X	-
	Youth engagement	X	X	X
	Educational opportunities	X	X	X
	Home visiting/outreach	-	X	-
	Increased information and awareness	X	X	X
<b>Health Care</b>	More home care and in-home support	-	X	-
	Transportation to specialized services	X	X	X
	Cost relief for dental, vision, hearing	X	X	X
	Information, ease of navigation	X	X	-
	Dementia care	-	X	X
	Mental health supports	X	X	X
	Individual advocacy	-	X	X
<b>Community</b>	Leadership and profile raising on seniors' issues	X	X	X
	More retail in some areas	X	X	-
	Increased involvement of business	X	X	-
	Increased youth engagement	X	X	X
	Safety and security	X	X	-
	Financial support/cost reduction	X	X	X

### 3.8 Overall System Analysis

Planning Team members and participants at the community forum engaged in exercises to identify the following strengths, weaknesses, opportunities and threats (SWOT) pertaining to the overall system of services and supports for seniors in Niagara:

Strengths:

- Age Friendly community initiatives already underway
- Diverse range of innovative activities, programs and services
- Excellent recreation and wellness centres
- Committed and dedicated service providers
- Strong volunteer base
- Engagement of post-secondary institutions
- Long-term care homes well distributed through region
- Large numbers of engaged seniors
- Strong and welcoming communities
- Natural beauty of Niagara landscape

Weaknesses:

- Multiple municipalities with different goals
- Uneven/inequitable distribution of services across Niagara
- Transportation challenges
- Collaboration/coordination between service providers
- Funding and resource shortfalls for some programs
- Diverse and isolated groups under served
- Knowledge and awareness of existing services
- Wait lists for housing and other services
- Poverty issues

Opportunities:

- Growing seniors' population
- Increased awareness of needs and issues
- Expanded health promotion
- Partnerships and collaboration
- Utilizing technology and social media
- Leveraging the role of families
- Exploring new and creative service models
- Building on existing seniors leadership

Threats:

- Stability of funding
- Cost pressures
- Demographic imbalance (youth and seniors)
- Rising numbers of people requiring service
- Increased complexity of health issues
- Seniors isolation, depression and decline
- Caregiver and service provider burnout
- Financial circumstances of seniors
- Increasing mental health issues
- Stigma and ageism

Any initiatives in the Niagara Aging Strategy and Action Plan will need to build on strengths, rectify weaknesses, capitalize on opportunities and address threats.

## 4.0 MOVING FORWARD

### 4.1 Vision and Goals

A vision statement describes the “preferred future” of a community and its stakeholders. The earlier Niagara Age-Friendly Community Initiative solicited input from the community and developed the following vision statement for Niagara:

**A caring community that optimizes opportunities for overall well being to enhance quality of life as people age**

The Niagara Aging Strategy and Action Plan will advance this vision by pursuing five broad transformational goals related to older adults in Niagara, as developed by participants from across Niagara Region.

1. Elevate the profile, level of leadership and engagement of seniors in the community
2. Facilitate an active and positive lifestyle for all seniors
3. Optimize the health and wellness of seniors
4. Improve access and utilization of services and supports
5. Improve and maintain a supportive infrastructure

### 4.2 Objectives and Strategies

The objectives and strategies in this section were derived from stakeholder input collected through the planning process. Initial objectives were drafted by the Planning Teams and then refined based on discussion paper feedback. The initial strategies put forward for consideration were drawn from suggestions at the community forum and ideas put forward by participants at the focus group sessions and planning meetings.

The strategies were subsequently reviewed and expanded at the implementation planning workshop and a full implementation plan with action steps, accountabilities, time frames, deliverables and outcome indicators was developed and appears as a companion document to this report.

