COMMUNITY NEEDS ASSESSMENT- 2014

JOHN NOBLE HOME

Love. Care. Dignity.

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Introduction

John Noble Home is a leading provider of senior care in Brantford and Brant County. Understanding the current and future needs of the community is important. The following document undertakes to better understand the current and emerging needs of local seniors, the availability of health care services and to better prepare The John Noble Home with its strategic direction and provision of services, now and in the future.

History

John Noble Home has a proud and long standing caregiving tradition. Today, some in the community still refer to us as the "House of Refuge[1]" or the "Poor House". This reference dates back to our origin in 1881.

Our Home and campus is named after Alderman John Noble, who had a particular interest in improving the quality of life for the infirm and the elderly confined to institutional living.

The original "Home for the Aged" was built in 1954. It accommodated 78 residents and remained at this capacity until 1960, when an addition was added bringing the number of beds up to 198. At that time, the Home cared for married couples, the mentally frail and the well. Since that time, more additions have taken place, increasing the Home's capacity to 406 beds by 1969.

In the late 1980s, a major renovation took place converting four bed wards to semi-private and private rooms, all with adjoining bathrooms. To accommodate these changes, the bed capacity reduced to 361 and it held this status until 2004.

From the late seventies onward, the needs of the elderly residents became more complex requiring a higher level of skilled nursing care. This need was recognized provincially and a new standard of care was legislated for all "Homes for the Aged". In 1993, Bill 101 was passed in the Ontario Legislature amalgamating Homes for the Aged, Charitable Homes and Nursing Homes under the Ministry of Health and Long-Term Care. Through this legislation, eligibility for admission, funding and compliance was regulated within set Ministry of Health standards.

In 2001, 205 beds from John Noble were transferred to St. Joseph's Healthcare System. This transfer was part of an agreement between the City of Brantford, the County of Brant, the Ministry of Health and Long-Term Care and St. Joseph's Healthcare System. It was struck to provide a future for the decommissioned St. Joseph's Hospital and to address the need to redevelop 205 beds at the John Noble Home that did not meet design standards as set by the Ministry of Health and Long

[1] Established in 1881 as a House of Refuge for the Aged, Infirm, Homeless, Orphaned and Vagrant. Continued as a working farm until 1954

Term Care in 1998. John Noble Home, a true champion of care and loyal community partner, once again adjusted itself and reduced its long term care operations to 156-beds. This change allowed other programs and initiatives to be introduced (i.e., Day Program) while a strategic planning exercise was undertaken to determine how to best meet Brantford and Brant County's emerging community needs and revitalize existing operations and vacant lands.

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The previous John Noble Home's Strategic Plan identified the following key points and opportunities for growth:

- The need for affordable housing for seniors in the community
- A growing number of seniors with a dementia diagnosis
- Long term care as an industry has been chronically under funded
- John Noble has ample and vacant internal and external space to be utilized, including 12 acres of undeveloped land

In response to this strategic plan, John Noble Home slowly began to undertake new initiatives. Many of these recommendations are still relevant and reflect the current direction of operations at our campus of care.

John Noble Home's Campus of Housing, Care and Services for Seniors

Long term care continues to be a core function of the John Noble Home. To remain competitive, several renovations have been undertaken, including the upgrade of 56 beds (Davis and Mohawk) in 2007 and the recent redevelopment of 105 beds (Grand, Cockshutt, Brant) completed in 2012.

Besides long term care, Bell Lane Terrace, a 26 unit senior's apartment, opened in 2007. This initiative was in response to the need for more affordable housing for seniors in the community. At that time, consideration to build life-lease units and condominiums was also briefly explored but did not come to fruition. To date, opportunities to build additional senior housing options still exist as there is 12 acres of vacant property.

Other senior services include our Day and Stay Program. In 2011, the Day Program expanded its service model to serve more clients and their caregivers with dementia. This program is in demand and continues to grow. It includes overnight respite and door to door transportation to and from the program. Because of the growing community need for dementia care, an afternoon program for clients with more complex behaviors was added last year. This program works closely with other community and social services devoted to dementia care. Last year, we leased space to the Alzheimer Society of Brant and began to establish a senior's hub initiative which will allow other community partners to join our campus and further enhance senior care and services.

