



BUILDING A CITY FOR ALL AGES

Final Report of the Toronto Seniors' Task Force

September 1999

BUILDING A CITY FOR ALL AGES

FINAL REPORT OF THE TORONTO SENIORS' TASK FORCE

SEPTEMBER 1999



City Hall
100 Queen St. West
Suite 55
Toronto, Ontario
M5H 2N2

Anne Johnston

City Councillor
North Toronto Ward

Tel: (416) 392-4090
Fax: (416) 392-4129



December 14, 1999

On October 26, 1999, City Council adopted the recommendations contained in the final report of the Toronto Seniors' Task Force – Building a City for all Ages and as Chair of the task force, I was appointed the Seniors' Advocate.

This report represents input from the extensive public consultations with seniors and many meetings of the Seniors' Task Force. Our work identifies the issues and priorities affecting seniors in the City of Toronto, proposes a citizen participation model and outlines the initiatives undertaken to celebrate the International Year of Older Persons in 1999. These recommendations outline a blue print which City Council and seniors can continue to work together to improve the quality of life recognizing the strength and wisdom of seniors living in our City.

I wish to thank citizens and staff who participated in this process and especially the members of the Seniors' Task Force who worked hard to make the most of this opportunity. This document is City Council's contribution to the International Year of Older persons and can act as a guide to upcoming initiatives.

Sincerely,

Anne Johnston
Chair
Seniors' Task Force

Audrey Jardin, Executive Assistant

Irene Schneider, Administrative Assistant

Susan Innes, Constituency Assistant

Councillor_johnston@city.toronto.on.ca <http://www.annejohnston.on.ca>

SENIORS' TASK FORCE REPORT

TABLE OF CONTENTS

- EXECUTIVE SUMMARY** 1
 - How We Got Started 1
 - What We Did 1
 - Seniors in Toronto 2
 - What We Heard 2

- SENIORS' TASK FORCE VISION STATEMENT** 4

- SUMMARY OF RECOMMENDATIONS**
 - Access to Information 5
 - Health Care 5
 - Public Health 6
 - Housing 6
 - Public Transportation 6
 - City Services and Supports 8
 - Burial Ground 9
 - International Year of Older Persons 9
 - Seniors' Assembly 9

- INTRODUCTION**
 - 1. Seniors' Task Force: Who Are We?** 10
 - 2. Background: Who Are We Talking About?** 11
 - Profile of Seniors in Toronto 11
 - Seniors and Their Incomes 11
 - 3. Methodology: How We Did It and Who We Spoke To** 12
 - Outreach 12

- WHAT WE HEARD: ISSUES & RECOMMENDATIONS**
 - 4. Access to Information** 14
 - Access Toronto 15
 - Community Information Toronto 15
 - Community Information Centres 16
 - Community Care Access Centres 16
 - Health Care Information and Communications 16
 - Toronto Social Housing Connections 17
 - Seniors' Services at the Library 17

 - Recommendations - 4. Access to Information** 1

5.1 Health Care	
Health Care Spending	19
Quality of Care	20
Hospital Care	21
Long-Term Care	21
Mental Health	23
Ottawa's Renewed Commitment to Medicare	24
Reinvesting in Health Care	25
Responding to the Health Care Needs of Diverse Senior Communities	25
Drug Expenditures	25
Conclusion	26
Recommendations - 5.1 Health Care	27
5.2 Public Health	
Programs and Services	28
Chronic Disease Prevention	28
Injury Prevention	28
Substance Abuse Prevention	28
Communicable Disease Control	29
Elder Abuse	29
Informal/Caregiver Initiatives	29
Dental Programs and Services	29
Frail Elderly	30
Recommendations - 5.2 Public Health	31
6. Housing	
Rent Increases and the Supply of Affordable Housing	32
Rent as a Share of Income	32
Vacancies and Rent Control	33
Waiting for Affordable Rental Housing	33
Accessible Housing	34
Housing Improvement Program	35
Property Taxes	35
Recommendations - 6. Housing	36

7. Public Transportation	37
Seniors and the TTC	37
Operations	37
Accessibility	38
Community Bus Service	39
Wheel-Trans	39
Community Transportation Action Program	40
Recommendations - 7. Public Transportation	42
Fares	42
Operations	42
Wheel-Trans	43
Community Buses	43
Community Transportation Action Program	43
8. City Services and Support	44
Parks and Recreation	44
Sidewalk and Traffic Safety	46
Fire Safety	46
Personal Safety	46
Fraud	46
Education	47
Community Grants	48
The City of Toronto	48
The community-based social service sector	48
Funding	49
Community supports	49
Access and equity	49
Recommendations - 8. City Services and Supports	50
Parks and Recreation	50
Sidewalk and Traffic Safety	50
Fire Safety	50
Personal Safety	51
Fraud	51
Education	51
Community Grants	51

9. Burial Grounds	52
Recommendations - 9. Burial Ground	52
10. International Year of Older Persons 1999	53
Street Signage Program	53
Global Conference on Aging	54
IYOP Logo	54
Events	54
Recommendations - 10. IYOP	55
11. Seniors' Assembly	56
Role of the Assembly	56
Responsibilities of the Members	56
Responsibilities of the City	56
Suggested Membership	57
Individuals	57
Agencies	57
Recommendations - 11. Seniors' Assembly	57

APPENDICES

I. Seniors' Socio-Demographic Profile	58
II. Beat the Heat	75
III. Toronto Transit Commission – Accessible Stations Program and Community Bus Routes	77
IV. Community Partners	79
V. Seniors' Task Force Staff List	80

EXECUTIVE SUMMARY

How we got started

Early in 1998, the Toronto City Council established a Seniors' Task Force to identify the needs of seniors in Toronto and to develop a seniors' strategy to address priority issue areas which are to:

- develop structures to advise City Council on issues affecting seniors and to involve seniors in this process;
- ensure that policies, programs and services developed and delivered by the municipality meet the needs of seniors;
- value the involvement of seniors in the life of the city;
- identify a role for the City in the International Year of Older Persons 1999; and
- provide a process for rationalization of all previous municipal seniors' committees.

City Council adopted the Terms of Reference in March, 1998.

The Task Force consists of 25 members representing the geographic areas of the City. Seven are City Councillors and 18 are senior citizens.

What we did

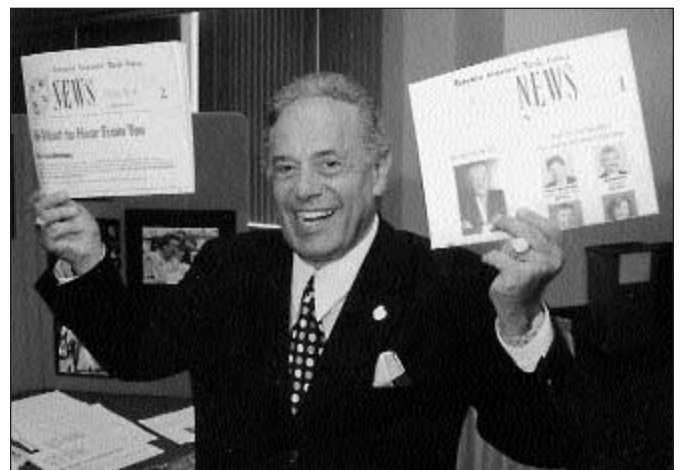
The Seniors' Task Force undertook a highly inclusive consultation process. In partnership with about 65 community organizations and associations, the Task Force listened to the needs and concerns of 1,064 seniors in 39 public consultations held in the Fall of 1998. Consultations were held simultaneously in many languages including Chinese, Italian, Korean, Portuguese, Spanish and Tamil. Dedicated phone lines were available, some in local communities, as well as a two-day staffed phone line provided by Access

Toronto using the AT&T language line. Fax, e-mail and a mailing address were made available for feedback from seniors who did not attend the consultations.

The consultation process was based on a facilitated workshop model and sought input from seniors on the following questions:

- What are the major issues and priorities for seniors living in the new City of Toronto?
- What citizen participation models should be adopted to advise City Council on seniors' issues?
- What suggestions did they have for marketing 1999 as the International Year for Older Persons in Toronto?

The Seniors' Task Force NEWS was developed to let the public know about the Seniors' Task Force and circulate information on the public consultation schedule. Three issues of the newsletter were produced. Approximately 13,400 copies of the newsletters were printed and distributed to interested individuals. Community newspapers, local television and a 55+ radio station were also used to disseminate information about the consultations.



Mayor Mel Lastman with Seniors' Task Force NEWS

Seniors in Toronto

The Seniors' Task Force also reviewed key demographic data about seniors in Toronto and found that the population of the City of Toronto is aging. In 1971, seniors represented 8% of the total population of Toronto. In 1996, seniors represented 13% of the population. By 2029, the proportion of seniors is expected to increase to about 20% of the total population.

Other key demographic points include:

- One in four seniors live alone. The majority is female.
- The number of older seniors (over 75 years of age) is increasing.
- About one third of seniors use languages other than French and English. The top five languages, aside from English, are Italian, Chinese, Portuguese, Polish and Greek.
- The 1995 median income for Toronto's seniors, according to Statistics Canada Taxfile Data, was \$40,027.00, not far from the median income of all Toronto families at \$41,629.00. The percentage of seniors, however, that received an income equal to or less than \$30,000.00 annually was a little over 34% for husband/wife families, almost 33% for lone-parent families, and a dramatic 78% for single seniors.
- The income for the majority of single seniors (36%) was between \$10,000.00 and \$15,000.00. Most of these were widows.

What we heard

The Seniors' Task Force began its work in a time of social and political change. These changes have been rapid and wide-ranging and have directly affected the daily lives of seniors.

Seniors acknowledged and valued the many programs and community supports they had been able to access and contribute to through the years. At the same time, however, they expressed deep concerns about the potential loss of familiar, local services and the feeling of community due to the amalgamation process.

The seniors consistently identified the following issues as major concerns for them living in the new City of Toronto. They were:

• Access to information

Seniors want consistent, clear information about who delivers services to seniors and how these services are delivered. This information needs to be delivered in many languages and using formats that seniors can easily see, hear and understand.

• Health and health services

Seniors were very concerned about many health care issues, especially the protection of community and public health programs, and accessible and affordable health care. They have many of the same concerns as others living in Toronto about the lack of long-term care and acute care beds, long waits in emergency wards, lack of staff, inadequate community-based health care, and a general perception that health services are declining.

- **Transportation**

Seniors expressed support for both the TTC and Wheel-Trans. They are vital to seniors. Their suggestions and concerns focused on accessibility and affordability of public transportation.

- **Housing**

Although housing concerns are common to the population as a whole, seniors were particularly concerned about property taxes and fees for service. Seniors living in public housing were concerned about privatization, security and maintenance. Seniors who may be leaving their homes were concerned about affordability of rental units and being able to stay within their community.

- **City services and supports**

Seniors expressed concern about loss of service due to amalgamation. Services that are delivered by local government and through senior centres and agencies are important.

- **A voice for seniors**

Seniors said they wanted to have input into local government policy decisions that affect their lives and how services are delivered to them. Any group representing seniors in Toronto should reflect the cultural and ethnoracial diversity of the city.

It was timely that the Seniors' Task Force final report was on the City Council agenda in 1999, the International Year of Older Persons. This report, which outlines recommendations to address issues and priorities raised by seniors living in the new City, will become part of the legacy for City Council, staff and seniors to make the new City of Toronto a society for all ages.



VISION STATEMENT

This vision statement was adopted by the Seniors' Task Force on June 15, 1999.

By 2005, the City of Toronto will be a leader in supporting quality of life for seniors by providing reasonable access to services, a safe physical environment, choices in work and social opportunities, and a voice in local government decisions which affect their lives.

Toronto will be recognized as a caring City that respects and values its seniors and their contributions to the life of the City.

SUMMARY OF RECOMMENDATIONS

Access to information

The Seniors' Task Force recommends that:

1. The Information and Communication Division through Access Toronto consolidate information on all senior-specific programs or services operated by the City and, in partnership with Community Information Toronto and local community information centres, assess existing information for seniors and collaboratively seek ways to address gaps and identify promotional models to inform seniors of these services.
2. Access Toronto, Toronto Social Housing Connections and Community Information Toronto develop strong linkages with the Community Care Access Centres for information sharing and elimination of duplication and that this linkage be communicated to the local information access points for seniors in the community.
3. All information delivery to seniors be based on best practices so that the communication is:
 - in clear language;
 - linguistically accessible;
 - clear in font, layout, print size and colour;
 - given by "real" people answering main information lines;
 - culturally appropriate;
 - disseminated through the community newspapers, community centres and libraries;
 - available to seniors with low literacy skills; and
 - able to use public service announcements on radio and cable TV which can be made available at no cost.

4. Training and Development conduct training sessions for City staff in both oral and written communication with seniors to develop effective skills to deliver information that is "senior-friendly."
5. The City recognize that resources for technical upgrades at local community information centres has not kept up with the need, and that community grants criteria recognize this as an important funding need in information provision.
6. The Province establish and fund a health information clearinghouse for seniors.

Health care

The Seniors' Task Force recommends that:

7. The provincial government reinvest funding into the health care sector to ensure that the principles of access and high quality care are not compromised; and that the funding be significantly enhanced for nursing services, Community Care Access Centres (to expand community long term-care services), and mental health services for seniors.
8. The Province ensure that the criteria for funding health care services include access to services as a measure of meeting the needs of the diverse populations in the City of Toronto and address specifically the barriers to accessing health care services for ethno-cultural and linguistic seniors.
9. The Province eliminate co-payment charges for seniors for prescription drugs and expand the benefit coverage to include supplies required for the administration of prescription drugs such as insulin.

Public health

The Seniors' Task Force recommends that:

10. City Council continue to support and fund local public health programs and services for seniors (including chronic disease and injury prevention, substance abuse prevention, communicable disease control, elder abuse prevention, informal/caregiver support initiatives and dental programs).
11. Toronto Public Health work with Community Care Access Centres and other agencies to address the needs of the 'at risk' frail elderly.
12. Toronto Public Health continue to work with community agencies and groups to advocate for policies and practices which ensure equal access to health care and an equitable distribution of resources and services for seniors.

Housing

The Seniors' Task Force recommends that:

13. The City urge the Province of Ontario to amend the Tenant Protection Act to restore rent control.
14. The City, as part of its affordable housing strategy, encourage a fair share of affordable housing units be developed within the city to target seniors.
15. The City urge the provincial and federal governments to ensure the housing needs of seniors are included in any new housing developments, recognizing that a solution to the affordable housing crisis in Toronto must involve all levels of government.

16. The City of Toronto approach the Ontario Non-Profit Housing Association to facilitate discussions on accessible housing needs in Toronto, through its local Toronto network. The Toronto Housing Company, Co-op Housing Federation of Toronto and the Metro Toronto Housing Authority should participate in these discussions so that a mutual exchange of learning and experience occurs between City-operated and community-based housing providers.
17. The City continue to negotiate with Canada Mortgage and Housing Company to expand the City's administration of the federal Residential Rehabilitation Assistance Program across the new City of Toronto.
18. The City of Toronto conduct public information sessions for seniors in the community explaining the details of the new Property Tax System, how to read the new bill, where the money is going and how the assessment worked.

Public transportation

The Seniors' Task Force recommends that:

19. The Toronto Transit Commission (TTC) continue the discounted seniors' fare.
20. The TTC develop mechanisms which allow for reduced rates for seniors during off-peak times. One of these should be the development of a seniors' day pass which would be valid during off peak times and available for purchase at stations and community outlets.

21. The TTC recognize that low-income seniors have difficulty having enough money to purchase transit fares even at a discounted seniors' rate. It is recommended that appropriate City staff explore the possibility of a transit subsidy for those seniors receiving the provincial GAINS (Guaranteed Annual Income Supplement) and that staff approach the provincial government with a proposal.
22. The TTC change the current "courtesy seating" system to "designated seating" with the additional phrase "Be prepared to give up your seat." The current "elderly and disabled" signage can still be used. The program be supported by the drivers and a marketing program using the International Year of Older Persons theme and logo.
23. Signage throughout the system be improved and include signs, brochures and schedules with larger print, information in languages other than English, and international graphic signage. Information on improvements should be communicated to seniors' organizations, particularly ethno-racial groups and seniors' centres.
24. Training for TTC staff on seniors' special needs be introduced to enhance sensitivity and improve customer service. An effective course would facilitate staff understanding about what it is like for seniors to use the regular system and what they can expect to encounter.
25. Notification be posted in subway stations to advise passengers that escalators and/or elevators are out of service. If seniors can only exit that station using these services, they need to know before they exit to avoid paying an additional fare to travel to a station which they can exit.
26. The sound system be upgraded to make it useful for seniors and others.
27. The TTC and the Works Department install more benches at bus stops and shelters. Locations should be identified with the assistance of the Seniors' Assembly.
28. The TTC develop an accessibility map which would plot out trips between stations that are accessible and link them with accessible bus routes.
29. A geriatrician be added to the Wheel-Trans review panel to assess the needs of aging seniors who do not need mobility devices except for canes.
30. The ability to challenge the decision of the Wheel-Trans review panel be addressed. Many seniors are unclear about the criteria and their rights. They have a fear about speaking out and many do not speak English easily. The review panel should offer community locations, perhaps at seniors' centres, community or recreation centres. The panel should be prepared to provide services in languages other than English, with notices that reflect that service.
31. Community bus routes be expanded and the TTC staff work with the community to develop, support and promote these routes.
32. The City champion the Community Transportation Action Program that is vital to the transportation needs of a number of sectors and promotes efficient use of community agency vehicles.

City services and supports

The Seniors' Task Force recommends that:

33. All public and community meetings sponsored by the City provide for seniors' full participation by including:
 - information that can be read easily, e.g. adequate font size, clear language;
 - a public address system to ensure all can hear the speakers; and
 - accessible buildings.
34. Parks and Recreation services and programs which value seniors be supported and developed to meet the needs of the growing seniors population. Programs for seniors create a balanced program in each community centre.
35. Parks and Recreation continue to evaluate the impact of user fees on access and participation in seniors' programs.
36. Parks and Recreation staff develop a broad range of recreation and leisure opportunities that accommodate variances in interest, culture and level of ability to participate, and that seniors are involved and consulted in this process.
37. Works and Emergency Services continue to make regular formal inspection of sidewalks and curbs and that repairs to hazardous conditions be a priority.
38. Works and Emergency Services develop a well-publicized reporting system that enables members of the public to report hazardous sidewalk or curb conditions.
39. All sidewalk snow and ice clearing by-laws be rigorously enforced.
40. The Seniors' Assembly work with the Committee on Community Safety, City Cycling Committee and the Pedestrian Committee on safer sidewalk strategies.
41. The Seniors' Assembly work with the Committee on Community Safety, the Pedestrian Committee and Transportation Services on appropriate timing for multi-laned intersection pedestrian crossings.
42. The Fire Department promote the "Older and Wiser" program through public service announcements.
43. The Fire Department promote a program to "train the trainer" through a wide range of seniors' organizations, especially groups in the ethno-racial community so that awareness can be promoted in languages other than English.
44. The Seniors' Assembly work with members of the Committee on Community Safety on common issues and that any brochures, campaigns or advertisements include seniors' issues.
45. The membership of the Committee on Community Safety include seniors.
46. City Council recognize the importance of anti-fraud community initiatives such as The East York Community Task Force to Combat Fraud Against Seniors and the ABC's of Fraud program.
47. Public service announcements be routinely developed on the latest fraud/scam, with

encouragement to report incidents to police along with a list of community agency programs to contact. These should be announced by the Mayor and/or the Chief of Police and carried on television, radio and in community and city newspapers.

48. City Council support affordable access to life long-learning.
49. Information on literacy programs for seniors at the Toronto Public Library be distributed to community and seniors' organizations.
50. The City of Toronto's Community Service Grants Program staff re-examine supports to community-based seniors' services and target appropriate funding to vulnerable, at-risk groups within seniors' communities.
51. That prevention and awareness of elder abuse be an important criteria in awarding the Breaking the Cycle of Violence grants.

Burial ground

The Seniors' Task Force recommends that:

52. Staff from the Aboriginal Office, Access and Equity meet with appropriate members of the Aboriginal community to develop a process to acquire a site for an Aboriginal burial ground and that the appropriate City staff be requested to provide any necessary expertise.

International Year of Older Persons

The Seniors' Task Force recommends that:

53. City Council continue its support and fund the

improved street signage program, and that funding be allocated each year until completion.

54. City Council encourage property owners to put well-lit numerical addresses on the building, offices and homes on their property. In the development of the improved street signage program, it was noted that many buildings do not display their numerical address.

Seniors' Assembly

The Seniors' Task Force recommends that:

55. City Council adopt the model described as the "Seniors' Assembly" and appoint a Seniors' Advocate for the City.



Made in the shade, at Salute to Seniors, June 1999

INTRODUCTION

1. Seniors' Task Force: Who Are We?

In January 1998, Toronto City Council established a Task Force to Develop a Strategy for Issues of Concern to the Elderly. City Council was responding to recommendations from the Toronto Transition Team Report, "New City, New Directions".

The name of the Task Force was later changed to the Seniors' Task Force.

City Council mandated the Seniors' Task Force to identify emerging needs of senior residents in the city of Toronto and to develop a seniors' strategy to address priority issue areas which are to:

- develop structures to advise City Council on issues affecting seniors and to involve seniors in this process;
- ensure that policies, programs and services developed and delivered by the municipality meet the needs of seniors;
- value the involvement of seniors in the life of the city;
- identify a role for the City in the International Year of Older Persons 1999; and
- provide a process for rationalization of all previous municipal seniors' committees."

City Council adopted the Terms of Reference in March, 1998.

The Task Force consisted of 25 members representing the geographic areas of the City. Seven were City Councillors and 18 were senior citizens. The seniors were chosen because they are:

- active in seniors' organizations and associations;

- able to reflect their own views and experiences as well as those of their members; and
- able to consult others within their communities.

Councillor Anne Johnston, North Toronto, chaired the Seniors' Task Force.

