

Creating an Age-Friendly Community: Assessing Needs and Priorities

Osprey Community Foundation Project

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Executive Summary

In order to determine the priorities and needs of the growing senior population, the Osprey Community Foundation conducted a survey of those aged 55 and older living in Nelson, RDCK Area E¹, and RDCK Area F². The World Health Organization's *Age-Friendly Community Initiative* was applied as a model for this project. An age-friendly community is an inclusive and accessible environment that *"allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need."*³

The key features of an age-friendly community that were the focus of the Osprey Community Foundation's survey were:

1. **Housing**...that is affordable, located near services and transportation, well-built, well-designed, safe and secure
2. **Transportation**...that is accessible and affordable
3. **Community support and health services**...that are tailored to seniors' needs
4. **Outdoor spaces and public buildings**...that are pleasant, clean, secure and physically accessible
5. **Social participation opportunities**...in leisure, social, cultural and spiritual activities with people of all ages and cultures

A better understanding of seniors' priorities and needs in Nelson and area will help the Foundation anticipate needs and be more effective in allocating money it has available for granting each year to seniors' needs.

Profile of the Survey Respondents

Over 300 people responded to the survey: 120 people completed paper surveys, and 183 completed the survey on-line.

- 70% were female and 30% male
- Half (50%) were under 70 years of age and half were 70 or older
- 51% lived in Nelson, 25% lived in Area E, 19% in Area F, and the rest outside the area
- 25% of respondents had an after-tax household income less than \$22,000 (81% female, 19% male)

Limitations of the Survey Findings

It can be argued that males and seniors with lower incomes were under-represented in this survey. The population responding to the survey differed from the current population in that the survey sample consisted of a greater proportion of females and a smaller proportion of people with income less than \$22,000. The interpretation of the findings is limited by the design of the survey questions: the questions were design to elicit information on seniors' priorities and needs applicable to their personal situation, not their opinion on the needs of seniors in general.

¹ RDCK Area E includes Blewett, Balfour, Queens Bay, Longbeach, Harrop/Procter, Sunshine Bay, Bealby/Horlicks, Taghum Beach, Nelson to Cottonwood Lake

² RDCK Area F includes Beasley, Taghum, Willow Point, Nasookin, Grohman, Crescent Beach, Sproule Creek, Six Mile, Bonnington

³ World Health Organization. http://www.who.int/ageing/active_ageing/en/index.html

Respondents' Top Priorities for the Osprey Community Foundation

To best support the health of seniors (aged 55+) living in Nelson and Areas E and F, the top three priorities survey respondents thought the Osprey Community Foundation should focus on were:

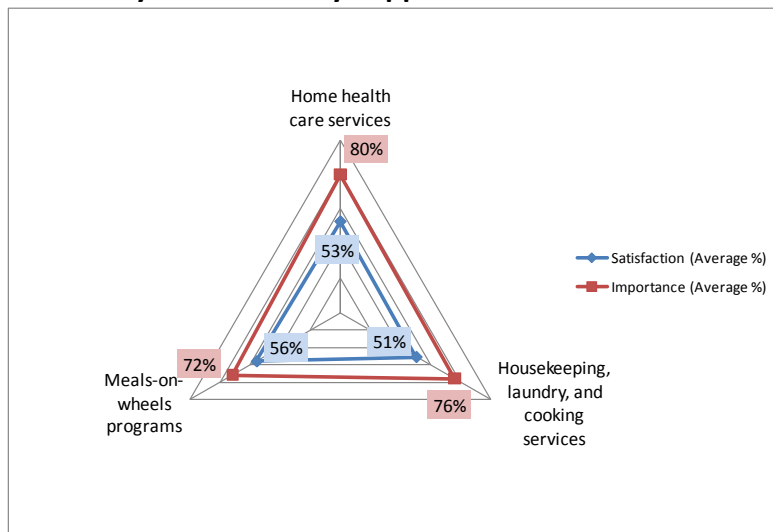
1. **Community Support and Health Services** (190 votes)
2. **Housing Supply and Services** (171 votes)
3. **Transportation** (157 votes)

Social Participation received a total of 82 votes and Outdoor Spaces and Public Facilities a total of 62 votes. Community Support and Health Services also received the most #1 votes (88), followed by Housing Supply and Services (68) and Transportation (52).

Community Support and Health Services

The survey identified gaps of 15% to 27% between respondents' *satisfaction* with the availability of **community support and health services** and the *importance* of these services.

Figure 1. Satisfaction with, and importance of, the availability of Community Support and Health Services



For example, the average satisfaction ranking for **home health care services** was 53%. In comparison, the average importance rating was 80%. There was also a 25% gap between respondents' satisfaction with, and the importance of, the availability of **housekeeping, laundry and cooking services**. (See Figure 1)

Examining importance rankings individually, 60% ranked **shopping**

assistance (e.g. help getting groceries or medications) as extremely or somewhat important. And over 50% ranked **personal assistance with forms and information, meals-on-wheels, and regular telephone check-ins**, as extremely or somewhat important.

Cost of Community Support and Health Services

Although the majority of respondents (58% or 160/274) reported that the cost of community support and health services was not applicable to them, if only the "yes" (58) and "no" (56) responses are considered, cost was a barrier to just over half (58/114).

Health Services Needed and Not Available in Nelson

There were 94 comments made regarding health services respondents regularly needed, but could not access in Nelson, including:

- tests (e.g. MRIs, CAT Scans)

- services (e.g. pre-op appointments, macular degeneration shots)
- specialists' consultations (e.g. dermatologists, ENT specialists, rheumatologists, endocrinologists)

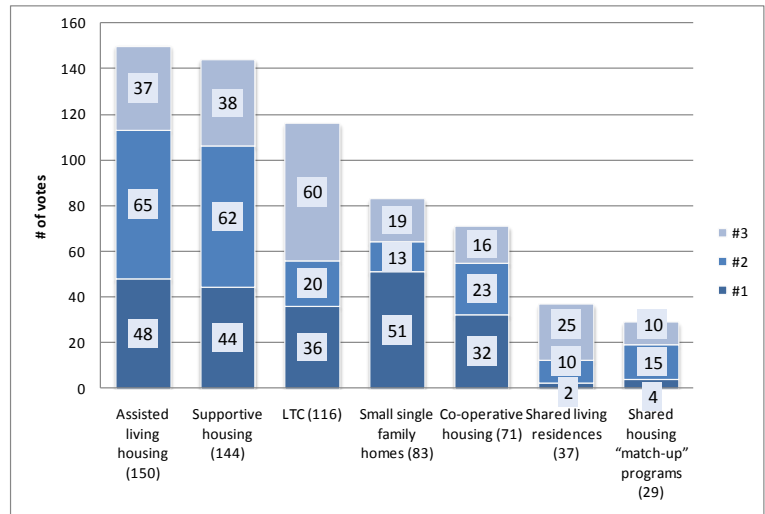
Housing Supply

Overall, respondents (n=222) thought the following types of affordable seniors' housing were most needed in Nelson and Areas E and F: **Assisted Living Housing, Supportive Living Housing, and Long Term Care (LTC)** (see Figure 2).

However, affordable and accessible **small single family homes** received the most #1 votes (n=52), even more than those for **assisted living** (n=48). Respondents clarified that single family homes should be built on one level (e.g. no stairs), with a small patch of lawn and a covered parking spot for one car.

One respondent explained that seniors housing should be *"within walking distance of shopping, parks, and fitness. This would keep us 'young' for a longer period of time ...maintaining independence and ability to be part of the community."*

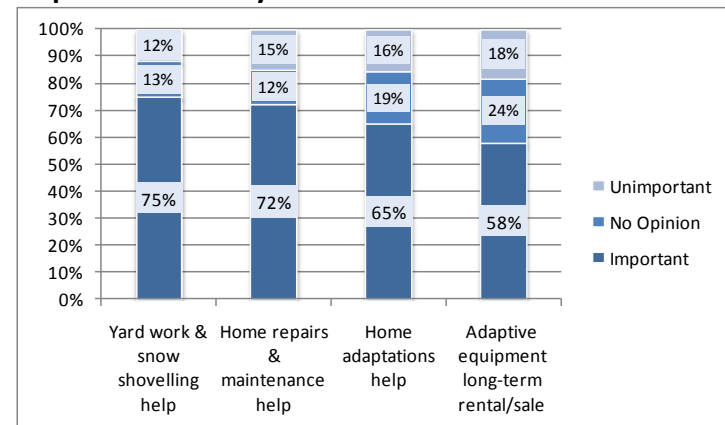
Figure 2. Type of housing most needed by seniors



Housing Services

All of the housing services that might be able to help respondents to continue living in their own home were rated as important by a majority. Approximately three-quarters thought that help with **yard work** (72%) and **home repairs** (75%) was somewhat or extremely important. Help with **installing home adaptations** (e.g. grab bars) and **long term rental or sales of home adaptive equipment** were rated somewhat or extremely important by 65% and 58% respectively (see Figure 3).

Figure 3. Rating the importance of services that may help seniors to stay in their own home



However, there was a 20% gap between satisfaction with and importance of: help with **yard work and snow shovelling**; help with **home repairs and maintenance**; and help **installing home adaptations**.

Cost of Housing Services

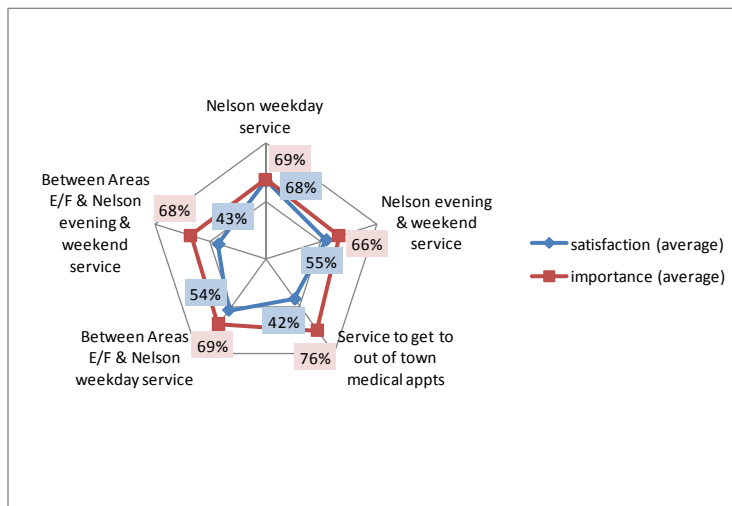
119 respondents said that the cost of housing services did not apply to them. Examining only the “yes” (61) and “no” (73) responses, cost was a barrier for 46% (61/134).

Transportation Services

The vast majority of respondents (81% or 219/269) used their own car for transportation. Only one-quarter (71/269) of the respondents said that they used the public bus service, and just 7% (19/269) reported that they used handyDART. Taxis were used by 20% (54/269) and 27% (72/269) relied upon family or friends for a ride. (Note: the percentages add up to more than 100% because respondents were asked to list all types of transportation used.)

While all the transportation services were ranked important overall, the most important service to respondents was that **to out-of-town medical appointments** (e.g. in Trail) (see Figure 4).

Figure 4. Comparing satisfaction with, and importance of, transportation services



However, there was a large gap of 34% between respondents’ *satisfaction* with the availability of transportation services **to get to out-of-town medical appointments** (average satisfaction was 42%) and the *importance* of this service (average importance was 76%). There was a gap of 25% between respondents’ *satisfaction* with **evening and weekend transportation service between Nelson and Areas E and F** (43% satisfaction) and the *importance* of this service (68% importance).

Respondents were most satisfied with the **weekday transportation service within Nelson** (average 68%).

The 44 comments about transportation services included requests for more service to Balfour – particularly in the evening and on weekends and holidays; and a connecting bus or van for Procter and Harrop residents. Respondents also wanted more transportation for seniors’ events and trips, more bus stops within Nelson (e.g. NDCC front door; and between Baker St. and Mall), and better connecting transportation services to Trail and to Kelowna (for health care).

Transportation Needs Identified in Other Studies

In a recent study by the City of Nelson, transportation services were identified as being very important to the respondents⁴, and the study similarly identified a definite gap between importance and

⁴ 500 people responded to Nelson’s 2009 Citizen Survey and over half of the respondents were aged 55 or older (City of Nelson, 2010).

satisfaction ratings with transportation between Nelson and rural areas⁵. This report noted the following active transportation challenges specific to Nelson: “aging population; steep grades; infrequent transit service; and sidewalks are not treated as high priority for plowing” (p. 18).

The Seniors’ Support Research (Murphy, 2006) reported several transportation challenges among 72 frail elderly community members. Half of the seniors had difficulties (financial and/or physical) getting to medical appointments. Most of the seniors found taxis too expensive, and handyDart was not used because the timing was inconvenient or the seniors had difficulties or were unable to make arrangements with handyDART because of physical (e.g. hearing) or cognitive challenges.

Driver Assessment and Training

The availability of **DriveABLE assessment** and **senior-specific driver training or refresher courses** in Nelson was rated as extremely or somewhat important by 83% of the respondents (241/289 and 234/281 respectively).

Social Participation Opportunities

There was a high level of agreement that the availability of both **general** and **specialized** (e.g. adapted for seniors’ physical or cognitive health challenges) **seniors’ fitness programs** was important, with 85% and 80% rating these programs (respectively) as somewhat or extremely important. Just over two-thirds (179/262) ranked **technology courses** (e.g. computer) as somewhat or extremely important, and 64% (169/263) ranked **art and music therapy** programs as important. However, satisfaction with the availability of the same programs was much less (ranging from 14% satisfaction with the availability of art and music therapy to 33% satisfaction with the availability of fitness programs).

Respondents made suggestions regarding social participation opportunities they would like, including:

- more senior-specific programs at the Nelson and District Recreation Centre and at Broader Horizons a new larger seniors’ centre
- easier access to parks
- more programs that bring seniors and children together
- more Fitness programs that encourage and challenge
- more swimming pool programs
- a community outreach program to help seniors access events, activities, exercise

Examining only the “yes” (71) and “no” (116) responses, the cost of social participation opportunities was a barrier for 38% (69/187) (71 reported cost was “not applicable”).

Outdoor Spaces and Public Facilities

All of the public services were considered very important, but accessible, convenient **public washrooms** were the most important to respondents: 95% (250/263) ranked them as extremely or somewhat

⁵ The City of Nelson Transit Strategy (2008) reported that only 8 per cent of the total ridership was seniors (Opus, 2010, p. 14).

important. However, only 19% (50/267) of respondents were somewhat or completely satisfied with the availability of public washrooms. **Benches** were rated extremely or somewhat important by 91% (240/263), but only 49% (130/267) were similarly satisfied with the accessibility and convenience of existing benches. **Local parks and trails** were highly important to 91% (238/262) of respondents and 72% (191/266) were somewhat or completely satisfied with local parks and trails.

Community Meetings

The findings of the survey were shared with service providers, seniors and interested community members during three community meetings. At these meetings, over 70 community members were engaged in testing and discussing the findings and in providing input on priorities and strategies to address them (see Appendix 13).

Focusing on the top three priorities identified by the survey (Community Support and Health Services, Housing, and Transportation), meeting participants met in small groups to discuss:

1. *What approaches might be used to address this issue?*
2. *What partnerships might be created or built upon to address this issue?*
3. *What would be good steps to take in the next 3-6 months?*

The survey responses revealed that many seniors were not satisfied with the *availability of affordable services* in all areas. Interestingly, the community meetings uncovered that some of the services were available, but that seniors were not aware of services, or had difficulties accessing them.

Key Strategies to Address Priority Needs

While many approaches were suggested for addressing specific needs and issues, there were three strategies participants identified that applied to all of the top priorities identified by the survey (Community Support and Health Services, Housing and Transportation). These were to provide or increase:

1. Education on and communication of information about existing services and new options
2. Coordination of services, including a central contact and advocate to help seniors access services
3. Facilitating private and non-profit groups and organizations efforts to meet identified service needs

Next Steps

The Osprey Community Foundation's Board commissioned this study to have a better understanding of seniors' priorities in Nelson and Areas E and F to help the Foundation anticipate needs and be more effective in allocating the money it has available for granting each year to seniors' needs. The Board's challenge now will be twofold: to determine its own funding priorities and strategies; and to share these findings with other key stakeholders who are also working to address these needs in the community.

Project Overview

The Osprey Community Foundation undertook this assessment for seniors in Nelson, RDCK area E⁶, and RDCK Area F⁷, in order to determine the priorities and needs of the growing senior population⁸. A better understanding of seniors' priorities and needs in Nelson and area will help the Foundation to anticipate needs and to be more effective in allocating the money it has available for granting each year to seniors' needs. This project involved working with existing seniors groups, gathering and analyzing existing data, developing a survey to acquire new information from respondents, and compiling the results of the survey and presenting them to stakeholders and interested community members at workshops. A goal of the project was to engage the broader community in a discussion of seniors' priorities and needs. Collaboration with stakeholder groups was key to the development of the survey tool and in determining how the results of this work could be used to establish priorities and strategies. An advisory panel with representation from a broad range of local seniors groups and service providers in the community was involved throughout the project.

All the input gathered has been analyzed and synthesized to produce a strategy for the Osprey Community Foundation to guide contributions to the health of seniors in our area (see Appendix 1). The Foundation also hopes that the assessment results will benefit other organizations and funding agencies concerned with the well-being of seniors in the area.

This initiative was supported, in part, by the City of Nelson, RDCK Area E, and the Columbia Basin Trust (see Appendix 5).

Steering Committee

A Project Steering Committee was created by the Osprey Community Foundation Board of Directors to guide the project. Members of that committee included: Dr. Nelson Ames, Norm Carruthers, P'nina Shames, Peggy DeVries and Gary Ockenden.

Advisory Committee

An Advisory Committee was formed to review and offer advice on the public participation portion of the project, as well as the resulting reports and findings. This committee was made up of service providers, senior activists and other stakeholders and included:

- Elisabeth Antifeau, RN
- Dave Brown, Friends of Nelson Elders in Care
- Bill Maslechko, Retired School Superintendent
- Phyllis Nash, Retired Social Worker/College Instructor
- Judy Pollard, Kootenay Boundary Community Services Cooperative
- Susanne Raschdorf, Friends of Nelson Elders in Care
- Joan Reichardt, Seniors Coordinating Society
- Dave Scanlan, Social Worker

⁶ RDCK Area E includes Blewett, Balfour, Queens Bay, Longbeach, Harrop/Procter, Sunshine Bay, Bealby/Horlicks, Taghum Beach, Nelson to Cottonwood Lake

⁷ RDCK Area F includes Beasley, Taghum, Willow Point, Nasookin, Grohman, Crescent Beach, Sproule Creek, Six Mile, Bonnington

⁸ Initially, for the purposes of this project, seniors were considered those aged 65 or older. To better capture the opinions of a wider group, this criterion was expanded to focus on those aged 55 or older.

- Yvonne Shewfelt, Retired Elderly Services Psychiatric Nurse Clinician; Chair of Nelson and Area Elder Abuse Prevention Program Steering Committee

Community Trends Scan

Recent reports and data were reviewed to determine existing needs and trends regarding the health of seniors living in the community. The community trends scan includes research and statistical information about Nelson and Areas E and F including:

- Demographic and geographic characteristics
- Health status of community members
- Existing housing, transportation, health care and other public services
- Community members' and experts' opinions on local housing, transportation, health care, social and civic participation needs and priorities

The Nelson Citizen Survey 2009 (City of Nelson, 2010) provides a profile of the community, its geography and climate. Population information has been obtained from BC Statistics and Statistics Canada. Statistics Canada (2010) and the Interior Health Authority (2010) provide a snapshot view of the current health of residents in our community. The City of Nelson's Affordable Housing Studies (City Spaces 2010a, 2010b), explore the available housing and housing needs of the local community and suggest strategies for affordable housing improvements. The Seniors Support Research project (Murphy, 2006) provides insight into the transportation, housing, health care, and social activity needs and priorities of frail seniors living in our community. The City of Nelson Active Transportation Plan (Rocci, 2010) discusses the current state of public transportation in our area and the transportation needs identified in their survey.

Survey Development and Pilot Testing

A draft survey was prepared by the steering committee. The focus of the survey was on the needs and priorities of community members aged 55 and older. The survey tool was reviewed and pilot-tested by the Contractor, the Advisory Committee, and the Osprey Community Foundation Board of Directors. Initially, the survey included questions relating to all eight key features of an age-friendly community (see Appendix 2), but it was felt that the survey was too long. Consultations with the advisory committee and other community members helped focus the survey on five of the key features, including: transportation, community support and health services, housing, social participation opportunities, and outdoor spaces and public facilities. After testing and revisions, a web-based survey (using Survey Monkey) and paper-based survey, containing both quantitative and qualitative questions, was used to gather information and opinions from the residents of Nelson, Area E and Area F (see Appendix 3).

Survey Administration and Promotion

The survey was conducted from November 1 to November 30, 2010. Information on the survey was disseminated widely to stakeholders, community groups, churches and organizations using e-mail lists, public media, and word-of-mouth. The survey was available on-line via a link from the Osprey Community Foundation's website and a print version of the survey was distributed to seniors' organizations, clubs and housing facilities and was available at the Nelson Municipal Library and the Seniors Coordinating Society (see Appendix 4). The Seniors Coordinating Society provided administrative

support of 3 hours per week during the survey period and helped distribute surveys to seniors groups and organizations, answered calls regarding the survey and provided administrative assistance as needed.

Community Meetings

The findings of the survey were shared with service providers, seniors and interested community members during three meetings: January 14th, 20th, and February 4th, 2011. At these workshops, over 70 community members engaged in testing and discussing the findings and in providing input on priorities and strategies to address them (see Appendix 13). In addition, at the meetings, community members and groups were encouraged to submit comments and suggestions for improving the age-friendliness of our community to the Osprey Community Foundation for their consideration and a submission was received by the Friends of Nelson Elderly in Care (FONE) (see Appendix 14).

Creating an Age-Friendly Community

The World Health Organization's (WHO) *Age-Friendly Community Initiative* was applied as a model for this project (see Appendix 2). The British Columbia Ministry of Healthy Living and Sport similarly supports implementation of this model and has developed the *Seniors' Healthy Living Framework* for action to support our aging population over the coming years (see Appendix 6). An age-friendly community is an inclusive and accessible environment that "allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need" (WHO).

The eight key features of an age-friendly community are:

1. **Housing** that is affordable, located near services and transportation, well-built, well-designed, safe and secure
2. **Transportation** that is accessible and affordable
3. **Community support and health services** that are tailored to seniors' needs
4. **Outdoor spaces and public buildings** that are pleasant, clean, secure and physically accessible
5. **Social participation** opportunities in leisure, social, cultural and spiritual activities with people of all ages and cultures
6. **Inclusion** and respect of seniors in **civic life**.
7. **Volunteerism and employment** opportunities that accommodate older people's interests and abilities
8. **Communication and information** that is age-friendly

Healthy aging describes the process of improving opportunities for physical, social and mental health to enable seniors to take an active part in society without discrimination and to enjoy independence and quality of life.

(The Chief Public Health Officer's Report on the State of Public Health in Canada. 2010. p. 6)

Community Profile

The focus of this project was on the needs and priorities of seniors (broadly defined as those aged 55 and older), living in the City of Nelson, and Central Kootenay Regional District's Areas E and F, which closely border Nelson. Located in the southern interior of British Columbia, the City of Nelson partners with the Central Kootenay Regional District (RDCK) Areas E and F, to provide services in rural and urban areas (see Appendix 7 for a map of the RDCK.)

Area E includes the rural unincorporated communities of: Blewett, Balfour, Queens Bay, Longbeach, Harrop/Procter, Sunshine Bay, Bealby/Horlicks, Taghum Beach, and Nelson to Cottonwood Lake.

Area F includes the rural unincorporated communities of: Beasley, Taghum, Willow Point, Nasookin, Grohman, Crescent Beach, Sproule Creek, Six Mile, and Bonnington.

Geography

RDCK Area E encompasses 812.6 square kilometres, RDCK Area F encompasses 402.62 square kilometres, while the City of Nelson's municipal boundary comprises 7.2 square kilometres (City Spaces, 2010a). The area is characterized by a mountainous terrain and borders Kootenay Lake and River. The City of Nelson reports that "the rise of Nelson is approximately 180 metres, as Kootenay Lake is a little less than 540 metres in elevation and the top of the City is at an elevation of 720 metres" (City Spaces, p. 15). The hilly terrain makes transportation and commuting challenging for residents of all ages and for seniors in particular.

Climate

The area experiences four very distinct seasons with average minimum and maximum temperatures varying from -5 to 5 Celsius in winter and 15 to 27 Celsius in the summer. The primary challenge for many residents is the snowfall and icy conditions in the winter months. Snowfall occurs November through March with December and January averaging 70 cm (27.5 in) each. The area receives an average of 292 centimetres of snowfall per year. The amount varies throughout the area, with higher areas receiving more snow (City Spaces, 2010a).

Population Estimates and Projections

According to Statistics Canada, there were a total of 16,705 people living in Nelson and Areas E and F in 2006 (see Table 1 and Appendix 8 for more information). Seniors aged 65 and older made up 14 per cent of the population (2,375). This ratio of seniors to total population was the same as that found in all of BC (see Table 1). Examining the ratio of females to males in the age group 65 and older, Nelson had a slightly higher ratio of females to males aged 65+ (0.60 to 0.40) compared to the province as a whole (0.55 to 0.45). However, in Areas E and F, there was a slightly higher ratio of males to females aged 65+ compared to the province as a whole (in Area E males aged 65+ made up 46% of the total population aged 65+; and in Area F males aged 65+ made up 48% of the total population aged 65+).

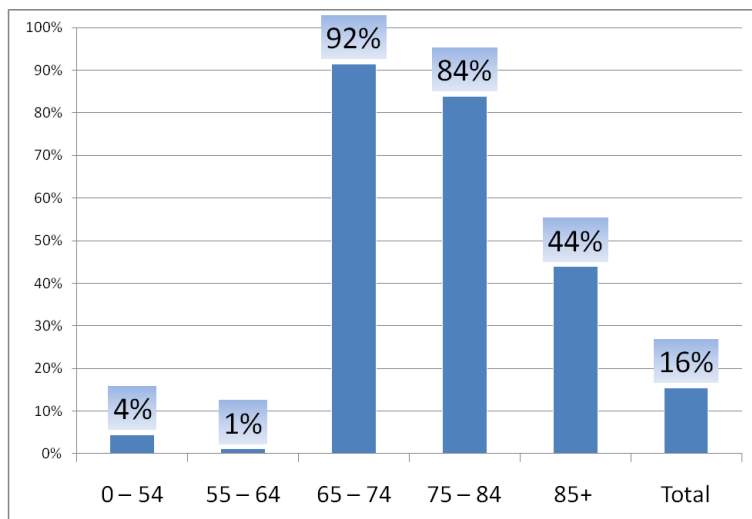
Table 1. Population estimates by community, gender and age group 65+ (2006)

	BC		Nelson		Area E		Area F	
	Females	Males	Females	Males	Females	Males	Females	Males
Total Population	2,099,495	2,013,985	4,810	4,445	1,820	1,900	1,860	1,870
Aged 65 and older	328,330	271,465	845	555	280	235	240	220
Aged 65+ % of total population	16%	13%	18%	12%	15%	12%	13%	12%
Aged 65+ ratio of females to males	0.55	0.45	0.60	0.40	0.54	0.46	0.52	0.48

Source: BC Stats. *2006 Census Profiles* (Nelson, Central Kootenay E, RDA, and Central Kootenay F, RDA) May 2010 [revision 7].

Examining the population estimates by specific communities, the ratio of seniors (aged 65+) to total population was higher in Balfour (21% aged 65+) and Harrop/Procter (17% aged 65+), compared to the rest of Area E (14%) (see Appendix 8). And the ratio of females to males aged 65+ in these two communities is the reverse of that found in the total BC population (Balfour ratio is 0.45 females to 0.55 males aged 65+; Harrop Procter ratio is 0.43 females to 0.57 males aged 65+) (see Appendix 8). Population projections show us that the senior population will increase faster than the general population by 2025 (see Figure 5).

Figure 5. Percentage change in Nelson Local Health Area age groups, 2010 to 2025



The Interior Health Authority projects that from 2010 to 2025 the percentage change in the population aged 65 to 74 will increase 92 per cent (from 2,037 to 3,900); the population aged 75 to 84 will increase 84 per cent (from 1,181 to 2,172); and the population aged 85 and older will increase 44 per cent (from 508 to 731). Overall, the population aged 55 and older increase 41 per cent between 2010 and 2025 (from 7,683 to 10,802) (see Appendix 8).

By 2025 those aged 55 and older (10,802) will represent 37.3 per cent of the total population, up 22 per cent from the current (2010) proportion of 30.6 per cent (7,683). In 2025, those aged 65 to 74 will make up 13.5 per cent of the total population (compared to the 2010 proportion of 8.1%); and those aged 75 and older will make up 10 per cent of the population (compared to the 2010 proportion of 6.7%). (See Appendix 8)

Income Levels

In 2005, the median after-tax income of Central Kootenay Regional District (RDCK) residents aged 15 and older was \$20,306 (provincially the median was \$22,785) (see Table 2). The average after-tax income of residents aged 15 and older was \$24,937 (\$28,908 provincially). Almost 50 per cent of the total population had an after-tax income less than \$20,000 (60% of females, 39% of males). Approximately one-fifth of the population had an after-tax income between \$20,000 and \$30,000, and another fifth had an after-tax income between \$30,000 and \$50,000.

Table 2. RDCK 2005 after-tax income (15 years and older)

After-tax Income Levels	Both sexes	Male	Female
Under \$20,000	49%	39%	60%
\$20,000 to \$29,999	19%	18%	19%
\$30,000 to \$49,999	21%	27%	16%
\$50,000 and over	10%	16%	5%
Total number	44,280	21,980	22,300

Source: BC Statistics. 2006 Census Profile: Central Kootenay Regional District. August 2010.

