

AFFORDABLE SUPPORTIVE HOUSING FOR SENIORS: DEVELOPING A FRAMEWORK AND ACTION PLAN FOR OTTAWA

PARTNERS



United Way
Centraide
Ottawa



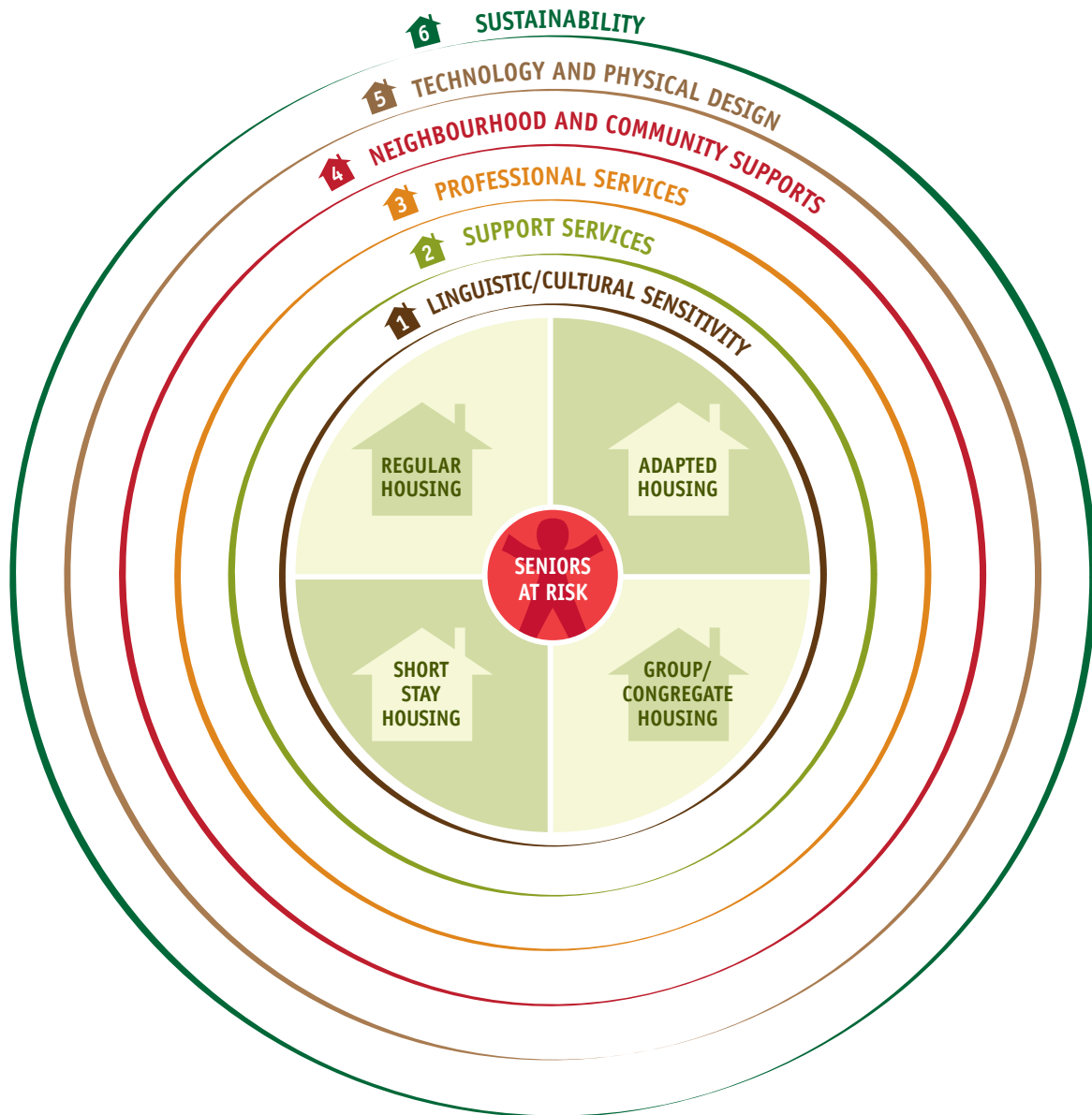
SUPPORTER



Regional Geriatric Program
of Eastern Ontario

Exhibit 1 below graphically illustrates the Affordable Supportive Housing Framework for Seniors. It begins with the premise that there are many ways in which supportive housing can be created.

EXHIBIT 1 AFFORDABLE SUPPORTIVE HOUSING FRAMEWORK FOR SENIORS



1 LINGUISTIC/CULTURAL SENSITIVITY

Bilingual staffing, communications and services | Cultural interpretation services | Customized programming

2 SUPPORT SERVICES

Assistance with activities of daily living, including housekeeping | Assessment and managed care | Assisted living | Hospitality service | Volunteer drivers

3 PROFESSIONAL SERVICES

Public health nurses | Clinical nurse specialists | Geriatric services | Allied health care workers | Sight and hearing specialists | Dentists | Doctors

4 NEIGHBOURHOOD AND COMMUNITY SUPPORTS

Family, neighbours and friends | Emergency support systems | Single # access/information line | Access to shops, recreation and other amenities | Public transportation and other transportation services | Senior-friendly policies and zoning

5 TECHNOLOGY AND PHYSICAL DESIGN

Safety and security | Enabling built design

6 SUSTAINABILITY

Resources | Policies | Strategic partnerships and alliances | Managing revenue streams | Accountability | Evaluation

TABLE OF CONTENTS

Executive Summary	5
Introduction	7
Approach	7
The Need for Affordable Supportive Housing for Seniors in Ottawa: Why Now?	7
Target Population	8
A Definition of Supportive Housing	9
The Number of Seniors in Ottawa who Need Supportive Housing	9
Future Projections	11
Why Supportive Housing is Beneficial: The Evidence	11
A Supportive Housing Program for Ottawa	12
Goal	12
Objectives	12
Guiding Principles and Prerequisites	12
Key Components of Supportive Housing	14
Seniors at Risk	14
Appropriate Housing	14
Linguistic and Cultural Inclusiveness	15
Support Services	15
Delivery Options and Service Arrangements	16
Professional Services	16
Neighbourhood and Community	16
Technology and Design	17
Sustainability	18
The Action Plan	19
Endnotes	21
References	23
Appendix A: May 15 Symposium Attendee List	24
Appendix B: Members of United Way/Centraide Ottawa’s Seniors’ Impact Council	25
Appendix C: Affordable Supportive Housing Framework Working Group Members	26

EXECUTIVE SUMMARY

This report outlines a framework and action plan for the provision of an affordable supportive housing program for seniors living on low or modest incomes in Ottawa. The development of the framework was guided by a working group of stakeholders convened by United Way/Centraide Ottawa and led by United Way/Centraide's Seniors' Impact Council. The Impact Council's goal was to develop strategies that would ultimately influence a significant investment of resources by the Champlain Local Health Integration Network (LHIN), the City of Ottawa and the Ministry of Health and Long-Term Care (MOHLTC).

Stated simply, in this framework, supportive housing refers to any kind of housing and support arrangement that covers the gaps between housing for completely independent seniors and those living in long-term care.

