

**Terrace and Area Seniors' Needs Project**  
**Executive Summary Report**

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Greg Halseth, Laura Ryser, Carla Martin, and Neil Hanlon  
Prince George  
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## **Availability**

Copies of all reports associated with the Terrace and Area Seniors Needs' Study are available in a number of locations. In Terrace, copies have been deposited with the City and the public library. 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>

## **Project Reports**

- Methodology Report
- Population Background and Trends
- Final Report
- Executive Summary

## **Contact Information**

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# Terrace and Area Seniors' Needs Project Executive Summary Report

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## 1.0 Project Description

Since the 1980s, Canada's population has been aging. In small towns, the provision of housing, services, and facilities influence the decisions of individuals when choosing to retire in a community. In the City of Terrace, there were about 686 people over the age of 65 in 1991, but by 2001 there were about 1041 people over age 65 (Census, 2001). The increase in the number of older residents, and the increase in the number of residents who wish to remain in Terrace 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, UNBC and the City of Terrace are working together to assess the needs of older residents.

The purpose of the Terrace and Area Seniors Needs Project is to examine housing and support service needs for seniors in the City of Terrace. Given that Terrace is a service hub for a wider region, interviews and focus groups included people from the surrounding rural areas and neighbouring First Nations' communities. The work was carried out by a research team from UNBC with the goal to provide local leaders with information relevant to decision-making over community planning and infrastructure investments. The project was carried out in the winter of 2006.

This report includes a summary of the key project components and findings, including methodology details, information from the population analysis, and results from the community interviews and focus groups.

**Table 1.1 Timeline**

<b>December 2005</b>	<ul style="list-style-type: none"> <li>• Project application developed</li> <li>• Terrace funding confirmed</li> <li>• Project Contribution Agreement confirmed</li> <li>• UNBC Research Ethics Board process completed</li> </ul>
<b>January 2006</b>	<ul style="list-style-type: none"> <li>• Project begins</li> <li>• Review with Terrace Advisory Group</li> <li>• Initiate review of local population data and preparation of population change report</li> <li>• Organize interviews and focus groups for assessment of seniors' needs</li> <li>• Begin local interviews</li> </ul>
<b>February 2006</b>	<ul style="list-style-type: none"> <li>• January 30 to February 18 conduct key informant interviews</li> <li>• February 1 to 16 conduct focus groups</li> <li>• Completion of analysis from interview and focus group data</li> <li>• Complete population change report</li> </ul>
<b>March 2006</b>	<ul style="list-style-type: none"> <li>• Review of draft project reports with Terrace Advisory Group</li> <li>• Final reports completed and sent to City of Terrace</li> </ul>

## **2.0 Methodology**

The data and information for this project was collected through 3 methods. These include:

- a review of Census population data,
- key informant interviews, and
- community focus groups.

### ***Census Data***

Using Census data, the analysis of Terrace's population included the following issues:

- 1) the rates of population growth,
- 2) the changing age structure of the population,
- 3) the rates of seniors' retention, as estimated by the age structure of the population over time and the number of seniors' remaining in the community, and
- 4) an estimate of potential growth in the seniors' population based on the current age distribution of the population.

Population data was reported for the City of Terrace, the Terrace CA ('functional region' that capture the municipality and its surrounding commuting area), the Kitimat-Stikine Regional District, and the province of BC. The goal is to give a range of contexts against

which the changes occurring in Terrace can be compared. It should be noted that First Nations and aboriginal population data is generally undercounted in the Census.

### ***Research Ethics***

Because this is a university based research team, we are bound by standard protocol which identifies that all research conducted with people be sent to UNBC's Research Ethics Board for review and approval. The key informant interviews and the focus group script each passed through this review.

### ***Key Informant Interviews***

Key informant interviews were conducted between January 30<sup>th</sup> and February 14<sup>th</sup>, 2006. The purpose was to provide background information for a future community survey instrument. Key informants were drawn from community groups, service provision agencies, local government, and people actively engaged in seniors' issues. A total of 54 interviews were conducted, with a total of 74 people participating.