Local Health Area Profile

The study area is served by the Interior Health Authority (IH), which oversees acute and community care services across southern British Columbia. Nelson and Areas E and F are part of the *Nelson Local Health Area* (LHA)⁹, which is in turn, included in the larger *Kootenay Boundary Health Service Delivery Area* (KBHA) (see Appendix 9 for maps of the LHA and KBHA). The Interior Health Authority reports on various health outcomes by LHA and KBHA, which provides us with an overview of the health and well-being of our community.

Life Expectancy

Total life expectancy increased from 79 years in 1987-1991 to 81 years in 2005-2009. For 2005-2009, Nelson area residents' life expectancy at birth of 81 years was higher than that for the Interior Health Authority (80) and was the same as BC (81). Area females had a higher life expectancy than males in the Nelson Local Health Area. (IH, 2010)

Top Causes of Death

Diseases of the Circulatory System (e.g. heart diseases¹⁰) were the top causes of death, accounting for 37 per cent of the total deaths in the Nelson LHA between 2003 and 2007. Just over three-quarters of the 366 deaths caused by Diseases of the Circulatory System were among people aged 75 and older. Malignant Neoplasms (cancers) were the second leading cause of deaths (276 deaths), of which 45 per cent were among those aged 75 and older. Over this same time period (2003 to 2007), there were 62 deaths caused by Respiratory Diseases (e.g. lung diseases) (76.83% aged 75+), and 44 deaths caused by Endocrine Diseases (e.g. thyroid, diabetes, etc.) (84.09% aged 75+). (IH, 2010)

⁹ The Nelson Local Health Area (LHA) encompasses a larger area than just Nelson and Areas E and F. It includes of Salmo, Ymir, Remac, Ross Spur, Slocan Park, Passmore, Winlaw, Appledale, Atbara, Belford, Blake, Brandon, Corra Linn, Crescent Bay, Crescent Valley, Krestova, Lebahdo, Lemon Creek, Playmor Junction, Porto Rico, Slocan, Slocan City, South Slocan.

¹⁰ For detailed information on the diseases see the BC Ministry of Health's *Diagnostic Code Descriptions (ICD9)* at <http://www.health.gov.bc.ca/msp/infoprac/diagcodes/>

Chronic Disease

The Interior Health Authority (2010), reports that chronic health conditions, which impact the health and well-being of many local residents, are expected to increase as the population ages. Including residents of all ages, Depression/Anxiety is the most prevalent chronic disease, affecting 22.2 per cent of residents in the Nelson LHA. Other chronic conditions affecting local residents are Asthma (8.0% of the total population), Chronic Obstructive Pulmonary Disease (5.5% of total population), Cardiovascular Disease (5.1%), and Diabetes Mellitus (4.7%).

Leisure Time Physical Activity

Kootenay Boundary Area (KBA) residents are more physically active in comparison to the rest of BC and Canada. In 2009, 66.6 per cent of KBA residents reported being active or moderately active, compared to 60.3 per cent of BC residents, and 50.6 per cent of all Canadians (Statistics Canada, 2010).

Sense of Community Belonging

In 2009, 85.7 per cent of the total KBA population aged 12 and over reported their sense of belonging to their local community as being very strong or somewhat strong. Analyzed by gender, the rate was 79 per cent for males and 91 per cent for females. This rate is considerably higher than that reported for BC (total 68.9%, males 68.6%, females 69.1%). Statistics Canada (2010) reports that “research shows a high correlation of sense of community-belonging with physical and mental health.”

Participation and Activity Limitation

In 2009, among the KBA population aged 12 and over, 38.0 per cent reported being limited in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem, which has lasted or is expected to last 6 months or longer. This rate is considerably higher than the total rate for BC of 27.4 per cent. Examining the data by gender, more males than females in the KBA experienced activity limitation in 2009 (45.8% males, 31.4% females). This trend differs from that seen provincially, where 24.6 per cent of males and 30.2 per cent of females reported participation and activity limitation (Statistics Canada, 2010).

Health Eating and Overweight/Obesity

The Interior Health Authority reports that poor nutrition contributes to increased rates of cancer, diabetes, and cardiovascular disease (30%, 30%, and 20% respectively). Likewise, obesity is a major risk for these and other chronic illnesses. In 2009, the proportion of KBA residents aged 12+ who ate 5 or more servings of fruit and vegetables per day (43.2%), was slightly lower compared to BC as a whole (45.7%). In 2009, just over half (50.2%) of the KBA population aged 18+ reported being overweight or obese. This is lower than the national rate of 51.1 per cent, but higher than the provincial (45.1%) and IH (49.1%) rates. (IH, 2010)

Housing

Age-friendly housing is affordable, located near services and transportation, well-built, well-designed, safe and secure

A scan of other studies finds that more age-friendly housing is needed in Nelson and Area's E and F.

Existing Supply of Private Housing

The 2006 Census found that just under two-thirds (63.5%) of private dwellings in Nelson are owned, while just over one-third (36.5%) are rented (BC Stats, 2010. See Appendix 10 for statistics on private dwellings). Nelson's ratio of own-versus-rent is lower than that of BC, Area E, and Area F. In 2006, 69.7 per cent of private dwellings were owned versus rented in all of BC; 78.4 per cent of private dwellings were owned versus rented in Area E; and 88 per cent were owned versus rented in Area F.

Examining the types of private dwellings available in the community, Nelson had considerably more apartments than Area E or Area F (see Appendix 10). While the majority of private dwellings in Nelson and Areas E and F were single-detached houses, in 2006, apartments accounted for 31.6 per cent of Nelson's private dwellings, compared to only 2.2 per cent in Area E, 4.4 per cent in Area F, and 38.3 per cent in all of BC.

Compared to the rest of BC, the existing private dwellings in Nelson and Areas E and F are in poor repair. Thirty-four per cent of Nelson private dwellings are in need of minor repairs, and 12 per cent are in need of major repairs. Similarly, 38 per cent of Area E and 35 per cent of Area F private dwellings are in need of minor repair, and respectively 11 per cent and 6 per cent are in need of major repair. In comparison, 25 per cent of BC dwellings are in need of minor repair and 7 per cent are in need of major repair. Compared to BC, 51 per cent more private dwellings in Area E, and 41 per cent more private dwellings in Area F need minor repairs; and 64 per cent more private dwellings in Nelson need major repairs when compared to BC.

Supply of Non-Market Housing Beds

The City of Nelson recently released a report on the housing needs in its community (City Spaces, 2010), and provided the following information on the number of non-market housing beds available in Nelson:

Table 3. Supply of non-market housing beds

Client Type Units	Beds
Family/Coop	87
Seniors - Independent Living	117
Seniors - Residential Care	176
Singles	61
Youth	10
Group Home	6
Emergency Shelter	19
Transition/Safe House	8
Total	481

(City Spaces, 2010, *Table 3–1: Units/Beds in Non-Market Housing*, p. 28)

As of February 2010, City Spaces (2010a) reports that there were 42 Shelter Aid for Elderly Renters (SAFER) recipients in Nelson. “Individuals are eligible for SAFER if they are 60 years or older and paying more than 30% of their gross monthly income for housing. ...Recipients of these rental supplements live independently in dwellings provided by the private market.” (City Spaces, p. 30)

Supply of Residential Care and Assisted Living Beds

The number of residential care beds in the Nelson area has decreased over the past several years and the Interior Health Authority (2010) reports that they are not meeting their bed target of 79 residential care beds per 1,000 population aged 75+ in the Nelson health area. The 2010 rate for Nelson and Kootenay Lake health areas was 73.5 beds. This rate of beds per 1,000 population is 10 per cent lower than the rate of 81.8, provided overall in the Interior Health region. In 2009, there were 14.8 assisted living beds per 1,000 population aged 75+, which exceeded Interior Health’s target of 14.

Located in Nelson, Mountain Lake Senior Community has 92 residential complex care beds and 40 assisted living beds. Nelson Jubilee Manor is an older residential care facility located in Nelson and it has 39 complex care beds. (Ministry of Health Services)

There are 90 suites (including studios and one and two bedroom suites) at the newly developed Lake View Village located in Nelson, which provides independent living and assisted living options. Thirteen of the studio units are subsidized for low income households through an arrangement made by BC Housing and facilitated by Columbia Basin Trust. These subsidized studios are reported to be in high demand (City Spaces, 2010a).

Location of Hospital Inpatient Treatment

In 2008/09 fifty-two per cent of Nelson LHA inpatients received inpatient treatment in Nelson at the Kootenay Lake Hospital. Thirty per cent travelled to Trail to receive treatment at Kootenay Boundary Hospital, just over 8 per cent (8.2%) were treated at other IH hospitals, while almost 10 per cent (9.8%) travelled to hospitals outside of the Interior Health Authority for inpatient treatment (IH, 2010).

Private and Non-Market Housing Issues

The City of Nelson’s report on affordable housing identified several issues affecting both the private and non-market housing sectors. These findings were based on research conducted by *City Spaces* between February and June 2010, which included interviews, discussion groups, and an on-line survey (with 345 respondents).

The six main housing issues identified were:

1. **Lack of supportive housing options** for the most vulnerable (including youth, women, people with mental health and addictions challenges)
2. **Lack of market rental housing**, particularly for low and moderate income households
3. **Poor rental housing quality and conditions** (as noted above, many local homes are in need of minor or major repairs)

4. **Limited choice of housing types and sizes** (as noted above, the majority of available housing stock is in the form of single-detached homes, especially in Areas E and F).
5. **Lack of rental tenure security**, particularly in Areas E and F where renters are displaced from vacation homes
6. **Lack of affordable and appropriate housing for seniors**
While there are a number of seniors housing complexes, seniors have reported that it is difficult to find the right combination of care and affordability. Many seniors would also prefer to stay in their homes, but find it increasingly challenging to maintain their housing due to increasing costs and upkeep.” (City Spaces, 2010a, p, 3)

Lack of Affordable and Appropriate Housing for Seniors

Elderly seniors on low fixed income who have supportive care needs are one of the four groups found to have the most significant housing challenges in Nelson today (City Spaces, 2010b). Ninety per cent of the Housing Survey respondents thought that seniors on fixed incomes would find it challenging to find suitable, affordable housing in Nelson and area (55% said very challenging; 25% said moderately challenging; and 10% said only somewhat challenging) (City Spaces, 2010a, p. 68).

The Nelson Affordable Housing Strategy report states:

Nelson is home to a number of market and non-market housing options for seniors. Yet, a disconnect exists between seniors needs and preferences and the available options. Lower income seniors who are elderly, or have additional care needs, have indicated the affordable housing options that are available are no longer adequate or appropriate and the private market options, including the market-priced units in the recently opened Lake View Village, are too costly. (City Spaces, 2010b, p. 3)

The conclusion of City Spaces (2010a) report, that there is a lack of affordable and appropriate housing for seniors, is supported by other experts and community members. More than 500 people responded to Nelson’s 2009 Citizen Survey (and over half were aged 55 or older and 56% were female). When asked how they would spend \$100 on a number of capital projects, the highest allocation by far, was for affordable housing (even though 80% of respondents were home owners).

A report by Dr. George Penfold (2009), *Affordable Housing Assessment and Strategic Planning: The Columbia Basin and Boundary Regions*, also argues that what is most needed in our area is housing for single older adults:

It is apparent that the greatest need for affordable housing both in terms of number and proportion of type of household is for single persons, and the greatest proportion of those are aged 55 or more. Many of these seniors who are owners may be “over housed” and providing suitable and affordable options for them could put more housing in the marketplace for younger households employed in the region. (p. 26)¹¹

¹¹ In 2006 in the RDCK there were 7,065 single person households, of which 59.4% were occupied by persons aged 55 and older (Penfold, 2009, p. 26).

Penfold's argument is supported by the City of Nelson housing report, which recognizes that "increasing life expectancies and a trend towards couples living longer together, will lead to a shift in demand away from institutional dwellings and rental apartments to more ground oriented units and apartments in private housing. This would be further facilitated by the availability of home care and other services that enable seniors to stay in their homes for longer periods." (City Spaces, 2010, p. 6)

Intentions to Move

In the City Spaces (2010a) housing survey, although the majority of residents thought that Nelson was a good place to retire, 60 per cent were somewhat or very likely to move away from their current dwelling in the next three years. However, only 5 per cent (17) of the 345 respondents were aged 65 or older. Forty-two per cent (145/345) of respondents were aged 45 to 64 years and the remaining 52 per cent (182/345) were aged 44 years or younger.

Of those who answered that they were "somewhat likely" (26% or 91/345) or "very likely" (34% or 119/345) to move in the next three years, the factors that would influence their decision to move were:

40% – to improve the quality / condition of my living space

37% – to reduce housing costs

27% – to have more space

27% – to follow job opportunities

24% – to have more privacy

11% – to be closer to relatives or friends

8% – to be closer to health / medical services

12% – to spend less time / money on home and garden maintenance

10% - to use the equity from my home for other purposes

9% – to feel more safe and secure

Among those who cited other reasons, a number of renters noted their dwelling is being sold or will be used by the owner (11) (City Spaces, 2010a, p. 61)

In 2005-2006, the Connected Communities Coalition, which included the Greater Trail Health Watch, the Castlegar and District Health Watch Society, the Nelson Area Society for Health, and Save-Our-Services North (Kootenay Lake), conducted a community participatory research project to determine the care and support needs and issues of frail elderly seniors living in the community (Murphy, 2006). Interviews were conducted with 72 seniors or their caregivers and focus groups were held with community members and service providers.

The population surveyed was primarily women (84%), aged 75 years or older (80%), who lived alone (63%), and had limited annual incomes (41% less than \$15,000/year; 60% less than \$20,000/year). All of the respondents experienced some health problem that limited their functional abilities, such as arthritis, cardiovascular disease and hearing or vision loss. Approximately one-third of the respondents lived in the Nelson area (22/72), while the rest lived in nearby Kootenay communities.

The Seniors' Support Research study found that over half (54%) of the seniors wished to move to either, assisted living (18%), supportive housing (17%), LTC (8%), or some other housing. The report recommended developing more centrally located (e.g. near community services), affordable housing options for seniors, including supportive housing, assisted living, LTC, and seniors' apartments.

Housing Services

The Seniors' Support Research (Murphy, 2006) found that the majority of seniors needed some or total help with their heavy housework (88%), minor home repairs (73%), and yard work (72%). Some of the recommendations for improving housing services were:

- Develop programs offering affordable home and yard cleaning, maintenance and repair services, and home adaptation services. (e.g. In Castlegar, the local community services society provided subsidized/low-cost home maintenance help to seniors)
- Develop a home maintenance, cleaning and repair services referral service that will provide seniors with information on reliable, trustworthy, affordable service providers
- Develop and/or enhance shopping assistance programs

(See Appendix 12 for other suggestions for age-friendly housing.)

Transportation

Age-friendly public transportation is accessible and affordable

Satisfaction with and Importance of Transportation Services

Transportation services were very important to the respondents of the City of Nelson's Citizen Survey (2010)¹², but there was a definite gap between importance and satisfaction with transportation between Nelson and rural areas and with the general maintenance and snow clearing of Nelson sidewalks:

- **Transportation to / from Rural Areas:** there was a large gap between satisfaction (57%) and importance (over 90%)
- **Sidewalks:** there was a large gap (34%) between satisfaction with (approximately 65%), and importance of (approximately 99%), general maintenance and snow clearing of sidewalks

The report noted the following active transportation challenges specific to Nelson:

- *Aging population*
- *Steep grades*
- *Narrow roadways*
- *Infrequent transit service*
- *Sidewalks are not treated as high priority for plowing* (City of Nelson, 2010, p. 18)

(See Appendix 11 for information on local transportation services)

¹² More than 500 people responded to Nelson's 2009 Citizen Survey and over half of the respondents were aged 55 or older. The City of Nelson Transit Strategy (2008) reported that only 8 per cent of the total ridership was seniors (Opus, 2010, p. 14).

The Seniors' Support Research study (Murphy, 2006) reported similar transportation challenges among frail elderly community members. Over one-third (39%) of the seniors surveyed had problems getting transportation when they needed it and half of the seniors had difficulties (financial or physical) getting to medical appointments. Family and friends were the primary source of transportation for almost all the seniors interviewed (88%). Those who still drove a care (33%), were not comfortable driving at night or in winter conditions. Most seniors found taxis too expensive, and handyDart was not used because the timing of the service was inconvenient. In addition, over one-third (35%) of the seniors had difficulties or were unable to make arrangements with handyDART because of physical (e.g. hearing) or cognitive challenges.

Recommendations for improving transportation services included:

- “Provide “senior-friendly” public transportation services that include:
 - physical assistance to use public transportation (e.g. help to get on and off buses or in and out of cars, help with walkers and other mobility aides and accompaniment when needed);
 - schedules and routes that consider seniors’ physical strength and endurance;
 - “winter and night” transportation services that consider seniors’ increased needs in winter and dark conditions.
- Develop transportation alternatives for seniors who cannot physically or cognitively use public transportation services (e.g. volunteer driver programs) (Murphy, p. 13)

(See Appendix 12 for other suggestions for age-friendly transportation services.)

Community Support and Health Services

<i>Age-friendly community support and health services are tailored to seniors’ needs</i>
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The amount and scope of home support services in our area, and the number of clients served, has declined over the past several years. Interior Health reports that the rate of Home Support Clients per 1,000 population aged 65+ has decreased from 2006/07 to 2008/09, from 78 to 66. Likewise the number of home support hours provide in the Nelson LHA has decreased from 17,335 hours per 1,000 population aged 65+ to 14,940 hours per 1,000 population aged 65+ (IH, 2010, p. 12).

The Seniors' Support Research study (Murphy, 2006) found that the personal care tasks frail elderly seniors living in the community needed help with were bathing (40% need help), taking medications (39% needed help), climbing stairs (31% needed help and 11% could not climb stairs even with help) and walking a block (31% needed help and 17% could not walk even with help).

One-third needed help with shopping and carrying items and another third could not manage these tasks at all. One-third of the seniors needed help with meal preparation and another thirteen per cent could not prepare a meal even with assistance. Forty-three per cent of seniors needed some or total help with their light housework.

Recommendations for improving community support and health services were:

- Ensure that seniors who are isolated and at-risk in the community are identified and regularly assessed and that seniors are accessing and utilizing needed services
- Provide mobile health services and/or clinics that enable seniors to access health services in their local community (i.e. mobile labs, geriatric outreach programs, etc.)
- Provide personal accompaniment for seniors who need help to attend medical appointments
- Provide information to seniors through sources they use (e.g. Doctors, pharmacists), not just the internet
- Create a position for a person that could coordinate information about community and health services and could help seniors obtain information
- Create a seniors' advocate or ombudsperson service to help seniors obtain services (Murphy, 2006)

(See Appendix 12 for other suggestions for age-friendly community services.)

Social Participation Opportunities

In age-friendly communities there are opportunities for participation in leisure, social, cultural and spiritual activities with people of all ages and cultures

The City of Nelson's survey of its citizens also included questions about quality of life and social programs. Overall, the majority of respondents (90%) rated their quality of life in Nelson as 'very good'. And a similar percentage rated Nelson as a good, or very good, place to retire. However, the study found a gap between satisfaction with, and importance of, social programs:

- **Programs for Seniors:** there was a gap between satisfaction (just over 80%) and importance (just over 90%)
- **Programs for Economically Disadvantaged:** there was a gap between satisfaction (65%) and importance (90%)
- **Programs for People with Disabilities:** there was a gap between satisfaction (75%) and importance (95%)

The Seniors' Support Research (Murphy, 2006) similarly investigated the social and physical participation needs and interests of frail seniors living in the community. The study found that over two-thirds (69%) of the seniors walked for exercise and over one-third (38%) wanted to do more exercise such as yoga and aqua fitness. The greatest barrier to participation in physical exercise and social activities was physical illness (79%). Another barrier was lack of transportation or someone to go with them (33%). Some of the recommendations for improving social and physical participation services were:

- Develop a "buddy" program, that will provide transportation and personal assistance so seniors can access social and physical activities
- Provide a variety of affordable community-based social and recreation programs, including but not limited to programs offered by recreation facilities, seniors groups and adult day programs
- Provide education programs for seniors, such as exercise and falls prevention education

- Develop home visitor programs (e.g. social, church, library) for seniors confined to their homes

Outdoor Spaces and Public Buildings

Age-friendly outdoor spaces and public buildings are pleasant, clean, secure and physically accessible

Nelson's 2009 Citizen Survey (City of Nelson, 2010) included questions about outdoor spaces and public buildings (more than 500 people responded to the survey and over half were aged 55 or older). Overall, the majority of respondents felt parks, trails, and public recreation facilities were very important:

- **Parks, trails and waterfront:** highly rated in both importance and satisfaction (over 90%)
- **Civic Theatre:** there was a large gap between satisfaction (70%) and importance (over 90%) (comments indicated dissatisfaction with cost, and with the facility sound, air quality, and seats)
- **Seniors' Centre and NDCC (Rec. Centre):** highly rated in terms of importance (approximately 95%) and satisfaction (approximately 90%)

Civic Participation Opportunities

In age-friendly communities older people are treated with respect and are included in civic life

Nelson's Citizen Survey (City of Nelson, 2010) examined Nelson residents' opinions on how they could best be involved in civic policy (52% of the 500+ respondents were aged 55 or older). Public meetings/hearings, public opinion surveys, and community meetings were ranked as the most important ways to be involved, followed by referendums, community organizations, contact with municipal staff, and advisory committees.

Communication and Information

Communication and information is age-friendly.

The Seniors' Support Research study (Murphy, 2006) found that the Internet was one of the least common sources of care and support information used by the seniors (used by 14%). Most seniors got the information from their Doctors (75%), pharmacists (65%), local newspapers (58%) or family members (57%). Many seniors (42%) were frustrated and confused trying to get information and they wanted someone knowledgeable and trustworthy, such as a seniors' advocate or nurse, to help them get the information and services they needed.

Some of the recommendations related to improving communication and information services were:

- Provide information to seniors through sources they use (e.g. Doctors, pharmacists), not just the internet

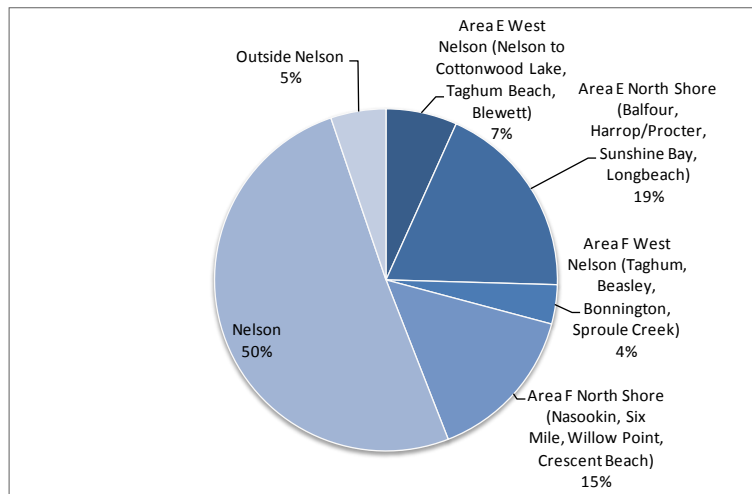
- Create a position for a person that could coordinate information about community and health services and could help seniors obtain information
- Create a seniors' advocate or ombudsperson service to help seniors obtain services (Murphy, 2006)

Survey Findings

Profile of the Survey Respondents

There were 303 responses to the survey, and approximately 12 per cent of these respondents did not complete the survey. (Hence, results for individual questions may be based on different total numbers of responses.)

Figure 6. Where survey respondents lived



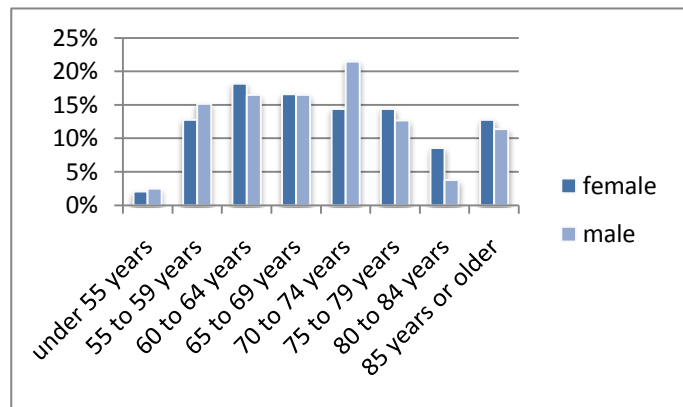
Place of Residence:

Half the respondents lived in Nelson (135/267), 25 per cent lived in Area E (68/267), 19 per cent lived in Area F (50/267), and 5 per cent lived outside Nelson and areas (see Figure 6). One-fifth (58/264) of the respondents were the caregiver of a senior living in the area.

Age

There was a wide representation in respondents across the age groups above 55 years (see Figure 7). Half of the respondents (133/266) were 70 years or older and the other half was under 70 years of age (133/266). Almost three-quarters of respondents were female (70% or 187/266 were female; 30% or 79/266 were male).

Figure 7. Age and gender of survey respondents



Income and Household Size

The survey respondents were not representative of the general population in terms of income levels. Overall, those in the lowest income group were under-represented. 260 respondents provided information on their income and 22 per cent had an income less than \$22,000; 18 per cent had an income between \$22,000 and \$30,000; 25 per cent had an income over \$30,000 to \$50,000, and 22 per

cent had an income over \$50,000 (see Table 5). In comparison, in 2005, 49 per cent of the total RDCK population aged 15 and older had an after-tax income less than \$20,000 (BC Statistics).

Table 4. Income level of respondents by household size

Income Level	%	#	% one-person households	% two or more-person households
Less than \$22,000	22%	58	91% (52/57)	9% (9/57)
\$22,000 to \$30,000	18%	47	36% (17/47)	64% (30/47)
Over \$30,000 to \$50,000	25%	66	20% (13/66)	80% (53/66)
Over \$50,000 to \$70,000	16%	42	17% (7/42)	83% (35/42)
Over \$70,000	6%	15	13% (2/15)	87% (13/15)
Prefer not to answer	12%	32	34% (11/32)	66% (21/32)
Answered question = 260			Answered question = 266	
Skipped question = 43			Skipped question = 37	

Further examination of the income data by household size shows that the vast majority of those with an income less than \$22,000 lived in one person households (91%) (see Table 4). Looking at the data from another angle, the vast majority of households with two or more person (96.8% or 152/157) had an income greater than \$22,000. In fact, 34 per cent of 2+ person households had an income over \$30,000 to \$50,000 and 31 per cent had an income over \$50,000.

Transportation Used

The majority of respondents (82% or 219/248) reported that they still drove their own car, while 48 per cent (71/149) used the public bus, 48 per cent (72/149) depended on family/friends to drive them, and 39 per cent (54/138) used a taxi. Only 16 per cent (19/120) used handyDart. (The percentages total more than 100% because respondents indicated all types of transportation they used.)

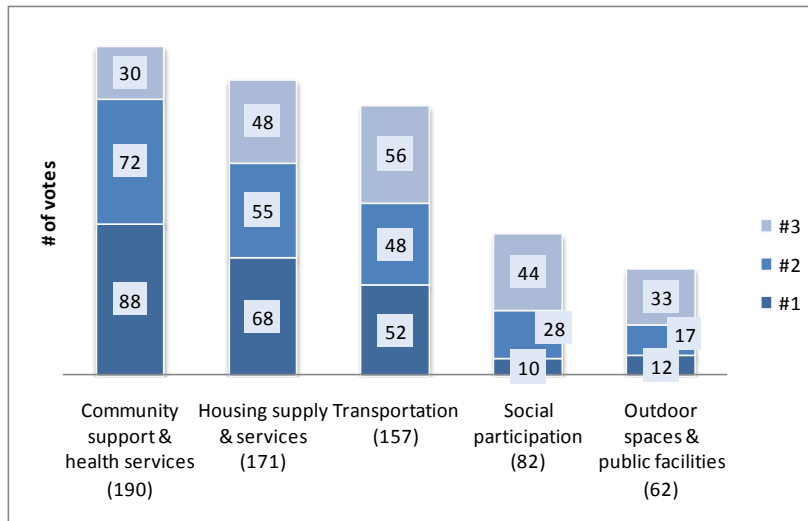
Respondents' Top Priorities for the Osprey Community Foundation

The survey asked respondents to indicate what they thought the Osprey Community Foundation should focus on over the coming years to best support the health of seniors (aged 55+) living in Nelson and Areas E and F. Respondents interpreted the question differently: 231 respondents ranked their first, second and third choices for the Foundation to focus on; while 41 other respondents who completed the paper version of the survey selected multiple choices per option (e.g. they marked more than one choice as their #1 priority). The results from these two groups cannot be combined, but they are very similar (see Figure 8 for the results of the first 231; and Figure 9 for the results of the other 41).

Top Priorities

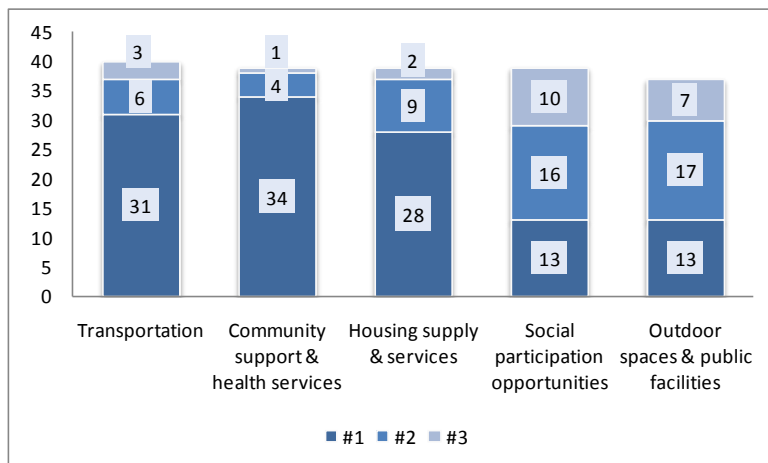
- 1st. Community Support & Health Services
- 2nd. Housing Supply & Services
- 3rd. Transportation

Figure 8. Top priorities for the Osprey Community Foundation
(n=231)



In Group 1, community support and health services received the highest number of total votes (190) and the highest number of #1 votes (88) (see Figure 8). Housing supply and services received the second highest number of total votes (171) and the second highest number of #1 votes (68). Transportation was the third priority identified by respondents, receiving a total of 157 votes (and 52 #1 votes).

