

Better at Home Survey

Gitxsan Health Society



In Partnership with



Better at Home is funded by the Government of British Columbia.

FINAL REPORT

September 2013

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INTRODUCTION

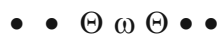
Better at Home is a province-wide program funded by the Government of BC and managed by the United Way of the Lower Mainland to help seniors remain independent at home and stay connected with their community in a meaningful way.

Better at Home is meant to support seniors to age with dignity, stay socially connected and prevent social isolation, especially those who are most vulnerable. The program recognizes that seniors are an important and growing part of communities and helps them with simple day-to-day tasks.

Under the *Better at Home* program, seniors have access to a range of non-medical home support services delivered through local non-profit agencies by volunteers and paid staff. Seniors may be charged a fee for services on a sliding scale based on their ability to pay.

Non-medical home support services can include housekeeping, grocery shopping, minor home repair, friendly visiting, snow shoveling, yard work and transportation to appointments but can be designed and adapted to the characteristics and needs of a community in order to address specific needs of local seniors.

The United Way of the Lower Mainland is seeking the expansion of the *Better at Home*¹ program in up to 68 communities across the province.



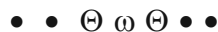
Across Canada and North America, “baby boomers” have reached retirement age and the labour market is experiencing an exodus of retirees. Many of these retirees have one or both parents still living, and at least one still living at home. Services catering to the needs of the boomer parents and the

¹ www.betterathome.ca and click on “Our Communities”

retiring baby boomers are a growing market across North America.

This dynamic is also reflected in First Nation communities – with the exception of the availability of services targeted to the Elder population. Very few First Nation communities have services, facilities or programs specifically designed to meet the needs of elders, the aging baby boomers, and their families.

Gitxsan Health Society is the one organization in the communities of Kispiox, Sik-e-dakh and Gitanmaax that, through its health teams, has daily interaction and contact with the majority of elders and is aware of the immediate needs of those elders. In many instances, the health teams have been called upon to provide non-medical services to the elders in order to meet a basic need. This takes away from other elders who are awaiting health team assistance and puts a greater strain on the health teams.



Gitxsan Health Society is interested in enhancing available, non-medical, services to the elders by bringing the *Better at Home* program to the three communities. In order to do so, it had to undertake an exploration and assessment of what services are currently available in the communities, what services elders need in order to support them at home, and what the priorities were for each community.

A study was conducted to answer these questions for the Gitxsan Health Society and Better at Home services. The following is a report on the findings.

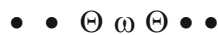
BACKGROUND

In the three Gitxsan Health Society communities, the elder population is still mostly living at home and on their own with the assistance and/or oversight of family and extended family. A handful of elders are in the extended care unit of the local hospital and a few are in independent living arrangements. They were not part of this study.

Although most of the elders are in fairly good health and mobility, they are

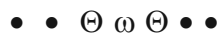
under doctors' care for various chronic illness or disease. Very quickly, health or medical conditions can change situations for the elders and their families, and access to services determines whether these elders can continue to live at home or if long term or permanent professional care will be required.

Will the GHS communities be able to accommodate the needs of elders living at home for a longer period of time, maintaining their independence and ensuring that they stay connected to their families and communities?



Northern rural and remote communities have unique characteristics and requirements and this is especially true of First Nation communities. There are issues of housing shortages and poor housing conditions, inadequate community infrastructures, affordable heating, affordable food, availability of quality social services, availability of social assistance, availability of employment and availability of health and medical services.

Much is written on the detrimental ratios and statistics of First Nation communities and peoples on the socio-economic front. This study will not dwell on these statistics except as a way of emphasizing underlying issues that affect the long-term health and well-being of elders and their families.



The three GHS communities are fortunate to be part of the Gitxsan Government Commission administrative unit where communities took over responsibility of AANDC programs and services and pooled annual resources to better address community planning. As a result, the infrastructures of the three communities are better than the usual experienced by northern First

Nation communities. This is witnessed by the existence of good community facilities and water and sewer infrastructures. Housing shortages continue to be a big issue in all three communities and available programs and services continue to face cutbacks. The Homemaker program delivered by the local band administrations is a prime example of how these decreasing services affect the elder population.