Our Community

John Noble Home serves both the needs of Brantford and Brant County. We are owned and operated by both the City of Brantford and the County of Brant who jointly oversee our operations through a Committee of Management.

Both local governments are committed to safe and healthy communities and support local and fiscally viable solutions, ensuring that all constituents, regardless of age, enjoy a respectable and satisfactory level of quality living and care.

The map below identifies our local service boundaries. We, as a community, are fortunate to enjoy the quiet beauty of nature and enjoy the riches of urban amenities and lifestyles. Both Brantford and Brant County have been experiencing positive economic growth and it is anticipated that this trend will continue despite an aging population.

Demographics and Health Characteristics

Brantford has a population of 93,650, according to 2011 data from Statistics Canada, while the County has a population of 35,632. Together, the two regions have a combined service population of 129,282 or greater.

Local health characteristics and behaviors amongst the general population are captured based on a 2012 environmental scan by the Brant County Health Unit.

The scan's key population trends are as follows:

- Aging population
- Higher % aboriginal population than Ontario average
- Lower % immigrant, francophone populations than Ontario average
- Lower education levels
- Higher % with lower income (Brantford) than Ontario average
- Higher % of female lone parent families (Brantford) than Ontario average

These determinants of health are important to note as they can impact health over one's lifespan and they also affect how we as a community use our health care system.

The same environmental scan also captured key health behaviors and risks amongst the general population. They too are known to influence one's health status. They found the following trends:

- Higher smoking rates*[2]
- Higher overweight/obese rates (self-reported)*[3]
- Higher heavy drinking rates*[4]
- Cancer screening rates favorable or near Ontario rates
- Higher leisure time/activity rates

Other findings of key health status measures are:

- Lower rates of perceived mental health*[5]
- Higher prevalence for non age-adjusted health conditions: arthritis*[6], diabetes, asthma, high blood pressure, pain and discomfort that prevents activity*[7]
- Lower life expectancy*[8]
- Higher age adjusted mortality rate: cancer*[9], circulatory/ respiratory diseases*[10], unintentional injuries, suicides and self-inflicted injuries

[2] * statistically significant compared to provincial data
[3] * statistically significant compared to provincial data
[4] * statistically significant compared to provincial data
[5] * statistically significant compared to provincial data
[6] * statistically significant compared to provincial data
[7] * statistically significant compared to provincial data
[8] * statistically significant compared to provincial data
[9] * statistically significant compared to provincial data
[10] * statistically significant compared to provincial data

Brant's Health Care System

In Ontario, most health care funding and programs are provincially controlled under the Ministry of Health and Long Term Care. Regionally, we in Brant, are overseen by the Hamilton Niagara Haldimand Brant (HNHB) Local Health System Integration Network (LHIN)[11].

We are fortunate to have a number of essential health care service providers locally and associated with the care continuum. These providers include: acute care, home care, assistive living, hospice, retirement and long term care. The Brant Community Healthcare System[12] is our key local emergency and medical services provider. Urgent care needs are overseen by the Willett's Urgent Care Centre in Paris.

Ambulance services are provided by the County of Brant. They estimate a 924 km response area and servicing for an estimated 116,000 persons annually.

Local health care providers are involved in a provincial initiative (and overseen by our LHIN), known as "Health Links[13]." Together our local community health care providers are mapping out strategies to improve the care of those who frequently use our health care system. After an initial review of local utilization and capacity by frequent users, the local health system identified the following local trends:

- Lower primary care*[14] and specialist ratios*[15]
- Higher proportion identified as having a regular medical doctor
- Higher injury*[16], cardiac revascularization*[17], mental illness*[18] and acute MI hospitalization rates*[19]
- Higher medical inpatient days and emergency department visit utilization rates

[11] The Local Health System Integration Act, 2006, changed the health system and plays a key role to plan, integrate, and fund health care based on local needs. LHINs do not provide services; their role is to ensure the right services in the right place at the right time. They also strive to keeps people healthy, gets them good care when they are sick, and there for the next generation.