Figure 9. Top priorities for the Osprey Community Foundation
(n=41) (paper survey respondents using multiple choices per option)



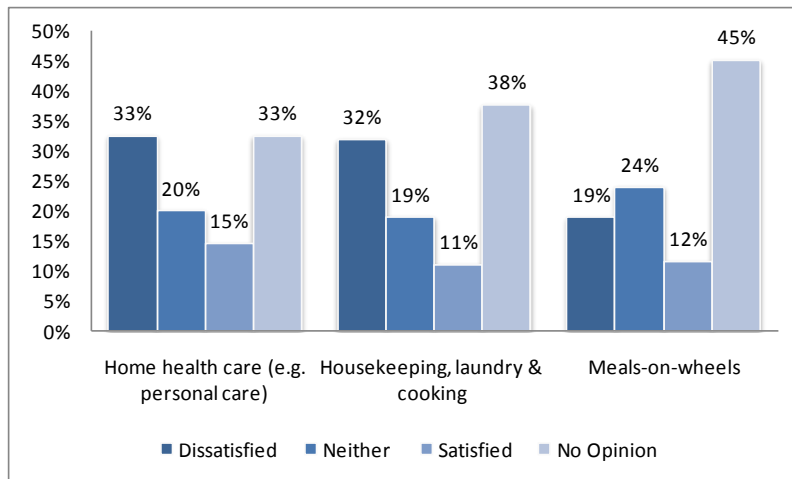
Group 2 (the 41 respondents who selected multiple choices per option), similarly ranked community support and health services as their number one priority (with 34 #1 votes), but unlike Group 1, transportation slightly outranked housing (transportation had 31 #1 votes; and housing had 28 #1 votes) (see Figure 9).

Community Support and Health Services

Satisfaction with the Availability of Community Support and Health Services

One-third of respondents had no opinion when asked to rate their satisfaction with the availability of **home health care services** (e.g. personal care). Of those who did have an opinion, more were dissatisfied than were satisfied (e.g. 33% or 91/279 were completely dissatisfied or dissatisfied, compared to 15% or 41/279 who were satisfied or completely satisfied). One-fifth (20% or 56/279) were neither satisfied or dissatisfied (labelled “neither” in Figure 10)

Figure 10. Satisfaction with the availability of Community Support and Health Services



Likewise, more respondents were dissatisfied with the availability of **housekeeping, laundry and cooking services** than were satisfied (32% or 89/278 dissatisfied, and 11% or 31/278 satisfied). When asked about the availability of **meals-on-wheels** programs over two-thirds of respondents had no opinion (45% or 124/274) or were neither

satisfied nor dissatisfied (24% or 66/274) (see Figure 10).

Who was dissatisfied with the availability of community support and health services?

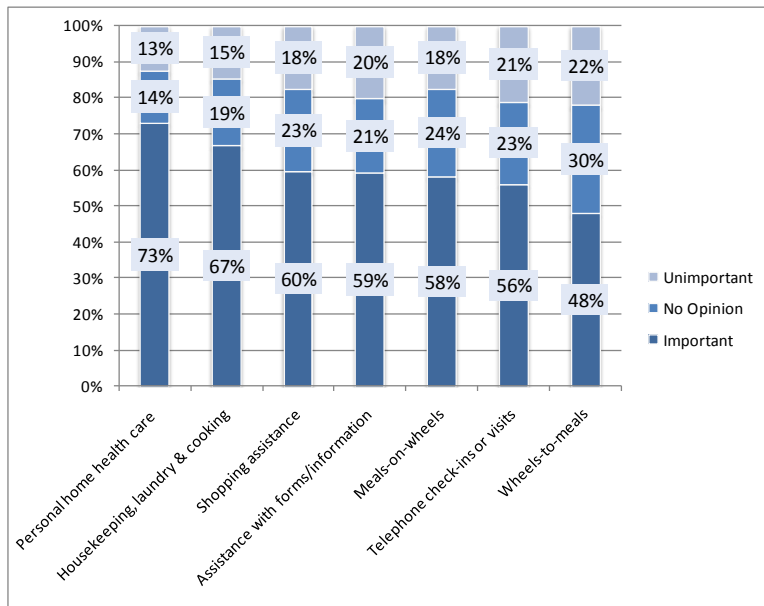
Comparing total findings with those by age group, geography, gender and income:

- Area E respondents were more dissatisfied with the availability of personal care services (40%), housekeeping, laundry, cooking services (30%), and meals-on-wheels (28%);
- Those with income less than \$22,000 were more dissatisfied with all community support and health services;
- The responses of “Nelson only,” “Female only,” and “Male only” sub-groups were all similar to the total sample;
- The age group 70 and older was slightly less dissatisfied with the availability of services.

Importance of the Availability of Community Support and Health Services

Examining importance rankings, 73 per cent of respondents (198/271) ranked **home health care services** (e.g. personal care) as somewhat or extremely important to them; 14 per cent (39/271) had no opinion; and 13 per cent (34/271) indicated that these services were not important to them (see Figure 11). The availability of **housekeeping, laundry and cooking services** was somewhat or extremely important to 180 of the 270 people who answered this question (67%).

Figure 11. Importance of Community Health and Support Services

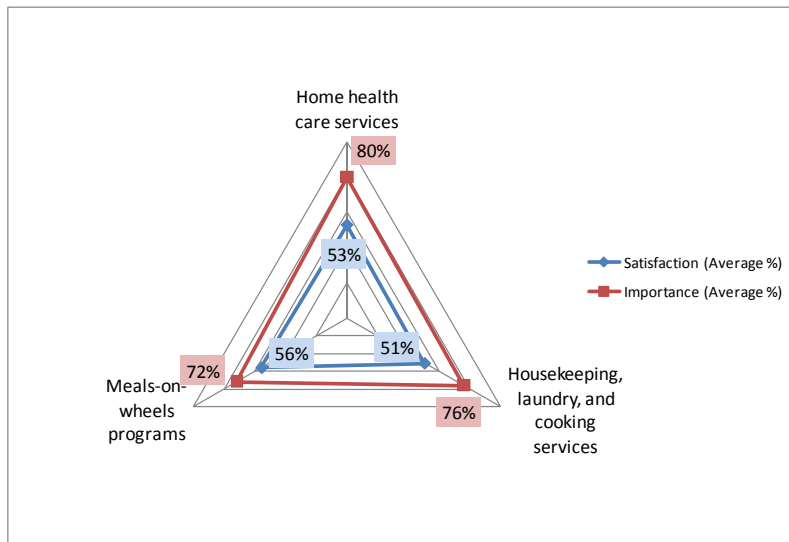


The availability of **shopping assistance** (e.g. help getting groceries or medications) and **personal assistance with forms and information** was somewhat or extremely important to 159/267 and 158/267 respondents respectively (representing 60% and 59%). Over 50 per cent ranked **meals-on-wheels** (156/268) and **regular telephone check-ins** (148/264), as extremely or somewhat important (see Figure 11).

Comparing Community Support and Health Services Ratings of Satisfaction and Importance

There was a gap, ranging from 15 to 27 per cent, between respondents’ average *satisfaction* with the availability of **community support and health services** and the *importance* of these services (see Figure 12).

Figure 12. Comparing satisfaction with, and importance of, the availability of Community Support and Health Services



For example, the average satisfaction ranking for **home health care services** was 53 per cent. In comparison, the average importance rating was 80 per cent - this represents a 27 per cent gap. There was a 25 per cent gap between respondents’ satisfaction with (51%), and the importance of (76%), the availability of **housekeeping, laundry and cooking services** (see Figure 12).

Cost of Community Support and Health Services

Although the majority of respondents (58% or 160/274) reported that the cost of community support and health services was not applicable to them, if only the “yes” (58) and “no” (56) responses are considered, cost was a barrier to just over half (58/114). The cost of community support and health

services prevented a greater percentage of lower-income respondents (i.e. those with less than \$22,000/year) from obtaining these services (51% or 27/53), compared to the total survey sample (21.2% or 58/274). The cost of community support and health services also prevented a greater percentage of female respondents (24.2% or 43/178), than male respondents (15.6% or 12/77) from obtaining these services.

Health Services Needed and Not Available in Nelson

Thirty-one per cent (80/262) of respondents reported that there were health services that they regularly needed and/or used that they could not get in Nelson. There were 94 comments made about health services respondents regularly needed, but could not access in Nelson, including:

- tests (e.g. MRIs, CAT Scans)
- services (e.g. pre-op appointments, macular degeneration shots)
- specialists' consultations (e.g. dermatologists, ENT specialists, rheumatologists, endocrinologists)

(see Appendix 3).

Comments about Community Support and Health Services

Several respondents commented about the need for more home care and support services. Several others noted the need for senior support centres that can provide information and advocacy services.

Seniors Support Centres

“Go to’ places to call if one is in need of a service and immediately be provided with the information or support to access those services”

Survey respondent

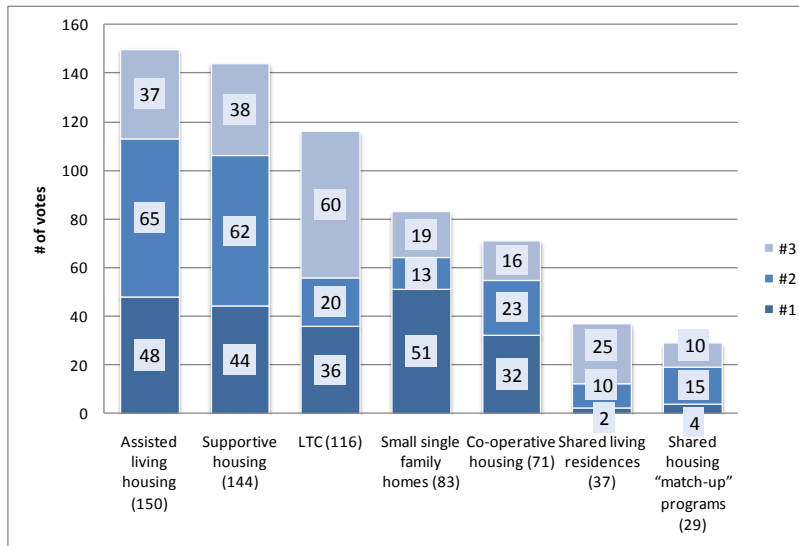
Housing Supply

Respondents were asked to “please choose 3 types of housing for seniors (aged 55+) that you think are most needed in Nelson and/or Areas E and F, with: 1 – your top priority, 2 – your second priority; and 3 – your third or bottom priority”.

Overall, affordable seniors’ **assisted living housing** received the most votes, followed by affordable seniors’ **supportive housing** and **long term residential care (LTC)** (see Figure 13). However, affordable and accessible **small single family homes** received the most #1 votes (52).

Figure 13 shows the results of 222 survey respondents’ priorities for the types of housing they thought were most needed in Nelson and/or Areas E and F.

Figure 13. Housing types most needed in Nelson and/or Areas E and F (n=222)



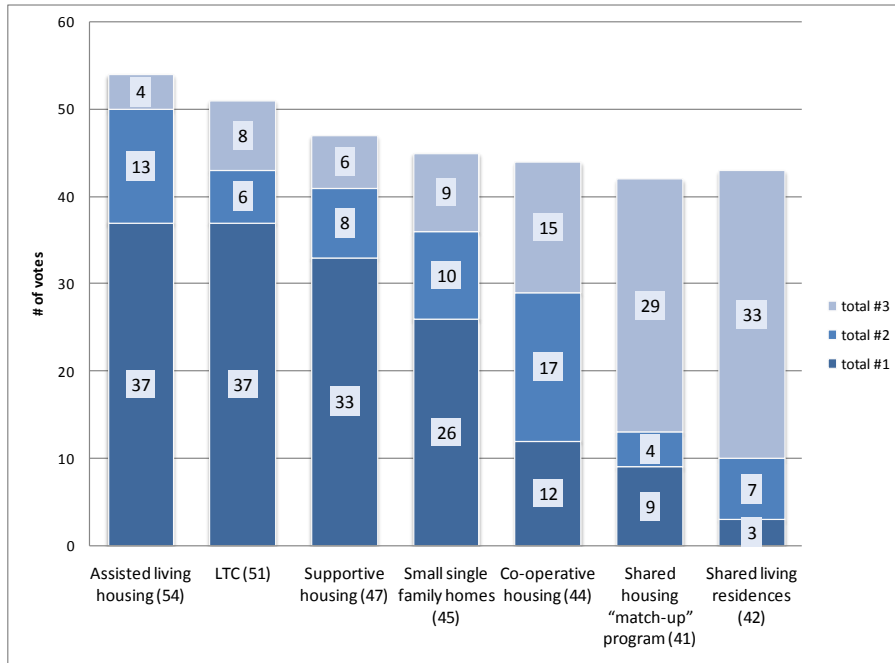
Housing Priorities

- 1st. Assisted Living Housing
- 2nd. Supportive Living Housing
- 3rd. Long Term Care
- 4th. Small Single Family Homes

There was some confusion on how to answer this question among respondents completing the paper-version of the survey. Those completing the on-line survey were forced to select one choice each for their first, second and third priorities, and while 63 of the respondents completing the paper survey also answered the question in this manner, 54 respondents completing paper version of the survey marked

multiple choices per option (e.g. they marked more than one option as #1). While these results cannot be combined with the other responses, it is nonetheless important to include them. Figure 14 shows that the results for the second group are substantially the same as those for the first group (displayed in Figure 13). The top four priorities for housing are the same for both groups – but they are ranked in a different order. Assisted living housing was the top priority for both groups – it received the most total votes (54). But with the second group, LTC received the next most votes (51), followed by supportive housing (47). The same four top choices received the most number 1 votes: but again in a slightly different order compared to the results shown in Figure 13. Among the second group of results, assisted living housing and LTC (not single family homes) had the most number 1 votes, receiving 37 each.

Figure 14. Housing types most needed in Nelson and/or Areas E and F
 (n=54; multiple choices of each rank: 1, 2 and 3, were selected)



The results for Nelson residents (only) were slightly different from the total sample with assisted living received the most total votes (68) and the most #1 votes (24), followed by supportive housing (59 total, 18 #1), and LTC (52 total, 16 #1). Small single family homes received only 33 total votes (one more co-operative housing), but followed assisted living by receiving the second largest number of #1 votes (20) (data not shown).

Comments about Housing

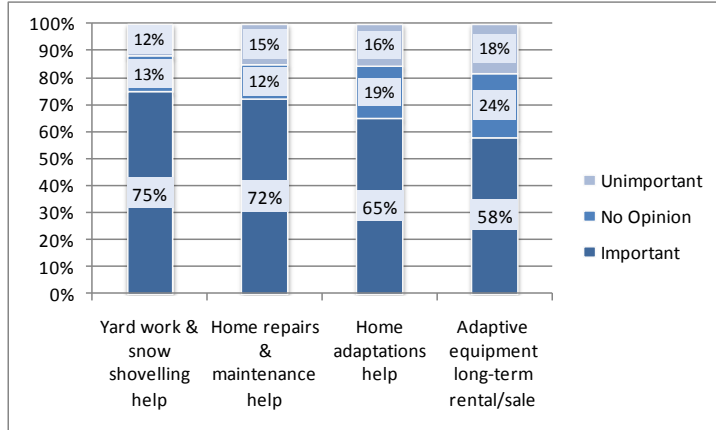
Overall respondents called for more affordable, accessible housing. Many respondents expressed a need for single family homes built on one level (e.g. no stairs), with a small lawn and a covered parking spot for one car, and located within walking distance of parks, shopping and services.

Housing Services

Importance of the Availability of Housing Services

All of the housing services that might be able to help respondents to continue living in their own home were rated as important by a majority (see Figure 15).

Figure 15. Rating the importance of services that may help seniors to stay in their own home

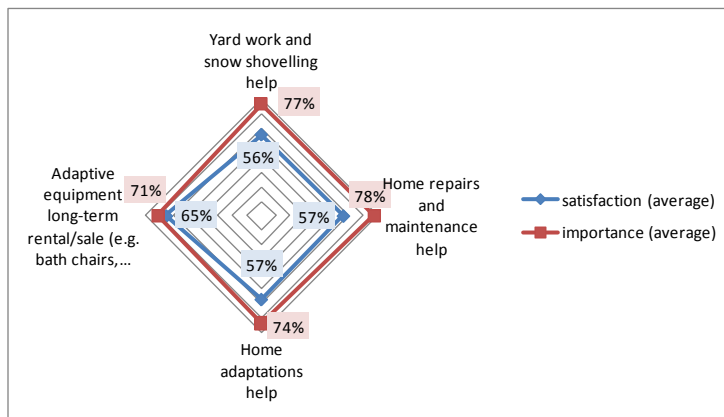


Approximately three-quarters thought that help with **yard work** (72%) and **home repairs** (75%) was somewhat or extremely important. Help with **installing home adaptations** (e.g. grab bars) and **long term rental or sales of home adaptive equipment** were rated somewhat or extremely important by 65 per cent and 58 per cent respectively (see Figure 15).

Comparing Housing Services Ratings of Satisfaction and Importance

Comparing the *average* importance and satisfaction ratings, there was an approximate gap of 20 per cent between satisfaction with, and importance of: help with **yard work and snow shovelling**; help with **home repairs and maintenance**; and help **installing home adaptations** (see Figure 16).

Figure 16. Comparing importance of housing services with satisfaction with their availability



Housing Services

Snow clearing, wood stacking, lawn mowing and minor repairs done at a price I can afford would enable me to remain longer in my home

Cost of Housing Services

119 respondents said that the cost of housing services did not apply to them. Examining only the “yes” (61) and “no” (73) responses, cost was a barrier for 46 per cent (61/134).

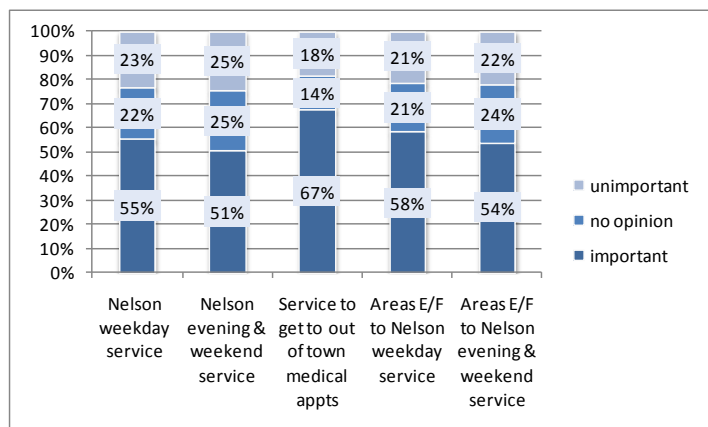
Transportation

The vast majority of respondents (81% or 219/269) used their own car for transportation. Only one-quarter (71/269) of the respondents said that they used the public bus service, and just 7 per cent (19/269) reported that they used handyDART. Taxis were used by 20 per cent (54/269) and 27 per cent (72/269) relied upon family or friends for a ride. (Note: the percentages add up to more than 100% because respondents were asked to list all types of transportation used.)

Importance of the Availability of Transportation Services

While all the transportation services were ranked important overall, the most important service to respondents was that **to out-of-town medical appointments** (e.g. in Trail) (see Figure 17).

Figure 17. Importance of Nelson and Area E and F transportation services (includes buses, taxis, handyDART)

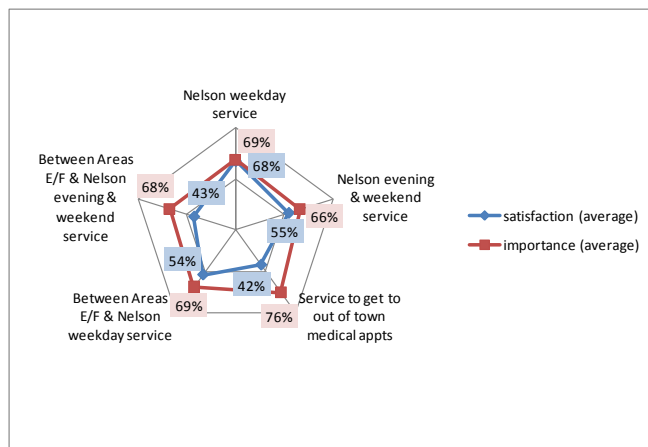


Examining the actual responses to this question (n=284): 68 per cent (191/285) rated service **to get to out of town medical appointments** as somewhat or extremely important, 18 per cent rated this service as unimportant, and 14 per cent had no opinion. Next most important was **weekday service between Nelson and Areas E and F**, followed by weekday serviced within Nelson (see Figure 17).

Comparing Satisfaction with, and Importance of, Transportation Services

The largest gap (34%) between respondents' *satisfaction* with, and the *importance* of availability of, transportation services was with service **to get to out-of-town medical appointments** (average satisfaction rating was 42% and average importance rating was 76%)¹³. (See Figure 18)

Figure 18. Comparing satisfaction with and importance of transportation services



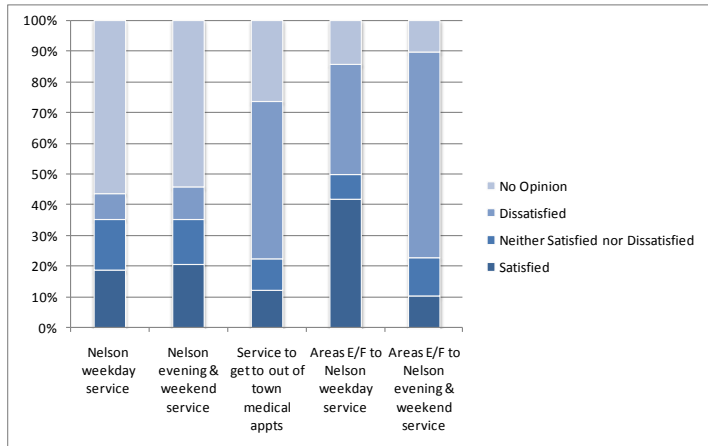
Evening and weekend service between Nelson and Areas E and F had the second largest gap between average satisfaction and importance ratings, showing that this service also did not meet expectations (the gap was 25% between 43% satisfaction and 68% importance). Respondents were most satisfied with the weekday transportation service within Nelson (average 68%). Between one-quarter and one-

¹³ The percentages shown in Figure 18 represent the average rating of the services. For example, the average importance rating for service to get to out of town medical appointments was 3.8 on a scale of 1 to 5 and $3.8/5=76\%$.

third of respondents had no opinion about the importance of transportation services (see Appendix 3).

Area E North Shore respondents (Balfour, Harrop/Procter, Longbeach and Sunshine Bay) were most satisfied the **weekday transportation** service between Nelson and Area E (42% were satisfied, 35% dissatisfied), and most dissatisfied with the **evening and weekend service** between the two areas (67% were dissatisfied and only 10% were satisfied), and with service **to get to out of town medical appointments** (51% were dissatisfied and only 12% were satisfied) (see Figure 19).

Figure 19. Area E (North Shore) satisfaction with transportation services



Comments about Transportation Services

The 44 comments about transportation services included requests for more service to Balfour – particularly in the evening and on weekends and holidays; and a connecting bus or van for Procter and Harrop residents. Respondents also wanted more transportation for seniors’ events and trips, more bus stops within Nelson (e.g. NDCC front door; and between Baker St. and Mall), and better connecting transportation services to Trail and to Kelowna (for health care).

Driver Assessment and Training

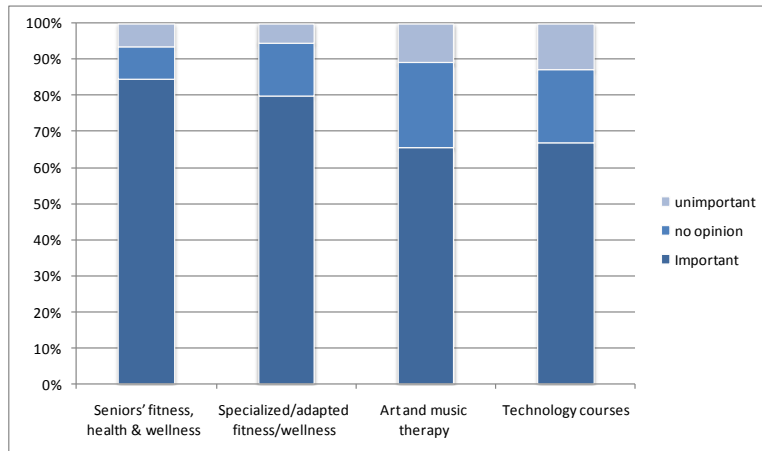
Currently, seniors who need to have a driving assessment must travel to Kelowna General Hospital for a DriveABLE assessment. Eighty-three per cent of respondents ranked the availability of *DriveABLE assessment* and *senior-specific driver training or refresher courses* in Nelson as extremely or somewhat important (241/289 and 234/281 respectively).

Social Participation Opportunities

Importance of the Availability of Social Participation Opportunities

There was a high level of agreement among respondents that the availability of both **general** and **specialized** (e.g. adapted for seniors' physical or cognitive health challenges) **seniors' fitness programs** was important, with 85 per cent and 80 per cent rating these programs (respectively) as somewhat or extremely important (see Figure 20).

Figure 20. Importance of social participation opportunities



Just over two-thirds (179/262) ranked **technology courses** (e.g. computer) as somewhat or extremely important, and 64 per cent (169/263) ranked **art and music therapy** programs as important.

Satisfaction with the Availability of Social Participation Opportunities

However, satisfaction with the availability of seniors programs was mixed, as Table 5 shows, ranging from a low of 14 per cent satisfaction with the availability of **art and music therapy**, 20 per cent satisfaction with specialized fitness programs, 23 per cent satisfaction with technology programs, to 34 per cent satisfaction with the availability of **seniors' fitness programs**.

Table 5. Satisfaction with the availability of social participation opportunities

	Satisfied	Neither Satisfied Nor Dissatisfied	Dissatisfied	No Opinion
Seniors' fitness, health & wellness	34%	21%	26%	19%
Specialized/adapted fitness/wellness	20%	24%	29%	27%
Art and music therapy	14%	29%	25%	32%
Technology courses	23%	29%	23%	25%

Respondents made suggestions regarding social participation opportunities they would like, including:

- more senior-specific programs at the Nelson and District Recreation Centre and at Broader Horizons a new larger seniors' centre
- easier access to parks
- more programs that bring seniors and children together
- more fitness programs that encourage and challenge seniors
- more swimming pool programs for seniors

- a community outreach program to help seniors access events, activities, exercise (see Appendix 3)

Cost of Social Participation Opportunities

Examining only the “yes” (71) and “no” (116) responses, the cost of social participation opportunities was a barrier for 38 per cent (69/187) of respondents (71 respondents reported cost was “not applicable”).

Outdoor Spaces and Public Facilities

Comparing Satisfaction with, and Importance of, Outdoor Spaces and Public Facilities

Accessible, convenient **public washrooms** were ranked as *extremely or somewhat important* by 95 per cent (250/263) of respondents (see Figure 21). However, only 19 per cent (50/267) of respondents were *somewhat or completely satisfied* with the availability of **public washrooms** (see Figure 22). **Benches** were rated *extremely or somewhat important* by 91 per cent (240/263), but only 49 per cent (130/267) were similarly *satisfied* with the accessibility and convenience of existing **benches**. Local **parks and trails** were highly important to 91 per cent (238/262) of respondents and 72 per cent (191/266) were somewhat or completely satisfied with local **parks and trails**.

Figure 21. Satisfaction with outdoor spaces and public facilities

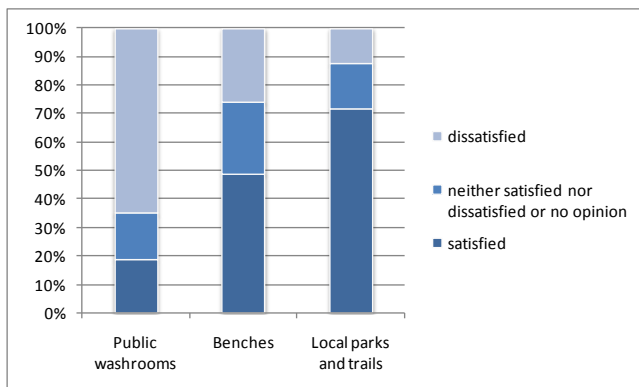
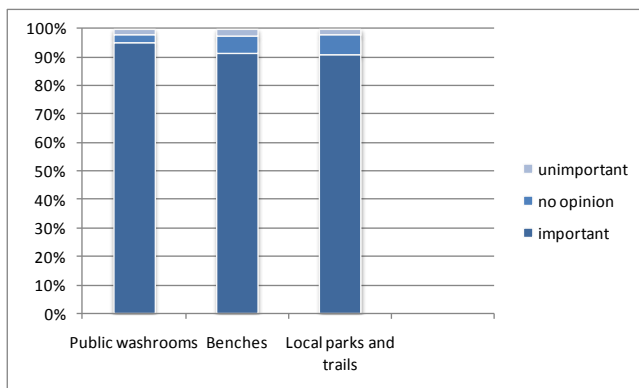


Figure 22. Importance of outdoor spaces and public



(See Appendix 3 for comments about outdoor spaces and public facilities.)

Limitations of the Survey Findings

It can be argued that males and seniors with lower incomes were under-represented in this survey. The population responding to the survey differed from the current population in that the survey sample consisted of a greater proportion of females and a smaller proportion of people with income less than \$22,000. For example, of those who indicated their income (n=228), 25 per cent of respondents had an after-tax income less than \$22,000 (81% female, 19% male). In comparison, in 2005 almost 50 per cent of the total population in Central Kootenay Regional District (RDCK) aged 15 and older had an after-tax income less than \$20,000 (60% of females, 39% of males).¹⁴ As discussed in the profile of the respondents, 30 per cent of the survey respondents were male, in comparison, 40 per cent of Nelson's senior population aged 65 and older is male and 45 per cent of Area E's senior population is male.