The framework describes the key components of an affordable and effective supportive housing program for seniors. These include appropriate housing, home support services, professional (health) services, the elements of a "senior-friendly" community, the importance of technology and design, and strategies that will help sustain the program, protect the rights and address the needs of francophone seniors, and recognize the increasing diversity and cultural richness of Ottawa's growing senior population. The framework also provides figures on the needs of low-income seniors in Ottawa to help guide the program's implementation.

To advance a supportive housing program for low- and modest-income seniors, the following five strategies are proposed:

STRATEGY 1

Promote supportive housing to stakeholders (seniors, caregivers, service providers, developers, politicians and funders):

- *Develop a vision for a supportive housing program* that incorporates key themes heard at the Affordable Supportive Housing Symposium on May 15, where local stakeholders with a common interest in seniors, housing and support services developed an action plan (supportive housing is affordable, accessible, inclusive, flexible, choice, integrated, promotes autonomy and is responsive).
- *Develop a communications plan* that recognizes the different target audiences (stakeholders) and strategies needed to raise awareness about supportive housing and promote the benefits of supportive housing and the proposed models.
- *Identify champions in the community with credibility and recognition* to help spread the message. An ideal champion will have comprehensive knowledge of the issues affecting seniors and be in a position to motivate and mobilize community, governments and businesses to action.

STRATEGY 2

Add 1,400–2,000 units of supportive housing to address the needs of seniors on low incomes (<\$20,000) over the next five years:

- *Build on existing components of supportive housing* in Ottawa, including current aging-in-place pilot projects.
- *Target neighbourhoods* with high concentrations of low-income seniors, such as Vanier and Centretown/Dalhousie.
- *Work with supportive housing providers* such as Cornerstone/LePilier and other members of the Alliance to End Homelessness to meet the needs of homeless seniors and those at risk of becoming homeless.

- *Explore new models of supportive housing*, such as Peel Senior Link’s coordinated and integrated 24/7 care model and Vancouver’s Coastal Health clustered care model of supportive housing.
- *Support the recommendations of Ottawa’s Alternative Level of Care (ALC) Strategic Committee* to help alleviate the pressures faced by the hospital and long-term care sectors.
- *Explore with the Champlain Dementia Care Network* the supportive housing model most needed in Ottawa to assist low- and modest-income seniors with dementia.

STRATEGY 3

Develop partnerships and alliances within and across sectors to implement supportive housing models:

- *Set up appropriate working groups*, including a francophone working group, to review, assess and develop one or more of the proposed models described in Strategy 2.
- *Set up a strategic implementation committee* that would cross sectors and be responsible for lobbying for funds to set up pilot projects, identifying ways to leverage existing resources, making final feasibility-related decisions, developing a business plan for funders and helping to implement the model(s).

STRATEGY 4

Identify and target at-risk seniors in Ottawa who are in need of supportive housing:

- *Develop a concise user-friendly screening tool* that front-line people, including physicians, police, landlords, home support workers and others in the community, could use to identify at-risk seniors.
- *Develop a communications and training mechanism* on how to effectively use this screening tool, process and protocols to connect seniors at risk with the appropriate help, as well as a “train the trainer” workbook — all part of a toolkit.
- *Use Geographical Information Systems technology to map existing services* for seniors and pinpoint where seniors on low incomes live across the city to identify high-risk neighbourhoods and gaps in services.

STRATEGY 5

Integrate supportive housing initiatives into the broader continuum of health and social care:

- *Develop system-wide quality performance indicators.*
- *Explore the standardized use of the Resident Assessment Instrument-Home Care assessment tool (RAI-HC)* by all service providers.
- *Invite key stakeholders* on the supportive housing working group to help establish respective roles and partnerships for providing supportive housing, monitoring the program and advocating to all three levels of government (especially housing, health and social services) for long-term funding.

Ultimately, the goal of the Affordable Supportive Housing Framework and Action Plan for Seniors is to provide a blueprint for the creation of a supportive housing program for seniors on low to modest incomes. This goal cannot be met by a singular sector. To ensure success, the organizations within the working group must work collaboratively. A strong commitment from United Way/Centraide Ottawa, the City of Ottawa, the Champlain Local Health Integration Network, as well as additional community representation and the participation of the private sector, will guarantee the success of this endeavour.

INTRODUCTION

In early 2007, United Way/Centraide Ottawa's Seniors' Impact Council convened a working group of stakeholders to develop an Affordable Supportive Housing Framework and Action Plan for Seniors to be considered by the City of Ottawa, Ministry of Health and Long-Term Care (MOHLTC), not-for-profit housing providers and private developers. The intent was to develop strategies that would ultimately influence a significant investment of resources by the Champlain Local Health Integration Network (LHIN), City of Ottawa and MOHLTC.

APPROACH

To develop the framework, the project team adopted the following approach:

- Knowledge transfer – Hired experienced consultants to help develop the framework and action plan.
- Literature review – Reviewed literature to identify best practices and cost-effective models of supportive housing.
- Further analysis – Consulted secondary data sources (e.g., *2004 Successful Aging Ottawa Seniors Survey*, *2004 Ottawa Fact Book on Aging*) to help identify seniors most in need.
- Key informant interviews – Consulted with experts in supportive housing across Canada as well as local stakeholders to identify barriers and opportunities.
- Best practices – Held a symposium to showcase best practices across Canada, gather input, build consensus among local stakeholders and explore next steps.
- Community needs – Held meetings and ongoing discussions with members of the working group to ensure that the framework and action plan meet community expectations.

THE NEED FOR AFFORDABLE SUPPORTIVE HOUSING FOR SENIORS: WHY NOW?

Ottawa is home to more than 90,000 seniors, representing about 12% of the total population. Second only to Calgary, Ottawa has the fastest-growing senior population in Canada, and it is projected to increase even more rapidly over the next few decades. By 2031, the number of seniors living in Ottawa will triple. Such rapid growth requires an investment in services for seniors by governments. It is important that the City of Ottawa be prepared with a realistic plan that considers both immediate and future needs.

A critical need for affordable supportive housing for seniors on low or modest incomes in Ottawa has been identified in a number of recent studies:

- In August 2006, Ottawa's Alternative Level of Care (ALC) Strategic Committee released hospital bed occupancy figures¹ that showed the ALC occupancy rate in acute care beds in Ottawa hospitals is 19% and on the rise (well above other communities in Ontario). In 2004/05, Ottawa hospitals reported 46,553 ALC days, which cost the system almost \$25 million.² Today, more than 200 patients are waiting in ALC, and this figure is expected to continue to rise dramatically. Most of these patients are seniors on low incomes who are waiting for a long-term care bed.
- Currently in Ottawa, 127 seniors are waiting to be placed in long-term care for every 100 beds that are available. This situation is exacerbated by the fact that about 20–25% of seniors currently placed in long-term care could be more suitably placed in affordable, supportive, community-based housing. The basic cost for a long-term care bed is \$132.32*/day, which compares to \$550/day for a hospital bed and \$33/day for supportive community-based care. (Note: This increased by \$1.43 as of Sept. 1, 2007.)