### ***Focus Groups***

Focus groups were conducted between February 1<sup>st</sup> and 16<sup>th</sup> 2006 to provide additional background information for the City and a possible future community survey. Focus groups were identified by the City's project advisory group and by many of the individuals and groups contacted through the interviews. A total of 10 focus groups were conducted, and a total of 76 people were able to participate<sup>1</sup>.

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<sup>1</sup> From the 150 people who participated in the interviews and focus groups, 17 helped out by participating in both an interview and a focus group.

### **3.0 Population Analysis**

Since 1971, the population of the City of Terrace has grown from about 9,000 to over 12,000 people. At the same time, the population of the greater Terrace area has grown from about 14,000 to about 20,000. As is common across northern BC, the addition of new economic activities has only just stayed apace with workplace changes such as automation. With limited job growth, the in-flow of young families seeking work has slowed and one consequence is workforce aging-in-place.

While the growing seniors' population may not yet be numerically large, the pending retirement of a large group of older workers will change this. Using a range of retention rate scenarios, we can estimate that the City of Terrace may be adding between 450 (low estimate) and 844 (high estimate) 'new' seniors between 2001 and 2011. There is confidence that this number will be closer to the high estimate. We can also estimate that the Terrace CA may be adding between 764 (low estimate) and 1431 (high estimate) 'new' seniors between 2001 and 2011. This coming retirement 'bubble' will put considerable pressure on seniors' services and facilities. While much of this seniors' population will still be among the 'young elderly', others will start to require a greater level of housing, support, and health services.



### 3.1 Population Growth

The City of Terrace experienced steady growth from 1971 to 1996. In 2001, the Census recorded a population of about 12,000. This represents a small population loss over the preceding five year period and mirrors a more general pattern of population losses over this same time period for towns across northern BC. Despite this slight population loss, the City of Terrace grew by 17.5% from 1971 to 2001.

The emergence of the City of Terrace as a service centre for the region means that it is important to consider the Terrace CA population patterns as well. Between 1971 and 2001 the population for the Terrace CA grew from about 14,000 to about 20,000. As with the City, there was growth from 1971 to 1996 and a small decline to 2001 (mirroring the general pattern seen across northern BC).

As described for many places across northern BC, much of the 1996-2001 out-migration was by young households. Together with the numbers of people aging-in-place, this means that Terrace is dealing with an accelerating pattern of population aging – a process now underway in many rural and small town places across northern BC.

**Table 3.1 Population Counts**

Year	Terrace (City)	Terrace [CA]	Kitimat-Stikine	BC
1971	9,991	14,226*	37,325	2,184,621
1976	10,251	15,000	38,720	2,392,790
1981	10,915	17,850**	42,400	2,744,467
1986	10,532	17,390***	39,483	2,883,367
1991	11,433	18,908	42,053	3,282,061
1996	12,779	20,941	43,618	3,724,500
2001	12,109	19,980	40,876	3,907,738

Source: Statistics Canada

\* Between 1971 and 1976 there was a boundary change. This figure represents the population that exists in Terrace [CA] as per the 1976 boundary.

\*\* This figure represents the 1981 total population count from the adjusted boundaries that aligned with 1986 boundaries.

\*\*\* Between the 1976 and the 1986 Censuses, the boundary for Terrace's CA was increased. In the 1976 Census, Terrace [CA] was comprised of Kitimat –Stikine Subd. C [SRD], Kulpai 6 [IR] and Terrace [DM]. In the 1981 Census, Terrace [CA] was comprised of Dolphin Island 1 [R], Kitamaat 2 [R], Kitasoo 1 [R], Kitimat 8 [DM], Kitimat-Stikine, Subd. C [SRD], Kitsumkaylum 1 [R], Kshish 4 [R], Kulkayu 4 [R], Kulpai 6 [R], and Terrace [DM]. In the 1986 Census, Terrace [CA] was comprised of Kitimat-Stikine, Subd. C [SRD], Kitsumkaylum 1 [R], Kshish 4 and 4A [R], Kulpai 6 [R], and Terrace [DM].

## 3.2 Population Age Structure

There have also been changes in the age structure of the Terrace population. The population during the 1970s and 1980s was comprised largely of young families with young children. By 2001, the workforce (buoyed by steady work in the forest sector) has aged, there are proportionally fewer children (especially the very youngest children), and proportionally more older residents. Along with this aging-in-place is some youth out-migration, likely in pursuit of work or educational opportunities. The patterns of population aging for the Terrace CA follow very closely the patterns described for the City.

