# REGIONAL DEVELOPMENT AND THE ELDERLY: THE INTERLAKE CASE

BY

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## ABSTRACT

Intuitively and logically, comprehensive regional development requires economic and social betterment and is not comprehensive without interaction of the two. That hypothesis is the point of departure for my review of regional development and planning in the Interlake.

"Regional development" implies economic and social improvement across a region. The concept in itself is simple to understand, yet underlying the process of development are a number of issues inextricably tied to the very nature of a region, namely a diverse and complex set of natural and human systems, with varying degrees of inter-relatedness. Regions are not easily dealt with as a unit, but all too often, unavoidably classified as an identifiable region. Developing a regional plan, whereby the benefits of development impact uniformly throughout a region, is therefore not a simple task. Planners in the past have attempted these regional development plans, as FRED revealed, while it would seem contemporary planners have veered away from mega-projects to the more precise task of sectoral development. DREE and the current DRIE exemplify this fact, as their orientation is economic, with little or no explicit concern shown for inter-regional equity or social development.

Based upon the above changes occurring within Canadian planning initiatives, following the release of Guidelines for the Seventies (1973), whereby well-being and equity were adopted as provincial priorities,

concern must have been raised over the plethora of economic development policies, especially in light of the apparent neglect of social development plans. Provincial concerns over social welfare were partially thwarted though, following recommendations made by the "The White Paper on Health Policy" (1974), and the 1971 Aging in Manitoba Study (1973), which dealt specifically with the province's elderly.

The framework for study, is therefore as follows: economic planning is evolving independently of social planning, and vice versa. The fundamental query was to determine if development can be achieved from the combination of the two sectors' impacts. The Interlake region was chosen as a testing ground for the primary reason that its experience with planning initiatives has been comprehensive, including FRED, DREE and DRIE. Throughout all of this have been the region's elderly. As the elderly often have specific social needs to be fulfilled within their immediate environment, failure of economic policy could result in the failure of social policy. Through a series of interviews, an attempt was made to determine if economic and social policy had achieved development in the Interlake, measured by the level of provision of services available to the elderly. Results, in fact, revealed too great a divergence in policy to ensure welfare and equity in enjoying the benefits of development.

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List of Abbreviations

| | |
|---|---|
| ADIA | Area Development Incentives Act |
| ARDA | Agricultural and Rural Development Act |
| CMHC | Canada Mortgage and Housing Corporation |
| DON | Director of Nursing |
| DREE | Department of Regional Economic Expansion |
| DRIE | Department of Regional Industrial Expansion |
| ECC | Economic Council of Canada |
| EEC | European Economic Community |
| EIB | European Investment Bank |
| E & IPH | Elderly and Infirm Persons Housing |
| EPH | Elderly Persons Housing |
| ERDA | Economic and Regional Development Agreement |
| ERDF | European Regional Development Fund |
| FRED | Fund for Regional Economic Development |
| GDA | General Development Agreement |
| IACSSHEP | Interagency Committee on Support Service Housing for Elderly Persons |
| IACSSS | Interagency Committee on Support Services to Seniors |
| IDC | Interlake Development Corporation |
| IRSCC | Interlake Regional Senior Citizens' Council |
| LEAD | Local Employment Assistance Development |
| LGD | Local Government District |
| LTCP | Long-Term Care Program |
| MHRC | Manitoba Housing and Renewal Corporation |
| MHSC | Manitoba Health Services Commission |
| MSOS | Manitoba Society of Seniors |
| NHA | National Housing Act |
| NIBDC | Northeast Interlake Business Development Corporation |
| PCH | Personal Care Home |
| PFRA | Prairie Farm Rehabilitation Act |
| RDIA | Regional Development Incentives Act |
| R & N | Rural and Northern |
| RRAP | Residential Rehabilitation Assistance Plan |
| RTAP | Rural Transporation Assistance Program |
| SRDA | Special Rural Development Area |
| WMA | Wildlife Management Area |

# CHAPTER 1 - INTRODUCTION

Regional development planning is primarily oriented to the future and the organization of supra-urban space; that is to say, to synthesize a region's social purpose and spatial arrangements (Friedmann, 1964; p 63). The subject can be systematically divided into three identifiable sectors, the first being the regional consideration, the second being the development objective, and lastly, the planning process. The first aspect of 'region' delineates a spatial confine either naturally or academically defined. 'Development' means the bringing about of a more advanced state, for the most part, being socially and economically measured. 'Planning' must combine the spatial dimension with the goals and aspirations of society and the economy into comprehensive policies and programmes (Friedmann, 1964). Thus, for the purposes set forth in this thesis, 'regional development' and 'regional development planning' are understood to be the process of devising an effective spatial improvement policy and ultimately, implementing it.

The goals and objectives of regional development planning can be varied: efforts could be directed at further spurring growing and affluent regions; to developing natural resources; or, they can be aimed at regions that are comparatively, by any standards, depressed or stagnant. The latter has received the most attention from regional development efforts. These regions are often termed "problem" regions owing to their persistent socio-economic stagnation, slow development, or even socio-economic regression. Typical identifying characteristics include high unemployment, low per capita family incomes, low levels of

educational attainment and unique population trends. The causes of these substandard conditions vary greatly from place to place, but unequivocally can be accredited as a failure of the market system: a system which works in favour of other locations with a comparative advantage and by-passes the regions of concern (Friedmann, 1964; Hoover, 1971).

Awareness of a problem region is the first step towards devising measures aimed at resolving the situation. Once the "where" has been determined, the issues of formulating the programme strategy can be tackled. However, unadorned as this may seem, it is one of the most complex and controversial stages in the development planning process. Even before this step can be laid down, planners and policy makers must determine whether programmes will develop 'place' or 'people' prosperity. A region, it must be remembered, is only a physical area within which an ever-changing population is found. Thus, programmes aimed at the people of today, may be completely redundant or ineffective ten years in the future. On the other hand, projects aimed at regions rather than people <u>per se</u>, assume that a healthy regional environment benefits the area's population, while simultaneously, these plans are conceived almost in isolation from the larger systems in which they work. The inherent difficulty with this phase of planning is apparent. Hoover (1971), and others, recognize that ideally, planning should be allocated on the basis of the needs of the population and on the development potential of the region. In other words, they are calling for a happy medium. The planning stage gets yet further complicated: while the "where and what" stages may have been

accomplished, the settling of inter-regional rivalries has yet to be completed. Depressed regions rely on programmes from larger, better-endowed jurisdictions, such as provincial or federal governments. The resources available, however, are the accumulation of surpluses produced by all regions; therefore, funding allocation cannot be such that one's gain is another's loss. Development packages must then be construed in a fashion that funding is used to enrich the already present resources, natural and human, and leads to the achievement of self-generating development (Hoover, 1971). The means for this plan can include a variety of tools, from strategies aimed at increasing the regional supply of capital, to information dispersal, to human development programmes. Subsidies, tax concessions, training programmes and information packages have been some of the more popular tools.

The field of regional development planning was initially conceived in the United Kingdom shortly after the Second World War (Hoover, 1971). In effect, all of West Europe was in a reconstruction phase which revealed problem regions previously not recognized as such. McAllister (1982) has compiled an extensive assessment of European planning techniques since this period, especially as it applies to the experience of the European Economic Community (EEC). He outlines the three successive eras of development planning: first, national reconstruction; secondly, national economic growth and regional experimentation; and thirdly, the post-1973 phase of revamping (p. 43). The validity of this information lies in the lessons that Canada can learn from the European experiences. The EEC's involvement with planning falls mainly under the purview of the European Regional Development

Fund (ERDF), and the European Investment Bank (EIB). The former functions chiefly as a co-ordinator for member-state regional policy proposals, and this position enables it to make recommendations that will help clarify planning priorities. The latter is involved with regional planning in so far as it is the chief funder for the ERDF. The principal lesson Canadian development planning can deduce from this is the usefulness of having an organization able to play a catalytic and co-ordinating role for subsidized regions functioning within a much larger system. A similar agency set-up in the Canadian assemblage would possibly have a positive impact on co-ordinated and integrated development planning, which would be less controversial, and ultimately, have greater rewards. McAllister (1982) does not suggest that EEC techniques would be a panacea for Canadian development issues, but certainly supports the view that knowledge can be gained from observing the experience of others. Brewis (1971) has acknowledged that the Canadian planning experience lags behind the European one because of the paucity of learning, further supporting the notion that effective development planning is a field which matures and benefits from experience. Thus, regional development is a spatial improvement policy with implications on the system in which it functions. People and space are affected, to varying degrees, wherever a plan is implemented because the intent of the plan is to modify the way the market system functions. This is the case in Europe, Canada and the advanced-industrial countries in general, which are subject to such projects. This is tantamount to stating the obvious. What of actual Canadian development priorities and strategies?

The history of Canadian planning, briefly, began with the widespread acceptance of Keynes', Essays in Persuasion (1932). In the western world, governments began to adopt his notion that they were responsible for compensating failures of the market system. In Canada, this began with the Prairie Farm Rehabilitation Act (PFRA) through which funds and technologies were channelled to the Prairie agricultural regions suffering the effects of the droughts of the 1930s and the market slumps of the Great Depression. The plan was conceived with explicit agricultural objectives, although implicit social benefits were entailed. The 1961 Canadian Census however, revealed that more than agricultural regions were in need of government development aid. Regional disparity was revealed on a level that previously no one had been sensitive to. The depressed regions displayed high levels of out-migration, low average family incomes, below-average educational attainments and chronic unemployment. A decision had to be made involving a commitment that would help alleviate some of these problems. In other words, a planning system was needed which would formulate policy and the means to bring it about - aimed specifically at regional development. That planning system, in turn, had to rest on the assertion that Canadians believed that regional disparities were inherently wrong and that, in order to overcome them, the government should be assigned certain roles and decision-making powers. This sort of philosophy underwrote the regional development initiatives of the 1960s, and out of this came the Agricultural Rehabilitation and Development Act (ARDA) which subsequently evolved into the more comprehensive Agricultural and Rural Development Act (still ARDA).

Nevertheless, the Canadian regional planning experience was a limiting one which concentrated upon specific programme and project details; details generally perceived in isolation from the broader policy issues. It reflected government responses to regional pressures, and resulted in a mosaic of ad hoc, pragmatic programmes (McAllister, 1972). As Canadian development planning has matured, new strategies for policy principles have evolved. One need only compare the PFRA and ARDA plans, which were almost exclusively agricultural, to the Fund for Rural Economic Development (FRED) plan, the massive, confident effort at regional transformation of the late 1960s. For the contemporary period of the 1980s, it is evident that planning has passed from an agricultural concern to an industrial one, a situation which is almost ironic in light of Canada being considered a post-industrial society. Nevertheless, the Department of Regional Industrial Expansion's (DRIE's) approach is a faithful summary of the philosophy behind contemporary planning initiatives.

Publicly, both the federal and provincial governments are committed to reducing regional disparities. This is based upon the understanding that Canadians believe regional disparities to be a waste of both natural and human resources (Senate Standing Committee, 1982). Reducing disparities is no longer simply an 'understanding', but is now, in fact, an integral part of Canada's new Constitution. Under the heading of "Equalization and Regional Disparities", the following is stated:

> Parliament and the legislatures, together with the government of Canada and the provincial

governments are committed to:
a) promoting equal opportunities for the well-being of Canadians;
b) furthering economic development to reduce disparity in opportunities; and,
c) providing essential public services of reasonable quality to all Canadians.

The Constitution Act, 1981,
Part III, 36(i)

The Senate Standing Committee (1982) reiterates that the ultimate goal for regional policy is aimed at reducing disparities, and promoting self-sustaining growth. The report continues to justify government intervention as an "essential element of regional development" (p.33) in so far as it does not interfere with, but only encourages natural market forces. A realization was that regional development is necessarily a slow process, as expectations are such that a weaker region is expected to grow faster than the national economy. However great the obstacles in achieving greater equity, solutions must be tailored to resolve regional strife (Senate Standing Committee, 1982).

Canadian regional development planning initiatives, both national and provincial, are therefore operating under the basic principles which centre on reducing disparity and improving welfare. Although not formally stated until the early 1980s by the federal government, development plans in the past have worked under this premise, while Manitoba, in Guidelines for the Seventies (1973), committed itself to this in the early 1970s. Guidelines for the Seventies (1973) is reviewed in greater detail in later chapters, so no attempt will be made here to repeat its objectives. Yet, the introduction of the document serves to demonstrate the continuity of the efforts towards regional development

at both the provincial and federal levels.

Regional welfare, as it applies to Canada, is integrated within Canada's Constitution and government philosophies. Across Canada, across Manitoba, there is a commitment to welfare and equity, which is to be brought about through the application of regional development policies. As understood, these should have the result of benefiting populations within target regions, regardless of 'place' or 'people' strategies. Benefits to populations imply not only economic security, but social provisions, equal for all. The elderly, as a case in point, are an identifiable group within any population. They have obvious social needs which should be met, providing the ideal objective of regional development policy has been achieved.

Elderly persons are an effective way of measuring the progress of regional development, since provision for their welfare, at least in Manitoba, was highlighted by the 1974 "White Paper on Health Policy", shortly after the release of Guidelines for the Seventies (1973). Together, the documents attempted to outline a provincial commitment to equity for all Manitobans. The needs of the elderly, usually synonymous with the aging process, are compounded by the demographic changes taking place within the population. At a faster rate than ever, the population over 65 years of age is growing and representing a significant portion of the total population. In the 1920s, for example, the elderly represented only five percent of the total population, but that figure climbed to 10 percent by the 1980s with projections for 2031 nearing the 20 percent range (Stone, et al, 1980). As has been fur-

ther recognized, this process is occurring at a much faster rate in Canada than the world as a whole and, that within Canada, persons 65 years of age and older represent a portion of the population that is growing at three times the rate of the general population (Manitoba Council on Aging, 1980).

Table 1.1 Proportion of Elderly in the Total Population, 1981

| | % |
|---|---|
| Canada | 9.7 |
| Manitoba | 11.9 |
| Rural Manitoba | 10.5 |
| Urban Manitoba | 12.4 |
| Interlake Region | 11.5 |

Source: Manitoba, 1985a

The cogency of this changing demographic character lies in the policy implications associated with it, such as social, economic and political considerations (Penning, et al, 1980). It is commonly accepted that as age increases, access to and availability of resources declines proportionately. With governments committed to welfare and equity, and while an elderly person's own resources are depleated, the state is obliged to conspire to compensate for these losses, which as Stalwick (1984; p. 2) states, is part of an elderly persons "inalienable right to existence and development...."

A further consideration for government policy on the elderly is their tendency to be geographically dispersed in rural as opposed to urban areas. Table 1.1 reveals that Manitoba is not a good measure of this tendency, in that the rural bias is less pronounced. For most areas, the elderly are more highly represented in rural communities

than in urban centres. A 1983 Health and Welfare Canada report (1983; p.26) noted that "only 9.4% of the total population of large urban centres was age 65 and over in 1981... . Small towns, on the other hand, had unusually large proportions of elderly persons in their populations...." As Hodge (1984) explained, towns and villages are distinctive habitats of the elderly, as these places are recipients of the elderly from farms and cities. When one adds to this pull-factor, the push-force for the younger generations to move away, rural small towns are becoming increasingly old and truncated (Chappel, et al, 1986; Todd, 1985).

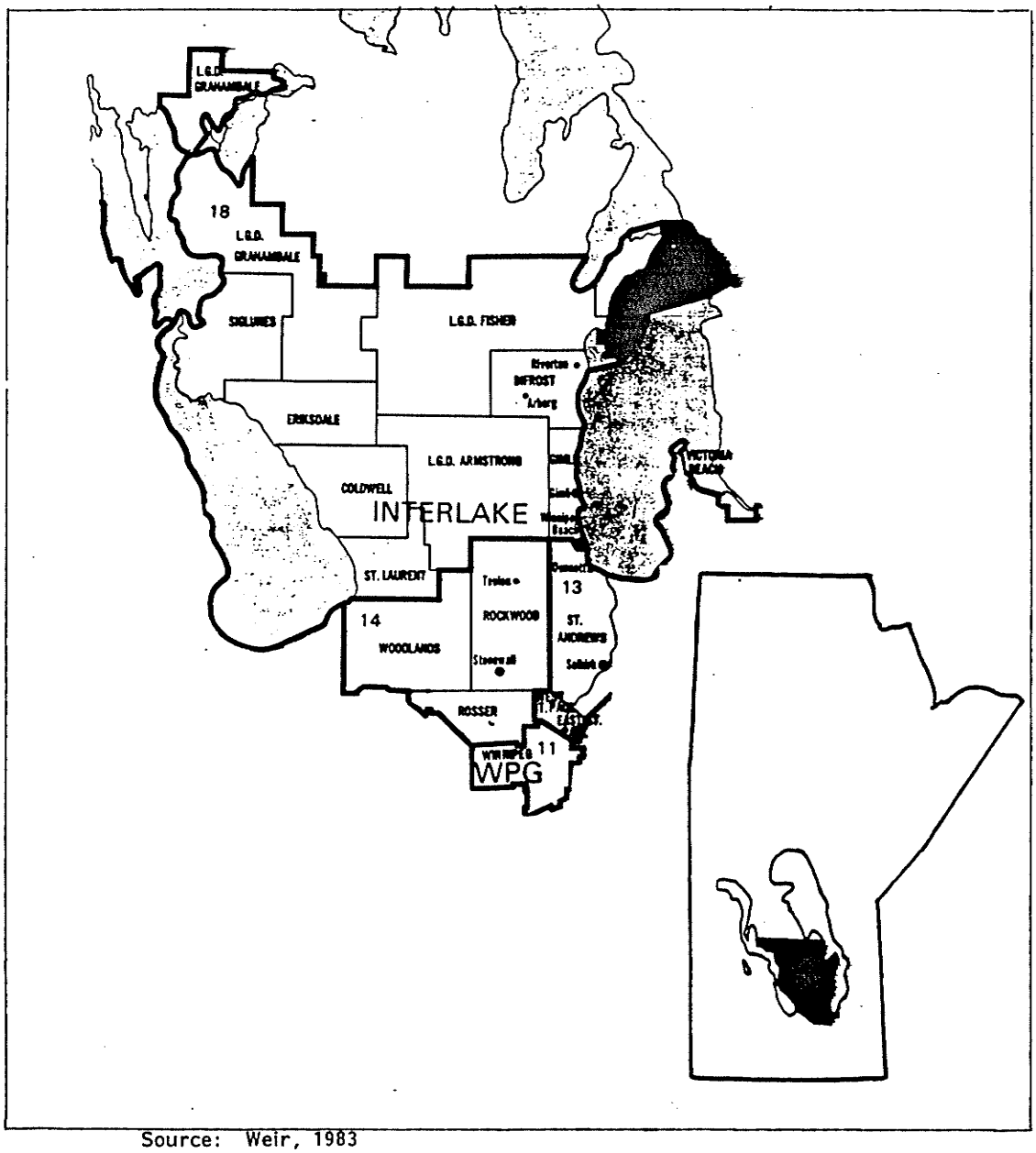
Coupled with the geographic dispersal of the elderly favouring rural areas are all the special needs they impose on their environment. As Todd (1985) pointed out, the elderly are effectively, non-producers with heavy demands on what the producing population can provide. With the aging of a community, demands on local resources increase while ability to match demands recedes. Therefore, the situation in small rural centres is made even more complex to resolve. The problems inherent to regional development planing, *vis a vis* elderly environments are readily apparent. Development strategies must work around this issue of reduced resources and increased demands. For example, many policies target human resource development through soft-infrastructure programmes, such as training and education (Senate Standing Committee, 1982). If, as in rural Manitoba's case, 11.8 percent of the population is over 65 years of age, and another 22.8 percent is under 15 years of age, even an extensive programme would, at best, reach only 65 percent of the regional population expected to

improve their own circumstances. What is to become of the additional highly dependent population, constituting 35 percent of the entire regional population (MHSC, 1984-85)?

Not only does the controversy between needs and availability of resources produce a troublesome incongruity, but policy makers also have to contend with special-needs groups within the already special-needs group, including frail, at risk, isolated and the ethnic minorities (Coward, et al, 1985). These sub-groups have needs that require even more immediate redress. It all still culminates at one point though, that of social provision within the immediate environment. This thesis hypothesizes that effective regional development policy leads to improvement in both the economic and social sectors. If development has, in fact, been achieved through regional policy, the elderly are automatic beneficiaries simply because social and economic welfare and equity have been provided.

Considering the hypothesis that regional development provides betterment, both economically and socially, research will be steered to the measuring of the effect of development policy in the Interlake and, in particular, monitoring the effects on the region's elderly population. An explanation as to why the elderly are being used as part of the case study has already been made. The elderly have social needs often incumbent on the effectiveness of development policy. Using the Interlake as the region of study is also to be understood on its own merit. The Interlake (Figure 1.1), since the late 1960s, has undergone a variety of development initiatives. The 1961 Census revealed the Interlake to be one of the several regions in need of some sort of

Figure 1.1 Manitoba's Interlake Region




Source: Weir, 1983

government intervention in order to bring it up to par with the rest of Manitoba.

The Interlake, 25,898 $km^2$, has a variety of geographic features, in addition to a multitude of ethnic and cultural influences. The population in the 1960s was around 55,000 people. The problems the Interlake was experiencing can be traced to the poor agricultural conditions, such as thin soils, upon which most of the region's income depended, an unreliable fishing sector because of unstable prices and poor quality fish supplies, and a poorly-education population. Potential was seen to exist, however, through adjustment of agricultural practices, conversion of poor quality lands to wildlife reserves or parks and extensive education and manpower training programmes (Canada, KAH-MISS-AHK, 1969). The region was rich in a variety of natural and human resources, so ARDA stepped in and allocated an $85 million FRED plan to address some of the typical ailments associated with a problem region such as the Interlake. Through the 1970's, DREE and the contemporary DRIE have contributed to development in the Interlake, based upon the principles established in Guidelines for the Seventies (1973). FRED, however, stands out as the most comprehensive and intensive effort at Interlake development.

In association with development efforts came a provincial concern for social welfare. The 1971 Aging in Manitoba study, for example, detailed the needs and resources of the elderly throughout the province. Therefore, while explicit development initiatives were at work, so was quite extensive social policy re-evaluation and formulation. The

Interlake, and the elderly, were targeted by both of these initiatives and should therefore be experiencing markedly improved circumstances relative to the early 1970s. Since both place and people prosperity have been subject to varying degrees of initiatives within the Interlake, an analysis of their results and any possible synthesis of effects will be pursued in this thesis. Analysis will follow the format of a review of regional development policy within the Interlake. Subsequently, Chapter 3 will deal with the social policy regarding the elderly as it developed through the 1970s. Empirical research outlined in Chapter 4 was geared to determing the development implications of social provision and to establish to what degree social provision relies on development achievements. Chapter 5 examines some of the (interesting) results and goes on to consider their implications for social and development policy. Recommendations are posited as a culmination to the thesis.

## CHAPTER 2: THE INTERLAKE AND DEVELOPMENT POLICY

Chapter 1 introduced regional development planning priorities, the elderly and the Interlake. This chapter will expound on three major federal-provincial development thrusts. It will concentrate, first, on the Fund for Rural Economic Development (FRED), a subsidiary of the Agricultural and Rural Development Act (ARDA), secondly, on the Department of Regional Economic Expansion (DREE) and its successor, the Department of Regional Industrial Expansion (DRIE) and, finally, on the Guidelines for the Seventies, a Manitoba Government publication from 1973, which will be discussed because it served as the framework for both DREE and DRIE initiatives.

FRED will be outlined and evaluated as one of the earliest Canadian regional development efforts. It was regionally specific, since programme ideology of the day dictated that the identifiably weak, or depressed regions, hurt overall Canadian performance and must then be brought up to par. The focus then shall progress, as did Canadian development planning, to provincial, as opposed to regional, development initiatives. This evaluation will include a review of Guidelines policy, and of DREE, the 1970s and early 1980s precursor to the now operative DRIE. As Smith (1971, p. 9) stated about the 1970s, the nation:

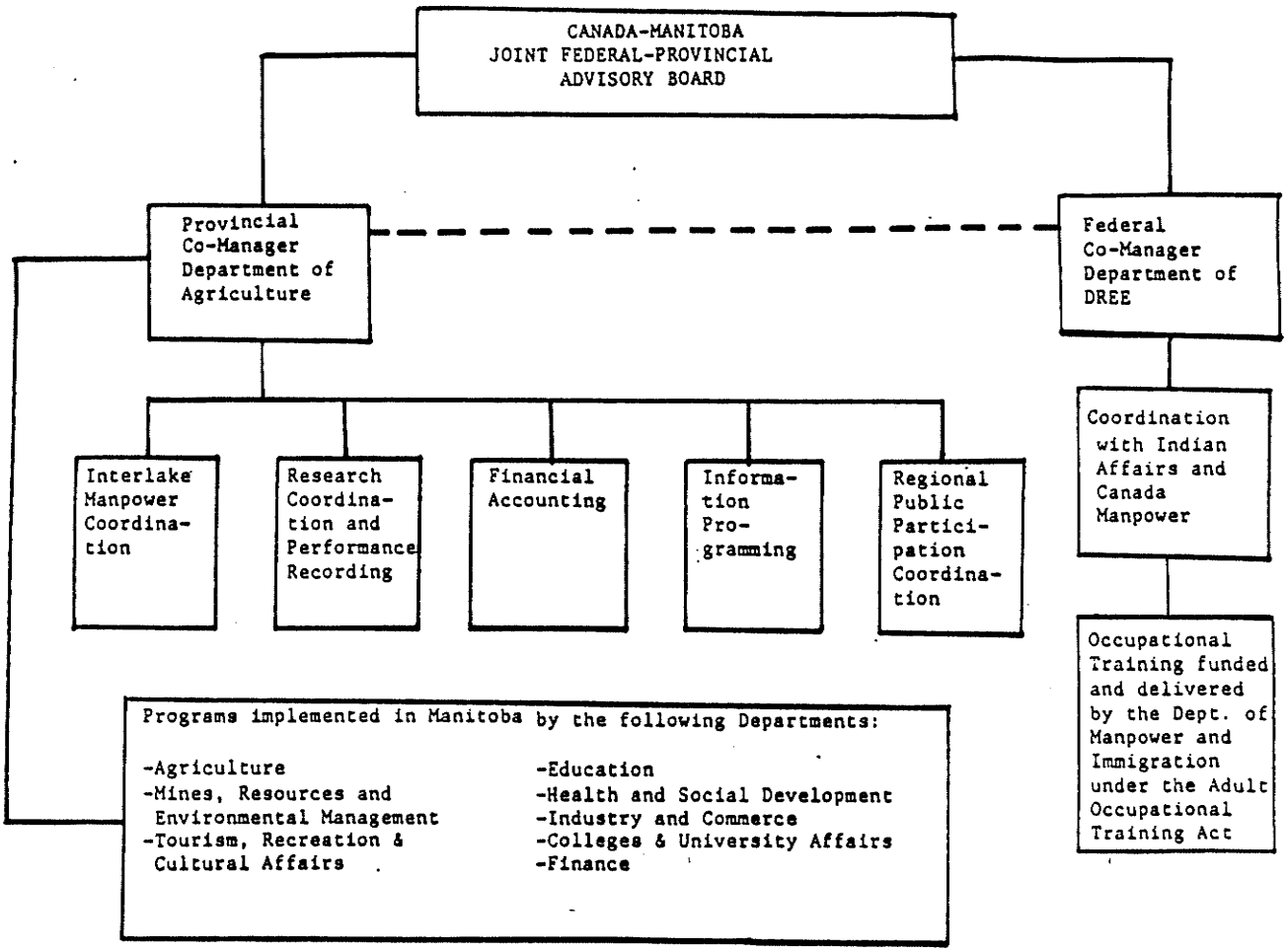
> ...may now be entering a period of which the focus of regional policy in Canada may be more explicitly and effectively directed towards provincial economic growth and development... a set of guidelines to strengthen the broader underlying bases...

The above tactic was followed closely by these departments. Although Brewis estimated the Canadian development system as immature and comparatively underdeveloped at the beginning of the 1970s, its subsequent maturation will be traced from FRED to DREE, and DREE to DRIE, as they have been applied to promoting economic and social development in Manitoba's Interlake.

## 2.1 FRED

Perhaps one of the most optimistic regional development plans ever conceived in Canada was FRED which, in turn, stemmed from ARDA. ARDA went through two major stages in philosophy, the first promoting physical development while the second concentrated upon the human aspect (Manitoba, 1968). The outcome of the new emphasis on the social aspect of development was expressed through the conception of "Special Rural Development Areas" (SRDAs). These were areas seen as having serious socio-economic difficulties, desperately requiring immediate government assistance to help repair the situation. The federal government identified nine SRDAs, one in each province, excluding Prince Edward Island. To design and implement programmes for these regions, FRED was established. It was a federal-provincial cost-sharing agreement founded upon a three-tier organization, namely, local, provincial and federal (Figure 2.1). The main objectives of all FRED programmes were to a) increase the level of per capita income, b) increase employment opportunities, and c) to improve the standards of living (Gillies and Nickel, 1977).

FIGURE 2.1 THE ORGANIZATIONAL STRUCTURE OF THE INTERLAKE FRED PLAN



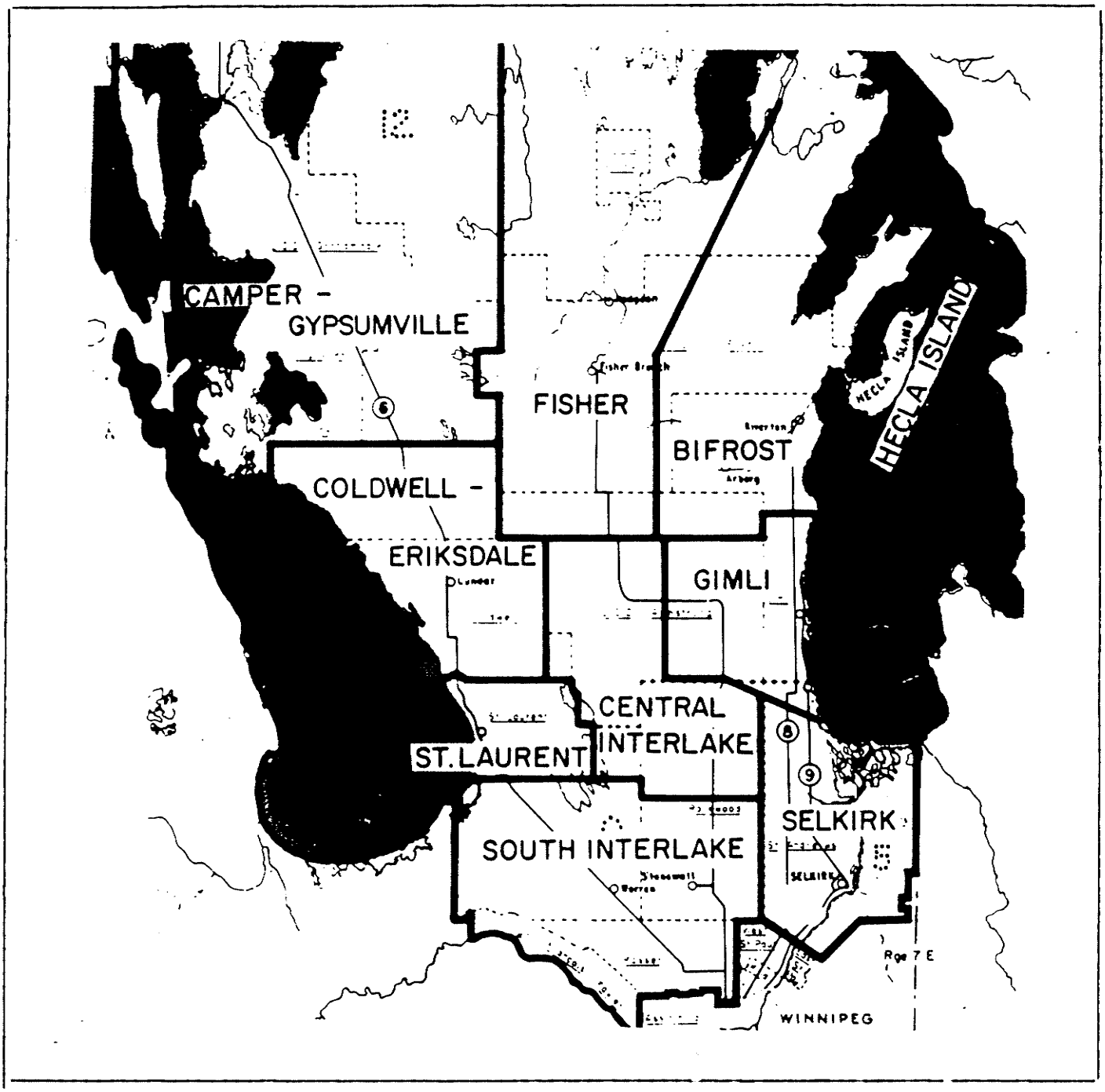

Source: Canada, 1977b

It should be recollected that the plan was conceived at a time when the prevailing enthusiasm was one of where "governments can do everything, and governments should do everything" (Nickel, 1975; p.5). Hence, FRED attempted to tackle almost every sector of an SRDA, regardless of the daunting task that was thereby entailed.

In Manitoba, the Interlake was chosen as the SRDA for several reasons (Figure 2.2). The Interlake was a depressed region, subject to low incomes, few employment opportunities, high out-migration, low levels of education and social adjustment problems. Evidently, other factors played an equally significant role as socio-economic difficulties, since the Interlake, as depressed as it was, was not the worst-off region in Manitoba (Gillies and Nickel, 1977). There were several politically-advantageous motives, not least being the fact that the Interlake area, traditionally a Progressive Conservative stronghold, had George Hutton, Federal Minister of Agriculture, as its representative in Parliament, coupled with the Conservative administration of Premier Duff Roblin, in the Manitoba Legislature (Nickel, 1975; Gillies and Nickel, 1977). Additionally, "The Interlake was chosen because it was a beautiful laboratory...because it is geographically discrete" (Nickel, 1975; p.4).

