

# *County of Renfrew*



## *Seniors Housing Strategy Technical Appendix*

*December 2020*



## **Preface to Technical Appendix**

As part of the study process, there were a variety of activities undertaken to support development of the Seniors Housing Strategy. The documentation capturing this background work and supporting materials are extensive and not suited to inclusion in the summary report. Accordingly, this information has been compiled into a standalone Technical Appendix under separate cover which is a resource companion for reference purposes only.

This Technical Appendix includes:

**Part A - Need and Demand Data Charts** – A compilation of tables that provide the primary sourced data used in the background analysis for the study.

**Part B - Housing and Services inventory** – Information compiled in table format describing the array of local housing and support options for seniors.

**Part C - Compendium of Seniors Housing Options** – A summary overview of housing alternatives for seniors with descriptions, characteristics and examples.

**Part D - Summary of Stakeholder Consultation Feedback** – A summary of stakeholder themes and detailed notes from the various stakeholder consultation exercises.

**Part E - Community Consultation List of Invitees** – A list of all stakeholder organizations invited to participate in the study consultation process.

## Part A - Need and Demand Data Charts

Population Trends									
Population	2001	2006	2011	2016	% Change 2001 - 2006	% Change 2006 - 2011	% Change 2011 - 2016	% Change 2001 - 2016	15 yr. ann. Avg.
Renfrew County	95,138	97,545	101,326	102,394	2.5%	3.9%	1.1%	7.6%	0.51%
Ontario	11,410,046	12,160,282	12,851,821	13,448,494	6.6%	5.7%	4.6%	17.9%	1.19%

Source: Statistics Canada 2001, 2006, 2011, 2016

Population, dwelling and density characteristics for sub-areas within Renfrew County							
Sub-Area within Renfrew County	Population 2016	Population 2011	% change 2011 to 2016	Total private dwellings (2016)	Private dwellings occupied by usual residents (2016)	Population density per square kilometre (2016)	Land area in square kilometres (2016)
Admaston/ Bromley	2,935	2,844	3.2%	1,288	1,084	5.6	524.06
Arnprior	8,795	8,114	8.4%	4,124	3,912	672.7	13.07
Bonnechere Valley	3,674	3,763	-2.4%	2,317	1,619	6.2	593.75
Brudenell, Lyndoch and Raglan	1,503	1,658	-9.3%	963	653	2.1	706.24
Deep River	4,109	4,193	-2.0%	1,957	1,823	82	50.13
Greater Madawaska	2,518	2,485	1.3%	2,170	1,178	2.4	1035.59
Head, Clara and Maria	248	235	5.5%	110	108	0.3	728.38
Horton	2,887	2,719	6.2%	1,385	1,173	18.2	158.51
Killaloe, Hagarty and Richards	2,420	2,402	0.7%	1,689	1,063	6.1	396.8
Laurentian Hills	2,961	2,811	5.3%	1,387	1,253	4.6	642.03
Laurentian Valley	9,387	9,657	-2.8%	3,877	3,717	17	551.43
Madawaska Valley	4,123	4,282	-3.7%	2,619	1,706	6.1	672.51
McNab/ Braeside	7,178	7,371	-2.6%	3,125	2,884	28.1	255.76
North Algona Wilberforce	2,915	2,873	1.5%	1,752	1,243	7.7	378.98
Pembroke	13,882	14,360	-3.3%	6,685	6,198	953.3	14.56
Petawawa	17,187	15,988	7.5%	6,747	6,334	103.1	166.69
Renfrew	8,223	8,218	0.1%	4,035	3,875	643.4	12.78
Whitewater Region	7,009	6,921	1.3%	3,416	2,775	13	539.51

Source: Statscan 2016 Census Profile 98-401-X2016055 (Beyond 2020 data set)

Population Forecast by Age Group - Renfrew County										
Age group	Projected Pop'n (MoF)					share of total population				
	2021	2026	2031	2036	2041	2021	2026	2031	2036	2041
under 25	26,810	26,731	26,889	26,724	26,572	25.1%	24.7%	24.6%	24.3%	24.1%
25 to 44	25,942	25,726	24,654	23,626	22,582	24.3%	23.8%	22.5%	21.5%	20.5%
45 to 64	28,908	26,802	25,092	25,417	26,277	27.1%	24.8%	22.9%	23.1%	23.9%
65+	25,104	29,007	32,721	34,181	34,735	23.5%	26.8%	29.9%	31.1%	31.5%
TOTAL	106,764	108,266	109,356	109,948	110,166	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Ontario Ministry of Finance (2016 projections)

Projected Seniors Population (65+) by Municipality, Renfrew County						
Municipality	2016*	2021	2026	2031	2036	2041
Admaston/ Bromley	510	560	633	641	632	603
Arnprior	2,180	2,698	3,287	3,818	4,048	4,149
Bonnechere Valley	995	1,103	1,190	1,279	1,251	1,132
Brudenell, Lyndoch and Raglan	400	445	495	497	474	403
Deep River	980	1,043	1,107	1,131	1,063	992
Greater Madawaska	790	898	979	1,000	973	898
Head, Clara and Maria	80	92	103	106	86	76
Horton	580	747	913	1,019	1,065	1,088
Killaloe, Hagarty and Richards	590	689	746	759	736	692
Laurentian Hills	490	544	615	666	622	561
Laurentian Valley	1,670	1,955	2,209	2,450	2,438	2,350
Madawaska Valley	1,285	1,440	1,635	1,732	1,645	1,487
McNab/ Braeside	1,350	1,639	1,955	2,238	2,224	2,143
North Algona Wilberforce	630	762	883	939	916	848
Pembroke	3,505	3,736	4,072	4,396	4,316	4,148
Petawawa	1,400	1,564	1,811	2,192	2,393	2,423
Renfrew	2,295	2,645	3,086	3,435	3,449	3,421
Whitewater Region	1,490	1,698	1,974	2,221	2,205	2,103
<b>Total Population 65+</b>	<b>21,220</b>	<b>24,259</b>	<b>27,692</b>	<b>30,519</b>	<b>30,537</b>	<b>29,517</b>

\* 2016 figures are actuals based on Census data

Source: County of Renfrew Projections

#### Senior Households by Type of Household - Renfrew County, 2016

Household Types	households					share of households				
	Total Households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over	Total Households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over
Total households	41,830	12,670	7,045	4,260	1,365	100.0%	100.0%	100.0%	100.0%	100.0%
Census family households	28,750	7,200	4,570	2,180	450	68.7%	56.8%	64.9%	51.2%	33.0%
One-census-family households without additional persons	27,050	6,885	4,420	2,040	425	64.7%	54.3%	62.7%	47.9%	31.1%
One couple census family without other persons	23,825	6,395	4,225	1,830	340	57.0%	50.5%	60.0%	43.0%	24.9%
Without children	13,435	5,760	3,790	1,665	305	32.1%	45.5%	53.8%	39.1%	22.3%
With children	10,395	630	435	160	35	24.9%	5.0%	6.2%	3.8%	2.6%
One lone-parent census family without other persons	3,220	485	190	210	85	7.7%	3.8%	2.7%	4.9%	6.2%
Other census family households	1,700	325	150	145	30	4.1%	2.6%	2.1%	3.4%	2.2%
Non-census-family households	13,085	5,465	2,470	2,080	915	31.3%	43.1%	35.1%	48.8%	67.0%

Source: Census of Canada 2016, Statscan file: 98-400-X2016231

#### Family Characteristics of Senior Households - Renfrew County, 2016

Family characteristics	Total Adults Age 15+	Seniors (65+)	65 to 69 years	70 to 74 years	75 to 79 years	80 to 84 years	85 years and over	Total Adults Age 15+	Seniors (65+)	65 to 69 years	70 to 74 years	75 to 79 years	80 to 84 years	85 years and over
Total - Family characteristics of adults (aged 15+)	82,825	19,470	6,815	4,865	3,555	2,420	1,815	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Adults living in census families	66,720	13,370	5,200	3,595	2,375	1,420	780	80.6%	68.7%	76.3%	73.9%	66.8%	58.7%	43.0%
Married spouses and common-law partners	51,705	12,625	5,030	3,470	2,250	1,260	615	62.4%	64.8%	73.8%	71.3%	63.3%	52.1%	33.9%
Without children in their census family	29,015	11,510	4,510	3,220	2,080	1,150	550	35.0%	59.1%	66.2%	66.2%	58.5%	47.5%	30.3%
With children in their census family	22,690	1,115	515	250	170	110	70	27.4%	5.7%	7.6%	5.1%	4.8%	4.5%	3.9%
Lone parents (in lone-parent census families)	4,155	710	140	125	125	160	160	5.0%	3.6%	2.1%	2.6%	3.5%	6.6%	8.8%
Children in census families (as in sons, daughters or grandchildren)	10,855	25	25	0	0	0	0	13.1%	0.1%	0.4%	0.0%	0.0%	0.0%	0.0%
Adults not living in census families	16,105	6,110	1,615	1,275	1,180	1,000	1,040	19.4%	31.4%	23.7%	26.2%	33.2%	41.3%	57.3%
Living with other relatives	1,335	575	135	110	105	100	125	1.6%	3.0%	2.0%	2.3%	3.0%	4.1%	6.9%
Living with non-relatives only	2,705	350	145	95	65	35	10	3.3%	1.8%	2.1%	2.0%	1.8%	1.4%	0.6%
Living alone	12,075	5,160	1,325	1,065	1,010	860	900	14.6%	26.5%	19.4%	21.9%	28.4%	35.5%	49.6%

Source: 2016 Census - Statscan file 98-400-X2016029

**Household Size Characteristics of Senior Households - Renfrew County, 2016**

Household Size	households					share of households				
	Total households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over	Total households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over
Total households	41,830	12,670	7,045	4,260	1,365	100.0%	100.0%	100.0%	100.0%	100.0%
1 person	11,930	5,220	2,305	2,000	915	28.5%	41.2%	32.7%	46.9%	67.0%
2 persons	16,335	6,420	4,100	1,935	385	39.1%	50.7%	58.2%	45.4%	28.2%
3 persons	5,945	750	460	230	60	14.2%	5.9%	6.5%	5.4%	4.4%
4 persons	5,035	180	105	65	10	12.0%	1.4%	1.5%	1.5%	0.7%
5 or more persons	2,590	100	70	30	0	6.2%	0.8%	1.0%	0.7%	0.0%
Number of persons in private households	96,735	21,615	12,715	7,000	1,900					
Average household size	2.3	1.7	1.8	1.6	1.4					

Source: Census of Canada 2016, Statscan file: 98-400-X2016231

**Population vs. Household Growth in Renfrew County, 2001-2016**

Population and Household Growth	2001	2006	2011	2016	% Change 2001 - 2006	% Change 2006 - 2011	% Change 2011 - 2016	% Change 2001 - 2016
Total households	37,095	39,245	41,760	42,780	5.8%	6.4%	2.4%	15.3%
Total population	95,138	97,545	101,326	102,394	2.5%	3.9%	1.1%	7.6%

15 yr.  
ann. Avg.  
1.02%  
0.51%

Source: Statistics Canada 2001, 2006, 2011, 2016

**Changes in Household Income, Renfrew County 2011 to 2016**

Household Income	Renfrew County			Ontario		
	2011	2016	change	2011	2016	change
Median income	\$59,755	\$67,683	13.3%	\$66,358	\$74,287	11.9%
Average income	\$70,546	\$79,574	12.8%	\$85,772	\$97,856	14.1%

Source: 2011 NHS profile, 2016 Census profile

**Changes in Income Distribution, Renfrew County 2010 to 2015**

Household Income Range	2010	2015	change 2010-2015	
			#	%
Under \$5,000	895	355	-540	-60.3%
\$5,000 to \$9,999	440	495	55	12.5%
\$10,000 to \$14,999	1,495	1,265	-230	-15.4%
\$15,000 to \$19,999	2,035	1,790	-245	-12.0%
\$20,000 to \$29,999	3,690	3,680	-10	-0.3%
\$30,000 to \$39,999	4,120	3,790	-330	-8.0%
\$40,000 to \$49,999	4,250	3,705	-545	-12.8%
\$50,000 to \$59,999	4,110	3,425	-685	-16.7%
\$60,000 to \$79,999	6,650	7,010	360	5.4%
\$80,000 to \$99,999	5,015	5,405	390	7.8%
\$100,000 to \$124,999	4,095	4,685	590	14.4%
\$125,000 to \$149,999	2,165	3,015	850	39.3%
\$150,000 and over	2,815	4,150	1,335	47.4%

Source: 2016 Census profile, 2011 NHS

**Housing Indicators for Senior Households - Renfrew County, 2016**

Housing indicators	households					share of households				
	Total households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over	Total households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over
Total households	41,830	12,670	7,045	4,260	1,365	100.0%	100.0%	100.0%	100.0%	100.0%
Adequacy: major repairs needed	3,555	810	515	225	70	8.5%	6.4%	7.3%	5.3%	5.1%
Suitability: not suitable	875	115	70	30	15	2.1%	0.9%	1.0%	0.7%	1.1%
Affordability: 30% or more of household income is spent on shelter costs	8,510	2,705	1,395	940	370	20.3%	21.3%	19.8%	22.1%	27.1%
Adequacy, suitability or affordability: major repairs needed, or not suitable, or 30% or more of household income is spent on shelter costs	11,675	3,395	1,820	1,130	445	27.9%	26.8%	25.8%	26.5%	32.6%

Source: Census of Canada 2016, Statscan file: 98-400-X2016231

Housing Indicators by Tenure for Senior Households - Renfrew County, 2016

Tenure	Housing Indicators	households by tenure/status					share of households by tenure/status				
		Total households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over	Total households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over
All tenures	Total - All tenures	41,830	12,670	7,045	4,260	1,365	100.0%	100.0%	100.0%	100.0%	100.0%
All tenures	Adequacy: major repairs needed	3,555	810	515	225	70	8.5%	6.4%	7.3%	5.3%	5.1%
All tenures	Suitability: not suitable	875	115	70	30	15	2.1%	0.9%	1.0%	0.7%	1.1%
All tenures	Affordability: 30%+ HH income is spent on shelter costs	8,510	2,705	1,395	940	370	20.3%	21.3%	19.8%	22.1%	27.1%
All tenures	Adequacy, suitability or affordability	11,675	3,395	1,820	1,130	445	27.9%	26.8%	25.8%	26.5%	32.6%
Owner	Total - Owners	31,530	10,350	5,800	3,465	1,085	100.0%	100.0%	100.0%	100.0%	100.0%
Owner	Adequacy: major repairs needed	2,570	705	445	195	65	8.2%	6.8%	7.7%	5.6%	6.0%
Owner	Suitability: not suitable	510	80	35	25	20	1.6%	0.8%	0.6%	0.7%	1.8%
Owner	Affordability: 30%+ HH income is spent on shelter costs	4,510	1,410	720	500	190	14.3%	13.6%	12.4%	14.4%	17.5%
Owner	Adequacy, suitability or affordability	6,885	2,020	1,090	670	260	21.8%	19.5%	18.8%	19.3%	24.0%
With mortgage	Total - Owners with mortgages	17,630	2,575	1,720	720	135	100.0%	100.0%	100.0%	100.0%	100.0%
With mortgage	Adequacy: major repairs needed	1,690	245	185	45	15	9.6%	9.5%	10.8%	6.3%	11.1%
With mortgage	Suitability: not suitable	355	35	20	15	0	2.0%	1.4%	1.2%	2.1%	0.0%
With mortgage	Affordability: 30%+ HH income is spent on shelter costs	3,610	945	565	315	65	20.5%	36.7%	32.8%	43.8%	48.1%
With mortgage	Adequacy, suitability or affordability	5,120	1,110	680	355	75	29.0%	43.1%	39.5%	49.3%	55.6%
Without mortgage	Total - Owners without mortgages	13,900	7,775	4,080	2,745	950	100.0%	100.0%	100.0%	100.0%	100.0%
Without mortgage	Adequacy: major repairs needed	880	465	260	150	55	6.3%	6.0%	6.4%	5.5%	5.8%
Without mortgage	Suitability: not suitable	160	45	15	10	20	1.2%	0.6%	0.4%	0.4%	2.1%
Without mortgage	Affordability: 30%+ HH income is spent on shelter costs	900	465	155	185	125	6.5%	6.0%	3.8%	6.7%	13.2%
Without mortgage	Adequacy, suitability or affordability	1,760	910	405	320	185	12.7%	11.7%	9.9%	11.7%	19.5%
Renter	Total - Renters	10,305	2,325	1,245	795	285	100.0%	100.0%	100.0%	100.0%	100.0%
Renter	Adequacy: major repairs needed	985	115	70	35	10	9.6%	4.9%	5.6%	4.4%	3.5%
Renter	Suitability: not suitable	365	30	30	0	0	3.5%	1.3%	2.4%	0.0%	0.0%
Renter	Affordability: 30%+ HH income is spent on shelter costs	4,000	1,300	675	440	185	38.8%	55.9%	54.2%	55.3%	64.9%
Renter	Adequacy, suitability or affordability	4,795	1,380	735	460	185	46.5%	59.4%	59.0%	57.9%	64.9%
Subsidized housing	Total - Renters in subsidized housing	1,935	465	230	185	50	100.0%	100.0%	100.0%	100.0%	100.0%
Subsidized housing	Adequacy: major repairs needed	145	15	15	0	0	7.5%	3.2%	6.5%	0.0%	0.0%
Subsidized housing	Suitability: not suitable	30	0	0	0	0	1.6%	0.0%	0.0%	0.0%	0.0%
Subsidized housing	Affordability: 30%+ HH income is spent on shelter costs	645	315	155	115	45	33.3%	67.7%	67.4%	62.2%	90.0%
Subsidized housing	Adequacy, suitability or affordability	750	305	150	115	40	38.8%	65.6%	65.2%	62.2%	80.0%
Not subsidized housing	Total - Renters in non-subsidized housing	8,365	1,865	1,020	615	230	100.0%	100.0%	100.0%	100.0%	100.0%
Not subsidized housing	Adequacy: major repairs needed	840	90	60	30	0	10.0%	4.8%	5.9%	4.9%	0.0%
Not subsidized housing	Suitability: not suitable	335	40	30	10	0	4.0%	2.1%	2.9%	1.6%	0.0%
Not subsidized housing	Affordability: 30%+ HH income is spent on shelter costs	3,355	980	520	325	135	40.1%	52.5%	51.0%	52.8%	58.7%
Not subsidized housing	Adequacy, suitability or affordability	4,045	1,065	580	345	140	48.4%	57.1%	56.9%	56.1%	60.9%

Source: Census of Canada 2016, Statscan file: 98-400-X2016231

Changes in Dwellings by Type, Renfrew County 2011-2016

Dwellings by Type	2011		2016		change 2011-2016	
	#	%	#	%	#	%
Total occupied private dwellings	41,765	100.0%	42,775	100.0%	1,010	2.4%
Single-detached house	32,660	78.2%	33,240	77.7%	580	1.8%
Semi-detached house	1,780	4.3%	1,925	4.5%	145	8.1%
Row house	1,560	3.7%	1,970	4.6%	410	26.3%
Apartment - duplex	505	1.2%	600	1.4%	95	18.8%
Apartment bldg. less than 5 storeys	4,665	11.2%	4,490	10.5%	-175	-3.8%
Apartment bldg. with 5 or more storeys	125	0.3%	65	0.2%	-60	-48.0%
Other single-attached house	95	0.2%	145	0.3%	50	52.6%
Movable dwelling	370	0.9%	345	0.8%	-25	-6.8%