#### **GOAL 1.0 – Elevate the profile, level of leadership and engagement of seniors in the community**

	<b>Objectives</b>	<b>Strategies for Consideration</b>
1.1	Provide system leadership and advocacy on seniors’ issues	<ul style="list-style-type: none"> <li>• Establish an advocacy strategy based on improved needs data and outcome monitoring</li> <li>• Expand seniors engagement with local municipalities</li> <li>• Provide self-advocacy/empowerment training and supports for seniors</li> <li>• Continually communicate and celebrate advances and successes</li> </ul>

	<b>Objectives</b>	<b>Strategies for Consideration</b>
1.2	Increase engagement of seniors in all aspects of community life	<ul style="list-style-type: none"> <li>• Expand opportunities for intergenerational programs and activities</li> <li>• Establish and maintain a talent inventory of seniors' expertise</li> <li>• Expand seniors' networking across groups</li> <li>• Increase voter turnout of seniors at municipal, provincial and federal elections</li> </ul>
1.3	Foster positive attitudes towards older adults and aging	<ul style="list-style-type: none"> <li>• Provide input to educational curriculum</li> <li>• Offer front-line staff training on seniors issues</li> <li>• Continue and expand Age Friendly initiatives</li> <li>• Develop a marketing template for use by individual communities</li> </ul>

### **GOAL 2.0 – Facilitate an active and positive lifestyle for all seniors**

	<b>Objectives</b>	<b>Strategies for Consideration</b>
2.1	Maintain and grow recreational opportunities	<ul style="list-style-type: none"> <li>• Ensure continued stable funding and support for existing facilities</li> <li>• Advocate for new programs and facilities to meet varying levels of recreational needs</li> <li>• Increase coordination between recreational programs</li> <li>• Increase awareness and uptake of existing recreational programs</li> </ul>
2.2	Expand educational opportunities	<ul style="list-style-type: none"> <li>• Increase educational programming specific to seniors interests</li> <li>• Engage seniors directly in delivering educational events</li> <li>• Increase awareness and uptake of existing educational opportunities</li> <li>• Provide skills training and supports for seniors in the work force</li> </ul>
2.3	Leverage technology as a lifestyle enabler	<ul style="list-style-type: none"> <li>• Inventory seniors' technology applications in use in Niagara and provincially</li> <li>• Launch pilot programs to explore new applications</li> <li>• Provide user friendly training for seniors</li> </ul>
2.4	Expand health promotion	<ul style="list-style-type: none"> <li>• Target healthy eating programs to seniors</li> <li>• Launch other health promotion initiatives relevant to senior lifestyles</li> </ul>

**GOAL 3.0 – Optimize the health and wellness of seniors**

	<b>Objectives</b>	<b>Strategies for Consideration</b>
3.1	Increase mental health services and supports	<ul style="list-style-type: none"> <li>• Increase prevention and health promotion initiatives related to mental health</li> <li>• Increase front-line provider training and support</li> <li>• Support the development of a national dementia strategy</li> </ul>
3.2	Increase in-home supports to enable aging in place	<ul style="list-style-type: none"> <li>• Increase informal caregiver supports in the home</li> <li>• Increase respite services</li> <li>• Increase accessible seniors day programs appropriate to different ability levels</li> </ul>
3.3	Improve safety and security	<ul style="list-style-type: none"> <li>• Educate seniors, providers and the community on safety and security matters</li> <li>• Reduce incidences of fraud</li> <li>• Increase crisis response capabilities</li> <li>• Address elder abuse issues</li> </ul>
3.4	Optimize health care	<ul style="list-style-type: none"> <li>• Improve the acute/community interface by establishing care paths across the continuum</li> <li>• Attract specialized expertise to the region</li> <li>• Increase integration and collaboration with pharmacists</li> <li>• Continue ongoing evaluation and quality assurance</li> </ul>
3.5	Increase palliative care	<ul style="list-style-type: none"> <li>• Develop a palliative care strategy</li> <li>• Support provincial initiatives in palliative care</li> </ul>