[12] The Brantford General Hospital provides outpatient and acute inpatient services. The Willett is an urgent care center. Core inpatient programs include Mental Health and Addictions, Pediatrics, Obstetrics and Gynecology, Special Care Nursery, Critical Care, Acute Medical, Complex Continuing Care, Rehabilitation, Integrated Stroke Unit and Surgery. Core outpatient programs and clinics include Dialysis, Diabetes Education, Oncology, Diagnostic Imaging, Emergency, Urgent Care, Mental Health and Addictions, Fracture Clinic, Stroke and Ambulatory Care (e.g. Endoscopy, Minor Procedures).

[13] Ontario's Health Links initiative is a significant re-design in a complex provincial system. The introduction of Health Links focuses on improving care for those who use the greatest amount of health care services. The initiative calls for strong and creative collaboration among care partners requiring them to think and work together in new ways.

[14] * statistically significant compared to provincial data

[15] * statistically significant compared to provincial data

[16] * statistically significant compared to provincial data

[17] * statistically significant compared to provincial data

[18] * statistically significant compared to provincial data

[19] * statistically significant compared to provincial data

- Lower mental illness patient days
- Higher ambulatory care sensitive condition rates*[20]
- Higher potentially avoidable mortality (preventable and treatable)*[21]

Gaps identified by the local collaborative of community providers were as follows:

- Importance of Emergency Department/hospital diversion strategies
- Gaps in patient knowledge - community resources, health literacy and self-management
- Gaps in provider knowledge of resources and some gaps in clinical knowledge/expertise e.g. mental health, Acquired Brain Injury, continence care
- Need for more emphasis on prevention and chronic disease management
- Need for electronic solutions – connectivity, embed search and refer capacity for referrals
  Also gaps in housing, respite, transportation and in home services.

Locally, our health care providers and social service agencies are very resourceful when confronted with an important issue or a need. Efforts are already underway to address local gaps and improve care and services. Examples of local efforts to address larger needs are the voluntary mergers of the Brant and Haldimand-Norfolk offices of the Canadian Mental Health Association and the integration of the West Haldimand General Hospital (WHGH) and the Brant Community Healthcare System.

Health Care Reform

As these mergers mentioned above suggest, another key consideration impacting our local health care system and services has been the push for health care reform. Every aspect of the system is now looking to enhance its performance. The Ministry of Health and Long Term Care has the priority[22] to "*to make Ontario the healthiest place in North America to grow up and grow old*". Meanwhile the HNHB LHIN's vision and current strategic directions[23] is "*a health care system that helps keep people healthy, gets them good care when they are sick and will be there for our children and grandchildren"*

Seniors' health care in Ontario has also been undergoing transformation, directed by three key sources: 1) The implementation of the *Long-Term Care Homes Act (LTCHA), 2007*; 2) The Dr. David Walker Report, *Caring for Our Aging Population and Addressing Alternate Level of Care*, published in June 2011; and 3) The Dr. Samir Sinha Report, *Living Longer, Living Well*, published in January 2013.

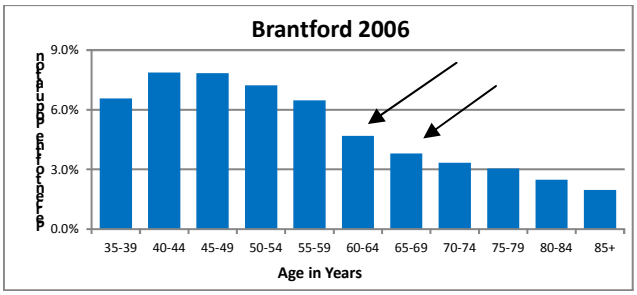
[20] * statistically significant compared to provincial data
[21] * statistically significant compared to provincial data
[22] Its Action Plan Priorities associated with this vision to ensure support to everyone to become healthier; provide faster access and stronger links to family health care and have the "right care, at the right time, in the right place"
[23] Dramatically improving the patient experience by: Embedding a culture of quality throughout the system; integrating service delivery and becoming health system commissioners