City Councillors on the Task Force were:

Lorenzo Berardinetti, Scarborough City Centre
 Michael Prue, East York
 Ron Moeser, Scarborough Highland Creek
 Joanne Flint, North York Centre South
 Elizabeth Brown, Rexdale-Thistletown
 Bill Saundercook, York Humber

Citizen members selected to the Seniors' Task Force were:

Edna Beange Boyd Hipfner
 Hugh Betts George Johnson
 Ruth Brown Dorothy MacKinnon
 Bill Campbell Beverly McClelland
 Margaret Campbell Bill Nemerson
 Rosa Chan Joan Osler
 Toni Ciccarelli Marlene Scorrano
 Walter Stewart Culbertson Iria Vieira
 Stuart Hill Bill Wilson



Seniors' Task Force, 1999

2. Background: Who Are We Talking About?

Profile of Seniors in Toronto

The population of the City of Toronto is aging. While total population increased by 14% over the last 25 years, seniors (those 65+) increased by 87% over the same time period. In 1971, seniors represented 8% of the total population of Toronto. In 1996, there were 319,800 seniors 65+ in Toronto, representing 13% of the population. A 1997, Statistics Canada update estimates that the senior population has increased to 340,000. By 2029, the proportion of seniors is expected to increase to about 20% of the total population.

The following key demographics provide scope and context for the current population of seniors in Toronto:

- The city's population of seniors is expected to increase at an average annual rate of about 2% per year.
- One in four seniors lives alone. The majority is female.
- About 40% of seniors are at least 75 years of age and this population is projected to increase by 35% in the new city between 1995 and 2003. (Harmonization of Dental and Oral Services, January 15, 1999, Board of Health)
- 15% of seniors (65+) in Toronto do not know either French or English. This is higher than the overall population where 8% do not know either official language.
- 31% of seniors speak a language other than English or French at home. In the overall population, 24% speak a non-official language at home.

According to 1996 census data, the top five languages, aside from English, spoken at home by seniors in the city of Toronto were Italian, Chinese, Portuguese, Polish and Greek. Overall, seniors speak 25 different languages in the city. Census data also identified ten larger ethno-racial senior communities in the city.

Seniors and Their Incomes

It is well recognized that in the senior years, affordability problems become more common. The 1995 median income for Toronto's seniors, according to Statistics Canada, Taxfile Data, was \$40,027.00, not far from the median income of all Toronto families at \$41,629.00. The percentage of seniors, however, that received an income equal to or less than \$30,000.00 annually was a little over 34% for husband/wife families, almost 33% for lone-parent families, and a dramatic 78% for single seniors. The income for the majority of single seniors (36%) was between \$10,000.00 and \$15,000.00. It has been estimated that these lower-income seniors are primarily widows who have no Canada Pension Plan or employer pension incomes. Many of these women live in the large stock of the City's Toronto Housing Company seniors' units.

Younger seniors of today (and prospective seniors of tomorrow) are generally financially more solvent than their counterparts of several decades ago, largely due to working in the prosperous post-war period where real gains in retirement pensions were made. Nevertheless, a significant number, especially women, have inadequate incomes. It is well documented that isolation and poverty among seniors are problematic to health and wellness, with both personal and economic ramifications for the whole population.

The current (January 1999) minimum level of income guaranteed by the province for seniors is \$11,785.00 per year for individuals and \$19,483.00 for couples. (GAINS Program – Province of Ontario). The GAINS program provides up to \$996.00 per year to those whose incomes are below the above levels. Currently, 46,331 seniors in the city of Toronto receive the funds through the GAINS supplement program.

3. Methodology: How We Did It and Who We Spoke To

Outreach

The Seniors' Task Force began its work in a time of social and political change. These changes have been rapid and wide ranging and have directly affected the daily lives of seniors. The Task Force members expressed real concerns about the:

- loss of familiar services;
- continued access to needed services; and
- availability of community-based programs.

The Seniors' Task Force wanted to hear from as many seniors, and people who serve seniors, as possible. It held public consultations across the new city in places where seniors meet and are comfortable in their communities:

- Thirty nine consultations were held with 1,064 seniors, including representatives of senior organizations and associations as well as representatives of agencies serving seniors.
- Staff whose mandates include seniors' issues were asked to provide input on their issues and priorities.
- Consultations were held simultaneously in many languages including Chinese, Italian, Korean, Portuguese, Spanish and Tamil.
- Dedicated phone lines were available, some in local communities, as well as a two-day staffed phone line provided by Access Toronto using the ATT language line.
- Fax, e-mail and a mailing address were made available for feedback from seniors who did not attend the consultations.

The consultation process was based on a facilitated workshop model. Seniors were asked to work individually at first, followed by small group and large

group discussions. The workshop was designed to identify major issues and trends with maximum input from seniors on the following questions:

- What are the major issues and priorities for seniors living in the new city of Toronto?
- What citizen participation models should be adopted to advise City Council on seniors' issues?
- What suggestions did they have for marketing 1999 as the International Year for Older Persons in Toronto?

The Seniors' Task Force NEWS was a newsletter designed to let the public know about the Seniors' Task Force and circulate information on the public consultation schedule. Co-edited by citizen volunteers and staff as support, three issues of the newsletter were produced. Approximately 13,400 copies of the newsletters were printed and distributed to interested individuals. Extra copies were available for interested individuals through public libraries, parks and recreation centres, civic centres and City Councillors' offices. Copies were also sent to agencies and their staff that serve seniors, including the Metro Toronto Housing Company residential buildings.

Many community newspapers published information about the Seniors' Task Force and the consultation schedule. Local television and a 55+ radio station included announcements on dates and locations for the consultations in their programming.

WHAT WE HEARD: ISSUES & RECOMMENDATIONS

“A wide consultation like this with seniors has never happened before - it's a real opportunity.”

Seniors actively participated in the consultation sessions. They acknowledged and valued the many programs and community supports they had been able to access and contribute to through the years. At the same time, however, they expressed deep concerns about the potential loss of local services and the feeling of community due to the amalgamation process.

The seniors consistently identified five issues as major concerns for them living in the new city of Toronto.

They were:

- access to information;
- health and health services;
- housing;
- transportation; and
- services.

The following segment of the report provides detailed context for the main areas of concern for seniors. Each section includes information about the current status of the issue in Toronto, and what the seniors had to say about the issue. The seniors' comments included here closely reflect the tone and content of the seniors' discussions during the consultations. The recommendations, numbered in the same sequence as in the Summary of Recommendations, follow each section to which they are connected.



Launch of STF Public Consultations September 15, 1998.

4. Access to Information

“Seniors are not aware of what services, resources and programs are out there. How do seniors find out about them?”

Seniors identified access to information as a priority. All are aware of the current changing climate of local and provincial services. Consistent, clear information about who delivers services to seniors and how these services are delivered is critical during this time of change.

Access to information is the key to open understanding of all the areas identified in this report. Seniors expressed concern about understanding new links to information. The challenge may not be information itself but in communicating to seniors where and how they can get information. The existing community communication infrastructure is important to recognize and use in any reorganization or promotional projects.

Seniors and their caregivers need information on services specific to seniors, such as home supports, financial assistance, health and housing. Seniors also need the same information as any other citizen concerning issues such as property taxes, elections and events. During the consultations, having information readily available about the types of currently existing health-related services, and how to access them, continually emerged. Concern was also raised about translation services and information in other languages, and information acknowledging those with disabilities, especially hearing impairments.

All this information must be written, designed and disseminated with the needs of seniors in mind to achieve effective access and empowerment.

Seniors suggested ways to make information more accessible to them, e.g. information should be:

- delivered by a ‘real person’;
- ‘senior-friendly’, that is, large, clear type and accessible for the hard of hearing;
- available in many languages;
- co-ordinated to reflect services delivered by local government, agencies and institutions and senior centres and identify access points to other levels of government; and
- produced regularly by an identified source.

Accessibility issues for people with hearing impairments and disabilities

The Hearing Society states that hospitals should ensure that communication is barrier free to seniors with hearing loss. Seniors constitute a high percentage of the hospital consumers.

Seniors with hearing impairment say that accessibility is very much an issue when they are in hospital. Hospital staff should be able to access technical devices, i.e., communicator, so that hearing impaired seniors can understand what is being said to them. A variety of phones needs to be available, i.e., amplifying and voice carry over phone, and telewriter for people with hearing disabilities.

The identified formal information providers include:

- **Access Toronto** - local City services;
- **Community Information Toronto** - community services, government, referral and advocacy;
- **Community Information Centres** - local community information centres that provide citizens with local information but are connected to the larger network; and

- **Community Care Access Centres** - six centres in the City run by the province that provide information on all levels of health care services.

Seniors currently access information from community and neighbourhood sources of information including community agencies, community centres, community health centres, seniors' centres and public libraries.

Access Toronto

Access Toronto is the public information service for the City. It provides information about local government at one main number 338-0338. Access Toronto also provides information delivered by a "real person" in over 140 languages through the AT&T language line service. TTY callers use 338-0889.

Access Toronto outreach staff travel to malls, information fairs and other community events to let people know about the new City government. Community groups or service clubs can invite speakers from Access Toronto to deliver a presentation to their meeting. Topics include:

- an overview of the new City government;
- current issues at City Hall;
- how to get involved with City government;
- making a deputation; and
- the City's budget process.

Brochures are available at Information Centres at local civic centres. Staff at the centres can answer questions and concerns about any of the City government programs and services. Tours of Toronto City Hall are also available for groups.

Community Information Toronto

Community Information Toronto at 397-4636 (397-INFO) is a citywide information and referral service on a wide range of community, social services and government programs. Information counsellors assess, refer and advocate to assist people contact appropriate services. Information is provided by telephone, mail and personal interviews. The service is free and confidential. The Community Helpline answers over 120,000 calls a year and is open seven days a week from 8 am to 10 pm. About 12% of the callers are seniors.

The database contains information on over 3,200 community, social services and government organizations. Detailed information about programs, services, eligibility, application procedures, language availability, location and degree of access for people with physical disabilities is available. The database can produce a variety of resources for a varied audience.

The Directory of Community Services, known well as "The Blue Book," represents 60% of the database and contains information on over 1,250 organizations. Professionals and volunteers from 3,000 organizations use the Blue Book. This resource provides thousands of referrals.

Community Information Toronto provides two other resources aimed at seniors. "55 Plus Ontario" provides detailed information on services for older adults in Toronto, plus basic information on the GTA and the rest on Ontario. The "Seniors' Independence Through Information - A Guide for Providing Information and Referral to Seniors" describes how information delivery can be "seniors-friendly and effective." It was produced with help from an advisory committee of seniors and several organizations serving seniors.

Community Information Centres

There are 12 local Community Information Centres in the city. Information Scarborough, Parkdale Community Information Centre and People and Organizations in North Toronto (POINT), to name a few, provide information about local services as well as how to access local clubs, recreation activities, fairs or places of worship. The Community Information Centres download the Community Information Toronto database monthly. Each centre adapts the database to the community it serves in terms of need, language and services. Many provide assistance in filling out government forms and applications, maintain a housing registry, provide access for social housing connection, have a childcare registry, do advocacy work, provide job search information, provide volunteer training and opportunities, and offer caregiver relief for seniors.

Currently, Community Information Centres are experiencing difficulty accessing external information systems because of the lack of resources to update equipment.

Community Care Access Centres

Recently, the Province of Ontario created six Community Care Access Centres (CCAC's) in the city of Toronto. The CCAC's provide information on health care and health care facilities such as long-term care facilities. The CCAC's staff a central call number in each of the former municipalities that is accessible in 150 languages through the AT&T language line. The centres have a walk-in service Monday to Saturday and an Ontario Health card is required for service.

Areas of service include information on how to access:

- in home health care - home care;

- placement in long-term care facilities;
- in home services;
- family services;
- information on acquired brain injuries;
- respite for caregivers;
- crisis placement; and
- information and assistance in linking to existing community support services e.g. attendant care, meals-on-wheels and volunteer transportation.

Despite a recent budget increase, CCAC's are struggling to cope with dramatically increasing demands for home care placements, and increasing acuity care needs of long-term care consumers both within long-term care facilities and within the community.

"The limitations placed on the Community Care Access Centres means that many seniors are not receiving the services that they require to optimize their health."

Health Care Information and Communications

Seniors clearly identified the need for increased awareness and understanding of individual health, health care options and available services in the city of Toronto. Some of the issues they raised included the need for co-ordinated information and referral for senior care facilities in Toronto, general health information about diagnosed ailments, more public education regarding health issues affecting the elderly, and basic information on health and emergency services in the city and when and how to access those services. In addition, seniors explained that they wanted information to be senior-friendly, e.g. access to

a live voice and not an automated machine that instructs callers to press digits for information, increased interpretation services at health care sites (hospitals, dental offices, etc.) and use of technological equipment to aid hard-of-hearing seniors (amplified communications equipment).

Seniors have repeatedly asked for a “one-stop shopping” approach to accessing information. It is evident that seniors are looking for a health information clearinghouse to inform seniors about general health issues and the broad range of health supports available to seniors.

Given the information organizations that currently exist, the following recommendations outline suggested ways of building connections and linkages within the existing systems and awareness in the community of seniors as well as ways that the services will be useful and accessible to seniors.

Toronto Social Housing Connections

The Toronto Social Housing Connections is a housing service designed to help people find permanent, affordable rental housing across Toronto. Housing Connections replaced the Seniors’ Central Housing Registry, Cityhome’s rent-geared-to-income intake office and the Metro Toronto Housing Authority’s intake services.

Information and applications for rent-geared-to-income housing managed by the Metro Toronto Housing Authority, the Toronto Housing Company, and many co-operatives, private non-profits, and supportive housing providers in Toronto, are available to the public. Housing Connections maintains waiting lists for over 600 housing locations in Toronto.

Housing applications and information are available across the city at a variety of locations: the four Housing Connections offices, most non-profit or co-op offices, legal clinics, Community Information Toronto and the Housing Help Centre.

Seniors’ Services at the Library

The Toronto Public Library, newly amalgamated with 98 branches, is one of the largest library systems in Canada. In keeping with its tradition of responding to the needs and interests of everyone in the community, it has developed a variety of services and programs for Toronto’s seniors.

The library has an extensive collection of books for and about seniors which also includes magazines and newspapers, large print books, talking books and books on tape, as well as closed captioned videos and descriptive videos. Along with the reference and referral service to seniors’ resources and community agencies, the library offers services such as films, speakers, Internet training, telephone service for questions, renewals and requests.

For people who cannot get to the library because of age, illness or disability, and are homebound for more than three months, the Home Library Service delivers items to them free of charge. This includes books in regular or large print, in languages other than English, and talking books.

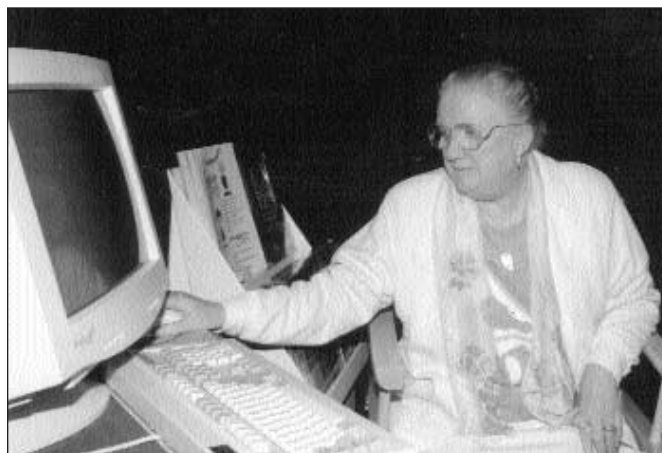
Most branches of the Toronto Public Library are wheelchair accessible. Several offer reading aids which include magnifiers, bookstands, page-turners, reading lamps and cassette players.

Recommendations – 4. Access to Information

The Seniors' Task Force recommends that:

1. The Information and Communication Division through Access Toronto consolidate information on all senior-specific programs or services operated by the City and, in partnership with Community Information Toronto and local community information centres, assess existing information for seniors and collaboratively seek ways to address gaps and identify promotional models to inform seniors of these services.
2. Access Toronto, Toronto Social Housing Connections and Community Information Toronto develop strong linkages with the Community Care Access Centres for information sharing and elimination of duplication and that this linkage be communicated to the local information access points for seniors in the community.
3. All information delivery to seniors be based on best practices so that the communication is:
 - in clear language;
 - linguistically accessible;
 - clear in font, layout, print size and colour;
 - given by “real” people answering main information lines;
 - culturally appropriate;
 - disseminated through the community newspapers, community centres and libraries;
 - available to seniors with low literacy skills; and
 - able to use public service announcements on radio and cable TV which can be made available at no cost.

4. Training and Development conduct training sessions for City staff in both oral and written communication with seniors to develop effective skills to deliver information that is “senior-friendly.”
5. The City recognize that resources for technical upgrades at local community information centres has not kept up with the need and that community grants criteria recognize this as an important funding need in information provision.
6. The Province establish and fund a health information clearinghouse for seniors.



A senior out for a drive on the information highway.

5.1 Health Care

“Patients in Toronto should not have to travel outside of Toronto to receive medical services, not be taken care of and then die.”

The 1990's will be remembered as the decade in which Canadians witnessed a “reinvention” of health care by government. Federal transfer payments for health care to the provinces were reduced, government funding for prescription drugs was cut back, the private share of financing total Canadian health care expenditures and of delivering health care services was considerably increased, and significant reform and restructuring of health care was initiated by the provinces. In combination with a growing demand for health care as the population grows and ages, and health care needs become more complex, this has impeded the capacity of governments to provide the necessary supports to its people.

The public sees Medicare as one of the fundamental premises upon which our Canadian identity is positioned. The public is concerned that government cuts to health care and health care restructuring jeopardize the equitable access to high quality care which is seen as the basis of Medicare.

In the consultations, seniors across the city of Toronto brought attention, through first-hand experiences, to the erosion of the health care system. They identified the stress indicators as cancellation of surgeries, ambulance services on hospital bypass, patients lying in beds in the hallways due to bed shortages for critically ill people, and waiting lists for a variety of diagnostic treatments including radiation therapy for cancer care. They also said that the community based long-term care system is not working effectively to ensure that individuals receive the care they need. Community Care Access Centres and the recent

changes in the delivery of home care were mentioned specifically.

“It's a revolving door (hospitals). You go to emergency, wait for hours, are sent home with some pills to a situation where adequate home care is either too expensive or unavailable and you end up back in the emergency ward in short time.”

Seniors were most concerned about the following health care issues:

- the protection of community and public health programs that keep seniors well and active- particularly injury prevention, fitness, social and nutrition;
- accessible and affordable dental care, eye glasses and hearing aids;
- delivery of health care in their mother tongue, whether it be in the hospital or in the community;
- lack or high cost of home care;
- accountability of services through the CCAC after hospital discharge;
- appropriate training for home care workers;
- home care workers who speak languages other than English; and
- support for caregivers - funding and caregiver relief

“We have to preserve our medical services - no more cutbacks.”

Health Care Spending

Canada's health care system is one of the few in industrialized countries to have declined as a share

of the economy over this past decade. In 1992, health care peaked at 10.1% of the Gross Domestic Product. Last year, it fell to under 9%.

Health Canada has documented that public funding for health care had increased in real per-capita terms between 1% and 3% every year between 1978 and 1992, but has been steadily falling since that time. Between 1993 and 1996, health care spending fell for Canada as a whole about 6.3%, which indicates that Canadians are personally spending more on health. Annual household spending on health care items that are not covered by a government health plan apparently jumped 15% between 1996 and 1997, from \$1,000.00 to \$1,150.00. Statistics Canada indicates that these costs are out-of-pocket expenditures such as prescription drugs, dental care, eyewear, hospital care not covered by an insurance plan and over-the-counter medicines. For the most part, these personal expenditures seem to be the result of health care insurance companies changing their deductibles.

Ontario residents face new user fees for chronic care, more fees for home care, new fees for services no longer covered by OHIP and increased drugs costs, as they are discharged from hospitals earlier. Seniors must now pay \$2.00 per prescription (low-income seniors) or \$100.00 per year and \$6.00 per prescription (higher income seniors) for drugs.

For the most part, the general public is unaware of the actual costs of providing health care: direct medical care (physician, nursing), operating costs (food services, medical supplies, laundry services, etc.). In comparison to overall costs, some felt increases in personal spending were insignificant. Others, however, more adamantly believed that this move to personal financing was a more fundamental retrenching by government on a public health care system.

“We must retain appropriate nursing levels in hospitals - current levels have reduced the quality of care.”

Quality of Care

The recently released report “Good Nursing, Good Health: An Investment in the 21st Century” by the Nursing Task Force set up by the Province documented survey results from two separate organizations on the quality of health care. The report acknowledged that the November, 1998 Ontario Hospital Association Report Card recorded that 50% of hospital patients surveyed perceived that staffing adequacy was poor or fair. A survey of family physicians conducted by the College of Family Physicians of Canada revealed that almost 70% of the respondents believed that the health or well-being of their patients has been adversely affected by the inadequate or delayed access to home care and, in particular, nursing supports.

The Nursing Task Force also heard anecdotal information from their focus group discussions with health care consumers. Increasingly, consumers feel they must now act as their own case managers of health care, when in the past they often depended on the expertise of frontline health care practitioners, especially nurses, in accessing health care. With limited nursing staff available in downsized hospitals and through redesigned home care services, as well as increasingly reduced continuity in nurse-patient relationships, manoeuvring health care has become an arduous task.

Seniors across the city saw access to health care services as a primary issue. The concerns included the availability of appropriate services, the long waiting periods for health care services, the geographic location of services, the language barriers in accessing

services, a lack of culturally appropriate health care services, the limited access to primary care in off hours, such as evenings and weekends, and the inconsistencies in the provision of services across the city. Seniors felt that they spend an inordinate amount of time waiting: waiting for medical specialists, major operations, medical tests, nursing beds and home care.

“Stop changing (health) systems - start giving (health) services.”

Hospital Care

Ontario hospitals have experienced exceptional change over the last few years. An approximate 11% reduction in budget allocations over the last two years in combination with health care restructuring directions from the Health Services Restructuring Commission has resulted in the closure of emergency rooms across the city of Toronto, the amalgamation of hospital corporations, the shift from institutional to community-based care and the massive displacement of nursing staff as they leave hospitals for community-based care services or leave the country altogether to pursue nursing careers outside of Canada. This has occurred during a time when the demand for medical services has increased by an estimated 20% over the last five years.