Looking just at the seniors' population between 1971 and 2001, the percent of the population aged 65+ in the City of Terrace grew from about 5% to nearly 9%. In Kitimat-Stikine Regional District, the population aged 65+ increased from about 3% in 1971 to about 8% in 2001.

Increases in the seniors' population to date have been modest compared to what will occur over the next 15 years as local aging-in-place means that there is a large number of 'baby boom' workers who are soon to retire and put increased demands on seniors' services and housing.

In many resource regions across northern BC this is called "Frontier Aging". An established workforce will age-in-place as people continue along in their jobs. As shown, the percent of the workforce aged 45 years and older has increased since 1971. For this table, the 'workforce' is defined as between ages 15 and 64 years. Between 1971 and 2001, the share of the Terrace workforce between ages 45 and 64 grew from about 22% to about 35%. It is this 'nearing retirement' population that will be very important due to its future impacts on services and housing needs for older residents.

**Table 3.2 Percent Workforce Aged 45 Years and Older, 1971-2001**

Year	Terrace (City)	Terrace (CA)	Kitimat-Stikine RD
1971	21.7	--	20.0
1976	21.2	--	20.6
1981	21.2	--	20.0
1986	24.0	23.2	23.3
1991	25.5	25.6	25.9
1996	27.7	28.6	28.9
2001	34.2	35.0	35.2

Source: Statistics Canada

### 3.3 Retention Rates

While the preceding included information on how Terrace’s population has changed, and how there is a ‘bubble’ of older workers approaching retirement, this part estimates the potential growth in Terrace’s seniors’ population. To do this, we have calculated potential retention rates for the retiring population and created high, medium, and low estimates for how many may stay in the community after they retire.

Retention rate estimates were based on past patterns. For example, between 1991 and 2001 about 73% of those people who were 55 to 64 years of age in 1991 seemed to have stayed in the community in 2001 as a population aged 65 to 74. Based on such past patterns, we came up with low/medium/high estimates of the potential retirement population looking towards the year 2011. The three scenarios include:

- a low estimate using the nearly 43% retention rate experienced in the Terrace CA between 1981 and 1991,
- a mid range estimate using the 65.2% average retention rate experienced by the Kitimat-Stikine Regional District between 1971 and 2001, and
- a high estimate of about 80% retention for the Terrace CA from 1991 to 2001.

In 2001, there were already about 1041 seniors (age 65 and over) in the City of Terrace. Using the three retention scenarios, we can estimate that the seniors’ population in the City has the potential to grow by between 450 and 844 people (43% to 81%)

For the Terrace CA, there were already about 1600 seniors (age 65 and over) in 2001. Using the retention scenarios, we can estimate that the seniors’ population in the CA has the potential to grow by between 764 and 1431 (48% to 90%).

The future growth of seniors will be significant within the City and even more dramatic in the surrounding area – with many of these surrounding seniors looking to use services and facilities within the City.

**Table 3.3 Estimate of Potential Growth of Seniors, 2001-2011**

Year	Terrace (City)	Terrace (CA)	Kitimat-Stikine RD
High	844	1431	2927
Mid	685	1160	2373
Low	450	764	1562

Source: Statistics Canada  
 High estimate based on 80.4% retention.  
 Mid-range estimate based on 65.2% retention.  
 Low estimate based on 42.9% retention.

## **4.0 Key Themes and Results**

This part of the report includes summary notes which capture the key themes running through each section of questions from the focus groups and key informant interviews. As noted above, detailed tables of participant responses are found in Appendix 1 and Appendix 2. As will be noted in these results, there are a number of comments about the design and layout of the city. People may ask if these issues are ‘design issues’ (related to the way the city and area is physically built) or if they are ‘aging issues’ (as people notice these things more as they get older – especially if their mobility is affected). The answer is probably both. Most of the city design and city planning common across North American is based upon a wide separation of land uses and the creation of low density developments; with all of these joined together by automobile accessibility. As people age, they notice more such outcomes as the longer distances to shopping and recreational activities.

