**Seniors' Needs Assessment: Key Issues Summary Report**


**Prepared for the Tumbler Ridge Mayor's Task Force on Seniors' Needs**

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**Table of Contents**

## Availability

Copies of all previous reports associated with seniors' needs assessment studies are available in a number of locations. At the University of Northern British Columbia, copies have been deposited at the Weller Library or can be accessed on the Community Development Institute website: http://www.unbc.ca/cdi/research.html. Copies have also been distributed to public libraries in participating communities.

## Seniors' Needs Assessment Reports

Mackenzie and Area Seniors' Needs Overview
Terrace Seniors' Dialogue
Fort St. John and Area Seniors' Needs Overview
Peace River Regional District Seniors' Needs Overview

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### Introduction

Many rural and small town places in northern BC were established and designed to attract young families. Since the 1980s, however, the population of these communities has been aging. In Tumbler Ridge, there were approximately 280 people (11.5% of total population) over the age of 65 in 2006 (Statistics Canada 1986; 2006). This is a significant increase from the 15 seniors in the community in 1986. At the same time, the proportion of the older workforce (aged 45 and older) has grown from 10.7 in 1986 to 46.7 in 2006 (Statistics Canada 1986; 2006). The increase in the number of older residents, and the increase in the number of residents who wish to remain in Tumbler Ridge when they retire, have increased the level of interest in how the community, local services, and available housing options will meet the needs of a growing seniors' population. As a result, the Community Development Institute at the University of Northern British Columbia and the Tumbler Ridge Mayor's Task Force on Seniors' Needs are working together to assess the needs of older residents.

The Tumbler Ridge Mayor's Task Force on Seniors' Needs has been charged with developing a community response and strategic plan which the municipality can use to direct actions over the short, medium, and long term. Reviewing results from previous studies can provide residents with a starting point for generating discussion and debate during the task force's community consultation process. Previous studies have explored seniors' needs in nine key areas, including advantages / disadvantages to retiring in the area, housing, community support services, health care, transportation networks, physical design and environment, social environment, cost of living, and formal and informal networks. This summary report provides a compilation of key findings with respect to each of these nine key areas from four earlier seniors' needs assessment projects that the Community Development Institute carried out in Mackenzie, Terrace, Fort St. John and Area, and the Peace River Regional District.

### Advantages to Retiring in the Area

- Family and friends.
- Small town setting.
- Access to the outdoors.
- Affordable housing.

By exploring what people like the most or least about retiring in an area, an understanding can be developed about key factors that impact residential quality of life. Such information also establishes a foundation of knowledge to support decision-making, policy development, and investment. When asked about advantages to retiring in the area, key themes included the value of social networks and the quality of small town living. Participants valued the presence of family and friends. In a small community, seniors also valued their familiarity with the area and safety. Supporting events and

services that facilitate interaction and community living can be important to maintain these social networks. The small town setting also afforded easy access to environmental assets, such as nearby outdoor amenities. Affordable housing was another important advantage to retiring in these communities.

**Disadvantages to Retiring in the Area**

- Climate.
- Snow and ice on sidewalks.
- Limited seniors' housing options.
- Limited medical facilities.
- Limited shopping.
- Limited amenities.

Participants also described disadvantages to retiring in participating communities. The first of these involved climate, especially periods of cold weather that are accompanied with heavy snow and ice build up on streets and sidewalks. When accompanied with poor lighting, these can influence how safe and comfortable seniors feel moving around the community. Older residents expressed a fear of falling, especially on uneven or slanted icy sidewalks and parking lots. Mobility was also impacted by winter maintenance of streets that push snow up onto sidewalks, making movement especially difficult for those in wheelchairs. Cleaning driveways and walkways can also be physically and emotionally challenging for older residents. There are frustrations with both urban and rural snow removal operations that fill in driveways with snow. Safety was also compromised with interaction with unleashed dogs, ATVs, and skidoos, especially in rural areas.