**GOAL 4.0 – Improve access and utilization of services and supports**

	<b>Objectives</b>	<b>Strategies for Consideration</b>
4.1	Reach out to isolated areas	<ul style="list-style-type: none"> <li>• Leverage and support existing groups and organizations that reach isolated seniors</li> <li>• Create a coordinated volunteer service for home visiting</li> <li>• Establish peer networks to reduce isolation</li> </ul>
4.2	Reach out to diverse groups	<ul style="list-style-type: none"> <li>• Work with established groups to launch outreach and engagement strategies for First Nations, francophone, the LGBT (Lesbian, Gay, Bisexual, Transgendered) community, newcomers, people with disabilities, ethnic and cultural groups</li> <li>• Offer business and provider training and provide support tools</li> <li>• Rethink existing community events to include a stronger diversity component</li> </ul>

	<b>Objectives</b>	<b>Strategies for Consideration</b>
4.3	Provide resource relief for seniors in need	<ul style="list-style-type: none"> <li>• Offer financial literacy training</li> <li>• Examine cost reduction options/relief for dental, vision and hearing services</li> <li>• Advocate for increased subsidies for housing and transportation where appropriate and eligible</li> <li>• Communicate available subsidies, discounts and financial support programs</li> </ul>
4.4	Increase provider coordination and collaboration	<ul style="list-style-type: none"> <li>• Continually seek and formalize opportunities for service consolidation and collaboration</li> <li>• Increase cross referrals and client information sharing while respecting individual privacy</li> <li>• Improve system navigation</li> </ul>

### **GOAL 5.0 – Improve and maintain a supportive infrastructure**

	<b>Objectives</b>	<b>Strategies for Consideration</b>
5.1	Increase transportation options within and between municipalities	<ul style="list-style-type: none"> <li>• Establish an approach to ensure each municipality has a master plan that includes all modes of transportation</li> <li>• Maintain inter-municipal transportation</li> <li>• Increase affordable special and regular transit</li> <li>• Establish volunteer, shuttle and pooled driver options</li> <li>• Institute driver supports such as refresher training, graduated licenses, parking and signage</li> </ul>
5.2	Provide affordable, accessible and appropriate housing with necessary supports	<ul style="list-style-type: none"> <li>• Support public private partnerships</li> <li>• Re-purpose existing community facilities</li> <li>• Increase the number of rent geared to income (RGI) units</li> <li>• Review bylaws to ensure support of seniors housing options</li> <li>• Increase availability of home renovation and maintenance supports</li> </ul>
5.3	Expand long-term care accommodation options	<ul style="list-style-type: none"> <li>• Promote facilities with a continuum of supports</li> <li>• Establish seniors campuses with long-term care, specialized units, affordable housing, assisted living and community outreach programs</li> </ul>
5.4	Ensure all neighbourhoods meet World Health Organization criteria for active transportation infrastructure	<ul style="list-style-type: none"> <li>• Ensure appropriate municipal bylaws, policies and funding re: signage, lighting, bike paths, scooter paths, walking, benches etc.</li> </ul>

### **4.3 Implementation Template**

The Niagara Aging Strategy consists of five goals developed to advance the Niagara Age Friendly Community Initiative’s vision of “a caring community that optimizes opportunities for overall well being to enhance quality of life as people age”. The goals are supported by 20 objectives that will be achieved through the execution of 70 suggested strategies.

The implementation template, a companion document to this report, identifies over 100 actions to execute the strategies and this number will likely double as the plan is built out further. The document is not a conventional plan, but rather is a template to help in marshalling existing assets, ensuring coordination of efforts in the implementation of action plans and monitoring progress over time. In addition to specific actions, time frames, deliverables and outcome indicators the implementation template identifies key organizations, groups and individuals that could provide energy and resources to move the Aging Strategy and Action Plan forward. The template will be a perpetual draft, changing frequently as strategies and actions are executed and new ones are identified.

### **4.4 Tool Kit**

A tool kit to enable implementation of the various strategies in the plan is also included as a companion document accompanying this report. Drawing largely from existing work completed locally as well as in other areas, it is also presented in draft form with the expectation that it will evolve as the plan moves forward.