An attempt was made to get paper versions of the surveys to seniors who might not have access to a computer, and over 400 paper surveys were hand delivered to seniors' housing developments, the library, to the Nelson library, to the Nelson, Harrop-Procter and Balfour Seniors Branches, and to other seniors' organization. In addition, the web-link to the survey was widely distributed through organization and personal email lists. However, seniors living in private dwellings (not housing developments), who did not visit the library, the Seniors Coordinating Society, or any of the major seniors organizations, may have been missed by this survey. Consequently, the issues of seniors who are isolated may be under-represented.

The design of the survey questions also limits our interpretation of the results. The survey questions were intentionally designed to solicit seniors' opinions of how satisfied they were with the services available, and to determine how important these services were to them personally. Respondents were not asked to give opinions on the needs of other seniors, although some respondents indicated that they used this approach when answering the questions. Respondents also were not asked what they anticipated their future needs might be as researchers have identified limitations with asking these types of questions because so many variables, that are as yet undetermined, may influence their decisions (i.e. the need for a certain type of housing depends on income, health, family, etc.), which diminish the usefulness of the findings.

¹⁴ BC Statistics, 2010

Community Discussions on Strategies to Address Priorities

The findings of the survey were shared with service providers, seniors and interested community members during three community meetings/workshops (see Appendix 13 for information on the agenda, participants, and discussion notes). At these meetings, participants were engaged in testing and discussing the findings and in providing input on priorities and strategies to address them.

Over-arching Strategies

There were three strategies community meeting participants identified that applied to all of the top priorities identified by the survey (Community Support and Health Services, Housing and Transportation). These were to provide or increase:

1. Education on, and communication of information about, existing services and new options
2. Coordination of services, including a central contact and advocate to help seniors access services
3. Facilitating private and non-profit groups and organizations efforts to meet identified service needs

1. Education and Communication of Information

At each meeting, participants identified a need for greater promotion, education, and awareness building on the services currently available as well as on new options.

- Service providers noted that financial and health literacy education is needed to prevent elder abuse and to promote healthy living. For example, providing seniors with hands-on teaching on how to use mobility equipment, and promoting social participation as part of healthy living.
- Nelson participants noted that better education of driving issues as we age is very important – seniors' driver awareness courses or refresher training.
- Public education is also needed to change attitudes and behaviours so that many of the ideas suggested (e.g. co-operatives and sharing) can work.

2. Community Services Coordinator

The idea of coordinator position was repeated at each meeting and was suggested as an approach for addressing all three priority areas.

The roles a coordinator could perform included:

- research
- develop and maintain inventories of services (community support and health services, housing supply and services, and transportation)
- screen service providers and conduct reference checks
- liaison between service providers and seniors in need of services (e.g. provide information and referrals)
- help seniors navigate currently available services and supported volunteer opportunities
- liaise locally and regionally to facilitate service opportunities – e.g. tri-cities, include the RDCK
- promote and publicize services

There was consensus among participants that a coordinator position should be a paid position, which would require operating funds. Service providers discussed the idea of providing core funding to the

Seniors Coordinating Society as the place to go for services, referral to other services and for advocacy and lobbying. There may be a need for enough stable ongoing money to support the services already in existence and to develop the capacity to provide subsidies for recipients.

The need for developing a satellite office in Procter and Balfour was also discussed – perhaps in partnership with the Seniors Coordinating Society. Satellite offices could perhaps be established at the Seniors Centres in Procter and Balfour, at which a coordinator could spend some time (e.g. half day a week) at each.

3. Facilitate Private and Non-profit Response to Identified Service Needs

Participants discussed the need to encourage both private and non-profit (volunteer) service providers to develop more community health, housing and transportation services for seniors (e.g. small business incentive programs; volunteer coordination programs). Before developing more services (existing and new health, housing and transportation services), providers need to first confirm potential use to ensure sufficient demand if the service is offered.

Community Health and Support Services Strategies

“What approaches might be used to address the community health and support service issues identified by the survey?”

1. Revisit Delivery Model(s) of Community Health and Support Services

The delivery model for Home Support services has moved away from a more comprehensive model, which included personal care as well as support with instrumental activities of daily living (IADLs) such as housekeeping, laundry and meal preparations, to a model focusing on the provision of personal care services (e.g. bathing, etc.). The housekeeping, laundry and meal preparation services have been removed from the model and seniors are expected to independently obtain and pay for these services, which prevents some seniors from obtaining these services.

- Need to revisit the model of home support care being currently provided to determine if there is a way to redevelop these services to previous levels.
- Need to increase meaningful opportunities for citizens to participate in how their health services are delivered.

2. Mobile Clinics

Currently, some clinics travel to Balfour (e.g. flu clinics, mammography clinics, etc.) but they do not cross over to Procter. Perhaps the clinics could travel to Procter, or something could be set up to help Procter residents to get to clinics offered in Balfour.

3. Rural Specialist Program

Develop a program to bring medical specialists to Nelson for consultations.

4. Outreach Programs

Service providers and participants at the Procter-Harrop community meeting both identified the need for outreach programs (health and recreation) for Areas E and F.

5. Volunteers Visitors

Participants discussed developing a pool of volunteers who could participate in a “companion/visitor” program, providing social visits, well-being check-ins, taking seniors into the community to help with shopping or participation in social/recreation programs, etc. Need to increase coordination of volunteers and address volunteer insurance liability and burnout.

Community Health and Support Services Partnerships

“What partnerships might be created or built upon to address Community Health and Support Services issues?”

Service providers suggested developing partnerships between Interior Health Authority, the Provincial Government, local and regional private and non-profit service providers, such as:

- Interior Health Authority
- BC Ministry of Health
- CARES
- Youth Centre
- Seniors Coordinating Society
- Salvation Army
- Co-operatives (Grandview Housing, Community First Health Co-op)
- RDCK
- Learning in Retirement (healthy living education)
- Community Futures (potential partner to support new small business development)
- Grocery/pharmacy stores (e.g. Safeway, Save-on-Foods, Kootenay Co-op, Shoppers Drug Mart, etc. to provide shopping assistance)

Housing Supply and Services Strategies

“What approaches might be used to address the housing supply and service issues identified by the survey?”

1. Research and Gather Information on Housing Options

Service providers recognized that unique housing models have proven successful in other jurisdictions, such as boarding homes (Alberta) and co-operative housing (Grandview Housing in Castlegar), and it was identified that seniors need more information on the various housing options. Participants noted that rural areas may have different housing needs than urban areas.

2. Repurpose Existing Housing Stock

Service providers suggested re-purposing existing housing stock to create more affordable housing options. For example, the Selkirk College dorms are being rebuilt. The Mount Saint Francis building and the rebuilding of the Kerr block were sites that service providers thought may have potential for new affordable housing stock. Participants noted that it is important to not create “population ghettos”, that is, that mixed housing (similar to Vancouver’s False Creek model) should be required in new developments.

Housing Supply and Services Partnerships

“What partnerships might be created or built upon to address housing supply and service issues?”

Service providers suggested developing partnerships between developers and builders, the Central Kootenay Regional District, the City of Nelson, and organizations with mandates related to affordable housing and/or housing services, such as:

- Kiwanis (looking for a partnership with an appropriate organization to re-purpose some of their existing housing; experience with housing property management)
- Nelson and District Housing Society
- Community First Health Co-op (has two housing proposals in the works)
- City of Nelson (insure safety standards, maintenance bylaws, zoning and incentives to facilitate housing development; establish requirements for affordable housing stock)
- Central Kootenay Regional District (RDCK) (insure safety standards, maintenance bylaws, zoning and incentives to facilitate housing development; establish requirements for affordable housing stock)
- Columbia Basin Trust (CBT)
- Kootenay Columbia Seniors Housing Cooperative (KCSHC) (experience with co-operative ownership – developed Castlegar’s Grandview Housing Co-operative)
- BC Housing
- Canada Mortgage and Housing Corporation (CMHC)
- Interior Health Authority (for assisted living and LTC housing options)
- Golden Life Management
- Housing Forum (a City of Nelson initiative)
- Castlegar and District Community Services Society (has experience with volunteer “handy hands” program)
- Selkirk College trades programs (e.g. carpentry students may be source of “volunteer” maintenance help)
- Youth groups: Air Cadets, Guides & Scouts, Youth Centre, Boys & Girls club (may be source of volunteer help with housing/yard maintenance)
- Construction and development businesses
- Community Futures (potential partner to support new small business development)

Transportation Services Strategies

“What approaches might be used to address the transportation issues identified by the survey?”

1. Volunteer Drivers

Explore linking the care-share program to a volunteer driver program. Improve the coordination of volunteer driver program.

2. Car Share and Ride Share Programs

Develop a smart-car or car-share program, perhaps one based at the Mall for use of Area E and F residents. Promote ride-sharing with screening of the service providers to ensure they are safe drivers.

3. Expand/Re-organize Transit Service and Schedule

To expand the service to Areas E, F and beyond, community members suggested re-evaluating the transit service, examining such issues as:

- use of small buses versus large buses – the system is sized to meet peak loads, but if Transit had a greater variety of buses, perhaps they could better serve their mix of clients over their service region
- coordinate transit schedules with the ferry schedule. Perhaps provide radio communications between the transit buses and the ferry so they can better coordinate their schedules (participants appreciated recent coordination efforts but links with the ferry are still causing difficulties)
- BC Transit is planning to increase the number of Nelson to Trail buses to 12 per day and Ramona Faust, Area E Director, has been lobbying to have one or two less trips and to use that capacity to bring rural people into Nelson and back home (e.g. a late-night bus to bring people out to Harrop-Procter and Balfour).
- increase capacity of handyDart service; perhaps facilitate Jubilee Manor, Mountain View, Lakeview, etc. acquiring their own bus to share with each other to free-up handyDart

4. Bus Shelters

Build shelters and benches to accommodate people that have to wait for the bus. For example, the connections with the Procter-Harrop ferry will always be unpredictable because of the on-demand schedule, and having bus shelters would make waiting for the bus/ferry more comfortable for seniors. Likewise there is a need for a shelter and bench at the North Shore transit connection at the orange bridge (by the ambulance station).

5. Medical Appointment(s) and Transportation Schedule Coordination

Provide an advocate service to help seniors coordinate multiple appointments when travelling to Trail or Kelowna (perhaps a role for a Community Coordinator service or a health care ‘Navigator’).

6. Delivery Services

Because of the difficulty seniors have getting groceries or shopping home on the bus/ferry, Procter-Harrop meeting participants suggested investigating whether Safeway or Save-on-Foods would deliver to their community, perhaps next day delivery or a scheduled day so more orders could be organized to make the delivery viable.

Transportation Partnerships

“What partnerships might be created or built upon to address transportation issues?”

Service providers and community members suggested developing partnerships with BC Transit, Interior Health Authority, the RDCK, the City of Nelson, organizations with wheelchair buses, and other interested community groups/organizations, such as:

- BC Transit
- handyDart
- Interior Health Authority (service to medical appointments and coordinating appointments with transportation schedules)
- Broader Horizon (has own bus)
- Jubilee Manor (has own bus)
- School District #8 (has own buses)
- City of Nelson Transit
- Seniors Coordinating Society (shopping service)
- Western Marine (ferry connections with transit)
- Car Share programs
- Shepherd Electric (Kevin Shepherd is exploring reinstatement of train service from Nelson to Procter)
- Greyhound (service to Kelowna)
- Learning in Retirement (driver education)
- Community Futures (potential partner to support new small business development)
- Social Enterprise Business (to create a van service to Trail or Kelowna)
- Grocery/pharmacy stores (e.g. Safeway, Save-on-Foods, Pharmasave, etc. to provide grocery/medication delivery)

Next Steps

“What would be good steps to take in the next 3-6 months?”

Community meeting participants suggested the following steps to take in the coming months:

1. Increase awareness and understanding of available services for seniors (health, housing and transportation)
2. Investigate option of developing a community co-ordinator position.
3. Develop and provide checklists of questions to ask/demand to empower users of the system.
4. Help organize people/groups so they can pursue the key priorities and to help get initiatives off the ground (meet with groups etc.).
5. Increase coordination and utilization of volunteers

The Osprey Community Foundation’s Board’s challenge now will be twofold:

- to determine its own funding priorities and strategies; and
- to share these findings with other key stakeholders who are also working to address these needs in the community.

Summary

An age-friendly community is an inclusive and accessible environment that *“allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need.”*¹⁵

The key features of an age-friendly community that were the focus of the Osprey Community Foundation’s survey were:

1. **Housing**...that is affordable, located near services and transportation, well-built, well-designed, safe and secure
2. **Transportation**...that is accessible and affordable
3. **Community support and health services**...that are tailored to seniors’ needs
4. **Outdoor spaces and public buildings**...that are pleasant, clean, secure and physically accessible
5. **Social participation opportunities**...in leisure, social, cultural and spiritual activities with people of all ages and cultures

The Osprey Community Foundation survey, meetings with community members, and other related research revealed several services and aspects of our community that could be more age-friendly.

Priorities Needs and Issues

The priority issues and needs identified in the survey were (in order of priority):

Community Health and Support Services

1. availability of affordable home health care services (e.g. personal care)
2. availability of affordable housekeeping, laundry and cooking services
3. availability of medical services in Nelson, such as specialists consults and medical tests

Housing Services

1. availability of help with yard work and snow shovelling
2. availability of help with home repairs and maintenance
3. availability of help with installation of home adaptations (e.g. grab bars)

Housing Supply

1. availability of affordable assisted living housing units
2. availability of affordable supportive housing units
3. availability of small single family homes

Transportation Services

1. availability of affordable transportation services to medical appointments in Trail and Kelowna
2. availability of evening and weekend transportation services between Nelson and Areas E and F, including Procter-Harrop
3. availability of DriveABLE assessments and senior-specific driver training in Nelson

¹⁵ World Health Organization. http://www.who.int/ageing/active_ageing/en/index.html

Social Participation Opportunities

1. availability of affordable fitness programs for seniors
2. availability of affordable fitness programs adapted for seniors with cognitive and/or physical challenges

Outdoor Spaces and Public Buildings

1. availability of accessible public washrooms on Baker Street
2. availability of benches at bus stops and along park trails

The findings of the survey were shared with service providers, seniors and interested community members during three meetings. At these workshops, over 70 community members were engaged in testing and discussing the findings and in providing input on priorities and strategies to address them (see Appendix 13).

Focusing on the top three priorities identified by the survey (community support and health services, housing and transportation), meeting participants met in small groups to discuss:

1. What approaches might be used to address this issue?
2. What partnerships might be created or built upon to address this issue?
3. What would be good steps to take in the next 3-6 months?

The survey responses revealed that many seniors were not satisfied with the *availability of affordable services* in all areas. Interestingly, the community meetings uncovered that some of the services were available, but that seniors were not aware of services, or had difficulties accessing them.

Key Strategies to Address Priority Needs

While many approaches were suggested for addressing specific needs and issues, there were three strategies participants identified that applied to all of the top priorities identified by the survey (Community Support and Health Services, Housing and Transportation). These were to provide or increase:

1. Education on and communication of information about existing services and new options
2. Coordination of services, including a central contact and advocate to help seniors access services
3. Facilitating private and non-profit groups and organizations efforts to meet identified service needs

Next Steps

The Osprey Community Foundation's Board commissioned this study to have a better understanding of seniors' priorities in Nelson and Areas E and F to help the Foundation anticipate needs and be more effective in allocating the money it has available for granting each year to seniors' needs. The Board's challenge now will be twofold: to determine its own funding priorities and strategies; and to share these findings with other key stakeholders who are also working to address these needs in the community.

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Appendix 1. Overview of the Osprey Community Foundation

We build and strengthen our community by receiving charitable gifts from local citizens who wish to give something back. These gifts are pooled and invested carefully, using the financial services of the long-established and very successful Vancouver Foundation. The capital pool is never touched but provides a perpetual source of income to meet community needs. <http://www.ospreycommunityfoundation.ca>

Who we are:

- We are a Nelson based charitable organization.
- We receive donations, in any amount and from anybody, that are pooled in an endowment fund.
- The money donated is invested safely, and only the interest is paid out. The base capital is never given away, and generates a source of income for the community forever.
- We give the money back to the community in the form of grants.
- Our grants help subsidize things like music therapy for seniors to children's playgrounds to a new dishwasher for a homeless shelter. We have helped fund the Capitol Theatre's Summer Youth Theatre Program, a flight simulator for the Nelson Air Cadets and court re-surfacing for the Nelson Tennis Club.
- We currently have assets in excess of 5.6 million.
- We can now grant out more than \$150,000 each year.
- We are run by a board of directors, which currently consists of 13 local residents representing various sectors of our community.

The broader picture:

- We are one of 173 community foundations in Canada (2010) who granted out almost 165 million in 2008, based on assets of over 2.6 billion dollars.
- Our funds are currently managed by the Vancouver Foundation, which uses top-level money managers to obtain a secure, sustainable return on its pooled investments, which exceed over 800 million.
- Usually about half of the income received by an endowment fund is re-invested to help keep the principal amount growing.
- Donations to charitable endowment funds are tax deductible.

What we do:

- We play a leadership role in improving the quality of life for residents of Nelson and local rural areas from Bonnington to Balfour and also Kaslo through the Community Fund of North Kootenay Lake.
- We give donors a choice of where to put their money, they may choose to invest into the community fund or specific funds within the foundation. For example: environment, health, Capitol Theatre, Touchstones-we have about 35 different funds.
- We give grants out once a year-people and organizations may apply for grants during the month of April and we allocate our funds at the end of May.
- We make sure the money we give back has an impact by following up on grants to determine how effective they have been.

- We also encourage other local charitable donations to forge liaisons and work together to maximize their impact.
- We do provide information and support for grant writing to applicants as needed.

Board of Directors

Nelson Ames
Vivien Bowers
Norm Carruthers
Peggy DeVries
Al Dawson
Paul Edney
Dave Elliott
Lindsay Gaschnitz
Andrea Kramar
Tom Murray
Gary Ockenden
P'nina Shames
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Bob Henderson
Marty Horswill
Donna MacDonald
Dave Martin
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Bruce Morrison
Bob Price
Carolyn Schramm
Mike Stolte
Delyse Sylvester

Appendix 2. Age Friendly Communities: Summary of Results of the Rural and Remote Communities Initiative

In September 2006, the Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors endorsed the Age-Friendly Rural/Remote Communities Initiative (AFRRCI). Communities included in this initiative were identified by provincial and territorial governments... All participating communities met a number of criteria related to: population size (5,000 or less), population aging experiences, degree of remoteness (proximity to a city), economic structure (agricultural, resource-based, tourism/recreation-based) and ethno cultural diversity. A total of 10 communities in eight provinces participated in the focus group research, including the BC community of Lumby.

Ten focus groups were conducted across Canada between February and April 2007 and involved 107 older adults and caregivers. In addition, 10 focus groups were conducted involving 104 service providers from the public, business and voluntary sector. The following summary of key findings identifies the aspects of a community that make it age-friendly, as well as barriers to and some suggestions for achieving age-friendliness identified in the focus group discussions. The information below is copied from chapter // *Highlights of Focus Group Discussions*, of the report: *Age-Friendly Rural and Remote Communities: A Guide Division of Aging and Seniors*, published by the Public Health Agency of Canada's, Division of Aging and Seniors, and can be reviewed in full at http://www.phac-aspc.gc.ca/seniors-aines/publications/public/healthy-sante/age_friendly_rural/highlights1-eng.php#highlights2

1. Transportation

Whether driving a car or taking public or private transportation, access to transportation allows seniors to participate in social, cultural, volunteer and recreational activities, as well as enabling them to carry out such daily tasks as working, shopping or going to appointments.

Summary of Key Findings

Focus group discussions highlighted the following issues, needs and suggestions for communities to consideration with respect to transportation:

Age-friendly features include . . .

For older drivers

- Good roads, light traffic flow
- Prompt snow removal
- Adequate parking

For older people using public transportation

- Volunteer drivers and/or informal networks that provide transportation services
- Vans or shuttles available for seniors
- Health transportation services (including to larger centres)
- Assisted transportation available (with wheelchair lifts)
- Affordable and accessible taxis

Barriers include . . .

For older drivers

- Parking difficulties or lack of loading/unloading areas

Other drivers, timing and traffic issues

Lighting and other visibility problems

For older people using public transportation

Over-reliance on family, friends and neighbours to provide transportation services

Lack of options—no buses or taxis

The expense to travel outside of the community

Poor scheduling or connectivity

Lack of accessibility

Lack of information about transportation options

Underutilization of services (e.g., public buses, dial-a-ride, handi-vans) that result in their cancellation because of low ridership

Suggestions from participants for improving age-friendliness . . .

For older drivers

Make driver refresher courses available to people over age 50.

Offer a "limited driver's licence" for those who may otherwise lose their licence allowing, for example, driving during daylight hours, or within a five-mile radius of home.

Designate parking spots for people with health problems that limit mobility (i.e., for those who cannot walk very far) but who do not qualify for a disability sticker.

For other transportation

Provide a taxi service that operates on a specific route, stopping at two or three places several times a day—and consider subsidizing such a service to make it economically feasible and accessible to older people.

Provide more frequent public transportation service at night and in winter.

2. Community Support and Health Services

Whether or not older people are able to age in place depends upon a number of factors, including the availability of support and services that meet the varying needs of seniors. These include professional services, such as medical and personal care.

While a wide variety of services has been developed to support seniors, many of them—meals delivery, specialized transportation, home care, visiting homemakers, and counselling and information—are unavailable or far too expensive in many rural and remote communities. Cuts to funding for home care (including respite services) in the past 10 years were frequently cited by focus group participants as the problem underlying the current lack of support available to older persons wanting to remain in their home. Most frequently mentioned were cuts to homemaking support and, to a lesser extent, cuts to respite services. Many older adult participants expressed that their greatest fear is being forced to leave their community when the services they need are not available there.

One of the issues that dominated many discussions concerns the need for seniors to travel out of the community to receive health care services and the corresponding challenges—especially those related to distance, time and costs.

Summary of Key Findings

Focus group participants offered information about and suggestions for communities to keep in mind as they plan health and other support services to meet the needs of their older residents:

Age-friendly features include . . .

- Caring and responsive professionals (doctors, nurses, pharmacists and specialists)
- Provision of home health care support
- Access to affordable meal programs
- Diverse health services and facilities in the community—including palliative care
- Availability of housekeeping and home maintenance services
- Availability of delivery services (e.g., groceries, medicines) and/or escorted shopping services for essential items
- One-stop health or wellness service that includes a variety of services—physician, nurse, dentist, podiatrist, pharmacy, occupational therapy
- Availability of equipment and aids—including medical alert
- Programs that support caregivers—including respite services

Barriers include . . .

- Costs and other difficulties related to the need to travel out of the community to medical appointments
- Lack of health care professionals in communities, especially doctors
- Out-of-pocket health care expenses, including those related to travel
- Insufficient home care services, including respite for caregivers
- A lack of or limited supports to enable seniors to remain independent
- Costly homemaking supports
- Requirement for seniors to move out of the community for care
- Lack of coordination, consistency and continuity of care for seniors

Suggestions from participants for improving age-friendliness . . .

- Use cluster-care models to provide integrated services to seniors.
- Make use of retired professionals (e.g., pharmacists, nurses, teachers) to provide volunteer support in seniors' homes and clinics—for example, to explain medication and health care issues.
- Set up a *Safely Home Program*—a program developed for cognitively impaired people through the Alzheimer Society.
- Provide twice daily cooking services to seniors living in supportive housing.
- Work to attract more doctors into rural and remote areas.
- Provide home supervision to support correct administration of medication.
- Offer respite services to caregivers.
- Establish daycare services for seniors to provide an activity for the seniors and respite for caretakers.
- Provide a home visit program to provide social visits to seniors.
- Set up caregiver support groups and elder care information sessions where families can learn about available community programs and services.

3. Housing

Focus group discussions of housing underscore the importance of enabling older people to remain independent for as long as possible. The ability to live independently in one's own home depends on a range of factors, including good health, finances and the availability of support services (such as medical and personal care). Many older persons feel that they could continue to live in the homes they have

inhabited for years or decades, but under certain conditions. For example, the availability of help with housework, gardening or repair work could enable seniors to remain in their homes.

Summary of Key Findings

The focus group discussions highlight a number of housing-related issues and potential opportunities for consideration in rural and remote communities across Canada:

Age-friendly features include . . .

- Availability of affordable apartments and independent living options
- Availability of affordable (including subsidized) housing
- Availability of supports so people can remain at home
- Availability of assisted living options
- Availability of condos and smaller homes for sale
- Availability of long-term care options
- Close proximity to services

Barriers include . . .

- Affordability, especially with respect to general maintenance of homes—heating bills, service bills, repairs and upgrades
- A lack of supports to enable seniors to remain independent
- Poorly designed housing, including features that reduce mobility
- A lack or shortage of housing options for older people—including those that support assisted living, independent living and long-term care

Suggestions from participants for improving age-friendliness . . .

- Provide a continuum of care in the community—from home care to assisted living to facility care that is well-coordinated.
- Develop an “intermediate” level of housing between independent living and fully assisted care.
- Make available apartments of different sizes to accommodate couples who want to stay together, and for those wanting more (or less) space.
- Ensure that new housing is adaptable to seniors and those with disabilities.

4. Outdoor Spaces and Buildings: Physical Environment

The physical environment is an important determinant of physical and mental health for everyone.

Creating supportive environments, including age-friendly outdoor spaces and building design, can enhance physical well-being and quality of life, accommodate individuality and independence, foster social interaction and enable people to conduct their daily activities.

In addition to the importance of walking for such practical purposes as running errands, walking as a form of physical activity has become increasingly common for older persons. Ensuring that paths, trails and walking routes are supported with sufficient washrooms and rest areas (especially benches) makes these areas more usable by seniors.

Summary of Key Findings

Results of focus group discussions point to the following highlights with respect to what seniors and caregivers see as important issues and opportunities when it comes to planning for age-friendly outdoor spaces and buildings:

Age-friendly features include . . .

- Walkable sidewalks, pathways and trails
- Good accessibility to and within public buildings (e.g., few stairs, wheelchair ramps that are not too steep, accessible washrooms)
- Along footpaths, accessible washrooms (e.g., wide push-button doors, rails) and rest areas, including benches that are an appropriate height
- Adjustments and adaptations that help seniors feel safe and secure in the community
- Provision of services within walking distance of where many seniors live

Barriers include . . .

- Poor accessibility to and within public buildings
- Lack of and/or poor quality of sidewalks, curbs and crosswalks
- Seasonal factors that reduce walkability and "scooterability" (e.g., snow, ice)
- Shortage of accessible washrooms and rest areas along walking routes

Suggestions from participants for improving age-friendliness . . .

- Provide intergenerational outdoor activities to foster socialization between younger and older members of the community, and to provide assistance to those with mobility problems.
- Set up indoor walking clubs for periods of poor weather conditions.
- Post signage indicating the location of public restrooms.
- Provide good lighting throughout neighbourhoods and on trails.

5. Social Participation

Social networks, social participation and feelings of belonging are important to healthy living, disease prevention and the prevention of isolation among seniors. Older people who remain active in society and socially connected are happier, physically and mentally healthier, and better able to cope with life's ups and downs.

Summary of Key Findings

Focus group participants offered a number of suggestions for communities to consider in social planning and programming for seniors:

Age-friendly features include . . .

- Opportunities for physical recreation or sports, including spectator sports
- Activities for seniors offered in places of worship or schools
- Food-related activities—including coffee/tea get-togethers
- Cultural events—including those that feature music and theatre
- Non-physical recreation (indoor activities) such as bingo, cards, darts, etc.
- Courses on crafts or hobbies
- Locating all activities in areas that are convenient and accessible (including by public transportation) to seniors
- Providing activities that are affordable to everyone
- Offering intergenerational and family (multigenerational) oriented activities

Barriers include . . .

- Transportation difficulties and offering too many activities that require travel
- Low attendance leading to cancellation of activities

- Under-utilization of recreation facilities
- A lack of facilities or program staff
- Social barriers (real and/or perceived) for older newcomers

Suggestions from participants for improving age-friendliness . . .

- Find ways to encourage a variety of people to come out to social events and activities—including those on fixed incomes, those who live alone and those less mobile—in order get broad representation of the community.
- Cover the costs of courses for seniors.
- Need additional resources in rural communities.
- Establish adult day programs for those with dementia to develop support systems and improve their health.
- Offer day programs for older persons in community health centres/recreational facilities to provide health and well-being services (e.g., health programs, disease prevention, coping skills) and other activities. Such programs would not only provide social opportunities for seniors, they would also provide families with respite.
- Organize home visits by neighbours and other members of the community.

6. Respect and Social Inclusion

Older persons want to do more than simply continue to reside in their communities—they want to be able to contribute to, and benefit from, community life. Active and involved seniors are less likely to experience social isolation and more likely to feel connected to their communities. These connections are particularly important, given the strong linkages between social isolation and health. While social isolation tends to increase as people age, communities that promote social participation and inclusion are better able protect the health of their citizens, including those who are socially isolated.¹⁰ Research also shows that one of the factors associated with feelings of loneliness is a feeling of lack of respect. Like social isolation, loneliness can have a negative impact on health.¹¹

Summary of Key Findings

Discussions about respect for seniors and the importance of preventing social isolation pinpointed some ideas about what constitutes an age-friendly community, as well as barriers and suggestions for improvement on these fronts:

Age-friendly features include . . .

- Respect, kindness and courtesy—including across generations
- Accommodation including outreach
- Feel included, consulted and part of the community
- Events or awards that recognize seniors

Barriers include . . .

- Health or mobility issues that lead to isolation of older adults
- Disrespect, ageism or elder abuse
- Older persons not always heard or seen

Suggestions from participants for improving age-friendliness . . .

- Provide opportunities for intergenerational activities and events—don't isolate older people.
- Provide support to families in challenging circumstances to help prevent elder abuse.

Make younger people aware of aging issues and the importance of treating older people with respect—consider offering seminars on what it’s like to be older.

Start an honorary grandparent program—it can provide a focus for intergenerational activities and contact in the community.

Promote positive qualities of aging and older people (instead of focusing on the negative).

Put in place a "community memories" program in a local museum (or promote those that already exist). The older phase of a life is an important one that can be captured and kept through stories.

Consider establishing outreach programs, such as the "telephone assurance" program that is being used in some communities.