Another area of concern included the limited range and availability of services for seniors, such as medical facilities, shopping, and social activities. Inadequate or limited medical services included a lack of general practitioners, specialists, ambulance or air service, and long waiting lists. When combined with the isolation of northern communities and limited availability of transportation services, the distance to larger centres compounds concerns over access to services. Another disadvantage was the lack of amenities (i.e. recreation, culture, and entertainment).

In terms of infrastructure, many highlighted the challenge of having limited housing choice to meet the needs of an aging population. There is also a concern about a high cost of living in part due to high transportation costs required to access services in other places and also due to rising housing costs in areas with booming resource economies. In areas with significant industrial growth, industrial encroachment not only drives the price of housing, but also impacts the availability and costs of trades professionals to complete home renovations for specific senior needs.

**Housing Questions**

- Lack of seniors' housing.
- Confusion about the level of care.
- More promotion and information is needed.
- Assistance for seniors to maintain and adapt their properties.
- Home care.
- Proximity to medical and shopping services.
- Affordability and availability.

For the most part, the housing stock across northern BC was created to meet the needs of young families attracted to work in the resource sector. As this population ages, rural and small town places will need to assess how they are going to meet the needs of this emerging older cohort. Six general types of housing for seniors are typically discussed:

> • *Independent living* units can include private apartments with available meals, housekeeping, laundry, and home care services.
> • *Assisted living* units are like independent living but with greater care available in meals, grooming, medication, and home care services.
> • *Intermediate living* units are like assisted living but with all meals provided, and greater care in grooming, medication, and supervision.
> • *Long term care* facilities are often referred to as nursing homes and provide a high level of care.
> • *Respite care* facilities provide adult daycare services designed to give temporary relief for the primary caregivers of seniors with on-going care needs.
> • *Palliative care* facilities are designed to provide care for terminally ill residents.

In each community, there was a general concern about a lack of seniors' housing across all housing types. There are also mounting concerns about the closure of senior care facilities despite the approaching cohort of soon-to-retire baby-boomers and long waiting lists for existing care facilities. Frustrations were also expressed about family members who have been placed in care facilities outside of the community, sometimes beyond daily commuting distances in southern BC. The result is a significant amount of stress for both the patient and the family as the patient is removed from an important source of support and the family must bear high travel costs for infrequent visits.

Another important issue stems from confusion about the level of care offered by different types of housing. There is a lack of advisory or information personnel for seniors looking at modifying or changing their housing options. Advice was requested about home renovations, financing property changes, and processes related to placements into care facilities. More promotion of information is needed to help people plan and prepare for their future.

When asked participants about what type of housing needed, most people wanted more independent living units (i.e. apartments, condos, co-op housing) for seniors, followed by assisted living, intermediate care, and long-term care facilities. Although with less

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support, respite care and palliative care were also generally requested by a majority of participants in each study. As a part of facilitating independent living, participants requested assistance for seniors to help maintain and adapt their properties as they age. More support for home care was also requested to allow seniors to remain in their homes longer. Many provincial services and programs have been withdrawn or reduced, thereby impacting the availability of home care support.

Once older residents require some level of care, there was a great deal of support for multi-level care facilities. This would help older residents progress from independent or assisted living through to long-term care within the same facility, reducing the distance needed to move each time their care needs change. In addition to these six general types of housing, participants also expressed the need for aboriginal housing for elders, housing for couples, and seniors' housing for low-income households. In low-income, government subsidized senior housing facilities, rent would be based on income. In many instances, there was also a request to develop housing for residents with mental illnesses (i.e. dementia), as the presence of mental illness patients can change the social and care environment and pose a stress for seniors.

A number of questions were asked about the design, location, and availability of housing. Design can help people to stay in their homes longer by improving the ease of mobility within the home. Amongst the key recommendations are one-storey housing units and wheelchair accessibility. Many talked about difficulty navigating stairs at the entrance of their homes and between levels within their homes (i.e. between the living room and bedrooms). In terms of wheelchair accessibility, ramps, larger bathrooms, and lower cupboards were needed to improve mobility within the home. Handrails were also recommended for bathrooms. In larger facilities, people spoke about the need to include more common rooms, an activity centre, dining rooms, and common kitchens to facilitate interaction. In multi-care facilities, rooms are also needed to facilitate visits by spouses, family, and friends. The key is to develop adaptable housing to meet the changing needs of older residents as they age.