Newly emerging statistics specific to the GHS communities are health and medical related issues that are so concerning to health authorities that they warrant in-depth, long-term, research and study. High numbers of people who suffer the Long QT Syndrome² in these three communities are among the highest worldwide and a partnership between GHS and the University of British Columbia (UBC) is in its 7 year of research.

More recently, a “Cohort” study is being coordinated to proceed concurrently with the LQTS research to assess other emerging syndromes and diseases that are clustering within the Gitxsan communities including certain types of cancers, brain aneurysms, various forms of arthritis and thyroidism. This study will explore possible links of these clustering issues with the LQTS or other factors.

Gitxsan elders are aging within the parameters of these emerging health and medical issues as well as the stress of living in an area suffering severe economic depression and high unemployment. Many of the elders are also residential school survivors, with a high representation in the 60 – 69 age group.

² www.gitxsanhealthsociety.com and click on “Medical Info/Links” and “Long QT Syndrome”

RESEARCH METHODOLOGY

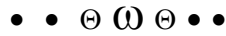
The elders in the three GHS communities are fairly independent and used to fending for themselves as a way of life. Many times, they would do without rather than asking for assistance. Recognizing this fiercely independent nature, it was decided to conduct one-on-one interviews as the method to stimulate the best possible feedback on specific needs.

Population and demographic statistics are updated annually in the three GHS communities through the Gitxsan Government Commission, however, there were no seniors/ elders lists available to identify individual potential interviewees. Lists for each community were compiled in consultation with various sources including GHS health teams, band offices, elders groups, and the majority through a canvass of the community by the researcher. The lists are not complete. (Appendix A)

Although the survey is aimed at elders (65+), an effort was made to include those from 50+ due to existing health, medical and mobility factors that affected their ability and the quality of life at home. This study did not capture the 50 to 55 age group. This study also does not capture elders from the three communities living off-reserve in the nearby towns; however I was able to interview four of those elders when they attended an Elders' Wellness Conference.

Given that the survey would be conducted one-on-one, a questionnaire was crafted to capture which services in the *Better at Home* basket and what other services specific to the GHS communities, would be identified by the elders. A Fact Sheet accompanied the survey and was made available to all interested people including interviewees, caretakers, stakeholders. Caretakers and stakeholders were also given the opportunity to identify what services they perceived that elders needed. (Appendix B)

Surveys were completed one-on-one in the elders' homes, at elders' luncheons, elders' conference and, where privacy was guaranteed, a couple of questionnaires were completed in a social setting. A handful of elders wanted to take the questionnaires home where they would complete them. The questionnaires were not returned.



Each elder who was interviewed was informed of the reason for the survey and that they were free to participate or not, to answer or not answer any of the questions in the survey, and to stop at any time if there was discomfort with any of the questions or the questionnaire in its entirety. All interviews proceeded to completion of the questionnaires.

Although it was much easier to capture the responses approaching it one-on-one, it also involved more time than anticipated because the elders just wanted to talk. In one case with a wife and husband living alone, it took over two hours to complete the two questionnaires, but good insights into their lives and needs was imparted.

Many of the elders had various family or friends that were assisting them with their needs. As resource exploration and assessments take place (and growing rapidly) in the northern regions, the family and friends upon whom the elders are depending to assist them are being called away for employment. Most of these jobs are of a camp nature where they spend 3-4 weeks in camp and 1-2 weeks out. It was a constant reminder to those elders to identify what services they would need if no one was available to help them.