Source: 2016 Census profile, 2011 NHS

Dwelling type and tenure for Senior Households - Renfrew County, 2016

Tenure	Dwelling type	dwelling type					share by dwelling type				
		Total Dwellings	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over	Total Dwellings	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over
All	Total	42,775	13,000	7,240	4,365	1,395	100.0%	100.0%	100.0%	100.0%	100.0%
All	Single-detached house	33,240	10,185	5,765	3,360	1,060	77.7%	78.3%	79.6%	77.0%	76.0%
All	Apartment in a building 5+ storeys	55	40	25	15	0	0.1%	0.3%	0.3%	0.3%	0.0%
All	Other attached dwelling	9,165	2,635	1,355	960	320	21.4%	20.3%	18.7%	22.0%	22.9%
All	Semi-detached house	1,910	395	260	110	25	4.5%	3.0%	3.6%	2.5%	1.8%
All	Row house	1,970	360	175	150	35	4.6%	2.8%	2.4%	3.4%	2.5%
All	Apartment or flat in a duplex	600	190	105	60	25	1.4%	1.5%	1.5%	1.4%	1.8%
All	Apartment in a building < 5 storeys	4,485	1,635	775	625	235	10.5%	12.6%	10.7%	14.3%	16.8%
All	Other single-attached house	195	55	40	15	0	0.5%	0.4%	0.6%	0.3%	0.0%
All	Movable dwelling	315	140	100	30	10	0.7%	1.1%	1.4%	0.7%	0.7%
Owner	Total	32,410	10,665	5,995	3,560	1,110	75.8%	82.0%	82.8%	81.6%	79.6%
Owner	Single-detached house	30,100	9,740	5,475	3,245	1,020	70.4%	74.9%	75.6%	74.3%	73.1%
Owner	Apartment in a building 5+ storeys	0	10	0	10	0	0.0%	0.1%	0.0%	0.2%	0.0%
Owner	Other attached dwelling	2,015	785	420	290	75	4.7%	6.0%	5.8%	6.6%	5.4%
Owner	Semi-detached house	735	255	180	55	20	1.7%	2.0%	2.5%	1.3%	1.4%
Owner	Row house	690	235	115	105	15	1.6%	1.8%	1.6%	2.4%	1.1%
Owner	Apartment or flat in a duplex	185	80	40	20	20	0.4%	0.6%	0.6%	0.5%	1.4%
Owner	Apartment in a building < 5 storeys	315	185	65	95	25	0.7%	1.4%	0.9%	2.2%	1.8%
Owner	Other single-attached house	85	30	20	10	0	0.2%	0.2%	0.3%	0.2%	0.0%
Owner	Movable dwelling	290	140	100	25	15	0.7%	1.1%	1.4%	0.6%	1.1%
Renter	Total	10,355	2,330	1,250	795	285	24.2%	17.9%	17.3%	18.2%	20.4%
Renter	Single-detached house	3,135	450	295	115	40	7.3%	3.5%	4.1%	2.6%	2.9%
Renter	Apartment in a building 5+ storeys	60	35	25	10	0	0.1%	0.3%	0.3%	0.2%	0.0%
Renter	Other attached dwelling	7,145	1,850	935	670	245	16.7%	14.2%	12.9%	15.3%	17.6%
Renter	Semi-detached house	1,180	140	75	55	10	2.8%	1.1%	1.0%	1.3%	0.7%
Renter	Row house	1,275	115	60	40	15	3.0%	0.9%	0.8%	0.9%	1.1%
Renter	Apartment or flat in a duplex	410	110	60	40	10	1.0%	0.8%	0.8%	0.9%	0.7%
Renter	Apartment in a building < 5 storeys	4,170	1,450	710	525	215	9.7%	11.2%	9.8%	12.0%	15.4%
Renter	Other single-attached house	105	20	20	0	0	0.2%	0.2%	0.3%	0.0%	0.0%
Renter	Movable dwelling	25	0	0	0	0	0.1%	0.0%	0.0%	0.0%	0.0%

Source: 2016 Census - Statscan file 98-400-X2016227

Dwellings by Period of construction, Renfrew County 2016

Period of Construction	Total	No. of dwellings		share of total		tenure split	
		Ownership	Rental	Owner	Renter	Owner	Renter
Total dwellings	42,765	32,410	10,355	100.0%	100.0%	75.8%	24.2%
1920 or before	4,900	3,870	1,030	11.9%	9.9%	79.0%	21.0%
1921 to 1945	2,770	1,805	965	5.6%	9.3%	65.2%	34.8%
1946 to 1960	7,355	5,300	2,055	16.4%	19.8%	72.1%	27.9%
1961 to 1970	5,140	3,445	1,695	10.6%	16.4%	67.0%	33.0%
1971 to 1980	6,315	4,510	1,805	13.9%	17.4%	71.4%	28.6%
1981 to 1990	5,175	3,975	1,200	12.3%	11.6%	76.8%	23.2%
1991 to 2000	4,815	4,025	790	12.4%	7.6%	83.6%	16.4%
2001 to 2010	4,330	3,795	535	11.7%	5.2%	87.6%	12.4%
2011 to 2016	1,965	1,685	280	5.2%	2.7%	85.8%	14.2%

Source: Census 2016 Data table 98-400-X201622, excluding band housing

Changes in Dwelling Condition, Renfrew County 2011 to 2016

Repairs required	2011		2016	
Total number of occupied private dwellings	41,770	100.0%	42,780	100.0%
Only reg. maintenance/minor repairs needed	38,310	91.7%	39,075	91.3%
Major repairs needed	3,465	8.3%	3,705	8.7%

Source: 2016 Census profile, 2011 NHS



**Housing Tenure of Senior Households - Renfrew County, 2016**

Tenure	households					share of households				
	Total Households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over	Total Households	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over
All Households	41,830	12,670	7,045	4,260	1,365	100.0%	30.3%	16.8%	10.2%	3.3%
Owner	31,530	10,350	5,800	3,465	1,085	100.0%	32.8%	18.4%	11.0%	3.4%
With mortgage	17,630	2,575	1,720	720	135	55.9%	24.9%	29.7%	20.8%	12.4%
Without mortgage	13,900	7,775	4,080	2,745	950	44.1%	75.1%	70.3%	79.2%	87.6%
Renter	10,305	2,325	1,245	795	285	100.0%	22.6%	12.1%	7.7%	2.8%
Subsidized housing	1,935	465	230	185	50	18.8%	20.0%	18.5%	23.3%	17.5%
Not subsidized housing	8,365	1,865	1,020	615	230	81.2%	80.2%	81.9%	77.4%	80.7%

Source: Census of Canada 2016, Statscan file: 98-400-X2016231

**Dwelling value for Senior Households - Renfrew County, 2016**

Dwelling value	dwellings					share of dwellings				
	Total owners	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over	Total owners	Seniors (65+)	65 to 74 years	75 to 84 years	85 years and over
Total dwellings	31,550	10,355	5,805	3,465	1,085	100.0%	100.0%	100.0%	100.0%	100.0%
Less than \$100,000	1,365	610	320	190	100	4.3%	5.9%	5.5%	5.5%	9.2%
\$100,000 to \$149,999	2,630	940	495	300	145	8.3%	9.1%	8.5%	8.7%	13.4%
\$150,000 to \$199,999	6,075	2,080	1,090	720	270	19.3%	20.1%	18.8%	20.8%	24.9%
\$200,000 to \$249,999	6,185	1,895	1,005	670	220	19.6%	18.3%	17.3%	19.3%	20.3%
\$250,000 to \$299,999	5,470	1,675	960	565	150	17.3%	16.2%	16.5%	16.3%	13.8%
\$300,000 to \$349,999	3,580	1,065	590	365	110	11.3%	10.3%	10.2%	10.5%	10.1%
\$350,000 to \$399,999	2,250	670	455	180	35	7.1%	6.5%	7.8%	5.2%	3.2%
\$400,000 to \$499,999	2,235	730	465	230	35	7.1%	7.0%	8.0%	6.6%	3.2%
\$500,000 to \$599,999	790	285	185	90	10	2.5%	2.8%	3.2%	2.6%	0.9%
\$600,000 to \$749,999	480	195	105	80	10	1.5%	1.9%	1.8%	2.3%	0.9%
\$750,000 to \$999,999	290	105	65	40	0	0.9%	1.0%	1.1%	1.2%	0.0%
\$1,000,000 to \$1,499,999	100	50	40	10	0	0.3%	0.5%	0.7%	0.3%	0.0%
\$1,500,000 or more	90	35	20	15	0	0.3%	0.3%	0.3%	0.4%	0.0%
Average value of dwellings	\$265,964	\$264,311	\$275,066	\$263,700	\$208,722					
Median value of dwellings	\$240,212	\$233,351	\$248,901	\$224,763	\$199,907					

Source: 2016 Census - Statscan file 98-400-X2016233

**Average Market Rent by Bedroom Type**

Year	All Bedroom Rent	Bachelor Rent	1 Bedroom Rent	2 Bedroom Rent	3 Bedroom Rent	4+ Bedroom Rent
	2013	\$695	\$566	\$592	\$743	\$882
2014	\$705	\$541	\$618	\$748	\$827	**
2015	\$759	\$624	\$622	\$810	\$983	**
2016	\$738	\$513	\$635	\$781	**	**
2017	\$786	\$570	\$707	\$838	\$926	**
increase	13.1%	0.7%	19.4%	12.8%	5.0%	
ann. avg.	3.3%	0.2%	4.9%	3.2%	1.2%	

Source: Canada Mortgage and Housing Corporation Rental Market Survey, 2013-2017 (MMAH dataset)

For apartment units in purpose-built rental structures of three or more units



Average Market Rents - CMHC Market Survey								change
Petawawa	2013	2014	2015	2016	2017	2018	2019	2013 to 2019
Bachelor	**	**	**	**	**	**	**	n/a
1 Bedroom	\$572	\$598	\$607	\$615	\$653	\$755	\$635	11.0%
2 Bedroom	\$704	\$717	\$824	\$711	\$777	\$808	\$770	9.4%
3 Bedroom +	**	\$848	**	**	\$1,005	\$1,001	\$1,000	n/a
<i>Total</i>	\$672	\$708	\$769	\$706	\$784	\$828	\$781	16.2%
Pembroke	2013	2014	2015	2016	2017	2018	2019	2013 to 2019
Bachelor	\$566	\$541	\$624	\$513	\$572	\$598	\$562	-0.7%
1 Bedroom	\$599	\$622	\$627	\$642	\$657	\$661	\$711	18.7%
2 Bedroom	\$758	\$764	\$807	\$812	\$812	\$846	\$896	18.2%
3 Bedroom +	\$903	\$950	\$1,000	**	\$996	**	**	n/a
<i>Total</i>	\$708	\$714	\$760	\$763	\$750	\$818	\$872	23.2%
Arnprior	2013	2014	2015	2016	2017	2018	2019	2017 to 2019
Bachelor					**	**	**	n/a
1 Bedroom					\$804	\$767	\$792	-1.5%
2 Bedroom					\$938	\$869	\$882	-6.0%
3 Bedroom +					**	**	**	n/a
<i>Total</i>					\$876	\$836	\$846	-3.4%

Source: CMHC Rental Market Survey (Arnprior, Pembroke and Petawawa)

**Note:** Survey data for Arnprior only available from 2017 forward

\*\* denotes data suppressed due to small sample size

n/a denotes unable to calculate

Rental Vacancy Rates by Bedroom Type						
Year	All Bedrooms	Bachelor	1 Bedroom	2 Bedroom	3+ Bedroom	
2013	4.8%	2.1%	3.3%	5.4%		**
2014	4.9%	2.5%	5.0%	4.7%		**
2015	2.9%	**	4.6%	2.1%	0.0%	
2016	2.4%	0.0%	4.1%	1.8%		**
2017	2.2%	**	3.1%	1.8%	0.0%	

Source: Canada Mortgage and Housing Corporation Rental Market Survey, 2013-2017 (MMAH dataset)

For apartment units in purpose-built rental structures of three or more units

Community Housing Units by Locale				
	RHC	Other	Total	share
Pembroke	351	165	516	39.9%
Arnprior	260	81	341	26.4%
Renfrew	229	42	271	20.9%
Barry's Bay	35		35	2.7%
Killaloe		28	28	2.2%
Eganville	26		26	2.0%
Deep River	24		24	1.9%
Palmer Rapids	21		21	1.6%
Cobden	20		20	1.5%
Beachburg	12		12	0.9%
<b>Total</b>	<b>978</b>	<b>316</b>	<b>1,294</b>	<b>100.0%</b>

Source: County of Renfrew, RHC housing statistics 2019, excludes rent supplement units

Housing Starts by Dwelling Type						
Year	Singles	Semis	Row	Apt.	Total	
2013	65	4	14	-	83	
2014	72	6	19	-	97	
2015	73	8	3	12	96	
2016	83	2	23	16	124	
2017	142	12	9	65	228	

Source: CMHC Starts and Completions Survey, 2013-2017 (MMAH dataset)

Housing Starts by Intended Market						
Year	Owner	Rental	Condo	Co-op	N/A	Total
2013	83	-	-	-	-	83
2014	97	-	-	-	-	97
2015	84	12	-	-	-	96
2016	108	16	-	-	-	124
2017	163	65	-	-	-	228

Source: CMHC Starts and Completions Survey, 2013-2017 (MMAH dataset)

Housing Completions by Dwelling Type						
Year	Singles	Semis	Row	Apt.	Total	
2013	84	4	38	3	129	
2014	70	6	18	-	94	
2015	47	6	6	12	71	
2016	104	4	6	-	114	
2017	155	12	20	16	203	

Source: CMHC Starts and Completions Survey, 2013-2017 (MMAH dataset)

Housing Completions by Intended Market						
Year	Owner	Rental	Condo	Co-op	N/A	Total
2013	126	3	-	-	-	129
2014	94	-	-	-	-	94
2015	59	12	-	-	-	71
2016	114	-	-	-	-	114
2017	187	16	-	-	-	203

Source: CMHC Starts and Completions Survey, 2013-2017 (MMAH dataset)

Changes in Social Housing Measures, Renfrew County 2013 to 2018							
Social Housing Measures	2013	2014	2015	2016	2017	2018	change 2013 to 2018
Social Housing Units	1,397	1,397	1,397	1,397	1,397	1,397	0.0%
Households on Social Housing Waiting List	811	814	958	996	1,002	1,068	31.7%
Households Housed from the Social Housing Waiting List	145	125	161	142	134	114	-21.4%
Demand ratio	0.58	0.58	0.69	0.71	0.72	0.76	
Turnover ratio	0.10	0.09	0.12	0.10	0.10	0.08	

Source: 2018 Housing and Homelessness Report Card

Changes in Social Assistance Caseloads, Renfrew County 2013 to 2018							
Social Assistance Caseloads	2013	2014	2015	2016	2017	2018	change 2013 to 2018
OW Caseloads	1,144	1,186	1,257	1,277	1,357	1,323	15.6%
ODSP Caseloads	3,134	3,251	3,362	3,511	3,503	3,705	18.2%

Source: 2018 Housing and Homelessness Report Card

**Western Champlain Population Measures - 2011 to 2016**

Select Population Measures within Western Champlain sub-region (2016)	Geography						
	Arnprior, McNab, Braeside	North Renfrew	South Renfrew	Carleton Place and Beckwith	Mississippi Mills & Lanark Highlands	North Grenville	Western Champlain
Population, 2011	15,485	54,165	31,676	16,795	17,513	15,085	<b>150,719</b>
Population, 2016	15,973	54,783	31,638	18,288	18,501	16,451	<b>155,634</b>
<i>% change in total pop'n</i>	3.2%	1.1%	-0.1%	8.9%	5.6%	9.1%	<b>3.3%</b>
Population aged 19 and under	3,215	12,515	6,100	4,250	3,725	3,685	<b>33,490</b>
<i>% of total pop'n</i>	20.1%	22.8%	19.3%	23.2%	20.1%	22.4%	<b>21.5%</b>
Age 65 and older	3,540	9,610	8,150	3,080	3,990	2,875	<b>31,245</b>
<i>% of total pop'n</i>	22.2%	17.5%	25.8%	16.8%	21.6%	17.5%	<b>20.1%</b>
Age 75 and older	1,490	4,445	3,315	1,255	1,480	1,085	<b>13,070</b>
<i>% of total pop'n</i>	9.3%	8.1%	10.5%	6.9%	8.0%	6.6%	<b>8.4%</b>

Source: Champlain LHIN

**Western Champlain Census Measures - 2016**

Select Census Measures (2016)	Geography						
	Arnprior, McNab, Braeside	North Renfrew	South Renfrew	Carleton Place and Beckwith	Mississippi Mills & Lanark Highlands	North Grenville	Western Champlain
Includes english as mother tongue	92.9%	88.2%	92.2%	91.1%	92.2%	89.4%	<b>90.7%</b>
Includes french as mother tongue	4.2%	7.6%	2.7%	5.4%	4.7%	6.4%	<b>5.5%</b>
Includes other as mother tongue	3.0%	4.6%	5.4%	3.7%	3.5%	4.5%	<b>4.4%</b>
pct aboriginal identity	5.1%	9.6%	8.4%	4.7%	3.8%	3.5%	<b>7.0%</b>
pct immigrant identity	4.8%	6.2%	4.8%	6.3%	6.9%	6.7%	<b>5.9%</b>
pct lone parent family	28.3%	25.5%	28.5%	26.1%	22.5%	22.1%	<b>25.7%</b>
pct low income	12.8%	10.6%	17.4%	8.9%	11.4%	7.1%	<b>11.7%</b>
pct low income age 65+	11.1%	11.0%	17.7%	8.6%	10.8%	6.8%	<b>12.1%</b>
pct of population that is female	51.0%	49.6%	50.5%	51.5%	50.3%	50.3%	<b>50.3%</b>
pct recent (2010 to 2015) immigrant identity	0.3%	0.5%	0.2%	0.3%	0.2%	0.2%	<b>0.3%</b>
pct unemployed	6.8%	6.3%	9.1%	5.3%	5.7%	5.8%	<b>7.4%</b>
pct visible minority identity	2.0%	3.6%	1.3%	3.1%	1.6%	2.1%	<b>2.5%</b>
pct no high school diploma (age 25 to 64 years)	10.6%	10.3%	12.8%	7.9%	9.1%	8.0%	<b>10.1%</b>
pct with bachelor or above (age 25 to 64 years)	15.6%	17.7%	12.3%	20.4%	19.7%	23.2%	<b>17.6%</b>

Source: Champlain LHIN

**Western Champlain Seniors Measures - 2011 and 2016**

Select Seniors Measures (2011 & 2016)	Geography						
	Arnprior, McNab, Braeside	North Renfrew	South Renfrew	Carleton Place and Beckwith	Mississippi Mills & Lanark Highlands	North Grenville	Western Champlain
Percent of Population Living Alone aged 65 and older (2016 - Census)	n/a	n/a	n/a	n/a	n/a	n/a	<b>24.9%</b>
Percent of Population Living Alone aged 65 and older (2011 - NHS)	32.6%	27.6%	28.1%	19.5%	21.1%	21.8%	<b>26.3%</b>
Percent of Population Living Alone aged 65 and older with low income Before taxes (2011 - NHS)	3.1%	3.1%	2.5%	0.6%	0.9%	0.0%	<b>2.2%</b>
Falls per 1,000 age 65 and older (2011)	106.5	87.2	77.8	112.3	93.0	105.4	<b>91.8</b>

Source: Champlain LHIN

Western Champlain Primary Care indicators - 2017

Selected primary care statistics (2017)	Geography					
	Arnprior, McNab, Braeside	North Renfrew	South Renfrew	Western Champlain	Champlain LHIN	Ontario
Number of primary care physicians (Number of physicians practicing comprehensive primary care on March 31 2017.)	18	38	32	147	1,271	10,942
Rate of Primary Care physicians (per 1,000)	0.99	0.70	1.03	0.93	0.94	0.78
Residential population	18,091	54,261	31,134	158,607	1,353,093	14,105,207
Percent of residents that are seniors (%)	21.7	18.4	26.1	20.5	16.8	16.7
Rate of CTAS IV/V emergency department visits ('less urgent' or 'non-urgent') for patients (per 1,000)	357.1	418.8	520.8	398.7	144.3	143.7
Rate of emergency department visits that were best managed elsewhere for patients (per 1,000)	63.5	82.9	85.2	71.9	18.1	16.7
Rate of hospitalizations for ambulatory care sensitive conditions for enrolled patients (per 100,000)	508.1	488.4	297.9	399.6	293.9	315.1

Source: Champlain LHIN, PC Capacity share 2017

Emergency Department visits within Western Champlain sub-region for select chronic conditions (2018 FY data)

Geography	Rate per 1,000 age adjusted (quarterly)	Rate per 1,000 for age 65+ only (quarterly)
Arnprior, McNab, Braeside	903	1,057
North Renfrew	907	1,092
South Renfrew	1,120	1,224
Carleton Place and Beckwith	782	1,075
Mississippi Mills & Lanark Highlands	699	869
North Grenville	667	1,043
<b>Western Champlain</b>	<b>876</b>	<b>1,086</b>

Source: Champlain LHIN

Note: 2016 population as denominator, +/- 95% confidence interval

Location of death of Palliative clients in Western Champlain sub-region (2018 to Sep 30, 2020)

Geography	Location of Death					
	Died at home*	Died in Hospital	Died in LTCH	Died in Other Location	Died in Palliative Care Unit	Died in Residential Hospice
Arnprior, McNab, Braeside	42.9%	52.7%	0.0%	0.0%	0.0%	4.4%
North Renfrew Cty	57.9%	26.2%	1.7%	1.0%	0.3%	12.9%
South Renfrew Cty	28.3%	19.0%	0.0%	0.7%	1.5%	50.6%
Mississippi Mills & Lanark Highlands	54.1%	41.9%	2.7%	0.0%	0.0%	1.4%
North Grenville	52.4%	42.9%	0.0%	1.2%	0.0%	3.6%
<b>Western Champlain</b>	<b>45.6%</b>	<b>29.9%</b>	<b>0.9%</b>	<b>0.7%</b>	<b>0.6%</b>	<b>22.3%</b>

Source: Champlain LHIN, Home Care Database

Note: \*died at home includes in retirement homes

Health resources and agencies within the Western Champlain sub-region (current)							
Resource	Arnprior, McNab, Braeside	North Renfrew	South Renfrew	Carleton Place and Beckwith	Mississippi Mills & Lanark Highlands	North Grenville	Western Champlain
Long term care beds <sup>a</sup>	61	404	366	60	194	78	<b>1,163</b>
Long term care beds per 100 aged 75+	4.1	9.1	11.0	4.8	13.1	7.2	<b>8.9</b>
Hospitals <sup>a</sup>	1	2	2	1	1	1	<b>8</b>
ALS "Beds"*	20	20	38	20*	20*	20	<b>138</b>
Community Support Service agencies (CSS)	2	5	7	2	1	2	<b>19</b>
Mental Health/Addictions Agencies	1	4	6	1	1	0	<b>13</b>
Family Health Team locations	1	5	2	0	1	0	<b>9</b>
Community Health Centres	0	1	1	0	0	1	<b>3</b>

Source: Champlain LHIN

Notes:

<sup>a</sup> Counts of service locations. The size of each operation and the extent to which they provide service to people from other sub-regions varies.