### **Background**

Perhaps the key questions in the Background section of the interview/focus group process concerned participants’ sense of the advantages/disadvantages to retiring in Terrace. When asked about the advantages to retiring in Terrace, the two strongest themes to come through were the value of local social networks and the quality of small town living. Together with the beautiful setting and scenery, these are powerful connections that will act to bind residents to the community. If we add in the presence of grandchildren, seniors are even more likely to stay in the community. These themes identify some key areas where the City can invest in supporting events and services that facilitate community interaction and community living.

Five items were the most noted among disadvantages of retiring in Terrace. The first of these involved the climate, especially the periods of heavy snow in the winter time and how older residents would clean their driveways, walkways, and move around the community. Distance to larger centres was also identified as a challenge, particularly the concern for access to higher order services (especially medical services). Community design was raised as an issue, including the distances between existing medical and seniors’ housing facilities, and between these and the social and shopping facilities of the community. Downtown lighting, lighting on walkways (especially those leading up hills), and wheelchair accessibility were also identified as concerns. A fourth area identified included an emerging concern over safety. While the interviews and focus groups did not identify immediate safety or crime as an overriding issue, as people grew older there was evidence of more concern. Last, there was concern about the housing stock and housing market in Terrace. The housing stock was seen as in need of renovation in order to meet the needs of an aging population, and there was concern with being able to sell one’s home when that time might come.

## **Housing questions**

The focus group and interview participants were asked a number of questions around the housing situation in Terrace for older residents. Six issues captured most of the comments with respect to the current housing situation. The biggest concern in this regard was the lack of long term care units. Related to this was a concern that current housing options did not include a range of mixed care options. People spoke about their wish for seniors housing facilities that included independent living units, progressing through to long term care units, so that people did not have to move great distances each time their care needs changed. A third concern involved the length of waiting lists in order to access the current stock of long term care housing. There was considerable diversity and experience with respect to waiting lists, however. When some facilities were under construction, people were able to ‘buy in’ during that period and thus had no wait time. In other cases, people reported waiting up to eight years for space.

Moving to the existing housing stock, there was a lot of discussion about ways to support seniors living independently longer in their own homes. To support independent living, a range of health and property care services would be needed. The way provincially organized service providers have withdrawn from a number of these support areas was a concern, as was an emerging issue related to safety in the home. Collectively, the community will need to search for solutions to providing home care, and basic property maintenance, in order to assist seniors living healthy and safe in their own homes longer. Finally, a number of issues were raised around providing an advisory or information office for seniors looking at modifying or changing their housing options. Many people spoke about the questions they had with respect to accessing information on home renovations, financing property maintenance and upkeep, and placements into various types of care facilities. At present, people identify that families feel very much alone and uninformed when they face these sorts of questions. Consideration may be given to new or additional ways to coordinate this need for information and referral.

A number of questions were asked about the design, location, and availability of housing in Terrace to support seniors’ independence. Two key issues were identified. For those living independently, access to shopping and services was key. The role of good quality sidewalks, lighting, and transit were important. For those who were in a care facility, there was considerable concern about the location of those care facilities and accessibility challenges for visitors. As spouses or family members lose the ability to drive, walking access to these facilities can be very difficult. There was strong support for the quality of facilities and care provided in the existing units in Terrace. Comments for the future included the need to increase wheelchair accessibility, increase street access and connections to services, and develop adaptable housing so that as people’s care needs increase they will not need to move. In larger facilities, people spoke about the need to include more common rooms and kitchens to assist with family interaction. It was also recommended to provide closer links and access to the community’s medical, shopping, social, and recreational services.

A further issue was raised with respect to affordability. There were concerns about changing formulas for calculating the costs charged to residents and how this was 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. This is a significant cost burden identified across a range of people and groups participating in this study. Such issues were felt to be especially important if the remaining spouse had been a 'stay at home wife' with limited pension support. Given that concerns were raised in both the focus groups and the interviews about the needs of low income households as they grow older, this issue of affordability is going to be an important community issue.