The Interlake development plan was a major federal-provincial undertaking. The two levels of government intended, through FRED, to improve incomes and standards of living. To achieve this broad objective, they designed programmes to increase education levels, provide training and mobility opportunities, provide a comprehensive

Figure 2.2 FRED's INTERLAKE REGION




Source: Canada, KAH-MISS-AHK, 1969

network of information and counselling services to area residents, develop the renewable resource sector (especially agriculture and fishing) and lastly, develop an infrastructure for the region. These were to be provided for through an $85 million fund, $49.5 million from Ottawa, and the other $35.5 million from the province (Manitoba, 1971a; MacMillan, et al, 1975). The following pages demonstrate the extensiveness of the FRED programmes.

Education was one of the key elements in the FRED plan (Table 2.1). Having recourse to a $28.6 million fund, it was intended to achieve an overall increase in resident education levels, bringing them up to par with provincial standards. Capital was invested in improving existing education facilities, in the construction of a regional, comprehensive technical-vocational secondary school in Selkirk, and a fair proportion was set aside for future maintenance and operations. FRED also consolidated the 165 school districts into one board for each of the five new divisions (Canada/ARDA, 1972).

TABLE 2.1 FRED PROGRAMMES

| Human Resource Development | Natural Resource Program | Regional Infrastructure Development |
|---|---|---|
| Education - the school system | Land Development | Roads |
| Adult Education and Training** | Land Acquisition | Training-In-Industry Projects |
| Academic Training | Drainage | |
| Occupational Training | | Veterinary Clinics |
| Interlake Manpower Corps | Parks Recreation | |
| Farm Development | | Selkirk Industrial Park |
| Fisheries Development | | Farm Water Services |

** Does not include training-in-industry (capital) expenditures.

Source: DREE, 1977b; p. 4

Another education-oriented programme was 'Manpower'. It had an allocation of $10.26 million to be spent on adult training allowances and mobility grants. It was designed to provide increased opportunity by means of counselling services which were aimed at making the population aware of opportunities and alternatives, providing community leadership training, technical vocational training facilities in Selkirk, portable training units for other centres, financial assistance during training, and job placement where necessary. FRED also allowed for management education in agriculture, fisheries, recreation and other projects, so as to increase the knowledge and efficiency of residents in the work force (Canada/ARDA, 1972).

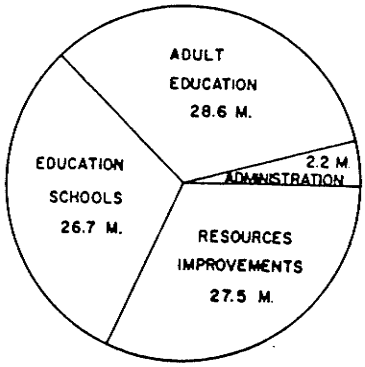
The most financially demanding of all the programmes on FRED was that of physical development and structural adjustment, requiring $29.4 million in all. It assisted residents in adjusting their operation of agriculture and fisheries, helped and encouraged those who chose to leave these sectors, and provided direct assistance to those who chose to remain by encouraging improvement investment. This programme also provided for the construction of roads (such as Provincial Trunk Routes 6 and 68), parks and recreational development (such as Hecla Island) which provided both immediate and future employment opportunities. An industrial park was also built in Selkirk, 75 percent of its costs being funded by FRED, and the Selkirk Training Plant was established. The acquisition of low-capability agricultural lands was also sponsored by FRED, much of which was converted into wildlife reserves or parks. Agricultural assistance was also included under this programme, and incorporated drainage projects, improved

water services, subsidized land clearing, and the construction of veterinary clinics which, along with improved livestock production and farm management training, aided overall animal health. Fisheries benefited from educational ventures which acted to increase technical and management skills, and from the establishment of the Fresh Water Fish Marketing Board. Also included within this plan thrust were those Canada Mortgage and Housing Corporation (CMHC) projects that were aimed at helping establish an adequate level of housing via the provision of capital (Canada/ARDA, 1972).

Outlined within the FRED plan was a research and evaluation process, both to help establish objectives and to gauge whether or not any of the objectives were being achieved (MacMillan, et al, 1975). It only had $250,000 with which to work, yet was expected to accomplish a thorough analysis of the physical, social and economic conditions, perform feasibility studies, formulate actual blueprints for recreational land-use, and evaluate the effectiveness of all programmes (Canada/ARDA, 1972) (Figure 2.3). This serves to demonstrate that planners did make some allowance for the on-going monitoring of the Interlake plan.

The last major thrust under the FRED plan was the administrative aspect, requiring $1.75 million. The province was responsible for the implementation, operation and maintenance of the plan, excepting parks which were specifically assigned to a federal department (Canada/ARDA, 1972).

Figure 2.3 FRED Plan Expenditures




Source: KAH-MISS-AKH, 1969

The design of the FRED plan was fairly comprehensive, however, as embellished by a political economist, it was not without its start-up problems (Nickel, 1975; p. 8).

> In short, what the God-like planners were attempting to do was to go in and disrupt the existing society, the existing economy and the existing political and social structure in order to lay down the framework for a new political, social and economic structure...

He further adds that this framework was intended to become self-generating development:

> ...the people will start off again by themselves, and they'll be able to run this thing the way they want.

He pointed out though that the people of the Interlake shared his opinion to a degree:

> The people fought... nobody from one part of the area could agree with anybody from another... the election in 1969, and the people reacted... by voting solidly against the government.

When the plan was implemented in the Interlake, it became evident that the new, comprehensive planning fashion was not too popular with the actual target population. FRED planners were hoping to transform the people away from the traditional society to a "blueprint" planned society. It was implemented in an atmosphere of apathy, where proud but humiliated Interlake residents saw an opportunity to disprove the notions of their being poor and uneducated. The initial negative objectives eventually developed into more positive ones, where the mechanistic objective of decreasing farm numbers became one of increasing the number of viable commercial farms (Nickel, 1975). FRED was ultimately accepted as a chance for improvement.

Through FRED's mobility and job placement grants, out-migration from the region was encouraged. This became unacceptable however, because it was not actually solving any of the problems to which FRED was committed. Planners began to realize that it was not improving anything and that the welfare of the migrants had been ignored. With these realizations, programmes were modified so as to reflect a more concerted effort to provide opportunities within the Interlake and at least offer residents the choice of staying or moving (Nickel, 1975).

The success of FRED as Nickel (1975) and MacMillan et al, (1975) have concluded, was mixed. There were several intrinsic problems with the plan at its inception. For example, a basic problem was the overlap of federal, provincial and municipal jurisdictions; not surprisingly for a three-tier administration programme which was trying to work co-operatively within an itemized complex level of jurisdictions. For instance, the Indian policy was under federal authority, yet was being directed through a provincial planning board. The fisheries portfolio, another federal department, raised the same issues, while drainage projects created municipal and provincial strife. Another problem of the plan implementation was finding a definition adequate to describe an acceptable standard of living. Was "standard of living" to be gauged against national, provincial or regionally comparative conditions? An answer to this fundamental query was never provided. A third problem was the nature of the Interlake's economy itself: both for the goods produced, the goods required, and for the economic opportunity offered, the area was wholly dependent upon the provincial and national economies. As such, the Interlake could not, even with FRED's assistance, expect to grow if the larger economies to which it belonged were not also growing. The last difficulty inherent in the plan and planning in general, stemmed from the trade-offs between short-run and long-run benefits; trade-offs, it might be added, which were in a continual state of flux (MacMillan, et al, 1975). These difficulties, common to most development programmes based on co-operative administration and a multitude of policy objectives, include the trade-offs associated with programme objectives themselves. Beyond the short or long-run results, there are immediate objective conflicts.

Examples from the Interlake plan include controversy between highway construction, wildlife conservation, agriculture or recreation sites (MacMillan, et al, 1975).

Actual development was to a degree achieved, however. Manitoba Community Reports, by the Departments of Industry, Trade and Commerce, and of Economic Development and Tourism, show that by the mid-1970s, improvements to curb out-migration and upgrade social services and facilities had been achieved for most Interlake centres. Other aspects of betterment for which FRED is credited include the Selkirk Regional Comprehensive High School, the Selkirk Training Plant, the building of roads and parks, and the Manpower training programme (Nickel, 1975). On a more analytical basis, the FRED plan reveals, in an input-output analysis, that for every $1.00 invested by FRED, only $0.65 of income was generated. However, this is partly off-set by the 74 jobs created and their associated income expenditures (MacMillan, et al, 1975). The Manpower programme of adult training was partly successful; while it did cost a sizeable sum to create the opportunities, the disadvantaged and high-risk groups were the beneficiaries (Nickel, 1975). Recreation development also proved a worthwhile programme in that it provided immediate employment, training and a future industry which benefited most of the region (Nickel, 1975). The statistical impact of FRED does, moreover, indicate successful outcomes (Table 2.2).

Also of note are the slight improvements in output, employment and income due to FRED expenditures. Education and Manpower

Table 2.2 The Interlake Area Economy 1968, 1971, and 1976 With and Without Fred Resource Development Expenditures (Estimated)

| Selected Economic Development Indicators | 1968 Without FRED | 1971* Without FRED | 1971* With FRED | 1976** Without FRED | 1976** With FRED |
|---|---|---|---|---|---|
| Gross Output by Sector | - millions of 1968 dollars - | | | | |
| Agric & Mining | 44.5 | 50.2 | 63.3 | 59 | 77 |
| Manufacturing | 26.5 | 28.0 | 28.1 | 31 | 31 |
| Non-Manufacturing | 9.8 | 11.0 | 11.9 | 14 | 14 |
| Wholesale | 15.1 | 17.0 | 20.0 | 21 | 24 |
| Retail | 42.0 | 44.1 | 47.4 | 49 | 53 |
| Service | 10.0 | 10.0 | 10.4 | 11 | 12 |
| TOTAL | 147.9 | 160.3 | 180.8 | 185 | 212 |
| Employment | - thousands of man-years - | | | | |
| Agriculture | 6.6 | 6.1 | 7.4 | 5.1 | 6.2 |
| Others | 9.4 | 9.6 | 9.9 | 10.3 | 10.5 |
| TOTAL | 15.9 | 15.7 | 17.3 | 15.3 | 16.7 |
| Land in Production | - millions of acres - | | | | |
| | 1.5 | 1.6 | 1.7 | 1.9 | 2.0 |
| Household Income | - millions of 1968 dollars - | | | | |
| Farm | 20.1 | 22.6 | 28.5 | 26.4 | 34.8 |
| Non-farm | 55.0 | 58.4 | 59.8 | 67.8 | 69.7 |
| TOTAL | 75.1 | 81.0 | 88.4 | 94.2 | 104.5 |
| Average Income Per Farm | - thousands of 1968 dollars - | | | | |
| | 3.4 | 4.1 | 5.1 | 5.3 | 7.0 |

* The results show effects of the 1967-73 program expenditures of $6.8 million on drainage, $0.7 million on land clearing, and $0.9 million on farm management in 1971 and 1976.

Source: F. L. Tung, J. A. MacMillan and C. F. Framingham, "A Dynamic Model for Evaluating Resource Development Programs", American Journal of Agricultural Economics, 58:3, pp. 403-414, August 1976.

programmes are responsible for much of the overall regional improvement. A DREE working paper on the impacts of the Interlake plan (1977b) specified that 2,578 persons beyond school age took some sort of academic upgrading while another 5,460 benefited from some job-training assistance, there were 2,321 participants in the Manpower programme. Thus, the education impetus of FRED was one which provided short-term benefits (in an individual sense), yet long-run benefits to all communities as a result of increased training and skills enjoyed by area residents (Canada, 1977b; p.5). The Manpower programme succeeded in its efforts as it lowered participant unemployment rates from 80 percent to 19 percent. It was in effect, from 1968 to 1973, when the average weekly income in the region increased from $82.00 to $219.30. The aforementioned DREE paper intimated, that after eight years in operation, the Manpower programme had benefits three times greater than its costs; after ten years the benefits were five times greater than costs. The land-clearing programme was beneficial to low income farmers, as was revealed in value of receipts, while 1,923 farmers received improved farm water services at a cost to FRED of $300,000. The recreation and parks project also proved successful, because not only were immediate employment and income generated, but the average value of Interlake tourism rose by $2.1 million and promised future increases as well. The DREE paper concluded that the FRED programme generated an additional $10.6 million annually for the region, in addition to increasing average personal income by $200 per year.

Other analytical evaluations of the Interlake plan however,

produced less conclusive results. As MacMillan et al, (1975) have noted, this less enthusiastic evaluation is qualified by several important factors:

1) the FRED region was not consistent with census sub-divisions, and as a result, census data cannot be accurately applied (for example, only part of the R.M. of St. Clements was included);
2) many of the projects included in the $85 million investment would have likely been carried-out in any case, as many were already available elsewhere;
3) reserve Indians were not explicitly dealt with, but do however exist as a high profile, independent group within the region; and
4) the out-migration, somehow implicit within the programme, eliminated many area residents who should have been able to benefit from the development.

The point to note about the FRED Interlake plan was its broad scope and single objective of developing the Interlake. FRED attempted both social and economic improvement through an array of plans and projects, with the goal of initiating self-generating regional development. FRED can be described as a statement of the development policy of the 1960s. It was a major federal-provincial undertaking at the time, and established 'grandiose' objectives to revamp an entire region. FRED was an example of a regional development package. Its review serves as a valuable point of departure for both the understanding of the purviews of "regional development" and implications of various planning considerations. It met with success in many aspects although it had several important difficulties embodied within its overall scheme. As Nickel (1975) quotes a political economist as saying, "with $85 million floating around 50,000 people, something had to come out of it".

## 2.2 GUIDELINES FOR THE SEVENTIES

Prior to embarking on a review of DREE and DRIE development planning initiatives, one must first consider Guidelines for the Seventies (Manitoba, 1973), as it served as the framework in which these two departments operated within the province of Manitoba. In the early 1970s, the provincial government was beginning compilation of an extensive policy framework known as Guidelines for the Seventies, (Guidelines, henceforth). Released in 1973, it issued a challenge to all government departments and agencies to commit themselves entirely to developing socio-economic conditions within Manitoba. It entailed a comprehensive evaluation of the values and objectives of Manitobans so that, through government policy, satisfactory progress towards established objectives could be made (Manitoba, 1973).

Guidelines was established as a planning framework for government policy. It set out to accomplish provincial objectives through encouragement, and the redirection or nullification of past trends, encompassed within progressive planning initiatives. It established four broad policy principles: programme integration; policies which reflected the aspirations of Manitobans; concern for long-term implications; and forceful and precise terms of direction. These basic principles were reflected in its four objectives:

1) to maximize the general well-being of all Manitobans;

2) to achieve greater equality for all Manitobans through a more equitable distribution of the benefits of development;

3) the implementation of an effective "stay-option", through policies and programmes which would prevent Manitobans from being coerced by economic forces to leave the province or the region within the province in which they preferred to live; and

4) the promotion of public participation in the process of government, especially in development decisions.

(Manitoba, 1973; p.13)

The objectives were intended to have significant social and economic impact. In the economic realm, the government planned a redistribution of income. This was to be achieved through a combination of an "ability to pay" tax reform, employment and manpower training, agricultural policies to help low-income farmers, and restructuring of the provincial economy. By these means, it was hoped that consumption expenditures would rise, thereby partially severing the linkage of Manitoba's economic cycle with the national cycle. Out of all these programmes, it was intended that an overall improved economic condition would be established which, in turn, would curb rural out-migration as opportunities in rural areas would be enhanced. In terms of the elderly, this would provide an improved service and commercial base from which to draw or rely upon (Manitoba, 1973).

The province also committed itself to the improvement of social conditions throughout the province. The key issue was the trend towards concentration of population, economic activities and services within Winnipeg. To turn this around, decentralization became the means of improving flexibility, delivery and sensitivity of social services to local concerns. The government did not hesitate to decentralize its own offices, generally locating them in regional centres throughout the

province. The elderly would be great beneficiaries of this process because it would simplify assessing local needs and conditions, coupled with an improved ability to deliver services to rural locales. As social and public services are intended for all, this would, ideally, provide equal access, availability, quality and response. Included within the social policy were more income maintenance schemes, and more improved health and personal-care facilities. The "aged" were given special consideration as they had more needs in this area, especially in accessibility, availability and physical and mental-health vulnerabilities (as identified in the Manitoba Study on Aging, 1971). Therefore, a community-based delivery system and special programmes were devised. These included home care, assistance in shopping and socializing, and more specific initiatives such as the Pensioners' Housing Programme, the "Friendly Visitors" programme, the Elderly and Infirm Housing Programme of the Manitoba Housing and Renewal Corporation (MHRC), more personal-care homes (PCHs), and the decentralization of the health and social-service delivery system. Within many of these policies, the federal government was a large contributor through complementary plans or transfer payments (Manitoba, 1973, Vol. 2).

Volume 3 of Guidelines devoted much attention to the rural areas in order to implement the "stay option". Measures included the encouragement of commercial and industrial activity and amending social policy into a form which was more consistent with regional potentials. In terms of health and social planning, decentralization was to address only local difficulties, while development in many other sectors, such as education and transportation, were to complement and support the overall Guidelines objectives (Manitoba, 1973, Vol 3: p.44).

This blueprint for development must be seen within the overall development planning context. Government commitment is the first step in accomplishing development, as awareness and understanding is always a planning prerequisite. Pendreigh (1981) has designed one of many diagrammatic representations of the various planning stages. Figure 2.4 follows the steps from the initiative of making a planning proposal, through to its final evaluation.

FIGURE 2.4 Planning Stages

| | | |
|---|---|---|
| Boundary Setting | 1. | Terms of Reference |
| Analysis | 2. | Data collection, analysis presentation |
| | 3. | Problem definition |
| | 4. | Problem projection |
| | 5. | Objective setting |
| | 6. | Constraint |
| Design | 7. | Design strategies |
| | 8. | Programme design |
| | 9. | Programme budget |
| | 10. | Project formulation |
| | 11. | Implementation |
| Evaluation | 12. | Evaluation |

Source: Pendreigh, 1981; p. 93.

Step 1, the term of reference was, Manitoba in this instance. To establish the plan within Manitoba, some requisites were needed: a reason to make advances to a development proposal, to make plans

as indicated by public demand, and a political commitment to development objectives (Pendreigh, 1981). The 1961 Census and the results of the 1971 Manitoba Aging Study indicated obvious needs for the rural and elderly. Closer analysis of the situation revealed yet further problems or reasons for making a development commitment; namely, rural socio-economic deterioration and rural out-migration. These called for some type of planning initiative. As the only effective and feasible administration was the government, their commitment to the people of Manitoba led to the formulation of a development strategy. Research aimed at specific groups, such as the elderly and rural areas, and government awareness of deteriorating conditions, led to the Guidelines proposals.

Once terms of reference and planning requisites have been defined, other stages must follow. Pendriegh (1981) outlines the next stage as collection and analysis of data equated with the reasons behind deciding to make initiatives in the first place. In short, a problem can often go unnoticed unless there is sufficient empirical information to justify it; needs such as those indicated by a study such as one on aging. From such studies comes the data to be considered while planning. However, it cannot be denied that further comprehensive data collection and analysis would be necessary for a proposal which involved all the population of Manitoba, beyond just the elderly.

Subsequent stages include problem definition (rural socio-economic deterioration leading to out-migration) followed by problem projection (further rural deterioration and ultimate collapse), followed by an

objective setting (needs and resources) and finally, a constraint analysis (budgets and potentials). The 1971 Manitoba Aging Study completed analysis of all the above stages for the elderly. Some policy implications were also included. The study was a research project lending credibility to the establishment of Guidelines through its focus on the elderly and rural areas. While design stages, such as strategy and programme design, were partially fulfilled through the Guidelines framework, it was, not until the Canada-Manitoba General Development Agreement (GDA) was signed between the province and Canada (DREE) in 1973, that the last stages of the development plan were fully completed.

## 2.3 DREE

The Department of Regional Economic Expansion was established in 1969, following the Government Organization Act of the same year. It was a small portfolio under which all previous development agencies and programmes were placed, such as ARDA, the Prairie Farm Rehabilitation Act (PFRA), the Area Development Agency and the Area Development Incentives Act (ADIA). DREE was to co-ordinate their activities and oversee all matters pertaining to economic expansion and social adjustments not already under the jurisdiction of another federal department. It was a high visibility department due to the popularity of the regional development movement at the time (ECC, 1977).

Yet DREE was initially accepted with mixed feelings by Canadians. Some felt it to be counter-productive because it was viewed by many

taxpayers as a scheme which took capital and human resources from a productive region and redirected them to non-productive areas. In essence, it appeared to be throwing good money after bad. Others, especially those in areas that needed government assistance, thought that DREE supported the Canadian ethic of opportunity and welfare, which theoretically becomes a federal responsibility should the market system fail to provide equal access across the country (ECC, 1977).

The initial expenditures reached four sectors: direct assistance to the private sector; public sector non-rural assistance; public sector rural assistance, and manpower programmes (ECC, 1977). These usually fell into the purview of the aforementioned development programmes already in existence. In 1969, DREE organized the Regional Development Incentive Act (RDIA) in lieu of ADIA. The RDIA provided incentive grants and loan guarantees in order to stimulate industrial expansion in designated regions, with the ultimate aim of creating and preserving existing jobs through modernization. The grants depended upon the perceived regional need. In total, RDIA claimed to be responsible for providing 128,728 employment opportunities, 10,301 of which were within Manitoba. It assisted in 402 projects within the province, and built 45 new facilities with a price tag of $57 million (Canada, 1977a; ECC, 1977). As will be recorded later, many Interlake centres benefited from RDIA grants in that new businesses were established or expanded.

In 1972, DREE was reorganized and began to focus more attention on public-sector assistance. At the same time, it organized umbrella

agreements with all the provinces, except Prince Edward Island. The agreements were known as General Development Agreements (GDAs) and acted as enabling documents through which federal-provincial development concerns could be realized.

The Canada-Manitoba GDA was a ten-year agreement, commencing in 1974, and continuing through to 1984. It was a cost-sharing agreement which acted as an enabling tool whereby later subsidiary agreements would take on the role of practical programme implementation. The subsidiary agreements were designed to pursue economic development more so than social, but through these plans, the "stay option" was to be enhanced. With the two levels of government jointly working within a common framework, two broad objectives were agreed upon: first, to increase income and employment opportunities throughout Manitoba, and to improve opportunities for people to live in the area of their choice with higher standards of living; secondly, to encourage socio-economic development in the northern portion of Manitoba. These were aimed at providing residents with real options and opportunities to contribute to and participate in development (Canada, 1979).

The strategy established to achieve these objectives was to commence with identification of development opportunities, and then to assist in their realization through co-ordinated application of Subsidiary Agreements. The Subsidiary Agreements were required to promote one or more of the following: creation or maintenance of employment either directly or indirectly; a broadening of the range of economic

opportunities at the local or provincial level; stabilization or increased income levels and improved access to goods and services; the involvement of the public in the planning process; and considerations regarding the impact of policy on population distribution and the quality of life. Both short- and long-term costs, to the federal and provincial governments and any potential environmental impacts were also deemed germane to Subsidiary Agreements. Under the GDA between Manitoba and Ottawa, four Subsidiary Agreements were signed. They embraced the following: Northlands; Socio-economic development; Agro-Manitoba development; and Commercial and Industrial development (an agreement similar to RDIA). Thus, these measures were the foundation of programme initiatives which were subject to annual ministerial reviews, considerations and funding determinations (Canada, 1979). Further details on the sub-agreements are in Appendix A.

When DREE and the GDAs had run their course, had they left the regions in Canada more equitable or, more specifically, had they improved conditions in the Interlake? An employee of the successor Department of Regional Industrial Expansion, who was also previously with DREE, answers "yes". Others have been less positive in their response. Woodward (1974) has written two articles on the 'capital-bias' nature of DREE and in both, he emphasizes that DREE's primary objective was to increase employment in depressed regions. He claims that the outcomes of DREE's regional industrial subsidies were, in fact, inconsistent with this goal. Woodward claims that capital-costs subsidies were substituted for the labour-cost subsidies. What happened was that firms would obtain the maximum incentive through

building or expanding the physical plant or through purchasing new machinery and equipment rather than employing more workers. In addition to qualifying for a larger subsidy, the net output was greater, and tax burdens less than if labour usage had been increased. This, says Woodward, qualified DREE's RDIA as a capital-bias, versus labour-bias scheme, contradicting its own most explicit goal of increasing employment opportunities.

McAllister (1980) was in a better position, in terms of the time factor, to objectively review the DREE development programmes. Yet he too found many a weak spot to criticize. Supported by Statistics Canada data, McAllister was able to demonstrate that unemployment levels were worse after DREE had been in operation several years (in 1978), than they were at DREE's youth, in the early 1970s. He also pointed out that this was especially the case in the depressed regions of the country where DREE had been the most active. This is qualified, however, because he realized that it may actually have been worse without DREE.

However, the issue here is not to assess the political nature of DREE, but to establish the type of impact, if any, it had on the Inter-lake, especially in terms of curbing out-migration and improving socio-economic conditions. Ideally, DREE's explicit commitment to Manitoba's Guidelines principles, should have resulted in positive socio-economic changes, which are incumbent upon DREE being successful. Any success, when measured against policy objectives, should have indicated reduced out-migration from depressed regions, as stated by

the "stay option", as well as increased incomes and opportunities, offered through RDIA grants, all of which would be reflected through a higher quality of life for residents. This shall be discussed in greater detail in the following sections.

## 2.4 DRIE

When the GDAs had run their course by 1983, DREE was merged with the Department of Industry, Trade and Commerce, and transformed into the new Department of Regional Industrial Expansion, (DRIE). DRIE was similar to DREE in the sense that it organized development planning in Canada on a co-operative, cost-sharing basis with the provinces. Almost immediately, DRIE signed 'Economic and Regional Development Agreements' (ERDAs) with the provinces. Manitoba's umbrella ERDA was signed on November 25, 1983. This document was an outline of Manitoba's economy and its future prospects. Moreover, it established several objectives: to increase public and private investment; human resource development; an improved transportation system; the strengthening and stabilizing of small business; work on problems and opportunities of technological change; new markets for the goods producing and service sectors; and, the strengthening of communication and co-operation in economic development matters among government, industry, labour and institutions. Similar in nature to DREE, DRIE based itself more on the 'understanding' of the situation. As Eugene Kostyra, Minister responsible for Manitoba's economic development, stated shortly after the signing, it encouraged wider co-ordination of federal-provincial activities. It was intended as a

complementary programme for other development initiatives. However, DRIE, like DREE, intended to improve opportunities for the people of Manitoba by means of regional development in the province. DRIE placed emphasis on Manitoba's development as a part of overall Canadian economic expansion (Canada, 1983).

The Manitoba-Canada ERDA was a ten-year agreement, which had sub-agreements for which the ERDA was responsible, as an enabling instrument. This time, however, all government departments were to participate and share in the responsibilities of regional economic development. The guiding principles of ERDA emphasized a strategic approach to regional planning, the development of an infrastructure providing short- and long-term benefits and assistance to the private sector. Delivery of the assistance is a federal responsibility when a project is federally funded, although a provincial delivery system is not ruled out if an efficient one is already available. This raises the larger issue of overall funding and delivery. On some projects, federal interest is expressed and is therefore federally funded and delivered. Other programmes may be entirely provincial, while yet others may involve a third party, in this instance, funding is flexible (Canada, 1983). The ERDA is, therefore, an improvement upon the GDA in that it involves all aspects of government, and allows for more flexible funding and delivery. The overall purpose is to co-ordinate Canada's and Manitoba's implementing of development measures, and to establish the procedures for consultation and evaluation. A public information network was also established as part of the ERDAs (Canada, 1983).

The Manitoba-Canada ERDA, like the GDA, needed subsidiary agreements formed to actually implement development measures. The first of these included the Economic Development Planning Agreement, the Mineral Development Agreement, Transportation Development, Communications and Cultural Enterprises, Agricultural Development and the Forest Resources Agreement (Canada, 1983). Further information on the sub-agreements can be found in Appendix A.

The ERDAs and DRIE are still in existance and, thus, cannot be effectively evaluated. They are included in the text for the purpose of illumination; that is to say, in order to show how the planning experiences of the 1960s and 1970s - and not least the Interlake experience - conspired to influence contemporary planning iniativies. In short, the agreements of the 1980s are implicit comments (learning experience) on the validity of those that went before them. Ostensibly then, progress from the DREE period and its GDAs has been made however, as the governments, both federally and provincially, are more closely involved in the desire to attain a more equitable regional distribution, as is often made clear at "first ministers" annual meetings.

At this point, three planning initatives have been reviewed, FRED, DREE and DRIE, in addition to a provincial policy framework in the form of Guidelines. Prior to assessing their impacts, a brief understanding of the principles of each is wanted. Again, briefly, regional development is understood as both social and economic in nature. Being aware of this is critical in the contemplation of the validity of any of these plans for their regional development merit.

First of all, FRED was an explicit regional development plan. It attempted to improve both the social and economic sectors of the succinctly defined Interlake. After the FRED experience, and the addition of several comprehensive studies to the provincial repertoire, Guidelines was released expressing the government's desire to encourage and move toward a much greater state of socio-economic equity throughout Manitoba. It took FRED's regional development objectives to the provincial level with the advantage of having fewer constraints to force conformity on an inflexible model. Guidelines was well established when DREE and its subsidiary agreements were introduced. As such, DREE initiatives had to comply with provincial objectives, thus the emphasis on economic development in rural Manitoba in concurrence with the stay-option philosophy. The last development plan highlighted was DRIE. It is similar to its predecessor DREE, in that conformity to provincial objectives is valued. The point to note, however, is that since FRED's all-out regional effort, development planning has salvaged the economic programmes, almost at the expense of the social programmes, based upon the belief that social benefit is a natural result of economic growth.

The following section bears this notion in mind, however, makes no attempt to distinguish social from economic development. Policy impacts in terms of the Interlake region as a whole are only considered. A tentative start follows below.

## 2.5 Policy Impacts

A proviso is in order from the outset. The impacts, if any, of all

the aforementioned programmes are almost impossible to isolate from other influential factors underway within the national economy. The only easy way of measuring changes, founded upon development initiatives, is through a comparative method of past and present. The following pages will attempt this task, leaving the sectoral impacts for consideration in later chapters.

i) "Before"

Two decades ago, the Interlake suffered the symptoms typical of many of Canada's rural areas. The chief result was out-migration: the cause was changing agricultural practices. Hodge (1965) was a pioneer in the study of Prairie small-town viability. He describes the issue as one which followed a logical cycle, however unfortunate the results. Simply put, increased mechanization decreased the demand for farm labour, and simultaneously increased the need for larger holdings to justify the immense capital investments. Subsequently, as farms grew in size, they declined in number. The repercussions of this changing system were felt, primarily, by those who lived in communities which existed for the main purpose of servicing the surrounding farm population. When the number of "clientele" dropped significantly, the trade base of these communities was weakened to the point where it was no longer viable. Thus, local merchants were forced to leave the area in search of opportunities elsewhere. Hodge (1965) assessed this trend in Saskatchewan, hypothesizing that the smaller, less specialized centres were declining at a faster rate than larger centres able to offer more services. From a simplified and similar analysis done for Manitoba

centres (Robertson, 1985), results supported this hypothesis, as did Hodge's own results from Saskatchewan.

The implications of small-centre decline for the Interlake were very apparent during the 1960s and into the 1970s. Town populations were declining and the younger generations were especially conspicuous in seeking opportunity elsewhere. Other factors associated with the ramifications of a changing agricultural structure, encouraged out-migration also. The socio-economic conditions led many to reconsider their living in the Interlake. The less-than-adequate conditions included low family incomes, poor municipal services and poor housing conditions, amongst many. On a comparative basis, average family income in the Interlake was $4,809 per annum, over 8 percent lower than the provincial average of $5,434 (Statistics Canada, 1961). Somewhat related is educational attainment: while Manitoba's rural areas had approximately 40 percent of adults with secondary education, the provincial average, (mainly urban in nature) exceeded 50 percent (Statistics Canada, 1961). The lack of public services and facilities also proved a major obstacle to residents remaining in the region. A Manitoba Housing Study (Manitoba, Dept. of Industry and Commerce, 1963) indicated that the sanitary conditions and housing conditions were among the worst in the province. Of 20 urban centres evaluated, both Gimli and Selkirk were revealed in 1961 to be the centres with the second highest percentage of 'bad' housing, and ranked third for centres with no plumbing facilities. The definition used for "bad" housing in the report included such things as missing outside walls, sagging roofs and broken stairs and windows. "No household

„plumbing" is quite self-explanatory. Even by 1967, many Interlake communities still lacked municipal water or sewage, Arborg with 900 residents and Riverton with over 800 were only two examples (Manitoba Community Reports, 1967). This brief description of Interlake conditions in the 1960s accounts for out-migration, and when coupled with the substandard living conditions, as set by national and provincial averages, the government intervention previously reviewed was justified.

ii) "After"

FRED impacts have already been discussed, and were identified as having had a positive influence, however, much of this is qualified. Bluntly stated, impacts of FRED were on a much smaller scale than actual policy plans.

How well did Guidelines policy work as expressed through provincial government decentralization and the effects of DREE and DRIE? No comprehensive analysis has ever been attempted, to the author's knowledge, on the policies' impacts on the Interlake region. However, comparisons may be able to give some clue as to whether or not the programmes were especially effective for the Interlake. As DRIE development agreements are still in operation, only the data available to 1981 will be considered.