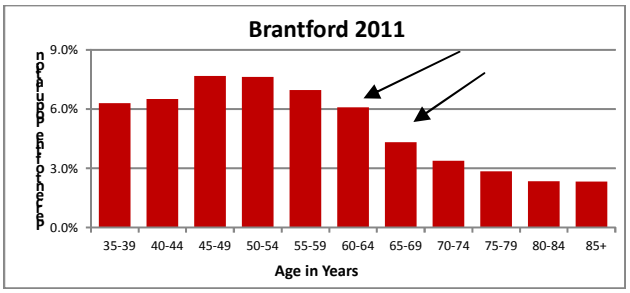
The Walker Report (2011) was transformational in that it urged the Ministry to consider a renewal of the long term care home sector including improved surge capacity and increased short-stay capacity. The Sinha Report (2013) focuses on the issue of skilled staff and recommended improved capacity to provide appropriate level of care and services to the needs of the aging population both inside and outside of the long term care environment, with more emphasis on maintaining seniors' independence in the community as long as possible.

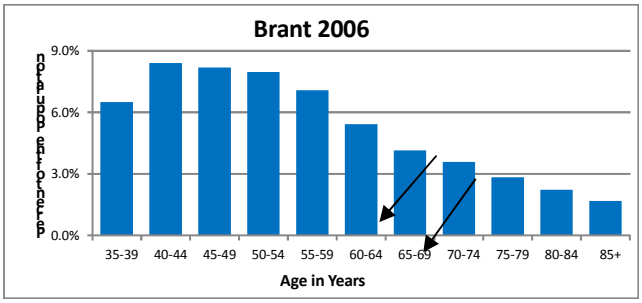
Our Local Seniors

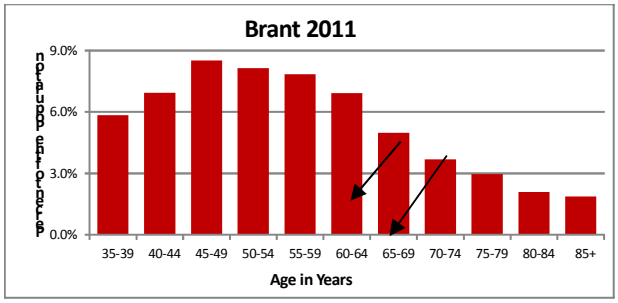
The shift to an older population in Brantford and Brant County has already started and this issue was raised to both City and County Councils previously by the Grand River's Council of Aging, who released their "Master Plan for Aging",[24] in September, 2008.

The graphs below from the 2011 census show the shift to an older population.









[24] The Master Plan for Aging (2008) had 21 objectives and 99 strategies on how to make our community more senior friendly. It stressed the need for age friendly strategies related to: outdoor spaces and public buildings, transportation, housing, social participation, social inclusion, civic participation, communication and information and community support and health services.

By 2036, 25% to 30% of the population (inclusive of the City of Brantford and County of Brant) will be 65 years of age and over. There will be an increase from 4% to 10% of those 80 years of age and over and this trend will continue over the next 30 years. As a result of the boomer's improved health and increasing life expectancy for both men and women, older adults will be married or cohabitating with another adult. Both adults may have restrictions on activities of daily living (ADL) and be unsuitable to function as primary caregivers for one another. The number of frail elderly couples in which both partners require care is expected to grow. However, there is another downside to this trend. There will be a serious shortage of family caregivers and this will significantly impact working women (who are traditional family caregivers), due to family size, distance to family, and willingness to care.

Health System Data Specific to Local Seniors

Currently, the life expectancy in Brant is slightly lower than Ontario (79.8 years vs 81.5 years). Brant residents reported a lower level of self-reported physical and mental health as compared with Ontario. There is an increased incidence of arthritis, asthma and mood disorder Brant compared to Ontario. High blood pressure is lower here than the Ontario average and diabetes rates were similar in Brant compared to Ontario. The leading causes of death in seniors are: heart disease, lung cancer, cerebrovascular disease (stroke), Dementia and Alzheimer's disease, chronic lower respiratory disease, diabetes, colon cancer, influenza and pneumonia. Often there will be co-morbidities with one or more disease, diagnosis or medical issues that develop with age.

Currently, 44% (119 individuals) of Brantford/Brant and Six Nations' are the highest users of emergency departments, acute care or urgent care centres. Many of these users are over the age of 75 with a primary diagnoses (across all age groups) of: Chronic Obstructive Pulmonary Disease (COPD), heart failure, heart attack, type 2 diabetes, pneumonia, atrial fibrillation, and urinary tract disorder. Twelve percent (12%) of high users were discharged to a continuing care setting, such as long term care. The majority were discharged home, with or without home support services. Aggravating the situation is the shortage of local family doctors, geriatricians and mental health experts. Clients must travel to larger centres for care or services and/or wait or go without.