Another issue identified with respect to the availability of seniors housing had to do with the assessment criteria applied to determine if people qualify for assistance. In some cases, there was a lack of understanding about the assessment process, while in other cases there was concern about the limited period of time assessment workers spent evaluating client needs. It was felt that both of these challenges limited the effectiveness and the efficiency of the assessment and placement processes.

Running through the housing section was a strong desire among people participating in this study that seniors wished to age at home. When people were asked about the types of housing that the community needed for seniors, this aging at home issue was reinforced by comments about helping seniors maintain and adapt their own properties as they age. As noted above, there was strong support for the development of seniors housing facilities targeted specifically at low income households. Earlier concerns about the need to increase accessibility and decrease the demand for seniors to move, came together in suggestions for the creation of more mixed care facilities that incorporate concerns about wheelchair accessibility and cover topics like family/spouse visiting and resident safety. In providing new types of housing, there were concerns that the private sector may not recognize enough profit potential to participate in a small city like Terrace. On the other hand, there was great appreciation of the assistance which current businesses in Terrace provide in helping seniors maintain or adjust their housing as they age, including the availability of delivery services, support for installing wheelchair access ramps, and seniors' discounts on products and services.

When asked about responsibility for developing and maintaining seniors housing, it was generally felt that all levels of government had a role to play. While the federal and provincial governments were seen as contributing funding and support services, the municipality was identified as the key player in facilitating the location of new facilities. As noted already, these locational concerns need to incorporate access to recreational, social, shopping, and other services, as well as ease of access for visitors, safety for residents, and affordability which is geared to a fair evaluation of ability to pay. The desire for more centrally located senior's housing (close to services and shopping) will potentially be difficult to reconcile with the emerging topic of safety which people identified as being more important as they age.

## **Health care**

Participants in the interviews and focus groups were also asked a range of questions about the health care needs of seniors in Terrace. While there were a range of positive and negative comments offered, perhaps the most enduring message is the need for a ‘one stop shop’ point of referral for families seeking information about how to navigate available health care services as they age. This mirrors the earlier concern in the housing discussion about the need to provide a single source of information so that people can effectively and efficiently make use of available services.

There were strong positive comments offered about how the health care providers in Terrace are responding to the needs of seniors. General practitioners and emergency personnel especially were commended time and again for their responsiveness and their attention to seniors’ needs. Under recognition of the changes the health care system has been going through in the last several years, there were also a number of concerns raised. These included pressures on staffing (reduced staff, staff not available in required areas), bed shortages, the need for more specialists (especially those with specialties in seniors’ issues), distance and cost for travel to regional centres, and that services like Pharmacare are not covering enough of the expensive drugs being prescribed for illnesses such as Alzheimer’s. There was considerable concern about the potential for the overmedication of seniors. This was especially highlighted by the lack of services to help seniors who are addicted to various types of prescription medication.

Within this context of challenges, the availability of local specialists, services through home care nursing, some types of cancer treatments, and the CT scan facility were all seen as useful health care services for seniors in Terrace. Expanding cancer treatment, hip and knee replacement, physiotherapy, and an MRI facility were identified as urgent health care needs. When combined with other concerns over a lack of beds or an ability to treat heart attack victims, people advocated for raising Mills Memorial to regional hospital status.

## **Social and support services**

Participants in the interviews and focus groups were also asked about the availability of social and support services for seniors in Terrace. The key finding in this set of discussions concerned the valuable, if not critical, role that voluntary sector service groups play for seniors. People commented time and again that the City should explore ways by which it can offer assistance and support to these organizations as they deliver such important supportive services to seniors who are aging in the community. The development of the Terrace Volunteer Bureau a number of years ago was seen as a good direction for providing broader support amongst smaller groups.

While a wide range of organizations were identified as providing important services locally, there were some challenges identified with respect to gaps in services. For example, home support services no longer provided house cleaning. For older women,

people spoke about how difficult it is for them to see every day that their house became dirtier because they were no longer able to do all of the cleaning required. Psychological well-being is just as important to successful aging at home as is physical well-being. There was also concern expressed about the lack of expertise or training for some of those who are employed in support services. For their part, service providers in the community were concerned about a lack of information about what types of services were available and how they were designed for delivery.