\* The Mills has 40 "Beds" spread over Carleton Place and Beckwith and Mississippi Mill and Lanark Highlands

Community health centres and MH addictions agency values for Western Champlain differ slightly from LHIN sub-region report (2018).

LTCH Facilities in Renfrew County and rest of Champlain West sub-region											
LTCH facility	Address	Locale	Standard beds	Veteran beds	Secure beds	Respite beds	Short stay (ALC)	Accommodation Options			
<b>Renfrew County service area</b>											
The Grove	275 Ida Street North	Arnprior	59			1	1	B (2)	SP	P	
Valley Manor	88 Mintha Street	Barry's Bay	89	1				B (2)	SP	P	
Caressant Care Cobden	12 Wren Drive	Cobden	64					B (2)	N/A	P	◆
Four Seasons Lodge	117 Banting Drive	Deep River	10				4	B (1)	SP	P	◆
North Renfrew LTC	47 Ridge Road	Deep River	20			1		B (1)	N/A	P	◆
Marianhill (S)	600 Cecelia Street	Pembroke	127	2		1	8	B (2)	SP	P	
Miramichi Lodge (S)	725 Pembroke Street West	Pembroke	162	2		2		B (2)	N/A	P	◆
Bonnechere Manor (S)	470 Albert Street	Renfrew	176	2		2		B (2)	SP	P	◆
Groves Park Lodge	470 Raglan Street North	Renfrew	75				21	B (3)	SP	P	+
<i>sub-totals</i>			782	7	0	7	34				
<i>share of sub-region</i>			71.0%	100.0%	0.0%	87.5%	100.0%				
<b>Rest of West Champlain sub-region</b>											
Almonte Country Haven	333 Country Street	Almonte	82					B (4)	SP	P	*
Fairview Manor (S)	75 Spring Street	Almonte	111		1	1		B (2)	N/A	P	◆
Stoneridge Manor	256 High Street	Carleton Place	60					B (4)	SP	P	
Bayfield Manor Nursing Home	100 Elvira Street	Kemptville	66					B (4)	SP	P	*
<i>sub-totals</i>			319	0	1	1	0				
<i>share of sub-region</i>			29.0%	0.0%	100.0%	12.5%	0.0%				
<b>West Champlain sub-area totals</b>			<b>1,101</b>	<b>7</b>	<b>1</b>	<b>8</b>	<b>34</b>				

Source: Champlain LHIN, 'Long term care home list' and 'June 2020 Snapshot - Long term care home wait times by home'

Legend for accommodation options:

(S) = Secure unit available

B (#) = Basic (max # basic room)

SP = Semi-Private

P = Private

\* = Private rooms mostly available to residents of the home as internal transfers

◆ = LTCH classified as new

+ = LTCH classified as having both new and older units

Wait times for LTCH Facilities in Renfrew County

LTCH facility	Locale	Availability Rate			Waiting List by Room Type						Wait Ratio	
		Std. beds	Avg. # of beds/mth available	monthly availability	Basic	90% placement rate (# of days)	Semi-Private	90% placement rate (# of days)	Private	90% placement rate (# of days)	Total wait list	Wait list per bed
The Grove, Arnprior & District Nursing Home	Arnprior	59	1	1.7%	89	719	25	674	44	824	137	2.32
Valley Manor Inc.	Barry's Bay	89	1	1.1%	61		7	541	7		73	0.82
Caressant Care Cobden Nursing Home	Cobden	64	2	3.1%	92	809	0		14	468	102	1.59
Four Seasons Lodge - Deep River & District Hospital	Deep River	10	1	10.0%	40	1,836	3	742	20	1,147	53	5.30
North Renfrew Long-term Care Services Inc.	Deep River	20	1	5.0%	64	1,489	0		40	1,869	89	4.45
Marianhill Inc.	Pembroke	127	4	3.1%	177	1,029	22	452	26	757	207	1.63
Miramichi Lodge	Pembroke	162	4	2.5%	293	1,478	0		55	1,294	340	2.10
Bonnechere Manor - Long Term Care Facility	Renfrew	176	5	2.8%	159	1,021	17	911	45	825	210	1.19
Groves Park Lodge	Renfrew	75	1	1.3%	130	1,284	13	435	28	706	164	2.19
		782			1,105		87		279		1,375	1.76
					80.4%		6.3%		20.3%		100.0%	

Note: Applicants can have multiple choices by room type so share does not add to 100%  
 Source: Champlain LHIN, 'Long term care home list' and 'June 2020 Snapshot - Long term care home wait times by home'

When reviewing this information, please note the following:

Orange cells = available data is insufficient to represent actual wait times

Each person may choose up to five homes, and up to three bed-types in each home. So in the data below, the same person may be represented on multiple homes' waitlists  
 The number of days waited is the experience of 9 out of 10 people (90th percentile). People may wait more or less, depending on their circumstances and the number of available beds  
 Numbers, below, fluctuate based on a variety of factors. Care coordinators can provide people with information on options that may best meet individual needs  
 Each person who applies for long-term care is assigned a priority category. Each person's priority category also affects wait times.

Wait Lists for Long Term Care Homes in Renfrew County

Western Champlain LHIN sub-sub region	Locale	LTCH Home Name	By facility					
			Standard beds	share	Waiting list (1st choice)	share	Waiting list (total choices)	share
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home	59	7.5%	98	12.9%	137	10.0%
North Renfrew Cty	Cobden	Caressant Care Cobden Nursing Home	64	8.2%	46	6.1%	102	7.4%
	Deep River	North Renfrew Long-term Care Services Inc.	20	2.6%	62	8.2%	89	6.5%
		Deep River & District Hospital - The Four Seasons Lodge	10	1.3%	10	1.3%	53	3.9%
	Pembroke	Miramichi Lodge	162	20.7%	231	30.5%	340	24.7%
		Marianhill Inc.	127	16.2%	79	10.4%	207	15.1%
South Renfrew Cty	Barrys Bay	Valley Manor Inc.	89	11.4%	58	7.7%	73	5.3%
	Renfrew	Bonnechere Manor - Long Term Care Facility	176	22.5%	129	17.0%	210	15.3%
		Groves Park Lodge	75	9.6%	48	6.3%	164	11.9%
<b>Renfrew County Total</b>			<b>782</b>	<b>100.0%</b>	<b>757</b>	<b>100.0%</b>	<b>1,375</b>	<b>100.0%</b>

Source: Champlain LHIN, 'Long term care home list' and 'June 2020 Snapshot - Long term care home wait times by home' + custom LHIN sort

Wait list for LTCH facilities in Renfrew County by Western Champlain LHIN sub-sub area  
 Ranked client choice of LTCH by client's current Sub-Region/Region of Residence

All ranked choices	Locale	LTCH Name	Client Count by their Current Sub-Region/Region of Residence								Grand Total
			Western Champlain	Western Ottawa and Area	Central Ottawa	Eastern Ottawa and Area	Eastern Champlain	Out of Region	NULL	Unknown	
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home	110	21	8	5	<5	<5	<5	<5	152
North Renfrew Cty	Cobden	Caressant Care Cobden Nursing Home	113	<5				5	<5	<5	126
	Deep River	North Renfrew Long-term Care Services Inc.	85		<5				5		95
		Deep River & District Hospital - The Four Seasons Lodge	55				<5		<5		58
	Pembroke	Miramichi Lodge	346	<5	8			<5	6	<5	371
		Marianhill Inc.	217	<5	<5			<5	6	<5	237
South Renfrew Cty	Barrys Bay	Valley Manor Inc.	64		<5			10	<5	<5	77
	Renfrew	Bonnechere Manor - Long Term Care Facility	216	11	<5			5	7		243
		Groves Park Lodge	155	5	<5			<5	<5		170
<b>Renfrew County Total</b>			<b>739</b>	<b>34</b>	<b>22</b>	<b>5</b>	<b>&lt;5</b>	<b>16</b>	<b>19</b>	<b>7</b>	<b>844</b>
			87.6%	4.0%	2.6%	0.6%	n/a	1.9%	2.3%	0.8%	100.0%

1st ranked choice only

	Locale	LTCH Name									
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home	76	12	<5	5		<5	<5	<5	98
North Renfrew Cty	Cobden	Caressant Care Cobden Nursing Home	43	<5							45
	Deep River	North Renfrew Long-term Care Services Inc.	56		<5			<5		<5	62
		Deep River & District Hospital - The Four Seasons Lodge	9							<5	10
	Pembroke	Miramichi Lodge	220	<5	<5				<5	<5	231
		Marianhill Inc.	74		<5			<5	<5	<5	79
South Renfrew Cty	Barrys Bay	Valley Manor Inc.	51		<5			6			58
	Renfrew	Bonnechere Manor - Long Term Care Facility	118	<5	<5			<5	<5		129
		Groves Park Lodge	45					<5	<5		50
<b>Renfrew County Total</b>			<b>688</b>	<b>19</b>	<b>11</b>	<b>5</b>	<b>&lt;5</b>	<b>12</b>	<b>17</b>	<b>&lt;5</b>	<b>757</b>
			90.9%	2.5%	1.5%	0.7%	n/a	1.6%	2.2%	n/a	100.0%

Source: Champlain LHIN  
 Note: For 'All ranked choices', clients may be counted more than once. Values under 5 are suppressed. Totals may be slightly altered where there are values under 5.

Renfrew Seniors Housing Strategy  
 Technical Appendix – Need and Demand Charts

Wait list for LTCH facilities in Renfrew County by Western Champlain LHIN sub-sub area Number of Clients by their Ranked Choices			Ranked Choice of Clients								Grand Total
Western Champlain LHIN sub-sub area	Locale	LTCH Name	1st	2nd	3rd	4th	5th	6th	7th	8th	
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home	98	23	19	7	<5	<5			152
North Renfrew Cty	Cobden	Caessant Care Cobden Nursing Home	46	24	37	10	<5	8			125
		North Renfrew Long-term Care Services Inc.	62	13	8	6		6			95
	Deep River	Deep River & District Hospital - The Four Seasons Lodge	10	38	<5	<5		<5			58
		Pembroke	Miramichi Lodge	231	85	25	16	5	8	<5	
South Renfrew Cty	Barrys Bay	Marianhill Inc.	79	110	21	15	<5	8		<5	237
		Valley Manor Inc.	58	13		<5	<5				77
	Renfrew	Bonnechere Manor - Long Term Care Facility	129	64	19	8	<5	19			245
		Groves Park Lodge	48	86	24	6	<5	<5			170
<b>Renfrew County Total</b>			<b>757</b>	<b>454</b>	<b>155</b>	<b>74</b>	<b>23</b>	<b>42</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>844</b>

Western Champlain LHIN sub-sub area			Share of Ranked Choice of Clients					
Western Champlain LHIN sub-sub area	Locale	LTCH Name	1st	2nd	3rd	4th	5th	6th
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home	12.9%	5.1%	12.3%	9.5%	n/a	n/a
North Renfrew Cty	Cobden	Caessant Care Cobden Nursing Home	6.1%	5.3%	23.9%	13.5%	n/a	19.0%
		North Renfrew Long-term Care Services Inc.	8.2%	2.9%	5.2%	8.1%	0.0%	14.3%
	Deep River	Deep River & District Hospital - The Four Seasons Lodge	1.3%	8.4%	n/a	n/a	0.0%	n/a
		Pembroke	Miramichi Lodge	30.5%	18.7%	16.1%	21.6%	21.7%
South Renfrew Cty	Barrys Bay	Marianhill Inc.	10.4%	24.2%	13.5%	20.3%	n/a	19.0%
		Valley Manor Inc.	7.7%	2.9%	0.0%	n/a	n/a	0.0%
	Renfrew	Bonnechere Manor - Long Term Care Facility	17.0%	14.1%	12.3%	10.8%	n/a	45.2%
		Groves Park Lodge	6.3%	18.9%	15.5%	8.1%	n/a	n/a
<b>Renfrew County Total</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Source: Champlain LHIN

Note: Includes all ranked choices, clients may be counted more than once. Values under 5 are suppressed therefore totals may be slightly altered where there are values under 5.

Wait list for LTCH facilities in Renfrew County by Western Champlain LHIN sub-sub area Number of Clients by Priority Status (client's first choice only)			Priority Status					Grand Total
Western Champlain LHIN sub-sub area	Locale	LTCH Name	1 Crisis	2 Spouse/ Partner Reunification	2.1 Transition from a specialized unit	4A Community High needs/ Hospital ALC/ LTCH transfer to 1st choice	4B Community/ LTCH transfer to secondary choice	
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home	8	<5		83	6	98
North Renfrew Cty	Cobden	Caessant Care Cobden Nursing Home	<5	<5		36	6	46
		North Renfrew Long-term Care Services Inc.	<5			45	15	62
	Deep River	Deep River & District Hospital - The Four Seasons Lodge				10		10
		Pembroke	Miramichi Lodge	13	<5	<5	199	17
South Renfrew Cty	Barrys Bay	Marianhill Inc.	7			68	<5	79
		Valley Manor Inc.	<5			48	6	58
	Renfrew	Bonnechere Manor - Long Term Care Facility	7	<5		104	17	129
		Groves Park Lodge	<5			45	<5	48
<b>Renfrew County Total</b>			<b>45</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>635</b>	<b>73</b>	<b>757</b>
			5.9%	n/a	n/a	83.9%	9.6%	100.0%

Source: Champlain LHIN

Note: Includes 1st ranked choice only. Values under 5 are suppressed therefore totals may be slightly altered where there are values under 5.



Wait list for LTCH facilities in Renfrew County by Western Champlain LHIN sub-sub area											Grand Total	
Number of Clients by MAPLe Assessment Score (client's first choice only)										Grand Total		
Western Champlain LHIN sub-sub area	Locale	LTC Home Name	MAPLe Score and Description								NULL	(blank)
			0 out of 5	1 out of 5	2 out of 5 / Mild	3 out of 5 / Moderate	4 out of 5 / High	5 out of 5 / Very High				
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home				12	49	25	12		98	
North Renfrew Cty	Cobden	Caressant Care Cobden Nursing Home			<5	6	20	12	7		45	
	Deep River	North Renfrew Long-term Care Services Inc.				7	33	15	7		62	
		Deep River & District Hospital - The Four Seasons Lodge				<5	5	<5	<5		10	
	Pembroke	Miramichi Lodge				41	91	68	29	<5	230	
Marianhill Inc.					11	33	17	17	<5	79		
South Renfrew Cty	Barrys Bay	Valley Manor Inc.				10	19	21	8		58	
	Renfrew	Bonnechere Manor - Long Term Care Facility				33	53	19	23	<5	130	
		Groves Park Lodge				9	22	13	<5		50	
<b>Renfrew County Total</b>			<b>0</b>	<b>0</b>	<b>&lt;5</b>	<b>130</b>	<b>325</b>	<b>190</b>	<b>105</b>	<b>&lt;5</b>	<b>757</b>	

Western Champlain LHIN sub-sub area											Grand Total	
MAPLe Score and Description										Grand Total		
Western Champlain LHIN sub-sub area	Locale	LTC Home Name	MAPLe Score and Description								NULL	(blank)
			0 out of 5	1 out of 5	2 out of 5 / Mild	3 out of 5 / Moderate	4 out of 5 / High	5 out of 5 / Very High				
Arnprior, McNab, Braeside	Arnprior	Grove (The), Arnprior & District Nursing Home	0.0%	0.0%	0.0%	12.2%	50.0%	25.5%	12.2%	0.0%	100.0%	
North Renfrew Cty	Cobden	Caressant Care Cobden Nursing Home	0.0%	0.0%	n/a	13.3%	44.4%	26.7%	15.6%	0.0%	100.0%	
	Deep River	North Renfrew Long-term Care Services Inc.	0.0%	0.0%	0.0%	11.3%	53.2%	24.2%	11.3%	0.0%	100.0%	
		Deep River & District Hospital - The Four Seasons Lodge	0.0%	0.0%	0.0%	n/a	50.0%	n/a	n/a	0.0%	100.0%	
	Pembroke	Miramichi Lodge	0.0%	0.0%	0.0%	17.8%	39.6%	29.6%	12.6%	n/a	100.0%	
Marianhill Inc.		0.0%	0.0%	0.0%	13.9%	41.8%	21.5%	21.5%	n/a	100.0%		
South Renfrew Cty	Barrys Bay	Valley Manor Inc.	0.0%	0.0%	0.0%	17.2%	32.8%	36.2%	13.8%	0.0%	100.0%	
	Renfrew	Bonnechere Manor - Long Term Care Facility	0.0%	0.0%	0.0%	25.4%	40.8%	14.6%	17.7%	n/a	100.0%	
		Groves Park Lodge	0.0%	0.0%	0.0%	18.0%	44.0%	26.0%	n/a	0.0%	100.0%	
<b>Renfrew County Total</b>			<b>0.0%</b>	<b>0.0%</b>	<b>n/a</b>	<b>17.2%</b>	<b>42.9%</b>	<b>25.1%</b>	<b>13.9%</b>	<b>n/a</b>	<b>100.0%</b>	

Source: Champlain LHIN  
 Note: Includes 1st ranked choice only. Values under 5 are suppressed therefore totals may be slightly altered where there are values under 5.