One of the more serious problems identified was out-migration. Some of the larger centres of the Interlake indicate that 1976 was a

trough where subsequent years saw population increases. Between 1966 and 1976, Arborg, Gimli and Riverton all declined in population: three percent, 27 percent, and 17 percent, respectively. It must be noted that Gimli's drop is largely accounted for by the closure of the Canadian Forces Base. Gimli, in fact, offers an interesting contradiction in government policy: FRED expenditures tried to promote activity while simultaneously, the Department of National Defence withdrew upward of $2.5 million in annual income from the local economy (MacMillan, et al, 1975). After 1976, the populations of these centres increased quite dramatically. Arborg's population had increased to 1,150 by 1979, up 74 percent, Gimli to 2,301 by 1979, up 72 percent, and Riverton increased 67 percent to 1,013 (Statistics Canada 1966, 1976; MHSC, 1979). This indicates a reversal of trends around 1976.

Other Interlake centres also mark the latter half of the 1970s as years of significant population increases. Selkirk, Stonewall and Teulon all experienced slight increases between 1966 and 1976 (under 15 percent). The year 1976, however, again appears as the turn-around year. By 1979, for example, while Selkirk increased by only seven percent, Stonewall had climbed 28 percent and Teulon rose 23 percent (Statistics Canada, 1966, 1976; MHSC, 1979). The impetus for the growth of these centres can largely be attributed to the fact that they are within the commuting radius of Winnipeg: commuting was especially popular in the latter half of the 1970s, as lifestyles were more amenable to the "back to nature" feeling popularized by the "Flower Generation". Additionally, rural farm populations opted for small-town residence in order to better access increasing services.

It can be seen that population decline generally turned around after 1976 throughout the region. Can this be attributed to FRED and DREE influence? DREE's financial programmes, to briefly reiterate, included the subsidiary agreements of Northlands Development, tending to concentrate on regions further north of the Interlake, Value-Added Crops Production and Commercial and Industrial Development, with RDIA grants. The Agro-Manitoba package encouraged red-meat production and improved services to the agricultural community, while industrial development provided incentive grants to small manufacturing, expansion and development of small business, and helped to improve municipal infrastructures. If DREE had any impact in the reduction of regional out-migration, it would have been achieved through the provision of local opportunity through the programmes mentioned above.

Arborg, Gimli and Riverton were the centres which halted their population decline in the latter half of the 1970s. Looking at these communities over time, one can see that in fact RDIA grants and provincial government decentralization had some influence. For example, Arborg in 1971, had built a veterinary clinic under FRED funding, specifically designed for livestock, and a new cheese plant and feed mill were also constructed. In 1971, because industries which located in Arborg were eligible for RDIA grants, a clothing factory was established. In accordance with Guidelines' policy, 70 provincial civil servants were working out of Arborg, the regional headquarters of the Department of Agriculture. Included with these developments, are a number of new stores and local services, both for the village and surrounding farm population (Manitoba Community Reports, 1971; 1978).

The town of Gimli also was subject to a major turn-around come 1976. In 1971, the Armed Forces Air Base was phased out and replaced by Saunders Aircraft Corporation Ltd., and Alwest Marine boat works. In the same year, Calvert of Canada established an $18 million distillery in association with Jordan Wines Ltd. Gimli was also a recipient of RDIA grants for new industry. By 1978 Saunders had been replaced in Gimli by other firms, while in the town, a plethora of new, small manufacturing firms had been established. Gimli also had 16 federal employees and 12 provincial civil servants, in addition to the Canadian National Railway's locomotive engineers training school. Retail and service outlets increased 20 percent and 38 percent respectively (Manitoba Community Reports, 1971, 1978).

Riverton was the other centre noted as having experienced significant population increases. In 1971 employment opportunities in Riverton were limited to seasonal tourism, Riverton Boat Works and a few retail and service outlets. Riverton was eligible for RDIA grants if a new firm wished to locate there. By 1978 the tourist industry and cottagers supported two new home construction firms and services and retail outlets, especially through the influence of increasing traffic to Hecla Island, another FRED product (Manitoba Community Reports, 1971, 1976).

The other three centres that were cited as examples of change within the Interlake were Selkirk, Stonewall and Teulon. Selkirk received much assistance through the FRED programmes which were expressed in the establishment of an industrial park and a regional

secondary school. Major town employers included Manitoba Rolling Mills (MRM), Selkirk Hospital for Mental Diseases and Abex Industries. A substantial number of retail and service facilities also existed. By the mid-1970s Selkirk experienced only minor changes: service and retail outlets had only marginally increased in number, while the MRM had stayed constant with no increase in workforce. Abex increased employment significantly, which was offset somewhat by the reduction of staff at the Selkirk Hospital for Mental Diseases (Manitoba Community Reports, 1971, 1978).

Stonewall experienced a significant up-swing in its population by 1976. Associated with this was the "bed-room" population which lived in Stonewall, but worked in Winnipeg. Other additions to Stonewall since Guidelines and DREE initiatives included federal and provincial offices, employing 13 and 14, respectively, and an obvious increase in service outlets to accommodate the growing population. The emphasis was placed on development of services since, as Hodge (1965) explained, demand for specialized goods had increased, and with many frequenting Winnipeg, most purchases are made there. Small businesses also developed in Stonewall, including Flexas Industries Ltd., a manufacturer of plastic products, and Salkeld Duck and Goose Hatchery, in addition to the large Bristol Aerospace plant. Stonewall also became the centre of the Interlake School Division Administrative Offices (Manitoba Community Reports, 1971, 1978).

Teulon is the last example cited. In 1974, with a RDIA grant,

Promo Wear clothiers established a relatively large plant which initially employed 130 people however, it did not last long as a major employer, as by 1978, only 13 employees remained. In addition, 12 provincial civil servants were located there. Other small businesses were established however, including a host of new retail and service outlets and building contractors (Manitoba Community Reports, 1971, 1978).

Community changes during the 1970s are apparent: increasing, as opposed to decreasing populations, new businesses, new opportunities, and government decentralization. Much of this can be attributed to the provincial commitment as stated in Guidelines, while other aspects are attributed to development programmes' grants such as the RDIA. By 1981 the development effects were even more substantial, especially in the social services and facilities aspect. Arborg, in 1981, offered a consumers co-operative, a new hospital and personal care home (PCH) and several provincial departments' offices, such as Agriculture, Engineering and Construction, Highways and Government Services. Gimli added to its community 54 National Research Council of Canada employees and many home builders and woodworking firms. Riverton also added government offices creating 15 new jobs , especially through the establishment of Employment and Immigration and Manitoba Hydro's Regional Offices. Stonewall was also a recipient of jobs through the provincial government's Municipal Planning Branch and the Highways Branch. Similar to other centres, many new jobs in Stonewall were created by the staffing needs of PCHs and a new hospital being established. Lastly, Teulon benefited mainly from a combined hospital-PCH, and a host of small firms (Manitoba Community Reports, 1981).

By realizing that DREE interests primarily pursued economic development within the socially-oriented Guidelines framework established by the provincial government, both the economic and social outlook of a community should have been affected during the 1970s and early 1980s. Review of the Community Reports (1971; 1978; 1981) has shown that major centres in the Interlake had a change in trends by the mid-seventies.

The main objective of this chapter was to establish the connection between the agricultural community and their local service centres. As stated earlier, with the logical progression to more efficient farm units, resulting in a reduced farm population, reduced trade-centre viability and out-migration were natural results. If service centres were to remain viable, then new alternatives were needed. Opportunities for revitalization began to appear, as provincial offices decentralized in due accord with Guidelines principles, and small businesses developed in response to FRED and DREE incentives. Consequently, there is evidence that government development policy has had some general positive impacts on the Interlake region.

## CHAPTER 3: THE ELDERLY IN THE INTERLAKE

In the last chapter, the Interlake Region was discussed in terms of regional planning and development programmes. This chapter will again focus on the Interlake, but will review sectoral policy as it has affected the elderly within the region. This will help serve as a forerunner to the empirical study of the next chapter, both in terms of clarifying the issues of concern, and in providing a history of the experiences of the elderly to date.

As was tabled in Chapter One, the proportion of the elderly in the Interlake is 11.5 percent. Often, researchers find a need to distinguish this as either male or female, but within the Interlake there is only a two percent difference in the gender proportions which proves negligible for the purpose set forth (MHSC, 1984). More germane to this study are the problems often associated with growing old, especially as they occur within a rural context. The "problems" are those often inextricably tied to age, such as biological, psychological and sociological changes, which impact on both the individual and, ultimately, society (Loether, 1975). The "rural context" isolates another issue by way of its very nature; that is, the distances separating consumers from suppliers of goods and services, and, the scarcity of public transportation available to the transportation disadvantaged; namely, the elderly.

Table 3.1 shows municipal and town populations of 65 years and over, from 1976 to 1983. It is evident that the highest concentrations

are found in the larger communities, where Elderly Persons Housing (EPHs) and Personal Care Homes (PCHs) are available. These pockets of elderly settlement are only viable if they are associated with available services and facilities which, more importantly, are made accessible to the residents. There is, as Hodge (1984), and others have pointed out, an inseperable linkage between housing and site, relative to services, that hinges on the question of access.

## 3.1 Housing, Services and Transportation

Housing supply for elderly persons in the Interlake has improved greatly over the past two decades. Even within three years, PCHs have increased from seven to ten facilities (MHSC, 1981; 1984), and EPHs, from 1971 to 1981 increased from 48 to 449 units, an 835 percent improvement (Orr, et al, 1983). Quantitative indications of housing supply are not the sole issues, however. The importance of assisted housing for seniors has often been discussed. Again, it is the special needs of the elderly that comes into play. The changes that occur with age often require special nutritional, medical and supervisory care. In addition, loss of a spouse can limit a person's abilities to maintain a home on his or her own, never mind the fact that subsidized housing is less expensive, it also combats loneliness (CMHC, 1980, 1982; Hodge, 1984). These factors become especially important in determining the residence of the "old" elderly (those aged

TABLE 3.1 Interlake Region - Population 65 and Over: 1976-1979, 1981 - 1983

| MUNICIPALITY | 1976 | 1977 | 1978 | 1979 | 1981 | 1982 | 1983 |
|---|---|---|---|---|---|---|---|
| Arborg(V) | 133 | 143 | 158 | 166 | 183 | 196 | 207 |
| Bifrost | 194 | 196 | 168 | 166 | 286 | 276 | 284 |
| Coldwell | 189 | 194 | 206 | 221 | 215 | 233 | 238 |
| Dunnotar(V) | 26 | 29 | 61 | 58 | 79 | 97 | 93 |
| Eriksdale | 138 | 130 | 130 | 139 | 145 | 143 | 147 |
| Gimli | 281 | 277 | 286 | 283 | 255 | 301 | 322 |
| Gimli(T) | 259 | 287 | 315 | 336 | 432 | 388 | 383 |
| Riverton(V) | 91 | 98 | 113 | 125 | 94 | 101 | 98 |
| Rockwood | 517 | 507 | 509 | 513 | 551 | 548 | 544 |
| Rosser | 72 | 82 | 90 | 88 | 106 | 104 | 102 |
| St. Andrews | 598 | 630 | 671 | 693 | 831 | 852 | 866 |
| St. Clements | 461 | 502 | 513 | 515 | 606 | 622 | 623 |
| St. Laurent | 126 | 110 | 116 | 122 | 123 | 112 | 127 |
| Selkirk(T) | 1078 | 1117 | 1119 | 1196 | 1263 | 1282 | 1325 |
| Siglunes | 184 | 186 | 196 | 205 | 219 | 229 | 226 |
| Stonewall(T) | 256 | 267 | 262 | 280 | 286 | 303 | 316 |
| Teulon(V) | 153 | 177 | 203 | 225 | 245 | 252 | 244 |
| Winnipeg Beach(T) | 190 | 225 | 209 | 221 | 211 | 216 | 203 |
| Woodlands | 193 | 191 | 213 | 236 | 292 | 290 | 275 |
| TOTAL | 5139 | 5348 | 5538 | 5788 | 6422 | 6545 | 6623 |

Source: MHSC, 1983

V - Village

T - Town

over 75 years), which represent 37 percent of the elderly in the Interlake (Canadian Council on Social Development, 1975; MHSC., 1984).

In the 1970s, government assistance to housing projects for the elderly came from both the federal and provincial levels. At the federal level, the government was most active through its crown corporation, Canada Mortgage and Housing Corporation (CMHC), which concentrated its efforts on providing low-cost housing, and housing for special needs, such as EPHs. Through the National Housing Act (NHA), Section 56.1, a comprehensive programme was established to subsidize non-profit housing (CMHC, 1980, 1983a). This programme supported, through the Manitoba Department of Housing, community-sponsored groups who requested assistance in the financial aspect of developing a housing project. The eligible ventures included everything from single and multiple housing units, to hostels, to care facilities and group homes. In the 1970s, CHMC also subsidized costs of start-up, construction, mortgages, offered low interest rates, covered costs of repairs and modifications through the Residential Rehabilitation Assistance Program (RRAP). The federal government also supported provincial facilities through block per capita transfer payments, from Health and Welfare Canada and through the Canadian Assistance Plan (CMHC, 1983a; Streich, 1983). There are presently five CMHC programmes recognized as dealing directly with housing seniors:

1. Financial Assistance for Non-Profit and Co-operative Projects
   - subsidized interest rates
   - eligibility requirements: non-profit and five percent of units be designed for the handicapped.

2. Financial Assistance to Landlords, Non-Profit Groups and Homeowners
   - RRAP
   - forgivable loans up to $10,000
   - up to 50% cost of repairs to a maximum of $3,500 per unit.

3. Financial Assistance for Innovations in Housing
   - up to $15,000 available to manufacturers, builders and others for development of products to improve housing and living conditions.

4. Technical Advice on Housing for Elderly Persons
   - CMHC professional and technical advice on housing for elderly persons.

5. Information Distribution Service on Housing for Elderly Persons
   - information and referral service for planning and developing housing for the elderly (CMHC, 1985).

(CMHC, 1985).

At the provincial level, housing for the elderly is directed through the Manitoba Department of Housing for the most part, as well as the Departments of Health and Community Services and MHSC. The 1970 Elderly and Infirmed Persons' Housing Act, and the 1973 Personal Care Home Programme recognized four levels of need that were to be met through three levels of care: hostel, personal and extended. Hostel care includes room and board only, while personal care is a "...facility or institution in which a wide range of personal care and regular nursing services are provided for people who are no longer able to live on their own... and do not require intensive medical care" (Streich, 1983; p. 3). Extended care includes all services, however, and as the term implies, extensive nursing care is included. These services fall under the directorate of the PCH Programme. The funding is 76.4 percent provincial, while 23.6 percent of costs are received through a resident charge - typically $12 to $13 per diem in 1982, to $16.60 in 1986 per resident (Streich, 1983; MHSC, 1986). In addition, Manitoba Department of Housing subsidizes rents and other shelter-oriented

aspects through the Rural and Northern Housing Program (R & N) in many Interlake communities.

Assisted housing for seniors is usually provided on a need-based agenda. Local groups request assistance, and receive it if there is an identifiable need and if certain design requirements are met. Generally affordability, adequacy and suitability are the main criteria (Orr, et al, 1983). However, as Hodge (1984) has clarified, there is a need for a vast array of housing types, or as Gibson, et al (1982) phrased it, a "need mix". At this stage, allowances must be made for either renters or homeowners, the physically impaired or the able, and single dwellers versus couples (Orr, et al, 1983; CMHC, 1983a). There is also a popular shift away from institutionalizing the elderly to keeping them independent within the community for as long as possible (CMHC, 1982; Stone, et. al., 1980). This places the onus of responsibility on local governments and communities to provide the necessary service and facility network. However, it has been recognized as not yet being sufficiently integrated to provide the full range of amenities, especially for the special needs seniors (CMHC, 1982; Stone, et al, 1980). The federal and provincial governments compensate for this to a degree though, through the various programmes that they offer. For example, CMHC's RRAP, and Manitoba's Shelter Allowance for Elderly Renters (SAFER), the Office of Continuing Care and the services they provide and others aimed at the elderly living independently (Orr, et al, 1983; CMHC, 1982). These programmes provide a wide range of services from home maintenance and home renovation to personal-care services, all which assist in the objective of keeping the elderly independent for as long as possible.

When programmes and services can no longer sustain independent living, a move to an institution or PCH is often unavoidable. PCHs, by necessity, have to conform to rigid guidelines prior to establishment (CMHC, 1983a; MHSC, 1980). There must first of all be a proven need within the community for a PCH, and once that has been satisfied, certain construction specifications are to be adhered to. One of the initial building considerations is the site factor, which will later be shown to be crucial to both PCHs and EPHs. In addition, design must make allowances for the physically limited, for single or double occupancy, as well as offering amenities such as outside and inside recreation and social space, and medical facilities and management co-ordination (CMHC, 1983a; Hodge, 1984; MHSC, 1980).

Location/site of an EPH or PCH is absolutely critical in determining the benefits it can offer its residents. Hodge (1983, 1984) has been especially committed to identifying the necessary integration of shelter provision to local resources. Fortunately, CMHC and MHSC have also recognized the value of an appropriate site. An MHSC guide for a PCH/EPH site states that they should be:

> ...located where religious, culture and social centres are easily accessible and where the necessary professional and commercial services are available. PCHs are best located where there is potential to attract staff and where transportation does not present a problem.
>
> (MHSC, 1980; p.4)

The importance of site is critical in determining the relative merit of providing EPHs to elderly persons. As Hodge (1984) implied, if the shelter services are designed for the benefit of the elderly, they must

not be homes of isolation or inconvenience. Generally, as physical capacity declines, abilities to be mobile decline, indicating the value of proximity and access (CMHC, 1983a; Hodge, 1984).

At this point, it becomes necessary to delve into the community resources, most used by seniors, and their availability and their accessibility. Several scholars have carried out surveys to determine the average walking distances of elderly persons living in EPHs or PCHs. Hodge (1984) surveyed south-eastern Ontario PCH residents and determined that the average convenient distance to resources was about 550 m., and this has been further supported by Neibanck (1965) and Grant, et al (1983). They consist for the most part of the local grocery store, drug store, post office, church, clinic/hospital, cafe, and socializing centres. Windley (1983) surveyed elderly persons in some small towns in Kansas, and his findings indicated that the avergae distances to needed and used services were among the shortest from home to resource. Windley concluded that frequency could be enhanced if distance was not a deterrent.

Silverstein (1984) examined another aspect of service utilization: awareness of opportunity. She discovered that information networks played an important role, and as such, found that formal networks, that is to say, professional networks, had a positive impact on awareness and knowledge of, and ultimately use of resources, whereas informal networks, friends, kin and media, had less of an impact.

Isolating the resource base to the local community of an EPH or

PCH focuses the issues on availability and accessibility. When a resource is not available at convenient walking distance, services must be found outside the local community. Here the link between availability and accessibility introduces the concept of the "transportation disadvantaged", living in rural communities with little or no public transport services. The "transportation disadvantaged" suffer in that their resource base is limited and that they often experience isolation. In small towns, 70 percent can reach available resources by walking, however, if outside resources are needed, close to 40 percent need to be driven, while 19 percent have difficulty even reaching local resources (Grant, et al, 1983). Problems stem from the fact that in rural areas there is often a large separation of supplier and consumer, especially a problem for the elderly, and that there is little or no public transportation. This is perfectly understandable considering the impracticality of a public system when one considers the lack of a minimum viable population of potential users in low population density areas (Fuller, 1978; McGhee, 1983). As McGhee has pointed out, however, some transport facility should be available for emergency purposes, especially for health-oriented reasons. Therefore, site of an EPH or PCH is crucial in light of accessing limited small town resources, and as Transport Canada recognizes:

> ...changes involve a shift away from the greatest good for the greatest number concept towards the principle of "equity" whereby each member of society receives equal treatment.
>
> (Transport Canada, 1978; p.1)

Now that the points of contention for the rural elderly have been explained in a broad context, how does it apply to the elderly in the

Interlake? The following pages will review the situation as it was perceived by both the elderly and care-givers and suppliers of services in 1971, and was recorded in 1971 Aging in Manitoba: Needs and Resources.

## 3.2 1971 - Aging in Manitoba: Needs and Resources

The 1971 Aging in Manitoba: Needs and Resources Study (henceforth termed the 1971 Aging Study) was a provincial initiative, implemented by the Department of Health and Social Development through the Research, Planning and Programme Development Division, but it was cost shared minimally with the federal government. In 1975, the Canadian Council on Social Development described it as being the most systematic and "thinking big, but in detail" study of its time. It is certainly a thorough assessment, as an extensive pilot study was first done, then refined to the final massive province-wide survey of the elderly, followed by months of analysis and resulted in a ten-volume report.

The 1971 Aging Study first examined the demographic character of Manitoba's elderly and noted the existence of an extremely diverse and heterogeneous group living in a wide range of unique environments. The study was designed to measure the level of need of the elderly in several key areas, and to contrast this with the ability of resources to meet the needs. The objective was to reveal both short and long-term planning priorities which could both ameliorate any problems uncovered and provide against future contingencies. This was to be achieved

through an extensive field survey of the elderly themselves, as well as appropriate professionals and an assessment of community resources and services provided by government and non-government agencies for the benefit of this segment of the population. Based upon nine "need areas" and a ranked scale, regional comparisons and potentially-useful results were to be derived. The assumptions made at the outset were twofold; that the elderly knew their needs best and that resources for all needs were available to varying extents at different locales. Also, implicit in the 1971 Aging Study, was the presumption that no previous studies were adequate or relevant to this research.

From an initial list of 18 "need areas", only nine were revealed in the pilot study as valid. These included: psycho-social; shelter; household maintenance, food and clothing; language, religion, ethnic cultural; physical health functioning; mental health function; economic; proximity to family, friends, familiar community; and, family, friends available resources. All were assessed on a scale, then compared with the provision from the "resource base", or environment. Table 3.2 clarifies much of the resource material.

The two field samples' primary data were derived from interviews with the elderly and from the list of resources available. Secondary data were occasionally used, such as that from MHSC and community profile sheets. In total, 5,485 interviews were conducted, 3,558 from the general population and 1,247 from the facility population and 680 resource interviews. It took over three months to complete, and was

Table 3.2 1971 Aging in Manitoba Study Resources

| Resources: | |
|---|---|
| Housing Units | RESIDENTIAL RESOURCES |
| Hostels | |
| Nursing Homes (non-proprietary) | |
| Nursing Homes (proprietary) | |
| General Hospitals | |
| Extended Care Hospitals | |
| Mental Health Hospital/Clinic | |
| Guest Homes | |
| Health Agencies | NON-RESIDENTIAL RESOURCES |
| Social Service Agencies | |
| Co-ordinating/Planning Agencies | |
| Educ/Recreation Activity Agencies | |
| Church Groups | |
| Service Groups | |
| Information/Referral Agencies | |
| Social Service/Educ/Recreation Activity | |
| Co-ordinating/Information/Referral | |
| Social Service/Co-ordinating/Referral | |

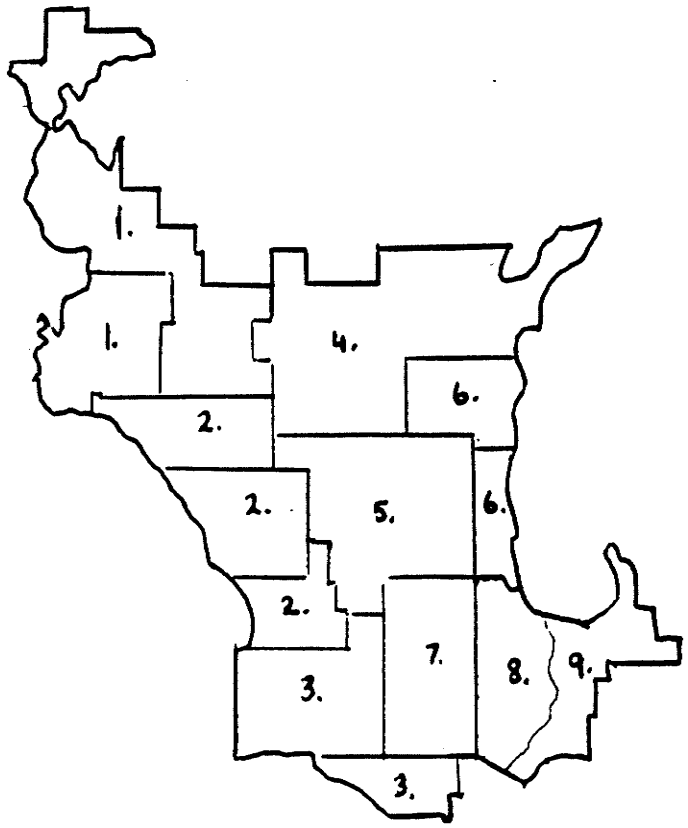
Sourc: 1971 Aging in Manitoba, Vol 1.

confronted with little in the way of opposition and few problems in its compilation. The results were to be used to derive a more effective means of planning for the elderly on a regional basis.

The Interlake was subdivided into nine sub-regions, generally following municipal boundaries. These are: the Local Government District (LGD) of Grahamdale, the Municipalities of Eriksdale, Coldwell and St. Laurent, Woodlands and Rosser, LGD Fisher and DBS 12, LGD Armstrong, Gimli, Rockwood, St. Andrews and St. Clements and the Broken Head Reserve, (Manitoba, Interlake Vol. IV, 1971) (Figure 3.1). Briefly, the ethnic/cultural character of the region in total was represented, for the most part, by the British, Ukrainians, Scandanavians, Indians and Germans, with most employment deriving from the agricultural sector. The regional average income at the time (1969) was $3,825. To reiterate, the region had experienced a declining population base, from 62,660 in 1966 to 61,766 in 1971, or a 1.5 percent drop whereas the provincial population increased by about three percent.

The Interlake's elderly proved to be as diverse as those found elsewhere across the province. Their primary characteristics are described forthwith. From the respondents to the 1971 survey, over 50 percent were English speaking and lifetime residents of Canada, female, and had generally conformed to the category of housewife prior to retirement. As for familiarity with place of residence, most respondents indicated that not only had they resided in or near the said community previously, but, in fact, most wished to remain in their present household. This can be partially credited to fairly good physical and mental health, and that their monthly living expenses still left them with about 30 percent of their monthly income, which most considered as adequate to meet their needs. The report went on to give reviews of local conditions within the region.

FIGURE 3.1 The Interlake Sub-regions used in the 1971 Aging Study




In sub-region 1, there was a seven percent population increase between 1966 and 1971. The ethnic composition was mainly Native Indian and German, with over 50 percent of employment found in the agricultural sector. The average income was $3,791 annually, slightly above the regional average. Ostensibly, the population increase can be associated with the relatively higher incomes available. This area had only 6.5 percent of its population over 65 years, and thus, enjoyed a low age-dependency ratio. Another point to consider is that all of the

484 people over 65 lived in the general population and were not housed in facilities. In terms of resources available, there was only the general hospital. The bulk of the elderly population was also under 80 years of age. The 1971 Aging Study revealed that the three most deficient needs in sub-region 1 were the accessibility of resources, the availability of suitable shelter, and ethno-cultural activities. Figure 3.1 shows that the area is remote, and thus services and facilities would be few and far between, while statistics indicate the absence of assisted EPHs. The fact that several Indian Reserves are included in this area highlights the distinctive ethno-cultural element.

Sub-region 2, on the east shores of Lake Manitoba, recorded a negative population change of eight percent from 1966 to 1971. Its people were mainly of French descent and were agriculturally oriented. Its average income was below the regional average. One of the most outstanding aspects of this sub-region was its high proportion of elderly, 10.9 percent, and an age-dependency ratio of 25.7. There was one housing unit completely occupied by the aged and one general hospital, but other elderly-oriented services were non-existent. Within the context of the demographic characteristics and the scarce resources available for the elderly, the survey results revealed that the elderly felt that they needed better access to resources, increased assisted shelter opportunities, and improved economic conditions. Again, accessibility is not a surprising need as facilities and services were scarce. Housing needs were clearly unmet since the area had over 400 elderly but only one EPH available. Economic well-being for the elderly was poor but, nevertheless, it reflected the overall below-average economic nature of the sub-region.

Sub-region 3, closer to Winnipeg's influence, had a large agricultural population (59 percent of all employment), was mainly British in ethnic origin and was experiencing moderate out-migration. This sub-region had an even lower average income than the one just covered, registering $3,430 annually. The elderly only accounted for 8.9 percent of the population, and all lived without facility shelter since no shelter for the elderly existed. However, when interviewed, respondents said that their most unmet needs were not shelter, but accessibility, ethno-cultural activities and those associated with their physical health functioning. Interestingly, there was no mention of the effects of income shortfalls. The resources survey met the ethno-cultural need as it was apparently the one need which resources could provide, but accessibility to them was still an issue for the elderly.

Sub-region 4 was the least well-off. Its average income was only 70 percent of the regional average, a state of affairs partly accounted for by the large resident native Indian population, and the preponderance of agricultural employment (65 percent). Such drawbacks not withstanding, the population declined only by one percent (between 1966 and 1971). This locale had a very small number of elderly, only 6.9 percent of the total population and, therefore, experienced a correspondingly low dependency ratio. Again, all the elderly lived within the general population. Two general hospitals existed, but no other services or facilities were provided. Need reflected in survey responses echoed those from sub-region 1, and for the Indian populations, desire for ethno-cultural activities, the clear need for an EPH shelter, and the recurrent desire for accessibility to resources.

Sub-region 5 with a low average income and record of slight out-migration (two percent), was mainly Ukrainian and agricultural in orientation. It had a large proportion of elderly (12 percent), and a high dependency ratio. Unlike the other sub-regions mentioned hitherto, it had a nursing home in addition to a hospital, which although only general in nature, was patronised such that 92 percent of its users were old. Other than these, residential services were generally absent. The needs survey indicated unmet needs in accessibility to resources and in physical and mental health functioning. For its part, the resources survey indicated adequate provision in availability of resources and mental health functioning assistance.

The sixth sub-region, similar to most others, displayed a below regional average income and a noticeable rate of out-migration, while being populated by those mainly of British descent. Employment was chiefly in public administration and defence, Armed Forces Air Force Base at Gimli was still in operation at the time. The elderly represented 8.7 percent of the total population, but enjoyed more services than the five other sub-regions mentioned to this point. Available in Gimli were an EPH unit, a hostel, a nursing home and a general hospital. The needs survey, however, indicated further demands for shelter, improved accessibility (especially for those surveyed outside the town of Gimli), and improved economic conditions.

In sub-region 7, economic conditions were above the regional average, out-migration was small, and the majority of the largely-British population was still mainly geared to agricultural activities. In terms of

the elderly, the proportion was quite high at 11.4 percent, as was the dependency ratio (23.6). However, only one EPH unit existed and two general hospitals. Shelter and accessibility, unsurprisingly, came out as the two principal unmet needs. Ethno-cultural activities were also identified as ripe for improvement. Resource provision, while comparable to sub-region 6, did not meet the demand. Nevertheless, it could supply available resources and mental and physical health functioning requirements.

Sub-region 8 embodied Selkirk, the largest regional centre. It displayed the highest average income, a positive population change, and high employment in the service sector. Under these conditions, the elderly should have been well provided for. They accounted for 10.4 percent of the population, but created a fairly high dependency ratio at 20.4. Services and facilities were available and included everything from an assisted housing unit, a hostel, and two nursing homes, a general hospital and one extended care hospital, that being the Selkirk Mental Health Centre. As a result of the many shelter facilities, the elderly lived in both the general population (77 percent) and the facility population (23 percent). Responses to the questionnaire indicated needs in accessibility, economic viability, ethno-cultural activities, and for the facility population, mental health functioning. Resources fulfilled the needs of mental health functioning, availability, ethno-cultural activities and shelter, although little in the way of economic requirements were satisfactorily attained. Despite the number of services and facilities available, accessibility and shelter still emerged as unmet needs. If such services were deficient in a district

comparatively well provided for, one must assume that the need would have been that much greater in locations where these services were non-existent or very scarce.

The final geographic area surveyed within the Interlake, sub-region 9, showed a high level of out-migration (13 percent), a moderate income, and a predisposition to agricultural employment. The elderly proportion was large, at 11.2 percent, as was the age-dependency ratio (23.2). All the elderly lived in the general population, as there were no shelter facilities for the elderly. Their unmet needs assessment unequivocally reflects this fact since accessibility, shelter and economics came to the forefront. Resources could provide for the requirements of only physical and mental health functioning.

Common to all of the Interlake's sub-regions was the issue of accessibility, directing attention to the problems of rural delivery and transportation (Havens, 1977). In respect to overall general population needs, these emphasized accessibility, shelter and economic up-grading, while availability of resources was of least concern. Resource ability was highest for availability and only moderately capable of meeting the requirements for accessibility. The facility population, small as it was, required accessibility foremost, followed by mental health functioning and household maintenance, food and clothing assistance. Facility resource provision was best in meeting shelter needs, followed by ethno-cultural activities. This was how the elderly themselves felt.

Staff and professionals who dealt with the elderly, and who were most influential in the decision-making process, agreed that accessibility was the foremost unmet need of the elderly, both within the general and facility population. Evidently, as accessibility was the largest void, delivery and transportation issues should have been expected to receive extensive policy attention.