The timeframe of the survey was changed to take place during the summer and this slowed down the ability to reach the elders and take the time to conduct the interviews. It was necessary to adapt to the rhythms of the communities and schedule of the elders in order to capture as many as possible. Between the summer activities of salmon harvesting, holidays, berry harvesting, the annual provincial elders' conference, and the local death and settlement feasts, hospitalization and general family activities, the expected number of interviews completed was much less than anticipated. In one situation, three scheduled trips to an elder couple's home still required cancellation due to short notice change of plans for the elders. Forty-nine elder interviews were conducted and questionnaires completed. Five were taken home to be completed, but not returned, and eight caretaker interviews were completed.

Late autumn, winter and early spring is a better time-frame to reach elders in their homes.

FINDINGS

KISPIOX SUMMARY³

TOTAL POPULATION		1585
ON-RESERVE POPULATION		734
50+	170	10.8% of total population; 23.2% of on-reserve population
65+	62	3.9% of total population; 8.5% of on-reserve population; ⁴ 36.5% of 50+ population
SURVEYS	15	

ELDER POPULATION:

56 – 60	(1)	Female	(11)
61 – 65	(3)	Male	(4)
66 – 70	(5)		
71 – 75	(1)		
76 – 80	(4)		
81 – 85	(1)		

Living alone in own home	(2)
Living with spouse in own home	(10)
Living with family member in own home	(2)
Living alone in rental	(1)

TYPE OF DWELLING:

Single Level	(5)
Split Level	(10)

HEATING:

Electric	(6)
Combination W&E	(5)
Combination W&F	(1)
Fuel furnace	(1)

³ Population figures courtesy of Gitxsan Government Commission(GGC)Membership - December 2012

⁴ 8% of on-reserve population was age 65+ in 2011, up from 1.8% since 2006. (GGC: 2011)

Pellet	(2)
INCOME:	
Gov't Pension	(9)
RSP	()
Combination G&R Pen.	(5)
Disability	(1)

COMMUNITY ASSETS:

Kispiox Band Administration Office
 Kispiox Public Works
 Kispiox Firehall
 Kispiox Health Centre
 Kispiox Community Centre
 Kispiox Adult Education Centre
 Kispiox Elementary School
 Kispiox Kindergarten
 Kispiox Headstart
 Kispiox Daycare
 Kispiox Water Treatment Plant
 Kispiox Sports Park
 Kispiox Cemetery
 Wilps Majagalee Drop In
 Kispiox Gasbar
 Anspayaxw Developments Ltd.
 Skeena Eco Expeditions

OTHER ASSETS ON RESERVE:

United Church
 Pentecostal Church

CURRENT PROGRAMS & SERVICES for Elders

Kispiox Homemaker Services
 Brighter Futures Initiative
 Hazelton Transit

BETTER @ HOME SERVICES IDENTIFIED:

Housekeeping	(14)
Minor home repairs	(12)
Grocery shopping	(2)
Meal preparation	(2)
Bill payments	(2)
Friendly visiting	(10)

Shovelling	(12)
Yardwork	(14)
Wood Chopping	(3)
Healing touch	(9)
Harvesting medicines	(8)
Harvesting/prep/preservation of traditional foods	(10)
Transportation to appts, social and cultural events	(6)
Translation/interpretation with doctors	(2)
Other: Laundry	(2)
Other: Healthy Eating	
Other: Assistance with oxygen tanks	
Other: Personal Care (assistance to dress)	
Other: Community bath tubs	
Other: Temporary ramps when Elders break bones or suffer other leg injuries that require casts	

SIK-E-DAKH SUMMARY ⁵

TOTAL POPULATION		406
ON-RESERVE POPULATION		244
50+	54	13.4% of total population; 22.5% of on-reserve population
65+	22	5.5% of total population; 9.1% of on-reserve population; 40.8% of 50+ population;
SURVEYS	16	

ELDER POPULATION:

61 – 65	(3)	Female	(6)
66 – 70	(5)	Male	(10)
71 – 75	(6)		
76 – 80	(2)		

Living alone in own home	(4)
Living with spouse in own home	(11)
Living with family member in own home	(1)

TYPE OF DWELLING:

Single Level	(5)
Split Level	(11)
Tri Level	()

HEATING:

Wood	(2)
Electric	(4)
Combination W&E	(8)
Fuel furnace	(1)
Pellet	(1)

INCOME:

Wages	()
Gov't Pension	(10)
RSP	()
Combination G & R Pens.	(6)

⁵ Population figures courtesy of Gitxsan Government Commission(GGC)Membership - December 2012

COMMUNITY ASSETS:

Sik-e-dakh Band Administration Office
Sik-e-dakh Public Works Storage
Sik-e-dakh Fire hall
Sik-e-dakh Health Centre
Sik-e-dakh Water Treatment Plant
Sik-e-dakh Cemetery
Sik-e-dakh Community Garden

OTHER ASSETS ON RESERVE:

Salvation Army Church

CURRENT PROGRAMS & SERVICES for Elders

Homemaker Services
Monthly Meal Supplement
Sik-e-dakh Brighter Futures Initiative
Hazelton Transit
NWCC College for Seniors

BETTER @ HOME SERVICES IDENTIFIED:

Housekeeping	(13)
Minor home repairs	(12)
Grocery shopping	(4)
Meal preparation	(7)
Bill payments	(1)
Friendly visiting	(10)
Shovelling	(13)
Yardwork	(13)
Wood Chopping	(10)
Healing touch	(10)
Harvesting medicines	(6)
Harvesting/prep/preservation of traditional foods	(13)
Transportation to appts, social and cultural events	(8)
Translation/interpretation with doctors	(4)
Other: Check in on Elders when family is away	

GITANMAAX SUMMARY ⁶

TOTAL POPULATION		2294
ON-RESERVE POPULATION		796
50+	243	10.6% of total population; 30.6% of on-reserve population
65+	87	3.8% of total population; 11% of on-reserve population; ⁷ 35.9% of 50+ population
SURVEYS	18	

ELDER POPULATION:

56 – 60	(4)	Female	(12)
61 – 65	(1)	Male	(6)
66 – 70	(6)		
71 – 75	(2)		
76 – 80	(2)		
81 – 85	(3)		

Living alone in own home	(4)
Living with spouse in own home	(6)
Living with family member in own home	(6)
Living in family member's home	()
Living alone in rental	(1)
Living with family in rental	(1)

TYPE OF DWELLING:

Single Level	(4)
Split Level	(13)
Tri Level	(1)

HEATING:

Wood	()
Electric	(6)
Combination W&E	(5)
Fuel furnace	(1)
Pellet	(3)
Combination P&E	(2)
Propane	(1)

⁶ Population figures courtesy of Gitxsan Government Commission(GGC)Membership - December 2012

⁷ There were 80 seniors (65+) living in Gitanmaax in 2011, representing 10% of the population. (GGC: 2011)

INCOME:

Wages	(2)
Gov't Pension	(7)
RSP	()
Combination G&R Pens.	(5)
Combination W&P	(1)
Disability	(1)
Soc Assistance	(1)
None	(1)
Other	()

COMMUNITY ASSETS:

Gitanmaax Band Office
Gitanmaax Public Works Building
Gitanmaax Firehall
Gitanmaax Health Centre
Gitanmaax Community Centre
Gitanmaax Nursery School
Gitanmaax Daycare
Gitanmaax Water Treatment Plant
Totem Park
Gitanmaax Cemetery
Gitanmaax Community Garden
Gitanmaax Youth Centre
Gitanmaax Food and Fuel
Tri Town Theatre
Gitanmaax Wholesale
'Ksan Campground
Two Rivers Gift Shop
Gitanmaax Smokehouse

OTHER ASSETS ON RESERVE:

John Field School
First Nations School
Salvation Army Church
Gitxsan Government Commission
'Ksan Historic Village

CONTIGUOUS COMMUNITY ASSETS:

Wrinch Memorial Hospital
NW Community College
Canada Post
Upper Skeena Development Centre
Gitxsan Child & Family Services
Gitxsan Health Society
Gitxsan Chiefs' Office
Hazelton Library