Develop and support key outreach measures—the voluntary and informal transportation networks that are so vital to ensuring that older people who lack transportation options are not isolated.

7. Communication and Information

Keeping older adults informed—not only about community events, but about broader community information—allows seniors to be better connected to their community and supports them in their daily activities.

Summary of Key Findings

Focus group participants offer the following observations and suggestions regarding keeping seniors connected in their communities:

Age-friendly features include . . .

- Posting information about events on bulletin boards, in areas frequented by seniors
- Communication by telephone or word of mouth, as well as through newspapers and church bulletins
- Publicizing events and information important to seniors in local newspapers and through cable or community access channels
- Providing seniors with access to computers, including access to training on how to use computers and the internet
- Creation and maintenance of a seniors and/or volunteer resource centre
- Information on events in the community disseminated through the radio
- Making information on websites easy for seniors to find
- Creating a community services directory for older persons that contains information and key contacts for programs of potential interest to seniors

Barriers include . . .

- Lack of awareness of existing programs and services
- Use of automated and/or complex systems (such as government information phone systems)
- Government information that is difficult to find and access
- Vision and/or reading related difficulties faced by some seniors
- Outdated or lack of information about events
- Poor or lack of access to cable, radio or broadband services
- Telephone solicitation of seniors

Suggestions from participants for improving age-friendliness . . .

- Set up a community centre-based phone committee that makes a monthly call to senior members (who want it) to remind them of all the activities happening at the centre.

Celebrate the lives of seniors in local newspapers.

Find ways to include socially isolated seniors in the exchange of information.

8. Civic Participation and Employment Opportunities

Seniors have a great variety of skills, knowledge and time to contribute to their communities in a range of areas, including civic participation, volunteer activities and paid employment. Their participation is linked not only to the economic prosperity and viability of their communities, but also to maintaining their own mental and physical health, and social connectedness.

The focus group discussions revealed that many seniors are involved in civic activities. Many participants said they were serving (or had served) on town councils, committees and boards, an indication that political participation and civic responsibility are important to many older persons. Few barriers to seniors' involvement in civic activities were identified in the discussions—although some expressed concern that participation in civic activities by younger people was inadequate, possibly due to their work schedules.

Summary of Key Findings

Discussions across Canada shed light on some considerations and suggestions that communities may consider in addressing how seniors participate in civic issues and employment:

Age-friendly features include . . .

- Recognition and appreciation for the work of older volunteers
- Opportunities for paid employment
- Opportunities for older people to provide volunteer services to other older people
- Volunteer activities and opportunities that are accessible to and accommodate the needs of older volunteers—and that offer them personal fulfillment
- Opportunities for seniors to be politically active, including openness to their participation on local council and similar organizations
- General opportunities for seniors to make a contribution to community life
- Asking older adults to volunteer—especially in areas that make good use of their skills
- Opportunities for seniors to be involved in fundraising activities
- Opportunities for intergenerational contact in civic and volunteer activities

Barriers include . . .

- Over-reliance on seniors, leading to over-commitment and burnout
- Difficulties finding enough seniors to participate
- Transportation and travel challenges
- Lack of opportunity for and/or barriers to paid employment
- Health and physical challenges prevent some seniors from participating

Suggestions from participants for improving age-friendliness . . .

- Recruit seniors of all ages as they possess different points of view—focus on younger seniors.
- Work to encourage older seniors who may be shy or reluctant to volunteer to participate more (e.g., through a phone call, encouraging words).
- Develop strategies for recruiting and motivating seniors to volunteer.
- Recruit seniors for short-term projects.

Appendix 3. Survey Tool and Responses

Are Nelson and RDCK Areas E and F Senior-Friendly Communities? Assessing Priorities and Needs

Thank you for taking the time to complete this survey by the **Osprey Community Foundation**. The Foundation is undertaking an assessment of the “senior-friendliness” of **Nelson** and **RDCK Areas E and F** (see below) for those **aged 55 and older**.

The World Health Organization describes several key features that make a community “senior-friendly”:

1. **Transportation** is accessible and affordable
2. **Community support and health services** are well-located, easily accessible, affordable and appropriate to seniors’ needs
3. **Housing** is affordable, accessible, well-built, well-designed, conveniently located near services and transportation, safe and secure
4. **Social participation** opportunities in leisure, social, cultural and spiritual activities accommodate seniors’ interests and abilities and include people of all ages and cultures
5. **Outdoor spaces and public facilities** are pleasant, clean, secure and physically accessible for people using wheelchairs, walkers, scooters, etc.

Your feedback and suggestions on the services and programs used by seniors (aged 55 and older) will help determine the Osprey Community Foundation’s funding priorities for improvements to the “senior-friendliness” of Nelson and Areas E and F.

This survey should only take about **20** minutes of your time. Your answers will be anonymous and by filling out our survey you can choose to be entered into a drawing for one of four **\$25 Safeway Gift Certificates**. The Foundation expects to publish the results of this survey in early 2011.

If you need help completing this survey, please call the Seniors Coordinating Society at **250-352-6008**. You can also complete this survey online at: <http://www.surveymonkey.com/ospreyseniors>.

Submissions must be received by November 30, 2010.

Regional District of Central Kootenay (RDCK) Electoral Area E includes: Blewett, Balfour, Queens Bay, Longbeach, Harrop/Procter, Sunshine Bay, Bealby/Horlicks, Taghum Beach, Nelson to Cottonwood Lake

RDCK Electoral Area F includes: Beasley, Taghum, Willow Point, Nasookin, Grohman, Crescent Beach, Sproule Creek, Six Mile, Bonnington

The responses provided below are for the total sample population. The survey results were also sorted and analyzed based on specific demographic characteristics including: age (aged 70 and older), income (less than \$20,000 per year), and geographic location (Area E East only, which includes Balfour, Harrop/Procter, Sunshine Bay and Longbeach; and Nelson only). Only when the responses of a selected demographic sub-group varied considerably from those of the total sample are the results are reported below; otherwise the responses of the sub-groups were similar to those of the total population.

Transportation

1. Please circle or mark a number below to rate your **satisfaction** with the following Nelson and Area E and F transportation services (includes buses, taxis, handyDart, etc.):

	Completely Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Completely Satisfied	No Opinion	# of Responses
Weekday service within Nelson	3%	8%	15%	28%	6%	39%	288
Evening and weekend service within Nelson	7%	18%	15%	16%	1%	44%	282
Service to get to out of town (e.g. Trail) medical appointments	19%	29%	13%	6%	1%	33%	288
Weekday service between Areas E and F and Nelson	9%	17%	17%	15%	2%	39%	282
Evening and weekend service between Areas E and F and Nelson	17%	22%	15%	4%	1%	40%	282

Examining the survey results by **income level**, the responses of respondents with income less than \$22,000 (n=55) were very similar to those above, except that 48% of those with lower income were either *completely dissatisfied or dissatisfied* (33% and 17% respectively) with *evening and weekend service within Nelson*, compared to the 25% reported above (7% completely dissatisfied and 18% dissatisfied).

Examining the survey results by **place of residence**, respondents living in **Area E East** (n=48) were more dissatisfied than the total survey sample with evening and weekend services between Nelson and Areas E/F. For example, 66% of Area E residents reported that they were either completely dissatisfied or dissatisfied with evening and weekend service between Area E and Nelson compared with 39% of the total sample.

On the other hand, respondents living in **Nelson** were more satisfied than the total survey sample with Nelson’s weekday transportation service. 51% (65/127) of Nelson residents were satisfied or completely satisfied with Nelson’s weekday service compared to 34% of the total sample.

2. Please circle or mark a number to rate how **important** the following Nelson and Area E and F transportation services (includes buses, taxis, handyDart etc.) are to you:

	Not Important At All	Somewhat Unimportant	No Opinion Either Way	Somewhat Important	Extremely Important	# of Responses
Weekday service within Nelson	17%	6%	22%	24%	31%	281
Evening and weekend service within Nelson	19%	6%	25%	25%	25%	281

	Not Important At All	Somewhat Unimportant	No Opinion Either Way	Somewhat Important	Extremely Important	# of Responses
Service to get to out of town (e.g. Trail) medical appointments	12%	6%	14%	26%	42%	284
Weekday service between Areas E and F and Nelson	17%	4%	21%	33%	26%	282
Evening and weekend service between Areas E and F and Nelson	17%	5%	24%	29%	25%	281

Examining the survey results by **income level**, transportation services were more highly rated as somewhat or extremely important by respondents with income less than \$22,000 (n=55). For example, both weekday and evening and weekend service *within Nelson* was rated as *somewhat or extremely important* by 72% of lower income respondents. Weekday and evening and weekend service *between Areas E and F and Nelson* were also more important to respondents with an income less than \$22,000 (rated *extremely or somewhat important* by 71% and 69% respectively). Service to out-of-town medical appointments received a similar rating to that above.

Examining the survey results by **place of residence**, compared to the total survey sample more respondents living in **Area E East** rated weekday, evening and weekend services between Nelson and Areas E/F as somewhat or extremely important. For example, 76% (37/49) of Area E East residents rated weekday services between Nelson and Area E as somewhat or extremely important compared to 59% (164/282) of the total sample. Similarly, 69% (34/49) of Area E residents rated with evening and weekend service between Area E and Nelson compared with 54% (214/281) of the total sample.

Likewise, compared to the total survey sample, more respondents living in **Nelson** rated weekday, evening and weekend services within Nelson and Areas E/F as somewhat or extremely important. For example, 71% (90/127) of Nelson residents rated weekday services within Nelson as somewhat or extremely important compared to 55% of the total sample. Similarly, 66% (84/127) rated weekend and evening services within Nelson as somewhat or extremely important compared to 50% of the total sample.

- Currently, seniors who need to have a driving assessment must travel to Kelowna General Hospital for a DriveABLE assessment, and there are no senior-specific driver training or refresher courses available in Nelson. Please rate how **important** the availability of the following driver services in Nelson and Area E and F are to you:

	Not Important At All	Somewhat Unimportant	No Opinion Either Way	Somewhat Important	Extremely Important	# of Responses
DriveABLE assessment available in Nelson	8%	1%	7%	22%	61%	241
Senior-specific driver training or refresher courses available in Nelson	9%	2%	6%	26%	57%	234

Community Support and Health Services

- Please rate your **satisfaction** with the availability of the following Nelson and Area E and F community support and health services:

	Completely Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Completely Satisfied	No Opinion	# of Responses

Home health care services (e.g. personal care)	9%	23%	20%	13%	2%	33%	279
Housekeeping, laundry, and cooking services	11%	21%	19%	8%	3%	38%	278
Meals-on-wheels programs (e.g. meals delivered to your home)	5%	14%	24%	11%	1%	45%	274

5. Does the cost of any of the above community support and health services prevent you from obtaining these services?

Answer Options	Response %	# of Responses
Yes	21.2%	58
No	20.4%	56
Not Applicable	58.4%	160

Examining the survey results by **income level**, the cost of community support and health services prevented a greater percentage of respondents with income less than \$22,000 from obtaining these services (51% or 27/53), compared to the total survey sample (21.2%).

Examining the survey results by **gender**, the cost of community support and health services prevented a greater percentage of female respondents (24.2% or 43/178), than male respondents (15.6% or 12/77) from obtaining these services.

6. Please rate how **important** the availability of following Nelson and Area E and F community support and health services are to you:

	Not Important At All	Somewhat Unimportant	No Opinion Either Way	Somewhat Important	Extremely Important	# of Responses
Home health care services (e.g. personal care)	9%	3%	14%	25%	48%	271
Housekeeping, laundry, and cooking services	10%	4%	19%	28%	39%	270
Meals-on-wheels programs (e.g. meals delivered to your home)	13%	4%	24%	27%	31%	268
Wheels-to-meals programs (e.g. getting picked up from your home and driven to a local centre for a meal)	16%	6%	30%	24%	24%	267
Shopping assistance (e.g. help getting groceries or medications)	12%	5%	23%	25%	35%	267
Regular telephone check-ins or personal visits from volunteers	16%	5%	23%	26%	30%	264
Personal assistance finding and/or understanding forms and information	13%	7%	21%	27%	32%	267

7. Are there health services that you regularly need and/or use that you cannot get in Nelson?

Answer Options	Response %	# of Responses
Yes	30.5%	80
No	69.5%	182

If yes, please describe:

1. Having to go to Trail for scans, surgery and specialists
2. Restore the services cut by the IHA at Kootenay Lake Hospital in 2002, which ignored rising population figures and put seniors and others at increased risk. Cutting beds from 45 to 30 caused dangerous overcrowding, which continues. Banning local emergency surgery and any surgery requiring an overnight stay resulted in increased costs of transfer and dangerous delay of treatment - for the safety of seniors and others at risk, this must be reversed.
3. I have to fly to Van. 3--4 times a year
4. Local emergency and general surgery
5. I use alternative health care providers. This sort of survey takes no account of the people who eschew the provided medical services.
6. Medical operations
7. Checks-ups in Trail
8. We have to go out of town for most major test, Cat Scans, MRI's, Kidney Dialysis etc. And all our surgeries.
9. No so 'regularly need' but there are services that we must go out of town for - especially regarding specialist medical services. Also I was in the emergency room a short while ago and another patient was having a heart attack (confirmed) and he had to wait several hours to get transferred to either Trail or Kelowna (the ER was waiting to find out which place would take him). In my opinion lack of such services here can be deadly.
10. Gastrointestinal evaluation
11. MRI, specialists such as dermatologists
12. Respiratory, cardiac surgeries, specialists - eg pain
13. Need Surgical & Plastic surgery more accessible instead of driving to Trail every week. Ortho consults without having to wait for overworked surgeons to get back to you and not having to deal the with unsanitary conditions at KBRH. On my second infection and BACK ON ANTIBIOTICS.
14. Cancer Society help
15. I have to drive to Trail to see the specialist I use @ four times a year.
16. surgery
17. surgeons, Intensivists
18. Medical specialists i.e. haematologist, dermatologist. Healthcare specialty: travel immunization
19. Shots for macular degeneration unless I can pay \$300. They are covered if I go to Cranbrook
20. As caregiver for my aging aunt, I often am required to drive her to Trail or Kelowna for various medical appts with specialists (ie: Ear, Eyes & Nose specialists, Pacemaker check ups, Cat scans, etc.
21. I am referred to specialists that are located in Trail always. This means that I lose a day of work...meaning no pay to go to Trail for an appointment. I have also had to have two minor day surgeries in Trail in the last two years, and these surgeries used to be offered in Nelson. I have needed a second person to drive me as I was unable to drive myself home after the procedure. This incurred extra inconvenience and costs to my driver and me. A bus service or the medical services in Nelson would have alleviated some of this inconvenience and cost.
22. More surgical facilities for acute emergencies
23. Too many problems to list specifically. Having to get to trail for all kinds of things that in the pre-Campbell era we had here in Nelson. Problems getting home from Trail, Kelowna, Vancouver after release from hospital there, having been taken by ambulance.
24. Not regular but needed to go to Trail for cat scans and Kelowna for surgeries.
25. Just about anything one needs from a hospital. Many doc. appointments and surgery are held in Trail
26. Having to travel so far for medical assistance.

27. Having to go to Trail [sic] even small operations.
28. Cannot get even simple surgeries or pre-ops done here - have to Trail at least 3 times.
29. Cardiac care, any type of surgery, specialists etc.
30. There will come a time when I will need health services that are now not available in Nelson, so I answer NO for now, but in future, might answer differently as I age and deteriorate.
31. Fortunately I personally do not need any of these services but realize they are important to many others.
32. Not at present, but expect later [sic] needs won't be met with the KLDH gutted the way it has been. Mental health practitioners have always been sadly lacking, so people with emotional crises, depression, etc. have had to wait forever to see anyone.
33. I want better mental health care. I want our hospital to have its service re-instated and it's rating upgraded. Rethink this awful \$ fee for a daily hospital stay.
34. We want our hospital services reinstated (surgeons, better mental health care) (endocrinologist). The new hospital bed fee is too expensive - there needs to be maximum (i.e. 3 day cost). It is not right to keep seniors in the hospital for months because we don't have enough long term residential care.
35. Sleep clinic; endocrinologist; dermatologist eg skin cancer; specialist in hormone prescription for women; we want a full service hospital; we want a surgeon in Nelson and more in trail; No bed fee at Nelson hospital.
36. CT Scan. Angiograms. A lot of medical conditions that Nelson Hosp. cannot help with. Always traveling to Kelowna and staying in a motel. Many of us can't afford.
37. MRI's; Cat Scan; Pat Scan; Surgeries
38. Appointments - Trail, Kelowna
39. We need fully operating Hospital, not going to Trail.
40. Physician to remove basal cell carcinoma. Physician for arthritis and joint care.
41. Up to now wife and I can get what we need.
42. At the present time my health is okay and am able to care for self. I use taxis, handy dart, family and friends for getting about. I get very little company. Will be going to Kamloops to visit my daughter - Nov 18-22/2010. I try to go out every day. Look after my own hygiene, cooking, laundry and light housework. I want to do the best I can for family as long as I can.
43. Someone to go with me shopping or do the shopping for me and deliver/carry groceries into my home. Especially important for seniors outside of the city limits.
44. Surgery for tonsils, appendix, hernia and other minor health repairs, eye injections for macular degeneration.
45. Annual, at least, Ear nose and throat consultation
46. I would use a rheumatologist and a pain specialist if they were available.
47. At the moment annual visits to an ear, nose and throat consultant.
48. So far, I have not needed these services, but talking to others that do, they are extremely lacking or of very poor quality.
49. Transportation
50. Surgeries and follow-ups are in Trail. Cancer clinics are in Kelowna and Vancouver. Laser treatments in Kelowna.
51. MRI-CAT scan, etc. and any major operations also some check-ups that should be done in Nelson.
52. MRI-CAT scans etc. and any major operations. Needless travel between Trail and Kelowna from Nelson via ambulance for medical care.
53. Specialized dental work orthopedic surgeons and surgery.
54. These are Motherhood issues. Of course these items above are important. Too many people have too little support and live in loneliness and malnutrition. Meals on Wheels should also go to seniors outside Nelson.
55. There are natural health remedies that we cannot get in Canada, and it's getting worse by the day.
56. Specialized CT scans, Internal medicine consultation
57. All specialist or surgical services. We can drive to Trail in the better weather but Vancouver services require a longer time and more expense.
58. I would appreciate services of a dermatologist in Nelson
59. Specialists
60. As my husband is affected by a serious stroke, my difficulties to above outlined areas began when I fractured my hip. For a while we could not independently cook meals, clean house, drive a car or navigate buses. It is important to consider senior services during crises, not just on a permanent basis.
61. When one has to go to Hospital Trail for things that cannot be done in our Nelson hospital.

62. Medical specialists
63. Medical tests other than lab work
64. Heart health support group
65. Surgery
66. Access to specialists, access to MRI, surgeries.
67. Bus service at Balfour, I need to walk to the bottom of the road to catch a bus into town but my legs will not allow me to walk that far, living at the top of the hill makes it impossible to use the bus service.
68. CAT Scan and MRI not available in Nelson.
69. C. Scans, MRI, EEG's
70. Heart Specialist, Lung Capability, Scanner for all your body, Surgeon
71. I have to go to Trail for a cat scan. I am diabetic and there is a nurse who is very helpful. I would like as much help as possible. The blood work I feel is good. I need to go every 3 months.
72. Cancer treatments. Some scans
73. Emergency surgical care. When Dr. Maytom retires we will be required to go to Kelowna or Cranbrook for eye surgery
74. Difficult eye surgery, one must travel to Cranbrook nearest city, for Dr. office check up and eye surgery. One must stay 2 nights at motel and meals very expensive. My daughter was there for me as she has a care. What about the people that have no one to take them?
75. Personal doc & hosp. visits
76. Adequate help with transportation to Trail Hospital; disabled and bus not a possibility
77. Not at this time but may need in future such as treatments for diseases ie cancer etc
78. I need a specialized light service to fight skin cancer. The closest source of this treatment is Kelowna, and the result is that I have to use an aggressive and uncomfortable chemical treatment.
79. cat scans, MRI, operations
80. Surgery, specialists
81. specialists, mri,
82. CT Scan
83. Specialist Dr. services, scans, and specific diagnostic services not in Nelson
84. Special dental services available only in Kelowna
85. Pre op, and post op. appt's with surgeon. Heart pacer check-ups. Mental assessment and diagnostic check-ups.
86. Heart pacer checkups, pre-operation consultations with surgeons
87. Medical - must travel to Trail or Kelowna
88. Health testing available in Trail but not in Nelson (MRI, CAT Scan)
89. Travelling to Trail especially in winter conditions is putting Nelson area residents at risk. We need more local health care at Nelson Hospital.
90. The only health services I regularly use in Nelson is thyroid and blood thinner prescriptions. My mother trained as a nurse in Nelson in the 1930's and lived here all her life in Nelson working for years at the Kootenay Lake General Hospital – I worked at this hospital in the 1950's – what I have seen is its drastic decline –along with being filthy dirty and the poor care of patients, especially seniors is totally unacceptable. I have lived in Alberta; Ontario; Quebec; New Brunswick; Germany receiving treatment for broken bones; cancer; heart arrests; etc., with no problems – in Nelson (over the past 20 years) I have been given the wrong medication; “specialist” wanted take me off Thyroid medication I had been on for over 50 years and told would never go off it; eye cataracts done poorly plus after seeing specialists in Ottawa plus finding out that I also have other eye disease (which causes blindness) not diagnosed in Nelson with another dentist in Ottawa last year asking who has done the work as it was the worst he had ever seen. I have absolutely no confidence in medical/optical/dental services in Nelson.
91. It's very difficult for me to have an in office apt. with my family doc. Sidewalks, ramps, doors & elevator & parking, are not conducive to my physical dis. & wheelchair. We have to do phone calls (mostly) or she comes to my home. Physio - it's nonexistent now (1 every 6 mos.) They only have time for new patients; older ones like myself get forgotten.
92. More help, respect from petty little [bureaucrats] who have convinced themselves they are above, the rest of us! We REALLY! need our Hospital BACK!
93. Long wait list for joint replacements

94. Patients in this area who have Macular Degeneration have to pay \$300 dollars for each set of eye injections, or travel to Cranbrook, which is not easy in winter. Then they are free!

Housing Services

8. Please rate your **satisfaction** with the availability of the following services and supports that may help you to continue living in your own home:

	Completely Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Completely Satisfied	No Opinion	# of Responses
Help with yard work and snow shovelling	7%	20%	23%	13%	4%	33%	270
Help with home repairs and maintenance	7%	19%	24%	14%	4%	33%	266
Help installing home adaptations (e.g. grab bars)	5%	15%	27%	13%	2%	38%	263
Long-term rental or sale of home adaptive equipment (e.g. bath chairs, walkers, etc.)	2%	11%	23%	21%	6%	38%	264

Examining the survey results by **income level**, respondents with income less than \$22,000 expressed greater dissatisfaction with all of the above housing services. For example, 42% were completely dissatisfied or dissatisfied with both *help with yard work* and *help with home repairs*; 38% were completely dissatisfied or dissatisfied with help installing home adaptations; and 25% were completely dissatisfied or dissatisfied with the availability of long-term rental or sale of home adaptive equipment.

9. Does the cost of any of the above housing services prevent you from obtaining these services?

Answer Options	Response %	# of Responses
Yes	23.8%	61
No	28.5%	73
Not Applicable	47.7%	122

Examining the survey results by **income level**, the cost of housing services prevented a greater percentage of respondents with income less than \$22,000 from obtaining these services (48.1% or 25/52), compared to the total survey sample (23.8%).

Examining the survey results by **gender**, the cost of housing services prevented a greater percentage of female respondents (27.5% or 47/171), than male respondents (12.5% or 9/72) from obtaining these services.

10. Please rate how **important** the availability of the following services and supports that may help you to continue living in your own home is to you:

	Not Important At All	Somewhat Unimportant	No Opinion Either Way	Somewhat Important	Extremely Important	# of Responses
Help with yard work and snow shovelling	12%	4%	12%	32%	40%	267
Help with home repairs and maintenance	9%	3%	13%	39%	36%	265
Help installing home adaptations (e.g. grab bars)	12%	4%	19%	33%	32%	265

Long-term rental or sale of home adaptive equipment (e.g. bath chairs, walkers, etc.)	14%	4%	24%	29%	29%	262
Shopping assistance (e.g. help getting groceries or medications)	11%	5%	23%	32%	29%	266
Regular telephone check-ins or visits from volunteers	14%	6%	26%	27%	27%	262

Examining the survey results by **gender**, a greater percentage of female respondents than male respondents reported housing services as being extremely important.

	Not Important At All		Somewhat Unimportant		No Opinion Either Way		Somewhat Important		Extremely Important		# of Responses	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Help with yard work and snow shovelling	11%	13%	2%	9%	10%	18%	28%	43%	50%	17%	177	77
Help with home repairs and maintenance	9%	10%	1%	8%	11%	17%	34%	51%	46%	14%	175	77
Help installing home adaptations (e.g. grab bars)	10%	14%	2%	8%	18%	22%	31%	38%	39%	18%	174	77
Long-term rental or sale of home adaptive equipment (e.g. bath chairs, walkers, etc.)	12%	17%	3%	6%	24%	26%	25%	38%	36%	13%	173	77
Shopping assistance (e.g. help getting groceries or medications)	9%	13%	3%	10%	20%	27%	33%	32%	35%	17%	175	77
Regular telephone check-ins or visits from volunteers	12%	16%	5%	9%	25%	28%	24%	34%	34%	13%	173	76

Housing

11. From the list below, please choose 3 types of housing for seniors (aged 55+) that you think are most needed in Nelson and/or Areas E and F, with:

- 1 – your top priority
- 2 – your second priority
- 3 – your third or bottom priority

Types of housing:	Ranking #1	Ranking #2	Ranking #3	Total # of Responses
Affordable and accessible small single family homes	51	13	19	83
Co-operative housing (e.g. where members share ownership of an entire group of housing units, and have occupancy rights to a specific unit)	32	23	16	71
Shared housing "match-up" programs (e.g. home owners are matched with compatible home seekers who pay rent or provide services in exchange for a reduction in rent)	4	15	10	29
Shared living residences (e.g. a number of people living cooperatively as an unrelated family in a large single dwelling).	2	10	25	37

Affordable seniors' supportive housing (e.g. rent includes cleaning, meals, etc., but no personal care)	44	62	38	144
Affordable seniors' assisted living housing (e.g. rent includes some personal care services in addition to cleaning, meals, etc.)	48	65	37	150
Long term residential care (e.g. provides 24-hour professional nursing care)	36	20	60	116

Based on 222 responses

54 survey respondents (paper version of the survey) mistakenly interpreted the instructions for ranking the housing options question (#11). What often occurred was that the respondent ranked three or more options as #1 and, two or three options as #2; and one or two options #3. Unfortunately if the results from these 54 surveys are added into the above table the results will be skewed. Consequently, the results from these 54 surveys are not included in the above priority numbers, which is based on 222 responses). However, examination of the results found that they the priorities were very similar to those identified above.

Social Participation Opportunities

12. Please rate your **satisfaction** with the availability of the following fitness, leisure and social opportunities for seniors (aged 55+):

	Completely Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Completely Satisfied	No Opinion	# of Responses
Seniors' fitness, health and wellness programs	6%	21%	21%	29%	5%	19%	271
Specialized fitness/wellness programs (e.g. adapted for seniors' physical or cognitive health challenges)	8%	22%	24%	16%	3%	27%	266
Art and music therapy programs for seniors	7%	18%	29%	13%	1%	32%	262
Technology courses (e.g. computer courses for seniors)	6%	18%	29%	20%	3%	25%	262

13. Does the cost of any of the above social participation opportunities prevent you from participating in these programs?

Answer Options	Response %	# of Responses
Yes	27.5%	71
No	45.0%	116
Not Applicable	27.5%	71

Examining the survey results by **income level**, the cost of social participation opportunities prevented a *larger percentage* of respondents with income less than \$22,000 from obtaining these services (54.7% or 29/53), compared to the total survey sample (27.5%).

Examining the survey results by **age**, the cost of social participation opportunities prevented a *smaller percentage* of respondents **aged 70 and older** from obtaining these services (16.1% or 19/118), compared to the total survey sample (27.5%).

Examining the survey results by **gender**, the cost of social participation opportunities prevented a greater percentage of female respondents (32.2% or 56/174), than male respondents (15.8% or 12/76) from obtaining these services.

14. Please rate how **important** the availability of the following fitness, leisure and social opportunities is to you:

	Not Important At All	Somewhat Unimportant	No Opinion Either Way	Somewhat Important	Extremely Important	# of Responses
Seniors' fitness, health and wellness programs	4%	3%	9%	33%	52%	265
Specialized fitness/wellness programs (e.g. adapted for seniors' physical or cognitive health challenges)	4%	2%	15%	38%	41%	263
Art and music therapy programs for seniors	6%	5%	24%	40%	24%	263
Technology courses (e.g. computer courses for seniors)	5%	7%	19%	45%	24%	262

Outdoor Spaces and Public Facilities

15. Please rate your **satisfaction** with the availability, accessibility and convenience of the following outdoor spaces and public facilities in Nelson and/or Areas E and F for seniors (aged 55+):

	Completely Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Completely Satisfied	No Opinion	# of Responses
Public washrooms	32%	32%	12%	16%	3%	4%	267
Benches	7%	19%	19%	39%	10%	6%	267
Local parks and trails	2%	11%	13%	51%	21%	3%	266

16. Please rate how **important** the availability, accessibility and convenience of the following outdoor spaces and public facilities in Nelson and/or Areas E and F for seniors (aged 55+) is to you:

	Not Important At All	Somewhat Unimportant	No Opinion Either Way	Somewhat Important	Extremely Important	# of Responses
Public washrooms	2%	1%	3%	29%	66%	263
Benches	1%	2%	6%	49%	42%	263
Local parks and trails	1%	2%	7%	35%	55%	262

Setting Priorities for the Osprey Community Foundation's funding of seniors projects:

17. To best support the health of seniors (aged 55+) living in Nelson and Areas E and F, please choose from the list below 3 areas that you think the Osprey Community Foundation should focus on over the coming years with:

- 1 – your top priority
- 2 – your second priority
- 3 – your third or bottom priority

Priorities:	Ranking #1	Ranking #2	Ranking #3	Total # of Responses

Transportation	52	48	56	156
Community support and health services	88	72	30	190
Housing supply and services	68	55	48	173
Social participation opportunities	10	28	44	83
Outdoor spaces and public facilities	12	17	33	62

Examining the survey results by **place of residence**, compared to the total survey sample, after community support and health services (which received a total of 37 votes), respondents living in **Area E East** (n=48) gave transportation the next most votes (total of 36), followed by housing supply and services (total of 30 votes). The top three priorities were closely ranked when the number of #1 votes for each is examined. Transportation received the most (16 votes for #1), followed by housing supply and services with 15 votes for #1, then community support and health services with 14 votes for #1.