Older residents also recommended a series of changes to the outside of the home to improve safety and accessibility. Good quality lighting and level sidewalks are important as people lose the ability to drive, especially during the winter months. Covered parking and improved street access are needed to reduce exposure to icy surfaces. As residents enter or leave their residents, they also reported difficulty locking or unlocking their doors.

In terms of location, participants requested that new seniors' housing be located within close proximity to medical and shopping services. Access to nearby transit, or various transportation options, was also critical to facilitate mobility. As some older residents walk for exercise or use walking as their primary mode of transportation, recommendations were received to locate senior facilities away from hills.

A further issue was raised with respect to affordability and availability. There is a lack of affordable housing for low-income seniors. Changing formulas for calculating the costs

charged to residents was also creating problems for the remaining spouse. When a household has a limited income, the cost of placing one partner in care often means that the remaining partner is now effectively paying for two residences. Such issues were especially difficult if the remaining spouse at home was a 'stay at home wife' with limited pension support. Many also commented about the need to include strata fees for yard work, snow shoveling, and small handy work in housing costs.

In conjunction with long waiting lists, there is confusion about the process and application of assessment criteria for qualifying for assistance. Others felt that assessment workers spent a limited period of time evaluating client needs and abilities, thereby limiting the effectiveness and efficiency of the process. There are also staffing concerns with current care facilities.

It may be easier to establish what needs to be done than to determine who should be responsible for developing and maintaining seniors' housing. In each study area, however, federal and provincial governments were deemed to be best suited for developing seniors' housing. Many also felt that the local government could play an important role by facilitating the best location for seniors' housing with close proximity to medical and shopping services. Others recommended that vacant schools could be converted to meet seniors' housing needs. Many felt that local businesses could support seniors by delivering goods and services, providing support for installing wheelchair access ramps, and providing seniors' discounts on products and services related to housing needs.

**Health Care**

- Good support by general practitioners and emergency personnel.
- Access to local testing.
- Reduced staffing levels.
- Bed shortages.
- Lack of specialists.
- Expensive prescriptions.
- Changes in support provided by nursing and home care staff.
- More doctors, nurses, specialists, surgeons, and dentists needed.

Access to health care services is an important determining factor in the retention of older residents. As such, participants were asked about the health care needs of seniors in their community. There were strong positive comments offered about how health care providers, such as general practitioners or emergency personnel, are responding to seniors' needs. Older residents valued local accessibility to specialists and some types of treatments. Being able to have x-rays, blood tests, mammograms, and CT scans done locally was also deemed to be a strong positive feature of local health care services. In terms of community health support services, participants spoke positively about services provided by adult day care, Mental Health, the Canadian Cancer Society, home care nursing, home support, long-term care, palliative care, pharmacists, and house calls by care givers.

By comparison, health care restructuring over the last several years led to a number of concerns. Participants were most concerned with reduced staffing levels and bed shortages, as well as a lack of local specialists to cope with seniors' health issues. There was a perception that the quality of care has been declining with fewer medical staff. Regulation and policy changes have also impacted the types of support provided by nursing and home support staff. Many also spoke about the stress associated with living in fear of losing physicians or technicians. With fewer health care resources, families are placed under pressure to look after their loved ones. Some older residents felt that after their families moved away, there was nobody left to care for them. Others felt frustrated with having to use the Internet to access health care information.

For older residents coping with limited financial resources, they were unable to pay for expensive drugs not covered by Pharmacare, such as those prescribed for Alzheimer's. There were also fears that seniors are being over medicated and are unable to access support to cope with addiction problems. Older residents also had difficulty covering costs to travel to distant centres to access more specialized health care services.