Anglican Church
Shoppers Food Mart
BC Cafe
Sunrise Cafe
Inlander Inn

CURRENT PROGRAMS & SERVICES for Elders

Gitanmaax Lunch Bunch - Elders' drop-in
Gitanmaax Homemaker Services
Brighter futures Initiative
Gitanmaax Meals on Wheels
Hazelton Seniors Daycare
Hazelton Transit
NWCC College for Seniors

BETTER @ HOME SERVICES IDENTIFIED:

Housekeeping	(14)
Minor home repairs	(16)
Grocery shopping	(2)
Meal preparation	(4)
Bill payments	(1)
Friendly visiting	(10)
Shovelling	(14)
Yardwork	(13)
Wood Chopping	(4)
Healing touch	(14)
Harvesting medicines	(11)
Harvesting/prep/preservation of traditional foods	(13)
Transportation to appts, social and cultural events	(12)
Translation/interpretation with doctors	(3)

Other: Fire Safety Instruction
Other: Cooking Group
Other: "Hot" Meals on Wheels
Other: Healthy Eating
Other: Walking Group
Other: Exercise Group
Other: Elder Craft Time
Other: Cultural programs to transfer knowledge

GHS SUMMARY

TOTAL POPULATION		4285
ON-RESERVE POPULATION		1774
50+	467	10.9% of total population; 26.3% of on-reserve population
65+	171	4% of total population; 9% of on-reserve population; 36.7% of 50+ population
SURVEYS	49	

ELDER POPULATION:

50 – 55	()	Female	(29)
56 – 60	(5)	Male	(20)
61 – 65	(7)		
66 – 70	(16)		
71 – 75	(9)		
76 – 80	(8)		
81 – 85	(4)		
86 – 90	()		
91 – 95	()		
96 – 100	()		

Living alone in own home	(10)
Living with spouse in own home	(27)
Living with family member in own home	(9)
Living in family member's home	()
Living alone in rental	(1)
Living with family in rental	(1)

TYPE OF DWELLING:

Single Level	(14)
Split Level	(34)
Tri Level	(1)
Multi Level	()

HEATING:

Wood	(1)
Electric	(16)
Combination W&E	(18)
Oil Furnace	(2)

Combination W&F	(1)
Pellet	(6)
Combination P&E	(1)
Propane	(1)

INCOME:

Wages	(2)
Gov't Pension	(26)
RSP	()
Combination G&R Pens.	(16)
Combination W&P	(1)
Disability	(2)
Soc Assistance	(1)
None	(1)
Other	()

COMMUNITY ASSETS:

Community Band Offices	(3)
Community Public Works Buildings	(3)
Community Firehalls	(3)
Community Health Centres	(3)
Community Centres	(2)
Community Nursery Schools	(2)
Community Daycares	(2)
Community Schools	(1)
Community Water Treatment Plants	(3)
Community Sports Fields	(3)
Community Cemeteries	(3)
Community Gardens	(2)
Community Smokehouses	(1)
Community Youth Centres	(2)
Community Gasbars	(2)
Community Grocery Stores	(1)
Community Campgrounds	(2)
Community Gift Shops	(1)

OTHER ASSETS ON RESERVE:

Churches	(5)
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PROGRAMS & SERVICES for Elders

Community Elder Groups	(2)
Community Homemaker Services	(3)
Hot Lunch programs	(1)
Gitxsan Health Society	
Hazelton Seniors Daycare	
Skeena Place	

BETTER @ HOME SERVICES IDENTIFIED:

Housekeeping	(47)
Minor home repairs	(47)
Yardwork	(46)
Shovelling	(45)
Harvesting/prep/preservation of traditional foods	(44)
Healing touch	(41)
Friendly visiting	(38)
Transportation to appts, social and cultural events	(34)
Harvesting medicines	(31)
Meal preparation	(20)
Wood Chopping	(18)
Translation/interpretation with doctors	(17)
Grocery shopping	(15)
Bill payments	(11)