- Current planning through the Champlain LHIN predicts the need for more than 1,100 supportive housing units to be developed over the next five years.
- A recent City of Ottawa report (*Seniors Agenda: 2005 Stakeholder Consultation Report*) identified affordable housing, including assisting seniors to age in place, as a top priority.
- In the *2004 Successful Aging Ottawa (SAO) Seniors Survey*, only 26% of respondents agreed that there were enough affordable housing options for seniors and 56% were concerned that there were not enough home support services for seniors staying in their own home. The survey also found that most Ottawa seniors (80%) intended to stay in their homes and had never seriously considered moving.
- A recent Canada Mortgage and Housing Corporation (CMHC) study³ on the profile of rooming house residents in Ottawa, Montreal and Vancouver found that “aging in place” with few supports and choices in terms of services and design aids was the norm for older tenants.⁴
- Cornerstone/LePilier recently identified the need for supportive housing for older homeless women with complex needs⁵ (>100 women age 55+ stayed overnight in shelters according to the city’s most recent (2005) shelter count report).
- There are currently fewer than 1,000 seniors on the waiting list for affordable housing in Ottawa.⁶

TARGET POPULATION

The target population for the City of Ottawa’s affordable supportive housing for seniors framework is seniors on low (<\$20,000) or modest (<\$30,000) incomes. According to the *2004 Fact Book on Aging*, 41% of seniors reported a personal income of less than \$20,000 and 58% indicated incomes of less than \$30,000 in 2000.⁷ Women report lower personal income levels than men, as do francophone seniors and those from other ethno-cultural populations.

Census household incomes for senior-led households offer a similar picture. The last available census reported that 17,325 Ottawa seniors (about one-third of all senior-led households) lived in senior-led households with a household income of less than \$30,000 and 9,490 seniors (18% of all senior-led households) lived in senior-led households with a household income of less than \$20,000.⁸

Seniors on low or modest incomes are most at risk of losing their independence and being inappropriately admitted to long-term care. This is because income is related to many other factors that can result in the same outcome. *According to the 2004 SAO Seniors Survey,⁹ when compared to Ottawa seniors in general, seniors living in low- to modest-income households (the percentage of seniors with a household income under \$30,000 versus the percentage of seniors in general) are more likely to report:*

- feeling in fair or poor health (30% versus 17%);
- being a patient overnight in a hospital, long-term care home or convalescent facility in the past 12 months (17% [22% for seniors with incomes under \$20,000] versus 12%);
- needing help with activities of daily living (32% versus 23%); and
- not being able to get out as often as they would like (15% versus 9%).

According to the SAO survey, seniors on low or modest incomes were also less likely to report having their health or medical conditions diagnosed by a health professional than seniors in general (59% versus 66%). In terms of their profile, *seniors in this income group were more likely to be women (74% versus 58%) who are living*

alone (57% versus 35%) in a home they rent (30% versus 12%). As reported in the 2004 Fact Book, they are also more likely to speak French (19% versus 13%) or another language other than English (17% versus 10%) in the home.

A DEFINITION OF SUPPORTIVE HOUSING

The definition of supportive housing used in the framework is a broad one. It includes both traditional aging-in-place models and purpose-built or designed forms of supportive housing that also promote aging in place. As such, the definition incorporates both CMHC's definition of purpose-built supportive housing¹⁰ and the definition put forward by the Ontario Ministry of Health and Long-Term Care, which links affordable housing and services:¹¹ *Stated simply, supportive housing in this framework refers to any kind of housing and support arrangement that covers the gaps between housing for completely independent seniors and those living in long-term care.*

The affordable supportive housing for seniors framework begins with the premise that there are many ways in which supportive housing can be created (see Exhibit 1).

What is paramount is the appropriate combination of supportive elements. These include suitably designed housing, accessible home support services, timely professional (health) services (including short-term respite and convalescent care), and senior-friendly safe neighbourhoods and amenities created from thoughtful and inclusive city planning policies. Underpinning this definition is the development of a supportive housing program that offers choice and is affordable,¹² sustainable, responsive, recognizes both official languages, and is culturally sensitive to Ottawa's diverse and multi-cultural senior population (including Aboriginal seniors, recent immigrants, and gay, lesbian, bisexual and transgendered seniors).

Supportive housing for seniors can take many forms. It can be created in existing private homes through a combination of supportive services and design, or in income-assisted social housing or market rent apartments with high concentrations of seniors, such as the aging-in-place model. Purpose-built examples of supportive housing for seniors include small group homes such as the Abbeyfield model (Abbeyfield Parkdale in Ottawa) and medium (up to 60 units) or larger congregate settings that can stand alone or be part of a "campus model" (Unitarian House in Ottawa). Assisted living facilities are included at the higher support level under the congregate housing model. In Ottawa, assisted living is available in some retirement homes; however, this option is currently not affordable for seniors on low or modest incomes.

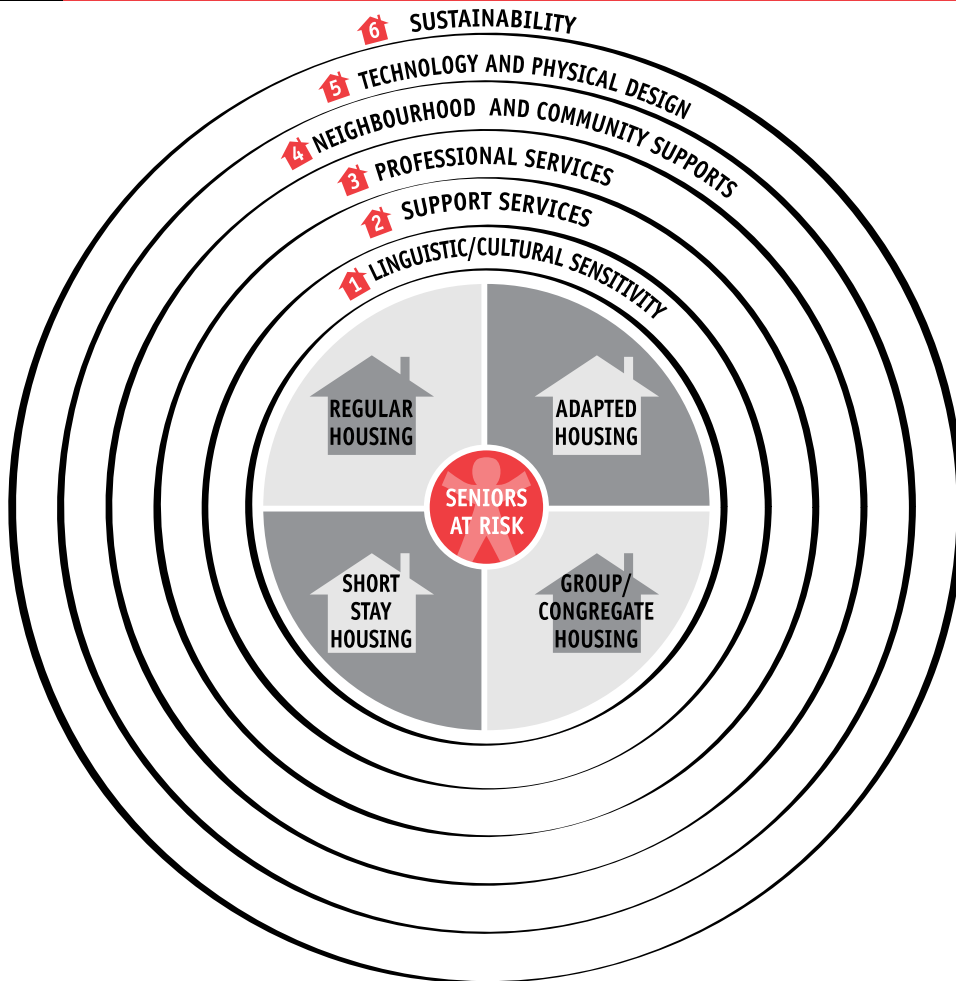
Supportive housing can also be provided in mixed-age communities (mixed-age market apartments, social housing or rooming houses) by introducing initiatives and programs that encourage neighbours and landlords to provide support. In some cases, *intergenerational links* can be created by virtue of location. For example, a seniors building located close to a high school provides the opportunity for exchange of support (seniors volunteering in schools and vice-versa).