Seniors identified the dire conditions of hospital care in the city. They identified the long wait for medical attention in emergency rooms and the costs for using ambulance services. They identified the lack of critical care beds to meet the health care needs of seniors, the depressed state of nursing services in hospitals (in terms of availability and continuity of nursing staff), the lack of appropriate discharge planning between hospitals and community health care services (resulting in early discharges to homes where community home

care supports are inadequate to meet patient needs) and the inability to access appropriate care when language becomes a barrier for patients.

“Hospital changes are resulting in far more sicker seniors having to be served by seniors’ agencies in the community with insufficient funds.”

Long-Term Care

According to Statistics Canada, approximately 92% of all people aged 65 and older lived in a private household in 1996; 29% of these lived alone. In particular, 38% of all senior women and 50% of those aged 85+ lived alone in the community. Increasingly, the preferred form of health care supports are those provided in the community, through home care.

Canadian public home care expenditures more than doubled in the last seven years, from a little more than \$1 billion in 1990/91 to approximately \$2.1 billion in 1997/98, averaging an annual increase of almost 11%. In Ontario, the corresponding amounts were \$59 million and \$1 billion.

In 1996, the Minister of Health announced changes to Ontario’s long-term care system, which substantially changed community-based long-term care. The Province’s 74 existing Home Care programs and existing Placement Co-ordination Services were merged to form 43 new Community Care Access Centres (CCAC’s). In Toronto, six CCAC’s were established, according to the six previous municipal boundaries. The Ministry of Health mandates the CCAC’s to process and authorize applications for admissions to all nursing homes and homes for the aged in their area, and arrange for community-based in-home services, on behalf of eligible clients.

The Ontario Minister of Health announced in 1998 that annual spending would be increased by \$1.2 billion to improve access to high quality long-term care services across Ontario. This reinvestment is expected to add 20,000 new long-term care beds and community-based services for an additional 100,000 Ontario residents. The Province targeted \$125.5 million for Toronto's community long-term care sector over eight years. Seventy-five per cent (\$11.8 million annually for the next eight years) would go to the CCAC's and 25% (\$3.9 million annually for the next eight years) to volunteer-based community supports such as meals-on-wheels, day programs, friendly visiting and other community supports.

“The limitations placed on the Community Care Access Centres means that many seniors are not receiving the services that they require to optimize their health.”

With the shift to community-based care, home care placements have significantly increased and the acuity care needs of long-term care consumers both within long-term care facilities and within the community are dramatically increasing. With no signs of relief from these pressures and increasing health care demands, the recently-established CCAC's, touted as the one-window access to long-term care services, are attempting to cope with these pressures within their budget allocations.

“The expectations for health have been downgraded for seniors - this is not acceptable.”

Recently, CCAC's have adopted new eligibility criteria developed by the Ministry of Health that place priority on services for people in critical care and in danger of being hospitalized. As a result, people at risk in the

community, such as the frail elderly, are not receiving services to which they are entitled as outlined in the Ministry of Health policy directions. These applicants are now being referred to other programs such as the City's Homemaker and Nurses Services Program (HMNS), administered by the Homes for the Aged Division, and other community support agencies. With increasingly prioritized access to home care supports through the CCAC's, the City has had to introduce waiting lists for its programs through HMNS. Many of the community support organizations are also at capacity.

The “Good Nursing, Good Health” report by the Nursing Task Force identified that differing levels of nursing care are being provided in different health care settings, regardless of the fact that the health care needs of the consumer are the same. This is primarily a result of the different sector-specific funding formulas and guidelines for health care organizations. The Nursing Task Force goes on to say that this is further exacerbated by the introduction of managed competition in the home care sector for nursing services.

The Seniors' Task Force agrees with the Nursing Task Force that it is crucial that health care consumers receive the level of nursing services they need, regardless of the setting in which the care is delivered. These funding inequities among health care agencies must be addressed to ensure quality patient care. The lack of incentives for nurses to turn to home care provision because of depressed wages due to “competitive” pricing will result in a shortage in nursing services and a failed health care restructuring exercise.

Long-term care services were first and foremost in the minds of seniors across the city of Toronto. Consistently, we heard how home support for the frail, elderly and

convalescing patients must be increased, in terms of enhanced government financing to meet the growing demand and in revised eligibility criteria for receiving home care (both in terms of length of time allotted per visit and frequency of visits). Seniors felt home care support staff need to be better trained in issues related to senior care and in sensitivity in working with seniors. In particular, palliative and respite care were seen to be essential in ensuring appropriate supports for families with critically ill family members.

Seniors across the city agreed that the newly-established CCAC's are not working. Comments included:

- the need for better co-ordination between CCAC's;
- consistency in eligibility assessments to ensure equitable access to services across the new city of Toronto;
- increased funding for the CCAC's to support the growing demand for home care so that consumers have access to those services they require to optimize their health;
- expanded eligibility criteria for homemaking services, currently seen to be too restrictive and serving primarily the acute care needs of patients rather than applying a broader preventative approach; and
- better access to the CCAC's themselves.

Seniors identified gaps in the system and the growing number of residents who are being left without service. The current demand for service is creating a strain on available services.

Seniors acknowledged that as the number of older seniors is expected to increase dramatically, the more complex care needs of very senior "seniors" may be

best served through facilities. Although home care is the preferred form of health care, it does not meet the health care needs of all its patients. Currently, approximately 5,700 people are waiting for admission into a long-term care facility in Toronto. Increasingly, the acuity care needs of these people are also growing. Seniors across the city recognized the increasing demands being placed on long-term care facilities and the need for improved services. In most cases this need can be addressed through enhanced funding levels that better recognize the higher levels of care facilities currently must provide to meet their residents' needs.

"Attention should not only be paid to physical health but to psychological health as well."

Mental Health

As the population ages, it is expected that Alzheimer disease and other dementia will dramatically increase. According to the Canadian Study of Health and Aging, approximately 225,000 people in Canada have dementia. This figure is expected to grow to about 778,000, 10% of the population over the age of 65, by the year 2030, as the capacity to successfully treat physical illnesses improve and people live longer.

Clinical research conducted by Dr. Robert Hopkins of Kingston Psychiatric Hospital and published in his research bulletin "Dementia Projections for the Counties, Regional Municipalities and Districts of Ontario," showed that the rate of dementia in Toronto will increase 81% by the year 2021. This amounts to approximately 44,251 people, almost double the 1995 Toronto figures of 22,315.

Approximately 65% of the City's Homes for the Aged residents suffer from cognitive impairment, mental

health problems and/or dementia. The severity of the dementia has also increased among applicants and residents of the homes and clients of the City's supportive housing and homemakers' programs.

The supports provided for this population are limited. There are 83 beds in the 68 long-term care facilities across Toronto (19 beds within the ten city-operated Homes for the Aged) for short-term respite care relief (beds to admit people with dementia for short periods to provide relief to caregivers). The City's Homes for the Aged also operate five Adult Day Centres which serve people with dementia. None of these centres receives the higher level funding set aside for designated Alzheimer's Day Programs.

There are 15 Alzheimer's Day Centres within the city, six Day Centres which specialize in services to the frail elderly, and five integrated Day Centres which serve cognitively impaired individuals within its regular day centre activities to mentally capable seniors. The Community Services Grants Program also funds a number of community-based organizations that deliver services to this client group.

These limited facility and community programs will be inadequate to meet the projected future need. Unless provincial investments are made now to expand community programs and to retrofit existing long-term care facilities to meet the specialized needs of this population, service gaps for these consumers and their families will increase.

Seniors expressed frustration at the limited availability of mental health supports for the needs of older seniors. They believe that attending to the mental health care needs of an aging population should be part of the overall health care strategy for seniors.

Seniors called for more funding for health promotion, wellness and disease prevention programs, including emotional and mental health care services, focusing on prevention rather than treatment.

Ottawa's Renewed Commitment to Medicare

The recent federal budget was viewed by most as a renewed commitment to health care. Ottawa has announced that it will increase its health transfer payments to the provinces by \$11.5 billion over the next five years, \$3.5 billion of which will come in the form of an immediate one-time supplemental payment over the next three years to be accessed by provinces as they require. The current federal \$12.5 billion floor for health and social transfers to the provinces will increase to \$15 billion in the fiscal year 2001/02. In addition, the Finance Minister announced that funding social programs, including health care, would be provided on a per capita basis to the provinces. The Premier of Ontario indicated that these changes would see the federal share of Ontario's health care funding increase from the current 7 cents of every dollar to 11 cents. The Premier also announced that its priorities for health care funding include hiring more nurses, reducing waiting lists, improving emergency care, and fast tracking the expansion of long-term care beds and home care.

It is clear that frontline emergency services, such as the hospital emergency rooms and nursing services, should be targeted for increased funding to help alleviate the immediate stresses of health care. But this alone will not address current and future demands for health care, especially in an environment where home care is the preferred option. The new health funding must equally target home care expansion, especially for nursing services. Speeding up the development of long-term care beds is a longer-term

investment. The challenge will be for the Province to immediately direct funding to those health care areas most in need while still planning for the future needs of long-term care consumers.

Reinvesting in Health Care

The issues related to the range of health care services, levels of service provision, quality of care, and the need to provide a continuum of health care services all speak to the need for the reinvestment in the health care sector. The federal government has announced its recommitment to health care with its recent federal budget. The provincial government has announced that it will direct the federal dollars to areas of nursing, emergency services and long-term care supports. Specifically, funding needs to be enhanced for:

Nursing services:

- in-hospital emergency services and acute care follow-up;
- through the development of appropriate compensation levels for nursing provided through home care, to promote the move of nursing services from institutional care to community care; and
- by establishing appropriate funding levels to enhance nursing services in long-term care facilities to respond to growing acuity care needs of long-term care residents.

Community Care Access Centres, to expand long-term care services provided and arranged for within the community to:

- eliminate the rationing of services to critical care and to adequately meet the health care needs of Toronto's aging population; and

- ensure consistency and equity in eligibility requirements, types of service and levels of service provided across the city of Toronto.

Mental health services for seniors by:

- expanding community services for seniors with mental health problems, Alzheimer disease and other dementia; and
- allocating appropriate levels of funding to recognize increased levels of care provided by long-term care facilities to residents with growing acuity care needs.

Responding to the Health Care Needs of Diverse Senior communities

Seniors identified that, to be effective and meet their mandates in providing health care supports, hospitals, home care providers, and long-term care facilities must ensure that their programs and services better respond to and serve the city's diverse senior populations. This includes eliminating language barriers to ensure that appropriate diagnoses, treatment and after care are provided; ensuring culturally sensitive and appropriate support services are provided; and training health care practitioners and support staff to be sensitive to seniors' needs, coupled with meeting the ethno-specific special needs of Toronto's diverse senior communities.

"Seniors should not have to pay for medications or dispensing fees."

Drug Expenditures

Since 1992, there have been significant cuts in government funding of drugs. This decrease has been somewhat matched by private expenditures on drugs. According to Health Canada, the private share of total drug expenditures (out-of-pocket costs to consumers

and premiums paid by employers or employees) increased from 60.9% to 64.8% between 1992 and 1996, while the public share (government spending) fell from 39.1% to 35.2%. This increase in private expenditures can be attributed to a number of health care initiatives:

- Increased personal responsibility for prescriptions as day surgery procedures continue to increase and hospital in-patient care is reduced, thereby eliminating the traditional coverage of prescription costs by hospitals as part of the care provided for patients recuperating in-house.
- The de-listing of some drugs and the release of newer, and usually more expensive drugs that have yet to be assessed for approval by the provincial government for public coverage.
- The provincial move to enforce co-payments by seniors for drug expenditures.

Drug expenditures, regardless of who pays, continue to increase as a relative share of the total health care expenditures. This relative share increased from 12.9% in 1991 to 14.4% in 1996, according to Health Canada statistics.

With growing complex health care needs, the rising costs of drugs is becoming difficult for many seniors on fixed incomes. These prescriptions have often become vital for seniors to maintain optimum functioning and improve their quality of life. Consistently, seniors felt that the co-payment charges implemented by the Provincial government to be unfair.

In addition, seniors have expressed concerns that some drugs are covered under the Ontario Drug Benefit Program while supplies required to administer

the drugs are not. A prime example is the coverage of insulin for diabetic patients but not the needles. Many felt some of the policies and practices of providing health care coverage are not well coordinated and need review.

Conclusion

Many seniors viewed cuts in health care funding as the reason for the demise of our health care system; others viewed health care restructuring to be the cause. Many saw health care threatened by increasing user fees, private sector provision of services, and the growing gap between health care for the rich and health care for the poor. Whatever the reason, all agreed that health care is in trouble.

The passion with which seniors speak about health care is grounded in history, as many of the seniors of today fought to establish a public health care system across Canada decades ago. The struggle to re-establish confidence in health care is one that is vested not in seniors for seniors, but for future generations as consumers of health care.

Recommendations – 5.1 Health care

The Seniors' Task Force recommends that:

7. The provincial government reinvest funding into the health care sector to ensure that the principles of access and high quality care are not compromised; and that the funding be significantly enhanced for nursing services, Community Care Access Centres (to expand community long-term care services), and mental health services for seniors.
8. The Province ensure that the criteria for funding health care services include access to services as a measure of meeting the needs of the diverse populations in the City of Toronto and address specifically the barriers to accessing health care services for ethno-cultural and linguistic seniors.
9. The Province eliminate co-payment charges for seniors for prescription drugs and expand the benefit coverage to include supplies required for the administration of prescription drugs such as insulin.



Councillor Anne Johnston, Chair of the Seniors' Task Force and Mayor Mel Lastman.

5.2 Public Health

“Public health nurses used to come and visit us in our homes. They would check up on us, take our blood pressure and could see if we were taking our medications the right way. They tell us they don’t do that any more.”

Public health programs and services promote health, maintain independence and seek to improve the quality of life for seniors and all residents of our city. The comments from seniors during the consultations reflected an understanding of the role of prevention programs in keeping seniors healthy and stressed the importance of proactive measures for seniors both individually and for the health care system as a whole.

In the consultations, however, seniors raised concerns about the changes in public health programs and services for seniors that have occurred in the past few years. Seniors called for increased funding for health promotion, wellness and disease prevention programs including mental health services that focus on prevention rather than treatment.

The Mandatory Health Programs and Services Guidelines (December, 1997) set out the minimum provincial requirements for public health programs and services aimed at prevention of disease, health promotion and health protection. The programs and services address broad population health issues and standards to enable residents of the community to realize their fullest health potential.

Programs and Services

Current public health programs and services for seniors include chronic disease and injury prevention, substance abuse prevention, communicable disease control, elder abuse prevention, informal/caregiver support initiatives and dental programs. A planning

process has been initiated to harmonize these programs and services which vary across the city.

Chronic Disease Prevention

Public health works in partnership with organizations, government bodies and community representatives towards the prevention and early detection of certain chronic diseases such as cancer, heart disease, stroke, diabetes and osteoporosis. Community programs include the promotion of healthy public policies such as the municipal environmental tobacco smoke by-law, social marketing to increase awareness of chronic disease risk factors and community/group education to promote healthy lifestyle behaviours. Healthy lifestyle initiatives include the promotion of healthy eating for seniors, tobacco-free living and active living programs such as Walk-a-mall and the Home Support Exercise Program for housebound frail seniors.

Injury Prevention

Public health collaborates with other health care providers and community groups to support policies to prevent motor vehicle and fall related injuries. Initiatives for seniors focus on the prevention of falls. These initiatives include the development of injury prevention coalitions, and community-wide education campaigns and events.

Substance Abuse Prevention

Public health works with community agencies and groups to support policies and educate the public about low-risk drinking, illicit and non-medical use of drugs. Initiatives for seniors focus on the prevention of misuse of medication and alcohol.

Communicable Disease Control

Public health programs and services for seniors include:

- controlling outbreaks and following up in institutions such as long-term care facilities or hospitals where an outbreak has occurred and seniors are most vulnerable;
- conducting education related to outbreak prevention such as food-handling techniques and infection control for staff in institutions; and
- organizing the “Big Shot Challenge Campaign,” a program aimed at increasing the number of institutions participating in the flu immunization program.

Elder Abuse Prevention

Public health works with health care providers, community agencies and groups to support policies and educate the public about elder abuse. Initiatives include:

- the development of and active participation on elder abuse coalitions/networks; and
- public education including the production and distribution of newsletters about elder abuse and group education events.

It is noteworthy that seniors mentioned elder abuse in the consultations. Seniors, like most people, do not generally talk about abuse. When this issue was raised there was a general nodding of agreement from others in the room. Abuse is a concern across the seniors' community.

Seniors who are isolated from the broader community and do not know their rights are those who are most vulnerable to abuse. Seniors again, expressed concern

about the lack of personal contact with the reduction, and in some former municipalities, cancellation of Public Health Nurse home visiting program and cutbacks in services provided by Community Care Access Centre (CCAC's).

Informal/Caregiver Initiatives

Public health works with health care providers, community agencies and groups to educate caregivers and to promote informal community support networks and caregiver support groups.

Dental Programs and Services

Currently dental programs for seniors vary significantly across the city. Programs that are offered in some of the former municipalities include dental screening for seniors, oral health education for seniors' groups and caregivers in nursing homes, and training for nursing home staff in the cleaning and labelling of dentures. The most extensive dental treatment program for seniors is in the former City of Toronto where dental treatment for seniors is provided in five community-based dental clinics as well as in 34 nursing homes. A public health dental report and presentations made at the January, 1999 Board of Health meeting stated that about 75% of seniors with their own teeth were likely to visit their dentist over the course of the year. Dental health planners believe that seniors living in institutions have worse oral health than seniors living independently. The report also stated that the elderly were far more likely to visit their physician than their dentist and that their greatest dental needs are for periodontal work, dentures and restorative care. It can be anticipated that as the Baby Boomer population ages with their own teeth the need for restorative care may supersede the need for denture work. The report to the Board of Health outlined various options for the harmonization of dental services across the new city for

low-income seniors (as defined by Statistics Canada) who are living on their own and for those seniors who live in institutions. City Council has approved funding of \$800,000 to extend dental treatment to targeted groups, including seniors, in existing clinics for the remainder of 1999. A City Task Force has been assembled to review options for future delivery of dental care in Toronto.

Frail elderly

Frail, non-receptive older adults are those who are isolated, and without supports. They may be reclusive or have underlying mental health problems or substance abuse issues. They have little insight into their diminishing capacity and are likely to refuse support services initially.

Seniors in the consultations requested increases in home visits by public health nurses. Public health home visiting to seniors has been reduced/ eliminated with the establishment of Community Care Access Centres by the Ministry of Health, Long-term Care Division. Community Care Access Centres, as previously stated, have a mandate to arrange for community-based in-home services for eligible clients. The recent adoption of new eligibility criteria has resulted in the frail elderly no longer receiving services which they previously received and which were expected to replace the comprehensive health assessments, education, counselling/advocacy and resource linkage previously provided by Public Health home visits.

Service providers in 1997/1998 identified programs and services to address the needs of the frail, non-receptive elderly as a concern.

Representatives of public health and the Community Care Access Centres (CCAC's) initiated a Task Force, including community representatives and seniors, which has developed the template of a community-wide response system for the frail, non-receptive older adult in the new City of Toronto.



Salute to Seniors, June, 1999

Recommendations - 5.2 Public Health

The Seniors' Task Force recommends that:

10. City Council continue to support and fund local public health programs and services for seniors (including chronic disease and injury prevention, substance abuse prevention, communicable disease control, elder abuse prevention, informal/caregiver support initiatives and dental programs).
11. Toronto Public Health work with Community Care Access Centres and other agencies to address the needs of the 'at risk' frail elderly.
12. Toronto Public Health continue to work with community agencies and groups to advocate for policies and practices which ensure equal access to health care and an equitable distribution of resources and services for seniors.



6. Housing

“Seniors need a range of affordable housing choices, co-ops, shared, group living and apartments.”

Housing concerns, like health concerns, are common to the population as a whole. Several themes emerged during the consultations:

- seniors living in their own homes were concerned about property taxes and fees for service;
- seniors living in public housing were concerned about privatization, security and maintenance; and
- seniors who may be leaving their homes were concerned about affordability of rental units and being able to stay within their community.

“Will I have to move from my house, when and where?”

Seniors are predominantly homeowners. The number of senior households owning homes has steadily increased over the last decade between 1986-1996 with approximately 39,000 more senior homeowners (aged 65+). This amounts to a marginal increase in percentage share from 59% in 1986 to 60% in 1996. Some movement by seniors into condominiums has occurred, primarily in response to seniors requiring lower maintenance housing. Seniors, mostly aged 70+, purchased approximately 60% of the condominiums built in the late 1980's.

Although there has been a relatively small increase in senior apartment dwellers, it is estimated that the percentage of Toronto's seniors that rent will significantly rise over the next decade. Today's life-

long middle-aged Toronto renters will raise the tenant share of Toronto's senior population strongly within a decade from now.

“There is not enough low and middle-income housing available with rent controls.”

Rent Increases and the Supply of Affordable Housing

“It is difficult to find appropriate housing anymore.”

Over the last 15 years, the average real cost of renting rose as rents tended to increase faster than inflation. During 1991-1996, about one-fifth of the conventional private rental sector in the city (approximately 58,000 units) moved from the low-rent end to the middle-rent range due to rents rising faster than inflation. (Low-end is defined as under \$500.00 for a bachelor, \$600.00 for a one-bedroom, \$700.00 for a two-bedroom, \$800.00 for a three-bedroom apartment.) Although an annual average of 1,300 social housing units and 2,000-3,000 apartments were added to the supply of affordable housing stock, this addition far from replaced the loss of 11,000 affordable housing units per year.

Rent as a Share of Income

“Rents keep going up, pensions stay the same.”

Rent costs in excess of 30% of income are usually considered a reflection of affordability problems. 1996 Statistics Canada data on shelter costs for households headed by seniors (65+) in the city of Toronto showed that 31.7% of all seniors paid 30% or more for shelter costs and 10.8% paid at least 50% of their income for shelter. The situation is more critical for single seniors with 48.5% and 16.3%, respectively.

