

# **A Critical Juncture: A Review and Directory of Elderly Persons Centres in Toronto**



TORONTO DISTRICT  
HEALTH COUNCIL

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LE CONSEIL RÉGIONAL  
DE SANTÉ DE TORONTO

**April 2003**



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***Elderly Persons Centres***  
***in Toronto***

**April, 2003**

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## EXECUTIVE SUMMARY

As part of an integrated approach to planning services for seniors in Toronto, the Toronto District Health Council (TDHC) is undertaking a comprehensive study of all health services used by seniors.

Elderly Persons Centres (EPCs) are one of the components of this continuum of seniors' services in Toronto. Since 1966, the Government of Ontario, along with the Municipality, have funded Elderly Persons Centres in accordance with the Elderly Persons Centres Act.

Elderly Persons Centres provide seniors with a venue for socialization, recreation and support. This has been reported to improve the health status of the seniors, and relieve the burden on caregivers, thereby enhancing the entire health care system.

The TDHC's *Multi-Year Plan for Long-Term Care Services in Toronto: 2000 to 2003* identified EPCs as an important element of the health care system because of their focus on prevention and risk management.

Through a multi-faceted approach, the TDHC examined this model of care and discovered:

- EPCs reduce stress on the health care system
- EPCs are valued by stakeholders
- EPCs are cost-efficient
- EPCs can play a role in caring for, and managing, individuals with long-term chronic illnesses.

In its review, the TDHC concluded that EPCs are of great value at this time of population aging. The future of Elderly Persons Centres is clearly to continue to serve seniors, with particular emphasis on distinct groups within this population. To this end the TDHC recommends that:

- 1) The Ministry of Health and Long-Term Care recognize the value of EPCs to the continuum of care for seniors in Ontario, and review the Elderly Persons Centres Act to ensure the adequacy and appropriateness of funding.
- 2) EPC providers in Toronto work together to publicize the role and value of EPCs.
- 3) EPC providers in Toronto (particularly those in free-standing EPCs) integrate and coordinate their services with other services for seniors in their communities.
- 4) EPC providers in Toronto develop and enhance programs that meet the social, recreational, educational and health promotion needs of specific target populations (low income seniors, ethno-specific seniors and seniors with mild mental health needs).
- 5) The Toronto Region of the Ministry of Health and Long-Term Care review the distribution of EPCs in Toronto, with a view to matching their distribution with the distribution of risk factors amongst seniors in Toronto. This will entail increasing the number of EPCs in Scarborough and Etobicoke.

## 1.0 INTRODUCTION

Through a multi-year, multi-phase Seniors Project, the Toronto District Health Council (TDHC) is taking an integrated approach to planning for seniors in Toronto. The objective of this initiative is to ensure that health services in Toronto are organized and delivered in a way that is comprehensible, accessible and effective at meeting the needs of current and future populations of seniors.<sup>1</sup>

In order to achieve its goals, the Seniors Project is examining the continuum of health services used by seniors in Toronto. An important part of that continuum is the Elderly Persons Centre (known also as the Seniors Centre or Older Adults Centre).

Over the past decade of planning for seniors in Toronto, TDHC planners have heard from consumers, providers and policy makers that Elderly Person's Centres (EPCs) play an important role in keeping Toronto seniors healthy and independent. Moreover, multiple stakeholders have stated that Elderly Person Centres are critical entry points into the health care system for some seniors, since they provide, and/or refer clients to, services that include home support, information and referral, and health promotion programs.<sup>2</sup> EPCs are also recognized as providing risk management and preventative functions for seniors by informally monitoring the health status of members and referring them to health providers when necessary.<sup>3</sup>

This report examines the value of EPCs in Toronto – to clients, providers and the health care system. Potential changes to this role, as the population of seniors in Toronto evolves over the next two decades, is also explored. Through this examination the TDHC hopes to convey to the Ministry of Health and Long-Term Care (MOHLTC) and to the Municipality of Toronto that EPCs warrant stable and enhanced funding to support seniors in Toronto.

This report also includes a directory of Elderly Persons Centres in Toronto (Appendix A).

## 1.1 Background

In 1966, when EPCs first received provincial funding, they were identified as an important element of the health care system.<sup>4</sup> However, little attention has been given to Elderly Persons Centres since that time, and the Act has never been updated or amended. Consequently, funding levels established in 1966 have remained unchanged and EPCs have received little attention for over three decades.

The importance of Elderly Persons Centres (EPCs) to seniors and to the health system, and their vulnerable position at the current time, was identified by the TDHC during the process of developing the *Multi-Year Plan for Long-Term Care Services in Toronto: 2000 to 2003*. At that time,

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<sup>1</sup> Toronto District Health Council Seniors Project 2001 to 2003 "Building a Continuum of Care for Seniors in Toronto" Project Specifications, 2001.

<sup>2</sup> Older Adult Centres' Association of Ontario (2001), "Quality Solutions to Achieving Cost Effective Long-Term Care Services"

<sup>3</sup> *ibid.*

<sup>4</sup> In 1966 the Ministry of Community and Social Services was responsible for EPCs. Responsibility was transferred to MOHLTC in 1992.

it was felt that EPCs could play an even more important role in the health of Toronto seniors, if they were better integrated into the rest of the health care system.<sup>5</sup>

## 1.2 Approach

This study highlights the role and value of EPCs in Toronto. To develop this report the TDHC used a two-pronged approach:

- **An initial telephone survey** was conducted to obtain information about the services provided by each MOHLTC-funded EPC as well as about the utilization, fees and location of EPC services. Appendix A contains partial results of the survey. The remaining results have been incorporated into the body of this report. (Appendix B includes a copy of the survey questionnaire.)
- **Consultations** with consumers and service providers were conducted to identify issues and trends in the field. Previous TDHC research on delivering services to seniors from ethno-cultural groups was also used to inform this process.<sup>6</sup> (Appendix C lists the names of individuals and organizations who were invited to participate in the consultation process.)
- **A Literature Review** of information related to role and value of elderly persons centres was carried out. (Appendix D contains a summary of the literature review.)

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<sup>5</sup> Toronto District Health Council. Long-Term Care Populations in Toronto. Multi-Year Plan for Long-Term Care Services in Toronto :2000-2003.

<sup>6</sup> Conducted between 1999 and 2001 with the assistance of University of Toronto second year Medical Students enrolled in Health in the Community course.

## 2.0 HISTORY

About 50 years ago Elderly Persons Centres were developed throughout Ontario at the municipal level to meet the needs of local low-income older adults. At that time, the municipalities ran what were generally viewed as “social clubs” for seniors. Over the years, non-profit agencies emerged to run some of these centres. Over the past decade EPCs have developed a greater focus on social and health services, so that today, many EPCs have matured to provide multiple services.<sup>7</sup>

In 1966, the Elderly Persons Centres Act was introduced by the Ministry of Community and Social Services, to legislate provincial operating and capital funding for the development of the Older Adult Centre model. At that time Elderly Persons Centres were defined as, “all or any part of a building or buildings maintained and operated to provide social, recreational or other services for the elderly persons”.<sup>8</sup> Today, there are over 180 Older Adult Centres in Ontario.<sup>9</sup>

To help advocate on behalf of EPCs, the Older Adults Association of Ontario (OACAO) was developed in 1973 and was incorporated in 1982.<sup>10</sup> About 20% of the Elderly Persons Centres in Ontario are members of OACAO.<sup>11</sup>

There are two types of Elderly Persons Centres in Toronto:

- **EPCs that are a part of a multi-service agency:** Multi-service agencies provide an array of services to seniors, one component of which is the EPC. Multi-service agencies may provide health services (community health centres), supportive housing services (community support agencies), or residential care (long-term care facilities). Multi-service agencies usually receive separate funding for each service that they provide. Forty-five of Toronto’s 53 MOHLTC-funded EPCs are multi-service centres.

*Example:* A specific example of a multi-services agency is St. Paul’s L’Amoreaux Centre. This agency houses an EPC as well as a full range of community support services and supportive housing.

- **Free-standing EPCs:** Several free-standing EPCs are also funded by the Ministry of Health and Long-Term Care. They offer a menu of social, recreational and educational programs in a community setting for the elderly. They do not deliver any other MOHLTC-funded services. Eight of Toronto’s EPCs are free-standing.

*Example:* An example of a free standing EPC is the George Syme Seniors Centre.

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<sup>7</sup> Older Adult Centres’ Association (1998), “Profile of Older Adult Centres in Ontario”

<sup>8</sup> Bryan, M. (2001), “Elderly Persons Centres in Toronto: Examining Their Role in Meeting the Health Needs of Toronto’s Aging Population, *Integrated Research Paper (unpublished)* (for Masters Thesis in the School of Social Work at the University of Toronto.)

<sup>9</sup> Older Adult Centres’ Association (1999), “Older Adult Centres in Ontario: Living Live to the Fullest”.

<sup>10</sup> Ibid.

<sup>11</sup> The TDHC has concerns related to the reasons for, and implications of, low membership rates in OACAO. Of primary concern is the lack of a collective voice to advocate for the sector.

- **Municipal EPCs:** Two of Toronto's free-standing EPCs are run by the municipality of Toronto, and as such, are operated somewhat differently than other free-standing EPCs.<sup>12</sup> With the amalgamation of the Toronto boroughs in 1998, the Parks and Recreation Departments of the City of Toronto gained control of some community centres that were previously seniors centres in East York and Scarborough. In order to maintain the involvement of seniors, while serving the needs of other populations, these centres became designated as seniors centres during the hours between 9 am and 4 pm. After 4 pm, the centres offer programs to a wide variety of age groups. The City provides the staff to run these centres.

The two Municipal EPCs that receive funding under the Elderly Persons Centres Act are Birkdale and Stephen Leacock Centres.

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<sup>12</sup> The municipality of Toronto does run other seniors centres across Toronto, however they do not receive this funding. These Centres are not the subject of this report.

### 3.0 DESCRIPTION

The Older Adult Centres' Association of Ontario defines an Elderly Persons Centre as "an organization that holds total concern for older people, develops strengths and encourages independence, while building interdependence and supporting unavoidable dependencies."<sup>13</sup>

EPCs can be understood by examining the roles they play in the community.

- EPCs perform risk management, information and referral and health monitoring roles for the health care system.
- EPCs provide recreational and social programming.
- EPCs provide a community focal point on aging where older adults as individuals or groups come together for services and activities which enhance their dignity, support their independence, and encourage their involvement in and with the community.<sup>14</sup>
- EPCs provide opportunities for empowerment through consumer-led planning of services.<sup>15</sup>

To further explain the role of EPCs, the next sections will briefly describe:

- the position of EPCs within the continuum of care for seniors
- the legislation governing EPCs in Ontario
- the distribution of EPCs across Toronto
- types of EPC programs
- eligibility criteria for EPCs
- governing structure of EPCs
- service utilization patterns
- funding and cost of membership
- the staffing model for EPCs in Toronto

Data for the following sections were derived in part from the special telephone survey conducted by the Toronto District Health Council for this purpose, as well as from a research paper written by Marsha Bryan.<sup>16</sup>

### 3.1 The Position of EPCs within the Continuum of Care for Seniors

Elderly Persons Centres are at one end of the continuum of health services for seniors in Toronto. Because they offer preventive, health promotion, social and recreational programs, they are primarily used by seniors who are relatively healthy, independent and living in the community.

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<sup>13</sup> Older Adults Centres' Association of Ontario (2001), "Quality Solutions to Achieving Cost Effective Long-Term Care Services".

<sup>14</sup> Strain, L. (2001), "Senior Centres: Who Participates?", *Canadian Journal on Aging*, 20(4).

<sup>15</sup> Bryan, M. (2001), "Elderly Persons Centres in Toronto: Examining Their Role in Meeting the Health Needs of Toronto's Aging Population, *Integrated Research Paper*.