### **4.5 Sustainability Model**

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

The “Council on Aging” model employed successfully in Hamilton and Brantford/Brant County accomplishes this and has the following characteristics:

- An incorporated not-for-profit organization
- Formal constitution with governing Board with significant representation by seniors
- Some form of dedicated staff support
- Multiple sources of financial and in-kind funding from private and public sources
- A sponsoring “host” agency
- Office space, equipment and other infrastructure

Functions carried out by the Grand River Council of Aging in Brantford include raising the profile of seniors in the community, identifying service gaps and shortfalls and advocating with funders and government, communicating initiatives and brokering partnering opportunities, tracking key deliverables against outcome measures, and continually updating the implementation action plan to keep it a living document.

This model has been examined by the consultants and the Steering Committee and is recommended for consideration for Niagara.

## 4.6 Next Steps

Suggested steps moving forward are the following:

1. As an interim measure maintain the current project Steering Committee beyond the project term to oversee the initial roll out of the plan and development of the sustainability model.
2. Hold a public launch of the Niagara Aging Strategy and Action Plan and its companion documents in the spring of 2015.
3. Initiate an ongoing communication program with the following key messages:
  - The fact that the needs and solutions in the plan are based on extensive bottom-up input from members of the community and as such have considerable legitimacy
  - The fact that it is not a conventional plan but rather a template that draws linkages to existing and planned actions by community groups, individuals and organizations
  - The fact that the plan should ultimately be cost-neutral and even cost reducing due to the coordination efficiencies it will achieve
4. Assign Steering Committee members as champions of the various goals who can then approach potential partners.
5. Review the list of strategies and identify quick wins that can be implemented immediately. Include these in early communications.
6. Visit all local municipal councils to present the plan, encourage the respective municipality to map the plan's goals and objectives against existing municipal community/strategic plans and request motions of endorsement.
7. Identify and approach granting agencies for start-up funds to develop the initial sustainability model. These could include community foundations, Ontario Trillium Foundation, government ministries, New Horizons, etc.
8. Implement the model secured by ongoing funding from municipalities, community foundations, local businesses, corporations, granting agencies and other sources.

The lead consultant from Shercon Associates Inc. will remain on call to support and assist the Steering Committee with the roll out of the plan.

Dr. David Sheridan  
Principal and Senior Consultant  
SHERCON ASSOCIATES INC.

Deb Ballak  
Associate Consultant

[www.shercon.ca](http://www.shercon.ca)

April 8, 2015

## APPENDIX A

### Niagara Age-Friendly Community Network Leadership Council and Project Steering Committee Members

#### Niagara AFC Leadership Council

Dominic Ventresca (Co-Chair)	Niagara Age Friendly Community Network
Cathy Fusco (Co-Chair)	Niagara Age Friendly Community Network
Gail Hilyer	Niagara Age Friendly Community Network
Lynn McCleary	Brock University
Colleta McGrath	Quest Community Health Centre
Richard Morwald	City of Welland
Steve Murphy	Niagara Region Accessibility Advisory Coordinator
Renni Piscitelli	Niagara Connects
Doug Rapelje	Welland Senior Citizens Advisory Committee
Deb Rollo	Community Support Services of Niagara
Harriet Worden	Niagara Age Friendly Community Network

#### Project Steering Committee

Dominic Ventresca (Co-Chair)	Niagara Age Friendly Community Network
Cathy Fusco (Co-Chair)	Niagara Age Friendly Community Network
Linda Boich	Niagara Health System
Delores Fabiano	Welland/Pelham/Niagara Falls/Wainfleet/Port Colborne Chamber of Commerce
Gail Hilyer	Niagara Age Friendly Community Network
Barb Joyner	Bayshore Home Health
Henriette Koning	Niagara Region Seniors Services
Anne Osborne	Rose City Seniors Foundation
Renni Piscitelli	Niagara Connects
Doug Rapelje	Welland Senior Citizens Advisory Committee
Deb Rollo	Community Support Services of Niagara
Paula Serrao	HNHB CCAC
David Siegel	Brock University
Carolyn Triemstra	Niagara College

#### Consultants

Deb Ballak	Shercon Associates Inc.
Dr. David Sheridan	Shercon Associates Inc.