For senior homeowners, the comparable figures were 16.9% and 5.4%. Approximately 58% of senior tenants, on the other hand, paid 30% or more while 20% paid at least 50% of their income for shelter. By comparison, approximately 40% of senior tenants were identified as having unaffordable rents in 1986.

“Bring back rent control!”

Vacancies and Rent Control

Vacancy rates continue to be low at approximately 1% since 1994; around 2.5 to 3% is generally considered to be healthy. In low vacancy markets, market forces tend to push up rents. Those who find themselves in unaffordable housing situations have limited options in improving their situation. This is exacerbated by the Tenant Protection Act.

The Tenant Protection Act (TPA), legislated in July, 1998, is presumed to provide continuing rent control for tenants who remain in their current rental accommodation. In fact, landlords have a number of avenues to increase rental costs, regardless of tenure. Landlords can increase rents to a maximum guideline (currently 3%) for tenants in place; increase by an unrestricted amount when units are turned over to new tenants; transfer the cost of capital repairs through increased rents; apply for rent increases due to extraordinary costs incurred, such as increased property taxes or utility costs.

Anecdotal information has confirmed some tenants are facing 7-12% increases in rent since the enactment of the TPA.

Since the passage of the Tenant Protection Act, average market rents have increased. The average

rent in 1997 of \$751.00 has increased 7% in 1998 to \$804.00. As this is only a reflection of six months, and given that markets continue to be tight, the 1999 increase is expected to be even higher.

A recent report released by the Ontario Non-Profit Housing Association and the Co-operative Housing Federation of Canada, “Where’s Home? A Picture of Housing Needs in Ontario”, revealed that rent increases over the last ten years have outpaced inflation. Toronto has experienced rent increases of 13% over 1994-98, while inflation has increased by 7% for that same period. This has significant implications for all tenants. Considering that many seniors live on fixed incomes (pension rates indexed to inflation rates), rent control is seen as an important issue in Toronto.

“Access to housing needs to be improved – the waiting lists are too long.”

Waiting for Affordable Housing

With the increase in affordability problems, waiting lists for subsidized housing have more than tripled since 1988. According to the Toronto Social Housing Connections’ waiting list, approximately 49,000 households are currently on the waiting list for social housing (including about 7,000 in subsidized housing requesting a transfer to another subsidized unit). Eighteen per cent (8,800) of those 49,000 households are seniors. This figure has actually dropped from 28% in 1988. Seniors have fared better than other households: families with dependent children (regardless of age of head of household) regained their share of the waiting list to 1988 levels at 53%, while all single people (regardless of age) have significantly increased their share from 18% in 1988 to 29% in 1998.

A significant growth in senior tenants is anticipated in the decade starting 2001, mostly in the private rental housing market. This has implications for widespread affordability for the city's senior population in the near future. No new social housing has been built in the recent past and the private sector has not been able to respond to the growing demand for affordable housing. This has been primarily due to the cost of construction and ongoing operations that has rendered the development of affordable housing financially impossible and focused any development in the higher-rent unit market.

In July 1998, the City approved and initiated a strategy for affordable housing to support private developers and community-based agencies to develop affordable housing. The need for such a strategy was reinforced within the report of the Mayor's Homelessness Action Task Force, "Taking Responsibility for Homelessness: An Action Plan for the City of Toronto." Critical to this action plan is the increased supply of affordable housing.

Consistently, seniors across the city of Toronto voiced their concerns over the affordability of housing in the city. Fewer and fewer low and middle-income housing options have become available. With a growing proportion of seniors in unaffordable living conditions, any expansion in affordable housing will need to reflect a fair share of units that target seniors.

"There is a lack of accessible housing. Many of the buildings seniors live in are not adapted to meet the needs of seniors."

Accessible Housing

Some seniors voiced their concern about the inability of housing providers and themselves as homeowners,

to upgrade their physical surroundings to keep pace with their changing physical needs. As the population ages, physical limitations impede the healthy functioning and physical security of seniors. This includes not only attending to mobility limitations but to the less evident limitations such as the loss of hearing. Some participants in the senior consultations brought attention to the need for the installation of appropriate technical devices, such as flashing doorbells to act as alarm signals, in case of fire for people with hearing impairments.

With the provincial direction to enable people to "age in place," the aging tenant population is presenting challenges to housing providers. The Ontario Non-Profit Housing Association (ONPHA), in acknowledgement of this issue, has included aging and accessibility as a component of their conference in November, 1999. In the private sector, the Millennium Housing Corporation is reviewing gaps in seniors' housing and issues related to housing a senior population.

Tenants of the Toronto Housing Company have formed an Anti-Ableism Committee comprised of tenants, the community and funders. Toronto Housing Company staff provide support to the Committee. The Anti-Ableism Committee has developed an action plan to address ability concerns within the Housing Company buildings. These include working with architects and designers experienced in working with people with disabilities to develop standards for regeneration, retrofit and renovation. A Trillium Foundation grant has enabled the Committee to conduct an accessibility audit of its buildings. One of the conditions of this grant is for the information to be made available to other housing provider organizations. This audit could act as an impetus for other housing providers to undertake a similar inventory of their buildings to better meet their tenants' needs.

Disability activists have argued that with an aging population, the need for accessible housing will significantly increase as more seniors who acquire disabilities are added to the already 2 million adult Canadians with disabilities. Clearly, accessible housing is a growing issue both in terms of retrofitting existing buildings and ensuring new housing developments adequately incorporate universal adaptable design features.

There is some opportunity to further facilitate action on this issue. ONPHA has established a Toronto local network of social housing providers and some community service agencies in response to social housing devolution. This may be the appropriate vehicle to initiate discussion on accessible housing needs of an aging population. Key participants in such a discussion must include the Toronto Housing Company, the Co-op Housing Federation of Toronto, ONPHA and the Metro Toronto Housing Authority.

“We need help to stay in our homes. We need low-priced contractors to make our homes liveable in our senior years.”

Housing Improvement Program

Many seniors said that it is getting harder to remain home, if home has not adapted to aging seniors' needs. The cost of house repairs and modifications to enable to maintain their homes was seen increasingly as unaffordable, especially on fixed incomes.

Some community-based seniors' organizations link seniors to volunteers or low-cost workers to do home repairs. The City also provides support through its Housing Improvement Program in the Shelter, Housing and Support Division of Community and Neighbourhood Services.

The Housing Improvement Program unit administers the federally funded Residential Rehabilitation Assistance Program (RRAP). The program provides financial assistance to low and modest income homeowners in the former City of Toronto to bring their properties up to the standards required by the City's Municipal Code and to assist homeowners in making necessary modifications which will make homes more suitable to meet their physical limitations.

In 1997, approximately 39 loans amounting to \$317,000.00 were approved for general home repairs under the homeowners' portion of RRAP. Two out of every three applicants were over 65 years of age. Under the disabled portion of RRAP, \$70,000.00 went to approximately eight loans to make home modifications for people with disabilities. Discussions are currently underway with Canada Mortgage and Housing Company with respect to delivering the RRAP program for the new City of Toronto.

Property Taxes

Property taxes continue to be a major issue for seniors as they are a large portion of their yearly expenses. In many cases, seniors have had to sell their home of 30 years or more because they could not afford the property taxes.

Property taxes, especially in 1998, created a great deal of confusion and stress as many could not understand the tax bill and were hit with increases. Seniors want to know what happened. How were the new assessments calculated? Did we get our decrease as promised? How can seniors lessen the burden of the increase? What exactly are we paying for?

Recommendations – 6. Housing

Vacancies and rent control

The Seniors' Task Force recommends that:

13. The City urge the Province of Ontario to amend the Tenant Protection Act to restore rent control.

Waiting for affordable rental housing

The Seniors' Task Force recommends that:

14. The City, as part of its affordable housing strategy, encourage a fair share of affordable housing units be developed within the city to target seniors.
15. The City urge the provincial and federal governments to ensure the housing needs of seniors are included in any new housing developments, recognizing that a solution to the affordable housing crisis in Toronto must involve all levels of government.

Accessible housing

The Seniors' Task Force recommends that:

16. The City of Toronto approach the Ontario Non-Profit Housing Association to facilitate discussions on accessible housing needs in Toronto, through its local Toronto network. The Toronto Housing Company, Co-op Housing Federation of Toronto and the Metro Toronto Housing Authority should participate in these discussions so that a mutual exchange of learning and experience occurs between City-operated and community-based housing providers.

Housing improvement program

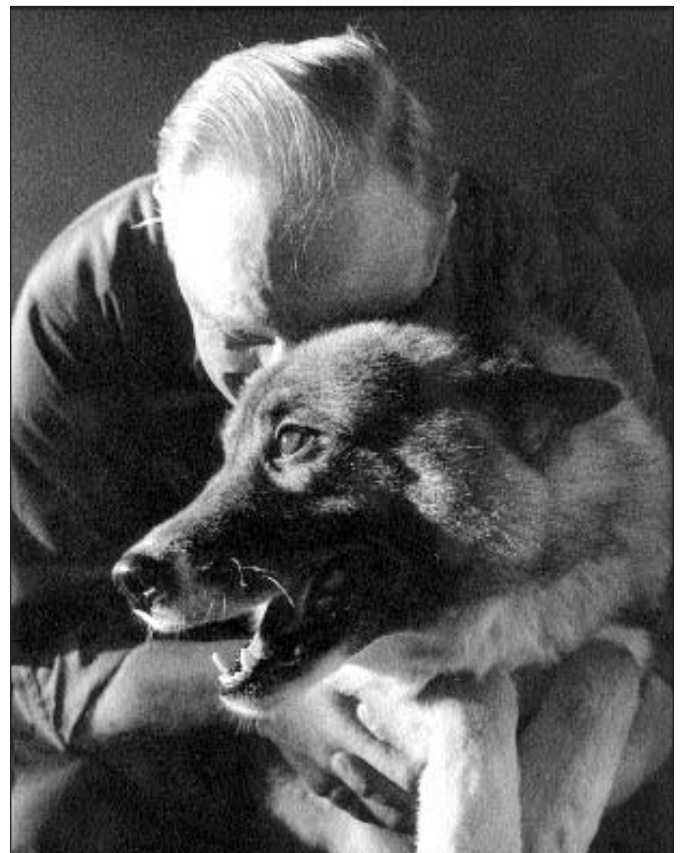
The Seniors' Task Force recommends that:

17. The City continue to negotiate with Canada Mortgage and Housing Company to expand the City's administration of the federal Residential Rehabilitation Assistance Program across the new City of Toronto.

Property taxes

The Seniors' Task Force recommends that:

18. The City of Toronto conduct public information sessions for seniors in the community explaining the details of the new Property Tax System, how to read the new bill, where the money is going, and how the assessment worked.



7. Public Transportation

“Seniors need public transportation that meets our needs. We need to get to the activities, events and programs that help keep us well both physically and mentally. We want to be involved in the life of the city.”

The subject of public transportation was raised consistently at every consultation held by the Seniors’ Task Force. Seniors felt the service was vital to their lives and indeed their health and well-being. They identified several issues, however, that could make the service more “senior-friendly” and possibly increase ridership among seniors.

During 1999, the United Nations International Year of Older Person, it is especially timely that the City focus on seniors’ public transportation needs. The city’s population is aging and the need for accessible, senior-friendly transportation will be a necessity for both the transit needs of the rider and the economic need of the provider.

Seniors and the TTC

“This service (TTC) is far from perfect, a lot needs to be changed, but I hate to complain because it is the only way I can get around”

On a typical day 32,000 seniors use the regular TTC service. This figure represents 11% of the senior population. Seniors use the service at off-peak times and ridership in this sector will increase 25% by 2011.

A typical senior rider makes 84% of her trips on the TTC for personal, medical, shopping, work or school purposes.

The population using conventional transit services with extreme difficulty is expected to increase at about 1.1%

to 2% per year (2 to 4 times faster than the overall population).

The population requiring “special transit” services is expected to increase at about 1.7% (3 times faster than the overall population). (Transit Accessibility Needs Study, Metro Council Advisory Committee on Accessible Transit, October 1997, Metro Council)

Isolation and poverty among seniors are problematic to health and wellness. This report has presented income levels as at or below the poverty line for female seniors 75+. Currently, 46,331 seniors in the City of Toronto receive funds through the GAINS supplement program. It is not known how many of those people can or do use public transportation.

Operations

In the consultations, many seniors said they feel insecure about asking for a seat. The “courtesy seating” system is little more than a sign. All the responsibility for getting a seat falls to the rider. The program should include information that people may have hidden disabilities.

Many seniors spoke to us about difficulty reading the TTC information in a number of formats. Seniors who do not speak or read English have a particularly difficult time and expressed concerns about loss of independence and embarrassment asking a family member to travel with them. The TTC advises that information in languages other than English is provided through its language line and that directional signage in the system has been recently updated to include graphics/pictographs to assist users who read languages other than English, visually impaired and people with low literacy.

Seniors expressed concern that staff does not recognize that seniors need more time to get on and off buses and streetcars. They commented that some drivers are impatient with the slower pace of seniors. They also commented that drivers start to move their vehicles before seniors have found a safe and secure spot on the vehicle, increasing the risk of a damaging fall. The TTC advises that training for staff is provided and that improved training for taxi drivers contracted by the TTC will be required as a condition of licence in the future.

Seniors expressed fear about “getting stuck” in a subway station when escalators are broken. The effort to make more stations accessible with the provision of both escalators and elevators will offer a choice. While this upgrading is ongoing, appropriate signage is needed.

Announcements in the subway system are often difficult to hear for those whose hearing is excellent. For the 42% of seniors whose hearing is impaired, it is impossible. Louder, clearer announcements will benefit the whole ridership.

Often, seniors need to sit when waiting for a bus especially if they must walk any distance to reach the bus stop. The provision of benches will make it easier for seniors to use the regular system.

Accessibility

The October, 1997 Report from the Metro Council Advisory Committee contained a Transit Accessibility Needs Study. This study estimated the number of current and future Metro residents who have or may have difficulty using conventional TTC services and those who are unable to use such services. This study was used to help Metro and the TTC assess overall

transit accessibility needs and assist Council and staff in identifying and evaluating service and policy options including eligibility criteria for specialized and alternative public transportation services.

In response to individual citizens, advocacy groups, the TTC Advisory Committee on Accessible Transportation and the Metropolitan Council Advisory Committee on Accessible Transit, the TTC has committed to making the system more accessible starting in 1998 - 2003. The following work will be done in 28 stations (see Appendix III).

- Power sliding doors
- Escalators
- Edge warning tiles
- Higher visibility signage
- Stair nosing
- Elevators
- Wayfinding tiles
- Accessible fare gates
- Railing and hand hold markings
- Improved lighting
- Braille at designated waiting areas
- Accessible washrooms (3 stations)

Currently, 26 bus routes are accessible. By 2003-4, this network will expand to 62 routes. By the end of 1999, there will be 235 accessible buses with the total fleet size reaching 534 vehicles by 2003. The elevator network will continue to expand with 28 stations accessible by 2003.

Community Bus Service

The community bus service is a fixed route, curb to curb service. Currently four routes operate. The TTC has indicated that further expansion of the community bus service cannot be justified economically. This service operates for both Wheel-Trans registrants and non-registrants.

Seniors expressed support for community bus services and said they work very well for routes near seniors' homes that link the home to shopping and medical services. Seniors suggested that this service would work even better if communities were involved in identification and planning of routes.

Community agencies that serve seniors could be a great partner in provision of space, advertising of review meetings and the provision of multilingual service contacts.

Wheel-Trans

Wheel-Trans is a special transit service for persons who require accessible transit vehicles as established by eligibility criteria based on a person's physical functional mobility limitations.

Approximately 15,000 people are registered for this service. Currently the rate of increase in demand for this service is greater than the increase in funding.

In 1996, over 24,000 people were registered as eligible users of Wheel-Trans. Under the new 60 point criteria, 11,300 reapplied and 13,000 did not reapply. Many of the users who did not reapply had been inactive for sometime, had passed away or moved. Some may not have reapplied because they felt that they would not qualify under the new criteria.

For instance, the current Wheel-Trans application questions applicants on how they deal with stairs inside the home, outside the home (e.g. to the yard or driveway) and in the broader community away from home. A maximum of 10 points is given if the applicant cannot use stairs at all. Aging seniors who can no longer use the regular TTC system may be able to use stairs inside the home without assistance by methods that they could not use in the broader community. For instance, seniors may take a long, very slow time going up stairs or go up the stairs sitting down. The stairs to the yard or driveway may just be a few, from a front porch or side door. Negotiating a flight of 20 or more stairs in a TTC station is quite different. If the applicant can negotiate stairs inside and outside the house or apartment but not stairs in the wider community they can only get 10 points from this section. A minimum of 60 points is necessary to access Wheel-Trans.

Seniors expressed concern about the criteria currently used to access the Wheel-Trans system. The criteria do not service many seniors who are aging and do not use any assisted devices to get around. People who are frail, have hearing or breathing difficulties, people with arthritis or people who are just aging and slowing down do not qualify. These are the seniors who cannot walk long distances to the bus stop, stand for long periods of time or wait in difficult weather either hot or cold. There should be a way that these problems of aging can be recognized as criteria for use to access the curb to curb system.

Of the 11,300 who did reapply to Wheel-Trans under the new criteria, 9,900 did qualify. Of those who did not qualify in the 1997 study:

- 80% are seniors
- 77% are female
- 53% are female, 75 years of age or older

Of those scoring between 50-60 points:

- 83% are seniors
- 81% are female
- 62% are female 75 years of age or older

Of those scoring less than 60 points using a mobility aid:

- 73% use a cane
- 18% use a walker

To sum up, females 75 and older are among the largest group denied access to Wheel-Trans. The group represents the highest percentage of the senior population. This group also is profiled as:

- widowed;
- living alone, in rented accommodation;
- with incomes at or below the poverty line (The income for the majority of single seniors is between \$10,000.00 and \$15,000.00. It has been estimated that these lower-income seniors are primarily widows who have no Canada Pension Plan or employer pension incomes.);
- with no driving licence or car;
- living to an older age relative to men; and
- experiencing more disabling conditions.

The most common seniors' disabilities are those affecting mobility (74%), agility (65%), hearing (42%), seeing (27%) and speaking (9%). (Ontario Community Support Association/Ontario Ministry of Health - Through Other Eyes.)

As well, the ability of many seniors to remember, learn, and be cognitively alert declines with age so than even

the knowledge and mastery of once familiar routes fades. The result is that more seniors wish door-to-door transit services but can only qualify if they also meet the physical criteria. Though many of the current improvements planned in accessibility will benefit seniors, others will continue to need the specialized services.

Zone service provides door-to-door service by dedicated Wheel-Trans buses supplemented by accessible and sedan taxis for those trips with both pick-ups and drop-offs within defined geographical areas. Zone service customers are given a 30 minute pickup window when they call to book their ride; they do not need to call the rideline to confirm their ride. Currently three zone routes are operating with another three planned for 1999.

Seniors appreciate the Wheel-Trans service. For many, it is the only way they can get around the city. We heard concerns expressed about long waits, poor scheduling and insensitive staff. The Seniors' Task Force heard from Wheel-Trans that staff was addressing these issues and that the quality of service has improved with approximately 95% of trips being on time. They also advise that weather conditions, last minute cancellations/no shows or vehicle breakdowns impact scheduling and the availability of trips. Over the next five years, Wheel-Trans is replacing the aging Orion 11 with 144 new buses. Three additional taxi services have been added to the pool of taxi contractors to meet 1999 trip demands.

Community Transportation Action Program

Five ministries at the Province of Ontario participate in the Community Transportation Action Program (CTAP). The purpose of this program is to provide transitional assistance to communities wishing to restructure and co-ordinate their local transportation services. Through

the support program, CTAP will provide limited seed funding to encourage communities to develop local solutions and find better ways of using the range of transportation resources that already exist. The funding is used to test local proposals and to demonstrate practical and innovative cost management strategies. The intention is to facilitate change and the co-ordination of existing services across sectors, not to create a new transportation program.

The start up funding for any one community is up to a maximum of \$50,000.00. The kinds of support that this can cover are the cost of a consultant, facilitator or a technical expert to work with different sectors in the community to implement a co-ordinated system of services.

Several communities in Toronto have received funding and are running transportation programs.

One example is North Toronto Ride - Community Transportation in North Toronto.

The program co-ordinates vehicles from five agencies to provide transportation, mainly to senior citizens. The community used the funding to hire a technical expert to set up the computer e-mail system so each agency has access to the transportation schedules and can book rides. This prevents vehicles coming back from trips empty and duplication of trips to the same area at about the same time. The drivers are about 50% volunteers and 50% paid. The riders pay for the ride and the service picks them up at their home and takes them right into the building where their appointment is located. The demand for rides is far greater than the supply. This program serves many of those seniors who did not meet the criteria for Wheel-Trans and those who cannot use the traditional system.

The second part of the program is in partnership with the TTC. North Toronto Ride will have access to the TTC scheduling computer software. These are time-limited programs and at this point can run for 10 months. Valuable partnerships have been established, however, and opportunities exist to look for other revenue sources such as advertising, donations and ticket sales to long-term care facilities.

Another current project being organized by the Rexdale Community Health Centre provides transportation which is needed by the community, is culturally appropriate and sensitive to the needs of seniors. Drivers take the client directly to the office where the appointment is scheduled not just to the curb of the building. This is especially helpful to seniors who have physical or cognitive impairments.

The provincial CTAP program is currently planned to operate until September, 1999.



Lawn Bowling Demonstration Balmy Beach Lawn Bowling Club

Recommendations – 7. Public Transportation

Fares

The Seniors' Task Force recommends that:

19. The Toronto Transit Commission (TTC) continue the discounted seniors' fare.
20. The TTC develop mechanisms which allow for reduced rates for seniors during off-peak times. One of these should be the development of a seniors' day pass which would be valid during off peak times and available for purchase at stations and community outlets.
21. The TTC recognizes that low-income seniors have difficulty finding enough money to purchase transit fares even at a discounted seniors' rate. It is recommended that appropriate City staff explore the possibility of a transit subsidy for those seniors receiving the Provincial GAINS (Guaranteed Annual Income Supplement) and that staff approach the provincial government with a proposal.