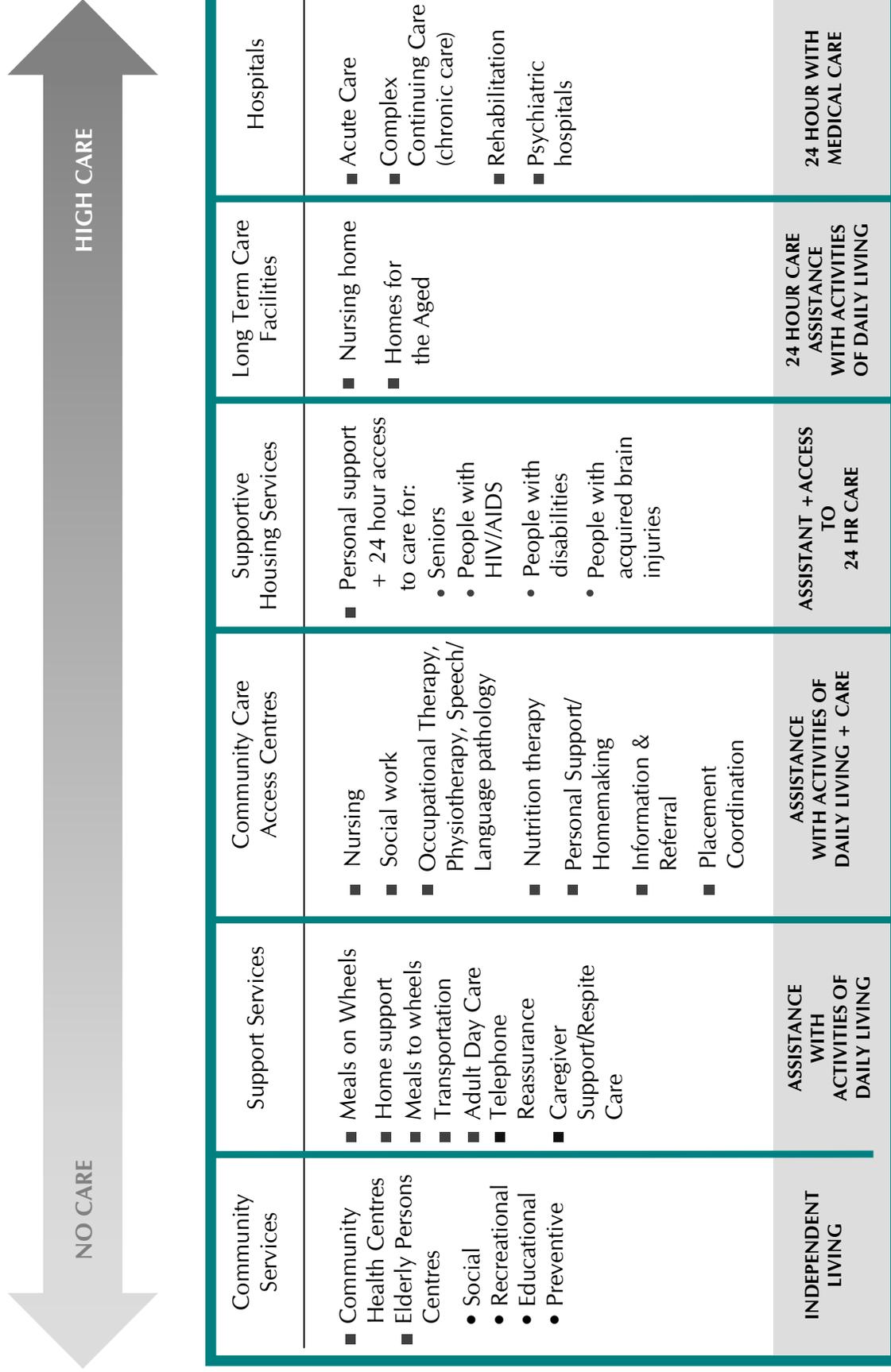
<sup>16</sup> Marsha Bryan did a placement at the TDHC in 2000-2001 while she was a Master of Social Work student at the University of Toronto. Her paper was entitled "Elderly Persons Centres in Toronto: Examining Their Role in Meeting the Health Needs of Toronto's Aging Population."

For many seniors, EPCs are their first contact with the health system. If a senior who is a member of an EPC gets ill or requires support services, it is frequently the staff of the EPC who assist them in finding the necessary services or refer them directly to other community agencies.

From the health system perspective, community support agencies, physicians and CCACs refer their senior clients to EPCs to keep them active, healthy, and connected to the system and to other people.

Figure 1 shows the relative position of the EPC in the publicly-funded system of health services for seniors in Toronto.

**Figure 1 Continuum of Publicly-Funded Services for Seniors in Toronto**



### **3.2 Legislation**

EPCs in Ontario fall under the Elderly Persons Centres Act of 1966. This act specifies that the Provincial government will provide a maximum of either \$30,000, or less than 20% of the total expenditures to run the centre.<sup>17</sup> (For a detailed explanation see the section on Funding below).

The Elderly Persons Centres Act has not been changed since it was proclaimed more than 35 years ago.

### **3.3 Distribution of EPCs in Toronto**

As mentioned previously, the MOHLTC helps supports 53 EPCs in Toronto by providing funding to 46 agencies. (Several agencies operate multiple EPC sites.<sup>18</sup>) Appendix A lists the MOHLTC-funded EPCs in Toronto.

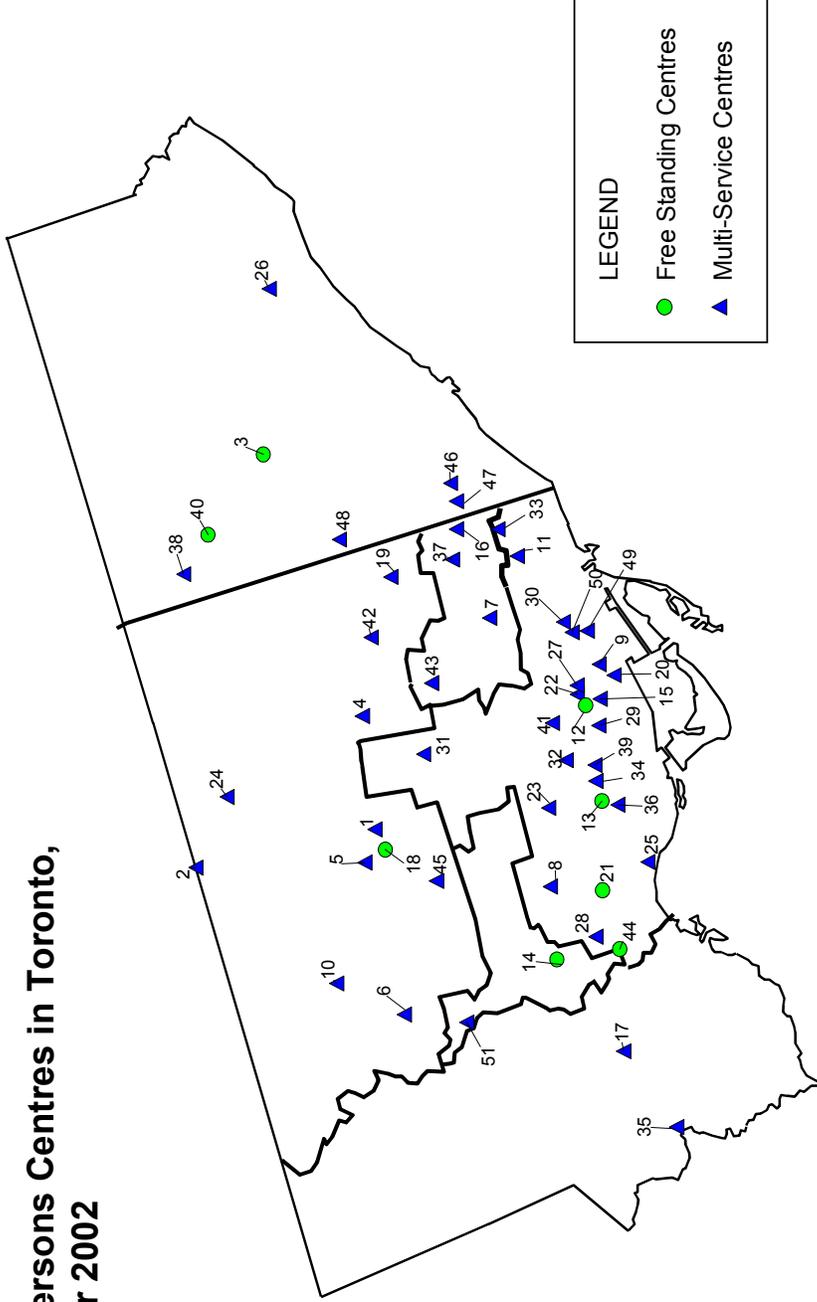
The Map on the following page shows the distribution of EPCs in Toronto. It demonstrates that EPCs are located mainly in the Southern areas of Toronto, and that they are lacking in the eastern (Scarborough) and western (Etobicoke) areas of Toronto.

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<sup>17</sup> Older Adult Centres Association of Ontario (2001), "Quality Solutions to Receiving Cost Effective Long-Term Care Services".

<sup>18</sup> Woodgreen Community Centre operates 3 sites, Second Mile Club has 5 sites and St Christopher House has 2 sites.

## Elderly Persons Centres in Toronto, December 2002



**LEGEND**

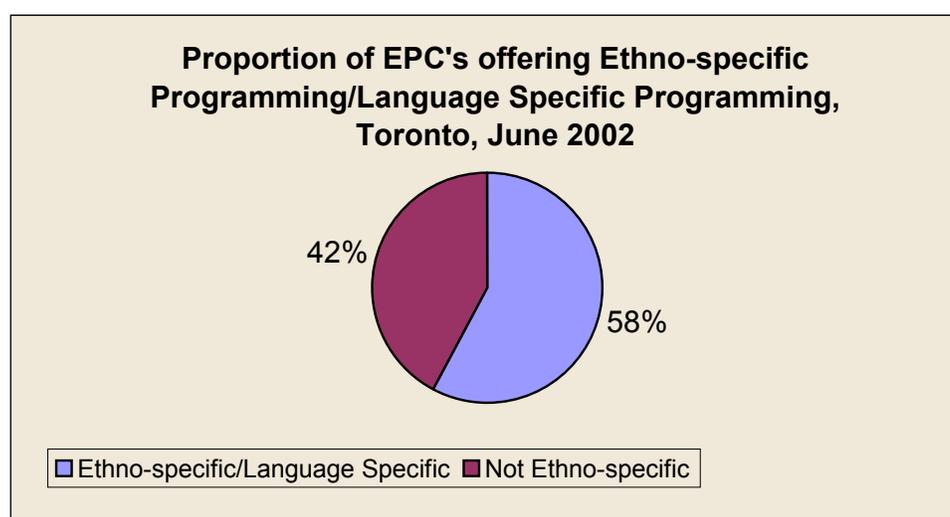
- Free Standing Centres
- ▲ Multi-Service Centres

- |   |   |  |   |
|---|---|--|---|
| 1. Baycrest Centre for Geriatric Care       | 11. East Toronto Seniors Centre         | 21. Loyola Anruppe Centre for Seniors              | 31. Second Mile Club of Toronto - Sheldrake         |
| 2. Bernard Betel Centre For Creative Living | 12. Family Services Association         | 22. Mid-Toronto Community Services.                | 32. Senior Adult Services.                          |
| 3. Birkdale Community Centre                | 13. First Portuguese Seniors Centre     | 23. Moniji Health Care Society                     | 33. Senior Link                                     |
| 4. Bob Rumball Centre for the Deaf          | 14. George Syme Seniors Centre of York  | 24. North York SC                                  | 34. Sistering                                       |
| 5. Circle of Care                           | 15. Good Neighbours Club                | 25. Parkdale Golden Age Foundation                 | 35. Slovenian Linden Foundation                     |
| 6. COSTI                                    | 16. Harmony Hall                        | 26. Pine Tree Senior Centre                        | 36. St. Christopher House                           |
| 7. Community Care East York                 | 17. Islington Seniors Centre            | 27. Second Mile Club-Carlton                       | 37. St. Clair O'Connor Community Inc.               |
| 8. Davenport Perth Neighbourhood Centre     | 18. J & M Wagon Centre                  | 28. Second Mile Club of Toronto - High Park        | 38. St. Paul's L'Amoreaux Centre                    |
| 9. Dixon Hall                               | 19. Latvian Senior Citizens Association | 29. Second Mile Club of Toronto - Rotary Laughtien | 39. St. Stephen's Community House                   |
| 10. Downsview Services for Seniors          | 20. Le Centre des Pionniers             | 30. Second Mile Club of Toronto -E Toronto         | 40. Stephen Leacock Community Centre                |
|   |   |  | 41. Sunshine Centre for Seniors                     |
|   |   |  | 42. Taylor Place                                    |
|   |   |  | 43. Toronto Finnish Canadian Seniors Centre         |
|   |   |  | 44. Ukrainian Canadian Social Services              |
|   |   |  | 45. Villa Columbo Homes for the Aged                |
|   |   |  | 46. Warden Woods Community Centre                   |
|   |   |  | 47. West Scarborough Neighbourhood Community Centre |
|   |   |  | 48. Westford (The)                                  |
|   |   |  | 49. Woodgreen Community Centre.                     |
|   |   |  | 50. Woodgreen Towers Services (3)                   |
|   |   |  | 51. York West Senior Citizens Centre                |

### 3.4 Types of Programs

The range of programming offered by EPCs can vary considerably. Some centres offer social and cultural programming whereas others are focused on wellness and prevention. Most centres, however, provide both drop-in activities and instructional programs. Drop-in programs are sometimes open to the community (with a minimal charge) whereas the instructional programs tend to be offered to members only, with an additional user fee to cover the cost of compensating the instructor.<sup>19</sup>

EPCs in Toronto offer both generic and ethno-specific programs. The following table illustrates the proportion of EPCs in the city that offer ethno-specific or language-specific programming, according to the TDHC survey.<sup>20</sup>



Source: TDHC Survey of EPCs in Toronto, June 2002.

As evident in the above figure, ethno-specific programming in Toronto is common. Ethno-specific programs usually include cultural programs, dining, and programs offered in a specific language.

One of the benefits of EPCs is that they provide new immigrants, who are unfamiliar with the Canadian health care system, with an entry point into the system where they can interact with other immigrants who have experienced the same transitions. Furthermore, ethno-specific EPC programs enable seniors to interact in their native languages and engage in culturally-specific activities. The value of ethno-specific programming is highlighted in greater detail below in the "benefits to users" section of this paper.