THE NUMBER OF SENIORS IN OTTAWA WHO NEED SUPPORTIVE HOUSING

According to the 2004 SAO Seniors Survey, 23% of seniors in Ottawa need help with activities of daily living (preparing meals, shopping for groceries, everyday housework, heavy chores, personal care and moving about). While most seniors report getting the help they need, 6% of those who need help with one or more activities of daily living say they are not receiving any help. This percentage increases to 15% for seniors living in households with an income of less than \$20,000.¹³ *Using this percentage and projecting it to the population at large, it is estimated that about 1,400 low-income seniors in Ottawa have unmet needs and could benefit from supportive housing* (15% of 9,490 seniors living in senior-led low-income households <\$20,000). Most of these seniors live in houses they rent (6,235 seniors living in households with <\$20,000 rent their home [66% of all low-income senior-led households]).

Exhibit 1 below graphically illustrates the Affordable Supportive Housing Framework for Seniors. It begins with the premise that there are many ways in which supportive housing can be created.

EXHIBIT 1 AFFORDABLE SUPPORTIVE HOUSING FRAMEWORK FOR SENIORS



1 LINGUISTIC/CULTURAL SENSITIVITY

Bilingual staffing, communications and services | Cultural interpretation services | Customized programming

2 SUPPORT SERVICES

Assistance with activities of daily living, including housekeeping | Assessment and managed care | Assisted living | Hospitality service | Volunteer drivers

3 PROFESSIONAL SERVICES

Public health nurses | Clinical nurse specialists | Geriatric services | Allied health care workers | Sight and hearing specialists | Dentists | Doctors

4 NEIGHBOURHOOD AND COMMUNITY SUPPORTS

Family, neighbours and friends | Emergency support systems | Single # access/information line | Access to shops, recreation and other amenities | Public transportation and other transportation services | Senior-friendly policies and zoning

5 TECHNOLOGY AND PHYSICAL DESIGN

Safety and security | Enabling built design

6 SUSTAINABILITY

Resources | Policies | Strategic partnerships and alliances | Managing revenue streams | Accountability | Evaluation

According to further analysis of the *2004 SAO Seniors Survey*, seniors most likely to report not having the help they need are women over the age of 75 who have little social support and speak a language other than English. Although only borderline significant,¹⁴ seniors living in a rural ward were also more likely to report not receiving any help.

The 1,400 figure does not include homeless seniors, seniors at risk of becoming homeless and seniors living in rooming houses. This could add another 600 to 700 persons to the mix.¹⁵

FUTURE PROJECTIONS

The number of seniors 65+ in Ottawa (89,000 in 2001) is expected to grow to 270,000 by 2031, according to the *2004 Fact Book on Aging*. This represents an increase of 203%¹⁶ over 30 years — or approximately 7% each year. By 2010, the number of seniors will have increased by 70%, to over 150,000. These same projections can be applied to the numbers above.

WHY SUPPORTIVE HOUSING IS BENEFICIAL: THE EVIDENCE

Forms of supportive housing, including aging-in-place models, have long been proposed by experts in gerontology and health systems as viable options for seniors who need help with everyday activities and are at risk of losing their independence and their housing preference if they don't receive this help. *As well as improving the overall quality of life of seniors, there is evidence that even the most basic support service such as housekeeping can save the health care system money.* The keynote speaker¹⁷ and other speakers at the Affordable Supportive Housing Symposium (www.teamgrant.ca) made the case for a more balanced approach to health care that includes supportive housing as an important component of the overall health system.

Key arguments in favour of supportive housing:

- *Targeted, managed home and community care within an integrated continuum consistently meet individual and system goals* — maintains the health, well-being and autonomy of individuals and their caregivers and helps to solve key health system problems by decreasing the incidences of inappropriate use of emergency care, acute care and long-term care.
- *Targeted aging-in-place models of coordinated and managed on-site support for high-risk seniors living in income-assisted seniors housing are cost-effective* — allows for efficiencies in service delivery and links seniors to appropriate services when needed.
- *Lessons learned from evaluations of supportive housing for persons at risk of becoming homeless* — appropriate forms of supportive housing are more cost-effective than the cost of no support, and overall costs are significantly higher for institutional responses versus community, residential-based options.

A SUPPORTIVE HOUSING PROGRAM FOR OTTAWA

This section describes the proposed components of a supportive housing program for low- to modest-income seniors in Ottawa based on the framework depicted in Exhibit 1. The components and elements described throughout this section, as well as the implementation strategies that follow, focus on Ottawa. They could, however, be applied throughout the Champlain region.

GOAL

The Affordable Supportive Housing Framework for Seniors will provide a blueprint for the creation of a supportive housing program for seniors living on low to modest incomes in Ottawa, one that recognizes both official language groups and respects Ottawa's diverse cultures.

OBJECTIVES

The Affordable Supportive Housing Framework for Seniors has five objectives:

1. Identify a range of different combinations of affordable housing and service supports required by seniors in Ottawa to enable them to live as independently and as fully as possible as health and vitality decrease.
2. Draw upon evidence-based and best practices research in the development of a supportive housing program.
3. Identify critical gaps in the current mix of housing and service supports that are essential to maintaining the independence and well-being of at-risk seniors in the community.
4. Identify priorities and next steps in the short and long term that will address these identified gaps.
5. Inform the Champlain Local Health Integration Network in its allocation decisions related to affordable supportive housing for seniors.

GUIDING PRINCIPLES AND PREREQUISITES

The following suggested guiding principles and prerequisites have been drawn from two sources: best practices described in the literature¹⁸ and a consensus of themes recorded during the small group discussions at the May 15 Supportive Housing for Seniors Symposium, "Making It Happen."