A more general service concern had to do with a range of accessibility issues. Stairs, lack of wheelchair access, limited hours of operation, location in the community relative to other offices or stores where seniors might wish to go, and the design of hallways or bathrooms were all cited as concerns. In this case, valuable services had been located in the community, or in a building, that did not facilitate their use by seniors.

Service providers also identified considerable concerns around funding support for their activities. The use of volunteers and partnerships was growing, although this was placing increased strain across the community. As the number of older residents grows over the next decade, it was uncertain whether current arrangements that depend so much on volunteers and partnerships would be sustainable. Donations, especially from the local business community, continue to be very good, but community groups were finding it increasingly difficult to access longer term government support. Even public sector service providers were finding it difficult to provide their mandated services within their available resources. They were increasingly using a strategy of backfilling services through informal providers (i.e. families and community groups). This was also seen as unsustainable over the next decade.

A complicating factor through the entire discussion of services concerned the way in which older residents perceived their own needs. Many of these older residents were described as fiercely independent people who had been healthy for most of their lives. Many participants added that seniors do not want to admit that they need services. It was suggested that such an admission would imply that they are less capable of looking after themselves. When combined with some of the concerns about the processes for service assessment, and the lack of flexibility in types of services that are made available, the challenge of fitting available services with those people in the community who need them is reinforced.

The breadth of available services, and concerns about using those services, prompted a number of suggestions on how to increase local awareness. The creation of print materials, and the construction of a seniors' website, were seen as equally important. As well, there was a lot of support for making of public presentations at community group meetings, seniors' housing facilities, and seniors' recreation facilities so that older residents would learn about where to look for information when they needed it. Again, the fact that so many households would be looking for the same information across a large number of independent service providers simply reinforced the point in the interviews and focus groups about the need for a referral service to help people quickly and efficiently navigate the service environment.



## **Transportation**

A number of questions were asked of the interview and focus group participants about transportation issues in the community. As in most of northern BC's small towns, urban design was based on automobile mobility. As people age and their ability to drive is reduced, these urban designs make it difficult to navigate the long distances under a variety of summer and winter weather conditions. For those not able to drive, there were a number of transportation challenges identified. The Handidart service was well regarded generally, but the need for advanced booking, the very limited window of time Handidart will spend waiting at an address, and the lack of evening and weekend services, were serious impediments for seniors. Similarly, taxis were seen as an efficient and handy transportation option for older residents, but the limited ability to cope with wheelchair access is a concern. In terms of public transit, the frequency of bus service and the lack of service to some of the benches and areas in Thornhill were raised as concerns. People suggested greater flexibility for the Handidart, more bus stops for public transit, and inclusion of wheelchair access cars into the taxi fleet as important issues for the near future.

There was considerable discussion about the need to travel out of town for health care and other services. As is documented in the media, there are numerous holes in the current transportation system. If people have to drive themselves, there is the cost and expense concern, coupled with the difficulty of driving in northern BC's winter conditions. If one travels by air, there is concern over spouses/family members having to pay and the lack of assistance for medical travelers at the Vancouver airport. While some changes are underway with respect to inter-community health transportation, it was felt that either health care professionals or social workers should become a point source who can coordinate between the patients' needs and the transportation services being made available. Again, people spoke about how inefficient the system is when it demands that each patient/household coordinate all these transportation facets themselves within a system that they do not necessarily understand.

Within the community, there was considerable concern about the lack of sidewalks in parts of the community and the maintenance of existing sidewalks. In addition to street lighting, there was concern about snow and ice removal on sidewalks. This was especially a concern with respect to the sidewalks leading uphill to some of the seniors' housing facilities. For older residents of these facilities, as well as family members who are not able to drive, handrails and ice removal on the uphill sidewalks is an important safety issue.

## **Physical environment**

Participants in the interviews and focus groups were also asked a number of questions with regard to the physical environment in Terrace. When asked about physical barriers that might limit seniors from moving or walking around the community, the sidewalk issue was again raised. Also identified was that more lighted crosswalks were needed to

facilitate movement in the downtown core and more benches for seniors to rest on when they are visiting stores and services. In the community's retail and service buildings, people talked about heavy doors, the lack of wheelchair ramps, and the lack of automatic doors as barriers needing improvement. While participants were generally happy about snow clearing on the roadways, there was a great deal of concern among participants about how older residents will be able to clear their ends of their driveways after the plows pass. Given that snow in Terrace is very 'heavy', some form of assistance is needed for older residents so that they are not housebound after the City plows the streets.