In response, participants identified a number of urgent health care needs. In terms of services, participants called for expanding cancer treatment services, and wanted more physiotherapy and surgery time for hip and knee replacements. They also called for an improved ability to treat heart attack victims locally or within their region. To maintain and improve quality of care, more human resources are needed, including more doctors, nurses, specialists, surgeons, and dentists. To assist older residents in their home, there were calls for more home support workers. To support potentially new or expanding services, infrastructure needs included an MRI facility, dialysis equipment, and more beds. To accomplish this, many felt that more funding for health care is needed. With on-going changes in health care services, there were many requests to establish a one stop shop to provide up-to-date information about health care services provided to seniors. Better communication amongst health care providers (GPs, specialists, nurses, and patients) is also needed. Other requests to improve health care included improved quality of food provided by the Northern Health Authority and the upgrading of hospitals to regional hospital status in regional centres, such as Terrace, Dawson Creek, and Fort St. John.

**Community Support Services**

- Good support by voluntary groups.
- Lack of home support.
- Reductions in home support services.
- Lack of information about community support services.
- Lack of long-term funding.
- Volunteer burnout.

Participants were asked about the availability of social and support services for seniors. Key sources of support were provided by many voluntary groups. Local government can

play a role in supporting the endeavours of these voluntary groups through logistical support, financial support, space, and access to office and teleconferencing equipment. When participants elaborated on key support services that should be consistently provided to meet the needs of seniors, support was nearly unanimous for nursing care, home care, and assistance with medical trips to regional centres. To help older residents stay in their home longer, participants also supported the availability of house cleaning, yard work, home repair and maintenance, help with shopping, delivery of goods and services, transportation to doctor's appointments, meal preparation, Meals on Wheels, and visiting.

While a wide range of organizations were identified as providing important local services, challenges and gaps were identified. The first set of challenges stemmed from a lack of services, such as home support. Others commented that services, such as Meals on Wheels, were not available on weekends. Regulation changes have impacted the range of services provided. While home support no longer provides house cleaning, there were inconsistencies in the types of care provided by different home support workers. People also talked about the reduced time that home care workers were allotted to spend with each patient. New food safety regulations have also prevented families from bringing home made food to care facilities for loved ones. Moreover, while volunteers provided assistance to seniors in the past, changing health and safety regulations mean that special licenses are increasingly needed. This eliminates important sources of support for seniors, especially those living in small rural and remote communities.

There were also concerns about the lack of flexibility and lack of information about the types of services available for older residents. This prompted a number of suggestions on how to increase local awareness. Some recommended the distribution of printed materials and the development of a seniors' website. Public presentations could be made by service providers at community group meetings, seniors' housing facilities, and seniors' recreation facilities so people could learn about where to look for services. A referral service can help people navigate and move quickly through the service environment. Furthermore, a community service directly / map could be developed for seniors.

Finally, a number of design or accessibility issues were raised around support services in their community. Seniors discussed challenges associated with stairs, lack of wheelchair accessibility, the design of hallways and bathrooms, limited hours of operation, and poor location relative to seniors' needs. In this case, valuable services had been located in the community, or in a building, that did not facilitate their use by seniors.

In comparison, service providers discussed challenges to providing services to an older population. Community groups found it difficult to access long-term government support. Even public sector service providers were finding it difficult to provide mandated services within their available resources. They were increasingly backfilling services through informal service providers (i.e. families and community groups), although this was placing an increased strain across the community. As the number of older residents grows, it is uncertain whether arrangements that depend so much on

volunteers will be sustainable. All of these issues are complicated by the fierce independence that can be exerted by seniors, many of whom do not wish to admit that they need services. When combined with concerns about service assessment, and the lack of flexibility in services, the challenge of fitting available services with those people in the community who need them is reinforced.

**Transportation**

- Limited Handidart services in evenings and weekends.
- Lack of wheelchair accessible transportation.
- Poor snow and ice maintenance of sidewalks.
- Vans, shuttle buses, taxi saver programs, volunteer drivers.
- Lack of bus transportation to other towns.
- Lack of assistance for medical travel.