"Best Practices" Philosophy and Policies

Ottawa's Affordable Supportive Housing Framework for Seniors will:

- target seniors most at-risk
- foster autonomy and support independent living
- be client-centred
- be inclusive
- include assessment and coordination of care and service
- give clients access to 24-hour support
- provide 24-hour emergency response
- be integrated into the broader continuum of health and social services
- be accountable
- be sustainable

“Best Practices” Service Delivery

Ottawa’s Affordable Supportive Housing Framework for Seniors will:

- be flexible and personalized in its delivery
- offer a variety of affordable housing and support service models
- employ ‘case management’ functions of case finding, care/service coordination, referrals and community development
- address multiple client needs (e.g., Alzheimer’s, addictions, mental health, cultural)
- offer flexible, consistent staffing
- be sensitive to linguistic, multicultural and other client diversities and needs in recruiting, hiring and training programs, and education
- employ accessible communication tools for front-line staff (pager, cell phone)

“Best Practice” Administration and Management

Ottawa’s Affordable Supportive Housing Framework for Seniors will:

- show leadership through a common vision, commitment, an understanding of at-risk seniors’ needs and informed decisions
- provide specialized environments for special needs (e.g., Alzheimer’s)
- create efficiencies through critical mass
- use the latest client information management software
- hire only people-focused staff
- involve seniors in decisions that affect them
- understand and communicate with family members/caregivers
- establish realistic expectations about access and costs of support services
- support staff in their work
- establish policies on the rights and responsibilities of residents
- evaluate the effectiveness of services, including client satisfaction

“Best Practices” Linkages and Relationships

Ottawa’s Affordable Supportive Housing Framework for Seniors will:

- collaborate with all housing providers for assessment, admission, ongoing reviews and other issues
- enhance access and linkages to a larger range of services, including health and long-term care
- link with hospitals and other formal health care service providers (e.g., physicians, clinics, outreach), other community service groups, volunteers, local business, cultural organizations and networks
- develop alliances with other health care agencies providing related services in the same building

KEY COMPONENTS OF SUPPORTIVE HOUSING

The circle diagram shown in Exhibit 1 illustrates a non-linear and dynamic approach to a comprehensive supportive housing program for low- and modest-income seniors. Each circle represents an important component of the program and each component contains elements that are designed to enhance the quality and effectiveness of the overall program. This section briefly describes the major components and their key elements.

SENIORS AT RISK

In this proposed framework for Ottawa's low- and modest-income seniors,¹⁹ at-risk seniors are positioned in the *centre* of the circle diagram. The different elements of an optimal supportive housing environment wrap around the senior and are determined by their individual requirements and circumstances and by the resources available to them. The presence of case managers, needs assessment and coordination would facilitate the mobilization of the appropriate mix of resources and housing for the at-risk senior, wherever he/she is residing (in the home, in congregate housing or in a hospital environment).

This circular framework also recognizes that the intensity of need for supports does not always progress in a linear fashion toward increasingly more intensive types of supportive housing. For example, some at-risk seniors with relatively intensive support requirements may be able to live comfortably and safely in their own homes while other seniors with the same service support requirements but living under different circumstances may be more appropriately supported in a 24/7 on-site congregate supportive housing model. Placing the senior at risk in the centre of this circular diagram recognizes that at-risk seniors often take different pathways depending on their needs and circumstances at any given time. Flexibility and choice underpin the overall framework — which will, in turn, lead to responsive and cost-effective approaches for at-risk seniors.

APPROPRIATE HOUSING

Central to the well-being of all seniors is appropriate housing. For seniors on low or modest incomes, this is often a challenge in later life. CMHC figures show that 19% (>10,000) of Ottawa seniors live in households that are either not affordable (too expensive for their income), not suitable (too large or too small) or not acceptable (too run-down).²⁰

Many older people continue to reside in the home in which they raised their families. As they age, their activities, household composition and resources change. Owners of older properties face increasing maintenance or the need to make modifications to their homes while their own health and ability to cope with these issues are deteriorating. Older renters must deal with public and private landlords who are less willing to make adaptations to meet their specific needs. Increased rent can also become a problem. Inappropriate housing alone can sometimes be the reason why an older person on low income goes straight into a long-term care home. There are simply not enough affordable options in between this wide spectrum.

A supportive housing program addresses the issue of inappropriate housing by linking seniors to affordable home help services in the community, government programs such as Residential Rehabilitation Assistance Program (RRAP) and the Home Adaptations for Seniors Independence Program (HASI), and information about alternative financing arrangements, such as reverse mortgages.

Exhibit 1 shows that supportive housing can be provided in regular housing (as described earlier), seniors-only housing (aging-in-place model) or affordable, purpose-built, supportive housing.

LINGUISTIC AND CULTURAL INCLUSIVENESS

Given that Ottawa is a bilingual city, access to services in both official languages is a basic right. For seniors on low or modest incomes, this right becomes even more significant. Seniors who speak French are more likely to report living in a low-income household and, as shown in the analysis detailed earlier, are more likely to need supportive housing.

In addition to addressing the unmet needs of francophone seniors, the supportive housing program must be sensitive to the needs of seniors from many different backgrounds, including Aboriginal seniors, newcomers, and seniors from the gay, lesbian, bisexual and transgendered community.

Elements that will foster inclusiveness include:

- programs and services offered in both official languages;
- access to cultural interpretation and translation services where needed;
- cultural sensitivity workshops offered to staff; and
- working together with existing community alliances and collaborative groups to design appropriate programs (e.g., Fédération des aînés et des retraités francophones de l'Ontario, Ottawa-Carleton Immigration Services Organization, Native Friendship Centres, Odawa, Pink Triangle Association, Wabano Aboriginal Community Health Centre).

SUPPORT SERVICES

Ottawa offers a range of community support services to seniors through such agencies as the Champlain Community Care Access Centre, Ottawa Community Support Coalition, Community Resource Centres and Community Health Centres. The types of supportive services that have been shown to most benefit seniors and foster independence include:

- help with activities of daily living, such as shopping, housekeeping, banking, telephoning and meals;
- transportation (volunteer drivers, specialized transportation);
- escort to appointments;
- assessment and managed care;
- help with personal care, such as dressing, bathing and toileting (assisted living);
- help with medications (assisted living); and
- palliative care (assisted living).

A number of studies (Lum et al., 2005; Hollander, 2006) point to the importance of integrating services with client needs. The provision of lower cost services, such as housekeeping, can also have a significant impact on the cost-effectiveness of a health care system.

DELIVERY OPTIONS AND SERVICE ARRANGEMENTS

Currently, services are arranged and delivered in several ways:

- Residents can receive services in their home directly from community agencies on a pay-as-you-go basis.
- In purpose-built supportive housing, services are typically offered as part of the resident's monthly accommodation fee.
- Residents in some purpose-built, supportive housing can also use services on a pay-as-you-go basis, at a monthly or yearly fee.

Panel members at the Supportive Housing Symposium on May 15 introduced some interesting delivery approaches. In the clustered model approach, which exists in Vancouver, the delivery of services is clustered either in a building or neighbourhood, to provide greater continuity of care and to achieve greater efficiencies. Peel Senior Link offers 24/7 on-site support to seniors in social housing through an integrated service model that targets residents most at-risk (<http://www.peelseniorlink.com/>).

Whatever the arrangement of service delivery, the most critical gap for aging in place at home for low- to modest-income seniors is a publicly funded program that provides housekeeping and homemaking services on a long-term basis — similar to the Integrated Homemaker Program, which was discontinued in the mid-'90s.

PROFESSIONAL SERVICES

The framework recognizes the importance of linking the at-risk senior to responsive and knowledgeable (about seniors) professional services. These include:

- general practitioners who are aware of what is available in the way of community supports for their older patients;
- geriatric services;
- timely access to specialists;
- clinical nurse specialists;
- allied health care workers;
- sight and hearing specialists;
- footcare clinics; and
- dentists.