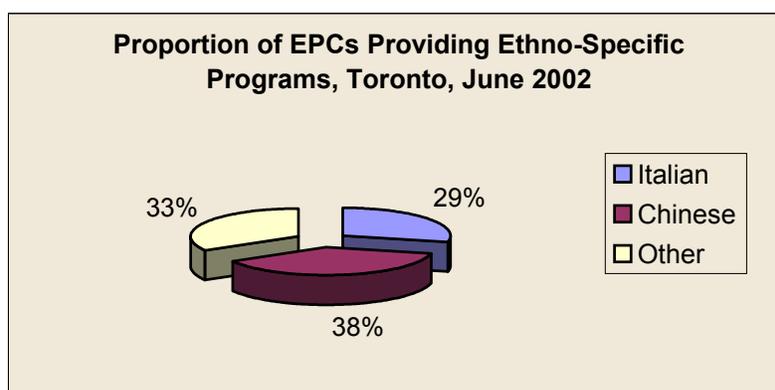
<sup>19</sup> From discussion with Sabrina Buson, Recreationist, Birkdale Community Centre and Program Manager Harmony Hall Centre for Seniors (2002)

<sup>20</sup> MOHLTC data for 2003, however, shows that 62% of EPCs in Toronto are ethno-specific.

The following list indicates which organizations in Toronto offer ethno-specific programs and in which language (other than English) the program is offered:

| Organization                                    | Programs/Languages                        |
|---|---|
| COSTI   | Italian                                   |
| Davenport Perth Neighbourhood Centre            | Italian, Portuguese, Spanish              |
| First Portuguese Seniors' Centre                | Portuguese                                |
| Harmony Hall                                    | Chinese, Tamil                            |
| George Syme Seniors Centre of York              | French, Spanish                           |
| Toronto Finnish Canadian Seniors Centre         | Finnish, Estonian                         |
| Ukrainian Canadian Social Services              | Ukrainian                                 |
| West Scarborough Neighbourhood Community Centre | Italian                                   |
| Bernard Betel                                   | Jewish, Russian, Italian, Yiddish, Hebrew |
| Dixon Hall                                      | Chinese, Spanish                          |
| Downsview Services to Seniors                   | Italian, Russian, Spanish, Yiddish        |
| Momiji Health Care Society                      | Japanese                                  |
| North York Seniors Centre                       | Chinese, Spanish                          |
| Second Mile Club                                | Chinese                                   |
| Senior Adult Services in the Annex              | Spanish                                   |
| St. Christopher's House                         | Portuguese, Vietnamese                    |
| St. Paul's L'Amoreaux                           | Cantonese, Mandarin                       |
| St. Stephen's Community House                   | Chinese, Portuguese                       |
| Villa Colombo                                   | Italian                                   |
| Woodgreen Community Centre                      | Chinese                                   |
| Woodgreen Towers                                | Chinese                                   |

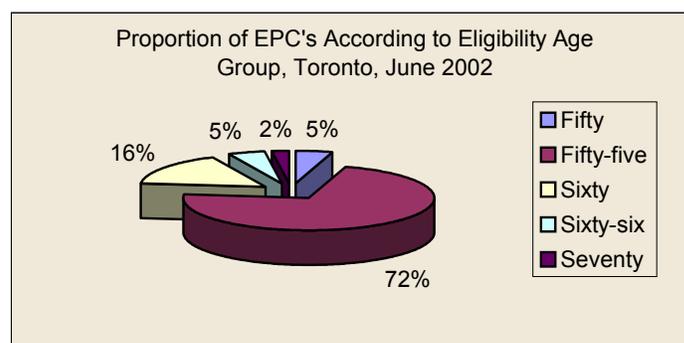
From the table and the graph which follows, it can be seen that the most common cultures for which there are ethno-specific programs are Chinese and Italian, at 38% and 33% respectively. All other language-specific programs amount to 29% of the language services.



Source: TDHC Survey of EPCs in Toronto, June 2002

### 3.5. Eligibility/Target Population

The majority of the EPCs surveyed by the TDHC indicated that their minimum age for enrolment is 55 years. A small number indicated that their criteria for eligibility is 60 years. The following chart shows the proportion of EPCs in Toronto that limit eligibility to each age category.



Source: TDHC Survey of EPCs in Toronto, June 2002

The survey conducted by the Toronto District Health Council indicated that the mean age of those attending Older Adult Centres in Toronto is 72.5 years. When those attending a multi-service site are distinguished from those attending a free-standing site, the mean age is 72.12 in the multi-service sites and 73.4 in free-standing sites.

TDHC survey results were generally consistent with a survey performed by the Older Adult Centres Association of Ontario, which found that EPCs in Ontario serve three distinct populations: pre-retired adults, active seniors and frail seniors.<sup>21</sup>

### 3.6 Governance

Some Elderly Person Centres are governed by private non-profit organizations with boards of directors, whereas others are governed by the municipality.

- Private Not-For-Profit EPCs: Centres that are self governed, have a board of directors made up of community representatives (who are not necessarily members of the EPC), that is responsible for hiring staff, providing strategic direction, and other management functions. Frequently, a membership council is composed of members of the EPC to provide a voice for the members to the board. The membership council is not a decision-making committee, however.<sup>22</sup>
- Municipal EPCs: The two MOHLTC-funded Centres which are city-run, have staff provided by the city to keep track of finances and do the administrative work associated with programming. There is also an internal executive made up of members of the EPC, who make operational decisions such as what types of programs will be offered, the price of the program, and what to sell in the cafeteria.<sup>23</sup>

<sup>21</sup> Older Adult Centres Association of Ontario (2001), "Profile of Older Adult Centres in Ontario"

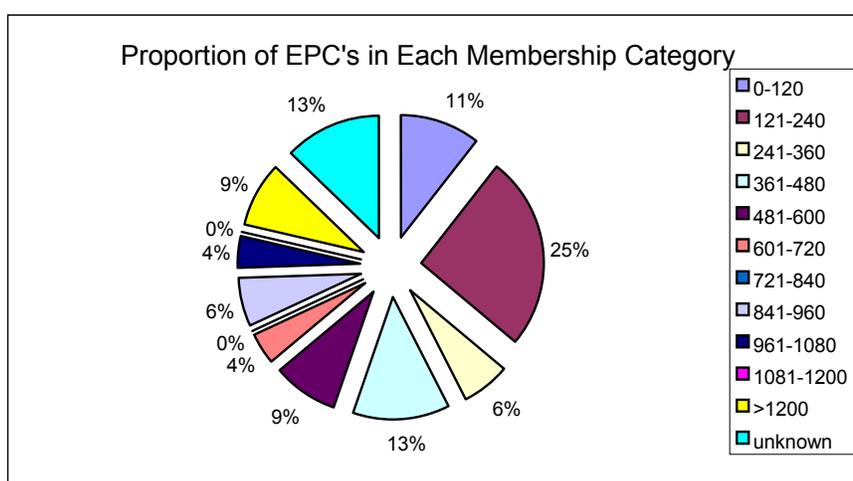
<sup>22</sup> Discussion with Harmony Hall (2002)

<sup>23</sup> Discussion with Birkdale Community Centre (2002)

### 3.7 Utilization

Service utilization varies greatly from one EPC to another in Toronto. Some centres have as few as 30 members and others have as many as 3000 members. On average however, Toronto EPCs have 553 members, according to the Toronto District Health Council survey.

The total number of seniors making use of EPCs in Toronto in Spring 2002 was about 22,672, according to the Toronto District Health Council survey. Average membership in free-standing and multi-service EPCs is 495 and 594 respectively. However more than 35% of EPCs have a much lower membership (below 240 members.<sup>24</sup>) Smaller sites consist of both multi-service and free-standing EPCs.



Source: TDHC Survey of EPCs in Toronto, June 2002

Given that there were approximately 316,670 seniors age 65 and over living in Toronto in 1999,<sup>25</sup> the study shows that only about 7.16% of seniors in Toronto used seniors centres in 2002. As there is very limited historical research in this area, it is difficult to know whether this level of utilization is appropriate for Toronto, or whether there have been any changes in utilization patterns over the past decade. Some studies have indicated that the use of EPCs is greater in rural areas than it is in urban centres. Suggestions as to why this is the case, may relate to the fact that in smaller communities the centres act as a focal point for socialization and all types of activities. Seniors in Toronto, however, are dispersed across the city, and come from more diverse backgrounds than those in most rural communities.<sup>26</sup>

<sup>24</sup> These numbers may be slightly skewed due to data collection methods in some EPCs.

<sup>25</sup> Toronto Public Health and Planning Department, 2002.

<sup>26</sup> Netzer, J., Coward, R., Peek, C., Henretta, C., et. al. (1997), "Race and Residence Differences in the Use of Formal Services By Older Adults", *Research on Aging*, 19(3).

### 3.8 Funding

There is much variability in the size and programming of EPCs across Toronto. The same holds true for the funding.

Elderly Persons Centres obtain funding from the Ministry of Health and Long Term Care, the City of Toronto, the United Way, and through different fundraising events. The amount received from these funding sources varies from centre to centre.

The Elderly Persons Centres Act imposes a cap of \$30,000 per year as the maximum funding that an EPC can receive from the provincial government.<sup>27</sup> This is contingent on the EPC receiving 20% of its operating costs from the municipality.<sup>28</sup> The Provincial funding is provided once the Municipal funding has been achieved and represents up to 30% of the operating budget to a maximum of \$30,000. This means that for a centre with a budget of \$100,000, 50% is covered by municipal and provincial grants, and the remaining 50% of the budget must be raised through fundraising.

During the consultations it became apparent that in fact, the Municipality does not always grant 20% of the agency's budget (up to \$20,000), and thus in turn, the Province may pay less than 30% of the agency's budget (up to \$30,000). The same, of course, holds true for large EPCs which have an operating budget far greater than \$100,000. For them, as for the agencies which do not receive the maximum municipal grant, their only funding alternative is fundraising from private sources (United Way, user fees, corporate grants, etc.)

Even with full financial support from both the MOHLTC and the municipality, EPCs do not receive the full \$30,000 from the government. Deductions for both Social Contract and Pay Equity are taken from this amount.

There has been a freeze on funding and expansion of EPCs in Ontario since 1991. In 2002 the MOHLTC put EPC funding under policy review.<sup>29</sup>

It should be noted that the City of Toronto, through its Community Services Grant Program funds both Elderly Persons Centres as well as seniors recreation centres. (The City funds the latter independently. That is, these centres are funded without contribution or co-payment from the MOHLTC.) In 2002 the City of Toronto's Community Services Grant Program provided \$1,701,581 to EPCs and seniors recreation centres in Toronto. Appendix E lists the centres that are funded by the City of Toronto.

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<sup>27</sup> Older Adult Centres Association of Ontario (1998), "Role of Older Adult Centres within Long-Term Care in Ontario", printed from: [www.oacao.org/public\\_html/Reports/role%20of%20older%20adult%20centres.htm](http://www.oacao.org/public_html/Reports/role%20of%20older%20adult%20centres.htm)

<sup>28</sup> *ibid.*

<sup>29</sup> MOHLTC. Planning, Funding and Accountability Manual. 2002. (Social Recreation, 09J)

### 3.9 Operating Costs

Most Elderly Persons Centres in Toronto operate with modest budgets and low unit costs.

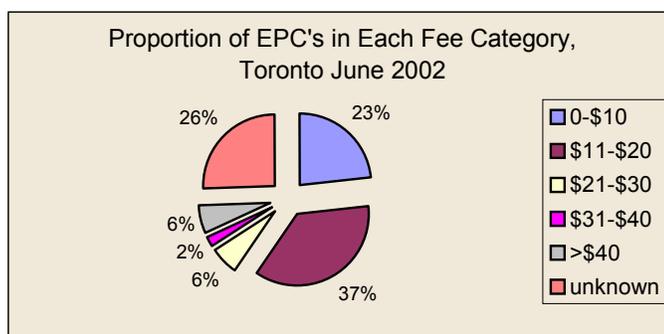
The Older Adult Centre Association of Ontario (OACAO) surveyed its members and discovered that an average centre in Ontario provides more than 34,000 units of service per year, or about 650 units of service per week.

The OACAO has estimated that the average cost of an EPC “unit of service” is \$0.86 per unit. According to the OACAO, the average annual operating cost per member of an Elderly Persons Centre in Ontario is \$171.95.<sup>30</sup> It is important to remember however, that as mentioned previously, the OACAO only represents about 20% of the Elderly Persons Centres in Toronto<sup>31</sup> and therefore these statistics may significantly under-represent the actual units and costs of services. In addition, depending on the population served, the EPC’s funding model and costs can vary. Nevertheless, it can be stated unequivocally, that EPCs operate at minimal expense to the taxpayer relative to other health and social services, and that they deliver a variety of services to many clients with moderate operating budgets.

### 3.10 Client Fees

In Toronto, fees for membership in an EPC are, on average, about \$19 per year, as determined by the Toronto District Health Council survey. Multi-service agencies have a higher average cost for membership. The average cost for membership of the multi-service sites is \$22.10 as opposed to \$14 for free-standing EPCs.

The following chart, drawn from data collected by the Toronto District Health Council, shows the overall breakdown of fee levels in EPCs across Toronto.



Source: TDHC Survey of EPCs in Toronto, June 2002.