Operations

The Seniors' Task Force recommends that:

22. The TTC change the current "courtesy seating" system to "designated seating" with the additional phrase "Be prepared to give up your seat." The current "elderly and disabled" signage can still be used. The program must be supported by TTC drivers and a marketing program using the International Year of Older Persons theme and logo.
23. Signage throughout the system be improved and include signs, brochures, and schedules with larger print, information in languages other than English, and international graphic signage. Information on improvements should be communicated to seniors' organizations, particularly ethno-racial groups and Seniors' Centres.
24. Training for TTC staff on seniors' special needs introduced to enhance sensitivity and improve customer service. An effective course would facilitate staff understanding about what it is like for a senior to use the regular system and what they can expect to encounter.
25. Notification be posted in subway stations to advise passengers that escalators and/or elevators are out-of-service. If seniors can only exit the station using these services, they need to know the system before they exit to avoid paying an additional fare.
26. The sound system be upgraded to make it useful for seniors and others.
27. The TTC and the Works Department install more benches at bus stops and shelters. Locations should be identified with the assistance of the Seniors' Assembly.
28. The TTC develop an accessibility map which would plot out trips between stations that are accessible and link them with accessible bus routes.

Wheel-Trans

The Seniors' Task Force recommends that:

29. A geriatrician be added to the Wheel-Trans review panel to assess the needs of aging seniors who do not need mobility devices except for canes.
30. The ability to challenge the decision of the Wheel-Trans review panel be addressed. Many seniors are unclear about the criteria and their rights. They have a fear about speaking out and many do not speak English easily. The review panel should offer community locations, perhaps at seniors' centres, community or recreation centres. The panel should be prepared to provide services in languages other than English, with notices that reflect that service.

Community Buses

The Seniors' Task Force recommends that:

31. Community bus routes be expanded and that TTC staff work with the community to develop, support and promote these routes.

Community Transportation Action Program

The Seniors' Task Force recommends that:

32. The City champion the Community Transportation Action Program that is vital to the transportation needs of a number of sectors and promotes efficient use of community agency vehicles.



October 1, 1998 - Launch of the International Year of Older Persons

8. City Services and Supports

“Services to seniors should be a value, a principle by which the City operates.”

Seniors attending the consultation meetings wanted the City of Toronto to be conscious of the needs of seniors when making decisions that would affect their ability to access City services and facilities. Services delivered by local government and through senior centres and agencies are important, and seniors expressed concern about possible loss of service due to amalgamation. They feel they have worked and contributed immensely to the city we now have today and are not willing to compromise what they have fought long and hard for.

For example:

- Seniors prefer talking to a real person when calling the City and find Voice Mail very confusing and impersonal. Voice Mail does not always provide the information or direction the caller is looking for.
- When attending public meetings, seniors find it difficult to hear speakers without microphones, and may miss vital input.
- Although many improvements have been made in physical access to buildings and transportation, many seniors believe that more can be done. Minimum requirements are not always appropriate.

Parks and Recreation

Senior citizens generally have more time for recreation and leisure activities than any other age group. They devote an average of almost an hour-and-a-half each day to active leisure pursuits such as sports, socializing and hobbies. It is imperative, for their general physical health and emotional well-being, that they are provided with ample opportunity to participate in activities of their choice.

Toronto Parks and Recreation delivers 54,000 programs to 1.1 million participants of all ages. The department supports 6,000 community groups and 200,000 trained volunteers who provide a wide range of recreation programs and services. There are 97 community centres, 90 indoor pools and 60 arenas/indoor rinks. Parks and Recreation organizes more than 3,000 special events throughout the year.

There are 2,500 recreation programs offered to seniors with 121,000 registrants. The Parks and Recreation Department currently uses a variety of methods to deliver recreation programs and services to seniors in the community recognizing the importance recreation plays in the prevention of illness and social isolation. The City operates 14 senior centres which are also the home and sometimes meeting space to hundreds of senior volunteer groups which offer many programs. Examples include sports clubs and leagues, senior games, camera, card, garden, stamp clubs plus a number of ethno-racial and cultural groups. A growing number of centres offer a congregate dining program. Although recreation services were delivered differently throughout the City of Toronto, each was successful in achieving the goals of the community. The one major similarity in all the delivery systems was the constant input and involvement from the senior users. In every former municipality, the recreation programs were based on the needs of that particular neighbourhood, community centre or seniors centre.

The fear of seniors across the city is that the amalgamation of recreation services will change the current delivery of programs that have been developed by and for seniors in their own communities. Seniors want to be involved in deciding the types of programs that work best for them. Seniors are proud of their contributions and do not want to lose that opportunity to participate.

Currently, recreation services partner with a number of different city departments/divisions, community service providers, agencies and the private sector. Some examples include: Board of Education, Library, Police, Homes for the Aged, Toronto Housing, Meals-On-Wheels, CCAC's, Volunteer Centres of Toronto, Senior Link, VON, P.O.I.N.T, local financial institutions, private nursing homes, and Older Adult Centre Association of Ontario.

Staff members, both full and part-time, are knowledgeable and experienced in delivering service for seniors. Staff is also skilled at working with neighbourhoods to develop recreation services in partnership with the community. As these centres become community meeting places, staff also does a great deal of referral and information/networking with and for seniors.

Recreation staff in partnership with other organizations facilitates many special events:

- In Scarborough during "Seniors Month" (June), a Scarborough Seniors' Showcase is held. Parks and Recreation partners with over 20 community agencies and groups including the Scarborough Town Centre. This two-day event consists of an Art Gallery, Community Support Service Information, a Craft Booth, Raffle, Tea Garden, Gardening Information and demonstration of line dancing, social dancing and fitness. This event attracts thousands of seniors annually.
- In North York, Parks and Recreation partnered with the Tamil Seniors Association, Public Health, Provincial and Federal governments to present a weekend conference for seniors. Presenters spoke on health, social and community support issues. Over 100 seniors from many cultural communities attended this conference.
- In Etobicoke, Parks and Recreation hosted the Falls Prevention Coalition First Anniversary. The celebration consists of Interactive Displays, Safety Aids, Falls Assessment, Outdated Medication Clean-up, Line Dancing, Exercise, Medication Safety and a Barbecue. This event has partnered Public Health, Etobicoke General Hospital, The Red Cross, Toronto Housing, Toronto Ambulance and retail stores catering to the needs of seniors. The event was held as a kick-off to Seniors Month and over 200 seniors attended.
- East York Parks and Recreation in 1997 partnered with the Toronto Police Service, community agencies, Royal Canadian Legion, financial institutions, local media and The Ministry of Consumer and Commercial Relations to produce "Your Fraud Alert Calendar". This 16-month calendar gives seniors information about the many types of fraud that exist. It gives tips on how to recognize fraud and what to do about it. Ten thousand copies were distributed to seniors in East York.
- At Nathan Phillips Square, June was marked by "Seniors on the Square." This event featured 20 information tables staffed by seniors' organizations, a big band concert and entertainment from a number of talented seniors groups and individuals.



Salute To Seniors June 23, 1999

- The three seniors' centres in York deliver all the recreation programs to seniors. In addition, seniors enjoy annual health fairs, intergenerational breakfast and mentoring programs, community safety programs, health and legal clinics and multicultural festivities. Recently, staff from the Sunnybrook Health Science Centre held a lecture on pedestrian safety for seniors.

These types of programs offer the activities that help meet seniors' need to stay healthy and be contributing citizens in the life of Toronto.

Sidewalk and traffic safety

Sidewalks are the only means of transportation for many seniors. In the consultations, seniors expressed strong concern about sidewalk and pedestrian safety issues. Specific concerns include rough and uneven sidewalks, curbs, driveways and curb cuts as well as the inconsistency of snow removal from region to region. Seniors need to be able to walk safely on a sidewalk that is free from ice, snow, holes, sandwich signs, bicycles, skateboards and roller bladers. A senior falling or being hit by a skateboard or a bicycle can mean many days or weeks in bed, which lead to other health-related problems. "Falls among the elderly have shown that over 980 million dollars in direct cost is spent on treatment of falls among the elderly. It is estimated that about 40% of falls leading to hospitalization are the result of hip fractures, and that this will increase dramatically from 23,375 cases in 1993 to over 88,000 cases by the year 2041 as the Canadian population ages. In 1995, there were over 468,000 falls among the elderly, amounting to almost \$1 billion in costs or about \$2,100 per fall (Canada-wide figure). (The Economic Burden of Unintentional Injury in Canada 1998 – Smartrisk in partnership with Health Canada and Ministry of Health (Ontario).)

Seniors across the city identified difficulty in crossing multi-laned intersections in the time allowed by the pedestrian crossing light. Some seniors expressed a lack of understanding about the newer signals that flash.

Fire safety

The Fire Department has identified that adults over the age of 60 account for 36% of the total fire deaths in the City. Seniors' issues should be included in all fire safety booklets. The "Older and Wiser" program is very welcome and needs to be promoted.

Personal safety

The Toronto Police Service 1998 Environmental Scan states that for those 65 years of age and older the rate of victimization has remained relatively steady for the past eight years, increasing slightly from 1.8 per 1,000 population over 65 to 2.1 per 1,000 population over the age of 65.

Issues of personal safety and crime were lower on this priority list than other safety issues, such as safe sidewalks, traffic and pedestrian safety, elder abuse and protection from fraud.

In terms of personal safety, seniors supported recreation programs for youth as a positive way to feel safe. Some seniors expressed fear of groups of youth. Some seniors feel threatened by some panhandlers and are supportive of initiatives to help the homeless and those living in poverty. Some women felt unsafe on the TTC in the evening.

Fraud

The Toronto Police Service 1998 Environmental Scan indicates that "Financial victimization can create

serious problems for the aged... elderly persons who no longer work cannot recoup their economic losses. Victims may then become dependent on family members, which can cause stress within the family, or seniors could become dependent on... public programs". Indicators of financial abuse can include: unusual activity in a bank account, new acquaintances of the elderly expressing a desire to live with them, loss of amenities and/or utilities, new signees or unusual activity on credit cards and/or suspicious signatures on document. (Source – Coker J. and Little, B. Investing in the Future: Protecting the Elderly from Financial Abuse. FBI Law Enforcement Bulletin 66 (12), December 1997.)

Anti-Fraud community initiatives have been popular. The East York Community Task Force to Combat Fraud Against Seniors has delivered 20,000 "Scams Against Seniors" brochures door-to-door; they have produced and distributed 10,000 copies of "Your Fraud Alert Calendar," a sixteen month calendar warning seniors of a wide variety of frauds and scams. The Volunteer Centre of Toronto also delivers the excellent Scotiabank Fraud Awareness Program, "The ABC's of Fraud." Twenty senior volunteers provide a one-hour presentation to seniors' groups providing information and tips on identifying and preventing consumer fraud victimization.



Salute to Seniors, June 1999

EDUCATION

In the consultations, seniors throughout the city of Toronto expressed an interest in life-long learning opportunities. Access to education, training programs and classes is necessary for quality of life and healthy relationships. A number of seniors had concerns that the changes to Board of Education courses could result in fewer programs and higher fees. Although procedures differed from municipality to municipality, it is estimated that 25,000 seniors are enrolled in day and evening continuing education courses. Twelve thousand of those are in the former City of Toronto which offers a broad curriculum. The costs have risen over the last few years and are different for day and evening courses. Seniors also expressed support for courses/programs that were geared to seniors, particularly literacy, computer literacy and English as a second language courses. The courses are conducted throughout the city in community centres, seniors' homes and public schools.

According to the Toronto Star newspaper 1998, under the province's new educational funding model, allotment per adult student is \$2,777.00, in contrast to the \$7,000.00 per student which was spent by Toronto. This change in funding could result in the loss of approximately 600 teaching positions and at least 4,000 reduced spots for students.

The Toronto Adult Student Association (TASA) is a non-profit student organization founded in 1998. One of the primary goals of TASA is the development and maintenance of adult education programs. TASA endorses the continuing support of adult education including special programs for seniors as it perceives life-long learning is vital for the maintenance of the well-being of seniors.

A report presented at the public meeting of the

Toronto District School Board on May 12, 1999 on Adult and Continuing Education recommended that:

- programs be nine weeks in length;
- all participants pay a fee of \$1.75 per hour;
- fees be waived for any individual on a disability pension; and
- “seniors” be defined as 60 years of age or older.

This report was deferred for further analysis on:

- identification of potential impact on service levels;
- reduced access to programs for current users because of reduction of hours and increased user fees; and
- job loss.

COMMUNITY GRANTS

Funds provided by the City have helped support the community services sector in Toronto to meet local community needs. Municipal funding complements the funding provided by the Province. Together, these levels of government have addressed a variety of identified needs and problems.

The City of Toronto

The City of Toronto's Community Service Grants Program (CSGP) is a combination of ten grants programs provided by the seven former municipalities as the primary means of support for community-based social service agencies.

The objectives of the Community Service Grants Program are to:

- support the City's strategic directions through a planned and proactive use of resources available to the CSGP, in partnership with communities;
- provide funding for the development of community supports which are effective in improving social prospects of diverse communities;
- support organizations which promote access to services and resources for diverse ethno-racial and Aboriginal communities;
- ensure organizations receiving community service grants are accountable to the City for the funding they receive and to the communities they serve; and
- foster the development of mutually beneficial partnerships and collaborations among communities, between service providers, and with governments.

The City provides approximately \$3.4 million through the CSGP to 93 seniors' organizations across Toronto for seniors' agencies to support programs such as congregate dining, friendly visiting and wellness education. This is from a grant stream that allocated approximately \$12 million in 1998.

The community-based social service sector

Changes in both federal and provincial policy have adversely affected the capacity of the community-based sector to respond to needs. The United Way's 1997 report “Metro Toronto: A Community at Risk” noted that funding cuts to community-based agencies have resulted in a loss of \$14 million in government funding to 140 United Way member social service agencies in 1996.

Although community-based seniors' services have fared relatively well during the time of cuts, both the United Way report and the 1996 community agency survey, "Profile of a Changing World," identified certain areas of the sector particularly affected by funding changes. These include programs targeting seniors from vulnerable communities such as low-income individuals, ethno-cultural groups, people with disabilities and immigrants and refugees.

The findings from these reports and the needs identified in the consultation process with seniors suggest that while the City should be applauded for its role in providing services to seniors through its funding, a more strategic approach to funding is required to ensure that the needs of the most vulnerable seniors across the City of Toronto are met.

Funding

The far-reaching changes that have occurred to social service funding have created insecurity about the stability of services for seniors. Seniors were concerned that funding levels be maintained and that services to meet emerging needs amongst seniors were not being developed.

Community supports

The breakdown or absence of the extended family system, as well as cultural, linguistic and physical barriers to accessing services has left many seniors living in poverty and social isolation. Seniors echoed the sentiment that community-based services such as in-home support services and social and recreational programs play a crucial part in enhancing the lives of many seniors. The importance of social programs was a sentiment echoed across the city and isolation was

identified as a potential cause of many emotional and health-related problems for seniors.

Seniors articulated a need for increased facilities and programs and for more recognition of the needs of frail often-housebound seniors.

Access and equity

Demographic data show that the city has an increasingly diverse population of seniors.

Seniors across the city from different ethno-specific communities voiced the need for services that are culturally-specific both in language and in content.

Seniors felt that services should be financially accessible to all, and named differences in user fees as an example of a barrier to accessibility.

"Seniors' agencies should remain accessible and be affordable. Seniors' agencies are very important to the future of seniors' healthy lives".



Dukes of Harmony, Salute to Seniors, June, 1999

Recommendations - 8. City Services and Supports

The Seniors' Task Force recommends that:

33. All public and community meetings sponsored by the City provide for seniors' full participation including:
- information that can be read easily, e.g. adequate font size, clear language;
 - a public address system to ensure all can hear the speakers; and
 - accessible buildings.

Parks and Recreation

The Seniors' Task Force recommends that:

34. Parks and Recreation services and programs which value seniors be supported and developed to meet the needs of the growing seniors population. Programs for seniors create a balanced program in each community centre.
35. Parks and Recreation continue to evaluate the impact of user fees on access and participation in seniors' programs.
36. Parks and Recreation staff develop a broad range of recreation and leisure opportunities that accommodate variances in interest, culture and level of ability to participate, and that seniors are involved and consulted in this process.

Sidewalk and traffic safety

The Seniors' Task Force recommends that:

37. Works and Emergency Services continue to make regular formal inspection of sidewalks and curbs and that repairs to hazardous conditions be a priority.
38. Works and Emergency Services develop a well-publicized reporting system that enables members of the public to report hazardous sidewalk or curb conditions.
39. All sidewalk snow and ice clearing by-laws be rigorously enforced.
40. The Seniors' Assembly work with the Committee on Community Safety, City Cycling Committee and the Pedestrian Committee on safer sidewalk strategies.
41. The Seniors' Assembly work with the Committee on Community Safety, the Pedestrian Committee and Transportation Services on appropriate timing for multi-laned intersection pedestrian crossings.

Fire safety

The Seniors' Task Force recommends that:

42. The Fire Department promote the "Older and Wiser" program through public service announcements.
43. The Fire Department promote a program to "train the trainer" through a wide range of seniors' organizations, especially groups in the ethno-racial community so that awareness can be promoted in languages other than English.

Personal safety

The Seniors' Task Force recommends that:

44. The Seniors' Assembly work with members of the Committee on Community Safety on common issues and any brochures, campaigns or advertisements include seniors' issues.
45. The membership of the Committee on Community Safety include seniors.

Fraud

The Seniors' Task Force recommends that:

46. City Council recognize the importance of anti-fraud community initiatives, such as The East York Community Task Force to Combat Fraud Against Seniors and the ABC's of Fraud program.
47. Public service announcements be routinely developed on the latest fraud/scam, with encouragement to report incidents to police along with a list of community agency programs to contact. These should be announced by the Mayor and/or the Chief of Police and carried on television, radio and in community and city newspapers.

Education

The Seniors' Task Force recommends that:

48. City Council support affordable access to life-long learning.
49. Information on literacy programs for seniors at the Toronto Public Library be distributed to community and seniors' organizations.

Community grants

The Seniors' Task Force recommends that:

50. The City of Toronto's Community Service Grants Program staff re-examine supports to community-based seniors' services and target appropriate funding to vulnerable, at-risk groups within seniors' communities.
51. Prevention and awareness of elder abuse be an important criteria in awarding the Breaking the Cycle of Violence grants.

9. Burial Ground

At a meeting held at the Native Canadian Centre, the participants identified the need for an Aboriginal burial ground to be established in the urban area in the city. They explained that there is no such place where Aboriginal people living in the city can be buried and have a site that honours the traditions of the community. It was stated that people living in the city may have left the reserve many years ago and no longer have close connections with their band members. It is also very expensive and sometimes impossible to be buried on a home reserve.

Recommendation – 9. Burial Ground

The Seniors' Task Force recommends that:

52. Staff from the Aboriginal Office, Access and Equity meet with appropriate members of the Aboriginal community to develop a process to acquire a site for an Aboriginal burial ground and that the appropriate City staff be requested to provide any necessary expertise.

10. International Year of Older Persons 1999

The United Nations designated 1999 as the International Year of Older Persons with the theme “Toward a Society For All Ages.” It is timely that the Seniors’ Task Force final report will be on the City Council agenda in this international year. This report, which outlines recommendations to address issues and priorities raised by seniors living in the new City, will become part of the legacy for City Council, staff and seniors to work together to make the new city of Toronto a society for all ages.

One of the tasks of the Seniors’ Task Force was to establish a role for the City of Toronto in the International Year of Older Persons (IYOP). Seniors who attended the public consultations and members of the task force decided that it was important that a major legacy project be identified and started during 1999. Two initiatives reflect this thinking: the final report of the task force and the improvements in street signage.

Seniors were asked for their ideas and suggestions for recognizing and celebrating IYOP in the new city. The following suggestions for IYOP came from the community consultations:

- implement solutions for issues identified by seniors in 1999;
- develop intergenerational programs or meetings;
- work with community centres to organize events across the city;
- profile seniors’ accomplishments at the CNE;
- encourage and welcome all seniors to participate in the Native Elders Conference held at the Native Canadian Centre each spring;
- highlight seniors’ sports;
- hold line dancing and square dancing competitions;

- develop a tree dedication program to honour senior volunteers; and
- commission a statue reflecting a senior passing along wisdom to children.

The celebration events contain a listing of some citywide events that we have been able to identify.

Seniors’ Task Force

The establishment of the Seniors’ Task Force to identify issues and priorities for seniors in the City of Toronto has resulted in a broad public consultation and the production of this report which recommends an ongoing initiative, the creation of a Seniors’ Assembly.

This document should supply a blueprint for action on recommendations identified by seniors.

Street signage program

Transportation Services has made funding available (\$250,000) for the first stage of an improved street signage project: the installation of large, easy to read street signs on arterial roads. The Seniors’ Task Force requested this pilot project as a first step in improving all signalized intersections in the city. Drivers can easily read these larger signs as they approach an intersection. Because of the reflecting material used the signs are visible at night. The design has been approved by the Task Force in consultation with a transportation expert. We are pleased that eventually 1,823 intersections will have this new signage. Although the project is the suggestion of the Seniors’ Task Force, the signage improvements will benefit the general population. If the Olympics or any other international events are held in the city, this project will make it much easier for visitors to get around the city.

Global Conference on Aging

Eight seniors from the Seniors' Task Force represented Toronto at the Fourth Global Conference on Aging, the only official United Nations conference to be held in Canada in 1999. This conference was held in Montreal in September, 1999. It is expected that the delegates will report their findings to the Seniors' Assembly.

IYOP logo

The logo for the International Year of Older Persons was planted in parks and floral carpet beds in the various areas of the city. Two other existing floral carpet beds located at Yonge and Lawrence and at Bloor Street West and the Kingsway were also used. Other areas in City parks accommodated plantings to mark this year.