In most northern BC small towns, urban design was based on the automobile. For those not able to drive, there were a number transportation challenges. At the local level, it can be difficult for older residents to navigate long distances, especially under difficult weather conditions (i.e. rain, snow, and ice). For those with special transportation needs, mobility is restricted by the need for advanced booking of Handidart services. There is also a lack of Handidart services in the evenings and during the weekend. The limited time Handidart operators will wait at an address can also be difficult for those who have difficulty getting to the pick up point. In terms of alternative transportation options for those with special needs, there were concerns about the limited ability of taxis to cope with wheelchair clients. In response, the provision of wheelchair accessible vans or shuttle buses, or taxi saver programs, can improve accessibility to shopping, recreation, and medical services. A volunteer driver group, buddy system, or adopt-a-senior program can also be potential informal sources of local transportation.

In terms of the general population (those without special transportation needs), many talked about the limited frequency, limited hours of operation, and lack of bus routes (where available) to access different areas of town. When walking, many talked about inadequate maintenance of snow and ice on sidewalks. Better street lighting is also needed to improve the ease and safety of walking throughout the community. Handrails and benches can assist seniors who are walking up hills.

There was considerable discussion about the need to travel out-of-town to distant urban centres for health care and other services. If people have to drive themselves, there are cost concerns, coupled with the difficulty of driving in winter. For patients and family members traveling by air, there is a lack of assistance for medical travel. Some suggested that health care workers or social workers could be hired to coordinate patient health care needs and transportation needs. This could offer considerable support for coping with these stresses. Some patients also do not understand the different systems to coordinate them. Many commended the service being provided by the Northern Health Connections Bus. However, there are communities without access to transportation options to travel to other places. In these cases, residents suggested that resources be pooled together to

purchase a shuttle van or bus to transport residents to regional centres to access services. Others hoped that Greyhound bus services would be extended. Overall, participants also called for improved communication about available transportation options for seniors.

**Physical Design and Environment**

- Lack of sidewalks.
- Ice and snow on sidewalks.
- Slanted or uneven sidewalks.
- Poor lighting.
- Heavy doors.
- Lack of wheelchair ramps.
- Stairs.

Many towns in northern BC were planned around the automobile with few sidewalks throughout the community. As residents age, however, they will require a more pedestrian friendly environment. Facilitating easier movement around the community can improve the connectivity of services and resident quality of life. When asked about the physical barriers that limit seniors from moving or walking around the community, many aspects about the design and maintenance of sidewalks were raised. People talked about a lack of sidewalks, particularly outside of the downtown core. During the winter months, snow removal operations for streets covered sidewalks and filled in driveways. The build up of loose gravel on roads and sidewalks, as well as snow and ice on sidewalks can make it especially difficult for older residents to move around the community. Seniors also expressed difficulty walking on slanted or uneven sidewalks, particularly during the winter. When combined with concerns about limited street lighting, concerns with sidewalk design and maintenance can influence perceptions of safety. Many seniors expressed a fear of falling down on icy surfaces. In response, participants called for improved maintenance of snow and ice on sidewalks and parking lots. To improve year round mobility, residents also pressed for more canopies, covered entrances, paved sidewalks, paths, and street lighting for pedestrians.

As many communities consist of low-density development, there can be larger distances for seniors to walk between destinations. Concerns were also raised about crossing highways with speeding traffic. To alleviate some of these issues, participants suggested installing underground passageways or controlled sidewalks at busy intersections. They also recommended installing more letter drop boxes to reduce the distance for seniors to send mail.

In retail and service buildings, people talked about heavy doors and a lack of wheelchair ramps that made it difficult for seniors to enter buildings. Stairs posed an additional barrier both entering and moving around the inside of buildings. To alleviate these problems, participants recommended the installation of automatic doors, wheelchair ramps, and elevators.

In parking lots, many participants noted the lack of separate parking spaces for seniors. While many large retail chains are starting to incorporate special parking spaces that go beyond 'handicap' spaces, this could be considered for parking within other areas. Despite the availability of handicap parking spaces, there were concerns about abuse and many reinforced the need for local governments to enforce regulations.

**Social Environment**

- Social events.
- Sports and recreation.
- Art and educational classes.
- Seasonal and festive events.
- Lack of space and time.
- Wheelchair accessibility.
- Need flexible programs.