<sup>30</sup> Older Adult Centres Association of Ontario (1998), “Role of Older Adult Centres within Long-Term Care in Ontario”, printed from: [www.oacao.org/public\\_html/Reports/role%20of%20older%20adult%20centres.htm](http://www.oacao.org/public_html/Reports/role%20of%20older%20adult%20centres.htm)

<sup>31</sup> Bryan, M. (2001), “Elderly Persons Centres in Toronto: Examining Their Role in Meeting the Health Needs of Toronto’s Aging Population, *Integrated Research Paper*

### 3.11 Staffing

The number of paid staff in an EPC is usually small in relation to the number of people served. Consequently EPCs have relatively flat organizational structures. They usually have an Executive Director, and, depending on their size, they may have one or more program managers, recreationists, program co-ordinators and support positions such as maintenance and cooks. In a 2001 study of EPCs in Toronto, it was found that the number of full time staff ranges from 1-4 and the number of part time staff ranges from 0-14.<sup>32</sup>

To offset their thin management structures, Elderly Persons Centres rely heavily on volunteers in a number of different ways:

- Governance: As stated above, all the centres have a committee made up of members who represent the membership in decision-making. This role is strictly voluntary.
- Service Delivery: Some centres rely on members to provide services in a volunteer capacity. The Older Adult Centres' Association has noted that it represents more than 9,000 volunteers in Ontario.<sup>33</sup>
- Administrative functions: Many EPCs use volunteers to support the administrative capacity of the organization. Some EPCs use volunteers to fill out forms, staff the reception area, do financial reconciliation, prepare annual budgets and oversee general accounts. (Most of these tasks are undertaken by paid staff in other types of organizations.)

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<sup>32</sup> Bryan, M. (2001), "Elderly Persons Centres in Toronto: Examining Their Role in Meeting the Health Needs of Toronto's Aging Population, *Integrated Research Paper*

<sup>33</sup> Older Adult Centres' Association (2001), "Profile of Older Adult Centres in Ontario

## **4.0 ROLE AND VALUE**

Consultations, key informant interviews and a literature review conducted by the TDHC for this paper revealed considerable support for EPCs in Toronto. The following is a summary of these findings.

### **4.1 Literature Review**

The literature confirms the benefits of social and recreational activities for the elderly in terms of helping to maintain health and cognitive function. As such, Elderly Persons Centres can be viewed as benefiting the health care system as a whole. Furthermore, the literature confirms that EPCs are a cost-effective means of serving an aging population. (See Appendix D.)

### **4.2 Consultations and Key Informant Interviews**

Consumer and provider consultations and a review of provider agency service plans highlighted the role and value of EPCs. Consistent themes (see below) emerged as benefits of Elderly Persons Centres in Toronto.

#### **4.2.1 EPCs improve health and promote wellness of seniors**

Participants felt that EPCs contribute significantly to the physical health of seniors. They stated that physical programming, like Tai Chi, provides seniors with opportunity to remain physically active and to relieve stress. This, in turn, consultation participants stated, increases mobilization, delays the aging process, and keeps seniors out of physicians' offices.

Many EPCs offer wellness clinics that, it was stated, help maintain the seniors health. For example, Bernard Betel has a wellness centre that provides chiropody services. In addition, several staff members claimed to have observed seniors' physical improvement post stroke. Consultation with seniors indicated that wellness clinics and EPC services are highly valued since they are easily accessible and prevent the need to visit a physician. Consultation participants stated that physicians also appear to value EPCs because they have started referring patients to these programs.

#### **4.2.2 EPCs improve social and psychological well-being of seniors**

Consultation participants stressed that Elderly Persons Centres enable seniors to remain socially connected at a time in their lives when support networks are difficult to maintain due to illnesses and deaths of peers. It was felt that by joining an EPC, a senior becomes part of a new community and regains a sense of purpose through their involvement. Younger seniors may feel a sense of personal satisfaction and increased self-esteem through providing support to the older seniors. Furthermore, it was indicated that EPC members can often relate to each others' feelings and provide advice and support to one another. EPCs also enable seniors to take responsibility for their own health and well being.

Service providers and users stressed that EPCs are often thought of as “a home away from home.” They enable seniors to get involved, and to feel connected with, their community.

Both consultation participants and EPC service plans noted that intergenerational programs enhance this feeling of connectivity. Seniors can benefit from interacting with other generations and the younger generations can benefit from the experiences of the seniors. For example, in consultation, it was mentioned that an intergenerational program was developed by one of the centres after September 11, 2001 to discuss the events of the World Trade Centre. The children were fearful and the seniors were able to comfort and reassure them by telling stories about their own experiences and survival of World War II.

#### **4.2.3 EPCs appear to decrease utilization of other health services by seniors**

Consultation participants expressed the opinion that seniors may visit their family physicians less often when they belong to an EPC because they have other people with whom they can discuss problems. It was said that health promotion programs, peer counselling sessions and informal social interactions provide opportunity for seniors to learn about normal aging and to discuss concerns with others who may have similar experiences.

Consultation participants also stated that when a health or social problem is noted, EPC staff are able to refer members to the most appropriate providers, thereby diminishing the multiple assessments that seniors undergo, and intensive efforts that families undertake, to find appropriate health services.

#### **4.2.4 EPCs provide support and connectivity to seniors with specific linguistic and ethno-cultural needs**

Consultation participants felt that the EPCs provide seniors with an atmosphere that enables them to continue to participate in activities that are familiar to them, by providing programs in a specific language and/or with a particular cultural perspective. For instance, francophone seniors feel comfortable at Le Centre d’Accueil Heritage where they can speak French and converse with other seniors from French-speaking cultures.

Ethno-specific programs attended by new immigrants provide them opportunities for socialization and for learning about their new country. It may also provide them with, consultation participants stated, the comfort of knowing that others in the community have been through similar experiences. Moreover, it was recognized that the members of a centre often direct new immigrants to other services in the community such as financial, housing and family counselling, and health services.

During the consultations it was noted that different cultures view health care in different lights. For example, western medicine does not reflect – and often rejects – the ways of other cultures. Culturally-specific EPCs are sensitive to this notion and try to provide health-related services that are acceptable to the ethno-cultural groups that they serve.

#### **4.2.5 EPCs are particularly effective at serving seniors at risk**

Consultation participants highlighted the importance of EPCs to low income seniors and seniors with mental health needs. EPCs provide the connectivity, opportunities for socialization, and recreational activities that many of these seniors require. EPCs work towards keeping these seniors engaged and preventing them from becoming isolated, reclusive, or depressed. Moreover, consultation participants stated, that because their fees are modest or subsidized, EPC programs may be the only programs that low income seniors can access.

Consultation participants recognized that EPCs also conduct a level of informal “monitoring” of their members, so that when changes in behaviour, mental status or functional capacity occur, members can be referred to health and support services. This is, consultation participants stated, particularly important for seniors with mental health challenges or early dementia.

#### **4.2.6 EPCs provide accompanying benefits to families and caregivers**

Participants felt that the effects of health and wellness reach further than just the seniors themselves. There is a ripple effect affecting the families of clients. Educational programming is provided to the families to introduce them to the services available for their aging relatives. This is particularly beneficial to newly immigrated families that are unfamiliar with the Canadian system of health and social supports.

#### **4.2.7 EPCs benefit the health care system as a whole**

Consultation participants emphasized that EPCs can benefit the entire health care system through a number of initiatives highlighted above. These include:

- Promoting health/wellness
- Providing self care information/education
- Managing individuals with long-term chronic illnesses
- Linking to other health services
- Providing support to seniors so that they do not feel the need to visit a physician
- Providing support to families so they do not need to access other health services.

#### **4.2.8 Summary: Consultation participants identified multiple benefits of EPCs**

Elderly Persons Centres are thought to benefit the health care system as a whole, as well as the consumer and the caregiver. While different populations receive different benefits from EPCs, consultation participants stated, there are generally positive outcomes for all participants.

The consultation highlighted the role that EPCs have in helping to prevent people from entering the health care system unnecessarily. They provide physical and intellectual stimulation which keep people healthy and independent. EPCs perform a preventive and risk management function, particularly in relation to individuals with long-term chronic illnesses. They also provide relief for service providers and informal caregivers.

## 5.0 KEY ISSUES FACING ELDERLY PERSONS CENTRES

Consultation with providers, and the review of agency services plans suggest that Elderly Persons Centres are currently faced with numerous challenges. The following summarizes these challenges.

### 5.1 The Population of Seniors that use EPCs is Changing

The demand for Elderly Persons Centres has been increasing and the needs of people who use services are changing. Specifically, consultation participants indicated that EPCs are faced with the following challenges:

- **EPCs are finding it challenging to serve different age groups within one centre:** Essentially, four generations are being served by EPCs, each of which has unique needs. Centres stated that they are finding the younger seniors do not want to attend programs that the older seniors are interested in. For example, younger seniors want more intellectually stimulating programs like computer programs, whereas the older seniors do not see value in learning how to use a computer. This makes programming difficult. Furthermore, when EPCs provide programming for one of these populations, they have a difficult time recruiting members of the other population, and there is potential internal conflict within the organization. Although providing different programming to each age group would overcome this challenge, EPCs say they lack the human and/or financial resources to offer more programs.
- **EPCs find it challenging to serve seniors with higher care needs:** Some EPCs are finding that their older members are becoming more frail and cognitively impaired. However, the EPCs continue to try to meet the increasing needs of these clients because there is a lack of other programs to which they can be referred. However, the EPCs indicated that they lack adequate resources to meet the care needs of these populations. EPCs are finding that their staffing model, with high levels of volunteer use, is not appropriate for the provision of services to the frail and cognitively impaired elderly. Volunteers lack the appropriate training and are often reluctant, even if training is provided, to deliver the types of services necessary to support this population.

Consultation participants observed that EPCs that are part of a multi-service agency find it easier to care for seniors with higher care needs, or to refer these individuals to other programs.

- **EPCs are finding it difficult to meet the growing demand for service from ethno-cultural groups:** The growing population of new immigrants in Toronto is increasing the need for ethno-specific programming. EPCs are finding it difficult to locate the staff with the necessary skill sets to meet the demand for such services. Furthermore, there are space constraints that hinder the development of such programs. An inability to expand is compounded by a lack of funding, consultation participants said. On the other hand, new immigrant seniors from different ethno-cultural groups (that were consulted for this project and an earlier ethno-cultural services project<sup>34</sup>), stated that they highly value belonging to, and participating in, EPC programs.

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<sup>34</sup> TDHC. Meeting Ethno-cultural Needs in Long-Term Care Facilities and in the Community, Research Projects: 1999 to 2001

## 5.2 Clients are Experiencing Barriers to Accessing EPCs

One of the biggest problems facing Elderly Persons Centres, according to consultation participants, is the need to be able to provide transportation services, or some other means to help seniors get to the centre. Many seniors do not drive and only travel short distances from home. Culturally-specific centres that serve the entire GTA experience the greatest accessibility challenges. The following are examples of challenges, as indicated in the consultation, that relate to transportation.

- **EPCs lack resources to offer transportation services:** Some EPCs have developed transportation services (offered at a small charge to the members) to overcome the accessibility challenge. However, those EPCs which have transportation services are having difficulty finding volunteers and/or paid staff with a special license to drive a bus. If volunteers offer to drive EPC members in their own cars, then special insurance is required and EPCs lack the funding to cover the cost of this type of insurance.

Many EPCs, however, do not have the financial resources to offer transportation services. In these situations members rely on public transit. The TTC is not always accessible to seniors. Elevators are only available in the busiest subway stations.

Some seniors stated that they did not like to travel to their centres on their own, as they feel vulnerable to traffic and confused by unfamiliar neighbourhoods and languages.

- **Wheeltrans is not an effective alternative for many seniors:** The use of Wheeltrans is problematic, the consultations heard. To become a Wheeltrans user, the client must register with the Toronto Transit Commission at City Hall which, without transportation, is not accessible. Furthermore, once enrolled, scheduling is an issue since clients are required to book services well in advance of the service date. Many seniors stated that they needed a more flexible transit system to allow them to use EPCs more frequently.
- **Traffic and traffic lights can be dangerous to seniors:** In some areas of the city, traffic lights do not allow enough time for seniors to cross the street. One organization feared that some of their clients may get hit by a car when they try to cross the street in front of the centre

## 5.3 Human Resources are a Significant Challenge for EPCs

The human resource challenges facing Elderly Persons Centres are extensive, ranging from a lack of staff to provide services to inadequate skills among those – particularly volunteers – currently providing services.

- **EPCs are faced with a lack of staff and volunteers with the correct skill sets:** As mentioned earlier EPCs have a low staff to member ratio and they rely heavily on volunteers. This is not adequate for some programs, however. Some programs require a great deal of training for both staff and volunteers. For example, recreationists who provide physical activities for seniors must have specific skills and training. EPCs appear to lack the resources to either recruit staff with these skills or to train staff or volunteers to acquire them. Consequently, EPCs are forced to

make difficult choices – to overwork staff, to provide programs with inadequately prepared leaders or inadequate staff-to-member ratios or discontinue some programs.

Another concern related to staffing, as highlighted in the consultation, is that staff may not be receiving adequate training in college. In particular, some consultation participants stated, staff in some agencies may lack the ability to adequately plan, evaluate, network and do research.