Events

The International Year of Older Persons was launched on October 1, 1998 in Nathan Phillips Square. Mayor Mel Lastman, Minister Cam Jackson, Councillor Anne Johnston and Lois Neely, the Ontario representative to the Federal IYOP Committee, along with other Councillors on the Seniors' Task Force enjoyed great entertainment supplied by seniors groups. Stage activities included line dancing and fitness. Demonstrations on the square included Tai Chi, bocce, and lawn bowling. A celebration 1999 IYOP cake was cut and shared with all in attendance under the International Year of Older Persons flag.

International Year of Older Persons was celebrated at Winterfest February 13 and 14, 1999 with a visit from Don Herron, one of the IYOP Celebrity Chairs. Information tables and big bands entertained many seniors who attended. There was dancing inside and activities for all outside at Mel Lastman Square.

June 1999 brought many activities all over Toronto. June is Seniors' Month and many groups celebrate

with special events. On June 23, 1999, Seniors' Month celebrations at Nathan Phillips Square included "swinging seniors" and a farmers market. Special events were planned by Housing, Homes for the Aged, Library Services, Special Events and Parks and Recreation. Most of the City's recreation and senior centres celebrated the International Year of Older Person events highlighting the theme "Towards a Society for All Ages."

In September 1999, Public Health held a conference on falls. Studies show that over \$980 million is spent annually on treatment of falls among the elderly. It is estimated that about 40% of falls leading to hospitalization are the result of hip fractures, and that this will increase dramatically from 23,375 cases in 1993 to over 88,000 cases by the year 2041 as the Canadian population ages. In 1995 there were over 468,000 falls among the elderly, amounting to almost \$1 billion in costs or about \$2100.00 per fall (Canada wide figure). (The Economic Burden of Unintentional Injury in Canada 1998 - Smartrisk in partnership with Health Canada and Ministry of Health (Ontario).)



1999 International Year of Older Persons Celebration

Recommendations – 10. IYOP

The Seniors' Task Force recommends that:

53. City Council continue its support and fund the improved street signage program, and that funding be allocated each year until completion.
54. City Council encourage property owners to put well-lit numerical addresses on the buildings, offices and homes on their property. In the development of the improved street signage program, it was noted that many buildings do not display their numerical address.



Mayor Mel Lastman, Councillor Anne Johnston and Councillor Bill Saunderson, Salute to Seniors, June 1999

11. Seniors' Assembly

"We need a voice, some voices who can advocate for seniors, we need grey power."

Seniors said they wanted to have input into local government policy decisions that affect their lives and how services are delivered to them. Any group representing seniors in Toronto should reflect the cultural and ethno-racial diversity of the city.

"Seniors from ethnic minorities have no voice right now and our concerns are not being addressed."

During the public consultations, the subject of an ongoing public participation model for seniors was discussed. Former municipalities had many different approaches on how seniors related to local government. During this time of great change, seniors through the consultations and on the Task Force felt that some direct support for a citizen participation model would be necessary. The model proposed allows for a Seniors' Assembly to act as a vehicle for sharing and receiving information. It would not, however, be the only group recognized by local government as a voice for seniors' issues.

"Who represents seniors, who will listen, who will we contact?"

There is support for a person to be a "Seniors' Advocate," someone who would speak for seniors' issues, ensure the involvement of seniors on issues of importance to them and to the city, and encourage a dialogue.

Role of the Assembly

- inform senior residents across the City of city-specific issues that impact on seniors;
- advise Seniors' Advocate on seniors' issues in

the community; and

- develop a seniors' action plan that includes a mechanism for reporting out on the status of seniors in the City of Toronto.

Responsibilities of the Members

- build on work being done in the community;
- attend meetings and forums to act as a resource on seniors' issues;
- help identify initiatives within the community;
- share ideas within the broad community;
- participate and link with established seniors' coalitions/networks across the new City;
- facilitate public forums or meetings to promote public awareness and participation;
- be responsive to the community, through requests for presentations, meetings and regular discussion of current activities; and
- be responsible for an ongoing newsletter for seniors in the city.

Responsibilities of the City

- appointment of a Seniors' Advocate from City Council;
- staff co-ordinator - linkages to City services/ supports through Social Development and Administration, Community and Neighbourhood Services; and
- support and participate in a Seniors' Summit.

Suggested membership

Individuals

Seniors age 65 and up who:

- reflect the diversity of the population;
- reflect the geographic areas of the city;
- have experience working in a group;
- have a keen interest and knowledge of issues affecting seniors; and
- have community connections and can reflect one's own view and those of the community.

Agencies

Be a member of an agency serving seniors.

Recommendation - 11. Seniors' Assembly

The Seniors' Task Force recommends that:

55. City Council adopt the model described as the "Seniors' Assembly" and appoint a Seniors' Advocate for the City.

"On behalf of the seniors who attended the consultation meetings, we would like to thank you for allowing us to voice our concerns and issues with the City of Toronto. Seniors were so delighted to have been asked to voice an opinion in a public forum such as the one that was conducted."



Salute to Seniors, June 1999

APPENDIX I: Seniors Population: Selected Demographic Highlights

- According to Statistics Canada, there were approximately 319,800 people over the age of 65 in Toronto in 1996. This number includes both those living in institutions and those living alone or with family (roughly 1 in 4 seniors live alone across the City).
 - The city's population is aging. While total population increased by 14% over the last 25 years, seniors (those 65+) increased by 87% over the same time period. The proportion of the total population that are seniors has also increased. In 1971, 8% of the population was over 65. In 1996, 13% of the population was over 65.
 - People are living longer. Over the last 25 years, the number of people over 75 years of age increased by 102%. It should be noted however, that there may also be an increasing number of seniors moving back to the City as they age, are unable to live on their own and are in need of housing and other supportive services. There may also be more seniors moving to the City as a result of immigration trends.
 - Most seniors (27% or about 88,400) live in the North York Community Council area, followed by Toronto, then Scarborough (Scarborough experienced the biggest growth in seniors between 1991 and 1996). There is however, a tendency for some seniors as they grow older, to live in the Toronto Community Council area. This may be due to a wider range of supportive services and nursing homes for older seniors in the Toronto Community Council.
 - The overall population ratio of Males to Females in the City is 48:52. The ratio of Males to Females for those 65+, is 42:58. This ratio widens as the population ages, with women generally outliving men. Of those 90+, the ratio of Males to Females is 23:77.
 - According to the 1995 tax files, the median income of Seniors in Toronto is \$40,027. Seniors are a very diverse group with incomes at both ends of the income scale.
 - More immigrant seniors are coming from Asian countries, while the number of immigrant seniors from European countries has declined steadily since 1961.
 - A higher proportion of seniors do not have knowledge of either official language. In the Toronto Census Metropolitan Area (CMA) in 1996, 15% of all people over 65 do not have knowledge of either English or French. This percentage is much lower in the overall population with 8% not knowing either official languages.
 - Thirty-one percent of Seniors use a non-official language at home. This percentage is lower in terms of the overall population where 24% speak a non-official language at home. The top two non-official home languages spoken by seniors are Italian and Chinese.
- Prepared by Toronto Community & Neighbourhood Services
Department, Social Development Division

1995 MEDIAN INCOME – BY HOUSEHOLD TYPE

Source: Statistics Canada, Tax File Data

	All Families						Husband/Wife						Lone Parent						Non-Family					
	Total		65+		65+		Total		65+		65+		Total		65+		Total		65+		Total		65+	
	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median	Number	Median
CANADA	8,001,720	44,734	1,282,180	34,318	6,791,250	49,000	1,155,590	34,200	1,210,470	20,800	126,590	35,400	4,573,880	16,100	1,335,900	15,100								
ONTARIO	3,007,520	48,786	494,890	38,108	2,563,860	53,300	448,060	37,900	443,660	22,700	46,830	40,100	1,641,850	17,800	490,590	16,900								
DURHAM	129,510	57,353	15,790	38,127	111,720	62,600	14,430	37,800	17,790	24,400	1,360	41,600	50,610	20,100	14,600	17,300								
YORK	165,960	58,628	19,850	39,963	149,260	62,100	17,990	40,000	16,700	27,600	1,860	39,600	55,400	18,400	16,110	16,100								
PEEL	241,330	53,256	24,820	38,413	208,470	57,600	22,230	38,100	32,860	25,700	2,590	41,100	92,960	20,500	20,810	15,300								
HALTON	97,840	65,852	14,920	45,201	87,500	69,900	13,840	45,100	10,340	31,600	1,080	46,500	37,900	23,300	12,350	19,900								
TORONTO	646,260	41,629	115,930	40,027	532,040	45,800	102,890	39,600	114,220	22,200	13,040	43,400	473,870	17,900	124,000	16,400								
Toronto	163,320	41,160	25,620	37,557	134,820	45,400	22,180	37,100	28,500	21,100	3,440	40,500	190,930	17,900	42,090	15,800								
Etobicoke	92,280	46,009	19,130	44,684	76,590	50,600	17,240	44,200	15,690	23,600	1,890	49,100	53,670	20,100	16,670	18,700								
North york	166,760	41,475	33,730	42,960	137,950	45,500	30,350	42,800	28,810	22,200	3,380	44,400	99,740	17,900	29,170	17,500								
Scarborough	158,090	41,169	25,710	37,299	129,770	45,200	22,860	36,800	28,320	22,700	2,850	41,300	79,460	15,900	21,930	14,800								
East york	28,120	41,191	5,330	37,570	23,130	44,900	4,650	36,600	4,990	24,000	680	44,200	22,580	21,800	6,760	18,900								
York	37,710	36,668	6,420	35,047	29,790	41,100	5,620	34,100	7,920	20,000	800	41,700	27,500	16,900	7,370	15,800								

Population of Toronto: Change Over time by Major Age Groups

	1971	1976	1981	1986	1991	1996	'71-'96 %change	'91-'96 %change
0-14	529,060	466,110	395,515	370,080	377,125	425,485	-20%	13%
15-29	552,372	594,555	593,940	594,360	562,155	508,300	-8%	-10%
30-64	837,285	868,180	921,800	976,125	1,045,395	1,131,800	35%	8%
65-74	106,784	122,170	139,245	150,930	173,710	190,400	78%	10%
75+	64,227	73,280	86,880	101,225	117,385	129,440	102%	10%
Total Population	2,089,728	2,124,295	2,137,380	2,192,720	2,275,770	2,385,425	14%	5%
Total Seniors (65+)	171,011	195,450	226,125	252,155	291,095	319,840	87%	10%
% of Total Population	8%	9%	11%	11%	13%	13%		

Source: Statistics Canada Census

1996 Population 65 and Over by Home Language

The City of Toronto top 25 Rankings Non-Official Language Only (Single Responses)

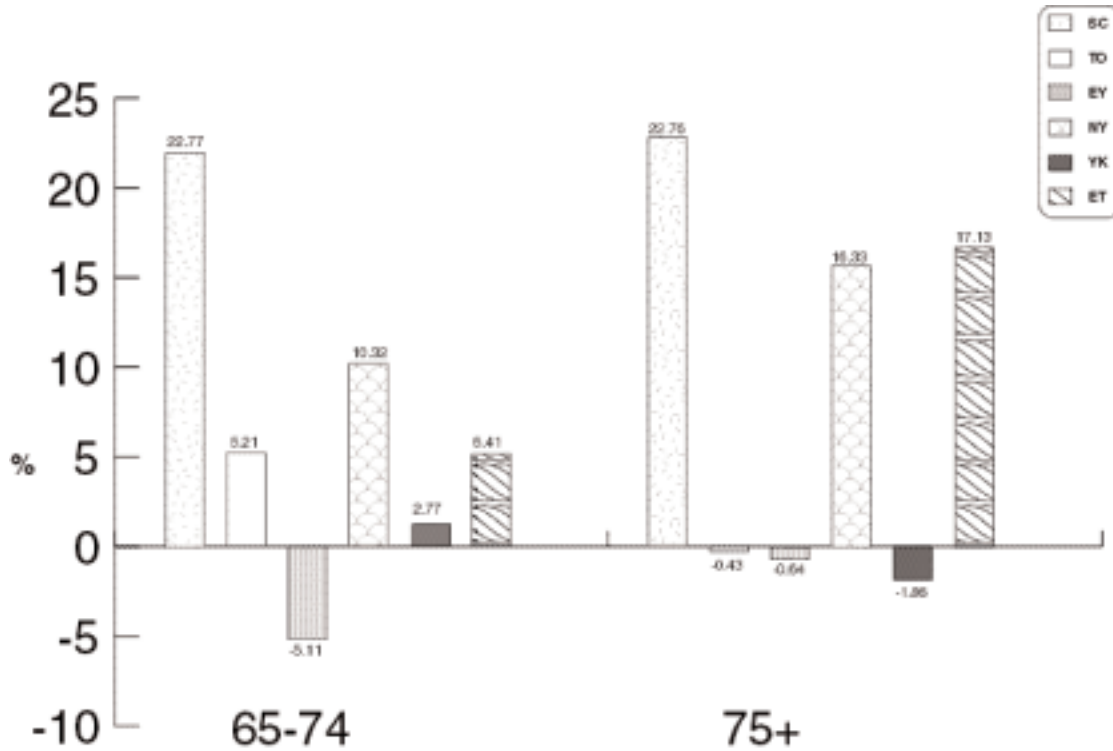
Source: Statistics Canada, 1996

	Toronto Pop. 65 +	Rank
Total Population 65 yrs & over by Home Language	441,500	
Non-official languages	134,750	
Italian	32035	1
Chinese	28625	2
Portuguese	8535	3
Polish	5930	4
Greek	5125	5
Ukrainian	4830	6
Punjabi	3975	7
Tagalog (Pilipino)	3790	8
German	3435	9
Spanish	3145	10
Hungarian	2965	11
Macedonian	2350	12
Russian	2200	13
Tamil	2105	14
Gujarati	2010	15
Korean	1905	16
Estonian	1875	17
Vietnamese	1480	18
Latvian (Lettish)	1360	19
Arabic	1320	20
Yiddish	1300	21
Croatian	1260	22
Armenian	1140	23
Persian (Farsi)	1040	24
Lithuanian	1020	25

Note: Home Language refers to the language spoken most often at the home by the individual at the time of census.

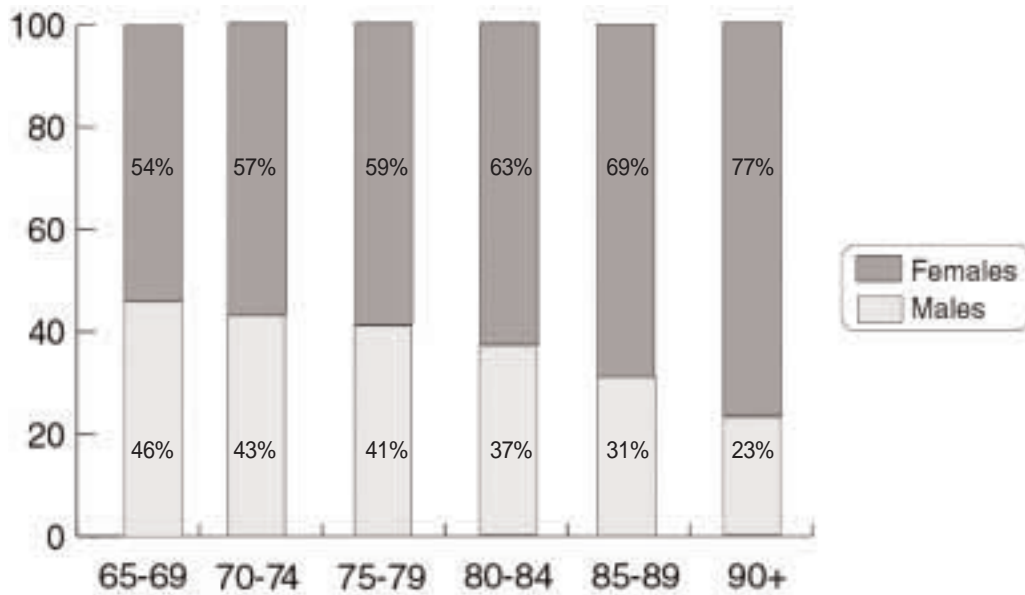
Prepared by Toronto Community Neighbourhood Services, Social Dev., Mng. Servi. Div., May 1998.

Change in Seniors Population, 1991-1996 Community Council Areas



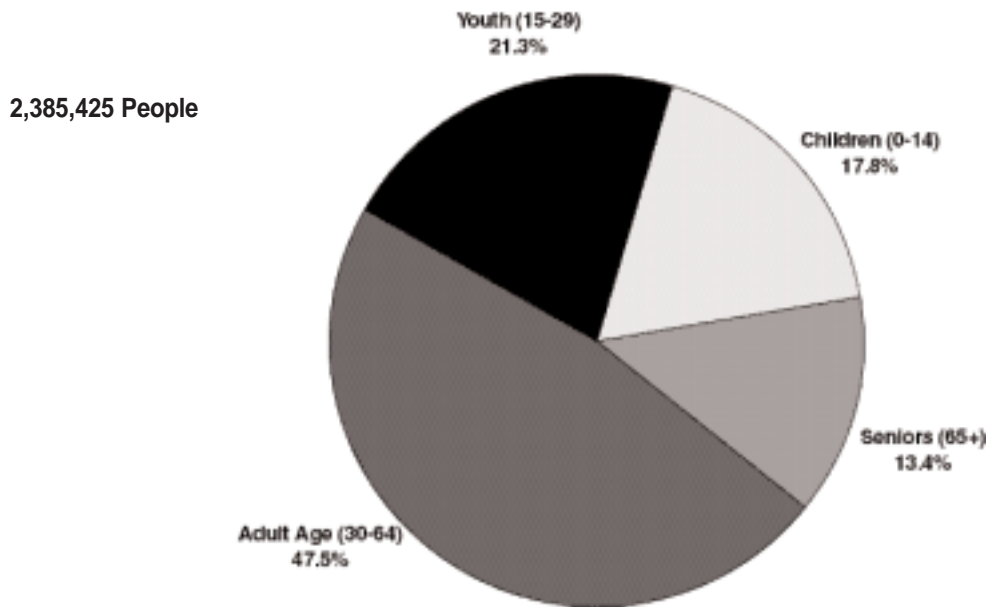
Prepared by Toronto Community & Neighbourhood Services Dept., Social Development Division
Source: Statistics Canada 1996 Census

Seniors Population 65+ 1996, Toronto Male and Females



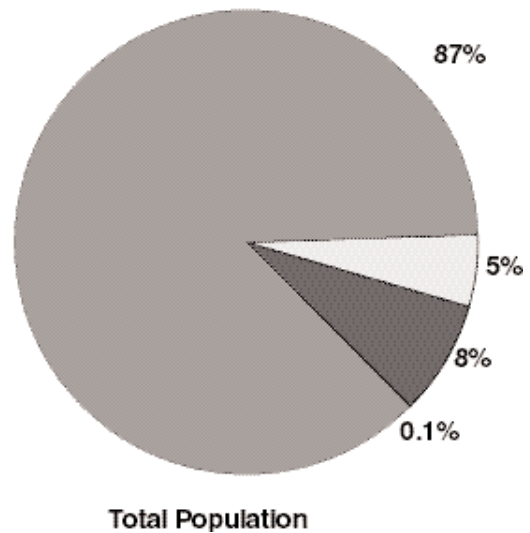
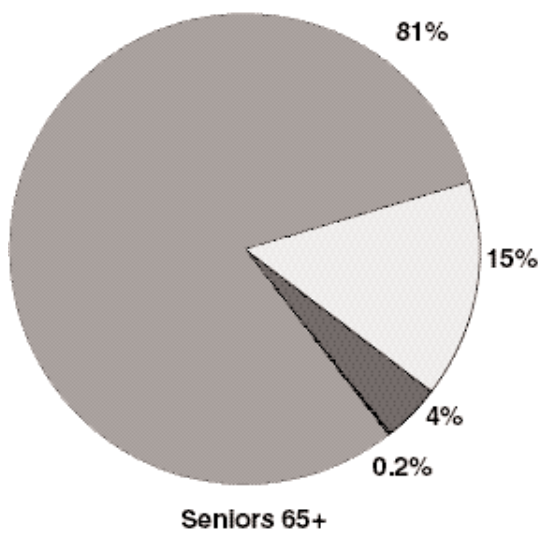
Prepared by Toronto Community & Neighbourhood Services Dept., Social Development Division
Source: Statistics Canada 1996 Census

Total Population – City of Toronto - 1996



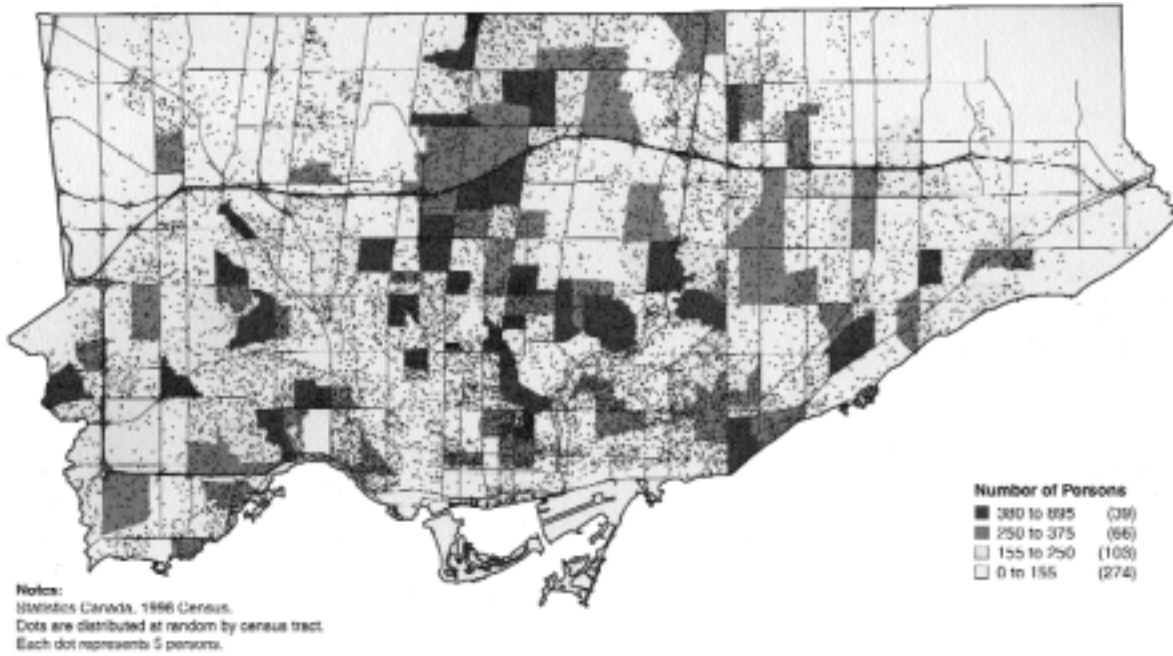
Toronto Community & Neighbourhood Services Dept., Social Development Division
 Source: Statistics Canada 1996 Census