The results from the overall provincial study provided planners and policymakers with descriptive community profiles and data bases from which to work, along with a compendium of the needs the elderly felt they had to have met. They provided an indication of both short- and long-term development priorities (Havens and Thompson, 1972;1975). Havens was intimately involved in the 1971 Aging Study and after all results had been tabulated, she researched several policy implications derived from the study. Highlighted was the need of accessibility of resources which becomes more pronounced with age. The need for shelter also ranked highly amongst males aged 90 and over, and for females of ages 64 on. Havens (1975) also considered age-sex cohort need levels for the other seven "need areas" and derived the following conclusion: that distinguishing males and females according to "young" elderly, "middle" elderly and "old" elderly is meaningful and should be recognized by policy makers. The significance of this is apparent when a statistical review indicated larger numbers of "old" elderly than were previously thought, required services specific to their needs. Thus, sub-group needs for certain resources are more critical in some "need areas" than others, and this also must be given consideration in planning, as the

elderly population increases and becomes further diversified (Orr, et al, 1983). In short, the 1971 Aging Study revealed the needs of elderly Manitobans (Havens, 1977). Consistently, it emphasized that accessibility was the most unmet need as well as associated difficulties in distance, cost and available hours for service provisions. Amongst the general population (the larger of the two sub-categories of the survey sample), housing, with low levels of care supervision, proved to be the next most unmet needs.

## 3.3 Importance of the Aging Study

The 1971 Aging Study identified many aspects affecting the life-styles and life satisfaction of the elderly. In the Interlake, almost invariably, accessibility and housing were the most unmet needs. This next section attempts to explain why these were the two main points of contention and, what was in fact done about it, in light of the empirical evidence that something had to be done about it.

In the 1950s and 1960s, great emphasis was placed on providing and developing institutions to meet health care needs (Manitoba, 1976). The belief in Manitoba was one whereby:

> ...elderly persons in rural Manitoba in need of this kind of accommodation tend to migrate to urban areas where services are more readily available.
>
> (Manitoba, 1970; p.40)

In short, the rural elderly who did need assisted housing or personal care had little in the way of alternatives: rural EPHs or PCHs

were scarce and Winnipeg was the only real supplier of such services. In the Interlake, for example, only two PCHs were extant in 1961: Gimli's 134-bed Betel Old Folks Home and Selkirk's 63-bed Holiday Retreat (Manitoba, 1961). By 1971, while the situation had improved substantially, although there was still considerable room for improvement. The 1971 Aging Study identified only four housing units, two hostels and four nursing homes throughout the entire region however, several more projects were underway at the time (Manitoba, 1970).

With the release of the results from the 1971 Aging Study, showing pointedly, the existence of housing deficiencies within the Interlake, some steps should have been taken, at the government level, to ameliorate the obvious difficulties. It was at a time when social welfare policy in the province was undergoing some interesting changes. For example Guidelines for the Seventies (Manitoba, 1973) was finalized emphasizing the "stay-option" policy. The stay-option recognized the inherent value of living where one chose to live without having to move for economic or social reasons. This, combined with the 1974 release of the "White Paper on Health Policy", turned Manitoba's health and social services strategy in a very different direction. By 1974, independent living, where one chose to live, was officially recognized as a goal of progressive health-care planning, as expressed by "A Home Care Program for Manitoba". This paper was the first of its kind in Canada to propose a government-funded, province-wide home-care programme, and was officially endorsed through the creation of the Office of Continuing Care, Community Operations Division of the Manitoba Department of Health and Social Development (Manitoba, 1976; Canada, 1982).

PCHs and EPHs continued to be built, as is evident from the increase in beds between 1961 and 1985; i.e. 1961 offered 197 PCH beds and in 1985 there were 519 beds (MHSC, 1961; 1985). However, caring for the elderly took on an entirely new perspective whereby the government began to place emphasis on programmes which were designed:

> ... to assist the individual's progress towards maintaining a state of high level wellness in the familiar environment of his own home."
>
> (Manitoba, 1975; p.3)

Thus, by the mid-seventies, the Home Care Programme was an integral part of health and social services that were made available to the elderly. Policy makers, however, did not entrench the programme merely on account of its social equity value. Home-care costs proved substantially less than costs of institutionalization, showing at least ten percent savings of over $200,000 monthly, while a federal/provincial study reported in 1982 that savings equalled $1.19 million monthly (Manitoba, 1976; Canada, 1982a).

With such substantial cost differences, one would expect a discrepancy in service provision, however there is only a negligible difference in what is available through the two systems. PCHs offer almost every shelter and health-care service, while the Home Care Programme is able to do the same, it is, however, tailored to meet the specific demand. Home Care offers a wide range of services including household maintenance, personal care and hygiene, health maintenance, health treatment, counselling, and volunteer services, in addition to

home care equipment and other specialized supplies (Manitoba, 1976). The main difference is its individualized delivery which eliminates unnecessary services (Canada, 1979). The Manitoba/Canada study on the Home Care Programme (1982a) surveyed 1,167 people admitted to the programme in 1978. The vast majority were 65 years and older, and generally widowed females. They further noted that there was no cost barrier for admittance to the programme or to PCHs, as both were covered by provincial budgets. Therefore, both the Personal Care and Home Care Programmes were essentially offering the same services and had barrier-free admittance. To meet objectives of the "stay option" and social welfare policy of independence and equity, and on a cost analysis, the Home Care Programme proved the more popular choice. This was primarily due to the fact that most admittances to Home Care are simply for assistance with homemaking, with only a few requiring intensive health-care assistance. Institutionalization was deemed a poor, and costly, alternative to independent living for such simple needs.

A study similar to the 1971 Aging Study conducted in 1976 revealed some interesting changes. The 1976 study was on a much smaller scale, interviewing only about half of the sample size of 1971 and the respondents were entirely from the general population. Hull, who analyzed and co-ordinated the study data used results for purely comparative analyses to gauge changes in resource number and distribution or changes which may have occurred within the elderly population itself. It is worth noting, that not only was the sample smaller, but the ages surveyed in 1976 included 60 to 64 years as well

as 65 and over. This resulted in some significant variation between the two sample surveys, in the factors such as marital status, employment and income factors were quite different. Other than this, the sample's ethnic backgrounds and regional representations were quite similar for the two studies. Again, nine need areas were canvassed to determine whether or not they had positively responded to the needs expressed in 1971.

Hull (1979) determined that the number of available resources had remained relatively constant, but, their distribution and type had changed. For example, within the Interlake, residential resources increased (especially housing units), while non-residential resources (especially health agencies) declined (Table 3.3). Hull points out that this can often be explained in terms of government reorganization, where health agencies, for example, became amalgamated with the Department of Health and Social Development. Furthermore, many other programmes were established, such as Home Care, to complement others or as a new division of the already established agency: Home Care is one such example. As Hull stated:

> From 1971 to 1976 the ability of resources to meet the needs of older Manitobans is seen to have generally increased.... The resources are changing and expanding their programs and services to meet the needs....
> (Hull, 1979; 233).

Thus, the province and the federal government were shown to have made progress towards meeting the needs of the elderly. In rural areas this was especially the case, as the Guidelines policy endorsed objectives of improving rural welfare and opportunity. Furthermore, a

plethora of programmes, services and agencies were developed for the elderly, creating a fairly comprehensive network of resources. Appendix B provides a listing of what was available at both the federal and provincial levels, as was catalogued in 1981 by the Department of National Health and Welfare (Canada, Health and Welfare, 1981). Between 1971 and 1981, then, the resource base available for the elderly was more suited to their needs and was, as a result, made more comprehensive. As Orr et al (1983) have noted, the job of adapting to and meeting the needs of the elderly will not be complete for a long time to come: the age structure of the elderly will fluctuate until the "baby boom" generation peaks
the forecast cycle. Thus, present resources are having to adjust to changing elderly populations, but in 20 to 30 years, the system will have to accommodate a large young seniors group. It demands a flexible resource base and delivery system which likely carries with it implications for regional redistribution. The 1970s experience, however, shows the ability of governments to respond, at least in part, to the changing needs of the elderly (Hull, 1979). As Stalwick (1984) emphasizes, this is the least governments can do, as elderly persons living in remote/rural areas should be able to remain there and enjoy a quality of life at least equal to that elsewhere. Furthermore, deprivation or regional underdevelopment should not be paid for by the elderly (Stalwick, 1984).

In sum, as awareness increases, and elderly persons represent ever growing proportions of the total population, change has to ensue. Needs of the elderly are often so specific that they have to be dealt with as an isolated segment of the population, just as development programmes isolate economic sectors for project initiatives. As has been revealed,

Table 3.3 A Comparison of the Two Sample Years According to the Type of Resources Identified in the Interlake Region

| | 1971 | 1976 |
|---|---|---|
| HOUSING UNIT | 4 | 14 |
| HOSTEL | 2 | 1 |
| NURSING HOME (non-proprietary) | 3 | 3 |
| GENERAL HOSPITAL | 10 | 8 |
| EXTENDED CARE UNIT | 0 | 0 |
| MENTAL HEALTH HOSPITAL & CLINIC | 6 | 1 |
| GUEST HOME | 0 | 0 |
| HEALTH AGENCY | 21 | 3 |
| SOCIAL SERVICE AGENCY | 4 | 1 |
| CO-ORDINATION/ PLANNING AGENCIES | 0 | - |
| DROP IN CENTRES | - | 1 |
| SENIOR CITIZENS GROUP | - | 6 |
| CHURCH GROUP | 1 | 1 |
| SERVICE CLUB OR GROUP | 0 | 0 |
| INFORMATION/ REFERRAL AGENCIES | 0 | - |
| SOCIAL SERVICE/EDUCATION/ RECREATION ACTIVITIES | 1 | 1 |
| DAY CARE | - | - |
| DAY HOSPITAL | - | - |
| HEALTH AND SOCIAL DEVELOPMENT OFFICES | - | 6 |
| TOTAL: | 53 | 48 |

Source: Hull, 1979;77

the 1970s proved to be a positive experience in progressive social planning for the elderly. The following chapter studies the 1980s experience, leaving the "regional" or Interlake development implications until a substantive conclusion can be reached.

# CHAPTER 4 - EMPIRICAL EVIDENCE OF PROVISION OF SERVICES TO THE INTERLAKE'S ELDERLY

The two previous chapters dealt with economic and social programmes as separate entities. This thesis has the objective, however, of connecting regional development in general, with the explicit needs of the elderly. Furthermore, neither economic nor social programmes are effective, in the true sense, unless development is achieved through them. Neither growth in quantitative terms, nor service provision is worthwhile unless a definite benefit is being derived from it. The Interlake region and its elderly population have been singled out to determine if socio-economic programmes have achieved a positive development impact. The Interlake, as described in Chapter 2, has been the recipient of large financial grants to up-grade, primarily, its economic and social circumstances. The elderly, too, have been recipients of many new programmes designed to benefit them in their later years. From the interpretation of information collected during a series of interviews, this study is forthcoming with a social programme evaluation. Over the study period, 37 interviews were conducted involving programme planners, administrators and co-ordinators, along with actual care-givers and programme deliverers. These interviews were arranged in such a way as to encompass all formal services provided to seniors, in addition to providing an inside look at policy development and its concurrent evaluation of programme futures and potentials. Interviews with elderly persons receiving the services were also undertaken. They were designed to provide the ability to contrast programme intentions with actual results.

Questionnaires applied to the elderly were limited in number because the names of suitable respondents were difficult to obtain from the government agency providing the said services. The few that were completed, however, provide interesting insight into the circumstances dictating the need for services.

The intent of this research was not to derive statistical results. Development, as opposed to growth, is qualitative. The numerical basis, the need base, for the establishment of special programmes for seniors has been repeatedly proven and is not replicated here. Instead, this study is one which tries to derive the impressions of the current success programmes, and their futures, as it stands in the minds of directors or receivers. It is hoped that a new interpretation, incorporating the vital geographic aspect, can be achieved for the overall picture of social development aimed at the elderly. In sum, the approach of this information analysis will be one which looks at the elderly, the complementary provisions of facilities, and the degree of service viability in light of the surrounding environmental situations.

## 4.1 The Elderly

Traditionally, there have been two approaches taken when considering the elderly: the first being the recognized four levels of care, the second being the age categorization, such as "young", "middle" or "old" elderly. This research has led to the awareness that there are, in fact, five levels identifiable, and that in many instances, age classification proves invalid.

To identify the five levels of care, the recognized four levels (level one being minimal care, level two being hostel-type care, or personal care, with levels three and four being extended care) were supplemented by the realization of a "level zero". In other words, elderly persons requiring no care or assistance whatsoever must be explicitly accounted for especially considering the fact that over 75 percent of the elderly within the Interlake fall into this "level zero" category. Additionally, while PCHs can be proven to have high average ages of occupancy, there are also those quite young included in them. Consider further that many 'old' elderly still manage quite well on their own at home. It would appear, therefore, that the "level zero" category is not simply a direct function of the age of the elderly. As formal service and facility provision is the crux of this matter, however, only the four officially recognized levels shall be dealt with in terms of provision at each stage. It must be realized, however, that on account of the aforementioned variations, the elderly do not easily conform to classification. Thus, levels of care, as opposed to the elderly themselves, are the subject of consideration.

In the Interlake, as of June, 1985, there were 8,345 persons over 65 years of age, representing 11.8 percent of the total regional population (MHSC, 1985). At the sub-regional level, the largest proportion of elderly are located in the Winnipeg Beach-Gimli area, at 16.09 percent, followed by the Lakeshore District (Lundar, Eriksdale and Ashern; PTH 6. stretch) at 13.14 percent, then Stonewall and District, 10.77 percent, and lastly, Selkirk at 10.46 percent (MHSC, Dec., 1982). The implications of this distribution shall be

discussed later. Another interesting phenomenon is that, of the the regional total of 11.8 percent, well over half are over 70 years of age, which tends to represent the highest proportion of the population, excepting ages 10 to 20 years. In sum, the Interlake ranks fourth amongst Manitoba's seven health regions, on par with the provincial average. It therefore serves as the "average" region for weighing services and facilities geared to senior citizens.

## 4.1 Seniors' Services

With 8,346 seniors in the Interlake, and a plethora of services available to them, it is interesting to note that still only about 21.5 percent of all the elderly actually use services, representing only 2.5 percent of the entire regional population. The figures are almost negligible, but again, development in itself implies that there is some degree of equity in life-style. Therefore, those unable to maintain, on their own, an adequate standard of living, should have recourse to government or community services; furthermore the Guidelines' principles guaranteed such a move towards equity. When the market system fails, to cite from previous chapters, the onus of responsibility is on the government to ensure welfare. With such in mind, the following sections deal with government responsibilities, and subsequent provision, as deemed applicable to the four identified levels of care.

### i) Level One

The category of "Level One", by definition, implies minimal care:

constant surveillance or nursing is not required, and most of those identified in the target population need little assistance of any kind. There are, however, the select few who require assistance for simple daily tasks or with finances. Level-one seniors tend to be both physically and mentally healthy, experiencing, perhaps, some of the adjustment difficulties associated with the new situations created by the process of aging itself. Understandably, government and community provision at this stage is minimal: neither great sums of money nor programming is necessary. The over-riding philosophy of the provincial government is one which wishes to ensure that those seniors who do require, or even want, some services, are provided for. The basis is equity and its associated geographical manifestation, the 'stay-option' philosophy. As previously stated, because service receipt is optional for most, included with this is the 'option' of paying for that service. At level one, most services received tend to carry with them a minimal user fee. To explain what is available on an official basis, a foray into the activities of the Interagency Committee on Support Services for Seniors (IACSSS) is beneficial.

First of all, IACSSS evolved out of the Interagency Committee on Support Service Housing for Elderly Persons (IACSSHEP) (Havens, 1984). It was recognized by the IACSSHEP members that housing was not the only issue when identifying needs of seniors still not eligible for Continuing Care Services. A study identified that healthy seniors, living in both EPH units and the community, may still require minimal support services, just to manage those daily tasks that were often taken for granted. Needed services could include everything from help

with meal preparation, to socialization opportunities, to escorts when shopping and transportation options.

Secondly, IACSSS was established in response to the realization that there is a demand for assistance with, what would normally be, small tasks. IACSSS attempts to be the co-ordinator for community-based projects attempting to establish these types of services. The government can offer start-up grants and operational grants but, as they are not universally insured services, the bulk of funding originates from user fees or the community itself. At the provincial level IACSSS is comprised of representatives from the Departments of Health, Housing, and Community Services and Corrections, along with a representative from Continuing Care and MHSC and CMHC.. Their concern is to ensure that persons who do not need health or personal care, as offered by Continuing Care, still have access to service provision beyond what would otherwise be available to them. As such, a community group with initiative can turn to the appropriate agency for guidelines and counselling, in addition to obtaining available funding grants.

Various local projects that have been established include Meals-on-Wheels, Congregate Meals, Handi-Van Transport, through Services to Seniors, Seniors' Centres, and handyman services. Within the Interlake, there are presently five Meals-on-Wheels programmes available in Selkirk (two), Stonewall, Arborg and Fisher Branch; there are seven Congregate Meals programmes; only one seniors' centre, in Selkirk and three community Handi-Van services, although no

handyman or housekeeping service is present. The Meals-on-Wheels programme offers the service of a full-course meal delivery to a client's home/apartment. Each meals programme varies according to expressed needs and with the ability of the sponsoring agency to provide the service. Most are available for one meal, lunch or supper, anywhere from three to five days a week. Meal programmes tend to be reliant upon the availability of a hospital, EPH or PCH kitchen, but more so upon the availability of volunteer drivers to deliver the meals. User fees, or meal costs, again vary with costs of the provision of the service, but generally range from $2.50 to $3.00 a meal. The Congregate Meals programme is very similar to Meals-on-Wheels, however, the key variation is that seniors are brought to the meals, as opposed to the meals being taken to them. Most Congregate Meal plans operate in an EPH, anywhere from three to five days a week, at about a $3.00 charge. One of the advisers involved with IACSSS has opined that the meal programmes will have ultimate pay-offs; a well-balanced diet in itself ensures improved health levels of seniors. Diet and meal preparation are daily tasks that many seniors consider an undesirable chore. It has been recognized that a dramatic change in life-style, due to new status as a 'senior citizen' or loss of a spouse, often results in a total neglect of one's nutritional intake. Even at the PCH level, an admittance, resulting from poor health, can often become an unnecessary placement after several months of proper eating habits. A PCH administrator within the Interlake has cited several examples of discharges being made possible after the person was brought back to health through a proper diet. This kind of situation does make one ask what happened to the meal services or meal preparation assistance

offered through IACSSS or by Home Care, when an obvious need is there, but simultaneously, one must realize that receipt of services is always on a volunteer basis, while PCH placement is generally on account of an urgent situation.

Services to Seniors, an agency under the Department of Health, is involved with the establishment of senior centres. There is only one senior centre in the Interlake, that being Gordon Howard Seniors' Centre in Selkirk, but almost another two dozen seniors' clubs and drop-ins are found throughout the region. Senior centres, as opposed to clubs or drop-in centres, require trained personnel to discuss new needs, new situations, and make many necessary referrals. Like clubs and drop-ins, senior centres do provide social and recreational activities as well. The minimal membership fee at Gordon Howard is $5.00 a year. While the IACSSS complements the centre through ongoing funding for staff, it is through membership fees and grants from the province, municipality and other fund raisers, that keeps the centre open and operating. It is interesting to note the format of a senior centre, as the concept was largely developed following the example of the National Institute of Senior Centres with funding from the federal programmes available for "New Horizons'" clubs. New Horizons was a programme established in 1972 by National Health and Welfare. Within Manitoba, its chief contribution was helping to organize the Manitoba Society of Seniors (MSOS) in 1978. MSOS serves as an umbrella organization for the multitude of smaller seniors' groups throughout the province. Generally, seniors' clubs, if they are to be eligible for funding, should involve at least 10 members, with the

objective of sharing and developing skills, talents and experience. Funding is available from this federal program chiefly at the start-up stage, and after that, the group is largely responsible for its own administration and operation. The MSOS organization is made-up of representatives from each of Manitoba's seven regions. Within the regions, the multitude of seniors' groups each send two representatives to the regional council, where, in turn, the regional representative is elected. A discussion with the president of the Interlake Region Senior Citizens' Council (IRSCC) revealed an interesting contrast between officially recognized purposes and actual seniors' group demands: while MSOS is to represent the voice of concerned seniors, the current IRSCC itself has little interest beyond entertainment and socialization opportunities. If MSOS is the lobby for senior citizens' demands, from where do they get their ideas? The impression derived from the aforesaid conversation indicated that it certainly was not from the IRSCC, and there is little reason to believe that other regional councils would differ in any meaningful way from the Interlake case in point. It is interesting to note, however, that seniors without any expressed needs, have very little concern as to what policy steps are being taken to "accommodate" the welfare of the elderly at large.

The above point highlights yet another characteristic of the elderly. At all levels, from zero to four, senior citizens are very distinct in their feelings and biases. While seniors who are healthy, able to participate and live on their own, want little to do with those having more needs. Seniors receiving a multitude of services, but still in the community or an EPH, want nothing to do with residents of a PCH. It was at this stage of the research that the author identified

the five levels of care from "Level Zero" to total care.

Another IACSSS interest is the Handi-Van programme, officially termed the Rural Transportation Assistance Program (RTAP) by the Department of Highways and Transportation. RTAP, although established in 1981, prior to IACSSS, RTAP has been consistent with IACSSS concerns. RTAP is also a community initiated and sponsored plan, with Highways and Transportation involvement chiefly at the initial advisory and counselling stage, along with the qualified provision of several grants. The overall objective of the programme is that through the service, transportation assistance is provided for local residents who have difficulty being mobile. The process of developing the service must begin at the community level. The group willing to sponsor the project, be it a local charity club, such as Lions or Kinsmen, or the local PCH, hospital and the municipality or town, must first determine the need. Once this stage is complete, the sponsor proceeds to contact the department for further assistance. RTAP administrators make grants available if the need is there, if the extent and fee of the service is admissible, and if the sponsor group is believed to be capable of operating the programme effectively once it is in place. There are three grants available: first of all, a start-up grant is available from both the federal and provincial levels, but is disbursed by the province. Federally, there was $120,000 made available for the purchase of Handi-Vans in Manitoba during 1984/85. The province had available another $6,000 per qualified applicant for this same purpose. As opposed to equally distributing the $120,000 to only six communities, the province decided the most effective means of

allocating the funds would be $10,000 to each community from the federal government, and an additional $6,000 from the province. Thus, twice as many communities received approximately half the cost for the purchase of the specialized vans required. The next grant available is the capital grant whereby sponsors are assisted up to 50 percent of the prevailing costs of acquiring further assets, to a maximum of $10,000. Thirdly, the operating grant is designed to defray costs of up to 37.5 percent, or a maximum of $20,000. User fees usually amount to 25 percent of costs, leaving the sponsor to absorb the remaining 37.5 percent. Thus, again it is clear that government programmes help with start-up moves and do provide minimal continued support. The impetus must come from the community level, with assistance being flexible in response to local circumstances. The RTAP plan matches local needs to local abilities to provide the service. In 1984/85, 22 communities/RMs received grants including four in the Interlake, for a total cost of $271,065.20. The four Handi-Van services in the Interlake include: Selkirk and District, Stonewall and its three associated RMs, Arborg and District, as well as Gimli-Riverton.

The evaluation of RTAP is generally positive as the service is well-used where available, and where not available, it is desired. It is still a relatively new programme and has not been fully developed. One of the biggest obstacles in getting an RTAP programme established is satisfying the municipalities which compete with each other to be able to sponsor the service. While a successful RM will still request assistance from other RM's with funding, it will also share the service.

Fortunately, it is a problem with which RTAP administrators do not have to be too concerned, as only eligible sponsors who have already eliminated the jurisdictional rivalry can get assistance.

The Handi-Van service is a good one, where people who use the service benefit directly. It has made accessibility less of an issue for many, and has removed the isolation aspect of being mobility disadvantaged for others. Some who are likely candidates to be users of the service expressed a desire not to use it, not because of their inability to accept that they have mobility problems, but as a consequence of the cost detering them from using it. Many said they preferred either not to go out, wait for a ride, or share a cab, as opposed to paying the usual $1.50 fare. These people are more likely those with adequate supports immediately available, such as family or friends who drive. As one care-giver stated, it is "an excellent programme which has made many lives more bearable." As an aside, it should be noted that the other support services commonly recognized as community responsibilities, a handyman and a cleaning service, are not yet available in the Interlake. For these supports, such services must be obtained through informal networks, such as family, neighbours or friends.

IACSSS services for the future are likely to expand and diversify. Their ultimate success, however, is almost entirely incumbent upon individual communities' initiatives stemming from their own self-interest in social provision, welfare, and equity, concern, in sum, for their own development. The point of further developing community-sponsored projects is that not only are communities able to better serve their

own local needs, but the cost-savings to the province possible by not having the government fully responsible for all welfare programmes is formidable. One person interviewed bluntly stated that already government provisions are exceeding actual resources from which to draw and, furthermore, growth in demand for more and diversified services exceeds the capability to provide them. Thus, not only will community initiatives support their own development, but limited government resources will not be under so great a strain. For the level of support services that can be provided, this route of community sponsorship would seem to be the most feasible.

ii) Level Two

It is a very gray area that distinguishes services available for seniors between level one and level two. Tentatively, for purposes set forth here, level two services will include assisted elderly person's housing and Continuing Care services. As was made clear in the introduction to this chapter, level two is not distinguishable through identifiable characteristics of users, thus, the gray area. EPHs and Continuing Care services have been identified as level two services because, for the most part, users tend to need help beyond their own support network, and therefore turn, admittedly without as much option as level ones, to insured and subsidized services.

Assisted housing units for senior citizens are supported primarily through Manitoba Housing's, Rural and Northern Housing Program (R & N). Federally, a less active CMHC programme is Rural and Native

Housing. The provincial programme is 75 percent funded by the federal government, with the remaining 25 percent coming from the province. Programme delivery is divided between Manitoba Department of Housing and the Manitoba Metis Federation (MMF), based upon the proportion of natives in the housing district. In point of fact, most housing activities north of 53° latitude tend to be MMF administered. Once a housing unit has been completed, the management of the unit is handed over to the local housing authority. EPHs fall into several sub-categories at this point: 1) non-profit, 2) R & N, and 3) elderly and infirm (E & IPH). EPHs that are non-profit tend to be local charity sponsored, such as a Lion's Manor, for their part, R & N EPHs are entirely government funded, while E & IPHs are either, but with an emphasis on design for disabled persons.

Manitoba's public housing for seniors evolved in the late 1960s out of an urgent situation which developed in Winnipeg. As the city began to tear down the slums, very impoverished elderly were displaced from their residences, with nowhere to go. With no housing alternatives available for them, the provincial government was put in a position where housing had to be supplied, and quickly. It is from this initial experience that MHRC developed the philosophy that people in need of housing, urban and rural alike, should be able to turn to government-subsidized housing as the last resort. Inherent to this same philosophy was the feeling that housing provision would be nothing more than meeting the basic shelter need, ensuring only clean and safe environments. The impetus for the rural housing development was similar to Winnipeg's, in that poor farmers who were retiring were also devoid of any shelter options and obliged to turn to the state for

housing provision. It must also be recollected that programme formulation occurred at a time when equity was emphasized and, in so being, supported the proposition that shelter should be equally accessible to all. A point to note, is that already in some European countries, such as the UK, France and Sweden, provision of social housing is on a much larger scale than Canada, as their philosophy has developed so far that housing is recognized to be a need as basic as health care and education.

Elderly housing provision in the Interlake has, to date, been thorough. Table 4.1, derived from an interview, gives the information as to how many units there are, and where they are located. Housing provision is very obviously, again, largely a community sponsored venture, whereby most EPH units are administered by local charities. Amongst the Interlake's 8,345 elderly persons, housing provision amounts to 76 units per 1,000 population over 65 years, with the provincial standard set at 96 units per 1,000 elderly persons. Therefore, ideally, the Interlake region still suffers from a shortfall in housing provision. Planners and programme administrators have taken two opposing views as to whether or not the current units available are adequate to meet demands. While some identify the Interlake market as being saturated, others indicated a need for yet further provision. This discrepancy can be understood if it is recognized that people base their view points from considering different aspects of need. Demographically, the Interlake is suffering the same symptom as many other rural areas; increasingly truncated communities, with no really viable future. Theoretically, this means

TABLE 4.1: EPH Units

| Centre | EPH | R & N | E & IPH | Total |
|---|---|---|---|---|
| Arborg | 19 | 14 | --- | 33 |
| Ashern | 20 | --- | --- | 20 |
| Eriksdale | 12 | 8 | --- | 20 |
| Fisher Branch | 20 | --- | --- | 20 |
| Gimli | 36 | 12 | 11 | 59 |
| Inwood | --- | 10 | 12 | 22 |
| Komarno | --- | 4 | --- | 4 |
| Lundar | --- | 8 | 18 | 26 |
| Moosehorn | 12 | --- | --- | 12 |
| Oak Point | 6 | --- | --- | 6 |
| Poplar Field | 8 | --- | --- | 8 |
| Riverton | 24 | --- | --- | 24 |
| Lake St. Martin | 2 | --- | --- | 2 |
| Selkirk | 139 | --- | 35 | 174 |
| Stonewall | 28 | --- | 40 | 68 |
| Stony Mountain | 12 | --- | --- | 12 |
| Teulon | 18 | --- | 25 | 43 |
| Winnipeg Beach | 12 | 8 | --- | 20 |
| Woodlands | --- | --- | 24 | 24 |
| | 348 | 116 | 165 | 629 |

that the building of an EPH in centres with 'short life-spans' leaves both the residents without a satisfactory support network, and the sponsor organization with problems in filling vacancies. The other opinions stem from the changing socio-economic characteristics of the upcoming elderly. Not only are people becoming increasingly aware of programmes designed to enhance their living conditions, but they are also becoming more prosperous, pushing their shelter demands beyond basic housing provision. The vast increase in income and support provision for the elderly has increased so dramatically that according to a Housing co-ordinator, "that no longer is there the irrepressible demand for subsidized housing", at least from the understanding of housing planners. The lessened pressure put on The Manitoba Department of Housing has been deemed to have substantial benefits, however. Housing for the province requires phenomenal financial resources and when coupled with weak or non-identifiable community services, The Manitoba Department of Housing can save many tax dollars and concentrate its efforts on family housing.

The economic deterioration of some communities, coupled with drastic reductions in tax base, creates a conflict between many R.M.s and towns/villages. The sentiments involved are such that a permanent structure, such as an EPH, at least can temporarily "ward-off the inevitable" decline of the location. It is almost the same rivalry as that which occurs with an RTAP plan; a service increases the resource base of a community, and leads to more tax revenues. Manitoba Housing and these locales often bend to pressures based on emotion. The stay-option philosophy tried to guarantee the option of staying where one chose to live. Although there may be no formal services available, if people choose to spend their retirement years close to home, Manitoba

Housing is somewhat committed to obliging this goal. It is evident, then, that the non-viable communities receive EPH units to satisfy local demands, with the underlying understanding being that they some day may lie vacant. Yet, the capital investment does not always go to waste, owing to the fact that some of the new units now are pre-fabricated and portable, and can be relocated should the forementioned contingencies arise.

Another direction pursued by Manitoba Housing is the up-grading and/or remodelling of the already-existing units within the private market. A 1984 study (Avrum Regenstreif Planning Consultants, Alberta) identified that the average age of the elderly is increasing, and simultaneously, so is the proportion of "frail" and "at risk" seniors, only to be combined with the phenomenon of most persons opting to stay in their own homes. Manitoba Housing sees this as an opportunity to remodel and up-grade existing housing stock as opposed to providing new units. The study also noted, that the Interlake region would need a great deal of attention in this respect. What the study supports is continued housing activities within the Interlake, geared to changing needs for shelter. Up-grading and remodelling of existing stock was shown to be a course which would be substantially less costly than the construction of new units.

Other considerations for such a programme would include "barrier-free" (physically unobstructed) remodelling, and the further development of community support services such as nutritional, health and recreation needs. The issues highlighted included the maintenance of a continued and stable lifestyle, concern for accessibility, choice

of living environment, autonomy and independence, economic security, adequate space and comfort, and individual welfare. Based around these, the planning principles must include amalgamation with the existing community, convenience, a barrier-free environment and living alternatives. Still to be considered, is the extent of local constraints. For example, the quantity of space available, the conditions of current housing stock and the economic base of the community, not to mention the foremost query as to how such a programme would be delivered (Regenstreif, 1984). The Regenstreif study indicated that in light of all conditions, regardless of region, MHRC has two alternatives, 1) new supply, or 2) up-grading existing supply. From the elementary understanding that living where one chooses is most desirable, up-grading and remodelling will likely take precedence. Already, there are several programmes catering to the maintenance of existing stock: provincially, there is the Critical Home Repair Improvement Program (CHRIP) consisting of grants and loans and, via Energy and Mines, the Cut Home Energy Costs Program (CHEC); federally, there are the Residential Rehabilitation Assistance Program (RRAP) administered by CMHC, and the Canada Home Insulation Program (CHIP) directed by Energy, Mines and Resources. These programmes, combined with the ever increasing network of support services available, could theoretically reduce the construction of new EPH units. They would together support the stay-option philosophy, cut housing costs, and be more flexible in meeting isolated demands, many of which will be more easily answered for the smaller centres.

EPH units themselves tend to make available two care levels: 1) those units which are free-standing structures; and 2) those units which are juxtaposed to PCHs. Level of care services offered by both is ideally the same, with EPHs being only shelter provisions as opposed to supervised environments. They are there to provide seniors with less expensive accommodation in units designed to minimize daily chores. The difference between the free-standing, or juxtaposed units is evident. Free-standing units do have congregate meal plans quite often, daily nursing services and recreational activities, which are planned and co-ordinated at the EPH level. In comparison, juxtaposed EPHs, often have access to a much more immediate care service, offered by the PCH adjoining it. This is not intended, however, to have residents consider that PCH services are there directly for their benefit, but is a cost reduction via shared services, especially prevalent in remote centres with few other resources from which to draw. An advantage identified by PCH administrators in having PCHs and EPHs juxtaposed is the ease in maintenance of family contact. If one spouse is a PCH resident and the other an EPH tenant, transition from EPH to a PCH is less traumatic.