## APPENDIX B – Planning Team Members

### Team 1 – Representing Well/Fit Seniors

Maria Bau-Coute	Niagara-on-the-Lake Family Health Team
Linda Beyer	Public Health
Jill Campbell	YMCA
Jessie Clark	Niagara-on-the-Lake Family Health Team
Joy Crottinger	Fort Erie Seniors Citizens Advisory Committee
Deanna D'elia	YMCA
Lisa Gallant	Healthy Living Niagara
Carolyn Gould	Niagara College Retirees Organization
Rick Merritt	Niagara Prosperity Initiative
Jayne Moffat	Niagara College
Joan Sim	Fort Erie Seniors Citizens Advisory Committee
Christopher Stanley	Welland Public Library
Sara Sweeney	Grimsby Recreation
Denise Yoreff	YMCA

### Team 2 – Representing Seniors Requiring Some Assistance

Heather Dunn	HNHB CCAC
Leanne Hammond	Niagara Health System
Sarah Johnson	Orchards Retirement Residence
Tina Kindt	Alzheimer Society of Niagara Region
Keith Oldham	Family Advisory Committee
Lisa Phelps	Kilean Lodge
Terry Scott	Welland Accessibility Committee
Hilary Tyler	Brock University
Jennifer Wood	Niagara Ina Grafton Gage Housing
Wendy Walker	Community Support Services Niagara (retired)
Micheline Wylde	Francophone representative

### Team 3 – Representing Seniors Requiring 24-hour Assistance

Andrew Adamyk	Linhaven Home
Debbi Brown	Chateau Gardens
John Buma	Allbright Centre
Kelly Falconer	CMHA
Charleen Ferron	HNHB CCAC
Sean Keys	Foyer Richelieu
Carole Nagy	Hospice Niagara
Tim Siemens	Tabor Manor/Pleasant Manor
Jennifer Turgeon	Seasons Retirement Home
Kim Widdicombe	Garden City Manor

### APPENDIX C – Key Informants

Brian Baty	Regional Councillor
Jane Beamer	Adams Centre (retired)
Larry Boggio	Pharmacy Owner
Bev Bradnam	Fort Erie Accessibility Advisory Committee
Linda Crabtree	Accessible Niagara
Donna Cripps	CEO, HNHB Local Health Integration Network
John Durley	Councillor, Town of Pelham
Lisa Garlent	Niagara Region Community Services
Doug Joyner	Mayor of West Lincoln
Ted Luciani	Mayor of Thorold
Naomi O'Brien	Niagara Region Seniors Community Programs
Jane Ruffrano	CEO, Hotel Dieu Shaver
Barry Sharpe	Mayor of Welland (at time of interview)
Corinne Smith	Bridges Community Health Centre
Alfred Stockwell	Welland Transit
Wendy Thompson	Niagara Regional Housing
Rev. Diane Walker	Pelham Community Church
Micheline Wylde	Franophone representative

## Appendix D - NIAGARA AGING STRATEGY AND ACTION PLAN Survey of Providers

---

The Ontario Trillium Foundation has approved funding of the Niagara Age-Friendly Community (AFC) Network's project to develop an Aging Strategy and Action Plan for Niagara. Work has just commenced and will be complete in early 2015. The project is being led by a Steering Committee representing a broad range of individuals and community organizations across Niagara. It will produce a comprehensive aging strategy and action plan, tool kits to enable the implementation of the plan and a sustainability plan to ensure ongoing implementation across Niagara.

This survey is one the many stakeholder consultation initiatives to be launched and is designed to gather service provider perceptions of the current system of services and supports for older adults in Niagara. It will take about 10 minutes to complete. Findings will be presented at a community stakeholder forum to be held in September and used to set planning priorities.

Please complete and return this on-line questionnaire no later than 5:00 p.m. Monday June 30, 2014. Your responses will go directly to the project coordinators.