- **Staff Lack Time to Provide Other Services:** Staff of EPCs like to devote time to members outside of formal programs. For example, many EPC members have come to rely on the availability of staff to discuss personal, medical and social concerns. Unfortunately, staff are no longer able to devote as much time to these discussions because of increased demand on programming. Consultation participants suggested that being part of a multi-service agency allows EPC providers to more easily refer clients in need of counselling or other supports, to their colleagues.

#### 5.4 EPCs Face Significant Funding Challenges

Consultation participants highlighted financial constraints as a major challenge. Lack of adequate funding was described as the single most important challenge facing EPCs at this time. Financial constraints limit the EPCs ability to:

- Hire employees
- Renovate and expand physical plants
- Expand programming
- Rent facilities

Consultation participants suggested that the inadequate funding levels for EPCs reflects the fact that EPCs have not been a political priority. The facts that the Elderly Persons Centres Act has never been updated, and that EPCs were not included in long-term care reform, were cited as confirmation of this view.

Financial challenges faced by EPCs are aggravated by the financial situation of their members. Many seniors with fixed incomes are unable to pay user fees. Raising user fees initiates a down-spiraling chain of events. Seniors, experiencing higher costs of living and decreases in their “disposable” income, are forced to withdraw from EPC activities that have user fees.<sup>35</sup> EPCs, experiencing lower memberships numbers because members have quit, are forced to reduce staffing and programming.

The rising cost of educational programming is also forcing EPCs to reduce course offerings. Consultation participants indicated that since the Board of Education raised the cost of providing instructional services in EPCs, EPCs have had to reduce instructional programs. In an attempt to contain costs, some centres have reduced the number of classes offered. While some centres have

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<sup>35</sup> Since the health care community does not endorse EPCs, the benefits of EPC membership are often overlooked, and therefore EPCs are seen as “nonessential”

tried to retain the instructional programs by using their own staff, they have found that their staff lack the expertise to provide these classes.

### **5.5 There is a Lack of Understanding of the Mandate of EPCs**

A key issue highlighted in the consultation was that misconceptions about Elderly Persons Centres, along with a lack of awareness of their existence and their value, hinder the development of these centres.

The lack of awareness of the existence of EPCs spans the health care system. From physicians, hospitals, CCACs and community agencies to seniors themselves there is a general lack of understanding of the role of EPCs in Toronto. When a group of active seniors who are not involved in an EPC was consulted, they had little awareness of, or appreciation for, the role and value of EPCs. Seniors who were part of a centre, on the other hand, had clear views about the benefits of their centre to them and their families. Consultation participants also felt that some seniors have misconceptions about EPCs because they think (and the name reinforces) that they are for those who are elderly or old. Many seniors do not consider themselves “old”.

Lack of knowledge about the mandate of EPCs has, in some areas, lead to similar programs being developed by churches, community centres, or other organizations. Consultation participants felt that this duplication of services and/or competition for clients may further erode the role of EPCs in Toronto.

Misconceptions about, or lack of awareness of, the existence of EPCs hinder the growth of the sector and perpetuate an unclear trajectory for these agencies. Consultation participants stated that if more health care providers understood and promoted the value of EPCs to their clients, the role of EPCs would be strengthened and secured for the longer term.

### **5.6 The Role of EPCs may Change in the Future**

Overall, the consultations indicated that Elderly Persons Centres are serving a purpose in our current health care system. Since the community is changing, however, the group believed that the future of EPCs may be somewhat different from what it is today.

Consultation participants anticipated several trends with respect to EPCs in the future:

- In the future EPCs may not appeal to younger seniors who will likely access more intellectually stimulating services outside of the centres.
- Older seniors, as well as low-income seniors and seniors from ethno-cultural groups will continue to participate in EPC programs.
- EPCs may begin to take on more of a role in the monitoring, care and management of individuals with long-term chronic illnesses, such as diabetes, heart disease and stroke.

- An alternative outcome may be that the current EPC model will be modified to provide more intellectually stimulating programming while Adult Day Programs and other community support agency activities, will target the older, more frail seniors.

### **5.7 Summary of Issues**

Overall the issues facing Elderly Persons Centres can be summarized into three main themes:

- Increasing demand for service
- Lack of resources to meet the demand for services, and
- Uncertainty regarding the future for EPCs.

To address these issues, the Toronto District Health Council suggests the following recommendations.

## 6.0 RECOMMENDATIONS

The Ministry of Health and Long-Term Care has identified Health Promotion and Wellness as one of its key goals. The Ministry's current (2002) "Seven Priorities" document states that *"we know healthy living is the best kind of health care."*<sup>36</sup>

The 2001-2 Ministry of Health and Long-Term Care Business Plan had public health, health promotion and wellness as its first priority. In that document it was stated that:

*"This core business aims to preserve people's health and independence by preventing illness, injury and premature death, and by promoting healthy lifestyles. Many health problems can be lessened through community-wide prevention and early intervention programs."*<sup>37</sup>

This paper has demonstrated the importance of Elderly Persons Centres to the wellness of individual seniors and caregivers, as well as to the whole health care system and to local communities.

The issues facing EPCs are critical at this moment because, as the evidence shows, the needs of seniors and the population of seniors are greatly increasing and the ability of the health care system to meet these needs is limited. Since they help seniors maintain their health and prevent the need to access more costly services, the TDHC feels that Elderly Persons Centres are a cost-efficient method of relieving some of the stress on the health care system. As such, the TDHC believes that EPCs have the potential to play a more critical role in the continuum of health care services for seniors in Toronto.

Before EPCs can play a greater role within Toronto's health care system, however, they must first be brought into the continuum of care. To accomplish this, and to explore the potential of EPCs, the TDHC recommends the following directions:

### 6.1 Fund EPCs Appropriately

The EPC Act has not been revisited in over 35 years. Obviously, since that time there have been multiple changes in the social, ethno-cultural, economic and demographic circumstances of seniors across the Province. If EPCs are to continue to play an important role in enhancing the quality of life of seniors, and if they are to emerge as a key player in maintaining the health status of seniors at risk in Toronto, then they will need adequate funding to carry out these roles.

**The TDHC recommends that The Ministry of Health and Long-Term Care recognize the value of EPCs to the continuum of care for seniors in Ontario, and review the Elderly Persons Centres Act to ensure the adequacy and appropriateness of funding.**

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<sup>36</sup> The Seven Priorities. Ministry of Health and Long-Term Care. Communications and Information Branch. 2002.  
<sup>37</sup> <http://www.gov.on.ca/health/english/pub/ministry/bplan01.html>

## 6.2 Publicize the Role of EPCs

It would appear that EPCs are one of the best kept secrets in Toronto's health care system. Given their value and potential ability to fill a role in the continuum of health services in Toronto during a period of population aging and population growth, it is important to heighten awareness, amongst health and social service providers, seniors and the general public, of the existence and mandate of EPCs in Toronto.

**The TDHC recommends that EPC providers in Toronto work together to publicize the role and value of EPCs.**

## 6.3 Develop a Comprehensive Range of Services

This TDHC review of EPCs in Toronto has shown that EPCs play an important role in monitoring the health status of their members and then connecting them to other services when necessary. Given this information, and reports that transportation continues to be a major barrier for seniors trying to access services (documented in this and many previous TDHC reports), it is logical to conclude that access will be facilitated and delivery of service more coordinated by offering a broad range of services at one location. Developing a comprehensive range of services can be achieved through a variety of means, including expansion of the range of services provided, sharing of administrative services, amalgamation of single service agencies, and co-location of complementary agencies.

**The TDHC recommends that EPC providers in Toronto (particularly those in free-standing EPCs) integrate and coordinate their services with other services for seniors in their communities.**

## 6.4 Focus on Selected Target Populations

The literature review, consultations and review of service plans revealed that EPCs seem to appeal to, and be particularly effective at meeting the needs of, specific segments of the seniors population in Toronto. Seniors with low incomes who may be limited in their ability to participate in other programs, seniors from ethno-cultural, linguistic and religious backgrounds who may not feel as comfortable in mainstream programs as they do in ethno-specific programs, and seniors with chronic illnesses or mild dementia who require a little supervision, may be optimal candidates for membership in EPCs. By focusing on these groups, EPCs can capitalize on their successes as well as fulfil an important role in the system.

**The TDHC recommends that EPC providers in Toronto develop and enhance programs that meet the social, recreational, educational and health promotion needs of specific target populations (low income seniors, ethno-specific seniors and seniors with chronic illnesses or mild mental health needs).**

## 6.5 Distribute EPCs to Meet Needs of Target Populations

When one examines the distribution of poverty among seniors in Toronto (Appendix F) one can see that some of the areas of the city which have a high percentage of seniors living in poverty are also those areas which have a lower number of EPCs. Based on research showing a high correlation between poverty, poor health and high risk for disease,<sup>38</sup> one can conclude that the seniors in those areas are in a high-risk group and require greater prevention services. Moreover, lower income seniors who live in these areas may find it difficult to attend EPCs in other areas of the city due to travel costs. A review of the distribution of EPCs in Toronto is warranted.

**The TDHC recommends that The Toronto Region of the Ministry of Health and Long-Term Care review the distribution of EPCs in Toronto, with a view to matching their distribution with the distribution of risk factors amongst seniors in Toronto. This will entail increasing the number of EPCs in Scarborough and Etobicoke.**

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<sup>38</sup> "Poverty is one of the greatest correlates of ill health for both men and women of all ages." National Forum on Health. Determinants of Health: Adults and Seniors. Health Canada. Ottawa. 1998. Page 102.

## **7.0 CONCLUSIONS**

From this review the TDHC has concluded that there is innate value in the services provided by EPCs in Toronto. EPCs contribute to the health and well-being of seniors, their communities and the health system as a whole.

The Toronto District Health Council strongly supports the Elderly Persons Centres model for seniors in Toronto. Given the demographic reality of an aging population, this model of service delivery appears to be invaluable for risk management and disease prevention of a high-risk population that is growing. As evidenced by this study, however, it may not be a service delivery model that is appropriate for all seniors in Toronto. It would appear that EPCs offer the greatest benefit to low-income seniors, seniors at risk for mental illness and dementias, and seniors from diverse ethno-cultural, religious and linguistic backgrounds.

The TDHC looks forward to working with providers and the Ministry of Health and Long-Term Care to strengthen the EPC model and to target EPC services to those seniors who would most benefit from their services.

During the next stage in the Seniors Project, the Toronto District Health Council will be examining service delivery models, including those offered by EPCs, that support seniors in the community. Through this initiative, the TDHC will develop strategies that maximize the capacity of communities to support their residents.

**APPENDIX A**  
**Directory of Ministry of Health and Long-Term Care-Funded Elderly Persons Centres in Toronto**

| Name            | Address                                      | Eligibility Criteria  | Utilization   | Programs  | Fees  |
|-----------------|--|---|---|---|---|
| Baycrest Centre | 3560 Bathurst,<br>Toronto, M6A 2E1           | <ul style="list-style-type: none"> <li>• 70+</li> <li>• physically and mentally frail elderly</li> <li>• mean age 80</li> </ul>   | <ul style="list-style-type: none"> <li>• 50/day for physically frail</li> <li>• 32 mentally ill</li> </ul>                                | Physical programs and mental health programs  | <ul style="list-style-type: none"> <li>• \$32/day for physical programs</li> <li>• \$46/day mental health programs</li> <li>• \$18 for transportation</li> </ul>                                      |
| Bernard Betel   | 1003 Steeles Ave. W.,<br>North York, M2R 3T6 | <ul style="list-style-type: none"> <li>• 65-85 + years of age</li> <li>• Jewish cultural programming</li> <li>• Russian, English, Yiddish, Hebrew</li> <li>• mean age 77</li> </ul> | <ul style="list-style-type: none"> <li>• 3,000 includes both members and those who come from other facilities in the community</li> </ul> | Recreational and educational courses, fitness classes, social work, counselling, home support services, health promotion lectures, health screening clinics, chiropody, support groups, religious services, computer training and Jewish holiday celebrations | <ul style="list-style-type: none"> <li>• \$40 membership</li> <li>• non-members can pay \$1.75/instructional hour for each program</li> <li>• additional agency fee of \$5 for non-members</li> </ul> |
| Birkdale        | 1299 Ellesmere Rd.,<br>Scarborough, M1P 2Y2  | <ul style="list-style-type: none"> <li>• + 60 years of age</li> <li>• mean age 70-75</li> </ul>   | <ul style="list-style-type: none"> <li>• 863 members</li> </ul>   | Drop-in programs, instructional, social and recreational, intergenerational   | <ul style="list-style-type: none"> <li>• \$15 membership fee plus additional fees for specific programs</li> </ul>  |
| Bob Rumball     | 2395 Bayview Ave.,<br>North York, M2L 1A2    | <ul style="list-style-type: none"> <li>• + 50 years of age</li> <li>• Deaf</li> <li>• mean age of 70</li> </ul>   | <ul style="list-style-type: none"> <li>• 200</li> </ul>   | Communication and escort services, crafts, woodworking, diners club, day trips, workshops   | <ul style="list-style-type: none"> <li>• \$18.50 membership</li> </ul>  |