Knowledge of Official Languages – Toronto CMA - 1996



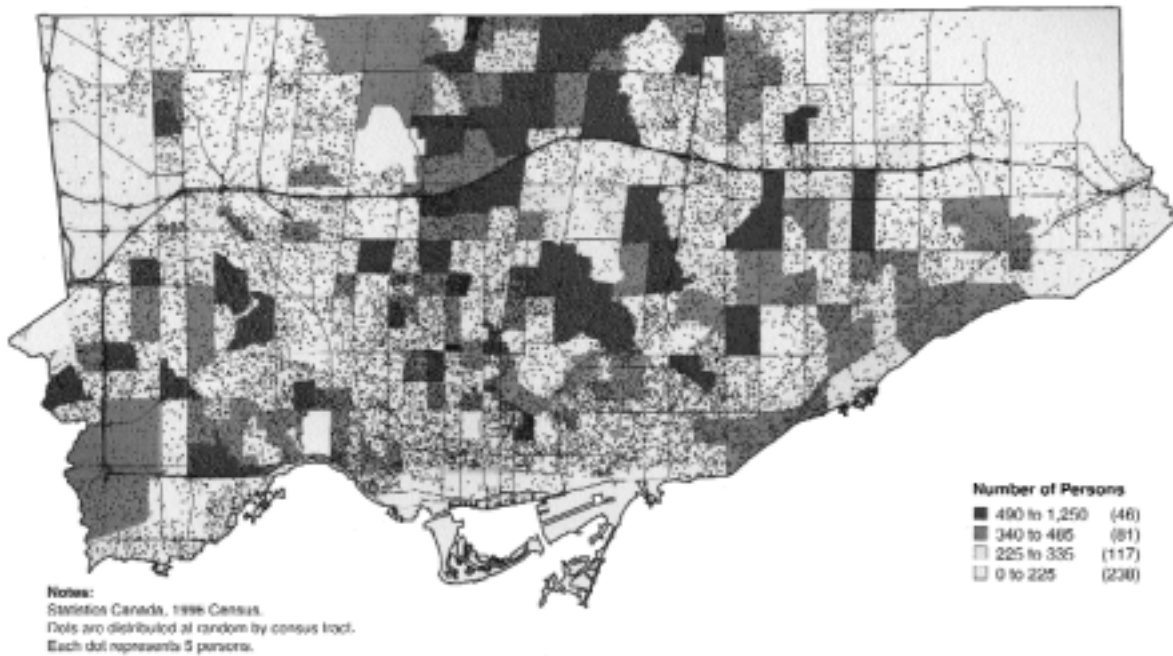
Prepared by Toronto Community & Neighbourhood Services Dept., Social Development Division
 Source: Statistics Canada 1996 Census

Seniors Living Alone (65+)



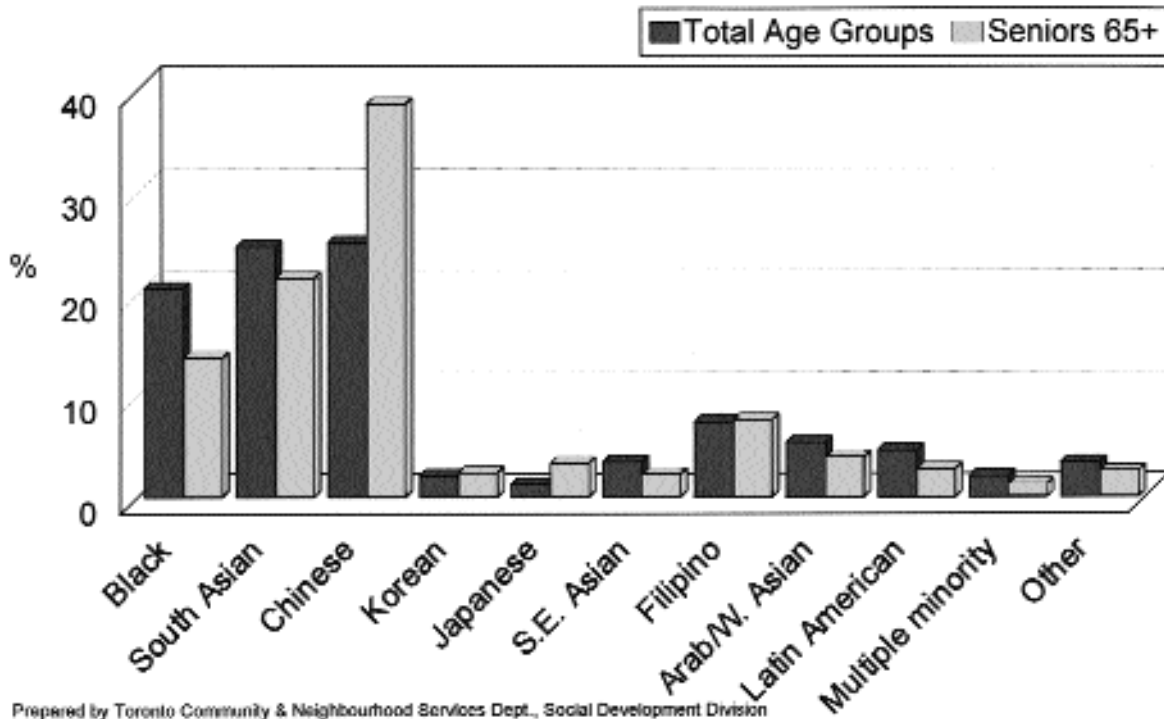
Urban Planning & Development Services and
 Community & Neighbourhood Services. April 1998

Seniors Aged 75+



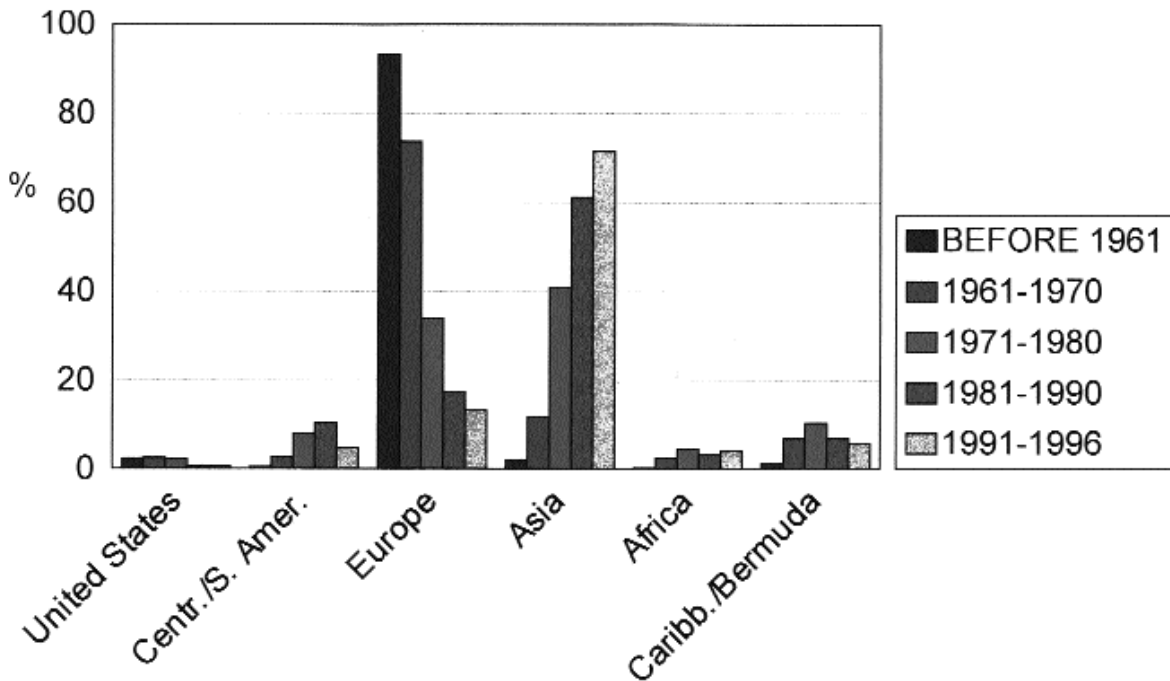
Urban Planning & Development Services and
 Community & Neighbourhood Services. April 1998

Visible Minority Population - Toronto CMS, 1996



Prepared by Toronto Community & Neighbourhood Services Dept., Social Development Division
 Source: Statistics Canada 1996 Census

Immigrant Seniors 65+ by Period of Arrival and Region of Origin - Toronto CMS, 1996



Prepared by Toronto Community & Neighbourhood Services Dept., Social Development Division
 Source: Statistics Canada 1996 Census

Note: Oceania/Other too small to include.

Homecare/Homemakers Programs: In-Home Supports



Prepared by: Toronto Community and Neighbourhood Services Department, Social Development and Management Services Division, May 1998
Source: based on CIC data, September, 1997; LIS 1995

LONG TERM CARE FACILITIES

AIDS Committee of Toronto	399 Church St, 4th Fl	416 340 2437
Alliance for South Asian AIDS Prevention	20 Carlton St, Ste 126	416 599 2727
Anne Johnston Health Station	2398 Yonge St	416 486 8666
APIO (Association of Pensioners and Injured Workers of Ontario)	1716 Danforth Ave	416 465 2200
Arthritis Society Ontario Division, Consultation and Therapy Service	620 Wilson Ave, St3e 130	416 398 2556
Bernard Betel Centre for Creative Living	1003 Steels Ave W	416 225 2112
Black Coalition for AIDS Prevention (Black CAP)	790 Bay St, Ste 940	416 977 9955
Canadian Cambodian Association of Ontario	1111 Finch Ave W, Ste 300	416 736 0138
Canadian Cancer Society	20 Holly St, Ste 203	416 440 3330
Canadian Cancer Society, Agincourt Unit Office	4500 Sheppard Ave E, Ste 10	416 293 7422
Canadian Cancer Society, Central Toronto Unit Office	20 Holly St, Ste 101	416 485 0222
Canadian Cancer Society, East York/East Toronto Unit Office	998 Coxwell Ave	416 421 4776
Canadian Cancer Society, Etobicoke Unit Office	5468 Dundas St W, Ste 400	416 231 1118
Canadian Cancer Society, North York East Unit Office	5075 Yonge St, Ste 902	416 226 0646
Canadian Cancer Society, North York West Unit Office	1017 Wilson Ave, Ste 303	416 636 0421
Canadian Cancer Society, Scarborough/West Hill Unit Office	3090 Kingston Rd, Ste 202	416 261 6942
Canadian Cancer Society, York/West Toronto Unit Office	2 Jane St, Ste 202	416 762 5749

Canadian National Institute for the Blind	1929 Bayview Ave	416 486 2500
Canadian Paraplegic Association (Ontario)	520 Sutherland Dr	416 422 5644
Canadian Red Cross Society, Metropolitan Toronto Region	1623 Yonge St	416 480 2500
Caribbean Canadian Catholic Centre	867 College St	416 534 1145
Central and Northern Etobicoke Home Support Services (CANES)	925 Albion Rd, Unit 309	416 743 3892
Central Neighbourhood House, Home Support Program	264 Seaton St, Ste 100	416 966 8595
Central Toronto Community Health Centres	168 Bathurst St	416 703 8482
Centre Medico Social Communautaire	22 Colledge St, Main Fl	416 922 2672
Centre Medico Social Communautaire, Satellite Clinic	5 Fairview Mall Dr, Ste 280	416 492 2672
Centres d'Accueil Heritage, Centre des Pionniers	33 Hahn Pl, Ste 100	416 365 3350
Centres d'Accueil Heritage, Services de Soutien Heritage	33 Hahn Pl, Ste 102	416 365 9423
Chinese Seniors Support Services Association	3601 Victoria Park Ave, Ste 50	416 502 2323
Chinese Seniors Support Services Association, South Metro Toronto Office	36A Baldwin St	416 585 2013
Clarke Institute of Psychiatry	250 College St	416 979 4747
Community Care East York	334 Donlands Ave	416 422 2026
Community Information Fairview	1800 Sheppard Ave E, Box U219A	416 493 0752
Community Occupational Therapists and Association	3101 Bathurst St, Ste 200	416 785 8797
Community Older Persons Alcohol Program (COPA)	27 Roncesvalles Ave, Ste 407	416 5162982
Davenport Perth Neighbourhood Centre	1900 Davenport Rd	416 656 8025
DCVS Services for Seniors of Etobicoke	1447 Royal York Rd	416 243 0127
Dixon Hall	58 Sumach St	416 863 0499
Don Mills Foundation for Senior Citizens , Taylor Place Community Services	1Overland Dr	416 447 7244
Downsview Services to Seniors	620 Wilson Ave, Ste 201	416 398 5510
Downtown Care-Ring	40 Oak St	416 868 1190
East End Community Health Centre	343 Coxwell Ave	416 778 5858
East End Community Health Centre, Satellite Office	710 Kingston Rd	416 694 5622
East York Meals on Wheels	60 Overlea Blvd, Unit 2	416 424 3322
Easter Seal Society Ontario	250 Ferrand Dr, Ste 200	416 421 8377
Easter Seal Society Ontario, District Office	350 Rumsey Rd, Rm 2-112A	416 425 6220
Easter Seal Society Ontario, District office	555 University Ave, Rm 6320	416 813 5242
Easter Seal Society Ontario, Toronto Area Nursing Office	1185 Eglinton Ave E, 8th Fl	416 421 8585
Eastview Neighbourhood Community Centre	86 Blake St	416 392 1750
Elderly Vietnamese Association Toronto	2001 Dundas St W	416 588 8532
Evangel Hall	Box 309, Stn B	416 504 3563
Eye Contact	46 Raeburn Ave	416 398 2590
Family Service Association of Metropolitan Toronto, Seniors Services	355 Church St	416 977 0559
Finnish Social Counselling Service of Toronto	2 College St, Ste 216	416 928 5994
Flemingdon Health Centre	10 Gateway Blvd	416 429 4991
Greek Community of Metropolitan Toronto. Social Service Centre	760 Pape Ave	416 469 1155
Griffin Centre	24 Silverview Dr	416 222 1153

Hincks Centre for Children's Mental Health, Growing Together	260 Wellesley St E, Ste 104	416 921 8716
Home Care Program for Metropolitan Toronto	45 Sheppard Ave E, 7th Fl	
Hungarian Canadian Community Services	4049 Dundas St W, Level P2	416 762 3569
Interlink Community Cancer Nurses	620 University Ave, Ste 701	416 599-5465
Jewish Family and Child Service of Metropolitan Toronto	4600 Bathurst St, 6th Fl	416 638 7800
Jewish Family and Child Service of Metropolitan Toronto, Downtown Branch	750 Spadina Ave, 2nd Fl	416 961 9344
Jewish Federation of Greater Toronto, Jewish Information Service	4600 Bathurst St, Ste 345	416 635 5600
LINK Community Information and Referral Service	5120 Yonge St	416 395 5591
Lost Chord Club of Greater Toronto	545 Jarvis St, Daffodil Rm	416 413 7410
Meals Here and There	310 Danforth Ave	416 466 0587
Meals on Wheels and More	80 George Henry Blvd	416 492 5811
Medivisit		416 631 3000
Metropolitan Community Church of Toronto, Community CARE/Aids CARE	115 Simpson Ave	416 406 6228
Metropolitan Toronto. Community Services Department, Homes for the Aged	55 John St, 11th Fl, Stn 1113	416 392 8545
Mid-Toronto Community Services	192 Carlton St, 2n Fl	416 962 9449
Momill Health Care Society, Branch	351 Christie St	416 531 7574
Multiple Sclerosis Society of Canada	250 Bloor St. E., Ste 1000	416 922-6065
Multiple Sclerosis Society of Canada, Scarborough Chapter	695 Markham Rd, Ste 6	416 289 1200
Neighbourhood Centre	91 Barrington Ave	416 698 1626
NeighbourLink Downtown Toronto	20 Bloor St. E, Box 75036	416 921 7214
NeighbourLink Willowdale	5845 Yonge St, Box 69507	416 221 8283
North York General Hospital, Seniors Health Centre	2 Buchan Crt	416 756 1040
North York Seniors Centre	21 Hendon Ave	416 733 4111
Ontario Lupus Association	393 University Ave, Ste 1700	416 979 7228
Ontario Mission of the Deaf	2395 Bayview Ave	416 447 2378
Parkdale Golden Age Foundation	27 Roncesvalles Ave, Ste 401	416 596 6077
Queen Street Mental Health Centre PACE East	393 King St E	416 583 4333
Queen Street Mental Health Centre West	3131 Lakeshore Blvd W	416 535 8501
Queen Street Mental Health Centre	1001 Queen St W	416 535 8501
Queen Street Mental Health Centre, Archway	1451 Queen St W	416 314 6182
Queen Street Mental Health Centre, Central Link	393 King St E	416 327 8838
Queen Street Mental Health Centre, Community Inn	3200 Dufferin St, Unit 6B	416 314 6193
Queen Street Mental Health Centre, Lakeshore Outpatient and Community Clinic	3131 Lakeshore Blvd W	416 535 8501
Queen Street Mental Health Centre, PACE Central	1001 Queen St W, East Wing	416 535 8501
Queen Street Mental Health Centre, Palmerston House Program	1001 Queen St W Unit 2B	416 535 8501
Queen Street Mental Health Centre, Spectrum	658 Danforth Ave, Ste 402	416 314 6177
Regent Park Community Health Centre	19 Belshaw PL	416 364 2261
Regent Park Community Health Centre, Health Promotion and Seniors Office	489 Queen St E, Ste 102	416 594 9344
Saint Elizabeth Health Care	10 Gateway Blvd, Ste 320	416 429 1234
SAINTS (Students Assistance in North Toronto for Seniors)	35 Lytton Blvd	416 481 6284
Scarborough General Hospital, Mental Health Services	3040 Lawrence Ave. E	416 431 8140

Scarborough Support Services for the Elderly	1450 Midland Ave, Ste 301	416 750 9885
Scott Mission, Senior Service	62 Geary Ave	416 532 2202
Second Mile Club of Toronto	110 Edward St	416 597 0841
Selectacare	139 Sheppard Ave E	416 225 8900
Senior Adult Services in the Annex	300 Bloor St W	416 923 8909
Senior Care	530 Wilson Ave, 4th Fl	416 635 2860
Senior Link	2550 Danforth Ave	416 691 7407
Seniors Repair Service	936 Warden Ave	416 752 3866
Society of Sharing: Inner City Volunteers	10 St Mary St, Ste 415	416 413 0380
South East Asian Services Centre	603 Whiteside Pl	416 362 1375
South Riverdale Community Health Centre	126 Pape Ave	416 461 2493
SPRINT	641 Eglinton Ave W	416 481 6411
St Christopher House, Ossington Avenue Site	248 Ossington Ave	416 532 4828
St Clair West Services for Seniors	1669 Eglinton Ave W	416 787 2114
St John the Compassionate Mission	155 Broadview Ave	416 466 1357
St Michael's Hospital	30 Bond St	416 360 4000
St Paul's L'Amoreaux Seniors Centre	3333 Finch Ave E	416 493 3333
St. Clair West Services for Seniors	1669 Eglinton Ave W	416 787 2114
St. Joseph's Health Centre	30 The Queensway	416 530 6000
St. Michael's Hospital	30 Bond St.	416 360 4000
St. Michael's Hospital, Home Visit Program	61 Queen St E, 3rd Fl	416 867 7426
Storefront Humber	2445 Lakeshore Blvd W	416 259 4207
Sunnybrook Health Science Centre	2075 Bayview Ave	416 480 6100
Teresa Group Child and Family Aid	790 Bay St, Ste 901	416 596 7703
Tigrayan Association in Toronto	883 Bloor St W, Ste 202	416 533 2100
Toronto Academy of Dentistry	170 Bloor St. W, Ste 902	416 967 5649
Toronto Christian Resource Centre	40 Oak St.	416 363 4234
True Davidson Meals on Wheels (East York)	2723 St. Clair Ave E	416 752 9667
Ukrainian Canadian Social Services Toronto	2445 Bloor St W	416 763 4982
Victorian Order of Nurses, Metropolitan Toronto Branch	3190 Steeles Ave E, Ste 300	416 499 2009
Villa Colombo Homes for the Aged	40 Playfair Ave	416 7892113
Visiting Homemakers Association	170 Merton St	416 489 2500
Warden Woods Community Centre, Seniors' Services	679 Warden Ave	416 694 1138
Wellesley Central Hospital, CONTACT Mental Health Outreach Service	194 Gerrard St E	416 928 7560
West Hill Community Services	156A Galloway Rd	416 284 5931
West Hill Community Services, West Hill Community Health Centre	156 Galloway Rd	416 284 6439
West Toronto Support Services for Senior Citizens and the Disabled	21 Blackthorn Ave	416 653 3535
Woodgreen Community Centre of Toronto, Community Support Services	1098 Queen St E	416 469 5211
Yee Hong Centre for Geriatric Care	2311 McNicoll Ave	416 321 6333
York Fairbank Centre for Seniors	2213 Dufferin St.	416 394 2589
York West Meals on Wheels	1530 Weston Rd, Ste 1	416 249 7946
Yorkminster Park Meals on Wheels	1585 Yonge St	416 482 0549

Social Recreational (including Camps, Drop-in Senior Centres)



Prepared by: Toronto Community and Neighbourhood Services Department, Social Development and Management Services Division, May 1998
 Source: based on CIC data, September, 1997; LIS 1995