Impact of Aging Population and the Health System

The impact of the aging population on the health care system will mean a rising demand for care, especially for those persons 75 years of age and over with complex chronic conditions and age-related disability or diseases such as dementia. This group of seniors will be more diverse and educated consumers who will exhibit strong preferences for independent living, autonomy and choice. There will be a growing importance for social networks, virtual communities, technology and social media. The already mandated focus of person-centered care will grow with more emphasis on privacy, consent and treatment, having choice, autonomy and dignity. Funding issues will continue and there will be more efforts to curb health care spending through

diversion and controls on access to expensive parts of the system particularly hospitals and long term care homes. The move within health care is to fund more home based or community based solutions (although this may change depending if workers within these areas become unionized and more vocal about working conditions).

The shortage of affordable housing, assisted living and seniors housing options will continue to grow. Poverty is another area to be mindful of as we are already experiencing a growing number of local seniors using food banks. Transportation concerns also will persist and are already being challenged as there are two systems, as city and county are not regionalized.

At The John Noble Home, we are able to track the impact of the aging population and its impact on our operations, which includes: long term care; day program; and affordable senior housing.

Long Term Care

John Noble Home is licensed with 156 long term care beds. We have strived to provide quality resident care. The primary goal of all members of our team is to maximize the independence of each resident through a supportive, and home-like environment.

Current Long Term Care Resident Profile- 2014

- Average age 82 years
- More females (66%) than male
- Current age ranges:51-106 years of age
- Average length of stay:2.5 years
- Most require assistance with mobility -use a mobility aide (walker/ wheelchair)
- Some smokers, Some require special diets an ethnic food
- Catholic or Christian based religion
- Most users have basic accommodation rates (subsidy)
- 76% of residents require extensive or total assistance and care
- 43 % health instability (high medical care needs)
- Cognitive impairment common & multiple diagnoses and complex care issues are prevalent

Our current census within our long term care operations identifies that the average age of long term care residents is already 82 years of age which is above the provincial average of 77 years. Residents range in age from 51 to 106 years of age. As expected, females outnumber males due to their longer life expectancy. Females in long term care comprise 66 % of the Home's population.

Here is the breakdown of long term care residents by age groups:

- 1 resident is -51-60 years
- 21 residents are 61-70 years
- 41 residents are 71-80 years
- 64 residents are 81-90 years
- 27 residents are 91-100 years

Current, long term clients are largely a homogeneous group with a mix of Anglo-European descent (i.e., English, polish, Italian). We have a small number of visible minorities (5.4%) and a few aboriginal long term care residents (3.5 %).

Our average length of stay in long term care is 2.5 years but this is expected to shorten according to Dr. Sinha's health transformation predictions that predict that the future long term care length of stays should be no longer than 18 months. On average, one third of our population already turns over each year. This past year, there were approximately 52 admissions into long term care. This means that palliative care is a very important aspect of our long term care operations and something we should invest in to ensure best practices for those residents who are in their final moments of life .
Occupancy rates in long term care remain above 97% and are projected to continue as we are a facility of choice. Unfortunately, this means that there is already a wait list to get into John Noble and so clients needing long term care will have to continue to wait for long term care beds. Already, we are seeing that admissions into our facility are often coming from other long term care facilities:

Admission statistics for 2013 found that 8 were from acute care, 9 from the community, 10 from out of town locations and 20 from other long term care facilities . This will translate into an increase demand for beds at the home from hospital and community.

Most long term care residents (76%) are totally dependent or require extensive assistance with activities of daily living. Over fifty percent or half of long term care residents have multiple diagnosis and health instability. Most have a underlying diagnosis of dementia and less than half show for aggressive behavior.

Day and Stay Program

The Day Program is for clients with a diagnosis of dementia or Alzheimer's Disease. Its goal as a program is to delay institutionalization, provide respite care and to improve quality of life for both the individual with dementia and their caregiver. The environment and structured activities help maintain the optimal level of physical ability, intellectual functioning and socialization for the client and provides the caregiver with time for them. Transportation is included and there is also weekend respite service.