| Name                                 | Address   | Eligibility Criteria  | Utilization   | Programs  | Fees  |
|--------------------------------------|---|---|---|---|---|
| Circle of Care                       | 530 Wilson Ave., 4 <sup>th</sup> floor, North York, M3H 1T6 | <ul style="list-style-type: none"> <li>• seniors with physical and cognitive impairments</li> <li>• + 55 years of age</li> <li>• -mean age 72</li> </ul>                  | <ul style="list-style-type: none"> <li>• 400</li> </ul>         | Social, recreation, education and wellness programs, day trips, tax clinic, congregate dining, men's group, chiropody clinic, blood pressure clinic | <ul style="list-style-type: none"> <li>• \$8 Membership</li> <li>• additional program fees for instructional programs or small program fee/day</li> </ul> |
| Community Care East York             | 1108 Greenwood Ave., East York, M4J 4E6                     | <ul style="list-style-type: none"> <li>• 55+ years of age</li> <li>• English and Italian</li> <li>• mean age is over 60</li> </ul>  | <ul style="list-style-type: none"> <li>• 130 members</li> </ul> | Recreation, Fitness, Education and Cultural Activities, Information, referral and general counselling, trips, social activities                     | <ul style="list-style-type: none"> <li>• \$15 membership</li> <li>• day trips are extra</li> </ul>  |
| COSTAIAS                             | 1700 Wilson Ave., St. 104, North York, M3L, 1B2             | <ul style="list-style-type: none"> <li>• + 55 years of age</li> <li>• Italian women's group</li> <li>• Portuguese women's group</li> <li>• Spanish and English</li> </ul> | <ul style="list-style-type: none"> <li>• 180 members</li> </ul> | Recreational activities, social, health promotion, speakers, classes  | <ul style="list-style-type: none"> <li>• Free, only pay for trips</li> </ul>  |
| Davenport Perth Neighbourhood Centre | 1900 Davenport Rd., Toronto (West), M6N 1B7                 | <ul style="list-style-type: none"> <li>• English, Chinese, Spanish 55+</li> <li>• mean age 65-70</li> </ul>   | <ul style="list-style-type: none"> <li>• 150</li> </ul>         | Social, recreation and fitness programs, health education, podiatrist clinic  | <ul style="list-style-type: none"> <li>• \$10 membership plus program fees</li> </ul>   |
| Dixon Hall                           | 58 Sumach St., Toronto, M5A 3J7 (East)                      | <ul style="list-style-type: none"> <li>• English, Italian, Russian, Spanish and Yiddish 55+</li> <li>• mean age 65</li> </ul>   | <ul style="list-style-type: none"> <li>• 200</li> </ul>         | Social, recreation and education programs, health information   | <ul style="list-style-type: none"> <li>• \$12</li> </ul>  |

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| Name                             | Address   | Eligibility Criteria  | Utilization  | Programs  | Fees  |
|----------------------------------|---|---|--|---|---|
| East Toronto Seniors Centre      | 2029 Gerrard St., E., Bsm, Toronto (East), M4E 2B3      | <ul style="list-style-type: none"> <li>+ 55 years of age</li> <li>mean age is 75, quite a lot of older seniors</li> </ul> | <ul style="list-style-type: none"> <li>350 members</li> <li>about 50 come on any given day</li> </ul>                              | Social, recreational, education, health and safety, trips, referral to local foot, dental, vision, hearing, income tax, medical clinics, dining | <ul style="list-style-type: none"> <li>\$7.50 membership</li> <li>additional fees for Toronto District School Board classes</li> <li>for programs with food there is a charge of \$0.50 for coffee and cookies</li> </ul> |
| Family Services Association      | 355 Church St. Toronto, M5B 1Z8                         | <ul style="list-style-type: none"> <li>55+ years of age</li> <li>Mean age of 65-74</li> </ul>                             | <ul style="list-style-type: none"> <li>525</li> </ul>  | Counselling, group programs with a focus on wellness and health promotion   | <ul style="list-style-type: none"> <li>Fees are decided on per program on a sliding scale with a maximum of \$800 for 10 day session</li> </ul>   |
| First Portuguese Seniors' Centre | 722 College St., 3 <sup>rd</sup> floor, Toronto M6G 1C4 | <ul style="list-style-type: none"> <li>65+</li> </ul>   | <ul style="list-style-type: none"> <li>80</li> </ul>   | Exercise programs, lunches, trips, cooking, theatre, health clinics   | <ul style="list-style-type: none"> <li>\$15 membership</li> <li>\$3 for meals</li> </ul>  |
| Good Neighbours Club             | 170 Jarvis St., Toronto, M5B 2B7                        | <ul style="list-style-type: none"> <li>Men 50+ years of age</li> <li>Mean age of 63</li> </ul>                            | <ul style="list-style-type: none"> <li>225</li> </ul>  | Drop in, recreation, refreshments, lunch, transportation, counselling, computer training, visiting  | <ul style="list-style-type: none"> <li>No membership fee</li> <li>Cost of dining is \$0.25 for lunch or \$10/month for all meals</li> </ul>   |
| Harmony Hall                     | 2 Gower St., Toronto (East York), M4B 1E2               | <ul style="list-style-type: none"> <li>55+ years of age</li> <li>English, Tamil and Chinese populations</li> </ul>        | <ul style="list-style-type: none"> <li>English members = 210</li> <li>Chinese members = 150</li> <li>Tamil members = 42</li> </ul> | Social and Recreational Programming   | <ul style="list-style-type: none"> <li>\$6 membership</li> <li>-instructional classes are priced at a rate of \$1.50/hr</li> </ul>  |

| Name                                | Address  | Eligibility Criteria   | Utilization   | Programs   | Fees  |
|-------------------------------------|--|--|---|--|---|
| Islington Centre                    | 4968 Dundas St., W.,<br>Etobicoke, M9A 1B7                         | <ul style="list-style-type: none"> <li>• 55+ years of age who are physically and mentally able to function independently</li> <li>• Mean age 65+</li> </ul>  | <ul style="list-style-type: none"> <li>• 400</li> </ul>   | Social, recreation programs, trips, legal, income tax and foot clinics, information and referral, lunches  | <ul style="list-style-type: none"> <li>• \$15 membership plus additional \$0.50 user fee for programs</li> </ul>                  |
| Joseph E. & Minnie Wagman Centre    | 55 Ameer Ave.,<br>Toronto, M6A 2Z1                                 | <ul style="list-style-type: none"> <li>• + 55 years of age</li> <li>• non sectarian community centre</li> <li>• Jewish culture and traditions observed</li> <li>• English, Hebrew, Yiddish, Hungarian</li> </ul> | <ul style="list-style-type: none"> <li>• 788 members from the community</li> <li>• 211 from the Terrace</li> <li>• 999 Total</li> </ul> | Educational and social programs, health and fitness promotion, self help groups for widows and widowers, Parkinson's group, stroke recovery group, stress management group, snow shovelling registry | <ul style="list-style-type: none"> <li>• \$45 membership</li> <li>• plus additional program charges</li> </ul>                    |
| Latvian Senior Citizens Association | 4 Credit Union Dr.   | <ul style="list-style-type: none"> <li>• 60+ years of age</li> </ul>   | <ul style="list-style-type: none"> <li>• 683</li> </ul>   | Exercise, social, recreational, visiting   | <ul style="list-style-type: none"> <li>• \$10 membership plus donations for some programs</li> </ul>                              |
| Le Centre Des Pionniers             | 33 Hahn Place, C.P.<br>"C", Toronto, M5A 4G2                       | <ul style="list-style-type: none"> <li>• Francophone seniors</li> <li>• 55+ years of age</li> <li>• -mean age 70</li> </ul>  | <ul style="list-style-type: none"> <li>• 165</li> </ul>   | Social and recreational programs   | <ul style="list-style-type: none"> <li>• \$10 membership</li> </ul>   |
| Loyola Arrupe                       | 1709 Bloor St. W.,<br>Toronto (West), M6P 4E5                      | <ul style="list-style-type: none"> <li>• + 55 years of age</li> <li>• -mean age is 68-75</li> </ul>  | <ul style="list-style-type: none"> <li>• 325</li> </ul>   | Social, spiritual and recreation programs, congregate dining, transportation, foot care clinic   | <ul style="list-style-type: none"> <li>• \$10 membership (as a contribution)</li> <li>• -Fees for School Board classes</li> </ul> |
| Mid-Toronto Community Services      | 188 Carlton St., 2 <sup>nd</sup> floor,<br>Toronto, M5A 2K8 (east) | <ul style="list-style-type: none"> <li>• 55+ years of age</li> <li>• mean age of 65</li> </ul>   | <ul style="list-style-type: none"> <li>• 15-20 clients/day</li> </ul>   | Social and recreational day programs, meals, transportation,   | <ul style="list-style-type: none"> <li>• No membership fees, pay for meals and cost of craft items</li> </ul>                     |

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| Name                           | Address   | Eligibility Criteria   | Utilization   | Programs  | Fees   |
|--------------------------------|---|--|---|---|--|
| Momiji Health Care Society     | 351 Christie, Toronto, M6G 3C3                          | <ul style="list-style-type: none"> <li>60+ years of age</li> <li>English and Japanese</li> <li>primarily Japanese</li> </ul>     | <ul style="list-style-type: none"> <li>48</li> </ul>  | Social, educational and recreational programs, drop in, dining, referral, friendly visiting             | <ul style="list-style-type: none"> <li>Free</li> </ul>   |
| North York Seniors Centre      | 21 Hendon Ave., North York, M2M 4G8                     | <ul style="list-style-type: none"> <li>55+ years of age</li> <li>Chinese, English and Spanish</li> <li>mean age 75-80</li> </ul> | <ul style="list-style-type: none"> <li>900</li> </ul> | Recreation, education, social and cultural programs, lunch, trips, counselling, clinics, support groups | <ul style="list-style-type: none"> <li>\$30 membership plus nominal fees for activities</li> </ul>                       |
| Parkdale Golden Age Foundation | 27 Roncesvalles Ave., Ste. 401, Toronto, M6R 2K4 (west) | <ul style="list-style-type: none"> <li>60+ years of age</li> <li>mean age of 65-70</li> </ul>                                    | <ul style="list-style-type: none"> <li>150</li> </ul> | Social, recreation and education programs, congregate dining  | <ul style="list-style-type: none"> <li>No membership</li> <li>Dining \$3-\$5</li> <li>Fee for planned outings</li> </ul> |
| Pine Tree Seniors Centre       | 4130 Lawrence Ave. E., Scarborough, M1E 2R5             | <ul style="list-style-type: none"> <li>55+ years of age</li> <li>mean age 80</li> </ul>  | <ul style="list-style-type: none"> <li>150</li> </ul> | Drop in centre, social, recreation and education programs, congregate dining, transportation            | <ul style="list-style-type: none"> <li>\$10 membership plus additional program fees</li> </ul>                           |
| Second Mile Club-Carlton       | 192 Carlton St., Toronto M5A 2K8 (East)                 | <ul style="list-style-type: none"> <li>Chinese and English</li> <li>55+ years of age</li> <li>mean age 80</li> </ul>             | <ul style="list-style-type: none"> <li>600</li> </ul> | Transportation, meals, day programs   | <ul style="list-style-type: none"> <li>\$25 membership</li> </ul>  |
| Second Mile Club-East Toronto  | 953 Gerard St. E., Toronto M4M 1Z4                      | <ul style="list-style-type: none"> <li>English</li> <li>As above</li> </ul>  | As above  | Social, educational and recreational programs   | <ul style="list-style-type: none"> <li>Ibid</li> </ul>   |
| Second Mile Club-High Park     | 432 Runnymede Rd. Toronto, M6S 2Y8 (west)               | <ul style="list-style-type: none"> <li>English</li> <li>As above</li> </ul>  | As above  | Social, recreational and educational programs, foot clinic  | <ul style="list-style-type: none"> <li>Ibid.</li> </ul>  |

| Name                                 | Address   | Eligibility Criteria  | Utilization  | Programs   | Fees  |
|--------------------------------------|---|---|--|--|---|
| Second Mile Club-Rotary              | 110 Edward St., Toronto, M5G 2A5  | <ul style="list-style-type: none"> <li>Chinese and English</li> <li>As above</li> </ul>   | As above   | Social, recreation and education programs, foot clinic                                   | <ul style="list-style-type: none"> <li>Ibid.</li> </ul>   |
| Second Mile Club-Sheldrake           | 65 Sheldrake Blvd., Toronto, M4P 2B1 (north)                                      | <ul style="list-style-type: none"> <li>English</li> <li>Mean age 55-70</li> </ul>   | As above   | Social, education and recreation programs  | <ul style="list-style-type: none"> <li>Ibid.</li> </ul>   |
| Senior Adult Services                | 341 Bloor St. W., 2 <sup>nd</sup> floor, Toronto, M5S 1W8 (North)                 | <ul style="list-style-type: none"> <li>55 + years of age</li> <li>-Spanish and English</li> <li>-mean age for Spanish group is 55</li> <li>-mean age for English group is 68</li> </ul> | <ul style="list-style-type: none"> <li>200</li> </ul>                                      | Friendly visiting, referral, social, recreation, education programs, lunch,              | <ul style="list-style-type: none"> <li>\$45 unlimited use for 3 months</li> <li>\$15 membership with \$4 charge/class</li> <li>\$5 for lunch</li> </ul> |
| Senior Link                          | 2625 Danforth Ave., Toronto (East), M4C 1L4 (11 Main St. is the service location) | <ul style="list-style-type: none"> <li>+ 60 years of age</li> <li>mean age of 80</li> </ul>   | <ul style="list-style-type: none"> <li>30 people/ week</li> </ul>                          | Social, recreational, congregate dining, outreach to Chinese community, Wellness Centre, | <ul style="list-style-type: none"> <li>Pay/program a maximum of \$18/day including meals and transportation</li> </ul>                                  |
| Sistering                            | 523 College St., Toronto  | Women   | <ul style="list-style-type: none"> <li>70-130 members, 1/3 of which are seniors</li> </ul> | Social, recreation and education programs, therapy, health clinics                       | <ul style="list-style-type: none"> <li>Free</li> </ul>  |
| Slovenian Linden Foundation-Dom Lipa | 52 Neilson Dr., Etobicoke, M9C 1V7  | <ul style="list-style-type: none"> <li>+ 60 years of age</li> <li>Slovenian environment</li> <li>mean age of 72</li> </ul>  | <ul style="list-style-type: none"> <li>30</li> </ul>                                       | Social and recreational programs   | <ul style="list-style-type: none"> <li>Lunch \$2</li> </ul>   |
| St. Christopher House                | 248 Ossington Ave., Toronto M6J 3A2, (West)                                       | <ul style="list-style-type: none"> <li>English, Portuguese, Vietnamese</li> <li>55 +</li> <li>mean age 78</li> </ul>  | <ul style="list-style-type: none"> <li>700</li> </ul>                                      | Fitness, sewing, woodworking, crafts, workshops and wellness seminars, day trips,        | <ul style="list-style-type: none"> <li>\$15 membership</li> </ul>   |