Another physical barrier concern involved linking the shopping areas and malls to Keith Avenue. Suggestions ranged from improving transit to providing an underground passageway. Regardless of suggestions, the mobility concerns reinforced the standard urban design challenges of automobile oriented town layouts.

On the positive side, people were enthusiastic about new building code requirements that required renovations and new constructions to be fully wheelchair accessible and to have automatic doors triggered by push buttons. Access to shopping and services is very important, and without these renovations, many of the stores and activities in Terrace may not be readily accessible to older residents.

For those older residents who are able to drive their own car, but would like to be able to park closer to their destinations so as to avoid long walks, 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 the City. For those sites already designated for people with handicap signs mounted in their vehicle, there was concern about abuse and that the City should be enforcing rules. The participants would also like to see the City extend its program around one hour parking so as to allow two hours of parking. This would provide more time and flexibility to older residents moving through the downtown and participating in some of the social and recreational events in the community.

## **Social environment**

A wide range of community groups and clubs were seen as contributing to the social environment for seniors in Terrace. As noted earlier, many of these community groups and activities are organized on a volunteer basis (sometimes through larger organizations such as churches or service clubs).

The range of events which participants identified as important covered a spectrum of opportunities. These included: educational opportunities through the community college and the library, arts and cultural opportunities through the art gallery and community groups, sports and recreational opportunities ranging from swimming and aquafit to curling, card games, and social evenings; and a range of social events hosted throughout the year that included church teas, club dinners, seasonal and festive events, and a host of others. In this regard, the social environment for seniors in Terrace is strong and looks to

be able to expand to meet the needs of an older population. Support from the City in finding ways to efficiently deliver or house some of these activities, as well as support from other levels of government through more stable funding to some of these activities will continue to help them grow and meet local needs.

Under the pressures of expansion, participants were asked about the kinds of social and recreational activities that should be provided to help seniors maintain their health and independence. Most generally, people referred to the lack of space and time for existing activities. New facilities are clearly going to be needed in a number of cases, while in others there is a need to pay attention to new schedules as programs adjust from providing services for youth and families to those for older residents. Similarly, some programs will need to expand their flexibility. For example, swimming and exercise programs have already started to adjust to the different fitness and activity levels among older participants. There was concern about the need to enhance wheelchair accessibility in public recreation facilities. As well, there was hope for a revision to the walking program at the mall so that seniors can get in there before stores open and the hallway becomes more crowded. This would allow seniors to lay down their coats and walk more safely without being concerned about theft.

In terms of assistance with daily living, all of the services identified in the interview and focus group forums were thought to be critical. These included assistance with shopping, yard work, housecleaning, and the delivery of goods and services. For some of these, volunteers had provided assistance in the past, but changing health and safety regulations means that special licenses are increasingly needed. In stores, the trend towards warehouse style operations where goods are stacked high on shelves creates a challenge for seniors such that additional staff may be required to help with getting the product into the hands of these older shoppers. On the other hand, participants were again impressed with the number of retail outlets locally that already provide help and assistance to seniors. In some cases, this includes the delivery of services, while in other cases it includes both a shopping and delivery service. Some stores also provide motorized carts for older shoppers.

### **Quality of life and cost of living**

Participants in the interviews and focus groups generally felt that the quality of life in Terrace for seniors is high and that part of that quality of life involves an affordable cost of living. That said, however, there was a recognition that the coming increase in the number of older residents in the community will put stress on both of these issues. Many of the quality of life issues have already been identified above including the need for more support for community and voluntary groups that provide important services, and the need to continue to make the physical landscape more accessible for older residents whether they are driving or walking.

On the cost of living side, there were concerns about the lack of long term housing options that seem to account 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. This concern was no doubt complicated by recent publicity over the proposed natural gas hikes to residential customers. In addition, having to pay for house cleaning that was now no longer part of home care support, as well as the rising cost of prescription drugs, were also important topics raised under cost of living. Attention to the needs of older residents living in poverty will be the benchmark against which the community's concern for its seniors is measured.