The 1984 IACSSHEP report did recommend that all EPH units move more towards the provision of supports. This recommendation suggests that housing ageencies move away from mere administration towards something resembling an intermediate support service: neither simply encompassing shelter nor presupposing the PCH level of care. This is interesting in itself, as many of the PCH administrators or Directors of Nursing (DONs) appreciated the need for the "half-way house" type of

care level. They were able to identify cases beyond Home Care resources, however, not sufficiently eligible for PCH placement. For the most part, they recommended that an intermediary service be made available. The most realistic opportunity being that of juxtaposed EPHs, with contract allowances for some shared PCH services. One administrator even went so far as to indicate that there should be an effort to provide "Seniors' complexes" which would have the ability to accommodate all levels of care and provide an independent community environment within its own limits. The concept is not entirely new, however, as a similar structure is in Toronto, with several in the U.S.A.

Havens, the Provincial Gerontologist, did point out that housing should be limited in due course, with the chief focus of attention being increasing available support services as an alternative. This commends the notion of IACSSS and EPH administrative restructuring in order to be able to provide a more extensive network of supports. The main contention with housing supply for seniors at the present time is derived primarily from future demographic projections. In Manitoba and Saskatchewan, as the population increases, the proportion of elderly rises. This increase in seniors will not remain constant. The 1930s "Depression" was not only economic in nature, but had dampening impact on birth rates. This Depression generation will reach the seniors' stage over the next twenty years. Trying to adjust present housing supply to the present rates of growth will therefore, ultimately exceed the level of demand. This is further complicated by the subsequent "baby boom" of the next generation, who will reach golden age by about 2031 AD. Again, the needs of seniors placed on society

will be enormous. Housing will likely be affected by these projected circumstances. The solution to this dilemma of meeting fluxuating needs through permanent structures is simple. According to Havens and other administrators, the emphasis must be removed from the provision of a permanent, physical support, such as EPHs, towards a more flexible and responsive direction such as those services directed to immediate demands, for example, IACSSS activities and Continuing Care. These are, however, directions that still have to be further assessed.

The present NDP government's housing provision appears to be satisfactory as far as EPH tenants are concerned. Not only is rent relatively low, averaging under $200 monthly, but units are designed to minimize maintenance requirements for tenants. Many people are in EPHs to relieve the pressure on their families, otherwise supportive, to meet financial constraints, and very often to meet with limitations of abilities to maintain a home within the community. EPH apartments are generally units for singles, although there is always provision for couples. The apartment is small, offering a kitchen, bathroom and bedroom/living room combination, with design allowing for seperate bedrooms, and special orthopedic or physiological supports. Services such as Home Care are often used, while many EPHs offer Congregate Meals, recreation/socialization and an on-call nurse. According to tenants interviewed, present EPH units are most satisfactory.

Housing, therefore, carries with it two major considerations, the senior resident who tends to be more than pleased with the situation, and planning considerations demanding that a change of some sort come

about in the near future. The prospective changes in housing policy will very shortly be sharply curtailed by financial cutbacks, while at the same time, they cannot be so drastic as to entirely alienate the service presently provided, through which so many needs are met.

The Office of Continuing Care, Manitoba Department of Health, was established in 1974 in response to zealous progressive care recommendations, such as "The White Paper on Health Policy" and "A Home Care Program for Manitoba", fully supported by needs, as proven by the 1971 Aging Study. A culmination of concern for the elderly in the community, both rural and urban, created the first publically funded province-wide Home Care programme in Canada. In social planning spheres, it was recognized as a very progressive plan, fully supporting stay-option principles, as it served as an option to independent living and PCH placement: its underlying philosophy being the universal provision of services necessary to maintain an individual in the community when their needs have exceeded the ability of their own resources. Eligibility to the Continuing Care/Home Care Program (almost synonymous) is determined once an evaluation of a person's needs and resource network is made, along with an appraisal of resources needed. The difference between the two, available versus needed resources, if within programme limits, becomes the criterion for determining the level of Home Care services received. The focus is on the individual's need and flexible delivery to meet these needs. Family and community resources also weigh substantially when determining eligibility; Home Care tries to encourage support from these two levels, not so that the programme will have less to do or do less for the person, but to advocate independence. This perhaps highlights the

Offices role as a needs assessor, and as a last resort for support services prior to PCH placement.

Home Care services, when deemed necessary, are chiefly personal care and home-management. When first established, house-keeping services seemed the norm, although now the programme is attempting to emphasize personal care as opposed to being considered a 'cleaning service'. The reasoning behind this change is the presence of higher levels of care and older ages remaining in the community which need this type of assistance more desperately. While IACSSS is considering the possibilities of a community-based cleaning service, Home Care workers act as household cleaners quite often. This is an interesting dilemma for Home Care, especially since many of the elderly spoken to during interviews indicated a greater need to have someone help with things such as dusting, vacuuming and laundry. Many of the Home Care service recipients only apply for the programme when arthritis or other physical deterioration prevents them from being able to do these chores. Furthermore, it was noted that the majority receiving Home Care actually had two different workers; one coming in once a week to do personal care, the other coming twice a week for house-keeping chores.

Another Continuing Care responsibility is PCH panelling and placement. MHSC, when given the Long Term Care Programme responsibility, recognized that no other agency was as capable of determining a person's need to be placed in a PCH as was Continuing Care. For the most part, PCH placement is deemed necessary when all community

resources have been exhausted and the maintenance of an individual in the community could put their safety in jeopardy. In 1977/78, a new regulation was passed, declaring that, due to the incredible strain on PCH beds, only those people in most urgent situations were to be given priority. As a by-product, the need of personal-care services available from Home Care was further boosted. The ultimate panelling procedure for placement involves a detailed review of an individual's situation, the number of PCH beds available, a staff interpretation of eligibility and a final approval from the regional Continuing Care co-ordinator.

Yet another Continuing Care activity, although directed through MHSC, is Adult Day and Respite Care. The connection to Continuing Care is simple: eligibility is limited to those receiving Home Care services. The primary objective of Day Care is to combat the debilitating effects of loneliness and isolation for the frail and at-risk elderly within the community. Although those seniors spoken to receiving Home Care derived great pleasure out of the visits possible with the worker, some are felt to need more interpersonal contact, and are recommended to Day Care programmes. Only about ten percent of all elderly persons receiving Home Care are involved with Day Care programmes. Provincially, there are 50 sponsors, usually PCHs, and 768 participants. About 7.2 percent of all Manitoba seniors receive Home Care (1983). In the Interlake, there are 7.1 percent of all seniors registered with Home Care, while there are only seven Day Care programmes, all with quite small memberships. Membership in itself is optional and does include a minimal fee of about $3.50. MHSC covers most costs, which in 1985/86 totalled $1,120,500 and covered costs to the sponsor of a programme co-ordinator, staff, transportation to and

from the programme, supplies and meals offered. Sponsors, to be eligible for these payments, must have a proven need, approved by the regional Continuing Care Co-ordinator, an adequate resource base for the programme, and approved operating costs.

Respite Care, on the other hand, is very limited in the Interlake. Respite Care is an agreement between Home Care and PCHs whereby a bed is set aside for an individual from the community who qualifies for a short-term leave into the PCH. The PCH stay is designed as a respite for both care-givers in the community, and very often for the individuals themselves. In Manitoba, in 1985/86, there were 600 admissions divided between 362 elderly for a total of 8,510 days of care. In the Interlake, as no PCH beds have been officially set aside for this purpose, arrangements for respite care must be made with either hospitals or PCHs in other regions.

The function of the Office of Continuing Care is, therefore, a multifaceted one. Everything from rallying increased family and community support, to providing support services to seniors in the community, to PCH placement and Day Care and Respite Care Programme admissions, is included within their jurisdiction. Even with this broad range of responsibility, Continuing Care recognizes that its chief responsibility is implementing personalized care plans for persons whose needs exceed what is available through their own resource network. The Interlake region's Continuing Care programme is not that much different from what other regions have to offer. Home Care is still a province-wide, largely centrally directed care package,

delivered, however, via a regional co-ordinator. Nevertheless, within the Interlake, the programme may be closer to reaching its full potential in comparison to other regions. This is ascribed to several reasons. First of all, the Interlake is a politically-atuned region, reflecting extensive government involvement in the past. Thus, residents are sensitive to the range of services available to them. Secondly, the Interlake Region's co-ordinator has been the same person, Mrs. P. Olson, since the programme's inception, while other regions, Eastman especially, have been in a state of constant flux between one co-ordinator and the next. The final advantage in the Interlake is the presence of sub-regions designated by the Department of Health. Decentralization carried out in the early 1970s was designed to improve sensitivity to regional issues. The further decentralization in the Interlake to the sub-regional level has enhanced this even more. The four district offices cover the Interlake quite comprehensively: Ashern, for the north and west; Stonewall for the south; Teulon for the central area; Gimli for the north and east; with the Selkirk office being both for local functions and the regional head-office.

The key to the success of Continuing Care has been its flexibility and its sensitivity to local and individual circumstances. Even in the most remote of areas, the dedication to providing needed services often sees a Home Care worker taking a snowmobile through a snow storm to reach a client. One of the biggest problems of service delivery in the remote regions and it is a direct result of government hiring policy. While workers may be dedicated, and co-ordinators sensitive to

individual needs, in small rural centres getting enough personnel for adequate staffing is difficult. In the provincial government, relatives cannot work within the same region, posing a serious problem for towns with a great deal of interrelatedness. What is more, there is no simple solution to this, short of amending government policy.

Home Care, for the most part, has been determined as a very beneficial and successful programme. From all interviews, from PCH administrators to recipients of the service, it has been judged as making many lives easier, and even possible in the community, while, at the same time, it has taken a substantial burden off families and PCHs. While future Continuing Care plans are political decisions, administrators were able to provide some insight as to what directions they may take. The most critical determinant has been the overwhelming success of the programme: it is growing so quickly in response to swelling demands that budgets and resources cannot keep up with the pace.

Thus, the current dilemma of increasing pressure on families and communities to provide services along the lines of IACSSS activities, goes hand-in-hand with a frantic search for new technologies that will defer the necessity of some services. As Home Care cannot be forced upon a person, a direct refusal often prompts a need for 'surveillance' type activities. To this end, home monitors connected to a central dispatch centre could entirely eliminate the need for an active monitoring service, not only for those who should be on Home Care but refuse, but also for those who are perfectly capable on their own, but are 'frail' and do need an easily accessible support. There is also hope that technology can increase the ability of various aids and equipment

for the disabled, which again could reduce the need for home-care workers, and would promote independence.

In sum, Continuing Care, through Home Care, Day Care, Respite Care and PCH placement, has been successful in its two underlying objectives; namely, the promoting of independence and the furthering of the stay-option policy. Although Home Care services will actually do daily tasks or special chores for a person, they qualify their services as only those truly needed for an individual's welfare. Furthermore, by being there, and providing the service they do, levels of care which often exceed family or community resources, can be maintained within the community and residence of the individual's choice.

iii) Levels Three and Four

By the time that either physical or mental deterioration has reached the stage of level three or level four, only one real alternative is available: PCH placement. Although Home Care does cater to these higher levels, even its resources are finite: confirming that there is no real alternative to the services provided by PCHs. Therefore, understandably, the rather regrettable feeling is abroad that a PCH is the last abode prior to death, and no one really wants to be placed there.

Through its Long Term Care Programme (LTCP), MHSC is responsible for PCHs. It was via the province's insured PCH Programme, established in 1973, that MHSC became responsible for funding this

benefit, and monitoring their spending and standards. Moreover, the LTCP in co-operation with its Construction Planning Division during planning stages, is responsible for funding Adult Day Care, funding Community Therapy Services of Manitoba, providing long-term care advisory roles, developing out-reach programmes, and sending representatives to the various interdepartmental and agency committees. Through all these activities, the LTCP spent a total of $151.9 million in 1985/86, accounting for 15 percent of all MHSC expenditures. The focus of LTCP is the Personal Care Home aspect. The function of the PCH programme is simply to provide care of individuals who need extensive personal care, generally at levels three and four. The levels of care served by PCHs are the issues, noted by many administrators, that have been subject to the most dramatic changes in PCH functioning.

Prior to PCHs becoming an insured service, financial ability to pay was the most common criterion for eligibility; MHSC took over the admissions, and placement became need-based, only for those most urgent cases. Across the province, only 12.5 percent of all PCH residents are level one, 37.9 percent fall into the level two category, and the vast majority, 49.6 percent, are levels three and four. In the Interlake, this phenomenon of higher levels of care is even more pronounced with the proportions being 6.16 percent, 31.21 percent and 62.23 percent, respectively, divided amongst ten PCHs, and their 519 beds. These figures may have some bearing on the region's short waiting list, of only about 58 persons, and the high average age of admission, 83 years. This situation provides further circumstantial support for the success of Home Care within the region.

How does provision of PCH beds in the Interlake compare to the rest of the province? The Programme Director emphasized that the primary yardstick for any region is the provincial guideline of 90 beds per 1,000 seniors. The Interlake has 519 beds for 8,345 seniors, or 62 beds per 1,000, somewhat below ideal levels. The relatively short waiting list, however, suggests that this may, in fact, be satisfactory for regional needs, and that inter-regional comparison reveals minimal variance. The guideline standard of 90 beds per 1,000 elderly is, "not carved in stone", other factors do come into play. For example, a significant factor in the Interlake is town viability. During PCH planning stages, if a centre is deemed to have no real future and has an insufficient level of supports, a PCH will not be built regardless of a shortfall of beds below the standard level. This small centre syndrome, scarcity in resources but proven needs, often results in rural PCHs being juxtaposed to hospitals. MHSC provides PCH funding, however, realistically, costs have to be limited at some point. Juxtaposition often allows for shared meal services, shared housekeeping and laundry, and shared administration, where a free-standing, independent unit would be otherwise, completely infeasible. Even with this partnership, not all services are available, owing to the remoteness of many rural centres and the difficulty thereby entailed in fully servicing them. The most obvious lack of service is in the form of specialist services, such as adequate availability of activity co-ordinators, physio and occupational therapists, or medical specialists. The obvious result is having to go to the specialist to receive the needed service, often creating transportation problems. Within their terms of reference, the PCHs themselves, however, generally provide most service demands, especially the personal and extended-care needs.

In so far as the Interlake is concerned, PCH construction was quite pronounced in 1981. Especially prominent was activity in the Lakeshore District (PTH No. 6) and the central sub-regions. Some observers claim that political pressure was largely responsible for this activity while others identify the new units as necessary to comply with demand. Considering that the Interlake is politically aware, the first possible reason cannot be entirely ruled out, while the second explanation given can be supported by data. In 1980/81, there were 7,187 seniors and only 428 PCH beds, or only 59 beds per 1,000. With the construction activity in 1981 building PCHs in Ashern, Eriksdale, Lundar, and expanding in Selkirk, the level of provision was brought up to what it is now, 62 beds per 1,000: certainly not a dramatic increase but a significant one all the same. Table 4.2 indicates the availability of PCH beds in mid-1986.

TABLE 4.2

Number of PCH Beds, 1986

| | | |
|---|---|---|
| Arborg | | 40 |
| Ashern | | 20 |
| Eriksdale | | 20 |
| Gimli, | Betel Home | 95 |
| Lundar | | 20 |
| Selkirk, | Tudor House | 76 |
| , | Betel Home | 94 |
| , | Red River Place | 104 |
| Stonewall, | Rosewood Lodge | 30 |
| Teulon, | Goodwin Lodge | 20 |
| | | 519 |

Source: MHSC, 1986.

For the most part, each of these homes is capable of serving its local community and surrounding area. As a matter of fact, most residents come from within their associated catchment areas. There are, however, two exceptions namely, the Betel Homes in Selkirk and Gimli. The Betel Home Foundation was first established in 1906 in Winnipeg by the Ladies Aid of the Lutheran Church, for the purpose of housing elderly Icelanders with no family in Canada. It moved to Gimli in 1915, and even now, with MHSC requiring that they admit persons on a need rather than an ethnic basis, many elderly of Icelandic descent request placement in a Betel Home PCH. In Gimli, this is most pronounced as names on doors are well over half, Icelandic. Another interesting point, raised by several administrators, is the fact of three PCHs so close together: Ericksdale, Lundar and Ashern. Town population scarcely seems to justify the presence of three PCHs within 61 km of each other. The Lakeshore District does have 865 seniors with 60 PCH beds, thereby coming closer to meeting PCH standards of 90 beds per 1,000 population. Although their proximity is not justification in itself, the fact that an LGD, Grahamdale, and three R.M.s, Coldwell, Eriksdale and Siglunes, are served by these facilities proves that an adequate population base is indisputably the case. The final divergence from the norm within the Interlake is Red River Place, a privately-owned PCH, and the only one of its kind within the region. What is the significance of this? It would appear to be very little for elderly residents, as MHSC still insures the services and monitors standards. It just means that administration and contracting services are private matters, not directed by MHSC. Owing to increasing costs of providing more care, though, the goal of making a profit is becoming

even more difficult: the average annual cost per bed is close to $11,000 (1980/81), resident fees are minimal at only $17.95 (provincial rate, 1986) per day and government subsidies to Red River Place were only $759,768 in 1985/86, a payment substantially less than non-profit PCHs. In comparison, while Tudor House, a 76 bed PCH, receives $497,993 annually from resident charges along with $1,448,355 from MHSC, totalling $1,946,288, Red River Place, a substantially larger PCH with 104 beds, receives only $1,441,150 from these two sources.

Of all the PCHs in the Interlake, Eriksdale, Ashern, Stonewall, Teulon and Arborg have juxtaposed PCHs and hospitals. Adhering to the theory of small centres and small PCH units, costs are justified more readily by this set up. The more ambitious PCHs, in larger centres, Betel Home in Gimli, and Betel Home, Tudor House and Red River Place in Selkirk, are all free-standing units. Lundar PCH, with only 20 beds, is the exception to this set, but its costs of operation are about 30 percent higher than the 20-bed PCH of Eriksdale and Ashern. Stonewall's PCH is another interesting example. Although the town alone has 1,609 persons 65 years and over, not to speak of the further elderly population within its catchment area, only the 30-bed Rosewood Lodge is available. Put otherwise, only two beds per 1,000 elderly are provided (1982). Rosewood Lodge was built in 1974/75 during the spending cutbacks of the mid-1970s. To fulfill the needs at the time, a 50-bed PCH was scheduled, but were, unfortunately, cut-back to 30 beds. The repercussions have been expensive, however, as well over 60 percent of the juxtaposed hospital beds are occupied by geriatric cases, while the PCH has undergone extensive

remodelling and up-grading. There are plans in progress now for an addition of 20 beds.

In sum, in the Interlake as elsewhere, PCHs serve a very limited purpose; namely, to provide personal and extended care only for those with a need sufficient to be eligible for PCH placement. The Interlake's experience is varied, between a privately-owned PCH, Red River Place, to the cut-backs experienced by Stonewall in the mid-1970s, to the building surge in the Lakeshore District in 1981/82. The Interlake, although it has fewer beds than the ideal of 90 per 1,000 elderly population compared favorably with other regions, and the provincial norm (Table 4.3).

TABLE 4.3 PCH Provision in Manitoba: 1980/81, 1985/86

| REGION | 1980/81 | 1985/86 |
|---|---|---|
| Interlake | | |
| Population 65+ yrs. | 7,187 | 8,345 |
| PCH Beds | 428 | 519 |
| PCH Beds/1,000 | 59 | 62 |
| MHSC Payments | $4,664,597 | $9,663,137 |
| Central | | |
| Population 65+ yrs. | 11,543 | 12,264 |
| PCH Beds | 718 | 756 |
| PCH Beds/1,000 | 62 | 62 |
| MHSC Payments | $7,257,822 | $12,966,570 |
| Eastman | | |
| Population 65+ yrs. | 7,016 | 7,716 |
| PCH Beds | 390 | 413 |
| PCH Beds/1,000 | 55 | 54 |
| MHSC Payments | $3,601,343 | $7,611.102 |

TABLE 4.3 continued

| | | |
|---|---|---|
| **Norman** | | |
| Population 65+ yrs. | 3,232 | 3,431 |
| PCH Beds | 158 | 157 |
| PCH Beds/1,000 | 48 | 46 |
| MHSC Payments | $1,403,672 | $2,953,926 |
| **Parkland** | | |
| Population 65 + yrs. | 8,071 | 8,504 |
| PCH Beds | 378 | 395 |
| PCH Beds/1,000 | 47 | 46 |
| MHSC Payments | $4,559,654 | $7,894,475 |
| **Westman** | | |
| Population 65+ yrs. | 17,996 | 19,165 |
| PCH Beds | 1,426 | 1,459 |
| PCH Beds/1,000 | 79 | 76 |
| MHSC Payments | $13,076,506 | $23,791,174 |
| **REGION** | **1980/81** | **1985/86** |
| **Winnipeg** | | |
| Population 65+ yrs. | 66,175 | 73,241 |
| PCH Beds | 4,076 | 4,546 |
| PCH Beds/1,000 | 62 | 62 |
| MHSC Payments | $45,863,455 | $84,514,507 |
| **Province** | | |
| Population 65+ yrs. | 121,220 | 132,666 |
| PCH Beds | 7,574 | 8,245 |
| PCH Beds/1,000 | 62 | 62 |
| MHSC Payments | $80,427,409 | $149,364,891 |

(Source MHSC, 1980/81; 1985/86)

The table points to relative consistency across the province with increases in elderly population and MHSC payments. However, only the Interlake actually increased its number of PCH beds relative to elderly population, by way of contrast, all other regions either declined or stayed constant in relative allocations. The underlying reasons for these facts are not readily apparent. A political dimension is highly

likely. At very least, the question is too much of a political issue to be dealt with by programme administrators or co-ordinators. One can only assume that the consistency of PCH beds is likely accounted for by the increased desire to keep people in the community. This is both more desirable, and infinitely less expensive than relocation, even if extensive use of Home Care services is made. It was noted that abundance of PCH beds tended to reduce the reliance on Home Care. Consequently, one can assert the proposition that if fewer beds are available, fewer placements are made, reducing overall costs to the province, and simultaneously encouraging the family, community and individual supports development that is most compatible with stay-option thinking.

Future plans for PCHs in the Interlake include the already noted, 20-bed expansion of Rosewood Lodge in Stonewall, a new Betel Home in Gimli (which would simultaneously reduce them from 90 to 80 beds) and a new facility in Selkirk, to be associated with the Selkirk Mental Health Centre, with 100 beds for geriatric cases transferred from the Mental Health System. Although community living has been recognized as more desirable than PCH placement, both in individual and financial terms, the need for care that only a PCH can provide will always be there, although the future projections indicate ever increasing levels of care to be offered. This means that PCHs will have to continue adjusting to demands and will have to continually re-orient their care and standards away from personal-care to extended-care levels.

## 4.3 Social Provision for the Elderly

Provisions for the elderly are obviously comprehensive. Through individual, family, community and government resources, almost every need a senior could possibly anticipate is provided for. These services, designed to benefit elderly persons in need, are for the most part recent developments. While PCHs have been in operation since the early part of this century, it was not until 1974 that they became an insured universal service. Indeed, 1974 was an important year for progressive planning for the elderly, for more than just PCHs were consolidated. Continuing Care was also established, and official recognition gave credence to the notion that having access to services within the community is an integral part of overall welfare. The most recent adoptions for the elderly include more support services initiated and operated by the immediate community. Included within this rubric are the RTAP plans, IACSSS nurured projects, EPH units, and the overall thrusts by government to encourage increased family and community support networks. Thus, the overriding thrust towards care of the elderly would seem to be moving back to 'grass-root' provision.

The 1971 Aging in Manitoba study provided politicians and planners with an extensive data base, which not only proved the existence of a multitude of unmet needs, but recommended routes that could be pursued in efforts to counteract the problems stemming from the lack of provisions for the elderly. Guidelines, also provided recommendations to reduce the negative effects of disparity throughout the province, and for all Manitobans. While 1973 was the year of

setting objectives and planning for them, 1974 was the year which saw affirmative action response. The mid-1970s were the most critical years yet experienced in the care of the elderly. Since these 'pioneer years' of innovation, subsequent programmes have essentially only expanded and diversified a comprehensive blueprint.

Regional development necessitates that not only growth should be achieved: it insists upon equity, regardless of place of residence, or condition of physical or mental health, as was so strongly propounded by the Guidelines principles. To very briefly reiterate some of its chief objectives, health, social and economic welfare were essential objectives of development planning, as was a nullification of locational considerations for equity in the receipt of development benefits. The method was decentralization, which was intended to directly support the second principle, that of the stay-option. Decentralization was a move taken by the provincial government that could have an impact on centres chosen as regional office sites: the idea underpinning the decentralizing of provincial offices was the creation of employment opportunities in selected centres. Moreover, through having regional delivery structures, it was intended to achieve provincial delivery mechanisms more sensitive to regional needs and potentials. The kind of impact of decentralization on the elderly is of foremost concern.

The 1971 Aging in Manitoba study revealed accessibility to be one

of the main unmet needs of the elderly, both across Manitoba, and specifically, within the Interlake. Ideally, decentralization would have improved the ability of regional centres to provide services to the elderly on a much more accessible and responsive basis. The Interlake's organization, of four sub-districts, should have enhanced this even further. In theory, it meant that, instead of just one centre with employment potentials for the working population, the prospect of several centres should have ensured that services and the local infrastructure would have offered a reasonable environment for a person who so often depends heavily on community resources. In short, a density of service centres should guarantee that the needs of the dependent elderly are fully met. The Interlake's four district and one regional office are justifiable mainly on these grounds. It was discovered, and supported many times throughout the interviews, that decentralization had, in fact, made Home Care possible. The importance of the programme is already appreciated from earlier sections. Decentralization would therefore be understood to have been a move that carried with it nothing less than inherent value. There is a proviso though, and that is the continuing difficulty that many elderly experience in accessing the services available at a district office. One PCH administrator did not deny the value of decentralization, but claimed that it had "not gone far enough" as far as the elderly are concerned. Elderly persons have needs that are much more immediate. This is evident especially for those who have express needs beyond their own resources. The focus has been on family and community supports, which are relatively immediate, and little credence is given to services provided by "nearby" centres. Havens, suggested that the ideal

distance for a senior to walk to a needed services can never be expected to exceed what it would take a Grade Three student to walk in 20 minutes, again, exemplifying the need of immediacy of service accessibility.

Many services offered to the elderly, however, are not at all a function of distance. Services such as Home Care and various IACSSS developments which come into the individual's home, have nothing to do with the elderly individual being able to physically reach the service. On the contrary, IACSSS-type services create a very special problem indeed. While problems accessing medical or shopping services for a remote or rural resident are often part and parcel of their situation, the stay-option, guaranteeing choice of residence, simultaneously ensures welfare and equity. Granted that a retiring family from a farm near, for example, Oak Point, may be given assisted housing in Oak Point to meet their desire to remain close to home, but what of the services the family members will require simply to live a normal life? Oak Point has neither medical nor shopping services. How then can one believe that decentralization has gone far enough, or that the stay-option policy has welfare as an underlying principle? If this elderly couple has no family support network, and problems with mobility, or anything else, then what kind of provision have they been granted by the government? The short answer is housing, and that is about all. They can receive Home Care services, as can everyone eligible, almost regardless of how remote their residence may be, but they have little else to ensure their welfare.

In sum, a situation, as the one above, raises some very

fundamental questions as to how well the elderly are provided for. It is understood that many comprehensive services are available to them, and that they have been often granted the ability to remain within any community they choose. These are major achievements in their own right. Development does not end at this point, however. There are many individuals throughout the Interlake, and all of Manitoba for that matter, who live in environments which have not been provided for by "mother" government. Although social programmes are thorough, the size and future of their place of residence, unfortunately, is the ultimate deciding factor. Once again, regional development, equity and small town viability become the underlying transactions deciding the "benefits of development" to be received by an elderly person.

# CHAPTER 5: TOWARDS COMPREHENSIVE REGIONAL DEVELOPMENT PLANNING

The hypothesis underpinning this thesis is that on account of the multitude of economic and social development programmes applied to the Interlake and the elderly since the beginning of the 1970s, the combined results should have drastically improved the situation for both the region and its people. To address this fundamental issue, as to whether regional development has in fact been the case, an overview of Interlake development, and social policy aimed at the elderly, is in order. Bill Aitken, General Manager of the Interlake Development Corporation Incorporated, (IDC) was identified as being the most informative and knowledgeable source as to the experience and potentials of development within the Interlake. The initial questions asked of Mr. Aitken involved queries concerning what had been and what was being done to develop the Interlake. The interview proved very interesting, but from the viewpoint of vibrant, comprehensive regional development, revealed some disappointing results. These are summarized below.

At the current juncture, the most critical agency for determining Interlake development strategies is the IDC. It is only one of several regional development corporations functioning throughout the province, each with the explicit purpose of promoting economic development in their own areas. This is to be accomplished through "working with existing industry and local government to establish the necessary infrastructure, aiding existing businesses and promoting the regions to possible new industries" (Painter, 1985). The IDC and other

development corporations are, therefore, development co-ordinators for their region: the central body which lures investment into the region as it simultaneously tries to enhance regional desirability. Aitken, when questioned about social development concerns, responded that through economic development, spin-offs benefiting society were understood as natural results: in other words, almost by definition, a community with employment, services and an adequate infrastructure was an "attractive" place to live. In short, economic development was the prime mover in development and had mutual benefits for social development. It follows, then, that the efficacy of social programmes is incumbent on the ability of the economic system to provide the necessary resources.

With this as the IDC's philosophy about development, the next question that would logically follow is, what is being done to encourage economic development throughout the Interlake? At the current time, Aitken only identified one formal project: the LEAD (soon to be Community Futures) programmes. 'LEAD' stands for Local Employment Assistance Development and is administered by Employment and Immigration, Canada. There are only two LEAD corporations in the Interlake, one in Selkirk, encompassing Selkirk, St. Andrews and St. Clements, called Triple S Investments Corporation; and the other is in Riverton, covering the north-east Interlake, hence the name the North-east Interlake Business Development Corporation (NIBDC). Both are very recent projects (being initiated in 1985) and are primarily geared to provide counselling and financial assistance to new business in communities within their jurisdiction. Each LEAD corporation

works on the basis of five-year plans with five-year grants from the federal government. Considering the area of the Interlake, it becomes clear that these corporations can only offer counselling and grants to the eastern portion of the entire Interlake (Figure 5.1). What of the vast remainder of the region? Aitken suggested that attempts were presently underway to identify a central business centre along Provincial Trunk Highway No. 6, the Lake Manitoba district, where a LEAD corporation would be established.

The only other federal or provincial funds that the Interlake has been receiving to improve itself have been various "Main Street Manitoba" grants: a program (now expired, under the baliwick of Municipal Affairs) by which the RM or town would cost-share with the province the revitalization of their main business section. Of late, only Stonewall and Teulon have taken advantage of the offer. The other funding utilized is the 'Youth Business Start' programme where the federal government gives a $4,000 grant to train any 18 to 24 year-old eligible person for a 30 hour course. For the Interlake, this could prove beneficial, especially if it had the effect of keeping the younger person in the region for undoubtedly, employment opportunities require the learned skills that these courses could impart.

Considering that the Interlake is still far from being prosperous or at a highly developed stage, there must surely be more programmes that the region could use to advantage. IDC involvement is limited to the LEAD and Youth Start programmes, but certainly more is available, through building on some of the concrete results of FRED; namely, the

agricultural and wildlife developments made possible through drainage ditches and land-use conversion. The Interlake's agriculture has been able to come closer to realizing its potential, while land conversion has made the Interlake a wildlife refuge, with 24 Wildlife Management Areas (WMAs). The potential of these FRED developments lies in the fact that agriculture is the Interlake's biggest industry, with the bulk of revenue being derived from high quality livestock production and products.