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| Name                             | Address  | Eligibility Criteria  | Utilization  | Programs   | Fees  |
|----------------------------------|--|---|--|--|---|
| St. Clair O'Connor               | 2701 St. Clair Ave. E.,<br>East York, M4B 3M3  | <ul style="list-style-type: none"> <li>• 55+ years of age</li> <li>• average age 75</li> </ul>  | <ul style="list-style-type: none"> <li>• 194</li> </ul>  | Social and recreation programs, fitness activities, day trips                            | <ul style="list-style-type: none"> <li>• \$20 membership plus fees for health services and instructional programs</li> </ul>  |
| St. Paul's L'Amoreaux            | 3333 Finch Ave. E.,<br>Scarborough, M1W 2R9    | <ul style="list-style-type: none"> <li>• +55 years of age</li> <li>• Cantonese and Mandarin programs</li> <li>• average age 75</li> </ul>                           | <ul style="list-style-type: none"> <li>• 120</li> </ul>  | Social, recreation and education programs,   | <ul style="list-style-type: none"> <li>• \$16.50 including lunch and a snack membership plus additional fees for certain programs</li> </ul>                                |
| St. Stephen's Community House    | 340 College St., Ste.<br>360, Toronto, M5T 3A9 | <ul style="list-style-type: none"> <li>• +55 years of age</li> <li>• Chinese, Portuguese</li> <li>• Mean age 70-75</li> </ul>                                       | <ul style="list-style-type: none"> <li>• 450</li> </ul>  | Social, recreation and education activities  | <ul style="list-style-type: none"> <li>• \$5 membership plus program fees</li> </ul>  |
| Stephen Leacock Community Centre | 2520 Birchmount Rd.,<br>Scarborough, M1T 2M5   | <ul style="list-style-type: none"> <li>• +60 years of age</li> <li>• mean age of 70</li> </ul>  | <ul style="list-style-type: none"> <li>• 950 members (for all six providers in Scarborough)</li> </ul> | See Birkdale   | <ul style="list-style-type: none"> <li>• \$15 membership plus additional fees for certain programs</li> </ul>   |
| Sunshine Centre for Seniors      | 117 Bloor St. E.,<br>Toronto (east), M4Y 2N7   | <ul style="list-style-type: none"> <li>• 55+</li> <li>• mean age 76</li> </ul>  | <ul style="list-style-type: none"> <li>• 35 people/day</li> </ul>                                      | Social, recreation and education programs, dining  | <ul style="list-style-type: none"> <li>• \$2/day includes meals</li> <li>• instructional programs have a fee associated with them</li> </ul>                                |
| Taylor Place                     | 1 Overland Dr., Don Mills, M3C 2C3             | <ul style="list-style-type: none"> <li>• 55+ years of age for day programs</li> <li>• 50+ years of age for evening programs</li> <li>• mean age of 70-75</li> </ul> | <ul style="list-style-type: none"> <li>• 1300</li> </ul>   | Social, recreation and education programs, health counselling, referral, clinics, dining | <ul style="list-style-type: none"> <li>• \$45 membership plus activity fees which are minimal when run by volunteers and greater for paid instructional programs</li> </ul> |

| Name                                    | Address                                       | Eligibility Criteria  | Utilization   | Programs   | Fees  |
|---|---|---|---|--|---|
| The George Syme Seniors Centre of York  | 33 Pritchard Ave., Toronto, M6N 1T4           | <ul style="list-style-type: none"> <li>• + 55 years of age</li> <li>• English, French and Spanish</li> </ul>                      | <ul style="list-style-type: none"> <li>• 1000</li> </ul>                        | Social, recreation and education programs, drop in and scheduled programs, health clinic, legal clinic, foot care, support groups, congregate dining, transportation, information and referral | <ul style="list-style-type: none"> <li>• \$15 Membership fee and nominal fee varies for different services (instructional fees)</li> <li>• \$20 for 12 weeks of a 1 hour class</li> <li>• \$30 for 12 weeks of unlimited classes</li> </ul> |
| Toronto Finnish Canadian Seniors Centre | 795 Eglinton Ave. E., Toronto (East), M4G 4E4 | <ul style="list-style-type: none"> <li>• + 55 years of age</li> <li>• Finnish environment</li> <li>• Estonian programs</li> </ul> | 400   | Congregate dining, support services, fitness and aquatics programs, social, recreational and cultural activities   | <ul style="list-style-type: none"> <li>• \$25 membership</li> <li>• -class fees range from \$25-\$55</li> <li>• -non members pay \$4/use of pool and sauna</li> <li>• \$10</li> </ul>   |
| Ukrainian Canadian Social Services      | 2445 Bloor St., W., Toronto (West), M6S 1P7   | <ul style="list-style-type: none"> <li>• English, Ukrainian</li> </ul>  | 1,230   | Information and referral, translation, support groups, social programs, recreation program, friendly visiting  | <ul style="list-style-type: none"> <li>• \$100/year</li> </ul>  |
| Villa Colombo                           | 40 Playfair, Ave., North York, M6B 2P9        | <ul style="list-style-type: none"> <li>• English and Italian</li> </ul>   | <ul style="list-style-type: none"> <li>• 50-100 participants per day</li> </ul> | Transportation, congregate dining, meals, counselling  | <ul style="list-style-type: none"> <li>• \$100/year</li> </ul>  |

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| Name  | Address                                       | Eligibility Criteria  | Utilization   | Programs   | Fees   |
|---|---|---|---|--|--|
| Warden Woods                                    | 679 Warden Ave.,<br>Scarborough M1L 3Z5       | <ul style="list-style-type: none"> <li>• 55 +</li> <li>• mean age of 70</li> </ul>  | <ul style="list-style-type: none"> <li>• 250</li> </ul>   | Meals, transportation, friendly visits, health clinics, recreation,                            | <ul style="list-style-type: none"> <li>• \$15 membership plus \$5 for meals</li> </ul>   |
| West Scarborough Neighbourhood Community Centre | 313 Pharmacy Ave.,<br>Scarborough, M1L 3E7    | <ul style="list-style-type: none"> <li>• English and Italian 55+</li> <li>• mean age is 80 +</li> </ul>                                 | <ul style="list-style-type: none"> <li>• 600</li> </ul>   | Social and Recreational, Drop in   | <ul style="list-style-type: none"> <li>• \$15 for membership that excludes instructional programming and trips</li> <li>• \$40 for membership that includes instructional programming</li> </ul> |
| Wexford (The)                                   | 1860 Lawrence Ave. E.,<br>Scarborough M1R 5B1 | <ul style="list-style-type: none"> <li>• 55+ years of age</li> <li>• average 75</li> </ul>  | 373   | Meals, education, social and recreation programs   | <ul style="list-style-type: none"> <li>• \$15 membership plus fees for instructional programs and dining</li> </ul>  |
| Woodgreen Community Centre                      | 835 Queen St. E,<br>Toronto, M4M 1K5          | <ul style="list-style-type: none"> <li>• 55+ years of age</li> <li>• average age 70</li> <li>• English and Chinese programs</li> </ul>  | <ul style="list-style-type: none"> <li>• Mandarin-750</li> <li>• Cantonese-2000</li> <li>• English-150</li> <li>• Total-2900</li> </ul> | Social and recreation programs, foot care, clinics, information and referral, lunch and dinner | <ul style="list-style-type: none"> <li>• \$12 membership plus program fees for instructional classes</li> </ul>  |
| Woodgreen Towers                                | 444 Logan Ave.,<br>Toronto, M4M 2P1           | <ul style="list-style-type: none"> <li>• Chinese and English Community</li> <li>• 60+ years of age</li> <li>• Mean age of 75</li> </ul> | <ul style="list-style-type: none"> <li>• 180</li> </ul>   | Programs are only offered to residents, include dining, social events, and fitness lessons     | <ul style="list-style-type: none"> <li>• 0</li> </ul>  |
| York West Seniors                               | 1901A Weston Rd.,<br>Toronto, M9N 3P5         | <ul style="list-style-type: none"> <li>• 55+ years of age</li> <li>• mean is divided into two main groups, 65-70 and 75-95</li> </ul>   | <ul style="list-style-type: none"> <li>• 640</li> </ul>   | Social, recreational, educational programming, dining, trips, clinics                          | <ul style="list-style-type: none"> <li>• \$15 membership plus fees for paid instructional programs</li> </ul>  |



**APPENDIX B**

**Survey Questionnaire**

- 1) What is your target population? (ethnocultural, low income, etc.)
  
- 2) Utilization-how many people attend the programs?
  
- 3) What type of programs do you offer?
  
- 4) What are the fees?
  
- 5) Where does funding come from? (i.e. % MOHLTC, % fundraising, % other sources)
  
- 6) What is the eligibility criteria?
  
- 7) How do people access your services?
  
- 8) Any other information that you feel is relevant to planning?

## APPENDIX C

### List of Organizations Invited to the Consultation

|   |   |
|---|---|
| Baycrest Centre for Geriatric Care                  | Taylor Place (Don Mills Foundation for Senior Citizens) |
| Bernard Betel Centre For Creative Living            | Toronto Fiinnish Canadian Seniors Centre                |
| Birkdale Community Centre                           | Villa Columbo Homes for the Aged                        |
| Bob Rumball Centre for the Deaf                     | Warden Woods Community Centre                           |
| Call-A-Service Inc./Harmony Hall Centre for Seniors | West Scarborough Neighbourhood Community Centre         |
| Carewatch Toronto                                   | Wexford (The)   |
| Circle of Care                                      | Woodgreen Community Centre of Toronto                   |
| Community Care East York                            | Woodgreen Towers Services Inc.                          |
| COSTI - North York Centre (Elderly Persons Centre)  | York West Senior Citizens Centre                        |
| Davenport Perth Neighbourhood Centre                |   |
| Dixon Hall  | <b>Other</b>  |
| Downsview Services to Seniors                       | MOHLTC  |
| East Toronto Seniors Centre                         | Mississauga Parks & Recreation                          |
| Family Service Association                          |   |
| First Portuguese Seniors Centre                     |   |
| George Syme Seniors Centre of York                  |   |
| Good Neighbours Club                                |   |
| Islington Seniors Centre                            |   |
| Joseph E & M Wagman Centre                          |   |
| Latvian Senior Citizens Association                 |   |
| Le Centre des Pionniers                             |   |
| Loyola Arrupe Centre for Seniors                    |   |
| Mid-Toronto Community Services                      |   |
| Momiji Health Care Society                          |   |
| North York Seniors Centre                           |   |
| Older Adult Centres Association of Ont.             |   |
| Parkdale Golden Age Foundation                      |   |
| Pine Tree Senior Centre                             |   |
| Second Mile Club of Toronto                         |   |
| Senior Adult Services in the Annex Toronto          |   |
| Senior Link   |   |
| Sistering   |   |
| Slovenian Linden Foundation Dom Lipa Nursing Home   |   |
| St. Christopher House                               |   |
| St. Clair O'Connor Community Inc.                   |   |
| St. Paul's L'Amoreaux Centre                        |   |
| St. Stephen's Community House                       |   |
| Stpehen Leacock Community Centre                    |   |
| Sunshine Centre for Seniors                         |   |

## APPENDIX D

### Literature Review

The benefits of Elderly Persons Centres can be understood by examining the benefits of both physical and social programs provided to seniors. This literature will highlight these benefits as well as provide evidence that this is a cost effective method for which to achieve such results.