Current Day and Stay Client Profile- 2014

- Average age: 80 years.
- More females (61%) than male
- 6 clients under the age of 65.
- Length of stay: 16 months: Most move to LTC (JNH) or pass away.
- Majority of clients live with their spouse at home, followed by living with an adult child.
- Caregivers have an increased risk of depression & other health issues.
- Transportation to/from the program is essential. Bus ride as long as 60- 80 minutes now that wait list managed by CCAC. County clients impacted the most.
- All programs & overnight respite always full – wait lists.
- Modest user fees, otherwise funded by LHIN- no program increase for 6 years

Within our Day and Stay Program, the average age of clients is 80 years of age. However, 6 clients are under the age of 65. Women also outnumber men in the program by a ratio of 61% to 39%. The average length of time attending the program is 16 months, although one client has been with the program for 10 years. Most clients graduate to long term care or pass away as a reason why they no longer attend the Program.

It should be noted that there is a growing need for the Day and Stay Program and this is expected to continue with an aging population within the community. Currently, there is a waitlist of 22 people and three people have been waiting since October 2013

Caregivers of persons with dementia have an increased risk of depression and other health issues. They have feelings of distress, anger, depression and inability to deliver care to their loved ones.

A recent survey of clients utilizing the Day and Stay Program found the following information about them:

- 33 clients live with their spouse
- 16 clients live with a child
- 7 clients live independently
- 5 clients live in Retirement Home
- 1 client lives in a Group Home
- 2 clients live in their home with private care

Dementia is a growing concern in the community. All referrals to the Day and Stay program must come from the Community Care Access Centre, although the program is seeing more referrals from the hospital and other community providers.

A Survey of Day and Stay Program families, found that they would be interested in additional services:

- 55% would like footcare Service offered during Day Program
- 77% would like a bathing Program offered during Day Program

- 55% would be willing to pay for the bathing service
- 18% would not pay for a service
- 55% would like Hairdressing service offered during Day Program
- Other suggestions were massage therapy, exercise and other leisure and care services, including assistance with medications.

Transportation remains the greatest highlight of the program and is greatly valued by caregivers who find it allows them to remain working, or provide respite from the stresses of caregiving. Of the number of clients in the program, at least 75% of the clients attending the program use the transportation service provided by the Day Program.

Bell Lane – Affordable Seniors Housing

Bell Lane Terrace is a 26 unit affordable housing apartment building for senior's 60 years and older.

A recent survey of tenants at Bell Lane found the following information about them:

- Average length of stay is 6 or more years
- Most tenants are ages, 60- 69, followed by the 70-79 age group.
- Some have pets (cat or dog)
- Most do not smoke
- Most very satisfied with their unit and its maintenance
- Some drive, most dependent on others for transportation , including bus/others
- Most physically well but several receive home care, CCAC or help from others
- Most want to remain independent. Many want more exercise and recreational activities made available to them and will pay a nominal fee for services
- Some use computers and internet

According to the Brantford 10 Year Housing Stability Plan, as of 2012 there are over 200 seniors waiting for subsidized housing. Of the four senior subsidized apartments located in the County, there are 129 seniors waiting for housing. As stated earlier in this document, affordable housing is a recognized demand. However, this need will require the provincial and federal government to contribute greater funding to help address the identified needs of the community, if they cannot be secured locally. Additional infrastructure dollars are required to fulfill this important need and to strengthen a variety of senior housing initiatives in our community, including the senior hub initiative that started last year with the inclusion of the Alzheimer Society of Brant who joined our campus of care last year. Other local not-for-profit agencies for seniors are in need of support and are also interested in establishing a senior's community hub as part of our

care campus. Again, this type of initiative will require infrastructure dollars and ideally, we would want to combine senior housing with this hub initiative.

Our Community Needs: A Final Synopsis

Our community is one that has an aging population. As described, our local health system and community partners are trying to address this shift in our population and their emerging needs. John Noble Home also has been actively trying to keep pace with this shift and address gaps within our community through the different programs and operations that we have been offering.