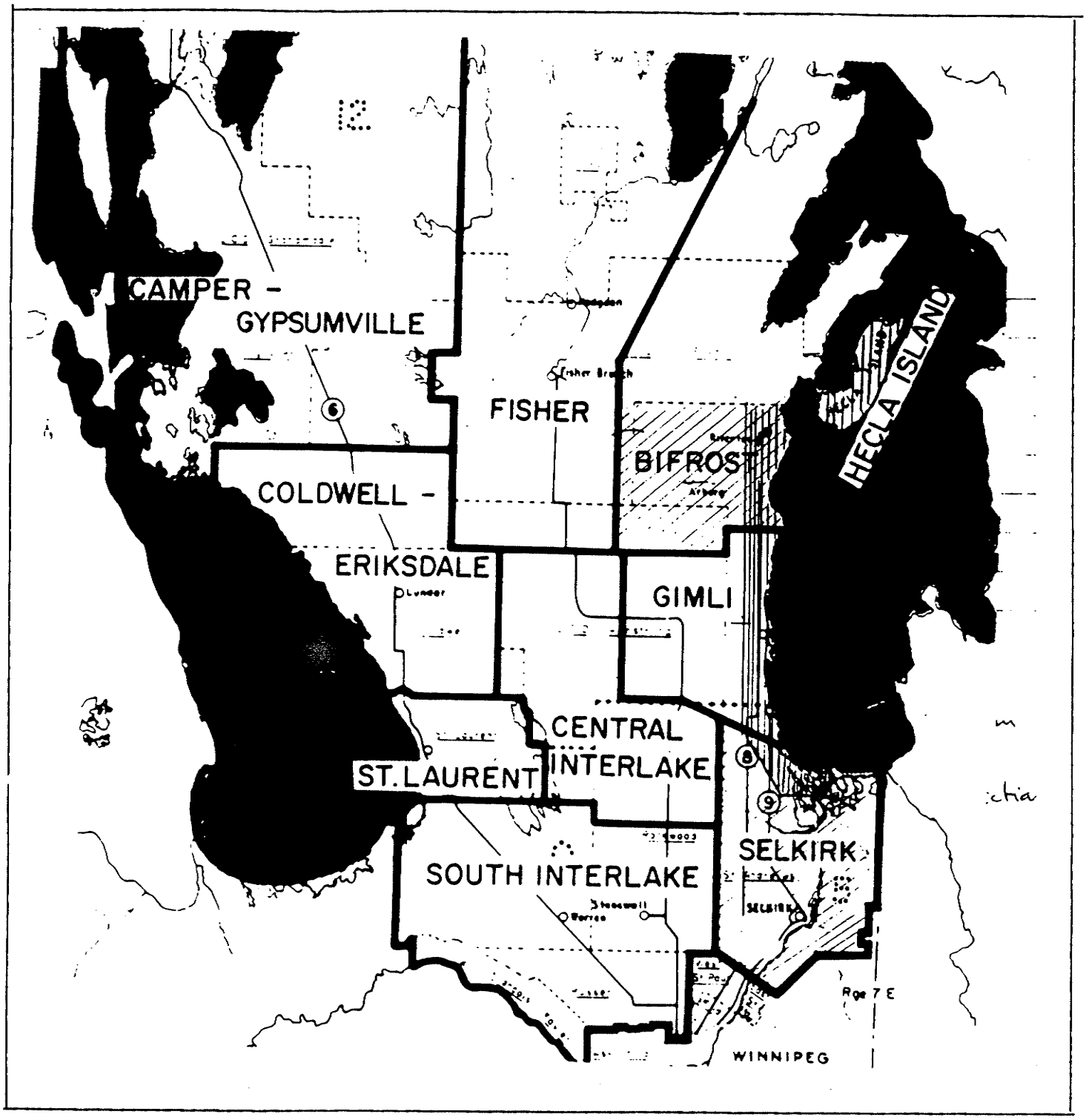
There is further economic potential in this, especially if DRIE's Agro-Food, Value-Added production programme could encourage increased processing and packaging within the Interlake, as Aitken recognized. Furthermore, 99 percent of Manitoba's turkey breeder flocks come from just outside Teulon, and 60 percent of Manitoba's production of forage seed crops are grown in the Interlake. The farmers have been described as innovative and adaptable to new technologies, suggesting that although the IDC believes agriculture within the region has reached its potential, there are in fact, other sectors where potential remains to be more fully tapped. Undeveloped potentials, of any sort, for the Interlake, should be capitalized upon while government grants are available to help defray the cost of establishment.

Wildlife was the other point of note for Interlake development. Wildlife shall be assumed to be part of the Interlake's overall drawing ability for tourism. Aitken feels that one of the most positive impacts of FRED was its nuturing of the tourism industry within the Interlake, which at the present time is likely to be the industry in the region with

the greatest unmet potential. FRED's development of Hecla Island was its biggest contribution to tourism, and it acted to provoke thought and enthusiasm about future development. The Lake Winnipeg Beaches and the WMAs have been the biggest attractions encouraging private sector investment and local interest in developing that industry. Currently, DRIE's Canada-Manitoba Tourism Development Agreement is also pumping dollars into the Lake Winnipeg Beaches/Hecla Island Resort districts (Figure 5.1). The assistance available consists of non-repayable loans, up to 50 percent, to help develop sports angling, wilderness adventure, naturalist self-education and convention and meeting facilities. The Interlake can more than accommodate any of these projects. Communities themselves have superceded the stage of dependence on government funding and have begun organizing their own local development corporations, which, according to Aitken, have given the biggest boost to tourism.

A plethora of other grants are available to help develop various sectors, and are offered by a wide variety of federal and provincial departments. As was noted, though, since the Interlake has not yet reached its full potential, it should capitalize on these grants to help things along. To reiterate, IDC's understanding is that through economic development, social development can be achieved. Figure 5.1, shows that the major development programmes underway at the present time are confined to the Interlake's eastern reaches. If the IDC is concerned with the entire region, why such an apparent 'misallocation' of development thrusts? According to Aitken, the solution to Interlake development is simple: work on the strong points first, and then use their strengths to reach and overcome other problems. A very

Figure 5.1 LEAD Corporation and DRIE Grant Jurisdictions




/// LEAD Jurisdictions

||| DRIE Tourism grants

traditional "Growth Centre" philosophy is thereby being advocated, proclaiming that the larger centres with easily identifiable potentials should be points of initial focus. Once their potentials have been recognized, the weaker, likely smaller centres can be dealt with. Equitable development is not, however, confined to the places with larger population densities. In accord with the stay option, the whole Interlake region should be allowed to experience the benefits of development, regardless of place of residence.

Economic over social development however, seems to be the over-riding philosophy behind contemporary planning in general. Comparing past regional development programmes, beginning with FRED and progressing through to DRIE, then a systematic transition in principles becomes apparent. While FRED attempted improvements in many sectors, DREE and now DRIE have reduced their sphere of influence to the economic sectors. FRED was in fact a 'holistic' regional development plan, regardless of whatever shortcomings it may have been associated with. FRED planners looked at the Interlake region, assessed its weaknesses and strengths, and applied a regional approach to development based upon regional synergism. To reiterate some points from Chapter 1, merit was found in an overseeing, co-ordinating agency, (such as ERDF), which, in effect, was a chief role of FRED. FRED co-ordinated federal, provincial and local jurisdictions for the common objective of achieving Interlake development. Another point to reiterate, is the fact that planning initiatives benefit from experience. FRED, although it storve to be comprehensive, had some failings due to the lack of knowledge/experience its planners. One can only wonder

how much more successful a similar plan may have been, had it been conceived 20 years later and built on the 'learning curve' of previous experience. This has not been the case, however. After FRED initiatives had run their course, DREE was established following a concept almost alien to past Canadian planning experiences. Although DREE was also a co-ordinating agency, more on the level with ERDF than FRED, its ambitions were less at a regional (i.e. district spatial unit) level than at a provincial economic level (i.e. political unit). While FRED's concerns touched upon a multitude of sectors, DREE limited itself to the economic one, while DRIE is even more narrow in focus, as it is very manufacturing-industry oriented. The implications of these relatively large government expenditures is that, presently, the concept of 'development' has taken on a less comprehensive interpretation, and seems to go under the presumption that economic growth results in social well-being. To all intents and purposes, explicit planning is no longer aimed at a region's 'development', but now indicates a thrust towards purely economic growth. That, at least, appears to be the trend in Canadian planning. The IDC and Aitken can no more be held responsible for this change in philosophy than initial DREE planners. The regional programmes (such as FRED) were very costly compared to their actual results and benefits. Results did not reach the same level as expected, therefore 'evolution' ensued. The regional plans were, evidently, too complex to direct successfully, so focus was narrowed to sectors apparently more easily shaped and controlled, such as direct productive activities and their associated infrastructure.

This leaves the issue of comprehensive development at a cross-roads: economic growth is going one direction while social welfare

either has to be the natural follower, or, has to take its own development path. From Chapter 3 and 4, social development has apparently paved its own way and made its own strides. It was made manifest through Guidelines, the 1971 Aging Study and "The White Paper on Health Policy" giving direct address to social conditions, especially for the elderly, with the regional consideration all but forgotten. Raising the issue again, however, as to what regional development is understood as meaning, and by reviewing social policy, an inextricable linkage between economic provision and social eligibility becomes obvious.

Taking social provision as being defined by levels of care for the elderly, as in Chapter 4, one can see different allowances at each stage of intervention or planning. Level Zero, for example, provides nothing in the way of social programmes/aids for seniors. 'Zero' is, in fact, conceived in isolation from provisional considerations, as at this level, it is everyone for themselves so that for this level, there is no connection between provision for the elderly and economic environments simply because social policy does not even come into play.

Advancing to level one, the strongest social and economic interdependence can be seen. Provisions for this level were understood to include services geared for seniors, founded upon a user fee, and community initiatives and resources. Immediately, economic eligibility can be seen to determine social provision: if economic specifications are lacking, services, no matter how great the need, will also be missing. Based upon equity and the equal access principles, as guaranteed by the Canadian Constitution and Manitoba's Guidelines philosophy,

something has evidently gone awry. In the smallest communities, not targeted for economic development programmes, is it just and reasonable to allow the absence of social services to continue?

IACSSS was determined to be most actively involved with levels zero or one seniors and their social provision. One must first consider that these initiatives in themselves are only of recent formulation, and some IACSSS activities are indeed, still being contemplated. IACSSS, although promising little more than guidance and minimal funding, must be given full credit. The Programme was established to fill a void in social service provision, which is exactly what it is attempting to do. The problem in eligibility for services which stems from the fact that IACSSS activities are not universally-insured services, necessitating a resource-base from which the services can build. Communities, RMs and individuals are responsible for providing this resource, (financial, facility and incentive) introducing the critical query as to the geographic dispersal of the benefits of development. While Selkirk or Arborg, for example, may be able to supply its seniors with a Meals-on-Wheels programme on account of their financial and resource eligibility. What about those seniors who live in Poplarfield, Komarno or Oak Point who need meal-preparation assistance or a food service. Are they to go without, simply because of where they live? Furthermore, many of the other small Interlake centres are facing a problem with future viability. Some are so truncated, with exceedingly high proportions of elderly, that their very survival is in jeopardy. If they cannot maintain themselves long enough to wait for the development spin-offs from larger centres, then their fate is sealed.

Aitken said that these communities cannot be denied services or assistance, but, in the same breath, says that they are not too much of a concern for the IDC at the moment. This attitude is, perhaps forgiveable in a federal agency such as DRIE, concerned with national priorities of regional (provincial) disparities, but for the province and the IDC, so much more sensitive to the issues, it is a gross injustice. The IDC especially, with its overambitious claims of providing the development needs of the entire Interlake, should redirect its position to one which perhaps represents only selected central places in its jurisdiction and, as a result, turn over other responsibilities to more truly developmental agencies.

Therefore, while social development is progressing, it is incumbent upon the ability of the economic sector to ensure its viability. A situation such as this only goes to support the primacy of the economic growth planning philosophy, at the federal, provincial and IDC level. It is still not, by any means, a justification for the lack of services at one location relative to another.

Moving beyond level one, level two introduces the concept of a "struggling" community. Level two services were assumed to include EPHs and various Continuing Care interests. Even allowing for the IDC's apparent lack of concern over what is almost universal prevailing situation over the Interlake, level two does offer some promise for some communities. Economic development prospects, in addition to some social provisions, gives 'intermediate' communities at least some future security. Social provisions, such as an EPH, seem to give community

leaders a sense that a physical structure, on account of provincial awareness of place, can at least temporarily ward-off the inevitable. Social provision injects resources into the community, such as a physical facility and, often, associated staff. The communities, it must be recalled, often have strife amongst themselves in hope of being the lucky recipient of such services. Communities must project a positive image which leads government agencies to support their local council. In addition to motivation, a minimal resource base is required to pursue any prospects. Level two services, therefore, reveal the contemporary, implicit philosophy behind provincial social planning. The direction is "back to grass roots", whereby communities are increasingly pressured to plan and instigate their own development. This is evident from the new emphasis placed on community development corporations, which also favour economic development. John McGuire, Director of Regional and Community Development, Manitoba Department of Business Development and Tourism, stated about the 1970s:

> People outside Winnipeg were beginning to see they could play a role in the health of their communities, in business development leading to real jobs. There was a growing desire for local people to take responsibility for that... and emphasis on individual communities working by themselves and with each other.
>
> (Painter, 1985)

The elderly, like communities in general, know their own needs best, however, their social needs are incumbent upon the community recognizing the need also, and having initiative and resources to acquire the service. Fortunately, for many elderly living in these small, truncated communities, awareness as to their needs is quite apparent.

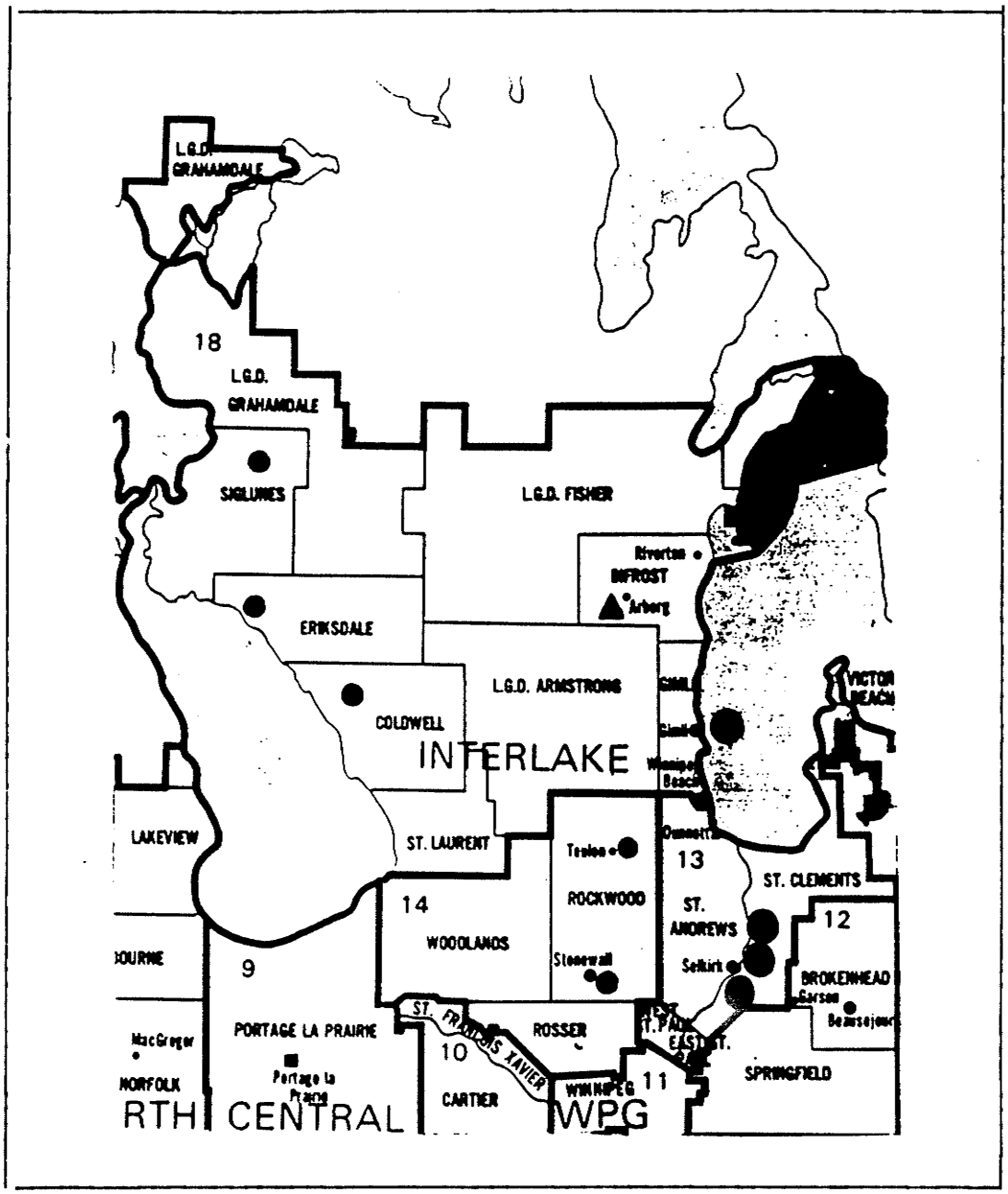
Yet, meeting this need is often impossible for the smallest centres. Therefore, level two provision can meet demands if, and only if, the economic environment of the community is sufficient. Once again, some of the small centres, although not needing resources for service maintenance as much as level one, fall-short on the eligibility criteria, in so much as level three and four are concerned.

Social services for seniors are relatively comprehensive. Their ability, however, to meet the needs of seniors has been proven so far to be a function of local economic viability. This neither adheres to Constitutional rights nor to Guidelines' principles. There has evidently been a divergence of purpose between economic and social policy. Levels three and four, of extended care, almost oblige the government to ensure that an extensive service be provided. Unfortunately, economic viability again proves to be the chief determinant. The MHSC guideline of 90 beds per 1,000 seniors can only be satisfied if there is some indication that local services will continue to support the PCH structure and operation. Therefore, a truncated community facing the prospect of limited future has no opportunity to benefit at this level either. In short, all social provision is incumbent upon an adequate economic environment to establish and operate in. Any adherence to Guidelines has been lost. The equity and well-being considerations are only true for those living in communities able to support the array of services, while the stay option has been overruled by economic criteria, or, market forces. Not only have the objectives set forth in Guidelines failed, but evidently, so have regional development programmes.

How does all this apply to the Interlake region? One need only look at where LEAD corporations are operating, where DRIE grants are available (Figure 5.1), where decentrallization has occurred, and where a tax base can support IACSSS activities or PCHs (Figure 5.2). Level one is entirely responsive to community initiative based on the availability of resources; level two, is much more sensitive to need-based criteria; while, levels three and four are similar to level one, in that social service availability is forthcoming only if a support base is present, be it financial, human or service based. The ensuing geographic dispersal (as Figures 5.1 and 5.2 serve to demonstrate) is horseshoe shaped in that the greatest concentration of economic and social development schemes are along Lake Winnipeg and the southern confines of the Interlake, with what appeared, from the interviews, to be token services along Lake Manitoba. The result is a major void, or lack of economic and social allowance, throughout the vast majority of the Interlake, in particular, its northern and central parts. Not only does the population distribution justify this to a point, but Appendix E also reveals that community organization is greatest at these points, i.e. incorporated centres, (Statistics Canada, 1981). Another determinant, no matter how unfortunate, can be traced to limited government resources. This showed itself in the mid-1970s, in the construction of Rosewood Lodge in Stonewall, as 'beds-needed' were cut-back to comply with 'beds-affordable'; while government cost restraints coupled with population distribution explains the Interlake's "empty interior".

The grass roots approach mentioned earlier, in addition to

Figure 5.2 Personal Care Homes




Source: MHSC, 1985-86 Annual Report

PCH Beds
- 16 - 30 beds
- 31 - 60 beds
- 61 -125 beds

government cut-backs, accounts for the geographical dispersal of services. By adopting this approach, regional development plans, such as FRED, and social policy, such as Guidelines can be all but forgotten. Both economic and social development is currently the onus of communities, and their resources, with regional development planning, as it is understood, to be almost a fallacy of the past. Communities no longer want laid-on plans, while at the same time, governments in Canada profess that they can no longer afford them.

There is, however, a major condition to all of this. On the condition that Canadians/Manitobans are prepared to take the consequences of a failed market system and accept whatever shortcomings that may bring. Regional development planning, however, is part of Canadian history. The social welfare programmes available (and their speedy adoption) leads the author to believe that this turn of events to "survival of the fittest" is the greater fallacy of the two. As stated in Chapter 1, equity is part and parcel of being Canadian. It is to be expected that a citizen in Oak Point should be afforded the same benefits of Canadian/Manitoba development as a resident of Winnipeg.

Therefore, while current planning and programme evolution is experiencing a divergence between the social and economic sphere and, indeed, is in a phase of regression, regional development planning is ever more urgent to distribute benefits of development on a more equitable basis.

# CHAPTER 6: CONCLUSION

Regional development planning is, apparently, no longer a concern for policy makers. Every attempt was made to associate the two, however, as the unavoidable lack of coherence between Chapters 2 and 3 revealed, there is, in fact, little in the way to relate economic and social development as a single objective anymore. It appeared that regional development planning policy was phased out with the FRED plan at the federal level, along with Guidelines' thinking at the provincial level. Even the IDC's focus on economic development has followed this trend of encouraging economic growth foremost, hoping that it will entail social benefits. It is a sign of the times, a sign of the stage that national and provincial planners are at in their development thinking. In sum, the consensus regarding development is that economic growth is a prerequisite for overall welfare.

This is true at all levels of government and is reflected in the development policies brought down from each. FRED was holistic, while DREE and DRIE are economic. Guidelines was comprehensive, while social planning and economic planning are independent proposals. The IDC claims jurisdiction over the entire region, with its policies biased towards centres with economic growth potentials. No longer can it be propounded that national, provincial or regional equity and welfare are being ensured by the governments. They have lost the foresight to understand that development planning, especially those plans conceived with a regional dimension, involve space, people, economy, society and the like. Policymakers have presupposed that the interrelatedness

and interdependence of the economy and the population are so great within a defined space, that improvement in one sector is, logically, an improvement in the other. Granted that each is a part of the whole, but as with any unit, every part has its own needs and functions. Societal welfare can no more be equated with economic growth than different cultures or political systems can be made synonymous.

The development programmes that have had some degree of influence in the Interlake region include, for the most part, FRED, DREE and DRIE. Other projects have been less extensive with subsequently less attention being directed to them. Social programmes for the elderly have been provincial in focus, yet within the confines of the Interlake, the results are apparent. The IDC's situation is, therefore, one which conceives the Interlake, and the elderly within the region, as two entirely separate entities with the social aspect incumbent upon economic provision. Circumstances are such that no revision of policy is contemplated in the near future that could serve to ameliorate problems of remote regions (problems either economic or social) or even those of more immediate centres with expected short lifespans. As defined in Chapter 1, regional development is, therefore, overlooked by the IDC, and as such, one can make a reasonable judgement that economic and social welfare for places not well endowed, has also been forfeited in favour of those places with a comparative advantage.

On a sectorial basis, social policy evolution has been formidable.

Not only have a multitude of much needed services become universally-insured, but plans are underway to make what is available even more comprehensive. Through the Department of Health, decentralization and MHSC, health care has become more widely available. Through Continuing Care, everyday needs are met, while IACSSS is enhancing social services for the elderly even further. Service and care provision for elderly Manitobans is very commendable. These services fall short, however, in that they are dependent upon the economic environment for providing the resource base. Unfortunately, many social programmes cannot be delivered without an adequate economic base. For many centres/regions in Manitoba, this means a privation of services, regardless of how desperately required, on account of a failure of their economic sector. Furthermore, economic development planning also by passes these centres in that centres with more potential are opted for. The stay option states that this is both unjust and undesirable.

The attitudes dictating policy direction are therefore, to be economically biased. Regional and social considerations have been omitted. What is the solution, therefore, that will at least offer prospects to these unfortunate, truncated, dependent and dying communities? Regional development plans, on the same scale as FRED, can be put aside, as governments will no longer support such grandiose expenditures. The IDC, although regional by definition, only co-ordinates development plans for larger centres. Social policy, on the other hand, is implemented in isolation of economic conditions. The Guidelines proposals were well thought out, comprehensive and reasonable in their approach to reform. Perhaps the contemporary solution to the

shortcomings in planning could include an updated Guidelines-type proposal. A thorough provincial assessment would be required, including analysis of current conditions, resources and potentials. Research designs similar to the 1971 Aging Study could be carried out across Manitoba (as it was in both 1976 and 1983/84) assessing all age groups and geographic social service voids. Economic analysis could review every sector currently producing within Manitoba, as well as establish a framework for future growth potentials. Once every aspect of Manitoba has been analyzed, a policy framework could be concluded encompassing explicit reforms and objectives.

It is the author's opinion that the Guidelines proposals had great potential, however there was no agency specifically designated to enable its policies to be effectively applied. If a similar framework could be established for the 1990s, for example, likely the most efficient and effective way of ensuring success would be through the establishment of a new provincial portfolio, perhaps, the Department of Regional Planning. Planning, as opposed to development programme formulation, would be the chief function of such a department, as through its own "guidelines" it would serve to co-ordinate development projects. It would be able to oversee all economic and social policy initiatives and help steer programmes to areas in need of such incentives. The agency would work with all other departments, federal and provincial, in addition to local and regional development corporations, to ensure a more equitable distribution of government assistance programmes based upon expressed needs and its own understanding of needs. It would be very similar to the ERDF, in that it could co-ordinate development from an objective perspective. This agency, however, would only be

possible if an accurate and extensive assessment of Manitoba was made, and if the economic and social policies could work co-operatively. It would not formulate development policy, only apply what is already available on a need-base, and distribute incentives accordingly.

The lack of coherence between economic and social policy today, necessitates that co-ordination between the two be brought about by some means. The discrepancy in the benefits of development is becoming more pronounced, somewhat ironically, because social policy is becoming more extensive. It will be recollected that most of the new social service programmes for the elderly are increasingly incumbent upon local-community economic provision, thus the magnification of the divergence between economic and social policy. It is reasonable to suggest that on account of both the increasing complexity of the economy on one hand and of society, that independent consideration of each is justified. However, because equity is part of being Canadian, and cannot be achieved through the current system, something is called for. That something is co-ordination and co-operation. Should this be brought about, then the benefits of development would likely be more efficiently distributed and shared by all regions and people of Manitoba.

# APPENDIX A

# PROGRAMME DETAILS

## A) DREE Subsidiary Agreements

i) The Northlands Agreement was designed to encourage socio-economic development in the northern portion of the province, and was to provide the area's population with options and opportunities to contribute to and participate in resource development, while preserving traditional ways of life and enhancing the overall economic and social situation (Canada, 1979).

ii) The Industrial Development pact was to receive a $44 million grant between 1978 and 1983. Its goal was to encourage industrial activities which were closely associated with other economic activities already extant. Thus there was a special emphasis on primary resource production and processing. The Agreement was to help Manitoba develop industries in which it had a comparative advantage. It was also intended to support high-wage industries, and those which could provide stable, long-term employment. Manitoba was found to have potential in primary metals, food and beverage, health-care products, light machinery, transportation equipment and aerospace electronics production. The issues surrounding the hitherto delayed development in these fields were the sensitivity to international markets and the slow introduction and adoption of technology. Thus, government intervention would try to alleviate some of these basic problems. The means by which industrial development was to proceed relied upon $29 million in

the industrial process itself, $11.6 million from the Manitoba government and $17.4 million from Ottawa. Policymakers were planning to promote industrial development, stimulate the application of technology, and foster the development of small manufacturing. Industrial assistance received $5 million on a 60:40 federal-provincial cost-sharing basis. It was to provide incentives to encourage development and expansion of business, especially small business. The final programme was to improve the industrial infrastructure by assisting local governments in site preparation. The cost of this programme was $4 million to the province and $6 million to Ottawa (Canada, 1977a; 1979).

iii) Value-Added Crops Production, which lasted from 1979 to 1984 and was costed at $18.5 million. The Canadian and Manitoban Departments of Agriculture were the supervising agencies, overseeing attempts not only to increase the production of value-added crops, but to improve the efficiency of the red-meat industry, and helping to expand the level of commercial services available to farm populations - in addition to increasing local processing of agricultural products. Emphasis was given to intensifying the production and processing of increasing amounts of value-added crops, and of enlarging cattle foraging and pasture lands, not to speak of the encouragement of finishing and processing within the province. This entailed four routes of action, all with a 60:40 federal-provincial cost-sharing basis:

1) analysis of the technical implications of an expanded value-added crop production ($800,000);

2) assistance in the expansion and sustained production of special crops, primarily those with the potential of being processed within the province ($3 million);
3) the improvement of production, handling and utilization of crops grown for feed ($5.7 million); and

4) the implementation of productivity measures that would remove the constraints on the production of value-added crops, with particular attention to the development of better land and water management practices (Canada, 1979).

B) DRIE Subsidiary Agreements

The sub-agreement for Economic Development Planning was signed in November, 1983 and was to be jointly funded by Ottawa and the province with $1.5 million pledged by each government. It listed seven "priority planning areas", namely

1) the service sector
2) a regional trade strategy
3) the role of crown corporations
4) a science and technology strategy
5) water issues
6) cultural enterprises
7) transportation

This sub-agreement was established on the basis of future financial planning for these priorities, and was given a $3 million budget to lay the groundwork for planning initiatives (Canada, 1984a).

The Mineral Development Agreement, set for 1983 to 1988, had a $24.7 million budget. It was a programme designed to develop the technology and marketing to bolster Manitoba's mineral industry. Programmes under this initiative include exploration, mining and mineral

processing and new market development. Geoscientific studies were also emphasized within the plan as they would benefit the industry in almost every aspect (Canada, 1984d).

The Transportation Development Agreement relates to issues affecting the productivity of many economic sectors within the province. It emphasizes Winnipeg's role as the leader in the provincial development process of transportation and related industries, with an important future role for Churchill as a port having far-reaching regional consequences. Under this agreement, two projects were compiled: one for Winnipeg, and the other for Churchill. As yet, no financial commitments have been made public (Canada, 1985b).

The subsidiary agreement on Communications and Cultural Enterprise is also a five-year programme, in this case from 1984 to 1989. The Canadian government offered maximum funding of $13 million, while the province pledged $8 million. The framework had six objectives which led to four projects. The objectives included: a strategy designed to complement ERDA; an attempt at increasing employment and income opportunities in Manitoba through the growth and enhancement of communication and cultural enterprises; a maximization of social and economic benefits to Manitobans by way of increased development of cultural products, a proposal to foster the creation and increased production of "cultural products" (arts, festivals and goods) and to increase access to Manitoba's cultural products by strengthening existing markets, encouraging expansion into new areas, and expanding audiences; a strengthening of the human, managerial, creative,

financial, technological and structural resources of communications and cultural enterprise; and finally, a stimulating of private sector investment in the creation and distribution of communications and cultural products, in addition to existing public sector programmes. The component projects involved an improvement in the application of available technology to enhance the communications network and develop an educational system in Canada's two official languages. It also consisted of cultural enterprise infrastructure development whereby a cultural centre and audio-visual aids would be made available. Cultural enterprise development was encouraged through production support, human resources support and market and distribution support programmes. In addition to all of the above component projects, this agreement allowed for management, public information distribution and programme evaluation costs. The total sum allotted was $21 million (Canada, 1984 c).

The Agro-Food Development sub-agreement was scheduled for 1984 through 1989, at a total cost of $38.3 million. Its purpose was to improve agricultural productivity and enhance human resources. Its four main objectives were: to co-ordinate and complement development programmes based upon a thorough analysis; to improve crop and livestock productivity; to enhance human resource skills and to allow producers to respond effectively to the ever increasing complexity of financial and technical demand; and finally, to increase efforts in facilitating the development, design and adoption of on-farm soil and water management practices designed to assist in the long-term viability of the farming sector. The programmes which were occasioned by these objectives included a $15.8 million scheme to enhance agricultural pro-

ductivity through livestock and crop research and extension, and improved utilization and marketing of value-added processing. Another project focused attention on planning, research, management and conservation of soil and water resources. Human resource development was also embraced by this scheme by educating farm populations in management practices, decision-making and research. The last programme within the sub-agreement was to carry-out a thorough analysis and evaluation of Manitoba's agricultural sector, as well as a public awareness and information network (Canada, 1984 b).

The Forest Renewal Agreement was given a fund of $27.16 million for its five year period from 1984 to 1989. Simply put, its aim was forest resource development and renewal. The objectives were threefold: first to assist in the development and maintenance of timber supplies sufficient to ensure the long-run viability of Manitoba's forest industry; secondly, to promote the efficient utilization of the forest resource within the province; and finally, to contribute to the economic development of the forestry sector, including increasing employment opportunities in forestry in Manitoba. It was intended to meet these objectives through the four projects of forest development and renewal, intensive forest management, applied research and technology transfers and public information and programme analysis and evaluation (Canada, 1984 e).

Lastly, under the ERDA, was a strategy to develop Manitoba's tourism industry. The enhancement of the economic and regional development of the tourist industry throughout the province was the

target and a budget of $30 million (50:50 split) was allocated for the 1985-90 period. It was planned to co-ordinate existing programmes for stimulating tourism and to develop internationally-competitive tourism destinations throughout Manitoba. As a result of the developing of tourist attractions, events and resort facilities, the planners also hoped to achieve a lower tourism deficit by encouraging national and international visitors, making travel within Manitoba by Manitobans more enticing, and by promoting longer vacations within the province. They also proposed to increase private sector investment, thereby helping to improve the productivity of selected sectors within the industry. They formulated seven major programmes, including marketing expansion, private tourism resorts, attractions and facilities, developing Winnipeg attractions, developing rural attractions, planning tourism events, industry productivity enhancement, and finally, administration, strategic research studies, planning, evaluation and public information (Canada, 1985 a).

# APPENDIX B

(Source: Canada, 1981)

Health and Welfare Canada - Programmes and Services; Canada Health and Welfare, 1981.

Income related:

Income supplement programmes
Financial assistance plans
Tax exemptions
Rents supplements programmes
Rent rebate programmes
Property tax rebates
Tax referral
Tax credits
School tax rebate
Social allowance benefit
Utility grant
Special care residents allowance
Health care insurance
Insurance assistance
Prosthetics, orthotics assistance
Uninsured medical service
Travel subsidies
Old Age Security
Canada Pension Plan
Guaranteed Income Supplement
Unemployment Insurance
War Veterans Allowance
War Disability Pension
Canada Assistance Plan

Shelter:

Social housing
Non-profit housing
Co-op housing
Residential care programmes
Special home-cultural/religious
Home repair programme
Home adaption programme
Apartment conversion grants
Mobile home rental assistance
Housing registry
Room and board
Homemaker services
Home maintenance
Social housing for the elderly
Insured lending programme
Co-op housing programme
R.R.A.P.