41 survey respondents (paper version of the survey) mistakenly interpreted the instructions for ranking the top 3 priorities for Osprey question (#17). What often occurred was that the respondent ranked three or more options as #1 and/or, two options as #2; and one or two options #3. Unfortunately if the results from these 41 surveys are added into the above table the results will be skewed. Consequently, the results from these 41 surveys are not included in the above priority numbers, which is based on 231 responses). However, examination of the results found that they the priorities were very similar to those identified above.

18. Please provide any further recommendations or comments you may have for improving the “senior-friendliness” of Nelson and/or RDCK Areas E and/or F:

See end of this Appendix for all the recommendations and comments.

Please tell us about yourself:

19. What is your current age?

Answer Options	Response %	# of Responses
under 55 years	2%	6
55 to 59 years	14%	36
60 to 64 years	18%	47
65 to 69 years	17%	44
70 to 74 years	17%	44
75 to 79 years	14%	37
80 to 84 years	7%	19
85 years or older	12%	33

20. Are you male or female?

Answer Options	Response %	# of Responses
Male	30%	79
Female	70%	188

Examining the survey results by **income level**, a greater percentage of respondents with income less than \$22,000 were women (81% or 46/57), compared to the total survey sample (70%).

21. Are you a caregiver of a senior living in Nelson and/or Area E/F?

Answer Options	Response %	# of Responses
Yes	22%	58
No	78%	206

Examining the survey results by **gender**, a greater percentage of female respondents (24.5% or 45/184), than male respondents (15.2% or 12/79) were the caregiver of a senior living in Nelson and/or Area E/F.

22. Where do you live? (Please check the area you live in or near)

Answer Options	Response %	# of Responses
Area E (Balfour n=26; Harrop/Procter n=17; Nelson to Cottonwood Lake n=10; Blewett n=7; Longbeach n=5; Sunshine Bay n=2; Taghum Beach n=1)	25%	68
Area F (Six Mile n=19; Nasookin n=12; Willow Point n=6; Taghum n=6; Crescent Beach n=3; Bonnington n=2; Sproule Creek n=1; Beasley n=1;	19%	50
Nelson	51%	135
Outside Nelson	5%	14

Examining the survey results by **income level**, a greater percentage of respondents with income less than \$22,000 were living in Nelson (70% or 40/57), compared to the total survey sample (51%).

23. Please check what types of transportation you use to get around Nelson and Areas:

Answer Options	Yes	No	# of Responses
Drive own car	88%	12%	248
Use public bus	48%	52%	149
Use handyDart	16%	84%	120
Use taxi	39%	61%	138
Depend on family/friends to drive me	48%	52%	149
Other	33%	67%	96

24. Which category best describes your after-tax (i.e. net) total household income in 2009 (i.e. including all earners in your household)? (Please check one category)

Answer Options	Response %	# of Responses
Less than \$22,000	22%	58
\$22,000 to \$30,000	18%	47
Over \$30,000 to \$50,000	25%	66
Over \$50,000 to \$70,000	16%	42
Over \$70,000	6%	15
Prefer not to answer	12%	32

Examining the survey results by **gender**, a greater percentage of female respondents had less income than male respondents. For example, 45.6% (82/180) of females had an income of \$30,000 or less, compared to 28.6% (22/77) of males. Conversely, 71.5% (55/77) of males had an income over \$30,000, compared to 54.4% (98/180) of females.

25. Including yourself, how many people live in your household (that is, how many people live on the household income reported above)?

Answer Options	Response %	# of Responses
1	39%	105
2	55%	145
3	5%	14
4 or more	1%	2

Examining the survey results by **income level**, compared to the total survey sample (39%), a greater percentage of respondents with income less than \$22,000 lived in single-person (i.e. 1 person) households (91% or 52/57).

Examining the survey results by **gender**, a greater percentage of female respondents (46.2%) than male respondents (22.8%) lived in single-person (i.e. 1 person) households. Conversely, 65.8% (52/79) of males lived in a two-person household, compared to 50% (92/184) of females.

Examining the survey results by **place of residence**, compared to the total survey sample (39%), a smaller percentage of respondents living in **Area E East** lived in single-person (i.e. 1 person) households (20% or 10/50). On the other hand, a larger percentage of respondents living in **Area E East** (80%, or 40/50) lived in households with 2 or more people, compared to 61% of the total sample surveyed.

Responses to Open-ended Questions

Housing Comments

- Presently I live in the Crescent Valley/South Slocan area, in my own home, but the next move would be into Nelson. This is where I already have my shopping, banking, medical/dental etc., and social and recreational opportunities. Though I love Nelson, as with any good thing, there is room for improvement especially: affordable housing
- A program to match up able citizens with low income seniors where payment is affordable.
- Snow clearing, wood stacking, lawn mowing and minor repairs done at a price I can afford would enable me to remain longer in my home.
- Housing is the most important as many retiring and retired seniors are increasingly unable to pay mortgages. Also much if the seniors housing is inaccessible to the downtown, doctors, dentists, and food shopping areas. Seniors like to walk and it is our primary exercise. The trails are not a substitute for walking into town to the doctor or to socialize or buy food. Housing is so important, small, no stairs, units that are easy access and warm.
- In the US they have "adult family homes," in which 5 or 6 residents live and have care according to their needs. This saves seniors and tax-payers thousands of dollars, as it is quite a bit cheaper than nursing home care.
- Housing and transportation seem to me to be the biggest issues - sometimes the only affordable living situation is located where there is little transportation, and isolation has a big impact on us as we age. Seniors face the same problems young families do in Nelson, there is nothing at the low end of the scale for housing, and seniors have the added constraint of not wanting to, or being able to, care for detached homes any longer.
- Because I am not quite at the "senior Citizen age" yet, I haven't experienced all of the needs that many seniors require. However I see many seniors who are find it difficult to find housing in this area and the right support services to enable them to stay in their own home affordably.
- We need more condos! As we reach 70's and 80's it is increasingly difficult to maintain a single family home and yet we are not ready for assisted living. Condos on level ground within walking distance of shopping, parks, fitness centre are needed. This would keep us "young" for a longer period of time, maintaining independence and ability to be part of the community.
- Going forward, older folks living in the outlying areas will need/want to move into town to be closer to services unless transportation is improved, which then puts pressure on housing stock.
- Nelson needs senior's housing, such as Stellar Place in Castlegar, all on 1 level with a small patch of lawn and covered parking for 1 vehicle. We also need more housing same type as Kiwanis Villas. We also need senior care homes such as Jubilee Manor (public ownership), as Mountain Lakes residences are extremely expensive (private ownership). Also, Kootenay Lake Village at the bottom of 7th Street is approx. \$800 - \$1000 more expensive (per month) than the same senior's complex (run by the same people) in Castlegar.
- When this hospital was built in 1959 we had 120 beds now we have been reduced to 30 - 35 beds, and the baby boomers haven't really yet started to use our hospital services, the rush will start within the

next 10 years, then where will Kootenay Lake Hospital have to put these patients, in hallways, and closets, due to government cut-backs.

- There is a pent up market for townhouse type facilities that is not being filled by all the new "Condo " type facilities being built. Who wants to live in an apartment . We know of several couples who have left the area to find a nice townhouse.
- I live in an apartment block so do not need snow removal, garden help or cleaning help that many seniors do - especially older ones late 70's and 80's and it is very difficult to find a reliable person who is faithful to a commitment. Snow removal is especially important as some older seniors simply cannot do it anymore."
- Require more low cost housing. Require more care home beds. We are short 70 beds with the closure of Willowhaven and Mt. St. Francis. Affordable suites for 1 person on disability welfare are non-existent. Seniors should have the priority to stay in their homes as physically and mentally possible. Then an assessment should be made as to the next facility for their final days. SENIORS SHOULD BE TREATED WITH DIGNITY DURING FINAL DAYS OF LIFE.
- To provide affordable over 55 - ie 60 yr plus - single family detached homes in a gated community. This would allow seniors to be able to down size from larger homes but still have their independence and be in a protected environment. Priority - to provide affordable over 55 detached single family homes in a gated community. This would [accommodate] seniors who want to downsize from larger homes, i.e. still make them independent etc. etc
- Greater accessibility to assisted living homes for younger, healthier, more active seniors.
- [Assisted] living outside Nelson. Eg Procter Balfour
- NOW! MORE OF ALL the BELOW esp if your income is govt pension based as mine will be with physical and mental illnesses so much has to be done yesterday, not now, yesterday. Us bring in the 1st wave of baby boomers it's only going to get really ugly when people are stepping over homeless old disabled people. This is not the Canada that's my country.
- My biggest concern is being able to afford whatever help is available for allowing me to stay in my own home as long as possible. At present I have good health and am managing on my own.
- So far I'm able to be fairly self dependent. But re cost at now disability CPP is 906.42 to cover ALL everything in aprox 10 Mo's I'll be 65 and my full pension OAS, CPP, CIIS will = aprox \$1,404 Mo. This is 2010. If I can't get into subsidized housing SAFER I have no idea how I'll have enough money to eat let alone everything else
- Locate seniors' residences closer to the centre of town so they may easily walk in the downtown core and may see and interact with people other than those in their own circumstances (stop the ghetto-ization of seniors.)
- All these issues are Motherhood issues. Of course it is important to provide aid to keep people in their homes if they desire, or provide assisted living centres if they desire that, and to keep in touch with them daily, not twice-weekly or more rarely. People who care for them should be able to hold and hug them, too, for they pine for lack of warm human contact.
- At my age a small affordable single home which is accessible to grocery stores etc. is ideal
- Regarding shared housing "match-up" programs, the respondent wrote: "This does not work. Who is going to do the "match up" knowledge & expertise. As an only child I took a leave when my Mother

became a widow and stayed with her four months to help my mother with her affairs and to obtain live in help. This was a disaster as we had a housekeeper and no housekeeping was necessary – this single Mother (one child) was paid and lived rent free – my Mother was not well and wanted a person just to be in the house so she was not alone – not someone to open a day care for additional income while collecting welfare and living rent free. Very difficult to get this “Free Loader” out – my son had to move in the house to get the woman out. I had to quit a job in Ottawa where I’d worked over 20 years that I loved and move back to look after my Mother. My son had his own place in Blewett so decides he would get Boarder’s he says never again nothing but problems –ate his food, often late on rent. Eventually gave up on it. I have heard lots of problems with “sharing” one’s home seniors I knew in Nelson and younger people who had thought this a “great Idea. I even tried it myself – had lots of things stolen including one of my fridges, dry wall gun along with many tools, camera’s etc. etc. Although we had a contract – rent often not paid basically lost any privacy I had – it was terrible and again lots of difficulty getting this person out of my house.” (see survey for additional comments on women 65 and older).

Transportation Comments

- Transportation in the evening to get to and from theatre, evenings out at friends - especially in the colder months. Taxis too expensive.
- Improved bus service in Blewett could access people here to anywhere including the city of Nelson for any purpose as well as outlying areas such as recreation at cross country ski areas and outdoor recreation parks plus health care and shopping as well as social needs.
- Car-coop's can be developed, as many people cannot afford a vehicle.
- Have buses run on special days such as Canada Day, Remembrance Day and late nite buses so folks can go to the Capitol and get 'home' again (or a movie).
- We certainly could use more free parking spaces.
- More seniors specific parking spaces.
- Transportation to and from Nelson is extremely important to the aging population of Balfour area. Getting into the services that are available and useful for seniors in the Nelson area is difficult for those who do not like to drive in inclement weather or who no longer are able to drive. If there was a Handidart service reaching to the Balfour area, even if it were limited to a couple of days a week, it would allow seniors to participate in services such as Broader Horizons Day Care and the swimming/walking facilities, attend medical appointments, and do personal shopping.
- I am not yet at the point where I rely on the transportation system or any of the senior programmes....but looking down the road for me, I think community support and transportation could be very important...
- The other main concern is the loss of medical services from Nelson and how the burden of getting to and from [appointments] in Trail and Kelowna have been left up to family and friends to help with transportation. Our area could benefit from some regular bus services that linked up our circle of communities within Areas E and F to a larger system that linked the circle of Trail , Castlegar, Nelson, Salmo, Fruitvale etc. As I still work, I would be happy to leave my car at home and take a bus to work, but they don't run over to the Harrop side, and in order to get to work on time, I would arrive in Nelson two hours before I started work and I would have a 45 minute wait after work to catch a bus home...making

my work day an extra three hours long. Not to mention I would still need to be picked up once I walked off the ferry .This bus system is useless to me now.

- I think that a bus that connected Harrop-Procter with the North Shore bus service at least twice a week so that seniors could make [appointments] for those days would be very beneficial. This would help keep them more [independent].
- Consideration of available public transit from Nelson, E & F to Balfour ferry landing and return on a scheduled basis (maybe twice a day in season) to allow senior and/or tourists to travel Nelson to Balfour, enjoy a walk on return trip on the "Osprey" ferry returning to Balfour with connecting transit back to Nelson (perhaps leaving and returning from the mall parking lot or some other central location). This would be a very cost effective little trip for seniors and could well run in conjunction with regular service?
- Affordable access to health care including transportation
- Transportation of seniors from their homes to activities eg. Capitol Theatre performances.
- At present, the bus service to Playmor Junction is important to me. I live so close to downtown Nelson I walk everywhere pretty much. When I'm older, service to Trail will be vital. Also all services within Nelson."
- A good transport system to get seniors to events/places, eg. walking trails; theatre
- Transportation for seniors for events, trips.
- Replace bus stop in front of RDCC front door to allow easier senior access. Transportation for seniors to events and activities
- More bus stops eg between Chako Mica Mall and Baker St
- Seniors should be able to go to Gov building at Nelson for tests and driving license. Going all the way to Kelowna is out for most of us. There is still such a thing [as] Common [Sense].
- More handicapped parking spaces needed in Nelson. There are none close to the Credit Union or Touchstones or City Hall
- Bus service needs to be extended out Bealby Point Road and to the new area along John's Walk.
- From friends who use the Handi Dart, it has steps that are too steep. Also, getting a ride booked can be daunting for some. And it has lately become very rigid compared to when Terry was the driver in town. It makes going to and coming from appointments a trial for those who can no longer get in and out of taxis
- Opportunities in Nelson would be more available to my area (Balfour) if transportation improved.
- There is no evening service, therefore unless one drives at night (not great for Seniors), one simply cannot attend many social events - Capitol Theatre productions, hockey, dinners, dr. appts. etc.
- Daytime transportation - if I wish to use the bus for shopping, meetings, etc. I must leave Nelson by 1 p.m. or else wait until 4:45 p.m. for the next bus. The bus leaving Nelson at 3:50 p.m. goes only as far as 6-mile - IT WOULD BE MUCH MORE USEFUL TO US IF IT WENT THRU' TO BALFOUR! I would use my care much less!! SATURDAY IS ALMOST USELESS!! SUNDAY IS NIL!
- Need eve bus to Balfour. No eves or Suns. to Balfour
- Make available transportation from Sr's residences to recreation centre to allow participation in physical activities such as swimming or activities @ Broader Horizons

- Public transportation, outside Nelson, more often, better schedule however the drivers are perfect, friendly, helpful
- Better transportation access to Trail and Kelowna hospitals
- It is extremely important to have a bus service to Procter. I see a bus on the other side of the ferry so don't [know] why it can't come across. The road from Procter to the ferry is quite often very treacherous as it is not a priority for snow clearing.
- There should be a general surgeon, ICU beds, specialists and more equipment at the hospital so people don't have to travel to Trail or Kelowna or Vancouver for appointments.
- I think the bus system should be expanded on the weekend. Restore uphill services without Rosemont. Evening buses out of town. Better connection to Trail by bus more often.
- I would like to see a 'bus service' for the seniors that live in the Procter-Harrop area (maybe once or twice a week).
- What is needed is not large bus with few trips, long waits in town, till returns. Replaced by mini busses, vans that offer more trips that would cost less per trip and poss. to cross small ferry and service Procter as a prox. ¾ population live in or close to Procter this bus series Balfour fine but if your [sic] old, disabled as I am to walk winter on roads not plowed then cross ferry, walk up hill to Pimper Land is way too much then do it all again with 20 lbs grocery is next to undoable. You have to get into Nelson somehow Dr Apts., medications, food. If disabled old age pension everything should be in your near hometown, everything!" It would be nice if the buses ran more often and later at night in Nelson for seniors who do not like to drive at night time.
- Public transit to Procter is necessary and could be a van that connects with the bus to Balfour. Improved service is needed for Area E as seniors are forced to drive in conditions beyond their comfort level to gain services in Nelson and beyond. I know that ridership levels would initially be low but the service has to be in place to get people out of their cars and onto public transit.
- It's also most important for us in the rural areas to have bus access in the event we will no longer be able to drive!
- Handi-dart available out to North Shore as far as Balfour.
- As a resident of Procter my top priority would be some form of bus, van, etc to get us to the bus on the other side of the ferry.
- Bus stops and postal services
- Evening and weekend service is just not acceptable and to have NONE on Holidays such as Christmas; New Year's Day; Good Friday etc., are non-existent
- I do not drive once the black ice/snow arrives rely on public bus. Evenings and statutory holidays use a taxi.
- More frequent bus service to North Shore and outlying areas - Blewett, Salmo, and for medical appointments to Trail
- I am 72, ride my bike almost daily, and use the bus otherwise. I like going to Nelson's evening shows, but can't afford them and a taxi; and walking or biking, especially in winter isn't an inviting option
- Medical issues prevent me from being able to use this [transportation] services. If buses etc. could meet my medical issues, this service would be invaluable.

Drivers' Assessment and Training

- Kelowna has different terrain to drive and is much too far for seniors.
- Kelowna too far for seniors to drive to
- If mentally and/or physically disable people can obtain their Driver's Licence in Nelson without having to go to Kelowna General Hospital for a ABLE why do Seniors and why are there no driver training or refresher available for driver's in these categories. Also, as many Nelsonites living here for over 50 years do not have relatives and friends who reside in the United States and Nelson find it impossible to obtain a "Enhanced" Drivers licence and have to go to a designated location miles and miles away although there are several border crossings within daily driving area. Seniors certainly are affected by this as many just can't afford the expense where the Enhances Driver's Licence are issued."

Community Support and Health Services

- On a whole Nelson is a good place to live, but we [definitely] need more care for the extended Health problems that we encounter as we age.
- The most important thing is to restore the high level (quantity and quality) of the home support services and hospital services that were available here in the 1980's.
- Locally we could also push for BC Medical Services to take on dental and eye care, as they ARE part of health--this would help seniors as well as everyone else.
- Maybe there should not be waiting lists for programs, everybody who needs to participate should be able to without having to wait for a place. I.e. respite, Broader Horizons, etc.
- Friendly volunteer visitation programs.
- Seniors support centres need to be much more prominent --- there should be more than one and they should be welcoming, helpful, and supportive places for both receiving services (from legal to social) and volunteering services. They should be the "go to" places to call if one is in need of a service and immediately be provided with the information or support to access those services. Properly paid care workers to reduce high turnover and to promote consistent care.
- Liaison person to connect with seniors and steer them to local services.
- Care-giver need to be consistent and age-appropriate (NOT high-turnover folds getting minimum wages. Jubilee Manor seems to have gotten 'it'.)"Meals need to be cooked in Nelson.
- Community outreach program. All long term residential care workers need properly paid care workers to reduce high turnover and provide consistent care
- Properly paid care workers to reduce high turnover and to acquire better staff
- Support for patients being discharged from hospitals - going to home alone!
- From those just out of hospital, there isn't enough support with housekeeping and medical dressings, etc. Even if they can pay, how do they go about finding honest workers? For caregivers, there is a reluctance to get help from "strangers". I don't know how you can help that. Friendly visits, perhaps, and a promise to have the same person regularly. And not men to shower ladies :)

- Waiting years for surgery on a hip, for example, can cause a senior to develop other problems as a result of lack of exercise.
- I do not use these services - I cook for myself. I clean my house.
- A ... place for senior pedicure and manicure would be welcome.
- More info, on what programmes are open to seniors, Govt, ones and other ones available
- Pertinent care needed - provided by sliding scale according to income

Social Participation Opportunities Comments

- I think that our Recreation Complex could have more programs designed for seniors. I heard a program on the Coop radio station this week about a seniors swim program in Kimberley that sounded wonderful. Apparently on some days in that pool, you can't get in there due to the number of seniors filling the place. It should also be more affordable. The prices there are too high now.
- Seniors want to be active but require some help at times. Walking and just enjoying being outdoors is so important. Easy access to parks and someone to help at times would improve health and well being soooooo much.
- Programs that bring seniors and children and younger people together benefit everyone concerned...this could be with arts, culture, education, entertainment, history projects, etc.
- More activities for seniors in local schools, [improvement] of parks, trails and health support
- I would like to see subsidized art and culture programmes for Seniors..an "Art group" specifically.
- The rec complex has some good programmes for me now at a cost ...I really don't know what is offered to those who have mobility problems....but I think it is important that there be programmes for such people and transportation to venues that [supply] those programmes....arts and music are important, too....
- We need activity to keep healthy. The senior's centre EATS!! Perhaps an inventory of what's available - walking/run groups, etc. Of course this represents the view of a fit senior who wants to stay that way.
- Need a new improved, enlarged seniors citizens center. Present one is too small, unattractive and limited in what activities it is able to provide.
- Need a new, larger up to date senior citizens center. The present one is too small, unattractive and doesn't allow for the breath of programs required for seniors in today's society. More seniors' counsellors at a new senior's center
- While the recent increase in fees at the Nelson and District Rec. Complex is a current hot issue, in the bigger picture, housing supply, in home care services to support elder folks to comfortably remain at home, and transportation are the biggest needs in my humble opinion.
- Need a up to date senior citizens center; need better seniors activity programs; need more senior counsellors
- Am amazed at the lack of [opportunities] ...programs...for lower levels of fitness at the swim centre/ exercise centre; so many of the programs are called BOOT CAMP this and that; how about senior type gentle programs; see TV in Spokane re Sit and Be Fit programs....these type and "step by step"

increasingly more challenging programs where we can come and really participate at our levels; now it feels like there is just no point; Never mind the high rates of getting into the pool for a self directed swim...ridiculous...how is this encouraging fitness??

Perhaps it falls under social participation opportunities, but there needs to be some focus put toward meaningful activities that [specifically] bring together the young and the old generations (eg. community cooking programs, childcare, mentoring, etc.).

- Programs that are affordable and targeted at seniors and their specific needs at the pool and gym at the Rec. Centre should be organized by a senior who understands needs.
- There should be good programs at the pool for seniors. NDC doesn't seem to be making programs affordable for seniors or have a good sense of what seniors needs are. (You need senior input for this, not just the folks there now who are younger and 'guessing'.)
- Pool [programming] and accessibility for seniors (without extra costs over pool pass). High need for exercise activities in pool etc. at the Community Complex for seniors specifically. Must be affordable and truly aimed to seniors. Programs for seniors are not high in NDC program. You need a senior advisor on NDC board.
- Pool programming and accessibility for seniors. Community outreach to seniors to help them access events, activities and NDCC Specific affordable exercise and pool programming for seniors at the NDCC. The NDCC is not doing its job. NDCC needs a senior advisor and a physical therapist to develop senior programming
- The 'outings' are enjoyable - visit with others than usual exposure (This is not possible (?) experiencing occasional change of dining seating?)
- More and varied activities at Broader Horizons. Greater access to activities on weekends - esp. at Sr's homes particularly Mtn Lakes Assisted Living section. For the most part the physical activities offered by the rec centre are inaccessible to seniors because of timing (swimming program for seniors is exactly times to interfere with lunch hour) and the inability of most seniors to get to the rec centre - no transportation.
- Expanded day programmes at recreation center and other venues
- Medical advancement shows that the physical/cognitive disabilities can be improved by specialized therapy. If done, it allows the senior a longer [independent] life (style) and lower medical complications and costs.
- There should be senior rates (cheaper rates) for courses at the Community Complex. There should be senior rates at Touchstones and at all events at the Capitol
- Offer them a heated place and some food to eat, telephone etc. All costs above that is a prevention. Govt CPP OAS GIS is BELOW the poverty line. Need I say more.
- I would like the cost of attending the NDCC lowered for seniors (especially 55 to 60 years of age which is the full facility pass right now) and a return to lower pool passes.
- Schedule exercise sessions for seniors in such a way that they do not directly conflict with their mealtimes and/or are diabetic friendly. Seniors in residence cannot participate in exercise sessions that run between 11:30 and 1:30 or between 4:30 and 6:00 pm

- Nelson is quite isolated in winter and people often feel trapped. The mall serves as a social centre for many but does not do this well being primarily a commercial centre. I am aware of elders being moved along from the food court if they sit there too long. I don't think this is senior friendly.
- It is my impression that the senior's centre is not seen as an option for these folks as they want to be in the Mall for both company and some exercise (walking).
- Daily newspaper with x-word puzzle and obits
- 'Old style' manual data base systems (like card index systems) for people at libraries when computers are all 'tied up' and for people/seniors, who are not too computer literate.

Outdoor Spaces and Public Facilities Comments

- As to public washrooms, it is not only older people who need them, but tourists, people with children etc. etc. are also in need. I feel it's bad for Nelson's image as a tourist town that public washrooms are not easily accessible.
- Winter - slippery streets not good for the elderly.
- More snow removal on sidewalks; public toilets in town
- Clean public washrooms
- More and easier access to public washrooms on Baker Street.
- Correct rough pavement and sidewalks. More recognized 'trails' for those with scooters. Attention to street lighting.
- Need more benches for seniors to rest up, but would be used by young unemployed smoking & drinking lattes
- Accessibility to shops, restaurants and other public buildings. E.g. ramps, handrails, less clutter.
- As the tap water in Nelson is safe, we should have secure public drinking fountains. Band shell for public music, lecture, book reading performances.
- Sidewalks in the residential areas of Nelson are often in poor shape: uneven, broken, frequently not cleared of snow.
- Nelson is very lacking in public washrooms in downtown area and needs signs for these as well. Many people do not know (visitors included) where public washrooms are.
- As far as a physically accessible community is concerned, we need covered walkways and a gondola or moving sidewalks in the uphill area. A much better bus system might solve the problem too, but people still want to walk if they can.
- I want Red Sands included and lake front accessibility outside Nelson
- Make sure you keep all beach access sites - ie Red Sands - dog walk!
- Replace bus stop in front of RDCC front door to allow easier senior access. Need more public beach access [sites] along the lake. Save red sands beach. Extend trail past dump (city)

- As seniors we are encouraged to keep active but inadequate road side walkways and a very infrequent bus service make this very difficult indeed. The lack of public toilets in the down-town area is very poor. Thank you for the opportunity to share my thoughts on those matters.
- Needs to be more washrooms and benches in the downtown areas!
- We need public washroom on Baker Street
- Sidewalk condition is not good, should be improved
- Library should be open on Sundays and in the mornings for seniors. The crosswalks in Nelson should be re-evaluated for safety and possibly be replaced with traffic lights or stop signs.
- Washrooms in both public and restaurant washrooms toilet seats too low and grab bars are not placed in totally reachable places.
- Help to expand the senior center
- A few more benches on streets often walked by seniors
- When someone in extreme pain is being pushed in a wheelchair, the irregular and rough walks [are] really painful. Rough & narrow sidewalks & streets, stairs.

General Comments

- Area E has no services for seniors.
- While the recent increase in fees at the Nelson and District Rec. Complex is a current hot issue, in the bigger picture, housing supply, in home care services to support elder folks to comfortably remain at home, and transportation are the biggest needs in my humble opinion. Going forward, older folks living in the outlying areas will need/want to move into town to be closer to services unless transportation is improved, which then puts pressure on housing stock. Efforts by Osprey foundation should be in collaboration with other knowledgeable, senior services oriented groups.
- Don't raise taxes to obtain the priorities listed here and on the other pages
- People won't be educated until they choose to, but ageism is a problem, even among the elderly. Disregard for our value as humans leads to abuse. Education may help; but it seems we need to be old before we understand
- I find if I am friendly others are friendly. Very fortunate to have lived here for many years. Just keeping in touch with your neighbour. Am unable to do any volunteering due to a chronic complaint.
- I think that one needs to remember that Nelson proper has best access to what programs and services that are in place. Also that "senior friendly" communities can be narrow or broadly defined, such as a faith community promoting the values within its community or the Regional District community recreation branches building and promoting "senior friendly" values into their programs and staff. Of course the domino effect would go beyond this survey's boundaries which is a good thing.
- For those of us still agile, life is really good here.
- I am sorry that as a relatively 'young senior', my focus is on staying fit and well. The focus likely changes very quickly when one suffers any kind of disability. We need to have some way of co-ordinating groups that cater to seniors. It took me two months to find the Walking club, and then it was from a photo in a

local newspaper. And there is not enough focus on healthy living, healthy eating, and exercise. Too many of us (and this survey) assume that we can eat poorly, live as we please, and then depend on our 'medical system' to fill us with drugs. Let's create a new model for seniors. Yes, we need assistance, but we also need to be responsible for our choices; and aware that there ARE choices to be made.