For those specialists who are connected with agencies that provide supports in the community, referral to these professional resources likely occurs. However, research has indicated that at-risk seniors are more likely to be isolated, without family and friends who can advocate on their behalf. Some at-risk seniors may only have contact with their family doctor. Unless the doctor is aware of the resources available in the community and helps the senior make the necessary connections, the at-risk senior is unlikely to access these important professional services.

NEIGHBOURHOOD AND COMMUNITY

Family, friends and neighbours are an important source of support for many seniors. In fact, research has shown that supporting caregivers may also save the system money. Indeed, in the *2004 SAO Seniors Survey*, 92% of the respondents reported that they had someone to turn to when they needed help with things such as meals, rides or chores. Just over 40% referred to family or friends when they needed medical advice.

A supportive community can also be created through thoughtful city planning, policies and programs.²¹ Some key elements of a senior-friendly supportive community include:

- accessible public transportation in terms of design (easy step up), routes, hours of operation, driver education (about seniors);
- flexible policies and zoning to allow for the creation of new supportive housing, such as secondary suites, granny flats and purpose-built congregate housing;
- emergency and safety support systems such as 911, personal emergency response systems linked to a neighbourhood response centre, neighbourhood security check systems (Neighbourhood Watch), traffic safety programs and refresher courses;
- universal community design that includes improved street lighting, additional benches, well-maintained streets and sidewalks (snow and ice clearing in the winter), flat curbs for scooters and walkers, increased signage and more time to cross the street;
- a single access number/information line for seniors' services;
- affordable recreational and social activities; and
- affordable educational and cultural opportunities.

TECHNOLOGY AND DESIGN

According to a recent report by Canada's Public Health Agency, between 25% and 75% of falls by older people involve an environmental component (e.g., stairs) and other factors in and around the home.²² In fact, falls account for almost 62% of injury-related hospitalizations for seniors. Reducing the incidence of falls among seniors would most certainly reduce health care costs. Home modifications are also an important component of a falls prevention program. According to the *2004 SAO Seniors Survey*, only 38% of respondents reported having grab bars in their bathroom — considered a minimum basic home modification. Other supportive design features are less common.

Advances in technology and good design can go a long way toward providing a safe and supportive environment for seniors. Appropriate technology and design can:

- keep a home safe;
- enable the senior to function independently (carry out activities of daily living);
- provide efficiencies in operations (e.g., a zero-entry shower allows the frail senior to bathe without assistance and minimizes risks such as falls);
- facilitate social interaction;
- increase a sense of safety and security;
- promote independence and continued engagement in the community (e.g., walkers, canes and wheelchairs promote freedom of movement);
- facilitate communication (e.g., hearing aids, telephone handset with built-in volume, flashing signals for door bells);
- increase vision (sunglasses, large playing cards, touch tone phones, magnifying glasses); and
- increase coping skills (e.g., memory aides such as writing lists, using pictures to label contents, using pill organizers, talking clocks and vibrating phones).

Canada's Public Health Agency recently published a guide to home safety for seniors, available at <http://www.phac-aspc.gc.ca/seniors-aines/pubs/safelive/index.htm>. CMHC offers the Home Adaptation for Seniors Independence (HASI) program, which helps seniors on low incomes make small changes to their home so they can stay there longer than would otherwise be possible. In addition, the Rental Residential Rehabilitation Program (Rental RRAP) offers financial assistance to landlords of affordable housing to pay for mandatory repairs to self-contained units occupied by low-income tenants. Mandatory repairs are those required to bring properties up to minimum levels of health and safety. CMHC also produces a number of publications related to purpose-built supportive housing for seniors.

SUSTAINABILITY

Providing affordable supportive housing that is also sustainable over the long run is challenging and will require new resources as well as innovative approaches.²³ Strategies that will help include:

- developing strategic partnerships and alliances, including private/public partnerships (e.g., Minto) to leverage resources, share market intelligence and coordinate efforts;
- linking to the City of Ottawa's Housing Strategy and plans concerning rooming houses in an effort to explore common goals and strategies (e.g., advocacy to different levels of government);
- managing revenue streams from multiple sources;
- accessing CMHC programs and financial assistance, such as Homeowner RRAP, Disabled RRAP, Secondary Suites RRAP and HASI (see www.cmhc-schl.gc.ca/en/co/prfinas/index.cfm);
- developing realistic performance indicators and benchmarks; and
- demonstrating the impact of a supportive housing model on clients and the system.

THE ACTION PLAN

The following five strategies and associated actions are proposed to advance a supportive housing program for low- and modest-income seniors:

STRATEGY 1

Promote supportive housing to stakeholders (seniors, caregivers, service providers, developers, politicians and funders):

- *Develop a vision for a supportive housing program* that incorporates key themes heard at the Affordable Supportive Housing Symposium on May 15, where local stakeholders with a common interest in seniors, housing and support services developed an action plan (supportive housing is affordable, accessible, inclusive, flexible, choice, integrated, promotes autonomy and is responsive).
- *Develop a communications plan* that recognizes the different target audiences (stakeholders) and strategies needed to raise awareness about supportive housing and promote the benefits of supportive housing and the proposed models.
- *Identify champions in the community with credibility and recognition* to help spread the message. An ideal champion will have comprehensive knowledge of the issues affecting seniors and be in a position to motivate and mobilize community, governments and businesses to action.

STRATEGY 2

Add 1,400–2,000 units of supportive housing to address the needs of seniors on low incomes (<\$20,000) over the next five years:

- *Build on existing components of supportive housing* in Ottawa, including current aging-in-place pilot projects.
- *Target neighbourhoods* with high concentrations of low-income seniors, such as Vanier and Centretown/Dalhousie.
- *Work with supportive housing providers* such as Cornerstone/LePilier and other members of the Alliance to End Homelessness to meet the needs of homeless seniors and those at risk of becoming homeless.
- *Explore new models of supportive housing*, such as Peel Senior Link's coordinated and integrated 24/7 care model and Vancouver's Coastal Health clustered care model of supportive housing.
- *Support the recommendations of Ottawa's Alternative Level of Care (ALC) Strategic Committee* to help alleviate the pressures faced by the hospital and long-term care sectors.
- *Explore with the Champlain Dementia Care Network* the supportive housing model most needed in Ottawa to assist low- and modest-income seniors with dementia.

STRATEGY 3

Develop partnerships and alliances within and across sectors to implement supportive housing models:

- *Set up appropriate working groups*, including a francophone working group, to review, assess and develop one or more of the proposed models described in Strategy 2.
- *Set up a strategic implementation committee* that would cross sectors and be responsible for lobbying for funds to set up pilot projects, identifying ways to leverage existing resources, making final feasibility-related decisions, developing a business plan for funders and helping to implement the model(s).

STRATEGY 4

Identify and target at-risk seniors in Ottawa who are in need of supportive housing:

- *Develop a concise user-friendly screening tool* that front-line people, including physicians, police, landlords, home support workers and others in the community, could use to identify at-risk seniors.
- *Develop a communications and training mechanism* on how to effectively use this screening tool, process and protocols to connect seniors at risk with the appropriate help, as well as a “train the trainer” workbook — all part of a toolkit.
- *Use Geographical Information Systems technology to map existing services* for seniors and pinpoint where seniors on low incomes live across the city to identify high-risk neighbourhoods and gaps in services.