**ABOUT the MAPLe scoring system** - MAPLe is a decision support tool that can be used to prioritize clients needing community- or facility-based services and to help plan allocation of resources. Using the MAPLe scoring system, one of five priority levels are assigned to each home care client based on information from the RAI-HC assessment. The level assigned is determined by considering a broad range of criteria. Clients may fall into a given priority level via a number of pathways that represent different combinations of these criteria/risk factors.  
 From: "Using the Method for Assigning Priority Levels (MAPLe) as a Decision-Support Tool", Canadian Institute for Health Information, 2013

All Clients Admitted/Non-Admitted for services				
Renfrew County sub-sub regions within Western Champlain LHIN				
count by distinct client				
	Admitted	Non-Admit	(blank)/pending	Grand Total
Arnprior, McNab, Braeside	686	156	<5	760
North Renfrew Cty	2,051	559	8	2,322
South Renfrew Cty	1,368	342	10	1,544
<b>Grand Total</b>	<b>4,078</b>	<b>1,056</b>	<b>20</b>	<b>4,595</b>

Source: Champlain LHIN

All Clients Admitted/Non-Admitted for services				
Renfrew County sub-sub regions within Western Champlain LHIN				
count by distinct reference number				
	Admitted	Non-Admit	(blank)/pending	Grand Total
Arnprior, McNab, Braeside	922	177	<5	1,103
North Renfrew Cty	2,680	668	8	3,356
South Renfrew Cty	1,807	399	10	2,216
<b>Grand Total</b>	<b>5,409</b>	<b>1,244</b>	<b>20</b>	<b>6,675</b>

Note: all referrals; could be multiple referrals per client  
 Source: Champlain LHIN

Senior Clients Admitted/Non-Admitted for services				
Renfrew County sub-sub regions within Western Champlain LHIN				
count by distinct client				
	Admitted	Non-Admit	(blank)/pending	Grand Total
Arnprior, McNab, Braeside	478	111	<5	525
North Renfrew Cty	1,350	385	6	1,511
South Renfrew Cty	985	273	10	1,110
<b>Grand Total</b>	<b>2,791</b>	<b>769</b>	<b>20</b>	<b>3,120</b>

Source: Champlain LHIN

Senior Clients Admitted/Non-Admitted for services				
Renfrew County sub-sub regions within Western Champlain LHIN				
count by distinct reference number				
	Admitted	Non-Admit	(blank)/pending	Grand Total
Arnprior, McNab, Braeside	672	130	<5	805
North Renfrew Cty	1,878	468	6	2,352
South Renfrew Cty	1,374	322	10	1,706
<b>Grand Total</b>	<b>3,924</b>	<b>920</b>	<b>20</b>	<b>4,864</b>

Note: all referrals; could be multiple referrals per client  
 Source: Champlain LHIN

All Clients Admitted by service/program (2019/20)  
 Renfrew County sub-sub regions within Western Champlain LHIN

Services/programs	Count by Distinct Clients Admitted				Count by Referrals Admitted*			
	Arnprior, McNab, Braeside	North Renfrew Cty	South Renfrew Cty	Grand Total	Arnprior, McNab, Braeside	North Renfrew Cty	South Renfrew Cty	Grand Total
<b>Adult Day Program</b>	<b>34</b>	<b>93</b>	<b>56</b>	<b>183</b>	<b>34</b>	<b>94</b>	<b>58</b>	<b>186</b>
Adult Day Program	34	93	56	183	34	94	58	186
<b>Assisted Living</b>	<b>17</b>	<b>20</b>	<b>35</b>	<b>72</b>	<b>18</b>	<b>21</b>	<b>35</b>	<b>74</b>
Assisted Living	17	20	35	72	18	21	35	74
<b>Community Services</b>	<b>52</b>	<b>127</b>	<b>81</b>	<b>260</b>	<b>55</b>	<b>127</b>	<b>82</b>	<b>264</b>
ABI - Adjustment Group	1			1	<5			<5
ABI - Anger Management	1			1	<5			<5
ABI - Personal Support/Independence Training	3	4	1	8	<5	<5	<5	8
Community Services	2	5	4	11	<5	5	<5	11
Geriatric Mental Health	15	63	44	122	15	63	44	122
Personal Support CSSA Publicly Funded	10	7	11	28	10	7	12	29
Respite/PSS for Seniors	33	50	25	108	33	50	25	108
Transportation - Client	1	1		2	<5	<5		<5
<b>Complex Care End Of Life</b>	<b>3</b>		<b>20</b>	<b>23</b>	<b>&lt;5</b>		<b>20</b>	<b>23</b>
Complex Care End Of Life	3		20	23	<5		20	23
<b>CSSA Personal Support</b>		<b>5</b>		<b>5</b>		<b>5</b>		<b>5</b>
CSSA Personal Support		5		5		5		5
<b>Family Managed Home Care</b>			<b>3</b>	<b>3</b>			<b>&lt;5</b>	<b>&lt;5</b>
Family Managed Home Care			1	1			<5	<5
Homecare (Personal Support)			2	2			<5	<5
<b>Health Links</b>	<b>52</b>	<b>148</b>	<b>118</b>	<b>318</b>	<b>53</b>	<b>151</b>	<b>119</b>	<b>323</b>
Health Links	52	148	118	318	53	151	119	323
<b>Home Care</b>	<b>533</b>	<b>1,625</b>	<b>1,092</b>	<b>3,241</b>	<b>591</b>	<b>1,793</b>	<b>1,203</b>	<b>3,587</b>
Elder Mediation	2	7	5	14	<5	7	5	15
Geriatric assessment		1		1		<5		<5
Homecare (Personal Support)	160	399	261	818	172	418	268	858
Home Care	4	26	13	43	<5	26	13	45
Nurse Practitioner	13	84	30	127	13	84	30	127
Nursing	382	1,034	652	2,065	424	1,123	718	2,265
Nutrition/Dietitian	7	59	47	113	7	60	48	115
Occupational Therapy	96	438	321	855	96	451	329	876
Outcome-Based Orthopaedic	1			1	<5			<5
Pharmacy consultation	69	192	119	380	73	195	121	389
Paramedic visit	1	11	14	26	<5	11	14	25
Palliative nursing	41	167	102	309	42	170	104	316
Palliative personal support	21	80	45	146	22	80	45	147
Physiotherapy	150	574	378	1,100	156	605	394	1,155
Respiratory therapy		2		2		<5		<5
Speech therapy	11	78	47	136	11	81	47	139
Social work	13	120	61	194	13	123	62	198
<b>Long Term Placement</b>	<b>87</b>	<b>238</b>	<b>157</b>	<b>482</b>	<b>87</b>	<b>241</b>	<b>160</b>	<b>488</b>
Long Term Placement	87	238	157	482	87	241	160	488
<b>Other Reimbursed Programs</b>	<b>25</b>	<b>95</b>	<b>42</b>	<b>162</b>	<b>25</b>	<b>95</b>	<b>42</b>	<b>162</b>
Occupational Therapy	4	35	13	52	<5	35	13	50
Other Reimbursed Programs	7	11	13	31	7	11	13	31
Physiotherapy	1	7	2	10	<5	7	<5	10
Speech therapy	14	52	18	84	14	52	18	84
<b>School</b>	<b>18</b>	<b>76</b>	<b>44</b>	<b>138</b>	<b>19</b>	<b>79</b>	<b>45</b>	<b>143</b>
Nursing	18	75	43	136	19	78	44	141
Speech therapy		1	1	2		<5	<5	<5
<b>Short Stay - Interim</b>	<b>19</b>	<b>15</b>	<b>15</b>	<b>49</b>	<b>19</b>	<b>15</b>	<b>15</b>	<b>49</b>
Short Stay - Interim	19	15	15	49	19	15	15	49
<b>Short Stay Convalescent Care</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>&lt;5</b>	<b>8</b>
Short Stay Convalescent Care	2	4	2	8	<5	<5	<5	8
<b>Short Stay Respite</b>	<b>15</b>	<b>55</b>	<b>22</b>	<b>92</b>	<b>15</b>	<b>55</b>	<b>23</b>	<b>93</b>
Short Stay Respite	15	55	22	92	15	55	23	93
<b>Supportive Housing</b>	<b>1</b>			<b>1</b>	<b>&lt;5</b>			<b>&lt;5</b>
Supportive Housing	1			1	<5			<5
<b>Grand Total</b>	<b>686</b>	<b>2,051</b>	<b>1,368</b>	<b>4,078</b>	<b>922</b>	<b>2,680</b>	<b>1,807</b>	<b>5,409</b>

Note: \*One client may have more than one referral

Source: Champlain LHIN

Other notes:

Summary of all referrals to LHIN/CCAC in 2019/20

Some services are delivered by LHIN, others have WL managed by LHIN, others are referred to by LHIN.

Referrals to some services not delivered or contracted by, or intake managed by, the LHIN (i.e. community services) would have referrals directly from the community or other organizati

Senior Clients Admitted by service/program (2019/20)  
 Renfrew County sub-sub regions within Western Champlain LHIN

Services/programs	Count by Distinct Clients Admitted				Count by Referrals Admitted*			
	Arnprior, McNab, Braeside	North Renfrew Cty	South Renfrew Cty	Grand Total	Arnprior, McNab, Braeside	North Renfrew Cty	South Renfrew Cty	Grand Total
Adult Day Program	29	88	49	166	29	89	51	169
Assisted Living	15	18	34	67	16	19	34	69
Community Services	42	114	75	231	44	114	76	234
Community Services	<5	5	<5	11	<5	5	<5	11
Geriatric Mental Health	15	61	43	119	15	61	43	119
Personal Support CSSA Publicly Funded	7	7	10	24	7	7	11	25
Respite/PSS for Seniors	27	43	22	92	27	43	22	92
Transportation - Client	<5	<5		<5	<5	<5		2
Complex Care End Of Life	<5		15	18	<5		15	18
CSSA Personal Support		5		5		5		5
Family Managed Home Care			<5	<5			<5	2
Health Links	44	111	92	247	45	114	92	251
Home Care	378	1,123	810	2,304	416	1,238	899	2,553
Elder Mediation	<5	7	5	14	<5	7	5	14
Geriatric assessment		<5		<5		<5		1
Homecare (Personal Support)	140	355	234	727	150	368	240	758
Home Care	<5	20	12	36	<5	20	12	36
Nurse Practitioner	9	60	26	95	9	60	26	95
Nursing	248	628	424	1,299	271	678	472	1,421
Nutrition/Dietitian	<5	38	37	79	<5	38	37	79
Occupational Therapy	80	351	266	697	80	359	272	711
Pharmacy consultation	45	117	83	245	46	118	84	248
Paramedic visit	<5	9	12	22	<5	9	12	22
Palliative nursing	34	129	86	248	35	131	88	254
Palliative personal support	18	65	40	123	19	65	40	124
Physiotherapy	128	477	318	921	133	502	334	969
Respiratory therapy		<5		<5		<5		2
Speech therapy	9	59	34	102	9	60	34	103
Social work	7	82	42	131	7	83	42	132
Long Term Placement	81	220	152	453	81	223	155	459
Other Reimbursed Programs	7	10	11	28	7	10	11	28
Short Stay - Interim	17	14	15	46	17	14	15	46
Short Stay Convalescent Care	<5		<5	<5	<5		<5	3
Short Stay Respite	12	52	22	86	12	52	23	87
<b>Grand Total</b>	<b>478</b>	<b>1,350</b>	<b>985</b>	<b>2,791</b>	<b>672</b>	<b>1,878</b>	<b>1,374</b>	<b>3,924</b>

Source: Champlain LHIN

Note: \*One client may have more than one referral reference number

Other notes:

Summary of all referrals to LHIN/CCAC in 2019/20

Some services are delivered by LHIN, others have WL managed by LHIN, others are referred to by LHIN.

Referrals to some services not delivered or contracted by, or intake managed by, the LHIN (i.e. community services) would have referrals directly from the community or other organization

Average Home Care Costs by Age group by sub/sub-region (2019/20)				
Western Champlain sub-sub region	Average cost per client by age group			
	0-18	19-64	65+	Total
Arnprior, McNab, Braeside	\$510	\$2,024	\$3,032	\$2,728
North Renfrew Cty	\$5,146	\$2,049	\$3,287	\$3,033
South Renfrew Cty	\$1,115	\$2,344	\$2,625	\$2,510
Renfrew County (total)	\$3,314	\$2,141	\$3,019	\$2,807

Source: Champlain LHIN

Home Care Units of Service by Age group by sub/sub-region (2019/20)				
Western Champlain sub-sub region	Units of service by age group			
	0-18	19-64	65+	Total
Arnprior, McNab, Braeside	301	10,912	54,608	65,821
North Renfrew Cty	9,489	36,042	165,915	211,445
South Renfrew Cty	1,178	25,376	88,082	114,637
Renfrew County (total)	10,968	72,330	308,604	391,902

Source: Champlain LHIN

Home Care Distinct Clients by Age group by sub/sub-region (2019/20)				
Western Champlain sub-sub region	Distinct client count by age group			
	0-18	19-64	65+	Total
Arnprior, McNab, Braeside	21	199	613	833
North Renfrew Cty	91	641	1,721	2,453
South Renfrew Cty	49	406	1,188	1,643
Renfrew County (total)	161	1,240	3,468	4,869

Source: Champlain LHIN

**Referrals for Community Care by Authorized Service/Program and Level of Need (2019/20)**  
 Renfrew County sub-sub areas of Western Champlain LHIN

Authorized service	Distinct client count by PS Group (level of need)						total
	1	2	3	4	5	6	
<b>Adult Day Program</b>	<5	19	58	25	35	8	146
<b>Assisted Living</b>		13	23	8	11	<5	58
<b>Community Services</b>							
ABI - Personal Support/Independence Training			<5				<5
Community Services		<5	<5	<5	<5		10
Geriatric Mental Health	<5	15	40	12	15	<5	87
Personal Support CSSA Publicly Funded		15	7	<5	<5		25
Respite/PSS for Seniors	<5	24	31	14	12	5	90
Transportation - Client		<5					<5
<b>Complex Care End Of Life</b>	<5	<5	<5	<5	<5	<5	9
<b>CSSA Personal Support</b>		<5	<5	<5			<5
<b>Family Managed Home Care</b>						<5	<5
<b>Health Links</b>	7	67	98	30	39	19	260
<b>Home Care</b>							
Elder Mediation		<5	7		<5		12
Homecare (Personal Support)	8	141	312	94	107	48	710
Home Care	16	72	76	23	27	19	233
Nurse Practitioner	<5	7	14	17	14	7	61
Nursing	27	112	184	60	73	37	493
Nutrition/Dietitian	<5	20	16	11	11	10	70
Occupational Therapy	11	77	179	80	117	60	524
Pharmacy consultation	<5	15	35	20	29	14	116
Paramedic visit		<5	13	<5	<5		22
Palliative nursing	<5	16	31	33	36	20	139
Palliative personal support	<5	9	17	24	24	12	87
Physiotherapy	21	134	224	79	84	37	579
Respiratory therapy		<5					<5
Speech therapy	<5	12	16	9	9	7	55
Social work	<5	24	38	16	11	8	100
<b>Long Term Placement</b>	6	88	184	53	92	51	474
<b>Other Reimbursed Programs</b>	8	43	66	26	24	17	184
<b>School</b>	<5						<5
<b>Short Stay - Interim</b>		<5	8	6	20	11	46
<b>Short Stay Convalescent Care</b>		<5	<5	<5	<5		6
<b>Short Stay Respite</b>		13	29	7	31	13	93
<b>Supportive Housing</b>			<5				<5
<b>Grand Total</b>							<b>1,651</b>

NOTE: Low PS score means minimal support needs, high PS score requires considerable assistance

Source: Champlain LHIN

Home Care Wait Times by Sub-region (2019/20)				
Champlain LHIN		wait times (days)		% served within 5 days
Sub-region	Number of clients	median	90th percentile	
Central Ottawa	12,171	5	33	52%
Eastern Champlain	7,329	4	35	56%
Eastern Ottawa and Area	4,232	5	34	53%
Western Champlain	5,978	4	43	58%
Western Ottawa and Area	7,026	4	32	59%

Source: Champlain LHIN

Note: Wait times are all expressed in Days between Patient Availability (when is the earliest time the patient can receive care) and the first visit, for each service.

Home Care Wait Times by Age group (2019/20)				
West Champlain Sub-Sub region		wait times (days)		% served within 5 days
Age Category	Number of clients	median	90th percentile	
0-18	586	26	161	24%
19-64	1,463	2	29	68%
65+	3,929	4	35	58%

Source: Champlain LHIN

Note: Wait times are all expressed in Days between Patient Availability (when is the earliest time the patient can receive care) and the first visit, for each service.

Home Care Wait Times for Western Champlain sub/sub-regions (2019/20)				
Renfrew County portion		wait times (days)		% served within 5 days
Sub-sub region	Number of clients	median	90th percentile	
Arnprior, McNab, Braeside	764	3	35.7	59%
North Renfrew Cty	2,184	4	55.5	58%
South Renfrew Cty	1,474	5	49.4	53%
Total	4,364	4	50	57%

Source: Champlain LHIN

Note: Wait times are all expressed in Days between Patient Availability (when is the earliest time the patient can receive care) and the first visit, for each service.

Home Care Clients by Age group for Western Champlain sub/sub-regions (2019/20)				
Renfrew County portion		Number of clients by age group		
Sub-sub region	0-18	19-64	65+	Total
Arnprior, McNab, Braeside	57	198	509	764
North Renfrew Cty	223	558	1,403	2,184
South Renfrew Cty	135	339	1,000	1,474

Source: Champlain LHIN

Note: Wait times are all expressed in Days between Patient Availability (when is the earliest time the patient can receive care) and the first visit, for each service.

Home Care Client Count by Service Type for Western Champlain Sub/sub-regions (2019/20)						
Renfrew County portion		Client count by service type			Client share by service type	
Service Type	Arnprior, McNab, Braeside	North Renfrew County	South Renfrew County	Arnprior, McNab, Braeside	North Renfrew County	South Renfrew County
Elder Mediation	<5	7	<5	<1%	0.2%	<1%
Homecare (Personal Support)	165	361	242	14.9%	10.6%	11.1%
Nurse Practitioner	<5	<5	<5	<1%	<1%	<1%
Nursing	471	1,226	811	42.7%	36.1%	37.2%
Nutrition/Dietitian	13	73	62	1.2%	2.1%	2.8%
Occupational Therapy	146	571	398	13.2%	16.8%	18.2%
Outcome-Based Orthopaedic	<5			<1%	0.0%	0.0%
Palliative nursing	55	193	115	5.0%	5.7%	5.3%
Palliative personal support	15	73	36	1.4%	2.1%	1.6%
Physiotherapy	189	686	402	17.1%	20.2%	18.4%
Speech therapy	40	132	71	3.6%	3.9%	3.3%
Social work	10	74	46	0.9%	2.2%	2.1%
Totals	1,104	3,396	2,183	100.0%	100.0%	100.0%

Source: Champlain LHIN

Note: Wait times are all expressed in Days between Patient Availability (when is the earliest time the patient can receive care) and the first visit, for each service.

**Part B – Seniors Housing and Support Services Inventory for Renfrew County**

The following is a list of services available to seniors in Renfrew County. These services include adult day programs, assisted living, affordable housing, supportive housing, retirement homes and long term care homes.

**Adult Day Programs**

For people who are able to continue living at home, social events and meaningful activities may be difficult to organize or access. Adult day programs, located in communities across Ontario, provide opportunities to socialize and connect to your community. These organized activities contribute to overall wellness, while providing much-needed caregiver relief. Services available in Renfrew County include:

Name of Program	Address	Fee/Day	Client Characteristics	Services Offered
Arnprior Regional Health Adult Day Program	275 Ida St. N., Arnprior	\$15	Mild and moderate cognitive impairment, incontinence and disruptive (not dangerous) behaviour accepted	Hygiene/toileting, meal assistance, transferring, mobility, medication reminders, exercise programs, music, caregiver education and support, activation/health promotion/illness prevention
Bonnechere Manor – Cobden	27 Crawford St., Cobden	\$20	Mild and moderate cognitive impairment, wandering and disruptive (not dangerous) behaviour accepted	Day Program services (Recreation Programs, exercise programs, community outings)
Bonnechere Manor - Renfrew	470 Albert St., Renfrew	\$20	Mild and moderate cognitive impairment, wandering and disruptive (not dangerous) behaviour accepted	Day Program services (Recreation Programs, exercise programs, community outings)
Marianhill – Barry’s Bay	9 Stafford St., Barry’s Bay	\$9	Mild and moderate cognitive impairment, some incontinence and disruptive (not dangerous) behaviour accepted	Hygiene/toileting, meal assistance, transferring, mobility, medication reminders, exercise programs, community outings, music, caregiver education and support, activation/health promotion/illness prevention

Name of Program	Address	Fee/Day	Client Characteristics	Services Offered
Marianhill – Golden Lake	Chigbig Inamo St., Pikwakanagan	\$9	Mild and moderate cognitive impairment, some incontinence and disruptive (not dangerous) behaviour accepted	Hygiene/toileting, meal assistance, transferring, mobility, medication reminders, exercise programs, community outings, music, caregiver education and support, activation/health promotion/illness prevention
Marianhill – McCluskey Centre	600 Cecilia St., Pembroke	\$9	Mild and moderate cognitive impairment, some incontinence and disruptive (not dangerous) behaviour accepted	Hygiene/toileting, meal assistance, transferring, mobility, medication reminders, exercise programs, community outings, music, caregiver education and support, activation/health promotion/illness prevention
Marianhill – Pembroke	600 Cecilia St., Pembroke	\$9	Mild and moderate cognitive impairment, some incontinence and disruptive (not dangerous) behaviour accepted	Hygiene/toileting, meal assistance, transferring, mobility, medication reminders, exercise programs, community outings, music, caregiver education and support, activation/health promotion/illness prevention
Marianhill – Petawawa	16 Civic Centre Road, Petawawa	\$9	Mild and moderate cognitive impairment, some incontinence and disruptive (not dangerous) behaviour accepted	Hygiene/toileting, meal assistance, transferring, mobility, medication reminders, exercise programs, community outings, music, caregiver education and support, activation/health promotion/illness prevention
North Renfrew LTC	47 Ridge Road, Deep River	\$10	Mild and moderate cognitive impairment, wandering and disruptive (not dangerous) behaviour accepted	Hygiene/toileting, meal assistance, transferring, medication reminders, mobility, activation/health promotion /illness prevention, socialization



**Assisted Living**

Assisted living programs for high-risk seniors provide personal support services in residential settings and, in some communities, provide services in seniors' own homes. Residents are empowered to live as independently as possible while benefiting from the safety and security of services that are offered on an as-needed basis, rather than a scheduled home care visit. Assisted living services includes Community Support Services, Home Help and Homemaking Services, Friendly Visiting and other services. Services available in Renfrew County include:

Name of Program	Address	Services Offered	Eligibility
Access Healthcare Services Inc. - Eganville - Access Healthcare Services	222 Bridge St., Eganville	<p>An agency that provides home healthcare services on behalf of the Champlain Local Health Integration Network, private individuals, insurance companies and other municipal and provincial organizations in various sectors.</p> <p>Services include: Nursing and Personal Support Services to individuals and families, hospitals and long-term care facilities; Registered Nurses; Registered Practical Nurses; Personal Support Workers; Companions; flu clinics; palliative care; wound care; pediatric care; private nursing services; personal support services; personal care; homemaking services; advanced foot care; health monitoring; medication administration; health information sessions; nursing in-home services; nursing in nursing clinic setting</p>	No restrictions
Access Healthcare Services Inc. - Pembroke - Access Healthcare Services	458 Pembroke St. E., Pembroke	<p>An agency that provides home healthcare services on behalf of the Champlain Local Health Integration Network, private individuals, insurance companies and other municipal and provincial organizations in various sectors.</p> <p>Services include: Nursing and Personal Support Services to individuals and families, hospitals and long-term care</p>	No restrictions