- Since a senior might have a temporary incapacity (knee surgery, arm etc.), the help needed might be temporary. As a result, house supplies, food services, therapy and transportation might become primary issues. Then, upon healing, these challenges disappear. It is the "surprise" event that needs attention. The diagnosis after x-rays, therapy and time needs a timely response.
- We are in need of people to help us with government services concerning issues on what we as seniors with [disabilities] are [entitled] to , plus where can we go for help with extended health plans (private) that continually rip us off by taking our premiums and denying us medications because of pre-existing health issues, The government [disability] home owner grant that takes months to review and causes [undue] stress with [their] demands. It would also be nice to have local businesses have more senior discount day's and stop trying to short change us when paying for items, this has happened to me many times in local stores where they do not give me back the correct amount of change.
- Thank you for helping Seniors and keep up the good work on our behalf!!!
- Stop wasting money on repeat surveys, questions & staffing for regional district. Lower taxes in the area so seniors can afford to live better.
- People on fixed income have a hard time meeting ends meet at the month's end with inflation. This affects the social programs, transportation, cost, etc.
- Just more has to be done if we are to feel inclusive into society. Not shut in or shut out is the slogan I'd use to describe my feelings
- I would like to thank your organization for taking the time for be concerned enough to gather this information. I just hope that the information can be used to get theses very important issues can be put into reality before it get too late as I've indicated in my responses I'm right on the cusp of turning 65 with disability and frankly I'm [extremely] frightened of what lays ahead of me and how in hell I'm going to be able to cope with it. Quality [always] trumps quantity. I'd rather have five years w/o fears the [sic] twenty with them so best of [wishes] to the wholeness of you. Thanks you."
This was a rather difficult survey to complete, in that I am currently 63 and in good health, my partner is 57, we both drive and have a variety of interests and social connections both in Area E and Nelson. So, often, I was checking options that I hope will provide the services that I feel that I might need in future years, or that I see older seniors needing now, but not that I need now. Being aware that survey results are, or should be, used to create policy, and that there may not be a survey like this for a relatively long time period, my answers are for my future needs. I think the Social participation and housing options should offer more multi-age choices, and by that I mean involvement of seniors with other age groups. There will be many ways of being a senior, especially as the Boomer generation enters these years, and a monolithic approach may not suit the next generation of seniors. I appreciate the chance to fill out the survey, and all the work that the Osprey Community Foundation does.
- These key areas are interdependent - we need to be well rounded in providing services and supports to seniors as we progress from healthy, active and independent to more dependent states. The transitions between stages are important too, because that's where people have to make life changing decisions and they need information to make informed choices. As a rural resident I am concerned about the inequity of access to services for rural vs. urban seniors. I personally do not need help with

transportation to services and activities in Nelson, but I know many people who are unable to take advantage of what is available because they can't get to town.

- Businesses need to be encouraged to support their senior customers.
- Make living in this area more affordable for seniors - many living on CPP and OAP
- Seniors are between a rock and a hard place. I would suggest removing both the rock and the hard place.
- Most seniors that I have talked to say that they would prefer to stay in their own homes as long as possible, with house cleaning and personal services, meals on wheels or meal preparation service, transportation to medical, dental & eye appointments, and (in some cases) to seniors' centres for social activities.
- The price of many things, such as eye glasses, library fees, gasoline, hydro and wood, to name a few, have become more expensive, but there has been [negligible] increase in basic government pension.

Comments about the Survey Tool

- First of all I think it defeats the purpose when I can only 'tick' 1, 2 or 3 under housing and priorities. Depending on the stage in your life you might go from one kind of housing to another - therefore one, or at least I, cannot rate them as 1,2 or 3. They are all important in varying degrees.
- Questions 11 and 17 had technical issues when I tried to answer them the check marks moved about from one question to the other hence making inaccurate responses.
- I have had difficulty filling this in as I am, indeed, a senior, age 76, but I still drive, have all my marbles, and have family in town. I resent the idea that I need help with 'social interactions' as I am still capable of making my own friends. I do not want to be classified as a 'senior' and therefore, deaf, daft and in need. I also like to interact with people younger than myself. The thought of sitting in a room of people my age, playing bingo, repels me. I have filled this out to give my opinion on what other seniors would maybe need.
I think this could be very valuable information, personally I don't like being called a 'senior' - my own personal hang-up as it often seems to imply that one is incapable physically and/or mentally. I hope the day will come when we have no need for such words, perhaps now that the boomer generation is getting older we'll see a change in attitude to older people. In the meantime we are dealing with a certain amount of ageism in our society.
- I have answered this survey "into the future" when, upon retirement, my income will be very small and I will not be able to afford a car, hire private help etc.
- I am 55 and do not access many of the seniors programs you have surveyed.
- I confess I answered this survey according to the needs I think I will or might need in the future , not right now. I would hope and pray these services are up and running when I do need them , as these are the things that I hear my friends talk about all the time
- I have marked no opinion on several items in the survey because I do not presently need these services, however I believe housing, transportation and community support and health services are essential for the continued well being of our senior citizens.

- I am a very "Senior" Senior, but as yet, I am still living on my own, but that could change at any time. Therefore, I cannot answer very many questions on the survey, such as 3, 4, 6, 8, 10, 11, 12, 13 & 14. I have relatives or friends that can transport me out of town, if and when the need arises."
- These questions are difficult to answer because although I am 72, I am healthy and capable of looking after myself. If I were widowed I would find these questions more relevant. Also, there is a difference in needs when a senior is living in Nelson to those for one who lives near Nelson. I find, though that there are problems which could be addressed with relative ease.

Appendix 4. Survey Promotion and Distribution

Media releases and/or advertisements were sent to The Pennywise, The Express, The Star, and the Kootenay Co-op Radio.

Media releases were emailed to the following community agencies and service groups/clubs, and they were asked to forward the information on the survey to their members/contacts:

- Alzheimer's Society of BC (Nelson)
- Balfour Golf Course
- BC Government Retired Employees' Association (Nelson)
- Broader Horizons adult day program
- Canadian Federation of University Women
- Elder Outreach Services
- Friends of Nelson Elders in Care
- Good Sam RV club
- Grans to Grans
- Learning in Retirement
- Nelson & Area Elder Abuse Prevention Program
- Nelson CARES Society
- Nelson City Councillors
- Nelson Community Services Centre
- Nelson Municipal Library
- Osprey Community Foundation Board
- ProcterHarropCommunityNews Group
- Royal Canadian Legion #51

Media releases were also emailed to the following local churches:

- Bethel Christian Centre
- Catholic Church
- First Baptist Church
- Jehovah's Witnesses
- Kootenay Christian Fellowship
- Lutheran Church
- Nelson Covenant Evangelical Church
- Nelson United Church
- Salvation Army
- Seventh-day Adventist Church
- St Andrew Wesley
- St. Saviour's Pro-Cathedral Anglican

Over 430 paper copies of the survey were distributed to the following services/groups:

Alzheimer's Society (Nelson)

Balfour Seniors' Group

BC Government Retired Employees' Association (Nelson)

Nelson CARES Housing

Cedar Grove Housing (Nelson)

Canadian Federation of University Women (Nelson and District Club)

Mountain Lake Assisted Living (Nelson)

Good Sam RV Club (Nelson)

Kiwanis Housing (Nelson)

Lakeshore Place Adult Mobile Park (Balfour)

Lakeview Village (Nelson, Assisted Living)

Nelson Municipal Library

Procter Library/General Store

Procter-Harrop Seniors' Association BR 118

Royal Canadian Legion (Nelson)

Senior Citizen's Branch #51 (Nelson)

Seniors Coordinating Society

Seniors Coordinating Society Home Help Clients

Seniors Coordinating Society Walking Group

Appendix 5. Project Funding

Project Funding

This project was supported, in part, by an anonymous donor, the City of Nelson, and the Regional District of Central Kootenay (RDCK) Area E.

- An anonymous donor generously provided the OCF with \$21,050 in operating funding in 2010, some of which was used to cover the costs of his project.
- The City of Nelson contributed \$2,500 through its Community Initiatives Program, which is funded in turn by the Columbia Basin Trust.
- Ramona Faust, RDCK Area E Director provided \$500 of Community Development funding to support this project.

Appendix 6. BC Initiatives Supporting Seniors in our Communities

Seniors' Healthy Living Framework

Ministry of Healthy Living and Sport. Seniors in British Columbia: A Healthy Living Framework. September 2008. http://www.health.gov.bc.ca/seniors/PDFs/seniors_framework_web.pdf

The *Seniors' Healthy Living Framework* has four cornerstones:

- Creating Age-friendly Communities
- Mobilizing and Supporting Volunteerism
- Promoting Healthy Living
- Supporting Older Workers

Senior-friendly transportation and the Five "A"s

The BC Ministry of Healthy Living and Sport report that "in order to be "senior-friendly," transportation services need to meet the Five "A"s:

Available in your community, where and when you need it.

Accessible for seniors and those with special needs.

Acceptable means that it meets safety, cleanliness and other criteria.

Affordable so that transportation costs do not become a barrier to continued mobility.

Appropriate for use by, and to meet the transportation needs of seniors.

The Ministry recognizes that many seniors do not have access to transportation that meets the Five "A"s."

The BCAA Traffic Safety Foundation

The British Columbia Automobile Association (BCAA) Traffic Safety Foundation initiated a roundtable discussion on alternative transportation for seniors in Summer 2008 and again in Spring 2009. These events were attended by seniors, representatives of seniors' organizations, government, research and social agencies. Recommendations arising from those meetings are described in the BCAA newsletter *On the Move*. (see [Spring 2009](#) and [Summer 2008](#))

The Foundation reports that is working with the various participating agencies and individuals to ensure that steps are being taken to meet the recommendations and fill the transportation gaps for BC seniors. They are also investigating an American program, [ITN America](#), to see if it is feasible in BC. ITN America operates in several US cities and provides seniors with transportation" when they want it, where they want if, for any purpose, at a price that is affordable and in a way that meets their need." <http://www.tsfbcaa.com/104.aspx>

The BCAA Traffic Safety Foundation also offers Mature Drivers workshops. Supported by the Province, these workshops use trainers to help other mature drivers in their community become more aware of physical

changes they're going through, and how these changes may impact their safe driving ability. Drivers learn to assess their own driving skills, habits and knowledge, while getting tips and strategies to improve driving skills.

For more information call 1-877-297-2254 or visit www.MatureDrivers.ca. (page 6, BC Seniors Framework)

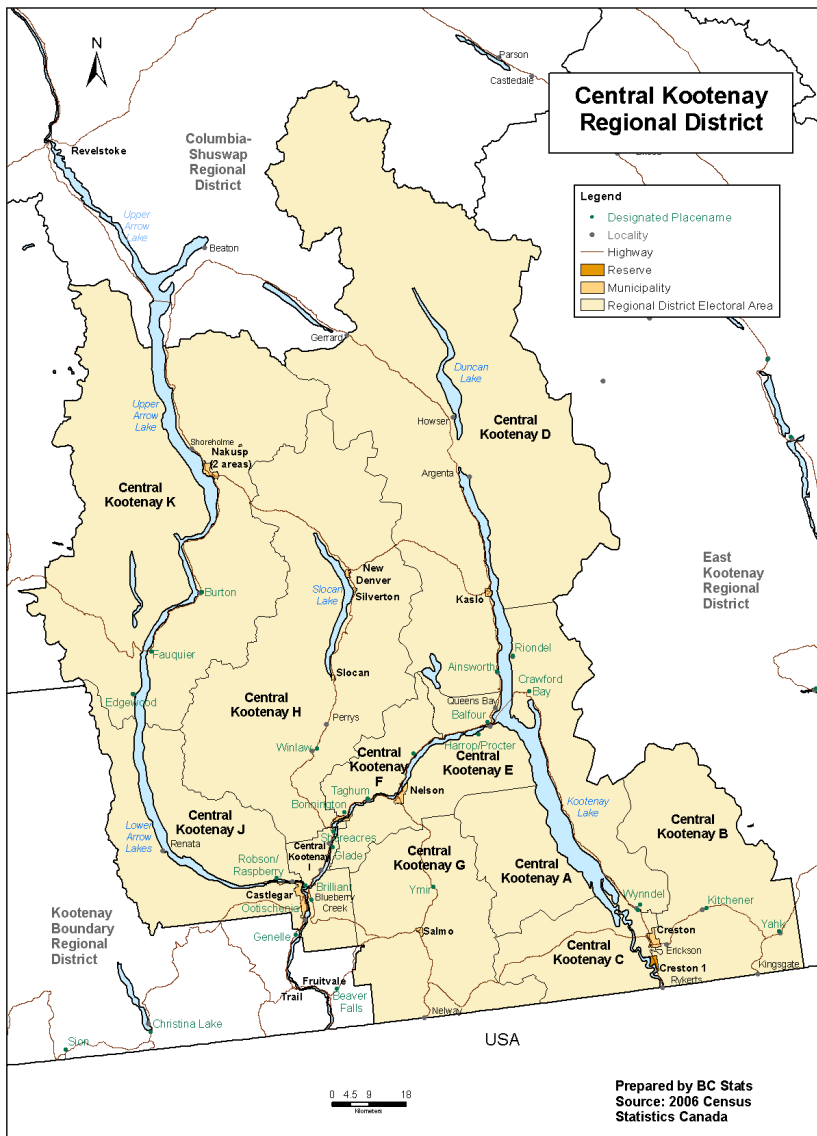
Seniors' Housing and Support Initiative

The Union of British Columbia Municipalities (UBCM) Seniors' Housing and Support Initiative provides grants to support community-based solutions that increase opportunities for B.C.'s older adults to age in place.

Created with a \$2.5-million grant from the Province, this initiative has already supported more than 50 pilot projects and 40 dialogue events in communities throughout British Columbia, ranging from accessible transportation to age-friendly community planning.

See their website at www.seniorsincommunities.ca

Appendix 7. Map of Central Kootenay Regional District



Source: BC Stats

Appendix 8. Population Estimates and Projections

Table 6. Nelson Local Health Area -07, population projections (P.E.O.P.L.E. 34) totals by age group

Age Groups	2005	2010	2015	2020	2025	% Change 2005-2010	% Change 2010-2015	% Change 2010-2020	% Change 2010-2025
0 – 54	17,316	17,424	17,174	17,450	18,189	0.6%	-1.4%	0.1%	4.4%
55 – 64	3,085	3,957	4,282	4,252	3,999	28.3%	8.2%	7.5%	1.1%
65 – 74	1,718	2,037	2,799	3,594	3,900	18.6%	37.4%	76.4%	91.5%
75 – 84	1,138	1,181	1,267	1,551	2,172	3.8%	7.3%	31.3%	83.9%
85+	433	508	617	666	731	17.3%	21.5%	31.1%	43.9%
Total	23,690	25,107	26,139	27,513	28,991	6.0%	4.1%	9.6%	15.5%
55+	6,374	7,683	8,965	10,063	10,802	20.5%	16.7%	31.0%	40.6%

Source: Population estimates (1986-2009) by BC Stats, BC Ministry of Citizens' Services. Release Date: August 2010

Population Projections: Interior Health Authority. Nelson Local Health Area 07. People 34 Population Projections (2010-2025).

Interior Health Authority. September 2009. P.E.O.P.L.E. 34 (Population Extrapolation for Organizational Planning with Less Error) and was finalized in September 2009. Estimates and projections are based on Statistics Canada census figures provided every 5 years.

Table 7. Nelson Local Health Area -07, population projections (P.E.O.P.L.E. 34) age group percentage of total population, 2010, 2015, 2020 and 2025

Age Groups	2010 % of total	2015 % of total	2020 % of total	2025 % of total
0 – 54	69.4%	65.7%	63.4%	62.7%
55 – 64	15.8%	16.4%	15.5%	13.8%
65 – 74	8.1%	10.7%	13.1%	13.5%
75 – 84	4.7%	4.8%	5.6%	7.5%
85+	2.0%	2.4%	2.4%	2.5%
Total	100.0%	100.0%	100.0%	100.0%
55+	30.6%	34.3%	36.6%	37.3%

Note: the percentages in Table 7 are calculated from the totals in Table 6.

Table 8. Population estimates by gender and age group 65+ for BC, Nelson, Area E and Area F (2006)

	BC			Nelson			Area E			Area F		
	Females	Males	Total	Females	Males	Total	Females	Males	Total	Females	Males	Total
Total Population	2,099,495	2,013,985	4,113,480	4,810	4,445	9,255	1,820	1,900	3,720	1,860	1,870	3,730
Aged 65 and older	328,330	271,465	599,795	845	555	1,400	280	235	515	240	220	460
Aged 65+ % of total population	16%	13%	15%	18%	12%	15%	15%	12%	14%	13%	12%	12%
Aged 65+ ratio of females to males	0.55	0.45	n/a	0.60	0.40	n/a	0.54	0.46	n/a	0.52	0.48	n/a

Source: BC Stats. 2006 Census Profiles, Produced May 2010. www.bcstats.gov.ca

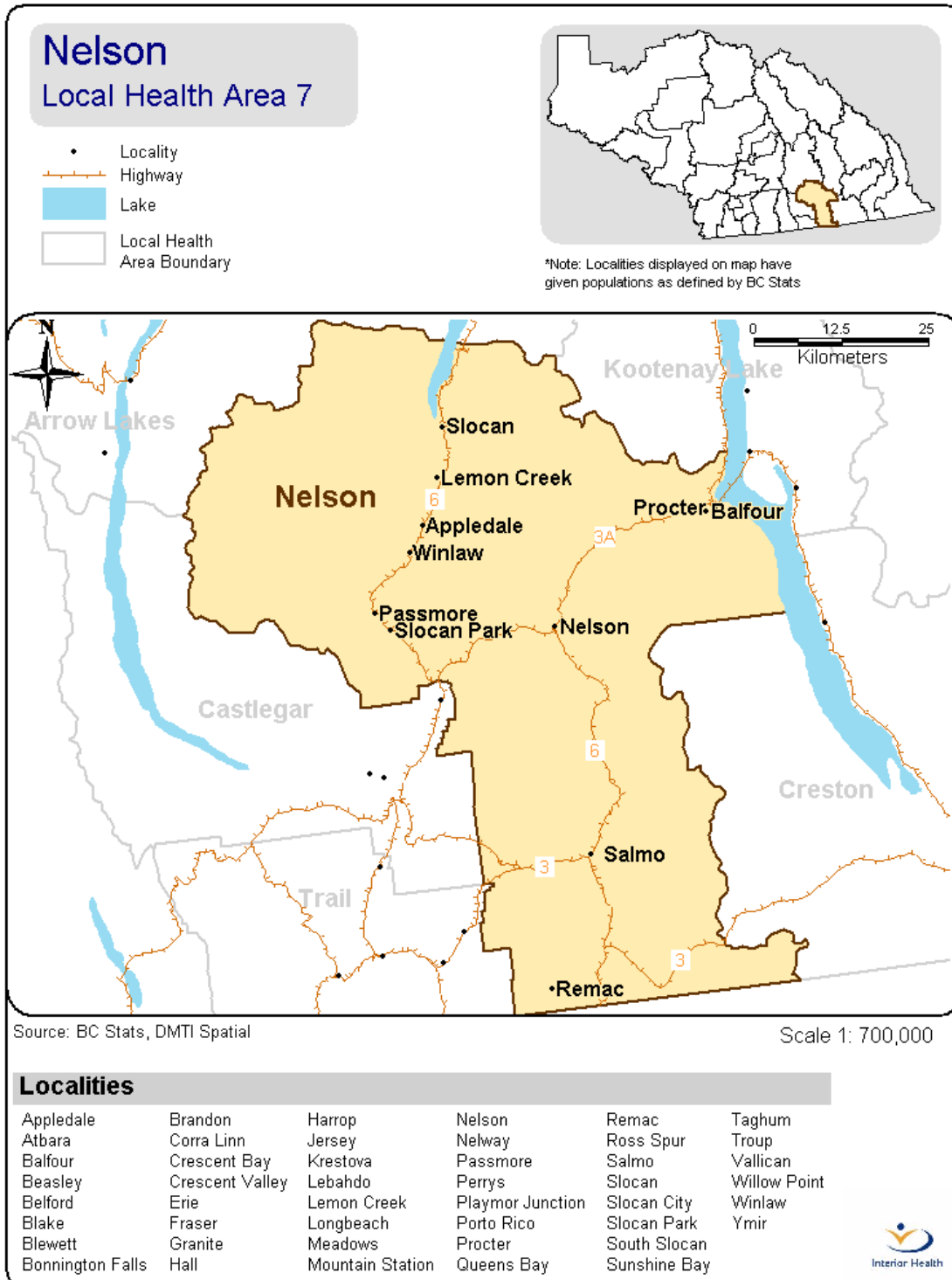
Table 9. Population estimates by gender and age group 65+ for Area E and F communities (2006)

	Balfour			Harrop/Procter			Six Mile			Taghum			Bonnington		
	Females	Males	Total	Females	Males	Total	Females	Males	Total	Females	Males	Total	Females	Males	Total
Total Population	230	250	480	310	305	615	500	460	960	110	100	210	225	240	465
Aged 65 and older	45	55	100	45	60	105	80	60	140	10	10	20	0	10	10
Aged 65+ % of total population	20%	22%	21%	15%	20%	17%	16%	13%	15%	9%	10%	10%	0%	4%	2%
Aged 65+ ratio of females to males	0.45	0.55	n/a	0.43	0.57	n/a	0.57	0.43	n/a	0.50	0.50	n/a	-	1.00	n/a

Source: BC Stats. 2006 Census Profiles, Produced May 2010. www.bcstats.gov.ca

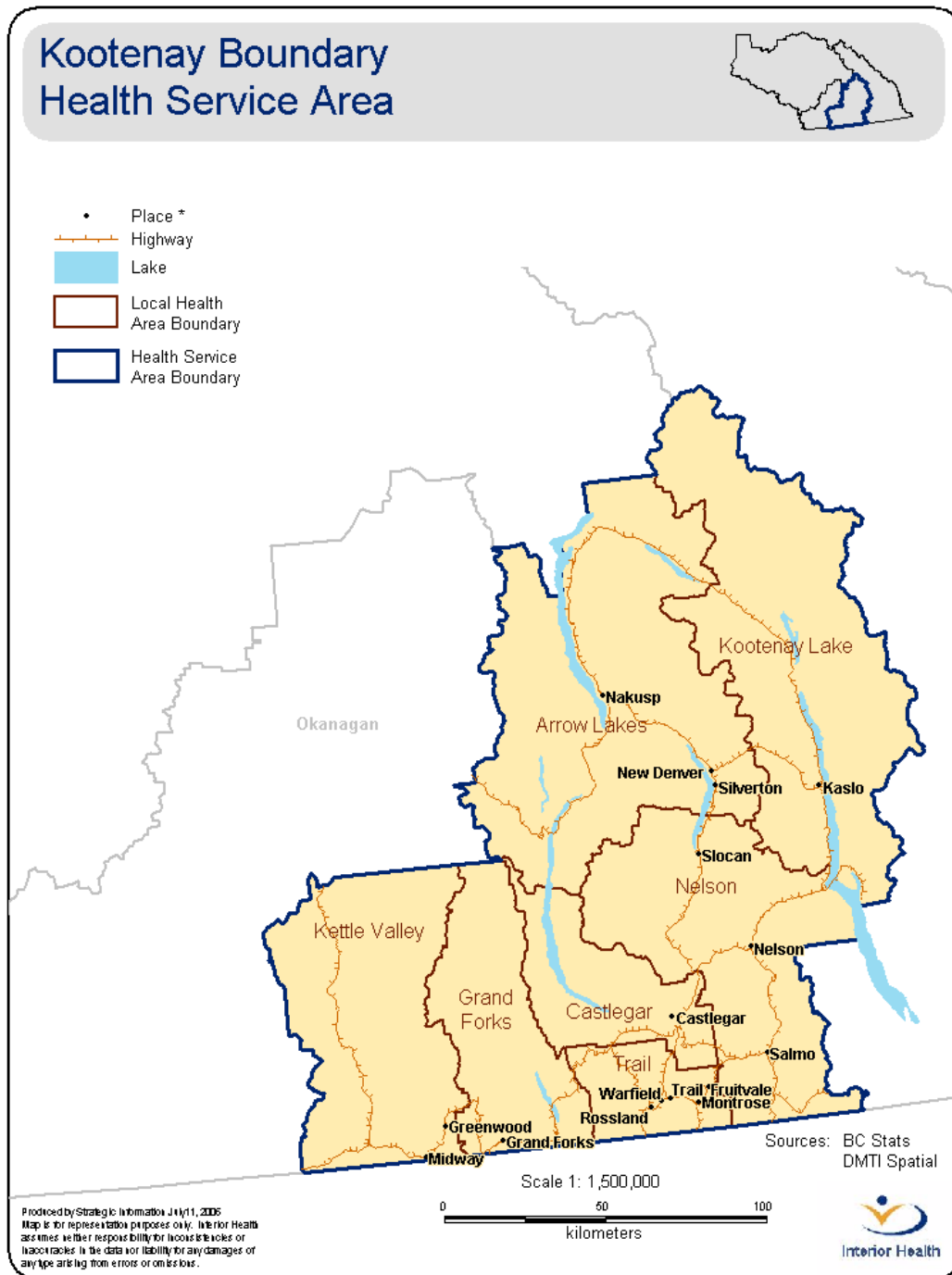
Appendix 9. Health Area Maps

Nelson Local Health Area 7 Map



Produced by Strategic Information: July, 2005 - Updated March, 2006
 Source: Interior Health Authority. *Nelson Local Health Area Profile*. March 2010. P. 17.

Kootenay Boundary Health Service Area Map



* Includes place type: District Municipality, City, Town, & Village as defined by BC Stats

Source: Interior Health Authority. *Nelson Local Health Area Profile*. March 2010. P. 18.

Appendix 10. Number of Occupied Private Dwellings

Table 10. Number and type of occupied private dwellings in Nelson, Six Mile, Balfour, Harrop/Procter, Taghum, Area E (includes Balfour and Harrop/Procter) and Area F (includes Six Mile and Taghum) (2006)

	Nelson		Six Mile		Balfour		Harrop/Procter		Taghum		Bonnington		Area E ¹		Area F ¹		BC
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	%
Number of occupied private dwellings ²	4,160	100.0%	430	100.0%	225	100.0%	275	100.0%	100	100.0%	180	100.0%	1,620	100.0%	1,580	100.0%	100.0%
Owned	2,640	63.5%	375	87.2%	190	84.4%	234	85.0%	85	85.0%	180	100.0%	1,270	78.4%	1,390	88.0%	69.7%
Rented	1,520	36.5%	50	11.6%	35	45.6%	41	15.0%	15	15.0%	0	0.0%	350	21.6%	195	12.3%	30.1%
Band housing	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0	0.0%	-	0.0%	-	0.0%	0.2%
Single-detached house	2,425	58.3%	270	62.8%	200	88.9%	235	85.5%	85	85.0%	165	91.7%	1,320	81.5%	1,335	84.5%	49.0%
Semi-detached house	185	4.4%	-	0.0%	5	2.2%	-	0.0%	-	0.0%	0	0.0%	15	0.9%	10	0.6%	3.1%
Row house	140	3.4%	5	1.2%	-	0.0%	-	0.0%	-	0.0%	0	0.0%	-	0.0%	25	1.6%	6.8%
Apartment, duplex	415	10.0%	5	1.2%	-	0.0%	5	1.8%	-	1.8%	0	0.0%	30	1.9%	30	1.9%	10.2%
Apartment, building with 5 or more storeys	-	0.0%	5	1.2%	-	0.0%	-	0.0%	-	0.0%	0	0.0%	-	0.0%	-	0.0%	7.2%
Apartment, building with under 5 storeys	900	21.6%	10	2.3%	-	0.0%	5	1.8%	-	1.8%	0	0.0%	5	0.3%	40	2.5%	20.9%
Other single-attached house	-	0.0%	-	0.0%	5	2.2%	-	0.0%	5	5.0%	0	0.0%	5	0.3%	-	0.0%	0.2%
Movable dwelling	90	2.2%	130	30.2%	20	8.9%	35	12.7%	35	12.7%	5	2.8%	250	15.4%	150	9.5%	2.6%

Source: BC Statistics. 2006 Census Profiles. August 2010. <http://www.bcstats.gov.bc.ca/census.asp#C2006>

Table 11. Number and percentage of occupied private dwellings requiring maintenance, minor, or major repairs (2006)

	Nelson		Six Mile		Balfour		Harrop/Procter		Taghum		Bonnington		Area E ¹		Area F ¹		BC
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	%
Number of occupied private dwellings ²	4,160	100%	100	100%	430	100%	225	100%	275	100%	180	100%	1,620	100%	1,585	100%	100%
Req'ng regular maintenance only	2,250	54%	45	45%	270	63%	130	58%	135	49%	100	56%	820	51%	930	59%	68%
Requiring minor repairs	1,400	34%	45	45%	135	31%	80	36%	90	33%	70	39%	610	38%	555	35%	25%
Requiring major repairs	505	12%	10	10%	30	7%	15	7%	55	20%	-	0%	185	11%	95	6%	7%

Source: BC Statistics. 2006 Census Profiles. August 2010. <http://www.bcstats.gov.bc.ca/census.asp#C2006>

Note 1: Area E includes Balfour and Harrop/Procter and Area F includes Six Mile, Bonnington and Taghum.

Note 2: the Census only captures the stock that is occupied by a primary resident. It would not capture properties that are used as second homes or recreational property and not rented out to a local resident at the time of enumeration. Seasonal and recreational property accounted for 9% of all properties in Nelson and area (not included in the Census dwelling count).

Appendix 11. Transportation Services Available in Nelson and Areas

The City of Nelson Active Transportation Plan (Opus International Consultants (Canada) Limited, 2010) describes the current transit service in Nelson:

Within the City, the transit system routes provide good coverage of the compact community. The routes providing service to Uphill, Fairview, and Rosemont provide service starting between 6:30 to 7:20 a.m. and ending between 8:40 to 9:10 p.m. During morning hours, bus frequency is every 30 to 40 minutes for Uphill and Rosemont, and every 40 to 60 minutes for Fairview. During midday and peak evening times, maximum frequency is every 30 minutes. Later evenings have varying frequency of service.

Accessible transit services for the region include low-floor buses on transit routes, as well as handyDART and Taxi Saver Supplement services.

Currently, service between Nelson and Trail is available three times per day. Buses to Trail leave Nelson at 6:45 a.m., 12:05 p.m., and 2:55 p.m. Similarly, buses on route to Nelson leave Trail at 7:00 a.m., 12:20 p.m., and 2:40 p.m. This system notably lacks a late afternoon/ evening connection that could accommodate those living in one city and employed or attending an educational institution in another.