STRATEGY 5

Integrate supportive housing initiatives into the broader continuum of health and social care:

- *Develop system-wide quality performance indicators.*
- *Explore the standardized use of the Resident Assessment Instrument-Home Care* assessment tool (RAI-HC) by all service providers.
- *Invite key stakeholders* on the supportive housing working group to help establish respective roles and partnerships for providing supportive housing, monitoring the program and advocating to all three levels of government (especially housing, health and social services) for long-term funding.

ENDNOTES

- ¹ From *Alternative to Appropriate Levels of Care: Ottawa ALC Strategic Committee Report of Recommendations*, August 2006.
- ² Using a per diem cost for ALC care of \$550.
- ³ CMHC, *Life Lease Housing in Canada: A Preliminary Exploration of Some Consumer Protection Issues*. Prepared by Lumina Services Inc., June 2003.
- ⁴ Being conducted by Social Data Research Ltd. with L. Bonnie Dinning.
- ⁵ Social Data Research Ltd./The Flett Consulting Group Inc. worked with Cornerstone/LePilier to develop the model.
- ⁶ Statistics provided by the City of Ottawa Housing Department.
- ⁷ *2004 Fact Book on Aging: Seniors in the New Ottawa*. The Council on Aging of Ottawa.
- ⁸ *2004 Fact Book on Aging: Seniors in the New Ottawa*. The Council on Aging of Ottawa, figures for non-farm households.
- ⁹ For more information about the survey and how it was conducted, visit www.coaottawa.ca.
- ¹⁰ CMHC, *Supportive Housing for Seniors*. Research report prepared by Social Data Research Ltd., 2000.
- ¹¹ Visit www.health.gov.on.ca/english/public/program/ltc/13_housing.html.
- ¹² Defining “affordable” housing is challenging because “affordability” is interpreted differently by different people, depending on perspectives and circumstances. CMHC defines acceptable housing as housing that is adequate in condition, suitable in size and affordable. When households live in housing that is below one or more of the adequacy, suitability or affordability standards and have incomes that are too low to allow them to rent alternative dwellings that meet acceptable standards for less than 30% of their before-tax income, CMHC considers them to be in core housing need. In 2001, 19% of senior-led households in Ottawa were living in households considered to be in core housing need compared to 14% of non-senior led households (figures provided by CMHC).
- ¹³ Based on further analysis of the *2004 SAO Seniors Survey data* on seniors reporting low incomes.
- ¹⁴ The SAO survey likely under-represented seniors in the more rural areas of Ottawa. The findings of other studies and focus groups held in rural areas of Ottawa following the survey support the finding that rural areas are generally underserved.
- ¹⁵ Based on estimates provided by the City of Ottawa Housing Department, which show that 642 older persons accessed shelters in 2005, and further analysis of the 2004 CMHC study *Profile of Rooming House Residents*, which indicated that 50 to 75 older rooming house tenants require help.
- ¹⁶ The formula to calculate percentage increase is: $\text{new value} - \text{old value} / \text{old value} * 100$ or in this case: $270,000 - 89,000 / 89,000 * 100\%$.
- ¹⁷ A. Paul Williams, Professor, University of Toronto, *Supporting Seniors and Sustaining Medicare: Supportive Housing in the Balance of Care*. Presentation, Ottawa Supportive Housing for Seniors Symposium, May 15, 2007.

- ¹⁸ Hollander Analytical Services Ltd., *Literature on the Cost-Effectiveness of Continuing Care Services*. Prepared for Veterans Affairs Canada and the Government of Ontario, July 2006.
- ¹⁹ This framework is applicable for at-risk seniors in all income groups.
- ²⁰ Figures on core housing need for senior-led households provided by CMHC for the purpose of this report.
- ²¹ For a good checklist and description of an elder-friendly community, see <http://www.n4a.org/>.
- ²² *Report on Seniors Falls in Canada*. Division of Aging, Public Health Agency of Canada, 2005.
- ²³ A recent study funded by the Real Estate Foundation of BC for the BC Non-Profit Housing Association resulted in a practical guide that describes ways to reduce the cost of developing and operating supportive housing for seniors. This useful resource and others are available at <http://www.seniorshousing.bc.ca/Research.asp>.

REFERENCES

- A. Paul Williams, Professor, University of Toronto, "Supporting Seniors and Sustaining Medicare: Supportive Housing in the Balance of Care." Presentation, Ottawa Supportive Housing for Seniors Symposium: Making It Happen, May 15, 2007.
- Alternative to Appropriate Levels of Care*. Ottawa ALC Strategic Committee Report of Recommendations, August 2006.
- Canada Mortgage and Housing Corporation, *Profile of Rooming House Residents*. Research Report Prepared by Social Data Research Ltd., May 2006.
- Canada Mortgage and Housing Corporation, *Life Lease Supportive Housing: Combining the Best of Housing and Complex Care*. Prepared by The Capital Care Group, February 2005.
- Canada Mortgage and Housing Corporation, *Life Lease Housing in Canada: A Preliminary Exploration of Some Consumer Protection Issues*. Prepared by Lumina Services Inc., June 2003.
- Canada Mortgage and Housing Corporation, *Supportive Housing for Seniors*. Research report prepared by Social Data Research Ltd., 2000.
- Connecticut Supportive Housing Demonstration Program. New Haven Corporation for Supportive Housing, www.csh.org.
- Evaluation of the Aging in Place Pilot Project: Final Report*. Prepared by The Flett Consulting Group Inc. & Social Data Research Ltd., 1996.
- Flett, Darlene E., Last, John M. & Lynch, George. "Evaluation of the Public Health Nurse As Primary Health-Care Provider For Elderly People." *Aging in Canada – Social Perspectives*, edited by Victor W. Marshal, Fitzhenry & Whiteside, 1980.
- Hollander Analytical Services Ltd. *Literature Review on the Cost-Effectiveness of Continuing Care Services*. Veteran Affairs Canada and the Government of Ontario, July 2006, www.hollanderanalytical.com.
- Lum, Janet M., Ruff, Simonne & Williams, A. Paul. *When Home is Community: Community Support Services and the Well-Being of Seniors in Supportive and Social Housing*. United Way of Greater Toronto, April 2005.
- Mancer, Kate and Holmes, Carole. *70 Ways to Reduce the Cost of Developing and Operating Supportive Housing for Seniors*. Funded by the Real Estate Foundation of BC for the BC NON-Profit Housing Association, October 2004.
- National Advisory Council on Aging. *The NACA Position on Supportive Housing for Seniors: No. 22*, October 2002.
- Ontario Seniors Participation in Health and Housing Policy: Summary of Main Issues*. Prepared by the Ontario Coalition of Senior Citizens Organizations for Health Canada, January 2003.
- Pomeroy, S., Focus Consulting. *Proactive Versus Reactive Responses to Homelessness: A Costing Analysis*. Paper presented to the Alliance to End Homelessness Community Forum on Homelessness. November 22, 2006.
- Social Data Research Ltd. Searchable Database of Supportive Housing for Seniors in Canada. Prepared for Health Canada, April 2005. http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2005-seniors-aines/index_e.html.
- The Council on Aging of Ottawa. *2004 Fact Book on Aging: Seniors in the New Ottawa*.
- Vancouver Coastal Health. *Outcome Evaluation: Changes in Hospital Utilization by Individuals One Year Post Access to Supported and Non-Supported Affordable Housing*. Vancouver, British Columbia, October 2006 (for more information contact Linda Thomas, Director, Housing Services, Linda.Thomas@vch.ca).