ORGANIZATION	ADDRESS	TELEPHONE
519 Church Street Community Centre	519 Church St	416 392-6874
Alexandra Park Community Centre	105 Grange Court	416 603-9603
Applegrove Community Complex	60 Woodfield Rd	416 461-8143
Armenian Community Centre	45 Hallcrown Pl	416 491-2900
Bathurst Jewish Centre	4588 Bathurst St	416 636-1880
Baycrest Centre for Geriatric Care, Joseph E and Minnie Wagman Centre	3560 Bathurst St	416 789-5131
Beech Hall Housing Cooperative	2 Humber Blvd, Ste 2	416 769-4119
Bernard Betel Centre for Creative Living	1003 Steeles Ave W	416 225-2112
Birchmount Bluffs Neighbourhood Centre	93 Birchmount Rd	416 396-4310
Birkdale Community Centre, Senior Citizens Recreation Centre	1299 Ellesmere Rd	416 396-4052
Bloor Jewish Community Centre	750 Spadina Ave	416 924-6211
Bob Rumball Centre for the Deaf	2395 Bayview Ave	416 449-9651
Boundless Adventures Association	80 Helena Ave	416 658-7059
Braeburn Neighbourhood Place	75 Tandridge Cres, Unit 108	416 745-3113

Cabbagetown Youth Centre	2 Lancaster Ave	416 960-1032
Cabbagetown Youth Centre, Branch	240 Wellesley St E, Sub-Basement	416 932-0984
Call A Service Inc/Harmony Hall Centre for Seniors	2 Gower St	416 752-0101
Canadian Macedonian Place	850 O'Connor Dr	416 755-9231
Canadian Red Cross Society, Metropolitan Toronto Region	1623 Yonge St	416 480-2500
Canadian Tamil Women's Community Services	2 Lansing Sq, Ste 102	416 497-8754
Central and Northern Etobicoke Home Support Services (CANES)	925 Albion Rd, Unit 309	416 743-3892
Central Eglinton Community Centre	160 Eglinton Ave E	416 392-0511
Central Neighbourhood House	349 Ontario St	416 925-4363
Centres d'Accueil Heritage, Centre des Pionniers	33 Hahn Pl, Ste 100	416 365-3350
Centres d'Accueil Heritage	33 Hahn Pl, Ste 104	416 365-1354
Chinese Information and Community Services	3852 Finch Ave E, Ste 310	416 292-7510
Chinese Seniors Support Services Association, North Metro Toronto Office	3601 Victoria Park Ave	416 502-2323
Chinese Seniors Support Services Association, South Metro Toronto Office	36A Baldwin St	416 585-2013
Cliffcrest Community Centre	1 McCown Rd	416 267-6293
Community Care East York	334 Donlands Ave	416 422-2026
Community Care East York, Community Care Senior Centre	334 Donlands Ave	416 467-1166
Community Centre 55	97 Main St	416 691-1113
Copernicus Lodge	66 Roncesvalles Ave	416 536-7122
COSTI, North York Centre, Elderly Persons Centre	1700 Wilson Ave, Ste 104	416 244-0480
Craiglee Nursing Home	102 Craiglee Dr	416 264-2260
Davenport Perth Neighbourhood Centre	1900 Davenport Rd	416 656-8025
Daystrom Family Resource Centre	25 Daystrom Dr, Ste 114	416 740-0413
Dixon Hall	58 Sumach St	416 863-0499
Don Mills Foundation for Senior Citizens	1 Overland Dr	416 447-7244
Downsview Services to Seniors, Day Programs and Seniors Centre	15 Clubhouse Crt	416 633-9519
East Toronto Seniors Centre	2029 Gerrard St E, Bsmt	416 690-3877
Eastview Neighbourhood Community Centre	86 Blake St	416 392-1750
Elderly Vietnamese Association Toronto	2001 Dundas St W	416 588-8532
Emmanuel Lutheran Manor	1684 Victoria Park Ave	416 750-2227
Fairfield Seniors Centre	80 Lothian Ave	416 394-8687
Family Service Association of Metropolitan Toronto, Seniors Services	355 Church St	416 977-0559
Federation of Italian Canadian Seniors Clubs	3010 Dufferin St, First Fl	416 787-4340
Good Neighbours Club	170 Jarvis St	416 366-5377

Harbourfront Community Centre	1 Bathurst St	416 392-1509
Hellenic Home for the Aged	33 Winona Dr	416 654-7700
Islington Centre-Etobicoke Senior Citizens	4968 Dundas St W	416 231-3431
Jamaican Canadian Association	995 Arrow Rd	416 746-5772
Jewish Camp Council of Toronto	3995 Bathurst St, Ste 200	416 630-1180
Kababayan Community Centre	1444 Queen St W	416 532-3888
Korean Senior Citizens Society of Toronto	476 Grace St	416 532-8077
Latvian House Toronto	491 College St	416 922-2931
Lighthouse Community Centre	1008 Bathurst St	416 535-6262
Loyola Arrupe Centre for Seniors	1709 Bloor St W	416 766-7977
Malvern Family Resource Centre	1321 Neilson Rd	416 281-1376
Metro Chinese Centre	202 St. Patrick St	416 598-3920
Momiji Health Care Society	3555 Kingston Rd	416 261-6683
New Horizon Day Centre	3565 Bathurst St	416 256-1892
Northwood Neighbourhood Services	2300 Sheppard Ave W, Lower	416 748-0788
North York Seniors Centre	21 Hendon Ave	416 733-4111
North York Community House	1200 Lawrence Ave W	416 784-0920
Parkdale Golden Age Foundation	27 Roncesvalles Ave, Ste 4	416 536-6077
Pine Tree Senior Centre	4130 Lawrence Ave E	416 283-9822
Portuguese Family Foundation	142 Argyle St	416 533-8425
Ray McCleary Towers	444 Logan Ave	416 465-5495
Salvation Army Services to Seniors	2 Overlea Blvd	416 425-2111
Salvation Army, Services to Seniors, Bloor Central Corps	789 Dovercourt Rd	416 531-8031
Salvation Army, Services to Seniors, Cedarbrae Corps	2085 Ellesmere Rd	416 438-0991
Salvation Army, Services to Seniors, East Toronto Corps	107 Cedarvale Ave	416 467-7416
Salvation Army, Services to Seniors, Long Branch Corps	62 Edilou Dr	416 251-8372
Salvation Army, Services to Seniors, North Toronto Citadel Corps	7 Eglinton Ave E	416 488-7954
Salvation Army, Services to Seniors, North York Temple Corps	25 Centre Ave	416 225-7968
Salvation Army, Services to Seniors, Riverdale Corps	92 Randolph Rd	416 466-4750
Salvation Army, Services to Seniors, Scarborough Corps	2021 Lawrence Ave E	416 759-1721
Salvation Army, Services to Seniors, Toronto Temple Corps	26 Martin Cres	416 955-9377
Salvation Army, Services to Seniors, West Hill Corps	723 Brimorton Dr	416 282-5333
Salvation Army, Services to Seniors, West Toronto Corps	Box 15, Stn D	416 763-1021
Salvation Army, Services to Seniors, York Temple Corps	1100 Weston Rd	416 766-1361

Salvation Army, Services to Seniors, Yorkminster Temple Corps	1 Lord Seaton Rd	416 222-9110
Scadding Court Community Centre	707 Dundas St W	416 392-0335
Scarborough Support Services for the Elderly	1450 Midland Ave, Ste 301	416 750-9885
Scott Mission, Senior Service	62 Geary Ave	416 532-2202
Second Mile Club of Toronto, Carlton Branch	192 Carlton St	416 922-5819
Second Mile Club of Toronto, East Toronto Branch	953 Gerrard St E	416 597-0841
Second Mile Club of Toronto, High Park Branch	432 Runnymede Rd	416 597-0841
Second Mile Club of Toronto, Rotary Laughlen, Chinatown Branch	110 Edward St	416 597-0841
Second Mile Club of Toronto, Shelldrake Branch	65 Shelldrake Blvd	416 481-4416
Senior Adult Services in the Annex Toronto	300 Bloor St W	416 923-8909
Senior Link, Cecelia Murphy Building	11 Coatsworth Cres	416 693-4764
Senior Link	2550 Danforth Ave	416 691-7407
Senior Tamils' Centre	2975 Don Mills Rd	416 496-2897
Slovenian Linden Foundation	52 Neilson Dr	416 621-3820
South East Asian Services Centre	603 Whiteside Pl	416 362-1375
South Asian Women's Centre	1332 Bloor St W	416 537-2276
Swansea Town Hall Community Centre	95 Lavinia Ave	416 392-1954
St Christopher House,	248 Ossington Ave	416 532-4828
St Clair O'Connor Community	2701 St Clair Ave E	416 757-8757
St Clair West Services for Seniors	1669 Eglinton Ave W	416 787-2114
St James Town Recreation Centre	325 Bleecker St	416 923-4402
St Joseph's Place	67 Curzon St	416 466-7789
St Matthew's Bracondale House	707 St Clair Ave W	416 656-2669
St Paul's L'Amoreaux Seniors Centre	3333 Finch Ave E	416 493-3333
St. Stephen's Community House, Community Services	160 Brunswick Ave	416 926-8221
Stephen Leacock Community Centre	2520 Birchmount Rd	416 396-4040
Sunshine Centres for Seniors	117 Bloor St. E, Box 849, Stn F	416 924-3979
Syme 55 + Centre	33 Pritchard Ave	416 766-0388
Terra Nova Senior Citizens Building	1289 Dundas St W, Box 50	416 588-3847
Toronto Finnish Canadian Seniors Centre	795 Eglinton Ave E	416 425-4134
Ukrainian Canadian Social Services Toronto	2445 Bloor St W	416 763-4982
University Settlement Recreation Centre	23 Grange Rd	416 598-3444
Villa Colombo Homes for the Aged	40 Playfair Ave	416 789-2113
Vilnius Manor	1700 Bloor St W	416 762-1777

Warden Woods Community Centre, Seniors' Services	679 Warden Ave	416 694-1138
West Scarborough Neighbourhood Community Centre	313 Pharmacy Ave	416 755-9215
Wexford	1860 Lawrence Ave E	416 752-8877
Willowridge Information and Recreation Centre	44 Willowridge Rd, Ground	416 241-5259
Woodgreen Community Centre of Toronto	835 Queen St E	416 469-5211
Working Women Community Centre	533A Gladstone Ave	416 532-2824
York West Senior Citizens Centre	1901A Weston Rd	416 245-4395
York Fairbank Centre for Seniors	2213 Dufferin St	416 394-2589
YMCA of Greater Toronto	15 Breadalbane St	416 928-9622
YMCA of Greater Toronto, East City YMCA	907 Kingston Rd	416 694-1159
YMCA of Greater Toronto, Metro Central YMCA	20 Grosvenor St	416 975-9622
YMCA of Greater Toronto, North York YMCA	567 Sheppard Ave E	416 225-9622
YMCA of Greater Toronto, Portuguese Seniors Information & Referral Service	931 College St	416 536-1166
YMCA of Greater Toronto, Scarborough YMCA	230 Town Centre Crt	416 296-9622
YMCA of Greater Toronto, West End YMCA	931 College St	416 536-1166
Yee Hong Centre for Geriatric Care	2311 McNicoll Ave	416 321-6333
Yonge Street Mission	270 Gerrard St E	416 929-9614
YMCA of Greater Toronto, Park Place YMCA	65 High Park Ave	416 763-7443

APPENDIX II: HOW TO BEAT THE HEAT



Summer Safety: How to Beat the Heat

In the summer the combination of high heat and high humidity can be very dangerous. Those especially at risk during these weather conditions include:

- The elderly
- People with certain chronic illnesses, such as heart conditions or people unable to move or change position by themselves
- Infants and preschool children
- People who exercise vigorously or are involved in strenuous work outdoors for prolonged periods
- People taking certain medications, for example, for mental health conditions. (Please consult your doctor or pharmacist).

How to avoid heat related illness:

- Drink lots of water and natural juices even if you don't feel very thirsty. Avoid alcoholic beverages, coffee and cola.
- Avoid going out in the blazing sun or heat when possible. If you must go outside, stay in the shade as much as possible and plan to go out early in the morning or evening when it is cooler and smog levels may not be as high as in the afternoon. Wear a hat.
- Take advantage of air conditioned or cool places such as shopping malls, libraries, community centres or a friend's place.
- If you don't have air conditioning, keep shades or drapes drawn and blinds closed on the sunny side of your home, but keep windows slightly open.
- Keep electric lights off or turned down low.
- Take a cool bath or shower periodically or cool down with cool, wet towels.
- Wear loose fitting, light clothing.
- Avoid heavy meals and using your oven.
- Avoid intense or moderately intense physical activity.
- Never leave a child in a parked car or sleeping outside in direct sunlight.
- Fans alone may not provide enough cooling when the temperature is high.
- Consult your doctor or pharmacist regarding side effects of your medications.

Get help from a friend, relative, or a doctor if you have the following symptoms of heat illness

- Rapid breathing
- Weakness or fainting
- More tiredness than usual
- Headache
- Confusion

Friends and relatives can help someone with heat illness by doing the following:

- Call for help.
- Remove excess clothing from the person.
- Cool the person with lukewarm water, by sponging or bathing.
- Move the person to a cooler location.
- Give the person sips of cool water, not ice cold water.

If you become ill, faint, have difficulty breathing or feel confused and disoriented, call your doctor.

In an emergency, call 911.

For more information on heat related illness, call the Toronto Public Health office nearest you:

East Region	– East York	(416) 397-4777
	– Scarborough	(416) 396-4228
North Region	– North York	(416) 395-7600
South Region	– Toronto	(416) 392-7401
West Region	– Etobicoke	(416) 394-8302
	– York	(416) 394-2891

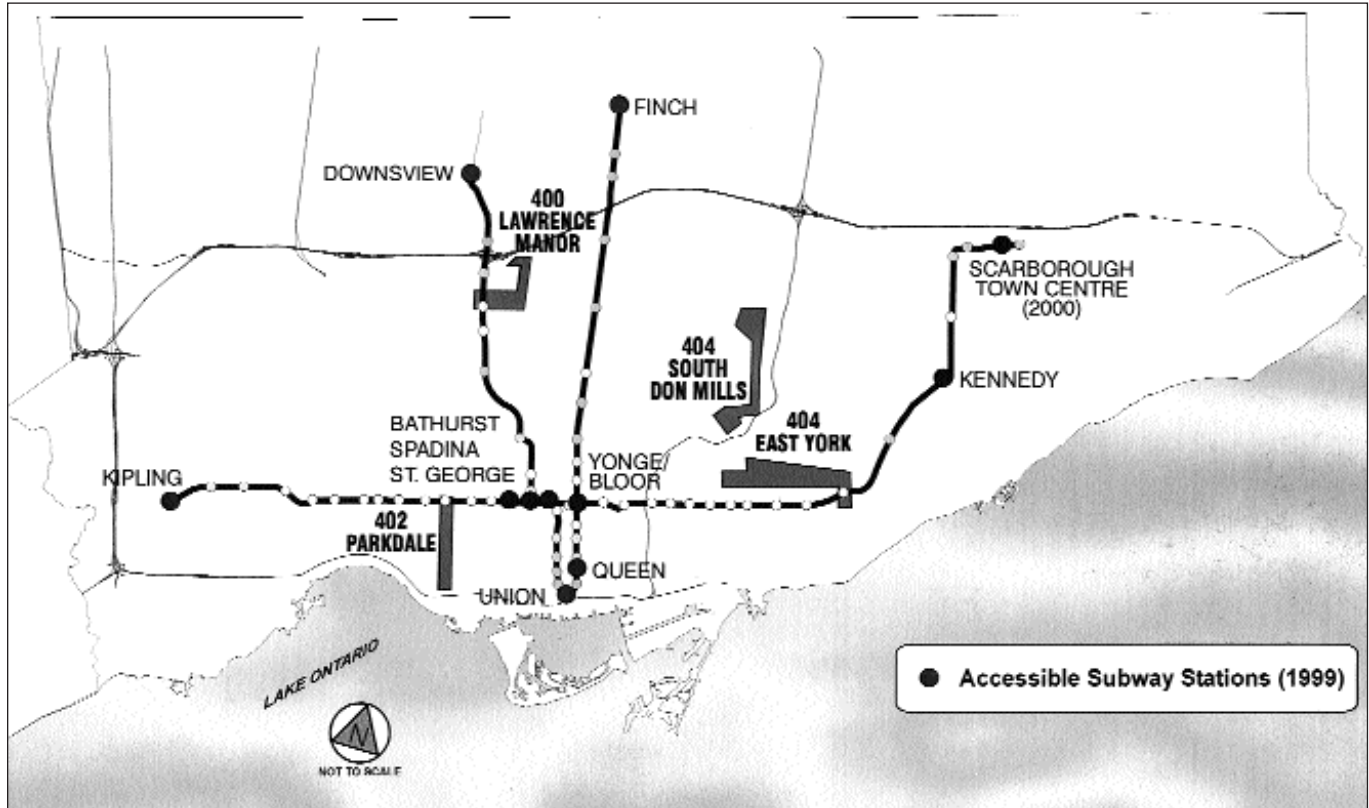
June 1999

The development of this fact sheet has been a collaborative effort between Toronto Public Health, the Seniors Task Force and the Community Health Network of West Toronto, Seniors Sub-group.

APPENDIX III:

Toronto Transit Commission - Accessible Stations Program and Community Bus Routes

Community Bus Routes



Wheel-Trans
Operations



Easier Access Program 1998 - 2003

28 Accessible Stations

- Power Sliding Doors
- Escalators
- Edge Warning Tiles
- Higher Visibility Signage
- Stair Nosing
- Elevators
- Wayfinding Tiles
- Accessible Washrooms (3 stations)

TOTAL BUDGET \$105 MILLION

Wheel-Trans Operations



28 Key Station Schedule

1996	1997	1998	1999	2000	2001	2002	2003	2004
Downsview Yonge/Bloor Union	Queen Spadina		Kipling St. George Finch Kennedy Bathurst	Scarborough Centre Union Moat	Davisville Broadview Queen's Park	Dundas West Main Yonge/ Sheppard Bayview Bessarion Leslie Don Mills	Jane Eglinton Yorkdale Eglinton West Dundas York Mills	St. Clair

Wheel-Trans Operations



APPENDIX IV:**Seniors Task Force - Community Partners**

A.W.I.C. Seniors	Ontario Association of Social Workers – Central Ontario Branch
Access Alliance	Parkdale Golden Age
Anne Johnston Health Station	Plantss Planning North Toronto Seniors Services
Birkdale Seniors	Point People and Organizations in North Toronto
Canadian Hearing Society	Port Union Seniors
CNIB Etobicoke/York	Royal Canadian Legion - Seniors Women's Group
Concerned Citizens of Etobicoke North	Scarborough Village Seniors
COSSET - Coordination of Services for Seniors in East Toronto	Senior Link
Davenport Perth Neighbourhood Centre	Seniors Coalition Planning Group
Dixon Hall Neighbourhood Centre	South Asian Women's Association
East Toronto Seniors Centre	South Riverdale Community Health Centre
East York Meals on Wheels	Sprint - Senior Peoples Resources in North Toronto
Fairlawn Neighbourhood Centre	St. Christophers House
George Symes Seniors Citizens Centre	St. Hilda's Towers
Greek Social Services	Stan Wadlow Seniors Action Centre
Harold and Grace Baker Centre	Tamil Seniors - Oriole Community Centre
Iranian Seniors - Oriole Community Centre	Taylor Place Seniors Centre
Italian Seniors - Downsview Arena	Toronto Adult Student Association
Joseph J. Piccininni CRC	Toronto Board of Education
L'Amoreaux Seniors	Toronto Housing Company
Mid-Toronto Seniors	Toronto Seniors Coalition
MTHA, Coxwell & Eastern (rep Mrs. Gerry Schwalm)	Volunteer Centre
Native Canadian Centre Seniors Group	West Lodge Seniors
Neighbourhood Link	West Scarborough Seniors Club
Neighbourhood Watch - North York	Woodgreen Community Centre
North Toronto Memorial Community Centre Seniors	Working Women Community Centre
North York Meals on Wheels	Yonge Street Mission
North York Seniors Centre	York Community Services
North York Senior Peer Counselling	York Fairbanks Senior Centre
Oakridge Seniors	York West Meals on Wheels
Older Women's Network	York West Seniors Citizens Centre
	Zoroastrian Seniors

APPENDIX V: Seniors' Task Force Staff

Priscilla Cranley - Staff Lead	Chief Administrator's Office - Strategic & Corporate Policy Healthy City Office
Heather Atherton	Economic Development, Culture and Tourism Department Parks and Recreation Division
Ruth Armitage	Economic Development, Culture and Tourism Department Parks and Recreation Division
Sandy Bollenbach	Corporate Services Department Public Health Division
Betty Cameron	Community and Neighbourhood Services Department Toronto Public Library
Valerie D'Allesandro	Corporate Services Department City Clerk's Division
Ruth Doherty	Economic Development, Culture and Tourism Department Parks and Recreation Division
Lydia Fitchko	Community and Neighbourhood Services Department Social Development & Administration Division
Betty Gattoni	Corporate Services Department City Clerk's Division
Marie James	Economic Development, Culture and Tourism Department Parks and Recreation Division
Jeanne McGuire	Economic Development, Culture and Tourism Department Parks and Recreation Division
Judy Radau	Community and Neighbourhood Services Department Public Health Division
Rick Salmon	Community and Neighbourhood Services Department Homes for the Aged
Kamal Sangha	Community and Neighbourhood Services Department Social Development and Administration Division
Irene Swinson	Community and Neighbourhood Services Department Public Health Division
Cathy Ward	York West Seniors Centre

Contributing Editors: Prime Time Strategies - Kathryn Wade and Susan MacKenzie.

Additional Thanks to: Ivy George, Audrey Jardine, Meg Shields, Kara Barnard.

For information about this document, please contact: The Healthy City Office at 416-392-0099.

For information on the Seniors' Advocate and the Seniors' Assembly call 416-392-5388.

For information about municipal programs or services for seniors, call Access Toronto at 338-0338.



Members of the Toronto Seniors' Task Force