As we age, our cognitive abilities decrease. However, researchers have shown that they could predict cognitive ability based on measures of physical activity.<sup>39</sup>

Not only are exercise and fitness related to cognitive functioning but they can help the elderly to remain in the community for longer periods of time due to a decreased need for medical services. This is because physical activity can improve body composition, reduce falls, increase strength, reduce depression, reduce arthritis pain, reduce risks for diabetes and coronary artery disease, and improve longevity.<sup>40</sup>

Hollander reported that a study conducted by Rizzo et. al. on the cost-effectiveness of a multi-factorial, targeted prevention program for falls among community living elderly persons found a \$2000 (USD) savings due to lower overall health costs and fewer falls for people who had received the treatment.<sup>41</sup> Since EPCs have educational programming on fall prevention as well as other preventative measures, they can be seen as being cost efficient.

The National Advisory Council on Aging (NACA) recommended in 1990 that support services including health promotion/prevention and respite should be available in every community so seniors have an opportunity to choose the service that would help them best maintain or maximize their health and well-being.<sup>42</sup> Elderly Persons Centres should be one of those choices.

In 1999 the NACA went on to indicate some of the challenges facing seniors in Canadian society. As highlighted by the consultations with service providers, EPCs address many of these issues. For example, EPCs that target a specific ethno-cultural group are able to overcome the challenge indicated by the NACA of ensuring immigrant seniors' access to second language education and acculturation.<sup>43</sup>

Furthermore, EPCs' devotion to health and wellness are consistent with Hollander's definition of tertiary prevention, "focuses on minimizing disability and handicap from established

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<sup>39</sup> Albert, M., Jones, K., Savage, C., Berkman, L., Seeman, T., Blazer, D., Rowe, J. (1995), "Predictors of Cognitive Change in Older Persons: MacArthur Studies of Successful Aging", *Psychology and Aging*, 10(4).

<sup>40</sup> Christmas, C., Andersen, R. (2000), "Exercise and Older Patients: Guidelines for the Clinician", *Journal of the American Geriatrics Society*, 48(3).

<sup>41</sup> Hollander, M., Tessaro, A. (2001), "Evaluation of the Maintenance and Preventative Model of Home Care", Hollander Analytical Services.

<sup>42</sup> The National Advisory Council on Aging (1990), "The NACA Position: On Community Services in Health Care for Seniors"

<sup>43</sup> National Advisory Council on Aging (1999), "1999 and Beyond: Challenges of an Aging Canadian Society", Government of Canada.

diseases...allowing people to function at their optimal capacity and reducing the rate of deterioration in health and functional status".<sup>44</sup>

It is also important to note that Elderly Persons Centres fit the profile developed by Hollander of a psychosocial model. Hollander indicates that our system needs to clearly recognize the importance of non-medical services to the well-being of individuals. Furthermore he states that a true commitment to this model needs to be reflected in funding and remuneration for people providing supportive care.<sup>45</sup>

As is evident from this literature, EPCs play a valuable, cost efficient role in our health care system. EPCs provide the elderly with the necessary activity they need to strengthen their cognitive and physical abilities. Furthermore, active seniors are less likely to access health services unnecessarily.

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<sup>44</sup> Hollander, M., Tessaro, A. (2001), "Evaluation of the Maintenance and Preventative Model of Home Care", Hollander Analytical Services.

<sup>45</sup> Hollander, M., Prince, M. (2002), "Analysis of Interfaces Along the Continuum of Care; Final Report: "the Third Way": A Framework for Organizing Health Related Services for Individuals with Ongoing Care Needs and Their Families", Hollander Analytical Services Ltd.

**APPENDIX E**

**City of Toronto-Funded Elderly Persons Centres and Seniors Recreation Agencies, 2002**

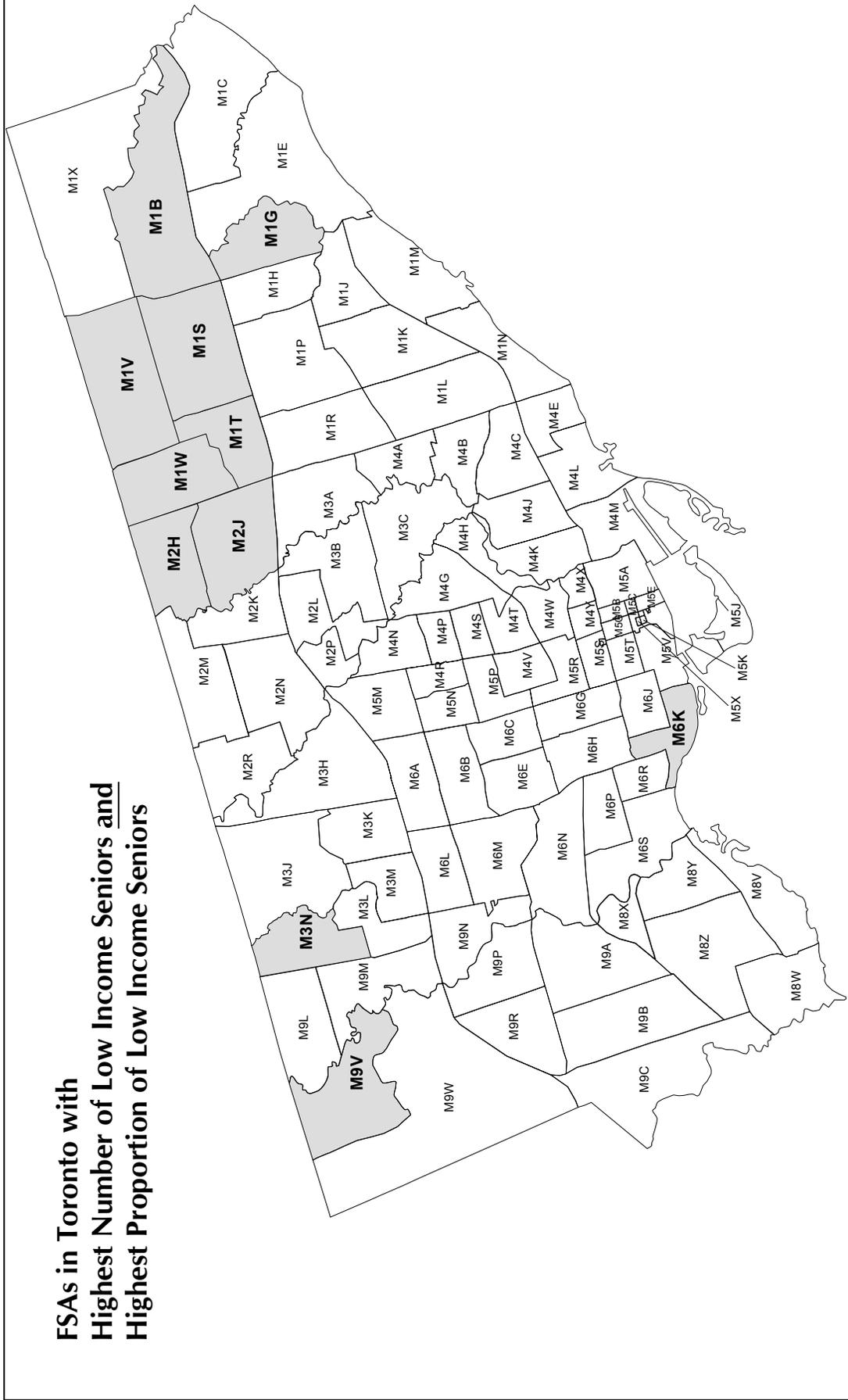
| <b>AGENCY</b>   | <b>Program Type</b>                                |
|---|--|
| 519 Church Street Community Centre  | Seniors  |
| Afghan Women's Counselling & Integration & Community Support Organization | Afghan senior women's group                        |
| Bathurst Jewish Community Centre  | Seniors, 55+ Adult Services                        |
| Baycrest Centre for Geriatric Care  | Elderly persons' centre                            |
| Bernard Betel Centre for Creative Living                                  | Elderly persons' centre                            |
| Bernard Betel Centre for Creative Living                                  | Russian elderly persons' centre                    |
| Bikur Cholim: Jewish Volunteer Services of Toronto                        | Support program for seniors                        |
| Birchmount Bluffs Neighbourhood Centre                                    | Seniors social support                             |
| Carefirst Seniors and Community Services Association                      | Social recreation                                  |
| Chinese Senior Health and Recreation Association of Ontario               | Social recreation                                  |
| Circle of Care  | Elderly person's centre                            |
| Community Care East York  | Elderly persons' centre                            |
| Community Care East York  | Social-recreational                                |
| Community Social Planning Council of Toronto                              | Social reporting – accessible public recreation    |
| COSTI-IIAS Immigrant Services   | Elderly person's centre and seniors services       |
| Davenport - Perth Neighbourhood Centre                                    | Senior's day program                               |
| Dixon Hall  | Seniors services                                   |
| Downsview Services to Seniors Inc.  | Elderly person's centre                            |
| E.P. Taylor Place (Don Mills Foundation for Senior Citizens Inc).         | Elderly persons centre                             |
| East Toronto Seniors Centre   | Elderly persons' centre                            |
| Eastview Neighbourhood Community Centre                                   | Seniors community support                          |
| Elderly Vietnamese Association  | Social recreation/education / support-seniors      |
| Finnish Social Counseling Service of Toronto Inc.                         | Information, Referrals and Seniors Support Service |
| George S. Syme Seniors Centre of York                                     | Elderly persons' centre                            |
| Good Neighbours' Club   | Elderly persons centre                             |
| Harmony Hall Centre For Seniors (Call a Service)                          | Elderly person's centre                            |
| Hellenic Home for the Aged Inc.   | Elderly persons' centre                            |
| Hungarian - Canadian Community Services                                   | Information and referral services/senior support   |
| Islington Centre-Etobicoke Senior Citizens                                | Elderly persons' centre                            |
| Jamaican Canadian Association   | JCA Senior's Club                                  |
| Korean Senior Citizens' Society of Toronto                                | Social and recreation supports for Korean seniors  |
| Latvian Senior Citizens' Association in Metro Toronto                     | Elderly person's centre                            |
| Les Centres d'Accueil Heritage, Centres Des Pionniers                     | Elderly persons' centre                            |
| Loyola Arrupe Corporation (EPC)   | Elderly persons' centre                            |
| Momiji Health Care Society  | Elderly person's centre                            |

| <b>AGENCY</b>  | <b>Program Type</b>  |
|--|--|
| National Council of Jewish Women of Canada – Toronto Section | Enrichment program for seniors                                       |
| Native Canadian Centre of Toronto                            | Senior, supportive housing and home support to seniors               |
| New Horizon Day Centre                                       | Seniors' drop-in   |
| North York Seniors Centre                                    | Elderly person's centre  |
| Northwood Neighbourhood Services                             | Multi-cultural seniors   |
| Parkdale Golden Age Foundation                               | Elderly persons' centre  |
| Pine Tree Senior Centre of Scarborough Inc.                  | Elderly persons' centre  |
| Rexdale Community Health Centre                              | Ethno-cultural Seniors Program                                       |
| Second Mile Club of Toronto                                  | Community supports – seniors   |
| Second Mile Club of Toronto                                  | Social/recreation-seniors  |
| Senior Adult Services in the Annex, Toronto                  | Elderly persons centre   |
| Senior Adult Services in the Annex, Toronto                  | Social recreation for Spanish speaking seniors                       |
| Senior Link  | Elderly person's centre  |
| Senior Tamils Centre   | Seniors' support   |
| Somali Canadian Association of Etobicoke                     | Somali senior's program  |
| St. Christopher House  | Seniors - client and family support                                  |
| St. Christopher House  | Seniors - elder abuse  |
| St. Christopher House  | Seniors – elderly persons centre                                     |
| St. Christopher House  | Seniors –meals on wheels   |
| St. Clair O'Connor Community Inc.                            | Elderly persons' centre  |
| St. Matthew's Bracondale House                               | Wellness in housing – elderly person's centre                        |
| St. Paul's L'Amoreaux Centre                                 | Elderly persons' centre  |
| St. Stephen's Community House                                | Seniors  |
| Student Assistance in North Toronto for Seniors              | Home help –seniors/ disabled adults                                  |
| Sunshine Centres For Seniors                                 | Social recreation for seniors  |
| The Wexford Residence Inc.                                   | Elderly persons' centre  |
| Toronto Chinese Community Services Association               | Community development - Cultural, Recreational and Social Activities |
| Toronto Finnish-Canadian Seniors Centre                      | Elderly persons' centre  |
| Ukrainian Canadian Social Services (Toronto) Inc.            | Elderly persons' centre  |
| Villa Colombo Homes for the Aged Inc.                        | Elderly person's centre  |
| Villa Colombo Homes for the Aged Inc.                        | Frail elderly centre   |
| Warden Woods Community Centre                                | Seniors services   |
| West Hill Community Services                                 | Community support for seniors and the disabled                       |
| West Scarborough Neighbourhood Community Centre              | Seniors services   |
| WoodGreen Community Centre of Toronto                        | Elderly persons' centres   |
| WoodGreen Community Centre of Toronto                        | Food access for vulnerable adults and seniors                        |
| WoodGreen Community Centre of Toronto                        | Riverdale seniors council  |
| WoodGreen Towers Services                                    | Elderly persons' centre  |
| York West Senior Citizens Centre                             | Elderly persons' centre  |
| York-Fairbank Centre for Seniors                             | Social recreation  |

**APPENDIX F**

**Distribution of Poverty Among Seniors in Toronto**

**FSA's in Toronto with  
Highest Number of Low Income Seniors and  
Highest Proportion of Low Income Seniors**



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