Participation in local clubs and organizations is one way by which people engage in their communities. It creates connections that can be translated into other areas of people's lives. It has also been shown as important in how people evaluate their satisfaction with both their community and their life circumstances. When asked to describe key social opportunities in their community, most discussed opportunities both within and outside of local senior recreation facilities. Social events, such as teas, lunches, and dinners, were offered by senior recreation facilities, churches, and service clubs. There were a range of sports and recreation opportunities, such as golfing, curling, aquafit, bowling, walking clubs, bingo, and game nights. Many seniors were also active with the BC Seniors Games. Similarly, there were social opportunities available through art classes and visits to local art galleries, as well as educational classes offered through community colleges. Older residents also enjoyed a range of seasonal and festive events. While many older residents had high participation and satisfaction rates with clubs, their participation changes due to physical limitations and age. For those willing to participate in clubs and activities, a number of barriers impeded the provision of, and participation in, social opportunities, including a lack of space and time, wheelchair accessibility, and the need for more flexible programs.

Participants were asked to identify the types of activities that should be provided in local senior activity centres to help maintain seniors' health and independence. Well supported activities included coffee and snacks, special events (i.e. bus tours and local outings), hot lunches, fitness programs, health and wellness programs, foot care clinics, games, arts and education programs, and activity groups.

**Cost of Living**

- Lack of affordable seniors' housing.
- Heating and gas.
- Cost of prescription drugs.

Participants in our study sites generally felt that the quality of life is high and that part of that quality of life involved a reasonable cost of living. Many aspects affecting quality of life have already been discussed in terms of the need for more support for community and voluntary groups that provide important services, and the need to continue to make the community more accessible for older residents whether they are driving or walking.

When participants considered their cost of living, there were concerns about a lack of affordable seniors' housing options for low-income households. This was reinforced by concerns about the changing income assessment rules that may exceed an older household's ability to pay for one spouse to move into care while the other has to maintain their home. Another significant cost of living concern involved heating and gas costs. Some older participants were frustrated about having to pay for house cleaning, a service that used to be provided by home support. Finally, high costs for prescription drugs for illnesses (i.e. Alzheimer's) may be beyond the financial capability of some residents. Those unable to afford expensive prescriptions may choose not to purchase their medication or reduce their consumption of food and heat. Many recommended expanding the types of drugs covered by Pharmacare, particularly those that address illness predominant amongst the senior population.

**Informal / Formal Care Networks**

- Friends, family, and neighbours.
- Churches and service clubs.
- Service providers.

Informal and formal care networks are important not only for maintaining seniors' mental and physical health, but they are also important in reducing the longer term costs of population aging. Access to networks can help seniors to maintain their independence and may influence how long they remain in their homes.

In terms of informal networks, people talked about their friends, neighbours, and family members as their support base. These are also identified as key advantages to retiring in our study sites. Churches and service clubs provided another important source of informal support networks, including venues for activities and social engagement, as well as meals, services, and emotional support. Maintaining this strong informal support network will be critical to successful population aging in northern BC.

Formal support networks commonly identified by participants included general practitioners, specialists, adult daycare, and the RCMP. Participants frequently talked about how formal service providers would go beyond their job requirements as they cared for older residents. In the context of service restructuring where many service providers are under pressure to provide more services, it will be important for the local government and community members to advocate for funding and support models to address local needs.

**Conclusion**

This report summarizes key findings from previous seniors' needs assessments conducted in northern BC by UNBC's Community Development Institute. These key findings provide a foundation for discussion in Tumbler Ridge about meeting service and infrastructure needs for its emerging older population. Previous studies explored residents' perceptions about advantages and disadvantages to retiring in their community, housing, community support services, health care, transportation networks, physical design, social environment, cost of living, and formal and informal networks. Findings in each of these areas will need to be tested locally to determine which issues are most relevant within Tumbler Ridge. Local testing will also allow residents to prioritize issues they feel are the most pressing. The results will help local decision-makers, service providers, and voluntary organizations to strategically plan new service delivery options and investments for addressing seniors' needs within the community.

**References**

Statistics Canada. 1986. *Census Population*.

Statistics Canada. 2006. *Census Population*.