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

1. Please provide the following background information:

Name of Organization or Service Provider **53 respondents – list attached**  
*Necessary for possible follow-up. Your replies will be confidential.*

Type of Organization: *Check all that apply*

<p><b>12</b> Home support</p> <p><b>2</b> Faith based organization</p> <p><b>31</b> Health care</p> <p><b>6</b> Government</p> <p><b>16</b> Social services</p> <p><b>5</b> Retirement home</p> <p><b>11</b> Not stated</p>	<p><b>2</b> Primary care</p> <p><b>3</b> Supportive housing</p> <p><b>4</b> Recreation</p> <p><b>3</b> Long-term care home</p> <p><b>7</b> Independent service provider</p> <p><b>7</b> Other</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Estimated percentage of your services that are provided to seniors: **68% average**

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

**29** Well-fit seniors

**40** Seniors requiring some support with activities of daily living

**16** Seniors requiring 24-hour support

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

2. A list of existing services and supports for seniors in Niagara appears below. Please review the list for each service group and indicate the five services that you feel are currently experiencing the greatest system pressure in terms of present gaps between supply and demand. *Check up to five in each column.*

		<i>Well/Fit Seniors</i>	<i>Some ADL Assistance</i>	<i>24 hour support</i>
<b>Transportation</b>	Public transportation	16	17	10
	Special transit	5	24	19
	Taxi services	5	10	10
	Driver supports – signage, instruction, etc.	8	19	5
	Pedestrian and cycling friendly environment	12	8	3
	Scooter friendly environment	4	21	7
<b>Housing</b>	House maintenance and renovation supports	12	13	6
	Affordable and accessible housing options	19	23	13
	Retirement homes	6	14	9
	Supportive housing – buildings/facilities	7	21	12
	Supportive housing – mobile services	4	16	9
	Long-term care beds	3	12	26
<b>Social, Recreational, Educational, Wellness</b>	Recreation centres	15	20	9
	Social groups	12	16	10
	Faith based organizations	8	10	6
	Arts and culture organizations	9	13	7
	Educational opportunities	9	13	4
<b>Health Care</b>	Health education and promotion	17	12	3
	Primary care – physicians, specialists, walk-in clinics	14	16	19
	In-home supports – meals, housekeeping, IADL, personal support workers	10	29	8
	Therapies – Physio, OT, etc.	9	19	13
	Pharmacy	3	9	7
	Palliative care	1	6	13
	Mental health services	14	18	16
	Addictions services	8	11	7
<b>Other</b>	Counselling	12	17	13
	Supports for caregivers – respite, training, etc.	10	22	14
	System navigation	17	20	12
	Supports for eating and food shopping	11	20	8
	Transition planning	10	19	10
	Safety and security programs	8	15	9

3. Are there any necessary services or supports for seniors that presently do not exist in Niagara?

***Affordable transportation; personal care; outreach; assistive technology; one-stop services; multi-cultural programs; mental health; caregiver support***

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

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
Responding to the unique needs of seniors .....	<b>0%</b>	<b>29%</b>	<b>54%</b>	<b>17%</b>
Coordination across programs and service providers .....	<b>0%</b>	<b>9%</b>	<b>54%</b>	<b>37%</b>
Providing flexibility and choice to seniors .....	<b>9%</b>	<b>23%</b>	<b>43%</b>	<b>26%</b>
Ensuring individuals receive the right services .....	<b>0%</b>	<b>23%</b>	<b>57%</b>	<b>20%</b>
Ensuring individuals receive services in a timely fashion .....	<b>0%</b>	<b>21%</b>	<b>32%</b>	<b>47%</b>
Communicating information about services available .....	<b>3%</b>	<b>26%</b>	<b>40%</b>	<b>31%</b>
Identifying and responding to community needs .....	<b>0%</b>	<b>30%</b>	<b>46%</b>	<b>24%</b>
Having a positive impact on the lifestyle and well-being of seniors ...	<b>0%</b>	<b>36%</b>	<b>40%</b>	<b>24%</b>

5. If you gave a rating of "fair" or "poor" to any of the items in Question 4, please explain below:

***Low awareness of services; coordination between providers; wait times; restrictive rules; lack of individualization; dealing with isolated seniors; overall low levels of staff and resources.***