Name of Program	Address	Services Offered	Eligibility
Algonquins of Pikwakanagan First Nation	1669 Mishomis Inamo, Pikwakanagan	facilities; Registered Nurses; Registered Practical Nurses; Personal Support Workers; Companions; flu clinics; palliative care; wound care; pediatric care; private nursing services; personal support services; personal care; homemaking services; advanced foot care; health monitoring; medication administration; health information sessions; nursing in-home services; nursing in nursing clinic setting	Algonquins of Pikwakanagan members; no age restrictions apply
Arnprior-Braeside-McNab Seniors at Home Program Inc. - Home Help/Home Maintenance	106 McGonigal St. W., Unit A1 Arnprior	Access to support at home or in the community: light housekeeping, meal preparation, menu planning, personal care, palliative care  Service Arrangement Home Maintenance Program; support with household activities; housekeeping, friendly visiting	Seniors ages 55 and up; adults with physical disabilities
Arnprior Regional Health	275 Ida St. N., Arnprior	Support seniors who wish to stay at home, who require help with the activities of daily living. Services vary according to need. These can include personal support services such as dressing, personal hygiene, assisting with mobility, and assisting and monitoring medication use. Homemaking services can include shopping, house cleaning, and meal preparation that are necessary to maintain people in their own residences but that they are unable to perform safely for themselves. Security checks or reassurance services can include visits to assure client	

Name of Program	Address	Services Offered	Eligibility
Barry's Bay & Area Senior Citizens Home Support Services – Killaloe - Assisted Living Services	7 St. Francis Memorial Dr., Unit 2, Barry's Bay	health or safety. These services are available at times (24/7) both on a scheduled and unscheduled basis Access to support at home or in the community: personal care, light housekeeping, medication prompts and compliance, exercises, meal preparation, laundry and linen change; security checks; emergency response system installed in the home	Seniors 65 and older or persons with a Geriatric profile
Bayshore Home Care Solutions - Pembroke	1217 Pembroke St. E., Pembroke	Provides in-home care: Nursing; personal support services and companion aid services; will conduct insurance investigations; provides free assessments by managers who are also nurses	No restrictions
Calabogie and Area Home Support Program	4984 Calabogie Rd., Calabogie	Access to support at home or in the community: transportation to medical appointments; shopping; banking; telephone assurance (security and support through calls from volunteers); frozen meals program; friendly visiting by volunteers on an informal basis; telephone referrals regarding yard work and housecleaning	Open to seniors and adults with disabilities who are mobile. Volunteer drivers available however, no wheelchair accessible vehicles available
Carefor Health and Community Services – Renfrew County Office	700 Mackay St., Pembroke	Assistance with daily chores, light homemaking services, cleaning of floors, vacuuming and dusting, laundry, bathrooms, changing beds, meals; Palliative care; Counselling; Foot care; Transportation	No restrictions
Champlain LHIN Home and Community Care	Across Renfrew County	Fitness classes. Instructors are Heart Wise Exercise trained and classes are designed to meet the needs of individuals living with stroke; No fee; Classes accommodate all fitness levels; Seated or standing exercise	People who have experienced a stroke

Name of Program	Address	Services Offered	Eligibility
Eganville and District Seniors	30 Bell St., Eganville	<p>Home support and recreation services</p> <p>Home Support: non-wheelchair accessible transportation; home maintenance; information and referral; telephone reassurance; diner's club; meals on wheels and frozen meals; fall prevention classes</p> <p>Recreational Programs (run by senior volunteers): euchre; bridge; fitness; Tai Chi; Zumba; floor curling; computer classes and club; painting; yoga; social events; workshops</p>	Seniors, adults
Madawaska Valley Palliative Care	7 St Francis Memorial Drive, Barry's Bay, Ontario	<p>Our residential hospice is an enhanced Home away from home for the patient and they receive services through Home and Community Care, with added trained volunteer support. Family must be willing to be part of the care team to be admitted to our 2 bed unit. Our hospice apartment has full kitchen, family room, sleep over rooms for family, shower for family, play area and access to chapel; Assistive medical equipment loan; Counselling</p>	Caregiver, Frail Elderly, Grief, Palliative
Marianhill Long-Term Care and Community Support Services - Pembroke - Homemaking Program	600 Cecelia St., Pembroke	<p>Housekeeping assistance: assistance available for two hours every two weeks</p> <p>Homemaking Services include: meal preparation, dusting, vacuuming, cleaning bathrooms, laundry, washing floors, cleaning appliances (oven excluded), assistance with shopping</p>	Seniors and adults with disabilities living alone, or if not living alone over the age of 85 or palliative status
Marianhill Long-Term Care and Community Support	16 Civic Centre Road, Petawawa	Adult day program includes a range of physical, social and intellectual activities; respite and support for caregivers	Frail adults

Name of Program	Address	Services Offered	Eligibility
Services - Petawawa - Civic Centre Rotary Room - Adult Day Service	47 Ridge Rd., Deep River	In-home supports for the activities of daily living. Personal care support worker helps with personal care: medication monitoring; assistance with the activities of daily living; bathing, dressing, grooming; basic homemaking; laundry; light housekeeping; Meals;  Additional supports: housekeepers	Older adults and adults with disabilities
North Renfrew Long Term Care Services - Deep River - In-Home Support	47 Ridge Rd., Deep River	In-home supports for the activities of daily living. Personal care support worker helps with personal care: medication monitoring; assistance with the activities of daily living; bathing, dressing, grooming; basic homemaking; laundry; light housekeeping; Meals;  Additional supports: housekeepers	Older adults and adults with disabilities
Para Med Home Health Care - Para Med Pembroke	595 Pembroke St. E., Pembroke	Health care service provider - Wide range of customized health care services: Home support services; Nursing at home; Live-in care; Specialized care; Respite care and caregiver relief	No restrictions
Para Med Home Health Care – Renfrew	390 Raglan St. S., Renfrew	Health services at home, at school and at work; palliative care; respite care; caregiver relief	No restrictions
Renfrew and Area Seniors Home Support	214 Raglan St. S., Renfrew	Assistance with household chores both indoors (housekeeping) and outdoors (grass cutting, snow removal); friendly visiting	Seniors 60 years of age or older and adults with disabilities who would benefit from our services
Renfrew Victoria Hospital – Outreach Services	499 Raglan St. N., Renfrew	Supports for older adults, and adults with disabilities. Helps people remain independent in their own homes for as long as possible; referral to other community services	Older adults and people with disabilities, who need physical, social, or emotional supports

Name of Program	Address	Services Offered	Eligibility
The Dementia Society of Ottawa and Renfrew County - Arnprior	16 Edward St. S., Ste. 115, Arnprior	Helps people living in the community impacted by dementia, by providing: Guidance and support; social groups, caregiver support groups; education; information and resources	People living with dementia, their families, and those who provide care and support to them in the community, retirement residence or long-term care home throughout Renfrew County

Other Assisted Living services located outside of Renfrew County but who provide service to Renfrew County:

Name	Address	Services Offered	Eligibility
Canadian National Institute for the Blind (CNIB) - Eastern Ontario Regional Office	Lansdowne Park 425 Marché Way, Unit 104 Ottawa, ON	Community and clinic based vision rehabilitation services for those with vision loss; research, public education and vision health: <ul style="list-style-type: none"> <li>• Direct support and service to individuals with vision loss</li> <li>• Assistance with fundraising activities</li> <li>• Administrative functions</li> </ul>	Residents of Eastern Ontario of all ages living with vision loss and Deaf-blind adults
Bob Rumball Canadian Centre of Excellence for the Deaf	2395 Bayview Ave., Toronto	Offer services and supports to individuals in Ontario who are either deaf, deafened or hard of hearing in a communication rich environment.  Residential and day program; outreach programs for deaf seniors; deaf seniors' centre; assisted living program	People who are deaf, deafened or hard of hearing or with an interest in hearing loss and deaf services

Name	Address	Services Offered	Eligibility
		<p>include personal support, congregate dining, transportation, activation and communication; LINC in English; Literacy and Basic Skills; EarlyON family resource centre; volunteer opportunities</p> <p><b>Services and Programs:</b></p> <ul style="list-style-type: none"> <li>• Adult Residential Services</li> <li>• Day Program</li> <li>• EarlyON Child and Family Centre</li> <li>• Language Instruction for Newcomers to Canada (LINC)</li> <li>• Literacy and Basic Skills (LBS)</li> <li>• Sign Language Services</li> <li>• Supportive Housing for Seniors</li> <li>• Supportive Independent Living (SIL)</li> <li>• Toronto Deaf Seniors Centre</li> </ul>	
Dementia Society of Ottawa and Renfrew County - Ottawa	1750 Russell Rd, Suite 1742 Ottawa, ON	Support for persons with dementia, their caregivers and families. Individual screening; assessment and care planning; support and referral to specialized geriatric programs; navigation of care system; referral to community supports; strategies for self-management; assistance in reducing social isolation; connection to social programs; education and training on dementia	People with all forms of dementia, their caregivers and family members
Action Potential Rehabilitation	2081 Merivale Rd., Unit 300, Nepean, ON	Physiotherapy services are offered in the comfort of your home, retirement residence, or long term care facility or other location of your choice. Following a comprehensive assessment, your physiotherapist will discuss their findings and create an individualized treatment plan with	People requiring in-home physiotherapy



Name	Address	Services Offered	Eligibility
Cleaning For A Reason	2540 King Arthur Blvd, Suite 230 Lewisville, Texas	<p>you. They can provide a variety of treatment approaches including Bobath/NDT, Motor Relearning techniques, Functional Strengthening principles, Constraint Induced Movement Therapy, Functional Electrical Stimulation, Myofascial Release techniques, aerobic reconditioning programs, and many others to create a tailored, evidence-based plan to help you reach your maximum recovery.</p> <p>Non-profit organization: free professional house cleaning and maid services for households battling any type of cancer; services provided once per month for two months, while the individual is in treatment; participating maid services in the client's postal code arrange for the service</p>	Individuals currently undergoing cancer treatment for any type of cancer

**Affordable Housing**

Affordable housing offers subsidized housing for seniors with a low income. Applicants must income-qualify to apply. Any support services are generally provided by community agencies.

Name of Program	Address	# of Units	Services	Eligibility
Renfrew Community Housing Corporation	450 O'Brien Road, Renfrew Housing located across Renfrew County	1,397	1,396 affordable apartments, townhouses and homes, all of which are for adults of any age, including seniors. Apartments include appliances, common room, laundry facilities, parking and include all utilities. Elevators are available at some buildings	

Name of Program	Address	# of Units	Services	Eligibility
Baskin Place - Seniors' Residence	138 Baskin Dr. W., Arnprior	24	Independent living facility for seniors - 24 unit apartment complex for seniors living independently (age 65+) and able to manage their own household; affordable one and two bedroom units; two accessible units available for individuals with physical disabilities; elevator provides access to all units; rent-g geared-to-income and market units available; amenities include: coin laundry facilities, common room and sun room	Seniors ages 65 and older
Fairfields - Seniors Affordable Housing	30 Bell St., Unit 138, Eganville	36	Senior living facility - A community project owned by Eganville and Area Long Term Care Corp. 36 apartments with fully equipped kitchens; six 2- bedrooms; twenty-nine 1-bedrooms; 1 bachelor; Assisted living services are available by waiting list and provided by Marianhill	Independent seniors
Killaloe and District Housing - Millstream Apartments	31 Mill St, RR 2 Killaloe	28	Independent Living, senior citizens apartments. Two storey 28 unit apt. complex known as Mill Stream Apartments; one and two bedroom units with laundry facilities included in the rent plus a common room with full kitchen facilities; lift/elevator for those with walkers and wheelchairs; mix of market and rent-g geared-to-income; located within walking distance to all amenities; overlooking Brennan's Creek, waterfalls and park	Ages 50 and over. Preference given to ages 65 and older; Cascading Age Policy
Petawawa Housing Corporation	Riverview Senior's Residence, 1145 Victoria St., Petawawa	35	Senior's Residence of 35 units: 4 modified units for accessibility (all 2 Bedroom); four 2 bedroom units; two level building with elevator; assisted Living Program under the direction of Marian Hill; common room; laundry facility; park area; parking	

Name of Program	Address	# of Units	Services	Eligibility
St Joseph Non-Profit Housing Corporation	1155 Pembroke St. W., Pembroke	90	Provides a mix of rent-geared-to-income & market rent housing for seniors and families in Pembroke; 90 one bedroom apartments; 3 wheelchair accessible apartments; laundry facilities; common rooms and elevators; family units are 2, 3, & 4 bedroom townhouses; 2 wheelchair accessible townhouse units	No restrictions
Kinsmen Court	222 Blakely St., Pembroke	25	Kinsmen Court Home offers independent affordable living in a 25-unit apartment building. All units are rent-to-geared-income. The units are one bedroom, on two floors with no elevator and include: Parking, laundry, common room, appliances The facility is close to the shopping center.	

**Supportive Housing**

Supportive Housing programs provide services to adults with physical or cognitive disabilities, mental health issues or HIV/AIDS. Most programs offer daily supports and essential homemaking. Supportive housing provides support and lodging for seniors and adults living with physical or mental health disabilities or issues, or terminal/chronic illnesses. Living arrangements may include shared houses or apartments and self-contained apartments. Personal support is provided on-site, with staff available to respond 24 hours a day. In most cases, the rent charged is based on ability to pay, or the market level rent is subsidized through the Ministry of Housing. Services available in Renfrew County include:

Name	Address	Services Offered	Eligibility
Barry's Bay and Area Senior Citizens Home Support Services – Barry's Bay	7 St Francis Memorial Dr., Barry's Bay	Community based health care program that assists eligible seniors to maintain their independence with an optimal level of health and wellbeing. Services include: personal care; light housekeeping; medication prompts and compliance; exercises; meal preparation; laundry and linen change; security checks; emergency response system installed in the home	Seniors ages 65 and older or persons with a Geriatric profile

Name	Address	Services Offered	Eligibility
Water Tower Lodge Retirement Residence	9 Stafford St., Barry's Bay	Retirement residence offering personalized care; promotes an independent lifestyle; foot care; beauty and barber shop; library; activity calendar; short-term stays for respite available	Adults 55 years and older. Must be independent in transfers, toileting and feeding and at low risk of wandering if living with Alzheimer's
Marianhill Long-Term Care and Community Support Services - Eganville - Assisted Living Service	Fairfields Home, 30 Bell St., Eganville	Access to assisted living; 24-hour personal support; homemaking; personal hygiene needs such as washing, bathing and dressing; medication management; social and emotional support; emergency response and/or security checks; planning or preparation of meals; supervision of activities; professional services, such as nursing, are provided through the local Community Care Access Centre (CCAC)	Program is available to residents of Fairfields Home in Eganville. Eligibility will be determined based on assessment results
Barry's Bay and Area Senior Citizens Home Support Services – Killaloe - North St - Assisted Living Services	12 North St., Killaloe	Access to support at home or in the community. Personal care; light housekeeping; medication prompts and compliance; exercises; meal preparation; laundry and linen change; security checks; emergency response system installed in the home	Seniors 65 and older or persons with a Geriatric profile
Marianhill Long-Term Care and Community Support Services - Pembroke – Marianhill Dementia Respite Unit	600 Cecelia St Pembroke	10-bed residence, secure, specializing in dementia care providing overnight caregiver respite including: recreational programs, exercises and socialization; nursing care 24 hours a day; nutritional snacks and meals; private bedrooms with ensuite bathroom; secure outdoor garden; air conditioned; support and education for caregivers; referrals to other community resources	Must have a cognitive impairment. Individuals with dementia that requires overnight care

Name	Address	Services Offered	Eligibility
Marianhill Long-Term Care and Community Support Services - Petawawa - Riverview Apartments - Assisted Living Service	Riverview Apartments 1145 Victoria St., Petawawa	Access to assisted living services: 24-hour personal support; homemaking; personal hygiene needs such as washing, bathing and dressing; medication management; social and emotional support; emergency response and/or security checks; planning or preparation of meals; supervision of activities; professional services, such as nursing, are provided through the Local Health Integration Network (LHIN)	Program available to residents of Riverview Apartments: eligibility will be determined based on assessment results
Algonquins of Pikwakanagan	1669 Mishomis Inamo, Pikwakanagan	Provide supportive housing, home care and aging at home services - Access to support at home or in the community: light housekeeping; meal preparation; menu planning; personal care; palliative care  Housing with assisted living: homemaking services available in client's home; meal planning and preparation; light housekeeping; laundry and ironing; personal care including assistance in walking; climbing or descending stairs; getting into or out of bed; assistance with eating, dressing, bathing and other matters of personal hygiene; simple bedside care when required; Palliative Care if required in client's home or in supportive housing; Respite Care if required and requested (subject to availability); financial/needs assessment required for both services	Algonquins of Pikwakanagan members
Mackay Manor - Renfrew County Addiction	196 Argyle St S Renfrew	Provides a holistic treatment plan designed with the client's unique needs in mind including stable housing; access to addiction treatment and intensive case management with an	Men and Women 18 years and over with a substance abuse problem who are

Name	Address	Services Offered	Eligibility
Supportive Housing Program		<p>Intensive Addiction Case Manager; assistance to acquire the skills of daily living; developing coping strategies and new healthy behaviours; access to the right support for people with problematic substance abuse or concurrent disorders when needed; a living environment that is not overly restrictive, rigid or heavily controlled; services are based on a harm reduction approach and recovery model</p> <p>Program provides people with supportive housing and the necessary intensive case management to successfully conquer substance abuse in a safe environment. Objectives include: Reducing re-admission to addiction programs particularly withdrawal management; increasing housing stability for individuals with substance abuse issues who are homeless; at risk of homelessness or are inadequately housed; reducing emergency room visits</p>	homeless, at risk of homelessness or are inadequately housed
Renfrew Victoria Hospital - Outreach Services - Assisted Living Program	Renfrew Victoria Hospital 499 Raglan St. N., Renfrew	In-Home 24-hour personal care; medication monitoring; assistance with the activities of daily living; bathing, dressing, grooming; basic homemaking; laundry; light housekeeping; transferring, positioning, turning; escorting to medical appointments; range of motion exercise security checks	Older adults/adults with disabilities, who need physical, social, or emotional supports. CCAC care coordinators determine eligibility of applicants and maintains program waitlist. Assisted Living Program coordinator assesses the needs of applicants

Supportive Housing services located outside of Renfrew County but provide service to Renfrew County:

Name	Address	Services Offered	Eligibility
Pathways to Independence - Acquired Brain Injury Services	356 Woodroffe Ave, Unit 202 Ottawa	<p>Acquired Brain Injury Residence: 24-hour support for adults with an acquired brain injury; fee-for-service respite is offered when space is available</p> <p>Recreational Program: fee-for-service recreation leisure program for adults with an acquired brain injury; Fitness and Leisure Program is offered in Community Centres in the West End</p> <p>Therapeutic recreation and social leisure program</p> <p>Outreach Support: individuals receive assistance to live independently in their own apartments in the community</p> <p>Acquired Brain Injury Club in Renfrew: Outreach in Renfrew County: recreational activities for individuals who cannot attend the club</p>	Adults 18-65 years old with acquired brain injuries
Deafblind Ontario Services	17665 Leslie St, Unit 15 Newmarket	Not-for-profit organization that helps people who are deafblind increase their independence and improve their quality of life through specialized services. Residential locations and community services programs across the province, services extend into a wide range of communities in Ontario	People who are deafblind



**Retirement Homes**

Retirement homes usually provide a wide variety of care services and social activities that are paid for by residents. Retirement homes may be a good option for independent older adults and seniors who prefer to live within a ready-made community.