- Other: Visits at mealtime
- Other: Visits from people fluent in Gitsanimax
- Other: Provision of fire wood to seniors and wood choppers/pilers
- Other: Translation/Interpretation services by someone bilingual and knowledgeable on medical terminology
- Other: Wheelchair accessible drop-in centre for elders
- Other: Fire Safety Instruction (extinguishers)
- Other: Cooking Group
- Other: "Hot" Meals on Wheels
- Other: Healthy Eating (2)
- Other: Walking Group
- Other: Exercise Group
- Other: Elder Craft Time
- Other: Cultural programs to transfer knowledge
- Other: Laundry Assistance (2)
- Other: Assistance with oxygen tanks
- Other: Personal Care (assistance to dress)
- Other: Community bath tubs
- Other: Temporary ramps when Elders break bones or suffer other leg injuries that require casts
- Other: Check in on Elders when family is away

CONCLUSION

The number of interviews was less than targeted but findings can be extrapolated to reflect the desire of both elders and their families to have greater resources available to them in order to provide a good quality of life for the elder populations residing in the three GHS communities and the immediate towns and villages surrounding those communities.

RECOMMENDATIONS

Elders and their families, and the caretakers and other stakeholders, are excited at the possibility of additional targeted resources for seniors and elders.

As the organization in daily contact with the elders of all three communities, Gitxsan Health Society is in the best position to administer a *Better at Home* program.

The coordination of a *Better at Home* program can be conducted from the main office of GHS or any of its satellite offices that can ensure a dedicated space of activity.

A database of elder information should be created and maintained as part of planning and implementation of elders' services and programs.

Interviews should be conducted with all the elders of each community to complete the survey and conducted bi-annually thereafter in order to capture new elders.

APPENDIX “A”

Kispiox Elders List

Sik-e-dakh Elders List

Gitanmaax Elders List

ALEXANDER, Nancy	ANGUS, Doreen
ANGUS, Jim	BARNES, Bob
BARNES, Pam	BASKIN, George
BASKIN, Sadie	BLACKWATER, Bill
BLACKWATER, David	BLACKWATER, Gloria
BLACKWATER, Thelma	BLACKWATER, Esther
BROWN, Harry	BROWN, Jonah
BROWN, Lorraine	BROWN, Maryann
BROWN, Murphy	BROWN, Veronica
BROWN, Vicki	DERRICK, Cathy
DERRICK, Sam	FOWLER, Geraldine
FOWLER, Roddy	GAWA, Annie
GAWA, Leonard	HARRIS, Sadie
HEIT, Pete	HILLIS, Charlie
HILLIS, Pat	JACK, Selena
JOHNSON, Bruce	JOHNSON,
JOHNSON,	MERCER, Gerry
MERCER, Joyce	MORRISON, Lloyd
MORRISON, Rennie	MULDOE, George
MULDOE, Isabel	MULDOE, Sampson
NESS, Donna	NESS, Pete
OLSON, Violet	
RABOSZ, Bea	SKULSH, Clyde
SKULSH, Karen	SKULSH, Larry
SKULSH, Marvin	SKULSH, Molly
STARR, Fred	STARR, Nellie
STEVENS, Betty	STEVENS, Curtis
STEVENS, Gloria	STEVENS, Mae
STEVENS, Margaret	STEWART, Brenda
TURNER, Violet	WEGET, Alvin
Gitxsan Health Society – United Way - Better at Home Program WEGET, Doris	<i>FINAL REPORT</i> WEGET, Dorothy

WEGET, Norman	WESLEY, Linda
WESTLE, Hattie	WILLIAMS, Jack
WILSON, Art	WILSON, Clifford
WILSON, Emily	WILSON, Isabel
WILSON, Roy	WILSON,