The system is currently funded by a cost-share program between BC Transit and the City of Nelson, with revenue and infrastructure controlled by the City of Nelson. The current bus fare within the City of Nelson is \$1.75 for adults and \$1.50 for seniors and students. Between Castlegar and Nelson, the fare is \$2.50, and \$1.50 between Trail and Castlegar. Tax credits of 15.25% are available for monthly bus passes, which range from \$31 to \$75.” (page 13)

BC Transit also provides bus service between Nelson and Balfour. Monday through Friday there is bus services 7 times per day from Nelson to Balfour, with the last bus leaving Nelson at 6:15 p.m. Monday through Friday there is bus service from Balfour to Nelson 6 times per day. Service between Nelson and Balfour is available three times per day on Saturday. There is no service on Sundays or holidays.

(<http://www.busonline.ca/regions/nel/default.cfm>)

Appendix 12. Others' Suggestions and Strategies for Creating an Age-Friendly Community

The **City of Nelson Affordable Housing Strategy Report** (City Spaces 2010b) identifies key roles that the non-profit and private sectors can undertake to contribute to the housing needs of the community.

They can act as local anchors to the implementation of the affordable housing strategy, supporting the City's initiatives and building the capacity of the community to respond to the current housing needs. Six specific roles have been identified.

1. Conducting Research and Needs Assessments

Reviewing and monitoring ongoing housing need to ensure that the housing strategy continues to respond to the groups that are most in need.

2. Working Together

Contributing to the process in a true spirit of partnership and collaboration —multiple sectors working jointly with the City to identify creative and practical solutions that are best suited to Nelson's housing situation.

3. Fundraising

Organizing events and campaigns to raise funds and in-kind contributions for development projects.

4. Identifying Opportunities

Identifying sites or buildings that are available and suited for affordable housing. The private and non-profit sectors can assist with developing an inventory of sites and opportunities (including new development, retrofitting existing buildings and other types of property regeneration) and developing criteria on how to prioritize their selection.

5. Design, Build & Operate

Managing the design/build process of affordable housing, usually in partnership with government or other institutions. For non-market rental housing, nonprofit providers are responsible for managing the building operations and, sometimes, oversee the provision of tenant support services where appropriate.

6. Advocacy

Coordinating with regional agencies and groups to lobby provincial and federal governments for funding as well as changes to taxation and policy direction.” (City Spaces, 2010b, p. 9)

City of Nelson Active Transportation Plan (2010)

Active Transportation Plan Strategies:

Snow Clearing:

- “Educational campaign to residents to remove snow and ice in front of residences promptly.” (page 66)
- “Create a snow clearing policy that allows for reliable routes for Active Transportation throughout winter months. Appropriate practise regarding sanding and salting should be consistently utilized for ice control.” (page 66)

Covered Stairs

- “Covered stairs may decrease snow accumulation and subsequently snow removal activity on stairways which may inhibit walking. Covered stairs should be considered for priority pedestrian snow plow routes.” (page 66)

Steep Terrain

- “Benches: Provide Benches at regular intervals on steep sidewalks” (page 67)
- “Transit: Frequent route up and down Stanley Street connecting the trail head to the downtown”. (page 67)

Maintenance

- “Trip and Fall Hazard: Have City’s crews report new sidewalk deficiencies. Allow residents to submit complaints online or via voicemail. Monitor severe hazards on a regular basis using handheld GPS units.” (page 68)

Preventing Admission to Hospital

Managing the Frail Elderly in the Community and Preventing Admission to Hospital: An overview of the peer-reviewed evidence. Leslie Bryant MacLean, Lisa Vandenberg & Jennifer Miller – Information Support and Research Version 1.5 February 13th, 2007

http://www.interiorhealth.ca/uploadedFiles/Information/Research/Managing_Frail_Elderly_Community.pdf

Key Points for Prevention and Treatment Interventions:

- Fall risk assessment and falls prevention intervention strategy is critical
- Enhancement of lifestyle factors such as physical activity, nutrition, oral health and socialization enhance frail elder health
- Administration of immunizations and treatment of specific problems such as constipation and incontinence can greatly improve health outcomes and QOL for frail elderly
- Regular medication reviews and use of medication organizers is very effective in reducing adverse drug reactions, ED use, hospitalization and increasing patient compliance

Appendix 13. Community Meetings

Process and Objectives of the Meeting:

Objectives

1. To review the findings of the community assessment on seniors' needs and priorities
2. To identify approaches for the community to address the priorities identified.

Process

- The facilitator for a focus area (Housing, Transportation or Community Health Supports) question or problem will stay in one location and will meet with small groups that rotate through to discuss/address the issue.
- Each facilitator will have a flipchart to record key points on. When a new group arrives at a location the facilitator will brief them on what has been discussed so far. The discussions will build on each other this way.
- At the end of discussions, the facilitator will provide a brief summary of the key points only to the whole meeting. What we are looking for are approaches to make improvements; likely partnerships and ideas for where to start.

Role of facilitator: You are there to explain the task – and to listen and gather support from the discussions. You aren't there to solve the problem yourself. Simply keep the discussion going and write down the key points. There are no right or wrong ideas at this stage.

Agenda

10:00 a.m. – 10:15 a.m. Introductions, Norm Carruthers, Osprey Community Foundation Board President

10:15 a.m. – 10:40 a.m. Janice Murphy, Research Consultant

- Will present highlights from the findings of this survey

10:40 a.m. – 10:45 a.m. Janice Murphy, Research Consultant

- Will introduce the discussion process (3 areas in room – 1 for each priority identified). Participants will spend 15 minutes at each area, providing input on the topic, focusing on three questions:
 - What approaches might be used to address this issue?
 - What partnerships might be created or built upon to address this issue?
 - What would be good steps to take in the next 3-6 months?

10:45 a.m. – 11:00 a.m.

- Session 1: Facilitator will remind group of key aspects of one of the 3 priorities (bullet point handout will be provided), ask for input from people in group and record key points on flipchart.

11:00 a.m. – 11:15 a.m.

- Session 2: Participants move to next table to discuss a second priority, only AFTER the facilitator has very briefly filled them in on the first group's discussion. Keep using the flipchart to build on the discussion with Group 2.

11:15 a.m. – 11:30 a.m.

- Session 3: Participants move to final table to discuss a third priority, only AFTER the facilitator has very briefly filled them in on the first & second groups' discussion. Keep using the flipchart to build on the discussion with Group 3.

11:30 a.m. – 11:55 a.m. – Report from groups

11:55 a.m. Conclusions and Thanks, Norm Carruthers, Osprey Community Foundation Board President

Refreshments will be available throughout the 2 hours.

Meeting 1

Date: January 14, 2011 meeting with local service providers,

Location: Multi-purpose room, 2nd Floor – 333 Victoria Street, Nelson, BC

Facilitators: Norm Carruthers, President Osprey Community Foundation, P'nina James, Director Osprey Community Foundation, Yvonne Shewfeldt, Advisory Committee Member, Dr. Janice M. Murphy, Research Consultant

Attended by:

1. Cathy Heyland, Nelson & District Housing Society
2. Pegasis McGauley, Nelson Area Society for Health, Community First Health Co-op, Seniors Coordinating Society
3. Dave Brown, Friends of Nelson Elders in Care
4. Peter Chau, BC Housing
5. Alex Wallach, BC Government Retirees Association
6. Carmen Harrison, Red Cross
7. Harry Jukes, Kootenay Columbia Senior's Housing Cooperative
8. Lena Horswill, Nelson Community Services Centre
9. Christie Heuston, Elder Abuse Prevention
10. Bette Craig, Friends of Nelson Elders in Care
11. Louise Andrew, Nelson & District Housing Society
12. Robin Cherbo, City of Nelson
13. Dave Cherry, Nelson Kiwanis Prospects Society
14. Sari Wallace, Nelson District Housing Society
15. George Millar
16. Ruth Langevin, Music Therapist
17. Deb Zeeben, Community First Health Co-op
18. Wayne Lundeberg, Columbia Basin Trust
19. Betty Millar, Friends of Nelson Elders
20. David Boyd, Nelson United Church
21. Dianne Harke, Nelson Library
22. Linda Hoskin, Alzheimer's Society of BC
23. Noland Gingrich, Ascension Lutheran Church
24. Rona Park, Nelson CARES Society
25. Laura Lundie, Mountain Lake
26. Bob Adams, City of Nelson
27. Rebecca Wheeler, Regional District of Central Kootenay- Nelson & District Community Complex
28. - 29.unidentified

Service providers' comments about community health and support services:

- revisit model(s) of Community Health and Support Services provided

We had a model of Home Support services that better met the needs of the community and there were income considerations in the model. *Could the Osprey Foundation find the redevelopment of these services to previous levels?*

The IHA needs to review the results of the survey and the consequences of cutting instrumental activities of daily living (IADLs). *Is there a middle ground, i.e. is there room to negotiate some type of partnership to increase services.* (Include the provincial government, who has responsibility in this) Lack of trust of existing system (IHA) is a problem, should consider provincial government responsibility

Look at Co—operative Community Models, i.e. Grandview Housing (Castlegar)

Encourage a private response to provision of more services.

Outreach to Areas E and F with all these programs so they are not expected to come in to Nelson (i.e. recreation for health benefits).

- create a paid Community Coordinator position

Need a Paid Community Coordinator to match need with enterprise – previously had an FTE with an IHA program (someone who already is experienced and innovative)

The Community Coordinator could match needs with current non-profit services, i.e. CARES, Youth Centre, Seniors Coordinating Society, Salvation Army, etc.

Community Coordinator idea should include RDCK involvement

Think regional – Tri-Cities, partnerships, etc.

- core funding for administration of programs

Provide core funding for Seniors Coordinating Society as the place to go for services, referral to other services for advocacy and lobbying

Need enough ongoing money (stable) to support non-profit services already in existence, i.e. administration of programs

Develop the capacity to provide subsidies to recipients

- need education and training

Financial and health literacy needs to be addressed – “advance planning” i.e. elder abuse prevention

Education (real teaching) on how to use mobility equipment

Social opportunity and participation is part of health

Service providers' comments about housing priority:

-researching and gathering information on initiatives and unique housing models that are proven successful in other jurisdictions was a common theme. Examples mentioned include boarding homes (I think it was mentioned by one of the participants that this model is established in Alberta) and the project that Harry Jukes is involved with (Grandview Housing), plus cooperative housing (Harry's project has a co-op component, plus independent units, and levels of assisted living in the plans)

-partnering with other service organizations, organizations that focus on housing (ie Kiwanis, Nelson and District Housing Society, and even the private sector, such as Golden Life Management) was a common theme-many folks noted that the need to increase housing stock requires partnering. Other types of

partnerships, for housing related issues were also noted, such as partnering with levels of government (ie city and/or RDCK to insure safety standards, maintenance bylaws, zoning to facilitate housing development, to donate land on which to create housing stock, to provide incentives to developer, and requirements that developers contribute to an affordable housing fund). Partnering with the larger corporations was mentioned (although not widely) such as Wal-Mart, Save-on, Safeway, Pacific Insight similar to how Cominco is a big player in Trail for health and recreation services. Partnering with other organizations to provide property management was noted (Rona Park). Other partnerships that were identified include: IHA (for assisted living and LTC levels of housing); broader partnerships with the Housing Forum (Donna McDonald) and CBT, BC Housing, and at the federal level, CMHC; the Health Co-op (Debbie Zeeben) has two housing proposals (not sure if they are for seniors housing and not sure where and what, if any partnerships they have established)

-don't be afraid to providing operating funds was another theme that came up. An example that came up was the need for a ``coordinator`` (paid position) to perform research, liaison, inventory, collaboration, promotion of seniors housing. (A seedling of an idea that could certainly be further developed)

-repurpose—Kiwanis is looking for a partnership with an appropriate organization to repurpose some of their existing housing (from seniors to some other affordable housing); Mt St. Francis—many participants noted that the building holds potential for housing—and that there is now a precedent with Selkirk dorms being rebuilt to LEED stand; the Kerr Block was noted as a potential for a P3 partnership to prevent gentrification and to keep units affordable (IMHO—don't know how realistic this is)

-other points that were mentioned:

-important to not create population ghettos—ie promote mixed housing (similar to False Creek model in Vancouver)-the city should require any developer to insure mixed housing

-there should be links between the developers, the city and organizations with mandates related to affordable housing

-rural areas may have need for different housing types for seniors than what is needed in the city

-OCF might consider making a condition of their funds only going to orgs that partner with similar orgs (Rona Park)

Questions for OCF to consider:

Should OCF get into operational funding?

Is there a place for OCF to fund further research and information gathering?

Can OCF exert leverage, through its funding decisions, that would promote certain seniors housing values?

Service providers' comments about transportation services:

1. Study skewed – under represents the issues as many seniors could not get out to get access to survey
2. Mountain Lakes uses HandyDart – the impact being it is not available for individual seniors to meet their needs.
3. Could not the Schools District release their buses when not in use for school children?
 - Raises issues of liability, consistency, payment of drivers

4. Frozen sidewalks – enforcement needed as this is the responsibility of the property owner
 - Could there not be a proactive campaign of civic pride (year-round maintenance of boulevards and sidewalks).
5. More/improved service particularly between Nelson-Trail and Nelson-Kelowna - Could OCF convene a meeting with City/Province/Greyhound to address the issue?
 - BC Transit currently reviewing regional service
 - Difficult to get to Kelowna
 - Improve coordination with Harrop-Proctor ferry schedule
6. Seniors need more stops in Nelson
7. Expand Slovan Valley service capacity
8. Volunteer pool of drivers
 - Coordination needs to be improved (Seniors Coordinating Society may be able to help)
 - Could the Car Share program be linked to volunteer driver program so as to match driver and vehicle?
9. What about a pool of motorized in-Mall vehicles for use of mobility-challenged when in the Mall?
10. More use of scooters on the road? Discussion: safety (is flagging enough), accessibility of battery recharging (plug-ins), question of sufficient power for Nelson’s hills
11. Broader issue of change of cultural mindset from independence to shared services
12. Transportation is a provincial/municipal responsibility!
13. Provision of an advocate service to help seniors coordinate multiple appointments when travelling to Trail or Kelowna
14. Could a Social Enterprise Business be created to run a van to Trail and Kelowna?
15. Use of Rural Specialist Program to bring services to Nelson (comment: needs to be built into contract with medical specialists – is required for Nelson-based but not Trail-based specialists.
16. Public education needed to change attitudes and behaviors so that many of these ideas could work.
17. Use groups like Learning in Retirement. OCF might provide support for driver, outreach worker, liability insurance, honorarium, public education to better reach those isolated in their homes
18. Encourage Harrop Proctor, Broader Horizon, Jubilee Manor, etc. to acquire the capacity to serve groups and then collaboration and coordination would be needed.
19. Example given of a community where bus collects seniors for weekly shopping to Safeway or Save-on-Foods for example, volunteers there to help with the shopping and the store provides coffee/tea for the seniors as part of the outing.
20. Need greater capacity for HandyDart (or freed-up capacity) as currently booking is difficult.
21. OCF support of Car Share
22. Currently HandyDart runs from Meadow Lake to Trail service once a week but not well known– contact: Greg Davidson (information provided by Pegasus)
23. Princeton runs its own HandyDart service
24. Seniors Coordinator needed to provide weekly shopping service
25. Coordinator needed to help with medical scheduling (IHA used to have a “Navigator” as a staff person)
26. Could the Drive-Able program be computer based (less need to drive to location and takes the testing off the road)
27. Greater public education needed re coordination and networking - needed behaviour change as fierce independence still a strong value.

Meeting 2

Date: January 20, 2011 meeting with local seniors and community members

Location: Procter-Harrop Seniors' Centre, 7906 Woodside Road, Procter, BC

Facilitators: Norm Carruthers, President Osprey Community Foundation, Dr. Janice M. Murphy, Research Consultant

Attended by:

1. Kali Justinen, 2nd year nursing student
2. Ellen Schmidt, Balfour Recreation Commission
3. Joan Oliver, Procter-Harrop Seniors Branch #118
4. Dolph Albert, Procter-Harrop Seniors Branch #118
5. Annelies Blauhut, Balfour Seniors Branch #120
6. Naida Aker, Procter-Harrop Seniors Branch #118
7. Betty Huiberts, Procter-Harrop Seniors Branch #118
8. Jim Huiberts, Procter-Harrop Seniors Branch #118
9. Joan Oram, Procter-Harrop Seniors Branch #118
10. Anna Lise Krogh, Procter-Harrop Seniors Branch #118
11. Kurt Blauhut, Balfour Recreation Commission, and Balfour Seniors Branch #120
12. Christine MacLeod, Procter-Harrop Seniors Branch #118
13. Rose Burgess, Procter-Harrop Seniors Branch #118
14. Dawn Fox Cooper
15. Sharon Boldt, Procter-Harrop Seniors Branch #118
16. Ramona Faust, RDCK Electoral Area E Director
17. – 20. unidentified

Harrop-Procter meeting comments about community health and support services:

- visitors/companions:

Need a pool of volunteers who could participate in a "companion/visitor" program. How do we identify volunteers? Have meetings. Maybe Procter Library volunteers – could they deliver books and check on the well-being of seniors when doing so? Maybe Boys and Girls Club volunteers? This would facilitate intergenerational interaction. There used to be volunteers that would deliver meals-on-wheels but there was no demand for the service. Need to identify need for services and potential use if offered. Need to make case for need for service.

- local referral service

Need to develop a local referral services: connect people with similar recreation interests (e.g. card players); keeps tabs on each other; connect needs with services. Perhaps develop partnership with the Seniors Coordinating Society – the OCF could fund a part-time coordinator. Maybe half-day in Procter and half-day in Balfour? They would need a satellite office. In Procter there is the Old School House and the Seniors Centre. In Balfour, there is the Seniors Centre (attached to the Community Hall). The person would need access to a phone, which is not currently available in either seniors centre. A cell phone would not be adequate because of lack of cell service and also because people with hearing difficulties can't hear people on cell phones.

- mobile health clinics:

Could clinics travel to Procter, or could something be set up to get Procter residents to clinics offered in Balfour? For example, flu clinics, mammography clinics, meals on wheels.

- snow removal:

Local seniors have difficulty removing snow from drives, sidewalks etc. and some can't afford the private rates for snow removal. Are there local service providers? Could the rates be subsidized? How could we connect a senior-in-need with a provider? We could use the community email list to communicate and organize services and see if anyone would clear snow at seniors' rates. Trust in providers is a challenge. A coordinator could screen service providers and conduct reference checks.

- next step: hold meetings to help organize people/groups pursue the key priorities/ideas – help get initiatives off the ground – the OCF could play a role in helping with this process.

Harrop-Procter meeting comments about transportation services:

1. Why such large buses for all hours of the day? Discussion: system sized to meet peak loads but if Nelson Transit had greater variety of buses, could they better serve their mix of clients over their service region?
2. Appreciate the recent efforts to coordinate schedules but links with the ferry still cause difficulty.
3. With Harrop Procter, the connections at the ferry will always be unpredictable (on demand service) and time consuming. Discussion: Can the wait times be more acceptable if shelters on each side (just constructed one on the Hwy side).
4. BC Transit's plan is to increase the number of Nelson-Trail buses to 12/day – Ramona has been pushing to have one or two less trips and to use that capacity to bring rural people into Nelson. She is exploring, in particular, a late-night bus to bring people out to H-P, Balfour – after shows and evening working hours. (One issue is that she has to deal only with Nelson Transit as they are the representative for the area, RDCK does not have a say.)
5. Would like to see public transit **IN** Harrop-Procter – Ramona is currently exploring this idea with Kootenay Shuttle folks.
6. Could a smart car or Car Share be based at the Mall for out of town (North Shore, Harrop-Procter) use?
7. What about providing radio communications between the transit buses and the ferry so they can better coordinate their schedules?
8. Difficulty of getting groceries or shopping home on the bus/ferry – what about seeing if Safeway or Save-on-Foods would deliver (perhaps next day delivery) if volume warranted it?
9. Could bulk buying be facilitated in Balfour & Procter – the local store used to provide this service?
10. Kevin Shepherd of Shepherd Electric has been exploring the reinstatement of train service from Nelson – this would eliminate the ferry connection problem. (Note: There is a train running from Victoria to Courtenay daily which stops on demand but that continues to exist because the provision of train service was a condition of the transfer of large tracts of land from the individual – Douglas? – to the Province)
11. There is a transit connection point for the North Shore at the bridge (by the ambulance station) but there is no shelter (not even a bench!).

Meeting 3

Date: February 4, 2011 meeting with local seniors and community members

Location: Selkirk College's Silver King Campus, 2001 Silver King Road, Nelson, BC, Room 118

Facilitators: Norm Carruthers, President Osprey Community Foundation; Nelson Ames, MD, Osprey Community Foundation Board Member; Janice Murphy, Research Consultant

Attended by:

1. Marg Wood, Learning in Retirement
2. Margrith Schraner, Learning in Retirement
3. Ernest Hekkanen, Learning in Retirement
4. Judy Deon, Canadian Federation of University Women, Learning in Retirement
5. Judith Biggin, Learning in Retirement
6. Phyllis Dale, Learning in Retirement
7. Georgia Swedish, Learning in Retirement
8. Glyn Humphries, Learning in Retirement
9. Maggie Oliver, Learning in Retirement
10. Olwen Humphries, Learning in Retirement
11. Nancy Mackay, Learning in Retirement
12. Gisela Lehmann, Learning in Retirement
13. Joan Reichardt, Seniors Coordinating Society
14. Sylvia Smith, Learning in Retirement
15. Jane Merks, Learning in Retirement
16. Peter Bartl, Learning in Retirement
17. George Millar, Independent Observer
18. Bobbie Maras, Learning in Retirement
19. Nick Marao, Learning in Retirement
20. Gordon McGregor, Learning in Retirement
21. Roger Oliver, Learning in Retirement
22. Ida Hansen, Learning in Retirement
23. – 25. unidentified

Nelson meeting comments about community health and support services:

1. What approaches might be used to address this issue?

- In order to keep folks in their own home as long as possible increase affordable services to folks where they live. This applies to the whole range from housekeeping to professional services.
- The social connectedness resulting from these services is as important as the service.
- Need a place/person that you phone and they help navigate currently available services and supported volunteer opportunities.
- Increase coordination of the key players. See #2 (below) for a list. Do they even know who each other is? Not sure who should take the lead on this.
- Increase meaningful opportunities for citizens to participate in how their health services are delivered. This is contrary to the current corporate IH model.
- Learning in Retirement group members discussed increasing its advocacy function

2. What partnerships might be built on or created?

The discussions revealed that there is a lack of knowledge of existing services: several people in each discussion group were unaware of at least one of the following:

- Seniors Coordinating Society
- Broader Horizons
- Nelson Community Services for advocacy
- Nelson Community First Health Coop.
- MDs
- Selkirk College culinary programme for affordable nutritious meals, student nurses for home visits

3. What would be good steps to take in the next 3 to 6 months?

- Increase coordination of volunteers and address volunteer insurance liability and burnout.
- Raise awareness of available services for seniors including the contact information for the patient advocate in Trail. One person had used this function successfully.
- Provide checklists of questions to ask/demand to empower users of the system
- Invite Seniors Coordinating Society, Friends of Nelson Elders and others to Learning in Retirement group meetings
- Learning in Retirement group would like to know what actions the Osprey Community Foundation takes as a result of this survey and consultation process.

Nelson meeting comments about housing supply:

Approaches for increasing housing supply

1. Build more small single co-operative units such as Kaslo's "Abbey Manor". It is a good housing option, designed like row houses, yard work is looked after etc.
 - a. important to have affordable housing but to avoid housing ghetto's and to have a mix of housing within the co-op – perhaps build smaller complexes (i.e. fewer number of units)
 - b. mix studio (e.g. artist) housing with seniors housing, also have mix of affordable family housing with seniors housing – this would increase intergenerational interactions.
2. Develop shared housing, similar to group homes for people with disabilities, where there would be 4 or 5 bedrooms with shared kitchen, living space and a suite for a caretaker.
3. Or, seniors might want to buy a house together – with separate units for each plus a caretaker's suite.

Partners: developers/construction industry; existing co-operatives (Castlegar group); Community First Health Co-op (they have a couple of housing proposals in the works); Habitat for Humanity?; Kiwanis; Nelson and District Housing Society

Next Steps:

1. Need to know feasibility of developing a housing co-op in our area and know what co-operative housing proposals are in the works in our community – check with City of Nelson Housing Forum people for information on what has been done in this area (Donna McDonald is city councillor connected with this)
2. Education needed on housing options and how to go about ideas such as shared housing.

Nelson meeting comments about housing services:

Approaches for addressing need for maintenance services that would help seniors stay in their home:

1. Neighbours in Nelson get together to hire a person for a few hours to shovel all their sidewalks (otherwise an individual home owner finds it expensive to pay the minimum 2 hours required – and they don't need 2 hours of work done).
2. Non-profit organizations such as Kiwanis might be willing to provide home maintenance service for seniors if they had support coordinating the service (e.g. administrative support/coordinator) and with labour costs.
3. Develop satellite neighbourhood support groups – like Block Watch – but encouragement for neighbours to not only look out for each other, but to help seniors and those in need

Partners: Castlegar and District Community Services (developed Handy Hands program in 2006); youth groups: Scouts, Air Cadets, Youth Centre, High School programs; Selkirk College Trades programs – carpentry, electrical etc.

Next Steps:

1. Develop inventory of home maintenance services and programs
2. Explore successful home maintenance programs other communities have developed - such as Castlegar's Handy Hands program
3. Contact service groups etc. to find out who might be interested in partnering to provide services
4. Explore possibility of creating a paid Co-ordinator position, perhaps based out of the Seniors Coordinating Society, who could develop these programs.
5. Offer home maintenance education programs for seniors (Learning in Retirement)

Nelson meeting comments about transportation services:

1. Public transportation, particularly on the North Shore is inadequate as it seems to cater to those with jobs. There is a problem with both the infrequency and time of service (midday gap). Partners: BC Transit, Nelson Transit
2. There is a big problem with the general knowledge about bus scheduling – particularly the health bus to Trail (and the fact that it will pick up at home). More advertising or promotion is needed. More advertising of Nelson Transit's schedule would also stimulate utilization.
3. For coordinated and improved transit scheduling to Trail to work, there has to be better scheduling of operations at the hospital – there is no way to take transit for a 7am surgery. Could not the hospital put more effort into scheduling out-of-town patients in midday appointments (e.g. between 10 and 2)
4. There is little affordable short-stay accommodation in Kelowna but whether this problem exists in Trail is not known.
5. Could Community Futures be a potential partner to support a new small business offering door-to-door transportation services either in Nelson or to Trail (similar to the Airporter)? For this to be viable would subsidies for the user be required? Alternatively, could subsidized taxi services be supported as it is in other communities?
6. Working with Community Futures to help start new small businesses could be explored to address some of the health and community services issues.

7. No Harrop Proctor transportation services to the ferry. Getting to transit stops is also an issue within Nelson, Sproule Creek and Blewett for many people.
8. The lack of holiday transit service is also an issue but whether the demand is sufficient to warrant such a service was questioned.
9. Apparently Nelson Transit cannot access the assisted living units (Radio and 7th by Amber Bay condos). Why does Nelson Transit not have a greater mix of bus sizes to better suit the demand in different areas and different times of day?
10. Better education of driving issues as we age is very important – Seniors’ driver awareness courses or refresher training. Apparently Kelowna Rotary Club sees this as a sufficiently important to financially support this training.
11. Do we need different levels of seniors’ driving licenses - progressive loss of privileges such as night driving, highway driving, etc.: might reduce the trauma of the loss of license. (This parallels the limitations on youth drivers.) Is this an opportunity for possible funding for research in this area through New Horizons?
12. More seniors-oriented defensive driving education should be encouraged.
13. Access to the bus service is critical both in the rural areas where some people have to walk several kilometers to reach the bus stops and in town where sidewalk clearing and maintenance could be improved.
14. Could the Kelowna driving test be provided in Nelson (perhaps through a roving examiner)? As it is a simulator test, could this not be provided on-line with the right equipment here?
15. Could there be more ride-sharing? Comment: the service is available now but needs to be promoted more. Comment: Have experienced ride-share to Vancouver and it was a white-knuckle event; if its availability is expanded then there needs to be some screening of the service providers to ensure they are safe drivers.

Priorities

- Greater promotion/education/awareness building on the services currently available
- Encouragement of attitudinal changes toward more sharing generally and less focus on independence. We do not need to have “our own” everything.

Appendix 14. Friends of Nelson Elders in Care (FONE) Submission

Received January 25, 2011. "Survey for Seniors – Osprey". A summary of priority needs of seniors identified by the FONE Executive, October 2010

Transportation:

Ideal is to co-ordinate wheelchair accessible buses for Jubilee Manor, MLSC, Broader Horizons, all seniors private facilities on a cost share/rental basis with a central booking plan. This would include Handidart.

This way a facility planning, for example a day at Lakeside Park could book 2-3 buses to ensure everyone wanting to attend could do so.

If this also covered weekends, more community events could be attended. Evening for some events as well. Booking ahead makes the best use of vehicles, as they would not be sitting at one facility unused for part of each week.

This covers "events"

Also needed is transportation to Trail for medical appointments/test.

- ? volunteer drivers with mileage paid and extra liability insurance coverage
- ? co-ordinated through the above central booking.

Medical:

Coverage for the eye injections given in Nelson. These are covered if you go to Cranbrook but not here in Nelson. (\$300.00 per treatment)

"Friends of the Family":

The type of financial help given when a child is ill and needs care at the coast/Kelowna is needed so senior spouses/partners can attend to their partner under stressful medical crises where going to the coast/Kelowna is needed.

Other Ideas:

More fitness programs for seniors at little or no cost.

- in facilities
- at Community Complex (especially the pool)

More respite care

- 2 to 3 hours, twice a week
- occasional all weekend or for a whole week

More subsidized home help

- cleaning
- shopping
- meal making
- laundry
- snow shovelling

This would enable seniors to stay in their homes much longer.