APPENDIX A: MAY 15 SYMPOSIUM ATTENDEE LIST

Anne Aikens

North Renfrew Long Term Care Centre

Jane Alguire

Senior Wise Services Inc.

Fara Aminzadeh

Community Research, The Ottawa Hospital

Inika Anderson

Support Services, Parkinsons Society

Madeleine Anderson

Aging in Place

Ray Applebaum

Peel Senior Link

Linda Assad-Butcher

Board Member, Champlain Local Health Integration Network

Bev Bakka

United Way/Centraide Ottawa

Sheila Bauer

Ottawa Community Care Access Centre

Donna Berger

Cornwall Community Care Access Centre

Marthe Bergevin

Association pour l'intégration sociale d'Ottawa

Lucille Berlinguette-Saumure

City of Ottawa

Christine Bidmead

Queensway-Carleton Hospital

Ruth Boulianne

Résidence St-Louis

Robert Bourdeau

Champlain Local Health Integration Network

Hélène Bourgeois

South-East Ottawa Community Health Centre

Dora Brown

Interfaith Network

Carol Burrows

Council on Aging of Ottawa

Ron Campeau

Cornwall Community Care Access Centre

Jocelyne Contant

Champlain Local Health Integration Network

Tony Cruickshank

(represented by Sophie Mckeown)
Wabano Aboriginal Health Centre

Alex Cullen

City of Ottawa

Dr. Rob Cushman

Champlain Local Health Integration Network

Kathy Danbrook

Geriatric Assessment Centre

John Dickie

Eastern Ontario Landlords Association

Christina DiTomaso

Western Ottawa Community Resource Centre

Glenn Drover

Council on Aging

Paul Durber

First United Church

Marlyne Ferguson

City of Ottawa

Sue Garvey

Cornerstone Housing for Women

Hinda Hassan

South-East Ottawa Community Health Centre

Kelly Hastings

Ottawa Community Housing

Dennis Jackson

Scotiabank

Guirlène Jean-Baptiste

Association pour l'intégration sociale d'Ottawa

Ipshita Kamal

United Way/Centraide Ottawa

Barbara Lajeunesse

The Olde Forge Community Resource Centre

Johanne Levesque

Syposium Facilitator, Ambire SI Inc.

Al Loney

Council on Aging of Ottawa

Janet Lum

Canadian Research Network for Care in the Community

Vicki MacKinnon

Minto

Louise Martin

The Good Companions

Richard Mayer

Association of Ontario Francophone Seniors

Lee McCarthy

Ottawa West Home Support/
Ottawa Community Support Coalition

Elaine McNaughten

Personal Choice Independent Living

Ann Norwak

Ottawa Public Health

Iris Newmann

Capital Care

Eric Partington

Champlain Local Health Integration Network

Carmen Perron

Veteran Affairs Implementation Project

Jocelyne Pion

South-East Ottawa Centre for a Healthy Community

Oris Retallack

Champlain Dementia Network

Lise Richard

Ottawa Community Support Coalition

Jean-Louis Schryburt

Association canadienne Française de l'Ontario, région d'Ottawa

Frank Sisson

Rideau Non-Profit Housing Inc.

Jeremy Stevenson

Champlain Local Health Integration Network

Heather Tarnai-Feeley

The Ottawa Hospital

Dennise Taylor-Gilhen

Ottawa Parkinsons Society

Lise Tessier

Ottawa Public Health

Shari Westman

Comfort Keepers

Janet Whillans

United Way/Centraide Ottawa

Paul Williams

University of Toronto

Jim Zamprelli

Canada Mortgage and Housing Corporation

Johanne Yelle-Weatherall

(represented by Larry Chambers)
Élisabeth Bruyère Research Institute

APPENDIX B: MEMBERS OF UNITED WAY/CENTRAIDE OTTAWA'S SENIORS' IMPACT COUNCIL

Cal Martell

Chair, Seniors' Impact Council
United Way/Centraide Ottawa
Director, Regional Geriatric
Assessment Program

Marion Balla

President
Adlerian Counselling & Consulting Group

Sheila Bauer

Director, Client Services
Ottawa Community Care Access Centre

David Hole

Executive Director
South-East Ottawa Centre for a Healthy
Community

Dennis Jackson

District Vice-President
Scotiabank

Richard Mayer

President
Association of Ontario Francophone
Seniors

Diane Officer

Director, Long-Term Care
City of Ottawa

Lise Richard

Development Officer
Ottawa Community Support Coalition

Carol Burrows

Seniors' Impact Council
United Way/Centraide Ottawa

Carol Halstead

Executive Director
Township of Osgoode
Home Support

Jean-Louis Schryburt

Teacher (retired)
Acting Executive Director
Association canadienne Française de
l'Ontario, région d'Ottawa

Dr. Norman Tape

Governor, The Ottawa Hospital
Federal Government Research

Marlynn Ferguson

Acting Director, Long-Term Care Branch
Community and Protective Services
City of Ottawa

UNITED WAY/CENTRAIDE OTTAWA STAFF

Bev Bakka

Director, Impact and Investment

APPENDIX C: AFFORDABLE SUPPORTIVE HOUSING FRAMEWORK WORKING GROUP MEMBERS

Cal Martell

Chair, Seniors' Impact Council
United Way/Centraide Ottawa
Director, Regional Geriatric
Assessment Program

Jean-Louis Schryburt

Teacher (retired)
Acting Executive Director
Association canadienne Française de
l'Ontario, région d'Ottawa
Seniors' Impact Council
United Way/Centraide Ottawa

Russell Mawby

Director of Housing
City of Ottawa

Marlynne Ferguson

Acting Director, Long-Term Care
City of Ottawa
Seniors' Impact Council
United Way/Centraide Ottawa

Jim Zamprelli

Senior Policy Researcher
Canada Mortgage and Housing
Corporation

Jeremy Stevenson

Senior Planner
Champlain Local Health Integration
Network

Lise Richard

Development Officer
Ottawa Community Support Coalition
Seniors' Impact Council
United Way/Centraide Ottawa

Sheila Bauer

Director, Client Services
Ottawa Community Care Access Centre
Seniors' Impact Council
United Way/Centraide Ottawa

Carol Burrows

Seniors' Impact Council
United Way/Centraide Ottawa

Elaine McNaughten

Ontario Association of Not-for-Profit
Homes and Services for Seniors

Oris Retallack

Champlain Dementia Network

Lucille Berlinguette-Saumure

Project Manager
Seniors Agenda, City of Ottawa

Eric Partington

Senior Consultant,
Performance and Contracts
Champlain Local Health
Integration Network

Glenn Drover

President, Council on Aging

Vicki MacKinnon

Vice President
Special Projects, Minto

David Hole

Executive Director
South-East Ottawa Centre
for a Healthy Community
Seniors' Impact Council
United Way/Centraide Ottawa

UNITED WAY/CENTRAIDE OTTAWA STAFF

Bev Bakka

Director, Impact and Investment