Name of Program	Address	Units/ Beds	Services Offered	Eligibility
Arnprior Villa Retirement Residence	15 Arthur St., Arnprior	81	Bungalow style residence with 24-hour nursing staff available; three meals served daily in common dining room, plus fruits and snacks available all day; lounges throughout the building; veranda and outside enclosed courtyard; accessible transportation available to shopping, banking and other scheduled outings; beauty salon; main lounge; recreation room; formal parlour and laundry facilities; physiotherapy classes on site	Ages 55 and older, independent and assisted living based on assessment
Carefor Health and Community Services – Renfrew County Office	425 Cecilia St., Pembroke	91	Private or semi-private suites with two piece bath; two room suites available with two piece bath; free parking; meals served; diet accommodations; between meal snacks; housekeeping and laundry service; roof top patio and garden boxes; lounges; library; TV rooms; planned social and recreational activities; weekly denominational church services; administration of medications; personal support; on-site foot care clinics; emergency call system available; respite; vacation; trial stays and respite care available; hair salon	Must be independently mobile with or without mechanical aids. Independent with supervision for activities of daily living. Require minimal support with personal care
Carescent Care Cobden – Nursing and Retirement Home	12 Wren Dr., Cobden	32	Full service retirement home attached to a 64-bed long term care facility	

Name of Program	Address	Units/ Beds	Services Offered	Eligibility
Chartwell Pembroke Heritage Retirement Residence	1111 Pembroke St. W., Pembroke	143	Respite care; 24h medical staff; Various personal services; Various apartment styles; Recreational activities; Flexible Meal Service; Daily Activity Calendar and Exercise Programs open to the Public	No restrictions
Chartwell Pinewood Retirement Residence	1022 Pembroke St. E., Pembroke	45	Single-story residence in Pembroke; dining room; library; sun room; hair salon; landscaped patio and grounds; activity room/private dining room	No restrictions
Chartwell Quail Creek Retirement Residence	450 Albert St., Renfrew	90	Independent supportive living; wellness services; recreational activities; 24 hour call bell monitoring; meals; medication administration; respite and short stays offered based on apartment availability	Seniors
Country Haven Retirement Home	1387 Beachburg Road, Beachburg	78	Retirement living 24 hours; short-term stays; respite care; convalescence; trial stays; palliative care; secure care for Dementia patients; special diets available; controlled pharmaceutical distribution; health care monitoring; visiting doctor; assistance with bathing; complete housekeeping and laundry services; weekly chapel services; hairdressing and foot care on site; full activity and social program; outings	No Restrictions
Island View Retirement Residence	30 Jack Cres., Arnprior	06	Respite and permanent; Studio, one and two bedroom suites; convalescent and respite suites are fully furnished; 24 hour staffing support; three meals per day; weekly housekeeping; hairdresser on site; heat and air conditioning in every room; water, Hydro included; private dental services available on site; portable emergency response	Seniors

Name of Program	Address	Units/ Beds	Services Offered	Eligibility
Renfrew Glen Retirement Residence	12 Horton School Rd., Renfrew	6	<p>system included; walking path; activity rooms; exercise classes for seniors; trial stays available; free shopping/appointment shuttle bus</p> <p>The Renfrew Glen Retirement Residence is a 16 unit luxury retirement residence located just outside of Renfrew Ontario. The suites and care packages are designed for independent seniors. The building is one-level, no stairs or carpets anywhere; suites are self-contained, 4 pc bath, fridge, stove, dining and sleeping areas, window treatments, maple cupboards, strategically located handrails, private parking, organized activities, central dining room, one meal (supper) daily, nursing supervision, landscaped grounds, day trips, special events and more.</p>	
Riverview Heights Retirement Residence	400 Bell St., Pembroke	94	<p>Independent Living Retirement Residence: 62 suites                      Assisted Care Secure Floor: 20 suites</p>	Seniors
Supples Landing Retirement Residence	201 Joseph St., Pembroke	81	<p>Retirement residence offering personalized care; promotes an independent lifestyle; foot care; beauty and barber shop; library; activity calendar; short-term stays for respite available</p>	Seniors
Champlain Gardens Retirement Residence	9 Stafford St., Barry's Bay	44	<p>Retirement residence offering personalized care; promotes an independent lifestyle; foot care; beauty and barber shop; library; activity calendar; short-term stays for respite available</p>	<p>Adults 55 years and older.                      Must be independent in transfers, toileting and feeding and at low risk of wandering if living with Alzheimer's</p>

**Short-Stay Care**

Short-stay care is accessed by people needing respite care while a caregiver is on vacation or needs a break. Short-stay care may also be accessed if a person needs supports while recovering from an illness or surgery.

Name of Facility/Program	Location	Beds
The Grove	Arnprior	1
North Renfrew LTC	Deep River	1
Marianhill - Pembroke	Pembroke	1
Miramichi Lodge	Pembroke	2
Marianhill - Petawawa	Petawawa	
Bonnehchere Lodge	Renfrew	2
Chartwell Quail Creek Retirement Residence	Renfrew	Depends on availability
Carefor Health and Community Services – Renfrew County Office	Pembroke	Depends on availability
Chartwell Pembroke Heritage Retirement Residence	Renfrew	Depends on availability
Country Haven Retirement Home	Beechburg	Depends on availability
Island View Retirement Residence	Arnprior	Depends on availability
Supples Landing Retirement Residence	Pembroke	Depends on availability
Algonquins of Pikwakanagan	1669 Mishomis Inamo, Pikwakanagan	Depends on availability

**Long-Term Care Homes**

Long-term care homes are for people who are in need of supports who can no longer live at home and require daily nursing attention.

Name of Home	Location	Standard Beds
The Grove	Arnprior	59
Valley Manor	Barry's Bay	89
Carescent Care Cobden	Cobden	64
Four Seasons Lodge	Deep River	10
North Renfrew LTC	Deep River	20
Miramichi Lodge	Pembroke	166
Marianhill	Pembroke	127
Bonnechere Manor	Renfrew	180
Groves Park Lodge	Renfrew	75
<b>Total</b>		<b>732</b>

## Part C – Compendium of Seniors Housing Options

As part of the study process, a range of potential seniors housing options were identified. These represent a broad spectrum of alternatives beyond some of the more traditional housing options that seniors typically might access. Following is a brief summary of the options which highlight their features, main characteristics and reference examples. While this is not an exhaustive list, it does provide a cross-section of options which could be considered within a Renfrew County context.

### Continuum of care campuses

Typically situated on larger tracts of land and anchored by LTCH or retirement facilities, these campuses provide an array of housing options and continuum of supports in a community-like setting. Designing at this larger scale allows promotion of aging in place by enabling seniors to access differing levels of care in the same community as their needs change. These campuses also promote socialization to help prevent the isolation that seniors can experience when living alone.

Campuses will usually integrate multiple housing forms on-site, from more dependent care options like LTCH, to less intensive assisted living environments and independent life lease housing. This range of options gives residents multiple accommodation choices according to their economic means and needs. A common denominator is the availability of services on-site to help address support needs, whether on an interim or more sustained basis. This critical mass of services allows residents to more readily access services and enables operators the ability to address service needs in a more efficient and effective way.

Examples of continuum of care campuses in Ontario:

- Spruce Lodge, Stratford – <https://sprucelodge.on.ca/>
- Georgian Village, Penetanguishene - <https://www.simcoe.ca/dpt/ltc/georgian>

### Service hubs/nodes

In more rural settings, there is less of a population base to support large tract campuses of care. However, there are many examples of hubs or nodes in smaller communities that act as focal points for local services and supports. In essence, they provide a service conduit – they furnish services that people in the community can access on-site at the hub (e.g. adult day programs) and they can provide services out to people in the community (e.g. meals on wheels) from the hub.

Service hubs can be anchored by a range of potential community partners, whether housing providers, community agencies, care facilities or support service organizations. Again, the common denominator is the critical mass of services they can provide which is beneficial for both those seeking services and those providing the services. In more rural communities, these

hubs can have a positive impact by establishing a point of service or attracting additional services. It can also create access to services locally that seniors might otherwise have to seek in larger population centres.

Examples of service hubs/nodes in Ontario:

- North Renfrew Long Term Care Centre, Deep River - <https://www.nrltc.ca/>
- J. W. McIntosh Centre, Williamsburg – <https://jwmaccss.ca/jwmacintosh/>

### **Life lease housing**

Typically operated by non-profit organizations, life lease housing is an equity-based model geared to seniors where a person essentially buys an ownership interest in a housing unit. In addition to the one time equity payment, they pay an on-going monthly fee for maintenance and services. When the purchaser passes on or moves out of the facility, the ownership interest is purchased back by the corporation on a reduced pro-rated basis. Life leases are usually attractive to seniors who have equity and are looking for a smaller home without the maintenance responsibilities of owning a home. Ontario has developed a guide for people considering life leases which can be found at: <https://www.ontario.ca/document/life-lease-housing>

Examples of life lease housing in Ontario:

- Grandview Villa, Kenora - <https://www.lifelease.ca/life-lease-housing-projects/grandview-villa-kenora-ontario/>
- Woodside Mews, Oakville - <http://woodsidemews.ca/ataglance.html>

### **Cluster housing**

Cluster housing (also termed village communities) is a development where small homes are situated in groupings in close proximity to each other to form a small community or village. Residents typically rent the homes and share services that are available to those in the community. Through this clustering, services can be delivered to a number of households in an efficient way. This approach is well-suited to seniors seeking services and social interaction.

- Cortes Island, British Columbia - <https://www.bchousing.org/news/community-stories/Cortes-Island-seniors-village>

### **Retirement Community Living**

Retirement community living is similar to cluster housing noted above but in this case, the entire community is developed for retirement living. A variety of housing options are available at varying degrees of affordability. Retirement communities access the existing services in the town or community they are in but additional services like home maintenance and cutting grass are usually part of the rent/service package. This model can be adapted to a community that

has an attractive natural environment as well as existing infrastructure but that may be experiencing a decrease in population due to migration or an increasing senior population. Retirement communities often create a critical mass for support services as well as providing a boost to the economic development of the community. Elliot Lake and Prince Edward County are two examples of retirement communities in Ontario.

Examples of retirement communities in Ontario:

- Rockhaven Adult Lifestyle Community, Carleton Place - <https://www.parkbridge.com/en-ca/retirement-communities/Rockhaven>
- Wellings of Picton, Prince Edward County - <https://www.wellingsofpicton.com/>

### **Shared housing**

Shared home ownership is one option for seniors who are independent but who would benefit from having assistance with shopping, meal preparation and general housekeeping. This option is most appropriate for seniors who would like to own their own home but seek the benefit and socialization of a small group living environment under one roof. As a shared responsibility, all residents have a role in making decisions and paying expenses (e.g. utilities, taxes, insurance, general household costs). Owners have their own rooms and share common areas like washrooms, the kitchen, dining room and living room. Shared housing can be created using existing housing stock, greatly decreasing the costs and time to create a shared housing environment. Ontario has developed a guide for people considering shared home ownership (<https://www.ontario.ca/document/co-owning-home> )

A variant of this approach is co-housing where like-minded seniors band together to live in a community setting as individual owners but not under one roof. The shared element under this model is some form of common space dedicated to and owned by the collective (e.g. communal kitchen, dining, common rooms, etc.). The primary motive for residents in co-housing is to share common experiences for mutual benefit. Give the equity required for ownership, this option tends to be considered more as a lifestyle choice rather than an affordable housing option.

Example of co-housing in Ontario:

- Terra Firma, Ottawa - <https://cohousing.ca/communities/on/terra-firma/>

### **Abbeyfield**

Abbeyfield Homes are based around a chapter model of an international movement. These non-profit homes are typically established by converting older, larger homes into a congregate group living environment. Residents have their own private room but share common areas such as the kitchen, dining room and living room. Housekeeping and meals are provided by a house



manager and costs (including accommodation, meals and housekeeping) are shared by residents. Seniors who choose this model like the affordable group living environment and sense of stability that it provides. Each house is a non-profit, registered charity. House ownership and support are undertaken by community volunteers. More information can be found at: <https://abbeyfield.ca/>

Examples of Abbeyfield Housing in Ontario:

- Abbeyfield Ottawa - <https://abbeyfield.ca/houses/abbeyfield-ottawa/>
- Abbeyfield Caledon - <https://abbeyfieldcaledon.org/>

### **Home Sharing**

Home sharing is where a home owner provides housing to housemate in exchange for rent, assistance with housekeeping or light maintenance. In some jurisdictions, matching services are provided to help connect interested seniors with prospective renters. Seniors who favour this model appreciate the financial support and companionship that it can provide. There are a variety of programs available to help match home providers with housemates, some of which can be accessed on-line.

Examples of Home sharing in Ontario:

- Home share Canada - <https://www.homesharecanada.org/>
- Toronto Homeshare - <https://www.torontohomeshare.com/>

### **Tiny homes**

Tiny homes are small, single detached homes that typically have a footprint of less than 400 sq. ft. Because of this size, they tend to be less expensive to build, heat, cool and maintain than typical housing. This size also promotes affordability because the land required to accommodate them is substantially reduced. Typically, multiple home will be clustered to maximize land savings and in this configuration, homes are most commonly rented.

Homes for Heroes is a non-profit organization that has taken affordable tiny homes to the next level, building affordable tiny home communities exclusively for veterans. In November 2019, Homes for Heroes opened a community of 15 tiny homes in Calgary. They have similar builds planned in Edmonton (21 homes) and Kingston (25 homes).

Examples of tiny homes in Ontario:

- Homes for Heros, Kingston - <https://homesforheroesfoundation.ca/kingston/>
- Tiny Home Communities - <https://www.zolo.ca/blog/tiny-house-communities-in-ontario>

## Part D - Summary of Stakeholder Consultations

During the course of the study, a series of stakeholder consultations were undertaken to gather feedback about seniors housing and supports. Due to COVID-19 public health restrictions, all consultations were conducted via telephone, video conferencing (Zoom platform) or by electronic communications. A variety of engagement techniques were used to gather input from a broad cross section of individuals, agencies and the general public. For a full list of invited stakeholders, see Part E of the Technical Appendix.

These consultation techniques included:

- Focus Groups (two sessions)
  - 27 participants invited, 8 attended
  - Interviews were held with 3 additional key contacts
- Community Roundtable (one session)
  - 16 participants invited, 5 attended + 2 additional written responses
- Key Informant interviews
  - 15 participants invited, 13 interviewed by phone
- Council Questionnaire
  - Questionnaires distributed to all members of County Council
- Project mailbox
  - Comments were solicited from the general public via the County web page
  - 14 submissions were made to the project mailbox (some multiple)

Feedback was solicited around a set of six core questions:

1. What are the current or emerging needs related to seniors housing and support services that you see in the community?
2. From your perspective, what gaps or priorities are most pressing and where within the Renfrew County service area?
3. What opportunities do you see to better address the housing and support needs of seniors, either through conventional or non-conventional approaches?
4. What role do you see for the County in helping to address these needs/gaps?
5. What role should community partners and the private sector play?
6. Where should efforts and resources be focused in order to get the best outcomes for seniors?

### General observations

Based on all feedback received, a number of general observations were drawn which are categorized by theme below.

### **Housing Needs**

- Continued aging of population will oblige more seniors-oriented housing – higher share of seniors makes this even more important locally
- Limited ability for seniors to transition from traditional family home/downsize - lack of market housing options
- There is a clear need for more affordable rental housing
- The wait list for RGI housing continues to grow
- Accessibility/condition of some stock not well suited for seniors
- More assistance with home repairs would help keep people at home
- More long term care beds and assisted living are needed to address wait lists, especially outside of the usual larger settlement areas

### **Support Needs**

- Lack of a continuum of care – need more options to allow people to age in place in the community, not in an institution
- Inadequacy of home care – insufficient levels of service and hard to reach seniors aging in rural/remote areas, promote wrap around services
- Some people in LTC beds don't need to be there but have no other options
- Subsidized retirement home spaces are needed due to high costs
- Dementia and mental health are rapidly growing issues and social isolation continues to be a challenge
- Accommodating greater diversity of vulnerable clientele
- Transportation and associated costs are an impediment, especially for rural/ remote residents
- Lack of primary care physicians, people attend hospital with social issues
- Staffing shortages in the health care sector impact on service delivery

### **Gaps/Priorities**

- Geography presents obstacles to accessing and delivering services, especially in rural/remote areas
- Lack of suitable options for assisted care in between LTC homes and private market
- Gap in supply of longer term respite options, managing hospital discharge
- Housing market is not adequately responding to needs
- Lack of available resources to address needs – both for housing & supports
- Missing capital investment in supported housing
- Awareness of the many seniors services - difficult to navigate through the system for agencies, clients and their families
- System is too fragmented and siloed - streamlining & coordination are key
- Shortage of reliable and affordable home making/maintenance services

## Opportunities

- Continuum of care ‘campuses’ that provide options for life in one community so seniors don’t have to move every time their needs change
- Intentional/compassionate communities that foster integration/inclusion
- Integrating some higher care beds in retirement homes to utilize residual spaces (e.g. flexible assisted housing model)
- Promoting service nodes/hubs in more rural/remote areas as focal points
- Expanding VTAC-like options for home assessments/services and on-going care post-COVID-19
- Reforming/streamlining home care through OHT transition process, consider passport type option for self-directed care
- Better system awareness - information sharing & streamlining sources
- Advancing housing/service partnerships to better leverage resources
- Shared service commitments among providers – putting the client first
- Continue to invest in affordable rental housing to expand supply
- Find ways to engage partners, using incentives if need be
- Utilizing surplus municipal and public sector lands to support affordable housing development, especially those adjacent to current LTC’s
- Investigating innovative models such as co-housing (Abbeyfield), life lease, modular housing, tiny homes, land condos, seasonal communities, etc.
- Integrating affordable housing in all larger developments
- Expanding age-friendly community principles as a way to better plan for aging seniors
- Integrating mixed uses/services in private sector buildings, adopting universal design as much as possible
- Using active living centres to counter social isolation and build personal networks

## County roles

- Providing leadership and presenting a shared vision for the community to help build support and guide efforts/investments
- Bringing stakeholders together to promote system planning, capacity building and knowledge transfer, sharing good practice
- Advocating for and delivery of flow-through funding
- Lobbying for key legislative/program changes, ministry coordination
- Providing land and resources for facilitation of development
- Fostering partnerships among public and private interests
- Piloting and championing innovative ideas/models, steering investment in services that support seniors
- Using policy levers like land, land use and development approvals to promote brick and mortar outcomes (Official Plan policies, 2<sup>nd</sup> dwellings, cottage conversions, etc.)

### **Community roles**

- Community agencies are essential for delivery of supports/services but need to enhance effectiveness, leverage resources and maintain energy
- Collaboration among groups/ agencies is critical in the face of limited resources
- Current environment is unclear, need a more integrated approach to OHT structure locally for clarity - critical mass is essential, transparency will help the system form around this
- System navigation, referrals and pathways need to be improved – coordination and navigation should be part of the OHT transformation process – need to take a longer term community perspective

### **Private sector roles**

- Creating opportunities/climate for meaningful investment by private sector – land a key element to help foster
- More partnerships with private sector needed - engage them to help support models, integrate units in their buildings, participate in ‘campus of care’ developments
- Build common awareness of issues and opportunities in the community – get people on the same page
- Underscore the contribution to social benefits and social responsibility that private sector can play
- Determine how to unlock investment, what they need to engage
- Use economic development approach to attract investment for strategic opportunities, steering interest to appropriate locations/options
- Engaging private landlords to promote and advance integration of services in their buildings

### **Focusing resources**

- Validate local needs and priorities
- Coordination and system planning
- Stabilize/support people where they are
- Continue to expand affordable housing supply
- Utilize available opportunities/resources to support supply initiatives
- Broaden LTC/retirement home capacity with an emphasis on affordability
- Building on existing service nodes/hubs
- Expand reach to rural/remote seniors via virtual care models
- Provide sufficient system flexibility to accommodate temporary/ transitional accommodations (e.g. discharge planning, respite care)
- Support/promote staffing initiatives to help bolster the health sector
- Engage private sector in a more meaningful way

### **Detailed feedback**

While these themes capture the general breadth of feedback received, the following sections provide additional details and observations summarized for each of the focus group, community roundtable and key informant exercises. Despite the challenges encountered through the required ‘distancing’ approach to consultations, the details from these exercises illustrate the high level of engagement among participants.