Health related:

Long term care
Special care
Psychiatric
Active treatment
Palliative care
Respite care
Day hospital
Day care
Rehabilitation
Mental health
Physiotherapy
Health screening
Assessment
Community health
Therapeutic
Ambulance
Laboratory
Meals
Drug plan
Public health nursing
Nutritional counselling
Placement and referral
Orthotics and prosthetics
Aids to independent living
Home care
Dental
Health education
Alcoholism
Hospital care insurance plans
Medical insurance plans
Health promotion contributions
E.H.C.S. programmes

Psycho-Social:

| | |
|---|---|
| Activation: | preventative services |
| | shut-in services |
| | seniors job opportunities |
| | senior volunteers |
| Communication: | telephone services |
| Education: | library services |
| | education |
| | retirement counselling |
| Information: | information services |
| | newspapers |
| | T.V. and radio services |
| | counselling services |

| | |
|---|---|
| Recreation: | community centres |
| | community services |
| | recreation programmes |
| | vacation programmes |
| | cultural programmes |
| | drop-in centres |
| Transportation: | transportation services |
| | handi-capped users services |
| | drivers upgrading |
| | seniors travel cards |
| Visitation: | volunteers services |
| | religious counselling |
| Other: | Research |
| | Statistics |
| | Advocacy |
| | Advisory/personal |
| | Policy developing/planning |
| | Operating grants |
| | Incentive grants |
| | Professional education |
| | Co-ordination services |
| | Programme development |

Federal Groups and Associations:

Travel
Association of Senior Executives of Canada
Bell Canada
Canadian Association of Gerontology
Canadian Association of Occupational Therapists
Canadian Council on Social Development
Canadian Diabetic Association
Canadian Geriatrics Research Society
Canadian Long-term Care Association
Canadian Medic Alert Foundation
Canadian Mental Health Association
Canadian Parapalegic Association
Canadian Pensioners Concerned
Canadian Rehabilitation Council for the Disabled
Elder Hostels
Gerontologic Nursing Association
Help the Aged
National Advisory Council on Aging
Social Sciences and Humanities Research Council of Canada
St. John's Ambulance
Stroke Recovery Association
Anglican Church of Canada
Arthritis Society
Canadian Council on Gerontology
Canadian Hearing Society
Canadian Human Rights Commission

Canadian Institute of Religion and Gerontology
Canadian Pharmaceutical Association
Canadian Red Cross
College of Family Physicians of Canada
Common Front for Pension Reform
National Pensioners and Senior Citizens Federation
Salvation Army
Victorian Order of Nurses

Manitoba Programmes and Services:

Department of Community Services and Corrections
    Social Allowance Services to the Aged

Department of Health and Community Services
    Mental Health Programme
    Mental Retardation Programme

Department of Health - Continuing Care Programme
    Daily Hello

Department of Health and Social Development
    Continuing Care Home Care
    Respite care
    Home care
    The Seniors Hour (T.V. programme)

Department of Taxation
    Manitoba Pensioners' School Tax Assistance Programme

Manitoba Tax Credit Information Office
    Income tax service

Department of Tourism, Recreation and Cultural Affairs
    New programmes and out-reach programs

Division of Research, Planning and Programme Development--Manitoba

Department of Health and Social Development
    Aging in Manitoba studies

Department of Finance and the Federal Department of National Revenue
    Property Tax Credit
    Cost of Living credit

Manitoba Education

Manitoba Health Services Commission
    Levels of care-PCH Programme
    Adult day care
    MHSC Insurance plan
    Provincial Public Health Nursing
    Pharmacare

Manitoba Home Economics Directorate

Manitoba Housing and Renewal Corporation
- Elderly persons housing programmes
- S.A.F.E.R.
- Rent supplement programme
- Senior supplement programme
- Senior Citizens' non-profit housing corp.
- Critical home repair programme

Municipal Responsibilities
- Pension property tax deferral

Non-profit corp.'s
- Senior Citizens Job Bureau

Office of Continuing Care
- Aged services

University of Manitoba
- Medication Information Line for the Elderly (M.I.L.E) 261-3111

Winnipeg Transit System
- reduced fares

Provincial Groups and Association
- Age and Opportunity Centre
- Canadian Pensioners Concerned
- Legal Aid
- Manitoba Association on Gerontology
- Manitoba Blue Cross
- Manitoba Council on Aging
- Manitoba Society of Seniors
- Meals on Wheels
- Senior Citizens regional councils
- The Institute of Chartered Accountants
- University of Manitoba
- University of Manitoba Medical College

# APPENDIX C

The following is an outline of the general questions asked during interviews.

Personal Care Homes: Directors of Nursing or Administrator

1) When was this PCH built, and was it in response to any particular need, such as cultural or religious?

2) Does it currently meet demands? How long a waiting list is there, and how long do the more urgent of cases need to wait?

3) Are most residents local or here to fill a vacancy on account of urgency?

4) What is the breakdown of the levels of care you currently offer? Is this different since MHSC took over the administration of PCHs and since Continuing Care began the panelling procedure?

5) Do you have all the needed resources here at your disposal or do you feel that you could still receive more services from outside sources (such as specialists) or that the community does not have everything you need for the residents, especially the ones able to get out into the community?

6) How are needs such as clothing and personal goods generally met for the residents?

7) Has any policy or research finding had a significant impact on PCHs within the Interlake?

8) What would you suggest to be the best direction PCHs could take in the future?

Personal Care Home Residents

1) When did you move into this PCH? What were the particular needs that could no longer be met while you were living at home?

2) You needed more care than you could get from outside, but when you lived in your own home, did you ever use any services such as Home Care?

3) What made you choose this particular PCH?

4) Are the reasons that you moved here, the specific needs, being met here? Are your other needs, such as social also being met?

5) Are you glad that you live here? Are there any particular advantages for you by living here?

Manitoba Health Services Commission: Long Term Care Program

1) How well served is the Interlake region for PCHs?

2) A lot have been built only recently, in particular, the Lakeshore District, which has 3 PCHs within half an hour of each other, and the population is quite small, and not growing. Why would this be?

3) What is the reasoning behind attaching a PCH to a hospital? Is this only the case in rural areas, and why? What about the few adjacent EPHs? Is this a cost saving measure, and therefore is this likely the route for the future?

4) What is MHSC's role in the Long Term Care Programme? Does it reach its influence into other aspects of care for the elderly, or is it purely to address PCHs?

5) PCHs tend to have higher levels of care than they did previously. Is this a purposeful move to reserve high care facilities for only the most in need, or a result of the success of community support programs?

6) Does a rural PCH have difficulty with staffing or resource provision simply on account of it being rural?

7) What is the chief difference between proprietary and non-proprietary PCHs? Does the commission promote one over the other?

8) How many privately owned PCHs are there in the Interlake at the moment?

9) What is the funding resources available for the Long Term Care Programme like?

10) What are the plans for the future with PCHs in the Interlake? Are any more going to be built or renovated?

11) There has been a lot of concern expressed about small town viability recently. Would MHSC approve the construction of a PCH in a community with no real "life expectancy"?

Manitoba Housing/Manitoba Housing Renewal Corporation

1) Has the current housing programmes, available through the province, been in response to any of the studies on aging which were prominent in the province in the early 1970s? (i.e. 1971 Aging in Manitoba, Guidelines for the Seventies,...) What is the philosophy of subsidized housing?

2) Through the current Rural and Northern (federally: Native) Housing Program, has MHSC been able to meet demands fairly successfully? What about in the Interlake?

3) What is the main thrust of the R & N program? Are efforts geared more to elderly housing or family housing stock? What about the Interlake?

4) Are there any other programmes available for elderly housing subsidy?

5) With all indicators showing increasing numbers of elderly persons in the future, is MHSC busy trying to prepare for the probable surges in demand?

6) A peak of the number of elderly is expected around 2030 A.D. If housing supply works at accommodating this demand, what will happen when the numbers once again subside?

7) Similarly, many small rural towns, many of which are in the Interlake, have little in the way of younger generations following the currently aging one. As with the last question, if housing demands are met in these communities now, what will the future hold for what one could assume to be a lot of future vacancies?

8) Site has been recognized as an important factor for EPHs. Has MHSC recognized this and are there any regulations governing it?

9) Is there any identifiable characteristic of the tenants of assisted housing? (i.e. single, couples, physically handicapped,...).

10) Will future EPHs that are built, be designed to meet any specific demands for accommodation? (i.e. singles, couples, handicapped,...).

11) Are there any special or noticeable differences between urban and rural housing? What about in the Interlake?

12) What are the future plans for government sponsored housing?

Day and Respite Care, Manitoba Health Services Commission

1) When were the Day and Respite Care programmes established and why?

2) What is the intent of having such a programme? Who's needs is it designed to meet?

3) Are there any eligibility requirements for the programme?

4) How would a community go about establishing its own Day Care?

5) How many Day Cares are there in the Interlake? Who usually sponsors such a programme?

6) What kinds of services does a programme generally provide?

7) What is the budgeting schedule and other guidelines determined by?

8) What is the difference between a Day, Respite and Day Hospital programme?

9) How important is community and family support in these programmes?

10) What are the future plans for such programmes? Have there been any indications of them being successful or only mediocre?

Office of Continuing Care

1) The Office of Continuing Care was established in 1974. It coincided with the release of the 1971 Aging in Manitoba Study, Guidelines for the Seventies, the "White Paper on Health Policy" and a restructuring of the Manitoba Department of Health. Was the Continuing Care programme the result of any one of these, or was it a combination of all the above?

2) Was it provincial decentralization that made Home Care programmes possible?

3) What is the philosophy behind the Continuing Care programme?

4) Is Continuing Care involved in more than just Home Care, PCH placement and Day Care programmes? Does the agency also work on a co-operative basis with other departments and/or agencies?

5) What are the chief services used by recipients of Home Care services? Does that vary within the Interlake region?

6) How does the personal care service compare to that of housekeeping? Does the Office plan to emphasize one moreso than the other?

7) What proportion of users are there in the Interlake as opposed to other provincial health regions? If noticeably different, why?

8) Is programme delivery unique to some areas of the Interlake, especially the more remote or smaller centres?

9) Do users of the services have any identifiable characteristics? What about in the Interlake?

10) How big of a role do families play in the success of the Home Care programme? What about communities, or those remote centres or farm populations, how does Home Care reach them?

11) Through all the services and programmes available through Continuing Care, have you managed to be effective in keeping the elderly in the community?

12) What are the immediate plans for Continuing Care? Do you know of any changes that are planned, or will it simply be an expansion and/or modification of the current programmes? Is the emphasis placed on Home Care type services due to the incredible cost savings when compared to institutional care services?

Manitoba Department of Health and Community Services, Interlake Regional Office

1) What were the chief changes within the department with the release almost simultaneously of Guidelines, and 1971 Aging Study, the "White Paper"...?

2) How has decentralization affected the Interlake region?

3) Was decentralization carried as far as reaching even the most remote centres? i.e. providing hospitals, health clinics,... in very small centres, or is that just not financially feasible, and therefore, regional "health centres" are the unavoidable result?

4) What about more flexible services such as Home Care through the Office of Continuing Care. Are they available in even very remote centres? Many PCH directors whom I have spoken to have identified a scarcity of specialists, such as physio or occupational therapists? These are transferrable, not concrete services, therefore they should also be equally available, so why are they not?

5) What programmes or agencies is the department involved with?

6) What is the budgeting like for elderly programming?

7) The Interlake is aging, and many centres are faced with an uncertain future. Does the department plan to speed-up or enhance its "flexible" services such as Home Care to avoid having to commit itself through other structures, especially physical ones?

8) What kind of impact did major development thrusts such as FRED or ARDA have on the health care delivery service, especially within the Interlake as it was the focus of so many of them?

9) What are the plans for the future, especially within the Interlake?

Rural Transportation Assistance Program, Manitoba Department of Transport

1) Is the RTAP the only programme available for the transportation disadvantaged in rural areas?

2) What role does the Manitoba Department of Transportation play in the RTAP programme?

3) The programme was set-up in 1983. How quickly has it expanded throughout the province, particular within the Interlake?

4) How involved is the department with other departments and agencies? Does the "Handi-Van" service play an important role in the success of a lot of these programmes?

5) What is the structure of the RTAP programme?

6) Is the RTAP programme a similar concept to the "Mobility Club" idea?

7) What are the future plans for this programme or others which will be geared specifically for the mobility disadvantaged, in particular, the elderly?

Regional Aged Specialist, Manitoba Department of Health and Community Services

1) What are the responsibilities of the regional aged specialist?

2) As the regional specialist, are you aware of any unique characteristic of the Interlake that requires any special planning or delivery structures?

3) What about the aging aspect of the Interlake? Does this pose any particular planning priorities?

4) How successful has decentralization been at being 'sensitive' to regional issues in the Interlake?

5) What do you feel had the greatest impact on planning care services for the elderly especially over the past two decades?

6) What about the "Interdepartmental Agency Committee for Support Services for Seniors"? What is its role in the Interlake?

7) What are the main concerns for improvement of support services for seniors?

8) What about small town viability and the elderly within its reaches? Are they serviced by the same programmes as larger centres, or has there been a move to "geriatric" centres where all their needs will be met?

9) Would you say that policy and planning, resulting in services to the elderly, is stagnant or progressive?

10) The large development schemes of the early 1970s, such as FRED and ARDA, were very active in the Interlake region. What do you think they did for the elderly of the region, and has planning today incorporated any lessons it may have learned from earlier experiences?

Lakeshore District Continuing Care Co-ordinator

1) In light of the what would appear to be "abundance" of PCHs in the district, how big of a demand is put on the Home Care programme? (Especially compared to other areas)

2) How large an area does Lakeshore represent? Is that an unusual size for a health care district? Are there any special problems created by this fact?

3) What about delivery to the more remote areas and to the reserves?

4) What services are used most often or demanded the most, and are you able to provide them, especially considering the relative remoteness of the district, and all the required resources may not be available?

5) Under what circumstances do most clients first apply for the service? Is there any characteristic common to most of them, and does this differ from other districts or regions?

6) How successful has the Home Care programme been at keeping elderly persons out of PCHs? How quickly do most needs exceed resources?

7) How involved are you with Day or Respite Care programmes here? Are any available to you?

8) What do you see as the future of Continuing Care in the Lakeshore District?

Interlake Development Corporation, Inc.

1) Are there any development initiatives available to the Interlake businesses at the moment? i.e. IRDP, Small Business Incentives, Main Street revitalizations,...

2) With small town viability such a concern, is the IDC worried about any of the small Interlake centres? If so, what are you doing about it?

3) What about the centres with EPHs or PCHs: some of them are very small with no real following generations, and are rapidly losing their economic base. Does the IDC show any particular kind of concern for these small towns?

4) As just mentioned, some centres have little else than an elderly population. As the elderly represent such a large political lobby in some of the RMs and towns, are their needs catered to, or even fully met?

5) The rural transportation programme for the transportation disadvantaged, RTAP, has been available for several years now. Planners and advisors have noted that often very small communities apply for grants, on account of the fact that with an established transport system, in addition to a PCH or an EPH, they can maintain some kind of tax base. Do you feel that this is the case? If so, what do these RMs or towns think will happen when the user population, the elderly, dies off and there is nothing in their stead?

6) The "LEAD" programme, now changing to "Community Futures" has two corporations within the Interlake region, interestingly, both near Winnipeg's influence and in the Lake Winnipeg Beaches region, also eligible for DRIE tourism incentives. Considering that these are already the better-off districts within the Interlake, is this not a mis-allocation of the development resource?

7) How involved is the IDC with such federal plans for business development?

8) Does the IDC have any social interests? (i.e. in the fate of the elderly with the region, or is it entirely economic in nature?)

9) Are economic development initiatives designed, specifically, to have any social repercussions? (i.e. a Main Street revitalization might reintroduce a needed pharmaceutical business...)

10) Does the IDC get involved with the planning or delivery of development initiatives? (at both the federal and provincial levels, especially if the programmes could have significant impact on the Interlake region).

11) Over the past twenty years, what has had the greatest impact on the region economically?

12) What has had the greatest social impact?

13) Were these impacts positive or negative ones? FRED, for example, has been noted as creating a "let the Government pay" attitude which detracted from self-interest in development.

14) Is there any pressure exerted by the elderly to come up with programmes designed for their benefit? (i.e. increase community resources, more physicians...).

15) A point of contention with many PCH caregivers is that on account of much of the Interlake being rural, they often have staffing problems and getting the special services that the elderly so often require, such as optomotrists, or therapists. Does the IDC concern itself with such issues, which represent regional and in fact rural disparities?

16) What kind of impact did provincial government decentralization have on the Interlake? If noticeable, would you say that one sector benefited more than another?

17) What are the IDC's plans to try to curb economic decline throughout the entire region, especially when economic well-being is so closely tied to social welfare?

18) What is the future of the Interlake over the next 20 - 30 years?

19) How important is the Canada/Manitoba Tourism Development Agreement? Especially considering that it is the Lake Winnipeg Beaches region that is eligible for assistance. Again, what about the less well-off areas north and west of this?

# APPENDIX D

Interview Acknowledgments

The following list consists of names of interviewed individuals who made valuable contributions to the information collection stage of this thesis. Names are only of those who are at the administrative end of the programmes, and none of the names are of the elderly persons interviewed.

Bill Aitken, General Manager, Interlake Development Corporation Inc., Arborg

Vide Appleby, Continuing Care Team Co-ordinator, Manitoba Department of Health, Ashern

Linda Bakken, Day and Respite Care, Special Programs Consultant, MHSC, Winnipeg

Linda Bruce, Department of Regional Industrial Expansion, Winnipeg

Stan Bruce, Administrator, Betel Homes Foundation, Gimli and Selkirk

Jane Carswell, Employment and Immigration Canada, Winnipeg

Lorraine Compton, Director of Nursing, East-gate Lodge, Beausejour

Rhea Curtis, Administrator, Red River Place, Selkirk

Chris Erikson, Director of Nursing, Lundar Personal Care Home, Lundar

M. Fitchett, Director of Nursing, Red River Valley Lodge, Morris

Val Gerlech, Services to seniors, Community Resource Co-ordinator, Selkirk

Eckhard Goerz, Continuing Care, Manitoba Department of Health, Winnipeg

John Gow, Regional Director, Manitoba Departments of Health and Community Services, Selkirk

Wesley Graham, Manager, Transportation Programmes, Manitoba Department of Highways and Transporation, Winnipeg

Susan Green, Ward Nurse, Arborg Personal Care Home, Arborg

Gerry Hamm, Interlake Regional Aged Specialist, Manitoba Department of Health, Selkirk

Betty Havens, Provincial Gerontologist, Manitoba Department of Health, Winnipeg

Judy Hebert, Program Director, Gordon Howard Seniors' Centre, Selkirk

Patty Johnson, Director of Nursing Lundar Personal Care Home, Lundar

Wade Kastes, Social Housing Analyst, Manitoba Department of Housing, Winnipeg

Wayne Lavallee, Lakeshore District Hospitals and Personal Care Homes, Lundar, Eriksdale and Ashern

Ruth Lindal, Home Care Housekeeping Co-ordinator, Lundar

Pauline Martyniw, Administrator, Tudor House Nursing Home, Selkirk

Diana McGavin, Rural and Northern Housing, Manitoba Department of Housing, Winnipeg

Helen Melville, Director of Nursing, Eriksdale Personal Care Home, Eriksdale

Phyllis Olson, Regional Continuing Care Co-ordinator, Manitoba Department of Health, Gimli

Marie O'Neill, Administrator of Day Care and Handi-Van Service, Stonewall

Margaret Penning, University of Manitoba, Centre on Aging, Winnipeg

Alec Pettigrew, Interlake Region Senior Citizens' Council, Manitoba Society of Seniors, Gimli

Brenna Raemer, Director, Betel Home Foundation, Gimli

Isabel Rourke, Administrator, Rosewood Lodge, Stonewall

Don Solar, Administrator, Goodwin Lodge Personal Care Home, Teulon

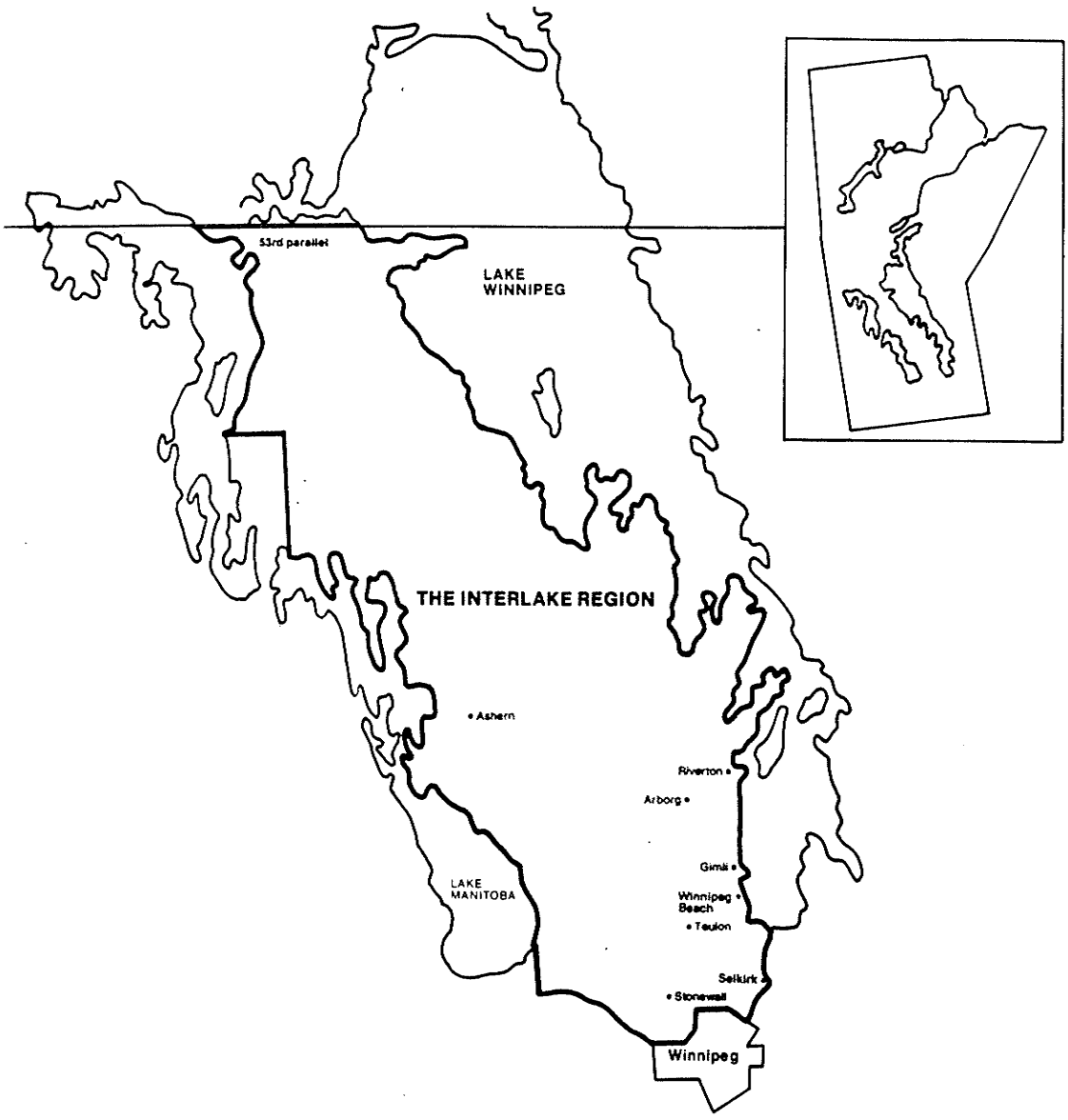
Kay Thomson, Administrator, Long Term Care Program, MHSC, Winnipeg

Lou Trevino, Rural Transportation Assistance Programme, Manitoba Department of Highways and Transportation, Winnipeg

Jim Zamprelli, Social Housing Analyst, Manitoba Department of Housing, Winnipeg

# APPENDIX E

# INTERLAKE




*MEMBER OF*

**Manitoba's Economic Development Network.**

# COMMUNITY STATISTICS
FOR
# ARBORG, MANITOBA
INFORMATION PROVIDED BY
## INTERLAKE DEVELOPMENT CORPORATION

..LOCATION..

Region - Interlake
Hottest Month - July Avg ^C 18.3
Coldest Month - January Avg ^C -21.6
Annual Precipitation (mm) - 505
Distance To Major N. American Cities (km):
Chicago - 1,436
Minneapolis - 792
Toronto - 2,232
Vancouver - 2,337
Winnipeg - 100

..POPULATION..

Trading Area 41km- 11,180
Community: 1981 - 970 1971 - 880

| | 0 | 15 | 25 | 45 | 65 | Total |
|---|---|---|---|---|---|---|
| | 14 | 24 | 44 | 64 | + | |
| M | 120 | 65 | 110 | 90 | 95 | 480 |
| F | 115 | 65 | 105 | 105 | 100 | 490 |
| T | 235 | 130 | 215 | 195 | 195 | 970 |

..LOCAL AUTHORITY..

Name - Village of Arborg
Community Zoning - Yes
District Zoning - Yes
Subdivision Bylaw
with Design Standards - Yes
Community Engineers - Yes

..TAX STRUCTURE..

Municipal Tax (*mills):
Residential - 82.0
Industrial/Commercial - 82.0
School Tax (*mills):
Residential - 69.0
Industrial/Commercial - 101.0
Business Tax - 3.0%
Federal Sales Tax - 10.0%
Provincial Sales Tax - 6.0%

(* Rate per $1,000.00 of assessed value.)



..UTILITIES..

Water:
Source - Ground Wells
Quality - FE .05, TH 294, TCU LS, F .46
Specific Conductivity (UMHOS) - 1700
Treatment - CL CMP, S

Average Flow (CU.M./D.) - 271
Peak Flow in 84 (CU.M./D.) - 590
Design Flow (CU.M./D.) - 1,362
Storage Capacity (CU.M.) - 18
Rates - $0.69-0.92/1000 litres
Contact - Jack Douglas, Box 159, Arborg
Manitoba, phone (204) 376-2647

Sewage:
Type of Treatment - 2 Cell Lagoon FAC

Average Flow (CU.M./D.) - 245
Design Flow (CU.M./D.) - 376
Rates - included in water rates
Contact - Jack Douglas, Box 159, Arborg
Manitoba, telephone (204) 376-2647

Telephone:
Contact - Manitoba Telephone System
233 Main St. Selkirk, (204) 785-8727

Natural Gas:
New Hookups Available - no
Contact -

Electricity:
Contact - Manitoba Hydro, Box 568, Arborg
(204) 376-2277

..INDUSTRY AND LABOR..

Labor Force - 540
Unemployed - 0 0.0%
Per Capita Income - $9,770
Retail Sales - $8,109,500
Major Manufacturers/Processors:
Northstar Cheese & Creamery
Scientific Feed Ltd.
S. S. Johnson Seeds

..COMMUNITY FACILITIES..

Motels - 2 Ttl Rms - 19
Hotels - 1 Ttl Rms - 8
Apartment Bldgs - 5 Ttl Rms - 10
Senior Citizen Hms- 1 Ttl Rms - 17
Largest Banquet Room Serves - 400
Churches:
Protestant 4, Catholic 1,
Eastern Orthodox 1, Jehovah Witness 1
Public Libraries - 1
Total Volumes - 14,000
Museums - 0
Day Care Centers - 1
Nursery Schools - 0
Public Schools: Elementary 1, Jnr High 1
Senior High 1
Nearest College:
Red River Community College (Winnipeg)
Nearest Universities:
U. of Wpg., U of Man. both in Wpg.
Financial Institutions:
C.I.B.C. 1, Man. Agric. Credit Corp.
Arborg Credit Union, Farm Credit Corp.
Newspapers:
Dly - Wpg. Free Press/ Wpg. Sun

Wkly - Interlake Spectator
Radio Stations (Domicile) - 0
T.V. Channels Via Antenna - 4
Cable Hookups Available - No
Ambulance Service - Yes
No. of Hospitals - 1
Accredited - Yes
Clinics - 1 Medical Dr.s - 3
Dentists - 1 Optometrists - 1
Chiropractors - 0 Veterinarians - 2
Personal Care Homes - 1
Public Health Units - 1
Fire Dept - 15 Volunteers
Police - R.C.M.P. 6
Recreational Facilities:
Campgrounds Pool Tennis Golf Parks(4)
X-Country Skiing Track & Field Baseball
Football
Major Events/Festivals:
Arborg Fair

..TRANSPORTATION..

Rail:
Companies - Canadian Pacific Railway
Freight Stops - unscheduled

Air:
Nearest Commercial Air Transport:
Winnipeg International Airport
Nearest Air Freight Service:
Winnipeg International Airport

Motor Carrier:
Distance To TransCanada (km) - 100
Nearest PTH - #7 Dist. (km) - 0
Nearest PR - #336 Dist. (km) - 0
Package Delivery - Multi Parcel
Highway Bus - Grey Goose
Freight Carriers:
Arborg Transfer

Water Port:-

..AVAILABLE INDUSTRIAL SITES & PARKS..

Name - Main St. North of 3rd Ave.
Owner - E.Einarson,L.Isfeld,K.Johannson
Railway Access - Yes
Highway Access - Yes
Size of Water Main (cm) - 10.0
Gas Main (cm) - 0.0
Sewer Lines (cm) - 20.0
Zone Classification - Industrial
Serviced by Fire Dept. - Yes
Contact -

Name - South of P.T.H. #68
Owner - Various
Railway Access - Yes
Highway Access - Yes
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification - Heavy Industrial
Serviced by Fire Dept. - Yes
Contact -

*FOR FURTHER INFORMATION CONTACT*

Mayor - Mr. L. Palsson (204) 376-2663
Box 159, Arborg, Manitoba, Canada, R0C 0A0
Economic Development- Bill Aitken (Mgr), (204) 376-5033, Interlake Development Corp.,
Box 689, Arborg, Manitoba, Canada, R0C 0A0.
Manitoba Government - J. McGuire (Director), (204) 945-2427 Department of Business
19-Nov-86 IL Dvlpmnt. & Tourism, 501-155 Carlton St. Wpg., MB., Can., R3C 3H8.

# COMMUNITY STATISTICS
FOR
# GIMLI, MANITOBA
INFORMATION PROVIDED BY
## INTERLAKE DEVELOPMENT CORPORATION

..LOCATION..

Region - Interlake
Hottest Month - July Avg ^C 18.6
Coldest Month - January Avg ^C -20.2
Annual Precipitation (mm) - 550
Distance To Major N. American Cities (km):
Chicago - 1,396
Minneapolis - 782
Toronto - 2,192
Vancouver - 2,297
Winnipeg - 60

..POPULATION..

Trading Area 41km- 13,485
Community: 1981 - 1,595 1971 - 2,045

| | 0 | 15 | 25 | 45 | 65 | Total |
|---|---|---|---|---|---|---|
| | 14 | 24 | 44 | 64 | + | |
| M | 145 | 120 | 215 | 115 | 135 | 730 |
| F | 150 | 110 | 200 | 190 | 215 | 865 |
| T | 295 | 230 | 415 | 305 | 350 | 1,595 |

..LOCAL AUTHORITY..

Name - Town of Gimli
Community Zoning - Yes
District Zoning - Yes
Subdivision Bylaw
with Design Standards - Yes
Community Engineers - Yes

..TAX STRUCTURE..

Municipal Tax (*mills):
Residential - 76.3
Industrial/Commercial - 76.3
School Tax (*mills):
Residential - 71.1
Industrial/Commercial - 103.1
Business Tax - 5.0%
Federal Sales Tax - 10.0%
Provincial Sales Tax - 6.0%

(* Rate per $1,000.00 of assessed value.)



..UTILITIES..

Water:
Source - Ground (deep wells)
Quality - Fe .33, TH 487, TCU 5, F .96
Specific Conductivity (UMHOS) - 859
Treatment - CL GAS, FL, S

Average Flow (CU.M./D.) - 558
Peak Flow in 84 (CU.M./D.) - 2,611
Design Flow (CU.M./D.) - 1,362
Storage Capacity (CU.M.) - 1,929
Rates - $21.60/quarterly
Contact - Doris Lloyd, Box 88, Gimli, MB
ROC 1BO, telephone (204) 642-5210

Sewage:
Type of Treatment - Lagoon (4 cells)
BAR SCR,P CLAR,TF
Average Flow (CU.M./D.) - 544
Design Flow (CU.M./D.) - 1,588
Rates -
Contact - Doris Lloyd, Box 88, Gimli,
Manitoba, ROC 1BO, phone (204) 642-5210

Telephone:
Contact - Manitoba Telephone System
233 Main St. Selkirk, MB (204) 785-8727

Natural Gas:
New Hookups Available - Yes
Contact - Greater Wpg Gas Co.Zenith 58500
ICG Util. 501-444 St. Mary's Ave. Wpg

Electricity:
Contact - Manitoba Hydro, (204) 642-7424
103 -7th Ave. Gimli, MB

..INDUSTRY AND LABOR..

Labor Force - 950
Unemployed - 0 0.0%
Per Capita Income - $11,119
Retail Sales - $22,730,100
Major Manufacturers/Processors:
DUHA Plastic Mfg.
Seagrams
Gimli Boat
Faroex
Gimli Lumber

..COMMUNITY FACILITIES..

Motels - 2 Ttl Rms - 100
Hotels - 2 Ttl Rms - 107
Apartment Bldgs - 7 Ttl Rms - 44
Senior Citizen Hms- 3 Ttl Rms - 47
Largest Banquet Room Serves - 500
Churches:
Lutheran 1, Roman Catholic 1, Greek Orthodox 1, Church of God 1
Public Libraries - 1
Total Volumes - 14,000
Museums - 1
Day Care Centers - 1
Nursery Schools - 0
Public Schools: Elementary 1, Jnr High 1 Senior High 1
Nearest College:
Red River Community College (Winnipeg)
Nearest Universities:
Unv. of Mb., Unv. of Wpg. (both in Wpg)
Financial Institutions:
C.I.B.C. 1, Bank of Montreal 1, Gimli Credit Union 1
Newspapers:
Dly - Wpg. Free Press/ Wpg. Sun

Wkly - Interlake Spectator
Radio Stations (Domicile) - 0
T.V. Channels Via Antenna - 4
Cable Hookups Available - Yes
Ambulance Service - Yes
No. of Hospitals - 1
Accredited - Yes
Clinics - 2 Medical Dr.s - 4
Dentists - 1 Optometrists - 1
Chiropractors - 1 Veterinarians - 0
Personal Care Homes - 1
Public Health Units - 1
Fire Dept - volunteers 20
Police - R.C.M.P. 9
Recreational Facilities:
3 campgrounds/pool/tennis crt/3 golf courses/park/theatre/swimming/fishing/boating/x-country skiing/water skiing
Major Events/Festivals:
car races-Sundays/Icelandic Festival
Air Show/Winter Carnival

..TRANSPORTATION..