The growing complexity of care and varying needs of seniors as they progress through their lifecourse over time is essential and it will continue to require a flexible system with easy and timely access to the broader care continuum. Considerations must also continue to be given to those caregivers (paid and non-paid) who are also involved in senior care, as well as the broader infrastructures which support everyone in meeting their own daily needs, and those involved in delivering these services.

Through this analysis of our community needs and looking to future trends that will impact how we will deliver services, John Noble Home will continue to involve community partners and leaders and engage them in our strategic plan of our care campus. Together, we will continue to operationalize a plan that respects our history, recognizes our present and will strive to meet our future challenges.

Hence, our mission, vision and values:

Our Mission

Working together to enhance the quality of life for those we serve, by providing LOVE, CARE, and DIGNITY within a safe home-like environment.

Our Vision

As leaders we strive for continued excellence, now and in the future.

Our Values

To further support and facilitate the growth and development of exemplary housing, care and services within our caring community of Brantford and Brant County.

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Appendix- Community Needs Assessment Template 2014-2015

Long Term Care				
Type of Client	**Existing Information- Current Long Term Care Resident Profile 2014**	**Data Collection, Analysis and Timelines**	**Priorities**	**Action Plan: 2015-2018**
156 beds with wait list	Average age 82 years More females (66%) than male Current age ranges: 51-106 years of age Average length of stay: 2.5 years Most require assistance with mobility -use a mobility aide (walker/ wheelchair) Some smokers, Some require special diets an ethnic food Catholic or Christian based religion Most users have basic accommodation rates (subsidy) 76% of residents require extensive or total assistance and care 43 % health instability (high medical/care needs) Cognitive impairment common & multiple diagnoses and complex care issues are prevalent	Census data-annually RAI-MDS -1/4ly Provincial comparison- Annually Stats Canada – as released **Change in LTC resident profile:** Increase in average age – 82 years old Increase resident acuity and shorter LOS Increase in responsive behaviors	Heavier care, more complex care Dementia Palliative Care Responsive Behaviors Resident Centred Care	Continue to monitor changes in client census and trends Continue to evaluate mandatory care programs Pursue dementia friendly environment and activities Continue to work with BSO and Alzheimer Society to monitor and track Dementia issues and changes in clients and community needs. Continue to be a resident centred care advocate. Educate family and clients and staff

Day and Stay Program				
Type of Client	**Existing Information- Current Day and Stay Program Client Profile 2014**	**Data Collection, Analysis and Timelines**	**Priorities**	**Action Plan: 2015-2018**
Full with wait lists Day and afternoon programs for persons with Dementia , door to door transportation, overnight weekend respite	Average age: 80 years. More females (61%) than male 6 clients under the age of 65. Length of stay: 16 months: Most move to LTC (JNH) or pass away. Majority of clients live with their spouse at home, followed by living with an adult child. Caregivers have an increased risk of depression & other health issues. Transportation to/from the program is essential. Bus ride as long as 60- 80 minutes now that wait list managed by CCAC. County clients impacted the most. All programs & overnight respite always full – wait lists. Modest user fees, otherwise funded by LHIN- no program increase for 6 years	Census data-annually CCAC data -annually Regional Day Program Data- annually	Funding and transportation Responsive Behaviours Respite Caregiver support	Continue to build on census and monitor client profiles Continue to up a QI plan Work on capital projects Staff education Liaise with Alzheimer's Society and others to monitor changing and emerging needs as well as opportunities to grow and do more

Senior Housing- Tenants				
Type of Client	**Existing Information- Current Tenant Profile 2014**	**Data Collection, Analysis and Timelines**	**Priorities**	**Action Plan: 2015-2018**
26 tenants with wait list Seniors apartments- 26 units, affordable housing	Length of stay: 6 years+ Most 60- 69, followed by 70-79 age group. Some have pets (cat or dog) Most do not smoke Most very satisfied with their unit and its maintenance Some drive, most dependent on others for transportation , including bus/others Most physically well-Several receive home care, CCAC or help from others Want independence. More exercise/ recreation. Will pay nominal fee for services Some use computers and internet	Annual census and annual tenant survey- annually City Master Housing Plan	Wait lists Seniors need to remain independent Assistive living Fee for program/extra care options	Continue to monitor census and client profiles Work with City and County to try and address and build more affordable housing and/or support options