When asked about a range of other topics including opportunities for involvement, participation, and safety in the community, participants felt that Terrace was a good and welcoming place for seniors. That said, however, there was some concern about issues of crime as people who are growing older can feel more vulnerable. Even getting pushed down during an encounter can have serious health implications for older residents.

### **Informal and formal care networks**

Previous research has shown the tremendous importance of both informal and formal care networks on the quality of life of seniors. These 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. In this latter case, the longer that seniors can remain healthy and active, and living in their own homes, the less pressure they will put on expensive social and health care services. As a result, participants in the interviews and focus groups were asked about the informal and formal care networks that were available to seniors in Terrace. The general story from participants is that both informal networks and formal networks of care providers are available and are concerned and supportive of seniors.

In terms of informal networks, people cited friends, neighbours, and family members as key parts of their support base. These are the reasons that people also want to stay in the community as they create a social world for the older resident. Also important in terms of informal care networks were organized groups such as churches and service clubs. Not only did these organizations provide a venue for activities, meals, and other services, they also provided for social engagement and for a body of colleagues who watch out for one another. Maintaining this strong informal support network will be crucial to successful population aging in Terrace.

In terms of formal support networks, doctors (especially the general practitioners), services such as adult daycare, and the RCMP were often mentioned as important for older residents. In many cases, people spoke eloquently about how these formal service providers would go above and beyond the requirements of their job as they cared for the concerns of older residents. In a context of service reorganization, and where rural and

small town places are under increasing pressure to provide services, it will be important for the City and community to advocate for funding and support models that meet local needs. It will also be important for the community to recognize these service providers who themselves are under considerable stress from both change in the organization and change in the community's age profile.

## **Concluding comments**

The purpose of this report has been to highlight some of the core themes that came out of each of the interview and focus group processes. The appendices to the final report contain the detailed tables that describe the range of responses to each question. These themes, together with the nuances captured in the appendices, can form the basis both for community action now, and for the development of a broader local questionnaire in the near future.

As a report for the City of Terrace, there are a number of general issues which fall outside of their jurisdiction. While some topics may simply become advocacy points for the City to raise with other levels of government, others are clearly available for local action. By way of illustration, we have included some possible areas for local action:

**Planning needs** - The renovation of current facilities, and the addition of new facilities, must be done in ways that meet a range of site accessibility requirements for older residents. There is also a need to recognize the value of clustering social, shopping, recreational, medical, and other services so as to provide for increased convenience as an older population becomes less mobile.

**Physical environment needs** - There is a need to implement maintenance and safety improvements around crosswalks and sidewalks (including handrails where needed), and to find ways to address the opening of driveways after snowplowing such as is available in some other northern BC communities.

**Information coordination needs** - There is an opportunity to advocate or assist in the development of an information coordination and referral mechanism with respect to health and housing issues. While some aspects may be more challenging given the bureaucratic structure of topics like health care delivery, local citizens will need more information in order to assist with the difficult decisions they face as they and their family age. Earlier activities such as those provided by the Terrace Volunteer Bureau are highly regarded and there is an opportunity for extension.

**Social needs** - The voluntary and service group sectors provide a host of critical services for older residents. Many of these services fill gaps that might otherwise be provided in larger centres by the public or private sector. Other communities across northern BC have found ways to assist these voluntary and service groups in carrying out their tasks in ways that put little financial burden on the City. Given their role, and the stresses of an increasing number of older residents, support for these groups will pay considerably in terms of local quality of life.

**Recreational and cultural needs** - There will be an increasing need to address scheduling and physical access issues for an older population. These adjustments are part of a general pattern of transformation underway in most communities across northern BC. Terrace has been proactive with programs such as aquafit and this sort of thinking can be extended across a range of recreational and cultural activities.

**Transportation needs** - Revisions to the Handidart and transit services need to be seriously looked at, as does topics like connecting the main shopping area with Keith Avenue, and the internal circulation pattern for pedestrians in the downtown core.

The Rural and Small Town Studies Team at UNBC was very pleased to undertake this project for the City of Terrace. All of the individuals, groups, and organizations who participated were enthusiastic and open - and we thank them for helping out.