KISPIOX SENIORS

SIK-E-DAKH SENIORS

AZAK, Carol	BROWN, Bob
BROWN, Hanford	BROWN, Joan
BROWN, Lorna	BROWN, Margaret
CAPEZUTTO, Charlotte	HUSON, Barb
HUSON, Dave	JEFFREY, Alice
KALE, John	KALE, Rod
NEWMAN, Angie	NEWMAN, Vern
OLSON, Axel	OLSON, John
RUETTAN, Gunter	RUSSELL, Gordon
SAMPARE, Harvey	SAMPARE, Myrtle
SAMPARE, Tony	SAMPARE, Don
SAMPSON, Frances	SAMPSON, Ivan
SAMPSON, Perry	SAMPSON, Rosie
SEXSMITH, Corene	SEXSMITH, Gwen
SEXSMITH, Howard	SEXSMITH, Len
TRAVERS, Drake	TRAVERS, Kelly
WALE, Ralph	WESLEY, Mamie
WESLEY, Paddy	WOODS, Sarah

GITANMAAX SENIORS

ADAMS, Gwen	BLACKSTOCK, Bob
BLACKSTOCK, Thelma	CAMPBELL, Florence
CAMPBELL, Robert	COMBS, Angie
DANES, Chris	DANES, Miriam
DENNY, Larry	EATON, Judy
GLADUE, Della	GLADUE, Frank
GRAY, Alida	GRAY, Cora
GRAY, George	GREEN, Norm
GREEN, Larry	JACKSON, Robert
JACKSON,	JOHNSON, Anna
JOHNSON, Dorothy	LATTIE, Barb
LATTIE, Dorothy	LATTIE, Freda
LATTIE, Irene	LATTIE, Jim
LATTIE, Joe	LATTIE, Tom
LATTIE, Tony	LATTIE, Ralph
LATTIE, Shirley	MARSHALL, Garry
MARSHALL, Marie	MARTIN, Mae
MOORE, Norman	MORGAN, Barney
MORGAN, Peggy	MORRISON, Darlene
MORRISON, Jerry	MORRISON, Kelly
MORRISON, Linda	MORRISON, Rose
MORRISON, Vincent	MOWATT, Charles
MOWATT, Doreen	MOWATT, Doug
MOWATT, Frank	MOWATT, Keith
MOWATT, Lyn	MOWATT, Marge
MOWATT, Norma	MOWATT, Sadie
MOWATT, Ted	MOWATT, Verna
MOWATT, Victor	MOWATT, William
MULDOE, Myrtle	MULDON, Earl

MULDON, Shirley	McDONALD, Bill
McDONALD, Lavender	McKENZIE, Cathy
McKENZIE, Shelly	O'BRIEN, Fedelia
PATSEY, Brenda	PATSEY, Christine
PATSEY, Gary	PATSEY, Larry
PATSEY, Mel	PATSEY, Ron
PETERS, Dorcas	
REDDEKOP, Sylvia	RESCH, Charlotte
ROBINSON, Helen	ROBINSON, Lilac
ROBINSON, Riley	ROBINSON, Victor
ROBINSON, Victoria	
SAMPSON, Joe	SAMPSON, Linda
SCOTT, Bev	SCOTT, Vince
SEBASTIAN, Bob	SEBASTIAN, Mavis
SHANOSS, Loucinda	SMITH, Fanny
SMITH, Jane	SMITH, Vivian
STEPHENS, Joe	SUPERNAULT, Lloyd
SUPERNAULT, Peggy	TURNER, Delbert
TURNER, Edgar	TURNER, Gloria
TURNER, Joyce	WALE, Bernard
WALE, Cora	WALE, Corrine
WALE, Shirley	WALE, Vera
WALE, Wilfred	WILSON, Ardythe
WILSON, Joe	WILSON, Liz
WILSON, Moses	WILSON, Rhoda
WILSON	WOODS, Audrey
WOODS, Irene	WOODS, Mel
WRIGHT, Abigail	WRIGHT, Cheryl
WRIGHT, Larry	WRIGHT, Mercy
WRIGHT, Rennie	ZORNOW, Ron
ZORNOW, Shirley	

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APPENDIX “B”

Elders Questionnaire

Caretaker Questionnaire

“Better at Home” Fact Sheet

APPENDIX “C”

Stakeholders List