Rail:
Companies - Canadian Pacific Railway
Freight Stops - unscheduled

Air:
Nearest Commercial Air Transport:
Winnipeg International Airport
Nearest Air Freight Service:
Gimli Airport

Motor Carrier:
Distance To TransCanada (km) - 90
Nearest PTH - #9 Dist. (km) - 0
Nearest PR - #231 Dist. (km) - 0
Package Delivery - Purolator/Greygoose
Highway Bus - Greygoose
Freight Carriers:
Gimli Transfer

Water Port:- Gimli Dock

..AVAILABLE INDUSTRIAL SITES & PARKS..

Name -
Owner -
Railway Access -
Highway Access -
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification -
Serviced by Fire Dept. -
Contact -

Name -
Owner -
Railway Access -
Highway Access -
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification -
Serviced by Fire Dept. -
Contact -

*FOR FURTHER INFORMATION CONTACT*

Mayor - Mr. Ted Arnason Box 88 Gimli R0C 1B0 642-5210
Economic Development- Bill Aitken (Mgr), (204) 376-5033, Interlake Development Corp., Box 689, Arborg, Manitoba, Canada, R0C 0A0.
Manitoba Government - J. McGuire (Director), (204) 945-2427 Department of Business Dvlpmnt. & Tourism, 501-155 Carlton St. Wpg., MB., Can., R3C 3H8.
19-Nov-86 IL

# COMMUNITY STATISTICS
FOR
# RIVERTON, MANITOBA
INFORMATION PROVIDED BY
## INTERLAKE DEVELOPMENT CORPORATION

..LOCATION..

Region - Interlake
Hottest Month - July Avg ^C 18.3
Coldest Month - January Avg ^C -21.6
Annual Precipitation (mm) - 547
Distance To Major N. American Cities (km):

| | | |
|---|---|---|
| Chicago | - | 1,466 |
| Minneapolis | - | 822 |
| Toronto | - | 2,262 |
| Vancouver | - | 2,367 |
| Winnipeg | - | 130 |

..POPULATION..

Trading Area 41km- 6,323
Community: 1981 - 670 1971 - 800

| | 0 | 15 | 25 | 45 | 65 | Total |
|---|---|---|---|---|---|---|
| | 14 | 24 | 44 | 64 | + | |
| M | 90 | 60 | 70 | 80 | 55 | 355 |
| F | 75 | 50 | 70 | 75 | 45 | 315 |
| T | 165 | 110 | 140 | 155 | 100 | 670 |

..LOCAL AUTHORITY..

Name - Village of Riverton
Community Zoning - Yes
District Zoning - Yes
Subdivision Bylaw
with Design Standards - Yes
Community Engineers - Yes

..TAX STRUCTURE..

Municipal Tax (*mills):
Residential - 105.0
Industrial/Commercial - 105.0
School Tax (*mills):
Residential - 69.0
Industrial/Commercial - 107.5
Business Tax - 4.2%
Federal Sales Tax - 10.0%
Provincial Sales Tax - 6.0%

(* Rate per $1,000.00 of assessed value.)



..UTILITIES..

Water:
Source - private wells
Quality - FE, TH, TCU, F
Specific Conductivity (UMHOS) -
Treatment - No Facility

Average Flow (CU.M./D.) -
Peak Flow in 84 (CU.M./D.) -
Design Flow (CU.M./D.) -
Storage Capacity (CU.M.) -
Rates -
Contact - R. Eslinger (204) 378-2281
Box 250, Riverton, MB R0C 2B0

Sewage:
Type of Treatment - Lagoon (2 cells) FAC

Average Flow (CU.M./D.) - 198
Design Flow (CU.M./D.) - 787
Rates -
Contact - Robert Eslinger, (204) 378-2281
Box 250, Riverton, Manitoba R0C 2R0

Telephone:
Contact - Manitoba Telephone System
233 Main St. Selkirk, MB (204) 785-8727

Natural Gas:
New Hookups Available - No
Contact -

Electricity:
Contact - Manitoba Hydro, (204) 376-2277
Box 568, Arborg, MB R0C 0A0

..INDUSTRY AND LABOR..

| | | | |
|---|---|---|---|
| Labor Force | - | 405 | |
| Unemployed | - | 0 | 0.0% |
| Per Capita Income | - | $10,330 | |
| Retail Sales | - | $6,660,600 | |

Major Manufacturers/Processors:
Colonial Log Mills
Riverton Boat Works
Sigurdson's Fisheries

..COMMUNITY FACILITIES..

Motels - 1 Ttl Rms - 10
Hotels - 1 Ttl Rms - 12
Apartment Bldgs - 0 Ttl Rms - 0
Senior Citizen Hms- 1 Ttl Rms - 24
Largest Banquet Room Serves - 325
Churches:
Lutheran 1, Mennonite 1

Public Libraries - 1
Total Volumes - 14,000
Museums - 0
Day Care Centers - 1
Nursery Schools - 0
Public Schools: Elementary 1, Jnr High 1
Senior High 1
Nearest College:
Red River Community College (Winnipeg)
Nearest Universities:
Unv. of Mb., Unv. of Wpg. (both in Wpg)
Financial Institutions:
Riverton Credit Union 1,
Canadian Imperial Bank of Commerce 1
Newspapers:
Dly - Wpg. Free Press/ Wpg. Sun

Wkly - Interlake Spectator
Radio Stations (Domicile) - 0
T.V. Channels Via Antenna - 4
Cable Hookups Available - Yes
Ambulance Service - Yes
No. of Hospitals - 0
Accredited -
Clinics - 1 Medical Dr.s - 2
Dentists - 1 Optometrists - 0
Chiropractors - 0 Veterinarians - 0
Personal Care Homes - 0
Public Health Units - 1
Fire Dept - 15 volunteers/2 trks
Police -
Recreational Facilities:
campground/golf/2 parks/theatre/
curling/x-country skiing/
recreational complex/baseball
Major Events/Festivals:
Riverton Reunion Day/
Icelandic Settle Plaque

..TRANSPORTATION..

Rail:
Companies - Canadian Pacific Railway
Freight Stops - unscheduled

Air:
Nearest Commercial Air Transport:
Winnipeg International Airport
Nearest Air Freight Service:
Winnipeg International Airport

Motor Carrier:
Distance To TransCanada (km) - 130
Nearest PTH - #8 Dist. (km) - 0
Nearest PR - #234 Dist. (km) - 0
Package Delivery - Purolator/Greygoose
Highway Bus - Greygoose
Freight Carriers:
Riverton Transfer/Hnausa Transfer

Water Port:-

..AVAILABLE INDUSTRIAL SITES & PARKS..

Name - Between Broadway & 204
Owner - Marathon Realty
Railway Access - Yes
Highway Access - Yes
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) - 20.0
Zone Classification - heavy industrial
Serviced by Fire Dept. - Yes
Contact - Village of Riverton

Name -
Owner -
Railway Access -
Highway Access -
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification -
Serviced by Fire Dept. -
Contact -

*FOR FURTHER INFORMATION CONTACT*

Mayor - Mr. Victor Sigurdson Box 250 Riverton R0C 2R0
378-2281
Economic Development- Bill Aitken (Mgr), (204) 376-5033, Interlake Development Corp., Box 689, Arborg, Manitoba, Canada, R0C 0A0.
Manitoba Government - J. McGuire (Director), (204) 945-2427 Department of Business Dvlpmnt. & Tourism, 501-155 Carlton St. Wpg., MB., Can., R3C 3H8.
19-Nov-86 IL

# COMMUNITY STATISTICS
FOR
# SELKIRK, MANITOBA
INFORMATION PROVIDED BY
# INTERLAKE DEVELOPMENT CORPORATION

## ..LOCATION..

Region - Interlake
Hottest Month - July Avg ^C 19.8
Coldest Month - January Avg ^C -19.1
Annual Precipitation (mm) - 503
Distance To Major N. American Cities (km):
Chicago - 1,366
Minneapolis - 722
Toronto - 2,162
Vancouver - 2,267
Winnipeg - 30

## ..POPULATION..

Trading Area 41km- 489,481
Community: 1981 - 11,055 1971 - 9,331

| | 0 | 15 | 25 | 45 | 65 | Total |
|---|---|---|---|---|---|---|
| | 14 | 24 | 44 | 64 | + | |
| M | 1180 | 925 | 1295 | 965 | 600 | 4,965 |
| F | 1095 | 880 | 1300 | 1030 | 1785 | 6,090 |
| T | 2275 | 1805 | 2595 | 1995 | 2385 | 11,055 |

## ..LOCAL AUTHORITY..

Name - Town of Selkirk
Community Zoning - Yes
District Zoning - Yes
Subdivision Bylaw
with Design Standards - Yes
Community Engineers - No

## ..TAX STRUCTURE..

Municipal Tax (*mills):
Residential - 96.1
Industrial/Commercial - 96.1
School Tax (*mills):
Residential - 79.9
Industrial/Commercial - 115.2
Business Tax - 10.0%
Federal Sales Tax - 10.0%
Provincial Sales Tax - 6.0%

(* Rate per $1,000.00 of assessed value.)



## ..UTILITIES..

Water:
Source - Red River and Wells
Quality - Fe L0.02,TH 152,TCU L5.0,F .13
Specific Conductivity (UMHOS) - 1580
Treatment - FILT, COAG, SED, CL GAS,
CL CMP, T/O CN, PH ADJ
Average Flow (CU.M./D.) - 10,909
Peak Flow in 84 (CU.M./D.) -
Design Flow (CU.M./D.) - 11,364
Storage Capacity (CU.M.) - 1,581
Rates - $0.32-0.53/1000 litres
Contact - K. R. Conrad, (204) 482-4321
200 Eaton Avenue, Selkirk, MB R1A 0W6

Sewage:
Type of Treatment - Wastewater Treatment
Plant BAR SCR, GRT REM, EA
Average Flow (CU.M./D.) - 9,000
Design Flow (CU.M./D.) - 22,699
Rates - $0.30/1000 litres
Contact - K. R. Conrad, (204) 482-4321
200 Eaton Avenue, Selkirk, MB R1A 0W6

Telephone:
Contact - Manitoba Telephone System
233 Main St. Selkirk, MB (204) 785-8727

Natural Gas:
New Hookups Available - Yes
Contact - Greater Wpg Gas Co.
268 Main St. Selkirk, MB (204) 482-6391

Electricity:
Contact - Manitoba Hydro (204) 482-3831
160 Mercy St. Selkirk, MB R1A 1Z8

## ..INDUSTRY AND LABOR..

Labor Force - 6,395
Unemployed - 0 0.0%
Per Capita Income - $12,093
Retail Sales - $92,935,100
Major Manufacturers/Processors:
Manitoba Rolling Mills
Purvis Navcom Shipyard Ltd.
Abex Industries Ltd.
Universal Woodwork
Conversions by Vantasy

..COMMUNITY FACILITIES..

Motels - 4 Ttl Rms - 24
Hotels - 2 Ttl Rms - 37
Apartment Bldgs - 16 Ttl Rms - 365
Senior Citizen Hms- 4 Ttl Rms - 165
Largest Banquet Room Serves - 500
Churches:
Protestant 12, Catholic 2,
East Orthodox 4, Jehovah Witness 1
Public Libraries - 1
Total Volumes - 17,000
Museums - 1
Day Care Centers - 3
Nursery Schools - 2
Public Schools: Elementary 4, Jnr High 1
Senior High 1
Nearest College:
Red River Community College (Winnipeg)
Nearest Universities:
Unv. of Mb., Unv. of Wpg. (both in Wpg)
Financial Institutions:
Banks: Nova Scotia; Montreal; Commerce;
Royal; Toronto Dominion. Credit Union
Newspapers:
Dly - Wpg. Free Press/ Wpg. Sun
Wkly - Selkirk Journal
Wkly - Selkirk Enterprise
Radio Stations (Domicile) - 1
T.V. Channels Via Antenna - 4
Cable Hookups Available - Yes
Ambulance Service - Yes
No. of Hospitals - 1
Accredited - Yes
Clinics - 1 Medical Dr.s - 12
Dentists - 10 Optometrists - 2
Chiropractors - 2 Veterinarians - 5
Personal Care Homes - 2
Public Health Units - 1
Fire Dept - 5 trucks,32 volunteer
Police - R.C.M.P. 28
Recreational Facilities:
3 campgrounds/2 pools/tennis/golf/
1 park/swimming/fishing/boating/
water skiing/skating/hockey
Major Events/Festivals:
Ag. Fair/Juried Art Show/
Kennel Club Dog Show/Festival on Red/
Mini Folklorama/Man Highland Gathering

..TRANSPORTATION..

Rail:
Companies - Canadian Pacific Railway
Freight Stops - unscheduled

Air:
Nearest Commercial Air Transport:
Winnipeg International Airport
Nearest Air Freight Service:
Winnipeg International Airport

Motor Carrier:
Distance To TransCanada (km) - 30
Nearest PTH - #9 Dist. (km) - 0
Nearest PR - #304 Dist. (km) - 0
Package Delivery - Purolator
Highway Bus - Beaver Bus Lines
Freight Carriers:
Goodbranson's Transfer,
Veitch Truck Lines

Water Port:- Selkirk Dock

..AVAILABLE INDUSTRIAL SITES & PARKS..

Name - Selkirk Industrial Park
Owner - Town of Selkirk
Railway Access - Yes
Highway Access - Yes
Size of Water Main (cm) - 6.0
Gas Main (cm) - 2.5
Sewer Lines (cm) - 12.0
Zone Classification - M1, M2, M3
Serviced by Fire Dept. -
Contact -

Name -
Owner -
Railway Access -
Highway Access -
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification -
Serviced by Fire Dept. -
Contact -

*FOR FURTHER INFORMATION CONTACT*

Mayor - Mr. Bud Oliver 200 Eaton Avenue Selkirk R1A 0W6
(204) 482-4321
Economic Development- Bill Aitken (Mgr), (204) 376-5033, Interlake Development Corp.,
Box 689, Arborg, Manitoba, Canada, R0C 0A0.
Manitoba Government - J. McGuire (Director), (204) 945-2427 Department of Business
19-Nov-86 IL Dvlpmnt. & Tourism, 501-155 Carlton St. Wpg., MB., Can., R3C 3H8.

# COMMUNITY STATISTICS
FOR
# STONEWALL, MANITOBA
! INFORMATION PROVIDED BY
# INTERLAKE DEVELOPMENT CORPORATION

..LOCATION..

Region - Interlake
Hottest Month - July Avg ^C 19.0
Coldest Month - January Avg ^C -20.3
Annual Precipitation (mm) - 536
Distance To Major N. American Cities (km):
Chicago - 1,356
Minneapolis - 712
Toronto - 2,152
Vancouver - 2,257
Winnipeg - 20

..POPULATION..

Trading Area 41km- 603,060
Community: 1981 - 2,205 1971 - 1,583

| | 0 | 15 | 25 | 45 | 65 | Total |
|---|---|---|---|---|---|---|
| | 14 | 24 | 44 | 64 | + | |
| M | 315 | 175 | 320 | 145 | 115 | 1,070 |
| F | 270 | 175 | 330 | 175 | 185 | 1,135 |
| T | 585 | 350 | 650 | 320 | 300 | 2,205 |

..LOCAL AUTHORITY..

Name - Town of Stonewall
Community Zoning - Yes
District Zoning - Yes
Subdivision Bylaw
with Design Standards - Yes
Community Engineers - Yes

..TAX STRUCTURE..

Municipal Tax (*mills):
Residential - 99.0
Industrial/Commercial - 99.0
School Tax (*mills):
Residential - 60.9
Industrial/Commercial - 101.5
Business Tax - 5.0%
Federal Sales Tax - 10.0%
Provincial Sales Tax - 6.0%

(* Rate per $1,000.00 of assessed value.)



..UTILITIES..

Water:
Source - Deep Well
Quality - Fe .18, TCU L5, F .29, TH 531
Specific Conductivity (UMHOS) - 1020
Treatment - CL CMP

Average Flow (CU.M./D.) - 271
Peak Flow in 84 (CU.M./D.) - 763
Design Flow (CU.M./D.) - 572
Storage Capacity (CU.M.) - 3
Rates -
Contact - Jerome Mauws (204) 467-5561
Box 250, Stonewall, MB ROC 2Z0

Sewage:
Type of Treatment - Lagoon (4 cells) FAC

Average Flow (CU.M./D.) - 272
Design Flow (CU.M./D.) - 317
Rates -
Contact - Jerome Mauws (204) 467-5561
Box 250, Stonewall, Manitoba ROC 2Z0

Telephone:
Contact - Manitoba Telephone System
233 Main St. Selkirk, (204) 785-8727

Natural Gas:
New Hookups Available - Yes
Contact - Greater Wpg Gas Co. Zenith 58500
ICG Util. 501-444 St. Mary's Ave, Wpg.

Electricity:
Contact - Manitoba Hydro (204) 467-5519
NE 20-13-2E, Stonewall, MB ROC 2Z0

..INDUSTRY AND LABOR..

Labor Force - 1,320
Unemployed - 0 0.0%
Per Capita Income - $12,175
Retail Sales - $28,549,800
Major Manufacturers/Processors:
Mrs. K.'s Pizza
Flexon Industry

..COMMUNITY FACILITIES..

| | | | |
|---|---|---|---|
| Motels | - 0 | Ttl Rms - | 0 |
| Hotels | - 1 | Ttl Rms - | 31 |
| Apartment Bldgs | - 8 | Ttl Rms - | 40 |
| Senior Citizen Hms | - 2 | Ttl Rms - | 55 |

Largest Banquet Room Serves - 300
Churches:
Anglican 1, Catholic 1, Baptist 1,
Presbyterian 1, United 1
Public Libraries - 1
Total Volumes - 32,000
Museums - 1
Day Care Centers - 1
Nursery Schools - 1
Public Schools: Elementary 1, Jnr High 1
Senior High 1
Nearest College:
Red River Community College (Winnipeg)
Nearest Universities:
Unv. of Mb., Unv. of Wpg. (both in Wpg)
Financial Institutions:
C.I.B.C. 1, Royal Bank 1, T.D. 1,
South Interlake Credit Union Ltd. 1
Newspapers:
Dly - Wpg. Free Press/ Wpg. Sun
(Wkly) Stonewall Argus
Wkly - Interlake Spectator/Selkirk Ent.
Radio Stations (Domicile) - 0
T.V. Channels Via Antenna - 4
Cable Hookups Available - Yes
Ambulance Service - Yes
No. of Hospitals - 1
Accredited - Yes

| | | | |
|---|---|---|---|
| Clinics | - 2 | Medical Dr.s | - 5 |
| Dentists | - 1 | Optometrists | - 1 |
| Chiropractors | - 1 | Veterinarians | - 1 |

Personal Care Homes - 1
Public Health Units - 1
Fire Dept - 23 volunteer/1pumper
Police - R.C.M.P. 14
Recreational Facilities:
campground/theatre/skating/hockey/
curling/baseball/soccer/lawn bowling/
x-country skiing/bowling/swimming
Major Events/Festivals:
Agricultural Fair
Quarry Days

..TRANSPORTATION..

Rail:
Companies - Canadian Pacific Railway
Freight Stops - unscheduled

Air:
Nearest Commercial Air Transport:
Winnipeg International Airport
Nearest Air Freight Service:
Winnipeg International Airport

Motor Carrier:

| | | |
|---|---|---|
| Distance To TransCanada | (km) - | 20 |
| Nearest PTH - #7 | Dist. (km) - | 5 |
| Nearest PR - #67 | Dist. (km) - | 0 |

Package Delivery - Purolator
Highway Bus - Greygoose
Freight Carriers:
Stonewall/Warren Freight

Water Port:- No

..AVAILABLE INDUSTRIAL SITES & PARKS..

Name - Stonewall Industrial Park
Owner - Edward Patterson
Railway Access - Yes
Highway Access - Yes
Size of Water Main (cm) -
Gas Main (cm) - 50.0
Sewer Lines (cm) -
Zone Classification - Industrial
Serviced by Fire Dept. - Yes
Contact - Jerome Mauws
Box 250 Stonewall

Name -
Owner -
Railway Access -
Highway Access -
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification -
Serviced by Fire Dept. -
Contact -

*FOR FURTHER INFORMATION CONTACT*

Mayor - Mr. Alac Krawec Box 250 Stonewall R0C 2Z0
(204) 467-5561
Economic Development- Bill Aitken (Mgr), (204) 376-5033, Interlake Development Corp., Box 689, Arborg, Manitoba, Canada, R0C 0A0.
Manitoba Government - J. McGuire (Director), (204) 945-2427 Department of Business Dvlpmnt. & Tourism, 501-155 Carlton St. Wpg., MB., Can., R3C 3H8.
19-Nov-86 IL

# COMMUNITY STATISTICS
FOR
# TEULON, MANITOBA
INFORMATION PROVIDED BY
## INTERLAKE DEVELOPMENT CORPORATION

..LOCATION..

Region - Interlake
Hottest Month - July Avg ^C 19.0
Coldest Month - January Avg ^C -20.3
Annual Precipitation (mm) - 402
Distance To Major N. American Cities (km):

| | | |
|---|---|---|
| Chicago | - | 1,394 |
| Minneapolis | - | 750 |
| Toronto | - | 2,190 |
| Vancouver | - | 2,295 |
| Winnipeg | - | 58 |

..POPULATION..

Trading Area 41km- 35,636
Community: 1981 - 925 1971 - 830

| | 0 | 15 | 25 | 45 | 65 | Total |
|---|---|---|---|---|---|---|
| | 14 | 24 | 44 | 64 | + | |
| M | 85 | 75 | 95 | 85 | 105 | 445 |
| F | 85 | 70 | 100 | 105 | 120 | 480 |
| T | 170 | 145 | 195 | 190 | 225 | 925 |

..LOCAL AUTHORITY..

Name - Village of Teulon
Community Zoning - No
District Zoning - Yes
Subdivision Bylaw
with Design Standards - No
Community Engineers - Yes

..TAX STRUCTURE..

Municipal Tax (*mills):
Residential - 80.8
Industrial/Commercial - 80.8
School Tax (*mills):
Residential - 30.5
Industrial/Commercial - 61.9
Business Tax - 6.0%
Federal Sales Tax - 10.0%
Provincial Sales Tax - 6.0%

(* Rate per $1,000.00 of assessed value.)



..UTILITIES..

Water:
Source - private wells
Quality - Fe, TH, TCU
Specific Conductivity (UMHOS) -
Treatment - No Facility

Average Flow (CU.M./D.) -
Peak Flow in 84 (CU.M./D.) -
Design Flow (CU.M./D.) -
Storage Capacity (CU.M.) -
Rates -
Contact - Laura Humbert (204) 886-2314
Box 69, Teulon, MB R0C 3B0

Sewage:
Type of Treatment - 1 Lagoon (2 cell) FAC
Gravity Feed
Average Flow (CU.M./D.) -
Design Flow (CU.M./D.) - 372
Rates - $35.70/year
Contact - Laura Humbert, (204) 886-2314
Box 69, Teulon, MB R0C 3B0

Telephone:
Contact - Manitoba Telephone System
233 Main St. Selkirk, (204) 785-8727

Natural Gas:
New Hookups Available - No
Contact -

Electricity:
Contact - Manitoba Hydro
Stonewall 467-5519

..INDUSTRY AND LABOR..

| | | | |
|---|---|---|---|
| Labor Force | - | 530 | |
| Unemployed | - | 0 | 0.0% |
| Per Capita Income | - | $11,966 | |
| Retail Sales | - | $9,461,800 | |

Major Manufacturers/Processors:
Northern Goose
Promo Wear
Charison Turkey Hatchery
Kletke Seeds
Dueck Builder Mart

..COMMUNITY FACILITIES..

| | | | |
|---|---|---|---|
| Motels | - 1 | Ttl Rms - | 8 |
| Hotels | - 1 | Ttl Rms - | 6 |
| Apartment Bldgs | - 2 | Ttl Rms - | 14 |
| Senior Citizen Hms | - 2 | Ttl Rms - | 43 |

Largest Banquet Room Serves - 500
Churches:
R.C. 1,Orthodox 1,Pentecostal 1,Baptist
United 1, Anglican 1, Lutheran 1,
Public Libraries - 1
Total Volumes - 32,000
Museums - 1
Day Care Centers - 0
Nursery Schools - 1
Public Schools: Elementary 1
Jnr High 1, Senior High 1
Nearest College:
Red River Community College (Wpg)
Nearest Universities:
Unv. of Mb., Unv. of Wpg. (both in Wpg)
Financial Institutions:
Toronto-Dominion 1
South Interlake Credit Union Ltd. 1
Newspapers:
Dly - Wpg. Free Press/Wpg. Sun
Wkly - Teulon/Stonewall Argus
Radio Stations (Domicile) - 0
T.V. Channels Via Antenna - 4
Cable Hookups Available - No
Ambulance Service - Yes
No. of Hospitals - 1
Accredited -

| | | | |
|---|---|---|---|
| Clinics | - 1 | Medical Dr.s | - 4 |
| Dentists | - 1 | Optometrists | - 1 |
| Chiropractors | - 1 | Veterinarians | - 1 |

Personal Care Homes - 1
Public Health Units - 1
Fire Dept - 15 vol/1 tkr/1 pumper
Police - R.C.M.P. 4
Recreational Facilities:
campground/pool/tennis/golf/park/
x-country skiing/curling
arena
Major Events/Festivals:
Teulon Agricultural Fair
Tractor Pull/Rodeo

..TRANSPORTATION..

Rail:
Companies - Canadian Pacific Railway
Freight Stops - non scheduled

Air:
Nearest Commercial Air Transport:
Winnipeg International Airport
Nearest Air Freight Service:
Winnipeg International Airport

Motor Carrier:
Distance To TransCanada (km) - 58
Nearest PTH - #7 Dist. (km) - 0
Nearest PR - #228 Dist. (km) - 0
Package Delivery - Purolator
Highway Bus - Greygoose Bus Lines
Freight Carriers:
Arborg Transfer Ltd.

Water Port:-

..AVAILABLE INDUSTRIAL SITES & PARKS..

Name - East of #7
Owner - Various Owners
Railway Access - No
Highway Access - Yes
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) - 22.0
Zone Classification - Tentative M2
Serviced by Fire Dept. - Yes
Contact - Laura Humbert

Name - P.R. 415 South
Owner - Various Owners
Railway Access - Yes
Highway Access - Yes
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification - Tentative M1
Serviced by Fire Dept. - Yes
Contact - Laura Humbert

*FOR FURTHER INFORMATION CONTACT*

Mayor - Mr. Edward Helwer Box 69 Teulon R0C 3B0
(204) 886-2314
Economic Development- Bill Aitken (Mgr), (204) 376-5033, Interlake Development Corp.,
Box 689, Arborg, Manitoba, Canada, R0C 0A0.
Manitoba Government - J. McGuire (Director), (204) 945-2427 Department of Business
19-Nov-86 IL Dvlpmnt. & Tourism, 501-155 Carlton St. Wpg., MB., Can., R3C 3H8.

# COMMUNITY STATISTICS
FOR
# WINNIPEG BEACH, MANITOBA
INFORMATION PROVIDED BY
# INTERLAKE DEVELOPMENT CORPORATION

..LOCATION..

Region - Interlake
Hottest Month - July Avg ^C 18.6
Coldest Month - January Avg ^C -20.2
Annual Precipitation (mm) - 550
Distance To Major N. American Cities (km):

| | |
|---|---|
| Chicago | - 1,416 |
| Minneapolis | - 772 |
| Toronto | - 2,212 |
| Vancouver | - 2,317 |
| Winnipeg | - 80 |

..POPULATION..

Trading Area 41km- 18,780
Community: 1981 - 575 1971 - 687

| | 0 | 15 | 25 | 45 | 65 | Total |
|---|---|---|---|---|---|---|
| | 14 | 24 | 44 | 64 | + | |
| M | 40 | 20 | 55 | 65 | 80 | 260 |
| F | 45 | 25 | 55 | 80 | 110 | 315 |
| T | 85 | 45 | 110 | 145 | 190 | 575 |

..LOCAL AUTHORITY..

Name - Town of Winnipeg Beach
Community Zoning - Yes
District Zoning - Yes
Subdivision Bylaw
with Design Standards - Yes
Community Engineers - Yes

..TAX STRUCTURE..

Municipal Tax (*mills):
Residential - 94.4
Industrial/Commercial - 94.6
School Tax (*mills):
Residential - 52.8
Industrial/Commercial - 94.4
Business Tax - 2.0%
Federal Sales Tax - 10.0%
Provincial Sales Tax - 6.0%

(* Rate per $1,000.00 of assessed value.)



..UTILITIES..

Water:
Source - ground wells
Quality - TH 469, Fe 5, TCU 5, F .74
Specific Conductivity (UMHOS) - 895
Treatment - CL CMP

Average Flow (CU.M./D.) - 159
Peak Flow in 84 (CU.M./D.) - 951
Design Flow (CU.M./D.) - 589
Storage Capacity (CU.M.) - 8
Rates - $15.00/quarterly
Contact - Thor Hjartarson (204) 389-2698
Box 160, Winnipeg Beach, MB R0C 3G0

Sewage:
Type of Treatment - 2 Lagoon (5 cell) FAC

Average Flow (CU.M./D.) - 127
Design Flow (CU.M./D.) -
Rates - included in water rates
Contact - Thor Hjartarson, (204) 389-2698
Box 160, Winnipeg Beach, MB R0C 3G0

Telephone:
Contact - Manitoba Telephone System
233 Main St. Selkirk, MB (204) 785-8727

Natural Gas:
New Hookups Available - Yes
Contact - Greater Wpg Gas, Zenith 58500
ICG Util. 501-444 St. Mary's Ave. Wpg.

Electricity:
Contact - Manitoba Hydro, (204) 389-3379
Winnipeg Beach, Manitoba R0C 3G0

..INDUSTRY AND LABOR..

| | | |
|---|---|---|
| Labor Force | 300 | |
| Unemployed | 0 | 0.0% |
| Per Capita Income | $11,820 | |
| Retail Sales | $11,448,800 | |

Major Manufacturers/Processors:

..COMMUNITY FACILITIES..

Motels - 3 Ttl Rms - 24
Hotels - 1 Ttl Rms - 12
Apartment Bldgs - 0 Ttl Rms - 0
Senior Citizen Hms- 1 Ttl Rms - 12
Largest Banquet Room Serves - 200
Churches:
Orthodox 1,United 1,Anglican 1,
R.C. 1,Synagogue 1,Jehovah Witness 1
Public Libraries - 0
Total Volumes - 0
Museums - 1
Day Care Centers - 0
Nursery Schools - 1
Public Schools: Elementary 1

Nearest College:
Red River Community College (Wpg)
Nearest Universities:
Unv. of Mb., Unv. of Wpg. (both in Wpg)
Financial Institutions:
Gimli Credit Union 1

Newspapers:
Dly - Wpg. Free Press/Wpg. Sun
(Wkly) Interlake Spectator
Wkly - Regional News
Radio Stations (Domicile) - 0
T.V. Channels Via Antenna - 4
Cable Hookups Available - No
Ambulance Service - Yes
No. of Hospitals - 0
Accredited -
Clinics - 1 Medical Dr.s - 2
Dentists - 0 Optometrists - 0
Chiropractors - 0 Veterinarians - 0
Personal Care Homes - 0
Public Health Units - 0
Fire Dept - 17 vol/2 pump/1 tank
Police - R.C.M.P. 5
Recreational Facilities:
campground/tennis/golf/skating/
hockey/curling
miniature golf
Major Events/Festivals:
Boardwalk Days
Wonderful Winter Weekend

..TRANSPORTATION..

Rail:
Companies - Canadian Pacific Railway
Freight Stops - non scheduled

Air:
Nearest Commercial Air Transport:
Winnipeg International Airport
Nearest Air Freight Service:
Winnipeg International Airport

Motor Carrier:
Distance To TransCanada (km) - 80
Nearest PTH - #9 Dist. (km) - 0
Nearest PR - #229 Dist. (km) - 0
Package Delivery - Purolator/Greygoose
Highway Bus - Greygoose
Freight Carriers:
Gimli Transfer

Water Port:-

..AVAILABLE INDUSTRIAL SITES & PARKS..

Name -
Owner -
Railway Access -
Highway Access -
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification -
Serviced by Fire Dept. -
Contact -

Name -
Owner -
Railway Access -
Highway Access -
Size of Water Main (cm) -
Gas Main (cm) -
Sewer Lines (cm) -
Zone Classification -
Serviced by Fire Dept. -
Contact -

*FOR FURTHER INFORMATION CONTACT*

Mayor - Mr. James Tomko Box 160 Winnipeg Beach R0C 3C0
(204) 389-2698
Economic Development- Bill Aitken (Mgr), (204) 376-5033, Interlake Development Corp., Box 689, Arborg, Manitoba, Canada, R0C 0A0.
Manitoba Government - J. McGuire (Director), (204) 945-2427 Department of Business
19-Nov-86 IL Dvlpmnt. & Tourism, 501-155 Carlton St. Wpg., MB., Can., R3C 3H8.

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