**Summary notes from Focus Group sessions  
Held August 18<sup>th</sup> and 19<sup>th</sup>, 2020 via Zoom Videoconference**

**1. *What are the current or emerging needs related to seniors housing and support services that you see in the community?***

- The LTC world is experiencing difficulties:
  - There are not enough beds
  - There is uneven distribution of beds across Renfrew County –
    - new home opening in Arnprior, a year until it opens but it is still a shortfall
    - some homes older than others, reflected in preferences
  - The area will be facing a decrease in the number of beds as older homes who used to house four people in one room will now have to decrease this to a maximum of two people per room
- There are gaps in community services that are not meeting the needs of seniors. An example was given of a senior who has dementia. They had a fire in their apartment. They need support to be able to return home but there are no resources to assist them
- Backlog in wait for LTC beds, limited supportive housing – we are not ready for the future where demand will only increase
- Need more services/options to help people age in place
  - funding issues with home care
  - limited assistance for mental health and addictions programming
  - few affordable alternatives in terms of housing
- There is a lack of support services. This leads to poor health and poor outcomes
  - People are leaving County or commuting to services due to lack of availability in Renfrew
  - Assisted living stuck at 20 spaces for last 8 years – more funding is required
  - Preventative services would help reduce demand on LTC, enable stay at home options which can be better for some clients

**2. *What gaps or priorities are most pressing, especially in regards to your local area?***

- The geography of Renfrew County presents obstacles to accessing services, especially in remote areas - limited agencies, limited staffing, and limited offerings. As a result, people will go to (or end up at) the hospital rather than receiving supports at home or going to a long term care setting
- When people need higher level services/facility, they might get uprooted from their own community – not all are prepared to do this and can forego LTC placement, they prefer aging in place as long as possible
- When support agency staff have to travel long distances, it makes getting services to people's homes very difficult, impacts on ability to age in place safely

- There is a lack of affordable retirement homes. Retirement homes often charge for various services meaning that a person's cost to live at a retirement home can escalate as they age or as they require more supports. As a result, some people are entering the LTC system earlier than they should/would have for affordability reasons. This means an LTC bed is occupied by someone not necessarily requiring it and also means that bed is occupied for a number of years, essentially blocking access to others in need
- Subsidizing costs in LTC is key for some (affordability issue) – perhaps retirements homes could take up some slack with a form of assistance top-up?
- An example was provided from one stakeholder – 10 of 96 people living in LTC could be diverted from LTC if they had a more affordable care option elsewhere
- Limited home care as compared to demand
- Access to supports for families as caregivers
- Access to services at home to help maintain independence (e.g. handy man)
- Seniors are taking up beds in hospital - a number of seniors are taking up beds and are either waiting for a LTC bed or could return home if adequate supports were available. Improved use of resources is needed
- Need to move ideas to fruition in the system. There are many good intentions but need to translate these into action
- Staffing erosion in health care – not enough trained bodies to do the necessary work that is in demand; lack of PSW's is a prime example

**3. What opportunities do you see to better address the housing and support needs of seniors, either through conventional or non-conventional approaches?**

- People often have to leave their community to access LTC. This removes them from their community and their family. There needs to be a more equitable distribution of resources and services across Renfrew County
- If more resources were available to help people age in place then fewer people would need to move into LTC
- People talked about some of the programs that are operating well such as:
  - Petawawa Housing Corporation has an excellent relationship with Marianhill. Marianhill provides on-site support staff for 12 hours a day. They not only support tenants who are their clients but act as a resource to help housing administrators find proper supports for seniors who are not clients, helping PHC navigate the system
  - Petawawa Centennial Family Health Centre uses a Registered Practical Nurse to help people navigate the system
  - The Virtual Triage and Assessment Centre (VTAC) works well. It is used for people with an acute episodic event whom do not have a primary care physician. VTAC makes referrals to community agencies. While not meeting the needs of the entire community, VTAC is making a positive impact with those it does reach



- Seniors Active Living Centre (one in Arnprior and 2 in McNab/Braeside) - very helpful in addressing social isolation (600+ membership)
- The Men’s Shed in Arnprior – venue for social engagement
- Riverview Heights has a floor for people who are at the hospital but need supports to leave the hospital
- Carefor is training volunteers for the community health centre to provide palliative and respite care – they could train students in need of volunteer hours (building community capacity)
- New LTC beds are being built using modular housing which will decrease construction time and possibly allow for additional beds to be added on
- There are some regional successes like the community support systems in Petawawa and Eganville but the success varies regionally across Renfrew County – stacking support service onto housing that are available on-site during business hours and on-call after hours
- Innovation for brick and mortar solutions were also noted
  - Providing or buying land and developing seniors village/campus-style housing and making it inclusive - not just seniors, consider co-location and inter-generational models for those requiring similar services/assistance
  - New LTC beds are being built provincially using modular technology which will decrease construction time and possibly allow for additional beds via additions
  - Shared housing options like Abbeyfield should be pursued/investigated (From the Abbeyfield website: *Abbeyfield’s core mandate is to provide affordable accommodation and companionship for lonely elders within their own local community. This is achieved by converting and maintaining houses in which, typically, a small group of residents live together with a house manager. Rooms are usually private, but housekeeping and meals are provided by a small staff in the common living space.*)
  - It was noted that while the Abbeyfield model is good it is not for everyone. People saw an Abbeyfield-type model being another option people could pursue
  - Townhouse/bungalow style builds geared to seniors (slab on grade, no stairs, minimal maintenance) – some evidence of this in private sector
- There was a feeling that someone needs to be leading and overseeing coordination of the many supports for seniors. This would apply to organizing service providers for improved services but also resources to help people navigate the system. It was felt that if people in need of services, their families and private landlords had improved access to information about services and resources, then outcomes could be improved. Who is best situated to help with navigation... 211, HealthLinks?
- People often have to leave their community to access LTC. This removes them from their community and their family. There needs to be a more equitable distribution of resources and services across Renfrew County

- If more resources were available to help people age in place then fewer people would need to move into LTC
- Shared housing options like Abbeyfield should be pursued/investigated
- Examples also included:
  - continuum of care options being espoused by Grove Park (Renfrew) integrate assisted living villas and retirement home in a single ‘campus’
  - campus/expansion at Grove in Arnprior
  - Flex program in north Renfrew
- Support for node/hub concept as central point of service in more rural/remote areas
- Integrate dedicated memory care within retirement homes to address dementia, etc.
- Utilize flex spaces in lower occupancy retirement homes to help absorb demand, even on an interim basis (e.g. respite, hospital discharge, etc.)
- Having access to affordable home help services to maintain independence – trusted suppliers of services for home repair, maintenance, snow clearing, etc.
- Shared living models where seniors rent out rooms or share accommodation for safety, affordability and socialization
- Assistance with home renovations to help seniors maintain older housing stock, especially for those in rural/remote areas
- Finding ways to stack services/supports onto existing housing options through partnerships

**4. What role do you see for the County in helping to address these needs/gaps?**

- People seemed pleased that Renfrew County had initiated the seniors housing strategy
- Renfrew County could be the facilitators to write proposals and help advance ideas, germinate/enable innovation
- Should take a leadership role, helping communities and local areas understand what they need, build support for solutions (locally focused, regionally aligned)
- Renfrew County should be more involved. Maybe have a community representative who could assist people to navigate the system (people in need, their families, other agencies, landlords, etc.) – can’t be a file on the side of someone’s desk, needs dedicated resources
- Change takes leadership at the municipal level and Renfrew County should be leading improvements in the health system – capacity in system is decent but coordination/alignment is lacking, someone needs to take the reins
- Opportunity to harness energy and leverage more opportunities
- Promote age-friendly strategies across communities
- Pairing/coordination of services to be more effective, expanding opportunities for engagement and partnership

- Could examine EMS data and public health data to help inform decisions made by Renfrew County but also to inform decisions made by community partners and the private sector

**5. What role should community partners and the private sector play?**

- There are some local philanthropists who could be approached to assist in funding health care improvements for seniors
- The private sector is already involved: Marianhill and North Renfrew LTC provide community support programs. The services provided are great but it was recognized that their resources are limited and more resources are needed
- More private sector engagement would be beneficial especially in the case of brick and mortar but accountabilities must be built in – health system needs to provide services
- Win-win needed in partnerships to attract private investment
- All community partners should come together to discuss services and eliminate duplication – lots of initiatives/services but not a good sense of who does what by all in the system
- Services should be shared/collaborative for better outcomes, a more integrated approach would be more beneficial for clients
- Other priorities in the health care system are taking up time/resources
- Housing innovation via private partners as they are more housing focused and versed in delivering it, health care more versed in services/supports and should focus on that. An example was provided of Marianhill delivering adult day programming in a Barry's Bay retirement home

**6. Where should efforts and resources be focused in order to get the best outcomes for seniors?**

- Require a needs assessment to identify what resources are in place, what is needed and how to implement any changes to improve outcomes
- There is a need for a needs assessment to identify what resources are in place, what is needed and how to implement any changes to improve outcomes
- Pursue a study to research needs and tease out where mixed models can work, seniors preferences related to these
- Someone (possibly County of Renfrew) needs to move issues forward, organize meetings, lead and facilitate actions
- It was stated that more housing should be created but the cost to do so may not make building realistic – private sector engagement, P3, etc.?
- Increasing community supports should be a primary area of focus, support the HUB model, and encourage aging in place with appropriate supports
- The rules by which the long term care waiting list operates could be improved. An example was given of a person living in a retirement residence while they were on the

LTC waitlist. They got to the top of the list and were offered a spot at a LTC home. If they declined this offer they would go to the bottom of the waiting list and wait for about three years to be offered another place in LTC. Rather than take that risk they took the LTC bed, even though they were managing OK at the retirement residence. It was felt that if this person could have reserved their place at the top of the list, but could defer until they absolutely needed the increase in services that only a LTC home can provide, then they would have made that decision, providing a LTC bed to someone in greater need (an issue of prioritization on the list?)

- Explore subsidized retirement homes – making use of any residual space at affordable rates (e.g. Barry’s Bay and Madawaska), expanding services
- Expand partnerships – collaboration to be effective and leverage resources
- Investigating the Abbeyfield model (or similar congregate-type model). Get assistance from Renfrew County to do this

**Summary notes from Community Roundtable session**  
**Held August 25<sup>th</sup>, 2020 via Zoom Videoconference**

**1. What are the current or emerging needs related to seniors housing and support services that you see in the community?**

- Lack of housing for everyone, including seniors. Next to zero vacancies in Arnprior
- Need more LTC beds – addressed by the new Grove that is currently under construction
- Need appropriate and affordable rental accommodations. There is a limited supply in many areas (especially rural/remote) and what’s available is not necessarily affordable
- Rent supplements
- More retirement homes and facilities with assisted living services
- There is a lack of choice and integration for seniors housing that is primarily centralized
- Lack of choice and integration for seniors housing that is primarily centralized in larger centres
- Quality of life issues for seniors borne out of loneliness and isolation
- Help with ADL’s, housekeeping and general supports to maintain independence – snow clearing, grass cutting, housekeeping, etc. at a reasonable cost
- 
- Assistance with home repairs including making houses more accessible
- Lack of quality life enrichment options
- Need to accommodate pets
- Need housing that people can transition to when leaving their home but few options in rural areas
- There is a long waiting list for any subsidized housing
- Need housing that people can transition to when leaving their home but few options available in rural areas which means moving to a larger population centre, leaving behind family/friends. Consequently, people will defer transition as late as possible (especially owners), overstay in their home whether this is appropriate for their level of need or not
- Need appropriate and affordable rental accommodations
- Need more rent supplements, especially for accessible housing for seniors

**2. From your perspective, what gaps or priorities are most pressing and where within the Renfrew County service area?**

- Transportation is an issue, especially in rural areas, for medical appointments, groceries, etc. ODSP will pay for transportation but no similar options available for low-income seniors. Even paying for volunteer services who charge on cost-recovery basis can be prohibitive for some
- Need for options that are located outside the 3-4 main centres in order to better address diverse community needs in more rural locales

- Deficiencies with in-home care. A Virtual Triage and Assessment Centre (VTAC) type model could help. Would like to see funding for VTAC annualized instead of ending after COVID-19 and using a more integrated team approach (i.e., not just for episodic events)
- Personal Support Workers (PSW's) not staying in the field very long and have a high burnout rate. Enrolment is down and compensation not attractive; consider tiered designation for PSW's to help expand labour force – registered PSW vs. other (mimics RPN vs. RN)
- Need more staff throughout the health care sector and especially for services that support seniors throughout the region
- Access to common, consistent and up to date information on available services and supports

**3. What opportunities do you see to better address the housing and support needs of seniors, either through conventional or non-conventional approaches?**

- Fairfield in Eganville and Riverview Apartments in Pembroke are good examples of where services for seniors is working well
  - Fairfields in Eganville has a mix of units types and services, acts as a community hub
  - Riverview Apartments in Petawawa similar with Marionhill services on-site
- Co-Housing, like Abbeyfield, should be investigated
  - Each Abbeyfield house has their own Board of Directors and own house rules, set in a congregate living environment with housekeepers service
  - Typical to convert/renovate larger older home to accommodate; can present building code and fire code challenges
  - Co-housing model can include other collective forms of housing (new/existing) without obliging congregate living (co-location, tiny homes, etc.)
  - Not everyone prefers congregate approach – a good option but can't be only solution
- Modular homes also a possible solution. There are some examples where pods of units were used in rural areas to deal with servicing issues (i.e. well water testing)
- Don't just build bigger facilities in bigger population centres, allow for more integrated living environments, intergenerational opportunities. Reward meaningful housing partnerships
- Age in place but not necessarily the same place. Models that encourage socialization, social cohesion, should be explored. Housing forms that have built in common spaces (i.e. club house model) should also be investigated
- Conversion of existing larger homes into smaller apartments for seniors
- Create support services and transportation for those who can pay – private sector interest

**4. What role do you see for the County in helping to address these needs/gaps?**

- Renfrew County should become facilitators to improve coordination of services and assist with improving services
- Should identify the needs and possible solutions across the County
- Renfrew County should act as an umbrella resource and help to facilitate outcomes and sharing of information
- Should be taking a larger leadership role but allow opportunities for local innovation. Could assist with senior councils, community preparedness, guiding people through the system, etc. There are people in the municipalities ready to do the work but they need assistance and guidance
- Give priority for funding to not-for-profit organizations, private sector to pay their share
- Use resource allocations as a way to promote integration of complete communities
- Should provide info to member municipalities so that they can prepare to attract private builders. This will make it easier to build and cut red tape
- Possible to attract developer investment more readily if Renfrew County was involved/on board
- Investigate approaches to community building that support intentional neighbourhoods

**5. What role should community partners and the private sector play?**

- Private developers have been able to market one-floor row housing in Eganville. These are a “bungalow townhome” format. They are very popular, most sold before being built. An option to rent is possible with these units as well
  - Local example - Ken Ziegel – building bungalow townhomes just off Bell St. in Pembroke, across from Riverview Heights
  - Have seen people transitioning from “family home” or farm to bungalow/townhouse to a retirement home but these options not available to all, especially those with lower incomes/equity
  - A bungalow townhome development in Cobourg has pods of 4-5 units with a central community centre
- Riverview Heights has one floor dedicated to seniors with higher support need. These services come at a high cost and are not affordable to everyone
- Retirement homes transitioning more towards care homes that have a more social and supported environment (e.g. Riverview Heights has one floor dedicated to seniors with higher support need)
- Retirement home occupancy rates are too high and can cost from \$2,500 - \$5,000/month
- Community partners need to take a broader approach to ‘community’, looking toward more than just individual supports, and looking towards what is best for the collective good and the broader neighbourhood



**6. Where should efforts and resources be focused in order to get the best outcomes for seniors?**

- Want Renfrew County's assistance but does not want them to take over
- The best role for Renfrew County would be as a facilitator
- Get resources to people "stuck in place"
- Create and cultivate partnerships between the private and public sector to leverage available resources – i.e., developers and non-profits
- Does the community really know what it wants in terms of seniors?
  - Petawawa conducted a survey about services for seniors to determine needs
  - Arnprior also conducted a seniors needs study which resulted in the creation of the Arnprior Seniors Council
  - Arnprior has been recognized as a place that has created a positive environment for seniors
- Promoting networking, coordination and information among stakeholders for a more effective and efficient system
- Age-friendly communities are a common template for supporting this in a consistent way (Whitewater Region pursuing RFP for this)
- Encourage more engagement/participation among residents in the success of the communities in which they live to maximize their contributions

**Summary notes from Key Informant Interviews**  
**Held August/September 2020 via telephone and Zoom Videoconference**

**1. What are the current or emerging needs related to seniors housing and support services that you see in the community?**

- Need more housing (low-end of market rent) that is affordable for people who receive basic needs and Canada Pension Plan benefits. Even subsidized or low end of market homes/care facilities are out of reach of many. Costs exceed basic income levels and the need can be driven more by income rather than support needs (4)
- Need more support services and supportive housing (2)
- Rural composition of Renfrew County makes remote areas hard to serve. Having community support networks is essential
- Diversity in vulnerable clientele (LGBTQ2, indigenous, etc.) and their needs
- Lack of a continuum of care. There is sustained demand for LTC and assisted living but strong desire of families/clients to remain independent in the community with help at home but care needs can ramp up quickly and wait lists are not that responsive to quick changes
- Inadequacy of home care. Coordination and level of service is lacking and not sufficiently meeting home care needs. Overnight support is critical but almost non-existent which results in diversion of clients to long term care (LTC) who may not actually need that level of care
- System is too fragmented/segmented and dollar driven. Challenging funding structures and inconsistency in fees a challenge to service delivery
- Coordination and awareness of the system is a barrier for families/clients as well as referral agencies
- Cannot have someone there all the time but what qualitative level is right/sustainable? Care homes in community can provide basic resident services for \$50/day vs. \$180/day in LTC. Unionized work force, level of staffing, etc. affect these costs realities
- Missing capital investment for supportive housing. The private sector should be investing
- New housing developments should have four or five units that have accessible features built in
- Need for financial assistance, especially for retrofits and accessibility. There are issues with accessibility to existing programs despite the high demand
- Access to transportation and cost, especially in more rural areas, and for seniors is greatly needed
- Finding affordable housing, especially when downsizing is challenging. Finding options near services and at prices they can afford a real challenge. There are limited affordable rental units. There are very few apartments and a lack of options Not enough of the right type of apartments (without stairs; with elevators)

- Often existing affordable housing for seniors does not match the needs seniors have
- Land in higher growth communities also a challenge (e.g. Arnprior). Land price impacts on builder interest and affordability at which they want to build
- Just before moving into a long-term care home is the client group with the most need, support in our community
- Dementia, aging poor and increasing reliance on caregivers at home is even more impactful for the growing number of seniors living alone. Isolation and loneliness is real and can precipitate other social/health problems
- Supporting opportunities and getting the private sector engaged in seniors housing
- Physician shortage - substantial number of residents do not have a physician (30%)
- People coming from larger urban centres outside to seek more affordable housing, add to the pressure on local supply for residents (e.g. bidding wars, demand for waterfront property, etc.)
- Long time issues that remain unresolved include insufficient LTC spaces and retirement home beds – Pembroke needs more
- Perception of high level of independence by seniors in Renfrew County but this is not necessarily the case
- Seniors are living longer but are they living better? More focus needed on living better in place – key to their identity and sense of place; better community outcomes too
- Differing service area/boundaries for funders and service delivery agencies (LHIN, Health unit, local providers, etc.)
- Aging adults with behavioral or mental health/addictions issues need supports but maybe not traditional care. Supports should have more structure and need to be specialized, but housing options with this are limited. More options would allow diversion to accommodation of best fit (similar to Alternative Level of Care (ALC) rationale)
- Waitlist for community housing in Renfrew County was at 523 at end of July. This included 84 seniors. With 1,020 units there were only 100 move outs last year. There is a 10-year wait for RGI in Barry's Bay
- Community support services in Renfrew have not been as active they could have been
- Only one retirement home in Renfrew – too costly for most people
- Some services offered through Marianhill are not available to everyone in Renfrew County
- The way apartments are advertised (via web) is not great for seniors to access
- Advanced age often means that they have advanced aged real estate stock, possibly in poor condition
- Poor housing condition can result in poor health
- Renfrew County has paramedics, LTC and pays 30% of public health. Assisting seniors is not solely a provincial issue

**2. What gaps or priorities are most pressing, especially in regards to your local area?**

- Need more affordable housing
- Need to do as much as we can to keep people in their homes as long as they can
- Seniors in rural remote areas with deteriorating housing can't sell and can't stay. If they can sell, what are the housing options they can access that are affordable to them?
- Market not necessarily responding to needs. There is a limited amount of housing geared to independent seniors who want to downsize
- Existing local developers generally stick to their business model, building what they always have. There are some signs in the south end of Renfrew County where it appears developer interest is coming in from other markets (Ottawa, etc.). Many land holders have a conservative view of development and are unlikely to change business motives
- Greater need for seniors-appropriate housing along the spectrum (esp. with supports), some private sector 'tire-kicking'. These options tend to be more in the realm of upper market retirement-type homes and not necessarily geared to local seniors who have more modest incomes
- There are a number of services that regularly fail – home and community care; lack of transportation and lack of food
- Social housing needs to be more than a construction project and more about a holistic approach
- Lack of leadership or a clear champion is needed. The system is currently more reactive than proactive
- Gaps in service are not always a funding issue – income a key determinant and limits options
- More assisted living services – could prevent admissions to LTC and hospitals
- LTC supply is reasonably priced despite need but most would rather be at home
- COVID-19 situation has underscored personal safety, desire for supports at home to augment or take the place of family caregivers but some feel there would be more stringent safeguards in a LTC environment
- Awareness of programs and services. More information/access required in a focused way. There are many resources, products, and information on-line but this information is maintained by multiple sources, there is duplication, and information is not always up to date or accurate. There is no definitive go-to resource you can point to. Links between health and social services not always evident
- Coordination across different provincial ministries is a problem. There are different target clients and funding envelopes which don't always follow a logical chain. Coordination is fractured and not client-centred
- Dementia and respite care are experiencing major backlogs which impact on overstay in hospital. This presents real challenges to address in the health care system, especially when you factor in geography and low turnover for those receiving supports
- Lack of wrap-around services and access to service locations (nodes/nubs)