6. Do you feel there is any unnecessary duplication of services for seniors in Niagara?

**4** Yes -----> 6a. Please specify below:

***Administration and supervision; equipment sharing; service coordination***

7. Assume that you have some new funding to distribute to the various services and supports for seniors in Niagara. Thinking in terms of your answers to the

previous questions, allocate these funds by assigning percentages across the services below: *You can allocate the funds any way you like but the total should add up to 100%*

		<b>Amount</b>
<b>Transportation:</b> <b>14%</b>	Public transportation	<b>6%</b>
	Special transit	<b>5%</b>
	Taxi services	<b>0%</b>
	Driver supports – signage, instruction, etc	<b>1%</b>
	Pedestrian and cycling friendly environment	<b>1%</b>
	Scooter friendly environment	<b>1%</b>
<b>Housing:</b> <b>33%</b>	House maintenance and renovation supports	<b>3%</b>
	Affordable and accessible housing options	<b>11%</b>
	Retirement homes	<b>5%</b>
	Supportive housing – buildings/facilities	<b>3%</b>
	Supportive housing – mobile services	<b>2%</b>
	Long-term care beds	<b>9%</b>
<b>Social, Recreational, Educational, Wellness</b> <b>9%</b>	Recreation centres	<b>2%</b>
	Social groups	<b>2%</b>
	Faith based organizations	<b>2%</b>
	Arts and culture organizations	<b>1%</b>
	Educational opportunities	<b>2%</b>
<b>Health Care:</b> <b>28%</b>	Health education and promotion	<b>5%</b>
	Primary care – physicians, specialist, clinics	<b>2%</b>
	In-home supports – meals, housekeeping, IADL, personal support workers	<b>8%</b>
	Therapies – Physio, OT, etc.	<b>4%</b>
	Pharmacy	<b>0%</b>
	Palliative care	<b>3%</b>
	Mental health services	<b>5%</b>
	Addictions services	<b>1%</b>
<b>Other:</b> <b>16%</b>	Counselling	<b>6%</b>
	Supports for caregivers – respite, training, etc.	<b>3%</b>
	System navigation	<b>4%</b>
	Supports for eating and food shopping	<b>1%</b>
	Transition planning	<b>0%</b>
	Safety and security programs	<b>2%</b>
	<b>Total:</b>	<b>100%</b>

8. A number of potential obstacles or barriers to individual seniors accessing services are listed below. Indicate the extent to which you feel each of these is a concern in Niagara:

	<i>Not a concern at all</i>	<i>Not too much of a concern</i>	<i>Somewhat of a concern</i>	<i>A large concern</i>
The hours that supports or services are available .....	4%	19%	55%	22%
The geographic location of where the services are provided .....	4%	0%	63%	33%
Transportation.....	4%	0%	36%	60%
Physical mobility .....	4%	11%	52%	33%
Stigma related to accessing some services. ....	11%	32%	36%	21%
The financial cost or out-of-pocket expenses to individuals .....	7%	7%	25%	61%
Long wait lists/wait times .....	7%	4%	14%	75%
Prohibitive admission criteria ...	8%	15%	35%	42%
Lack of awareness of services ...	7%	3%	38%	52%
Language or cultural differences ...	11%	39%	32%	18%

9. Are there any other obstacles or barriers that interfere with seniors receiving the services or supports that they need?

***Lack of knowledge of services; bureaucratic red tape; isolation; provider communication silos; inability to self-advocate; lack of system navigation attitudes towards seniors***

10. If you could only make one suggestion to improve senior`s services in Niagara, what would it be?

***Coordination between agencies and services: address transportation issues; raise awareness of services; one-stop access to services and information; more home supports; outreach to isolated seniors; funding for retirement home living; more input from seniors***

Survey issued June 11, 2014 closed July 31, 2014

SHERCON ASSOCIATES INC.

[www.shercon.ca](http://www.shercon.ca)

August 5, 2014