- Community paramedicine is very successful and could be broadened as a lifeline. Renfrew County should support expansion/funding of the Virtual Treatment and Assessment Centre (VTAC) where possible
- VTAC is good for unattached, healthy individuals but not so much for seniors. Seniors need face time to build sustained, trusted relationships with health care providers/teams
- Using VTAC principles, a more conducive seniors-oriented model for virtual care could work
- Health services optimization is good where savings are redirected to front line care. There is a risk that the reorganization under Ontario Health Teams (OHT) would place more emphasis on hospitals and not the primary care focus of the community. There needs to be a more integrated and community-focused OHT
- Integrated care initiative: People showing up at ER/hospital have social needs which are exacerbating their health needs, so treating the social side earlier would improve health outcomes
- People often have to leave their home community to access adequate services which is not good for dementia – loss of home and friends
- Prioritizing needs of seniors when focusing prevention efforts – frail elderly, those with community care needs
- There are no walk-in clinics in Renfrew County and there is an undersupply of family physicians. This places a higher reliance on emergency departments. Better supports should be provided at home. Initiatives like VTAC could reduce the reliance some seniors have on emergency rooms
- Seniors in more populated centres are probably OK but not the same for those in more rural/remote areas where there is a greater reliance on neighbours
- Some rural seniors whose care needs increase should move directly to large cities rather than to populated centres in Renfrew County
- If you are not able to drive or do not have a vehicle you are isolated in rural Renfrew County. Socialization is key and some seniors don't recognize this
- Transportation options need to improve. This is exacerbated by the large geographical size of Renfrew County. The transportation system is short sighted and not workable in our rural area. Uber and Carefor models may offer better options but these come with fees some cannot afford. Ride share, carpool, regional transport and formalizing a volunteer network may offer alternatives
- Human resource and staffing shortages are real concerns, locally and elsewhere. There is also a lack of primary care physicians in Renfrew County
- Seniors living longer but with more medical conditions; entering LTC with higher needs
- There is a huge problem emerging – a lot of unaddressed mental health and addiction issues as people age

- If they are leaving the hospital and need an accessible apartment there are few resources
- Home and community care no longer provide small things like housekeeping and meal prep. Nothing has been brought in to fill that gap
- Burnout for caregivers at home; there is a need for more respite options
- Limits to use of volunteers despite significant reliance, diminishing interest/supply
- Care plans need to look at funding as well as client needs. Recipients need more control over what services they can get and where (e.g. self-directed, flexible choice-based allocation approach like passport system used in Developmental Service Ontario)
- No fee options to access home care and community services for those with limited means. There should be a focus on lower acuity services for seniors
- Availability of services for seniors at affordable levels. Retirement homes are too expensive and if care exceeds financial capacity then people face eviction or transfer
- Discharge from hospital another area that is seen as weak. Studies have shown that investment in programs and case management ('extended respite') over a longer period can help to avoid LTC admissions. The current provincial maximum amount of time one can stay in respite is 90 days. That is not enough time
- Independent living with stacked services/supports could help to stabilize individuals, alter their trajectory and improve their health. There is a need for more structure, not necessarily big services
- Seniors with dependents are also part of this as aging caregivers. Adult children with disabilities have no place to go (e.g. connected with Developmental Services Ontario) but coordination with provincial ministries is a challenge
- Home making services (maintenance, snow clearing, grass) are in demand but limited provider capacity to respond at rates that are affordable – staffing and volunteer issues
- Alternatives such as modular homes, tiny homes, land condominiums and seasonal adult communities have been tabled at different times – none seem to be taking hold in any meaningful way
- Need more private landlords to partner with. Need to offer something in the form of incentives to encourage the private sector involvement
- Flexible supports that meet people's needs

**3. *What opportunities do you see to better address the housing and support needs of seniors, either through conventional or non-conventional approaches?***

- Continued investment in affordable housing, engage private sector to assist. Investment in affordable housing is a way to kick start local economy to support more building
- Funding is always an issue and there are limits to private sector interest/engagement – need to be strategic
- Good private partners locally but need incentives to get them to engage (e.g. Arnprior build)

- Connect with more private landlords – offer incentives
- Surplus/underused municipal lands could be a tool for facilitating campus-style development for lands adjacent to LTC (e.g. Bonnechere), redevelop/expand Marionhill (Pembroke)
- Supportive of senior-oriented intentional communities, clubhouse type approach with space for visiting health professionals. Requires securing and coordinating multiple pockets of funding, partnerships and administration
- Integrating affordable housing in larger developments (e.g. inclusionary zoning) and adjusting regulatory tools to accommodate smaller homes designed for seniors like tiny homes
- Using public sector lands (government, schools, colleges, etc.) as a bargaining chip/leverage to facilitate private engagement in development, especially campus-style approach
- Build more supportive housing
- Locations/placement of facilities can be a key factor to offset transportation needs
- Continuum of care campus idea has proven successful elsewhere by keeping residents in the community but having a model that is more disbursed to meet rural/remote needs seen as beneficial. This model would allow for a greater range of services/amenities in one location
- Examples of local campus development opportunities include Miramachi home and Sisters of St. Josephs (note Elizabeth Bruyere congregate pod living as example in Ottawa) – making it affordable is critical
- Fairfield Manor in Eganville is an example of a flexible assisted living model in more rural locale, services stacked on retirement home model
  - Maintain residents in home as long as possible by enhancing services, provide congregate living arrangement and alternative package of services to respond to needs
  - Transition to LTC deferred, but due to success there is little turnover
- Petawawa (Riverview Apts.) is another good example where RGI housing with supports stacked on acting like a hub
  - Able to be more supportive because services are closer to a client cluster and supports are tied to income, so also affordable
- Madawaska Valley has a partnership with the hospital to embed/integrate supports in the community. This has resulted in people getting better together, focusing on help, supports, and prevention to improve quality of life
- Madawaska Community Circle of Health is a health/social services hub that works with about 20 community agencies. Staff and resources are shared
- Renfrew Victoria Hospital received funding from the regional geriatric centre to set up nurses who see people early on with dementia and delirium. There are two full-time positions; one in Barry's Bay and one in Renfrew

- Renfrew Victoria Hospital (RVH) is a health hub with services that include:
  - Meals on wheels – prepared at RVH and delivered by volunteers
  - Addiction treatment services – addiction, treatment and referrals throughout Renfrew County; administered centrally but have offices across Renfrew County.
  - Has a geriatric management nurse (.5 FTE) working in emergency department; Arnprior and Pembroke also have these
  - Seniors violence program that services all of Renfrew County; Older Adults Protection service – have respite beds for people in emergencies
- Active Living Centres – a network of eight centres is already established across Renfrew County that promote social engagement, building personal networks to help prevent decline, and current challenges with COVID-19
- Compassionate community model (UK origin) is being explored in Windsor/Essex. This program has is volunteer-based and emphasis is placed on good neighbours looking in on others but in a more formalized way
- Hub/node model may be more usable in rural/remote areas to cluster services and maintain local identity (e.g. Barry’s Bay). Community connections and community partners are needed. Paramedicine can be used as a catalyst for this to help fill in the remaining gaps (not just for seniors)
- Hubs/nodes may run contrary to integration approach and funding/accountability structures for OHT. How do we maintain and build on local successes within that framework?
- COVID-19 tells us that larger, centralized facilities are a big problem. More scaled nodes smaller in size with assisted living services are viable alternative, although access to more resources at LTC would also be helpful
- Support for LTC operators as public entities. This maintains accountability
- Need to change LTC and social housing from buildings to a supportive community
- Competing service providers can create issues. Clients need more say over what services they can get and where (e.g. like the passport system used by Developmental Services Ontario) but relies on awareness of the system and an array of available supports to make informed decisions
- The main reason for people entering LTC earlier than they should is care giver burnout
- There is not enough funding to meet the needs of seniors in Renfrew County
- The system is designed around seniors having to move to environment/services they qualify for every time their situation changes. Why not promote a service continuum that minimizes these moves?
- Promote mixed uses/services in private buildings and include universal design. Having dedicated/special purpose buildings can overly segregate. Examples cited:
  - Integrating community living units in market rental
  - Embedding multi-service providers in Ottawa Community Housing buildings (community housing in Ottawa)



- Assisted living care (light services) in Alexandria and Lancaster
- Virtual long term care could be provided by community paramedicine. People get to the top of the LTC waiting list and have to choose within 24 hours. Community paramedics could complete a “warm transfer” to LTC once it is necessary to move there
- Need a service that would provide affordable support services to semi-independent living arrangements
- Could try more strategies to recruit more volunteers to help out more but this ultimately requires staff
- Ontario Health Team (OHT) transformation presents opportunity to garner better efficiency/delivery of services without the CCAC as middleman, moving towards a more integrated approach to primary health care. There is an emphasis on Alternative Level of Care (ALC) beds but there are concerns with an over-emphasis on fiscal efficiency
- Need to fix funding models to make sector more stable and equitable (LTC, home care, etc.). This would ideally be done through OHT transformation, otherwise we risk an exodus from the system if capacity issues remain unresolved (proactive agencies pursuing recruit/retain strategies)
- The Home and Community Care (formerly the Community Care and Access Centre) need to improve coordination, communication, connections, community contacts and LTC network. Community providers to do discharge planning. OHT roles is key for this to happen
- Home and Community Care used to do more. They now focus primarily on personal care rather than home making-type services like cooking, cleaning and maintenance. These are left to social-oriented agencies now
- Primary care should be the starting point for system navigation/coordination. OHT has potential to streamline this. It is currently a very fragmented system, making it difficult to address issues proactively
- Age-friendly community models provide a framework for planning a more integrated response to seniors issues. Four plans have been completed within the County for local jurisdictions. There should be an overarching plan at the County level
- Support VTAC and telehealth options that extend the system reach to rural/remote locales. Extend primary care through this to enhance outcomes for seniors
- Continue to fund VTAC
- Lack of transportation: The gas tax funding Renfrew County receives could be used to fund a County-wide transportation system like purchasing a van
- Expand and integrate IT/information networks to provide more consistent, timely and accurate information to seniors but recognize internet access issues too
- Shared commitment in service delivery among service delivery partners for the best interest of patients. Consistent information sharing and communication when working with common clients is needed

- Engagement of families/caregivers in awareness and navigation of the system. They do not always think they need help until the need is critical. Individuals can't/won't advocate for themselves. Making informed choices before a crisis forces them to think about alternatives and options before a crisis
- Life lease, cohousing, tiny homes, and the Abbeyfield model are all more affordable models worth considering – emphasis towards building on what's there now and flexing to meet needs

**4. What role do you see for the County in helping to address these needs/gaps?**

- Renfrew County can fill a number of roles:
  - Providing leadership and presenting a shared vision for the community to help build support and guide efforts/investments
  - Bring stakeholders together to promote system planning, capacity building and knowledge transfer, sharing good practice
  - Advocacy for and delivery of flow-through funding
  - Advocacy and lobby for key legislative/program changes and ministry coordination
  - Providing land and resources for facilitation of development
  - Facilitating partnerships among public and private interests
  - Piloting and championing innovative ideas/models, steering investment in services that support seniors
  - Using policy levers like land, land use and development approvals to promote brick and mortar outcomes (Official Plan policies, secondary dwellings, tiny homes, cottage conversions, etc.)
- County and municipalities have a vested interest in system improvements due to interactions with health, social services, police, ambulance, etc. A preventative and resilient model is key. Stabilizing housing situations is a shared responsibility. A multi-disciplinary team to cut across silos could be used to make progress
- Many small independent community support agencies out there. It is a challenge to make this more responsive, streamlined, and effective. They are struggling with their own operational issues and need a leader to manage system. Renfrew County is best positioned for this as it has a macro perspective for the service area
- System coordination and planning is needed. The system is too fragmented to effectively respond and leverage multiple funding envelopes and associated objectives. Renfrew County could lead a community development approach, regardless of age groups
- A coordinator would be great. This person could help seniors and their families navigate through a complex system. A coordinator would be aware of the inventory of seniors programs and be able to market information to seniors
- Renfrew County could assist community agencies to submit grant requests

- Need to have discussions with private builders and provide incentives
- Building consensus with local municipalities is key to moving forward, past challenges in getting collective support/buy-in. Local municipalities need to be proactive and coordinate planning/land use responses (e.g. trails business has proven to be a success that can be built on). Community groups can be a catalyst for this and help government to understand the value of investing in seniors solutions
- Develop and use necessary tools (regulatory or otherwise) plus incentives and reserves to facilitate outcomes
- Some municipalities have surplus land. Renfrew County should develop an inventory or even a land trust
- Continue to support affordable/subsidized housing, encouraged through economic development lens as a livability and resident retention issue. If the private sector can't/won't be engaged then take the lead
- Advocate for funds
- Create additional subsidized units and rent supplements to make housing affordable
- Renfrew County needs to improve advocacy for seniors health
- Need to take responsibility to take action
- Need to take actions to promote economic growth
- Get involved with gaps but don't be so hands on it strangles innovation/local energy: County-wide principles, local-facing solutions
- Keep an open mind to resolution. Having an overarching framework enables alignment of local initiatives and greater accountability with directions
- Deferrals in health investments reflect needs, symptomatic of other things socially
- Lobby to sustain funding to keep VTAC in place after COVID-19
- Address the challenges of distance, transportation and time for staff to travel
- Assist with doctor recruitment
- There is a risk of doing nothing – others will fill the vacuum, do it or have it done to you (e.g. OHT system transformation, home care, etc.). Renfrew County needs acknowledge the social and health impact of doing nothing

**5. What role should community partners and the private sector play?**

- Community partners need to partner with the private sector
- Build a common awareness of issues and opportunities in the community – get people on the same page
- Create opportunities/climate for meaningful investment by the private sector. Land a key element to help foster these opportunities
- Public-Private partnerships (P3) to create new, accessible housing
- Do not compete with private sector, let them carry the load or consider P3 for certain segments of the market. Accountability for public dollars can tend to get in the way of this

- Engaging private landlords to promote and advance integration of services in their buildings
- Private brick and mortar with stacked public services could be one approach worth pursuing
- Private options for home care funding might allow them to take on more volume
- There has been an explosion in real estate prices as people can work from home. This will only apply more pressure to improve outcomes for seniors
- Partnerships with Fairfield and Marianhill have worked well – could be replicated
- RVH assisted living program supports about 20 people but if they were all located in one building then it could be 40
- Engage the community to help support models, integrate units in their buildings, and participate in ‘campus of care’ developments
- Need to improve volunteer management
- Need to leverage the opportunities available
- Determine how to unlock investment and what they need to engage. There are opportunities in our communities like the conversion of churches and public buildings into residential spaces
- Using economic development approach to attract investment for strategic opportunities, steering interest to appropriate locations/options
- Promote contribution to social benefits and social responsibility that private sector can play
- Create a community kitchen where people can be trained and seniors can get healthy meals
- Community agencies are essential for delivery of supports/services but there is a need for collaboration and partnerships to improve effectiveness, leveraging resources and energy. They need to understand and be able to navigate clients through the system
- Work with senior support agencies to see if there are opportunities for expansion
- Local business people sit on community boards/agencies – harness their energy/expertise
- Better utilization of staff
- System navigation, referrals and pathways likely to improve with OHT. Coordination and navigation should be part of their role as they need to take a longer term community perspective
- Current environment unclear, need a more integrated approach to OHT structure locally for clarity, critical mass essential, transparency will help system form around this
- Don’t do good enough, do good!

**6. Where should efforts and resources be focused in order to get the best outcomes for seniors?**

- Build supportive housing for seniors for people of all income

- Create more subsidized housing
- Definitively determine local needs/gaps and focus on them to move the needle. A shared understanding/buy-in on needs will pave the way for solutions, collaboration and partnerships
- Better coordination of the system by the system. Convene a collaborative cross-sectoral roundtable with health, housing and social service providers to examine roles, responsibilities and dialogue on better practices. Maximize flexibility around resource allocation to meet client needs
- Community development and age-friendly planning are important to shift to a more holistic system that is responsive to needs, fostering progress
- Helping stakeholders to improve the system through planning
- Expand assisted living services
- Build knowledge and capacity by providing information/guidance for stakeholders and service consumers
- Knowledge of system and navigation are key. Helping clients find their way to what is available and support for 'No Wrong Door' principle in triage/referrals to services
- Expand the supply of affordable housing, especially rental. Work with community groups and help them leverage resources to foster more affordable housing
- Take advantage of available expansion locations (campus of care, etc.) in short term to ensure opportunity is not missed.
- Figure out how to fund new development
- Integration of seniors housing in private sector buildings – civil supported housing model
- Affordability of both housing and services is necessary to ensure vulnerable seniors have access
- Leveraging resources to promote intergenerational options and living environments
- Expand LTC and retirement home capacity. Retirement living needs to be affordable/subsidized. Larger scale homes may be able to have an affordability mechanism
- Build on existing service modes and hubs, bringing services closer to rural/remote residents
- Incentivise development of suitable housing for seniors via private sector. They can move quicker and have more experience/knowledge to get it done. Consider inclusionary-type zoning as a 'stick' where 'carrots' won't work
- Champion local models that work, leverage investments already made – don't reinvent the wheel
- Advance new home care model/objectives as system is reformed. It is anticipated that OHT rationalization will generate more transparent and responsive system
- Helping people who are stuck where they are (dilapidated homes) by improving access to housing and supports

- E.g. people in remote location, poor house condition, limited income, and diminishing health fall behind in taxes. The church helps to cover taxes but then what?
- Stabilizing remote seniors is only the first step. We need to think also about the next transition when needs oblige a safer, more sustainable living environment
- Supports are key to aging in place. Triage home cares, access supports, link to resources (finite), where there is no family, this challenge is magnified. Even current supports limited (e.g. what real benefit is there to getting 2 hrs per week from CCAC?)
- Look at Renfrew County as a lifestyle choice and build services around those lifestyles
- Discharge planning and respite care are essential to create 'slack' in the system
- Continue to support efforts that address human resource and staffing issues in the sector as these will continue to hinder progress. Compensation and benefits key part of this discussion to attract new talent
- Secure more personal support workers
- Improve respite services (number and access to)
- Take an innovative look at how to provide services
- Could take more of a multi-generational approach
- Expand virtual resources to improve services to rural/remote residents
- Client-centred care through case management or a case coordination approach is needed, not just a service-by-service approach but more holistic. Some examples include:
  - Scandinavian model provides oversight and connects services on an on-going basis to ensure max quality of life
  - SC Health (located in GTA) using regional hub model to support similar objectives, focus on prevention
- Stop thinking along election cycles
- Need to get seniors out socializing and connected
- Ensure that issues of isolation and loneliness are addressed in any solutions
- Ensure that nobody is left behind

## **Part E – List of Community Stakeholders**

A series of stakeholder consultation exercises were undertaken during the study to gather feedback about seniors housing and supports. Input was solicited from a broad cross section of individuals, agencies and the general public. Following is a list of stakeholder agencies that were invited to participate and provide input to the study.

### **Focus Group sessions**

Arnprior & District Family Health  
Arnprior, Braeside McNab Seniors at Home Program  
Barry's Bay and Area Home Support  
Barry's Bay St. Francis Memorial Hospital  
Calabogie and Area Home Support Program Inc.  
Carefor Health & Community Services  
Caressant Care Cobden  
Central Station Lofts (Arnprior)  
Chartwell Quail Creek (Renfrew)  
Eganville and District Senior Citizen's Needs Association  
Fairfields Eganville & Area Long Term Care Corp  
Grove Arnprior (Arnprior and District Memorial Hospital)  
Groves Park Lodge  
Heritage Manor (Pembroke)  
Islandview Lodge (Arnprior)  
Marianhill Home  
North Renfrew LTC Centre  
Petawawa Centennial Family Health Centre  
Petawawa Housing Corporation  
Renfrew and Area Seniors Home Support  
Riverview Heights (Pembroke)  
St. Joseph Non-Profit Housing Corporation  
Supples Landing (Pembroke)  
The Four Seasons Lodge LTC (Deep River District Hospital)  
The Pinewood (Pembroke)  
Valley Manor Nursing Home (Barry's Bay)  
Whitewater Bromley CHC Satellite

### **Community Roundtable session**

Canadian Mortgage & Housing Corp.  
Community Living Upper Ottawa Valley  
CRC Senior Active Living Centre (Killaloe)  
Greater Arnprior Seniors Council

Greater Matawatchan Seniors Housing Corp (Griffith)  
Ministry of Tourism, Culture and Sport/ Ministry of Seniors and Accessibility  
North Renfrew Family Services  
Ontario Provincial Police - Upper Ottawa Valley Detachment  
Pembroke/Petawawa Ministerial Association  
Petawawa Military Family Resource Centre  
Renfrew County Real Estate Board  
Renfrew County United Way  
Renfrew Golden Age Centre  
Seniors Task Force, Township of Whitewater Region  
Veteran's Affairs (Pembroke)

**Key Informants**

AdvantAGE Ontario  
Champlain LHIN  
County of Renfrew, Economic Development  
County of Renfrew, Health Committee  
County of Renfrew, Paramedic Services  
County of Renfrew, Planning  
County of Renfrew, Social Services Committee  
County of Renfrew, Warden  
Pembroke Regional Hospital  
Red Cross, Community Health Services  
Renfrew County and District Health Unit  
Renfrew County Housing Corporation  
Renfrew Hospital  
Renfrew Victoria Hospital

**County Council questionnaire**

City of Pembroke  
Town of Arnprior  
Town of Deep River  
Town of Laurentian Hills  
Town of Petawawa  
Town of Renfrew  
Township of Admaston/Bromley  
Township of Bonnechere Valley  
Township of Brudenell, Lyndoch & Raglan  
Township of Greater Madawaska  
Township of Head, Clara & Maria  
Township of Horton



Township of Killaloe, Hagarty & Richards  
Township of Laurentian Valley  
Township of Madawaska Valley  
Township of McNab/Braeside  
Township of North Algona Wilberforce  
Township of Whitewater Region